



Research into suicide postvention services in LGBTQ+ community

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Support After Suicide Partnership (SASP)



Support
After Suicide
Partnership

supportaftersuicide.org.uk

Founded in 2013 the Support After Suicide Partnership (SASP) is a nation- wide network of over 80 members and supporters.

Our vision is that *Everyone bereaved or affected by suicide is offered timely and appropriate support.*

We are a membership organisation bringing together national and local organisations involved in delivering suicide bereavement support across the UK and to address the need for formal, multi-agency, proactive suicide bereavement support.

Our work includes:

- Providing support and information to organisations providing support to people bereaved by suicide
- Creating partnerships with organisations who can help improve suicide bereavement support such as those that represent communities affected by health disparities
- Influencing policy on suicide bereavement support
- Supporting the implementation of the NHS Long Term Plan
- Sharing learning and Supporting best practice

The NHS Long – Term Plan

Post-crisis support for families and staff who are bereaved by suicide, through the NHS 111 helpline system (page 70, paragraph 3.97)

Suicide bereavement support for [bereaved] families, and staff working in mental health crisis services in every area of the country (page 72, paragraph 3.106)



What is a suicide bereavement support service?

The best services are developed and delivered according to each area's unique needs and demographics. However there are a number of common factors that all services should have at their core:

- A single/lead point of contact
- Involvement at all stages of those with lived experience
- Proactive contact with the bereaved family, within 72 hours of the death
- Non-judgemental emotional *and* practical support
- Support with the Inquest and legal process
- Referral to specialist support services where needed
- Contact and support for the long term, following the bereaved person's journey and needs
- Support from and contact with a multi-agency network including frontline services, local services and councils, hospitals, GPs, schools, the Police, Coroners, and other organisations along the bereavement pathway.



SASP Central Hub



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We have put together this hub to provide quality evidence, best practice guidance and professional support for all those involved in planning and delivering suicide bereavement and liaison services.

The information you will find here is only the beginning, the Central Hub Team can also offer you more bespoke support through our contact page.

We hope you find your time here helpful and informative.



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Suicide Bereavement help-seeking amongst those who identify as LGBTQ+

What do we know already?

Go to www.menti.com
Enter code: 43 74 81 2



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Why are we carrying out this research?

- A systematic review concluded that LGB people are twice as likely to die by suicide compared to heterosexual people, with gay and bisexual men 4 times more likely to die by suicide (King et al., 2008).
- Research shows that trans people have significantly higher rates of self-harm and suicide than cisgender people (Marshall et al., 2015; Whittle, 2007; Bachmann & Gooch, 2018), with one study finding trans people were at 2x risk of suicide attempts compared to cisgender females and 4x compared to cisgender males (Mathy, 2003).
- People bereaved by suicide are 1.7 times more likely to attempt suicide (Pitman et al., 2016)
- Whilst a considerable body of research has documented the experiences of suicide bereavement, the vast majority of this work has focused on heterosexual populations
- This lack of attention given to suicide bereavement in LGBTQ+ populations is an important gap, particularly as bereavement research from other causes of death (e.g. cancer) has highlighted unique challenges linked to the persistence of sexual stigma (Herek, 2007)

Barriers to support

- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.*
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.*
- Research refers to experiences of sexuality being ignored, and therefore discredited, by mental health professionals, or services perpetuating a biologically focused understanding of 'family' (Rivers et al, 2018; i.e., as opposed to chosen family).

What do we propose to do?

- Interview people who identify as LGBTQ+ and who have been bereaved by suicide
- Include the views and experiences of people who identify as LGBTQ+ in shaping the research
- Hear from our members – what do we need to know?

What next?

- We'll report on our findings and share with our members and on social media
- We'll add this to our central hub to be accessed by suicide bereavement support services
- We'll suggest models of working to help support organisations to become more inclusive

**Are you LGBTQ+ and would you be
willing to share your story of a loss
to suicide?**

Please reach out to:
helen@crosslandjones.lgbt



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Become an NSPA Member

There are two ways to engage with the NSPA, both at no cost:

Become an organisational member

An organisation can become a member of the NSPA by:

- Completing an application form, including sharing their suicide prevention priorities and challenges (which will be publicly available on the NSPA website)
- Signing up to the NSPA Declaration
- Signing up to the NSPA Membership Agreement.

Become an individual member

People who support our vision and aims can become individual members, which may include:

- Those whose lives have been affected by suicide or suicidal behaviour
- Professionals within organisations not yet ready or able to become a member.