VIEWS AND REVIEWS

WOUNDED HEALER

Clare Gerada: The aftermath of a colleague's suicide

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In recent weeks I have been contacted by a number of NHS staff for advice on how to handle the aftermath of a work colleague's suicide. The fact that they were asking at all was positive because, in my experience, work based traumas are largely hidden from sight and dealt with by deflecting their emotional impact into formal investigations.

Guilt and sadness

The first piece of advice I always give is obvious: acknowledge that the suicide of a colleague will have a significant effect on psychological health in the organisation. This spreads beyond immediate friends and family, also affecting those who may have had only a tenuous relationship with the deceased. Emotions will be especially heightened where the suicide is thought to be connected to work issues.

As with any bereavement, people's individual feelings will be different, but the overwhelming ones will be of guilt and sadness. People in positions of authority—managers, supervisors, human resources staff, medical directors—often feel responsible, and they can fear being blamed for the death.

Wherever possible, and within the bounds of confidentiality, we can help to dispel rumours and misinformation by providing accurate information, ideally presented to the whole team, and allowing staff to ask questions.

Arranging one or more reflective events, led by experienced group facilitators and involving as many staff as possible, can also be very helpful. Allowing colleagues to gain some feeling of closure by attending the funeral or memorial service can help with healing, as does organising a workplace tribute.

Additional help

The people most affected in an organisation are not necessarily those who were closest to the colleague who died. The very fact that someone has died by suicide may reopen old wounds or add an additional stressor to existing ones. Given most doctors' inherent resilience, simply lending an ear or providing a space to talk, grieve, and be among caring, like minded colleagues will often be sufficient. For a minority, however, the grief, guilt, or shame can be prolonged; in some, this can lead to depression or anger about the people in authority. This minority may require additional help—for example, through employee assistance programmes or services such as the NHS Practitioner Health Programme (www.php.nhs.uk), of which I am medical director.

Senior managers have a vital part to play in dealing with the aftermath of a colleague's suicide. Compassion, kindness, and an open door policy to provide a place to talk will all go a long way in helping their staff to come to terms with the loss of a co-worker.

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For more information see University of Missouri Health Care's forYOU team: "Caring for caregivers." Available at <https://www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou>.

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