



Llywodraeth Cymru  
Welsh Government

**Number: WG45873**

# **Welsh Government Consultation – summary of response**

## **Responding to people bereaved, exposed, or affected by suicide.**

April 2023

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

## **Overview**

This document provides a summary of the views received on the draft guidance on how we respond to those exposed, affected or bereaved by a suspected suicide in Wales.

## **Action Required**

This document is for information only.

## **Further information and related documents**

Large print, Braille and alternative language versions of this document are available on request.

## **Contact details**

For further information:

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## **Additional copies**

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: <https://gov.wales/draft-guidance-responding-people-affected-suicide>

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## **1.1 Introduction**

The ‘Responding to people bereaved, exposed, or affected by suicide’ guidance is aimed at specialised bereavement support services, and those who come into contact with people impacted by a sudden or unexplained death that could be a possible suicide. The guidance aims to set out what a sustainably resourced, quality response would look like and how that needs to be delivered to ensure equitable access. The guidance was produced through the collaborative efforts of the individuals and agencies best placed to act on it.

## **1.2 The context for change**

The guidance was informed by insights into the needs and experiences of people living with bereavement by suicide in Wales, following a listening exercise that explored the points in their bereavement journey when they interface with a range of statutory and voluntary services (‘touch points’). The guidance outlines how we can provide a more compassionate response, offering both practical and emotional support, at the different steps on that journey.

The aim of the guidance is for all providers of specialist bereavement services, or agencies who deliver at significant ‘touch points’ on a bereavement journey following a sudden or unexplained death that could be a possible suicide, to use the guidance to identify aspects of their service that can be improved or developed to achieve the most compassionate and helpful response to those impacted.

Additionally for Commissioners and planners of services across regions to use the guidance to ensure that the different components of support that meet the needs of those affected by a suspected suicide are in place and sustainable. This will require collaborative working across public and third sectors, through safeguarding mechanisms, Regional Partnership Boards (RPBs) and other funded alliances.

## **1.3 This Consultation**

This consultation ran from 28 October 2022 and closed on 20 January 2023. 38 responses were received to the consultation from individuals and a wide variety of organisations, including Health Boards / Trusts, Local Authorities and a variety of third sector organisations. All responses have been considered equally in terms of the comments received. A list of respondents is attached at Annex A. A summary of the responses, together with the Welsh Government’s analysis and conclusions, can be found at Section 2. This document provides a summary of the responses received through the consultation.

## **2. Summary of Responses Received**

### **Question 1: Is it clear who this guidance is for and why it has been developed?**

The majority of respondents felt it was clear who the guidance had been provided for and the reasons why.

Some respondents felt the guidance should be clearer on how it relates to those people exposed, affected or bereaved by suspected suicide who are under the age of 25.

A number of respondents questioned how the national liaison service would interact with existing providers and whether the service was targeted at all ages, or at just those over the age of 25.

One respondent felt that more background was needed on why the guidance had been developed and that it should have clearer aims and objectives to outline what changes are needed and by whom. They also felt that the guidance should detail any required changes to current practice and specify whether partners have a statutory duty to respond.

Some respondents felt that greater clarity was needed around how the new national bereavement liaison service how would be structured, resourced and evaluated.

### **Question 2: Do you think the guidance document captures the needs of people exposed, affected, or bereaved by a suspected suicide?**

The majority of respondents felt that the guidance captures the needs of people exposed, affected or bereaved by suicide. The majority of respondents particularly welcomed the Inclusion of the experience of people exposed, affected and bereaved by suicide through the listening events and felt that it was vital to the validity of the guidance.

Some of respondents felt that support for children and young people had not been sufficiently addressed in the guidance.

Some respondents felt that it would be helpful to further consider how the needs of people with protected characteristics will be supported. For example, support for those with learning disabilities, access to telephone lines for people with sensory impairments, access to websites for those who might be digitally excluded and access to information and support in languages other than English. One respondent also felt that the guidance needed to have a clearer focus on faith and religion.

Some respondents stressed the importance of having the guidance and related information readily available in Easy Read without having to request it.

Some respondents felt that the purpose of the national bereavement service needed to be clearer with regards to whether it will support people bereaved by all sudden and unexplained deaths or only those sudden and unexplained deaths that could be a possible suicide.

Some respondents felt more support should be available to people working in professions where they are more likely to witness a suicide (e.g. train drivers, mental health professionals, social workers, those working in prison or detention centres etc).

Some respondents felt that research is needed into the reasons why people die by suicide, particularly with regards to the side effects of some prescription medications. Other respondents mentioned triggers such as the birthday or anniversary of death of a family member as well as issues relating to social media.

Some respondents felt that additional training should be given to touch point agencies so that they can better support people at greater risk of suicide, such as those recently bereaved by suicide themselves.

**Question 3: Do you think the proposals within the guidance will improve the way that we support people exposed, affected, or bereaved by suspected suicide in the right way?**

Most respondents agreed that the proposals within the guidance will improve the way that we support people exposed, affected or bereaved by a suspected suicide in the right way.

Some respondents raised concern over the current length of time that it takes to access appropriate support. Some respondents felt that there should be a consistent, trauma-informed and proactive approach, offering immediate and ongoing support with 24-48 hours after the death.

Many respondents were supportive of the proposed national liaison service but wanted more detail on how this new service would work regionally across Wales with current commissioned, or grant funded providers, so this becomes an equitable service which is consistent across Wales. Some respondents also felt more detail was required on how people bereaved by a suspected suicide would be supported through a proactive offer and how the referral pathway would work.

Some respondents also emphasised the need for more guidance for employers as well as compassionate workforce training.

**Question 4: Are the responsibilities across all areas of the system made clear in the guidance?**

The majority of respondents felt that responsibilities across all areas of the system are made clear in the guidance.

Some respondents felt that it was unclear how a compassionate, trauma-informed, proactive service would be delivered nationally and whether any duplication would be involved across existing services.

Some respondents felt that the guidance needed to be clearer around the need for both immediate and ongoing, continued support.

Some respondents felt that matters relating to workforce training should be clearer in the guidance.

**Question 5: Are there any other frameworks, models or policies that should be cross-referenced within this guidance that are currently missing?**

Respondents provided a number of suggestions in response to this question. These included:

Joint Strategic Mental Health Workforce Plan

Trauma Informed Approaches (this is already referenced in the document)

UCL's competency frameworks (these are already referenced in the document)

Supporting mental health staff following the death of a patient by suicide, Dec 2022, Royal College of Psychiatrists (this was published while the consultation was live)

Whole School Approach

Samaritans postvention process including Family Liaison (Prisons)

Compassionate Leadership Principles Social Care Wales

What Matters Conversations Social Care Wales

Prudent Healthcare Welsh Government

There were a number of other suggestions in relation to this question, some of which made reference to existing local response mechanisms via statutory agencies, in the event of a suspected suicide, and support systems provided through multi-sectoral engagement. Work is ongoing through a parallel work-stream to build on these processes and further clarification will be provided regarding the scope of the guidance, and the associated work-streams.

**Question 6: Is it clear how the implementation of the guidance will be monitored and against which outcomes, to demonstrate improvement?**

The majority of respondents felt that it was clear how the implementation of the guidance will be monitored and against which outcomes to demonstrate improvement.

Some respondents felt that whilst outcomes have been identified, the guidance should be clearer on how these will be implemented and who retains overall responsibility for data input and outputs and ensuring that it is accurately captured, Some respondents also felt that data linkage and sharing could be problematic.

Some respondents felt that the guidance needed to include clear outcomes in addition to outputs.

Some respondents felt that the governance arrangements between local and national providers needed to be made clearer.

Some respondents raised concern about the nature of some of the WEMWBS questions which they felt could be triggering and potentially retraumatise.

**Question 7: We would like to know your views on the effects that *the guidance for responding to people bereaved, exposed, or affected by suicide* would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.**

**What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

Most respondents provided positive feedback that the guidance was available bilingually.

Some respondents stressed the importance of ensuring that service provision and resources should also be provided bilingually. One respondent suggested that this should include the provision of bilingual training for service providers.

Some respondents stressed the importance of ensuring that the national liaison service was provided bilingually.

**Question 8: Please also explain how you believe the proposed guidance for responding to people bereaved, exposed, or affected by suicide could be strengthened to increase the positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Some respondents stressed the importance of ensuring that people whose first language is Welsh are offered support in their first language, especially when they are feeling vulnerable or emotional. Respondents stressed the importance of ensuring the national liaison service was available bilingually.

One respondent suggested that all materials and promotional activities when supporting people bereaved by suicide should be available bilingually.

One respondent suggested that the addition of the Welsh Language Active Offer could be included as an outcome measure. It was suggested that this could help ensure that all services are working to enable everyone who receives or uses these services to do so through the medium of Welsh. It could also serve to encourage other users and providers to use and promote the Welsh Language within this area.

**Question 9: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:**

A number of respondents said that the guidance should include information on the following areas:



- More focus on under 25s and wider family support.
- Youth services, schools and other learning environments should be identified as ‘touch-points’
- More focus on the affects of suicide on professions likely to be more frequently affected including social workers and the social care workforce, mental health workforce, care sector, prison and probation services.
- More support for the families of people who have died by suicide or attempted suicide.
- More focus on religion as a protected characteristic.
- More focus needed on those further down the bereavement process as well those in immediate need.
- More focus on the increased suicide risk of those bereaved by suicide.
- More focus on the role of employers and developing compassionate approaches in workplaces.
- Greater clarity needed on how people will access the national liaison service, if they are not in contact with the early touch-point agencies (eg: health professionals in the workplace).
- More focus needed on the increased risk of suicide for those living with chronic illnesses.
- Some felt the Guidance should be split into three different sections, focusing on the three different audiences identified.

## **2.2 Welsh Government Response and Way Forward**

The Welsh Government has considered all of the responses received from the consultation. Many thoughtful and considered responses were received, with considerable effort and research having been undertaken by many individuals and organisations who took the time to respond.

Some respondents outlined their personal experiences of bereavement by suicide. The Welsh Government would like to thank all respondents for sharing their views so openly on such a difficult subject.

The National Task and Finish Group for the guidance document has now re-convened following the closure of the consultation and have agreed to re-focus as an implementation group. This group will work to embrace the responses from the consultation into a revised document, for final publication, while also working on the implementation of the systems response described within it, continuing to work collaboratively with the relevant agencies, and with experts by experience.

## Annex A – List of Respondents

| No. | Anonymous Yes/No | Organisation/On Behalf Of                              |
|-----|------------------|--|
| 1.  | No               | Member of public                                       |
| 2.  | Yes              | Anonymous  |
| 3.  | No               | Cwm Taf Morgannwg University Health Board              |
| 4.  | Yes              | Anonymous  |
| 5.  | Yes              | Anonymous  |
| 6.  | Yes              | Anonymous  |
| 7.  | Yes              | Anonymous  |
| 8.  | Yes              | Anonymous  |
| 9.  | Yes              | Anonymous  |
| 10. | No               | Member of public                                       |
| 11. | No               | PAPYRUS  |
| 12. | Yes              | Anonymous  |
| 13. | No               | Member of public                                       |
| 14. | Yes              | Anonymous  |
| 15. | No               | Member of public                                       |
| 16. | Yes              | Anonymous  |
| 17. | Yes              | Anonymous  |
| 18. | Yes              | Anonymous  |
| 19. | No               | Social Care Wales                                      |
| 20. | No               | 2Wish  |
| 21. | No               | South Wales Police and Crime Commissioner              |
| 22. | No               | British Association for Counselling and Psychotherapy  |
| 23. | No               | Anonymous  |
| 24. | No               | Powys County Council                                   |
| 25. | No               | Hwyel Dda university Health Board                      |
| 26. | No               | Llamau   |
| 27. | No               | Aneurin Bevan University Health Board                  |
| 28. | No               | Powys Teaching Health Board Talk2Me Too Delivery Group |
| 29. | No               | LiSS - Living in Suicide's Shadow – West Wales         |
| 30. | No               | Royal College of General Practitioners                 |
| 31. | No               | Samaritans Cymru                                       |
| 32. | No               | Presbyterian Church of Wales                           |
| 33. | No               | Gwent Suicide and Self Harm Steering Group             |

|     |    |   |
|-----|----|---|
| 34. | No | Royal College of Psychiatrists Wales and the Public Mental Health Implementation Centre (PMHIC) |
| 35. | No | Hafan Cymru   |
| 36. | No | Learning Disability Wales   |
| 37. | No | Public Health Wales   |
| 38. | No | Diabetes UK Cymru   |