

Appendix N: Staff Debriefing Strategies

Source: Beautrais (2004). Published with permission.

In the organization that does offer debriefing for staff involved in the care of a client who has completed suicide, the nurse can ensure any or all of the following are provided:

- Use should be made of existing traumatic incident response plans.
- Consideration should be given to bringing in an external consultant with expertise and experience in leading a response to suicide deaths.
- Staff should be provided with information about the specific suicide death, and about suicide, generally.
- Staff should be provided with the opportunity to talk, in a supportive environment, about how the suicide has affected them, and to have their needs for support assessed.
- Relevant community resources/agencies should be identified and information provided to staff/workers and other bereaved individuals about how to access these services.
- Existing risk management procedures should be implemented to minimize risk of suicidal behaviour amongst staff, patients and others.
- Effective assessment procedures should be used to identify those at risk of severe grief responses and at risk of suicidal behaviour.
- Collegial support groups could be provided within institutional settings, including mental health settings, to provide support from staff with experience of suicide deaths.
- A meeting between staff and the bereaved family should be offered, and a facilitator provided.
- A review of the circumstances of the suicide should be conducted, if appropriate.
- Individual staff should be provided with access to professional supervision.
- At the end of the intervention all staff involved should be debriefed, and the traumatic incident response plan revised as needed.

