

Euro Mental Health 2017- Exposure to Suicide at Work: How to Manage Incidents and Support Staff and Consumers- Cheryl Staal-Enhance Supervision and Training

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Abstract

During the past two decades there has been a strong focus on suicide prevention, intervention and bereavement research. In Australia alone, over ten million dollars has been provided annually for suicide bereavement services. The impact of being exposed to suicide at work can be just as traumatizing as direct bereavement and have broad reaching, and sometimes lifelong implications. However, this issue and group have not been acknowledged, and there is a dearth of dedicated research or funded support. Suicide is commonly perceived as three slightly different concepts. Most common is a person taking their own life, whereas assisted suicide is when the person intentionally kills themselves with the assistance of another person who provides the knowledge or means to do so. Followed by euthanasia which in Australia is perceived as the deliberate, intentional act of one person to end the life of another person in order to relieve that persons suffering [2]. According to Australia Bureau of Statistics there was an average daily rate of 8 suicide deaths during 2015 and 2016.

Though the Australian StandBy support after suicide service is not targeted to staff exposed to suicide at work, its client support data validates this bread of exposure in the most common relationship of clients to the deceased being 23%

partners, parents or other relatives, 13% worked with the deceased and 4% service providers. Furthermore, it is commonly presumed police or ambulance officers are first to arrive at the scene of a suicide. However, this is often not so. According to StandBy support after suicide data 27% of its clients in 2016, who were not emergency service staff had discovered the deceased

As all senses are extremely heightened at the time of crisis, if the staff member experiences post-traumatic stress disorder a reoccurrence of those senses such as seeing blood or smelling the deceased's cologne could trigger future reactions. Depending on the closeness of their relationship with the deceased this could also be associated with sudden temporary upsurges of grief – STUGS which exposed staff report are just as overwhelming as during the initial phase of grief

Furthermore, the exposed staff member may have been a close friend of the deceased, and be the critical incident coordinator or investigator. In this instance they not only experience the trauma of finding their deceased colleague, but also having to maintain their professionalism until the incident has been dealt with. By postponing their grief and obtaining support, it could exacerbate issues for them. Interestingly Pitman, Osborn and Rantell's [10] research found people directly bereaved by suicide are 80% more likely to drop out of work or education. One ponders what the dropout rate and

ongoing implications are for those not only bereaved, but also directly exposed to suicide in other manners? When back at work the majority of those exposed also report they experiencing presenteeism. That is physically being there, but finding their mind wanders thinking about the deceased person or the scene they encountered. A poignant example is after the suicide of a fellow police officer, officers of various ranks commented “you’re expected to get on with things, even if we had been their best mate since the academy, 20 years ago, so we turned up for shift as usual but found it hard to keep our minds on the job

Managing this type of critical incident in a workplace entails a myriad of aspects coupled with immediate, short and long term actions which are beyond the scope of this paper. However the author can provide further information and professional development on this topic. 4 suicide are resilient after a period of adjustment and may even experience post-traumatic growth

Conclusion So from the above discussion it is evident that staff can be exposed to suicide at any work place. And there are some similarities between exposure related trauma and that of other precipitating traumatic events. Additionally the impact of exposure can be just as significant as bereavement depending on the type of exposure, the strength of the collegial relationship with the deceased and potential difficulty adjusting to the trauma or loss. With the breadth of exposure spanning various staff, across a team, a whole organization and its stakeholder. Further, there are also professional, organizational and environmental specific issues that should be considered. And the level of trauma experienced can be exacerbated through various interrelated issues such as not being death competent, role

requirements when already traumatized, or a workplace culture resistant to help seeking. Therefore there is a significant need to acknowledge and research the impact of exposure to suicide at work.

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