

Tips for Preparing a Suicide Postvention Plan

Modified from: Stubbe, D. E. (2023). **When prevention is not enough: the importance of postvention after patient suicide.** *Focus*, 21(2), 168-172.

Immediate Response

- understand who needs to be informed in your organization
- provide mental health first aid and identify sources of support for affected mental health professionals (e.g., family, peers, crisis support, supervisor or mentor support, mental health providers).
- sensitively inform other team members
- arrange work coverage as needed
- acknowledge that not all patient deaths mean someone did something wrong

Secondary Response (leadership role)

- offer opportunities for debriefing and support
- offer opportunities to connect to other clinicians who have lost patients to suicide.
- confirm the provision of appropriate support services
- normalize emotional responses (including hindsight bias)
- make decisions about attending the funeral or memorial service in consultation with the family
- facilitate clinical supervision if requested

Later Response (leadership role)

- consider an incident review or morbidity and mortality rounds
- be aware of psychotherapy options for clinicians struggling personally or professionally
- support ongoing mentorship or supervision

Self-Care Strategies for the Affected Practitioner

- regularly spend time with friends and/or family members.
- take time off, as needed. Some individuals need this time away for healing, whereas others find the structure and coworker support at work to be more helpful.
- practice health-promoting habits (mindfulness, healthy meals, sleep).
- schedule time for meaningful activities
- seek professional help for distressing and functionally interfering symptoms.