

Suicide (Prevention) Notes

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Conclusion: Exposure to the suicide of a close contact is associated with several negative health and social outcomes, depending on an individual's relationship to the deceased. Given the number of people who can potentially be affected by suicide bereavement, we need to understand risk factors within this group in order to implement evidence based interventions to offer support to these individuals and reduce their risk.

Title of Paper: "Effects of Suicide Bereavement on Mental Health and Suicide Risk", by A. Pitman, D. Osborn M. King and A. Erlangsen. The Lancet Psychiatry, Special Preview, May 2014

The Study: This paper was a meta-analysis of the literature of evidence available to measure the effect of suicide bereavement on mortality, mental health and social functioning. Suicide Bereavement describes the period of grief, mourning and adjustment after a suicide death that is experienced by family members, friends and any other contacts of the deceased who are affected by the loss. In addition, the authors aimed to examine the emotional experience of losing someone important, irrespective of whether they were related or not.

Results: Exposure to suicide bereavement is not a random event. The relatives and non-relatives of people who die by suicide differ from those not exposed to suicide bereavement in a range of socio-demographic and clinical characteristics, even before the bereavement. For example, differences in physical health such as tobacco use, physical inactivity and adverse childhood experiences are probably markers of pre-existing income inequalities and are all associated with mental disorders. Other results show there is an increased risk of suicides in partners bereaved by suicide; increased risk of admission to psychiatric care for parents bereaved by the suicide of an offspring; increased risk of suicide in mothers bereaved by an adult child's suicide and increased risk of depression in offspring bereaved by the suicide of a parent.

Discussion: The range of kinships affected by suicide bereavement suggest that all members of the immediate family may need screening and appropriate support. Investigators should delineate how extensively to offer support within the deceased's social and family circle. Longitudinal work is needed to identify the time points during which risks are greatest and when support is most acceptable, guiding the targeting of interventions.

Questions for further consideration:

1. How can we best offer support to those who are bereaved by a death by suicide in our organization?
2. What bereavement assessment tools, or measures of grief, are most useful to determine those in need of most urgent intervention and support?

NOTE: Each issue of "Suicide (Prevention) Notes" is prepared by a member of the IOL's Executive Committee. This issue was prepared by Ellen Blair, APRN, Director of Nursing, IOL