



LEEDS SUICIDE BEREAVEMENT SERVICE

Compassionate support for people
bereaved by suicide



LEEDS SUICIDE BEREAVEMENT SERVICE 2ND YEAR REPORT JUNE 1ST 2016 – MAY 31ST 2017

1) Introduction

Leeds Suicide Bereavement Service (LSBS) is funded by Leeds City Council (Public Health) for three years as a pilot. The project is delivered by Leeds Mind and Leeds Survivor Led Crisis Service and provides services to people bereaved by suicide, through individual and group work support.

Those bereaved by suicide are a target group for support and intervention in the Coalition Government's Suicide Prevention Strategy (2012). This is because people bereaved by suicide are at much higher risk of ending their own life than the general population.

Leeds Suicide Bereavement Service is part of an international movement of 'postvention' support to people bereaved by suicide. Postvention seeks to provide proactive and timely support to people in the immediate aftermath of a suicide. This is well evidenced in reducing the life time risk of suicide. Postvention also addresses the isolation often felt by survivors of suicide bereavement and challenges the stigma associated with a death by suicide.

Leeds has historically had a leading role, nationally, in supporting people bereaved by suicide. Most notably activist Mike Bush ran the Loss Group in Leeds for many years, supporting survivors, and has been a national voice championing the needs of people bereaved by suicide and contributing to the all parliamentary group on suicide prevention. Leeds has had a Suicide Prevention Strategy Group since 2003, who developed the proposal for a service specifically to support people bereaved by suicide.

In December 2015, a tender for the service was put out and awarded to Leeds Mind and Leeds Survivor Led Crisis Service working in partnership to deliver the service. In the second year, the project evolved to include a family support element as a direct result of the need highlighted in the first year. This money was awarded from National Mind and work began in April 2017, this role is now being developed and has seen a third worker be recruited. The project is overseen by a steering group comprising senior

managers from Mind and LSLCS, commissioners, Leeds Bereavement Forum and members of the Leeds Suicide Prevention Steering Group.

The service began in July 2015, formally launching on World Suicide Prevention Day, in September 2015.

This report outlines activity, achievements and learning from the service in its second year.

2) Statistical Information.

The following outlines the activity of the project in year 2, 1st June 16- 31st May 17

Number of referrals	128
Number of people who accessed a gateway (first) session	78
Number of people who engaged with individual support	58
Number of people who engaged with group work support	36

How people heard about the service.

Referral Source	No. of people referred
Leeds Mind	5
Leeds Carers	0
Cruse	10
Dial House	4
Police	0
GP	8
Self Referral	33
Other - please specify...	2
Did not say	32
TOTAL:	94

Demographic Information

Gender	
Female	58
Male	32
Did not say	4
TOTAL:	94

Age Group			
Under 18	0	65 to 74	2
18 to 24	9	75 to 84	1
25 to 34	21	85+	2
35 to 44	13	People who prefer not to say	23
45 to 54	10		
55 to 64	13	TOTAL:	94

Postcode									
LS 1	0	LS 8	5	LS 15	3	LS 22	0	BD 4	0
LS 2	2	LS 9	4	LS 16	2	LS 23	1	BD 11	1
LS 3	1	LS 10	6	LS 17	4	LS 24	1	WF 3	2
LS 4	5	LS 11	1	LS 18	1	LS 25	5	WF 10	1
LS 5	1	LS 12	5	LS 19	5	LS 26	3	Not Given	15
LS 6	6	LS 13	2	LS 20	0	LS 27	3	Other	5
LS 7	1	LS 14	2	LS 21	1	LS 28	0	TOTAL:	94

Ethnicity			
White British	75	Black Caribbean	1
White Irish	0	Black African	0
White Other – please state:	3	Chinese	0
Mixed White & Black Caribbean	0	Did not say	12
Mixed White & Black African	0		
Indian	3	TOTAL:	94

Sexual Orientation			
Heterosexual	76	Do not want to say	1
Bisexual	2	Did not say	13
Gay	1		
Lesbian	1	TOTAL:	94

Disability			
Yes	8	Did not say	15
No	70		
Do not want to say	1	TOTAL:	94

Religion			
None	51	Other - please specify...	3
Christian	21		
Sikh	1		
Do not want to say	18	TOTAL:	94

Relationship status			
Single	38	Do not want to say	1
Married	14	Widowed	8
Co-habiting	11	Did not say	16
Other - please specify...	3		
Divorced	3	TOTAL:	94

Residency			
British Citizen	74	Other - please specify...	1
EU National	4	Did not say	15
Foreign student	0	TOTAL:	94

Family Connections

During the course of the year, we identified the number of children affected by suicide within the Leeds Suicide Bereavement Service and also the relationship the people being referred for support had to the deceased. We have only recorded the number of children in the households of the people being referred for support and in the household of the deceased. We recognise that there are likely to be additional children affected by the suicides in the LSBS project – i.e. nieces, nephews, neighbours of the deceased.

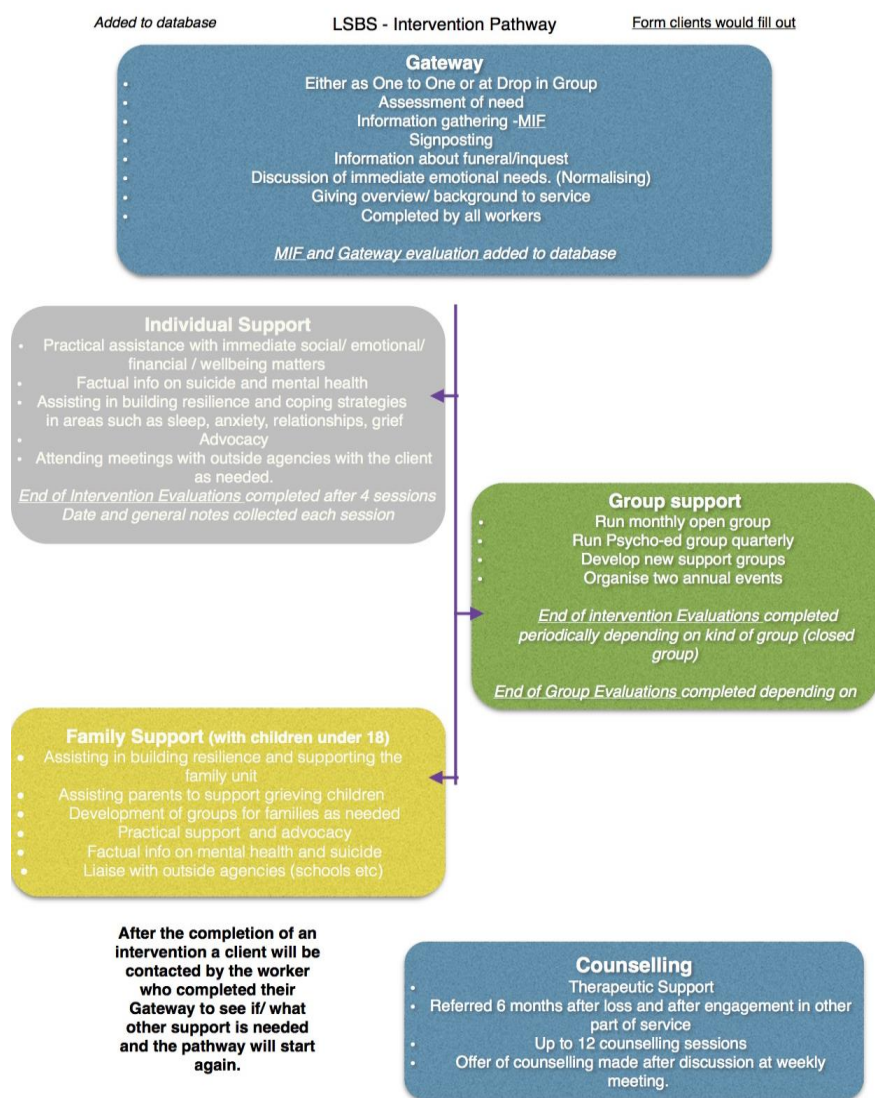
- Between 1st June 16 and 31st May 17, there were **47** children living in the households of people referred to LSBS for support
- Between 1st June 16 and 31st May 17 there were **16** children in the households of the deceased.
- A total of **63** children.

People referred to LSBS had experienced the following losses:

Relationship to Deceased	Number
Did not say	25
Parent of the deceased	17
Son/daughter of the deceased	11
Sibling of the deceased	11
Friend of the deceased	12
Partner of the deceased	11
Other relative of the deceased	5
Professional involved in deceased care	1
Other	2
Total	95
NB We worked with 94, but some people had experienced more than one loss	

3) Model of Support

Leeds Suicide Bereavement Service offers individual support, group work, family support and counselling. The model below illustrates how people access the different support on offer and move through the service.



LSBS Laura Pattison Feb 17

The following is a brief description of support offered in each part of the service.

Gateway Sessions

Each person referred to the service is offered a 'Gateway Session' which is their introduction to the project. The Gateway is a therapeutic intervention offering the person the opportunity to tell their story and have their experience (often recent and traumatic) witnessed. The worker outlines support offered through LSBS and gives the person an information pack. This includes information about other support available, bereavement and the process of an inquest.

Individual Support

The service began offering four/six sessions of individual support, with the option of re-engaging for a further six sessions at the point of the inquest. Some people have received twelve consecutive sessions, as the inquest date has happened shortly after they have begun work with the project.

1:1 sessions are a valuable source of support in the time following a suicide bereavement. Many individuals feel that they cannot openly talk about a death of this nature, not only as it usually consists of coming to terms with a traumatic death, but also the potentially conflicting feelings which may follow a death that has been chosen – including anger, despair, and the questioning of the events and actions of the deceased. These feelings can often be withheld from other family members, friends and other peers as they may also be grieving, or the content of the story may be graphic and sensitive in nature.

Sessions allow the individual to sort their sometimes-confused thoughts into a more ordered narrative, so they can begin to make their own sense of the bereavement. Various different grief cycles are introduced to the client, to normalise the experienced feelings and emotions and this can often serve as reassurance that the grieving process is indeed not only a

'normal' way of coping, but also necessary in order to begin healing. Self-help sheets concerning more practical aspects of care (such as maintaining eating/sleeping patterns) are also provided where necessary.

Group Work

LSBS is based on the premise that peer support is a positive and affirming way to gain support through traumatic grief. Group peer support can be daunting and we find that many people prefer having individual support first. Once introduced to groups the clear majority of people remain in touch with the group worker and come and go from the different groups as they need. We have two running peer support groups and two in development:

Civic peer support group:

We have a monthly open group which has a relaxed structure. Attendance at this group varies dramatically but we have learnt through our monitoring that there are people that only engage with the service through this group and therefore we have learnt that such a flexible open group meets an important need. We hope to be able to start holding these groups bi-weekly in year 3.

Living with my Loss:

This is currently a 6-week psycho-educational group. We have run three courses so far. We have received feedback that people like the progression of the planned topics. 75% of those who completed the first course are still involved in other groups.

Social Group

We have two volunteers ready to lead a monthly social group. This group will be available people who have accessed other parts of our service.

Clarence House Support Group

This is currently under development but a day time support group running at the Leeds Mind base in Horsforth based on feedback from group members will begin on the 12th of July 2017.

Counselling

As part of our service we understand that people may want professional counselling and that this can both be costly and incur long waiting times. LSBS can refer those in need of such support to Leeds Mind counselling team. LSBS has a separate waiting list for counselling; meaning the response is timely in nature and bereaved people can have up to 12 free sessions. 14 referrals were made in the second year, 2 of which chose not to engage. We reduced the amount of free of charge counselling sessions available for clients in the second year, from 20 to 12. This was due to receiving a great number of referrals. The counselling team grew and now includes one of the LSBS staff members. We also set up an experiential group to better support staff, volunteers and counsellor working with in the service.

4) Achievements of Leeds Suicide Bereavement Service in its first year

Family Work Funding

It was clear in the year one report that the service was not meeting the needs to support children and young people after a suicide. We applied for funding to develop such support and were successful. The role is currently being developed.

Uptake of service

As outlined above our referral rate has continued to grow indicating the necessity of postvention support.

Staff and volunteer pool

Our team now consists of 3 staff members, 3 volunteers and 3 counsellors which is an increase of 6 roles. This allows the capacity of the service to increase and has allowed a development of service identity.

Positive response to the service

As outlined below, we have received very positive feedback from people who have used the service. LSBS has also been well received by other professionals when staff have delivered presentations about the support we offer.

Training uptake:

We have completed numerous training sessions including working with GP's, Public Health, third sector organisations and regional masterclasses. We have detailed some of the feedback from training sessions below.

Outreach and Liaison:

- We were approached several times this year by workplaces to support staff members following a suicide within the workplace with the aim to prevent contagion.
- We held two events to decrease stigma associated with suicide including a memorial service for those who have engaged in our service.
- We engaged with local and national media coverage on and around suicide and bereavement including BBC, ITV and Radio 5.
- We are increasing our digital presence with a website and social media accounts.

5) Outcomes of Leeds Suicide Bereavement Service

Information about the impact of the service on people's lives is determined by asking people to complete a feedback questionnaire at the end of each intervention – the gateway session, individual work, group work and family work. This questionnaire includes both qualitative and quantitative feedback using open questions and Likert scales, respectively.

Reducing Risk of Suicide

Out of the people who filled in the evaluation form 57% stated they had thoughts of taking their own life before using LSBS, of that 72% stated those thoughts had decreased while receiving LSBS support and 28% of people felt the level of suicidal thoughts had remained the same.

Reducing levels of Self Harm

Out of the people who filled in the evaluation form, 28% had self-harmed before accessing LSBS, of those 66% reported a decrease in their self-harm while using LSBS.

Reduced Loneliness and Isolation

Out of the people who fill in the evaluation form, 52% strongly agreed, 38% agreed that using LSBS reduced their loneliness and isolation.

Feedback from Individual Support:

“Knowing this (staff were peers) meant I could be true to myself and have not had to hide anything and think about feelings etc before saying them.”

“It is helpful to be able to talk to someone who is completely independent from your family. To know that you aren't the only one person/family affected by suicide and your feelings are normal.”

Feedback from Peer Groups:

It's been helpful... "Not feeling alone, being able to relate to others who have had a similar loss."

"I've seen LSBS blossom from a small support group of volunteers to a professional service, I'm eternally grateful to the staff and volunteers and I'm blessed to live in Leeds where this service is available."

Maintaining Relationships

Out of the people who fill in the evaluation form, 35% strongly agreed and 60% agreed that LSBS support had improved their family relationships.

Better equipped to deal with grief responses

Out of the people who fill in the evaluation form, 9% strongly agreed, 76% agreed and 14% disagreed that they felt better able to manage their grief and loss from the support provided by LSBS.

Feedback from Gateways:

"Laura at MIND who I have seen today has been very helpful, understanding, reassuring, compassionate and leaves you with a feeling of hope and reassurance of your feelings and emotions are normal."

Feedback from Peer Groups:

It's been helpful..... "Learning about suicide grief and that anything is "normal" also helpful ways to cope with experiences and behaviours."

“The support I received was most helpful because everyone in the group had experienced suicide in one way or another, very different to other services available as it made me realise everything I had felt or was feeling was completely ‘normal’ to that type of grief.”

More people will have good mental health

Out of the people who fill in the evaluation form, 23% strongly agreed, 66% agreed that they had seen a improvement in their mental health while using LSBS.

Feedback from Gateways:

“I feel lucky being able to get this support, thank god, my friend passed this on to me. I do feel there should be more funding for this, so many more people need this to happen and bring back hope to people's life - to get back to some normal way of living again.”

Feedback from Individual Support:

“Feels like I am starting to cope with things better in day to day life.”

Feedback from Peer Groups:

“The service that LSBS provides is outstanding, I know many people in different areas that don't have this sort of help available to them and they suffer massively because of it. Having the course structure and the monthly meetings to attend has taught me how to deal with my grief much more effectively and in turn it has benefitted my health an enormous amount, I couldn't praise the work that is being done here highly enough.”

More people will have good physical health

Out of the people who fill in the evaluation form, 14% strongly agreed, 66% agreed and 20% disagreed that they had seen an improvement in their physical health while using LSBS.

Feedback from Group Work:

“They have really helped me. The service is a big benefit to society and the economy. I have been healthy and productive, whereas I might not have been without the service.”

More people will have a positive experience of care and support

Out of the people who fill in the evaluation form, 85% strongly agreed and 15% agreed they had a positive of the care and support provided by LSBS.

Feedback from Gateways:

The team are.... “friendly and I felt welcomed and at ease when talking.”

Feedback from Individual Support:

“This has been a fantastic service staffed by compassionate and intelligent people, and a great help.”

“Excellent service for dealing with the impact of suicide.”

Feedback from Peer Groups:

“I have had counselling from other agencies and they have not been as helpful as this group.”

“Excellent team, kind, experienced, knowledgeable.”

It's helpful.... "Having a peer who understands the complexities of a bereavement, especially a suicide bereavement, has been more than helpful it's been a lifeline. There are complexities to bereavement that a person can only understand if they've been through it."

Fewer people will experience prejudice and discrimination:

Out of the people who fill in the evaluation form, 85% strongly agreed and 15% agreed that they felt free from discrimination and stigma while using LSBS.

Feedback from Gateways:

"I think the service is an amazing support. I feel at ease and like I completely trust the service."

Feedback from Peer Groups:

Yes, the service being peer-led is important..... "There is a much greater sense of understanding and it makes building trust a lot easier."

Yes, the service being peer-led is important..... "The fact that you know everyone in the group has personal experience of the issue makes it feel more like a group which is sharing things and less like a session where someone is trying to tell you something. the latter is really not helpful. It was sharing the personal experience which was so important."

Feedback from Events

"Glad I had the opportunity to come today it was very insightful and helpful."

“I was pleasantly pleased at the family atmosphere today, creating a breeze at which the ease of discussion around suicide was possible.”

Feedback from Training

Yes the training was useful...” I have more awareness as a professional and individual of how to support people and families that disclose experience of suicide.”

Yes the training was useful...” We work with mental health issues and support people to different services – so this was very useful information to know.”

This training “will allow me to talk to individuals who this would affect with more confidence, working with children, it will help me to talk to parents.”

Academic Evaluation of LSBS

In addition to the outcome measurement detailed above, the service is also being evaluated externally by The Centre of Men’s Health, which is part of the Institute of Health and Wellbeing at Leeds Beckett University. The external evaluation will complement and add to the data already being collected by staff, and will include interviews with stakeholders, staff and people using the service. We anticipate that this will be completed by the end of year 2, and the information gained will enable us to ensure sustainability of the service.

6) Challenges of the second year of Leeds Suicide Bereavement Service

Access to LSBS by men

Men are identified as being at higher risk of suicide than women and despite an increased male referral rate of 9% in our second year we still feel work needs to be done to better engage men in LSBS.

Marginalised Groups

Linked to the above, we have, also, had few referrals from the Lesbian, Gay, Bisexual and Transgender community and from people from Black and Minority Ethnic Groups. We have recently appointed a new group worker who is working specifically to target this.

Liaison with Coroner's Office and Police

Despite working towards an active postvention service, we have yet to find a way of sharing information with professionals involved immediately after a suicide, which would decrease pressure on bereaved individuals and increase their support.

7) Future Plans

Male Worker:

We will seek funding from a charitable trust to employ a male engagement worker, to work across individual and group work, with a view to encouraging men to seek support from LSBS.