A Postvention Guide for Clinicians After a Client Dies by Suicide

A client's death by suicide is one of the most difficult professional and personal experiences a clinician may face. These events have significant emotional impact and may also create clinical, legal, administrative, interpersonal, and practical responsibilities. Many clinicians feel unprepared to navigate the aftermath of a client's death by suicide. This guide provides practical steps clinicians can take and emphasizes that clinicians should not be expected to manage the response to a client suicide death alone.

Although estimates vary, research suggests that more than half of health care providers have experienced a client death by suicide, with rates approaching three-quarters among psychiatrists.[3]

More than half (51%) of health care providers and nearly three quarters (73%) of psychiatrists will experience a client suicide during their careers.

Although these deaths happen frequently, societal and professional stigma often limit discussion of the topic and leave clinicians feeling isolated. This isolation is compounded by that fact that many clinicians have limited education, preparation, or formal protocols for responding after a client suicide.

Impact on Clinicians and Common Reactions

A client's death by suicide may have a significant impact on a clinician's emotional well-being.[5] Common emotional responses include sadness, shock, anger, guilt or shame, and a sense of personal or professional failure.[3,6,7] Many clinicians also experience acute stress or post-traumatic symptoms.[7] Some worry that they will be judged, devalued, or seen as less competent by peers, even though many mental health professionals experience a client suicide during their careers.[7] Clinicians who have lost a loved one to suicide may experience renewed grief while mourning the client.[8] Distress may also

resurface during case reviews, complaints, legal proceedings, memorials, anniversaries, or a suicide death or serious attempt by another client.

The impact may extend to clinical practice. Some clinicians become more likely to pursue hospitalization for clients experiencing suicidal thoughts or behaviors, while others become reluctant to treat clients at risk of suicide.[3] These changes can indirectly harm other clients or limit access to care for those who need it most.

How to Respond: The 7 Cs Framework

The 7 Cs framework outlines practical steps clinicians can take after learning that a client has died by suicide. These steps should not be managed in isolation. When available, clinicians should reach out to organizational leaders, supervisors, legal and/or risk management staff, and trusted colleagues.

1. **Confirmation:** Determine whether the report of the client's death is confirmed, especially if the information came from a non-clinical source. When possible, secure confirmed information before taking additional steps or communicating with others.

2. **Coverage:** It may be necessary to reschedule, cancel, or transfer other client appointments and clinical responsibilities, keeping in mind the safety of the clinician and clients, as well as the organization's needs. A supervisor or colleague may need to help arrange coverage, schedule changes, protected time, or temporary relief so the clinician can process, grieve, and complete essential responsibilities. Coverage needs will vary by role, client needs, staffing organizational size, and documentation or legal demands, and should be revisited over time.

3. **Connect:** Professional stigma can make it uncomfortable to seek support from colleagues, but connection with trusted peers is one of the most helpful steps clinicians can take after a client dies by suicide. Utilize supervision, consultation, peer support, or employee assistance program (EAP) resources when available.

4. **Consult:** After confirming a client death by suicide, contact legal counsel and/or the organization's malpractice carrier regarding next steps. Many follow-up tasks involve sensitive issues, including protected health information. If you work within an organization, ask leadership about the established pathway for contacting legal counsel, risk management, or the malpractice carrier.

5. **Chart:** When clinicians experience the death of a client, they should document that the client has died, when and how they learned of the death, the source of the information, and any actions taken. **Do not** alter, backdate, rewrite, or add undocumented material to earlier notes. Preserve relevant records and communications according to organizational policy and applicable law.

   Protected health information generally remains confidential after death. Rules on disclosure of the clinical record vary by state and setting. Refer to organizational guidance, privacy officers, or legal counsel when available.

6. **Contact:** When appropriate and permitted, reaching out to the client's loved ones can be meaningful. Families often want contact, yet many never hear from clinicians who cared for their loved one. Any outreach should lead with compassion while remaining coordinated with organizational policy, legal and/or risk guidance, and confidentiality requirements.

   A condolence call should not become a defense of the care provided or a detailed discussion of treatment unless disclosure has been authorized through the appropriate process. Instead, clinicians should provide families with care, support, and resources for suicide bereavement.

7. **Care for self:** Take time to reflect on how you are processing the client's death and reach out for support if you are struggling. Ask for workload flexibility, protected time, or referral support if it is needed.

Additional Considerations if the Client Was a Minor

If the client who died by suicide was a minor, additional privacy and disclosure rules may apply, even after death. Access to protected health information may depend on HIPAA, state law, and other protections related to sensitive information, such as information about substance use or sexual abuse. Before releasing records or sharing treatment information with parents, guardians, or other family members, consult a supervisor, privacy officer, or legal counsel.

Special care should also be taken when connecting with siblings, peers, and other youth who knew the minor client. Young people may be especially affected by a suicide in their social network and may need additional support, risk assessment, or safety planning.[9]

Resources for Individual Clinicians

A client's death by suicide can be a profound loss for a clinician. No clinician should face it in isolation. Help is out there.

- **Suicide Bereavement Trained Clinicians**: American Foundation for Suicide Prevention directory of clinicians with training in suicide bereavement support.
- **Coalition of Clinician-Survivors**: Resources and peer support for clinicians who have lost a client to suicide.
- **988 Suicide & Crisis Lifeline**: Immediate support for anyone experiencing emotional distress or crisis.
- **Resources for Clinical Practice**: Suicide Prevention Resource Center resources to support people who work in clinical settings in developing, implementing, and expanding best practice standards for suicide prevention in health care systems.

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