

## Appendices

### Appendix A.

#### Postvention Communication Strategy Model

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##### **Suicide communication strategy**

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

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|   | <ul style="list-style-type: none"><li>i) Understand and can apply international WHO guidance on safe messaging</li><li>ii) Understand the topic of suicide</li><li>iii) Understand what postvention is</li></ul>  |
| <b>Suicide Prevention and Mental Health</b> | <ul style="list-style-type: none"><li>1) Create internal awareness campaign(s) prevention<ul style="list-style-type: none"><li>i) Consider using “Small Talk Saves Lives”—Samaritans</li><li>ii) Consider using “It’s OK to not be OK”—Samaritans</li><li>iii) Source already evaluated national campaigns through local partnerships on suicide prevention</li></ul></li><li>2) Destigmatising suicide and help-seeking behaviours through internal campaign(s) prevention<ul style="list-style-type: none"><li>i) Source already evaluated national campaigns through local partnerships on suicide prevention</li><li>ii) Include lived experience of staff already working in Trust</li><li>iii) Include lived experience of senior leaders working in Trust</li><li>iv) Include lived experience of senior leaders working outside of Trust</li><li>v) Consider highlighting mental health champions</li><li>vi) Consider highlighting lived experience group</li><li>vii) Consider lanyards signposting willingness to talk about mental health</li><li>viii) Consider badges signposting willingness to talk about mental health</li><li>ix) Consider ‘Wellbeing Wednesdays’—a time to check in, take a break and talk about mental health</li></ul></li></ul> |

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