Postvention Support Service

Proposed Model of Support

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Version 1

Public Health Agency

HSC Public Health Agency

Contents

Background and Context

The Protect Life 2 (PL2) Strategy commits to the provision of effective support for those who are exposed to suicide or suicidal behaviour and includes a specific action to “provide a consistent, compassionate approach to supporting those bereaved/affected by suicide, including family and social circle”.

There are a number of postvention services across Northern Ireland but availability and type of service varies across the region. This clear commitment and action within PL2 mandates a new and consistent approach to supporting those who have been bereaved/affected by suicide. Work has been underway since 2018, focussed on stakeholder engagement, to further develop these services. An evidence paper has also been produced to inform the development of this proposal.

It is also important to recognise that a regionally consistent postvention service will also contribute to the achievement of a number of other outcomes in other relevant strategies:

- Protect Life 2 Strategy objective 9 – support for those bereaved by or exposed to suicidal behaviour
- Mental Health Strategy 2021 – promoting mental wellbeing, resilience and good mental health across society and providing the right support at the right time
- Crisis Review - A regionally consistent crisis service that will provide effective help and support for people in a crisis
- Making Life Better Public Health Framework - Empowering Healthy Living, Outcome: Improved mental health and wellbeing and reduction in self harm and suicide

Current Services

PHA currently fund a range of post vention services however, there is inconsistency in service delivery across the region.

Current services include:

- Help is at hand support book. This provides practical guidance and emotional support following a sudden death that is a suspected suicide.
- Suicide support groups underpinned by peer support.
- Adult bereavement support service and therapeutic intervention some of which are delivered by Trusts and others within the community and voluntary sector.

- Children and young people bereavement support and family support service provided by the community and voluntary sector.

Current Resource Available

PHA currently invest approximately £700,000 in bereaved by suicide support services across Northern Ireland. It is important to highlight that any future model of support for bereavement services 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 all of the competing priorities under the Protect Life 2 Strategy. An overall assessment of the resources available will require that difficult choices are made across areas of existing service provision. In developing our plans for bereavement support services, PHA will continue to seek to secure further resource that will allow us to plan and deliver the quality of service necessary for population needs.

Proposed Bereaved by Suicide Service

Several authors have provided information about postvention that may be particularly useful for decision-making. The academic literature outlines that interventions should:

- include therapy, psychoeducation (for bereaved individuals and the general public to raise awareness), health promotion material (Andriessen, et al., 2019a; Andriessen, Krysinska, Kolves, & Reavely, 2019b; Cox, Robinson, Williamson, & Lockley, 2012);
- be tailored and based on individual need, avoiding blanket approaches (Szumilas & Kutcher, 2011);
- be consistent and easily accessible within local communities (Ali, 2015; Trimble, Hannigan, & Gaffney, 2012)
- aim to help those bereaved find meaning behind the suicide, help those bereaved to learn ways to talk about the death and provide information about support services (Shields, Kavanagh, & Russo, 2017);
- have sufficient duration required to help individuals return to normal daily functioning (Andriessen, et al., 2019a);
- be led by trained facilitators with age-appropriate activity (Andriessen, et al., 2019a; Andriessen, Krysinska, Kolves, & Reavely, 2019b; Szumilas & Kutcher, 2011);
- support groups should have professional input and should only be offered after the initial rawness of emotion following the bereavement has passed (Shields, Kavanagh, & Russo, 2017);
- have rigorous surveillance to identify individuals who might require postvention support and monitor the impact of supports to mitigate against any unintended adverse outcomes (Andriessen, Krysinska, Kolves, & Reavely, 2019b; Szumilas & Kutcher, 2011);
- be robustly evaluated (Andriessen, Krysinska, Kolves, & Reavely, 2019b; Szumilas & Kutcher, 2011);
- manualised interventions should be considered and appropriately evaluated (Andriessen, et al., 2019a);
- provide postvention training to clinicians, support group facilitators and family caregivers (Cox, Robinson, Williamson, & Lockley, 2012; Szumilas & Kutcher, 2011; Andriessen, Dudley, Draper, & Mitchell, 2017)

Taking account of the feedback from stakeholders, recommendations from NICE and the ‘Grief to Hope’ report and the available evidence it is proposed that a model of bereavement services should also:

- adopt a whole systems approach;
- be regionally consistent;

- recognise no one size fits all solution to supporting those bereaved by suicide;
- ensure access to the service when families feel ready

Whole systems approach

A multi- agency service model to be delivered in each of the 5 HSC/PHA localities to ensure that support is offered in a robust and consistent way which is based on a whole system approach to respond to complexities of bereavement and grief by bringing stakeholders together to develop a shared understanding of the support that is needed and integrate action to bring about sustainable, long-term interventions in the delivery of a safe, reliable, effective care model for bereaved by suicide support across NI.

A regionally consistent service

Bereavement support services following a suspected suicide must be regional, consistent and compassionate to ensure equal access to the population of Northern Ireland. A consistent, compassionate approach to supporting those bereaved / affected by suicide, including family and social circle.

Service Overview

Individuals needs vary as to the support required and there is no one size fits all solution to supporting those bereaved by suicide, therefore, a number of supports and interventions are proposed:

- Timely information to all persons bereaved by suicide through a Holistic Approach/Wraparound Service which will include
    - Information and practice support e.g. through the 'Help is at Hand' resource
    - Parents of young children/ young adult to receive guidance on what to tell their bereaved children
    - Access to specialist bereavement service
    - Face to face practical support
    - Face to face emotional support
    - Peer Support via support groups
    - Follow up to reduce isolation
    - Sign posting
    - Support for communities (Localities / workplaces / Schools)

Access to the 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 death can access the service at a later date.

The service will also accept referrals from those who have been bereaved by suicide prior to the launch of the new service. To ensure consistency across NI, it is therefore 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

Key elements within proposed model

The following table outlines a number of key elements suggested objectives proposed for consistent Bereaved by Suicide Support across the 5 PHA / HSC localities through the following baseline key service elements:

Element	Description
Universal Practical support and Information	**Adult Service** • Information about grief & where to get further support • Sign –posting to additional supports and services to build the skills and strengths and improve help seeking opportunities and behaviours, to help to reduce further bereavement. • Support/ check- at difficult times such as anniversaries, birthdays, Christmas and Easter. **Under 18 Service** • 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

Element	Description
	• Sign –posting to additional supports and services to build the skills and strengths and improve help seeking opportunities and behaviours, to help to reduce further bereavement. • Support/ check- at difficult times such as anniversaries, birthdays, Christmas and Easter
Self -Help	**Adult Service** • Open Support Groups underpinned by peer support • Closed support groups providing psychoeducation. **Under 18 Service** • 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, 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 • Support for families/service users at difficult times such as anniversaries, birthdays, Christmas and Easter.
Therapeutic Intervention	**Adult Service** • One to one therapeutic intervention • Closed facilitated support groups providing psychoeducation **Under 18 Service** • Group based interventions • 1-1 /family and peer support and relational based approaches.

Element	Description
Specialised Support	**Adult Service** • Specialised / psychological 1-1 Support **Under 18 Service** • Trauma informed therapeutic intervention for individuals/ families. Therapeutic interventions should be sequenced to meet the needs of the child.
Communities and partnership working	• Information and support for key gatekeepers and communities impacted by suicide to strengthen the skills, knowledge and connections which will aim to build resilience. • Signposting to approved training/awareness raising programmes • Input and support community response plans (CRPs) • Facilitate and encourage joint working with local service providers to ensure signposting into the relevant support and/ or programmes for local communities. • Participation in local Protect Life Implementation Group (PLIG).

Outcomes and Evaluation

It is essential that any service developed and delivered has robust monitoring and evaluation processes embedded from the beginning to:

- Determine effectiveness and identify / plan for changes or improvements
- Communication with potential service users about how they may benefit from the service – based on the feedback from others.
- Demonstrate what works to support people who have ben bereaved / affected by suicide.

It is intended that outcomes measurement and evaluation of the agreed service will be run in parallel with service delivery and that it is integrated into the service – not regarded as an optional extra. This will include, but is not limited, the collection of equality data (section 75).

While final outcomes, indicators and measures will be developed and agreed during the consultation period and based on the service model to be implemented, there are some clear outcomes that a postvention service in Northern Ireland will be aiming to achieve and also contributing to.

The intended outcome of the postvention service is that all people in Northern Ireland bereaved by or exposed to suicidal behaviour receive the right support at the right time to support their recovery.

The achievement of this outcome will be monitored through measures focussed on:

- timely identification and referral of people who have been affected by suicide;
- access to the service when people are ready
- service user outcomes, impact and self-efficacy

Next Steps and Considerations

Following an 8-week consultation on this proposal paper which outline the PHAs intentions for a postvention service, the next steps in progressing postvention support include:

1. Consultation on possible options for commissioning postvention support/services
2. Development and implementation of a finalised commissioning plan for the preferred options (determined by the consultation process and resources available)

Consultation documents on options for postvention support/services will be developed and made available for comment. These options will be informed by the feedback from the evidence paper and comments received during the 8 weeks this document is available for comment.

The consultation documents will outline the models of service in which the PHA intend to invest. Individuals and groups will have further opportunity to comment on these options over a 12-week consultation period. The methodologies of involvement for this period are outlined in Section 5.0 of the involvement plan.

PHA will develop a commissioning plan in relation to the preferred options, within the resources available and in line with Northern Ireland Guide to Expenditure and Evaluation (NIGEAE).

Glossary

Community Response Plan (CRP)	The purpose of a CRP is to monitor and prevent the potential development of potential clusters of suspected suicides occurring in the relevant Trust locality or across a community of interest. It is also intended to facilitate early detection of such clusters or community concerns and to provide a timely response by all sectors of the community to address any needs and prevent further deaths occurring. It is intended that each locality plan will provide a consistent template for action that can be implemented within any community / locality.
Grief	The primary emotional and natural reaction to the loss of a significant other, encompassing psychological, physical and behavioural responses to the death.
Relational based approaches	These refer to building, strengthening and developing relationships with key individuals that support a child[ren] or young person[s] which are essential for effective therapeutic and specialised interventions.
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 (Support after a suicide: A guide to providing local services by public health England, Oct 2016)
Postvention service	A postvention service is an intervention conducted after a suicide, largely taking the form of support for the bereaved including family, friends, professionals and peers.

Protect Life Implementation Groups (PLIGs)	Protect Life Implementation Groups located in each of the Trust's areas.
Psychoeducation	Psychoeducation (PE) is defined as an intervention with systematic, structured, and didactic knowledge transfer for an illness and its treatment, integrating emotional and motivational aspects to enable patients to cope with the illness and to improve its treatment adherence and efficacy.
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, cognitive behavioural therapy (CBT) etc.
Wrap-around service	Wrap-around a team-based, collaborative case management approach. A case management approach represents a point-of-delivery, rather than a system-level, approach to coordination. The concept of Wrap-around programming is used to describe any program that is flexible, family or person-oriented and comprehensive – that is, a number of organisations work together to provide a holistic program of supports.

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Appendix 1

Proposed Model of support

	Step 1 Universal Practical support and Information	Step 2 Self -Help	Step 3 Therapeutic Intervention	Step 4 Specialised Support
Over 18's	• Practical Information • Information about grief & where to get further support	• Self -help • Open Support Groups underpinned by peer support	• One to one therapeutic intervention • Closed Psycho-education facilitated support group	• Specialised / psychological 1-1 Support
			• Group based interventions • 1-1 /family and peer support	• Specialised 1-1 therapeutic intervention / family support
Under 18's	• Indirect Capacity Building and Psycho-education: Information about how children grieve, what can help, and where to get additional help and support	• Direct Capacity building and psychoeducation in relation to traumatic bereavement: Training for identified groups to assist in understanding grief (including traumatic and complex) and to develop ways of helping bereaved children		

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