

LITERATURE REVIEW OF DURATION DURESS UPON A FRONTLINE WORKFORCE EXPOSED TO SUICIDE

Is there anything for us to learn from this literature body for the work of a suicide bereavement workforce?

20-50% of therapists have experienced a client suicide, and this has a powerful impact on both professional reactions and professional practices.

Brown (1987)

PROFESSIONAL REACTIONS



Shock

Guilt

Competency issues

Increased stress

Heightened anxiety

Increased focus on potential suicidal cues

PROFESSIONAL PRACTICES



Alters the way professionals assess suicide risk

Alters the treatment professionals chose to use

Alters the frequency at which professionals consult with other colleagues

Alters the number of hospitalisations made

SUCH REACTIONS ARE MORE INTENSE WHEN:

The suicide took place within close **PROXIMITY** of the organisation



When the professional felt **RESPONSIBLE FOR** or close to the patient.

When the professional was a **FEMALE**



SUCH ALTERATIONS ARE MORE LIKELY WHEN:

The deceased patient **HADN'T** attempted suicide before.

The professional **HADN'T EXPERIENCED** many patient suicides previously



The professional is **YOUNG** with **LESS EXPERIENCE**

TIME SCALE

The greatest impact is experienced in the first month following the event

The intensity of most emotional and cognitive reactions diminish over time.

HOWEVER, this can vary depending on the professional. There seems to be a subgroup of individuals who are more vulnerable and more prone to emotional distress. Specifically, it seems to be:

YOUNGER

&

INEXPERIENCED

therapists who are affected the most by patient suicide as they have not yet learned how to detach themselves from the situation and cope with their emotions in the aftermath.

SUPPORT MECHANISMS

HELPFUL

Therapists team, family and friends – helps to alleviate the sense of isolation.



Team meetings and professional reviews – provide opportunities for learning and improved management.



UNHELPFUL

Patients' family and friends



WHAT NEEDS TO BE DONE?

Improve training



Prepare staff for the possibility of patient suicide and flag sources of support for staff and relatives.

More support & counselling



Ensure staff are aware of the support available without coercing them into taking up such offers.