Understanding And Managing The Psychosocial Needs of Survivors of Suicide
Jerry Reed and Seamus J. McCarthy—Suicide Prevention Action Network USA

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Jerry Reed, SPAN USA

Globally, approximately 815,000 individuals die by suicide annually, roughly one person every 40 seconds (Krug et al., 2002). Each suicide leaves behind at least six and as many as hundreds of survivors (Crosby and Sacks, 2002; American Foundation for Suicide Prevention, 2004; Provini et al., 2000). Those left behind often feel a prolonged and intense search for the reason for the suicide (Wagner and Calhoun, 1992), feelings of being rejected by the deceased (Van Dongen, 1993) a distorted sense of responsibility for the death and the ability to have prevented the suicide (Dunn & Morrish-Vidners, 1987) and feelings of being blamed for causing the problems that began the suicidal ideation of the deceased (Silverman et al., 1995). Survivors of a suicide death also appear to have elevated levels of anger, family dysfunction, and feelings of social stigmatization (Jordan, 2001), and suicide rates have been shown to be twice as high in families where someone has died by suicide than in families in which a suicide has not occurred (Runeson & Asberg, 2003).

Complicated grief has been shown to occur in adolescents and young adults after a peer’s suicide. Among these adolescents and young adults, complicated grief was associated with a five-fold increased risk for suicidal ideation after controlling for depression (Melhem et al., 2004). Professional help may assist those bereaved by suicide with their grieving process; however, suicide survivors often do not seek out formal or informal support mental health treatment. Only about 25% of 144 next-of-kin surveyed by phone reported receiving any help since the suicide, despite 74 percent indicating a desire for help (Provini et al., 2000). In another study, half of bereaved survivors felt a need for professional mental health treatment, but only one quarter actually sought out help (Dyregrov, 2002).

In a forthcoming article which outlines the pressing public health need to conduct research and determine the pressing public health need to conduct research and determine effective ways to identify and meet the needs of suicide survivors, Cerei and colleagues (Cerei, Conwell, Reed & Padgett, in press) pose a challenge for researchers to work with survivors to determine the role postvention needs to play to be optimally helpful for survivors. Jordan and McMenany (2004) state that “careful longitudinal research with a diverse, community-based sample of survivors would greatly increase our understanding of the challenges involved and the coping skills required after a suicide” (p. 345). Such research would also help understand who does and does not seek organised or professional assistance following a suicide and how that influences their grief experience.

Seamus McCarthy, a survivor of his father’s suicide and producer of the film Seeing Our Way Through, says that professionals can help survivors understand that they have the power of choice in framing the experience of suicide in their lives. Seeing Our Way Through is a story in which a wife/mother, brother, son and three daughters personally struggled with the loss of Jim McCarthy and the process that helped them deal with issues such as shame, blame, guilt, anger, loneliness and the stigma of suicide. Jim was 48 and a successful human resources professional when he died by suicide.

“Suicide grief is complicated” said McCarthy. “First you’re sad and hurt about losing your loved one, then maybe you’re angry and bitter or you feel guilty about what happened. Adding to the complicated grieving process is the shame and stigma that surrounds suicide which typically keeps us from talking about it and only adds to our isolation.”

In the film, each member of the McCarthy family processed grief differently. The range of emotions experienced went from denial to anger to shame to guilt and, of course, to fear. “One of the most important things we needed to do,” said McCarthy, “was to remember the life lived by Jim McCarthy and the fond memories we each shared with him. We needed to stop thinking of him only in the context of the way he died.”

One thing that McCarthy observed was that the way each member of the family chose to frame the experience of Jim’s suicide shaped how they framed other life situations. “The loss of Jim McCarthy meant something different to each of them and it took on different meanings for them at various stages of their lives. McCarthy continued. “How we chose to live with Jim’s suicide remained a constant issue for each of us. It was important for each of them and it took on different meanings for them at various stages of their lives. It was important for each of us to learn to talk about Jim’s suicide and to recognize where each of us was in the journey in order to heal.”

Most individuals who receive help do so soon after the death, but suicide survivors also appear to have difficulty initiating a search for help on their own (McIntosh, 1993). Initiating a search for mental health care or peer support may be challenging due to extreme grief or difficulty locating resources in a community. Even when survivors find their way to resources, there is not enough research to help guide which types of postvention work best for survivors.

McCarthy said that we need to reach out to survivors of a suicide death. “Suicide loss is different from other deaths. The message is that suicide is not ok to talk about. Survivors need to talk about their loved one, what their loved one continued on page 2...”

To contribute an article or information to this newsletter, please contact either Sean McCarthy or Michelle Linn-Gust
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meant to them and they need to find acceptance by other individuals in honestly discussing the suicide. Professionals can help in this process by finding out what the loss means to the individual they are working with and help them see that the suicide was a part of the decedent’s life, but it does not define their loved one’s life and it does not define the survivor’s life either. One of the most healing moments for me was when I was able to see and to speak my truth."

References Available on Request from Sean McCarthy. (Contact Details on Back Page)

12th European Symposium on Suicide and Suicidal Behaviour
28th—30th August 2008
Glasgow

ESSSB Postvention Session Update

As part of the initiative to include more postvention sessions in the IASP congresses, two symposia were submitted and accepted on behalf of the IASP Postvention Task Force to the 12th European Symposia on Suicide and Suicidal Behaviour for late August in Glasgow, Scotland.

The first symposia will discuss the importance of survivor research and how to collect useful data from organizations that serve them. The second symposia will explore how several survivor organizations started and managed long-term sustainability.

More information on these and other postvention sessions at the conference will follow in the early August edition of the postvention newsletter.

Web: www.esssb12.org
The Salvation Army Postvention Training Program in Australia

Alan Staines

BACKGROUND

The Salvation Army commenced its work in suicide prevention in January 1907 in London and eventually grew to establish anti-suicide bureaus across the world.

The Salvation Army has a large footprint across Australia. (In fact across the world, The Salvation Army operates in over 110 countries). In Australia, the Salvation Army sees over 1 million people each year, people who come for some kind of social welfare assistance. In addition to this, The Salvation Army Hope for Life Program received funding from the Department of Health and Aging to develop an information web site and a range of Internet-based suicide prevention and bereavement support training programmes, designed to raise the knowledge and confidence of the general public and particularly people who work in the area of human services.

The Salvation Army is active in every city, provincial town and across rural and remote Australia; it is a well respected and trusted organisation. With the right training, information and skills, Salvation Army personnel are well placed to be a catalyst for building social capital and help to strengthen communities so that supports for the bereaved by suicide are there when they are most needed.

THE LIVING HOPE BEREAVEMENT SUPPORT TRAINING PROGRAM

Living Hope is a unique new training course developed by The Salvation Army in partnership with eminent Australian and International experts in the field of Suicide Bereavement. The training is available as a 3-day face-to-face course and will also be accessible as an on-line e-learning program in July (2008).

This comprehensive program covers all aspects of suicide bereavement from practical matters to be attended to following the death of a loved one, the grieving process, aspects of spirituality, the influence and impact of culture on grieving, understanding emotions and a host of helpful information which will equip and help individuals and families through the devastating experience of losing a loved one.

The Living Hope Suicide Bereavement Training Programs gives clergy, chaplains, funeral directors, emergency services personnel, school communities, and health and social welfare professionals the skills and confidence to provide support to people bereaved by suicide.

In the Living Hope Bereavement Support Training Course participants learn the S.P.I.R.I.T. approach:

This online training program provides a greater understanding of:
- The impact of the loss of a loved one by suicide on family, friends and the community
- Grief and the grieving process
- The Five Big Feelings
- The importance of Rituals
- Trauma and Resilience
- Qualities of a helpful carer
- Practical Concerns – funeral arrangements, the inquest, etc

THE HOPE FOR LIFE WEBSITE

The website is a gateway to our suicide prevention and postvention initiatives. The aim is to provide generic and specific information about the issues on the web site, use the web site as a means of promoting conferences, events and link the web site to other helpful resources, support groups and web links. We intend to continue the development of the Website for ‘on line’ moderated discussions groups and support groups, which will be particularly useful for people living in rural and remote locations, or for those who are reluctant to join a support group in the first instance.

NATIONAL MEDIA CAMPAIGN

The Hope for Life Program is conducting a National Media Campaign across Australia in July to provide education and awareness about our Postvention Training Programs. This campaign will coincide with the commencement of a National Hope Line for the bereaved by suicide. The National Media Campaign will also promote the 2nd National Postvention Conference “Bringing Hope to Life” which will be hosted in Melbourne May 2009.

For more information visit our web site: www.suicideprevention.salvos.org.au

or email us at: admin.hopeforlife@au SalvationArmy.org

or email Alan Staines at: alanstaines@optusnet.com.au
Contact Details:

IASP Central Administration Office
Le Barade
F-32330 Gondrin
France

Email: iasp1960@aol.com
Tel: +33 562 19 47
Fax: +33 562 19 47
Web: www.med.uio.no/iasp

Karl Andriessen (M Suicidology)
Co-Chair, IASP Postvention Taskforce
C/o Suicide Prevention Project FDGG—VVI
Martelaarslaan 204b
9000 Gent, Belgium
Tel: +32 233 5099
Email: iasp-tf-postvention@pandora.be

Sean McCarthy
Co-Chair, IASP Postvention Taskforce
C.E.O.
Console
Farronshoneen Youth and Community Centre
Williamstown, Waterford
Ireland
Tel: 00353 51 872772
Email: sean.mccarthy08@gmail.com

Michelle Linn-Gust
Co-Chair, IASP Postvention Taskforce
1711 Solano Drive
Albuquerque NM 87110
New Mexico, USA
Tel: 001 505 2663134
Email: michelle@chellehead.com

Upcoming Events

August 27-30, 2008:
12th European Symposium on Suicide and Suicidal Behaviour, Glasgow, Scotland, www.esssb12.org

November 1-4, 2008:
3rd Asia Pacific Regional Conference of Suicide Prevention, Hong Kong, csrp.hku.hk/iasp2008.

November 22, 2008:
National Suicide Survivors Day, Various Sites, www.afsp.org

April 15-18, 2009:

October 27-31, 2009: