Improving suicide bereavement supports in Ireland
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Glossary of terms

**Applied Suicide Intervention Skills Training (ASIST)** is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardaí, youth workers, volunteers, people responding to family, friends and co-workers.

**Counselling in Primary Care (CIPC)** This service is for people with mild to moderate psychological difficulties. It is a short-term counselling service that provides up to eight counselling sessions with a professionally qualified and accredited counsellor or therapist. It is a service for medical card holders, who are 18 years of age or over, and who want help with psychological problems that are appropriate for a time-limited intervention.

**Critical Incident Stress Management (CISM)** is a specialised package of critical incident techniques that are linked to each other and blended together to alleviate the reactions to traumatic experiences. CISM aims to minimise the emotional impact of critical incidents on staff.

**Cognitive Behavioural Therapy (CBT)** In CBT the person and therapist explore the way that the person’s thoughts, emotions and behaviours are connected and how they affect one another. This allows the person (with assistance, support and guidance from their therapist) to intervene at different points in this cycle and change thought patterns and behaviours that have been problematic for the person.

**Community Healthcare Organisations (CHOs)** provide the broad range of services that are outside of the acute hospital system including Primary Care, Social Care, Mental Health and Wellbeing Services. There are currently nine CHO regions across Ireland.

**Connecting for Life (CfL)** is Ireland's Suicide Prevention Strategy 2015-2020.

**HSE Employee Assistance Programme (EAP)** provides confidential counselling support and a referral service for all staff with personal or work-related difficulties. Advice and guidance is also available to managers to support them in managing staff welfare issues. The EAP also provides formal structured support to groups of staff who have experienced stress as a result of a critical incident in the workplace through their Critical Incident Stress Management (CISM) service.

**Family Resource Centres (FRCs)** are supported by the Child and Family Agency (Tusla) to provide services and supports to local communities.

**Healthy Ireland** is a government-led initiative aimed at improving the health and well-being of everyone living in Ireland.
Health Service Executive (HSE) The HSE is a large organisation of over 100,000 people, whose job it is to run all of the public health services in Ireland. The HSE manages services through a structure designed to put patients and clients at the centre of the organisation.

Higher Education Authority (HEA) The HEA leads the strategic development of the Irish higher education and research system.

Irish Hospice Foundation (IHF) The IHF is a national charity dedicated to all matters relating to dying, death and bereavement in Ireland.

Non-Governmental Organisation (NGO) An NGO is any non-profit, voluntary citizens’ group which is organised on a local, national or international level.

NICE Guidelines The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care across the National Health Service in the UK.

National Office for Suicide Prevention (NOSP) The role of the NOSP is to effectively support, inform, monitor and co-ordinate the implementation of Connecting for Life. Visit www.connectingforlifeireland.ie for information on the strategy and its progress.

National Suicide Research Foundation (NSRF) is an independent, multi-disciplinary research unit that investigates the causes of suicide and self-harm in Ireland.

Resource Officers for Suicide Prevention (ROSPs) work for the HSE and are based across each of the nine CHOs where they lead on the implementation of local Connecting for Life strategies.

SafeTALK (Suicide Alertness for Everyone) is a half-day training programme that prepares participants to identify persons with thoughts of suicide and connect them to suicide first-aid resources.

STORM is a self-harm mitigation model developed at the University of Manchester. It offers skills-based training in risk assessment and safety planning to frontline staff and members of the community. STORM also addresses ‘postvention’, i.e. what to do after a serious incident has occurred.

Suicide Bereavement Liaison Officers (SBLOs) The Suicide Bereavement Liaison Service is provided by Pieta House Bereavement Services and other agencies, funded by the HSE NOSP.
Executive summary

Connecting for Life is Ireland’s national strategy to reduce suicide 2015-2020¹. Connecting for Life sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. HSE Mental Health and the National Office for Suicide Prevention (NOSP) have lead responsibility for Action 4.3.1 to deliver enhanced bereavement support services to families and communities affected by suicide of those people known to mental health services and Action 4.3.2 to commission and evaluate bereavement support services.

HSE Mental Health prioritised these two actions and developed a service improvement project called “Enhancing Suicide Bereavement Supports” in 2018. A Working Group of key stakeholders was appointed and a Steering Committee was established to provide governance for the project (See Appendix 1 for membership).

During the initial stages of the project, inconsistencies with the current provision of suicide bereavement supports were identified. These inconsistencies included geographical variation in service provision, variation in the quality and standards of services and inconsistency around the dissemination of bereavement support information in the aftermath of a suspected suicide. It was also identified that there was a lack of coordination of suicide bereavement support services.

A study that was conducted in Mental Health Services (HSE, 2016) revealed the lack of uniformity in responding to families affected by a suspected suicide. The study highlighted shortcomings in communication and signposting to qualified and specialist bereavement support services. The study made a recommendation that the service response to family members in the aftermath of a suspected suicide of a service user be improved by, for example, providing practical information and signposting to available specialist bereavement support services.

Within this context and having surveyed the landscape of bereavement supports, the Working Group and Steering Committee identified a number of project deliverables and Action Areas to inform the improvement of suicide bereavement supports in Ireland. In general, suicide bereavement supports are described in this report across the following three levels:

- Information-based resources
- Support (e.g. peer support)
- Therapy (e.g. counselling)

The following is a summary of ten Action Areas, which are further detailed later in the report:

**Action Area 1: Suicide bereavement support information pack**

A mapping of available bereavement support information resources was completed and the findings of this exercise indicated that there was a need for a standardised suicide bereavement resource pack with accurate, relevant, up-to-date and consistent information for individuals and families that have lost a loved one to suicide or suspected suicide (see Appendix 2). The suicide resource information pack will be the cornerstone of Level 1 bereavement support and the information pack will be available in hard copy and online. A separate sub-working group under the NOSP has been appointed to undertake the drafting and production of this resource pack.

**Action Area 2: Coordinated and consistent approach to delivering suicide bereavement support services**

Action 3.1.2 of the Connecting for Life strategy focuses on developing and implementing a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents. A Cross Sectoral Operational Working Group has been established to realise this action.

**Action Area 3: Updating list of suicide bereavement supports**

The Working Group decided that, in order to achieve uniformity and consistency in the support available across Ireland, it was important to map the supports that are currently available. The Working Group mapped general and suicide-specific bereavement supports across three levels, identified as information, support and therapy. The mapping exercise was conducted between August and September 2018 with the input of the HSE Resource Officers for Suicide Prevention (ROSPs) and the information was further reviewed in September 2019 (see Appendix 2). It is recommended that this mapping of suicide bereavement supports is updated annually.
Action Area 4: Children and adolescent supports

When exploring suicide bereavement supports in relation to children and adolescents across all three levels it was apparent that information resources and services to support this age group are inconsistent geographically (see Appendix 2). There are many resources available to support parents and caregivers when speaking to young children and adolescents about the death of someone by suicide but very little for the bereaved young person themselves. A range of resources and supports for young people is recommended.

Action Area 5: Research

The Working Group agreed that one of the key activities informing this project would be to conduct a comprehensive literature review in order to identify key research published in the area of suicide bereavement support, to review the literature on evidence-based interventions, and to identify examples of current practice in Ireland and internationally. As part of this work, a literature review has been completed and published on connectingforlifeireland.ie. A copy can be found online alongside this report.

Action Area 6: Governance and standards

The development in 2019 of the *Best Practice Guidance for Suicide Prevention Services Framework* introduced a framework that aims to ensure good practice guidelines, clear care protocols, appropriate training and supervision mechanisms for the providers of suicide prevention services. It is envisioned that this framework and the learning from it can be adapted and used for quality assurance for other services delivered by non-governmental organisations (NGOs) working on behalf of the HSE. It is recommended that any work undertaken in the area of standards and governance in relation to the provision of suicide bereavement support services by NGOs will reference and adapt the *Best Practice Guidance for Suicide Prevention Services Framework*.

Action Area 7: Training

In order to have consistency, high standards and evidence-based information across all services that support people bereaved by suicide at all levels, staff need to have relevant qualifications and training. Consideration needs to be given to the following:

1. Supporting and resourcing the many services that people bereaved by suicide may contact for support, including Suicide Bereavement Liaison Officers (SBLOs), counselling services, general practitioners, clergy, An Garda Síochána, Health Service Executive services and Resource Officers for Suicide Prevention (ROSPs).

2. The complexity of the grieving process when bereaved by suicide.

3. The current national situation regarding, “group support”, which is not regulated and needs standardisation.

4. The breadth of the role of the Suicide Bereavement Liaison Officers.
### Action Area 8: Data collection

In order to understand the uptake of suicide bereavement supports across all three levels – information, support and therapy – and to inform future service development, all HSE and HSE-funded services should routinely count and report on suicide bereavement support activity.

### Action Area 9: Communication guide

A study carried out in Mental Health Services (HSE, 2016) revealed the lack of uniformity in responding to families affected by a suspected suicide. The project Working Group developed the HSE Communication Guide following Suspected Suicides in Services (see Appendix 4) to ensure a consistent approach for families and signposting to appropriate bereavement support services.

### Action Area 10: National coordination of suicide bereavement supports

The implementation of the actions in this report requires national coordination by assigning dedicated responsibility for the coordination of suicide bereavement support actions to an existing resource within the HSE (the job specification for this role is outlined in section 4.10).
# 1.0 Aims and objectives

The aims and objectives of the report are to:

1) Undertake a review of the current bereavement support services in Ireland to include:
   - A detailed mapping of the existing HSE-funded and non-HSE-funded bereavement support services per CHO/county, including a review of information sources currently available (see Appendix 2).
   - A review of existing suicide bereavement service provider evaluation data (see Appendix 3).

2) Complete a review of literature and approaches to suicide bereavement support to include grey literature and relevant international practice and policy in this area. This will include a review of existing Irish reviews and reports on suicide bereavement support.

3) Identify some examples of the current response in Mental Health Services following the death by suspected suicide of a person using Mental Health Services in order to develop the HSE Communication Guide following Suspected Suicides in Services (see Appendix 4).

4) Develop identified actions to inform the improvement of suicide bereavement supports in Ireland.
2.0 Summary of the literature review undertaken for this project

Note: A full report based on the literature review conducted for this project is available on the publication section on the website connectingforlifeireland.ie. The title of the report is: Suicide Bereavement Support: A Literature Review.

For the close relatives and friends of the people who die by suicide in Ireland each year, receiving appropriate, timely and ongoing support is of huge importance. In this report we have reviewed the literature on suicide bereavement, particularly focusing on research examining the impact of suicide on those bereaved and studies investigating the effectiveness of bereavement support interventions. We have also presented case studies of bereavement support services in Ireland and internationally and highlighted examples of good practice and evidence-based guidelines.

The impact of suicide on bereaved individuals, families and communities has been well researched, with clear evidence that those bereaved by suicide may experience lasting impacts on their emotional, physical and mental health. Factors contributing to poor outcomes for those bereaved by suicide include circumstances of the death (for example, seeing the body at the scene of death), supports received (both formal and family support), the inquest process and perceived stigma. Studies show that a range of supports are needed for individuals bereaved by suicide, from both formal and informal sources. Practical and emotional support from family and friends was often highlighted as being as important as formal supports.

However, studies which have involved speaking to people bereaved by suicide have shown that often their needs are not adequately addressed. In particular, information and supports are difficult to identify and access, despite these being needed in the days and weeks following a suicide. The need for and importance of immediate outreach and ways to better identify what supports are available locally emerged as an important theme. Other gaps in current service provision included geographical variation in services available and the availability and diversity of peer support options. Medical professionals such as first responders and general practitioners were identified as potential gatekeepers in suicide postvention activities, although the importance of suicide bereavement training for other professionals was also emphasised.

Overall, there are few high-quality studies examining the effectiveness of suicide bereavement support interventions. We have described a small number of studies examining a range of interventions including family-based grief counselling, cognitive behavioural therapy (CBT)-
based psycho-educational interventions, group-based, supportive nurse-led interventions, one-to-one peer-support interventions, writing therapy and mindfulness-based therapy. Overall, the evidence for clinical interventions for individuals bereaved by suicide is limited. Despite the dearth of research, person-based studies have found evidence for reductions in the intensity of grief experienced by bereaved individuals. Although there is a lack of evidence for the impact of suicide bereavement support groups on outcomes for individuals, the peer-to-peer nature of support in such groups can be therapeutic and can create a supportive environment based on common experiences. Some research has also shown evidence for protective factors following suicide bereavement, including religious participation and activities promoting self-care. In recent years, mindfulness-based interventions for those bereaved by suicide have been examined, but further research is needed.

It is clear that children and adolescents who are bereaved by suicide require tailored support. Research has shown that bereavement by suicide in young people shares many features with other forms of bereavement, yet the potential for complicated grief and psychopathology for some is present. Due to the broadly similar experiences and needs of young people bereaved by suicide and by other causes of death, there is some empirical evidence for the efficacy of general childhood bereavement groups. While support specific to suicide bereavement may be beneficial for children and adolescents, current support group interventions for suicide bereaved children are limited and lack strong empirical support. Furthermore, no one approach should be favoured over another. Although there is no clear best practice in terms of interventions for young people, developing resilience has been emphasised with a view to decreasing risk factors. Young people experiencing complicated grief should receive non-pathologising, child-centred interventions. Such approaches may require a whole-systems approach for bereaved families.

At a community level, few formal studies have shown positive impacts on reducing suicidal behaviour in the community following a suicide or a number of suicides. However, a review of international examples of community-based approaches generated some common themes. These case studies identify the need for a co-ordinated and consistent approach to suicide postvention. Such responses should involve multiple agencies, with information-sharing across organisations and professions emphasised. The importance of standardised and detailed information sources (e.g. booklets) was also emphasised, as was the need for professionals to actively provide this information to bereaved individuals and families following the death. The importance of timely, standardised support for all was highlighted, via an appropriate pathway of care and support. An active postvention model was seen as being particularly effective over traditional passive models, and was shown to increase help-seeking activities among those bereaved by suicide. Training of professionals was also seen as an integral part of community responses to suicide.

This review has highlighted the lack of research on suicide bereavement, in particular around the effectiveness of bereavement support interventions. With just five studies on interventions for adults bereaved by suicide included in this review, there is a need for high-quality, trial-based research examining suicide bereavement supports. For young people in particular, the evidence around the appropriateness of supports and interventions is limited, as is our understanding of how suicide bereavement differs for young children and adolescents. In recent years, there has been some qualitative research exploring individuals’ experiences of suicide bereavement. This type of research is imperative in developing appropriate community responses, and research which involves bereaved persons in the design should be prioritised.
3.0 Overview and description of current suicide bereavement supports

Currently in Ireland there are a number of HSE- and non-HSE-funded agencies providing suicide bereavement support services to families and communities affected by suicide. Using the Irish Hospice Foundation Pyramid of Bereavement Care\(^2\), services can be tiered into three levels (Figure 1).

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Figure 1: Pyramid of Bereavement Care

- **Level 3**: Professional Therapy
- **Level 2**: Extra Support
- **Level 1**: Information & Support

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\(^2\) Pyramid of Bereavement Care, Irish Hospice Foundation (2019)
3.1 A mapping and description of current bereavement supports in Ireland

The Working Group decided that, in order to achieve uniformity and consistency in the support available across Ireland, it was important to map the general and suicide-specific bereavement supports that are currently available. The mapping will inform the future enhancement and commissioning of bereavement supports. The mapping detail included in this report is not intended to be a directory of bereavement support services. Rather, it reflects the range and nature of supports at a given point in time. It will be a separate task, arising from this report, to undertake regular reviews of available supports and to ensure public awareness and accessibility.

This following narrative provides an overview of the findings of the mapping exercise conducted between August and September 2018 with input from the HSE Resource Officers for Suicide Prevention (ROSPs) and reviewed in September 2019 (see Appendix 2).

The method
Each ROSP was contacted in August 2018 and asked to review and complete a template (in MS Excel) of the three levels of general and suicide-specific bereavement support in their area.

Detail captured
For each level of support, the mapping template included a series of column headings to capture detail on various resources, supports and services. Those column headings/categories varied depending on the level of support being explored, e.g. ‘dissemination’ was captured for resources and ‘waiting times’ was captured for therapy. The information returned by each ROSP was then collated and categorised by CHO or as ‘National’. Reported below is a description of what is available at each level from a national perspective and examples of good practice that are specific to one or more CHOs (but not yet available nationally).

Level 1: Information and support
The first level of bereavement support represents general support and information, which can include a range of bereavement support resources. Everyone who experiences loss should have access to first-level support, which involves providing people with information on the grieving process, practical help with tasks and social support - much of which is provided by family, friends, and colleagues.

In the mapping of national information resources, both printed materials and online resources were identified. These included the Family Resource Centres’ (FRC) Suicide Prevention Code of Practice Booklet, which contains a section on suicide bereavement. This FRC resource is available through project staff in Galway – email: support@frcmentalhealthpromotion.ie. While written with FRC staff and volunteers in mind, the resource is worth reviewing, given the potential to adapt the guidance for different audiences.
The NOSP distributes a comprehensive booklet titled *You are not Alone*; a similar booklet is distributed in the UK called *Help is at Hand*. The Working Group currently developing the national information booklet for Ireland is using both of these booklets.

Anam Cara have produced support brochures intended to provide advice for different groups of bereaved people, e.g. *A dad’s grief…what helped us* and *Supporting a family…what helped us*. These resources can be downloaded from the Anam Cara website (www.anamcara.ie), which contains some helpful video content along with access to these resources. More generally, the Anam Cara website is a good general information and signposting resource. They also have an information phone number (01) 4045378.

The children’s charity, Barnardos, [www.barnardos.ie](http://www.barnardos.ie), has a series of booklets about coping with death for children (aged 6-12), for parents of young children and for parents of teenagers. All three booklets address death by suicide. A UK-produced resource published by a charity called Winston’s Wish has also been identified, called *Beyond the Rough Rock: Supporting a child who has been bereaved by suicide*. This booklet will be reviewed by the Working Group and, taking feedback from people bereaved by suicide in Ireland and the UK, it should be considered whether something similar would be helpful in the Irish context.

Other online resources with a national focus include the Irish Hospice Foundation website (see [www.bereaved.ie](http://www.bereaved.ie)) and the bereavement content on [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie). Rainbows Ireland’s website is also a good general information resource (see [www.rainbowsireland.ie](http://www.rainbowsireland.ie)). It is encouraging to see that the organisations working in the bereavement support space signpost to each other and highlight the resources available from other organisations.

Right across Ireland, ROSPs provide information on wallet cards, posters, booklets and webpages containing contact details for locally available support services. One of the more in-depth information resources is the set of *Lighting the way* booklets available in Cork city and county (there are five versions of the booklet targeting the populations in different parts of the county).

While in some cases these resources are standalone, there are examples of information packs available through the Suicide Bereavement Liaison Service. While most local and regional information resources identified are for general audiences, an interesting resource worth highlighting is the workplace resource *What Should I Say? Suggestions on what to say and do when supporting a work colleague who has been bereaved*, which was produced in the HSE West/CHO Galway, Mayo and Roscommon.

The potential for local authority libraries to be a source of helpful information on coping with bereavement was also highlighted in the mapping exercise. Under Healthy Ireland, every library in the country now has a comprehensive ‘bibliotherapy’ section. As a follow-up to the initial mapping exercise, examples of information resources available locally have been shared with the Working Group by the ROSPs (wallet cards, leaflets etc). A review of these resources will help to inform recommendations to ensure a consistent approach in developing and producing resources while acknowledging that information on locally available supports is very important.
Level 2: Extra support

People may also require extra support through their bereavement. Level 2 bereavement support provides a person with an opportunity to reflect in a focused way on their experience of loss. This support can be provided by organisations/volunteers who have had bereavement-support training, some of whom may themselves have been bereaved. Bereavement support at this level can be provided on an individual, family or group level for both adults and children.

Extra support to help deal with bereavement is provided by national organisations including Anam Cara, Rainbows Ireland, Samaritans, Barnardos and Family Resource Centres. These supports are available in different formats and target different audiences.

Barnardos Children’s Bereavement Helpline service (01)4530355 operates from Monday to Thursday (10am to 12pm). It offers a listening service, advice and referral to members of the public. The helpline is run by trained and supported volunteers.

Anam Cara provides group support. Anam Cara’s group support is provided through Parent Evenings, which are organised in different locations across the country. These meetings are intended to provide a safe and comfortable place where bereaved parents can meet with each other in an informal setting. The evenings are facilitated by a bereavement professional with the support of a volunteer. Information on times and locations is available on the Anam Cara website. Anam Cara has also developed a facilitator training manual called Supporting Parents after Bereavement.

Rainbows Ireland offers a nine-week, facilitated peer-support programme for young people in schools and in community settings right across Ireland. These programmes do not run throughout the year; they generally operate once in any given calendar year, typically in October or November. Rainbows Ireland supports children and young people following bereavement or family separation. The support programmes are tailored to primary and secondary school students, and groups are not mixed (i.e. bereavement groups and family separation are dealt with as distinct issues).

Apart from organisations with a reasonably wide reach across many parts of the country, there are regional and local organisations and groups providing suicide bereavement support in groups, one to one and by phone. An example of a regional support group is SOSAD (Save Our Sons and Daughters), which provides supports in the North East and Midlands (www.sosadireland.ie). Local supports range from a morning phone call (Good Morning Donegal), coffee mornings (Midlands Living Links) and open support groups (e.g. Donegal town FRC) through to more structured weekly programmes (e.g. Family Centre Castlebar), as well as one-to-one support, family support and critical incident support services (e.g. Turas Le Cheile Kildare/Meath & Dublin).

One regional support identified in our mapping, the Children’s Grief Centre - Limerick, provides some information on helpful reading resources but they do not see children who have been bereaved by suicide. According to their website, the Centre’s services “do not and cannot be considered as a first response for a bereavement or loss that may be a more traumatic loss experience, e.g. suicide.” Upon further exploration, it transpired that there is a Pieta House suicide bereavement counselling service available in the area that can accommodate children and young people. The Children’s Grief Centre responds to general bereavement thus avoiding duplication of services and waiting lists.
Level 3: Professional therapy

Some people may require professional therapy. Level 3 support is provided by counsellors, psychotherapists and psychologists. These services are available to those who require additional therapeutic support.

Counselling may be available from the HSE following suicide bereavement through the Counselling in Primary Care (CIPC) Programme, but this service is for over 18s only and is currently restricted to medical card holders. Referral is through a member of the Primary Care Team and this is a short-term, generic counselling service aimed at people with mild to moderate psychological difficulties. It may also be possible to access counselling and support through HSE Psychology Services, but this is dependent on a GP referral, and waiting times are significant. There are some HSE suicide bereavement specific counselling services available, e.g. throughout the South East and in Donegal.

Outside of statutory service providers, Pieta House is the largest provider of suicide bereavement counselling in Ireland. Suicide bereavement counselling is available in 15 Pieta House services across the country and offers one-to-one counselling to children, adolescents and adults. MyMind also offers counselling in a number of locations nationally and online. There is a fee for the service but on a sliding scale, with low-cost counselling available for students and for people who are not in employment (www.mymind.org).

In some locations, counselling is available on a local basis through national organisations, e.g. youth services affiliated to Youth Work Ireland offer short-term counselling for young people in a number of areas.

There are also many independent counselling services providing individual, group and couples’ counselling, often for free or at reduced rates/sliding scales based on ability to pay. Many of these services receive funding from Tusla, the Child and Family Agency.

As an umbrella organisation, Family Resource Centres Ireland provides a significant amount of bereavement support, including counselling services. A key discussion point arising from the mapping exercise relates to the lack of awareness of FRCs and the supports and services they provide.

The Association for Agency-Based Counselling and Psychotherapy in Ireland Ltd is also worth mentioning. They have 25 member agencies nationally and some receive funding from Tusla and/or HSE. They offer counselling on a sliding payment scale.

Some of the ROSPs identified the role played by the counselling services in higher education colleges and universities. Given the relatively high rates of suicide amongst young people of college-going age, these services are an important resource nationally in the provision of bereavement support. The suicide rate for 15-24 year olds in 2016 was 11.7 per 100,000.) Under CfL Action 3.3.3 (‘Work with the HSE to develop national guidance for higher education institutions in relation to suicide-risk and critical-incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education’), national guidance for colleges and universities on suicide prevention and critical incident response planning.
3.2 Conclusion and proposed future model

The model being proposed for suicide bereavement support in Ireland is based on the existing pyramid of bereavement care (Figure 1 above). The project findings were that many suicide-specific and general bereavement support services do exist but are not coordinated or consistent. A number of actions have been identified to address this, including the requirement for a coordination role to ensure the delivery of the Action Areas. These actions, when implemented, will ensure one national approach to information, continued mapping of current services to ensure the provision of services where they are needed, good training structures, governance and standards and the coordination of supports and services across multiple organisations and agencies.
4.0 Action areas

Based on the project findings, the Working Group and Steering Committee identified a number of Action Areas to improve suicide bereavement supports in Ireland.

4.1 Suicide bereavement information resources

The production of a national suicide bereavement resource pack is the first recommended action by the Working Group. One of the first tasks undertaken by the Working Group was to map bereavement supports throughout the country, at national and at CHO level across the three tiers of support:

1) General support and information
2) Additional support
3) Professional therapy

The group assessed every available bereavement resource in circulation at Level 1. This included hard-copy and online resources, helplines and listening services as well as general information and support available on a one-to-one basis and in group settings. There was a concentration on suicide-specific material, although there were some useful general bereavement resources, e.g. from the IHF. In relation to hard-copy bereavement resource packs, leaflets and literature there was a range of material available from within the HSE (including from the NOSP), other state agencies, the IHF, local community-based organisations and NGOs working in the area of mental health and/or suicide prevention. The group also looked at similar resources that are available in the UK. The findings of the mapping exercise indicated that there was a need for a standardised suicide bereavement resource pack with accurate, relevant, up-to-date and consistent information for individuals and families who have lost a loved one to suicide. The suicide bereavement resource pack will be the cornerstone of Level 1 bereavement support.

The group agreed that this pack will be used by all relevant stakeholders, including the HSE and the NGO sector, so that those bereaved by suicide would all have the same access to evidence-based and accurate information. It was also agreed that the development of the resource pack would be carried out by the ROSPs and the finished product will be the responsibility of the NOSP.

A sub-working group was established to develop the pack. This group includes five ROSPs, and 10 people who have been bereaved by suicide. The wider ROSP group invited suicide-bereaved individuals to participate. Their participation in the process is supported and facilitated by the ROSP in their area and by the NOSP.

The main elements of the new pack are based on extracts from *You are not alone* (NOSP) and *Help is at hand* (Support After Suicide, UK), as well as the personal experiences of those contributing in the subgroup. The group has also ensured that the information in the pack is consistent with the content of the two new bereavement training programmes now available from the NOSP via the national network of ROSPs (see Appendix 5).
Based on meetings held to date there is a first draft in circulation, which comprises of:

1. A suicide bereavement support booklet for those bereaved by suicide. This includes advice on how to support children/young people
2. An advice leaflet for those supporting people who are suicide bereaved
3. Support for young people bereaved through suicide
4. A list of national and local support services (under Action 3, a comprehensive mapping exercise has been completed that can inform this list), which will include Level 1, 2 and 3 bereavement supports
5. Information leaflet on the role of the Coroner and inquests

Item 1 above is the central element; a second draft is in development with a completion date of 2020. Every part of this process has been fed back to the National Bereavement Supports Working Group.

In preliminary discussions about dissemination it was decided that the pack be made available to all first responders and to any organisations or groups supporting people who are bereaved by suicide. It was also agreed that the pack be distributed during the one-day and the community based bereavement trainings mentioned above. The ROSPs will have a significant and ongoing role in updating, maintaining and distributing the pack.

The development process is based on best practice, transparency and service-user engagement. The voices of family members who are bereaved by suicide bring expertise through experience, quality and humanity to the work.

The remaining tasks include but are not limited to:

- Product completion
- Addition of local and national service lists
- Acknowledgement of the contribution of the bereaved families
- Design and print for hard copy and consideration of other versions, e.g. audio, visual, online
- Communication and dissemination plan, collaboration with other relevant national projects and programmes
- Access for CfL priority groups will also need to be considered, e.g. members of the Traveller community
- Business-as-usual plan for the ongoing maintenance and distribution of the resource pack
Improving suicide bereavement supports in Ireland

### 4.1 Develop one national, standardised suicide bereavement resource pack

- **4.1.1** Develop one national, standardised suicide bereavement resource pack, in a range of accessible formats (including online), to include information for those bereaved by suicide including children and young people and for people who may be supporting people bereaved by suicide. This action will incorporate a communications plan, a plan for widespread distribution to all relevant stakeholders and a plan for the ongoing maintenance and updating of the resource pack.

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<tr>
<td>4.1.1</td>
<td>NOSP/ROSP led project. Due for completion early 2020</td>
<td>National coordination point for Suicide Bereavement Support (Action 10)</td>
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### 4.2 Coordinated and consistent approaches to delivering suicide bereavement supports

Action 3.1.2 of the *Connecting for Life* strategy focuses on developing and implementing a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents. A Cross Sectoral Operational Working Group was established to realise this action.

One of the major concerns around suicide is the process whereby one suicide can ‘trigger’ imitative behaviour. This can relate to geography, gender, age-group, family relationship, ethnic group and the method used. It is important that the risk of imitative behaviour is identified at the earliest opportunity so that an early intervention can be put in place to respond to that risk.

Such a response is designed to address core psychological, social, environmental and, to the greatest extent possible, economic determinants that could trigger imitative behaviour, including further suicide deaths. A response to any potential risk of suicide is about civic and community leadership to mobilise people, resources and support. In this context, a community response plan can be effective in reducing the risk of further suicide deaths.

To this end, the Cross Sectoral Operational Working Group will develop a concise, best-practice document on multi-agency community responses to suspected suicides. The aim is to have a national framework which will be endorsed by all relevant government departments and agencies, ensuring a consistent approach throughout the country. The guidance will include developing, implementing and deactivating the plan. It will also provide guidance on aligning existing activities with best practice. This work will also align with NICE guidelines.³

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<tr>
<td>4.2.1</td>
<td>Cross Sectoral Operational Working Group, chaired by the NOSP</td>
<td>National coordination point for Suicide Bereavement Support (Action 10)</td>
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4.3 Updating list of suicide bereavement supports

The Working Group decided that, in order to achieve uniformity and consistency in the support available across Ireland, it was important to map the supports that are currently available. The project Working Group mapped general and suicide-specific bereavement supports across the three levels per CHO and by county. The mapping exercise was conducted between August and September 2018 with the input of the ROSPs. Each ROSP was contacted in August 2018 and asked to review and complete a template (in MS Excel), which included sheets representing the three levels of bereavement support: information, support and therapy. For each of these levels of support, the mapping template included a series of column headings to capture detail on various resources, supports and services. Those column headings/categories varied depending on the level of support being explored, e.g. ‘dissemination’ was captured for resources and ‘waiting times’ was captured for therapy. The information returned by each ROSP was then collated and categorised by CHO or as ‘National’.

The outputs of the mapping exercise include:

1. A Microsoft Excel spreadsheet of suicide-specific and general bereavement support services (see Appendix 2)
2. A narrative overview of the findings of a mapping exercise (section 3.1)
3. A visual map of the mapping for Level 2 and Level 3 and a heat map/gap analysis for over-18 services and under-18 services (see Appendix 2)

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<tr>
<td>4.3.1 The mapping of suicide bereavement supports will be updated annually by the ROSPs and coordinated by the National Coordinator for Suicide Bereavement Support to inform the national information pack, the signposting to services online and the future enhancement and commissioning of suicide bereavement supports. Consideration should be given to innovative and engaging ways of presenting information on services in the context of the national pack, e.g. using interactive maps online.</td>
<td>Enhancing Suicide Bereavement Supports Project, completed October 2019</td>
<td>National coordination point for Suicide Bereavement Support (Action 10)</td>
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4.4 Children and adolescent supports

When exploring suicide bereavement supports in relation to children and adolescents across all three levels it was apparent that services to support this wide and varied age group are inconsistent geographically. The information available that is specific to young people is also inconsistent. There are many resources available to support parents/caregivers when speaking to young children and adolescents about the death of someone by suicide but very little for bereaved young persons themselves.

It is currently difficult to identify the specific training needs for people working to support both children and adolescents due to the lack of evidence (see Action 4.5.2). For young people in particular, the evidence around the appropriateness of supports and interventions is limited, as is our understanding of how suicide bereavement differs for young children and adolescents. Specific research is required to understand the impacts and long-term physical and psychosocial outcomes of suicide bereavement for young people, including children and adolescents.

The ROSPs at CHO level are linking with schools and the NOSP is linking with the Department of Education in order to support the Key Professionals training for guidance counsellors and teachers.

The following are areas that were identified where improvements could be made to provide adequate supports to children and adolescents bereaved through suicide.

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<tr>
<td><strong>4.4.1</strong> Create a leaflet aimed specifically at young people aged 12-25 with information about what is normal to feel following a suicide/suspected suicide death, what to do if they are feeling suicidal and relevant referral information and also how to self-care following such traumatic circumstances.</td>
<td>Under development in Action 4.1.1</td>
<td>National coordination point for Suicide Bereavement Support (Action 10)</td>
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<td><strong>4.4.2</strong> Through yourmentalhealth.ie and with occasional social media promotion, provide information in relation to what to expect following a suicide bereavement and signpost the range of supports available to young people.</td>
<td>HSE MH Communications</td>
<td>National coordination point for Suicide Bereavement Support (Action 10) to coordinate with HSE Digital, HSE Communications and NOSP Communications</td>
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4.0 Action areas

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<tr>
<td>4.4.3 Ensure that all relevant service providers are aware that the Suicide Bereavement Liaison Officer (SBLO) can offer immediate support to a child or adolescent and/or a family. Also, that the SBLO will refer to relevant services if a child or adolescent requires more immediate support.</td>
<td>NOSP</td>
<td>NOSP</td>
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<tr>
<td>4.4.4 Determine if Rainbows Ireland and Barnardos work with children and adolescents bereaved through suicide or if they consider this to be a specialised area. Initial findings suggest that the service offerings differ across the country. Geographically Barnardos bereavement support services are available in Cork and Dublin but take referrals from anywhere in the country. Jigsaw is not a suicide bereavement support organisation but the service will support young people who have been bereaved by suicide if they otherwise meet their inclusion criteria.</td>
<td>NOSP</td>
<td>National coordination point for Suicide Bereavement Support (Action 10) and NOSP</td>
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4.5 Research

The Working Group agreed that one of the key activities in this project would be to conduct a comprehensive literature review to identify key research published in the area of suicide bereavement, to evaluate the support for evidence-based interventions and to identify examples of current practice in Ireland and internationally.

A literature review was conducted, with the following objectives:

1. Introduce and provide an understanding of suicide bereavement
2. Identify supports offered to and utilised by individuals bereaved by suicide
3. Summarise evidence for interventions tailored for those bereaved by suicide
4. Present case studies illustrating community responses to suicide internationally
5. Describe policy and case studies of suicide bereavement services in Ireland

A review of all articles relating to suicide bereavement or postvention published between 1st January 1998 and 7th August 2018 was completed. Studies that met the following eligibility criteria were included in the review: (1) the population of interest comprised of individuals bereaved by suicide; (2) studies focusing on interventions for bereavement by suicide; (3) studies focusing on supports for bereavement by suicide; (4) the article was published in a peer-review publication; (5) the study was published in the English language; (6) the study was published between 1st January 1998 and 7th August 2018. Additional articles were added as discovered during the development of this literature review via reference lists of included studies. In addition, reports, policy documents and reviews relating to suicide bereavement identified by the Working Group were included in this review.
As well as informing the priorities for bereavement services in Ireland, the literature review highlighted the lack of research on suicide bereavement, in particular around the effectiveness of bereavement support interventions. There is a need for high-quality, trial-based research examining suicide bereavement supports. For young people in particular, the evidence around the appropriateness of supports and interventions is limited, as is our understanding of how suicide bereavement differs for young children compared with adolescents. In recent years, there has been some qualitative research exploring individuals’ experiences of suicide bereavement. This type of research is imperative in developing appropriate community responses, and research that involves bereaved persons in the design should be prioritised. The following areas have been identified as requiring further examination:

- There is a need for high-quality, trial-based research examining suicide bereavement supports and interventions.
- For young people in particular, the evidence around the appropriateness of supports and interventions is limited, as is our understanding of how suicide bereavement differs for young children and adolescents.
- Specific research is required to understand the impacts of suicide bereavement among young people, including children and adolescents, and long-term physical and psychosocial outcomes.
- Qualitative research on experiences of those bereaved by suicide is required, as well as research examining holistic approaches and non-psychological interventions following suicide bereavement. This type of research is imperative in developing appropriate community responses, and research which involves bereaved persons in the design should be prioritised.
- Training of medical professionals and gatekeepers in how to respond to a person bereaved by suicide was highlighted in the literature review. However, any suicide-bereavement training should be evidence-based and appropriately evaluated.

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<tr>
<td><strong>4.5.1</strong> The Suicide Bereavement Support Coordinator will keep abreast of and support opportunities for national and international research in the area of suicide bereavement support and continuously develop training resources.</td>
<td>NOSP</td>
<td>National coordination point for Suicide Bereavement Support (Action 10) and NOSP</td>
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<td><strong>4.5.2</strong> To inform future research and service development, all HSE and HSE-funded services should routinely count and report on suicide bereavement support activity.</td>
<td>No one action owner: HSE MH, NOSP/service providers</td>
<td>National coordination point for Suicide Bereavement Support (Action 10) and HSE MH, NOSP</td>
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4.6 Governance and standards

The Best Practice Guidance for Suicide Prevention Services Framework (BPG)\(^4\), introduces a framework that aims to ensure good practice guidelines, clear care protocols, appropriate training and supervision mechanisms for the providers of suicide prevention services. The Framework was co-produced by the HSE National Office for Suicide Prevention (NOSP) and non-governmental organisations (NGOs) working in the area of suicide prevention. The development of this best practice guidance is set out under Goal 5 (Action 5.1.1) of Connecting for Life, which states “Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement through an appropriate structure.”

An important part of the guidance is to help service providers understand and work towards meeting existing standards and guidelines in mental health and general health care, particularly in improving the governance and management of services. This guidance also provides a self-assessment framework and an online tool for NGOs working in the area of suicide prevention.

The Framework aligns with national frameworks on mental health and quality and safety in healthcare. These include:

- HSE Best Practice Guidance for Mental Health Services
- Mental Health Commission Quality Framework for Mental Health Services in Ireland
- HIQA Standards for Safer Better Healthcare
- The Governance Code for Community, Voluntary and Charitable Organisations
- Charities Regulator Governance Code

It is envisioned that this framework can be adapted and used for quality assurance for other services using NGOs working on behalf of the HSE. Also, the Irish Childhood Bereavement Network “Standards for Supporting Bereaved Children and Young People - A Framework for Development”\(^5\) can be used for planning, provision, and quality review of childhood bereavement care.

The development of the Best Practice Guidance for Suicide Prevention Services Framework (BPG) included:

- The setting up of an advisory group to provide subject-matter expertise in the development of the guidance documentation, the self-assessment framework and the associated training programme.
- Refinement of the document based on the learning and feedback collated from engagement events with NGOs and the testing of the draft BPG.
- Adapting a training programme developed by the Mental Health Services (MHS) to provide a two-day self-assessment training programme for NGOs.
- Adapting the GAIT (Guidance Assessment Improvement Tool) in use by MHS for use by the NGOs, to enable them to self-audit.

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\(^4\) Best Practice Guidance for Suicide Prevention Services Framework (2019)

Improving suicide bereavement supports in Ireland

- Charity Regulator Code (launched Nov 2018) is referenced in the BPG. NGOs will be required to be compliant with the code by 2020.
- NGOs have demonstrated their commitment to best practice and to the delivery of high-quality services by engaging and supporting the development of the BPG.

This project is currently at implementation phase in 2019/2020 and further learning will result as part of this phase. Further development will be required to address the need for standards/governance at local level for organisations/groups entering into the suicide prevention arena and not in receipt of state funding.

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<td><strong>4.6.1 Work undertaken in the area of standards and governance in relation to the provision of suicide bereavement support services by NGOs will reference and adapt the Best Practice for Suicide Prevention Framework.</strong></td>
<td>HSE MH and NOSP through the service-level agreement (SLA) process</td>
<td>National coordination point for Suicide Bereavement Support (Action 10), and HSE MH, NOSP</td>
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**4.7 Training**

In order to have consistency, high standards and evidence-based information across all services that support people bereaved by suicide, staff need to have relevant qualifications and training in order to carry out their role. Consideration needs to be given to the following:

- Training for the many services and people that people bereaved by suicide may contact for support, e.g. SBLOs, counselling services, GPs, clergy, Gardaí, HSE services, ROSPs.
- The complexity of the grieving process when bereaved by suicide.
- The current national situation regarding “group support”, which is not regulated and needs standardisation.
- The breadth of the role of the SBLO service.

In order to implement this action, the national bereavement support coordinator function described in Action Area 4.10 will work with HSE services and funded agencies to ensure that all staff working in this area have the relevant qualifications and training. An additional action in the future may be to carry out further research regarding community bereavement support services that fall between Level 2 and Level 3 service provision, with a particular emphasis on the training requirements to work at this level.
At a community level, the minimum training requirements for those who encounter people bereaved by suicide are SafeTALK and the NOSP-funded community bereavement support training.

All facilitators of group support will have specialist training in bereavement support, ASIST training, have an understanding of the complexities and impact of suicide and hold a QQI Level 6 or equivalent qualification/experience in group facilitation skills.

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<tr>
<td>4.7.1 It is recommended that all professionals and key contacts in suicide-prevention-specific services or who are the first point of contact for those bereaved by suicide complete NOSP one-day training in bereavement support for professionals as well as ASIST (Applied Suicide Intervention Skills Training) or STORM training.</td>
<td>NOSP</td>
<td>National coordination point for Suicide Bereavement Support (Action 10) and NOSP</td>
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<td>4.7.2 All those providing bereavement support at Level 3 will hold a recognised qualification in counselling/psychotherapy. Having an understanding of bereavement (or experience in this area) plus an understanding of trauma would be desirable.</td>
<td>HSE MH and NOSP SLA process</td>
<td>National coordination point for Suicide Bereavement Support (Action 10), HSE MH and NOSP</td>
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<td>4.7.3 The SBLO will have knowledge of working with children, the coroner’s court and entitlements for people bereaved by suicide to support and guide a bereaved family in this regard.</td>
<td>NOSP</td>
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<td>4.7.4 All those who support the suicide bereaved at Level 2 &amp; 3 have ongoing professional supervision and access to continuous professional development in the area of bereavement support and trauma.</td>
<td>HSE MH and NOSP SLA process</td>
<td>National coordination point for Suicide Bereavement Support (Action 10), HSE MH, NOSP SLA process</td>
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<td>4.7.5 A scoping exercise will be carried out in the area of critical incident management to determine the range and nature of practice in this area across the country and with a view to making recommendations around a consistent approach.</td>
<td>The development of CHO Critical Incident Stress Management Teams within the EAP structure/Health and Wellbeing</td>
<td>NOSP/Health and Wellbeing</td>
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4.8 Data collection

In order to understand the uptake of suicide bereavement supports across all three levels described in this report, and to inform future service development, all HSE and HSE-funded services should routinely count and report on suicide bereavement support activity. This does not need to involve a complicated monitoring process. It could include information about the number of information leaflets disseminated, the number of public group-support meetings held in a particular county or the number of people supported with bereavement counselling in a particular time period. In order to improve data collection, the national bereavement support coordinator function described in Action Area 4.10 below will work with HSE services and funded agencies to agree a reporting template that will facilitate the capturing of this information. An additional action beyond the scope of this report will be focused on outcomes for clients using bereavement supports at Level 2 and, in particular, Level 3. This will be considered in the ongoing development of Connecting for Life implementation plans.

4.8.1 Organisations which provide suicide bereavement support information should report on:

- The total number of information packs/leaflets/booklets distributed, broken down by distribution channel and geographic area (county/city), published annually.
- The nature and number of face-to-face information provision events, e.g. information stands at conferences, public meetings etc. and the estimated audience reach. These should be reported on an annual basis, prior to the end of Q1 of the subsequent year.
- Website analytics for pages that provide general information on suicide bereavement, including analytics for pages that provide the contact details for Level 2 and Level 3 supports. These should be made available on a quarterly basis.

4.8.2 At Level 2 of service provision, organisations should report on:

- The number of support group meetings (Level 2) held in a given quarter/3-month period and the number in attendance at each meeting, by gender and county including, for example, coffee mornings or parents’ evenings.
- The number of participants and retention rates at peer-support courses, reported on an annual basis.
- The number of individual contacts to one-to-one services (Level 2), e.g. drop-in listening services or phone support services should be reported on an annual basis.
- The number of contacts annually by ‘contact type’ (i.e. individuals, groups, organisations). These should be reported on by the SBLOs.
- SBLO contacts. These should be reported annually by age and gender/length of time following bereavement to referral/source of referral/relationship to deceased.
4.8.3 On an annual basis, services providing counselling should report on:

- Number of contacts to each counselling service, by age, gender and county.
- Overall service uptake (based on counselling hours), by age group and gender.
- Waiting times for assessment and for counselling services, by county.
- Length of time from bereavement to referral/relationship to the deceased/source of referral for each service/county.

Note 1: In addition to the metrics suggested above for the SBLO service, more qualitative data based on the experience of service delivery should be gathered – from the service providers and from clients. This might be gathered based on a sample from a randomly selected particular geographical area each year.

Note 2: In addition to quantitative metrics, service providers will be encouraged to gather, collate and analyse more qualitative information from clients about their experience of counselling/therapy following bereavement, e.g. by routinely asking for narrative feedback or by conducting occasional qualitative surveys or interviews in selected services.

Note 3: A brief, non-intrusive measure of clinical outcome should be identified and agreed as the common measure of ‘before and after’ outcomes amongst service providers, e.g. CORE or similar.

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<tr>
<td>4.8.1 On an annual basis, organisations which provide suicide bereavement support information should provide a report on the minimal dataset presented in 4.8.1 above.</td>
<td>HSE MH and NOSP SLA process</td>
<td>National coordination point for Suicide Bereavement Support (Action 10), HSE MH and NOSP</td>
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<tr>
<td>4.8.2 At Level 2 of service provision, organisations should report on the dataset presented in 4.8.2 above.</td>
<td>HSE MH and NOSP SLA process</td>
<td>National coordination point for Suicide Bereavement Support (Action 10), HSE MH and NOSP</td>
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<tr>
<td>4.8.3 On an annual basis, services providing counselling should report on the dataset presented in 4.8.3 above.</td>
<td>HSE MH and NOSP SLA process</td>
<td>National coordination point for Suicide Bereavement Support (Action 10), HSE MH and NOSP</td>
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4.9 HSE Communication Guide following Suspected Suicides in Services

A study carried out in Mental Health Services (2016)\(^6\) revealed the lack of uniformity in responding to families affected by a suspected suicide. The study highlighted shortcomings in communication and signposting to qualified and specialist bereavement support services. The study made a recommendation to improve the service response to family members in the aftermath of a death of a service user, including giving practical information and signposting to available specialist bereavement support services.

The project Working Group developed the *HSE Communication Guide following Suspected Suicides in Services* to support HSE Mental Health Services (see Appendix 4). It was designed to support HSE Mental Health Services to respond to families with an appropriate and consistent response and to ensure signposting to relevant bereavement supports. It also outlines supports available for staff affected by a suspected suicide of those known to Mental Health Services (e.g. HSE Employee Assistance Programme). The Communication Guide should be adapted by other service providers.

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<tr>
<td>4.9.1 The Heads of Service for Mental Health will circulate the HSE Communication Guide to their local area management teams.</td>
<td>Enhancing Suicide Bereavement Supports Project</td>
<td>HSE Heads of Service Mental Health</td>
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<td>4.9.2 All Mental Health Services should adopt the Communication Guide to ensure a consistent approach for families and signposting to bereavement support services.</td>
<td>Enhancing Suicide Bereavement Supports Project</td>
<td>HSE Heads of Service Mental Health</td>
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\(^6\)\(2016\) A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. Cork: National Suicide Research Foundation.
4.10 National coordination of suicide bereavement supports

The implementation of the actions in this report requires national coordination, by assigning dedicated responsibility for coordination of suicide bereavement actions to an existing resource within the HSE. The coordination of suicide bereavement supports will include:

**Projects**

1. The management of suicide bereavement information packs, covering:
   - Contents of the pack
   - Digital presence
   - Audio/video clips for the digital version of information resources.
2. Work on an implementation plan for the other recommendations in the Improving Suicide Bereavement Supports in Ireland report 2020
3. Reviewing requirements for a best-practice project for suicide bereavement services, similar to the *Best Practice for Suicide Prevention Services Framework*.

**Operational work**

- Work with the nominated ROSPs on the dissemination and upkeep of the suicide bereavement information pack, ensuring updated, consistent, evidence-based packs and seamless distribution channels.
- Ensure that local ‘inserts’ and adaptations are consistent across the country.
- Support the delivery and ongoing update of training materials in the area of suicide bereavement support.
- Establish a national network of NGOs delivering suicide bereavement support services.
- Work with NOSP and HSE Mental Health to ensure consistent access to all levels of suicide bereavement services across the country, to include outreach to rural areas as required.
- Work with the NGOs to ensure governance and quality standards.
- Work with HSE services and funded agencies to agree a reporting template that will facilitate the capturing of the information recommended in Action Area 4.8 of this report.

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<tr>
<td>4.10.1 Provide a national coordination point by assigning dedicated responsibility for the coordination of suicide bereavement support actions outlined in this report to an existing resource within the HSE.</td>
<td>HSE MH and NOSP</td>
<td>HSE MH and NOSP</td>
</tr>
</tbody>
</table>
Appendix 1: Membership of project working group and steering committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciara Acton</td>
<td>HSE National Mental Health</td>
</tr>
<tr>
<td>Una Twomey</td>
<td>HSE National Mental Health</td>
</tr>
<tr>
<td>James Ryan</td>
<td>Service user representative</td>
</tr>
<tr>
<td>Catherine Brogan</td>
<td>Mental Health Ireland</td>
</tr>
<tr>
<td>Eve Griffin</td>
<td>National Suicide Research Foundation (NSRF)</td>
</tr>
<tr>
<td>Sarah Woods</td>
<td>HSE National Office for Suicide Prevention (NOSP)</td>
</tr>
<tr>
<td>Máire Ní Dhomhnaill</td>
<td>The Family Centre, Castlebar</td>
</tr>
<tr>
<td>Derek Chambers</td>
<td>HSE National Mental Health</td>
</tr>
<tr>
<td>Josephine Kiernan</td>
<td>Pieta House</td>
</tr>
<tr>
<td>Emer O’Neill</td>
<td>Pieta House</td>
</tr>
<tr>
<td>Tracy Nugent</td>
<td>HSE Resource Officer for Suicide Prevention (ROSP)</td>
</tr>
<tr>
<td>Annemarie Dooley</td>
<td>HSE Community Health Operations Improvement and Change (CHOIC)/Centre for Effective Services (CES)</td>
</tr>
<tr>
<td>Anne Sheridan</td>
<td>HSE Resource Officer for Suicide Prevention (ROSP)</td>
</tr>
</tbody>
</table>
The Working Group would also like to acknowledge the work of the Suicide Bereavement Information Resource Sub-Working Group, Stephen Graham, Pieta House and the HSE Resource Officers for Suicide Prevention (ROSPs).

### Membership of Project Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Ryan</td>
<td>Assistant National Director Mental Health, Head of Community Operations</td>
</tr>
<tr>
<td></td>
<td>HSE Mental Health</td>
</tr>
<tr>
<td>Ciara Acton</td>
<td>HSE National Mental Health</td>
</tr>
<tr>
<td>John Meehan</td>
<td>Assistant National Director Mental Health Strategy &amp; Planning and Head of</td>
</tr>
<tr>
<td></td>
<td>National Office for Suicide Prevention</td>
</tr>
<tr>
<td>Kevin Brady</td>
<td>HSE Head of Service Mental Health Dublin South, Kildare &amp; West Wicklow</td>
</tr>
<tr>
<td>Hester O Connor</td>
<td>Principal Psychology Manager</td>
</tr>
<tr>
<td></td>
<td>HSE Dublin South, Kildare &amp; West Wicklow</td>
</tr>
<tr>
<td>Siobháin Ní Bhríain</td>
<td>HSE National Clinical Advisor and Group Lead Mental Health</td>
</tr>
</tbody>
</table>
Appendix 2: Mapping of current bereavement supports

A mapping exercise of all bereavement support services was conducted between August and September 2018 with input from the ROSPs and reviewed in September 2019. The tables below show the list of the findings across all three levels of bereavement support.

Table 1: List of services at Level 1: General support and information

Table 2: List of services at Level 2: Extra support

Table 3: List of services at Level 3: Professional therapy

Each table is followed by maps showing the national distribution of the services described.

The online version of this report is accompanied by links to visual maps showing the national distribution of the services described.

Note: The mapping exercise was undertaken to help inform the future enhancement and commissioning of bereavement supports. The mapping is not intended as a directory of services and was undertaken at a point in time.

The information will be reviewed on an ongoing basis but it is not intended that it will constitute a comprehensive directory. Information on bereavement supports will be regularly reviewed and updated on yourmentalhealth.ie.
Level 1: General support and information

The first level of bereavement support represents general support and information. Most people who experience loss will require first-level support, which involves providing people with information on the grieving process.

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Brief resource description (e.g. display leaflet)</th>
<th>Target audience/ Age group</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE National Office for Suicide Prevention (NOSP)</td>
<td>Bereavement information leaflets; suicide prevention leaflets; promotion of other services</td>
<td>Whole population</td>
<td>Via the Resource Officers for Suicide Prevention (ROSPs) <a href="https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/">https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/</a></td>
</tr>
<tr>
<td>Family Resource Centres</td>
<td>Brochure: Code of Practice Booklet, includes one section on suicide bereavement</td>
<td>Whole population</td>
<td>Through FRC Mental Health Project: <a href="mailto:staffsupport@frcmentalhealthpromotion.ie">staffsupport@frcmentalhealthpromotion.ie</a></td>
</tr>
<tr>
<td>Irish Childhood Bereavement Network</td>
<td>Information on children, adolescents and family grief. Includes a list of resources</td>
<td>Bereavement professionals and organisations. Children, adolescents and families</td>
<td><a href="http://www.childhoodbereavement.ie">www.childhoodbereavement.ie</a></td>
</tr>
<tr>
<td>Irish Hospice Foundation</td>
<td>Information on children, adolescents and family grief, leaflets, booklets available to download, videos, personal experiences shared</td>
<td>Whole population</td>
<td>Leaflets can be downloaded or hardcopies can be obtained via the organisation <a href="http://www.bereaved.ie">www.bereaved.ie</a></td>
</tr>
<tr>
<td>Anam Cara</td>
<td>Brochures, e.g support for families, information and signposting</td>
<td>Bereaved parents</td>
<td><a href="http://www.anamcara.ie">www.anamcara.ie</a></td>
</tr>
<tr>
<td>Barnardos</td>
<td>Information on children, adolescents and family grief. Includes a list of resources</td>
<td>Young people, parents, carers and anyone working with children</td>
<td>Free ebooks can be downloaded from the website <a href="http://www.barnados.ie">www.barnados.ie</a></td>
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</table>
## Level 2 services

<table>
<thead>
<tr>
<th>Service name</th>
<th>Address</th>
<th>Town/city</th>
<th>County</th>
<th>Service type</th>
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<tbody>
<tr>
<td>A Changed Life - Bereavement support group</td>
<td>Monastery Avenue, Cathedral Square</td>
<td>Letterkenny</td>
<td>Donegal</td>
<td>Suicide Specific</td>
</tr>
<tr>
<td>Bereavement Support Group, GRASP Life</td>
<td>Church Hill</td>
<td>Sligo</td>
<td>General</td>
<td>Bereavement</td>
</tr>
<tr>
<td>Bereavement Support Group, St Michael's Family Life Centre</td>
<td>Church Hill</td>
<td>Sligo</td>
<td>General</td>
<td>Bereavement</td>
</tr>
<tr>
<td>Good Morning Service Donegal</td>
<td>6 Ardavan Square</td>
<td>Buncrana</td>
<td>Donegal</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Listening service: Donegal Women’s Centre</td>
<td>Port Rd, Gortlee</td>
<td>Letterkenny</td>
<td>Donegal</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Drop in Listening Service, Knock Counselling Service</td>
<td>Reconciliation Chapel at Knock Shrine, Claremorris</td>
<td>Knock</td>
<td>Mayo</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>The Family Centre Castłebar</td>
<td>Family Centre, Upper Chapel Street</td>
<td>Garryduff, Castlebar</td>
<td>Mayo</td>
<td>Suicide Bereavement</td>
</tr>
<tr>
<td>Kilmoremoy Bereavement Support Group</td>
<td>Rathlacken, Carrowmore Lacken</td>
<td>Ballina</td>
<td>Mayo</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Mindspace Mayo</td>
<td>Market Street</td>
<td>Castlebar</td>
<td>Mayo</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Galway GAA, Critical Response Plan</td>
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<td>Galway</td>
<td>General</td>
<td>Bereavement</td>
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<tr>
<td>Mayo Suicide Bereavement Liaison Service</td>
<td>Chapel Street</td>
<td>Castlebar</td>
<td>Mayo</td>
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<tr>
<td>Roscommon Suicide Bereavement Liaison Service</td>
<td>Abbey Street</td>
<td>Roscommon Town</td>
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<td>Suicide Specific</td>
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<tr>
<td>Western Alliance of Suicide Bereavement Support Agencies</td>
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<td>Galway</td>
<td>Suicide</td>
<td>Specific</td>
</tr>
<tr>
<td>Clare Suicide Bereavement Support Group</td>
<td>Drumcaurin</td>
<td>Ennis</td>
<td>Clare</td>
<td>Suicide Specific</td>
</tr>
<tr>
<td>Méala Bereavement Support Group</td>
<td>NEKD Office, Crageens</td>
<td>Castleisland</td>
<td>Kerry</td>
<td>General Bereavement</td>
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<tr>
<td>Méala Bereavement Support Group</td>
<td>Listowel Family Resource Centre, John B. Keane Road</td>
<td>Listowel</td>
<td>Kerry</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Méala Bereavement Support Group</td>
<td>Tralee CDP, Upper Rock Street</td>
<td>Tralee</td>
<td>Kerry</td>
<td>General Bereavement</td>
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<tr>
<td>SouthWest Counselling Bereavement Support Group</td>
<td>Lewis Road</td>
<td>Kilamey</td>
<td>Kerry</td>
<td>General Bereavement</td>
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<tr>
<td>Tarbert Bereavement Support Group</td>
<td>Ardfert Retreat Centre</td>
<td>Skrillagh</td>
<td>Kerry</td>
<td>General Bereavement</td>
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<td>Suicide Bereavement Support Group</td>
<td></td>
<td>Waterford</td>
<td>Suicide</td>
<td>Specific</td>
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<tr>
<td>Hope D</td>
<td>2 Henry St, Piercetown</td>
<td>Newbridge</td>
<td>Kildare</td>
<td>Suicide Specific</td>
</tr>
<tr>
<td>Hope Tallaght</td>
<td>Unit 5, West Park Gate, Old Bawn Rd</td>
<td>Tallaght</td>
<td>Dublin 24</td>
<td>Suicide Specific</td>
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<tr>
<td>Kildare Bereavement Suicide Support Group</td>
<td>Parish Centre, Ballycane</td>
<td>Naas</td>
<td>Kildare</td>
<td>Suicide Specific</td>
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<tr>
<td>Turas Le Cheile</td>
<td>Whitestown House</td>
<td>Kilcock</td>
<td>Kildare</td>
<td>General Bereavement</td>
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<tr>
<td>Portlaoise Parish Bereavement Support Service</td>
<td>Dublin Road, Moneyballytyrell</td>
<td>Portlaoise</td>
<td>Laois</td>
<td>General Bereavement</td>
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<tr>
<td>Tullamore Parish Bereavement Support Service</td>
<td>1-3 Benburb St, Puttaghan</td>
<td>Tullamore</td>
<td>Offaly</td>
<td>General Bereavement</td>
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<tr>
<td>Family Ministry Longford</td>
<td>Family Centre, St Mels Road</td>
<td>Longford</td>
<td>General</td>
<td>Bereavement</td>
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### Appendix 2: Mapping of current bereavement supports

<table>
<thead>
<tr>
<th>Service name</th>
<th>Address</th>
<th>Town/city</th>
<th>County</th>
<th>Service type</th>
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<tbody>
<tr>
<td>Longford Counselling Service</td>
<td>2 Keons Terrace</td>
<td>Longford</td>
<td>General Bereavement</td>
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<tr>
<td>Longford Women's Link</td>
<td>Willow House, Ardnacassa Avenue</td>
<td>Longford</td>
<td>General Bereavement</td>
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<tr>
<td>Drogheda Community Services Trust</td>
<td>16-44 Scarlet Crescent, Yellowbatter</td>
<td>Drogheda</td>
<td>Louth</td>
<td>General Bereavement</td>
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<tr>
<td>Dundalk Counselling Centre CLG</td>
<td>3 Seatown Pl, Townparks</td>
<td>Dundalk</td>
<td>Louth</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Family Support Network</td>
<td>North Dublin Regional Drug &amp; Alcohol Task Force, Unit 25 Town Centre Mall</td>
<td>Swords Village</td>
<td>County Dublin</td>
<td>General Bereavement</td>
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<tr>
<td>Tearnaige Suicide Bereavement Support</td>
<td>Fingal</td>
<td>Dublin</td>
<td>Suicide Specific</td>
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### Samaritans

<table>
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<th>Address</th>
<th>Town/city</th>
<th>County</th>
<th>Service type</th>
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</thead>
<tbody>
<tr>
<td>Dublin Samaritans</td>
<td>112 Marlborough Street</td>
<td>Dublin 1</td>
<td>Dublin</td>
<td>General Bereavement</td>
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<tr>
<td>Irish Festival Branch</td>
<td>31 Usher’s Quay, 31-33 Usher’s Court</td>
<td>Dublin 8</td>
<td>Dublin</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Newbridge Samaritans</td>
<td>3 McElwain Terrace</td>
<td>Newbridge</td>
<td>Kildare</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Drogheda &amp; North East Samaritans</td>
<td>3 Leyland Place, Stockwell Street</td>
<td>Drogheda</td>
<td>Louth</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>East Coast Samaritans</td>
<td>53 Main Street</td>
<td>Arklow</td>
<td>Wicklow</td>
<td>General Bereavement</td>
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<td>Coach Street</td>
<td>Cork</td>
<td>Cork</td>
<td>General Bereavement</td>
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<td>20 Barrington Street</td>
<td>Limerick</td>
<td>Limerick</td>
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<tr>
<td>Tralee Samaritans</td>
<td>43 - 44 Moyderwell</td>
<td>Tralee</td>
<td>Kerry</td>
<td>General Bereavement</td>
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<tr>
<td>Waterford Samaritans</td>
<td>16 Beau Street</td>
<td>Waterford</td>
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<tr>
<td>Ennis Samaritans</td>
<td>Sunville, Kilrush Road</td>
<td>Ennis</td>
<td>Clare</td>
<td>General Bereavement</td>
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<tr>
<td>Galway Samaritans</td>
<td>14 Nun’s Island</td>
<td>Galway</td>
<td>General Bereavement</td>
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<tr>
<td>Athlone Samaritans</td>
<td>3 Court Devenish</td>
<td>Athlone</td>
<td>General Bereavement</td>
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<tr>
<td>Sligo Samaritans</td>
<td>3 The Mall</td>
<td>Sligo</td>
<td>General Bereavement</td>
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</table>

### Rainbows Ireland - Public centres

<table>
<thead>
<tr>
<th>Service name</th>
<th>Address</th>
<th>Town/city</th>
<th>County</th>
<th>Service type</th>
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</thead>
<tbody>
<tr>
<td>Forward Steps Resource Centre CLG</td>
<td>Chapel Lane</td>
<td>Tullow</td>
<td>Carlow</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Carlow Rainbows c/o Askea Parish Centre</td>
<td>Brownshill Road</td>
<td>Askea</td>
<td>Carlow</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Focus FRC</td>
<td>Portaliffe Centre, Main Street</td>
<td>Killesandra</td>
<td>Cavan</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Teach Oscail FRC</td>
<td>Unit 10, Church Street</td>
<td>Cavan</td>
<td>Youth Specific</td>
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<tr>
<td>North West Clare FRC CLG</td>
<td>Aronacula</td>
<td>Ennistymon</td>
<td>Clare</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Shannon FRC</td>
<td>Respond Community Building, Rineanna View</td>
<td>Shannon</td>
<td>Clare</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>CDYS Midleton</td>
<td>My Place, Mill Road, Townparks</td>
<td>Midleton</td>
<td>Cork</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Macroom FRC</td>
<td>Fairfield, Masseytown</td>
<td>Macroom</td>
<td>Cork</td>
<td>Youth Specific</td>
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<tr>
<td>Cobh FRC</td>
<td>Park House, Cloyne Terrace</td>
<td>Cobh</td>
<td>Cork</td>
<td>Youth Specific</td>
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<td>Ardigole FRC</td>
<td>The Caha Centre, Adrigole</td>
<td>Beara</td>
<td>Cork</td>
<td>Youth Specific</td>
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<tr>
<td>Service name</td>
<td>Address</td>
<td>Town/city</td>
<td>County</td>
<td>Service type</td>
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<tr>
<td>--------------</td>
<td>---------</td>
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</tr>
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<td>Carrigtwohill FRC</td>
<td>Main Street</td>
<td>Carrigtwohill</td>
<td>Cork</td>
<td>Youth Specific</td>
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<td>Raphoe Diocesan Pastoral Centre</td>
<td>Raphoe Diocesan Pastoral Centre</td>
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<td>Youth Specific</td>
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<tr>
<td>Downstrands Family Resource Centre</td>
<td>Downstrands Family Resource Centre</td>
<td>Killookey, Portnoo</td>
<td>Donegal</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Finn Valley FRC (Springboard Family Support Centre)</td>
<td>Castlegrove</td>
<td>Raphoe</td>
<td>Donegal</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Aster FRC</td>
<td>1 George Square</td>
<td>Balbriggan</td>
<td>County Dublin</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Artane Coolock FRC</td>
<td>55 Gracefield Rd, Tus Na</td>
<td>Artane</td>
<td>Dublin 5</td>
<td>Youth Specific</td>
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<tr>
<td>School St. FRC</td>
<td>School Street</td>
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<td>Youth Specific</td>
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<td>Baldoyle FRC</td>
<td>Grange Road</td>
<td>Baldoyle</td>
<td>Dublin 13</td>
<td>Youth Specific</td>
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<tr>
<td>Mountview FRC</td>
<td>11 Whitechapel Crescent</td>
<td></td>
<td>Dublin 15</td>
<td>Youth Specific</td>
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<tr>
<td>Wellview FRC</td>
<td>17/18 Wellview Green</td>
<td>Mulhuddart</td>
<td>Dublin 15</td>
<td>Youth Specific</td>
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<tr>
<td>Hillview FRC</td>
<td>33/34 Hillview Grove</td>
<td>Ballinteer</td>
<td>Dublin 16</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Rosemount FRC</td>
<td>3 Waldemar Terrace, Main Street</td>
<td>Dundrum</td>
<td>Dublin 16</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Deansrath Health Centre</td>
<td>Deansrath Shopping Centre, St Cuthberts Road</td>
<td>Deansrath</td>
<td>Dublin 22</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>St. Kevin’s FRC</td>
<td>St. Kevin’s Girls School, Kilnamanaigh</td>
<td>Tallaght</td>
<td>Dublin 24</td>
<td>Youth Specific</td>
</tr>
<tr>
<td>Galway Diocesan Pastoral Centre</td>
<td>Newtownsmith</td>
<td>Galway City</td>
<td>Galway</td>
<td>Youth Specific</td>
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<tr>
<td>Gort Family Resource Centre</td>
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<td>Galway</td>
<td>Youth Specific</td>
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<tr>
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<td>Main Street</td>
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<td>Galway</td>
<td>Youth Specific</td>
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<tr>
<td>Youth Work Galway</td>
<td>41-43 Prospect Hill</td>
<td>Galway City</td>
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<td>Youth Specific</td>
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<tr>
<td>Rainbows Tuam</td>
<td>Tuam Parish Centre</td>
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<td>Galway</td>
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<td>Ballyspillane Community &amp; FRC CLG</td>
<td>Ballyspillane Estate</td>
<td>Killarney</td>
<td>Kerry</td>
<td>Youth Specific</td>
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<tr>
<td>Kenmare FRC</td>
<td>Railway Road</td>
<td>Kenmare</td>
<td>Kerry</td>
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<tr>
<td>Listowel Family Resource Centre</td>
<td>John B Keane Road</td>
<td>Listowel</td>
<td>Kerry</td>
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<tr>
<td>Castlemaine FRC</td>
<td>Castlemaine Community Centre</td>
<td>Tralee Road</td>
<td>Kerry</td>
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<td>Shanakill FRC</td>
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<td>Tralee</td>
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<td>South West Kerry Family Resource Centre</td>
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<td>Cahersiveen</td>
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<td>Curragh Pride FRC</td>
<td>1 Griffith Road</td>
<td>Curragh Camp</td>
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<tr>
<td>Newbridge FRC</td>
<td>Dara Park</td>
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<td>Leixlip Rainbows</td>
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<td>County</td>
<td>Service type</td>
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<td>Knockanrawley Resource Centre CLG</td>
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<td>Little Bray Family Resource Centre</td>
<td>Ard Chulainn, Upper Dargle Road</td>
<td>Fassaroe, Bray</td>
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<tr>
<td>Portlaoise Parish Bereavement Support Service</td>
<td>Stradbally Rd</td>
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## SOSAD

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<td>Carrickmacross</td>
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<tr>
<td>SOSAD</td>
<td>26 Bridge Street</td>
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<td>SOSAD</td>
<td>30 Magdalene Street</td>
<td>Drogheda</td>
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<td>SOSAD</td>
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<td>SOSAD</td>
<td>29 Canon Row</td>
<td>Navan</td>
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## Jigsaw

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<td>Jigsaw Clondalkin</td>
<td>Moorfield Avenue, Neilstown</td>
<td>Clondalkin</td>
<td>Dublin</td>
<td>Youth Specific</td>
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<tr>
<td>Jigsaw Cork</td>
<td>Unit 8, South Bank</td>
<td>Crosses Green, Wandesford Quay</td>
<td>Cork</td>
<td>Youth Specific</td>
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<tr>
<td>Jigsaw Donegal</td>
<td>Pearse Road</td>
<td>Letterkenny</td>
<td>Donegal</td>
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<tr>
<td>Jigsaw Dublin 15</td>
<td>Blanchardstown Library, 2nd Floor</td>
<td>Blanchardstown Shopping Centre</td>
<td>Dublin 15</td>
<td>Youth Specific</td>
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<tr>
<td>Jigsaw Dublin City</td>
<td>44 Essex Street East</td>
<td>Temple Bar</td>
<td>Dublin 2</td>
<td>Youth Specific</td>
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<tr>
<td>Jigsaw Galway</td>
<td>Fairgreen Road,</td>
<td>Galway City</td>
<td>Galway</td>
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<tr>
<td>Jigsaw Kerry</td>
<td>Unit A1 Edward Court</td>
<td>Tralee</td>
<td>Kerry</td>
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<td>Jigsaw Limerick</td>
<td>3rd Floor, Arthur’s Quay House</td>
<td>Arthur’s Quay</td>
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<tr>
<td>Jigsaw Meath</td>
<td>25 Brews Hill</td>
<td>Navan</td>
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<tr>
<td>Jigsaw North Fingal</td>
<td>St. George’s Square</td>
<td>Balbriggan</td>
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<tr>
<td>Jigsaw Offaly</td>
<td>2 Cormac Street</td>
<td>Tullamore</td>
<td>Offaly</td>
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<tr>
<td>Jigsaw Roscommon</td>
<td>Primary Care Centre, Golf Links Road</td>
<td>Roscommon Town</td>
<td>Roscommon</td>
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<tr>
<td>Jigsaw Tallaght</td>
<td>Moorfield Avenue</td>
<td>Neilstown, Clondalkin</td>
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## Bethany Bereavement

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<tr>
<td>Bethany Bereavement Support Group</td>
<td>A full list of over 80 Bethany Services is available on bethany.ie</td>
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<td>General Bereavement</td>
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## Barnardos

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<td>23/24 Lower Buckingham Street</td>
<td>Dublin 1</td>
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<tr>
<td>FEIS (Finglas Early Intervention Service)</td>
<td>St. Oliver Plunkett Junior School, St. Helena’s Drive</td>
<td>Finglas</td>
<td>Dublin 11</td>
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<tr>
<td>Finglas Teen Parents</td>
<td>St. Oliver Plunkett Junior School, St. Helena’s Drive</td>
<td>Finglas</td>
<td>Dublin 11</td>
<td>Youth Specific</td>
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<tr>
<td>Finglas West Family Resource Centre</td>
<td>St Malachy’s MNS, St Helena’s Road, Finglas</td>
<td>Finglas</td>
<td>Dublin 11</td>
<td>Youth Specific</td>
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<tr>
<td>Finglas Family Support Service</td>
<td>St. Josephs Girls National School, Barry Avenue</td>
<td>Finglas West</td>
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<td>Better Finglas ABC Programme</td>
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<td>Finglas</td>
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Appendix 2: Mapping of current bereavement supports
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<td>22 Corduff Park, Blackcourt Road</td>
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<td>Clondalkin</td>
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<td>Ballyfermot</td>
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<td>Millbrook Child and Family Centre and Acorn Parent Coaching Programme</td>
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<td>Jobstown</td>
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<td>Special Needs Service</td>
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<td>Tallaght</td>
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<td>Carrickmines</td>
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<td>Carlow Barnardos Centre</td>
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<td>Mahon</td>
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<td>Letterkenny</td>
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<td>Claregalway</td>
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<td>Barnardos Family Support Service Limerick North</td>
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<td>Barnardos Waterford Student Mothers Group</td>
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### Anam Cara

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<td>Anam Cara South Dublin</td>
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<td>Tallaght</td>
<td>Dublin 24</td>
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<td>Anam Cara Kerry</td>
<td>Recovery Haven, 5 Haigs Terrace</td>
<td>Killarisk Tralee</td>
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<tr>
<td>Anam Cara Donegal</td>
<td>The Radisson Blu Hotel</td>
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<td>Donegal</td>
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<tr>
<td>Anam Cara Tipperary</td>
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<td>Thurles</td>
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<tr>
<td>Anam Cara Wicklow</td>
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<td>Newtown-mountainkennedy</td>
<td>Wicklow</td>
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<tr>
<td>Anam Cara West Cork</td>
<td>The Munster Arms, Oliver Plunkett Street</td>
<td>Bandon</td>
<td>Cork</td>
<td>General Bereavement</td>
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<tr>
<td>Anam Cara North Dublin</td>
<td>The Carnegie Court Hotel</td>
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<td>Dublin</td>
<td>General Bereavement</td>
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<tr>
<td>Anam Cara Limerick</td>
<td>Milford Care Centre, Plassey Park Road</td>
<td>Sreelane, Castletroy</td>
<td>Limerick</td>
<td>General Bereavement</td>
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<tr>
<td>Anam Cara Mayo</td>
<td>T. F. Royal Hotel, Old Westport Road</td>
<td>Castlebar</td>
<td>Mayo</td>
<td>General Bereavement</td>
</tr>
<tr>
<td>Anam Cara Galway</td>
<td>The Clayton Hotel</td>
<td>Briarhill</td>
<td>Galway</td>
<td>General Bereavement</td>
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# Appendix 2: Mapping of current bereavement supports

## Living Links

<table>
<thead>
<tr>
<th>Service name</th>
<th>Address</th>
<th>Town/city</th>
<th>County</th>
<th>Service type</th>
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<tbody>
<tr>
<td>Living Links</td>
<td>Limerick Diocesan Pastoral Centre, St. Michael’s Courtyard, Denmark Street</td>
<td>Limerick</td>
<td>Limerick</td>
<td>Suicide Specific</td>
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<tr>
<td>Living Links</td>
<td>11 Frankford Park</td>
<td>Kilcormac</td>
<td>Offaly</td>
<td>Suicide Specific</td>
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<tr>
<td>Living Links</td>
<td>Loreto House, Kenyon Street</td>
<td>Nenagh</td>
<td>Tipperary</td>
<td>Suicide Specific</td>
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## Pieta House Suicide Bereavement Liaison Service

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<th>County</th>
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<tbody>
<tr>
<td>PH SBLO Galway</td>
<td>2nd Floor Lismoyle House, Merchants Road</td>
<td>Galway</td>
<td>Suicide Specific</td>
<td></td>
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<tr>
<td>PH SBLO Sligo/Leitrim</td>
<td>HSE West, JFK House, JFK Parade</td>
<td>Sligo</td>
<td>Suicide Specific</td>
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<tr>
<td>PH SBLO Limerick/North Tipperary/Clare</td>
<td>Ardaulin, Mungret, Mungret, Limerick</td>
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<td>Suicide Specific</td>
<td></td>
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<tr>
<td>PH SBLO Donegal</td>
<td>3rd Floor, Grand Central Building, Canal Road</td>
<td>Letterkenny, Donegal</td>
<td>Suicide Specific</td>
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<tr>
<td>PH SBLO Midlands</td>
<td>Sean Costello Street</td>
<td>Athlone</td>
<td>Westmeath</td>
<td>Suicide Specific</td>
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<tr>
<td>PH SBLO Waterford/Wexford/Kilkenny/South Tipperary</td>
<td>14 Francis Street</td>
<td>Wexford</td>
<td>Suicide Specific</td>
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<tr>
<td>PH SBLO Cavan/Monaghan</td>
<td>Carrickmacross Primary Care Centre, Donaghmoyle Road</td>
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<td>PH SBLO Cork/Kerry</td>
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<td>PH SBLO Wicklow, Dun Laoghaire, Dublin South East</td>
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<tr>
<td>PH SBLO Louth/Meath</td>
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<td>Louth</td>
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## Healing Untold Grief Group (HUGG)

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<td>HUGG Leopardstown</td>
<td>Central Park, Carmanhall and Leopardstown</td>
<td>Blackrock</td>
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<tr>
<td>HUGG Tallaght</td>
<td>Maldron Tallaght, Whitestown Way</td>
<td>Tallaght</td>
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### Level 3: Professional therapy

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<td>Adult Counselling Clarcare</td>
<td>Harmony Row, Lifford</td>
<td>Ennis</td>
<td>Clare</td>
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<td>Barnardos</td>
<td>Barnardos Origins, Post Adoption and Bereavement Services</td>
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<td></td>
<td>23/24 Lower Buckingham Street</td>
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<tr>
<td>Barnardos</td>
<td>FEIS (Finglas Early Intervention Service) St. Oliver Plunkett Junior School, St. Helena’s Drive</td>
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<td>Barnardos</td>
<td>Finglas Teen Parents St. Oliver Plunketts Junior School, St Helena’s Drive</td>
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<td>Finglas West Family Resource Centre c/o St Malachy’s MNS, St Helena’s Road</td>
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<td>Finglas Family Support Service St. Josephs Girls National School, Barry Avenue</td>
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<td>Barnardos</td>
<td>Barnardos Family Support Service Church Road</td>
<td>Mulhuddart</td>
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<td>Blackcourt Road</td>
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<td>Neillstown</td>
<td>Dublin</td>
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<td>St. Patrick’s Hospital, Johns Hill, Waterford</td>
<td>Carlow</td>
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<td>F2 Centre</td>
<td>3 Reuben Plaza</td>
<td>Rialto</td>
<td>Dublin</td>
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<td>Family Life Service</td>
<td>St Brigid's Centre, 12 Roches Road</td>
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<td>The Family Centre</td>
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<td>Fingal Counselling Service</td>
<td>54-56 Main Street, Swords Glebe</td>
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<td>GMIT Counselling Service Mayo</td>
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<td>Good2Talk Counselling</td>
<td>1 College St, Commons</td>
<td>Mullingar</td>
<td>Westmeath</td>
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<td>Helplink</td>
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<td>Bray</td>
<td>Wicklow</td>
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<td>Dublin 12</td>
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<tr>
<td>LYIT Student Counselling service</td>
<td>Letterkenny IT, Port Road</td>
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<td>Men’s Development Network</td>
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<td>My Mind: Christchurch</td>
<td>Unit 2A, Christchurch Hall, High St</td>
<td>The Liberties</td>
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<td>My Mind: Cork</td>
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<td>Cork</td>
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<td>7A Store St</td>
<td>Mountjoy</td>
<td>Dublin 1</td>
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## Appendix 2: Mapping of current bereavement supports

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<th>Service name</th>
<th>Address</th>
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<th>County</th>
<th>Service type</th>
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<td>Bee Park Community Centre</td>
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<tr>
<td>Northside Counselling Service</td>
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<td>Bonnybrook</td>
<td>Dublin 17</td>
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<td>Nurture Health</td>
<td>Bedrock, Sundrive Road</td>
<td>Rush</td>
<td>Co Dublin</td>
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<td>Oasis Counselling, Deora Project</td>
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<td>Seville Place</td>
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<td>Donegal</td>
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<td>Kells</td>
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### Appendix 2: Mapping of current bereavement supports

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### Counselling in Primary Care (CIPC) Coordinators

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<td>Offaly</td>
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### Family Resource Centres

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<td>Droichead</td>
<td>Mill Street</td>
<td>Callan</td>
<td>Kilkenny</td>
<td>FRC</td>
</tr>
<tr>
<td>Newpark Close</td>
<td>Newpark Close</td>
<td>Kilkenny</td>
<td>FRC</td>
<td></td>
</tr>
<tr>
<td>St. Canices Community Action</td>
<td>Fr. McGrath Community Centre, St Josephs Rd</td>
<td>Kilkenny</td>
<td>FRC</td>
<td></td>
</tr>
<tr>
<td>The Mill</td>
<td>Main St</td>
<td>Ullingford</td>
<td>Kilkenny</td>
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<tr>
<td>Portlaoise</td>
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<td>Laois</td>
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<td>Carrick On Shannon</td>
<td>Leitrim</td>
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<tr>
<td>Mohill</td>
<td>Canon Donohue Hall, Upper Main St</td>
<td>Mohill</td>
<td>Leitrim</td>
<td>FRC</td>
</tr>
<tr>
<td>Croom</td>
<td>The Mill</td>
<td>Croom</td>
<td>Limerick</td>
<td>FRC</td>
</tr>
<tr>
<td>Hospital</td>
<td>Knockainey Road</td>
<td>Hospital</td>
<td>Limerick</td>
<td>FRC</td>
</tr>
<tr>
<td>Southhill</td>
<td>267-268 Avondale Court, O’Malley Park</td>
<td>Southill</td>
<td>Limerick</td>
<td>FRC</td>
</tr>
<tr>
<td>Northside</td>
<td>26-28 Clonconnnane Road</td>
<td>Balllymady</td>
<td>Limerick</td>
<td>FRC</td>
</tr>
<tr>
<td>Bridgeways</td>
<td>Dean Egan Library, Main Street</td>
<td>Ballina</td>
<td>Longford</td>
<td>FRC</td>
</tr>
<tr>
<td>Lus Na Greine</td>
<td>Main St</td>
<td>Granard</td>
<td>Longford</td>
<td>FRC</td>
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<tr>
<td>Connect</td>
<td>171 Moneymore</td>
<td>Drogheda</td>
<td>Louth</td>
<td>FRC</td>
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<tr>
<td>Ballina</td>
<td>Unit 2 Abbey Street, Ardnaree</td>
<td>Ballina</td>
<td>Mayo</td>
<td>FRC</td>
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<tr>
<td>Cairideas</td>
<td>Kilmowee</td>
<td>Ballagderreen</td>
<td>Mayo</td>
<td>FRC</td>
</tr>
<tr>
<td>Le Cheile</td>
<td>Tucker Street</td>
<td>Castlebar</td>
<td>Mayo</td>
<td>FRC</td>
</tr>
<tr>
<td>Claremorris</td>
<td>James St</td>
<td>Claremorris</td>
<td>Mayo</td>
<td>FRC</td>
</tr>
<tr>
<td>Neart hAmhnais Teoranta</td>
<td>The Friary House, St Marys Abbey</td>
<td>Ballyhaunis</td>
<td>Mayo</td>
<td>FRC</td>
</tr>
<tr>
<td>TACU</td>
<td>Credit Union House, Main Street</td>
<td>Ballinrobe</td>
<td>Mayo</td>
<td>FRC</td>
</tr>
<tr>
<td>Westport</td>
<td>The Fairgreen</td>
<td>Westport</td>
<td>Mayo</td>
<td>FRC</td>
</tr>
<tr>
<td>The Peoples</td>
<td>Old Carrick School, Lord Edward St</td>
<td>Kells</td>
<td>Meath</td>
<td>FRC</td>
</tr>
<tr>
<td>Trim</td>
<td>22 Mornington Drive</td>
<td>Trim</td>
<td>Meath</td>
<td>FRC</td>
</tr>
<tr>
<td>Clones</td>
<td>3 McCurtain St</td>
<td>Clones</td>
<td>Monaghan</td>
<td>FRC</td>
</tr>
<tr>
<td>Teach na Daoine</td>
<td>1 Oriel Way</td>
<td>Mullaghmatt</td>
<td>Monaghan</td>
<td>FRC</td>
</tr>
<tr>
<td>Clara</td>
<td>The Parochial Hall, River Street</td>
<td>Clara</td>
<td>Offaly</td>
<td>FRC</td>
</tr>
<tr>
<td>Arden View</td>
<td>Arden View</td>
<td>Tullamore</td>
<td>Offaly</td>
<td>FRC</td>
</tr>
<tr>
<td>Family Life Centre</td>
<td>Knocknashee</td>
<td>Boyle</td>
<td>Roscommon</td>
<td>FRC</td>
</tr>
<tr>
<td>Ballymote</td>
<td>Keash Road</td>
<td>Ballymote</td>
<td>Sligo</td>
<td>FRC</td>
</tr>
<tr>
<td>West Sligo</td>
<td>Unit 5, Castlepark House, Pler Road</td>
<td>Enniscrone</td>
<td>Sligo</td>
<td>FRC</td>
</tr>
<tr>
<td>Sligo Family Centre</td>
<td>49 The Mall</td>
<td>Sligo</td>
<td>FRC</td>
<td></td>
</tr>
<tr>
<td>Tubbercurry</td>
<td>Mountain Rd</td>
<td>Tubbercurry</td>
<td>Sligo</td>
<td>FRC</td>
</tr>
<tr>
<td>Service name</td>
<td>Address</td>
<td>Town/city</td>
<td>County</td>
<td>Service type</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------</td>
<td>-------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Spafield</td>
<td>Old Rd</td>
<td>Cashel</td>
<td>Tipperary</td>
<td>FRC</td>
</tr>
<tr>
<td>Three Drives Ltd.</td>
<td>22/23 Greenane Drive</td>
<td>Tipperary Town</td>
<td>Tipperary</td>
<td>FRC</td>
</tr>
<tr>
<td>Millennium</td>
<td>Glengoole</td>
<td>Thurles</td>
<td>Tipperary</td>
<td>FRC</td>
</tr>
<tr>
<td>Sacred Heart</td>
<td>Community Buildings, Richardson’s Meadow, Old Tramore Rd</td>
<td>Thurles</td>
<td>Tipperary</td>
<td>FRC</td>
</tr>
<tr>
<td>St. Brigid’s Family &amp; Community Centre</td>
<td>37 Lower Yellow Rd</td>
<td>Waterford</td>
<td>FRC</td>
<td></td>
</tr>
<tr>
<td>Cara Phort</td>
<td>Harbour St, Ballynacargy</td>
<td>Mullingar</td>
<td>Westmeath</td>
<td>FRC</td>
</tr>
<tr>
<td>Monsignor McCarthy</td>
<td>13 Battery Heights</td>
<td>Athlone</td>
<td>Westmeath</td>
<td>FRC</td>
</tr>
<tr>
<td>Gorey</td>
<td>4 Charlotte Row, Upper Main St</td>
<td>Gorey</td>
<td>Wexford</td>
<td>FRC</td>
</tr>
<tr>
<td>South End</td>
<td>Seaview House</td>
<td>Maudlintown</td>
<td>Wexford</td>
<td>FRC</td>
</tr>
<tr>
<td>Taghmon</td>
<td>St Joseph Street</td>
<td>Taghmon</td>
<td>Wexford</td>
<td>FRC</td>
</tr>
<tr>
<td>Raheen</td>
<td>Raheen, Clonroche</td>
<td>Enniscorthy</td>
<td>Wexford</td>
<td>FRC</td>
</tr>
<tr>
<td>Greystones</td>
<td>28 Burnaby Court</td>
<td>Greystones</td>
<td>Wicklow</td>
<td>FRC</td>
</tr>
</tbody>
</table>
Adult bereavement services per county: The following is a heat map of the combined adult bereavement support services at Level two and Level three. Counties with 1-5 services are shown in red. Counties with more than 101 services are shown in black.
Youth-specific bereavement support services per county: The following is a heat map of the combined youth specific bereavement support services at Level two and Level three. Counties with 0-2 services are shown in red, counties with 101+ are shown in black.
The project Working Group obtained service evaluation data from two service providers 1) Mayo Suicide Liaison Service (MSLS), which operates from the Family Centre in Castlebar and 2) Pieta House bereavement counselling and Suicide Bereavement Liaison Officer (SBLO) Service.

Mayo Suicide Liaison Service (MSLS), 2012-2015


Background

The Mayo Suicide Liaison Service (MSLS) is a designated postvention service and the national suicide bereavement service for Mayo. It operates from the Family Centre in Castlebar. It was established in 2011 to provide information and plan for and co-ordinate the emotional and practical support for families and individuals bereaved by suicide.

The MSLS model consists of four core elements:

1) A suicide crisis service - A timely and flexible contact with the bereaved that provides bereavement support and information on available services in the aftermath of suicide.

2) On-going one-to-one and family support that is delivered through various modes of contact and with choices about venue.

3) Facilitated referral to appropriate services in the region.

4) Community support - Information, support, education and training for the community. The service is offered to those bereaved by suicide, including family members, friends and organisational groups and is delivered by a Liaison Worker.

In 2015, a report of the service was published, including findings from a retrospective review for the period February 2012 to February 2015.
Summary of findings

MSLS referrals

During the evaluation period, the service activity related to 66 deaths by suicide. A total of 85 referrals were activated, representing 77 cases (67 families and 10 organisations). The majority (n=46) were referrals related to deaths occurring in the county, with 13 related to deaths outside County Mayo and seven related to deaths that occurred prior to February 2012. Figure 1 outlines the number of referrals by month of the evaluation period (Figure 1).

Referrals came from a range of sources including self-referral (30), first responders (26), family/friends (15), HSE child services (6), educational settings (4), HSE adult services (3), and voluntary counselling services (1) (Table 1). Most of the referrals (65%) were made within six months of their bereavement, with one-third (35%) made within the first month (Table 2).

Table 1. Referral source

<table>
<thead>
<tr>
<th>Referral source</th>
<th>No. (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>30 (35%)</td>
</tr>
<tr>
<td>First responders</td>
<td>26 (30%)</td>
</tr>
<tr>
<td>Family &amp; friends</td>
<td>15 (18%)</td>
</tr>
<tr>
<td>HSE child services</td>
<td>6 (7%)</td>
</tr>
<tr>
<td>Education and training</td>
<td>4 (6%)</td>
</tr>
<tr>
<td>HSE adult services</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Voluntary counselling services</td>
<td>1 (1%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85</strong></td>
</tr>
</tbody>
</table>
Table 2. Time of referral to MSLS

<table>
<thead>
<tr>
<th>Within 1 week</th>
<th>Between 1 week and 1 month</th>
<th>Between 1 and 6 months</th>
<th>Between 6 months and 1 year</th>
<th>Over 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 (10%)</td>
<td>17 (25%)</td>
<td>21 (30%)</td>
<td>8 (12%)</td>
<td>16 (23%)</td>
</tr>
</tbody>
</table>

Referral uptake

Of the 77 referrals, one declined the services of MSLS and the remaining 76 (99%) became involved with MSLS. In total, 255 people availed of the service, comprising family members (n=168) and members of organisations (n=87).

Data were available on the 255 bereaved service users involved with MSLS. This group comprised 214 (84%) adults and 41 children (under 18). The gender breakdown for adults was females (n=117; 55%) and males (n=97), and for children, females (n=19; 46%) and males (n=22) (Table 3). Twenty individuals (8%), representing five families and three organisations, had experienced more than one suicide bereavement. The relationship between the bereaved and the deceased involved nuclear family (n=144; 56%), extended family (n=22; 9%), close friends (n=2; 1%) and colleagues (n=87; 34%) (see Table 4).

Table 3. Gender and age of service users (n=255)

<table>
<thead>
<tr>
<th></th>
<th>Male adult</th>
<th>Female adult</th>
<th>Male child</th>
<th>Female child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and friends</td>
<td>40 (16%)</td>
<td>87 (34%)</td>
<td>22 (9%)</td>
<td>19 (7%)</td>
</tr>
<tr>
<td>Organisations</td>
<td>57 (22%)</td>
<td>30 (12%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>97 (38%)</td>
<td>117 (46%)</td>
<td>22 (9%)</td>
<td>19 (7%)</td>
</tr>
</tbody>
</table>
Table 4. Relationship to deceased (n=255)

<table>
<thead>
<tr>
<th>Relationship to the deceased</th>
<th>No.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nuclear family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife/Partner</td>
<td>20</td>
<td>144 (56%)</td>
</tr>
<tr>
<td>Husband/Partner</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Daughter</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td><strong>Extended family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother-in-law</td>
<td>3</td>
<td>22 (9%)</td>
</tr>
<tr>
<td>Sister-in-law</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Aunt</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Cousin (male)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Cousin (female)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nephew</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Niece</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Friends</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend (male)</td>
<td>2</td>
<td>2 (1%)</td>
</tr>
<tr>
<td><strong>Organisations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleagues</td>
<td>87</td>
<td>87 (34%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>255</td>
</tr>
</tbody>
</table>
Facilitated referral

The service offers facilitated referral on to other services where deemed necessary and as agreed with service users. A total of 115 referrals were made to other services for follow-on interventions. Services included: one-to-one counselling (n=84; 73%), suicide bereavement support groups (n=17; 15%), community groups (non-counselling support) (n=5; 4%), GPs (n=4; 3%), peer mentoring (n=3; 3%) and mental health services (n=2; 2%). The majority of facilitated referrals made were for family members (n=112; 97%).

The majority of referrals were made to the Family Centre (n=71; 62%), while 44 referrals were to a range of other adult (n=27) and child (n=17) services (Table 5).

### Table 5. Onward referral outside the Family Centre (n=44)

<table>
<thead>
<tr>
<th>Service</th>
<th>Number (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement counselling (adults)</td>
<td>16 (36%)</td>
</tr>
<tr>
<td>Bereavement counselling (children)</td>
<td>17 (39%)</td>
</tr>
<tr>
<td>Community support groups</td>
<td>5 (11%)</td>
</tr>
<tr>
<td>GP</td>
<td>4 (9%)</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>2 (5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

Of the 71 referrals made to the Family Centre, the majority (n=51; 72%) were referred for one-to-one counselling, 17 (24%) were referred to the therapeutic suicide bereavement support group and three were referred for peer mentoring. Uptake for counselling and support groups, was high at 90%, while two of the three referred for peer mentoring took up this offer. Of those who engaged in one-to-one counselling, all completed treatment and all those who attended the therapeutic support group completed the programme (six sessions over six weeks) (Table 6).

### Table 6. Referrals to and uptake of other services

<table>
<thead>
<tr>
<th>One-to-one counselling</th>
<th>Suicide bereavement support group</th>
<th>Peer mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred</td>
<td>Availed</td>
<td>Referred</td>
</tr>
<tr>
<td>51 (72%)</td>
<td>45 (88%)</td>
<td>17 (24%)</td>
</tr>
<tr>
<td>(34 females 17 males)</td>
<td>(28 females 17 males)</td>
<td>(13 females 4 males)</td>
</tr>
</tbody>
</table>

Appendix 3: Service provider evaluation information

58
Pieta House bereavement support services

The number of Pieta House bereavement clients assessed in 2018 by age and gender

The number of Pieta House Intervention and Prevention Clients Assessed in 2018 by Age and Gender.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>13-18</td>
<td>26</td>
<td>22</td>
<td>48</td>
</tr>
<tr>
<td>19-24</td>
<td>35</td>
<td>14</td>
<td>49</td>
</tr>
<tr>
<td>25-44</td>
<td>98</td>
<td>49</td>
<td>147</td>
</tr>
<tr>
<td>45-64</td>
<td>103</td>
<td>40</td>
<td>143</td>
</tr>
<tr>
<td>65+</td>
<td>30</td>
<td>13</td>
<td>43</td>
</tr>
<tr>
<td>Blank</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>301</strong></td>
<td><strong>144</strong></td>
<td><strong>445</strong></td>
</tr>
</tbody>
</table>
The number of Pieta House bereavement support clients assessed in 2018 by CHO area

No. of Pieta House Bereavement Clients Assessed in 2018 by CHO Area

Legend
Option_2A
Area 1 - pop 389,048
Area 2 - pop 445,356
Area 3 - pop 379,327
Area 4 - pop 654,533
Area 5 - pop 497,578
Area 6 - pop 364,464
Area 7 - pop 674,071
Area 8 - pop 592,388
Area 5 - pop 581,406

Not Recorded = 3

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## Pieta House bereavement clients' relationship to the deceased in 2018

<table>
<thead>
<tr>
<th>Relationship</th>
<th>No. of clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>36</td>
<td>8.09%</td>
</tr>
<tr>
<td>Wife</td>
<td>8</td>
<td>1.80%</td>
</tr>
<tr>
<td>Grand-Parent</td>
<td>3</td>
<td>0.67%</td>
</tr>
<tr>
<td>Uncle</td>
<td>6</td>
<td>1.35%</td>
</tr>
<tr>
<td>Ex-Partner</td>
<td>10</td>
<td>2.25%</td>
</tr>
<tr>
<td>Mother</td>
<td>26</td>
<td>5.84%</td>
</tr>
<tr>
<td>Girlfriend</td>
<td>2</td>
<td>0.45%</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>5</td>
<td>1.12%</td>
</tr>
<tr>
<td>Aunt</td>
<td>8</td>
<td>1.80%</td>
</tr>
<tr>
<td>Cousin</td>
<td>7</td>
<td>1.57%</td>
</tr>
<tr>
<td>Partner</td>
<td>12</td>
<td>2.70%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>3.37%</td>
</tr>
<tr>
<td>Sister</td>
<td>40</td>
<td>8.99%</td>
</tr>
<tr>
<td>Spouse</td>
<td>7</td>
<td>1.57%</td>
</tr>
<tr>
<td>Father</td>
<td>36</td>
<td>8.09%</td>
</tr>
<tr>
<td>Brother</td>
<td>46</td>
<td>10.34%</td>
</tr>
<tr>
<td>Son</td>
<td>31</td>
<td>6.97%</td>
</tr>
<tr>
<td>Daughter</td>
<td>13</td>
<td>2.92%</td>
</tr>
<tr>
<td>Husband</td>
<td>13</td>
<td>2.92%</td>
</tr>
<tr>
<td>Not recorded</td>
<td>121</td>
<td>27.19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>445</strong></td>
<td></td>
</tr>
</tbody>
</table>
### SBLO service

#### Gender of Pieta House SBLO clients in 2018

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>284</td>
<td>66.82%</td>
</tr>
<tr>
<td>Male</td>
<td>141</td>
<td>33.18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Age of Pieta House SBLO clients in 2018

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-11</td>
<td>18</td>
<td>4.24%</td>
</tr>
<tr>
<td>12-17</td>
<td>33</td>
<td>7.76%</td>
</tr>
<tr>
<td>18-24</td>
<td>58</td>
<td>13.65%</td>
</tr>
<tr>
<td>25-44</td>
<td>124</td>
<td>29.18%</td>
</tr>
<tr>
<td>45-64</td>
<td>132</td>
<td>31.06%</td>
</tr>
<tr>
<td>65+</td>
<td>29</td>
<td>6.82%</td>
</tr>
<tr>
<td>Not recorded</td>
<td>31</td>
<td>7.29%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### No. of Pieta House SBLO clients in 2018 by region

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal</td>
<td>70</td>
<td>16.47%</td>
</tr>
<tr>
<td>Galway</td>
<td>71</td>
<td>16.71%</td>
</tr>
<tr>
<td>Leitrim/ Sligo</td>
<td>45</td>
<td>10.59%</td>
</tr>
<tr>
<td>Limerick, Clare, North Tipp</td>
<td>86</td>
<td>20.24%</td>
</tr>
<tr>
<td>Midlands</td>
<td>71</td>
<td>16.71%</td>
</tr>
<tr>
<td>Wexford, Waterford, Kilkenny</td>
<td>82</td>
<td>19.29%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425</strong></td>
<td></td>
</tr>
</tbody>
</table>
Relationship to the deceased

<table>
<thead>
<tr>
<th>Relationship</th>
<th>No. of clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>25</td>
<td>5.88%</td>
</tr>
<tr>
<td>Father</td>
<td>43</td>
<td>10.12%</td>
</tr>
<tr>
<td>Son</td>
<td>49</td>
<td>11.53%</td>
</tr>
<tr>
<td>Daughter</td>
<td>22</td>
<td>5.18%</td>
</tr>
<tr>
<td>Sister</td>
<td>33</td>
<td>7.76%</td>
</tr>
<tr>
<td>Brother</td>
<td>66</td>
<td>15.53%</td>
</tr>
<tr>
<td>Partner or Spouse</td>
<td>50</td>
<td>11.76%</td>
</tr>
<tr>
<td>Friend</td>
<td>35</td>
<td>8.24%</td>
</tr>
<tr>
<td>Work colleague</td>
<td>14</td>
<td>3.29%</td>
</tr>
<tr>
<td>Other deceased</td>
<td>47</td>
<td>11.06%</td>
</tr>
<tr>
<td>Not recorded</td>
<td>41</td>
<td>9.65%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425</strong></td>
<td></td>
</tr>
</tbody>
</table>
Length of time between bereavement and accessing support of Pieta House SBLO clients in 2018

### Length of time bereaved

<table>
<thead>
<tr>
<th>Time Bereaved</th>
<th>No. of Clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 weeks</td>
<td>76</td>
<td>17.88%</td>
</tr>
<tr>
<td>2-6 weeks</td>
<td>154</td>
<td>36.24%</td>
</tr>
<tr>
<td>6 weeks-6 months</td>
<td>89</td>
<td>20.94%</td>
</tr>
<tr>
<td>6 months-1 year</td>
<td>32</td>
<td>7.53%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>10</td>
<td>2.35%</td>
</tr>
<tr>
<td>2-3 years</td>
<td>9</td>
<td>2.12%</td>
</tr>
<tr>
<td>3-4 years</td>
<td>6</td>
<td>1.41%</td>
</tr>
<tr>
<td>4-5 years</td>
<td>3</td>
<td>0.71%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>6</td>
<td>1.41%</td>
</tr>
<tr>
<td>11-20 years</td>
<td>2</td>
<td>0.47%</td>
</tr>
<tr>
<td>21+ years</td>
<td>1</td>
<td>0.24%</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>37</td>
<td>8.71%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: HSE Communication Guide following Suspected Suicides in Services (Communication Guide)

The purpose of this guide is to assist HSE Mental Health Services to respond to families with an appropriate and consistent response and to ensure signposting to relevant bereavement supports.

The response following a suspected suicide death of a service user in Mental Health Services should include:

A Letter from the Executive Clinical Director (or nominee) to the next of kin within two weeks, that sympathises with the family and provides contact details for the area Suicide Bereavement Liaison Officers (SBLOs).

The letter is not a standard letter but carefully composed to reflect the particular circumstances of the death.
Suicide Bereavement Liaison Officers (SBLOs) per Community Health care Organisation (CHO)

<table>
<thead>
<tr>
<th>CHO</th>
<th>County</th>
<th>Mobile number</th>
<th>Contact name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cavan and Monaghan</td>
<td>085 870 6591</td>
<td>Michael McGinnch</td>
<td>Pieta House</td>
</tr>
<tr>
<td>1</td>
<td>Sligo and Leitrim</td>
<td>085 253 8638</td>
<td>Anne Lynch</td>
<td>Pieta House</td>
</tr>
<tr>
<td>1</td>
<td>Donegal</td>
<td>085 877 2028</td>
<td>Marie Burke</td>
<td>Pieta House</td>
</tr>
<tr>
<td>2</td>
<td>Galway City and County</td>
<td>085 856 8082</td>
<td>Pauline Cahillane</td>
<td>Pieta House</td>
</tr>
<tr>
<td>2</td>
<td>Mayo</td>
<td>087 217 2866</td>
<td>Fiona Thomas</td>
<td>The Family Centre, Co. Mayo</td>
</tr>
<tr>
<td>2</td>
<td>Roscommon</td>
<td>086 894 1808</td>
<td>Tiffany Walshe</td>
<td>Vita House</td>
</tr>
<tr>
<td>3</td>
<td>Clare, Limerick, North Tipperary</td>
<td>085 856 8081</td>
<td>Jerard Enright</td>
<td>Pieta House</td>
</tr>
<tr>
<td>4</td>
<td>Kerry and Cork</td>
<td>085 870 6714</td>
<td>Geraldine Burke</td>
<td>Pieta House</td>
</tr>
<tr>
<td>5</td>
<td>Wexford, Waterford, Carlow, Kilkenny, South Tipperary</td>
<td>085 807 3040</td>
<td>Carmella O’ Reilly</td>
<td>Pieta House</td>
</tr>
<tr>
<td>6</td>
<td>Wicklow and Dublin South East</td>
<td>085 870 6712</td>
<td>Denis Sherlock</td>
<td>Pieta House</td>
</tr>
<tr>
<td>7</td>
<td>Kildare, Dublin West, West Wicklow, Dublin South City and Dublin South West</td>
<td>085 870 6606</td>
<td>Karolina Szarfarz</td>
<td>Pieta House</td>
</tr>
<tr>
<td>8</td>
<td>Meath and Louth</td>
<td>085 870 6614</td>
<td>Catherine Brazil</td>
<td>Pieta House</td>
</tr>
<tr>
<td>8</td>
<td>Midlands</td>
<td>086 418 0088</td>
<td>Bernie Carroll</td>
<td>Pieta House</td>
</tr>
<tr>
<td>9</td>
<td>Dublin North</td>
<td>085 870 6574</td>
<td>Kate O’Mahony</td>
<td>Pieta House</td>
</tr>
</tbody>
</table>

Note: A list of HSE staff supports would also be included (p.g 3 of the Communication Guide)

The list of Resource Officers for Suicide Prevention is available at:
https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/
HSE Employee Assistance Programme

The Employee Assistance Programme (EAP) provides confidential counselling support and a referral service for all staff with personal or work-related difficulties. Advice and guidance is also available to managers to support them in managing staff welfare issues. The EAP also provides formal structured support to groups of staff who have experienced stress as a result of a critical incident in the workplace through their Critical Incident Stress Management (CISM) service.

A wide range of work and personal issues are worked with and/or supported by the EAP, including:

- Stress at work
- Difficult relationships at work (including bullying)
- Traumatic events (e.g. assault, suicide)
- Addictions
- Personal issues outside of work (e.g. bereavement, relationships), which is provided on a confidential basis
- Professional assessment
- Personal support
- Counselling
- Referral onwards to other professional resources where appropriate
- Trauma support

The service is provided by trained and experienced counsellors who are professionally qualified and bound by the codes of conduct to the professional bodies to which they belong. Staff members do not need to contact HR or their line manager to access this service. This service is free, confidential and available to all HSE employees.

EAP contact information:

Appendix 5: HSE National Office for Suicide Prevention training
About the HSE’s National Office for Suicide Prevention (NOSP)

The role of the NOSP is to effectively support, inform, monitor and co-ordinate the implementation of Connecting for Life, Ireland’s National Strategy to Reduce Suicide, 2015-2020. The NOSP coordinates and funds safeTALK and ASIST training at a national level and these programmes are free for all individuals to attend. ASIST is one of a number of suicide prevention training programmes available through the HSE and training is coordinated at a local level through HSE Resource Officers for Suicide Prevention and partner agencies.

For information on training programmes that are available or coming up in your area, visit www.nosp.ie/training

What is safeTALK?

safeTALK is an internationally recognised half-day training programme that prepares participants to recognise and engage with people who may be having thoughts of suicide and to connect them to suicide first aid resources. Most people with thoughts of suicide don’t truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive.

safeTALK trained helpers can recognise these invitations for help and take action by supporting people to connect with life-saving resources, supports and services.

Who is this training for?

Everyone - first responders, community workers, clergy, volunteers, teachers and people responding to family and friends.

What happens at safeTALK training?

safeTALK is a powerful experience. You can expect to feel challenged, empowered and hopeful. Your safeTALK trainer will support you to:

- Understand the importance of suicide alertness and help you to identify people who have thoughts of suicide
- Learn clear and practical information on what to do if you hear to support someone who is at risk of suicide
- Learn and practice the TALK (Tell, Ask, Listen, and Keep safe) steps to connect a person with suicidal thoughts to people and agencies that can help

Who should attend safeTALK training?

This training is suitable for everyone who wants to help prevent suicide and is prepared to become suicide alert.

How is safeTALK different from other workshops?

safeTALK helps participants to identify people who are at risk, confidently ask them about the topic of suicide and connect them with resources that can help them stay safe. It is a level 2 alertness skills programme and not as advanced as the two-day intervention skills workshop, ASIST.

Steps in suicide prevention training:

Step 1: General Awareness
Step 2: Alertness Skills
Step 3: Intervention Skills
Step 4: Assessment and Management Skills

About LivingWorks

LivingWorks programmes have been widely accepted and valued in Ireland since their introduction in 2003. Starting in Canada in the early 1980s, LivingWorks programmes are now available in many countries including the USA, Australia, Norway, New Zealand, Northern Ireland, Scotland, England and Wales. Close to 2 million people have participated worldwide. In Ireland, in excess of 30,000 people have participated in safeTALK or ASIST training.

LIVINGWORKS

safeTALK

Suicide Alertness for Everyone

Visit www.yourmentalhealth.ie for information and support services for your mental health and wellbeing.

This leaflet is available to order on www.healthpromotion.ie and has been produced by:

The National Office for Suicide Prevention
HSE Community Strategy and Planning
Stewarts Hospital, Palmerstown, Dublin 20
Tel: 01 620 1870 / E: info@nosp.ie

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Prevention and partner agencies.

ASIST is one of a number of suicide prevention training programmes available through the HSE and training is coordinated at a local level through HSE Resource Officers for Suicide Prevention and partner agencies.

How does safeTALK help prevent suicide?

safeTALK suicide alert helpers are trained to:

- Move beyond common tendencies to miss, dismiss or avoid signs of suicide risk
- Identify people who have thoughts of suicide
- Apply the TALK (Tell, Ask, Listen and Keep safe) steps to connect a person with suicidal thoughts to people and agencies that can help

Who should attend safeTALK training?

This training is suitable for everyone who wants to help prevent suicide and is prepared to become suicide alert.

How is safeTALK different from other workshops?

safeTALK helps participants to identify people who are at risk, confidently ask them about the topic of suicide and connect them with resources that can help them stay safe. It is a level 2 alertness skills programme and not as advanced as the two-day intervention skills workshop, ASIST.

Steps in suicide prevention training:

Step 1: General Awareness
Step 2: Alertness Skills
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LIVINGWORKS
Guidance for communities on supporting people bereaved through suicide

This two hour presentation is part of an initiative from the HSE National Office for Suicide Prevention, to enhance communication and support for communities bereaved through suicide. This presentation will be provided in response to an invitation from a community. Venues may include community halls, workplaces, GAA and/or sports clubs.

What to expect from this presentation
This is an information presentation which aims to provide participants with;

• An understanding of the grieving process, acknowledging the range of emotions people may experience following a bereavement through suicide
• Knowledge on how to provide support to individuals, families and communities bereaved through suicide
• Knowledge of available help and supports and how to access them.

Important to note
The community presentation needs to be delivered as part of a coordinated and coherent response to a community who have experienced a death through suicide.

Duration
Two hours, including time for questions.

Contact information

This presentation is funded by:
Suicide Bereavement

Workshop for professionals and key contact people providing support to those bereaved through suicide

This workshop, funded by the HSE National Office for Suicide Prevention, is for professionals and key contact people who, in the course of their work, come into contact with people who have been bereaved through suicide. It explores the unique needs of suicide bereavement, so that participants become more equipped to provide support in the safest and most effective ways possible.

This workshops aims to;

• Develop participants’ knowledge and understanding of the grieving process
• Demonstrate the value of empathy, compassion and humanity and the importance of meeting people where they are at
• Enhance participants’ skills in supporting people bereaved through suicide.

What to expect from this workshop

This workshop covers five key topics;

• Understanding the grieving process
• The context of suicide
• How to support people bereaved through suicide
• Skills building
• Self-care.

At the end of this workshop, participants will;

• Understand the grieving process, the context of suicide and the risk factors associated with suicide
• Have developed their understanding of the key elements of supporting someone bereaved through suicide
• Be able to apply the learning from this workshop to their own practice and support people bereaved through suicide.

Duration

One day.

Contact information

This workshop is funded by: