January to March 2021: Insights from a listening exercise with people living with bereavement by suicide in Wales

Number of participants: 21

Region of Wales

South East	10
Mid and South Wales	7
North Wales	4

Urban/rural breakdown

Rural	9
Farming community	2
South Wales Valleys	4
Urban/city	6

Gender identity

Female	15
Male	6

Relationship to the deceased

Partner/spouse	3
Friend	1
Child (aged 18+)	4
In-law	1
Parent	12

Agencies they came into contact with: Bereavement journey 'touch-points'

- First responders
- Mortuary
- Coroner's Office
- Workplace
- GP or primary care team
- Funeral directors, celebrants, faith leaders
- Psychological therapies/Counselling
- Support agencies
- Inquest
- Press and media

Headlines from conversations with the bereaved

Early or immediate response

- In the absence of a police resource, such as victim support or family liaison, participants expressed the need for early support, to help them to understand the processes that follow an unexplained sudden death, and the roles of the different agencies involved.

Practical help from a person

- Participants found the practical task of notifying agencies and organisations of the death repetitive and harrowing, and help at this point would be welcomed, as well as better publicity of the government 'tell us once' service
- Funeral services were found to be particularly skilled at communicating with people who are recently bereaved, managing difficult conversations with kindness, and explaining processes clearly and simply
- Participants would have found it helpful to have had contact with someone who knew what to do from the start, and to support them on their bereavement journey step-by-step
- People close to the bereaved felt they should have also been kept better informed about the process, and notified of everything that might happen to the person who had died before it happens (for example, movement of the body, post-mortem, removal of personal belongings for the investigation for the inquest).

Specific nature of bereavement by suicide

- Participants felt they needed support that is tailored specifically to suicide-related loss and grief, feeling that this specialised support is not sufficiently available
- GPs have an important role to play, with some participants expecting their GP surgery to contact them. Participants were not always aware of the different types of response that GPs can provide, beyond medication, which prevented them from seeking help. Participants found it helpful if the GP recognised that the needs of those bereaved by suicide may need a particular response (for example, not necessarily generic bereavement services).

Issues relating to the inquest

- Participants felt they could have been supported during the pre-inquest period to be better prepared for court proceedings
- Participants felt ill-prepared for the inquest, potential delays, its duration, the court environment, the lack of support at that time, and the possible repercussions, for example, that statements they may have shared with the police early on might subsequently be read out during the hearing
- Participants were not prepared for the rights of the press to report on personal stories following the inquest.

Accessing the support that is available

- Participants felt that those services and resources that were available were not always effectively promoted, with little signposting by the 'touch-point' agencies they came into contact with
- Participants living in rural west, and north Wales often had to travel long distances to access bereavement (particularly suicide-specific) services, making access more difficult
- Male participants (and those male relatives of female participants) tended to access support later in their bereavement journeys, sometimes finding it difficult to accept that they needed help because of stigma associated with males accessing emotional support or medication or because of the high representation of females in peer support groups.

Counselling services and peer support

- Those participants who accessed a course of counselling felt more positive about the future and their ability to move forward, by speaking with someone impartial and removed from events; unlocking complicated feelings; and developing coping mechanisms
- Peer support groups run by volunteers with lived experience were popular amongst participants as a non-medical or clinical option, which is often suicide-specific - they were often easier to access, with no waiting list, with longer-term engagement.

'Help is at Hand'

Content appreciated by participants:

- Use of quotations from those with lived experience
- List of support services
- Describing and validating emotional responses
- Practical advice and information
- Sensitive language

Suggestions for improvement:

- Flexible formats – paper, digital, interactive with audio
- Breaking down the sections by relationship to the bereaved, by geographical region, or by organisations involved, for example, information about inquests made available through the coroner's team
- Updating the design and 'look' to be more appealing to young people and males