Unexpected Death of a Colleague

Purpose

The sudden or unexpected death of a colleague through suicide or other causes is likely to cause significant distress. The purpose of this resource is intended as something that can be quickly pulled off the shelf to allow for the ease of response when colleagues may be distressed, and time to search through wider resources may be limited. It is intended as a summary resource, it does not supersede other useful resources, moreover it summarises key principles and brings together core documents in one short accessible guide. It includes:

- A summary of how to enable workplaces to become more psychologically informed and supportive of mental health
- A list of potential responses following the unexpected death of a colleague
- A list of easily accessible sources in one place

This document was written with Intensive Care and Anaesthetics in mind, but principles will likely apply beyond these areas and is intended to be applied to all professionals.

Bereavement response to colleague death

Unexpected death refers to any death of a colleague where there was no anticipation, through a period of sickness or illness. Examples may be through suicide, accident, or acquired brain injury. Although when a colleague is unwell for some time the loss is just as important, many will be aware and will start to psychologically prepare for the death. With unexpected deaths the psychological response is from the moment of the death.

It is likely staff will feel a whole range of emotions- from shock to anger and despair. Some staff may feel this more intensively, and it may impact their thinking and impact them physically. These are understandable. Some staff may manage these emotions through their own support mechanisms, others will need more support. Health care professionals often have a high exposure to death at work, so may have developed ways of managing this which may impact their own self-compassion when it comes to experiencing a personal bereavement.

In the event of a suicide, staff are likely to question what could have been different, and why the member of staff took their own life and may feel saddened or guilty at not spotting warning signs. Some staff may feel anger and redirect towards others in the team. The NHS

Live Well document outlines specifics in relation to colleague suicide: help is at hand.pdf (www.nhs.uk).

A psychologically informed and caring work environment

For further workplace guidance please refer to the Intensive Care Society's Workforce Wellbeing Best Practice Framework. A summary of key actions to implement to increase psychological awareness and compassion for each other in the workplace are as follows:

1. **Open dialogue about mental health:** A working environment where the emotional reactions to work, broader life stressors, and mental health can be discussed freely.

   Examples include time set aside to discuss the nature of the work such as Reflective Rounds or reflective practice groups; supervisors and team leaders asking staff about their wellbeing at regular intervals. Staff making time for each other to check-in and ask about experiences at work; social events and opportunities to connect.

2. Education:

a. Access to training to raise general wellbeing awareness. This should also include general mental health, psychological responses following difficult events in work, and suicide awareness.

b. Increase suicide awareness and awareness of the risks. A potential source of suicide awareness training is via the Samaritans or the Zero Suicide Alliance.

National population statistics on suicide are routinely updated by the Office for NationalStatistics. The most comprehensive UK inquiry into suicide risk factors was undertaken by the National Confidential Inquiry into Suicide and Safety in Mental Health.

Some work-related signs at work that may indicate an increased risk are

- Recent absenteeism that is unexplained or erratic sickness
- Change in productivity or a pattern increase in errors
- Difficult clinical cases
- Deterioration in relationships or evidence of being treated differently, withdrawal from colleagues, and possible bullying
- Access to means of suicide leads to greater risk in health care professionals

It is worth noting that some staff will not show any outward sign or indication that they are at risk. Many factors are internal and only become apparent within a trusting relationship, and even then, these may never be known. We cannot be reassured by an absence of these factors.

3. **Work conditions:** working conditions should be moderated to reduce psychological strain and fatigue in staff. Considerations should be given to:

   a. Demands

   b. Support from colleagues

   c. Role clarity and expectations

   d. Control within job

   e. Relationship with managers

   f. Changes at work

4. **Peer support:** a culture of looking out for each other and being aware of each other's needs, as well as trained embedded Peer Supporters[1].

5. **Professional support:** all employees should have access to employee wellbeing and evidence based psychological therapies, as well as knowing how to access helplines such as the Samaritans and crisis support via NHS Crisis Support and Home Resolution teams.

6. **Consider the needs of short-term staff, and new staff:** There are staff who spend a shorter amount of time in a department (e.g., doctors in training, staff on rotation such as physiotherapists, placement students, new nurses), or are new to a department who may not make the same social connection. This may lead to social isolation, and could increase risk of psychological distress, so paying particular attention to pastoral support for these staff is important.

1 Training is available via www.ics.ac.uk

What to do in the event of an unexpected death

Effective support can help people to grieve and recover and is a critical element in preventing further suicides from happening. Each member of the team may have a different need. A summary of ten key actions to consider in the event of a colleague death are as follows:

1. **Nominate a key lead(s) for communications**. This person should coordinate all communications and follow up. This is likely to take time so this person should be alleviated of clinical duties for that week.
2. **Issue a statement to colleagues**. Let all colleagues know as soon as possible

   a. who has passed away

   b. outline the plan for local support.
3. **Consider the wishes of the loved ones of the colleague**. Make contact with the loved ones and ask if they are willing to be contacted by staff and what they are comfortable with, establish any plans for remembrance and what are the wishes around staff attendance or if these are to be smaller and private.
4. Contact local assistance programmes and activate a **map of support** and make it widely available. For example, peer supporters, employee wellbeing, psychology team, chaplaincy etc.
5. Identify a **list of colleagues closest** to the deceased and actively in reach to offer support. Some staff who were not close to the colleague may still find a death triggering and distressing, so make sure general support is available to all.
6. Ensure **line managers** who are providing support have a peer support mechanism
7. Consider how colleagues wish to be **listened to**. Allow spaces for venting, open reflection, a memorial and for quiet reflection. Some staff may not wish to talk, in this instance you should offer a space to come together to discuss (facilitated via local psychology teams where possible). Offer a space for information sharing (being aware that not all information will be known, and some information will not be appropriate to share). Organise a memorial. The NHS Live Well document summarises other helpful actions here help is at hand.pdf (www.nhs.uk)
8. Offer space for **memorial and celebration**. This could be a memorial, fundraising, a minute's silence, tree planting or candle lighting. Consider a role for chaplaincy in the planning
9. Consider how to **reallocate the work** and manage the belongings of the colleague in a sensitive way.
10. Following the initial grief response, the staff may return to working, but some staff may continue to have needs further down the line. Make time to **check in again** with staff after three months and six months to review how staff are.

Wider resources

There are several useful detailed resources you can draw upon to further your knowledge of prevention of suicide and what to do in the aftermath of a sudden death of a colleague.

These are as follows:

- The Association of Anaesthetists' guidelines Suicide Amongst Anaesthetists 2019
- Health Education England document Sudden Death of Doctors in Training
- Public Health England Crisis management in the event of a suicide: a postventiontoolkit for employers
- Scotland Association for Mental health After A Suicide | SAMH document

- NHS help is at hand.pdf (www.nhs.uk)
- Public Health England Reducing the risk of suicide: a toolkit for employers
- More detailed suicide postvention guidelines can be found here at Postvention Guidance: Supporting NHS Staff after the death by suicide of a colleague.
- The UK Governments suicide prevention strategy can be found here at Suicide prevention strategy for England: 2023 to 2028

National sources of support

Samaritans	Survivors of Bereavement by Suicide (SOBS)	Cruse Bereavement Care
www.samaritans.org	www.uk-sobs.org.uk	www.cruse.org.uk
Helpline: 116 123	Helpline: 0300 111 5065	Helpline: 0844 477 9400
SMS: 07725 909090 jo@samaritans.org	sobs.support@hotmail.com	helpline@cruse.org.uk

Contributors

- **Dr Julie Highfield**, National Wellbeing Director and Consultant Clinical Psychologist in Intensive Care, Leading on behalf of the Intensive Care Society
- **Dr Stuart Edwardson**, Specialty Registrar in Anaesthetics and Intensive Care Medicine, Representing the Association of Anaesthetists
- **Dr Catriona Felderhof**, Specialty Registrar in Intensive Care Medicine, Representing the Faculty of Intensive Care Medicine
- **Dr Emma Jackson**, Specialty Trainee in Intensive Care Medicine, Representing the Intensive Care Society
- **Dr Ken McGrattan**, Consultant in Intensive Care Medicine, representing the Faculty of Intensive Care Medicine
- **Dr Emma Plunkett**, Consultant Anaesthetist, Representing the Association of Anaesthetists
- **Ema Swingwood**, Respiratory Pathway Lead Physiotherapist
- **Dr Sarah Thornton**, Consultant in Critical Care and Anaesthesia.

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