

Psychiatry Supervisors

Supporting those in psychiatry training after the suicide of a patient

During the course of their psychiatry training, some will experience the suicide of a patient. While this experience will be different for each person, it can have a considerable emotional and professional effect.

Those in psychiatry training might experience shock, sadness and distress. These emotions can also be accompanied by guilt, shame, anger or self-doubt about professional judgment and skills, fear of legal consequences and concerns about family/whānau and community reactions.

It can also trigger changes in professional practices, such as adopting an overly cautious approach. This information may assist in dealing with this tragic event.

Following the notification of a patient suicide

- ▶ If the person in psychiatry training is not already aware of the suicide, sensitively inform them in a private setting. Liaise with managers or the clinical coordinator to ensure that affected team members are sensitively informed. Inform the training coordinator and Director of Training.
- ▶ Arrange a supervision session with the person in psychiatry training as early as possible to provide emotional support and discuss key issues, including:
 - ▶ Their emotional reaction, and what supports they feel they need immediately, or could benefit from in the near future.
 - ▶ The impact of the patient suicide on other patients and how best to manage this.
 - ▶ How to manage contact with the patient's family/whānau. It is important to take into account the cultural differences that may impact the patient's sense of family, which may extend to a wider cultural community such as a whānau, or First Nations family groups. For the purposes of this document, 'family' refers to the community that is culturally relevant to the individual patient. Support the person in psychiatry training to do this, or offer to contact the family/whānau yourself, if that is preferred. It is good practice to contact the family/whānau early with expressions of condolences and offers of support, subject to any cultural protocols. The [Australian Open Disclosure Framework](#) can also provide guidance on this.
- ▶ Any immediate workplace issues such as whether they would benefit from taking leave and/or what supports are needed to manage any clinical work.
- ▶ Participation in internal incident/adverse event review process. When well supported, this can provide opportunities for healing, learning and improvement.
- ▶ Coroner's process. Supervise and support them in carrying out the required actions.
- ▶ Media contact. Advise them that if approached by the media, politely decline.
- ▶ Police contact. Advise them that if approached by police for an interview, seek guidance from yourself as their supervisor. Contact the appropriate medical indemnifier/insurer, and/or the health service legal team. Inform police that a coroner's report will be written by the service. Advise those in psychiatry training to ask for written questions from police rather than responding to verbal requests.
- ▶ Seek support for yourself and encourage the person in psychiatry training to do the same – either through your reporting line, or other available sources. Advise them of any workplace wellbeing and support programs that are currently available, including peer support programs, welfare officers, the Employee Assistance Program and counselling through medical indemnity insurers.

Documentation

Requests for information for Coroner's or other medico-legal processes may not arise for years afterwards.

By that time, a person in psychiatry training or treating psychiatrist may have forgotten many details of their interactions with the patient.

Within a short period, discuss the benefits of creating a document detailing relevant interactions with the patient. This should be based on a review of the notes and the person in psychiatry training independent recollection. It should be reviewed by an independent consultant and sent to their professional indemnity insurer. This step has the advantage of time-stamping the document, to note exactly when it was written. Documents like this are not usually filed with the patient's medical record. Do not alter historical notes.

Advise the person in psychiatry training about your workplace's clinical incident review process, including accessing clinical incident management resources available from your jurisdiction's health department. Support the person in psychiatry training to participate in the incident review process. This may include attendance at any interviews, if desired. If the workplace has adopted a supportive framework such as a Restorative Just Culture Framework, active participation in this process can provide opportunities for healing, learning and improvement. Restorative Just Culture replaces backward-looking accountability with a focus on a forward-looking accountability that specifically addresses the hurts, needs and obligations of all who are affected by the event. This process can take several months.

Other considerations

- ▶ Consider whether or not it would be appropriate for the person in psychiatry training to attend the funeral, tangi or sorry business.
- ▶ Advocate for a team debrief/formal postvention and support the trainee to participate. It is suggested that this be led by a member of the team who is independent and able to provide an ongoing process for affected team members to discuss the suicide in an open, supportive, respectful, compassionate and no-blame environment.
- ▶ Support the person in psychiatry training at team prayer, karakia, blessing, or smoking ceremony, if this is held.
- ▶ Consider discussing the case at peer review.
- ▶ Continue to provide emotional support to the person in psychiatry training, reflecting on the impact of the suicide on them and their practice.
- ▶ Encourage the person in psychiatry training to access other supports available for health professionals, such as the [RANZCP Member Wellbeing Support Hub](#), the confidential [RANZCP Member Welfare Support line](#) (NZ: 0800 220 728 or AUS: 1800 941 002) or via email on support@ranzcp.org, and the local area [Doctors' Health Advisory Service](#).

- ▶ Seek support from mental health professionals if you or the person in psychiatry training experience significant or prolonged impacts as a result of the patient suicide. Consider using the RANZCP [Find a Psychiatrist](#) service to locate a psychiatrist who has experience treating other doctors, psychiatrists or medical students.
- ▶ Participate in further outreach to the bereaved family/whānau, if appropriate. Ideally, this should be undertaken as part of a team, which may or may not include the person in psychiatry training. This could include answering questions about the suicide (observing the privacy of the patient as well as any cultural protocols), assessing the needs of the bereaved family/whānau members, and providing support and advice to families/whānau.

Resources and further reading

- ▶ [If a patient dies by suicide: A Resource for Psychiatrists](#)
- ▶ [After suicide: a resource for GPs](#)
- ▶ [Postvention Australia Guidelines](#)
- ▶ [SANE Suicide Prevention and Recovery Guide: A resource for mental health professionals](#) (see Chapter 9 – Stay healthy yourself)
- ▶ [RANZCP Position statement: Suicide prevention – the role of psychiatry](#)
- ▶ [Why a Restorative Just Culture should be implemented alongside a Zero Suicide Framework](#)
- ▶ [Sad news sorry business – Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying – Queensland Health](#)
- ▶ [Guideline commentary on care and support of Māori and their whānau around the time of death – Royal Australasian College of Physicians New Zealand](#)
- ▶ [Health Quality & Safety Commission of New Zealand: Suicide post-vention](#)
- ▶ [Mental Health Foundation of New Zealand - Suicide Bereavement resources](#)
- ▶ [Ka-Ao-Ka-Ao Postvention for Māori](#)
- ▶ [Supporting Pacific Communities Bereaved by Suicide](#)

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