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Support after a suicide: A guide to providing local services

A practice resource



October 2016



I think many living with loss know of nothing more powerful, as a force for healing, than to share with others bereaved by suicide and to know that we are not alone.



David Mosse
Bereaved father

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Getting started with this resource

This resource provides guidance on commissioning and delivering support after a suicide (otherwise known as postvention support), as part of a wider suicide prevention strategy.

It is designed to help commissioners, health and wellbeing boards, and others understand why postvention should be a part of local suicide prevention work and how others are delivering postvention support. It summarises what we know about how suicide affects individuals, families and communities, and their expressed needs for locally developed and delivered support.

This resource is complemented by two NSPA resources *Support after a suicide: Developing and delivering local bereavement support services*, which draws on the experience of existing services to outline an approach to providing appropriate services and *Support after a suicide: Evaluating local bereavement support services services*.

The work of the [National Suicide Prevention Alliance](#) and the [Support after Suicide Partnership](#) has accelerated our collective understanding of the role of postvention in supporting individuals and communities.

? What is postvention?

The term postvention describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation.¹

The national suicide prevention strategy

Providing better information and support to those bereaved or affected by suicide is an area for action in the national suicide prevention strategy.² Specific actions for postvention services include providing:

- effective and timely emotional and practical support for families bereaved or affected by suicide, to help the grieving process and support recovery
- effective responses to the aftermath of a suicide
- information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide

The development and commissioning of postvention support should be considered within a local health and wellbeing board's suicide prevention strategy, with implementation through a multi-agency steering group and input from community groups and individuals who have been bereaved by suicide.

i More information on developing a suicide prevention strategy is available in the PHE guidance [Local suicide prevention planning](#).

Providing support for people bereaved by suicide is a key objective of the national suicide prevention strategy for England.² Reducing suicide is also a part of the [Public Health Outcomes Framework](#) and [NHS Outcomes Framework 2015/16](#).³

Foreword

When someone dies by suicide, the shock is profound and widely felt - by families, of course, but also by friends, colleagues and professionals. They describe profound distress, guilt, searching for explanations and stigma. They may struggle with work or relationships. They may develop their own mental health problems. They may themselves feel suicidal.

This is why the government's national strategy, *Preventing suicide in England: a cross-government outcomes strategy to save lives* set out the aim of "providing better information and support for those bereaved or affected by suicide" and why this commitment is being emphasised again in 2016. It is why the strategy's advisory group has as members several people with experience of suicide in their families - their determination to help others is remarkable.

Bereavement support is a relatively new field of practice. The skilled services that are needed are yet to be developed in most areas. Agencies that are in contact with people bereaved by suicide may still feel uncertain how and when to offer support. But expertise and evidence are growing and local areas are starting to recognise the unique impact of suicide bereavement and beginning to respond.

This guidance aims to help shape that local action. Alongside it there are additional practical resources from the National Suicide Prevention Alliance (NSPA) on *Support after a suicide: Developing and delivering local bereavement support services* and *Support after a suicide: Developing and delivering local bereavement support services*. It follows *Help is at Hand*, a source of information and support for people affected by suicide, produced under the strategy.

These new resources confirm suicide prevention as a priority for public health. They show also the vital importance of the experience of families to both national policy and day-to-day practice.

Professor Kevin Fenton, national director for health and wellbeing, Public Health England and Professor Louis Appleby, chair of the National Suicide Prevention Advisory Group.



The legacy of suicide remains with family, friends, colleagues and many others long after the individual has gone. The impact of suicide is far-reaching - the trauma does not only affect those who were directly connected.

Ripples extend out to those that support the people that are left behind. Bereavement through suicide is often detrimental to performance at work, personal relationships, behaviour and wellbeing.

The feelings of lack of control and a misplaced sense of guilt that people bereaved through suicide experience can remain with them for many years, unless they receive appropriate and timely support.

Associated costs of suicide to public agencies are not easy to measure, but are undoubtedly high. Yet many suicides are preventable. By taking a coherent, joined-up approach to local planning, you can ensure that anyone that needs help, will receive the right help.

My call to you is to implement this invaluable guidance alongside your mental health frameworks to prevent suicide in your area. The plans that you make could be the difference between a life saved or a case of family and friends - in short, people like me - having to live with their loss every single day.



Anj Handa
bereaved friend

In summary:

10 things you need to know about postvention

1 Postvention is an essential part of public health

When compared with people bereaved through other causes, those bereaved by suicide are at an increased risk of suicide, psychiatric admission and depression.⁴

Bereavement through suicide is also more likely to result in suicide attempt and poor social functioning, with people who have been bereaved by suicide reporting that the experience affected their ability to cope with everyday activities such as work, relationships and social functioning.⁵

2 The scale of the problem

The wide-reaching impact of each suicide means that being bereaved or affected by suicide is not an uncommon experience.

4,882 people died by suicide in England in 2014.⁶ Estimates vary on how many people are affected by each suicide – ranging from six to 60 people.⁷ A conservative estimate of 10 people directly affected by each of these deaths gives a minimum total of almost 50,000 people annually who could benefit from support after suicide.

3 Suicide affects a wide range of people

Close family members, particularly parents and spouses or partners, are thought to be the most vulnerable groups following a suicide, but there are also risks for wider family, friends and colleagues.⁸

The number of people affected is concerning given the recognised potential for suicide contagion – where a suicide influences suicidal ideation in others – particularly among young people.⁹

Support after a suicide should be available to people throughout the deceased individual's social network, as well as to health professionals and others affected by the suicide.

A conservative estimate of 10 people directly affected by each of these deaths gives a minimum total of almost 50,000 people annually who could benefit from support after suicide



4 There is significant unmet need for support

Research suggests there is a substantial unmet need for support¹⁰ and it is important that all are aware of the range of resources and services available.

Survey data suggests that two thirds of people in the UK bereaved by suicide receive no formal support from health or mental health services, the voluntary sector, employers or education providers. The stigma of suicide is a known barrier to bereaved family members seeking help, as well as to others offering support.¹¹

5 The health and economic case for action is building

The cost of a suicide has been calculated as £1.67m, with 70% of that figure representing the emotional impact on relatives.¹²

Although we do not yet have estimates for the effect that postvention programmes could have on social functioning, stigma, mental health, physical health and mortality in England, existing evidence suggests the potential for health and economic benefits.¹⁰

£1.67m

The cost of a suicide has been calculated as £1.67m

70%

of that figure representing the emotional impact on relatives.

Friends and relatives of people who die by suicide have a 1 in 10 risk of making a suicide attempt after their loss



6 Postvention supports work on wider social issues

Supporting people who have been bereaved by suicide helps to promote social inclusion, reduce health inequalities and keep people in education and employment.

Postvention programmes have the potential to address known links between suicide bereavement and social isolation, increased physical and mental ill health, and difficulties with meeting work or study commitments.¹⁰

7 People want different types of support

Many people bereaved by suicide express the need for immediate outreach from a range of voluntary and statutory sector support services, along with a clear overview of what is available and access to group and individual counselling.¹⁰

The type of support and how long it will be needed for varies from person to person. The time point at which individuals decide to seek help differs too – it could be right away, several months after their bereavement, or further down the line, around significant anniversaries or family events.

8 We can learn from what others are doing

Australia and the US have well-established programmes for suicide bereavement support and the range of support available in the UK has grown in recent years.¹⁷

The [Support after Suicide Partnership](#) is a growing alliance of organisations delivering postvention support across England. Different models of support include local suicide bereavement support groups, one-to-one and family support, online resources and telephone helplines, and opportunities for individual and group counselling or psychotherapy. Evidence-based training has also been developed to guide GPs and mental health professionals to support parents bereaved by suicide.¹⁸

9 Local postvention programmes rely on strong partnerships

Postvention should form a core part of local suicide prevention strategies and action plans, and involve close collaboration between commissioners, coroners, police, health and mental health services and organisations providing support services.

Effective partnership working enables local teams to act quickly following a possible suicide and provide timely support to families and communities.

10 Evaluation of outcomes is important

Building evaluation into postvention support is essential for demonstrating effectiveness and value for money.

An evaluation framework to guide the systematic collection and analysis of information supports service development and provides thorough monitoring of activities, ensuring good governance. Evaluation enables people delivering services to understand the needs of their clients and to improve the support that they provide.

Effective partnership working enables local teams to act quickly following a possible suicide and provide timely support to families and communities



Why postvention matters

The provision of support after a suicide is critical to addressing suicide risk and improving the mental wellbeing of people who have been bereaved by suicide. In addition, these postvention interventions can promote community mental health awareness and resilience, and support wider initiatives to tackle health inequalities and social exclusion.

How suicide bereavement affects people

The link between suicide bereavement and mental health problems and suicide is not a new concern and there is a growing body of evidence for action on this issue. The most important thing to know is that suicide bereavement leaves people at a higher risk of suicide themselves.⁴ A survey in 2010 found that friends and relatives of people who die by suicide have a 1 in 10 risk of making a suicide attempt after their loss.⁵

Compared with people who have been bereaved through other causes, individuals who are coping with a loss from suicide are more likely to experience:

- increased risk of psychiatric admission, suicide and depression⁴
- grief beyond 6-12 months of bereavement which severely disrupts the person's ability to carry out normal activities¹⁹

More information on bereavement following a suicide is available in *Help is at Hand*, developed by Public Health England and the NSPA

The health and economic impact

Although we do not yet have estimates for the effect that suicide bereavement support programmes in England may have on social functioning, morbidity and mortality, existing evidence suggests significant potential for health and economic gains. The economic cost of a suicide has been calculated at £1.67 million, with 70% of that figure representing the emotional impact on relatives.¹² An economic evaluation of an outreach service in Australia demonstrated a direct cost saving of around AUS\$800 (around £433) each year for every person supported.¹³

The link with social exclusion, education and employment

People who have been bereaved by suicide are more likely to describe poor social functioning⁵, stigma, shame, responsibility and guilt¹¹ compared with those bereaved by other causes of sudden death. Some people who have been bereaved say that the stigma attached to suicide can create strong feelings of shame and rejection. They may avoid talking about what's happened for fear of upsetting people, and can dread having to answer questions. People also say that the trauma of dealing with a suicide can cause tension and conflict within families.

All of these issues can lead the bereaved person feeling the need to isolate themselves from friends, family and the wider community in the period immediately following the bereavement. This can include rejecting offers of support, whether from friends, volunteers or professionals, sometimes through not feeling worthy of support.

Other factors can add to these feelings of stigma and prejudice, and heighten the risk of social isolation. Examples include when someone loses their partner to suicide and one or both of the families was not accepting of the relationship, or if the death took place while the individual was detained in hospital or prison.

People bereaved by suicide are 80% more likely to drop out of education or work than their peers, while 8% of young adults bereaved by suicide surveyed had dropped out of an educational course or a job since the death⁵. Postvention support, particularly services delivered in employment and educational settings, may help people to cope with day-to-day life and support them to continue in their job or studies.

The link to health inequalities

Suicide bereavement can contribute to a range of physical and mental health problems, but the stigma associated with suicide is thought to discourage people from seeking help for these issues – creating the potential for health inequalities. This is particularly true for individuals who have limited social support. Postvention support, particularly proactive outreach among marginalised groups, can play a part in reducing such health inequalities.

In a 2016 study, people bereaved by suicide were **80%** more likely to drop out of education or work and **8%** of individuals bereaved by suicide had dropped out of an educational course or a job since the death



A postvention programme for schools

Step by Step, Samaritans

Step by Step is a Samaritans service that offers advice and practical support to schools and other youth settings to help prepare for, respond to and recover from an attempted or suspected suicide. Research shows that young people (aged 12 to 17) who have had exposure to suicide are at a higher risk of suicide ideation and attempts.¹⁷

The Step by Step service aims to:

- reach out to high risk people and communities to reduce the risk of further suicide
- ensure schools and other youth settings are equipped to respond effectively to a suspected suicide
- provide information and support to help the school/youth community recover and prevent stigma and isolation

The service is delivered by volunteers called Postvention Advisors, who have had specialist training so that they can offer practical support, guidance and resources to schools and youth settings.

i For more information visit: www.samaritans.org/stepbystep

Training to help health professionals support parents bereaved by suicide

People bereaved by suicide are aware that professionals they come into contact with, such as their GP, can find it difficult to talk to them about what has happened. The University of Manchester has developed **evidence-based suicide bereavement** training for health professionals. The work was funded by the National Institute for Health Research and undertaken in partnership with Pennine Care NHS Foundation Trust. The training provides health professionals an opportunity to build their confidence and skills in caring for those bereaved by suicide.

i For more information visit: <http://www.manchester.ac.uk/research/sharon.j.mcdonnell/>

Who is affected by a death by suicide

Close family members are the most vulnerable group following a suicide, but research shows that postvention support should be available to people throughout the deceased's network.⁵

There are also well-documented emotional effects for professionals who have contact with individuals who take their own lives, such as therapists and GPs, suggesting the need for mental health and primary care services to support staff affected by patient or client suicide.²⁰

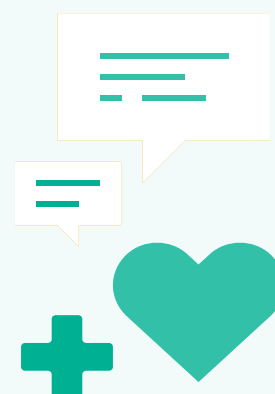
The diagram on page 16 illustrates all of those who may be affected by the suicide of an individual. It is for indicative purposes only, as people may move between categories, and an individual's grief or reaction to a death cannot always be predicted by their relationship with the deceased.

Bereavement support and children

Specialist support is needed for children who have been bereaved by suicide. [Winston's Wish](#) provides postvention support for children and young people. Those who provide post-suicide support for children should consider that:

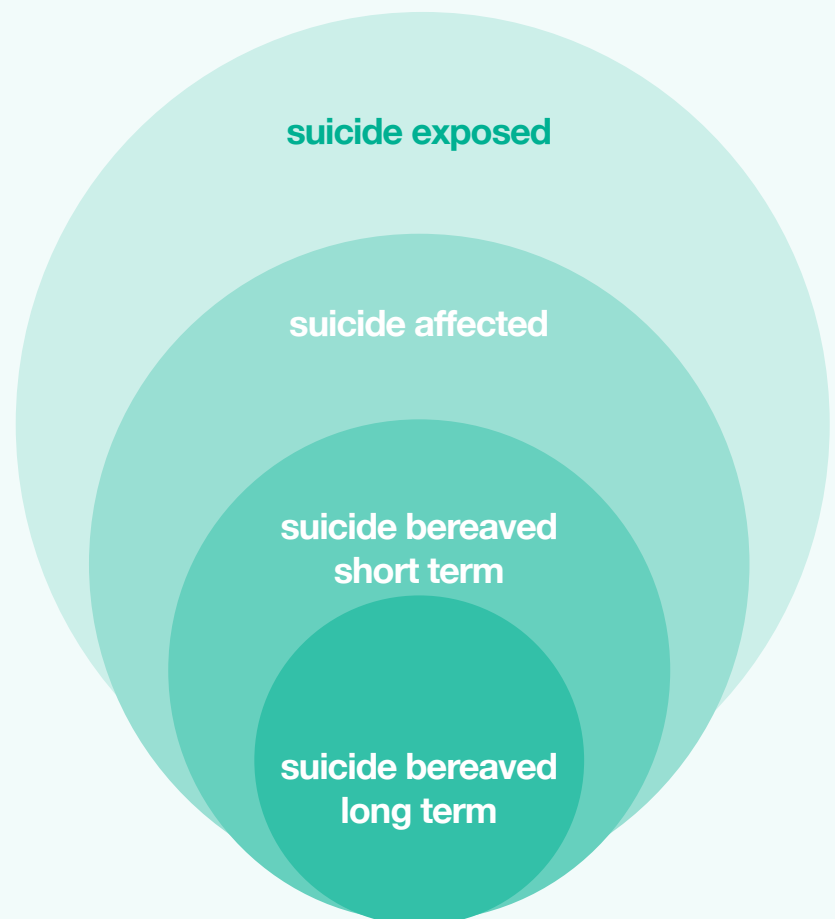
- children grieve too and need to be included.
- parents and carers may need support to find the best words to share information with children, ways of opening up conversations with their children and how to respond to difficult questions
- children need honest information about how someone died, appropriate to their age
- because information enters the public domain quickly, it is important for children to learn the truth from a trusted carer
- learning how to manage after a death helps children to grow up into resilient and healthy adults

Parents and carers will need support to find the best words to share information with children, ways of opening up conversations with their children and how to respond to difficult questions



The range of individuals who may be affected by suicide

- **Suicide exposed**
Local groups, communities, passers by, social groups, faith groups, acquaintances, wider peer groups including those via social/virtual media contacts (e.g. Facebook friends)
- **Suicide affected**
First responders (family, friends, members of the public, police, paramedics), those directly involved such as train drivers, neighbours and local residents, teachers, classmates, co-workers, health/social care staff
- **Suicide bereaved short term**
Friends, peers, close work colleagues, longstanding health/social care workers, teachers
- **Suicide bereaved long term**
Family, close friends



Delivering postvention support

The delivery of effective postvention support is dependent on the timely identification and referral of people who have been affected by suicide. As a result there is a reliance on strong partnership working between commissioners, coroners, police and local providers.

This should also include primary care, mental health services, bereavement services, voluntary sector organisations and community sectors so that information about a suicide can be shared across agencies.

In support of this it is helpful to remember that government policy places a strong emphasis on the need to share information across organisational and professional boundaries, in order to ensure effective co-ordination and integration of services. There is a consensus statement specifically on information sharing and suicide prevention available at: [Consensus statement on information sharing](#).

Much of the readily available data about suicides only becomes available after the inquest is complete and a coroner has reached a suicide verdict. This means there may be a delay in providing timely support to the bereaved. It can also make it more difficult to identify if there is a potential cluster emerging or contagion within a particular community or area.

Real-time suicide surveillance, also known as real time data, is a system that enables any death where the circumstances suggest suicide may be the cause to be considered in advance of the inquest conclusion. By providing earlier intelligence on suspected suicides that have taken place locally there is the means to provide more timely support to people who have been bereaved or affected by a suspected suicide.

A coroner-led model sees coroners allowing information on suspected suicides to be

Postvention in mental health services

For mental health services specifically, there are National Patient Safety Agency guidelines on support after a suicide.²¹ Following the suicide of a patient who has recently been under the care of psychiatric services, NHS guidelines recommend that clinical teams should offer families and carers ‘prompt and open information and appropriate and effective support’, involving them in the routine post-suicide review.

transferred securely to public health teams in order for data and trends to be analysed and for those bereaved by suicide to be offered support. There are many examples where coroners are actively involved with, and supportive of, suicide prevention work.

In some areas an alternative model is being introduced with the agreement of the coroner. This approach sees the police, who are often the first responders at the scene of a death, asking if the bereaved person would like a referral for support and then sharing this request with public health and other relevant partners. There are benefits and limitations associated with both systems that should be considered by any area before implementing either system. Further information on real-time surveillance and the two models is available in Public Health England’s [Local suicide prevention planning](#).

Once a suspected suicide has been identified it is then possible to notify relevant agencies so that an intervention can be offered to those affected.

In addition, because the police and/or coroner can hold informal discussions with bereaved people at the scene or in the aftermath of the death it can help determine if there is an emerging pattern that could indicate a cluster. This information can be referred into the public health team at the local authority and/or the multi-agency suicide

prevention group so a decision can be taken regarding whether a community-based response needs to be activated. Further information on suicide clusters is available in Public Health England's *Identifying and responding to suicide clusters and contagion*.

The table below gives an overview of a pathway of care and support for those bereaved.

1 First contact		
<ul style="list-style-type: none"> • Police • Coroner and coroner's office 	<ul style="list-style-type: none"> • Funeral directors • Primary care 	<ul style="list-style-type: none"> • Self referral
2 Referral to postvention support service		
Local service providers eg <ul style="list-style-type: none"> • If U Care Share Foundation • AMPARO 	<ul style="list-style-type: none"> • Outlook South West • Survivors of Bereavement by Suicide (SOBS) 	<ul style="list-style-type: none"> • Cruse Bereavement Care / Samaritans
3 Face to face meeting		
<ul style="list-style-type: none"> • Trained and experienced team or individual 	<ul style="list-style-type: none"> • Child death overview panel • Local safeguarding boards 	
4. Additional support		
<ul style="list-style-type: none"> • Primary care • Mental health services • Schools 	<ul style="list-style-type: none"> • Youth groups • Faith groups • Funeral directors 	<ul style="list-style-type: none"> • Welfare support • Housing providers/support
5. Feedback and evaluation		
<ul style="list-style-type: none"> • All partners in the pathway • Members of the community, including those bereaved 	<ul style="list-style-type: none"> • Public Health England (for resources on a range of relevant issues) 	

A more detailed pathway can be found in the NSPA guidance *Support after a suicide: Developing and delivering local bereavement support services*.

Types of postvention support

It is recommended that any postvention service is able to offer individuals a wide choice of support tailored to their needs, either directly or through referral to local partner organisations. It should recognise the different needs of adults and children, of those facing additional challenges in their lives (such as economic, health or emotional difficulties), and any cultural issues that might affect their experience of bereavement.

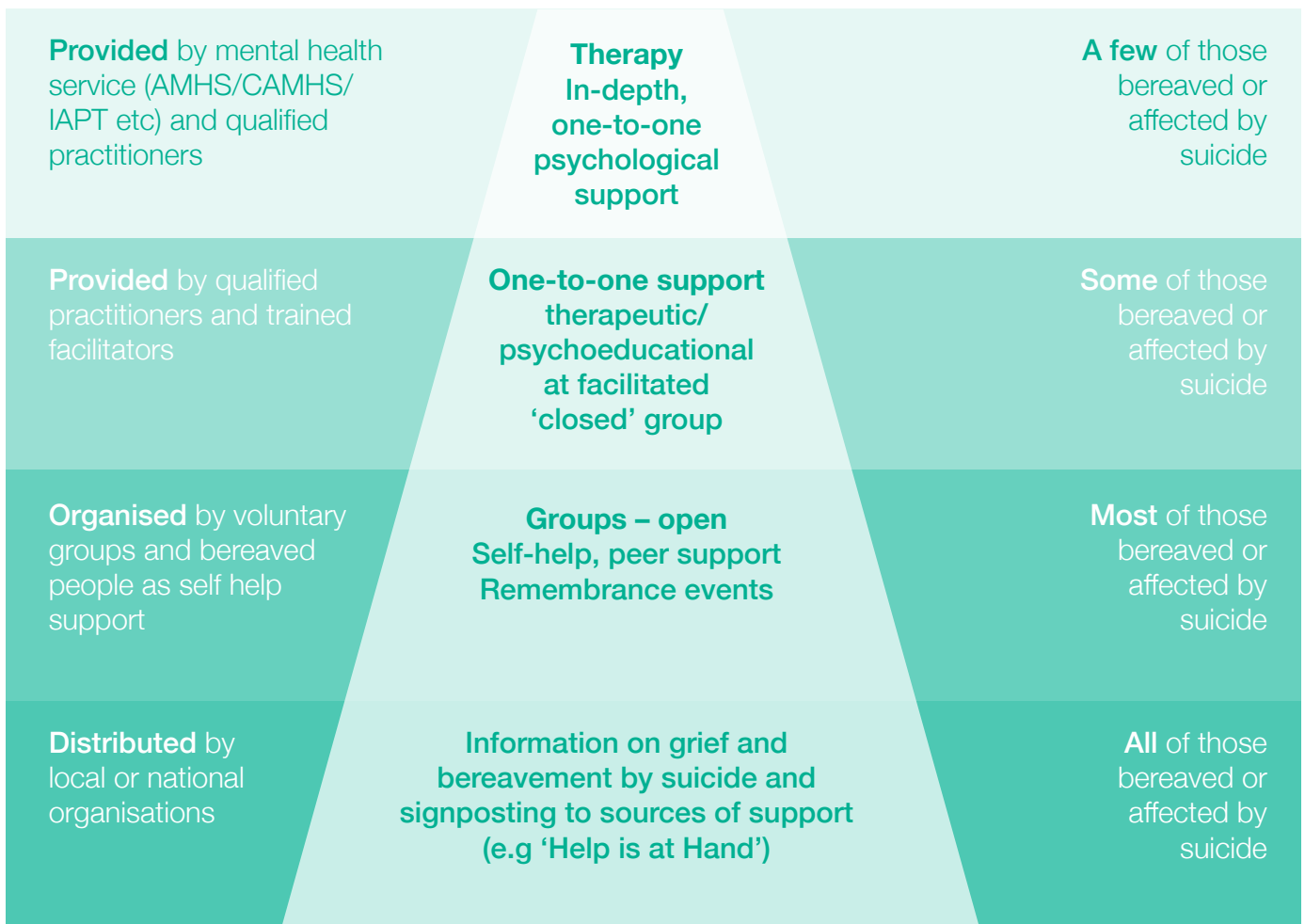
This bereavement support triangle shows the different types of bereavement support along with the likely provider of each, and indicates who is likely to benefit from each type of intervention. It is important to note however, that there is no single

approach to providing support after a suicide, and that each person's support needs may change through time.

We know that people bereaved by suicide greatly value informal support from family, friends and colleagues. Studies show that bereaved individuals value:

- outreach immediately after the suicide
- support offered by a range of both statutory and voluntary providers
- access to group and individual counselling
- provision of a clear overview of services available, enabling choice over what to access and when¹⁶

Bereavement support triangle



Current UK practice in postvention support

While there is no single way to deliver support to people following a suicide, it is helpful to look at what others are doing in England and across the UK. The common thread across all of the examples featured is a commitment to partnership working, spanning the development and delivery of services.

As the number of postvention services grow, so too does the scope to evaluate and improve how they are delivered. You will find more information on evaluating postvention services in the NSPA guidance [*Support after a suicide: Evaluating local bereavement support services*](#)



Delivering a Family Liaison Service

Western Health & Social Care Trust (WH SCT)



What: A service developed to support families bereaved by suicide



Who: Western Health & Social Care Trust (WH SCT) in Northern Ireland



How it works

In 2006, a team from WH SCT visited the Baton Rouge Crisis Intervention Centre (BRCIC), USA and were so impressed with the early intervention work they did with people bereaved by suicide that they designed and established a similar service in the then Foyle and Sperrin Lakeland Trusts. This service became known as the Family Liaison Service where people bereaved by suicide were proactively engaged by the team.

Crucial to the timely delivery of the service has been a partnership with the Police Service of Northern Ireland (PSNI), leading to the development of the sudden death form (SD1) completed by the officer in charge after a suspected death by suicide.

Once the form is received, the team makes telephone contact with the family within 24-48 hours of the death. The purpose of this initial contact is to introduce the staff member of the

service, outline the aim of the service and to arrange a home visit where anyone (not just family members) who has been impacted by the death can attend.

The purpose of the first meeting is to start the process of talking about suicide to reduce stigma. Further one to one meetings are held to enable the bereaved to talk about their own personal grief. They are also introduced to the Bereaved by Suicide Support Group that meets monthly.

The team also run an open referral system and referrals are received from GPs, mental health services, non-governmental organisations (NGOs) and self-referrals. Referrals are accepted whether the bereavement is recent, or at any time in the past.

See Appendix 1 for a copy of the Police Service of Northern Ireland SD1 form.



More about the service

The Family Liaison Service has been the model adopted and followed by a number of services across the UK. Its experiences have highlighted the importance of partnership working

(particularly with police) and proactive contact with bereaved families to overcome the stigma and associated feelings surrounding a death by suicide.



More information: www.westerstrust.hscni.net

Joint commissioning of postvention services

AMPARO: Cheshire and Merseyside



What: AMPARO (meaning refuge in Spanish) is a suicide liaison service established in April 2015 to provide one-to-one support for family members who have been bereaved or affected by suicide in Merseyside and Cheshire, along with monitoring and co-ordination of community responses to suicide clusters.



Who: Run by Merseyside-based social enterprise Listening Ear and commissioned by the Champs public health partnership made up of eight local authorities in Cheshire and Merseyside, as part of its No More – Zero Suicide strategy.



How it works

If police are first in attendance, they inform the coroner and the coroner's office contacts the deceased individual's family. If consent is given for AMPARO to contact the family, suicide liaison workers initiate first contact within 24 hours. Following this first contact, the team begin the process to meet within seven days.

The team works with families to identify their support needs, carry out a wide-ranging risk assessment and help with practical matters

such as engaging with police, coroners and any media enquiries. They may also make referrals to emotional or bereavement support services and put people in touch with support groups such as Survivors of Bereavement of Suicide. Nearly all referrals to AMPARO come through the coroner's office, with the referral made immediately after a suspected suicide, but the service also accepts self-referrals and referrals from GPs, other health professionals and voluntary services.



More about the service

- The service is jointly commissioned by the directors of public health at eight local authorities. The commissioning process is simplified by designating a lead contact at Champs for AMPARO to report to, supported by meetings with the whole team when necessary.
- Data sharing protocols enable information on suspected suicides to be shared across agencies, to support rapid referral to the AMPARO service as well as real-time monitoring of patterns and the early detection of suicide clusters.
- The liaison workers are home-based and have in-depth knowledge of the communities they work in. Each liaison worker receives regular management and clinical supervision at the central office, where the team includes a clinical lead and a referrals lead.
- The team has spent time building strong relationships with coroners' offices, to make sure that every member of staff understands the service that AMPARO offers and is able to give the appropriate information to bereaved families.



More information: listeningearmerseyside.org.uk/amparo

Establishing a suicide alert system to enable rapid responses

Durham County Council



What: A suicide alert system that links into a range of support services including a suicide bereavement support service, which offers one-to-one support, relationship and financial support, as well as community interventions.

McGeechan G, Richardson C, Weir K, Wilson L, Newbury-Birch D (2016) Real Time Suspected Suicide Early Alert System: A Case Study Approach. Report to Durham County Council and School of Health and Social Care, Teesside University.



How it works

Following a suicide cluster in 2010, Durham County Council created a coroner-led suicide early alert system. This process was further enhanced in 2014 with a police-led suicide system which refers people bereaved by suicide into a range of support services. The suicide early alert process and support sits within a broader suicide prevention framework which creates an infrastructure for engaging people at risk of suicide, including those bereaved by suicide.

As part of this package of interventions, Durham County Council has commissioned postvention

services to address the needs of people bereaved through suicide. These include postvention support via the If U Care Share Foundation (IUCSF), which is based on the Western Health & Social Care Trust model, whereby support is facilitated by people who themselves have been bereaved by suicide.

The team offer outreach to those bereaved by suicide within two days of the receiving the referral, with those affected by the death being offered support by IUCSF immediately after a suspected suicide.



More about the service

- Support is available from the IUCSF to bereaved families for as long as it is needed and with no set limits. Since 2011, over 700 people have been supported and a children and young people's service is being developed.
- This work is complemented by a range of other interventions including a welfare rights officer who receives referrals from IUCSF and the communal community sheds project for older men. This initiative, which was pioneered in Australia, offers a space where men can

interact with other men while working on meaningful projects with the primary aim to reduce risk factors associated with suicide such as social isolation, bereavement and unemployment. The sheds are staffed by a coordinator trained in suicide prevention. There are now over 60 sheds and the model has been expanded to also target women and young people.

Evaluation reports on the suicide early alert system and sheds project are available at www.durham.gov.uk/health



More information: www.ifucareshare.co.uk

Self-help support groups

UK-wide



What: Self-help volunteer-run support groups where people can meet others who have been bereaved by suicide.



Who: Survivors of Bereavement by Suicide (SOBS)



How it works

SOBS groups are run by volunteers who have lived experience of suicide bereavement. Groups take place around the UK with meetings typically taking place once a month for around two hours. The aim of the groups is to enable self-help by connecting people who have been bereaved so that they can support and share with each other.

The groups do not have a fixed structure and people can attend as and when they want to (an 'open' group). Sessions can include people

sharing their stories, how they are feeling, what has happened since their last group meeting, practical questions about coroners and discussions about common challenges such as flashbacks, supporting children or dealing with questions from friends and neighbours.



More about the service

- The groups are informal and there is no pressure for participants to share their experiences if they are not ready, or to attend every meeting. People are free to stop attending and return at a later time when they feel the time is right.
- For individuals who cannot easily attend a group or who prefer not to meet in person, SOBS provides a volunteer-run telephone helpline and an email support service.
- The groups are open to anyone over the age of 18, regardless of how long ago they were bereaved. This is in recognition of the long-lasting impact of a bereavement by suicide and that many people may not find an opportunity to talk about it until many years after.



More information: www.uk-sobs.org.uk

A liaison service including psychoeducation group support



What: A suicide liaison service which includes a closed psychoeducation group with qualified counsellors and psychotherapists.



Who: Outlook South West, commissioned by NHS Kernow Clinical Commissioning Group.



How it works

Commissioned by the local Primary Care Trust in 2010 as part of the Suicide Prevention Strategy for Cornwall & Isles of Scilly, the Suicide Liaison Service supports individuals and families bereaved by suicide. The county has a permanent resident population of around 530,000, with approximately 80 deaths by suicide each year.

The service is funded for one full-time post which is divided between:

- a service lead (three days a week) who co-ordinates the service and covers the mid and west Cornwall areas, along with the islands

- a suicide liaison worker (1.5 days) who covers the more sparsely populated north and east of the county
- a therapist who helps co-facilitate closed psychoeducation groups

Each member of the team has British Association of Counselling & Psychotherapy accreditation and has additional training in bereavement, suicide intervention skills, safeguarding and experience of working in the NHS.

Referrals are received from health professionals and the police, as well as self-referrals.



More about the service

The service provides 1:1 support for the bereaved individual up to and including the inquest.

Attends inquests with the bereaved providing practical support throughout the process. The service has built strong relationships with the coroner's office and police.

- Following the inquest, the service can refer to the Improving Access to Psychological Therapies service for counselling when requested. The client can also be placed on a waiting list for an eight-week psychoeducation course for people bereaved by suicide. This programme

draws on international evidence, including the World Health Organisation, Lifeline Australia, Support after Suicide (Jesuit Social Services, Victoria, Australia) and the Waves Programme (New Zealand) and follows World Health Organisation guidelines. Courses have between six and eight participants, and are suitable for those who are 6 months post-bereavement and not more than 5 or 6 years post-bereavement.

The course is delivered in locations across the county, to make sure it is accessible to people in all areas.



More information: www.outlooksw.co.uk/suicide-liaison-service

Linking suicide postvention with suicide prevention



What: A suicide prevention outreach service incorporating clinical support for people bereaved by suicide.



Who: The Tomorrow Project delivered by Harmless, and currently funded by the East Midlands Academic Health Science Network, a body responsible for implementing innovative practice into standard care.



How it works

Initially commissioned by Rushcliffe CCG and Nottingham City CCG, this outreach suicide prevention programme was set up in 2012 following a cluster of suicides.

The project now works across Nottingham city and county to encourage suicide awareness and help-seeking amongst people at risk of suicide. Provisions include an information service to schools and communities working with those at risk and delivering talks, workshops and direct advice to carers and professionals working with

those at risk. The project delivers services in community venues including cafes and gyms to ensure ease of access, especially for men.

After a suicide, a rapid response is provided to people bereaved. This includes direct access to professional support delivered by trained therapists.

A primary care crisis service is delivered for those experiencing a suicide crisis.



More about the service

- The majority of referrals come from the police within 72 hours and a preliminary assessment is undertaken by the team to establish the immediate needs of the affected person and their family. The project also accepts self referrals.
- A suicide bereavement officer operates as a key worker, establishing the needs of the bereaved and responding to these needs, looking at solutions to emotional, financial, social, housing and other difficulties.
- In addition, the suicide bereavement support officer can escalate care into the suicide crisis service if the person bereaved is facing their own suicide crisis, where they can be seen by a suicide crisis support worker.
- An in house, BACP accredited psychotherapeutic team offers short and long-term psychotherapy. Most bereaved individuals will access the short-term psychotherapy as an option (12 to 16 weeks in duration), but for others, especially where there has been multiple deaths by suicide, the complex trauma means that a longer term approach is vital (up to two years).



More information: www.tomorrowproject.org.uk

A voluntary sector partnership providing therapeutic support



What: The **Facing the Future** pilot programme of ‘closed’ therapeutic support groups for adults bereaved by suicide, with groups running in London, Devon, East Sussex, Essex, Tyneside, Yorkshire and the West Midlands.



Who: Co-provided by Samaritans and Cruse, with funding from the Department of Health to June 2017.



How it works

Samaritans and Cruse are working together at a local level to run therapeutic support groups for adults who have been bereaved through suicide for three months or longer. The Facing the Future programme was developed from a pilot suicide bereavement support group run by the Samaritans in central London and by Cruse in Kensington and Chelsea in 2011.

People who want to join a group have a telephone conversation with a trained advisor before being allocated to any group. The purpose of this call is to get an understanding of the person’s circumstances and how they are coping, as well as giving them more information

about how the groups work. The applicant then decides whether they want to attend a group.

The call can also signpost people to more immediate support and identify other people who may be affected by the death.

The support groups run weekly for six consecutive weeks, and each lasts for 90 minutes with a maximum of eight participants. As ‘closed’ groups, no new members can join once the sessions have started. Each group is led by two trained volunteer facilitators from Samaritans and Cruse, some of whom have lived experience of suicide bereavement.



More about the service

- The groups are open to anyone over 18 years who has lost someone to suicide. People can join from three months after their bereavement with no upper limit – some participants were bereaved more than 10 years ago and have still found the groups useful.
- Observations suggest that people get more out of sessions if they do not know other group members prior to joining. This means that it is not possible to join the same group as a family member or friend.
- Participation in the evaluation of the programme is voluntary for participants. An independent evaluation of the service gathers anonymous online questionnaires at the start and end of the programme, as well as one-to-one interviews on the phone or in person at the end of the programme.



More information: www.facingthefuturegroups.org

Evaluating outcomes

Evaluating outcomes has many benefits. It means that a service can communicate with people about how they might benefit from accessing support, based on the experiences and feedback of others.

It provides feedback to staff on what they are achieving and provides information to plan changes to current approaches or further innovate. Developing a consistent approach to evaluation contributes to an evidence base that is currently lacking by demonstrating what does and doesn't work. Evaluation activities support service development and are often a requirement from funders to demonstrate effectiveness and value for money.

Robust evaluation

Evaluations should be carefully planned to deliver useful information to support service delivery. The NSPA resource *Evaluating local suicide postvention support* outlines a 12-step planning and delivery process for evaluating postvention support services.

There are three main principles of evaluation:

- **Systematic inquiry:** Evaluation should be run in parallel with service delivery and is not an optional extra but integrated into the organisation. Systems should be in place for routine data collection, storage and analysis of monitoring and other evaluative information.
- **Carried out with integrity and honesty:** People carrying out evaluation must be competent and trained to produce findings that are credible.

- **Respectful to people:** The safety and security of people using services and taking part in evaluation activities is critical, including respecting their right to privacy and protecting them from harm.

Resourcing evaluation

Evaluations require resources. The major input to evaluation activities is person time for planning, delivering, analysing and writing up what has been learnt. However, there are other costs involved as well depending on the approaches taken to data collection. The toolkit suggests three levels to evaluation: Basic monitoring and client feedback; Outcome measurement; building a theory of change.

Level 1. Evaluation – the basics.

What every service must do to understand progress being made. Monitoring information and client feedback.

Level 2. Measuring outcomes.

What every service would benefit from doing. Collecting data on individual outcomes.

Level 3. Building a Theory of Change

What every service could produce with evaluation data. Describing inputs, outputs and outcomes.

Services and funders need to think in advance about the scope of their evaluation, which in part will be linked to resources (both funding and expertise). All services need to cost for meeting the minimum requirement for collecting good monitoring data and feedback from clients. More extensive evaluation can include using appropriate outcome measures to gather data on changes for clients, or commissioning an external evaluator, for example to carry out more in-depth qualitative data collection.

Getting started: commissioners

- make evaluation of suicide bereavement support a requirement in commissioning guidance
- provide resource to fund evaluation activities. If an external evaluation is required a 5-10% budget will be required from the overall resource in the service contract
- encourage the sharing of findings to build a sector wide evidence base of what works and why

Getting started: services

- begin evaluation planning early at the stage of piloting ideas
- involve a wide group of stakeholders in the process
- carefully chart out aims and objectives linking plans for data collection to stated goals
- think about who will carry out the evaluation and who else will need to support it
- bring in external advisors if in-house expertise is lacking
- co-produce materials with stakeholders to articulate why evaluation is important
- select existing data collection tools, or create bespoke versions, to record essential information. Pilot them first and work out when data will (and will not) be collected from clients
- ensure robust recording systems are in place and a plan for analysis is mapped out

Developing a consistent approach to evaluation helps to demonstrate what works to support people bereaved by suicide



Where to find more information

Resources from Public Health England

Local suicide prevention planning: guidance to support local authorities implement the national suicide prevention strategy.

www.gov.uk/government/publications/suicide-prevention-local-suicide-prevention-planning

Identifying and responding to suicide clusters and contagion: guidance outlining the steps required at a local level.

<https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

Preventing suicides in public places: guidance to help support area 3 of the national suicide prevention strategy, reducing access to means.

www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places

Other useful resources

Help is at Hand: Booklet providing practical support and guidance for those bereaved by suicide. It also contains a more extensive listing of other relevant resources.

www.supportaftersuicide.org.uk/help-is-at-hand

After the Suicide. Helping the Bereaved to Find a Path from Grief to Recovery: a book for those working with people bereaved by suicide. It also includes a chapter on children and young people.

Responding to Grief, Trauma and Distress after a suicide: a resource from the Survivors of Suicide Loss Task Force at the US organisation Action Alliance for Suicide Prevention.

actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/NationalGuidelines.pdf

The Road Ahead: a guide to dealing with the impact of suicide from If U Care Share Foundation
<https://www.ifucareshare.co.uk/support/support-after-suicide/resources>

Beyond the Rough Rock: Winston's Wish booklet to help adults who are supporting children and young people who have been bereaved by suicide.

www.winstonswish.org.uk

Partnerships

National Suicide Prevention Alliance (NSPA): A coalition of public, private and voluntary organisations in England taking action to prevent suicide and support those affected by suicide.

www.nspa.org.uk

Support after Suicide Partnership (SASP): A group of charities and academics working together to support people who have been bereaved or affected by suicide. The website also includes a listing of relevant organisations and resources.

www.supportaftersuicide.org.uk

Bereavement and suicide bereavement support

AMPARO: AMPARO provides support for family members in Merseyside and Cheshire, following suicide.

www.listeningearmerseyside.org.uk/AMPARO

Childhood Bereavement Network: A hub hosted by the National Children's Bureau charity for those working with bereaved children, young people and their families across the UK.

www.childhoodbereavementnetwork.org.uk

Child Bereavement UK: A charity that supports families and educates professionals when a child dies, or when a child is facing bereavement.

www.childbereavementuk.org

Cruse Bereavement Care: A national charity providing bereavement support, including face-to-face and group support delivered by trained bereavement support volunteers.

www.cruse.org.uk

Facing the Future: support groups for people bereaved by suicide run by Samaritans and Cruse Bereavement Care.

www.facingthefuturegroups.org

If U Care Share Foundation: Provide timely practical and emotional support to people touched by a suicide and deliver training on suicide prevention, intervention and postvention.

www.ifucareshare.co.uk

Outlook South West: a liaison service for people bereaved by suicide in Cornwall and Isles of Scilly, that also offers closed psychoeducation group support.

<http://www.outlooksw.co.uk/suicide-liaison-service>

Step by Step: Support for schools affected by an attempted or suspected suicide, provided by Samaritans.

T: 0808 168 2528

E: stepbystep@samaritans.org

Suicide Bereavement Network: membership organisation that provides face-to-face and online support for anyone who is coping with the suicide of someone close.

www.sbnwk.org.uk

Survivors of Bereavement by Suicide (SOBS): Support for adults who have been bereaved by suicide.

www.uk-sobs.org.uk

The Compassionate Friends (TCF):

A UK-wide organisation where local volunteers provide support to parents who have lost a child, and siblings. Their Shadow of Suicide (SoS) groups support families where a child has taken their own life.

www.tcf.org.uk

Winston's Wish: A national charity providing support for bereaved children, including those bereaved through suicide.

www.winstonswish.org.uk

Suicide prevention

Campaign Against Living Miserably (CALM):

A charity that aims to prevent male suicide in the UK.

www.thecalmzone.net

Grassroots: A charity that trains individuals and organisations to feel more confident supporting someone at risk of suicide.

<http://www.prevent-suicide.org.uk>

PAPYRUS: Prevention of Young Suicide: A UK charity that aims to prevent young suicide.

www.papyrus.org.uk

Samaritans: The Samaritans service supports anyone who needs to talk, including people at risk of suicide.

www.samaritans.org

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Appendix 1:

Police Service of Northern Ireland SD1 form

This information will be used to offer support services to the bereaved. To be completed by investigating officer

Police District:	C&C Ref Number:
Date when life declared extinct:	Marital Status:
Gender: Age:	Date of birth:
Are you aware of information suggesting that children or other vulnerable adults are at risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of deceased:	
Nationality/Ethnic background:	
GP: (if known)	
Location of incident:	
Suspected method of suicide?	
Suspected alcohol or drugs taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)
Attending mental health services?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)
(a) Next of kin or significant other informed of death?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)
(b) Next of kin or significant other aware that suicide is suspected?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)
(c) Has next of kin or significant other given permission that their contact details can be passed on to the Support Services so support can be offered?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (please tick)
	If YES please supply contact details
	Name:
	Tel: Mobile:
	Relationship to deceased:
	Address:
(d) Address Next of Kin/Significant Other:	
Any other relevant information:	

Instructions for Officer in Charge: Completed forms should be e-mailed using the restricted sensitivity label to the relevant OCMT by termination of duty.

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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About National Suicide Prevention Alliance

The National Suicide Prevention Alliance (NSPA) brings together public, private and voluntary organisations in England to take action to reduce suicide and support those bereaved or affected by suicide.

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