



HSE National Office for Suicide Prevention
Grant Scheme for Collaborative Research Projects

AfterWords: A survey of people bereaved by suicide in Ireland

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September 2023



Connecting for Life

PROJECT TITLE

AfterWords: A survey of people bereaved by suicide in Ireland

KEY MESSAGES

- Suicide bereavement extends beyond the immediate family, with friends, colleagues and professionals also deeply impacted (93% reported a moderate or major impact). These impacts are wide-ranging and complex, and needs may be practical as well as health-related.
- People impacted by suicide reported more frequent thoughts of self-harm and suicide than the general population (21% vs. 4%); this requires increased awareness of the link between suicide bereavement and risk of suicidal behavior.
- There is a need for a range of high-quality supports and services, tailored to the specific needs of those accessing them; those providing such supports should receive standardised training on suicide bereavement and complicated grief and services should operate to national standards.
- Proactive outreach and signposting are key elements of facilitating access to formal supports.
- Enabling people to support each other and feel comfortable in speaking about suicide is important. Furthermore, efforts to reduce social isolation for people impacted by suicide requires a collaborative approach.

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This research project has been funded by the HSE National Office for Suicide Prevention through the Grant Scheme for Collaborative Research Projects. This briefing represents the independent research carried out by the authors and the content and views expressed herein are of the authors of the research only.

CONTEXT AND BACKGROUND

For each person who dies by suicide, six close family members and up to 135 individuals may be affected by the death (Cerel et al, 2019; Andriessen et al, 2017), equating to approximately 60,000 individuals who may be impacted by suicide in Ireland every year. People who are bereaved by suicide experience impacts on their mental and physical health that can be long lasting. They are also at increased risk of suicidal thoughts and behaviours. Many of those bereaved or affected by suicide need support in order to deal with their grief. A range of supports are needed from informal support provided by family and friends to formal support such as support provided by healthcare professionals, support groups or counselling.

Previous research indicates that access to appropriate supports remains a challenge. Differences in the support services available across Ireland have impacted negatively on the grieving process of bereaved family members (Spillane et al, 2018). Connecting for Life, Ireland's National Strategy to Reduce Suicide, sets out steps to standardise the supports available for people bereaved by suicide in Ireland, specifically to improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide (Objective 4.3). However, there has been limited research on the experiences of supports following suicide bereavement in Ireland.

AIM/OBJECTIVE(S)

The specific objectives of this study were to:

1. Examine the profile, characteristics and wellbeing of adults bereaved or affected by suicide in Ireland
2. Determine the types of suicide bereavement supports accessed
3. Examine the experiences of receiving or engaging with supports, the barriers and facilitators, the perceived gaps and unmet needs in supports.

METHODOLOGY

This survey was open for participation online between October 2021 and February 2022. All adults (over 18 years) currently residing in Ireland, who identified as being bereaved or affected by suicide (McDonnell et al, 2020), were eligible to participate.

Participants were recruited in a number of ways to minimize potential bias – through social media messaging and advertising; through coverage in broadcasting, digital and print media; and through organisations involving in providing supports and services for people bereaved by suicide, mental health, or those representing priority groups with regards to suicide prevention.

Across the period of data collection, the demographic profile of participants was monitored. There was an even distribution of participation according to age group and county of residence. There was an over-representation of females participating in the survey, although the proportion of male participants was higher than what might be expected in this type of research. Despite wide dissemination, there wasn't good representation from more marginalised and hard-to-reach groups.

The survey contained five main sections: demographic information, current psychosocial wellbeing, details about the death(s) by suicide, impact of the bereavement and information on the use of support services following bereavement. Participants were invited to provide information on the suicide bereavement(s) experienced, regardless of the relationship.

The following standardised measures were used in the survey to quantify the impact of suicide bereavement on mental health, wellbeing and participants' experiences of grief: World Health Organisation Wellbeing Index (WHO-5); Patient Health Questionnaire Anxiety and Depression Scales (PHQ-ADS); brief version of the Grief Experience Questionnaire (GEQ); Personal Growth subscale of the Hogan Grief Reaction Checklist (HGRC); brief version of the Multidimensional Scale of Perceived Social Support (MSPSS). All of the measures had internal consistency scores of between 0.79-0.92.

RESULTS / FINDINGS

- In total, 2,413 adults completed the survey. The majority (73%) were female, while fewer than 10 participants identified as another gender or non-binary. The mean age of participants was 43 years (range 18-85 years), and over half were aged between 35-54 years. Fewer than 2% of participants identified with ethnicities other than White (Irish), and 7% of participants identified as LGBTQI+.
- While most (62%) participants had lost a family member or partner to suicide, 54% had experienced multiple losses. A large proportion had experienced the loss of friends (35%), work colleagues (10%), or loss as part of their professional role (15%; including first responders, members of An Garda Síochána and healthcare workers).
- Half of participants (56%) reported poor mental wellbeing and many reported symptoms of depression (64%) and anxiety (59%), which were twice as prevalent as among the general population (Troya et al, 2022). Of concern, one-in-five participants expressed some thoughts of self-harm or suicide in the two weeks prior to the survey. Poor mental wellbeing was most pronounced for young adults aged 18-24 years.
- Common grief experiences reported included expressions of guilt, feelings of perceived stigma and shame, as well as searching for an explanation for the death. Impacts following the death included mental health challenges, relational or family problems and prolonged use of alcohol. Conversely, many participants also reported positive personal growth over time. For example, over 80% of participants indicated that they feel they 'have more compassion for others' and that, generally speaking they 'have more good days than bad days'.
- One-third of participants did not access any supports following their loss. Formal supports were accessed to a lesser extent by men than women (43% vs. 30%). In addition, compared to all participants, those who were bereaved by suicide as part of their professional role were less likely to access services (44% vs. 33%). Those who did access support generally found them to be beneficial, particularly specialised services.
- Two-thirds (65%) of participants felt the quality of services in their area was poor and common barriers to accessing support included lack of awareness, availability, waiting times and financial costs.
- Factors which helped people access support included realising the significance of the mental health impacts, encouragement and information from others, financial and practical ease of access, and previous positive experiences (e.g. those who had previously /were already receiving counselling support).

The findings cannot be fully generalised to represent the experiences of all adults bereaved by suicide, due to elements of inherent bias in the data, including the outcomes being self-reported, the sampling strategy and format of data collection used.



LINKS / SUPPLEMENTARY MATERIALS

Link to final report:

https://www.nsrfe.ie/wp-content/uploads/2022/10/Suicide-Bereavement-Survey-report_digital.pdf

Link to study protocol:

<https://hrbopenresearch.org/articles/4-114>

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This research project has been funded by the HSE National Office for Suicide Prevention through the Grant Scheme for Collaborative Research Projects. This briefing represents the independent research carried out by the authors and the content and views expressed herein are of the authors of the research only.



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