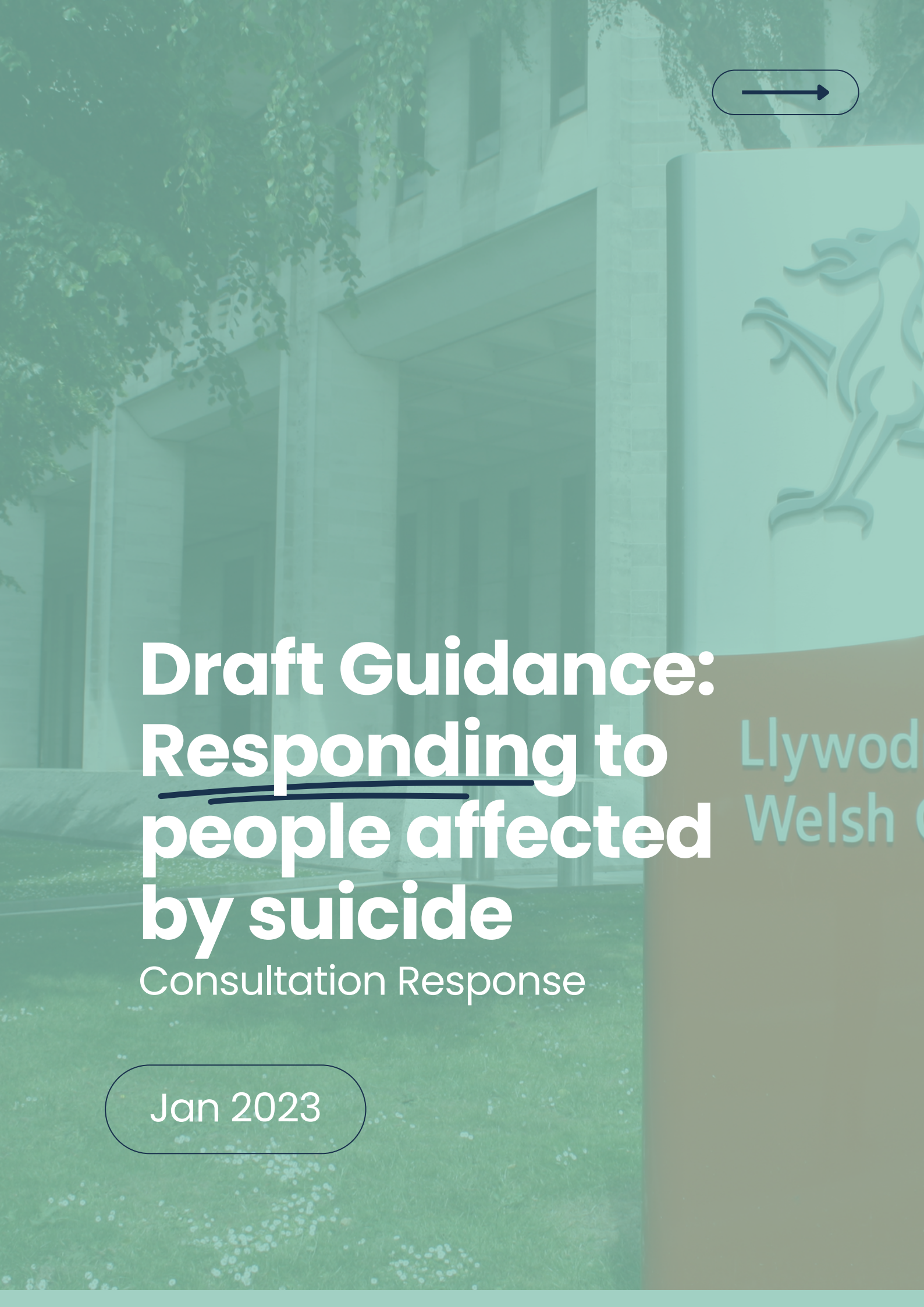

# Draft Guidance: Responding to people affected by suicide

## Consultation Response

Jan 2023

# About Dyfodol

The Dyfodol (meaning 'Future') programme offers several workstreams to both respond to challenges and opportunities across the health service, but also to model and design future services and pathways. This is achieved through an evidence-based, and informed approach, and through research collaborations with partners.

Dyfodol is hosted by National Collaborating Centre for Mental Health (NCCMH), working in partnership with RCPsych in Wales and NHS Wales' Joint Commissioning Committee (JCC).

# This Consultation Response

This response was submitted to Welsh Government for the consultation on Draft Guidance: Responding to people affected by suicide.

The consultation ended on in January 2023, and a summary of responses was produced. The response was prepared by the Public Mental Health Implementation Centre and the Royal College of Psychiatrists Wales. The public mental health focus has been taken forward by the Dyfodol programme since its formation.

This briefing has been produced by Dyfodol.

## Is it clear who this guidance is for and why it has been developed?

Yes. The links to existing guidance throughout the document will be helpful for various professionals and organisations.

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

No. The needs of mental health clinicians have not been recognised throughout the document and this needs to be taken into account. Most mental health professionals will experience a patient death by suicide at least once in their career; many will encounter these events several times. The death of a patient by suicide has a significant emotional and clinical effect on clinicians, and mental health staff want help and support before and after a patient death by suicide.

Support should include:

- A senior clinician with a role as suicide lead who could give confidential advice and support
- Support for formal processes following a patient suicide
- Personal psychological support
- Confidential reflective practice group/space specifically for processing the effects of a patient suicide
- Information about the practical process following patients' death by suicide
- Information about resources for families affected by suicide
- Help in communicating or meeting the family/friends of the patient who has died (e.g. Public Health England's Help is at Hand)
- Access to a general reflective practice group
- Organised peer support
- A training session on this topic

## 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?

Yes. The importance of compassion is stressed throughout the document which is essential when dealing with those affected by suicide. Assistance is often needed to absorb shock of an incident of this nature.

## Are the responsibilities across all areas of the system made clear in the guidance?

Yes. This is a comprehensive review involving nearly all of the important stakeholders. However, as previously mentioned, the needs of mental health clinicians are missing.

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

The Royal College of Psychiatrists has produced a report titled 'Supporting mental health staff following the death of a patient by suicide: A prevention and postvention framework' which will be useful to consult when including the support needed for mental health clinicians.

## 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?

The guidance should be translated into Welsh so that it's accessible to all in Wales. We agree with the statement in the guidance which reads 'communicating with individuals in their own language is a key component of delivering good care. It is important that anyone bereaved by sudden death or suicide is able to access support services, including touch point agencies in the language of their choice.

## 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.

The proposed national recognised agency which would provide a straightforward connection between those affected by a suspected suicide, and the police, and other touch-point agencies who come into contact with the bereaved at any time along their individual bereavement journey should have sufficient staff who are able to speak Welsh as well as English. This will ensure that the bereaved are able to communicate and express their grief in the language of their choice.

## 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

We are supportive of the Help is at Hand leaflet being made into digital as well as leaflet form, as this will widen its audience considerably.