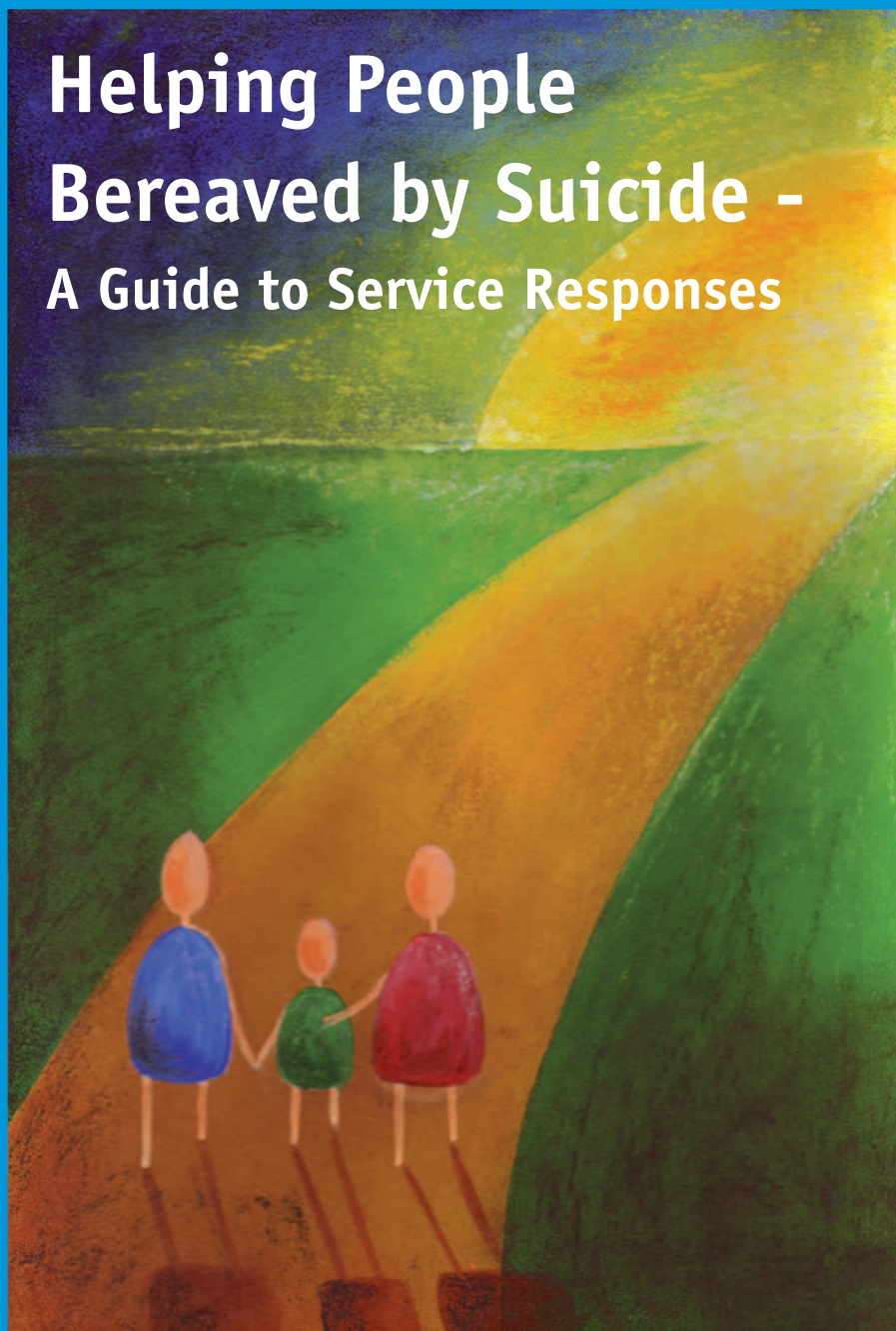


Helping People Bereaved by Suicide - A Guide to Service Responses



Front cover with grateful thanks from a painting by Eddie Duffield

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Foreword

In the early days of November 1995, following the death through suicide of my beloved son Robert, the horror of what had happened, the blankness, blackness of the shock, took shape of my life that was changed forever. My vision was clouded and for days I could see nothing beyond what had happened, was it real? In addition, how would we ever cope or survive as a family ever again? There was no quick response, nobody knew what to say or do.

As a mother thirteen years ago, I was very unaware that when a loved family member or friend dies by suicide, the grieving process will be more complex and difficult to resolve. Natural responses included confusion, guilt, shame, denial and anger. I found there was nowhere to turn for support, help and guidance about my issues, legal, post mortems, inquests etc.

Everybody, professionals, friends, family and work colleagues wanted to help and support us but nobody, not even our G.P or Mental Health Team really had any information to support those bereaved by suicide.

Cruse Bereavement Care was where I turned and received support. That was some months after his death, but how as a family we would have benefited from a quick response guide. A guide would not have eased the pain, nothing could do that, but it would have supported me in simple terms as to what different responders and services could offer and would be able to do for the grieving family.

The special agony of families in which a member has died by suicide is impossible for others to imagine. Their need for help / quick response is greater than other bereaved families, yet they are less likely in our province to receive it for many reasons, not least the bereaved themselves may feel too ashamed or vulnerable to ask for help.

It would be my dearest hope that no other family would have to experience the effect of the suicide upon their lives.

I welcome and congratulate all involved in the development of the Helping People Bereaved by Suicide. I endorse it as a very necessary information guide, for anybody commencing their journey of grief through the loss of a beloved family member or friend by suicide.

Ann McGarrigle

Police

Police have a legal obligation to investigate all sudden deaths. They also act as agents for the coroner and are required to collect information and evidence that will enable the coroner to accurately determine the cause of death.

You can expect police to respond expediently and furthermore that you will be treated in a sensitive and sympathetic manner. Once in attendance we shall fully explain the reasons why police involvement is necessary at this sad and traumatic time.

We will, in the course of our investigations, obtain information by asking questions from a family member at the scene and we can assure you that these enquiries will be limited to getting the information needed by the pathologist and coroner.

In line with the instructions of the coroner and as to preserve the scene of death we will take care initially that the deceased is not moved before all the relevant processes have been adhered to and unfortunately we may have to insist for a time that family members do not touch or disturb the deceased's body.

We will need somebody to positively identify the deceased person and will also require that person to follow this up by providing us with a short statement. This is solely to confirm the identification of the person for the coroner. We will also require a statement from the person who last saw the deceased alive.

We will as far as possible communicate with a family appointed spokesperson and enquire from that person background information on the circumstance prior to the death.

Throughout our initial and ongoing contact with the family we will be sympathetic and sensitive to you.

Some research tell us that only 15-20% of those who die by suicide leave a note.

If a suicide note has been left by the deceased, contained within a text message, or as a message on a computer or video camera, these items will be initially retained by police and copies made, they will then be returned to you at the discretion of the coroner.

The officer first at the scene will leave his/her name and contact number for the station concerned.

The Coroner

Coroners are independent judicial officers who investigate all unexpected or unexplained deaths. The Coroner will seek to establish the cause of death and will make whatever inquiries are necessary to do this by ordering a post mortem examination, obtaining witness statements and medical records. The Coroner is assisted in his investigation by staff in his office, police officers, doctors and pathologists. In all deaths that are resulting from a possible suicide the Coroner will order a post mortem examination. The police officer will make the arrangements and the Coroners Liaison Officer will speak to you after the post mortem examination has taken place.

Once the Coroner receives the written post mortem report and the police statements (this may take some considerable time) the Coroner will review the case and may decide to have the Coroners Liaison Officer contact you to discuss the families views on the need for an Inquest.

The Coroner refers to Article 8 of the European Convention on Human Rights with regard to the right of privacy in cases that may have resulted from suicide. The Coroner will have the final decision on whether or not an Inquest is to be convened.

If there is something sinister with regard to the death then an Inquest would be held.

If it is decided that no Inquest is to take place the Coroner will authorise the registration of the death and the Registrar will contact you to make the necessary arrangements.

If it is decided that there is to be an Inquest the death will be registered by the Coroner and a death certificate will be available from the Registrar 5 days following the Inquest.

Coroners Liaison Officers

The Coroners Liaison Officers are not medical personnel but people who work for the Coroner to help bereaved families when a post mortem examination has been ordered. The Coroners Liaison Officer will be informed by the PSNI Investigating Officer who the point of contact is in the family, this usually is the next of kin. The Coroners Liaison Officer will then:-

- Inform you of the preliminary cause of death following the post mortem examination.
- Will discuss if it was necessary for the Pathologist to retain any organs or tissue samples to help establish the cause of death.
- Explain why these may have been retained and what you can request should happen to them.
- Explain the processes and stages in the Coroner's investigation.
- The Coroners Liaison Officer will write to you confirming all of the points above. As the death cannot be registered at this stage they will provide you with evidence of death forms and explanatory leaflets to help you understand the Coroners System and they will also provide you with their contact details should you require any further help or assistance at any stage during the Coroners investigation.

Forensic Medical Officer

The F.M.O (Forensic Medical Officer) is asked by Police to attend at a suicide.

Their role is to provide advice and assistance to the Police at the scene in relation to the possible cause and time of death and they will formally pronounce death.

The F.M.O is part of the investigative team and although they try to speak to the family and offer condolences, the care of the bereaved would generally be provided through your own G.P services.

Funeral Director

What we do

We remove the body of your loved one from your home or the place the death occurred to the Northern Ireland Regional Forensic Mortuary at the Royal Victoria Hospital.

We will liaise with the Coroners Office through the Coroner's Liaison Officer as to when the body can be released.

We will collect the body and take it to our premises to prepare for you to come and view your deceased family member.

We will respect your wishes as to how you wish your loved one to be clothed, own clothes or shroud.

We will let you know when the body has arrived at our premises and you may come to the funeral home and accompany the body to your home.

What you can expect from us

We will carry out all of these arrangements in a courteous and very sensitive manner. It is usually best if you appoint one family member to deal with the funeral director on behalf of the family.

We will be guided by your spokesperson as to:

- Choice of burial or cremation and if you chose cremation we will advise you of the notice the crematorium require
- If a burial is preferred we can guide if a new grave needs to be purchased
- Insertion of death notices in local papers
- Arrange for flowers / donations in lieu and help ensure the donations are received and acknowledged by the charity concerned
- Arrange burial arrangements with the cemetery
- Organise music, leaflets (if you wish)
- Help with transport to and from the funeral service and provide limousines if required
- Co-ordinate the coffin lifts with family members
- Provide an estimate of funeral expenses which will not vary much from the final account

Clergy

How can we as clergy help in the aftermath of someone taking their own life?

1. First of all we want to communicate that we would be available to anyone suffering bereavement through a member of their family taking their own life. It does not matter if you are members of our churches or not. We are there to serve however best we can.
2. We would be there to listen and share in whatever way we can in the grief process with individuals or families. This does not simply mean we are available only up to and including the funeral, but would also entail the offer of support in the days and months after, indeed for however long it takes.
3. We would, of course, help a family to arrange their loved one's funeral, whether it is in the home, a church or a funeral parlour. We would be able to help you decide what form the funeral should take, what details are needed and we would help liaise with the undertakers.
4. We would be available to give you advice on where to get counselling help or if they would rather speak to us on a long-term basis that would, of course be offered.
5. We understand that there will be many questions and emotions that the bereaved will go through. We do not have all the answers; we are there to journey with the individual(s) and listen to all that you want to share.

General Practitioner

When a suicide occurs a doctor is required to attend. This will sometimes be your own family doctor or a doctor from the Out of Hours Service. Quite often the doctor will be the Forensic Medical Officer.

The doctor will confirm the death but is not able to issue a death certificate. If your own doctor has not been called, then they will usually be told of the death by the PSNI when the person's medical notes are requested the following working day. Your G.P should then try to contact you to see how they can support you through this difficult time.

If you do not hear from the surgery on the next working day, then do not hesitate to ring to ask for help (as they may not have heard of the event, or may not have your current contact details).

The G.P will be able to offer support and, if appropriate, medication to help you cope over the following days and weeks ahead.

The Family Trauma Centre (FTC)

The Family Trauma Centre is a regional service for children, young people and their families affected by severe trauma. We also see families who have been affected by traumatic bereavement including the suicide of a loved one. The service is specialist service and part of Child & Adolescent Mental Health Services (CAMHS). We accept referrals for children and young people up to 18 years of age and families with children.

What we do

The Family Trauma Centre provides assessment, treatment services, training, consultation and early intervention and also offers a range of psychological therapies for individuals and families. The Centre employs a range of experienced mental health professionals including family therapists, clinical psychologists, child psychologists and social workers. The Centre operates an open referral policy and will accept referrals from all professionals and self referrals.

Sometimes a child is the first person to find the body of their family member following suicide, this is very traumatic for a child and they may experience a range of difficulties following such an event. If parents are concerned about their child following a completed suicide of a family member or close friend they may find it useful to discuss this with a mental health professional who specialises in working with children and young people. The Family Trauma Centre is very willing to discuss such concerns with parents and arrange to meet with them and their child or young person when this is required.

What you can expect from us

You can expect a professional service. The FTC aims to provide a safe and welcoming environment in which people can talk about their difficult experiences with the hope of recovery.

In addition to the services we offer from the FTC at 1 Wellington Park Belfast we also have an outreach service which we operate from Newtownards and Downpatrick, details of all our services are available from the Family Trauma Centre.

Telephone Number: 028 9020 4700

CRUSE Bereavement Care

Cruse Bereavement Care exists to enable anyone bereaved by death to understand their grief, cope with their loss and to promote their wellbeing. We provide specialised help for people bereaved by suicide.

Cruse offers;

- Telephone support
- One off appointments
- Information evenings
- 1 – 1 support
- Group support
- Information

Cruse is available to support clients on their journey of grief. It provides the opportunity to talk about their grief in a safe and understanding environment. When someone dies by suicide, grieving can be more complex and therefore it is important that appropriate support is available. Cruse will provide that support.

Telephone Number: 028 9043 4600

Barnardos

Barnardo's Child Bereavement Service was set up in 1998 and is part of Barnardo's services in Northern Ireland. The Service is staffed by social workers and also has a number of volunteers who are involved in supporting group work.

What we do

The Child Bereavement Service offers;

- Advice to any adult concerned about a bereaved child or young person
- Individual and group work services to bereaved children and young people up to the age of 18
- Group work for children and young people and their families bereaved by suicide
- Consultations to parents and professionals about the needs of bereaved children
- Training sessions for professionals

What you can expect from us

- Someone who will listen to you and help you identify the best way to support your child
- Clear, age appropriate information both verbally and in written form
- The opportunity for you and your children to meet with experienced workers who will listen and help you identify the best way to support your child
- Individual work for children / young people looking at the impact that suicide has on them and their life
- Regular and appropriate feedback to parents / carers
- Families will also have the opportunity if appropriate, to attend a residential group for those bereaved by suicide

We can meet with you after the death to discuss how we can help you to support your child/children. If you wish, we can also meet your children to discuss with them how they are coping following the death of their special person.

Telephone Number: 028 9069 4000

Bereaved by Suicide Groups

Support groups for people bereaved by suicide are perhaps better described as 'survivor' support groups as they are made up of people like you who survive the death of the loved one who has died by suicide.

Support groups aim to provide a safe and confidential environment where group members can meet on a regular basis to receive and in turn give hope, emotional and practical support to each other. Groups are generally co-facilitated by a person who has lost someone to suicide, a survivor and someone from a formally trained background.

Most groups operate a open group system but may arrange a pre attendance consultation to ensure that the group is the appropriate kind of help for you at the time. If not one to one appointments or other services will be offered.

Suicide Bereavement support groups will

- Be structured, organised and resourced to support aid and educate those affected by suicide (it is not the place for committee business or fundraising).
- Have clearly defined structures, programmes and activities for the support of those affected by suicide.
- Benefit from and be enriched by the unique experiences of survivors and the knowledge and skills of survivor sensitive caregivers.
- Have a 'Kite Marked' assurance for each group that personal kingdoms will not be made at the expense of the pain and suffering of survivors and any inventions will be thoughtfully and confidently guided by the facilitator and co-facilitator and evaluated regularly by the group.

Group members will

- Listen and respect what people are saying – don't interpret what feelings/events mean to them. Value others ideas for help and support whatever these may be.
- Respect the individual to participate in the group at their own pace and facilitate this process.
- Keep changing thoughts around breakdown and encourage people to think about breakthrough.
- Encourage recognition that everyone needs to heal before they can help

Contact your GP for details of your local group.

Contributors

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Grainne Barker *Coroners Liaison Officer*

Philip Lavery *Forensic Medical Officer*

Mrs Eily McKiernan, (*Tutor for NAFD Diploma*) *McKiernan & Sons Kilrea.*

Revered Mairisine Stanfield and Father Robert Fleck *Clergy*

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Arlene Healey *Family Trauma Centre*

Elizabeth Pearce *Cruse Bereavement*

Monica McCann *Barnardos Child Bereavement Service*

Participants at Postvention Workshop (March 2008, Ballynahinch) facilitated by Dr Frank Campbell *Bereaved by Suicide*

This guide has been collated by Pat McGreevy, Suicide Awareness Co-ordinator, South Eastern Trust on behalf of Down Lisburn Area Mental Health Promotion & Suicide Prevention Community of Interest who are indebted to all the contributors who gave so generously of their time and support. Thanks are also due to Fiona Molloy, Health Development Specialist for Mental Health & Suicide. The work was funded by Investing for Health on behalf of the Protect Life Suicide Prevention Strategy & Action Plan.

Further sources of help

Lifeline **0808 808 8000**

For anyone in Northern Ireland no matter what age who is in distress or despair. Lifeline is available 24 hours a day, 7 days a week. Lifeline also gives guidance to families and carers, concerned friends, professionals, teachers, youth workers, clergy and communities. Calls to Lifeline are free from all landlines and mobiles

Samaritans **08457 90 90 90**

www.samaritans.org.uk

24 hours a day. Confidential emotional support helpline for anyone in crisis.



Down Lisburn Area Mental Health Promotion
& Suicide Prevention Community of Interest