



# LEEDS SUICIDE BEREAVEMENT SERVICE

Compassionate support for people  
bereaved by suicide

## Leeds Suicide Bereavement Service

## Report of the first year, 1<sup>st</sup> June 2015-31<sup>st</sup> May 2016

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## 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. Laura Pattison was employed by Leeds Mind as Group Work Support Worker. Lou Pritchard was employed by Leeds Survivor Led Crisis Service as Individual Support Worker. 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 first year.

## 2) Statistical Information

The following outlines the activity of the project in year 1, June 15-May 16

<b>Number of referrals</b>	<b>109</b>
Number of people who accessed a gateway (first) session	<b>54</b>
Number of people who engaged with individual support	<b>32</b>
Number of people who engaged with group work support	<b>26</b>

### How people heard about the service

<b>Referral Source</b>	<b>Number of people referred</b>
Leeds Mind	<b>10</b>
Leeds Carers	<b>2</b>
Cruse	<b>15</b>
Dial House	<b>10</b>
Police	<b>6</b>
GP	<b>8</b>
Self Referral	<b>18</b>
Other - please specify...	<b>18</b>
Did not say	<b>22</b>
<b>TOTAL:</b>	<b>109</b>

### Demographic Information

<b>Gender:</b>	
Female	<b>54</b>
Male	<b>20</b>
Did not say	<b>35</b>
<b>TOTAL:</b>	<b>109</b>

<b>Age Group:</b>	
Under 18	<b>1</b>
18 to 24	<b>6</b>
25 to 34	<b>6</b>
35 to 44	<b>6</b>
45 to 54	<b>6</b>
55 to 64	<b>1</b>
65 to 74	<b>2</b>

75 to 84	<b>0</b>
85+	<b>0</b>
People who prefer not to say	<b>81</b>
TOTAL:	109
<b>POST CODE:</b>	
LS 1	<b>0</b>
LS 2	<b>1</b>
LS 3	<b>0</b>
LS 4	<b>6</b>
LS 5	<b>0</b>
LS 6	<b>1</b>
LS 7	<b>5</b>
LS 8	<b>1</b>
LS 9	<b>5</b>
LS 10	<b>4</b>
LS 11	<b>2</b>
LS 12	<b>5</b>
LS 13	<b>9</b>
LS 14	<b>4</b>
LS 15	<b>3</b>
LS 16	<b>4</b>
LS 17	<b>5</b>
LS 18	<b>2</b>
LS 19	<b>0</b>
LS 20	<b>0</b>
LS 21	<b>0</b>
LS 22	<b>0</b>
LS 23	<b>0</b>
LS 24	<b>1</b>
LS 25	<b>0</b>
LS 26	<b>0</b>
LS 27	<b>2</b>
LS 28	<b>7</b>
BD 4	<b>0</b>
BD 11	<b>0</b>
WF 3	<b>1</b>
WF 10	<b>0</b>
Not Given	<b>17</b>
Other	<b>24</b>
TOTAL:	109
<b>Ethnicity:</b>	
White British	<b>57</b>
White Irish	<b>3</b>
White Other – please state:	<b>2</b>
Mixed White & Black Caribbean	<b>1</b>
Mixed White & Black African	<b>1</b>

Indian	<b>1</b>
Black Caribbean	<b>1</b>
Black African	<b>1</b>
Chinese	<b>1</b>
Did not say	<b>41</b>
TOTAL:	109
<b>Sexual Orientation:</b>	
Heterosexual	<b>54</b>
Bisexual	<b>1</b>
Lesbian	<b>1</b>
Do not want to say	<b>5</b>
Did not say	<b>48</b>
TOTAL:	109
<b>Disability:</b>	
Yes	<b>5</b>
No	<b>57</b>
Do not want to say	<b>3</b>
Did not say	<b>44</b>
TOTAL:	109
<b>Religion:</b>	
None	<b>22</b>
Christian	<b>21</b>
Do not want to say	<b>10</b>
Other - please specify...	<b>1</b>
Did not say	<b>55</b>
TOTAL:	109
<b>Relationship status:</b>	
Single	<b>21</b>
Married	<b>12</b>
Co-habiting	<b>15</b>
Other - please specify...	<b>3</b>
Divorced	<b>2</b>
Do not want to say	<b>2</b>
Widowed	<b>5</b>
Did not say	<b>49</b>
TOTAL:	109
<b>Residency:</b>	
British Citizen	<b>64</b>
EU National	<b>3</b>
Foreign student	<b>1</b>
Other - please specify...	<b>1</b>
Did not say	<b>40</b>
TOTAL:	109

## Family Connections

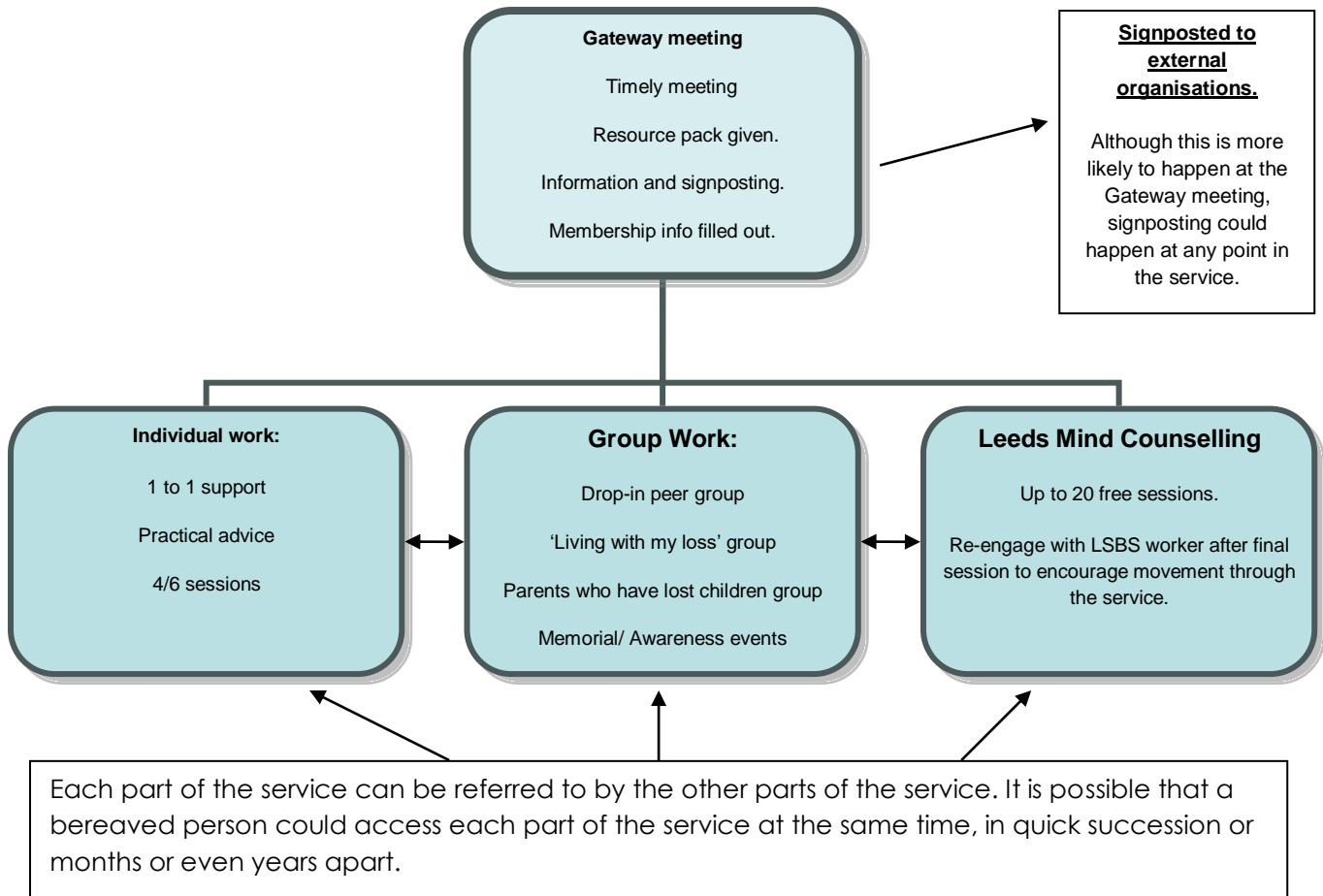
During the course of the year, we identified the number of children affected by suicide within the Leeds Suicide Bereavement Service and also the relationship the people being referred for support had to the deceased.

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 15 and 31st May 16, there were **40** children living in the households of people referred to LSBS for support
- Between 1<sup>st</sup> June 15 and 31<sup>st</sup> May 16, there were **11** children in the households of the deceased.
- A total of **51** children.

## Model of Support

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



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. These are usually facilitated by the Individual Support Worker. The Gateway is a therapeutic intervention in its own right, 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 also 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 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.

Due to the overwhelming number of referrals received when the service first launched; we amended the model to offer four sessions, with a further four at the time of the inquest. This was because people were beginning to have to wait for Gateway sessions and individual support. The evidence of postvention is that intervention needs to be timely. We amended the model so that people did not have to wait for support.

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 the majority of people prefer having individual support first. Once introduced to groups the vast majority of people remain in touch with the group worker and come and go from the different groups as they need. Throughout the first 12 months we have developed our group work to include three distinct groups.

### *Monthly open 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.

### *Living with my Loss:*

This is currently an 8 week psycho-educational group. We have run one group and are finalising dates for the second in the evening. 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.

### *Parents Group:*

We have a group for parents who have lost children to suicide. This group came out of conversations with a group of parents who felt they wanted to be around other who had the same sense of loss of role in the weeks following bereavement. This group usually meets bi-weekly; this group is currently on hold and is due to move to a new location.

## **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 20 free sessions. In the first 12 months we had 6 counselling referrals made.

## Achievements of Leeds Suicide Bereavement Service in its first year

### Uptake of service

As outlined above we have received 109 referrals in our first year. The take up of the service has been validating, in demonstrating its need and value, but, also, incredibly tragic. Most of the deaths people have been bereaved by have taken place in Leeds in the past two years, suggesting that we are reaching most of the families bereaved by suicide in Leeds.

### 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.

**NSPA Steering Group:** We were delighted that, in our first year, Laura Pattison, Group Work Support Worker within LSBS, was appointed to the national governing body of the National Suicide Prevention Alliance. This gives LSBS a national profile and the opportunity to regularly network and liaise with other organisations involved in postvention work.

## 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 and group work) and six months after the intervention ended to gain a picture of the longer term impact of the work. This questionnaire includes both qualitative and quantitative feedback using open questions and Likert scales, respectively. The Likert scale is a newer introduction and this information is not included in this report.

### Reducing Risk of Suicide

*Feedback from Gateway session questionnaire:*

"They were very supportive and very understanding and they gave me hope to carry on with my life as I have attempted suicide myself on a number of occasions"

*Feedback from Individual Support:*

"I was in what felt like a dangerously dark depression. I had had intensive CBT and was subsequently seeing a psychotherapist and doing yoga and regular exercise, all of which was helping a great deal. I had questions though. Questions which neither my therapists nor any of my friends could answer, in a satisfying way at least. There were also questions that I couldn't ask other people – e.g. are suicidal thoughts common after being bereaved by suicide and other questions which just felt too weird to talk about. In the run up to finding LSBSS, I was really feeling at the end of a tether and what was going on in my mind and was unable to really share it with anyone in any useful or progressive way and was scaring myself with my thoughts. My meetings with LSBSS allowed an outlet for me to just blurt out all of these questions I had been hiding or suppressing for over 3 years. I didn't realise that the relief would be so immediate, but it was. Having that insight from someone who had been in a similar position and had also talked to a lot of people who had varying similar experiences was such a relief and normalised some of the worst thoughts that I was having which were making me feel detached from my friends and family. I feel very lucky that I happened to google 'bereaved by suicide' just a couple of weeks after it had been set up".

*Feedback from Peer Groups*

"Yes (I have felt like taking my own life since using LSBSS), I have felt really down and did not want to be here but with talking in a group and talking about it I know I have to come away from my thoughts."

“I have feelings of being at a loss and no longer being here, no thoughts enter my head of self harm though. I do feel that there are group people that can help with steps to stop this and this is a real find in itself.”

## **Reduced Loneliness and Isolation**

*Feedback from individual support:*

“I wish I had known there was help out there. I have suffered in silence”

*What was most helpful about the service?*

“Not being alone and having someone to talk to”

“Talking about feelings and knowing I'm not on my own”

“Talking to someone who has been bereaved through similar circumstances is incredibly helpful as there are very few people who understand the difference between normal and bereavement through suicide”

Felt like L understood exactly what I was feeling which no one else has. She was very validating of what I was thinking, but also challenged the unhelpful thoughts, making me feel less guilty. I don't feel totally alone anymore, and L is very easy to talk to.

*Feedback from Peer Groups:*

It was helpful “speaking to someone who understands. I know I can speak to people now.”

“I was happy with the way you could speak openly and in finding you are not on your own at the loss of a loved one.”

“It was helpful to be among people who had experienced the same loss.”

It was most helpful “To be able to talk openly about my son and to feel I am not alone.”

“It has helped a lot with feeling isolated.”

## **Maintaining Relationships**

*Feedback from Peers Groups:*

It was most helpful “Being able to talk about how to speak to my grandchildren on how to approach it.”

### **Better equipped to deal with grief responses**

#### *Feedback from Peer Groups*

“Very helpful. Some of the things being said I could relate to like how to speak about my daughter and like hearing music, or something that reminds me of her.”

It was helpful “finding out that things I had done as a part of the grieving process were ‘normal’.

“The mindfulness was very relaxing too and enjoyed it very much.”

“I am going to try and write a letter to my daughter as it was mentioned in the group so thought it might be helpful.”

It was helpful “learning that out of the sadness also comes some happy thoughts.”

“The rose exercise was intense but helpful as it allowed me to connect with some hidden feelings I have not thought about before.”

It was helpful “being able to talk openly to each other and get ideas of how to cope when feeling down.”

### **Outcomes of No Health Without Mental Health**

- *More people will have good mental health*

#### *Feedback from individual support:*

“Thank you for helping me cope.”

- *More people with mental health problems will recover*

#### *Feedback from Gateway session questionnaire:*

“JUST BE THERE for us as it makes people like myself feel better and gives us hope”

#### *Feedback from individual support:*

"I'm surprised of how much better I feel already!"

"Thankyou Lou for all your help in getting me through this"

"It felt like the sessions helped me get over a final hurdle I needed to get over before I could get back onto a safer track"

- *More people will have good physical health*

"My eating is better now than a few months ago but my sleeping is still the same."

- *More people will have a positive experience of care and support*

*Feedback from Gateway session questionnaire:*

"It's nice to know that bereavement service is here for us and I thank God there are caring people out there"

*Feedback from individual support:*

"I very much appreciate the speed at which I was seen. Other services had a 3/4 month waiting list and wasn't specific to my needs."

"Very fast and reliable service."

"Friendly and attentive"

"The support that I received so far has definitely helped and I will continue to use the service provided."

*What was most helpful about the service?*

"The fact that they have experienced the same thing"

"Having someone to listen and being told what I am feeling is normal for this situation"

"I am still receiving support on a 1:1 basis at present, this is weekly. It is really helping me at this time as I feel I am being understood and supported really well"

"Good listener, gave good advice"



"Someone to talk to and let feelings out, it also helps clear the mind of unwanted thoughts and help answer the questions you are left with"

"To be able to talk to someone and able to let my feelings take a natural course rather than having to hold them back around friends and family"

"Being able to share feelings/experiences. Being listened to by someone informed. Techniques of dealing with grief explained. A kind sympathetic knowledgeable person, flexible times and home visits"

"Someone listened"

"Understanding how I'm feeling, and that it is normal. That I can talk about what happened".

"Being able to talk in detail and be heard. Feeling normal about my emotions at present"

"You certainly could not improve on the help, care and respect I received from L. She is very kind caring and understanding. I'm very happy"

"I would just say it's a wonderful service. It's a very caring considerate counsellor. It's been wonderful for helping me"

"Telling about the feelings associated with a suicide death. Validating and organising these feelings and thoughts. Was given techniques of coping and meditations to avoid self blame and excessive rumination"

"I am very grateful for being able to access the service. It has made a huge change in the way I feel"

"L was amazing and helped me so much by listening and being so caring. I also appreciate everything she has done in regards to helping with the situation of my mum and brothers headstone, she's a super star"

"The counsellor had experienced similar issues to me and understood exactly how I felt"

"It was helpful and reassuring that the support worker has experience in what we are going through. The booklets and leaflets are very helpful, especially 'Help is at Hand'. Also that she visited us at home".

*Feedback from Peer Groups~;*

"I think I may get more from this course than I expected."

"It left me in a lovely hopeful place."



"I think everything in the group was extremely helpful to me."

"It has been a good support to me as it was good to talk and to hear about other peoples loss and to be able to see and speak to people."

"The lady who called to see us was someone who had lost someone by suicide which helped tremendously that she had first hand experience. So just having the support of someone meant a lot."

"The support was strong and reliably encouraging."

"Its been great and soothing and comforting to know that people understand what we are going through"

Most helpful was that "Not only was we speaking about how we feel we was given other support in a leaflet."

"Really happy so far and so pleased this service is available."

"Very welcoming and lovely".

- *Fewer people will suffer avoidable harm*

*Feedback from individual support:*

"I can't really fault it, it felt very very safe".

- *Fewer people will experience prejudice and discrimination:*

"It was good to talk about this without the feeling of awkwardness. I want to talk about it to friends but I sense their embarrassment, so I don't!"

"Just being able to talk and not be judged. Useful information to start to be able to understand why this has happened"

"Being able to talk to someone who has been through suicide. Feeling understood. Feeling like you can be yourself and not be judged by how you feel or what you say"

"I could open up to them, express my feelings and not feel guilty in anyway"

*Feedback from Peer Support Group*

"Yes" the group was useful "because they didn't judge they listened."

## 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.

## Challenges of the first year of Leeds Suicide Bereavement Service

### Gap in provision of bereaved children

We have identified a significant gap in provision in Leeds for children bereaved by suicide. Feedback from LSBS evidences the value of a service specifically catering to suicide bereavement staffed by people with direct experience. LSBS supports adults only and, as outlined above, a large number of children have been affected by the deaths that have brought people to our services.

### Access to LSBS by men

Although men are identified as being at higher risk of suicide than women; it is disappointing that we have had so few referrals to LSBS from men. Out of 109 referrals, we had 54 women and only 20 men, with the other 35 not responding to the question. We are aware that this is a common feature of other organisations involved in postvention and across support agencies generally.

### 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. Workers are liaising with the Leeds Mind and LSLCS LGBT projects and the Touchstone Community Development Service to address this,

### Developing the identity of LSBS as a bereavement service.

Leeds Mind and LSLCS are both mental health charities, with Mind's branding, in particular, being strong and nationally known. Some people who have used the individual support have commented on this and not identified as having a mental health problem. In order to strengthen the identity of LSBS as a bereavement service, the workers are going to be based together at Leeds Bereavement Forum for two days per week.

## 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.

### Delivery of Training:

It was in the Leeds Mind/LSLCS bid for the service to deliver training on suicide bereavement from year 2. The group worker delivered training to Leeds Mind Counselling Service in September 2015 and again to the whole Leeds Mind organisation in the summer of 2016. The individual worker has already delivered training to staff at LSLCS. This will be developed over the following year. Interest has already been expressed from Solace who support refugees and asylum seekers.

### Family Worker:

We would like to secure funding to work with families bereaved by suicide and acknowledge the opportunities to support children and young people by supporting a stable home life after a traumatic bereavement.