Suicide guidance for:

1. Those attending the scene of a death by suicide of a colleague; receiving an emergency call from a colleague relating to suicidal ideation; or the death of colleague by suicide

2. A colleague bereaved by suicide of a family, friend or loved one

Contents

1. Introduction

1.1 These guidelines were developed to support colleagues in our Trust in two situations:

1.1.1 Those attending the scene of a death by suicide of a colleague; receiving an emergency call from a colleague relating to suicidal ideation; or the death of colleague by suicide.

1.1.2 A colleague bereaved by suicide of a family, friend or loved one.

1.2 In 2017, MIND (2017), reported 91% of ambulance personnel have experienced stress, low mood or poor mental health.

1.3 The Association of Ambulance Chief Executives (AACE) commissioned research to identify the themes prevalent in the 175 reported suicides of male paramedics between 2011 – 15, finding almost half of the individuals had a history with specialist psychiatric services, two thirds had evidence of depression or anxiety at the time of their death, and a third had previously harmed themselves. In addition, six of 11 suicides occurred within one month of the individual returning to work following a period of sickness absence (Employee Mental Health Strategy Guidance, AACE, 2018).

1.4 Health Education England (HEE) published a Mental Wellbeing Report (2019) for those learning in the NHS, as well as those currently working within the NHS. The report outlines several recommendations for all NHS Trusts for the Mental Wellbeing of all their staff and students, written to support the new NHS Long Term Plan.

1.4.1 Recommendation 24 states there are occasions where NHS staff find themselves in a situation from which, if at all possible, they should be removed. For example, a situation which would disproportionately impact their wellbeing – such as attending the death by suicide of a colleague or friend/ family member, or an individual taking an emergency call relating to this.

1.4 It is important to note that grief is unique to everyone, and each individual will be affected in their own way. Being bereaved by suicide has been described as 'grief with the volume turned up' (Help is at Hand, 2015).

1.5 People bereaved by suicide may experience intensified reactions to the loss; for example, sadness, guilt, bitterness, despair, and anger.

2. Those attending the scene of a death by suicide of a colleague; receiving an emergency call from a colleague relating to suicidal ideation; or the death of colleague by suicide

2.1 In the event of a colleague calling an emergency number, or attending the scene of a colleague, there are several steps we can take as a Trust:

2.1.1 If receiving a call from a colleague, and it relates to suicidal ideation or mental ill health, please inform an EMA Team Leader once the call has ended. If an ambulance is needed and dispatched, please inform a Dispatch Team Leader once the crew have arrived and handed over at hospital. EOC Tactical can then make this sensitive and close.

2.1.2 If attending the scene of a colleague, please inform Dispatch as soon as possible – they can then inform a Team Leader/ Manager to ensure this information is relayed to relevant parties and support mechanisms are actioned.

2.1.3 If necessary, the On Call Tactical OUM or equivalent should inform local colleagues due in on shift to ensure they are aware and prepared, via a telephone call. This will also mean colleagues are given a consistent message regarding their bereavement.

2.1.4 The On Call Tactical OUM or equivalent should also inform the Wellbeing Hub who are required to record death by suicide and to action necessary mental and emotional support for local teams and any other colleagues affected. The Trauma Risk Management process may also be appropriate after 72 hours. Referrals can be made to the Wellbeing Hub for mental and emotional support, with the individual's consent (available on **0300 123 9193**, or wellbeinghub@secamb.nhs.uk). Our Chaplains can also be contacted for support, to listen or to be around for support on **07769 229182**, 24/7.

2.1.4.1 It is important to regularly check in on colleagues and teams, as individuals and in groups, following a suicide, with an aim to normalise how individuals are feeling. The Help at Hand document may be useful to circulate.

2.1.5 There may be occasion where a colleague directly approaches a colleague via text, telephone or social media, voicing suicidal thoughts and feelings. If this should happen and you are concerned about someone's immediate safety, the individual should be signposted to emergency support – call 999 for emergency services, get them to attend A&E, or schedule an emergency GP appointment.

2.1.5.1 If you are concerned, it is advisable to let a manager know at the earliest opportunity to ensure the person's welfare is supported as much as possible and any potential work-place risks are mitigated.

2.1.5.2 It is not the responsibility of the individual receiving the contact to support the colleague during this time – this should be managed via the relevant and appropriate crisis services. Please see the tailored crisis guidance for each area of the Trust for useful numbers.

3. Support for bereavement by suicide of a friend/family member/loved one

3.1 Watchful waiting should be used as an approach, in which time is allowed to pass before intervention or therapy is used. This time can be used for individuals and teams to 'normalise' the event and begin to process the bereavement. It may be necessary to understand some of the presenting symptoms, which may also be trauma related.

3.1.1 Some common experiences may include anger, defensiveness, depression or anxiety, despair, disbelief, fear, guilt, numbness, physical reactions, questioning, rejection, relief, sadness, searching, sense of acceptance, shame, shock, stigma, suicidal thoughts.

3.2 It is important to remember to 'support the supporter'. If an On Call Tactical OUM or equivalent is communicating the news and ensuring business as usual in an operational team, they may need additional support themselves. There is also the possibility of vicarious trauma, so supporting all colleagues and sharing only necessary information is important.

3.3 If a colleague has been bereaved by a suicide, they may need more support. This will be important to address via local management, with the advice and guidance of HR and the Wellbeing Hub where necessary. It is important to increase welfare checks and ensure the individual knows where to find help – for example, a resource from this document, GP or support telephone line.

3.4 If a colleague has been off sick for reasons relating to suicide attempt/ bereaved by suicide, a robust return to work plan must be generated by the Line Manager, taking HR advice and Occupational Health recommendations if necessary.

4. In crisis?

4.1 It can be difficult to know what to do and who to contact for assistance if someone is having a mental health crisis, some people may feel they need more immediate support. Therefore, the following suggestions are here to help in

responding to a mental health crisis or emergency situation for a colleague.

4.2 **If you are concerned about someone's immediate safety, call 999 for emergency services, get them to attend A&E, or schedule an emergency GP appointment.**

4.3 Tailored crisis guidance, which include local and national support numbers, are available for each area in our patch: Kent, Surrey, Sussex and Hampshire.

4.4 Further questions and advice to consider:

4.4.1 Is there anyone they could contact for support, such as a friend or family member?

4.4.2 Has the person experienced anything similar before? If so, what did they do that was helpful? Is there anything they learned from that experience that could be applied now? Where did they seek support before?

4.4.3 Are there any small steps they could take immediately? What are the smallest, simplest, easiest, steps they could take:

- In the next few minutes
- In the next few hours
- In the next few days

4.5 Samaritans recommend if you are worried about someone, try to talk to them using SHUSH - active listening skills: **S**how you care; **H**ave patience; **U**se open questions; **S**ay it back; **H**ave courage.

5. Training

5.1 Zero Suicide Alliance provide free, online suicide prevention training (20-minute module). The aim is to enable people to identify when somebody is presenting with suicidal thoughts/behaviour, to be able to speak in a supportive manner and to empower them to signpost the individual to the correct services or support. https://www.zerosuicidealliance.com/training/

6. Useful resources

6.1 Crisis management in the event of a suicide – Business in the Community

6.2 Depression – a self-help guide

6.3 Help is at Hand – support after someone may have died by suicide.

6.4 Trauma – a self-help guide

7. Top tips

7.1 **If you are in crisis and need immediate support, call 999 for emergency services, go to A&E or schedule an emergency GP appointment.**

7.2 MIND refer to a few steps you can take right now to stop yourself acting on suicidal thoughts:

7.2.1 Get yourself safe right now – follow your crisis plan if you have one, remove anything you could use to harm yourself, get through the next 5 minutes, and tell someone how you're feeling.

7.2.2 Distract yourself – focus on your senses, steady your breathing, look after your needs (avoid drinking alcohol or taking drugs), get outside, reach out and talk to someone.

7.2.3 Challenge your thinking – plan to get support and make a deal you won't act today, find reasons to live and write them down, make plans for the future (even tomorrow), be kind to yourself, concentrate on the next 5 minutes and tell yourself you can get through this.