



**Public Consultation on Services for
Those Bereaved by Suicide
Summary Report**

August 2023



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1.0 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 models, to support those bereaved or affected by suicide. A survey was also made available to enable stakeholders to contribute to the consultation.

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.

2.1 Current provision of postvention services in Northern Ireland

Currently across Northern Ireland a range of postvention services are available, these are funded by HSC Trusts, 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).

The availability and type of postvention services across Northern Ireland varies.

PHA currently invests approximately £700,000 in bereaved by suicide support services across Northern Ireland. Any future model will need to be delivered within a finite resource.

2.2 Work to Date/Next Steps

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 PHAs obligations in line with the strategy, including the provision of a regionally consistent, equitable postvention model of services began in 2018.

Following the 12-week period of consultation, the focus of this report, 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

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

Proposed Adult Model

<p>Universal Practical Support and Information</p>	<ul style="list-style-type: none"> • 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. • 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.
<p>Self-Help</p>	<p>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.</p>

	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	<p>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.</p> <p>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.</p>
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.

Proposed Under 18 Model

Universal Practical Support and Information	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

	<p>traumatic and complex) and to develop ways of helping bereaved children</p> <ul style="list-style-type: none"> • Group/Family/Peer support - helping the adults/ parent/ guardian/ care giver to help and also peer group support
Therapeutic Intervention	<p>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.</p> <ul style="list-style-type: none"> • 1-1 /family and peer support and relational based approaches. • Group based interventions – based on psychoeducation
Specialised Support	<p>Trauma informed therapeutic intervention for individuals/ families. Therapeutic interventions should be sequenced to meet the needs of the child.</p>

Table 3: Details of Proposed Under 18 Model

4.0 Methodology

4.1 Engagement Approach

A 12-week period of consultation commenced on 16th January 2023 with consultation work encompassing an online survey on Citizen Space, engagement with specific groups of interest, in person public events (1 per Trust area), 2 regional online events and closed focus groups with Family Voices Forum, LGBTQIA+ community and parents/carers. Consultation responses were also accepted by email/letter.

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 envelope available.

5.2 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.

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.

Strengthened Referral Pathways

Stakeholders felt that there should be no limitations on who could refer an individual to postvention support, self-referrals should also be available.

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 to ensure a wraparound support for families.

Improved Awareness of Postvention Services

Stakeholders highlighted that there needs to be better awareness of postvention services and how to access them, this should be among those affected by suicide and those who can signpost and refer to postvention 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'.

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.

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.

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.

Joined Up Approach across service providers and communities

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.

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. These skills and expertise should be specific with the groups staff members work with (e.g. children and young people).

6.0 Conclusion and Recommendations

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.