



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Review of General Bereavement Support Services and Specific Services Available following Suicide Bereavement for the National Office for Suicide Prevention

Support for those bereaved through suicide – general or specialist services – the
evidence base.

Petrus Consulting

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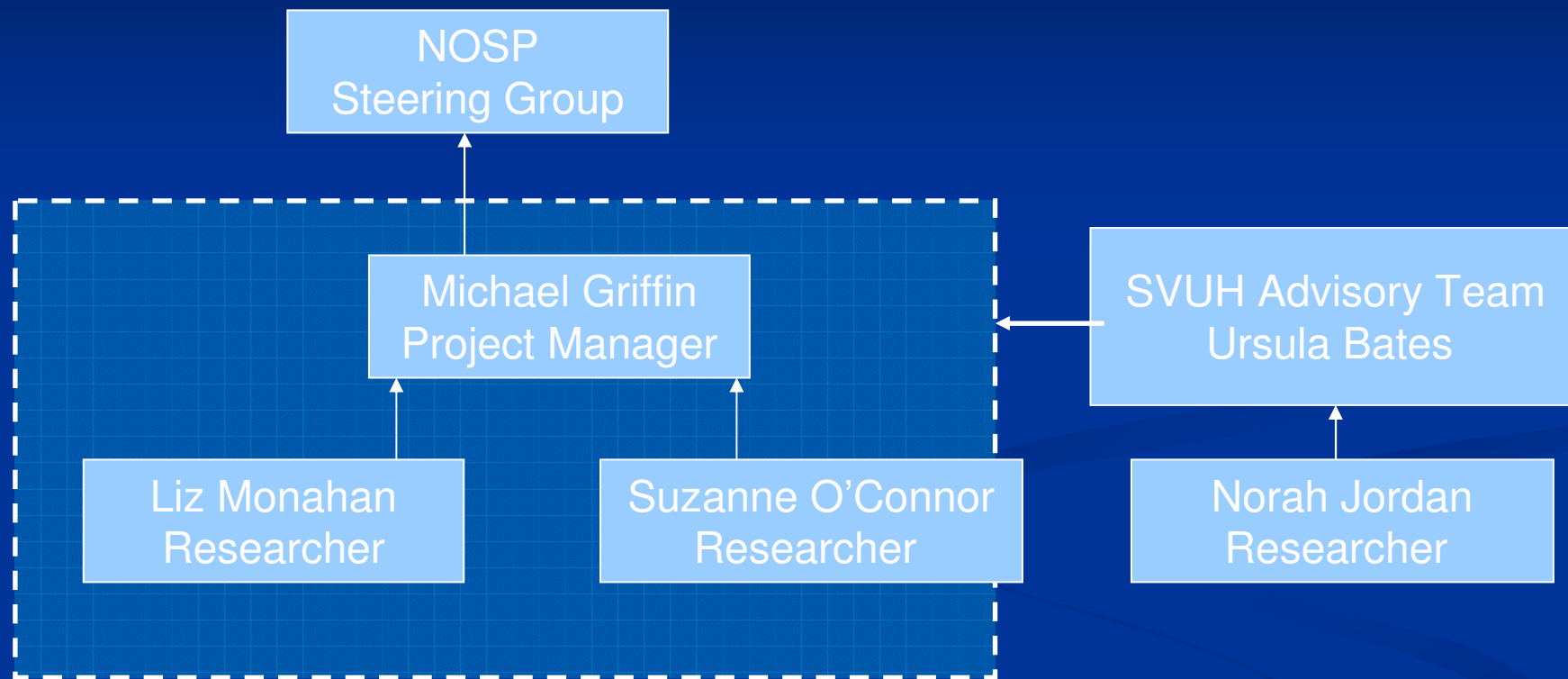
Format

- Terms of Reference and Background
- Needs Assessment
- Questionnaire
- Literature
- Key Providers
- International Experience
- Project Next Steps

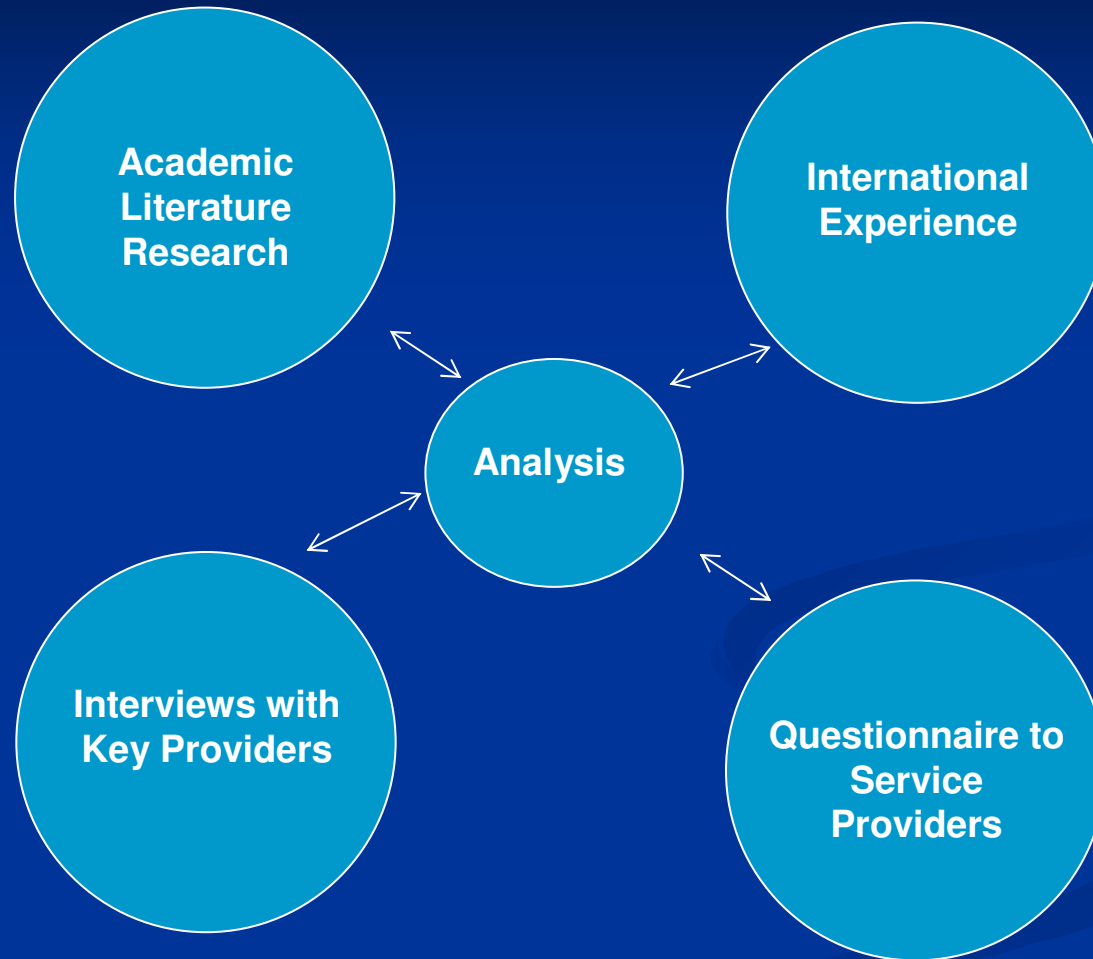
Summary Terms of Reference

- What (suicide) bereavement information is available and what is it like?
- What (suicide) bereavement support is available and what is it like?
- What (suicide) bereavement counselling and/or other treatments are available, and what are they like?
- What kind of training is received by those working in bereavement support and / or counselling and is the training suitable?
- Are we better focusing on suicide-specific supports and if so in what areas, e.g. just information or should counselling be ‘suicide-specific’?
- How do we best develop a national suicide bereavement care plan and what are the likely resource implications?

Project Structure



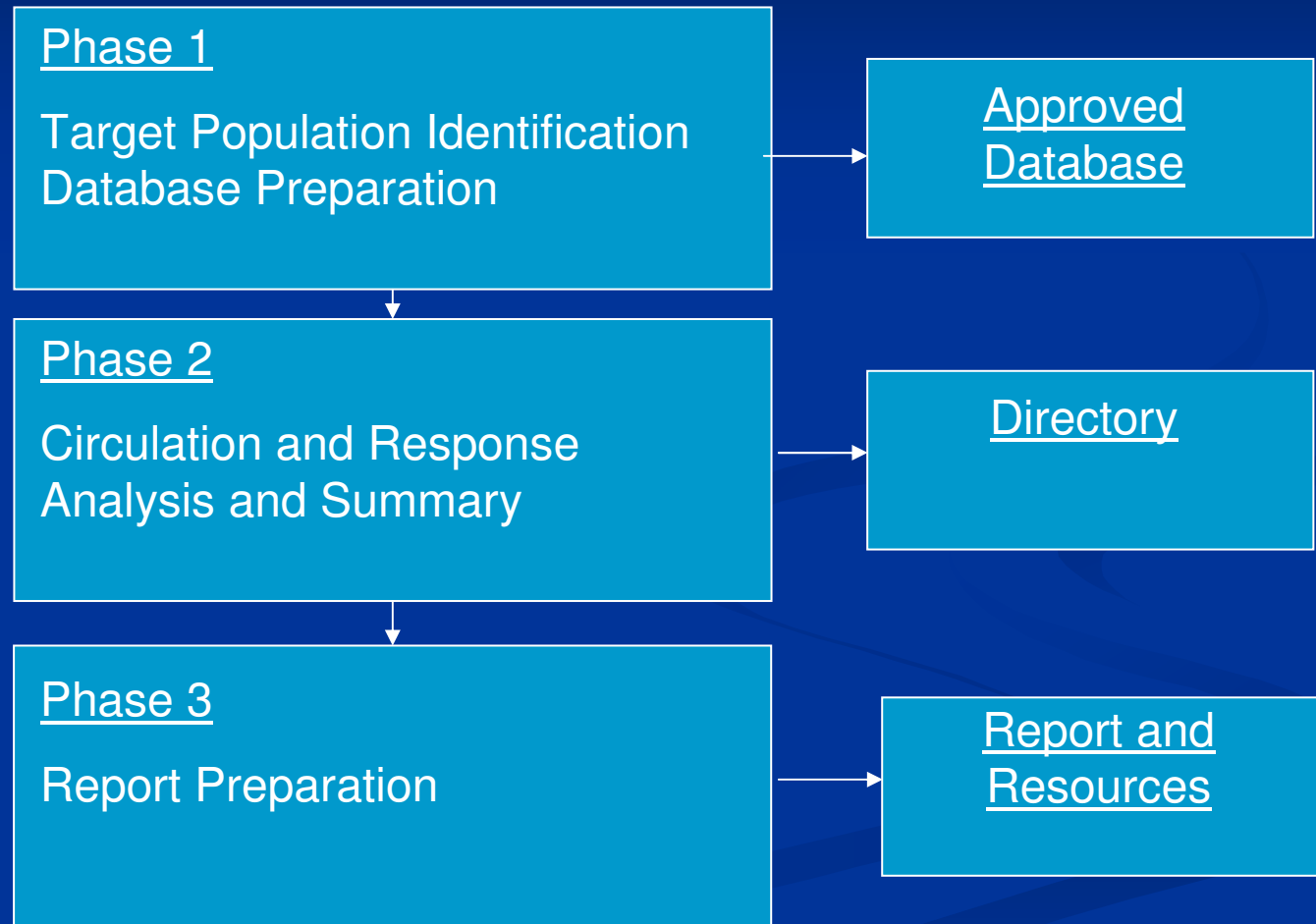
Project Areas



Topics Examined

- Suitability of Literature
- Services Provided
- Training, Qualifications and Standards
- Planning and Development
- Organisation Structures

Deliverables



Estimated Number Impacted by a Suicide

Impact Level	Number Impacted per suicide	Number Impacted each Year	Number in Population X 5
Complicated	4	2,000	10,000
Severe	10	5,000	25,000
Moderate	50	25,000	125,000

Based on 500 suicides per annum and assumptions regarding numbers impacted at each level

Service Delivery Model



Questionnaire - Status

- Questionnaire developed and population identified
- Over 850 questionnaires circulated
- Response rate c.30% (excl Rainbows)
- Section 1 responses for directory content
- Section 2 responses for service details

Interviews with Key Service Providers

Extract

- Is suicide a different type of bereavement?
- Barnardos – Only dealing with children, and those who come to them are traumatised.
- Bethany, - yes we feel it is and we refer suicide bereaved to specialist groups.
- Console – yes, because of the question am I not lovable?
- Daughters of Charity – yes, Its not more acute, but more complex, there are other needs, and there may be trauma, the question why and the guilt that goes with it, and the tendency to lie to young children.
- HSE Bereavement Services Donegal –, they find it is more complex, prolonged, intense and more difficult to resolve than other forms of bereavement. .
- Living Links – yes, the question of the loneliness of the person who died the fact that they died on their own; also the stigma lack of distinction between sin/crime; and the question of why.
- NSBSN – yes the inability to understand why, and the stigma surrounding a suicide, also said the fact that the person died alone and had no spiritual support.
- Rainbows – We don't counsel sometimes the children are happy in our groups.

Interviews with Key Service Providers

Extract

- Does Suicide require a dedicated response?
 - Barnardos – Only dealing with children, and those who come to them are traumatised.
 - Bethany, - maybe, sometimes, if so we refer on.
 - Console – Yes, because of the why and the choice elements?
 - Daughters of Charity – No, but it may need a sub team or group to which suicide bereaved may belong, especially for teenagers.
 - HSE Bereavement Services Donegal – Within their organisation they run specific groups for suicide bereaved. However it is their observation that having a generic service for bereavement is one of the strengths, as there is no labeling, especially in a rural area where people are well known.
 - Living Links – yes, it is complicated by societies attitudes, and moral confusion.
 - NSBSN – yes, because until now there was no support from a peer suffer because of the stigma surrounding suicide.
 - Rainbows – We don't counsel sometimes the children are happy in our groups.

Countries Researched

- North America-US, Canada
- Europe-Ireland, UK, Scotland, Wales, France, Germany, Belgium, The Netherlands, Denmark, Finland, Norway, Sweden
- Australia & New Zealand
- Asia- China & Japan

International Experience

Postvention Support for the Bereaved

- Emotional support for those bereaved by suicide can be provided by local self-help groups, GP's, mental health services, counselling centres, the church, first response teams, and friends and family.
- To date research into the most effective interventions for those bereaved by suicide has been inconclusive.
- Best practice in postvention appears to be based on trends rather than evidence based research.
- Research conducted with the suicide bereaved suggests that the bereaved need practical information after a suicide.
- Many countries offer a practical information and support pack which is distributed to mental health centres, GP's, social services, funeral directors and others in the community (US, UK, Belgium, Sweden, Norway, NZ, Australia, Canada, Ireland (“You are not Alone”))

Best Practice: Baton Rouge Crisis Intervention Centre (US) and Standby National Response Service (Australia)

Features

- ❑ 24 hour crisis response phone (US/Aus)
- ❑ Face to face outreach service by trained Trauma Response Team (US/Aus)
- ❑ No time limit on access to service (Aus)
- ❑ Referral Pathway to health services (Aus)
- ❑ Coordinated response by police, ambulance, coroners services, community groups (US/Aus)
- ❑ Actively involved in researching postvention interventions (US/Aus)
- ❑ Links to national networks (Aus)

* In October 2006 the Australian government endorsed the Standby National Response Service by announcing it is to become a national initiative.

International - Summary

- No clear answer is emerging
- Multiple postvention models are currently in use internationally
- To our knowledge, no country nationally separates suicide bereavement services from general bereavement services and/or health services
- Postvention services worldwide can generally be labelled as “localised”
- We recommend an in-depth look at the Standby National Response Service (Aus)

Literature – Findings

The phenomenology of grief

- The literature is inconclusive on whether suicide bereavement is psychologically different from normal bereavement
- Suicide bereavement appears to be similar to other traumatic deaths, e.g. murder, acts of terrorism
- It may be useful to look at bereavement as a continuum. Suicide survivors may be more likely to, but not necessarily, suffer from complicated grief.



Literature – Findings

Efficacy of current treatments

- Very little research has been carried out into the efficacy of suicide bereavement services (Beautrais, 2006).
- Short-term support services are widely recommended but there is little evaluation to support their benefit. In fact, such interventions may be harmful (Arendt & Elklit, 2001; Ehlers & Clark, 2003 etc, as cited by Beautrais, 2006).
- We may need to look at the efficacy of existing support services before we can make recommendations for new suicide support provisions.

Literature – Findings

Service Development

- “In developing appropriate support services for those bereaved by suicide, it seems sensible to match services to needs, rather than assume, without evidence, that there is a high level of unmet need in this field” (Beautrais, 2006).
- “In bereavement support services, best practice not only refers to direct involvement with bereaved people, but also policy development, program infrastructure and the sequencing of care” (Renzenbrink, 2002).
- Staff need training to deal with suicide-specific bereavement.
- Staff dealing solely with suicide bereavement cases may experience burnout.
- High levels of stress and grief are associated with professional caregivers (Papadatou, 2001).

Typology of Suicide Bereavement Care Development

Capacity Building	Localised Provision	Joined Up
<p>Sensitised personnel.</p> <p>Links established (international) with service providers.</p> <p>Conference participation.</p> <p>Education and training available and undertaken.</p> <p>Preparation of a strategy for service development.</p> <p>Lobbying of policymakers/ health ministries.</p>	<p><i>Range of capacity building activity plus</i></p> <p>Critical mass of activists in one or more locations.</p> <p>Services established</p> <p>Local awareness/support.</p> <p>Sources of funding established.</p> <p>Tiers of service provision available</p>	<p><i>Capacity building & localised activity plus</i></p> <p>Critical mass of activists countrywide, Regular campaigning- Broad awareness of service availability.</p> <p>Clear referral and supervision arrangements in place</p> <p>Mainstream integration of service provision</p> <p>Established education centres</p> <p>Policy feedback loop</p> <p>Research Activity</p> <p>Academic links.</p> <p>Core curriculum for undergraduate and postgraduate health service training.</p> <p>National Network</p>

Presentation to NOSP Petrus

Setting Standards

- Community Links
- Referral Tracks
- Supervision
- Training
- Research
- Audit

- Policy Development
- Sustainability
- Development Plans
- Academic Linkages
- National Linkages

Current Position

- Difference between the literature and the practitioners
- Difference between practitioners
- Effectiveness of bereavement care models is not clear
- Need for a tiered approach to service provision
- Need for clear referral procedures
- Need for appropriate training at each level

Project Next Steps

- Completion of Directory Contacts Publication
 - Assessment of Literature available
 - Analysis of Activity data by Size of Organisation
 - Review of training provision and demand
 - Preparation of draft report
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- Thank You

Appendices

Selected Resources

- *After a Suicide*. Scottish Association for Mental Health, 2004
- *After Suicide: Information for families and friends*. Centre for Mental Health, NSW Health Department, 1999
- *After a Suicide: Practical information for people bereaved by suicide*. Ministry of Youth Development, 2005
- *At This Time: When someone you know has died by suicide*. Centre for Mental Health, NSW Health Department, 1999
- *Coping With Grief After Suicide*. Centre for Mental Health, NSW Health Department, 1999
- *Cruse Bereavement Help is at Hand: A Resource for People Bereaved by Suicide and other Sudden, Traumatic death*. COI : Department of Health, UK, 2006.
- *Hope and Healing: A practical guide for survivors of suicide*. Calgary Health Region, 2003.
- Care. (2004). *After Someone Dies: A leaflet about death, bereavement and grief for young people*. Surrey, UK.
- Edwards, L., Powney, J., & Dockrell, A. (2000). *Supporting Bereaved Young People*. Funded by The Diana, Princess of Wales Memorial Fund: UK

Selected Resources cont'd

- *Help is at Hand: A Resource for People Bereaved by Suicide and other Sudden, Traumatic death.* COI : Department of Health, UK, 2006.
- *Hope and Healing: A practical guide for survivors of suicide.* Calgary Health Region, 2003.
- *Guidance for Community Organisation involved in Suicide Postvention.* Ministry of Youth Development, 2005
- *Information and Support Pack for Those Bereaved by Suicide.* Commonwealth of Australia, 2003
- National Alliance for the Mentally Ill New Hampshire (NAMI) (2005). *Postvention Community Response to Suicide: Frameworks Youth Suicide Prevention Project*
- *Reporting Suicide and Mental Illness: A Mindframe resource for media professionals.* Commonwealth of Australia, 2006
- *SOS: A handbook for survivors of suicide.* American Association of Suicidology, 2003
- Suicide Prevention Resource Center (2004). *After a Suicide: Recommendations for Religious Services and Other Public Memorials.* Newton, MA: Education Development Center, Inc.
- *Support for Families, Whanau and Significant Others After a Suicide.* Ministry of Youth Development, 2004
- *Supporting Children After Suicide.* Children Bereaved by Suicide Project, NSW, 2002.
- *Suicide Response Initiative Progress Report, July 2004.* Calgary Health Region
- *You are not Alone: A guide for survivors in managing the aftermath of a suicide-Ireland.* Health Service Executive. Dublin: HSE, 2001