CSTS Uniformed Services University

Center for the Study of Traumatic Stress

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Supporting Colleagues Who Have Lost a Client to Suicide

When a provider experiences a client suicide death, the loss can be emotionally, ethically, and professionally destabilizing. Colleagues can play a critical role in reducing isolation, preventing shame-driven withdrawal, and supporting healthy recovery and continued competent practice.

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Providers can face both personal and professional impacts following the loss of a client to suicide. They may experience similar emotional reactions as other loss survivors, but they may also face unique professional concerns.

Psychological impacts can include:

- Shock, grief, sadness, or guilt
- Self-doubt or loss of professional confidence
- Fear of blame, complaints, or legal consequences
- Intrusive thoughts or rumination
- Sleep disruption, anxiety, or depressive symptoms
- Isolation or reluctance to seek help
- Secondary traumatic stress or moral injury

Occupational impacts can include:

- Changing their approach to peer consultation or record-keeping
- Changing their clinical decision-making, such as increasing recommendations for hospitalization
- Changing the type of clients they serve or avoiding referrals presenting with suicide risk

Without support, these reactions can contribute to burnout, occupational trauma, or workforce attrition.

It may be difficult to know what to say or how to help someone who has experienced a suicide loss. Not having the perfect words should not prevent you from reaching out. Do not wait for your colleague to ask for help. Support should be ongoing, not one-time. When a provider loses a client to suicide, they will need support in the short- and long-term.

What Colleagues Can Do Immediately

- Reach out directly, normalize emotional impact, and offer support.
- Volunteer to help cover appointments or other workplace obligations temporarily if appropriate.
- Support your colleague's planning for communication with the deceased's family or with other team members (when appropriate and within policy).

What Colleagues Can Do to Be Supportive Over Time

- Check in routinely and watch for signs of distress, such as increased alcohol use or social isolation.
- Maintain usual professional and extracurricular activities with the loss survivor.
- Provide an open door for continued clinical case consultation if appropriate.

Continued

- Normalize suicide loss as an occupational hazard that can affect anyone in the mental health field. Emphasize that loss is not a reflection on your colleague's skill or judgment.
- Encourage your colleague to seek professional support themselves if necessary

What to Avoid

- Choosing silence or distancing emotionally
- Engaging in gossip or speculation
- Judging or second-guessing
- Encouraging a premature return to normal productivity
- Over-pathologizing normal grief reactions
- Assuming one check-in is enough

Key Reminders

Death by suicide is a profound loss for all those who knew the deceased, including providers. It's important to remember that suicide isn't an indication of professional failure. Colleagues need the same compassion, connection, and support that they provide to those they serve. Supporting colleagues strengthens workforce sustainability and continued suicide prevention efforts.

Resources

- **Employee Assistance Program** offers free mental health support through an individual's employment. Contact your HR department for more information.
- **Coalition of Clinician Survivors** offers support, education, resources, consultation, personal accounts, and postvention resources for clinicians affected by suicide loss.
- **American Foundation for Suicide Prevention** provides a nationwide community and resources for those affected by suicide.
- **988 Suicide & Crisis Lifeline** is a 24/7 hotline for mental health support.
  - » Press 1 for Veterans.
  - » Press 2 for Spanish speakers.

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