

Appendices

Appendix A.

Postvention Communication Strategy Model

Suicide communication strategy

Suicide prevention communication strategy

- 1) Timeline for communication interventions
 - i) Immediate crisis response (First day)
 - ii) Acute response (24-48 hours)
 - iii) Initial actions (1-2 weeks)
 - iv) Ongoing communication (2 weeks – 6 months)
 - v) Longer term communication (6 months – 2 years)
 - 2) Hearing about a staff suicide
 - i) Tiered approach: who needs to know and at what step in the process?
 - ii) What is allowed and what is not (home visits?)
 - iii) How and where is it communicated (ie. email, face-to-face, staff intranet)
 - iv) When is it communicated?
 - v) Who communicates?
 - vi) What do they communicate?
 - vii) How widely do they communicate?
 - viii) For how long do they communicate?
 - ix) Who is responsible for monitoring social media?
 - 3) Types of communication
 - i) Reflect on the language being used
 - a. Is it Destigmatising?
 - b. Is it Sensitive?
 - c. Is it Responsible?
 - d. Does it follow WHO international guidelines?
 - ii) What information is to be shared?
 - a. Take guidance from Family Liaison re: staff death
 - b. Use postvention support resources
 - c. Follow WHO international guidelines
 - iii) Provide sample texts/scripts for emails and phone calls
 - a. From Executives to Trust
 - b. From Trust to Managers
 - c. Teams to Patients (clinical and administrative)
 - d. Wider Comms across the Trust
 - e. External Comms
 - 4) Crisis checklist/proforma for team leaders and managers
 - i) Process for managing a staff suicide
 - a. How to activate suicide response team + next steps
-

	<ul style="list-style-type: none"> ii) Identify a Suicide Response Team (SRT) Leader iii) Create a small but effective Suicide Response Team including: <ul style="list-style-type: none"> a. Crisis Team Leader b. Communication Lead c. Postvention Intervention Lead d. Family Liaison Lead
Review/Create Policy/Forms	<ul style="list-style-type: none"> 1) 'Leavers' form: Amend and create clear policies and procedures <ul style="list-style-type: none"> i) Rephrase questions so they are more sensitive to suicide ii) Include suicide as an option on the form iii) Create internal database to track number of staff suicides across Trust iv) Clarify at what point in the process this needs to be completed v) Clarify who is responsible for completing this form 2) Payroll: Create clear policies and procedures <ul style="list-style-type: none"> i) Is a 'Leavers' Form required to be able to carry this out? ii) Is it possible to have another process in place? 3) Pensions: Create clear policies and procedures <ul style="list-style-type: none"> i) Link in with Family Liaison and work together to provide information to family ii) Family Liaison should be point of contact in supporting and preparing Pensions Team for all communication with family 4) Social media policy <ul style="list-style-type: none"> i) Guidance on appropriate social media use as it pertains to a staff death/suicide ii) Guidance on appropriate messaging use as it pertains to staff death/suicide
Training	<ul style="list-style-type: none"> 5) Training for Managers as part of annual mandatory training package for Team Leaders, Service Managers and anyone with line management responsibility (clinical or administrative) across the Trust. <ul style="list-style-type: none"> i) Mental Health first aid ii) Suicide First Aid iii) ASIST iv) Having difficult conversations around staff mental health and wellbeing v) Managing a service/department in the aftermath of a suicide vi) Managing internal processes, ie. Leaver's Form, Pensions, Payroll in the aftermath of a suicide vii) Writing Coroner's Reports and Statements viii) Awareness and management of emotional states in self and others in the aftermath of a suicide ix) Stages of bereavement and what you can expect with suicide bereavement; engaging with family bereaved by suicide (for pensions) x) Supporting a patient in suicidal distress/crisis (for receptionist/admin teams) xi) How to communicate to a patient their carer has died (for clinical/receptionist/admin staff) 6) Training for Communication Team

	<ul style="list-style-type: none">i) Understand and can apply international WHO guidance on safe messagingii) Understand the topic of suicideiii) Understand what postvention is
Suicide Prevention and Mental Health	<ul style="list-style-type: none">1) Create internal awareness campaign(s) prevention<ul style="list-style-type: none">i) Consider using “Small Talk Saves Lives”—Samaritansii) Consider using “It’s OK to not be OK”—Samaritansiii) Source already evaluated national campaigns through local partnerships on suicide prevention2) Destigmatising suicide and help-seeking behaviours through internal campaign(s) prevention<ul style="list-style-type: none">i) Source already evaluated national campaigns through local partnerships on suicide preventionii) Include lived experience of staff already working in Trustiii) Include lived experience of senior leaders working in Trustiv) Include lived experience of senior leaders working outside of Trustv) Consider highlighting mental health championsvi) Consider highlighting lived experience groupvii) Consider lanyards signposting willingness to talk about mental healthviii) Consider badges signposting willingness to talk about mental healthix) Consider ‘Wellbeing Wednesdays’—a time to check in, take a break and talk about mental health
