**BEREAVED BY SUICIDE SUPPORT CONSULTATION QUESTIONNAIRE**

The Public Health Agency has lead responsibility for the implementation of the Protect Life Strategy and is currently rolling out a 3 year procurement plan for Health and Social Wellbeing Improvement. During the timeline of the procurement plan, it is expected that the new mental and emotional wellbeing and suicide prevention strategy will be issued for consultation and issue. It is anticipated that the areas currently considered for procurement will continue to be strategic priorities but final specifications will be informed by any specific targets set within the new strategy.

Support for those bereaved by suicide is one element of the 3 year procurement plan and this consultation is a step in the development of a model for that area of work.

The following outlines the key elements being considered as part of a service model to be delivered across each of the 5 HSC/PHA localities to ensure that support offered in a robust and consistent way. PHA is now seeking views on the proposed model. **This paper should be read in conjunction with the background evidence paper issued by PHA along with this questionaire.**

**Aims of proposed model:**

To promote a healthy grieving process, recovery and resilience for those who have been bereaved by suicide, through providing timely and flexible support to individuals, families and / or local communities who have being affected by death by suicide.

To ensure that those bereaved are offered appropriate support informed by available evidence of effective practice and which meets the PHA quality standards for bereavement support.

**Objectives:**

Support services will:

* Provide timely emotional support to those bereaved, including at difficult times of the year such as holidays or anniversaries
* Provide practical information as appropriate to those who are bereaved
* Promote positive mental and emotional well-being as well as awareness of mental ill health.
* Provide information & raise awareness of local services which may be beneficial to those bereaved
* Provide information & raise awareness amongst others of the impact bereavement by suicide can have on individuals or families.

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| **Key Elements within Proposed Model**  |
| The following outlines proposed key elements for the support service1. Support
2. Capacity Building & Resilience
3. Partnership Working
4. Information Management & Communication
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| **Element** | **Description** |
| **Support** | Provide age appropriate and timely emotional support to those bereaved, including at difficult times of the year such as holidays or anniversaries. Support tailored to the age and needs of the recipients offered via a range of methods to include:* 1:1 / Individual support and / or group work
* Group, Family or Peer support - helping the adults/parent/guardian/care giver to help and also peer group support

Work in partnership with other relevant organisations to offer practical support to families and friends of those bereaved. Be flexible and responsive to emerging needs such as requests via the SD1 system, supporting any Community Response Plan (CRP) activations and other community or individual needs.Give additional priority to vulnerable population groups, including those at higher risk of suicide or self-harm and geographic areas of higher suicide prevalence rates.  |
| **Capacity Building & Resilience**  | To build the skills and strengths of families/individuals/key gatekeepers\* and communities impacted by suicide and to strengthen the skills, knowledge and connections which will aim to build resilience, improve help seeking opportunities and behaviours, to help to support a healthy grieving process and recovery.Build capacity within communities and partner organisations to respond to and support those bereaved. Increase knowledge & skills by signposting to approved training & awareness raising programmes and providers which meet the PHA training standards (or equivalent). (Programmes may address some / all of the following Mental Health and Emotional Wellbeing; Suicide Prevention; Self Harm support training; Drugs & Alcohol programmes and Resilience). |
| **Partnership Working** | Facilitate and encourage joint working with local service providers to ensure signposting to the relevant support or programmes for local communities.Develop links to other health and social wellbeing improvement programmes to promote awareness of services and avoid duplication. Where appropriate, make connections with emerging areas of work including the Primary Care Talking Therapy and Well-being Hubs.  |
| **Information Management & Communication** | Promote shared learning across staff, agencies and groups in the relevant area of the needs of families bereaved by suicide, and how best to support these needs.Provide information to individuals/ families / children & young people through approved resources such as self-care booklets and leaflets. Signpost to support services through promotion of other key / relevant support services as appropriate.Raise awareness of wider programmes which promote emotional wellbeing, mental health, suicide and self-harm support across their locality. Work with PHA communication staff as required to support regional campaigns, encouraging good news stories of hope and recovery, promoting positive mental health messages and raising awareness of bereavement support services and other local providers available through the locality partnership. Promote the use of accessible (user-friendly) directories and information on service/referral pathways e.g. cards, posters, websites, ensuring reach to a wide range of practitioners, marginalised and disadvantaged groups including LGBT, rural communities, ethnic minorities, and unemployed people.Contribute to new research / evidence using local knowledge, relationships and experience.Assist the Public Health Agency with any relevant Personal and Public Involvement (PPI), engaging individuals/communities if appropriate, to support with key stakeholder consultations  |

**[[1]](#footnote-1)**

**Consultation Questions**

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| 1. ***Do you agree with the above aims and objectives proposed for the service?***

***YES NO******Please comment below:***1. ***Do you agree with the key areas identified in relation to a Bereaved by Suicide Support Model? Please answer yes / no and give reasons for your answer.***
* **Support**
* **Capacity Building & Resilience**
* **Partnership Working**
* **Information Management & Communication**
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| 1. **Are there other elements which you consider should be included in the model? If so please outline why you consider this to be important?**

**Please comment:** |

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| 1. **Further Feedback / any other comments:**
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If you require a printed copy of the consultation document or an alternative format, please email Lisa.carson@hscni.net.

All responses must be received by 4.00pm on Friday 14th August 2015. Following the end of the consultation period, the PHA will consider all responses which will inform development of the final model of support for those bereaved by suicide.

Please send your responses to: Lisa.carson@hscni.net

By Friday 4.00pm 14th August. 2015

Thank You

1. \*Gatekeepers can be identified as those who could potentially be in contact with vulnerable individuals, including for example:

	* GPs & Primary Care Staff
	* Accident & Emergency Staff
	* Pharmacists
	* Relevant Managers (HSC frontline sector)
	* HR Personnel (HSC sector)
	* Accredited sports coaches
	* Those working with survivors of abuse
	* Church (religious/faith leaders)
	* Key influencers of young people e.g. teachers, youth workers
	* Those who work with people who have mental health difficulties
	* PSNI custody officers
	* Frontline prison staff with ‘inmate listeners’
	* Call Centre staff (regional helpline providers)
	* Undertakers
	* Fire Service
	* Ministry of Defence / British Legion [↑](#footnote-ref-1)