**Death of a Patient Policy and Bereavement Guidance (England and Wales)**

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# Introduction

## Policy statement

This document provides the necessary information to enable staff at Sheerwater Health Centrre to manage the death of a patient appropriately, ensuring that the required information is recorded and, where necessary, external agencies are contacted and information is shared. It also provides direction for staff to enable them to support recently bereaved family and friends.

This policy has been written in conjunction with [The Medical Certificate of Cause of Death Regulations 2024](https://www.legislation.gov.uk/uksi/2024/492/pdfs/uksi_20240492_en.pdf), [The Medical Examiners (England) Regulations 2024](https://www.legislation.gov.uk/uksi/2024/493/contents/made), [The Medical Examiners (Wales) Regulations 2024](https://www.legislation.gov.uk/wsi/2024/505/contents/made), and should be read alongside [CQC GP mythbuster 21: Statutory notifications to CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-21-statutory-notifications-cqc).

Following the introduction of the above regulations, any death in England or Wales on or after 9 September 2024 will be independently reviewed either by a coroner where they have a duty to investigate or by a medical examiner.

It is imperative that personnel understand the actions necessary following a death, including reporting deaths, liaising with the medical examiners and/or the coroner’s office when necessary and assistance that can be given to the next of kin.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors.

# Recording of death of a patient in medical record

## Information to be recorded on deaths notified to general practices

Patient deaths can occur in several settings, such as the patient’s own home, a residential/nursing home or in a secondary care facility.

It is highly likely the death of a patient will be communicated to the organisation by either a

family member, a member of staff from the residential/nursing home, a nurse or clinician from the secondary care facility, the police or the coroner’s office.

Staff receiving this information must ensure that the details are accurate, including (but not limited to):

* The full name of the deceased
* Address
* Date of birth
* NHS number (where available)
* Details of the caller
* Date of death and location
* Arrangements/funeral director (if known)
* Location of body
* Next of kin

All the above information is to be noted in the deceased patient’s healthcare record.

## Patient records

To prevent any further distress to relatives of the deceased, the clinical system must be updated at the earliest opportunity to reflect the death of a patient, using the appropriate [SNOMED CT code](https://termbrowser.nhs.uk/). The initial notification is to be communicated with the patient’s named GP and the last clinician who had an interaction with the patient.

To prevent unnecessary correspondence being sent to any relatives, the organisation will ensure appropriate internal communication between staff to advise them of the death of a patient. In any communication, the subject heading will only refer to the deceased’s identifying number from the clinical system.

A review of the deceased’s healthcare record is to be undertaken to determine if he/she was:

* Referred to secondary care or was in the process of being referred
* Receiving support from community services, e.g., district nurse, CPN, etc.
* A child (health visitor team must be informed)

Should any of these be the case, this organisation is to contact the relevant team and advise them that the patient is deceased. Following this action, this information is to be recorded on the deceased’s healthcare record.

For access to medical records of a deceased patient, refer to both the **Access to Deceased Patients’ Records Policy** and the **Access to Medical Records Policy**.

# Verification and certification of death

## Verification of death

Verification of death is the process of identifying that a person has died. It has nothing to do with providing a death certificate or identifying the cause of death. English and Welsh law allows that any competent adult may verify that someone has died but it does not place them under a legal obligation to do so.

There is no requirement for a doctor to:

* Confirm that death has occurred or that “life is extinct”
* View the body of a deceased person
* Report the fact that death has occurred

## Attending Practitioner Medical Certificate of Cause of Death (AP MCCD)

[NHS England](https://www.england.nhs.uk/long-read/national-medical-examiners-guidance-for-england-and-wales/#8-death-certification-process) states that it is a statutory requirement for an attending practitioner (AP) to complete the AP MCCD. The 2024 Regulations explain that for an AP to be able to complete the MCCD, they must have attended the deceased in their lifetime. This avoids both unnecessary referral to a coroner and unnecessary delays for bereaved people.

The process for the AP is illustrated below:

Information for the above diagram was sourced from Part 2 of [The Medical Certificate of Cause of Death Regulations 2024](https://www.legislation.gov.uk/uksi/2024/492/pdfs/uksi_20240492_en.pdf).

## Request to issue a revised AP MCCD

[NHS England guidance](https://www.england.nhs.uk/long-read/national-medical-examiners-guidance-for-england-and-wales/#8-death-certification-process) explains that there may be occasions when, following a review of the AP MCCD by the registrar of deaths, the registrar is led to believe the cause of death stated on the MCCD needs to be revised. The registrar will consult the medical examiner to determine if they agree a revision is required.

If this is the case, the medical examiner will share the information provided by the registrar with the AP and invite them to revise the AP MCCD. In such instances, the process detailed below is to be followed:

Should the AP and medical examiner not be able to agree on the cause of death, local escalation to another medical examiner and the lead medical examiner is recommended. If the difference of opinion is irreconcilable, the coroner should be notified that the cause of death cannot be established.

## Medical Certificate Cause of Death logistics

The reforms to death certification commenced 9 September 2024 and as part of these changes, a new MCCD was introduced. The Department of Health and Social Care (DHSC) was responsible for the initial issue of the new MCCD to organisations detailed on the [distribution list](https://www.gov.uk/government/publications/new-mccd-check-that-your-organisation-is-on-the-distribution-list).

The DHSC will send this organisation the following:

1. An initial six-month allocation of MCCDs
2. Guidance on how to order additional MCCDs
3. A unique passcode for ordering additional MCCDs

## Reporting a child death in England

In England, when a child dies, child death review (CDR) partners (Integrated Care Boards and local authorities) must plan:

* To conduct a child death review to investigate the reasons for the death
* For the analysis of information about deaths to be reviewed

Comprehensive advice and guidance, including the immediate actions required and support from bereavement services, can be found in the [Child death review: statutory and operational guidance (England) 2018](https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england). The role of the medical examiner complements this established process.

Deaths of all children normally resident in the area covered by this organisation will be reviewed by the [Child Death Overview Panel (CDOP)](https://www.gov.uk/government/publications/child-death-overview-panels-contacts/child-death-overview-panel-contacts) in that local authority area and, if appropriate and agreed between partners, the deaths in that area of non-resident children.

Once established, the CDOP will be required to complete the following forms to support the CDR process with the investigation:

* [Child death notification](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877287/child_death_notification_form.odt)
* [Child death reporting](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883061/child_death_reporting_form.odt)
* [Child death analysis](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883063/child_death_analysis_form.odt)

Further information on the responsibilities of CDOPs regarding child death notifications can be sought within:

* [Working together to safeguard children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)
* [Child Death Review – Operational Guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859302/child-death-review-statutory-and-operational-guidance-england.pdf)

## Reporting a child death in Wales

Should a child die unexpectedly in Wales, procedures as detailed within the [Procedural Response to Unexpected Deaths in Childhood (PRUDiC) 2018](https://www.northwalessafeguardingboard.wales/wp-content/uploads/2018/10/PRUDiC-2018-Procedures.pdf) should be commenced as this is the minimum expected standard for any response to an unexpected death in infancy and childhood within Wales. This document describes the process of communication, collaborative actions and information sharing that is required.

To commence the process of reporting a child death, the [Notification of a Child Death Form (Wales)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fphw.nhs.wales%2Fservices-and-teams%2Fchild-death-review%2Fchild-death-review-publications%2Fcdr-notification-form-updated-august-2020%2F%3Fmsclkid%3D9b864fc2c48a11ecbb7ec9a283254afd&wdOrigin=BROWSELINK) is to be completed and forwarded to the Child Death Review team at:

Child Death Review Programme Team

Public Health Wales

5th Floor Capital Quarter 2

Tyndall Street

CARDIFF

CF10 4BQ

E-mail: ChildDeath.Review@wales.nhs.uk

The [National Medical Examiner’s guidance for England and Wales](https://www.england.nhs.uk/long-read/national-medical-examiners-guidance-for-england-and-wales/) advises that in the event of the death of a child, the health board medical director and/or relevant assistant medical director, along with the Child Death Review Programme Team are to be informed.

## Medical examiner access to patient records

As explained in The [National Medical Examiner’s guidance for England and Wales](https://www.england.nhs.uk/long-read/national-medical-examiners-guidance-for-england-and-wales/), medical examiners have a specific statutory right of access to records of deceased patients that they consider relevant when carrying out their duties. The Regulations require medical examiners to make whatever enquiries appear to be necessary to confirm or establish the cause of death.

If the records are not made available and the medical examiner is unable to establish the cause of death, they are obliged to notify the death to the coroner.

# Guidance

## Cremations

Under new regulations, GP signs the MCCD. Cremation forms are completed by the Medical examiners’ office.

## DoLS and MCA

Under the [Mental Capacity Act (MCA) 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents), a person who lacks capacity and is residing in either a care home or in a hospital to enable treatment to be given may be detained in conditions that amount to deprivation of liberty. This will not be permitted without the authorisation given under the statutory scheme otherwise it would be classed as false imprisonment.

The Chief Coroner issued [Guidance No 16a](https://www.judiciary.uk/guidance-and-resources/chief-coroner-guidance-no-16a-deprivation-of-liberty-safeguards-dols-3rd-april-2017-onwards/#:~:text=Accordingly%2C for deaths to which,authorised under the MCA 2005.) in relation to Deprivation of Liberty Safeguards (DoLS). For deaths to which section 48(2A) applies, there is no mandatory and automatic requirement for a coroner’s investigation on “state detention” grounds if the person was subject to a deprivation of liberty authorised under the MCA 2005.

In accordance with the [Coroners and Justice Act 2009](https://www.legislation.gov.uk/ukpga/2009/25/contents), any person subject to a DoLS is deemed to be in “state detention”. The GP still has a responsibility to issue a MCCD. Further reading on DoLS and LPS can be found in the **Mental Capacity Act Policy** and a Governmental easy read guide can be found [here](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061434/LPS-easy-read-summary-booklet.pdf).

## Notifying the CQC

For English practices only:

[CQC GP mythbuster 21: Statutory notifications to CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-21-statutory-notifications-cqc) explains that this organisation is legally obliged to notify the CQC about certain changes, events and incidents that affect service delivery, or the people who use it, including notification of certain deaths.

[CQC (Registration) Regulations 2009: Regulation 16](https://www.cqc.org.uk/guidance-providers/regulations/regulation-16-notification-death-service-user#legislation-links) states that the CQC should be informed *“without delay”* for a number of notifications, including patients who have died. Additional guidance can be found at [Primary Medical Services – Guidance on statutory notifications](https://www.cqc.org.uk/guidance-providers/notifications/notification-finder).

## Religious requirements

Information for the main religions and their specific requirements can be found at [Annex A](#_Annex_B_–_1).

## Bereavement support

Guidance for relatives and carers can be found at [Annex B](#_Annex_A_–), an example bereavement letter that can be sent by the practice is at [Annex C](#_Annex_C_–_1) and a bereavement guide is at [Annex D](#_Annex_D_–).

## Suicides

When the cause of death is suicide, the coroner will be informed. Furthermore, should the patient have been seen within the previous two weeks by a practice in England, then the practice should notify the CQC as this meets the statutory requirements.

## Suicide and self-harm reduction planning

This organisation follows current national self-harm and suicide prevention guidance in support of both understanding and management.

For referral pathways, support and guidance, further reading can be sought at [Annex E](#_Annex_E_–).

# Annex A – Religious beliefs, practices and rituals after death

The following section outlines the religious beliefs, practices and rituals after death relating to the six major faiths in England and Wales.

This information is provided as a guide and should not be used to make assumptions about any individual’s needs and wishes. It is important that healthcare professionals explore the religious needs and wishes of each individual for whom they care.

Further reading can be sought within the following links:

* PHE publication titled [Faith at end of life: public health approach resource for professionals](https://www.gov.uk/government/publications/faith-at-end-of-life-public-health-approach-resource-for-professionals)
* Religion Media Centre factsheet: [Death and funerals in world religions](https://religionmediacentre.org.uk/factsheets/death-funeral-rituals-in-world-religions/)

**Buddhism**

Family members may request that the body is not touched during this time and that it is available to them to perform religious rites. All requests should be negotiated carefully to fully support the bereaved family members.

Following death, Buddhists normally cremate the body, but funeral traditions may vary across the different types of Buddhists.

In particular, funeral services may include a picture of the deceased, chanting and praising their qualities. There are unlikely to be objections to post-mortems and organ donation although some Far Eastern Buddhists may object.

**Christianity**

Patients are likely to request support from their own local church community and those who belong to a church or are religious may have their own needs appropriate to their religious beliefs.

Christians do not usually have any religious objection to a post-mortem.

Funeral services will vary according to the patient’s beliefs and both the family and church ministers will need to be approached regarding the patient’s wishes.

Disposal of the body is by burial or cremation.

**Hinduism**

Following death, family members may congregate where the body is to pay their respects, offer prayers and chant the name of God. It is important the family is consulted to ascertain if they wish to carry out last rites as distress can be caused if the body is touched by non-Hindus.

When the family is unavailable, it is important that the eyes of the deceased are closed and their limbs straightened, ensuring that jewellery and religious objects are not removed. The body should also be wrapped in a plain sheet without religious emblems.

Cremations are usual for Hindus except for children (in some traditions under the age of 27 months and in others under the age of five years) when burials may be preferred.

**Islam**

After death, Muslims may request that the deceased body faces Mecca with their eyes and mouth closed and the limbs straightened.

Religious requirements dictate that the body should be buried as soon as possible and therefore those involved in processing the death certificate should be sensitive to this and do so as soon as possible.

Islam directs that the body of the deceased should be handled as gently as possible. The body will commonly be washed by family or friends. A white shroud will be used to wrap the body and prayers will be recited. Family members may feel uncomfortable for the body to be touched by professionals so contact should be kept to a minimum and ideally handled by professionals of the same sex as the deceased person.

The majority of Muslims would not want a post-mortem to be performed on the deceased unless required by law.

Muslims are always buried, and a quick burial is usual although it needs to be recognised that it is not always possible, e.g., there may be a delay in being able to register the death and the death certificate being issued, a post-mortem requirement and difficulties with burials at the weekend and over public holidays.

**Judaism**

After death is confirmed, the eyes are to be closed and the body should be covered with a

white sheet as a sign of respect. Some families may wish to practice certain customs such as placing the body face up and positioning the feet to face the door.

Depending on the sex of the deceased, fellow men or women will prepare the body for burial and three members of the community will be present. The body is washed and shrouded before being placed in a coffin for burial.

Cremation is forbidden in orthodox Judaism. It is customary for Jewish families to arrange a ‘watcher’ to guard the body after death as it is not permitted for the body to be left until the burial.

**Sikhism**

At the time of death, Sikhs may wish to repeat the word ‘Waheguru’, meaning the Wonderful Lord. In Sikh tradition, wailing and howling is discouraged. If the patient passes away when family is not present it is important for professionals to contact the family immediately because they may wish to perform recitations and prayers. These prayers are important in accepting that death is an act of God.

Cremation is the norm for most Sikhs. It is important that this takes place as soon as possible so professionals should aim to release the body promptly.

**Health and care professionals**

Health and care professionals are recommended to:

* Be sensitive to any spiritual and faith needs and whether this needs to be reflected in their end-of-life care
* Understand and record any spiritual needs related to end-of-life care
* Determine whether a visit from the patient’s local religious leader or a faith representative would be appropriate
* Signpost the patient and their family to appropriate spiritual and faith support
* Identify the role of the family in the decision-making process of the end-of-life care plan
* Ensure all end-of-life care and support services information are provided in the language of choice for the patient and their family
* Seek advice and support, as required, from the patient’s local religious leader or faith representative to ensure a positive encounter

**Organisations**

This organisation will:

* Ensure all staff involved in bereavement support are trained in faith sensitivity and effective communication
* Ensure care plans record faith and the individual’s specific requirements
* Understand what support is available within local communities
* Ensure there is collaboration with local places of worship and faith when recognising community development approaches to end-of-life care

# Annex B – Helping those who are bereaved

## Helping families and carers

Relatives and carers will understandably be distressed following a death and staff are to ensure that no unnecessary contact is made although empathy and support must be offered to relatives and carers of the deceased when the opportunity presents itself.

A bereavement letter template can be found at [Annex C.](#_Annex_C_–_1)

When a member of a family asks their GP or a member of staff as to what to do when someone dies, governmental [guidance and support](https://www.gov.uk/when-someone-dies) is available to assist with any advice including:

* Registering the death (the MCCD in respect of the deceased will be required)
* Arranging a funeral
* Telling the relevant government departments about the death (one notification)
* Checking if there are bereavement benefits and:
	+ Dealing with their own benefits, pension and taxes
	+ Checking if an application must be made to stay in the UK
* Dealing with the estate of the deceased

A bereavement guide can be found at [Annex D](#_Annex_D_–).

**Bereavement support**

In England, there are several organisations supporting bereavement including some that offer specific support dependent on the nature of the loss.

* [www.childbereavementuk.org](https://www.childbereavementuk.org/)
* [www.ataloss.org](https://www.ataloss.org/)
* [www.cruse.org.uk](https://www.cruse.org.uk/)
* [www.suicidebereavementuk.com](https://suicidebereavementuk.com/)
* [www.ssafa.org.uk](https://www.ssafa.org.uk/get-help/military-families/bereavement-support-groups)

Wales:

* [111.wales.nhs.uk/encyclopaedia/b/article/bereavement](https://111.wales.nhs.uk/encyclopaedia/b/article/bereavement)
* [www.cruse.org.uk/wales](https://www.cruse.org.uk/get-help/local-services/wales/wales)
* [www.samaritans.org/samaritans-cymru](https://www.samaritans.org/samaritans-cymru/)

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# Annex C – Example of a bereavement letter

Dear [insert name],

I am so sorry to hear that [insert patient’s name] has passed away. I would like to extend my deepest sympathies to you and your family at this time.

The team at the Sheerwater Health Centre would also like to offer their sincere and heartfelt condolences at this most difficult of times. We have so many fond memories of [insert name] [who always made us laugh] which we will always remember.

I have enclosed a guide on bereavement which I do hope you will find of assistance.

I will call you next week on [insert day] at [insert time] for a chat and to answer any questions you may have.

With my sincere condolences,

[Signed]

[Insert name]

Enclosure: Bereavement Guide [Annex D]

# Annex D – Bereavement guide

[Insert organisation name and address details/logo as a header]

**Guidance on what to do following a death**

**Part 1 – Practical matters**

**Introduction**

Following a death, it is often the person who was closest to the deceased who is responsible for organising matters. As they will also be very emotionally distressed it is advised that they have a relative or friend to help them to make the necessary arrangements.

Notes:

In this leaflet, the term “relative” is used to refer to those close to the deceased, be they a member of the family, partner, friend or significant other.

Whilst this leaflet is easiest to use in its electronic format since it has links to webpages that contain relevant and useful information, it can still be used as a guidance booklet as it covers the main points contained in those relevant webpages.

Throughout this bereavement guidance, all information has been extracted from the UK Government Guidance: [*What to do when someone dies*](https://www.gov.uk/when-someone-dies)*.* This guidance outlines how to register the death, notify government departments and manage financial matters.

**Step 1**

[**Register the death**](https://www.gov.uk/after-a-death?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

In England and Wales, the death must be registered within five days. This is the total number of days inclusive of bank holidays and weekends.

To find the nearest register office, use the webpage [Find a register office](https://www.gov.uk/register-offices) and enter your postcode.

To register the death *a Medical Certificate of Cause of Death (MCCD)* is required and the doctor who attended during the last illness will issue this. More than one GP may have been involved in the care of the patient and therefore any one of them is able to certify the death.

If the GP(s) is/are unable to be found, the death may be referred to the coroner.

When a death is reported to a coroner, different documents may be needed to register the death and the coroner will decide either one of the following:

* 1. Should the **cause(s) of death** be clear, the coroner will:
		+ Request the doctor signs the MCCD
		+ Direct you to take the MCCD to the registrar to register the death
		+ Issues a certificate to the registrar stating that a post-mortem is not needed
	2. Should a **post-mortem** be required to find out how the deceased died, this will be conducted at a hospital or a mortuary. Please be advised that you cannot object to a post-mortem but, if asked, the coroner must inform you and the deceased’s GP where the examination will take place

Once the post-mortem has been completed and no further examinations are required, the coroner will release the body for a funeral.

If there is no inquest required, then the body will be released, and the coroner will send the following:

* *Form100B (or the Pink Form)* to the registrar stating the cause of death
* *Certificate of Coroner – Form Cremation 6* if the body is to be cremated
	1. The coroner must hold an **inquest** if:
* The cause of death is unknown
* The person may have died a violent or unnatural death
* The person might have died in prison or police custody

If an inquest is to be held, to enable you to inform the registrar, you will need to request an *interim death certificate*from the coroner**.** The interim death certificate can also be used to apply for [probate](https://www.gov.uk/applying-for-probate/apply-for-probate) either yourself or using a solicitor to enable the deceased’s estate to be administered.

Once the inquest has been completed, you can request a *final death certificate* from the registrar. The registrar will be able to advise you if the Government’s [Tell Us Once Service](https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once) is available in your area.

**Step 2**

[**Arrange the funeral**](https://www.gov.uk/after-a-death/arrange-the-funeral?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

The funeral can only take place once the death has been registered and the registrar has issued the certificate stating that no post-mortem or inquest is required.

If you wish to organise a funeral yourself then contact your local council’s *Cemeteries and Crematorium Department*.

Some local councils also run their own funeral services, although these are usually non-religious.

A [funeral expenses payment](https://www.gov.uk/funeral-payments) is available if you are on certain benefits and need help to pay for a funeral you are arranging. [Funeral expenses claimant forms and notes](https://www.gov.uk/government/publications/funeral-payment-claim-form) are available to download and all claims must be made within six months of the funeral.

Should any assistance be required to complete the forms, the Bereavement Service helpline, 0800 731 0469, may help. Alternatively, should you not be able to hear or speak on the phone then use [Relay UK](https://www.relayuk.bt.com/).

Most people use a funeral director’s services who is a member of either:

* [National Association of Funeral Directors](https://nafd.org.uk/funeral-advice/find-a-member/) or
* [The National Society of Allied and Independent Funeral Directors](http://saif.org.uk/members-search/)

**Step 3**

**Tell the government about the death**

The [Tell Us Once](https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once)service allows you to report a death to most government departments with one communication.

These are:

* HM Revenue and Customs (HMRC) to deal with personal tax (you need to [contact HMRC](https://www.gov.uk/government/organisations/hm-revenue-customs/contact/bereavement-and-deceased-estate) separately for business taxes such as VAT)
* The Department for Work and Pensions (DWP) to cancel benefits and entitlements, for example universal credit or state pension
* The Passport Office to cancel a British passport
* The Driver and Vehicle Licensing Agency (DVLA) to cancel a licence and remove the person as the keeper of up to five vehicles ([contact DVLA separately if you keep or sell](https://www.gov.uk/tell-dvla-about-bereavement) a vehicle or keep a personalised number plate)
* The local council to cancel housing benefit, council tax reduction (sometimes called council tax support) or a blue badge, to inform council housing services and to remove the person from the electoral register
* Veterans UK to cancel Armed Forces Compensation Scheme payments

If the registrar confirms that the service is available, then you will be given the contact telephone number and a unique reference code which must be used within 84 days.

Before contacting the Tell Us Once service, you will need the following details of the person who died:

* Date of birth
* National Insurance number
* Driving licence number
* Vehicle registration number
* Passport number

and any:

* Benefits or entitlements they were receiving – for example, a state pension
* Local council services they were receiving – for example, a blue badge
* Details of any public sector or armed forces pension schemes they were receiving or paying into

as well as:

* The name, address, telephone number and the National Insurance number or date of birth of any surviving spouse or civil partner
* The name and address of their next of kin – if there is no surviving spouse or civil partner or their spouse or civil partner is not able to deal with their affairs
* The name, address and contact details of the person or company dealing with their estate (property, belongings, and money), known as their ‘executor’ or ‘administrator’

Should the Tell Us Once service not be available in your area or you do not wish to use it then you will have to inform the various government departments yourself. This is in addition to banks, building societies, insurance companies, television companies, utility companies and landlords or housing associations.

**Step 4**

**Check if you can receive bereavement benefits**

The following financial assistance may be available:

1. Bereavement Support Payment (BSP) claims must be made within three months of a partner’s death to receive the full amount. Claims may be made up to 21 months after their death, but fewer monthly payments will be made.

To be eligible, your partner must:

* Have paid National Insurance contributions for a least 25 weeks in any one tax year
* Died because of an accident or a disease caused at work, e.g., asbestosis
* Be under state pension age
* Be living in the UK or a country that pays bereavement benefits

However, there are exceptions to the 21 months rule, e.g., the cause of death was confirmed more than 21 months after the death. Speak to the Bereavement Service helpline on 0800 731 0469

You cannot claim BSP if you are in prison.

Bereavement claim [forms](https://www.gov.uk/government/publications/bereavement-support-payment-claim-form) are available on line along with BSP [notes](https://www.gov.uk/government/publications/bereavement-support-payment-claim-form). Alternatively, applications can be made by phone on 0800 731 0469 or forms can be collected from the nearest [Jobcentre Plus](https://find-your-nearest-jobcentre.dwp.gov.uk/search.php)

1. Guardian’s Allowanceif you are bringing up a child whose parents or one of whose parents have died.

To receive Guardian’s Allowance all the following must apply:

* You are bringing up someone else’s child
* The child’s parents are dead (see conditions for one surviving parent below)
* You qualify for [Child Benefit](https://www.gov.uk/child-benefit)
* One of the parents was born in the UK (or was living in the UK since the age of 16 for at least 52 weeks in any two-year period)
* If you adopt a child, you may still receive Guardian’s Allowance if you were receiving it before you adopted the child

If there is one surviving parent, you could receive Guardian’s Allowance if one of the following is true:

* You don’t know where the surviving parent is
* The parents were divorced, or their civil partnership has been dissolved
* The surviving parent does not have custody and is not maintaining the child and there is not a court order in place saying that they should
* The parents were not married, the mother has died, and the father is unknown
* The surviving parent will be in prison for at least two years from the date of the death of the other parent
* The surviving parent is in a hospital by court order

**Deal with your own benefits, pension and taxes**

Depending on your relationship with the person who died, your tax benefit claims, and tax may change.

For details see [Your benefits, tax and pension after the death of a spouse](https://www.gov.uk/death-spouse-benefits-tax-pension?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

**Check if you need to apply to stay in the UK**

If your right to live in the UK depended on your relationship with someone who has died, you may have to apply for a new visa. You should check the rules if:

* You are in UK as the partner of a British citizen or someone with indefinite leave to remain. You may be eligible [to apply](https://www.gov.uk/visas-partner-dies?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) for settlement
* Your partner who died served as a member of the HM Forces. See [guidance HM forces: partners and children](https://www.gov.uk/government/publications/hm-forces-partners-and-children?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a)

For other rules on visas, check [UK Visas and Immigration.](https://www.gov.uk/contact-ukvi-inside-outside-uk)

**Step 5**

**Deal with their estate**

You may have to deal with the will, money and property of the person who died if you are a close friend or relative or the executor of the person’s will.

**Check if you need to apply for probate**

By [applying for probate](https://www.gov.uk/applying-for-probate?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) you are applying to acquire the legal right to deal with someone’s estate, i.e., their property, money and possessions. If the person:

* Left a will you will receive a *“grant of probate”*
* Did not leave a will, you will be given a *“letter of administration”*

**Value the estate**

To [value the person’s estate](https://www.gov.uk/valuing-estate-of-someone-who-died?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) involves three main tasks:

1. Contact organisations

Contact banks, building societies and/or utility providers about the person’s assets and debts. Follow this link to find out [which organisations to contact](https://www.gov.uk/valuing-estate-of-someone-who-died/tell-organisations) and what letters to write.

1. Deal with the estate

If you already have the right to deal with the person’s estate, i.e., you have been granted probate, you can begin dealing with their estate. You may wish to hire the services of a professional to help with some or all the tasks of dealing with the estate.

See [Money Advice Service on how and when to use a solicitor or probate specialist](https://www.moneyadviceservice.org.uk/en/articles/when-to-use-a-probate-specialist)

Many who have dealt with an estate themselves find that it is not as complicated as they imagined, and they may save many thousands of pounds by so doing. The table below shows examples of charges of 1% and 5% of an estate valued at £100,000.

|  |  |  |  |
| --- | --- | --- | --- |
| **Value of estate** | **Fees**  | **VAT** | **Total payable** |
| £100,000 | £1,000 (1% of estate value) | £200 | £1,200 |
| £100,000 | £5,000 (5% of estate value) | £1,000 | £6,000 |

1. Update property records

How you update the property records when someone dies depends on whether they were the joint or sole owner of a property.

This [guidance](https://www.gov.uk/update-property-records-someone-dies?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a) will help you to do this.

**Part 2 – Emotional matters**

This section offers some support which we hope will help you to come to terms with the emotions of losing a loved one.

**Grief and other difficult feelings**

Whoever has died, your loss is unique to you, and you will cope with it in your own way. However, although bereavement is a highly personal and often traumatic event, many people go through a range of recognisable reactions and emotions when someone they are close to dies.

Sometimes people are shocked and upset by their changing and violent emotions when they are bereaved. Realising that these feelings are quite normal may help.

**Grief**

Grief knocks you off balance emotionally, physically, and mentally.

If the death had been expected, you tell yourself you should be able to cope, but you can’t. You think you’re over it, and you’re not. You think you should feel all right because you have family and friends looking out for you, but you don’t feel all right because no one can replace the person who has died.

When you are bereaved, you have to cope with a world that seems to have fallen apart. In practical terms, your life may have changed dramatically. You may have much less money, or you may be better off financially. You may be eating and sleeping alone for the first time or be faced with household jobs that you used to share with the person who died. Losing a close family member or an old friend can mean that you have no one who shares your childhood memories or family jokes.

Yet the biggest changes are probably inside you. When someone close to you dies, it can seem as though everything you took for granted has gone, that you have lost your sense of identity and self-worth. You may feel you have lost almost everything and haven’t much left to fall back on or to look forward to. And you may feel like this even if you have loving friends and family around you.

**Your feelings**

At first you may be too shocked to feel anything much, even if the death had been expected. Many bereaved people say that, in their initial shock, they felt a sense of numbness and disbelief.

As you get over the shock and begin to grasp the reality of what has happened you may go through some of the most powerful feelings you have ever had, feeling high or excitable one minute, in despair the next. You may think you are going mad because you can’t control your emotions, can’t concentrate, can’t organise yourself to make a phone call or make a cup of tea. It may seem as though everything you knew has gone and that nothing will ever make sense again.

You may feel that you don’t care whether you live or die because the person who died was so important to you that you cannot imagine existing without them. Your loss may feel overwhelming, and you are likely to be reminded of it constantly. You are likely to miss the person who died in all sorts of ways, physically as well as emotionally.

**Your thoughts**

You are likely to find it hard to concentrate and may feel confused and forgetful. Your thoughts may constantly return to the person who died, with painful questions and fears running through your mind. Alongside this, you may have a sense of relief if they died at what seemed the right time for them.

As you think more about the person and your relationship with them, as you talk about them and listen to what relatives, friends and acquaintances say, you are likely to start building a fuller picture of them than you had before. As it grows, you will probably find this picture becomes a part of your life, a source of comfort which is more than just a memory.

**Your body**

You will probably notice physical changes. You may have difficulty getting to sleep and your sleep may be disturbed by vivid dreams and long periods of wakefulness. You may lose your appetite.

People react physically in many ways, some feel tense and short of breath, others feel edgy and restless, others feel very slow and lethargic.

You are likely to feel exhausted, especially if you had been providing care for the person who died or had been through an anxious time before they died. Strong emotions and dealing with all the things that need to be done after a death can also make you feel tired and drained.

The stress of grief makes enormous physical demands upon you. You may be more susceptible to colds or other infections or become more accident-prone. It is very important to take extra care of yourself, so try to eat well and take extra rest even if you can’t sleep. Take some gentle exercise if you can.

Be kind to yourself and do not try to do too much while you are grieving.

**Getting used to the death**

Getting used to a death seems to happen in fits and starts and is often not as simple as it sounds, especially if you had shared your life with the person who died or had known them since childhood. Or you may have lost a younger relative, perhaps your daughter or son, or grandchild. When a young person dies it reverses the natural order of life and death and can seem particularly unjust.

You may switch between talking rationally about the death, the illness, the will, then have a surge of hope as you think you see the person who has died in the street or hear them whistling their favourite song.

Allowing your feelings to come out can help you to get used to your loss. Talking about the death and about the person who died, dealing with the practicalities of your new situation, and trying to think of the present as well as the past can all help you get used to the reality of the death and get through some of the anguish you may feel.

As you do this you will probably, slowly, begin to find a way of living without the person alongside you but very much with you in your thoughts and memories.

**Emptiness and depression**

Feelings of depression and meaninglessness can hit you when the reality of the death begins to bite, and you realise that the person who has died will not come back. And just when you think you have started to move on and are feeling better, you may hit rock bottom and life can seem endlessly bleak and empty.

Surprisingly, although it may feel almost unbearable at the time, this seems to be a period when some inner healing takes place. Afterwards, people generally say they feel lighter, more in control of their lives and better able to look forward.

Depression is a natural response to a bereavement, and usually lifts of its own accord. But if it doesn’t, and life seems an endless, pointless struggle, you could be clinically depressed. Clinical depression can be treated and there are different ways of getting through periods of depression, both with and without antidepressant medication.

Ask your doctor for help and advice.

If you have any thoughts of suicide, do talk to your doctor or someone you trust. Remember you can phone [The Samaritans](https://www.samaritans.org/how-we-can-help/contact-samaritan/), day or night, on 0845 790 9090.

**Anger**

Some people don’t feel angry after a bereavement, but if you do it can be the hardest feeling to cope with. You may feel anger at the injustice of your loss; anger at the lack of understanding in others; anger at the person who died because of what they are putting you through.

Bereaved people are usually angry because they feel hurt and unhappy. You probably feel angry at yourself and at the person who died i.e., the person you need most, who has left you to feel abandoned, frightened, and alone.

These feelings are normal, and you can probably get rid of your anger in a way which doesn’t hurt you or someone else. Some people have a shouting session, dig the garden, or write their thoughts on paper and then destroy the pages.

Try not to bottle up your feelings, think about the reasons for your anger. If you do not do this, whatever is upsetting you will almost certainly continue to trouble you and will not disappear. It can help to talk about your feelings with someone who is not emotionally involved in your own loss.

**Fear**

You are likely to feel fearful and anxious. This is very natural as your familiar world has been turned upside down and you are likely to feel you have little control over your life or over the thoughts and feelings churning inside you. Feeling out of control is likely to leave you feeling vulnerable and afraid. But you will probably notice that as you get used to coping, and start to get on top of life again, you will become more confident and less afraid.

You may also have fears about important practical issues. How will you cope with less money coming in? How will you manage household tasks? If you have worries like this, it usually helps to get some practical advice. The organisations listed at the end of this leaflet may be able to help you.

**Mixed feelings**

It is usual to have mixed feelings when someone dies. You may find yourself thinking of times you wish had been different, or wondering what might have happened if you, or the person who died, had made different decisions. Mixed feelings of regret, guilt or anger are not easy to deal with.

The important thing is to try to reach a point where you are realistic about the past and can accept it for what it was. This can be hard if the relationship had turned sour or was always a mixture of good and bad.

When a difficult relationship ends with death the problem is that any chance of mutual understanding or reconciliation has gone. But if you try to avoid dealing with upsetting thoughts and feelings you run the risk of becoming angry, bitter, or depressed. In a situation like this it usually helps to get a better understanding of the relationship you had with the person who died, of what was good about it and what was not, to work out what each of you contributed to it.

Don’t be too hard on yourself or anyone else. No one is perfect and most people try to do the best they can with the situation they are in. Eventually you are likely to reach some acceptance of the past and move towards a more fruitful present.

**Memories of other losses**

A bereavement may trigger memories of earlier losses which you thought you had got over. Perhaps you did not realise at the time how much you were affected, or circumstances made it difficult for you to talk about your feelings. You may now remember these unhappy times with great clarity, and this can be extremely distressing.

For example, some people are only now beginning to grieve for losses that happened in the war years. Similarly, people who had a stillborn baby or a miscarriage, or a child who died, or whose brother or sister died young, may only now start to grieve openly.

In years past, it was often customary not to talk much about such deaths and children’s feelings were often overlooked, so you may have gone through life with an unspoken burden of sorrow. You may feel that you need to mourn for these losses, and talk about your experiences, before you can come to terms with your more recent loss.

**Grief in children and adolescents**

Most children do not understand the meaning of death until they are three or four years old. Even so, they feel the loss of a close friend or relative in much the same way as adults. Even in infancy it is known that children grieve and feel great distress.

Children experience the passage of time differently to adults and can therefore appear to overcome grief quite quickly. It is important that the grief of a young person is not overlooked

**Part 3 – Sources of help and support**

At the time of publication these contact details were correct. If you find any errors, please do let us know.

**Age UK**

Tel: 0800 678 1602

Web: [www.ageuk.org.uk](http://www.ageuk.org.uk/)

Age UK is a national network of groups providing services for older people. Some Age UK groups offer bereavement counselling. Look in your phone book to find your local group, or ring the national office listed above.

**Bereavement Advice Centre**

Helpline: 0800 634 9494

Web: [www.bereavementadvice.org](http://www.bereavementadvice.org/)

The Bereavement Advice Centre offers practical advice on what to do when someone dies.

**Citizens Advice Bureau**

Look in your phone book to find your nearest Citizens Advice Bureau, or go to their website: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk/)

**The Compassionate Friends (For bereaved parents)**

Helpline: 0845 123 2304

Web: [www.tcf.org.uk](http://www.tcf.org.uk/)

The Compassionate Friends is a charitable self-help organisation. Parents who have been bereaved themselves offer friendship and support to other bereaved parents, grandparents, and their families.

**Cruse Bereavement Care**

Helpline: 0808 808 1677

Web: [www.cruse.org.uk](http://www.cruse.org.uk/)

Cruse Bereavement Care offers free information, advice, and support to bereaved people. Cruse runs a helpline, and can supply a wide range of books, leaflets, and a newsletter for bereaved people.

**Facing Bereavement**

Web: [www.facingbereavement.co.uk](http://www.facingbereavement.co.uk/)

Facing Bereavement contains articles offering advice and guidance on facing and dealing with bereavement.

**Institute of Civil Funerals**

Tel: 01480 861411

Web: [www.iocf.org.uk](http://www.iocf.org.uk/)

The Institute of Civil Funerals can help you find someone to conduct a non-religious funeral.

**Lullaby Trust**

Web: [www.lullabytrust.org.uk/bereavement-support/when-a-baby-dies/](https://www.lullabytrust.org.uk/bereavement-support/when-a-baby-dies/)

Support for parents and carers of a child under 18 who has died

**Natural Death Centre**

Tel: 01962 712 690

Web: [www.naturaldeath.org.uk](http://www.naturaldeath.org.uk/)

The Natural Death Centre offers advice on arranging a funeral with or without using a funeral director.

**Probate and Inheritance Tax Helpline**

Tel: 0300 123 1072

Web: [www.gov.uk/government/organisations/hm-revenue-customs](https://www.gov.uk/government/organisations/hm-revenue-customs)

**Samaritans**

Tel: 116123

Email: jo@samaritans.org

Web: [www.samaritans.org](https://www.samaritans.org/)

Samaritans are ordinary people from all walks of life who offer a sympathetic listening ear to despairing and suicidal people of all ages. Lines are open 24 hours a day, 365 days a year; all calls are charged at the local rate.

**Service Personnel and Veterans Agency**

General Helpline: 0808 1914 218

Bereavement number and minicom line: 0800 169 3458

Web: [www.veterans-uk.info](http://www.veterans-uk.info/)

The Service Personnel and Veterans Agency can offer support and advice to war pensioners, war widows, their dependants and carers.

**War Widows Association of Great Britain**

Tel: 0845 241 2189

Web: [www.warwidows.org.uk](http://www.warwidows.org.uk/)

The War Widows Association gives advice, help and support to war widows and dependants.

# Annex E – Self-harm and suicide prevention

Area plans to support national suicide and self-harm strategies will be formed at ICB level and will incorporate guidance, treatment pathways and regional resources.

**Understanding suicidal feelings**

Suicide is the act of intentionally ending your life. Should anyone discuss that they have suicidal thoughts about taking their own life, it is important that they discuss their feelings and ask for help. Suicidal thoughts sometimes start because people feel overwhelmed by their problems or their situation. When people get overwhelmed, it can be hard to see a way out, thoughts become very negative and narrow and it becomes difficult to get perspective and find solutions.

People can become suicidal if they have really difficult or upsetting things to deal with or if they have lots of smaller worries that pile up and make them feel overwhelmed. Telling someone how they feel can be frightening. However, talking to someone is the first step to getting help, staying safe and developing a sense of hope. With the right support, things can get better.

**Referral pathways**

Suicide is complex and has a devastating impact on families, friends and the wider community. It can affect anyone, anywhere at any time and there is no single cause or solution, but it is often preventable.

Everyone within the organisation can play a role in preventing suicide and self-harm.

The Surrey Heartlands ICB Suicide Prevention Strategy objectives are aligned to the [National Suicide Prevention Strategy (NSPS)](https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028) and aim to reduce the suicide rate in the population of individuals that encounter our services and to provide better support for those bereaved or affected by suicide.

Supporting guidance from Surrey Heartlands ICB will detail the priority areas for action to support the local supporting actions to align to the NSPS:

* Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
* Provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes:
* Children and young people
* Middle-aged men
* People who have self-harmed
* People in contact with mental health services
* People in contact with the justice system
* Autistic people
* Pregnant women and new mothers
* Address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are:
	+ Physical illness
	+ Financial difficulty and economic adversity
	+ Gambling
	+ Alcohol and drug misuse
	+ Social isolation and loneliness
	+ Domestic abuse
* Promote online safety and responsible media content to reduce harms, improve support and signposting and provide helpful messages about suicide and self-harm
* Provide effective crisis support across sectors for those who reach crisis point
* Reduce access to means and methods of suicide when this is appropriate and necessary as an intervention to prevent suicides
* Provide effective bereavement support to those affected by suicide
* Make suicide everybody’s business so that we can maximise our collective impact and support to prevent suicides

Further reading and guidance on Surrey Heartlands ICB Suicide Prevention Strategy, referral pathways and supporting information from both suicide and self-harm within this region can be found at [insert location].

**Suicide prevention**

When someone is contemplating suicide, their words and actions can give you clues that they are at risk for hurting themselves. These may include:

|  |
| --- |
| **High-risk warning signs** |
| Threatening to hurt or take their own life |
| Talking or writing about death, dying or suicide |
| Actively looking for ways to take their own life, such as stockpiling tablets |

If someone you know is showing these high-risk warning signs, then the pathways is to be followed as detailed [here].

Other indications that someone is not okay could include the following suicide warning signs:

|  |
| --- |
| **Other warning signs** |
| Talking about suicide | Any talk about suicide, dying or self-harm, such as:* “I wish I hadn’t been born”
* “If I see you again…”
* “I’d be better off dead”
* “I want to give up”
* “No-one would notice if I wasn’t here”
* “I hate myself”
 |
| Looking for a way to end their life | Searching for a method or seeking access to medicines/ other objects that could be used in a suicide attempt |
| Preoccupation with death | Unusual focus on death, dying or violence |
| No hope for the future | Feelings of helplessness, hopelessness and being trapped. Belief that things will never get better or change. |
| Self-loathing, self-hatred | Feelings of worthlessness, guilt, shame and self-hatred. Feeling like a burden. |
| Getting affairs in order | Making out a will. Giving away prized possessions. Making arrangements for family members. |
| Saying goodbye | Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they will not be seen again. |
| Withdrawing from others | Withdrawing from friends and family. Increasing social isolation. Desire to be left alone. |
| Self-destructive behaviour | Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks. |
| Sudden sense of calm | A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to attempt suicide. |

These signs may not always be easy to spot and these emotions are often different between people.

|  |
| --- |
| **Signs to look out for** |
| Relationship and family problems |
| Loss of a friend or a family member through bereavement |
| Financial worries |
| Job-related stress |
| College or study-related stress |
| Loneliness and isolation |
| Depression |
| Painful and/or disabling physical illness |
| Heavy use of or dependency on alcohol or other drugs |
| Thoughts of suicide |

It should be noted that the above may not apply to everyone who is struggling, but they can be a useful guide to what to look out for.

Should any member of the organisation come across any of these warning signs in those that they know, or have spoken to, then they are to be encouraged to talk about how they are feeling with a healthcare professional. Additionally, the staff member should share their concerns with either a clinician or a colleague.

Guidance to support any referral to mental health services can be found via the following referral pathway [here].

For specialist support and guidance, the following charities and support groups can assist:

* [CALM](https://www.thecalmzone.net)
* [Child Bereavement UK](https://www.childbereavementuk.org/Pages/Category/child-bereavement-uk-support-services)
* [Cruse Bereavement Care](https://www.cruse.org.uk)
* [Facing the Future Groups (run by the Samaritans)](https://www.facingthefuturegroups.org/Home)
* [Finding The Words booklet](https://www.merseycare.nhs.uk/download_file/view/1200/1359)
* [Harmless](https://harmless.org.uk/)
* [Help is at Hand booklet](https://www.merseycare.nhs.uk/download_file/view/1199/1359)
* [Hub of Hope](https://hubofhope.co.uk/)
* [PAPYRUS Prevention of Young Suicide](https://papyrus-uk.org/)
* [Samaritans](http://www.samaritans.org/)
* [Self-Injury Support](https://www.selfinjurysupport.org.uk/)
* [Stay Alive App](https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/)
* [Survivors of Bereavement by Suicide](https://uksobs.org/)
* [Young Minds](https://www.youngminds.org.uk/young-person/my-feelings/self-harm/)

**Legislation and guidance**

|  |  |
| --- | --- |
| DHSC | * [Suicide prevention strategy for England 2023 to 2028](https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028)
* [Suicide prevention strategy: action plan](https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-strategy-action-plan)
 |
| NHS England | * [Help for suicidal thoughts](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/help-for-suicidal-thoughts/)
* [Working together to prevent suicide in the NHS workforce](https://www.england.nhs.uk/publication/working-together-to-prevent-suicide-in-the-nhs/)
* [Where to get help for self-harm](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/getting-help/)
 |
| Welsh Government | * [Suicide and Self-harm Prevention Strategy 2024 - 2034](https://www.gov.wales/sites/default/files/consultations/2024-02/consultation-document-draft-suicide-and-self-harm-prevention-strategy.pdf)
 |
| NHS Wales | * [Suicide and Self-harm prevention – Talk to Me 2 strategy 2015 -2020](https://executive.nhs.wales/functions/strategic-programme-for-mental-health/suicide-and-self-harm-prevention/)
* [Suicide and Self-harm Prevention Strategy 2021 - 2024](https://cavuhb.nhs.wales/patient-advice/local-public-health-team/key-publications/cardiff-and-vale-of-glamorgan-suicide-and-self-harm-prevention-strategy-2021-24/)

(Cardiff and Vale of Glamorgan) |
| Health Education England  | * [Self-harm and Suicide Prevention Competence Framework - Children and young people](https://www.ucl.ac.uk/pals/sites/pals/files/self-harm_and_suicide_prevention_competence_framework_-_children_and_young_8th_oct_18.pdf)
* [Self-harm and Suicide Prevention Competence Framework - Adults and older adults](https://www.ucl.ac.uk/pals/sites/pals/files/self-harm_and_suicide_prevention_competence_framework_-_adults_and_older_adults_8th_oct_18.pdf)
* [Self-harm and Suicide Prevention Competence Framework - Community and public health](https://www.ucl.ac.uk/pals/sites/pals/files/self-harm_and_suicide_prevention_competence_framework_-_public_health_8th_oct_18.pdf)
* [Self-harm and Suicide Prevention Competence Framework - What does the competency framework mean for my care](https://www.ucl.ac.uk/pals/sites/pals/files/self-harm_and_suicide_prevention_competence_framework_-_service_user_and_carer_8th_oct_18.pdf)
 |
| NICE | * [Suicide prevention QS189](https://www.nice.org.uk/guidance/qs189)
* [Self-harm: assessment, management and preventing recurrence NG225](https://www.nice.org.uk/guidance/ng225)
* [How common is it?](https://cks.nice.org.uk/topics/self-harm/background-information/prevalence/)
 |
| Royal College of Psychiatrists | * [Self-harm and suicide in adults – Final report of the Patient Safety Group](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10)
* [Suicide Prevention National Transformation Programme](https://www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes/national-suicide-prevention-programme)
 |
| Samaritans | * [Understanding self-harm and suicide](https://www.samaritans.org/about-samaritans/research-policy/internet-suicide/guidelines-tech-industry/understanding-self-harm-and-suicide-content/)
 |
| World Health Organization (WHO) | * [Suicide prevention](https://www.who.int/health-topics/suicide#tab=tab_1)
 |

**eLearning resources and videoclips**

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| --- | --- |
| **Provider** | **Title** |
| NHS E/MindEd | * [Postvention Support For Staff and Organisational Response](https://www.minded.org.uk/Component/Details/685257)
 |
| Health Education England | * [We need to talk about suicide](https://content.learninghub.nhs.uk/content/dd0b63e8-2813-465a-a94a-6977e29bf4e7/index_scorm.html)
 |
| Samaritans  | * [How to support someone who is self-harming](https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.youtube.com/watch%3Fv%3D6Qk7d3bhMqc&ved=2ahUKEwjyy4rd5_GIAxW7QUEAHRqONg4QwqsBegQICRAG&usg=AOvVaw3hNRJzJX4rbYxJFZP24ysV)
 |
| World Health Organization (WHO) | * [Preventing suicide: information for health workers](https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.youtube.com/watch%3Fv%3DFy7n8SfwS_A&ved=2ahUKEwigmfjC_PGIAxVfTkEAHaYYMFAQwqsBegQIHRAG&usg=AOvVaw2kBdrDLWvA0u4ubbhxYe0T)
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**Other resources**

NHS E/Grassroots Suicide Prevention [Stay Alive App](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/stayalive/)

A suicide and self-help poster is available [here](https://practiceindex.co.uk/gp/forum/resources/poster-to-educate-on-suicide-risks.1523/?fromcat=41).

For further guidance on how to access mental health services refer to:

* [NHS England](https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/)
* [Public Health Wales](https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/how-are-you-feeling/how-to-access-support/#:~:text=Call%200800%20132%20737%20or%20text%20'help'%20to%2081066.&text=For%20information%20on%20types%20of,medication%2C%20alternative%20treatments%20and%20advocacy.)

For statistics on both suicide and self-harm, refer to [Fingertips](https://fingertips.phe.org.uk/search/self%20harm).