



Suicide among nurses: how talking can reduce risk and stigma

With increasing workplace and home pressures on all staff, nurses can support colleagues through open, honest discussions about the difficulties of coping and suicidal ideation



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In the BBC TV programme *This is Going to Hurt*, hospital staff plant a tree in memory of a colleague who has died by suicide.

The events in the medical drama – which is based on the bestselling memoir of the same name by former NHS junior doctor Adam Kay – will resonate with many nurses, who understand the pressure and well-being risks of working in healthcare.

Sadly, this is an all-too-familiar situation, with an alarming rise in nurses reporting occupational stressors.

Reducing the risk for healthcare workers

The RCN and other healthcare bodies have called on healthcare employers to lessen the psychological and social impact of working in healthcare.

Worryingly, nurses are at a higher risk of dying by suicide than the general population. Many factors contribute to this risk, including shift work that reduces access to support networks and well-being activities, exposure to trauma and occupational stress.

There is also psychological distress associated with COVID, moral injury relating to service provision challenges and, most recently, the cost of living crisis.

One responsibility we all have as individuals

and for the organisations we work for is reducing stigma around suicide. Nurses have a duty to treat patients experiencing suicidal ideation with compassion and care.

All nurses, not just mental health nurses, should ensure that they talk about suicide with their patients in a way that is non-judgemental and encourages open and honest conversations.

These principles should be extended to the way we talk about suicide with nurse colleagues. This means applying the same active listening techniques, compassion and support we provide to our patients.

Having open conversations about workplace stressors can make people feel psychologically



What to do if you have concerns about a colleague

- » **Make a plan** for how to respond if you have concerns that a colleague is experiencing mental distress or suicidal ideation. This will vary depending on the person or situation. Your plan could include finding out how to access specialist screening and the support available locally
- » **If you are concerned that urgent action is required**, escalate, whether that is to a line manager, occupational health or human resource (HR) services, or a governing body. Escalation in an organisation can be a stressful process. It is important that this is not viewed as a punishment and that appropriate support is put in place for the colleague
- » **Know what support is available** in your place of work. Many workplaces provide access to psychological well-being services or specialist counselling. Contact your HR department to see what is available
- » **Share nurse-specific resources** Nurse LifeLine provides a listening service, and the Laura Hyde Foundation offers information about self-harm and suicide
- » **Access specialist support** Anyone expressing suicidal ideation should be screened by someone with specialist knowledge, even if they are not actively suicidal
- » **Encourage people to contact their GP**, or if more urgent to call 111 or go to the emergency department
- » **In an emergency** If someone is acutely suicidal this should be treated like any other health emergency, and you may need to call 999
- » **Let colleagues know you are thinking of them** if they are taking time off work
- » **Arrange a 'safe and well check'** if a colleague who has expressed suicidal ideation is off work without contact
- » **Seek support for yourself** if disclosures are made to you

- safe enough to acknowledge when things are difficult. This is achieved when people feel safe from judgement and are encouraged to voice their concerns, whatever their role.

'How often are we given information on how to talk to colleagues about suicidal ideation? Yet, not doing this can have devastating consequences'

It is important that we normalise conversations about suicidal ideation with our colleagues. Asking difficult questions is part of our job, and when we are trained in suicide prevention part of this is asking direct, honest questions in a compassionate and non-judgemental way.

Risks to well-being

There is increasing access to well-being resources in healthcare organisations, but how often are we given information on how to talk to colleagues about suicidal ideation? Yet, not doing this can have devastating consequences.

Understanding that our colleagues may be at risk of suicide is important. It means that we cannot only rely on the team debriefings that happen after serious incidents. It is impossible to define what workplace situations will be experienced as traumatic by different people.

Risk to well-being may come from stressors at home as well as work – it is impossible to separate these areas.

Risk assessment is dynamic and accounts for protective factors as well as rapid changes.

Encouraging workplaces and educational institutions that train nurses and other healthcare staff to have regular teaching sessions about the risks of suicide will support people in asking colleagues about suicidal ideation. This can help to reduce the stigma around suicide and may increase help-seeking behaviours.

Further information

Laura Hyde Foundation laurahydefoundation.org

Nurse LifeLine nurselifeline.org.uk

RCN (2021) One Voice – Joint statement on health and care staff wellbeing
tinyurl.com/rcn-staff-wellbeing



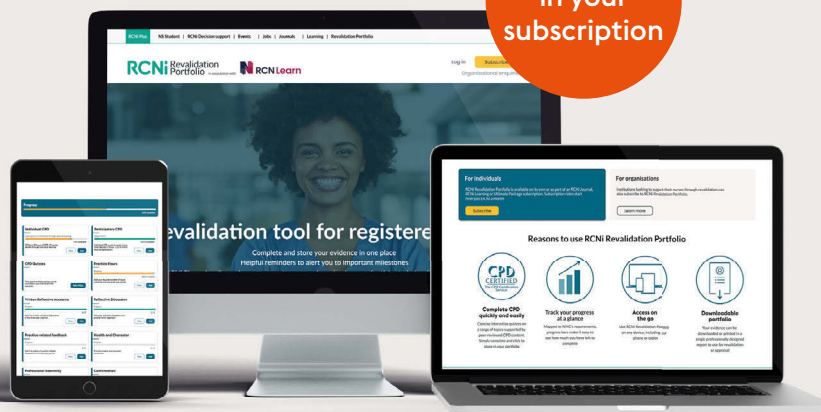
Podcast: What support is available for nurses experiencing mental distress?
rcni.com/support-distress

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