Public Consultation on Services for Those Bereaved by Suicide Report

August 2023

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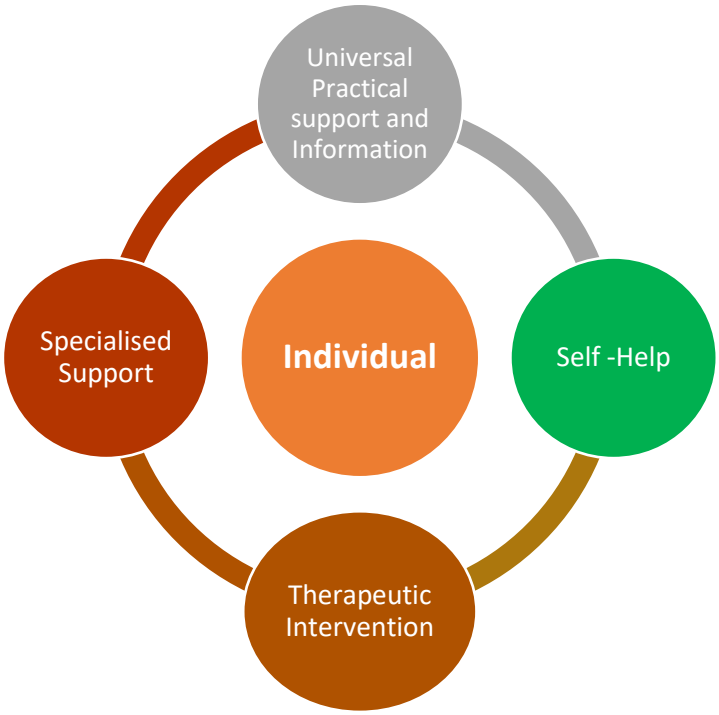
Executive Summary

Introduction

The Public Health Agency (PHA) held a 12-week public consultation, from 16th January to 9th April 2023, on services for those bereaved by suicide. The PHA commissioned Insight Solutions to facilitate a programme of public consultation events to gather feedback on the proposed postvention service model, to support those bereaved or affected by suicide. A survey was also made available to enable stakeholders to contribute to the consultation, and responses were accepted by email/post. The purpose of this public consultation was to allow the PHA to:

- Present the proposed models for postvention support publicly.
- Ascertain stakeholders' views on the proposed models for postvention support.
- Highlight considerations and next steps for implementation of an agreed model.

The Proposed Models for Adult and Under 18s



Both the proposed Adult Model and Under 18 Model were widely accepted and endorsed by stakeholders. Stakeholders agreed there is an urgent need for consistent, equitable postvention services across Northern Ireland and that every Trust area should offer the same postvention support. Stakeholders felt that, on the whole, both models presented sufficient and robust postvention support.

Emerging Themes

The need for:

Regional Consistency
Strengthened Referral Pathways
Adopting a Whole Family Approach
Improved Awareness of Postvention Services
Timeliness of Support for those Bereaved by Suicide
Practical Support in Immediate Period Following a Death
Services Responsive to Individual Need

Joined Up Approach across service providers and communities
An Appropriately Skilled Workforce to support those bereaved/affected by suicide
Services which are not timebound/limited to a number of sessions
Cultural Competency and Accessibility

Conclusion and Recommendations

1. A more equitable, regionally consistent postvention model is essential to ensure that all those bereaved by/affected by suicide, including family and wider social circle are supported with high quality services. It is vital the PHA considers the funding envelope currently available in the design and delivery of this new model and seeks to secure any additional resources required to achieve the proposed service model, ensuring the provision of services for both children and young people, and adults which can be delivered on a sustained basis across Northern Ireland.

2. There is a need for a separate Adult service and Under 18 service, however, it is essential that there is a joined-up approach between services providing Adult and Under 18 support in order to meet the needs of the whole family and to ensure smooth transitions between Under 18 and Adult Services.

3. There is a need to improve awareness of services so those bereaved by suicide including families and the wider social circle understand the support available to them. Those bereaved would benefit from a Liaison Officer/Support Worker to help make informed decisions about the most appropriate support and to understand how to access this.

4. It is essential that both the Adult and Under 18 services are delivered by a skilled workforce who have the competence and expertise to deliver postvention support safely. It is vital that this workforce is suitably trained and that those working within postvention support services have the experience necessary to reduce risk and ensure safety of those in their care. For those working with Under 18s, personnel should be suitably experienced with

training, skills and competencies required to safely and appropriately support children and young people.

5. A joined-up approach between the community and voluntary sector and statutory sector is required in order to ensure services are delivered effectively and efficiently. It is recommended direct engagement with those bereaved by suicide who require Universal and Practical Support and Information and Self-Help should be delivered by the community and voluntary sector. Therapeutic Interventions should be delivered by a combination of both the community and voluntary sector and the statutory sector (dependent on needs of the individual). Specialised Support should be delivered by the statutory sector. There should be clear pathways to step individuals up and down for the care which they required. Referral pathways to and between services must be strong, consistent and utilise strong working partnerships.

6. Services must be delivered in a manner which is person-centred, and which responds to individual need. It is recommended that services are not time-bound, but rather focus on the journey of the individual allowing them the duration and type of support which is most appropriate.

7. Services must ensure the needs of marginalised groups and groups of interest are met within postvention services. Cultural competency and an understanding of the needs of/issues faced by these groups is vital within a service. The needs of the following groups should be considered and actions in place to ensure any services are accessible to and meet the needs of: asylum seekers, refugees, BAME, LGBTQIA+, Traveller community, rural dwellers, those affected by domestic violence, neurodiversity, those in prison and those with disabilities and additional needs.

8. As the PHA seeks to develop postvention services, it is essential that work continues alongside stakeholders including statutory sector, community and voluntary sector and those with lived experience in order to further enhance

support services and ensure they meet the needs of those bereaved and affected by suicide, including family and the wider social circle.

1.0 Introduction

The Public Health Agency (PHA) commissioned Insight Solutions to facilitate a programme of public consultation events to gather feedback on the proposed postvention service models, to support those bereaved or affected by suicide.

The purpose of this stakeholder engagement was to allow the PHA to:

- Present the proposed model for postvention support publicly;
- Ascertain stakeholders' views on the proposed model for postvention support;
- Highlight considerations and next steps for implementation of an agreed model.

2.0 Context

In 2019, the Department of Health published 'Protect Life 2 (2019 – 2024), a Strategy for Preventing Suicide and Self Harm in Northern Ireland. Protect Life 2 is a cross-departmental strategy with outcomes achievable only through a co-ordinated response across government, statutory and community level.
The strategy commits to ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour, with a specification to *'provide a consistent, compassionate approach to supporting those bereaved/affected by suicide, including family and social circle'.* This commitment is a new action within the strategy and requires a new approach to supporting those who have been bereaved or affected by suicide.

Within this work and report, 'postvention' is defined as:

Activities put in place to support those bereaved by suicide to avoid adverse outcomes and recover from their loss (Andriessen, 2009[1]).

2.1 Current provision of postvention services in Northern Ireland

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3315078/

Currently across Northern Ireland a range of postvention services are available, these are funded by HSC Trusts, the PHA and other funding secured by the Community and Voluntary Sector. The existing postvention support/services include:

- ''Help is at Hand' support book providing practical guidance and emotional support following a sudden death suspected as suicide;
- Suicide support groups underpinned by peer support;
- Adult Bereavement Support Service and therapeutic interventions (some delivered by Trusts and others within the community and voluntary sector);
- Children and Young People Bereavement Support and Family Support Service (provided by community and voluntary sector).

Whilst there are several postvention services across Northern Ireland, availability and type of service varies across the region, meaning support available is inconsistent across the region.

The PHA currently invests approximately £700,000 in bereaved by suicide support services across Northern Ireland. It is important to highlight that any future model of postvention service delivery will need to be delivered within a finite resource. Alongside the aspiration for a high quality, regionally consistent service that meets the needs of those bereaved by suicide, the PHA will need to balance this with the resources available to meet the competing priorities outlined in the Protect Life 2 Strategy.

An overall assessment of the resources available will require difficult choices to be made across areas of existing service provision. In developing its plans for postvention support services, PHA will continue to work to secure further resource that will allow delivery of a quality service to meet population needs.

2.2 Timeline and Work to Date

The clear commitment set out within Protect Life 2 requires a consistent approach to supporting those who have been bereaved by or affected by suicide.

Stakeholder engagement relating to the development of services to meet the PHAs obligations in line with the strategy, including the provision of a regionally consistent, equitable postvention model of services began in 2018.

The timeline of work to date is outlined below.

2018	Stakeholder Engagement	Stakeholder engagement pre-publication of Protect Life 2 Strategy.
2021	Involvement Plan	The PHA developed an involvement plan outlining a process to ensure those who have been impacted by suicide had the opportunity to input to service development.
15th February – 11th April 2021	Pre-Consultation Period	Stakeholder engagement on **community-based pre and postvention services.** This engagement was focussed on actions 4.1 and 9.1 (however conversation did span beyond this focus). Over an 8-week period stakeholders had an opportunity to reflect on the outputs from the 2018 stakeholder engagement exercise and progress since then, to determine if recommendations were still relevant and if further recommendations need to be considered. Specifically, participants were asked to identify support needs for those under 18 and over 18 in the immediate (first 3 months), short term (3 months to 2 years) and longer term (over 2 years). Findings can be viewed here.
5th September – 30th October 2022	Public Comment on Postvention Proposed model of	A paper outlining the Postvention proposed model of support was published on the PHA website and shared with stakeholders for public comment. This was accompanied by an evidence briefing paper for postvention support. This included published

	support and Postvention Evidence Briefing Paper.	evidence, NICE guidelines, and learning from the pre-consultation involvement as well as a summary of work that has taken place to date. The paper also included relevant policy developments that may impact on any potential service to be developed.
16th January 2023 – 9th April 2023	Public Consultation on services for those bereaved by suicide	A 12-week formal consultation was delivered consisting of one open stakeholder engagement meeting per Trust area, two online regional meetings as well as an online survey, including an easy read version. Focus groups were held with groups of interest including LGBTQIA+ community, Family Voices Forum, parents & carers of children and young people bereaved by suicide. At consultation events, the PHA presented proposed postvention service models (both for adults and under 18s). Individuals and groups had the opportunity to comment on the proposed model within stakeholder meetings, by survey response, email or letter. The outcomes of this will be discussed further in this paper.

Table 1: Timeline of Work to Date

Since the beginning of the engagement process outlined above, the PHA has worked with partners to make improvements based on stakeholder feedback. To date it has improved postvention support in the following ways:

- Improvements to SD1 Form;
- Development of Mental Health Strategy for Northern Ireland (2021 – 2031);
- Development of the Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework;
- Implementation of Recovery Colleges;
- Campaigns focussed on raising awareness of mental health issues, encouraging help seeking and reducing stigma;

- Ongoing surveillance of suspected suicides.

2.2.1 Next Steps

Following the formal 12-week period of consultation, the PHA will develop a finalised outline of proposed postvention services, as well as a commissioning plan for preferred options within the resources available and in line with the Northern Ireland Guide to Expenditure and Evaluation.

3.0 Proposed Model of Support for Postvention Support Services

The PHA presented the following proposed model of support for Postvention Support Services at the 12-week public consultation on services for those bereaved by suicide.

Based on the evidence outlined in the evidence briefing paper the proposed model of postvention support should:

- Be trauma informed;
- Support rational-based approaches;
- Recognise that grief experienced by those bereaved or affected by suicide is unique and non-linear – a ‘one size fits all model’ is not a viable option
- Will provide personalised support based on the needs of each individual, recognising these may change over time;
- Adopt a holistic approach/wraparound service.

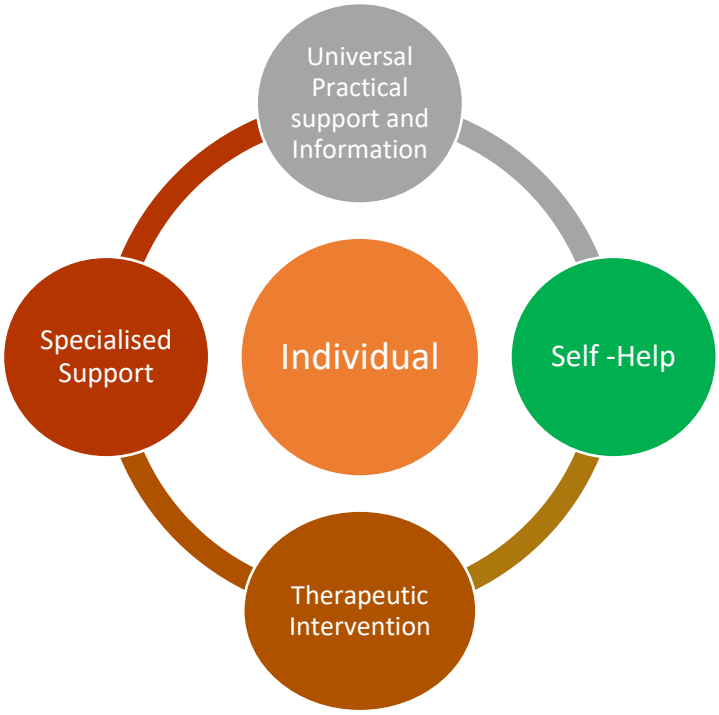
Not all families will feel able to consent to being contacted by the service at the time of death. Therefore, it is essential that those who turn down the service at the time of a sudden death can access the service at a later date. It is also important that those not engaged by the PSNI SD1 process, but who are bereaved or affected by suicide are able to find out about and access support services when they need to.

The proposed service will accept referrals from those who have been bereaved by suicide prior to the launch of any newly commissioned service. To ensure consistency across NI, it is anticipated that the following referral methods will be accepted by the services across each area.

Methods of referral:

- SD1 form/surveillance;
- Self-referral;
- GP referral;
- Referral from other statutory services e.g. CAMHs, Social services, Education etc.;
- Referral from community & voluntary sector organisations

3.1 Proposed Adult Model

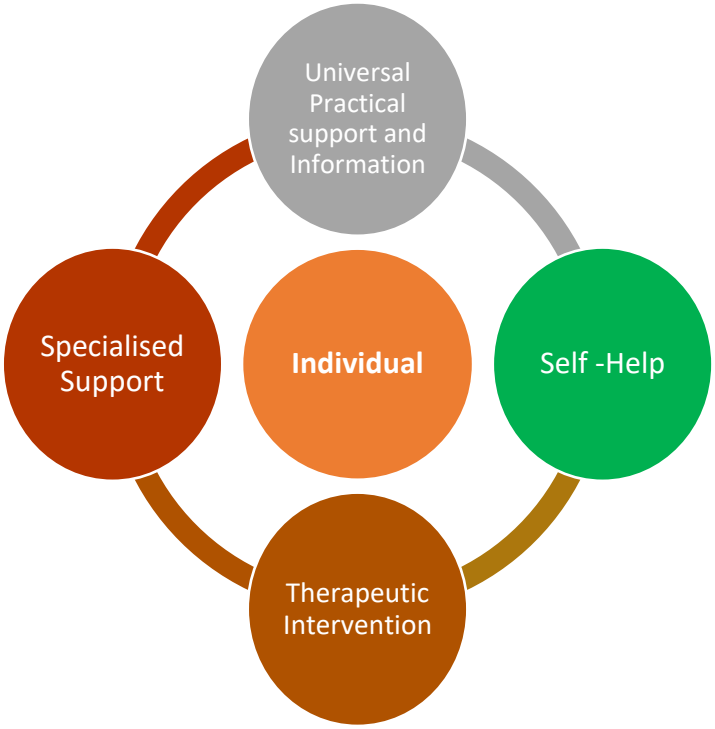


Universal Practical Support	• Information about grief & where to get further support (Help is at hand booklet). This resource covers what feelings an individual may experience after a suicide, and the impact on people with a particular connection to the person that has died.

and Information	• Sign-posting to additional supports and services to build skills and strengths and improve help seeking opportunities and behaviours. • Support/ check-ins at difficult times such as anniversaries, birthdays, anniversaries and religious / cultural holidays etc.
Self-Help	Open Support Groups underpinned by peer support: A peer support group is where individuals who have experienced a similar life challenge come together to share experiences and support each other. Being an 'open' group means that people can readily access and do not need to be referred into the group, they can join and leave based on their individual needs.
Therapeutic Intervention	This is an umbrella term that covers a wide range of interventions which may include e.g. play therapy, music, drama, art, talking therapies, counselling, cognitive behavioural therapy (CBT) etc. Closed support groups providing psychoeducation: Psychoeducation is an evidenced based intervention that provides information and support to understand a particular issue or situation. In this instance, it may involve, for example, learning about suicide or grief. These groups would generally be 'closed' and more often time-bound i.e. people join at the beginning and new members cannot join once the group has commenced.
Specialised Support	Specialist or psychological support is an umbrella term that covers a range of interventions, based on psychological theory and evidence, which help people to alter and reframe their thinking, behaviours and relationships in the present, and process trauma and disturbance from the past, in order to alleviate emotional distress and improve psychosocial functioning.

Table 2: Details of Proposed Adult Model

3.2 Proposed Under 18 Model



Universal Practical Support and Information	• Indirect Capacity Building and Psychoeducation e.g. information provided to parents /carers /those supporting young people who have experienced bereavement by suicide, on how to support children and young people who have been bereaved. • Information about how children grieve, what can help, and where to get additional help and support • Sign-posting to additional supports and services to build skills and strengths and improve help seeking opportunities and behaviours. • Support / check-ins at difficult times such as anniversaries, birthdays, anniversaries and religious / cultural holidays. •
Self-Help	• Direct Capacity Building and Psychoeducation in relation to Traumatic Bereavement: Training for identified groups e.g. CAMHS, teachers, social services, youth service, bereaved by suicide providers; to assist in understanding grief (including traumatic and complex) and to develop ways of helping bereaved children • Group/Family/Peer support - helping the adults/ parent/ guardian/ care giver to help and also peer group support

Therapeutic Intervention	This term is an umbrella term that covers a wide range of interventions which may include e.g. play therapy, music, drama, art, talking therapies, counselling, cognitive behavioural therapy (CBT) etc. • 1-1 /family and peer support and relational based approaches. • Group based interventions – based on psychoeducation
Specialised Support	Trauma informed therapeutic intervention for individuals/ families. Therapeutic interventions should be sequenced to meet the needs of the child.

Table 3: Details of Proposed Under 18 Model

4. 0 Methodology

4.1 Engagement Approach

The public consultation commenced on 16th January 2023 with the launch of an online survey on the Citizen Space platform. This information was hosted on the PHAs website, alongside the dates, venues and registration process for consultation events. The PHA widely promoted the consultation throughout its duration utilising press releases, social media and email correspondence with stakeholders in local and regional Protect Life Implementation Groups; those involved in previous engagement events and all community groups who have accessed the PHA's Short Term Funding for Mental and Emotional Wellbeing through the CLEAR project, Developing Healthy Communities.

The PHA also engaged with a number of networks which represent specific groups of interest including:

- Family Voices Forum
- The Travellers Forum
- The Stronger Together Network
- LGBTQIA+ organisations

Five in-person public consultation events were held as part of the consultation activity in accessible venues (1 per Trust area) across NI, alongside two regional

online events. Closed focus groups were held with the Family Voices Forum, LGBTQIA+ community and Parents/Carers of children and young people bereaved by suicide. Details of these events, including the numbers who attended are available in Appendix 1.

Engagement with the Travellers Forum and Stronger Together Network resulted in the production of an easy read version of the consultation survey. Representatives who work with these communities also contributed feedback to the consultation based on their discussions with individuals.

The online survey was live for 12 weeks and closed on the 9th April 2023, which provided two weeks following the final stakeholder engagement for attendees or those who had been unable to attend events to add further comment.

Consultation responses were also accepted via email or letter.

A copy of the transcripts from consultation events, detailed summary of responses to online survey and submissions received from organisations by email/letter are included in a separate report which will be available on the PHA website in due course.

5.0 Findings

The findings and themes presented represent stakeholder views conveyed most frequently throughout the consultation.

5.1 Endorsement of Proposed Models of support for those bereaved by suicide

It must be stated that throughout stakeholder engagement (consultation events, online survey and submitted written responses) both the proposed Adult Service Model and Under 18 Service Model were widely accepted and endorsed by stakeholders.

Stakeholders agreed there is an urgent need for consistent, equitable postvention services across Northern Ireland and that every Trust area should offer equivalent postvention support.

Stakeholders felt that, on the whole, both models presented sufficient and robust postvention support. There was some concern regarding the attainment of all elements of the proposed service models within the financial envelop available.

5.2 Overview of the responses received

Questions presented in the online survey reflect those asked during facilitation of discussion in consultation events and focus groups. The statistics gathered from the survey in relation to the consultation questions were aligned with feedback from consultation events. The % indicator of agreement relates specifically to the online survey. The main considerations highlighted by stakeholders throughout the consultation are noted per question, these were identified from across response methodologies. It should be noted that percentages outlined below include those who answered 'don't know' and those who did not answer. Please note, transcripts from consultation events and a more in-depth analysis of survey results can be found in a separate report hosted on the PHA website in due course.

Proposed Model of Support for Adults

97% of survey respondents AGREE that adults aged 18+ years should receive universal practical support and information following a death by suicide. Main considerations raised by stakeholders:

- Universal provision of Help is at Hand is required, alternative formats should be considered to meet accessibility needs.
- Promotion of Help is at Hand in community settings and optimised through online search is important to help people access this information when needed.
- To be truly person-centred the information should be available from a person, such as a support worker, who can aid with practical issues and ensure cultural competence and accessibility of information for everyone, including those with neurodivergence.

82% of survey respondents AGREE that available support should include ‘check-ins’ at difficult times including birthdays, anniversaries and religious/cultural holidays. Main considerations raised by stakeholders:

- Check-ins should only be undertaken with prior consent, by an organisation with existing relationship to the individual.
- Those conducting check-ins should have appropriate skills and training in postvention support.

In relation to how to find out about support, the main considerations raised by stakeholders were:

- All referral pathways should be included including self-referral and from a broad range of community & voluntary, statutory and private organisations.
- There should be a strong online presence of the support available, including social media and websites - results should be optimised on search engines.
- Awareness campaigns through mass media should be considered.

83% of survey respondents AGREE that the service should include the development and availability of open peer support groups.
Main considerations raised by stakeholders:

- These should be led by an appropriately skilled and trained facilitator, co-facilitation by someone with lived experience was seen as a positive.
- Safety of those bereaved by suicide is paramount, as such consideration should be given managing the ‘open’ nature of groups, and the escalation of support needs.

67% of survey respondents AGREE that the service should include the development and sustainability of closed psychoeducation groups.
Main considerations raised by stakeholders:

- In addition to closed groups, consideration should be given to the use of psychoeducation being utilised in open peer support groups.
- Co-facilitation with someone with lived experience was seen as a positive, it is essential this individual has appropriate training/skills.

88% of survey respondents AGREE that the service should include the provision of therapeutic interventions.

Main considerations raised by stakeholders:

- A range of therapeutic interventions should be available, not just one or two options.
- Individuals should be supported to determine the most appropriate therapeutic intervention for them, an assessment may support this.

90% of survey respondents AGREE that the service should include the provision of specialist/psychological support.

Main consideration raised by stakeholders:

- Provision of this support should be both trauma informed and trauma responsive.

Proposed Model of Support for Under 18s

83% of survey respondents AGREE that it is appropriate that those supporting children and young people receive universal practical support and information following a death by suicide. It should be noted that only 1% of respondents disagreed, with a sizable percentage (16%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- Consider provision of separate resource for parents/ caregivers/ those supporting children and young people.
- Provision of a support worker or helpline to provide guidance, practical and emotional support to those supporting a child or young person.

75% of survey respondents AGREE that there is a requirement for a written resource specifically aimed at children and young people who have been bereaved or affected by suicide. It should be noted that only 1% of respondents disagreed, with a quarter (25%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- These should be age and developmental stage appropriate, and consider specific learning needs of young people.
- Co-development with children and young people should be considered.

66% of survey respondents AGREE that support available should include 'check-ins' at difficult times such as birthdays, anniversaries and religious/cultural holidays for young people. It should be noted that only 3% of respondents disagreed, with almost a third (31%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- Check-ins should only be undertaken with prior consent, by an organisation with existing relationship to the individual/family/carers.
- Those conducting check-ins should have appropriate skills and training in postvention support for children and young people.
- Check-ins with children and young people should be coordinated with parents/carers.

75% of survey respondents AGREE that the service should include the provision of capacity building and psychoeducation training in a group setting for parents, carers and others. Only 3% of respondents disagreed, with over a fifth (22%) either not answering or answering 'don't know'.

- There were no additional considerations raised by stakeholders.

63% of survey respondents AGREE that the service should include the development and sustainability of open peer support groups for adults supporting children or young people bereaved by suicide. Only 5% of respondents disagreed, with a third (32%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- These should be led by an appropriately skilled and trained facilitator, co-facilitation by someone with lived experience was seen as a positive.
- Safety of those bereaved by suicide is paramount, as such consideration should be given managing the 'open' nature of groups, and the escalation of support needs.
- Specific consideration must be given to those adults participating and experiencing their own grief following a death by suicide.

60% of survey respondents AGREE that the service should include the development and sustainability of peer support groups for young people bereaved by suicide. Only 4% of respondents disagreed, with over a third (36%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- Safety of children and young people bereaved by suicide is paramount, as such it is essential suitability for this support is assessed.
- These should be delivered by staff with appropriate skills and training in postvention support for children and young people.
- The use of therapeutic interventions in a peer group setting, for example Art therapy should be considered.

58% of survey respondents AGREE that the service should include group-based psychoeducation for children and young people bereaved by suicide. Only 6% of respondents disagreed, with over a third (36%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- Safety of children and young people bereaved by suicide is paramount, as such it is essential suitability for this support is assessed.

72% of survey respondents AGREE that the service should include the provision of family support. The remaining 28% answered either 'don't know' or did not answer.

Main considerations raised by stakeholders:

- Consideration must be given to complex family situations in the provision of family support including who should be included in this support.
- Family support should be accompanied by 1:1 support for both children and young person and other family members/carers.

74% of survey respondents AGREE that the service should include the provision of 1:1 therapeutic intervention for children and young people. Only 1% of respondents disagreed, with a quarter (25%) either not answering or answering 'don't know'.

Main considerations raised by stakeholders:

- A range of therapeutic interventions should be available, these should be offered as appropriate to age, development and emotional intelligence.
- Children and young people should be able to access a range of therapeutic interventions as they transition through developmental stages.

74% of survey respondents AGREE that the service should include the provision of family therapeutic interventions. Only 1% of respondents disagreed, with a quarter (25%) either not answering or answering 'don't know'.
Main considerations raised by stakeholders:

- Family therapeutic interventions should be accompanied by 1:1 support for both children and young person and other family members/carers.

5.3 Emerging Themes

This section reflects the most common points of view expressed throughout the consultation exercise and takes into consideration survey responses, written responses and responses given in stakeholder engagement events.

Please note, these themes do not reflect every individual point made, and full notes will be available to read as a report on the PHA website shortly.

Regional Consistency

It was unanimously agreed that postvention services must be regionally consistent and delivered in an equitable manner to ensure people benefit from high quality support irrespective of which HSC Trust they reside in. This was seen as particularly important for under 18s, as there is currently no specialist postvention service provision for this age group in two HSC Trusts.
Stakeholders welcomed a fresh approach to postvention services in order to provide a fair service across Northern Ireland which would not discriminate based on postcode.

Strengthened Referral Pathways

Stakeholders felt that there should be no limitations on who could refer an individual to postvention support, and that self-referrals should also be available. There was also a strong feeling that referral pathways into postvention services could be strengthened and simplified in a number of ways including:

- Warm introductions into a service by a liaison worker (this would be a new role offering practical support following a death by suicide), GP or other individual. Stakeholders noted that signposting to services does not ensure an individual requiring support will contact or ultimately benefit from a service.
- Warm handovers between services, if applicable. This includes the need for warm handovers for individuals who move from an Under 18 service to an adult postvention service. A facilitated introduction between service providers ensures an individual does not have to retell their story and risk negative impact on their recovery journey.
- Information regarding postvention services being readily available online. When someone uses a search engine seeking support, local support should come up. Information on support services should also be available across local communities.

Adopting a Whole Family Approach

Many stakeholders, whilst recognising the need for some specific nuances in relation to the adults and under 18 model of support, felt that a 'whole family approach' may be required in relation to postvention services. Stakeholders noted that:

- Families may require a package of care that caters for parents/child or adults/child within a family unit. As such A 'wraparound' support service or family model which caters for the family as a whole may be impactful.
- Services must take into consideration what different family units look like and ensure everybody within that unit is supported (e.g. separated families, adult siblings etc).
- Services which work with 'whole family' may be better able to identify needs within the family as well as identifying further individuals who may need support. Referrals can then be made to appropriate services. This could also apply to identifying those within the social circle who could also benefit from support.

Improved Awareness of Postvention Services

Stakeholders highlighted that there needs to be better awareness of postvention services including:

- Improved awareness and understanding among bereaved people, of the support available and how to access it.
- Improved awareness among services including PSNI, first responders, GPs, funeral directors and coroners, to ensure they can play a role in making bereaved individuals and families aware of what support is available following a death by suicide.
- A public awareness campaign and ensuring information is available in key places within communities, to ensure population awareness of postvention services.
- Need to provide people who are active in local communities with information on support available including sports coaches, key community representatives, community groups etc.

In addition to improved awareness of support available, stakeholders also noted that support was required to navigate following a bereavement by suicide, including practical support and help to access support services to ensure the best possible support for each individual. It was suggested by a number of stakeholders that services could 'reach out' to bereaved families and individuals in order to introduce services and offer support.

Timeliness of Support for those bereaved by suicide

Stakeholders noted that the timeliness of support and timing of the offer of support was an important consideration for future services. It is vital to understand that an individual's grief process will differ and there is no 'one size fits all'. Some recurring points relating to this included:

- When individuals receive first offer of support/being referred to support services (usually via SD1 process initiated by PSNI) they are often too shocked to process the ask and understand what is meant.
- Some stakeholders feel that SD1 should automatically 'opt in' bereaved family for support allowing them to opt out at a later stage. Some also felt having a

PSNI Contact Officer available that could link to those affected by a death by suicide and offer support at a later date would have benefits.

- Stakeholders noted that there should be a further offer of support 1-2 weeks following a suicide, when people may be able to 'better process' what the ask is and make an informed decision.
- Stakeholders felt it important that even if support services are declined, services are available as and when they are required, regardless of time passed following a suicide.
- For individuals/families who do accept support, the period of 2 weeks before support services reach out to bereaved individuals/families can be too long. Stakeholders noted that within this period of time whilst every individual's needs differ, it may be appropriate to ensure some support from day one is in place.

Support in Immediate Period Following a Death

Stakeholders noted that timely access to both practical and emotional support was essential. It was noted that the requirement of support would differ depending on an individual. There was a suggestion that a Liaison Officer/Support Worker be assigned to the bereaved individuals or family to help navigate practical and emotional considerations would be an appropriate solution.

In relation to practical support, stakeholders felt the need for:

- Support with funeral arrangements, finances, the coroner process, post-mortem process, inquests, house moves, applying for benefit support, legalities etc.
- This supported needs to be more than just signposting, with a Liaison Officer/Support Worker working to help advise and support along the journey. Stakeholders noted that providing information, while helpful to an extent, was not sufficient and that those bereaved needed to be supported by a person - holistically.
- Stakeholders noted that help with practical issues would help alleviate additional emotional distress.

It must be noted that, where it had been received, the Help is at Hand booklet was noted as helpful however:

- There seemed to be inconsistencies in if/how this was given to those bereaved with some people not having received it.
- Stakeholders felt that the booklet alone was not enough and that, as outlined above, those bereaved needed to be supported by an individual.

Services Responsive to Individual Need

As mentioned previously, stakeholders reiterated that there is no 'one size fits all' support, and services must be trauma-responsive and personalised to an individual's needs, where possible. Key recurring points included:

- It is important that individuals receive support which is tailored to their needs. This requires individuals being informed of interventions on offer e.g. therapeutic services, peer support groups, closed psychoeducation groups which allows them to make an informed decision on what is right for them.
- Services should not be time-bound. This includes counselling therapy, peer-support and closed support groups. Stakeholders felt it is important that individuals receive the support which is required for them, and noted that everyone's journey will differ. Stakeholders noted that services limited to 6 sessions are not enough to allow many to fully benefit, and may result in disengagement or non-engagement with support.
- As noted previously, stakeholders felt it important that services reach out to those bereaved by suicide in a proactive manner, offering support. It was noted by service providers, however, that consent/GDPR does not always allow this to happen.
- Stakeholders felt it important that service users can leave and re-access services without barriers.
- Is it important to have age-appropriate resources for children and young people (based on age/developmental stage) including child-friendly language, storytelling etc.

- Support groups should be available to those requiring them, at a point in time where they can meaningfully engage in group support. Further, stakeholders reiterated that support groups should focus on hope rather than revisiting grief, and should be managed appropriately to ensure people are not retraumatised or continually retelling their story.
- Stakeholders noted throughout the consultation that methods of providing information and support will differ based on needs and preference, and that information/services should be delivered utilising a mixed method approach including digital resources, hard copy, video resources, resources available in different language including interpreters for both adults and under 18s.

Cultural Competency and Accessibility

Stakeholders noted the importance of understanding and adapting service delivery to ensure the needs of marginalised groups and groups of interest are met within postvention services and that services promote the inclusivity of all individuals.
It was noted that cultural competency and an understanding of the needs of/issues faced by these groups is vital within a service. The needs of the following groups should be considered and actions in place to ensure any services are accessible to and meet the needs of: asylum seekers, refugees, BAME, LGBTQIA+, Traveller community, rural dwellers, those affected by domestic violence, neurodiversity, those in prison and those with disabilities and additional needs.

Joined Up Approach across service providers and communities

Throughout stakeholder engagement sessions, stakeholders felt that both community and voluntary and statutory had important roles in the delivery of postvention services and reiterated the importance of both working together for the betterment of those bereaved or affected by suicide, including families and the wider social circle.

- Stakeholders highlighted the unique position of community and voluntary organisations in their community, they have insight/knowledge and relationships built within communities. This strength makes the community and

voluntary sector well placed to deliver on many of the services presented in the proposed model due to their ability to 'reach in' to communities and recognise who has been impacted by suicide.

- Many stakeholders felt that more specialist and/or medical interventions would be best delivered by HSCTS/statutory sector who have the relevant expertise and qualifications to safely deliver.
- Stakeholders noted, similar to above, that statutory services and community and voluntary services must work together including through 'warm handovers' between services to ensure people do not have to retell their story.
- Stakeholders reiterated the importance of Adults and Under 18s services working together to ensure smooth transitions between services, and to understand what support is being received by a whole family.
- It is important that links and strong communication is retained with other service areas including: domestic violence, eating disorders, drugs and alcohol, prison service and education sector.
- Stakeholders noted that it is important to have communication with communities including first responders to ensure they are utilised following a suicide. This would ensure the appropriate people affected by suicide and the wider community receive the support required. Small community organisations including youth clubs, sports groups etc can play a key role in ensuring postvention support is offered to those who are affected suicide.

An Appropriately Skilled Workforce to support those bereaved/affected by suicide

Stakeholders noted that a strong, skilled workforce is key to the successful implementation, access to and delivery of postvention services for both Adults and Under 18s. Common remarks in relation to this included:

- The vital need for experienced professionals to work with Under 18s. Stakeholders noted that there is a high risk working with children and young people and it is vital to have a skilled workforce with the expertise required to work with children bereaved by suicide. This must be managed appropriately.

- The general consensus from stakeholders is that support groups – both peer support and closed psychoeducation groups – must be co-led by a professional, skilled facilitator and where possible, a person with lived experience. Stakeholders noted the importance of not over relying on a bereaved individual/person with lived experience and highlighted the need for this person to be supported in order to maintain their wellbeing and safety.
- Those working within postvention services should be aware of other services and referral pathways.
- Stakeholders noted inconsistencies re: experience with statutory workers and highlighted the need for GP and PSNI postvention training to ensure empathy and understanding as well as appropriate support and referral to services.
- It was noted that support needs to be available for those delivering postvention services to ensure they receive appropriate support and supervision to maintain their own health and wellbeing.
- Stakeholders felt that in recommissioning, the PHA should ensure the process enables local organisations with community knowledge and relationships to bid for, and potentially win contracts for postvention service delivery. Local knowledge and flexibility is key.

5.4 Other

Alongside the above, stakeholders reflected the following points which are related to postvention but delivered and managed outside of the proposed services.

SD1 process:
The SD1 process is integral to successful postvention services. PSNI provide Help is at Hand booklet to everyone affected by a suspected suicide. A joined-up approach is essential to support the PSNI to understand the need for accurate and complete data on SD1 form. PSNI officers must also be aware of postvention services and their importance, so they can encourage consent. The PHA and PSNI should continue to work on improving this process.

The SD1 process only identifies those in need of support if the sudden death occurs in Northern Ireland. This means when someone dies by suicide in another Nation or Country the family are not automatically offered support, or provided with the Help is at Hand Resource. Similar challenges are faced by family or friends who live outside Northern Ireland and require to access postvention support. The PHA should work to explore this issue and identify opportunities for improved pathways.

Community Response Plans:
The importance of Community Response Plans must be considered within postvention support services and consideration given to how these services will be embedded in the Community Response Processes. The role of individuals and groups within communities to connect people to services (e.g. clergy, community groups, sports groups, key individuals), should also be considered. There should also be an improved awareness of how individuals and communities can safely respond following a death by suicide for example, through the promotion of ComKit[2].

Evaluation:
Stakeholders noted that it is key that services are evaluated on an ongoing basis to ensure impact and reach. Stakeholders advocated that clear outcome measures should be considered.

6.0 Conclusion and Recommendations

This public consultation period allowed stakeholders to provide input and meaningful feedback based on their own personal and/or professional experiences, this opportunity was welcomed by those involved.

As stated previously in this report, it can be said with certainty that stakeholders engaged in public consultation widely accept and endorse both the Adult and Under 18 Postvention Service Models.

[2] Comkit - To Protect Life

Based on feedback presented as a result of this public consultation, it is vital that the PHA considers and further develops service models based on the main considerations and the emerging themes outlined in this report. This report presents the PHA with a robust evidence base allowing them to further improve proposed service models based on the needs of those engaged.

In moving forward with the commissioning of Postvention Services for Adults and Under 18s, there are a number of recommendations presented below.

1. A more equitable, regionally consistent postvention model is essential to ensure that all those bereaved by/affected by suicide, including family and wider social circle are supported with high quality services. It is vital the PHA considers the funding envelope currently available in the design and delivery of this new model and seeks to secure any additional resources required to achieve the proposed service model, ensuring the provision of services for both children and young people, and adults which can be delivered on a sustained basis across Northern Ireland.

2. There is a need for a separate Adult service and Under 18 service, however, it is essential that there is a joined-up approach between services providing Adult and Under 18 support in order to meet the needs of the whole family and to ensure smooth transitions between Under 18 and Adult Services.

3. There is a need to improve awareness of services so those bereaved by suicide including families and the wider social circle understand the support available to them. Those bereaved would benefit from a Liaison Officer/Support Worker to help make informed decisions about the most appropriate support and to understand how to access this.

4. It is essential that both the Adult and Under 18 services are delivered by a skilled workforce who have the competence and expertise to deliver postvention support safely. It is vital that this workforce is suitably trained and that those working within postvention support services have the experience necessary to reduce risk and ensure safety of those in their care. For those

working with Under 18s, personnel should be suitably experienced with training, skills and competencies required to safely and appropriately support children and young people.

5. A joined-up approach between the community and voluntary sector and statutory sector is required in order to ensure services are delivered effectively and efficiently. It is recommended direct engagement with those bereaved by suicide who require Universal and Practical Support and Information and Self-Help should be delivered by the community and voluntary sector. Therapeutic Interventions should be delivered by a combination of both the community and voluntary sector and the statutory sector (dependent on needs of the individual). Specialised Support should be delivered by the statutory sector. There should be clear pathways to step individuals up and down for the care which they required. Referral pathways to and between services must be strong, consistent and utilise strong working partnerships.

6. Services must be delivered in a manner which is person-centred, and which responds to individual need. It is recommended that services are not time-bound, but rather focus on the journey of the individual allowing them the duration and type of support which is most appropriate.

7. Services must ensure the needs of marginalised groups and groups of interest are met within postvention services. Cultural competency and an understanding of the needs of/issues faced by these groups is vital within a service. The needs of the following groups should be considered and actions in place to ensure any services are accessible to and meet the needs of: asylum seekers, refugees, BAME, LGBTQIA+, Traveller community, rural dwellers, those affected by domestic violence, neurodiversity, those in prison and those with disabilities and additional needs.

8. As the PHA seeks to develop postvention services, it is essential that work continues alongside stakeholders including statutory sector, community and voluntary sector and those with lived experience in order to further enhance

support services and ensure they meet the needs of those bereaved and affected by suicide, including family and the wider social circle.

Appendix 1 - Outline of Engagement

The tables below provide an outline of the stakeholder engagement events and the levels of engagement at these.

Stakeholder Engagement Events

Date	Trust Area	Location/Time	Number of Attendees
1st February 2023	Western	Silver Birches Hotel, Omagh – 2pm	12
9th February 2023	Southern	Oxford Island, Lurgan – 10am	10
1st March 2023	South Eastern	Trinity Methodist Church Hall, Lisburn – 2pm	5
8th March	Northern	Lodge Hotel, Coleraine – 2pm	4
21st March 2023	Belfast	Clayton Hotel, Belfast – 10am	19
2nd March 2023	Regional Online Event	Zoom	9
13th March 2023	Regional Online Event	Zoom	5

Closed Meetings

Date	Trust Area	Location/Time	Number of Attendees
28th February 2023	Family Voices Forum	Zoom	5

22ND March 2023	Children and Young People	Dunsilly Hotel, Antrim – 6:30pm	6
23rd March 2023	LGBTQ+	Zoom	2

A detailed breakdown of responses from stakeholder engagement events and closed meetings are available to view in a separate report hosted on the PHA website in due course.

Stakeholder engagement events followed the same approach, outlined below.

Step	Details
1	Insight Solutions provided an introduction to stakeholders, outlining the aims and objectives of the public consultation event.
2	The PHA delivered a presentation giving an overview and context. This also provided an overview of the proposed adult and under 18 postvention service models.
3	Insight Solutions facilitated discussion with stakeholders focussing on the proposed adult and under 18 service models separately.