

## Understanding the needs of people bereaved by suicide in Kent & Medway

### Summary of Key Findings and Recommendations

Perpetuity Research was funded by the K&M Suicide prevention Innovation Fund to understand the needs of people bereaved by suicide in Kent and Medway.

This document provides a summary of the key findings and subsequent 25 recommendations from the research based on the literature review, interviews with local people bereaved by suicide, practitioner survey findings and practitioner interviews.

### Overview and Context

There is a priority within the NHS Long Term Plan to provide access to support for people specifically bereaved by suicide by 2023/24. There is no specific service or provision for people bereaved by suicide in K&M, though some support is available through peer support groups or access to Help is at Hand resource.

### Impacts of suicide bereavement

People who are bereaved by suicide in the UK are at an increased risk of a range of negative health outcomes and are themselves at greater risk of suicidal behaviour, post-traumatic stress disorder and complications related to the grieving process.

The needs of children and young people bereaved by the suicide of family or friends can map out the course of life. Studies have suggested that people who experience the suicide of a parent when they are a child or adolescent are three times more likely than non-bereaved peers to die by suicide themselves and have especially high risk of hospitalisation for suicide attempt, depression, psychotic disorder, personality disorder, and drug use.

There is also growing evidence relating to physical disorders among people bereaved by suicide E.g. cirrhosis, sleep disorders and increased risk of physical health conditions.

### The Nature of suicide bereavement

There is a distinction between the different impacts that the death of a person by suicide can have and broadly divides as:

- Those *exposed* to a suicide (perhaps know through work or identify with e.g. famous individuals).
- Those *affected* by a suicide (may experience psychological distress and may include people excluded from being considered typically bereaved- e.g. a witness to an event or community member).
- Those *bereaved* by a suicide (shared a close personal attachment with the deceased including friends, colleagues and relatives).

This might be understood as a spectrum from those who are exposed, to those who are affected and those who are bereaved, either in the short or long term.

Suicide specific aspects include higher levels of shame, stigma, anger, rejection, blame and less social support than other forms of bereavement. Family impact from 'shutting down' of communication' and a societal perception that suicide is a failure by the victim and family to deal with an emotional issue.

There are additional social processes such as police involvement, inquests or media interest and management of these processes can be a burden to those who are bereaved.

### **The experience of men and suicide bereavement**

Men are under- represented within the research. Where research is available it indicates that men's grief tends to be overlooked and not always signalled outwardly which limits recognition or support. The unhelpful nature of 'silence' in male grief was a theme explored in detail within the Perpetuity research and links to additional research collated in a Samaritans report '*Out of Sight, out of mind: Why less-well off, middle-aged men don't get the support they need*' (Samaritans 2020)

### **Postvention support**

Overall, robust evidence for interventions with regard to effectiveness is generally absent. However, where guidance is published it advocates an approach incorporating primary care, mental health services, bereavement services, voluntary sector organisations and the community.

In Kent & Medway, bereaved people spoke about feeling unsupported in the aftermath of losing a loved one to suicide. Practitioners referred to the difficulty of finding clients appropriate counselling and targeted support.

Many of the bereaved reported that no services had contacted them to offer formal support which was a significant barrier to help when they weren't sure what they needed themselves. People were left feeling unsupported and needing to navigate systems.

### **What bereaved people felt would help**

- Early supportive response but also proactive offers of support at regular intervals and follow up.
- Kindness and Compassion from police, GPs and other professionals.
- Recognition of the nature of suicide bereavement by others.
- Emotional support and signposting.
- Awareness and support with issues caused by debt, finances and depression.
- Specialised counselling and extension to offered sessions.

A participant group discussed five key outcome measures for a specialist service and suggested the following would be helpful:

- Isolation; Stigma; Psychological health; day to day social functioning; functioning in work or caregiving role.

### **Adaptable services: There is no one right way**

Services need to be aware of any cultural issues that might affect people's experience of bereavement by suicide. Communities and individuals have different needs at different times and at it should be recognised that individuals grieve in different ways and will adopt and require different coping strategies. Services should be flexible enough to offer holistic support tailored to individual need at different points in time.

### **Timeliness of support, promotion and role of professionals**

Timing is key when offering support for people bereaved by suicide. Real time surveillance systems offer an opportunity for early identification, engagement, access to resources such as Help is at Hand and referral into specialist support pathways.

Professionals need to have the skills and confidence to work with people who are bereaved by suicide. Postvention Assisting Those Bereaved by Suicide training (PABBS) found positive impacts for those working with the bereaved.

### **Key findings and recommendations in developing a specialist suicide bereavement service for the Kent and Medway STP Suicide Prevention programme**

The research carried out by Perpetuity has informed the following twenty five recommendations which should be considered to support the ambition to provide better support and information to people in Kent and Medway bereaved by suicide.

#### **Overview**

- Kent and Medway should consider how to improve access to support for people bereaved by suicide.
- Commissioners should maintain an awareness of the nature of bereavement by suicide and incorporate the need for flexible provision in any service delivery specification.
- Explore how to target awareness raising of the potential impact of losing colleagues, friends or associates and validity of people's feelings of grief in response to events.
- Consider how and where central signposting database might be hosted for existing bereavement services.
- Identify how to work with people with lived experience and how they can offer support to other people who have been bereaved by suicide.
- Service development should be carried out in conjunction with people with lived experience of bereavement by suicide.

#### **Experience with Services**

- Identify how families bereaved by suicide can be provided with practical information about processes that happen after a suicide at the earliest appropriate opportunity.
- Ensure that agencies in contact with people bereaved by suicide have the information they need to signpost effectively.
- People bereaved by suicide should be able to expect and receive compassion and kindness from the services they are in contact with following a suicide.
- Frontline workers need to be trained so that they have the confidence and ability to respond appropriately to people bereaved by suicide (Eg PABBS training).
- Consider how to support people during the inquest process eg. Could a service offer supportive people to accompany others?
- Consider how those closest to the deceased can be provided with a single point of contact at an early timepoint to 'hold' and support the bereaved.

#### **Organisations**

- Consider providing guidance to organisations on the needs of people in the aftermath of a suicide eg how best to support people in the workplace.
- Schools need to recognise the impact of suicide bereavement (including peer suicide bereavement) and provide access to support for those impacted by a suicide. Fostering an environment where suicide and its impacts can be spoken about openly would be beneficial.
- Work with local media should be extended to include practices regarding bereaved families and their needs.

- Consider drawing up a 'client journey' to understand the organisations and services people may come into contact with. These organisations could then be provided with appropriate training or resources.

#### **Access to support**

- Explore how support can be proactively provided at appropriate times, and how best to deliver this information Eg face to face, telephone check ins, auto messaging.
- Consider the importance of family and group work, including work with groups of young people whose peer has died.
- Consider the benefits of campaigns around reducing stigma and where best to target these.
- Consider how to identify people who are bereaved by a suicide that occurs outside Kent and Medway.

#### **Other recommendations for service development**

- Consider what appropriate counselling provision for people bereaved by suicide looks like and work to provide access to this (explore alternatives to short term CBT based counselling)
- Identify how consistent provision of peer group support can be made available across the county.
- Consider working with men with lived experience and local services that provide emotional support to men, to understand how to develop approaches that are acceptable and accessible to men.
- Explore how to provide support to young people and ways to access this support should be promoted directly to young people.
- Consider if a full needs assessment is required to identify what is working well and what gaps exist.