

HOW TO INCREASE SUICIDE SURVIVOR SUPPORT ? EXPERIENCES FROM THE NATIONAL SURVIVOR PROGRAMME IN FLANDERS- BELGIUM

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This article presents the aim and the activities of the national suicide survivor programme developed by the Flemish Working Group on Suicide Survivors in Belgium. By combining the efforts of suicide survivor groups, several social organisations and policy makers it was possible to increase the availability of survivor support and to nourish the quality of the support that is offered. It is expected that the co-ordinated activities of the Working Group will be included in the suicide prevention policy of the Flemish region, which is currently in preparation.

I. INTRODUCTION

Belgium is in one of the Western European countries where the suicide rate has increased. The rate in the Flemish region increased from 15.5/100,000 inhabitants in 1991 to 19.1 in 2001 (28.42 in males and 10.01 in females). Suicide is the second cause of death in the 15-24 year old group, and the first cause of death in the 30-49 year old males and 30-39 year old females. This caused political concern and led to an increase in the provision of services for suicidal people. In 1997 the Community Mental Health Centres were asked to give special attention to the needs of suicidal clients and subsequently were allocated an extra budget to develop co-ordinated suicide prevention activities with other caregivers and helping agencies (Andriessen et al. 2002). However, in contrast with the development in the prevention field, the postvention field was neglected. During the last ten years there had been no more than 5 support groups for suicide survivors. As in many countries, suicide survivors not only have to cope with the loss but suffer from a stigma that obstructs social and/or professional support, mostly offered in support groups (Farberow 1992; Cleiren & Diekstra 1995; Grad 1996; Saarinen et al. 1999; Clark & Goldney 2000; Clark 2001; Farberow 2001; Andriessen et al. 2001; Dyregrov 2002; Barlow & Morrison 2002; Saarinen et al. 2002; Grad et al. 2003). At the same time, support groups are available for a variety of other physical, mental and social problems. Also, the suicide rate of the neighbour country the Netherlands was, and still is, half the rate of Belgium. However in each province several support groups are available (but without national co-ordination). In brief, in the Belgian Flemish region we observed the need and room for improvement in survivor support.

II. WORKING GROUP ON SUICIDE SURVIVORS (VERDER)

At the beginning of the year 2000 a Working Group on Suicide Survivors was established with 15 working members, including the survivor support groups, the suicide prevention crisis line, the victim support network and the earlier mentioned Suicide Prevention Project of the mental health centres. An executive committee looks after the day-to-day management. Funding was granted for three years 2000-2002 by the Cera Foundation, a charity fund of a financial holding. For 2003-2004 the Flemish Ministry of Health granted a yearly fund.

III. AIM AND OBJECTIVES

The working Group co-ordinates, supports and initiates suicide survivor activities. The general aim is to combine the efforts of suicide survivors and care givers to increase the availability and

the quality of the support for suicide survivors. Goals are to make the support groups better known, to lend support to the groups, to facilitate new initiatives by suicide survivors, and/or by mental health or community agencies, and to develop a broad community network with support groups, mental health centres and crisis care centres (De fauw & Andriessen, 2003).

A policy was written outlining the goals and the activities to be performed during the first three years (January 2000 – December 2002). After evaluation with the members of the network, new objectives were included.

Objectives:

- 1) to publish a directory of suicide survivor support,
- 2) to install peer supervision/support meetings with group leaders,
- 3) to generate financial support for the groups,
- 4) to advocate postvention issues in social and health structures at the local and regional level,
- 5) to write a manual presenting good practices of installing and leading suicide survivor support groups,
- 6) to launch a charter on the Rights of Suicide Survivors,
- 7) to organise a national Suicide Survivor Day,
- 8) to produce a theatre play on survivorship,
- 9) to grant a Media Award for responsible portrayal of suicide and suicide survivors,
- 10) to create an interactive website,
- 11) to include co-ordinated suicide survivor support in the Flemish suicide prevention policy, which is currently in preparation.

IV. ACTIVITIES

1) The directory of survivor support groups was compiled in a booklet. It contains basic information on suicide bereavement and on supporting survivors. Each group is listed with its name and contact addresses and other useful information. A few months ago the third edition was published. In total this accounts for 50,000 copies. It is freely distributed among general practitioners, hospitals, mental health centres, help lines, self-help groups, victim care centres, social services, undertakers and is announced in the media for the general public. The directory is also available on several websites, such as the mental health centres, the self-help umbrella, several survivor groups, and the website of the Working Group.

2) Two times a year, a peer supervision is held with the group leaders. The purpose is informational, educational, and to offer support for group leaders. In addition, a three-day training program for suicide survivor group leaders is offered. The first was organised in 2001.

3) During the first three years a small part of the available funding was allocated to the groups to cover costs of publicity, secretary, etc.

4) Most members of the Working Group have roots in, or are connected with social or mental health centres. Per province, one suicide prevention officer of the mental health centres has become a member of the Working Group and serves as a local contact for the Group. This enables the advocating of postvention issues in social and health structures at the local and regional level.

The Working Group has an active public relations policy (e.g. out reach to journalists) and the Working Group has become well known by the press.

5) From the start, it was clear that each suicide survivor group has its own style of operating, partly depending on the type of group and on the background of the group leader. To give a clear

view to those interested in starting a new group, it was decided to write a manual with good practices in initiating and leading different types of survivor groups.

6) May 2002, the Charter ‘the Rights of Suicide Survivors’ was launched. This brief document presents the basic principles and goals of the Working Group and puts forward the basic aspirations of suicide survivors. The Charter invites survivors and caregivers to contact the Working Group. The goals are to widen the network, to raise awareness, to promote empowerment for support and for the social position of suicide survivors. Recently this Charter was translated in Finnish by the Finnish Association for Mental Health in collaboration with the Suicide Survivors Association (Mäenpää, 2003).

Table 1: The rights of suicide survivors.

The survivor has the right:

- ❶ to mourn in his own way and within the time it takes
- ❷ to know the truth about the suicide, to see the body of the deceased, and to organise the funeral with respect to one’s own ideas and rituals
- ❸ to consider suicide as the result of several interrelated causes that produced unbearable pain for the deceased: suicide is not a free choice
- ❹ to live, wholly, with joy and sorrow, free of stigma or judgement
- ❺ to respect one’s own privacy as well as that of the deceased
- ❻ to find support from relatives, friends, colleague’s, and survivors, as well as from professional helpers who have knowledge and insight in the dynamics of bereavement, potential risk factors, and in the practical consequences
- ❼ to be contacted by the clinician/caregiver (if any) who treated the deceased person
- ❽ to not be considered as a suicide candidate or as a patient
- ❾ to place one’s experiences in the service of other survivors, caregivers, and everyone who seeks to better understand suicide and suicide bereavement
- ❿ to never be as before: there is a life before the suicide and a life afterwards

7) After the first year, when the activities were developing well, it was decided to organise a national Flemish Suicide Survivor Day, first held on Saturday 16 November 2002. The aims are:
- to have a platform where survivors, caregivers and policy makers can listen to and learn from each other,
- to sensitize the general public, caregivers, media, and policy makers.

In the morning plenary presentations are held, including one by the Minister of Health, followed in the afternoon by a variety of support meetings and workshops, for example, support meetings for adult survivors, for adolescents, and for parents who have lost a child by suicide, a workshop on grief in children and adolescents, workshops for caregivers after client suicide, on rituals, on the methodology to facilitate a group, and creative workshops with clay and paint. The programme included short breaks with poetry and music. A cafeteria, an exhibition of a variety of social services and a ‘quiet room’ where peer support is offered, is available all day. During each preparatory year, communications were sent regularly to the media and stakeholders. The two previous meetings attracted each over 200 participants from all parts of the Flemish region of the country. Participants were very positive in their evaluation of the content and format that were offered. The climate of the meeting was kind-hearted and offered safety and warmth. In addition, the Survivor Day and the theme of ‘suicide survivors’ received extensive media coverage. The second meeting was organised under the auspices of the International Association

for Suicide Prevention (IASP) and in relation with World Suicide Prevention Day. The 2004 meeting is currently in preparation.

8) A theatre play on survivorship, 'Out of Life', was written for the Working Group. During the next two years this play will go on tour through the Flemish country.

9) A Media Award : Part of the initial media policy was that every time a simplistic or sensational portrayal of suicide or survivors was published, the journalist or the editor was contacted to provide them the media guidelines as these are available from WHO, Samaritans, etc. However, this was very time consuming and the results were poor. Therefore a new strategy was decided. The aim of the Award is to support the good examples. Recently, the Ministry of Health has distributed to all journalists recommendations regarding portrayal of suicide and survivors, developed by an ad hoc working party. The Working Group 'Verder' adopted these recommendations. Yearly, a jury appointed by the Working Group will select a recipient of the Award and will be granted during the Suicide Survivor Day. The first is due in 2004.

10) An interactive website: The Working Group is getting well known and receives a lot of inquiries. The aim of the website is to inform the public on the activities of the Working Group and to provide addresses and other support resources for survivors. In the future, information in English and in French will be included, as well as chat sessions for survivors. (www.werkgroepverder.be)

11) Inclusion of co-ordinated suicide survivor activities in the Flemish suicide prevention policy : The Flemish Ministry of Health wants to put forward the prevention of depression and suicide as a new health target. To this purpose, a conference was held in November 2002. Hereafter, a working party with the Ministry has written a policy document that will go to parliament. This was scheduled for spring 2004 but due to upcoming elections in June this was postponed. The co-ordinated activity of the Working Group on Suicide Survivors was included in the document. Obviously, when parliament would validate the policy document it would be an important official recognition of both the Working Group and the relevance of survivor support in the field of suicide prevention.

V. RESULTS AND EVALUATION

Looking back at four and a half years of activity there are several results.

1) The major result is a substantial increase in the availability of suicide survivor support from 5 to 15 groups equally spread in the Flemish region.

Through the publication of the directory and the active ambassadorship of the Working Group, the support groups are better known, especially among the referring caregivers. The peer supervisions provided the opportunity to discuss group matters and to increase the quality of group leadership. It was also possible to lend modest financial support to the groups. It seems that this strategy and the activities mentioned decreased barriers and enabled new groups to get started.

2) By organising the Suicide Survivor Day, by distributing the Charter 'the Rights of Suicide Survivors', the theatre play and the Media Award, we hope that we contribute in tackling the taboo and to generate a more supportive climate in society for suicide survivors.

3) During the years of operation the Working Group developed a co-operation between suicide survivors, suicide prevention services, caregivers and policy makers. The strength of this network is unique in the history of mental health and suicidology in Belgium.

Looking at the future:

- 1) Activities will be continued and if possible new initiatives will be developed when specific questions or needs are observed. For example, it was brought to our attention that certain (but not all !) liability insurance companies refuse to refund costs after a train suicide to the National Railroad Company (NRC) because the suicidal person would have caused the damage intentionally (and not by accident). As a result, the heirs of these suicided people are confronted with huge invoices and even lawsuits. Currently, together with NRC, we are examining in what way, by negotiations or legal way, we can have these specific insurance companies change their practice.
- 2) The number of survivor support groups remained stable during the last two and a half years. So, we expect that the increased survivor support will last.
- 3) Further, we expect that suicide survivor activities and caring for their needs will be included in the field of suicide prevention and in the prevention policy that was announced by the government.

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