Practice example

Dundee support for people bereaved by suicide

Each suicide affects around 135 people, increasing the risk of suicidal thoughts among those left behind. People bereaved by suicide are 65% more likely to experience suicidality than those grieving other losses. Accessible, compassionate support is essential—no one should face this alone.

Recognising the growing challenge in Dundee and the profound impact on those left behind, a group of partners came together to examine how to improve support for people bereaved by suicide. This team included colleagues from Health and Social Care Partnership, NHS Tayside, Police Scotland, individuals with lived experience, Dundee City Council, Penumbra, and Dundee Volunteer and Voluntary Action (DVVA). Their shared aim was to learn from those affected by suicide and develop practical, locally focused solutions. Through this work, a new peer-led service was commissioned to fill the gap in suicide bereavement support in the city.

Eight families were involved in shaping this work. Some attended face-to-face meetings with partners leading the project development, while others chose smaller group sessions or one-to-one meetings and stayed updated on progress by other means. The opportunity to participate was shared through the DVVA mailing list, social media, word of mouth, and the JustBee Life After Loss group.

From the start, the team recognised that "family" can mean many things for different people. Families with lived experience explained that support needed to extend beyond blood relations, because some people have a "chosen family" and friends who feel closer than relatives. In other words, anyone who has lost a loved one - regardless of official relationship status - should be able to access the service and resources.

As some families did not reside in Dundee, the team used online video calls and visits to convenient locations so that more people could take part. One family decided not to continue because travelling to Dundee was too upsetting at that point, but the team kept in touch to offer any support they could.

To ensure families were supported throughout the project, We provided one-to-one support and regular updates so that they could freely ask questions, raise concerns, and feel comfortable contributing their views without the pressure of a larger group setting. We offered a variety of ways to get involved. We met with famili.es outside of the structured meetings, provided one-to-one support, and had informal chats in neutral places such as cafés and community centres. We always aim to be flexible and meet people where they are, so as to address their needs.

This approach helped rebuild trust. Many families had lost faith in services and felt that their loved ones had been seriously let down or that professionals were in some way responsible for their loss. By offering different ways to share their views, families could raise any questions or concerns without feeling pressured to do so in larger meeting spaces.

The families were at different points in their grief. Some were dealing with inquests and investigations, while others were further in their grieving journey. In some instances, families expressed discomfort being in the same space as those involved in investigations or inquests due to feelings of distrust or blame.

The project began by listening to people with lived experience of suicide bereavement. Many families described feeling isolated and unsure where to find support, often having to seek out information themselves during an already overwhelming time. They felt that clearer, more accessible guidance would have made it easier to get the help they needed.

In response, families and partners co-designed a resource leaflet with details of local and national support services, including Hope Point, Cruse Bereavement, and SAMH. This leaflet is now provided alongside the SAMH After a Suicide Resource, distributed by Police Scotland and made available across community spaces to ensure support is easy to find when it's needed most.

The families felt that a peer-led model of support was crucial, as they had experienced peer support from various agencies throughout their grieving process. The model that was created focused on providing crisis and immediate responses to families in distress, offering longer-term support during the weeks and months following bereavement, and also supporting staff and volunteers working in these roles.

People with lived experience were central to every stage of the project, ensuring the service was designed to meet the real needs of those bereaved by suicide. Families led discussions, shared their experiences, and were treated as equal partners alongside other partners.

As a result of the project, families led discussions during meetings and were able to fully share their experiences and thoughts on the service being developed. They were regarded as equal experts alongside other partners and played an instrumental role in designing the service.

The families and individuals involved in this process shared their experiences so openly, aiming to change and shape services, to challenge preconceived views on suicide bereavement, and to improve the experiences of others who may find themselves in a similar situation. This project has highlighted the importance of including voices from lived experience in shaping conversations in areas where they are the experts.