

## **From Loss to Growth:**

Introducing A Developmentally Informed  
Model for Supporting Children Bereaved by  
Suicide

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**the**  
**CHURCHILL**  
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**SAMARITANS**

Alison Jordan is the Founder and CEO of Pete's Dragons, a UK-based charity providing specialist suicide bereavement support. Since establishing the organisation in 2015, she has led the development of a person-centred service supporting both adults and children, working closely with families, communities, and professionals. Alongside this, she delivers suicide prevention training across a range of professional and community settings, contributing to wider awareness and understanding of suicide and its impact. With over a decade of frontline experience in suicide bereavement, her work focuses on developing structured, compassionate approaches that respond to the complex and evolving needs of those affected by suicide.

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The SAFE™ Approach (Safety, Attachment, Feeling, Empowerment) is a developmentally informed model created by Alison Jordan through her Churchill Fellowship and professional practice. The model is implemented within practice at Pete's Dragons but remains the intellectual property of the author.

The views and opinions expressed in this report and its content are those of the author and not of the Churchill FELLOWSHIP or its partners, which have no responsibility or liability for any part of the report.

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I am especially grateful to the beneficiaries of Pete's Dragons, whose strength and grace in the face of unimaginable loss continue to guide this work. While we are here to support them, they, in turn, support us in ways that are equally meaningful, and they remain our greatest champions.

Finally, I would like to acknowledge my family and particularly my brother Pete, whose life and legacy continue to influence and underpin this work.



## About Pete

Pete was my younger brother. He was quiet and gentle, with a mischievous streak that would appear when you least expected it. He adored his family, but in a quiet, unassuming way that never sought attention.

He was the perfect uncle to my children. He took that role seriously, never missing the moments that mattered in their lives, always present in a way that felt steady and dependable.

Pete died by suicide in 2010. He was my baby brother, the apple of my eye, and I miss him every day. His death had a profound and lasting impact on me and on our wider family. Like many families bereaved in this way, we were left to navigate an experience that was exhausting, confusing, shocking, and deeply destabilising, with very little structured support available at that time.

In the years since, I have come to recognise that Pete's influence did not end with his death. The way he lived—his gentleness, his quiet presence, and the way he showed up for the people he loved—continues to shape and inform the work of Pete's Dragons. His values run through the organisation, influencing how we support others and how we understand the importance of responding to each person as an individual.

Through the development of Pete's Dragons, his life and memory have influenced support for thousands of people bereaved by suicide and continue to inspire both our approach to bereavement support and our work in suicide prevention.

Including Pete in this report feels important. Not only because this work began with him, but because his life continues to shape the way I understand grief, connection, and the importance of compassionate, individualised support. His story underpins a commitment to ensuring that no one faces suicide bereavement alone, and to working towards a future where fewer families experience this loss.

Oh, and he LOVED dragons...

# PETE'S DRAGONS



## About Pete's Dragons

Pete's Dragons is a UK-based charity providing specialist support to individuals and families affected by suicide. Founded from lived experience, the organisation has grown to deliver timely, compassionate, and increasingly structured support to those bereaved.

At its core, Pete's Dragons is built on a belief that people should be met where they are, without judgement, and supported in a way that recognises them as individuals. This ethos underpins all aspects of the organisation's work, shaping both how support is offered and how relationships are built with those accessing the service.

Support is delivered across both adult and children and young people's pathways, beginning within 48 hours of referral. The service is designed to ensure timely access and has operated without a waiting list for over 11 years. For all beneficiaries, this includes structured one-to-one support drawing on a range of therapeutic approaches, regular review through assessment tools, and opportunities for connection through group activities and annual residential provision.

Alongside direct bereavement support, Pete's Dragons plays an active role in suicide prevention through the delivery of training and the operation of the Devon Real-Time Suicide Surveillance System. Real-time surveillance refers to the timely collection, analysis, and sharing of data to enable rapid identification of patterns and emerging risks. In practice, this enables earlier identification of need and more responsive support. This approach, typically delivered through statutory services, is led in Devon by Pete's Dragons—making it, to the author's knowledge, a unique model within the UK, with a third sector organisation leading work traditionally held within statutory systems. This is complemented by the provision of immediate, community-based postvention responses, where education settings or workplaces have experienced a suicide. In these instances, Pete's Dragons deliver a tailored response, including deployment of a team to provide on-site support, guidance and stabilisation in the immediate aftermath.

At any one time, the organisation supports approximately 380 beneficiaries across Devon, delivered by a team of trained suicide bereavement specialists and counsellors. Over time, the service has evolved to place increasing emphasis on structured, developmentally informed approaches, ensuring that support is both consistent and responsive to individual need.

The charity also operates a community-based retail space, creating an accessible and visible presence within the local community. More than a traditional charity shop, the space is intentionally designed to promote the message that it is safe to talk about suicide. It offers an informal point of connection for those who may not yet be ready to access structured support, while contributing to

wider suicide prevention through stigma reduction, awareness, and community engagement. Alongside donated goods, the shop also stocks items that promote and support mental wellbeing, reinforcing everyday approaches to self-care and emotional maintenance.

## Executive Summary

Through the privilege of a Churchill FELLOWSHIP, I explored suicide prevention and bereavement support across the United States, including established clinical approaches, community-based provision, and residential models for young people. This report brings together that international learning with the realities of frontline practice to explore how more structured, developmentally informed support can be designed and delivered.

The FELLOWSHIP was initially designed with a broad focus, exploring both suicide prevention and postvention across a range of contexts. Visits to the United States included New York, which provided insight into therapeutic models such as Complicated Grief Therapy; Washington, which offered a systems and policy perspective through engagement with national leadership; and Montana, selected due to its high rates of suicide and contextual similarities to Devon, including rural isolation and dispersed communities.

Suicide bereavement services in the UK have expanded significantly in recent years but remain inconsistent in structure and delivery. While there is growing recognition of the importance of postvention, there is limited standardisation in how support is provided—particularly for children and young people. This creates challenges in measuring outcomes and ensuring that support is both effective and responsive to developmental need.

FELLOWSHIP visits provided insight into a range of approaches to suicide prevention and bereavement support. However, a clear disparity was identified between the development of prevention and postvention: while prevention efforts were often more structured and coordinated, bereavement support was comparatively underdeveloped.

As the FELLOWSHIP progressed—particularly in the context of the COVID-19 pandemic and the distinction between visits undertaken in 2020 and 2024—the breadth of learning was significant. While much of what was observed was insightful, three areas emerged as directly actionable within my own service context: the integration of Complicated Grief Therapy into practice; the expansion of beneficiary contribution to real-time suicide surveillance; and the development of a residential provision for children and young people.

In response, Pete’s Dragons undertook a significant redesign of its children and young people’s pathway, moving from a flexible but largely unstructured model to one that is clearly defined, developmentally informed, and consistent in delivery. This included the introduction of regular assessment using the Thrive and Core10 frameworks, staged support focused on emotional regulation and development, and the implementation of an annual residential model to provide sustained connection over time.

Drawing on both international learning and frontline practice, I created The SAFE™ Approach (Safety, Attachment, Feeling, Empowerment)—a clear and adaptable framework for supporting children bereaved by suicide. The SAFE™ Approach is applied across both one-to-one and residential provision, ensuring consistency while remaining responsive to individual need, and intentionally creating the conditions for post-traumatic growth. Rather than being a purely theoretical framework, The SAFE™ Approach has been developed in practice—tested and refined in real-time through direct work with children and young people bereaved by suicide.

The report concludes that there is a significant opportunity within the UK to strengthen suicide bereavement support through the adoption of more consistent, structured approaches. By embedding models such as the SAFE™ Approach and moving beyond time-limited interventions, services can improve outcomes for children and young people and contribute to reducing long-term risk.

## Introduction

This report represents learning gathered over a seven-year period, shaped by a Churchill FELLOWSHIP that was significantly disrupted by the COVID-19 pandemic. What began as an open and exploratory study into suicide prevention, postvention, and intervention across the United States evolved over time through both international visits and the implementation of learning into live service delivery.

Visits were undertaken across three key locations: New York, Washington, and Montana. Each was selected to provide insight at different levels of response. New York offered exposure to clinical approaches, including Complicated Grief Therapy; Washington provided a systems and policy perspective through engagement with national leadership; and Montana was selected due to its historically high rates of suicide and its contextual similarities to Devon, including rural isolation, dispersed communities, and a higher proportion of veterans.

At the outset, the FELLOWSHIP was designed to explore both suicide prevention and postvention in equal measure. However, as the work progressed—particularly in the context of the pandemic and the distinction between visits undertaken in 2020 and 2024—the focus began to shift.

Following the initial visit in 2020, learning was translated into practice through the introduction of specialist grief approaches. A subsequent visit to Montana in 2024 both inspired and informed the redesign of our children and young people’s support pathway, alongside the development of an annual residential provision. Work remains ongoing, particularly in strengthening approaches to suicide surveillance and the use of real-time data to inform both support and prevention activity.

While this report draws on learning across multiple strands, its central focus is the development of structured, developmentally informed support for children and young people bereaved by suicide. It also reflects a wider journey of learning, adaptation and growth in both practice and leadership.

## Why This Matters

Suicide bereavement support is a relatively new area of specialist provision. In 2015, when Pete’s Dragons first registered as a charity, the leaders of suicide bereavement organisations could fit around a small conference table. By 2026, those same meetings are held online due to the significant increase in organisations working in this space.

This growth has, in part, been driven by national policy, including the NHS long-term plan, which recognised the importance of providing specialist suicide bereavement support across each county. With increased funding has come increased provision, but with little standardisation. As a result, individuals across the UK receive varying types and levels of support, making it difficult to measure outcomes or compare effectiveness across services.

While there is evidence that timely and appropriate support can reduce certain risks, specialist suicide bereavement services have not been established long enough to generate a robust evidence base. This creates a landscape where practice is evolving rapidly, but without consistent frameworks to guide delivery or evaluate impact.

Pete's Dragons has been providing bespoke suicide bereavement support to both adults and children since 2015. Now in its eleventh year, the organisation has developed a flexible, person-centred model, offering one-to-one support with a consistent specialist, delivered in a range of settings including homes, schools, and community spaces beginning within 48 hours of referral.

However, while this approach was initially applied across all age groups, research available at the outset of the FELLOWSHIP in 2017, alongside ongoing practice-based insight, began to highlight the distinct needs of children and young people. Evidence indicates that children and young people bereaved by suicide are at increased risk of adverse mental health outcomes, including suicidal behaviour themselves, with this elevated risk extending into adulthood (Erlangsen et al., 2017).

Suicide bereavement presents a particularly complex form of grief. It is often sudden and unexpected, frequently accompanied by traumatic circumstances, and can have profound impacts on family relationships, roles, and financial stability. These factors can compound the grieving process, creating additional layers of vulnerability for those affected.

From practice, it is also clear that children experience grief differently to adults. While both adults and children may revisit their grief at key life events and milestones, children do so alongside ongoing developmental change. Rather than a linear process, they re-encounter and reprocess their grief at different stages of cognitive and emotional development, each time with a new level of understanding. This aligns with established theories of child bereavement, which recognise grief as a cyclical and developmentally mediated process rather than a single event (Stroebe et al., 1999).

This raises critical questions for service design: how can suicide bereavement support reduce long-term risk for children and young people? How can services provide support not only in the immediate aftermath, but at key moments across development? And how can we ensure that the support offered leads to meaningful, sustained outcomes beyond the period of direct intervention?

These questions became the foundation for exploring how services could evolve to better meet the needs of children bereaved by suicide—ensuring that their lives are not defined by their loss, instead supported towards a trajectory of post-traumatic growth. In the UK, this presents a clear opportunity: by developing more structured, developmentally informed approaches, services can improve consistency, strengthen outcomes for children and young people, and contribute to reducing long-term risk associated with suicide bereavement.

Without structured, developmentally informed approaches, support risks remaining inconsistent and overly dependent on individual practitioners.

## FELLOWSHIP Learning: From Broad Exploration to Focused Insight

The original intention of the FELLOWSHIP was to explore suicide prevention, postvention, and intervention in the broadest sense, with a view to understanding how these elements interact within communities. It is recognised that, for suicide rates to reduce, all three must operate with equal significance and in a coordinated way.

Visits were planned across New York, Washington, and Montana, each selected to provide insight at different levels of response. New York and Washington offered opportunities to explore clinical approaches, policy, and system-level coordination, while Montana was chosen for its high rates of suicide and its contextual similarities to Devon, including rural isolation, dispersed communities, and a higher proportion of veterans.

Due to the onset of the COVID-19 pandemic, visits to New York and Washington were cut short, limiting the number of organisations visited and the depth of engagement possible within those locations. However, the learning gained remained valuable and contributed to an overall understanding of how different systems approach both prevention and support.

Across the FELLOWSHIP, it became increasingly clear that while prevention, postvention, and intervention are often considered separately, their effectiveness relies on how well they function together within a community. This reinforced the importance of coordinated, system-wide approaches that are responsive to both risk and need.

Beyond the core themes explored within this report, I was particularly inspired by engagement with United Way of Central Maryland. The organisation demonstrated a highly integrated, community-based approach, offering integrative support designed to meet the diverse community needs. What stood out most was the commitment of staff to working alongside their communities—responding flexibly to emerging challenges and prioritising the safety and wellbeing of individuals and families.

This sense of community ownership and openness was further reflected in opportunities for informal engagement, including being invited to participate in a local high school podcast. This demonstrated a willingness to engage in conversations around difficult topics and highlighted a forward-thinking, community-led approach to awareness and support.

## Complicated Grief Therapy

From working extensively with individuals bereaved by suicide, two distinct patterns of unresolved grief became evident.

The first relates to grief that has not previously been addressed. In these cases, individuals may have avoided or suppressed their grief, with the impact emerging later—often triggered by a subsequent event or life change. When this occurs, the experience of grief can feel immediate and acute, as though the death has only just occurred. While delayed, this response reflects a natural grieving process that has not yet been fully engaged with.

The second pattern is more complex. In these cases, the grieving process appears to have become “stuck,” with little sense of forward movement over time. Individuals may experience their lives as dominated by the loss, with ongoing distress that continues to significantly shape their identity, functioning, and daily experience.

It was this second group that presented challenges within Pete’s Dragons. As a service that places no restriction on the timing of referrals, we were increasingly supporting individuals whose grief had become prolonged and complex, without a clearly defined framework for intervention.

This led to further exploration of evidence-based approaches, and ultimately to engagement with the work of Dr Catherine Shear. During the FELLOWSHIP, I visited Columbia University in New York

and met with Dr Shear, which informed the subsequent integration of Complicated Grief Therapy into practice.

## Real-Time Suicide Surveillance

Engagement with the Montana Department of Public Health and Human Services highlighted the impact of coordinated data-informed approaches to suicide prevention. Montana has undertaken targeted public health campaigns and developed increasingly sophisticated approaches to data collection, contributing to measurable reductions in suicide rates.

A particularly influential element of this work is the formalised approach to involving both high-risk communities and those bereaved by suicide in the collection and interpretation of data. Through suicide fatality review processes, Montana brings together multiple sources of information to build a comprehensive understanding of each death. This includes not only official records—such as law enforcement, medical, and autopsy data—but also insight gathered directly from family members, friends, and wider community networks.

These reviews are designed to move beyond surface-level data, creating a detailed picture of the circumstances surrounding each death. By constructing timelines and exploring contributing factors in depth, this approach enables a more nuanced understanding of risk, including social, relational, and environmental influences.

Importantly, this process is closely linked with postvention support. Engagement with families is approached sensitively, recognising both the need to provide support and the value of lived insight in informing future prevention efforts. In some communities, this extends to locally informed research approaches, ensuring that responses are shaped by the specific needs and experiences of the population.

This model represents a shift from data collection as a static process to one that is dynamic, relational, and directly connected to prevention and support activity. It demonstrates the potential of systems that integrate multiple perspectives to generate meaningful, actionable insight.

This learning has informed ongoing development within Pete's Dragons, particularly in strengthening approaches to real-time suicide surveillance.

## Children and Young People: From Learning to System Redesign

The most significant area of learning—and the central focus of this report—relates to the development of structured, developmentally informed support for children and young people.

A particularly influential element of the FELLOWSHIP was my visit to the Tamarack Grief Resource Center in Montana. What distinguished Tamarack's approach was not simply the delivery of grief support, but the intentional creation of a community in which children and young people could experience connection, safety, and moments of joy alongside their grief. This challenged existing assumptions about how bereavement support should be structured.

Several elements of their model were particularly impactful. Tamarack places a strong emphasis on peer connection and leadership, with young people aged 16 and above supported to take on leadership roles within the programme. This recognises the value of lived experience, enabling participants to support others while developing their own sense of purpose.

The structure of the adult team was also notable, with a two-tiered approach consisting of a dedicated care team and a separate team responsible for supporting staff wellbeing. This created a sustainable model of care, ensuring that those supporting others were themselves supported.

Ritual and symbolic practices formed a central part of the programme, providing opportunities for reflection, meaning-making, and emotional expression. At the same time, Tamarack's approach recognised the importance of joy, play, and normality, ensuring that children and young people were able to experience connection and enjoyment alongside their grief.

The programme also drew on different ways of engaging in grief, recognising that individuals engage with grief in different ways. Activities were structured to reflect these variations, ensuring that support was accessible and meaningful to a wide range of participants.

This combination of relational continuity, peer leadership, structured support for staff, and developmentally appropriate activity presented a markedly different model from more traditional, time-limited approaches commonly seen in the UK.

Crucially, this learning was not only aspirational but practical. While some elements of the FELLOWSHIP explored broader public health approaches that were less directly transferable, the Tamarack model presented clear opportunities for adaptation. This led to a deliberate shift in focus towards approaches that could be meaningfully implemented within Pete's Dragons.

In response, an annual residential model was introduced, with children invited to return each year until the age of 17. This approach strengthens peer connection, supports ongoing relationships, and enables re-engagement with support at key developmental stages. It represents a move away from episodic, time-limited interventions towards sustained, relational models of care.

While Tamarack does not deliver structured one-to-one support, their group-based and residential model demonstrated the value of clearly defined, developmentally informed programmes with intentional beginnings, middles, and endings. This informed a blended approach within Pete's Dragons—introducing greater structure and clarity within our one-to-one pathway, while removing fixed time constraints to ensure support remains responsive and individualised.

The developments described did not occur in isolation. While the FELLOWSHIP provided the opportunity to explore international practice, subsequent service development was supported by additional funding secured in 2024 through the local Integrated Care Board and the National Lottery. This created the capacity to implement change at a point where learning had already begun to shape direction.

More broadly, the FELLOWSHIP created space for reflection beyond immediate service delivery. Exposure to different environments, communities, and cultural contexts influenced a shift in thinking—from focusing on individual interventions towards a more holistic, system-aware approach. This has informed a more intentional and considered approach to service development at Pete's Dragons.

## What Changed at Pete's Dragons: Translating Learning into Practice

### Embedding Complicated Grief Therapy into Practice

Complicated grief therapy focuses on supporting individuals experiencing prolonged or complex grief. My initial meeting with Dr. Shear provided both validation and deeper insight into aspects of

practice already emerging within Pete's Dragons. Supported by FELLOWSHIP funding, the team at Pete's Dragons undertook formal training in Complicated Grief Therapy, enabling a more consistent and evidence-informed approach across the organisation.

The impact of this has been significant. The principles of Complicated Grief Therapy are now embedded within practice, strengthening our ability to support individuals experiencing complex grief, while also informing earlier, more structured intervention. In many cases, this has enabled us to identify and respond to emerging need sooner, helping to prevent the development of prolonged and more entrenched grief responses.

This development has informed both adult and children and young people's pathways, contributing to a more coherent and responsive model of care. It has also strengthened practitioner confidence and provided a shared framework through which complex grief can be understood and addressed.

## Development of a Structured Children and Young People's Pathway

As a result of emerging research, knowledge gained through frontline practice and the leadership of a bereavement organisation, alongside learning from the FELLOWSHIP, I led the redesign of the children's support pathway, introducing a more structured and developmentally informed approach. Comprehensive information is now gathered at the point of referral, incorporating input from parents, schools, and other professionals, alongside consideration of life experiences such as Adverse Childhood Experiences (ACEs), diagnoses, Special Educational Needs and Disabilities (SEND), and previous trauma.

An assessment using the Thrive framework—a developmentally informed assessment tool—is completed on entry to the service and repeated every six sessions, ensuring that support remains responsive to need. Sessions follow a staged structure, beginning with relationship-building and “getting to know you”, progressing through emotional regulation and the development of emotional language, and then adapting in line with Thrive outcomes. The pathway concludes with a structured ending process, supporting healthy closure and reflection.

Inspired by Tamarack, an annual residential programme was introduced, with young people invited to return each year until the age of 17. This residential model reflects the same developmentally sequenced approach embedded within the children's pathway, delivered in a more intensive and immersive format.

The introduction of the residential provision required a fundamental review of safeguarding processes. These were significantly strengthened to reflect the increased responsibility of overnight care, supported by ongoing risk monitoring through Children and Young People's Core10 assessments.

Regular meet-ups were introduced to maintain connection between residentials, reinforcing relationships and embedding a sense of community. In addition, pathways have been created to support post-traumatic growth, with young people encouraged to remain connected and, where appropriate, transition into volunteer roles once they reach adulthood.

Over time, repeated patterns of need began to emerge across both one-to-one and residential provision contributing to the creation of The SAFE™ Approach. The SAFE™ Approach is inherently developmentally informed and further strengthened through the use of assessment frameworks such as Thrive. Pete's Dragons now apply the SAFE™ Approach across both one-to-one and residential provision.

# Case Study: Developmentally Informed SAFE™ Residential Approach for Suicide-Bereaved Young People

## Context and FELLOWSHIP Learning

As part of the Churchill FELLOWSHIP, learning from international organisations informed the development of a pilot residential model. Insights from the Tamarack Grief Resource Center highlighted the importance of ritual and symbolic acts of care, intentional community-building, and supporting staff emotional wellbeing alongside participant care. These principles were adapted and embedded into the design of the residential delivered by Pete's Dragons, reflecting key elements of the SAFE™ Approach (Safety, Attachment, Feeling, Empowerment).

## Identifying Cohort Needs

Analysis of THRIVE assessments revealed a consistent pattern across the cohort. While individual presentations varied, most young people demonstrated shared developmental needs relating to emotional safety, regulation, relational connection and emerging identity. This highlighted a group navigating a tension between needing high levels of relational support while beginning to explore independence and self-expression. These findings informed the design of the residential, ensuring it was not simply activity-based, but developmentally sequenced and trauma-informed, with a clear alignment to the principles of Safety, Attachment, Feeling, and Empowerment.

## Translating Learning into Practice

Drawing on Tamarack's emphasis on symbolic care, each young person received a blanket on arrival, created by Project Linus UK and chosen specifically for them by their group leader. This created an immediate sense of being seen and known, offered physical and emotional comfort, and provided a transitional object that could be taken home, supporting both safety and attachment.

At the same time, structured staff time-out was built into the programme, recognising that those holding grief work must themselves be supported. Staff were actively encouraged, and repeatedly invited throughout the weekend, to step away when needed. This ensured they felt permitted and psychologically safe to do so, reducing the risk of overwhelm while modelling healthy emotional regulation and boundaries. Together, these elements contributed to a wider culture of intentional care, where the focus shifted from delivering a programme to creating a therapeutic environment.

## Designing the Residential Model

The residential was intentionally structured to reflect the identified needs of the group. Safety and belonging were prioritised from the outset through a carefully facilitated welcome, introductions, and the co-creation of a shared code of conduct. Each young person was placed in a small group with a consistent adult, providing relational continuity and a secure base throughout the weekend, strengthening attachment while underpinning a sense of safety.

Following each activity, young people returned to their small groups for guided reflection and journaling. This created a consistent and intentional rhythm of activity → regulation → reflection → connection, supporting emotional processing (Feeling) and preventing overwhelm.

Challenge-based activities such as bushcraft, archery, and climbing were introduced gradually, only once safety and trust had been established. Alongside this, young people were given opportunities to take on roles and responsibilities, supporting the development of confidence, agency, and identity (Empowerment).

The overall structure remained predictable and contained, with clear routines, transitions, and expectations, and concluded with a carefully managed ending to support emotional processing and transition.

## Outcomes and Key Learning

This residential demonstrated that its effectiveness did not lie in the activities themselves, but in the intentional alignment between developmental need and programme design. THRIVE assessments identified a cohort requiring safety, relational connection, and support with emotional regulation, and these needs were directly reflected in the structure of the programme.

For example, the emphasis on safety led to a structured and relationally focused first afternoon, ensuring that young people felt secure before engaging in challenge. The integration of small group reflection after each activity responded to regulation needs, allowing experiences to be processed rather than overwhelming. The progression of the timetable, from initial connection to increasing challenge, mirrored the developmental journey identified within THRIVE. Opportunities for voice and responsibility supported identity development, while the structured ending ensured that transitions were contained and managed.

Overall, this demonstrates that when programme design is explicitly informed by developmental assessment and aligned with core principles of Safety, Attachment, Feeling, and Empowerment, it is possible to create an environment in which young people feel safe enough to engage, connected enough to share, and supported enough to grow.

## Key Insight

A critical learning from the FELLOWSHIP was that it is often the smallest, most intentional acts that create the greatest sense of safety and connection. The introduction of personalised welcome items, consistent relational structures, and explicit staff support demonstrates how international learning can be meaningfully translated into UK-based practice, and how the principles of The SAFE™ Approach can be brought to life through practical delivery.

## The SAFE™ Approach in Practice

### The SAFE Model of Support

(Safety, Attachment, Feeling, Empowerment)



The SAFE Model provides a structured, developmentally informed framework that supports children to move from emotional safety through connection and expression, towards confidence and growth.

The SAFE™ Approach did not emerge as a predefined framework; rather, it evolved through the implementation of changes informed by the FELLOWSHIP. Through this process, consistent patterns of need became evident across children and young people’s experiences—particularly in relation to safety, relational connection, emotional expression, and identity development.

The redesign of the children and young people’s pathway, alongside the introduction of a residential model and ongoing assessment using the Thrive framework, enabled these patterns to be observed with increasing clarity and consistency. Over time, these insights were synthesised into the SAFE™ Approach, providing a coherent framework to guide both understanding and delivery of support.

The SAFE™ Approach is built on a sequenced progression through four core elements: Safety, Attachment, Feeling, and Empowerment. While these elements are presented linearly, in practice they are fluid and responsive, with young people moving between them as needed.

The first stage, Safety, focuses on establishing emotional and psychological security. This includes ensuring that the young person feels welcomed, known, and understood, and that the environment is predictable and containing. Without this foundation, engagement in support is limited.

Building on this, Attachment centres on the development of consistent, trusting relationships. This may be with a key worker, group leader, or peers, and provides the relational stability required for deeper emotional work. For many young people, this represents a critical shift from isolation to connection.

Once safety and relational trust are established, the approach supports the young person to engage with Feeling. This stage focuses on emotional regulation, expression, and the development of emotional language. Structured opportunities for reflection enable young people to process their experiences in a supported way.

The final stage, Empowerment, focuses on identity development, confidence, and agency. Young people are supported to find their voice, take on roles and responsibilities, and begin to see themselves beyond their bereavement. This stage also creates pathways towards post-traumatic growth. The SAFE™ Approach therefore functions not only as a conceptual framework, but as a practical approach that shapes assessment, intervention, and progression through support.

Importantly, the SAFE™ Approach is applied consistently across different forms of provision and is used to guide both the structure and delivery of support. Within the children's pathway, the SAFE™ Approach is delivered over time through one-to-one support. Within residential provision, the same stages are experienced in a more intensive and immersive format.

Together, these approaches create a coherent system of support that is both flexible and structured, enabling services to respond to individual need while maintaining a clear developmental framework. In this way, the SAFE™ Approach provides a transferable and adaptable approach to structuring suicide bereavement support, grounded in both practice and observed need.

## Case Study: A Young Person's Journey Through the SAFE™ Approach

This case study illustrates how the SAFE™ Approach, developed through this work, is experienced in practice through the journey of a young person receiving one-to-one support following the death of a parent. It shows how progress did not occur in a linear way, but through the gradual development of safety, trust, emotional expression, and growing confidence over time.

### Safety

At the outset, the focus of support was on establishing emotional and relational safety. Sessions were intentionally predictable and gently structured, often beginning with familiar activities such as Lego, games, or simple creative tasks. These activities provided a contained and non-threatening environment in which the young person could settle, engage, and begin to build trust.

Rather than expecting direct discussion of bereavement from the beginning, the work prioritised consistency, routine, and the development of a sense of being known. Through regular attendance, familiar session endings, and the availability of play-based activities, the young person began to experience the sessions as a safe and reliable space. This was particularly important given the heightened state of alert reflected in school-based behaviour, where the young person was often reacting strongly to peer interactions and unstructured times.

### Attachment

As the relationship developed, trust became more evident in the young person's willingness to return to and build on previous activities, such as the ongoing Lego scene they had created and the

salt memory jar that they were keen to complete across sessions. These repeated points of connection were significant, reflecting both continuity and growing emotional investment in the work.

Over time, the young person spoke more openly about their parent, about missing them, and about meaningful events such as visiting their grave, their birthday, and the anniversary of their death. They were also able to describe difficult experiences at school and reflect on times they felt upset, angry, or wound up by others. Importantly, they later articulated that they liked attending sessions because they “liked the attention”, without feeling different. This reflected the extent to which the relationship had become a secure base: a place where they could be held in mind, responded to consistently, and supported without judgement.

Attachment was also strengthened beyond the therapy room through liaison with school. Support was provided to pastoral staff and teachers to help them understand behaviour through a bereavement and trauma-informed lens, reinforcing the importance of consistency, compassion, and emotional safety across systems.

## Feeling

Once safety and trust were established, the young person was increasingly able to engage with emotional expression and meaning-making. A wide range of developmentally appropriate tools supported this process, including emotion cards, Happy Snap cards, a feelings wheel, facial expression games, stories, memory work, and symbolic activities such as the salt jar and letting-go tree.

Through these activities, they began to identify and talk about feelings including excitement, joy, pride, sadness, worry, annoyance, and anger. They were able to speak specifically about anger linked to the death of their parent and later described in detail the day their parent died and how they had felt. These moments were significant, not simply because painful memories were spoken aloud, but because they were held within a trusted relationship and a structured, emotionally containing environment.

Alongside emotional expression, sessions also focused on emotional regulation. Practical strategies such as box breathing, counting to ten, counting backwards, walking away, and physical calming techniques were introduced and practised. This was particularly relevant in light of difficulties at school, where the young person experienced aggressive outbursts and conflict with peers. The work therefore did not separate grief from behaviour but understood emotional dysregulation as part of their wider response to bereavement and trauma.

## Empowerment

As support progressed, the young person showed growing confidence, self-awareness, and future orientation. Activities based on strengths, qualities, heroes, and positive traits supported identity development and helped them recognise more of themselves beyond their bereavement. They were increasingly able to identify what helped, what they enjoyed, and what contributed to them feeling better.

They began to speak more positively about school, took part in after-school clubs, described enjoyment in activities such as musical theatre and PE, and spoke proudly about trips, hobbies, and family experiences. They were able to reflect on emotional moments, while also holding on to enjoyment and anticipation. This ability to hold grief alongside joy marked an important shift.

Towards the end of support, the young person was able to use a scaling tool to reflect on their progress, identifying that they had previously felt like a “one” and now felt like a “seven”, with a wish to reach a “nine”. They were able to name what would help them continue moving forward: ongoing support, maintaining hobbies, and positive family connection. This demonstrated increased agency, insight, and hopefulness, all of which are central to the empowerment stage of the SAFE™ Approach.

## Assessment and Outcome Measures

Assessment and outcome measures were used to both inform and track the young person’s progression through the SAFE™ Approach. Thrive assessment identified early developmental needs in relation to safety and regulation, particularly around feeling safe, having needs met, and developing emotional stability. This directly informed the initial focus on Safety and Attachment, ensuring that support prioritised relational consistency and emotional containment before moving forward.

As the work progressed, Children and Young People’s Core10 assessments provided measurable evidence of change across the SAFE™ Approach pathway. These demonstrated a clear reduction in emotional distress, alongside increased capacity to cope and a stronger sense of being able to seek support—reflecting movement into Feeling and Empowerment.

Taken together, these measures show a coherent, developmentally informed progression through the SAFE™ Approach. The young person did not simply experience a reduction in distress, but developed the ability to regulate emotions, connect with others, and engage more positively with their environment. In this way, progress is understood not as the absence of difficulty, but as an increased capacity to manage it.

## Key Learning

This case study demonstrates that the SAFE™ Approach is not a rigid sequence, but a responsive framework through which children can be supported at a pace shaped by safety and trust. In this case, progress was made possible through a combination of consistency, play, relationship, emotional literacy, memory work, and wider systemic support. The young person did not move neatly from one stage to the next; rather, they revisited different elements over time, with safety and attachment remaining foundational throughout.

Most importantly, the case illustrates that when support is structured but flexible, children can begin not only to express grief, but to grow around it. Through this process, bereavement becomes part of their story but does not have to define who they become.

## What Happens Next?

### Developing Real-Time Suicide Surveillance

Real-time suicide surveillance forms a critical component of wider suicide prevention and postvention systems. Pete's Dragons is commissioned to operate the Devon Real-Time Suicide Surveillance System across the county. The process begins with an initial dataset provided by the police, capturing all suspected suicides they have attended. This dataset is factual in nature, detailing who, where, when, and how, with any known risk factors included where available at that stage. It should be noted that this does not include deaths occurring within secure settings, such as prisons or hospitals, where alternative reporting processes apply.

Following this, Pete's Dragons liaises with partner agencies—including children's services, family services, and mental health providers—to establish whether the deceased was known to services and to gather any additional relevant information. The dataset is then further enriched through insight gained from our direct work with beneficiaries, adding depth and context to the circumstances surrounding each death.

This model is distinctive in that it moves beyond a purely factual dataset, combining information from statutory services with relational insight gathered through direct work with bereaved families and communities. Through ongoing analysis, patterns, trends, and emerging risk factors are identified and shared with key stakeholders, informing timely and targeted suicide prevention activity, postvention responses, and wider education across the county.

At present, data capture from families is informal, gathered by suicide bereavement specialists at key touchpoints throughout a beneficiary's journey. This information is not explicitly sought, but rather emerges organically within sessions, meaning valuable insight may remain unspoken or unrecorded.

Learning from services in Montana highlighted the potential of a more formalised approach. What stood out was the deliberate and thoughtful commitment to engaging families in understanding the circumstances surrounding each death—recognising that those closest to the individual hold vital insight that systems alone cannot access. While initial data provided by the police and partner agencies offers essential factual information, it cannot fully capture the complexity of an individual's life or the factors contributing to their death.

By inviting beneficiaries to contribute their insight in a structured and sensitive way, it becomes possible to move beyond statistics and develop a deeper understanding of the "why" behind suicide. This enables the generation of richer, more contextualised learning, supporting the development of actionable insights that can inform practice across education, healthcare, and community systems.

At Pete's Dragons, we are often supporting multiple individuals connected to a single death, each bringing a unique relationship with and perspective of the deceased. Formalising this approach would enable us to capture this breadth of insight more consistently, further strengthening our dataset.

Alongside this, there is an opportunity to extend data collection beyond individual cases to include insight from high-risk communities. Learning from Montana demonstrates the value of engaging directly with communities to understand local risk factors, protective factors, and contextual influences. Incorporating this perspective would support a more proactive and preventative

approach, enabling services to respond not only to individual deaths but to patterns of risk within specific populations.

This represents the next stage in the development of the real-time surveillance model at Pete’s Dragons—moving towards a more structured, multi-source approach that integrates statutory data, lived experience, and community insight. Central to this progression will be the creation of safety around how and when information is invited, ensuring that participation is always sensitive, voluntary, and grounded in trust. When approached in this way, contribution can also offer a sense of purpose and empowerment for those bereaved, allowing their experience to inform learning and contribute to the prevention of future deaths.

## Embedding and Evaluating the SAFE™ Approach

The learning from this FELLOWSHIP has led to the development of a structured, developmentally informed approach to support, which is now embedded within both the children’s pathway and residential provision at Pete’s Dragons. The next phase of this work will focus on continuing to embed, refine, and evaluate this approach in practice.

This will include strengthening the evidence base through ongoing evaluation, gathering feedback from children and young people, and developing a clearer understanding of how the approach supports longer-term outcomes.

## Sharing and Scaling Learning of the SAFE™ Approach

There is an opportunity to share this learning more widely, supporting other services to adopt more structured and developmentally informed approaches. Future development may include the creation of training, resources, and practical guidance to support wider implementation, alongside exploring potential partnerships and funding opportunities.

## Exploring Wider Application of the SAFE™ Approach

There is also emerging potential for the SAFE™ Approach to extend beyond children and young people’s provision. While the approach was developed in response to identified developmental needs within this group, early application suggests that its core principles—particularly in relation to safety, relational connection, emotional processing, and empowerment—may also have relevance within adult bereavement support.

This represents a potential area for future exploration, with careful consideration required to ensure that any adaptation reflects the differing needs and experiences of adults.

At its core, this work is driven by a simple intention: to ensure that anyone bereaved by suicide receives support that is not only timely, but also consistent, structured, and responsive to their developmental needs over time—so that they feel safe enough to grow beyond their loss and into full and meaningful lives.

## Conclusion

This report reflects a FELLOWSHIP that began as a broad exploration of suicide prevention, postvention, and intervention, and evolved into something more focused, practical, and applied. Shaped by international learning, disrupted and extended by the COVID-19 pandemic, and tested against the realities of frontline service delivery, it became not only a process of observation, but one of implementation and change.

Across the FELLOWSHIP, a clear disparity emerged between the development of suicide prevention and the provision of bereavement support. While prevention activity was often structured, coordinated, and data-informed, postvention remained comparatively inconsistent and underdeveloped. This was particularly evident in relation to children and young people, whose needs are distinct, developmental, and too often insufficiently reflected within existing models of support.

Three areas of learning proved directly actionable within my own service context. The first was the integration of Complicated Grief Therapy, strengthening the organisation's ability to respond to prolonged and complex grief. The second was the development of real-time suicide surveillance, and the recognition that systems are strongest when they combine factual data with the lived insight of those most affected. The third, and most significant, was the learning that informed the redesign of support for children and young people bereaved by suicide.

From this work, the SAFE™ Approach emerged. Rather than being imposed as a theoretical framework, SAFE™ developed through practice: from repeated patterns of need observed across one-to-one support and residential provision, informed by assessment, shaped by reflection, and refined through direct delivery. In bringing together Safety, Attachment, Feeling, and Empowerment, the approach provides a structured and developmentally informed way of understanding how children and young people can be supported not only to express grief, but to grow around it.

This is perhaps the central learning of the report: that effective suicide bereavement support for children and young people must move beyond compassion alone. It must also offer structure, consistency, relational safety, and developmentally appropriate progression. Without this, support risks being overly dependent on individual practitioners, variable in quality, and difficult to evaluate. With it, services are better able to provide support that is both responsive in the present and protective for the future.

The work described in this report remains ongoing. Real-time suicide surveillance continues to develop, the SAFE™ Approach will require further embedding and evaluation, and there is significant potential to share this learning more widely. However, the direction of travel is clear. The combination of international learning, frontline experience, and implementation within practice has demonstrated that more structured, developmentally informed approaches are both possible and necessary.

On a personal level, this FELLOWSHIP has been a profound privilege. Over the course of this journey, I have grown not only as a practitioner, but as a leader and as a person. It has shaped the way I think, the way I work, and the way I understand what meaningful support can look like. The learning has influenced not only this report and the developments that followed, but my life more broadly, and I know its impact will remain with me long beyond the FELLOWSHIP itself.

There is now a significant opportunity within the UK to strengthen suicide bereavement support by moving towards approaches that are clearer, more consistent, and better aligned with the realities

of grief following suicide. For children and young people, this matters profoundly. Suicide bereavement may become part of their story, but with the right support, it does not have to define the rest of their lives.

# Appendix A

## Recommendations

### For Services

#### **1. Develop structured, developmentally informed pathways for children and young people**

Suicide bereavement services should implement structured pathways that reflect the developmental needs of children and young people. This should include staged support focused on relationship-building, emotional regulation, the development of emotional language, and ongoing review of need.

#### **2. Introduce a structured model of support**

Services should adopt a structured, developmentally informed approach to support. The SAFE™ Approach (Safety, Attachment, Feeling, Empowerment) provides one example of how services can structure support to move from emotional safety through to confidence, identity, and growth.

#### **3. Embed specialist grief approaches in practice**

Training in evidence-informed approaches, such as Complicated Grief Therapy, should be integrated into suicide bereavement services to support both the prevention and resolution of complex grief responses.

#### **4. Embed ongoing risk monitoring**

Services should incorporate regular, structured wellbeing and risk assessments (such as Core10) to support early identification of need and consistent monitoring over time.

#### **5. Strengthen safeguarding for intensive provision**

Services offering residential or extended support must ensure safeguarding frameworks are adapted accordingly, with enhanced processes that reflect the increased level of responsibility associated with these models.

#### **6. Create pathways to post-traumatic growth**

Services should provide opportunities for young people to transition from beneficiaries to contributors and peers, including volunteering roles, supporting confidence, identity development, and sustained connection.

### For Services, Commissioners and Funders

#### **7. Move beyond time-limited support models**

Support should not be restricted to fixed timeframes. Services must recognise that children revisit grief at key developmental stages and should create mechanisms for re-engagement over time.

#### **8. Introduce residential and group-based models**

Services should consider the inclusion of residential and group-based interventions, which can foster peer connection, shared lived experience, and a sense of community that complements one-to-one support.

### For Policy and Public Health

**9. Ensure parity between prevention and postvention**

Investment in suicide prevention must be matched by equivalent focus on postvention, ensuring that those bereaved by suicide receive timely, specialist support to reduce long-term risk.

**10. Explore broader public health approaches to suicide prevention**

Public health bodies should consider wider, population-level approaches, including social, environmental and population-level factors, alongside culturally informed and targeted awareness campaigns. Learning from international examples, including initiatives observed in Montana, highlights the potential for multi-faceted approaches to improve mental health outcomes.

## Appendix B

### Organisations Visited and Engaged With

This appendix provides a summary of key organisations engaged with during the FELLOWSHIP. These visits and discussions informed the learning and subsequent service development described within this report.

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#### **Tamarack Grief Resource Center**

*(Montana, USA)*

**Overview:**

A grief support organisation providing community-based programmes for children, young people, and families, including residential camps.

**Focus of Engagement:**

Exploration of their residential model and approach to sustained, relational support for children experiencing grief.

**Key Learning:**

- The value of ongoing, relational models of support beyond time-limited intervention
  - The importance of peer connection and shared lived experience
  - The use of ritual and symbolic acts to support emotional expression and meaning-making
- 

#### **Columbia University Center for Complicated Grief**

*(New York, USA)*

**Overview:**

A leading clinical and research centre specialising in Complicated Grief Therapy.

**Focus of Engagement:**

Training and engagement with Dr Catherine Shear on evidence-informed approaches to complex grief.

**Key Learning:**

- Recognition of non-linear grief trajectories
  - Importance of structured therapeutic intervention
  - Application of CGT principles in early intervention
-

## **American Association of Suicidology**

*(Washington, USA)*

### **Overview:**

A national organisation focused on suicide prevention, research, and policy development.

### **Focus of Engagement:**

Discussion of national strategy, coordination, and system-level approaches to suicide prevention.

### **Key Learning:**

- Importance of coordinated national frameworks
  - Role of policy in driving consistency
  - Differences between prevention and postvention investment
- 

## **American Foundation for Suicide Prevention**

*(New York, USA)*

### **Overview:**

A national non-profit organisation dedicated to suicide prevention through research, advocacy, education, and support for those affected by suicide.

### **Focus of Engagement:**

Exploration of community-based suicide prevention initiatives, public awareness campaigns, and approaches to supporting those affected by suicide.

### **Key Learning:**

- The role of large-scale public awareness campaigns in reducing stigma and increasing help-seeking
  - The importance of combining research, advocacy, and community engagement within a coordinated strategy
  - The contrast between well-developed prevention infrastructure and comparatively limited postvention support
- 

## **American Foundation for Suicide Prevention Maryland Chapter**

*(Maryland, USA)*

### **Overview:**

A regional chapter of the American Foundation for Suicide Prevention, delivering community-based suicide prevention initiatives, education, and support at a local level.

**Focus of Engagement:**

Exploration of how national suicide prevention strategies are implemented at a local level, including community engagement and outreach.

**Key Learning:**

- The role of local chapters in translating national strategy into community-level action
  - The importance of community engagement in increasing awareness and reducing stigma
  - The scalability of prevention initiatives when supported by a coordinated national infrastructure
- 

**American Foundation for Suicide Prevention Montana Chapter**

*(Montana, USA)*

**Overview:**

A regional chapter of the American Foundation for Suicide Prevention, delivering community-based suicide prevention initiatives, education, and awareness across Montana.

**Focus of Engagement:**

Exploration of suicide prevention strategies within a rural context, including community outreach and local engagement approaches.

**Key Learning:**

- The importance of adapting suicide prevention approaches to rural and geographically dispersed communities
  - The role of community-led initiatives in increasing engagement and reducing stigma
  - The effectiveness of combining national frameworks with locally tailored delivery
- 

**Suicide Prevention Center of New York**

*(New York, USA)*

**Overview:**

A community-based organisation focused on suicide prevention through education, training, and localised support initiatives.

**Focus of Engagement:**

Exploration of community-level suicide prevention approaches, including training, outreach, and early intervention strategies.

**Key Learning:**

- The importance of locally embedded prevention efforts tailored to specific community needs

- The role of training and education in increasing confidence and capability across communities
  - The value of accessible, community-based interventions in supporting early identification and response
- 

## **Inquiring Minds LLC**

*(USA)*

### **Overview:**

A consultancy providing training, education, and programme development in mental health and suicide prevention.

### **Focus of Engagement:**

Exploration of approaches to training design, delivery, and the role of education in strengthening suicide prevention and postvention responses.

### **Key Learning:**

- The importance of accessible, practical training in increasing confidence and capability
  - The role of tailored training approaches in meeting the needs of different audiences
  - The value of combining knowledge, skills, and confidence-building within training delivery
- 

## **Montana Department of Public Health and Human Services**

*(Montana, USA)*

### **Overview:**

The state public health agency responsible for health promotion, disease prevention, and coordination of suicide prevention strategies across Montana.

### **Focus of Engagement:**

Exploration of public health approaches to suicide prevention, including training delivery, community engagement, and strategies tailored to rural populations.

### **Key Learning:**

- The role of public health infrastructure in coordinating large-scale suicide prevention efforts
  - The importance of adapting approaches to rural isolation and dispersed communities
  - The value of training and awareness initiatives in building community-wide capability
- 

## **Project Tomorrow Montana**

*(Montana, USA)*

**Overview:**

A youth-focused initiative supporting mental health awareness, resilience, and suicide prevention through education and peer engagement.

**Focus of Engagement:**

Exploration of approaches to engaging young people in mental health and suicide prevention, including youth voice and peer-led activity.

**Key Learning:**

- The importance of involving young people as active participants in prevention
  - The value of peer connection and youth leadership in increasing engagement
  - The role of early intervention and education in supporting long-term wellbeing
- 

**C. M. Russell Museum**

*(Great Falls, Montana, USA)*

**Overview:**

A museum dedicated to the life and work of Charles M. Russell, offering insight into the cultural history and identity of Montana and the American West.

**Focus of Engagement:**

Exploration of the cultural and historical context of Montana, supporting a broader understanding of the communities, environments, and lived experiences that shape approaches to mental health and suicide prevention.

**Key Learning:**

- The importance of understanding cultural and environmental context when designing and delivering support
  - The influence of identity, history, and place on community wellbeing
  - The value of stepping beyond formal services to gain a more holistic perspective on the communities being served
- 

**Voices of Hope Montana**

*(Montana, USA)*

**Overview:**

A community-based organisation focused on suicide prevention through lived experience, storytelling, and peer-led initiatives, working to reduce stigma and support healing within communities.

**Focus of Engagement:**

Exploration of the role of lived experience in suicide prevention, including storytelling, peer support, and community engagement approaches.

**Key Learning:**

- The power of lived experience in reducing stigma and creating meaningful connection
  - The role of storytelling in supporting both prevention and postvention
  - The importance of peer-led approaches in engaging communities and fostering trust
- 

**United Way of Central Maryland**

(Maryland, USA)

**Overview:**

A community-based organisation focused on improving health, education, and financial stability through coordinated, multi-agency approaches. United Way of Central Maryland plays a key role in bringing together partners across sectors to address complex social challenges, including mental health and crisis response.

**Focus of Engagement:**

Exploration of system-wide coordination and partnership working, including how data, collaboration, and community-based services are aligned to respond to need and improve outcomes.

**Key Learning:**

- The value of cross-sector collaboration in addressing complex social and health challenges
  - The role of coordinated systems in enabling earlier identification of need and more effective responses
  - The importance of aligning data, services, and community resources to create a more integrated approach to prevention and support
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**References:**

Erlangsen, A., Qin, P., Mortensen, P.B., Conwell, Y. and Webb, R.T. (2017) 'Association between suicide and relatives' risk of suicide and psychiatric disorders: A nationwide cohort study', *JAMA Psychiatry*, 74(6), pp. 560–568. doi:10.1001/jamapsychiatry.2017.0205.

Pitman, A., Knipe, D., Stevenson, F. and King, M. (2014) 'Effects of suicide bereavement on mental health and suicide risk', *The Lancet Psychiatry*, 1(1), pp. 86–94. doi:10.1016/S2215-0366(14)70224-X.

Bowlby, J. (1980) *Attachment and Loss: Volume III – Loss, Sadness and Depression*. New York: Basic Books.

Stroebe, M. and Schut, H. (1999) 'The dual process model of coping with bereavement: Rationale and description', *Death Studies*, 23(3), pp. 197–224. doi:10.1080/074811899201046.