Adapting digital social prescribing for suicide bereavement support


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Aim: to adapt Elemental Software’s digital social prescribing platform to meet the needs of people bereaved by suicide.

- Families and friends in the aftermath of suicide endure multiple, difficulties with an increased risk of family break-down and mental health problems, which can be coupled with a reluctance to seek help.

- In Northern Ireland, a nationwide process for support after suicide is in place (uptake @ 50%). Previous findings indicate that families and GPs are uncertain about role, function and effectiveness of the support that is offered.

- Improved outcomes-based reporting is needed to link people to the right kind of support, at the right time and to assist commissioners with funding allocation.

- Medical Research Council P2D seed funding award to consult all key stakeholders across NI, on DIGITAL SOCIAL PRESCRIBING

**METHOD – MRC COMPLEX INTERVENTION DEVELOPMENT: CO-PRODUCTION, CONSULTATION, COLLABORATION**

**Well Sorted Themes - Workshop – Part 1**

- Blue Group: The stigma of suicide bereavement
- Green Group: Was it drugs/alcohol or was it suicide?
- Yellow Group: Supporting beyond the next of kin
- Red Group: Does the term digital prescribing fit?
- Orange Group: Timing of offering support

List up to 3 associated challenges for each theme
List up to 3 potential solutions - using digital social prescribing or by any other means

Co-Production Challenges and Solutions

**STIGMA** could overcome the stigma of suicide bereavement, by providing connectivity and a safe, knowledge-based support that the project can explore and potentially measure.

**RELUCTANCE TO ACCESS SUPPORT**: Educating people about vulnerabilities and how to tackle them.

**WAS IT A SUICIDE?**: The sensitivities around suicide deaths involving drugs / alcohol misuse, and also acceptance of the term ‘suicide’, requires language consideration within the system of support.

**COMMUNITY IMPACT**: Distinction between post-suicide activities leading to HEIGHTENED RISK versus raising awareness & REDUCING RISK. Self-referral options are important.

**BEYOND NEXT OF KIN**: Need to develop more effective means of identifying and supporting those beyond the next of kin.

**MATCHING SUPPORT TO NEED**: Gaps in provision should be identified and support system should tap into a wider range of support & systems.

**DIGITAL AS A BARRIER**: Capacity building through software training

**SUPPORTING CHILDREN**: Specialist service needed

**TIMING OF SUPPORT**: Follow up needed at different stage post bereavement, ideally extend beyond anniversary of death

**Consensus on AIM/OUTCOMES of testing digital social prescribing:**

**Individual / patient-reported outcomes:**
- Mental health & Grief experience
- Improved awareness of support / improved empowerment
- Level of engagement & continuity of support pathway

**System outcomes:**
- Increased access / impact on capacity pressures
- Economic analysis
- Service provider impact

**Postvention Stages, Roles and Development Potential**

**Stage 1**
PSNI Gather consent from NOK to offer support (Access for NOK)

**Stage 2**
Public Health Agency commission suicide bereavement support services

**Stage 3**
Co-produce social prescribing

**References**