



UNDERSTANDING THE ROLE OF BEREAVEMENT IN THE PATHWAY TO SUICIDE

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INTRODUCTION

Bereavement is considered to be a common precursor of death by suicide
Currently, there is concern over the number of deaths by suicide across the UK and Europe
As a result, an increasing number have been exposed to bereavement by suicide
Studies suggest those bereaved by suicide may be particularly vulnerable to suicide themselves
It remains unclear how these deaths might impact on future suicide rates

OBJECTIVES

1. To examine a two-year cohort of deaths by suicide to report on bereavement amongst those who died by suicide
2. To assess the bearing of death by suicide on those bereaved by suicide and suggest postvention options

METHOD – SOCIOLOGICAL AUTOPSY COHORT

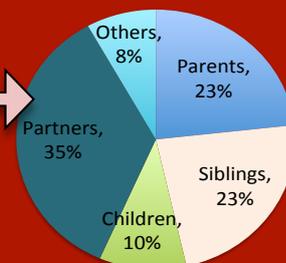
DEATHS BY SUICIDE

Coroner's files provided data on 403 deaths (all confirmed suicides in Northern Ireland over 2 years)

Linkage to GP records to gather data on demographics, help seeking and life events

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Face-to-face interviews (n=78) took place 18 months to 5 years after being bereaved by a suicide death.



RESULTS

Suicide deaths

- 15% n=61 of suicide deaths featured a bereavement
- 8% n=31 indicate suicide contagion

Those bereaved by suicide commonly experience suicidal thoughts as well as symptoms of anxiety and depression

- 49% (n=31) moderate-severe symptoms (HADS)
- 48% (n=30) had become suicidal
- 39% (n=24) sought no help (some showed resilience)**
- 25% accessed both GP and voluntary sector support
 - 17% sought primary care
 - 19% sought voluntary sector
- 26% (n=16) reported family communication breakdown

"...because I had known that that was a factor innit, families become more of risk of suicide and that was my main concern, that's why I was trying to encourage people to seek some kind of help"

"I know I wouldn't go to group support. I don't like it. I wouldn't speak at it and I wouldn't be honest, and that's the truth. I would speak to somebody one to one but not in a group."

"I had plucked up the courage to go to the GP...or he wanted to throw antidepressants at me...I had asked him, I had said "look, antidepressants I'm willing to take but I want to go down a therapeutic route as well. I don't want just the medical model."

"I felt then that I was further, better off, or in a better place than some of them because theirs was more recent than mine. So I thought I didn't have the right to express myself"

"...my mum, she did the alternative therapy, she wasn't sleeping so she went to massage therapy and all. I didn't think in a month of Sundays she ever would take up that and she did.."

RECOMMENDATIONS

1. To develop and test suicide bereavement interventions for use in public mental health and in clinical practice
2. To avoid one-size-fits-all, to provide improved access to a variety of flexible support options when need is greatest and people are receptive, including psycho-education, avoiding singular medical approaches