Evaluation of *Help is at Hand*:

A resource for people bereaved by suicide and other sudden, traumatic death

Keith Hawton, Lesley Sutton, Sue Simkin
University of Oxford Centre for Suicide Research

Dawn-Marie Walker, Gemma Stacey
University of Nottingham

Keith Waters
Derbyshire Mental Health Services NHS Trust
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BACKGROUND

- There are more than 5000 suicide deaths each year in the UK. It has been suggested that on average six people are deeply affected by each death (i.e. at least 30,000 individuals). These include family, friends and colleagues together with professionals who had a role in the deceased person’s care.

- Bereavement following suicide is often traumatic. People bereaved in this way may experience guilt, shame, stigma and feelings of rejection and isolation.

- While people bereaved by suicide often need considerable support their experiences may make it difficult for them to seek or obtain help.

- Potential sources of help include family members, friends, clinical services and support groups. Self-help resources may also be helpful.

- Help is at Hand is a self-help resource that was developed for people bereaved by suicide (and other sudden traumatic deaths). It was published by the Department of Health in September 2006, and updated in September 2008. It is available free of charge in hard copy and on the internet.

- It includes sections on:
  
  - Practical matters, e.g. arranging the funeral, dealing with the will, who to notify, police investigation, the coroner’s inquest and media reporting.
  
  - Experiencing bereavement, including feelings and emotions which the bereaved may experience, how to cope with various aspects of grief, and guidance on what to say to others about the death.
  
  - Bereaved people with particular needs, e.g. parents who have lost a child, children, young people, older people, lesbian, gay and transsexual people.
  
  - How friends and colleagues can help, including advice for friends, employers, work colleagues, teachers, and prison, police, health and social care personnel.
  
  - Sources of support, including bereavement organisations, self help groups, religious and faith groups, counselling; useful websites; recommended books and other material.
• We have conducted an evaluation of Help is at Hand to assess the usefulness and appropriateness of the resource and to identify ways of improving it for users.

**METHODS**

• Several approaches were used in the evaluation, including:
  
  o **Information on access to Help is at Hand**, including number of hits to the online version, number of hard copies requested, and number of copies distributed by suicide prevention leads
  
  o **Evaluation of users’ views on Help is at Hand** through:
    
    ▪ Questionnaire based study of bereaved individuals within specific coroners’ districts
    
    ▪ Questionnaire included in hard copy and online versions of the resource
  
  o **Focus groups and interviews** with members of support groups, professional organisations and bereaved individuals

**RESULTS**

• *Help is at Hand* was accessed online around 300 times per month until the second edition was produced in September 2008, when there was a considerable peak in the frequency of access. Thereafter the resource was accessed around 500 times per month. Ninety percent of the contacts were from UK sites.

• A total of 44,765 hard copies were distributed between September 2006 and December 2009. Sixty percent of these were requested by clinical services, 19% by other government agencies (e.g. police, coroners and educational establishments), 13.5% by voluntary agencies, and only 2.8% by private individuals.

• There was wide variation in the number of copies distributed by Suicide Prevention Leads.

• Questionnaire responses were received from 35 individuals. Of these, 23 had been bereaved by suicide, 7 by other sudden traumatic death, and 5 were professionals and other individuals. The focus group included 5 bereavement charity workers. Interviews were conducted with 4 service users and 5 statutory workers.
Help is at Hand was generally well received by respondents to the questionnaire and those participating in the focus group and individual interviews.

Responses to questions about the content of the resource were largely positive; the content overall, sections on ‘practical matters’ and ‘experiencing bereavement’ were particularly well received.

The format of Help is at Hand was also generally viewed positively by questionnaire respondents, although some members of the statutory and non-statutory groups were less keen on the use of pictures in the resource. Some professionals and members of bereavement support groups did not like the A4 format and high quality paper because they thought these incurred extra postage costs. However, changing the format to A5 would not reduce these costs because the thickness of the resulting document would exceed that currently allowed as standard letter format. Previous Department of Health experience had indicated that use of lesser quality paper is not satisfactory.

Some respondents bereaved by sudden traumatic deaths other than suicide were somewhat overwhelmed by the information in Help is at Hand relating to bereavement by suicide. They suggested that a separate resource for people bereaved by other sudden, traumatic death would be helpful, or, alternatively, separate sections could be used for different types of bereavement.

Making individual sections downloadable from the internet could reduce printing costs and enable people to print only those parts they required.

There was wide agreement amongst the bereaved participants that Help is at Hand was poorly available at the time of their bereavement and that some had only discovered its availability by accident.

It was suggested that Help is at Hand should be readily available from Coroners’ Officers, Funeral Directors, General Practitioners, Accident & Emergency Departments, the Police, Paramedics and members of the Clergy, soon after deaths occurred.

During the study, Samaritans were prompted to make Help is at Hand available on their website.

The preferred time to receive Help is at Hand was within one month of the death.

Other suggestions for increasing availability of Help is at Hand were translations into the main minority languages used in England and Wales and production of an audio version.
• *Help is at Hand* should be available in all Public Libraries.

• When *Help is at Hand* is sent to bereaved individuals (e.g. from Coroners’ Officers) this should be done with clear explanation, and, where possible, prior discussion.

• Recruitment to all parts of the evaluation study was difficult. This included obtaining responses through questionnaires in the hard copy of *Help is at Hand* and available online. Recruitment to the interview study through Coroners’ Offices was also difficult. In part this reflected the heavy workload of staff. However, the study has shown that it may be difficult to conduct a full evaluation of this type of bereavement resource in people who are facing emotional turmoil in the period following the death of a loved one, particularly by suicide.

• It proved surprisingly challenging to recruit professionals for the interview study. Bereavement by suicide seems to remain a sensitive issue, with perhaps associated stigma.

• Extra information that was received from bereavement and mental health charities added to the finding that *Help is at Hand* was well received. A request to use sections from *Help is at Hand* in Australia by Suicide Prevention Australia further indicated the value of the resource.

• During the evaluation some valuable feedback was received which has been incorporated in the new (third print) of the resource. The tear-out questionnaire has been discontinued. The ‘to whom it may concern’ sheet and list of organisations to be notified are now detachable. The postcard advertising *Help is at Hand* has been produced in a format suitable for display (e.g. in GP surgeries or libraries).

**CONCLUSIONS**

• Overall, *Help is at Hand* was well received, with many bereaved individuals reporting that they found it very helpful and informative.

• The main recommendations from the study are that *Help is at Hand* should be much better publicised and offered to people by a range of agencies soon after deaths have occurred.

• Greater awareness of the resource might come from its inclusion in training sessions for professionals working with the bereaved, and by circulation of the postcard about *Help is at Hand* to GPs.
Bereavement following suicide is usually very traumatic. Guilt, shame, stigma and consequent feelings of rejection and isolation may set it apart from the sadness following other kinds of death, and may make it more difficult for the bereaved to obtain help (Beautrais, 2004; Harwood et al., 2002; Hawton & Simkin, 2003). The necessary, often alien, official processes surrounding the death – the police and Coroner’s investigations - can add to the trauma (Biddle, 2003). This may be compounded by inaccurate or insensitive media reporting (Biddle, 2003; Harwood et al., 2002). The bereaved themselves are at risk of increased morbidity from abnormal grief reactions (Mitchell et al., 2005), and indeed suicide itself (Qin et al., 2002). People bereaved by suicide often need considerable support (de Groot et al., 2006; de Groot et al., 2007).

Bereavement through suicide is not uncommon. Each year there are an estimated million suicides worldwide and about 5500 suicide deaths in the UK. On the suggested basis that on average six people are deeply affected by each one (Shneidman, 1969), this amounts to at least 30,000 individuals. Suicide may also have an impact on many more individuals, including colleagues, friends, and professionals. Despite this, many of us, in both personal and professional roles, may not know how best to deal with the grief of those bereaved.

There is little evidence about effectiveness of support for people bereaved by suicide (McDaid et al., 2008), although findings of a recent study suggested that family-based grief counselling may convey some benefits (de Groot et al., 2007). Potential sources of help may include self-help resources as well as direct clinical interventions.

Help is at Hand was developed as a resource for people bereaved by suicide (and other sudden traumatic deaths), based partly on a previous successful pack (Hill et al., 1997) and as a contribution to the National Suicide Prevention Strategy for England (Department of Health, 2002). It was launched by the Department of Health in September 2006, and updated in September 2008. Postcards and wallet cards with information about the resource were also produced to provide a simple means of communication about its availability and how to obtain it. It is also available on the Internet. (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115629).
Help is at Hand includes sections on:

- **Practical matters**, e.g. arranging the funeral, dealing with the will, who to notify, police investigation, the coroner’s inquest and media reporting.

- **Experiencing bereavement**, including feelings and emotions which the bereaved may experience, how to cope with various aspects of grief, and guidance on what to say to others about the death.

- **Bereaved people with particular needs**, e.g. parents who have lost a child, children, young people, older people, lesbian, gay and transsexual people.

- **How friends and colleagues can help**, including advice for friends, employers, work colleagues, teachers, and prison, police, health and social care personnel.

- **Sources of support**, including bereavement organisations, self help groups, religious and faith groups, counselling; useful websites; recommended books and other material.

Evaluation of such a resource is essential. The evaluation should focus on the questions of whether it reaches the target group and, especially, whether the contents are helpful. We have conducted an evaluation of Help is at Hand using several approaches, including:

1. **Information on access to the resource**, including:
   - i) number of hits to the online version
   - ii) number of copies requested from NHS Direct / Department of Health Publications Orderline (Prolog)
   - iii) number of copies distributed by the Suicide Prevention Leads for the Care Services Improvement Partnership (CSIP)

2. **Evaluation of users’ views on the resource through**:
   - i) a questionnaire-based study conducted within specific Coroners’ districts
   - ii) a shorter questionnaire included as a tear-out sheet in the hard copy of Help is at Hand, and an online version of this.

3. **A focus group and interviews with members of support groups, professional organisations and bereaved individuals to assess their attitudes to Help is at Hand**.

During this work we have also received feedback from other individuals and organisations.
1. ACCESS TO THE RESOURCE

i) **Department of Health website**  Monthly tracking statistics were supplied by the Department of Health between 1st April 2007 and 31st December 2009 for:
   
   (a) **downloads** of *Help is at Hand* (i.e. the number of times the link to the document was clicked in order to request the document)

   (b) **sessions** (sessions commence when users, having opened their browser, load a page for the first time; on closing their browser, the session is ended)

   (c) **impressions** (multiple page impressions can take place during the session)

   (d) **location of visitors** (based on the Internet Protocol (IP) address); the start date for these data was 22nd October 2008.

ii) **Distribution of hard copies of Help is at Hand**  The Department of Health provided data for the numbers of copies of *Help is at Hand* ordered from the Department of Health Orderline between 12th September 2006 and 31st December 2009.

iii) **Distribution of Help is at Hand by the Suicide Prevention Leads for the Care Services Improvement Partnership (CSIP)**  A questionnaire about the dispersal of the 2006-07 version of *Help is at Hand* was sent to the CSIP leads listed in the National Suicide Prevention Strategy for England Annual Report 2007 (National Institute for Mental Health in England, 2008). This initiative was supported by Keith Foster, Suicide Prevention Programme Lead, who contacted the leads about the evaluation.
2. EVALUATION OF USERS’ VIEWS OF THE RESOURCE THROUGH QUESTIONNAIRES

i) Questionnaire in Coroners’ jurisdictions
The Coroners for four jurisdictions in England were asked if they would be willing for their Officers to assist us in the evaluation study by giving copies of *Help is at Hand* to people bereaved by a probable or possible suicide death and asking if they would consider taking part in the evaluation of the resource by completing a questionnaire (see Appendix 1) that we would send to them three months later. The Coroners were approached initially by letter. Following their agreement, two members of the research team visited the Coroners and/or their Officers to talk in greater detail about the resource and the evaluation study. A letter of information about the study, participant consent form, and Freepost envelope for returning the completed questionnaire to the evaluation centre were provided with each copy of *Help is at Hand*. A letter from the evaluation centre to the bereaved person about the study was enclosed with the pack by two jurisdictions. Unfortunately, the initial version of the letter did not contain condolences because it was assumed that the resource and evaluation would have been discussed with the bereaved persons by the Coroner’s Officers before the pack was passed to them or despatched, as was the case in three of the four jurisdictions taking part in the study. The letter was subsequently modified.

The Coroner’s Officers in each jurisdiction recorded the numbers of people who were offered copies of *Help is at Hand* and informed about the study. The monitoring data were returned monthly to the evaluation centre.

Regular newsletters were sent to the Coroners and their Officers in the participating jurisdictions to keep them informed about the progress of the study.

ii) Short questionnaire included with *Help is at Hand* and available online
A brief questionnaire about the resource was included as a tear-off sheet at the back of the hard copies of *Help is at Hand*, with a Freepost address provided for returning the completed questionnaire to the evaluation centre (see Appendix 2). The questionnaire was also available online via a link from the Department of Health and Centre for Suicide Research websites.

*Analysis of questionnaire responses*
Data from the standard tear-out and online questionnaires and the more detailed questionnaires sent to people recruited via the Coroners’ Officers were entered on Excel spreadsheets and transferred to SPSS for analysis.
3. **FOCUS GROUP AND INTERVIEW STUDY**

A qualitative study was conducted in which data were collected by means of a focus group and a series of one-to-one telephone interviews. This part of the study was organised from the University of Nottingham (DW and GS).

**Participants**

Participants were aged 18 years or older. They had all used *Help is at Hand*. The sample consisted of three subgroups:

1. **Statutory** (Coroner’s staff and health care workers)
2. **Non-statutory** (bereavement charity workers)
3. **Service users** (people who had used the resource for a personal bereavement).

Individuals in the statutory and non-statutory groups had all referred people (either clients or colleagues) to the resource. Recruitment to the study was via a modified snowball technique. The recruitment was organised by the Suicide Prevention Lead for the East Midlands Development Centre (KW) and all participants were recruited from Derbyshire County.

**Procedure**

Upon receiving referrals from KW, the participant was contacted by the researchers in Nottingham to arrange an appointment. Prior to data collection, information sheets, consent forms and the interview schedule were sent to the participants. The same semi-structured schedule was used for both the focus group and the interviews (with some additional questions for the statutory and non-statutory participants).

**Focus group**

The focus group (non-statutory, i.e. bereavement charity workers) was held in a room at the School of Nursing at Derby General Hospital and lasted one hour. Lunch was provided and travel expenses offered. The discussion was taped for later transcription. DW led the discussion whilst GS took notes.

**Interviews**

One-to-one telephone interviews were conducted with the statutory (DW) and service user (GS) sub groups. Focus groups were not held with these participants due to problems in scheduling a mutually convenient time for the statutory group, whilst for the service user group there was concern that discussing personal and sensitive experiences in a focus group situation might be difficult.

The questions that were addressed were as follows:

1. What were your first impressions of *Help is at Hand*?
2. How did you initially feel about the idea of using *Help is at Hand*?
3. Thinking about Help is at Hand – what section or aspect of it is specifically most useful? (Prompts: Content and structure; Online version)

4. What do you see as the least useful section or aspect of Help is at Hand? (Prompts: Content and structure; Online version)

5. Thinking back, can you tell us about how you were introduced to Help is at Hand?

6. The manner in which it was introduced (mailed, downloaded, etc). Was it right for you?

7. What level of support did you need to give for accessing or using the resource?

   Were you given any support in accessing/ using the resource? If so what was the nature of this support? (for Service User group)

8. How many times have you used or referred people to this document?

9. Can you tell us in more detail how Help is at Hand has helped you? (Prompts: Gave reassurance; Helped understanding of reactions; Gave options for further help; Used as a stimulus for conversation).

Questions 10-13 were for statutory and non-statutory workers:

10. When did you introduce it to a bereaved person? How did you decide when? Was this right for them?

11. In what ways do you feel Help is at Hand has helped you provide help and support? (Prompts: Gave information on complex issues; Offered understanding; People could choose which section to use)

12. Have you used the document in other circumstances, such as someone bereaved by a sudden death?

13. Are there any circumstances where the document would not be useful or appropriate?

14. Can you tell us how you think Help is at Hand could be improved/enhanced? (Prompts: Structure; More content/less content; Medium and accessibility; Distribution; Readability)
Analysis

As the same semi-structured interview schedule, apart from questions 10-13, was used with all participants, the data were pooled before analysis. Themes were derived from close scrutiny of the transcripts with a simple form of grounded theory being used for analysis.

ETHICAL APPROVAL

Full ethical approval for the questionnaire study in the Coroners’ jurisdictions was obtained from the Central University Research Ethics Committee of Oxford University, and for the focus group and interview study from Leicestershire, Northamptonshire & Rutland Research Ethics Committee 2. The latter study also had the approval of the local PCT’s and Derbyshire Mental Health Trust.
1. ACCESS TO THE RESOURCE

i) Department of Health website

a) Downloads Data on downloads of Help is at Hand and postcards, credit cards and posters between April 2007 and December 2009 showed that interest peaked in September 2008 with 1405 downloads. This was when the new edition of Help is at Hand was published, and the figures probably reflected the additional publicity for the resource to coincide with the launch (Figure 1). However, the number of downloads soon stabilised to a level similar to that before the launch. Data were available for specific documents downloaded from October 2009 to December 2009. These showed that Help is at Hand comprised 88% of the total downloads, 95% of which were for the 2008 version (due to Department of Health requirements the 2006 version remained on the Department of Health website). The remaining downloads comprised postcards, credit cards and posters.

b) Sessions and impressions The monthly totals for sessions and impressions peaked in September 2008 around the time of the launch of the 2008 version of the resource (Figure 2), with 2412 sessions and 2998 impressions. This was mainly due to interest in the new version, which comprised 81% of both impressions and sessions. A high level of interest in both editions continued during October 2008; the number of sessions and impressions plateaued thereafter. Both versions of the resource were accessed throughout the study period; figures for sessions and impressions for the 2008 version of Help is at Hand in December 2009 were 79% and 80% of the totals respectively.

c) Location of visitors Data on location of visitors to the website were available for the period of just over 14 months between 22nd October 2008 and 31st December 2009. The overall number of visitors to the site during this period was 5220, 90% of whom were from UK sites. The visitors from outside the UK were mostly from other English-speaking countries: US (18%), Australia (16%), New Zealand (11%), Republic of Ireland (10%), and Canada (5%). Other locations included: (Europe) - Austria, Belgium, Cyprus, Czech Republic, Denmark, France, Germany, Gibraltar, Greece, Hungary, Italy, Latvia, Malta, Norway, Poland, Portugal, Serbia, Spain, Sweden, Switzerland, Romania, Russia, The Netherlands, Ukraine; (Asia) - China, Hong Kong, India, Japan, Korea, Malaysia, Pakistan, Philippines, Singapore, Sri Lanka,
Taiwan, Thailand; (Middle East) - Arab Emirates, Israel, Lebanon, Saudi Arabia; (Africa) - Kenya, Lesotho, Malawi, South Africa; (South and Central America) - Argentina, Brazil, Columbia, Costa Rica, Honduras, Mexico, Nicaragua, Peru.

Figure 1  Help is at Hand downloads

Data provided by the Department of Health publications orderline (PROLOG) were analysed to show the number of copies of each edition of the resource supplied to public institutions and private individuals between 12th September 2006 and 31st December 2009 (Table 1). Public organisations were further classified as National Health, Health Care bodies, other government department or body, voluntary agencies and other categories (Table 1).

The majority of orders for Help is at Hand came from clinical services (Table 1), with slightly more being ordered by acute services than mental health services. Within acute services, patient information offices (N = 2267) and bereavement offices (N = 1201) ordered the most copies. In mental health services, Community Mental Health Teams (CMHTs) (N = 903), Mental Health Trusts (N = 766) and Mental Hospitals (N = 626) ordered most. Substantial numbers were also ordered by primary care and other community services.
Within central government agencies (Table 1), the bulk of orders came from the Police, including British Transport Police (N = 2648) and Coroners (N = 1218). Also within this category were educational establishments, especially universities (N = 353), colleges (N = 328) and schools (N = 299).

The next largest number of copies was ordered by voluntary agencies, with bereavement charities (N = 1699) and mental health charities (N = 2813) ordering most copies. The number of copies ordered by private individuals (Table 1) was relatively few (N=1238). The orders from commercial / business agencies came predominantly from various companies (N = 289) and funeral directors (N = 284).
Table 1  Distribution of Help is at Hand literature by Department of Health publications orderline from 12 Sept 2006 to 31 December 2009

<table>
<thead>
<tr>
<th>Organisation</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Services</td>
<td>26838</td>
<td>(60.0)</td>
</tr>
<tr>
<td>Acute Services</td>
<td>8634</td>
<td>(19.3)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7854</td>
<td>(17.5)</td>
</tr>
<tr>
<td>Primary Care (GP)</td>
<td>5233</td>
<td>(11.7)</td>
</tr>
<tr>
<td>Other Community Services</td>
<td>5117</td>
<td>(11.4)</td>
</tr>
<tr>
<td>NHS Central Organisation</td>
<td>987</td>
<td>(2.2)</td>
</tr>
<tr>
<td>Other Government Agencies</td>
<td>8496</td>
<td>(19.0)</td>
</tr>
<tr>
<td>Central Government</td>
<td>5212</td>
<td>(11.6)</td>
</tr>
<tr>
<td>Local Authority</td>
<td>2042</td>
<td>(4.6)</td>
</tr>
<tr>
<td>Education</td>
<td>1242</td>
<td>(2.8)</td>
</tr>
<tr>
<td>Voluntary Agencies</td>
<td>6062</td>
<td>(13.5)</td>
</tr>
<tr>
<td>Commercial/Business Agencies</td>
<td>869</td>
<td>(1.9)</td>
</tr>
<tr>
<td>Private individuals</td>
<td>1238</td>
<td>(2.8)</td>
</tr>
<tr>
<td>Other</td>
<td>228</td>
<td>(0.5)</td>
</tr>
<tr>
<td>Not known</td>
<td>47</td>
<td>(0.1)</td>
</tr>
<tr>
<td><strong>Total no of copies</strong></td>
<td><strong>44765</strong></td>
<td></td>
</tr>
</tbody>
</table>

iii) Distribution of the 2006 version of Help is at Hand by the CSIP Suicide Prevention leads

Unfortunately, not all of the CSIP leads were still in post when the questionnaire was sent out. Four of the nine leads we approached responded to the questionnaire about their distribution of the 2006-2007 edition of Help is at Hand. There was considerable variation in the number of copies of the resource received - from none to around 200. Those that were received were widely distributed via the Suicide Prevention and Mental Health Promotion leads. Copies of Help is at Hand or information about the resource and how to obtain it were sent to local Coroners in two of the regions.
2. EVALUATION OF USERS’ VIEWS OF THE RESOURCE THROUGH QUESTIONNAIRES

i) Questionnaire in Coroners’ jurisdictions
The four Coroners we approached agreed that their jurisdictions would take part in recruitment to the study. Each jurisdiction used its own recruiting method (Table 2).

Recruitment to the study
One hundred and seven potential participants were approached by the Coroners’ Officers. Nineteen people consented to help with the evaluation; 12 completed questionnaires (C) were returned to the evaluation centre. In addition, five adverse responses (without questionnaires) were received from possible participants who received a pack from one of the Coroner’s Offices without prior discussion about the resource or the evaluation study.

ii) Short questionnaire included with Help is at Hand and available online
Eight people returned the tear-out (TO) questionnaire from the hard copy of Help is at Hand, and 15 completed the electronic version online (OL).

Findings from questionnaire responses
The following findings are based on combined data from the questionnaires.

Characteristics of the questionnaire respondents
The respondents were predominantly female (77%). Five were aged over 64 years, with none under 19 years (Table 3). Nearly half were in the 45-64 year age group (17; 49%). Respondents were in the following categories:

- Bereaved by suicide (n=23)
- Bereaved by other sudden, traumatic death (n=7)
- Professionals and others (n=5)

Of those bereaved by suicide, one was also a professional helping bereaved people. Of those bereaved by other sudden traumatic death one was also a professional. In the ‘professional and other’ category, the ‘others’ were someone helping a friend bereaved by suicide, and someone who ‘assists clients making complaints against the NHS’. The time of loss for those bereaved occurred mainly within the last six months (Table 3).
### Table 2  
**Recruitment methods used in the Coroners’ jurisdictions**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Potential participants</th>
<th>Method</th>
<th>Pack</th>
<th>Recruiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>People bereaved by possible suicide and other sudden, traumatic death</td>
<td>Face to face or following telephone conversation when the study was explained</td>
<td><em>Help is at Hand</em>, participant information, 2 consent forms, Freepost envelope. A covering letter from HM Coroner’s office was included following telephone contact</td>
<td>01/12/2008 to 31/07/2009</td>
</tr>
<tr>
<td>B</td>
<td>People bereaved by possible suicide, sudden traumatic death, deaths involving drugs, hanging and other circumstances out of normal</td>
<td>Pack sent out from the coroner’s office</td>
<td>Letter about the study from the evaluating centre, <em>Help is at Hand</em>, participant information letter, consent form, Freepost envelope</td>
<td>01/12/2008 to 31/07/2009</td>
</tr>
<tr>
<td>C</td>
<td>People bereaved by probable suicide (plus one accidental death)</td>
<td>Information about the resource and the evaluation given in a telephone conversation or face to face at inquest</td>
<td><em>Help is at Hand</em>, participant information, 2 consent forms, Freepost envelope. A covering letter from HM Coroner’s office was included following telephone contact</td>
<td>01/01/2009-31/07/2009</td>
</tr>
<tr>
<td>D</td>
<td>People bereaved by suspected suicide, other sudden, traumatic deaths and child deaths</td>
<td>Information about the resource and the evaluation given in a telephone conversation. Copies of the resource and the study information were also available at inquest and mentioned by the Coroner’s Court Service Volunteers</td>
<td>Letter about the study from the evaluating centre, <em>Help is at Hand</em>, participant information, consent form, Freepost envelope</td>
<td>01/03/2009 to 31/07/2009</td>
</tr>
</tbody>
</table>
### Table 3
Respondents: recruited in the Coroners’ Study or who responded to the questionnaire

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (n=35)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>(23)</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>(77)</td>
</tr>
<tr>
<td><strong>Age of respondent (n=35)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-24 years</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>25-44 years</td>
<td>12</td>
<td>(34)</td>
</tr>
<tr>
<td>45-64 years</td>
<td>17</td>
<td>(49)</td>
</tr>
<tr>
<td>65+ years</td>
<td>5</td>
<td>(14)</td>
</tr>
<tr>
<td><strong>Identity (n=35)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person bereaved by suicide</td>
<td>22</td>
<td>(63)</td>
</tr>
<tr>
<td>Person bereaved by other traumatic death</td>
<td>6</td>
<td>(17)</td>
</tr>
<tr>
<td>Professional</td>
<td>3</td>
<td>(9)</td>
</tr>
<tr>
<td>Both professional and bereaved by suicide</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>Both professional and bereaved by other traumatic death</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>(6)</td>
</tr>
<tr>
<td><em><em>Time of loss (n=31</em>)</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within last 6 months</td>
<td>23</td>
<td>(74)</td>
</tr>
<tr>
<td>6-12 months ago</td>
<td>2</td>
<td>(7)</td>
</tr>
<tr>
<td>1-2 years ago</td>
<td>2</td>
<td>(7)</td>
</tr>
<tr>
<td>&gt;2 but &lt;5 years ago</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>5-10 years ago</td>
<td>3</td>
<td>(10)</td>
</tr>
<tr>
<td>*4 respondents were not personally bereaved</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How received Help is at Hand (n=35)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td>16</td>
<td>(46)</td>
</tr>
<tr>
<td>Coroner’s office</td>
<td>12</td>
<td>(34)</td>
</tr>
<tr>
<td>NHS Direct</td>
<td>2</td>
<td>(6)</td>
</tr>
<tr>
<td>Voluntary agency/support group</td>
<td>2</td>
<td>(6)</td>
</tr>
<tr>
<td>Hospital Bereavement Service</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>Police Liaison Officer</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>Primary Care Trust</td>
<td>1</td>
<td>(3)</td>
</tr>
</tbody>
</table>

*Help is at Hand* was obtained via the internet by 16 respondents, two via NHS direct, two from voluntary agencies, one each from a Hospital Bereavement Service and a Police Liaison Officer, and one through Primary Care Trust training. In addition, 12 respondents received their copy from a Coroners’ Officer as part of our evaluation. Of the 16 respondents who obtained the resource through the internet, 13 were bereaved by suicide and three were professionals.
**Characteristics of the deceased**

The deceased individuals were mainly male (74%). Three-quarters were aged between 25 and 64 years (Table 4). The most frequent relationship of the deceased to the respondent was spouse or partner, child, or parent (Table 4).

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Details of the deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>N=31*</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
</tr>
<tr>
<td>Age at which they died</td>
<td></td>
</tr>
<tr>
<td>Under 19 years</td>
<td>3</td>
</tr>
<tr>
<td>19-24 years</td>
<td>1</td>
</tr>
<tr>
<td>25-44 years</td>
<td>13</td>
</tr>
<tr>
<td>45-64 years</td>
<td>10</td>
</tr>
<tr>
<td>65+ years</td>
<td>4</td>
</tr>
<tr>
<td>Relationship to the respondent</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner</td>
<td>11</td>
</tr>
<tr>
<td>Child</td>
<td>10</td>
</tr>
<tr>
<td>Parent</td>
<td>5</td>
</tr>
<tr>
<td>Other relative</td>
<td>3</td>
</tr>
<tr>
<td>Sibling</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

*4 respondents were not personally bereaved

**Availability of Help is at Hand**

Many respondents who completed an online or tear-out questionnaire reported that *Help is at Hand* had not been available at the time of their bereavement and suggested that it should be more widely available and that the resource was poorly promoted.

“*It should have been available immediately via the coroner*” (OL6)

“*Seven weeks after the suicide is far too long for family to chance on this document. There should be better mechanisms for getting it out to recently bereaved families*” (OL5)
The best means of receiving the resource reported by the bereaved people (n=11) who responded to this question (asked only in the tear-out and online questionnaires) were: via the Coroners’ Officer (5), GP (4), Police Officer (4), Funeral Director (2) and Hospital Bereavement Officer (1)

The best way to receive it would be “through the coroner, my GP or even the police” (OL3) “maybe through the funeral director” (OL11)

“These booklets could be readily available to YOTS [Youth Offending Teams] and social services” (OL1)

“Policeman who broke news” (TO6)

*Time of receipt of the resource and best time to receive the resource*

The individuals in the group recruited by the Coroners’ Officers (n=12) all received the resource within six months of bereavement, and in ten instances within one month of the death (Table 5). The timing was slightly later for those who completed the tear-out questionnaire i.e. 80% within six months of the death and the remainder over one year after the death. In contrast, half of those who completed the online questionnaire received the resource within the first six months following their bereavement, whilst over a third did not receive it until more than a year after the death. The preferred time after bereavement to receive the resource was within one month of the death for the majority of respondents in all three groups. This was strongest in the group recruited by the Coroners’ Officers.

*Rating of the resource*

The respondents’ ratings of the content of the resource, both overall and specific sections, are shown in Table 6. Where data were missing or a question was rated as ‘not relevant to me’ by some respondents, the total number of respondents is noted in brackets. Thus numbers of respondents to specific questions differ in the data presented below.

The overall content of the resource was rated as helpful or extremely helpful by all the participants bereaved by suicide (n=23), and all those in the ‘professional and other’ group. In contrast, three of the seven people bereaved by other sudden, traumatic death rated the resource as of no help or slightly helpful.
Table 5  When *Help is at Hand* was received and Best time to receive *Help is at Hand*, by respondent group

<table>
<thead>
<tr>
<th></th>
<th>Tear-out</th>
<th></th>
<th>Online</th>
<th></th>
<th>Coroner</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td></td>
<td>n (%)</td>
<td></td>
<td>n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When <em>Help is at Hand</em> was received (n=31)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 1 month of the death</td>
<td>1 (20)</td>
<td></td>
<td>4 (29)</td>
<td></td>
<td>10 (83)</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>1-6 months</td>
<td>3 (60)</td>
<td></td>
<td>3 (21)</td>
<td></td>
<td>2 (17)</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>6-12 months</td>
<td>0</td>
<td></td>
<td>2 (14)</td>
<td></td>
<td>0</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>&gt; 1 year</td>
<td>1 (20)</td>
<td></td>
<td>5 (36)</td>
<td></td>
<td>0</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td></td>
<td>14</td>
<td></td>
<td>12</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Best time to receive <em>Help is at Hand</em> (n=33)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 1 month of the death</td>
<td>5 (71)</td>
<td></td>
<td>11 (79)</td>
<td></td>
<td>11 (92)</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>1-6 months</td>
<td>2 (29)</td>
<td></td>
<td>1 (7)</td>
<td></td>
<td>0</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>6-12 months</td>
<td>0</td>
<td></td>
<td>1 (7)</td>
<td></td>
<td>1 (8)</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>&gt; 1 year</td>
<td>0</td>
<td></td>
<td>1 (7)</td>
<td></td>
<td>0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td></td>
<td>14</td>
<td></td>
<td>12</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

The section on **practical matters** was rated as ‘helpful’ or ‘extremely helpful’ by 17 of the 18 respondents bereaved by suicide, all of the ‘professional and other’ group (n=5), and four of the six people bereaved by other sudden, traumatic death. Overall, the section on **experiencing bereavement** was rated as ‘helpful’ or ‘extremely helpful’ by 32 (92%) respondents. Two people bereaved by other sudden, traumatic death rated this section as ‘of no help’ and one person bereaved by suicide rated it as ‘slightly helpful’. The individual sections on **bereaved people with particular needs** were generally well received (one respondent rated the section on older people as ‘of no help”).

The section on **how friends and colleagues can help** was rated highly by 18/21 of the group bereaved by suicide and all in the group of ‘professionals and others’ (n=5) but by only half of the group bereaved by other sudden, traumatic death (n=6). The **sources of support** section was rated as ‘helpful’ or ‘extremely helpful’ by 17/21 (84%) of the respondents bereaved by suicide. All five respondents in the ‘professional and other’ group rated it as ‘extremely helpful’. Of those bereaved by other sudden, traumatic death four out of five rated it as ‘helpful’ or ‘extremely helpful’.
<table>
<thead>
<tr>
<th>Table 6</th>
<th>Ratings of content of <em>Help is at Hand</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Of no help</td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
</tr>
<tr>
<td>Overall</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Practical matters (n=29)</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Experiencing bereavement (n=35)</td>
<td>2 (6)</td>
</tr>
<tr>
<td>Bereaved people with particular needs (n=24)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>Parents (n=22)</td>
<td>0</td>
</tr>
<tr>
<td>Children (n=19)</td>
<td>0</td>
</tr>
<tr>
<td>Young people (n=16)</td>
<td>0</td>
</tr>
<tr>
<td>Older people (n=18)</td>
<td>1 (6)</td>
</tr>
<tr>
<td>Lesbian, gay &amp; bisexual people (n=12)</td>
<td>0</td>
</tr>
<tr>
<td>People with learning disabilities (n=14)</td>
<td>0</td>
</tr>
<tr>
<td>How friends and colleagues can help (n=32)</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Sources of support (n=31)</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>

Additional comments

Questionnaire respondents were invited to make other comments or suggestions if they wished. Some of these related to the fact that the resource included other sudden traumatic deaths as well as suicide:

“A few more comforting poems would be nice, plus a different leaflet for sudden deaths - this seems to concentrate on suicide too much, which although tragic I would have preferred a document more related to sudden death by illness, which was how my husband died.” (TO5)
“It seems logical to give out a common booklet for both suicides and other sudden traumatic deaths, but I think that to some people it might be offensive (especially if they are of a culture (or likewise) where suicides are sensitive/shameful-) as it suggests that the death was possibly suicide even though the coroner maybe can't say that positively.” (CO6)

“You may need to do a separate booklet for sudden death rather than suicide.” (CO1)

Other comments drew attention to the need for better promotion of the resource:

“I needed to read this 2 weeks after finding my partner hanging. I find it hard to believe nobody I’ve seen (doctors, coroner, police, crisis team, etc) has heard of Help is at Hand. I think all the authorities should be made aware and copies should be readily available.” (OL6)

“Excellent. The family have been searching the web for help/support for 7 weeks. This should have been in their hands straight away. You really need to promote it better” (OL5)

“More medical people need to know that the booklet exists, it's not much use if it's not given to those who need it.” (OL4)

“Poster about the resource to promote sited in GP’s, YOTs, mental health care centres, social services etc.” (OL1)

Other comments were very positive:

“I found the booklet well presented and easy to read. I was extremely impressed with the information and am able to apply this in my day to day job” (TO1)

“Overall comprehensive yet concise and easy to read without being patronising.” (OL9)

“Lovely layout, well presented. I shall keep it and read the ‘Experiencing Bereavement’ section again and again. It helps me feel less isolated to recognise the symptoms other people experience that I feel too.” (C21)

“…Thank you for such a good job.” (TO8)
3. **FOCUS GROUP AND INTERVIEW STUDY**

**Participant characteristics**
The focus group with the non-statutory participants (NSG) included two women and three men. Two participants were from Survivors of Bereavement by Suicide and one each from Derbyshire Voice (a mental health charity), Samaritans, and PAPYRUS Prevention of Young Suicide. Due to the nature of this group, most had been bereaved by suicide themselves but had not used *Help is at Hand* personally at the time of their bereavement.

Participants in the one-to-one interviews from Statutory Services (SG) included three women and two men. Three were from Derbyshire Mental Health Services, one from Derbyshire County PCT and one was a Coroner’s Officer. All had referred people (both bereaved clients and colleagues) to *Help is at Hand* and therefore had used the document within a professional capacity. Members of the service user group who participated in the one-to-one interviews (SUG) included three women and one man.

**Themes**
**General**
Feedback on the content of the resource was consistently positive. All agreed that the material was well written and appropriate, and that it was extremely helpful both for practical issues and aiding understanding of emotional responses. All agreed that *Help is at Hand* fills a gap in the literature and is attractive and professional looking. The service user group strongly identified with the descriptions of emotions they might experience and described them as extremely authentic in terms of their own experience. They found the content supportive as it provided them with reassurance that they were not the only ones who were experiencing these thoughts and reactions. However, they did not feel that the resource should replace the provision of face-to-face support.

“I thought it was an amazingly useful resource, it had lots of practical advice but done in a very sensitive way..” (SG1)

“Other members of my partner’s family, their reaction towards me. Because I’m finding that there’s quite a similarity with unmarried people that have lost partners. The other family members are blaming the surviving partner for what’s happened and it, you know, it (Help is at Hand) approaches all other people’s feelings as well. That was reassuring” (SUG1)

“I think my brain was all over the place, I was reading stuff from cover to cover, but things that are dip in dip out, you know, you can just read it and
put it down and then go back to it. It is very easy, I think, to read. Not too wordy or too technical, it’s quite accessible.” (SUG3)

All of the statutory and non statutory participants felt comfortable with recommending the resource and had received very positive feedback from those they had passed it on to:

“...I have been given positive feedback from the fiancée of the person who died recently to say that that [Help is at Hand] was an absolute godsend.” (NSG1)

Some participants felt that the title ‘Help is at Hand’ is not the best and that it needs to be more stand alone as Help is at Hand doesn't really say what it’s about. They suggested either a different title or that the subtitle needs to be more prominent.

“It’s a nice neutral title, but I think it’s actually too neutral.” (SG1)

The Coroner’s Officer had concerns about the word ‘suicide’ being used a lot, and that the bereaved may think that the Coroner has decided in advance of an inquest that this is the verdict.

Two participants commented that the evaluation questionnaire at the back of the resource was unhelpful as it was not sensitive to the state of mind of people who are accessing the resource.

“...to me is fairly frightening [laughs]...there’s far too much information being asked.” (NSG2)

“I don’t think I’d, I don’t think I’d take the time to do it. Because I think you, you’re dealing with enough to, rather than sit and look through something to fill in.” (SG1)

Finally, three of the four participants in the service user group, and one each of members of the non-statutory and statutory groups questioned the need for the pictures within the resource. The statutory and non-statutory group members thought they took too much space up, whilst some service users found them upsetting and suggested a more abstract approach could be used which did not include people.

“I suppose it’s a depressing enough time without seeing pictures on the front of people... I don’t know whether that would make any difference or not. But I suppose you pick it up and you see it and it’s got people looking miserable on it, it, suppose it, it makes it even more depressed looking.” (SUG4)
Some members of both the statutory and non-statutory groups of participants thought that the document could be split into smaller sections to make it easier to refer the person to a particular section. This format would then be easy to transfer to a web format, with either separate pdfs for each section so that people can print off what they want, or a separate page for each section. Printing different sections on different coloured paper might ease use as the sections would then be easily recognisable.

There was some disagreement regarding the section referring to groups bereaved by suicide. Some individuals felt that particular groups had been omitted, e.g. unmarried partners and people with mental health problems. Cultural issues were also discussed, such as publishing in other languages or Braille, with perhaps an audio version also needed. Others felt it was not possible to include all groups, therefore this section should be presented in terms of problems or issues which may be common to a number of groups, for example how to tell other people about the bereavement.

Also some participants were not sure whether the section on health and social care staff is relevant and that perhaps this could be in a separate flyer. This was particularly relevant to one member of the service user group who felt that the resource was directed at them and that this information was not required.

“I mean, and I’ve talked to some professionals about this…and they all said, yeah I’ve got a copy. You know, and I felt like saying, it’s not for you, you idiots, obviously, people that have been bereaved. You know most tragic of circumstances. I mean the bit at the back about um help with sort of professionals and stuff like that. I don’t think that should be in the book. I mean if they want a separate one, that’s fine.” (SUG2)

One of the non-statutory participants felt that some more description of the period between the bereavement and the Coroner’s verdict, when an interim death certificate is issued, would be useful. Also an overview of how Help is at Hand fits into the general provision of care.

Some participants thought a FAQ section might be useful, as might an index. Quotes from people who’ve been bereaved would be welcome:

“…a few quotes out there from individuals but maybe trying to weave in sort of stuff that has more meaning for people would be sort of beneficial really.” (SG3)

Several participants commented that the contact sheet at back of book can get quickly out of date and also seemed a little disorganised. The suggestion was made to put a sleeve at the back of the book, with the contacts on a paper insert, so any updates can
be printed to replace these, rather than out of date information rendering that version of *Help is at Hand* obsolete. The ‘to whom it may concern’ page and the list of organisations to be notified of the death were reported by service users to be extremely useful, although a recommendation was made that these pages should also be on removable sheets so that they can be photocopied, or so that someone can complete them and be able to carry with them in their pocket or bag when they are out rather than carrying the whole document with them. This would also enable them to pass *Help is at Hand* to others without it containing personal information.

“Certainly the ‘To whom it may concern’ ...should be an insert in back...” (NSG2)

The section on the Coroner’s procedure was well received as was the ‘experiencing bereavement’ section which is not duplicated in other booklets, although some details repeat what is in other documents, such as the ‘What to do after death’ booklet (work and pensions) regarding practical matters.

“...the section that does talk about the feelings that you’re going to have, and the loss and the questions you’re going to have, is well written, it written in a way that is easily understandable, it's like someone is talking to you.” (SG4)

Size

Some members of statutory and non-statutory groups thought that the document is too big.

“I think it might be quite daunting, because it is such a lengthy document....” (SG2)

Members of the service user group thought that it initially felt overwhelming; however the content was so relevant that it grabbed their interest and encouraged them to read on. Also the A4 format of *Help is at Hand* is too large for people to be able to pop it into their bag easily. Some participants, especially members of the statutory groups, thought that an A5 version would be cheaper to distribute due to lower postage costs. Suggestions were made about reducing the size of *Help is at Hand* perhaps by reducing the font size (but what about the visually impaired?), or removing some of the pictures and large spaces. Also, a further suggestion was that *Help is at Hand* could be made lighter by printing it on thinner paper instead of the current higher quality paper.

“Fine, have coloured front cover and the rest of it can be black and white on normal paper that isn’t going to weigh so much...” (NSG1)
It was also suggested that this would also make it easier to write on.

However the issues with the size were raised by one of the statutory group, and all of the non-statutory group, presumably because they are in charge of the mailing of the document. The service users did not have the same concerns.

“I quite like that, sort of, is it A4 or C4, or whatever, format. And I quite like that, you know, because you’ve got quite a lot of stuff on one page and you can sort of scan through, can’t you?” (SUG3)

Distribution

Participants in the non-statutory group each sent out on average 30 copies of the document, whilst those in the statutory groups each sent out about three to eight copies. The participant who was a Coroner’s Officer distributed it the most, sending about 50-60 copies.

Distribution was regarded as the main problem with Help is at Hand by members of the statutory and non-statutory groups as they felt it is not reaching all of the people who need it due to poor availability. Members of the service user group said that they had received the resource too late and a lot of the content regarding the practical issues would have been more useful in the early stages of their bereavement. All of the service users had received the document from a support group and so they were concerned that those who were not accessing support would not get access to Help is at Hand. They said they might also be people who most needed the document.

“…who takes accountability in ensuring that people who are bereaved by suicide have received the pack and received the support through that?” (SG3)

“I found it a year into my bereavement. Initially, I wish I’d have found it sooner because you do search initially the first few hours, days, you search for answers, I suppose, and a lot of the questions to the practical stuff, you sort of have to stumble across, you know, things like the inquest and Coroner’s reports, you know, why things take so long, why certain things happen, why they have to happen in that way, I think it would have explained that a lot better,” (SUG3)

One member of the non-statutory group suggested that the Department of Health was reluctant to reproduce hard copies. Some participants said they had relied on downloading copies from the internet to give to clients (one interviewee didn’t know you could order them and was printing them off from the web).
“Ever since it was first produced, the whole question of distribution has been a pig’s ear.” (NSG2)

Some participants said they thought Help is at Hand was not well publicised and that therefore many relevant people do not know it exists and therefore will not recommend or distribute it. It was felt that Help is at Hand should be used in training, such as for social workers, police, GPs and other clinicians. It should also be sent to all funeral parlours and Coroners’ offices, GP surgeries and hospitals. Copies should be given to paramedics, members of the clergy, A&E staff and the police (who often do not feel equipped to deliver news of suicide or support the family):

“...the police are often the first one on the scene. And when they’re doing their interviews and that, It might be quite useful if they could say, ‘Well, there is actually something that explains it, the process.’” (SG5)

“You know when you got an Officer going out to give bad news you know, It’d be handy if he read this first.” (NSG3)

One participant suggested that Help is at Hand could be written into NICE guidance. Other suggestions included putting copies in public libraries, or selling Help is at Hand in book-shops for a nominal fee, as often people need support following a sudden, traumatic bereavement who are not immediate family, such as employers or friends:

“...I would like to see this on sale in the book shops......it would get to [other] parts [and] other people you know, even if it was just nominal [price]” (NSG2)

One comment was that Help is at Hand might be distributed by being passed on by people who had used it:

“...people don’t necessarily always keep it - they might hand it on; certainly, my experience of people that fed back to me, they hand it on to somebody...” (NSG1)

It was suggested that a postcard enabling the recipient to request a copy of Help is at Hand should be included in a pack sent to all people bereaved by suicide. It was also suggested that a flyer with details of Help is at Hand should replace the old ‘calling cards’. This could be mailed easily, left in GPs waiting rooms, A&E departments, etc.

Website

There was agreement that the internet version was a good way of increasing the accessibility of the document as it allowed people to access it by searching the
internet. However, this should not be the only way it is available and should be used to complement the hard copy.

Other suggestions included that the pdf should not be in colour so as to reduce the cost of printing and that it shouldn’t only be available as one pdf as it’s such a large document.

Participants commented that it would make an excellent web site of its own (with a pdf also provided so that a hard copy could be printed if required).

“People could browse through; they could have links between sections, and you could still say print this page...” (NSG2)

There were concerns about difficulty in finding the document with a search engine such as Google. There is also a lack of links from other web sites, including the Samaritans web page.

It was suggested that the web-based format may help avoid language difficulties if the users were able to automatically transcribe the web page into their own language.

Ways of using Help is at Hand

Members of the statutory and non-statutory groups recommended giving it to people as early as possible after their bereavement as it provides very helpful, practical information which can be re-referred to when the person is able to process this. Being given such a resource can also be comforting.

“...somebody had sort of died in a road accident or something, you know, relatives are in a terrible state and, you know, and what happens next? And they just sort of totally, you know, apart from all the emotions, they just don’t know what to do....”

[Regarding giving copies to paramedics/A+E staff who are often first on the scene] (SG5)

Help is at Hand is often used as a training resource for new employees/ volunteers at the organisations whose members we interviewed e.g. Survivors of Bereavement by Suicide gave it to members to look at in their own time as an additional resource and source of support. It is also given as a stand-alone resource to clients by organisations that are not providing a counselling service and often only have one contact with the person who has been bereaved:

“...we don’t offer that service [bereavement support] but at least this is something we can [give]” (NSG3)
Statutory staff reported that *Help is at Hand* is useful in stimulating conversation and certain sections can be used at different times. It was also suggested that *Help is at Hand* can be useful for inexperienced counsellors by structuring conversation to ensure that important points are covered.

“I felt what it did was give staff a vehicle to discuss things.” (SG1)

Some participants commented that often it is not the bereaved person who uses *Help is at Hand*, but a carer, or other supportive person (such as brother, wife, etc), who reads it and then passes on the relevant information.
Help is at Hand was first published in 2006 as a resource for people bereaved by suicide or other sudden, traumatic death. The updated version, published in 2008, is the subject of this evaluation study. Findings are based on responses to questionnaire studies and focus group and interview studies of bereaved people, and professional and non-statutory participants working with bereaved people.

Help is at Hand was well-received by questionnaire respondents and focus group and interview participants. Responses to questions about the content of the resource were largely positive. The content overall, sections on ‘practical matters’ and ‘experiencing bereavement’ were particularly well received. A low number of returned completed questionnaires meant that more detailed analyses were not possible.

The format of Help is at Hand was well-received by the questionnaire respondents, although some members of the statutory and non-statutory groups criticised the use of pictures in the resource. Some professionals and members of bereavement support groups did not like the A4 format and high quality paper because of the high postage costs incurred. Changing the format to A5 would not, however, reduce these costs because the thickness of the resulting document would exceed that currently allowed as standard letter format (5mm). The use of a lesser quality paper to reduce the weight of the resource is not considered an option as previous Department of Health experience indicates that this is not satisfactory. It is possible to write on the current document.

Some respondents bereaved by other sudden, traumatic death commented on the amount of information in Help is at Hand relating to bereavement by suicide. They suggested that a separate resource for people bereaved by other sudden, traumatic death would be helpful or, alternatively, separate sections could be used for the different types of bereavement. Making individual chapters downloadable from the webpage would reduce printing costs and enable people to print the section they required.

There was wide agreement amongst the bereaved participants that Help is at Hand was poorly available at the time of their bereavement; some had discovered the resource by accident when searching the web. It was suggested that Help is at Hand should be readily available from Coroners’ Officers, Funeral Directors, General Practitioners, Accident and Emergency Departments, the Police, Paramedics and members of the clergy soon after the death, and should also be available from Samaritans website. The preferred time to receive Help is at Hand was within one
month of the death; this could be achieved by making the resource available from the above organisations. Other suggestions for increasing availability were translations into the main minority languages used in England and Wales and production of an audio version. These facilities would be available for an electronic version of Help is at Hand, through web-based translation tools and reading software. Selling the resource in bookshops is not an option (even if the price was very low) as this is not consistent with Department of Health policy. However, Help is at Hand should be available in all public libraries. It is important that the resource is used appropriately; Help is at Hand was not well received when it was sent out as part of the study without any prior discussion.

Recruitment to all parts of the study was very difficult. Thirty thousand copies of the 2008 edition of Help is at Hand were printed and distributed during the duration of the study; approximately 5,000 downloads of the resource were made from the Department of Health website, making 35,000 copies in total distributed. However, only eight tear-out and 15 online questionnaires were completed and returned to the evaluating centre. Nineteen bereaved people from 4 Coroners’ jurisdictions consented to take part in the evaluation, from whom 12 questionnaires were returned. Coroners’ officers have a very large workload, and hence contact with the public is mostly by telephone. Face-to-face contact between the Coroners’ Officers and bereaved people when introducing the study might have increased participation. Emotional turmoil in the period immediately after the death of a loved one can be considerable, particularly after a possible suicide; participation in the evaluation may have been too onerous for most bereaved individuals to contemplate. Indeed, some members of the non-statutory and the users’ group felt the questionnaire was intrusive at the time of grief. Difficulties were also experienced in recruiting people to take part in the focus group and interview studies. It was surprisingly challenging to recruit professionals for the interview study. Bereavement by suicide remains a sensitive issue; stigma still exists around the subject and may account for the reluctance to take part in the evaluation overall. Implications of the recruitment difficulties should be considered at the planning stage for similar studies.

Help is at Hand was well received by bereavement and mental health charities. PAPYRUS Prevention of Young Suicide publicised the resource in their Autumn 2008 newsletter; the helpline advisors recommend the resource to callers, where appropriate, and provide information about how to download it from the internet. If U Care Share recommend the resource to people who contact them following the death by suicide of a loved one. Some individuals who used the resource have sent positive feedback to the evaluating centre via Shirley Smith, the founder of the charity. The Compassionate Friends provide copies of Help is at Hand in their library. Samaritans now provide two links to Help is at Hand from their website, one from the Bereaved by Suicide page and the other from the ‘other sources of help’ list. In addition, the resource was promoted at their Annual Conference in September 2009 and a copy of Help is at Hand and the postcard advertising it was included in every delegate pack.
In addition to national charities, Alan Staines of Suicide Prevention Australia approached the evaluating centre with a request to use sections from *Help is at Hand* on the charity’s website. This has been approved.

The findings of the evaluation study are limited by the low number of questionnaire respondents and the small sample of participants of the focus group and interview study, all of whom came from the same geographical area. Nevertheless, valuable feedback was obtained. *Help is at Hand* was rated as an important source of information and emotional support. Some of the findings have been incorporated into the new (third print) version of *Help is at Hand*: the tear-out questionnaire has been discontinued, the ‘to whom it may concern’ sheet and list of organisations to be notified are detachable, and the postcard advertising *Help is at Hand* has been produced in a format suitable for display, for example in GP surgeries or libraries. A link to the resource has been added to the Samaritans website. Overall, *Help is at Hand* was well received and many bereaved individuals reported that they found it very helpful and informative.

The main recommendations from the study are that *Help is at Hand* should be better publicised and offered to people soon after the death. Training sessions for professionals working with the bereaved would raise awareness of the resource and contribute towards this, as would circulation of the postcard to GPs via Gateway. In addition, production of a separate resource for people bereaved by non-suicide deaths should be considered.

A website featuring the content of *Help is at Hand* in a non-pdf format, with each section being printable separately, and links to other sections and sources of support, would be a valuable addition to the resource.
This study was supported by a grant from the Department of Health. Keith Hawton is supported by the Oxford Health NHS Foundation Trust and is a National Institute for Health Research (NIHR) Senior Investigator. Sue Simkin is supported by a NIHR Programme Grant for Applied Research “A multi-centre programme of clinical and public health research in support of the National Suicide Prevention Strategy for England” RP-PG-0606-1247. The views and opinions expressed in this report are those of the authors and do not necessarily reflect those of the NHS, the NIHR or Department of Health. Dawn-Marie Walker is supported by the NIHR through the Research Design Service for the East Midlands; Gemma Stacey is supported by the University of Nottingham. Keith Waters is supported in his role as Suicide Prevention Manager (East Midlands) by The East Midlands Development Centre, NHS East Midlands. We thank HM Coroners for East Sussex, Essex, Thurrock and Southend, Nottinghamshire and Oxfordshire for agreeing to their jurisdictions taking part in the study and their Officers who recruited the questionnaire participants, the Department of Health website team for providing the raw tracking statistics data, Naomi Grove, Department of Health, for her invaluable assistance, Ali Warner for her help and advice and Linda Whitehead for suggestions concerning categories for classifying Prolog data. We thank Sian Rees for assisting with the study and chairing the Steering Group, Chris Morgan for his role in the Steering Group, and Martin Anderson for his part in designing the study. Lastly, and most importantly, we thank the study participants without whose help this evaluation would not have been possible.
References


Evaluation of *Help is at Hand*

APPENDICES
Thank you for giving us your views on *Help is at Hand*.

It might be helpful for you to read through the questions first before you begin to answer them. Please see the Information Sheet if you would like more information.

Please tick (✓) one box for each question

### ABOUT YOU

1. **Gender**
   - [ ] Male
   - [ ] Female

2. **Age group**
   - [ ] under 19 years
   - [ ] 19-24 years
   - [ ] 25-44 years
   - [ ] 45-64 years
   - [ ] 65+ years

3. **Who are you?**
   - [ ] A person bereaved by suicide
   - [ ] A person bereaved by other sudden, traumatic death
   - [ ] Other
     - If other, please specify

### ABOUT THE PERSON WHO DIED

4. **How was the person who died related to you?**
   
   Please specify their relationship to you, e.g. child, friend, partner, parent etc. Please do NOT state the name of the person

[ ]

5. **How old were they at the time of their death?** (in years)

6. **Their gender**
   - [ ] Male
   - [ ] Female

### ABOUT HELP IS AT HAND

7. **How did you receive *Help is at Hand*?**
   
   - [ ] From Coroner’s Office or Officer
   - [ ] From Police Family Liaison Officer
   - [ ] Other
     - If other, please specify

8. **How long after the bereavement did you receive your copy?**
   
   - [ ] Within one week
   - [ ] One week to one month
   - [ ] One to six months ago
   - [ ] Over a year later
   - [ ] Other
     - If other, please specify

9. **When would have been the best time for you to have received a copy of *Help is at Hand*?**
   
   - [ ] Within one week of the death
   - [ ] One week to one month after
   - [ ] One to six months after
   - [ ] Over a year later
   - [ ] Other
     - If other, please specify
ABOUT THE CONTENT OF HELP IS AT HAND

The following questions ask about how helpful you found the different parts of Help is at Hand

Please tick (✓) one box for each question

10. Overall, how helpful did you find Help is at Hand?

☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful

11. How helpful did you find the section ‘Practical Matters’?

This section focused on immediate issues following the death, such as funerals, coroner’s procedures etc

☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

Please tell us why ........................................................................................................................................................................

12. How helpful did you find the section ‘Experiencing Bereavement’?

This section focused on experiences of grief

☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

Please tell us why ........................................................................................................................................................................

................................................................................................................................................................................................

39
ABOUT THE CONTENT OF HELP IS AT HAND (cont)

Please tick (✓) one box for each question

13. How helpful did you find the section ‘Bereaved people with particular needs’?
   This section addresses the specific issues for particular groups of people

   □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us how helpful you found each individual part of this section

- Parents:
  □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us why ........................................................................................................................................

- Children:
  □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us why ........................................................................................................................................

- Young people
  □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us why ........................................................................................................................................

- Older people
  □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us why ........................................................................................................................................

- Lesbian, gay and bisexual people
  □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us why ........................................................................................................................................

- People with learning disabilities
  □ Of no help □ Slightly helpful □ Helpful □ Extremely helpful □ Not relevant to me

Please tell us why ........................................................................................................................................
14. **How helpful did you find the section ‘How friends and colleagues can help’?**

*This section has suggestions for friends and colleagues who want to help*

☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

Please tell us why. 

15. **How helpful did you find the section ‘Sources of support?’**

*This section described the types of support available*

☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

If you have contacted any of the support sources listed in the section ‘Sources of support’, please tell us the name of the service, and tick (✓) the box that shows how helpful the service was for you.

Please do this for all of the support services that you have contacted

- **Name of Service**

  ☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

  Please tell us why.

- **Name of Service**

  ☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

  Please tell us why.

- **Name of Service**

  ☐ Of no help  ☐ Slightly helpful  ☐ Helpful  ☐ Extremely helpful  ☐ Not relevant to me

  Please tell us why.
ABOUT THE CONTENT OF HELP IS AT HAND (cont)

Please tick (✓) one box for each question

16. **We want to know how to improve Help is at Hand.**

   Please could you tell us anything else that you found helpful, and what would have made it more helpful?

   ................................................................................................................................................................

   ................................................................................................................................................................

   ................................................................................................................................................................

   Was there anything that was unhelpful? ..................................................................................................

   ................................................................................................................................................................

   ................................................................................................................................................................

   . Was the amount of detail appropriate

   □ About right           □ Too much detail           □ Not enough detail

17. **Have you used any other resources NOT listed in Help is at Hand?**

   □ Yes           □ No

18. **If Yes to question 17, which particular services?**

   ................................................................................................................................................................

   ................................................................................................................................................................

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   Do you have any comments about these services?

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   ................................................................................................................................................................

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   ................................................................................................................................................................
ABOUT THE LAYOUT OF HELP IS AT HAND

Please tick (✓) one box for each question

19. Did you find the format of Help is at Hand easy to use?
    □ Yes       □ No

Did you find the size of Help is at Hand easy to use?
    □ Yes       □ No

Are there any additional changes you would suggest for the appearance and style of Help is at Hand, such as the colour?

........................................................................................................................................................................
........................................................................................................................................................................

20. Are there any other comments or suggestions you would like to make about Help is at Hand or any other information resources that you think may be helpful for families bereaved by suicide?

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Thank you for your time and help in completing this questionnaire.

Please return the completed questionnaire in the Freepost envelope provided to Freepost, RRSA-BSLS-ZSKJ, Centre for Suicide Research, University of Oxford Department of Psychiatry, Warneford Hospital, Headington, Oxford OX3 7JX.

YOU DO NOT NEED TO PUT A STAMP ON THIS ENVELOPE.
Appendix 2 Tear-out version of questionnaire (also available online)

**Help is at Hand**
A resource for people bereaved by suicide and other sudden traumatic death
Evaluation Questionnaire

This booklet and other resources have been produced to support those bereaved by suicide and the professionals or other people who are in contact with them. We would like to find out whether the information in this booklet is useful, and whether improvements could be made. You can help us with this by completing the evaluation form and returning it to us. The questionnaire is anonymous. However, by returning it to us you will be giving consent for the information you provide to be included in the evaluation, and for the results to be reported in a final document.

**About You**

1. Gender  
   - [ ] Male  
   - [ ] Female

2. Age group  
   - [ ] under 19 years  
   - [ ] 19-24 years  
   - [ ] 25-44 years  
   - [ ] 45-64 years  
   - [ ] 65+ years

3. Who are you?  
   - [ ] A person bereaved by suicide  
   - [ ] A person bereaved by other sudden, traumatic death  
   - [ ] A professional helping people bereaved by suicide or other sudden, traumatic death  
   - [ ] Other (please specify)

**About your loss**

4. How was the person who died related to you, e.g. your child, friend, partner, parent?

5. How old were they at the time of their death?  
   - [ ] under 19 years  
   - [ ] 19-24 years  
   - [ ] 25-44 years  
   - [ ] 45-64 years  
   - [ ] 65+ years

6. Their gender  
   - [ ] Male  
   - [ ] Female

7. When did they die?  
   - [ ] Within the last 6 months  
   - [ ] 6-12 months ago  
   - [ ] 1-2 years ago  
   - [ ] over 2 but under 5 years ago  
   - [ ] over 5-10 years ago  
   - [ ] over 10 years ago

**About Help is at Hand**

8. How did you receive Help is at Hand?  
   - [ ] Coroner’s office or officer  
   - [ ] Funeral director  
   - [ ] NHS Direct  
   - [ ] Hospital bereavement service  
   - [ ] The internet  
   - [ ] General practitioner  
   - [ ] Voluntary agency/support group please specify name…………………………………
   - [ ] By requesting a copy following directions on the Help is at Hand wallet card  
   - [ ] Other (please specify)

9. What do you think would have been the best way for you to receive the Help is at Hand booklet?

10. How long after the bereavement did you receive the Help is at Hand booklet or information about it?  
    - [ ] Within 1 month  
    - [ ] 1-6 months  
    - [ ] 6-12 months  
    - [ ] More than 1 year  
    - [ ] Other (please specify) ………………………

11. When would have been the best time for you to receive Help is at Hand?  
    - [ ] Within 1 month  
    - [ ] 1-6 months  
    - [ ] 6-12 months  
    - [ ] More than 1 year  
    - [ ] Other (please specify)

*Help is at Hand* is also available online at  
About the content of Help is at Hand

12. Overall, how helpful did you find Help is at Hand (please circle one number)?

<table>
<thead>
<tr>
<th>Of no help</th>
<th>Slightly helpful</th>
<th>Helpful</th>
<th>Extremely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

13. Please rate how helpful you found each section (please circle one number for each item).

<table>
<thead>
<tr>
<th>a) Practical matters</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Experiencing bereavement</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c) Bereaved people with particular needs</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Parents</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Children</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Young people</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Older people</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Lesbian, gay &amp; bisexual people</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d) How friends &amp; colleagues can help</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e) Sources of support</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

14. Are there any changes that you would suggest for the appearance and style of Help is at Hand, such as size, format, colour, etc.?

15. Are there any other comments or suggestions that you would like to make about Help is at Hand, or are there any other information resources that you think may be helpful for bereaved families?

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to FREEPOST RRSA-BSLS-ZSKJ, Centre for Suicide Research, University of Oxford Department of Psychiatry, Warneford Hospital, Headington, Oxford OX3 7JX. If someone else who has seen Help is at Hand would also like to help evaluate it, you can photocopy this form for them. The evaluation can also be completed online at www.survey.bris.ac.uk/psych-ox/eval3.