

A Suicide in Your Practice

How Would You Cope?

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Annual Conference, ICGP, Dublin,
May 2018



Declaration of Interest

Drs Andrée Rochfort, Deirdre Kinlen,
Monica McWeeney, David E Thomas

This is to certify that we do not have any personal or pecuniary interest, direct or indirect, in any matter in relation to this presentation on the Personal or Professional Impact of a Suicide in Your Practice

The Object of this Workshop

- To Explore the Impact of Suicide on the Doctor and the Practice
- To Reflect on how to cope with the aftermath of the Event
- To gather information for improving support

Suicide in the Practice includes

- That of a Patient of the Practice
- That of a Family Member of one's Patient
- That of a Colleague



Effects of Suicide on the Doctor and the Practice

- Suicide is a Significant Adverse Event in a Practice
- The Doctor, Practice Colleagues and Staff are traumatised by the event
- “You agonise over what to do... later the event replays itself over and over in your mind” (Albert Wu)



NEWS

OPINION

BUSINESS

SPORT

LIFE

STYLE

ENTERTAINMENT

TRAVEL



Eilish O'Regan  

April 7 2018 2:30 AM



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"I had personal dealings with all of them," Dr Duffy told the annual conference of the Irish Medical Organisation in Killarney, Co Kerry.

She is now calling for doctors to be offered debriefing after trauma, saying they can be left out of counselling after being involved in tragedy.

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NEWS OPINION BUSINESS SPORT LIFE STYLE ENTERTAINMENT TRAVEL

 **Eilish O'Regan**      

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Suicide Prevention: GPs professional views & practice experience



Connecting for Life



Findings of a Survey

Monitoring & evaluating the implementation of CfL

December 2017

Background: Connecting for Life (CfL), Ireland's national, coordinated, multifaceted strategy to reduce deaths by suicide and self-harm, recognises the important context that primary care plays in suicide prevention. Within this context, the General Practitioner (GP) plays a vital role.

In May 2017, the Monitoring & Evaluation Team & Clinical Advisor in the National Office for Suicide Prevention (NOSP) designed a survey, which in conjunction with Irish College for General Practitioners (ICGP), was circulated to all members and associates of the ICGP. The findings from the survey are being used by the NOSP Clinical Advisor to identify needs and inform service planners to shape how services might be better designed and delivered for and to, primary care practitioners to support their work with suicidal and self-harming persons.

This paper summarises the findings from a survey of General Practitioners exploring a number of areas in relation to their experiences with patient suicide

Key points:

- General Practitioners (GPs) have an important role to play in suicide prevention. The majority of individuals are in contact with their GP prior to suicide, particularly those with a mental illness. Thus, GPs are well placed to intervene.
- 469 GPs across all nine HSE Community Health Organisations (CHOs) in Ireland completed the survey.
- The vast majority of GP respondents (77%) reported having experienced a patient suicide; most of whom reported that the patient suicide(s) had an adverse effect on them (89%). It must be noted that a limitation of the study is the possible over-representation of GPs who had experienced the suicide of a patient; they may have different views and experience than their counterparts.
- The majority of GP respondents had not undertaken any previous suicide prevention training (81%); those who had undertaken such training showed more positive attitudes towards suicide prevention, more confidence in dealing with patient needs and in identifying appropriate service for onward referral in comparison to those with no experience of prior training.
- Although the majority of GP respondents (59%) reported adequate preparedness for assessing a suicidal person(s), only a small proportion had actually received training on formalised assessment of suicide risk. Moreover, two-thirds of GP respondents (64%) reported that they did not have adequate preparation for their role in the use of a safety plan.
- The GP survey respondents reported limited access to specialist support services. For example, only a minority of GPs responded that there were additional services at their practice to deal with suicidal persons (15%). Moreover, only one-third of GP respondents (33%) reported that their practice had a personal liaison with psychiatric services.
- The top rated gaps in services for suicidal persons as identified included 'Accessing urgent statutory mental health services, including child and adolescent services', and 'Accessing crisis counselling/support services'.



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Factors which Affect the Doctor's Ability to Cope

- Fatigue
- Isolation
- Burnout
- Substance Misuse
- Mental Health Issues
- Previous Incidents
- Communication Factors



Post Suicidal Event

- The need to Acknowledge the Event
- Feelings of Denial and Defensiveness
- The need to Talk
- The need for Support
- Resilience



Workshop Structure

- Three Questions to be Posed
- One Minute Contemplation Period
- Two Minutes one-to-one Session with your Neighbour, to verbalise your thoughts
- Break into small groups
- Twenty Minutes Group Discussion, elect a Rapporteur
- Rapporteur to Report to Plenary Session



Questions for Reflection and Discussion

- Describe how you might react personally and professionally to a suicide
- If a suicide occurred, to whom would you turn?
- What additional supports would be helpful?