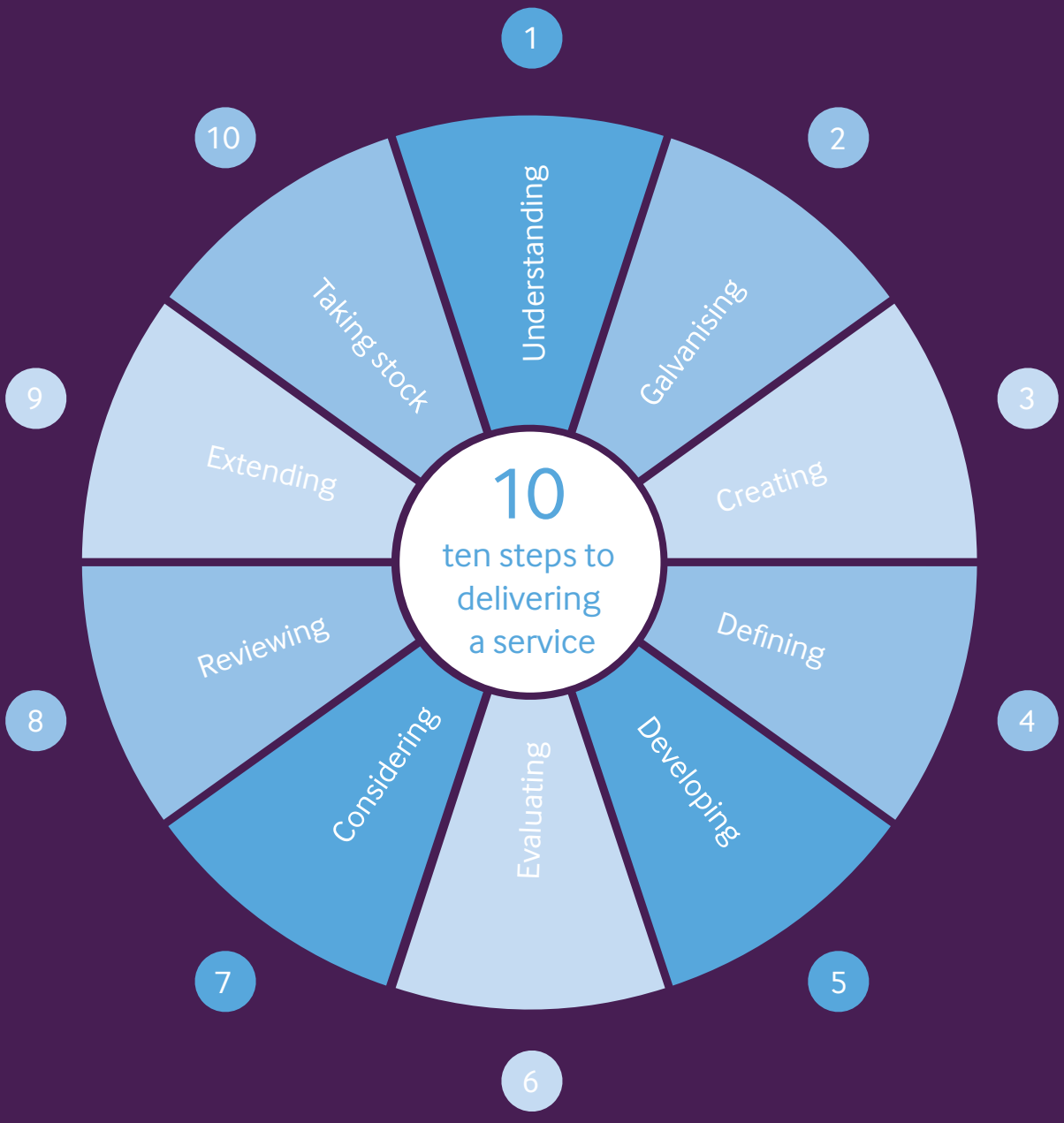
National Suicide Prevention Alliance

Support after suicide

Support after a suicide:

Developing and delivering local bereavement support services



Supported by Public Health England

Prepared by: the National Suicide Prevention Alliance and Support After Suicide Partnership

National Suicide Prevention Alliance
The Upper Mill
Kingston Road
Ewell
Surrey KT17 2AF
Tel: 020 8394 8300
www.nspa.org.uk

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.

Support After Suicide Partnership
www.supportaftersuicide.org.uk

The Support After Suicide Partnership (SASP) is a hub for organisations and individuals working across the UK to support people who have been bereaved or affected by suicide. SASP is part of the National Suicide Prevention Alliance.

With support from: Public Health England

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

About this toolkit

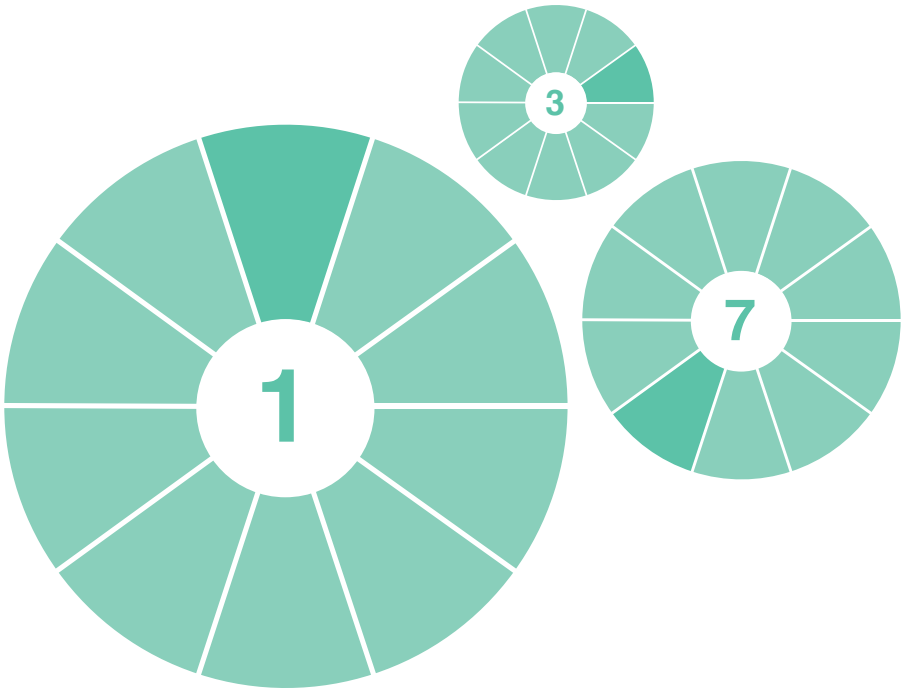
If you are reading this guide you may be considering developing, or already delivering support after a suicide, known as postvention support.

The steps and processes in this section have been drawn from the practices of existing suicide postvention support services in England, with input from organisations delivering support services and from people bereaved or affected by suicide. Some of these services offer people support and guidance to navigate the weeks and months following a death by suicide. Others focus on one to one therapeutic support.

There is no standard approach to delivering support services for people bereaved by suicide. An important first step will be to understand the needs of your local community. The suggestions provided can be used as a guide to help you develop a service that is best suited to local needs.

Here you'll find an overview of the ten stages of developing, delivering and evaluating a postvention support service, and a suggested pathway of support for people bereaved by suicide.

It is recommended that this document is considered alongside PHE's guidance *Local suicide postvention planning* and the NSPA's *Evaluating local suicide postvention support*.



Ten steps to delivering a service

1 Understand your local context and community, and perceived needs.

- Find out about suicide in your area

2 Galvanise the stakeholder community

- Bring together relevant stakeholders
- Develop governance protocol and determine who will be directly accountable for the service

3 Create a vision of what good support would look like

- Learn from others currently developing and providing services

4 Define the service

- How will the service be configured?
- What already exists?
- What are the gaps?
- What will good practice look like in this area?
- Prepare business case

5 Develop the service and plan delivery

- Consider using our sample pathway as a guide
- Ensure all staff providing the service are adequately trained in suicide prevention and postvention
- Maintain & update information on local and national services
- Consider signposting procedures

6 Develop evaluation process

- Determine how to review the service against the original vision: what will you measure?
- How and when will you consult with partners and stakeholders

7 Consider piloting the service

- Use sample pathway or an agreed variation
- Involve all stakeholders
- Deliver service to people bereaved by suicide

8 Review the service

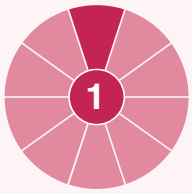
- Consider what is working well
- Consider what is not working well
- Make adjustments after consultation

9 Extend the service

- Roll out across defined area
- Monitor how those bereaved are contacted (e.g. proactively or reactively)

10 Take stock

- Review results of evaluation
- If necessary revisit the local context and recreate the vision



Understand the local context

To inform the design, development and delivery of a postvention support service, it is recommended that a comprehensive review of the local and national context be undertaken. This should set out to understand the scale of local need and what is currently available in your area and nationally.

More information on the national background, the context for the development of this work, and how to develop understanding of the local background is available in the PHE's guidance *Local suicide postvention planning*.

Suggested considerations

- Do you have a clear idea of the geographic area for which you want to provide services?
- Are you familiar with Section 4 of the National Suicide Prevention Strategy?
- How many people die from suicide in your area each year?
- What else do you know about the people who have died by suicide in your area (e.g. gender, age, mode of death, contact with services)
- Can you identify patterns, trends in data for your area?
- Are there any particular locations associated with suicide?

You can use national and local data to understand the situation in your area. These resources are useful:

- **Office for National Statistics**
- **PHE Suicide Prevention Profile**

The public health department in the local authority usually coordinates local efforts to analyse available data, and they may have undertaken an audit of coroners' records. There are further details in the PHE guidance *Local suicide prevention planning*.

Galvanise the stakeholder community

To inform the design, development and delivery of a postvention support service, the identification and active involvement of a wide range of stakeholders is essential. Your local area may have, or be in the process of convening, a multi-agency suicide prevention group, who will be central to any postvention development and delivery.

Suggested stakeholders

- Health and Wellbeing Board member
- Local authority/local mental health champion
- Clinical commissioning groups
- Police
- Coroner(s) and Coroner's officers
- People affected by suicide ('lived experience')
- Housing providers
- Education providers
- Primary care including GPs
- Mental health service providers (including Improving Access to Psychological Therapies Service)
- Alcohol and drug service providers
- Criminal justice services
- Funeral directors
- Faith groups
- Voluntary organisations, including local branches of national organisations for example:
  - Survivors of Bereavement by Suicide
  - Cruse Bereavement Care
  - Samaritans
  - The Compassionate Friends
  - Winston's Wish
  - Child Bereavement UK
  - Mind or equivalent mental health voluntary support
  - Victim Support
  - Coroner's Court Support Service

It is valuable to galvanise and involve the voluntary sector and local community in creating solutions appropriate to each area. See the PHE guidance *Local suicide postvention planning* for examples of existing services.

Bring together key players

Multi-agency working is key to success; there is richness from co-operation and experience-sharing between statutory and voluntary sectors. The best starting point is a meeting between key agencies already working in, or likely to work in this area so that ideas and vision can be shared.

Suggested considerations

- Have you invited representatives from across the community?
- At the meeting, have all had an opportunity to express their:
  - ambition for the service
  - sense of the need for the service, and target audiences
  - measures of success
  - ideas for the shape of the service
  - any challenges or concerns about whether the service may have any knock-on or unintended impacts on other services, for example:
    – increasing demand
    – securing or diverting funding
    – diverting volunteers
- Consider the suggested pathway of support for a person bereaved by suicide
  - does this fit your local requirements?
  - are there modifications that should be made?
  - Is there a clear rationale for these?

Plan governance/where service will sit

While multi-agency, multi-disciplinary working will be crucial for the success of any postvention support service, its secure foundation and sustainability will likely rely on one organisation/agency taking the lead responsibility to provide focus and drive momentum.

Suggested considerations

- Is one of the agencies (not necessarily the convenor of the meeting) prepared to take a lead in developing the postvention support service?
- Have you determined ideal membership of:
  - Steering Group (those who will drive this project forward)?
  - Advisory Group (those who can offer support, advice, ideas)?
  - Stakeholder group (the wider network of those who can affect or be affected by the service)?
- Have you developed terms of reference for the Steering Group and Advisory group?

Some or all members of the multi-agency group will have a role to play in reviewing data, so that there can be timely identification of emerging patterns that could indicate possible clusters. It is suggested a suicide community response protocol and guidelines are available so that appropriate action can be taken as soon as possible. This may include the delivery of postvention support in a school or workplace. There are further details in PHE guidance *Identifying and responding to suicide clusters and contagion*.

Create a vision of what good support would look like

Working with your stakeholders it is suggested you collectively consider what you are aiming for, in the form of a shared vision. The table below outlines some of the key considerations for you to discuss and agree at the outset.

Suggested considerations

- What are the key objectives of the support service you want to provide, for example some or all of the following:
  - to reduce incidence of suicide in those who have been bereaved/affected by suicide
  - to reduce stigma and isolation felt by people bereaved by suicide
  - to recognise that bereavement by suicide brings unique challenges that need unique support
  - to reduce demand for mental health and other services
  - to reduce the risk of contagion or the emergence of clusters
- In developing a new or expanded service, what outcomes do you hope to see on people bereaved by suicide?

Define service

Once the local context, stakeholder engagement and vision are in place, the next stage is to define the service in consultation with partners.

- How will the service be configured?
- What already exists?
- What are the gaps?
- What will good practice look like in this area?

How will the service be configured?

Depending on what already exists in your area, the membership of the Steering Group, the defined vision and likelihood of funding support, the next question is to establish how the service will operate.

By bringing together key stakeholders you can also build a clear picture of any existing provision.

Suggested considerations

- If someone is bereaved or affected by suicide in this area, what would they currently receive in the way of information and support? What are the gaps?
- How does this compare with:
  - what is available in other locations?
  - the different models of service that exist nationally? See the examples of different services in the PHE guidance *Local suicide postvention planning*.
- Who is providing the existing services? Statutory sector? Voluntary sector?
- Is there a need for an enhanced service, or alternatively, improved co-ordination and support for an existing one?
- What additional benefits would an integrated suicide bereavement support service bring?

What is the scope of the service you will be offering?

If you were starting from the ideal place, what is the scope of the service?

Suggested considerations

- Who will the service be offered to?
  - Adults only
  - Adults and children
  - Children and young people only (covering what age range?)
  - Next of kin only
  - Close family members
  - Close family members and close friends
  - Family and friends
  - School colleagues/students
  - Work colleagues

› **Continued on next page**

Suggested considerations

- Those with a professional relationship with the person who has died (GPs, nurses etc.)
- First responders (e.g. members of emergency services.)
- Stranger who was a witness to the death or who found the person who died
- People outside the area who were close to the person who has died
- People with specific needs such as those with protected characteristics under the Equality Act?

Once the 'who' has been answered, the next questions are the 'what' and 'how'.

Suggested considerations

- What will the service offer?
  - Information and signposting only
  - Reactive service in response to bereaved individuals requesting support
  - Proactive service involving outreach contact to bereaved individuals
  - A face-to-face meeting
  - An assessment of needs from a qualified person (who has training and experience in postvention and bereavement)
  - One-to-one support from a trained volunteer
  - One-to-one support from a qualified counsellor/psychotherapist or equivalent
  - Self-help group support
  - Facilitated group support – open access
  - Facilitated group support – closed access to invited members
  - Drop-in support sessions
  - Referral pathway into GP or mental health services for people judged to be at risk
  - Annual remembrance event
  - All of the above

Consider and prepare the business case

Establishing or expanding a postvention support service will require investment. This may be financial, or other resources such as a physical space, staff or volunteers, training materials, printed information etc. By working collaboratively with existing services and providers organisations may be able to cooperate with gifts-in-kind, secondment of staff etc. in order to help a service become established.

Suggested considerations

- How much would it cost to establish a suicide bereavement support service?
  - What is the size of the scheme? (for example, to 15 beneficiaries over 6 months)
  - What are your staffing costs?
  - Do you need to consider a meeting venue? office space? storage facilities for materials?
  - What are your other resource requirements?
  - What is your cash flow requirement? Considering when you will receive income in and have to make payments out?
  - What is your plan for how to raise funds?
  - Do these answers determine/alter who should be leading the project?
- How much will it cost to run this service over one year? Three years? Five years?
- Who do you need to present your case for support to? What other information do they want to know?
- Have you considered any savings there may be to other services if you deliver the aimed for outcomes?

Develop a postvention support service and plan delivery

Once there is a clear idea on the components of the service, the next stage is to develop the details about the delivery.

A key question will be whether to appoint (or second from a partner organisation) a specific individual, sometimes known as a suicide bereavement support officer, to co-ordinate the provision of services to people bereaved or affected by suicide.

Use suggested pathway or an agreed variation

The suggested pathway of support for someone bereaved or affected by suicide is set out on page 20. The steps of the pathway contain information to help inform decisions on how the service could be delivered to beneficiaries. A simple first step, is to ensure cooperation with the local police and local Coroner's officers so that ALL those bereaved by suicide receive a copy of Help is at Hand, information on local support services, and, where appropriate, Beyond the Rough Rock (for children who have been bereaved).

Suggested considerations

- Are there procedures in place with the local police, local Coroner's officers to ensure that ALL those bereaved or affected by suicide will receive *Help is at Hand?*
- Has the appointment of a suicide bereavement support officer been considered?
  - Is this post feasible?
  - How many hours can the service be available – and how many days per week?
  - What will be the duration of the contract?
  - Could a suitably qualified person be seconded from one of the partner organisations?
  - Has consideration been given to what will happen after an initial phase?
- What qualifications and experience are considered essential for the suicide bereavement support officer?
- Have you clearly defined when the project will be reviewed and any implementation changes will be made?
- Are the appropriate systems in place to support this role? (management, funding, support and supervision, insurance, office and other systems)
- Have you established the policies and procedures that will guide the service agreed and in place? For example:
  - Confidentiality
  - Safeguarding
  - Equal opportunities statement & policy
  - Record keeping

Continued on next page

Develop a service and plan delivery continued

Suggested considerations

- Health and safety/risk assessment
- Computer and office equipment use
- Grievance and complaints procedure
- Volunteers' policy including payment of expenses, time since bereavement etc.
- Professional development, appraisal and supervision
- Recruitment
- Governance
- Financial procedures
- Lone and home working policies

If you are working in collaboration with other organisations they may already have many of these in places that could be extended to apply to the bereavement support service.

- Have all stakeholders been informed about the scope of the suicide bereavement support service that will be operating? And when it will start to operate?
- How are you promoting the service locally?
- Have you shared information with other organisations so they can signpost into the service? And are you clear what services you might signpost out to?
- Do you have sufficient supplies of suitable support materials (e.g. *Help is at Hand*, *Beyond the Rough Rock*, *Guide to Coroner Services) and any local publicity*)?
- [signpost to downloads of publications listed]
- Have you tested the entry into and process through the service's pathway? Consider practicing fictional case scenarios with all partners
- Has the monitoring and evaluation framework been determined?

Train all those who will be in contact with people bereaved by suicide

Bereavement by suicide increases an individual's theoretical risk of dying by suicide. It is important that all those who come into contact with those bereaved or affected by suicide have been made aware of the risk of suicide.

It is recommended that professional training and practice is given to all people who will come into contact with those bereaved or affected by suicide. There are a range of training providers of suicide awareness and prevention courses to raise individuals confidence, skills and experience of talking about suicidal ideation safely. More information on training can be found in the PHE *Local suicide prevention planning*.

Develop a service and plan delivery continued

Suggested considerations

- Have you identified the priority groups who may need suicide awareness training? (e.g. police, emergency response teams, A&E staff)
- Is there a confidentiality policy in place to guide the service?
- What information governance agreements and processes are in place between partnership agencies?
- What plan is in place if someone believes a person they are supporting is at high risk of suicide?
- Have all those involved received training in supporting people bereaved after suicide specifically?

Develop evaluation process

It is important to establish a plan for how to monitor and evaluate the service. Consider how to evidence that your approach works, for whom and why. Carefully planned evaluation activities should be part of routine service delivery.

A 12-step process is suggested for structuring an evaluation, and more information can be found in *Evaluating local suicide postvention support*

Suggested process

Step 1 Aims and objectives: identifying what the service aims to achieve and how.

Step 2 Who to involve in the planning process: which stakeholders, including external advisors, does the service need to help plan the evaluation?

Step 3 Data collection: what data could be collected?

Step 4 Available resources: which, and how many, resources does the service have available to commit to the evaluation?

Step 5 Who does the evaluation: will the evaluation take place in house or be commissioned externally?

Step 6 Aligning service delivery and evaluation: planning how to efficiently integrate evaluation activities alongside the workings of service delivery

Step 7 Ethical considerations: thoroughly reviewing all aspects of the evaluation plan to ensure good governance

Step 8 Monitoring and client feedback: components of a basic evaluation

Step 9 Measuring outcomes: the outcome tools used by current suicide bereavement services

Step 10 Theory of Change: developing a model to explain service inputs, outputs and outcomes.

Step 11 Understanding findings and write up: making sense of the information collected and drawing conclusions based upon this data.

Step 12 Making the most of what you have learnt: creating a dissemination plan for both internal and external audiences.

Consider piloting the service

As part of the planning for the suicide bereavement support service, the expected number of people that the service can support will need to be considered.

By operating and evaluating a pilot phase there is an opportunity to test all processes and communication channels. Stakeholder feedback can be sought to enable the service to be refined and enhanced prior to any larger scale or longer term rollout.

Suggested considerations

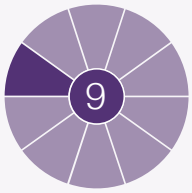
- What is the size of the pilot? (for example, delivering support for up to 15 individuals bereaved or affected by suicide)
- What is the timeframe for the pilot? (for example, six or twelve months)
- Implementing the pathway for an individual through the service
  - Initial 'breaking the news' contact with next of kin – police (all)
  - Initial contact from the Coroner's officer (all)
  - Initial bereavement contact with next of kin (all next of kin/most next of kin)
  - Initial face-to-face meeting (most next of kin and close family where possible)
  - Further contact and support (most)
  - Contact with GP (some, depending on need)
  - Follow up (all of those bereaved or affected)
- Who is going to be involved in reviewing the pilot?
- When will modifications be made? At key stages during the pilot phase? At the end before any rollout?

Review the pilot

The service should be regularly reviewed by the governance or steering committee of the service, using the agreed monitoring and evaluation framework. The views and experiences of people who have received the services should also be considered.

Suggested considerations

- What is working well?
- What could be improved?
- How have bereaved people evaluated the service?
- Should the suicide bereavement support service continue?
- If not, what will happen to individuals currently being supported if the service does not continue?
- Has the sustainability of the service been considered?

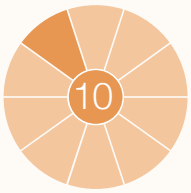


Extend the service

Following the piloting phase, there should be a revisit of the original purpose, vision and plan for the project. At this stage, key monitoring and evaluation data can be used to make the case for extending the service, or changing the delivery approach to better suit local need.

Suggested considerations

- Have you revisited the original purpose and outline for the pilot to ensure it remains fits for purpose?
- Has the support service demonstrated its capacity to support those bereaved or affected by suicide?
- Can the service extend its provision to more people bereaved or affected by suicide? For instance by offering support to friends, work colleagues or professionals?



Take stock, revisit the vision

Following evaluation of the service, it is suggested that you revisit the original vision for the service. Continuing to refine and improve the service, based on ongoing user feedback and stakeholder engagement will ensure that the service provided is suited to the needs of your local area.

Suggested considerations

- How closely does the service now meet the original aims? And the original vision? Do these need to be adjusted?
- Have you communicated the service's impact and the results of the review and evaluation to all partners and involved stakeholders?
- Are there other people/organisations/ agencies that could be approached to get involved?
- Have people been thanked for their interest and support?

Supporting the individual: a suggested pathway for support

This is a suggested pathway outlining the route and/or choices that could be made available to an individual through a postvention support service. This is provided for an adult bereaved or affected by suicide but it can be modified for working with children. This pathway is based on the practice of existing local services and with input from organisations delivering support services and from people bereaved or affected by suicide.

The pathway begins at the time immediately after a suicide when the next of kin are informed of the death. It can be modified to be suitable for all those bereaved or affected by suicide, beyond family members.

It is recommended that bereavement support services are not time-limited to a set period following bereavement, but are available to those bereaved as and when they need support.

1 Initial contact

1a Police officer

Should be experienced and trained, and have access to the Help is at Hand z-card. Fills in a Sudden Death form (SD1), to include consent to be contacted by bereavement support.

If consent given, go to 2a
If no consent go to 2b

1b Coroner's officer

Makes contact with next of kin within 48 hours of a referral, may refer to support services depending on local agreement.

If local agreement in place, and consent given, go to 2a.
If no consent given, go to 2b.

2 Contact from bereavement support service

2 Consent

Y

2a If consent given

Referral passed to relevant service within 24 hours for contact to be made.

N

2b If no consent given

Letter sent by the service to individual within 7 days, enclosing a copy of Help is at Hand and contact details for local support.

3 Making initial contact

3 Making initial contact

Contact to be made within 48 hours of receiving consent/ referral from police/ coroner's officer (including weekends).

The first call, made by a trained co-ordinator

- Explanation of service, and offer condolences
- Check who else may be affected
- Record (with permission) basic details
- Address practical questions or concerns
- Address any safeguarding or safety issues, or particular needs of those affected (in the case of a school community, direct to Step by Step programme from Samaritans
- Arrange face to face meeting within 7-14 days

After the call

- Act immediately if there are safeguarding issues
- Inform GP if consented by the individual
- Confirm appointment in writing

Face to face meeting

- Purpose of the meeting is to reduce isolation, normalise grief reactions and address specific issues or risks
- Use open notes and any assessment forms your service needs for quality assurance/monitoring purposes
- Opportunity for bereaved individual to tell their story
- Offer emotional support and practical assistance
- Introduce Help is at Hand (and Beyond the Rough Rock for children)
- Talk through next steps and make arrangements for further support
- If no further support is requested **go to 4a**.
- If further support is requested/recommended, **go to 4b**.

Further support required?

N

Y

4a No further support

If no further support is requested by the individual, and the individual is not at risk, ensure that opportunity remains open indefinitely as circumstances may change over time.

4b Further support

If further support is requested/ required, consider the following when developing your local support package with partners:

- One to one sessions with a suitably qualified practitioner (6-8 sessions)
- Open peer support groups, which can be joined any time and for as long as is needed
- Closed peer or therapeutic group, which can be aimed at specific groups such as men or professionals
- Additional psychotherapeutic therapy/support, which requires multiagency work to ensure timely referrals
- Local and national child bereavement support services for children and young people (such as Winston's Wish)

Winston's Wish

- Follow up from individual's GP (for example, contact within 7 days, or an appointment scheduled within the first weeks/14 days)

5 Follow up

Enable people bereaved by suicide to continue to access support for as long and whenever they feel the need. By noting key dates such as anniversaries follow-up contact can be made at these times with an offer of renewed or additional support.

6 Experience feedback

Offer the opportunity to people who have accessed support services to provide their feedback on what they felt worked, what doesn't work and how things can be improved. It can be helpful for people to feel they have been asked for their views and also demonstrates that there is a commitment to ensuring the service is doing no harm and is wanting to demonstrate the value of bereavement support.

4
Further support

5
Follow up for all bereaved

6
Experience feedback

Many people have helped produce this resource and we thank each of them for their careful and thoughtful input.

Advisors
Richard Brown, chief executive, Listening Ear/Amparo

Hamish Elvidge, chair, Matthew Elvidge Trust

Caroline Harroe, chief executive and founder of Harmless and The Tomorrow Project

Karen Lascelles, suicide prevention lead nurse, Oxford Health NHS Foundation Trust

Dr Sharon McDonnell, director of Suicide Bereavement UK and honorary research fellow, University of Manchester

Barry McGale, suicide prevention consultant and trainer, Suicide Bereavement UK

Dr Alexandra Pitman, honorary research associate, University College London

Catherine Richardson, public heath lead, Durham County Council

Acknowledgments
The assistance of the following individuals is also gratefully acknowledged:

Dr David Crepaz-Keay, head of empowerment and social inclusion, Mental Health Foundation Diogo Duarte, Cruse Bereavement Care

Anne Embury, suicide liaison service lead, Outlook South West

Anj Handa, bereaved friend

Shirley Smith, founder, If U Care Share Foundation

The members of the Support after Suicide Partnership (SASP). We offer special thanks to Di Stubbs for her work producing the original framework and pathway.

National **Suicide Prevention** Alliance

www.nspa.org.uk