

Postvention Support Program in Kalmar County

Supported by Kalmar County Council (Region Kalmar län),
each of the twelve municipalities in Kalmar County
along with relevant organizations and community stakeholders

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Läns gemensam ledning i samverkan

Inom socialtjänst och angränsande område hälso- och sjukvård samt skolan i Kalmar län



Sjukhuskyrkan



Polisen




Svenska kyrkan 

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Introduction

People bereaved by suicide are often in a crisis situation and in great need of support. Not only immediately following the death (acute phase) but also long-term (follow-up phase)^{1 2}. Suicide survivors often face unique challenges that differ from those who have been bereaved by other types of unexpected or sudden deaths. Aside from the inevitable grief, sadness and disbelief – feelings of guilt, shame, rejection and anger are often prominent^{3 4}. People close to the survivor often distance themselves, in fear of saying something inappropriate or triggering unpleasant feelings, which can lead to isolation and weakened social support system on behalf of the bereaved^{5 6 7 8}. Overall, this contributes to the increased risk of mental illness and suicide seen amongst suicide survivors^{9 10 11}. Offering proactive postvention support and follow-up, known as “active postvention”, is therefore an important intervention in order to prevent further suicides and suicide attempts^{12 13}.

In addition to being cost-effective¹⁴, proactive postvention support has also been shown to lead to increased and earlier help-seeking^{15 16}, reduced social isolation and fewer suicidal thoughts among suicide survivors¹⁷.

Background

Historically, there has been no systematic support for those bereaved by suicide in Kalmar County. Swedish research, however, shows that 96% of suicide survivors would like healthcare personnel to actively reach out and offer support and information following a suicide¹⁸. Until now, first responders (police, paramedics and firefighters) have taken a great deal of responsibility when it comes to providing immediate support during the acute phase. However, this support often gets aborted when first responders get called to a new rescue event. The support received, often exclusively in connection to the immediate event, has largely depended on dedicated individuals, resulting in inconsistent support across the county.

Furthermore, there is no designated organization or specific function with pronounced responsibility for postvention support. Nor has any proactive support been given to survivors long-term. To some extent, this can be explained by the lack of Swedish legislation regulating support to those bereaved by suicide. Therefore, it is legally unclear who is responsible for providing the support. At the same time, the healthcare system in Sweden has an obligation to prevent ill-health (chapter 3, §2 HSL), just as the municipalities, according to the Social Services Act, have the ultimate responsibility to ensure that their residents receive the help and support they need (chapter 2, §1 SoL). Suicide survivors without ongoing contact with healthcare services or services offered by the municipality are especially likely to go unnoticed.

Due to this, as well as the ill-health that may eventually affect suicide survivors in our county, Kalmar County Council and all twelve municipalities, through the Regional Action Program for

¹ Survivors of Suicide Loss Task Force (2015)

² Hill et al. (2021)

³ Jordan (2017)

⁴ Young et al. (2012)

⁵ Feigelman et al. (2009)

⁶ Cvinar (2005)

⁷ Jordan (2017)

⁸ Dyregrov & Dyregrov (2008)

⁹ Levi-Belz & Birnbaum (2022)

¹⁰ Omérov et al. (2013)

¹¹ Jang et al. (2022)

¹² Jordan (2017)

¹³ Springer (2019)

¹⁴ Comans et al. (2013)

¹⁵ Cerel & Campbell (2008)

¹⁶ McGeechan et al. (2018)

¹⁷ Gehrman et al. (2020)

¹⁸ Omérov (2014)

Suicide Prevention, have decided to design and implement a county-wide program for proactive postvention support. The program should provide immediate as well as long-term support to those bereaved by suicide, also considering the support needs of children and minors.

The program has been developed by a broad multidisciplinary team and, in addition to science and proven experience, been primarily based on the stories, experiences and preferences of those with lived experience¹⁹.

Aim and goal

The purpose of this document is to clarify what support is to be offered to suicide survivors as well as clearly stating the roles and responsibilities of those providing it. This applies to support immediately following a suicide as well as long-term. Support should be provided regardless of whether the deceased had previously been receiving services from the health care system and/or municipality or not.

The program should be applied county-wide and support provided to suicide surviving residents of Kalmar County, regardless of where the death occurred geographically.

Definitions and exclusion criteria

Definition of suicide survivor

Suicide survivors are typically defined by the police as next of kin; usually one or two people. Research, however, shows that there are significantly more people close to the deceased who are affected by suicide deaths^{20 21}. A more relevant definition of suicide survivor therefore, in addition to biological kinship, also considers the nature of the relationship and the degree to which the death affects a person. This more comprehensive definition also considers the time aspect, i.e. how long the death may affect a person in a significant way²².

Therefore, this program has adopted a broader definition of suicide survivors, largely based on their need for support. Other suicide survivors are typically identified later, when postvention support is underway with the next of kin.

Suicide survivors residing outside Kalmar County

Currently, suicide survivors residing outside the geographical boundaries of Kalmar County are not covered by the program. This applies even if the death, geographically, occurred in Kalmar County.

Confirmed and suspected suicides

In some cases, it is beyond all doubt that the death in question is a suicide. More often, however, it takes time to investigate and determine the intent. Therefore, support is given to survivors of both confirmed and suspected suicides.

Acute phase

The process description on the next page (5) visualizes the first hours immediately following a confirmed death and focuses on the bereaved and their path to support. During the acute phase, postvention support can look different depending on where the death occurs (“Outside hospital setting”, “In hospital setting” and “Outside county boundaries”).

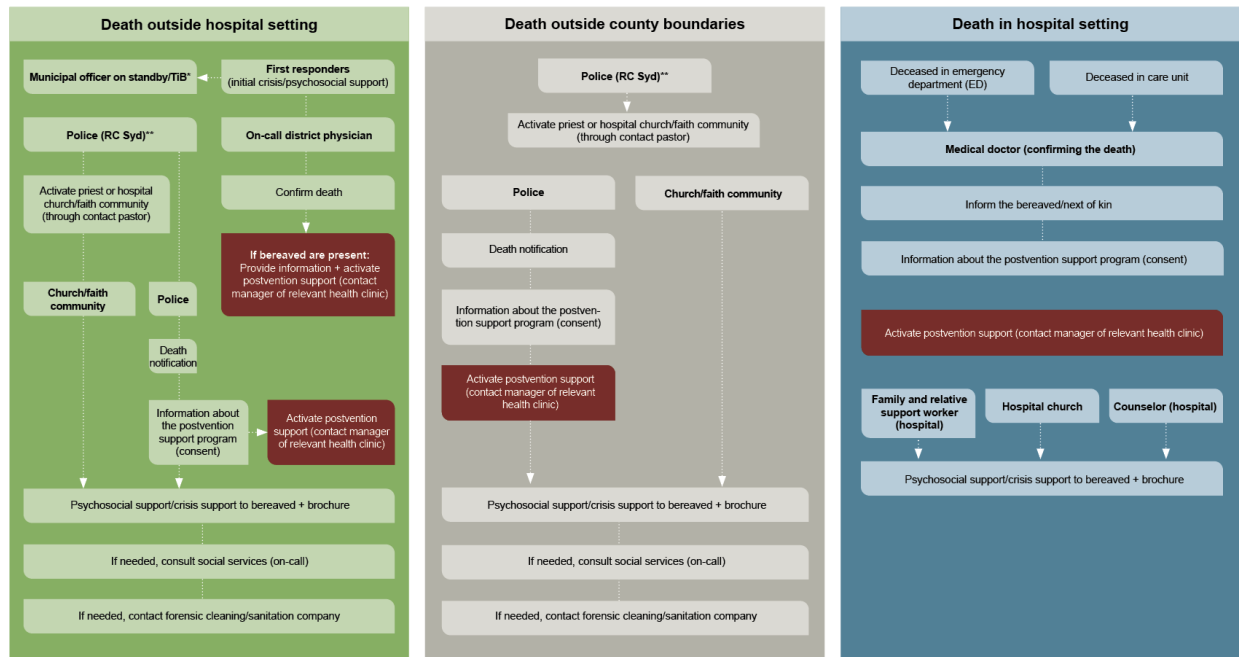
¹⁹ Andriessen (2009)

²⁰ Survivors of Suicide Loss Task Force (2015)

²¹ Folkhälsomyndigheten (2022)

²² Jordan & McIntosh (2011)

POSTVENTION SUPPORT – ACUTE PHASE



* Municipal officer on standby (TIB) may be activated to achieve faster communication with relevant school/preschools
 ** RC Syd = Kalmar, Kronoberg, Skåne and Blekinge



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Borgholms kommun | Emmaboda kommun | Hultsfreds kommun
 Högby kommun | Kalmar kommun | Kommunförbundet Kalmar län
 Mönsterås kommun | Mörbylånga kommun | Nybro kommun
 Oskarshamn kommun | Region Kalmar län | Torsås kommun
 Vimmerby kommun | Västerviks kommun

Family and relative support/counselors (hospital)

If relatives are present when a person dies at a healthcare facility as a result of a suicide attempt or where there is suspicion of suicide (poisoning, certain traffic accidents, etc.), emergency psychosocial support is given to survivors by the hospital's family and relative support staff and/or counselors. They also hand over a brochure ("Loosing a loved one") with important sources of support and helplines.

Support from the police

During the acute phase, police officers play an important role in delivering psychosocial support as they naturally meet the next of kin when notifying them of the death. Police officers should always be accompanied by someone from the church or other faith-based communities (as described below) as they are able to stay with the family/individual if the officers get called to a new rescue event²³.

Support from the church/faith-based community

Church staff are highly experienced when it comes to offering psychosocial support and attending to people in crisis. Via the Police Command Center (RC Syd), contract pastors/vicars in Kalmar County are contacted. They in turn contact the local priest who can accompany the police officer when notifying the family of the death. The priest is geographically close to the person who is bereaved and can get there quickly. Being in close proximity also make continued contacts easier, should the survivor so wish. Contact details for contract pastors/parish priest are available from the police.

The Hospital Church (Kalmar) is on-call 24/7 and can be contacted for psychosocial support when notifying of a death. In Oskarshamn and Västervik, the vicar is the first point of contact. This applies specifically for deaths occurring at any of the hospitals but can also apply for deaths occurring outside hospital facilities, in municipalities where the Hospital Church operates. The vicar can also refer to other faith-based communities, if survivors have different religious affiliations.

²³ Högberg (2023)

Support from social services

In some cases, psychosocial support from social services may be needed after the suicide survivor has been notified of the death. For example, if there are minors present in the household and the surviving parent has no one nearby who can quickly provide support/assistance on-site.

Social services can also assist if needs are more practical in nature, such as providing transportation or emergency housing. Services, however, are always contingent of a needs assessment. If needed, first responders or church personnel can help the family get in touch with social services/emergency social service (after-hours).

Sanitation/forensic cleaning

Sometimes a home needs to be cleaned up after the departure of police. This task cannot, and should not, be left to the survivors²⁴. Many cleaning companies in Kalmar County offer on-call services and can be called in if needed. In order to get help with cost associated with the cleanup, survivors are advised to contact their homeowners' insurance. If they lack insurance/are not covered by any other policy and there are no financial means to cover cleanup fees, survivors can apply for financial assistance from social services. They will then conduct a needs assessment to determine eligibility.

Municipal TiB (Officer on standby)

If there is a need for faster dissemination of information than the next weekday (for example, if a suicide has been committed by a student at school), the municipality's TiB (officer on standby) should be activated immediately.

Activating proactive postvention support

District physician (primary care) and doctors (hospital)

The doctor confirming the death, outside or at a health care facility, informs surviving adults on site that they will be contacted by their chosen health clinic with an offer to receive postvention support. The doctor inquires where the survivor is listed (health clinic) and obtains consent for the intervention. He or she then informs the health clinic (via TeleQ, key selection 9) that postvention support is to begin (the head of the clinic or their substitute should be informed). The doctor details name of survivor, social security number, current contact details and any other information that may be of importance to the health care personnel contacting the survivor going forward. If a death occurs after-hours, a Cosmic Messenger is sent to the health clinic's fictitious mailbox (where the same information gets reported).

If survivors decline support, let them know that they can contact their health clinic themselves to request postvention support, should the need arise later on. They should also be handed the brochure "Loosing a loved one" (described earlier).

If there are no survivors present at the scene of the death/health care facility, postvention support is not activated by a doctor but rather the police officer delivering the notification of death.

Family and relative support workers (hospital)

If a survivor gets assigned a support worker from the hospital's family and relative support team, they should also the survivor about the postvention support offered by the primary care clinics. If they consent to postvention support, the support worker enquires about which health clinic the survivor is listed and then contacts that clinic (via TeleQ, key selection 9) informing them that postvention support is to begin (the head of the clinic or their substitute should be informed). The support worker details name of survivor, social security number, current contact details and any other information that may be of importance to the health care personnel contacting the survivor going forward. If a death occurs after-hours, a Cosmic Messenger is sent to the health clinic's fictitious mailbox (where the same information gets reported).

²⁴ Ross et al. (2021)

If survivors decline support, they should be informed that they can contact their health clinic themselves to request postvention support, should the need arise later on. They should also be handed the brochure "Loosing a loved one".

Police officers

When police officers are notifying next of kin of the death, they are also responsible for informing surviving adults that they will be contacted by their chosen primary health care clinic with an offer to receive postvention support. A survivor can always decline support, but the offer should first and foremost be presented as a statement ("*In Kalmar County, postvention support is provided to those who are bereaved...*") rather than a question ("*Would you like...*"). Unless the survivor explicitly says they do not want to be contacted, the police officers enquire at what health clinic the survivor is listed and obtain consent for the intervention. They also hand over the brochure "Loosing a loved one".

The police officers then fill out a digital report form, detailing personal and contact information about the survivor. This procedure allows for immediate release of information without intermediaries, in case police officers end their shift during after-hours or holidays. The information listed on the form is carefully handled by appointed recipient, tasked to verbally report the information to the survivor's chosen health clinic the following weekday (in place to protect individual privacy). Reporting is done by calling TeleQ (using key selection 9) and informing the head of the clinic, or their substitute, that postvention support is to begin.

Police death investigators

The police death investigator always contacts survivors in matters relating to suicide or suspected suicide. Sometimes survivors are unable to process the information about postvention support when notified of the death. Death investigators can repeat the information and ensure that survivors are aware of the offer to receive support from their primary care clinic. Should they consent to services, the death investigator contacts their chosen health clinic (same procedure as above).

Consent

From a legal standpoint, in order for the police to release a survivor's personal data to the health care system, police officers must clearly inform survivors that they consent to:

- Sharing their personal data and contact information with Region Kalmar län
- Being proactively contacted by Region Kalmar län with an offer to receive postvention support

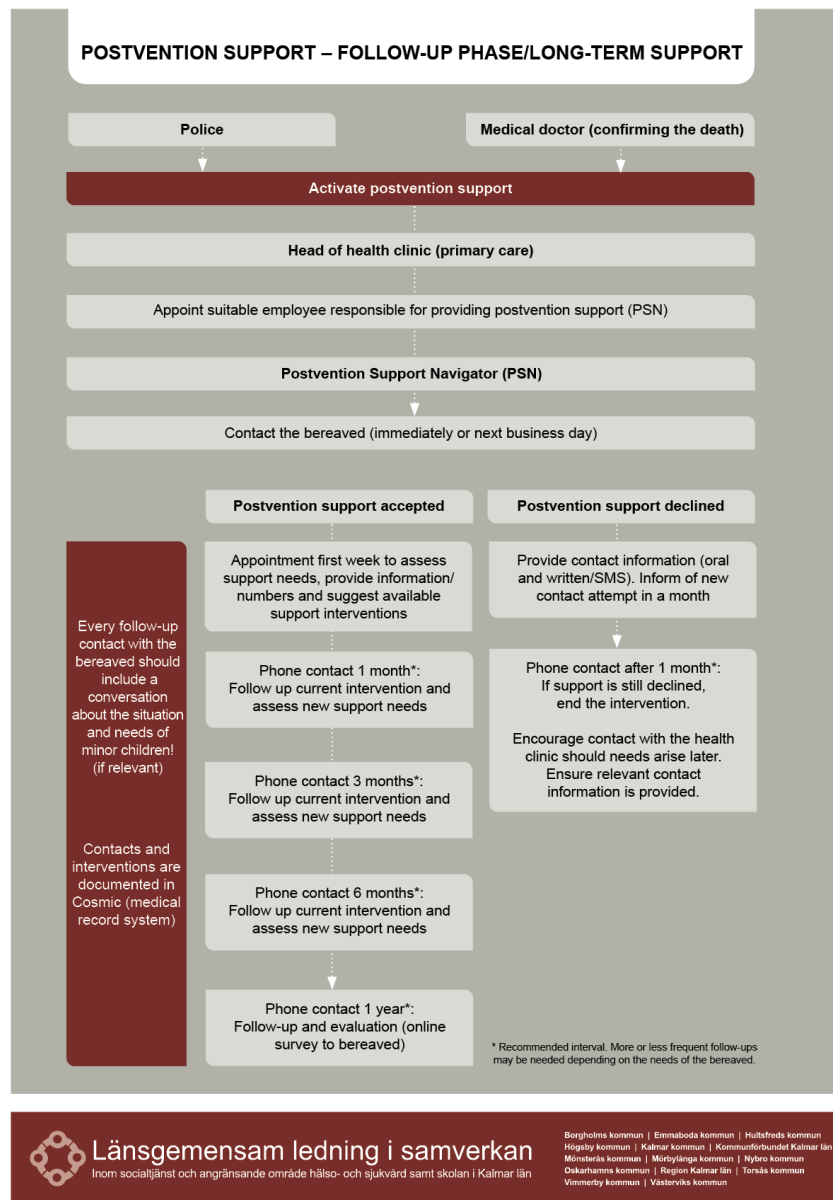
Follow-up phase – Adults

The process description on the next page (8) visualizes the long-term proactive postvention support for adults (from the age of 18). It begins the next weekday (following a death) and continues with regular contacts and/or contact attempts for at least one year.

Coordination of long-term support

Primary care, through its public or private health clinics, is responsible for the provision and coordination of long-term postvention support to suicide survivors. The head of the clinic appoints a suitable employee (Postvention Support Navigator, PSN) who contacts the survivor the next weekday and provide postvention support for at least one year. The support should be individually tailored to meet the specific needs of the suicide survivor.

In cases where several suicide survivors with comprehensive needs belong to the same health clinic, health clinics in close geographical proximity are advised to cooperate. Initiation of collaboration is up to the head of the overburdened clinic.



Postvention Support Navigator (PSN) in primary care

The purpose of the Postvention Support Navigator (PSN) is to coordinate, facilitate and simplify the life of the survivor. The PSN role is primarily to take inventory of the survivor's need for support, mediate psychoeducation and normalization, and refer the survivor to existing healthcare and support services; not medically and therapeutically treat. The PSN regularly checks in with the bereaved to see how they are doing, if new needs or health concerns need to be addressed and follow up on previous conversations. To support this assignment, a specific PSN guideline/checklist has been developed, based on best practice and available research²⁵.

The first (phone) contact takes place the next weekday following the death. Recommended contact intervals after that is at one week, one month, three months, six months and closely following the one-year anniversary of the death²⁶. However, contacts should be more or less frequent depending on the needs of the survivor^{27 28 29 30}. It is encouraged to have at least one physical visit early on, but it is up to the PSN and survivor to decide if they prefer physical, digital or phone contacts. At the final contact, survivors are encouraged to complete a short digital questionnaire.

²⁵ Survivors of Suicide Loss Task Force (2015)

²⁶ Springer (2019)

²⁷ Ibid

²⁸ Public Health England (2016)

²⁹ Dyregrov & Dyregrov (2008)

³⁰ Hill et al. (2021)

Information on what it means to receive postvention support is described in the folder “Postvention support in Kalmar County”. It also contains contact information to the PSN and other helpful support numbers and websites. The folder should be given to all adults who start the postvention support program, as it can be difficult for bereaved to process and remember oral information³¹.

If support is declined

Research shows that nearly 8 out of 10 survivors accept postvention support offered in close proximity to the death³². However, if the survivor declines support, it is important to remember that they are in the middle of a crisis and may need support later on^{33 34}. The Postvention Support Navigator (PSN) should therefore inform the survivor that they will make another proactive contact attempt in approximately a month. They also make sure to leave their contact information and encourages contact, should the survivor find themselves in need of support before then. The PSN books the follow-up in the medical records system (Cosmic).

If support is still declined after a month, or the survivor firmly expresses that he or she does not want to be contacted again, this must be respected and no more contact attempts made.

If postvention support is declined, the PSN ensures that the survivor has access to their contact information and that the brochure “Loosing a loved one” is handed over or mailed out. The PSN also makes sure the survivor knows that they can reach out whenever need for support arises, for example in connection with holidays, birthdays, vacation periods or anniversaries^{35 36}.

Follow-up phase – Minors

The process description on the next page (10) visualizes the long-term proactive postvention support for surviving minors, for example following the suicide of a parent or sibling. Minors who do not attend school or preschool, are not covered in this section. Instead, they will receive postvention support from their chosen health clinic (same procedure as for adults).

Coordination of long-term support for minors

Municipalities, though private or public schools and preschools, are responsible for the provision and coordination of long-term postvention support to minors who are bereaved by suicide. In dialogue with the guardian and minor, the principal of the minor’s school/preschool appoints a suitable adult at school (Postvention Support Navigator, PSN) who will keep an extra eye on and support the surviving child.

The school PSN immediately reaches out to the guardian and thereafter initiates contact with the minor. The PSN is responsible for coordinating the needs-based, individually tailored and age-

appropriate support^{37 38 39} for at least one year. The PSN can be a teacher, youth recreation leader, someone from the student health services etc. What matters more is that it is someone the minor feels safe with and can confide in. If the death occurs during a holiday or school break, it is up to the principal to handle the situation in an appropriate way.

If the surviving child is about to transition to a new school (for example from primary to secondary school), the outgoing principal is responsible to appointing a suitable adult from the school or

³¹ Högberg (2023)

³² McGeechan et al. (2018)

³³ Springer (2019)

³⁴ Hill et al. (2021)

³⁵ Ibid

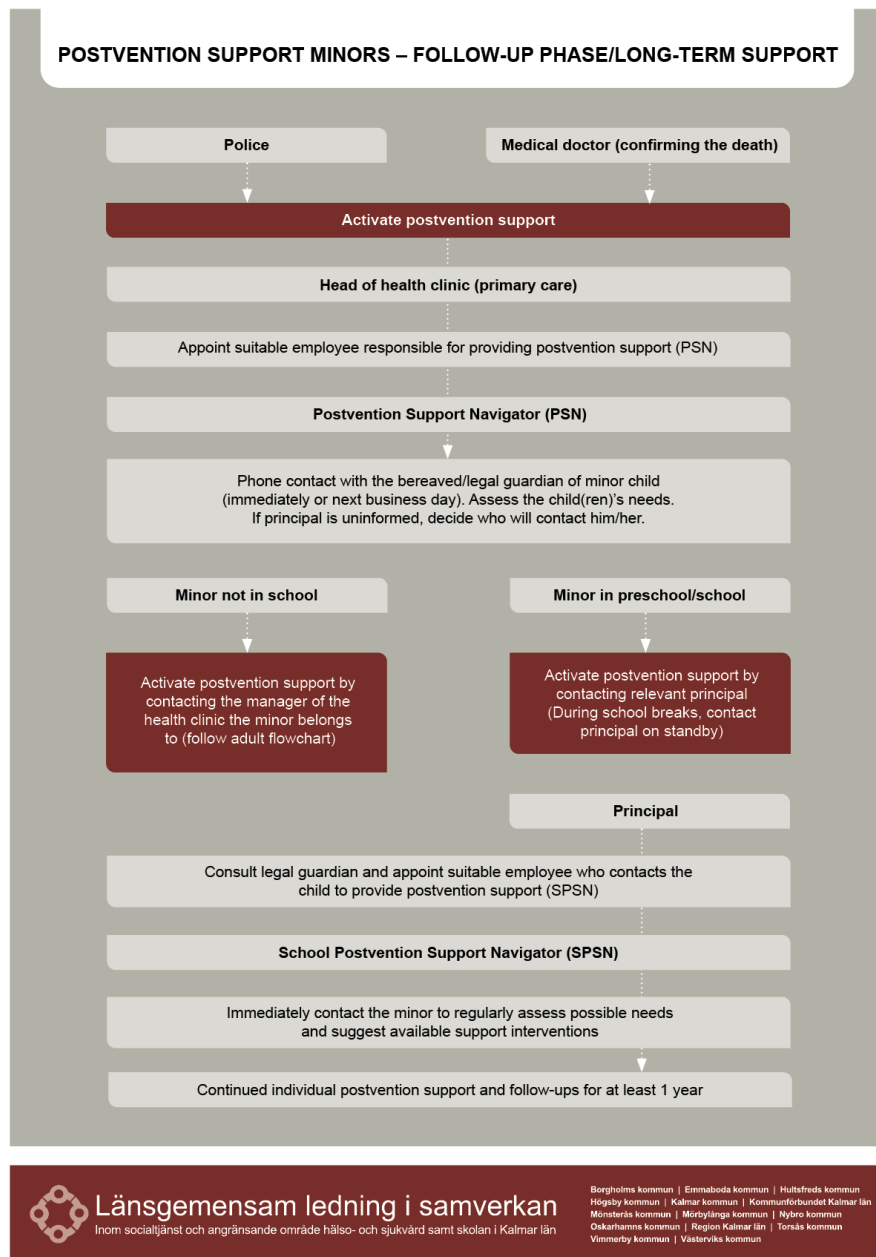
³⁶ Public Health England (2016)

³⁷ Cutrer-Párraga et al. (2022)

³⁸ Wilson et al. (2022)

³⁹ Survivors of Suicide Loss Task Force (2015)

preschool the minor is about to leave (because established relationships do not yet exist at the new school).



School or preschool Postvention Support Navigator (SPSN)

The purpose of the School Postvention Support Navigator (SPSN) is primarily to take inventory of the surviving child's need for support, mediate psychoeducation and normalization, and refer to existing healthcare and support services; not medically and therapeutically treat. The SPSN can serve as an additional adult in the child's life, during a time where minors often feel abandoned and alone; not only by the loved one who committed suicide but also by remaining family members who may be busy dealing with their own grief and trauma⁴⁰.

⁴⁰ BRIS (2022)

Due to the taboo and stigma that still remains around suicide events, it is not uncommon for friends, whom one would normally confide in, to distance themselves and avoid talking about what happened^{41 42}. The SPSN can be someone to talk to and offer a listening ear.

The school PSN regularly checks in with the child and keeps an eye on their wellbeing, if there are new needs or health concerns that need to be addressed and follows up on previous conversations. To support this assignment, a specific school PSN guideline/checklist has been developed. The first contact with the child takes place immediately upon appointment of the SPSN. Regular, proactive, follow-ups based on individual needs then take place for at least one year^{43 44}. At the final contact, the minor is encouraged to fill out a short digital questionnaire. Guardians assist younger children in completing the questionnaire.

Support for school staff in the event of deceased student or employee

If an employee or minor student at school has committed suicide, students as well as staff are often greatly affected. If needed, Children and Youth Health Services (Barn- och ungdomshälsan) and/or Student Health Services can be contacted to help support the principal in answering questions and responding to students' reactions to grief. To support in crisis management, a "Guideline for schools in the event of student or employee suicide" has been developed (based on available research and best practice)^{45 46 47}.

In order to prevent the spread of rumors and speculation (especially if the deceased is a minor/student), it is important for the school to promptly gather information from the guardians about what happened and what information they want to be released to whom, when and how. If the guardian is unable to contact or talk to the principal himself, an agreement can be made between the guardian and their Postvention Support Navigator (PSN) in primary care, where the PSN contacts the principal in his place. Consent should be documented in the medical records system.

⁴¹ Silvéen Hagström (2017)

⁴² Dyregrov & Dyregrov (2008)

⁴³ Hill et al. (2021)

⁴⁴ Public Health England (2016)

⁴⁵ Dumon & Portzky (2014)

⁴⁶ Suicide Zero (2022)

⁴⁷ Know The Signs (2019)

Key roles – Overview

Ambulance:

Provide psychosocial support at the scene of death and, to the extent possible, assist other functions. Have the brochure “Loosing a loved one” readily available in emergency vehicles. In cases where survivors wish to get questions answered, ambulance operations manager can be contacted to refer to ambulance personnel who were at the scene.

Care-choice Mental Health (Vårdval psykisk hälsa primärvård)

Primary source of referral for bereaved who need to see a psychiatrist or therapist. In some cases, Care-choice Mental Health staff are appointed as Postvention Support Navigators (PSN), thus able to assume both roles.

Children and Youth Health Services

Can be contacted to support a principle in answering questions and responding to students’ reactions to grief. For example, following the suicide death of a minor/student.

Contract pastor

Can be contacted through the Police Command Center (RC Syd). Will then contact a local priest who can accompany police officers when notifying survivors of the death.

Counselor (hospital)

Provide psychosocial support to survivors whose loved one died at the hospital.

District physician (primary care)

Confirms/certifies patient death outside a healthcare facility. Have the brochure “Loosing a loved one” readily available in the on-call bag. If next of kin/survivors are present at the scene, inform them about postvention support and inquire about health clinic affiliation (obtain consent). Report to the head of that clinic via TeleQ (key selection 9) or Cosmic Messenger to the health clinic’s fictitious mailbox (outside office hours).

Family and relative support worker (hospital):

Provide psychosocial support for suicide survivors who’s relative died in an emergency department. Ensure that survivors have been informed/offered postvention support – otherwise inform and inquire about health clinic affiliation (obtain consent). Report to the head of that clinic via TeleQ (key selection 9) or Cosmic Messenger to the health clinic’s fictitious mailbox (outside office hours).

Family and relative support worker (municipality):

Offer suicide survivors with existing contact/support from the municipality the opportunity to continue support, despite the death of that relative. Continued services contingent on needs assessment.

Fire and rescue services

Provide psychosocial support at the scene of death and, to the extent possible, assist other functions. Have the brochure “Loosing a loved one” readily available in emergency vehicles. Contact the municipal officer on standby (TiB) if dissemination of information is promptly needed, for example following the suicide death of a minor/student.

Head of primary care health clinic (private or public):

Receive information from TeleQ employees (or the health clinic’s fictitious mailbox in Cosmic) that postvention support needs for an affiliated patient have been identified. Assign suitable employee (Postvention Support Navigator, PSN) who contacts the survivor the following weekday to start postvention support. (Personal data and contact information on the survivor have been gathered by police or doctor/hospital family and relative support worker).

Medical doctor (hospital and psychiatry)

Confirms/certifies patient death at healthcare facility. When notifying next of kin/survivors of the death, also inform them about postvention support and inquire about health clinic affiliation (obtain consent). Report to the head of that clinic via TeleQ (key selection 9) or Cosmic Messenger to the health clinic's fictitious mailbox (outside office hours).

Officer on standby – TiB (municipality)

Can be activated if there is a need for faster dissemination of information than the next weekday. For example following the suicide death of a student/minor or school employee.

Police (Command Central, “RC Syd”)

Can contact contract pastors/vicars in Kalmar County. They in turn will contact a local priest who can offer psychosocial support and accompany police officers when notifying survivors of the death.

Police officer (notification of death)

Notifies survivors of the death, accompanied by church personnel and/or someone from the faith-based community. Informs survivors about the postvention program (someone from their chosen health clinic will contact them with an offer to receive postvention support). Inquire about affiliated health clinic (obtain consent), personal data and contact information and report to the health care system (Region Kalmar län) using a specific digital form or via TeleQ (key selection 9). Have the brochure “Loosing a loved one” readily available in emergency vehicles.

Police (death investigator)

Ensure the survivor is aware of the offer to receive postvention support from their primary care clinic. Should they consent to services, report personal data and contact information to the head of their chosen health clinic via TeleQ (key selection 9) or through digital postvention form.

Postvention Support Navigator (primary care)

Responsible for initiating and coordinating long-term postvention support for surviving adults. Specific guidelines/checklist available to support the assignment.

Postvention Support Navigator (school/preschool)

Responsible for initiating and coordinating long-term postvention support for surviving minors attending school/preschool. Specific guidelines/checklist available to support the assignment.

Priest

Can be contacted by the contract pastor/vicar to accompany police officers when notifying next of kin of the death. Provide acute psychosocial support.

Principal (preschool/school)

Receive information about the suicide/death from the legal guardian or their Postvention Support Navigator (PSN) in primary care. Information can also be reported from the municipal officer on standby (TiB). Responsible for, in dialogue with guardian and the minor, appointing a suitable adult as PSN for the surviving child. Following the suicide death of a student or employee, the principal can initiate contact with the Children and Youth Health Services and/or Student Health Services to assist in answering questions and responding to students' reactions to grief.

Social Services

Can be contacted in the acute phase to assist with practical matters (transportation, emergency housing etc.) and psychosocial support to surviving families with minor children. Can also be approached with inquiries about financial assistance, for example to cover costs associated with sanitation/forensic cleaning. Services always contingent of a needs assessment.

SPES (Swedish national association for survivors of suicide and suicide prevention)

Important network and source of support for survivors of suicide in Sweden. Organizes local support sessions and operates a national helpline (020-18 18 00) everyday between 19-22.

Provides chat forum, contact persons with lived experience and closed conversation forums on social media.

Student Health Services

Can be contacted to support a principle in answering questions and responding to students' reactions to grief. For example following the suicide death of a minor/student.

TeleQ healthcare personnel

Promptly report to the head of operations (health clinic), or their substitute, that postvention support is to begin for affiliated patient (including personal data and contact information).

The Hospital Church

Provide psychosocial support to survivors who's loved one died inside hospital facilities. If needed, available to assist when suicide death has occurred outside healthcare facilities as well (in municipalities where the Hospital Church has operations, i.e. Kalmar and Västervik). Can also refer to other faith-based communities, if survivors have different religious affiliations. Can assist survivors in making necessary arrangements with Social Services or (forensic) cleaning companies.

Vicar (Oskarshamn and Västervik):

Point of contact for the Hospital Church in Oskarshamn and Västervik regarding psychosocial support in connection with notification of death. Can be contacted via Police Command Center (RC Syd).

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