

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 questionnaire.**

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.

Key Elements within Proposed Model

The following outlines proposed key elements for the support service

1. Support
2. Capacity Building & Resilience
3. Partnership Working
4. Information Management & Communication

Element	Description
Support	<p>Provide age appropriate and timely emotional support to those bereaved, including at difficult times of the year such as holidays or anniversaries.</p> <p>Support tailored to the age and needs of the recipients offered via a range of methods to include:</p> <ul style="list-style-type: none"> • 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 <p>Work in partnership with other relevant organisations to offer practical support to families and friends of those bereaved.</p> <p>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.</p> <p>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.</p>
Capacity Building & Resilience	<p>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</p>

	<p>behaviours, to help to support a healthy grieving process and recovery.</p> <p>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).</p>
<p>Partnership Working</p>	<p>Facilitate and encourage joint working with local service providers to ensure signposting to the relevant support or programmes for local communities.</p> <p>Develop links to other health and social wellbeing improvement programmes to promote awareness of services and avoid duplication.</p> <p>Where appropriate, make connections with emerging areas of work including the Primary Care Talking Therapy and Well-being Hubs.</p>
<p>Information Management & Communication</p>	<p>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.</p> <p>Provide information to individuals/ families / children & young people through approved resources such as self-care booklets and leaflets.</p> <p>Signpost to support services through promotion of other key / relevant support services as appropriate.</p> <p>Raise awareness of wider programmes which promote emotional wellbeing, mental health, suicide and self-harm support across their locality.</p> <p>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.</p> <p>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,</p>

	<p>marginalised and disadvantaged groups including LGBT, rural communities, ethnic minorities, and unemployed people.</p> <p>Contribute to new research / evidence using local knowledge, relationships and experience.</p> <p>Assist the Public Health Agency with any relevant Personal and Public Involvement (PPI), engaging individuals/communities if appropriate, to support with key stakeholder consultations</p>
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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

Consultation Questions

The Belfast wide consultation group made up of members from the North & West Belfast Protect Life Implementation Group and the South & East Communities of Interest for Mental Health Promotion and Suicide Prevention met on the 24th August, 2015 to review this consultation document. This consultation event involved members of the South Belfast Community Response Plan Steering Group including the South Belfast Community Response Plan Coordinator based in South Belfast Partnership Board who leads the South Belfast Community Response Plans to Suicide to support families in South Belfast.

The South Belfast Partnership Board is a Board which brings together all sectors – community, statutory, political and private – to strengthen and better target the efforts being made by the community, the private sector and the Government to tackle the economic, social and environmental problems which affect the most disadvantaged areas of South Belfast. The South Belfast Community Response Plan Coordinator has responded on behalf of the representatives from the South Belfast Response Group present on 24 August 2015. The South Belfast Community Response Planning Group brings together 14 geographies of interest in South Belfast, 12 communities of interest from South Belfast and over 11 bereavement support services.

The document was reviewed during the consultation event and discussion among representatives took place in relation to current service providers and service user experiences of current bereavement support services in Belfast. Many of which have been availed of through the community response planning group's to suicide that have been developed in each locality of the city.

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

YES

NO

Please comment below:

The aim of the bereavement support model notes 'to promote a healthy grieving process', this indicates that the current grieving process is not healthy. We collectively believe that this is not a helpful way of describing the bereavement and grieving process. The model should note that organisations will support families through their grieving pathway. The South Belfast Community Response Group representatives raised the question – what is a healthy grieving process?

From consultation with fellow partner organisations of the South Belfast Community Response Plan to Suicide the use of the word 'recovery' should perhaps be removed from the model. Current bereavement support services relay that families bereaved by suicide never fully recover but learn to come to terms with what has happened. Therefore we suggest that words such as healing, understanding and resilience are better placed in the aim of the document.

We feel the term support is quite loose – including information from the background paper to expand this phrase to – emotional, practical and informative support.

The south Belfast community response group believe the choice of words for the objectives such as Mental ill health should be reconsidered within this document. We believe that this term does not clearly reflect the normalisation of the bereavement journey and feelings associated that families will move through following a bereavement by suicide.

The south Belfast community response group also recommend that the objectives of this document should emphasis the following rather than an emphasis on providing information as the role of current bereavement support services is broader than this:

Emotional, practical and informative support at any point for families bereaved by suicide

To endorse the community response plans to suicide that are leading the bereavement by suicide model across Belfast which are reflected minimally in this document

To operate a crisis response activation to support bereaved families by suicide as required

The objectives should also reflect a prevention approach to self harm and suicide by which bereavement support services should be linking in with localities of the city to

support education awareness sessions and signposting for those in need.

We believe the objectives of this model are reflecting a small role that could be provided by an organisation however we emphasise that the collective partnership approach that has been undertaken via the community response plans in localities of this city which brings together two or more bereavement support services to support the initial family, wider family, friends and partners and local community has demonstrated its effectiveness. The south Belfast community response plan group are yet to take forward a response plan to support a family following a bereavement by suicide that has inky involved one bereavement support organisation therefore we believe the importance of communication, collaboration and coordination is essential for the bereavement model.

The document is titles and talks about the bereavement support model for families bereaved by suicide however collectively as a group the South Belfast community response plan group are finding it difficult to understand the exact model that is being proposed in this document. We believe the bereavement support model should be the community response plan processes to suicide that have been developed and are working well across the cities localities. We believe that this is our model that should be endorsed as the model and that financially the public health agency should be investing in:

- A dedicated suicide prevention and community response plan coordinator for each locality of the city
And
- A dedicated financial support package of bereavement services that are contracted as a bereavement service hub similar to those of the mental health talking therapy hub set up. This collective resource could potentially have an allocated resource for providing prevention advice and education within each locality of the city including local communities, hospitals, schools, churches, sports arena and shopping facilities as appropriate.

2. 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.

YES

NO

- **Support**

In essence the south Belfast community response group agree with the key elements of the model however the content within them we do not agree with.

Element 1- support

We believe the description should outline the stages of the support the bereavement model should involved for example: pre, during and post vention.

We agree that the bereavement support should be flexible and ongoing as required as bereavement following support could spiral into crisis response at any point on the bereavement journey.

The document highlights the need to provide support at difficult times of the year however we note that through the current community response plans to suicide and working with families that the daily day to day activities and events are sometimes the hardest times for families to try and get through therefore we are unsure of the wording of this support description.

The methods of support highlighted are quite simplistic - we believe the services listed could be made available through signposting to the talking therapy hubs in each locality unless this is crisis response access to services.

We believe that one organisation could not provide this bereavement support in a locality of the city alone and that the model needs to encompass a collection of bereavement support services so that families Are given choice of who, when, where and what support they would like. Through the community response plans to Suicide our first step is to arrange an assessment of the families needs through a telephone call or in most cases a family visit. The community response group can then make a Decision on the most appropriate service however we have found families may try to access more than one service for help and support in initial stages or move from one organisation to another. This demonstrates the need for choice for families and also communication between service providers which the community response plan model is undertaking

We would like to see support methods consider our therapeutic and non therapeutic

services as these were not funded through the BHSCT mental health talking therapy hubs.

- **Capacity Building & Resilience**

We agree that this element of the model is required however the breakdown of gatekeepers needs to be wider to include the following; third sector organisations, community groups and practitioners, mental health talking therapy hubs, family support hubs, community response plan coordinators, active communities coaches and also non accredited coaches as they will still be in contact with those in need of support, hostels and homeless units and talking therapy services including counselling organisations. We have found through the south Belfast community response planning process to suicide over the past year that this has been our access points to families who have been bereaved by Suicide in need of support.

We believe this element of the model should endorse self care approaches including the take 5 campaign and supervision for those services providing bereavement support.

The bereavement support model should consider those families that perhaps require stepped up into tertiary support.

- **Partnership Working**

The partnership working section of this model should reflect more than facilitation and making connections with similar service providers. Within the community response plan process it has been vital that consistent communication via telephone, email and meetings as required have been essentials to support families with the most appropriate service. The partnership working element of this model needs to consist assessment of families and sign posting To the most appropriate service, follow up with families and partnership working with community groups and existing structures in local communities to develop prevention awareness support and post-vention for communities.

Therefore bereavement support organisations should become aware of the geography and communities of interest within each locality of the city for example

south Belfast through dialogue and regular involvement in existing health structures locally for example south Belfast health forum, South Belfast community response planning networking days and south and East community interest group. Partnership working should be broader than with similar service providers. Community intelligence has been crucial as an out gateway and avenue to families locally at crisis response periods following a bereavement by suicide as the trust already exists between the community group or parish and the family.

- **Information Management & Communication**

Shared learning has been vital to support services in south Belfast through the community response plan process therefore we welcome this included within the model.

Management of families that are being supported is vital. The Belfast steering group for the community response plans have identified that the response plans which were initially designed as a crisis response plan following the bereavement by suicide. However as the response plans have developed we believe that there should be an onus on bereavement support services to follow up with families at 3 months, 6 months and year following the initial contact to assess needs, close off if required or enable families to access the bereavement support at a later stage.

3. 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:

As noted above the South Belfast Community Response Planning Group believe the following elements should be included in the model:

Prevention – awareness and education across local communities via gate keepers

Emphasis on the current community response planning model process – which does not appear to be reflected in the document

Emphasis on the crisis response required by bereavement support services for families immediately following a death by suicide

Ongoing follow up and longer term support for families bereaved by suicide if required

Methods of support should include; talking therapies such as counselling, support groups, therapeutic interventions and non therapeutic interventions.

4. Further Feedback / any other comments:

The South Belfast Community Response Planning Group understand that many of the services providing bereavement support to families bereaved by suicide also work with individuals and families in need of emotional support who have not been bereaved by suicide. As bereavement support can be in many cases crisis response access for families into services we have seen that this can impact on services, i.e service pressures and extending waiting lists.

We believe that this bereavement model should be influenced directly from the recommendations of the new protect life strategy for Northern Ireland

We believe that the model should act as a consortium of bereavement support organisations and support services coming together for localities of the city to offer a package/menu of services for families bereavement through suicide that in most if not all cases will be picked up through sudden deaths (sd1) forms and supported thorough the community response groups that have been in existence and working effectively In each locality of Belfast. The response group believe this proposed model will be complimented through the community capacity tenders that are anticipated go resource a dedicated suicide prevention officer in each area of this city to coordinate this process.

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