Closing the Gap Between Research and Postvention

By Frank R. Campbell, Ph.D., LCSW, CT.

Editor’s Note: Dr. Frank Campbell will be at the ESSSB conference as part of two panels discussing postvention efforts. One will focus on research while the second will feature several organizations that have provided postvention services over the years and how they have succeeded.

Nearly four decades have passed since Dr. Edwin Shneidman (1972) suggested: “that the largest public health problem is neither the prevention of suicide nor the management of suicidal attempts, but the alleviation of the effects of stress in the survivors whose lives are forever altered.” Society has tended to respond to only the immediate family members as the group that are the most significantly impacted. However, little is known about who might be a survivor of suicide or bereaved by suicide. Also, is it the unique relationship to the deceased that is a better predictor of complicated bereavement and risk of suicide in someone bereaved by suicide or is it the familial connection that matters the impact of postvention efforts? If we are to know the answers to these and many other questions unique to the impact of suicide then the gap between survivor research and postvention efforts must be closed.

It was my belief that by providing postvention services as close to the time of death as possible, we would increase our ability to identify potential survivors. Also, if the opportunity for survivors to share resource information earlier (for example, where to go for free survivor services that had been deemed helpful by other survivors who were doing better) then some potential benefit for relieving stress incurred by newly bereaved survivors could be achieved sooner. I looked at the elapsed time between death by suicide and coming into our centre for help and was appalled to see it was an average of 4.5 years after the death before they found our centre. When I asked each survivor why have you come now?, they routinely said, “I just found out where to go.”

This inability to connect those in need with resources that want to help is not a dilemma that only survivors of suicide face, however, a solution seemed obvious to solve it. The solution was to have a team of volunteers who were survivors and survivor-sensitive mental health professionals go to the scene while the body was still present and let the newly bereaved know where they can go when they are ready. The downstream impact has been 10 years of providing that service and keeping statistics on what we have learned. What we have learned is that the elapsed time between death and coming to our centre for those who receive the Active Postvention Model (APM) or the LOSS Team (Local Outreach to Suicide Survivors Team) visit is significantly lower than those who do not. Those who get the visit come in on average within 48 days of their loss and those who do not, are coming in within 98 days of their loss.

This is significant for both groups because it no longer suggests that a person need wait over four years to find help. Even those who do not get the LOSS Team visit (this is primarily due to our team being called when a person is taken to a hospital and dies in hospital) are coming in sooner because now the health care community, law enforcement, and other first responders know the benefit of referral to our agency. Like most agencies, we had spent over 10 years working to increase referrals from these groups of first responders and had experienced little success (hence the 4.5 year average). Now that we are a first response postvention team, we have won the respect of other first responders and that has created a community-wide change in the area of referral for those impacted by suicide.

The limited resources available for survivors (including survivor groups and survivor sensitive clinicians) throughout the world indicates a poverty of resources for survivors and, at best, a flawed entry and referral system. Considering the magnitude of suicide as a leading cause of death in the world, it would seem appropriate to test out Shneidman’s other statement in 1972 that “Postvention is prevention for the next generation.” Perhaps if the gap between research and postvention had been closed so many years ago we might have prevented some of the multigenerational suicides families have had to endure.

Instead of continuing to ask survivors to raise money for suicide prevention, participate in suicide awareness efforts, and all the other important roles they are so willing to do, research should reach out to survivors to close the gap in what we do know and what we can do to help following a loss to suicide.

References and articles related to this topic by the author:


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Memorial for Survivors of Suicide

Marking the beginning of events for
World Suicide Prevention Day,
September 10, 2008

By Adrian Hill, 2007/2008
President, The Canadian Association for Suicide Prevention

Lac Baptiste, Ontario, Canada
July 17, 2008

This time of year, the sun sets across the lake in reds and pinks and oranges, lighting up the clouds and the sky with impossible beauty and colours. A small group of family and friends met as darkness approached, three generations, all of us remembering the loss of a mother, or brother, or friend who died by suicide.

Quietly, three hundred names and messages were read aloud but who knows what thoughts passed unspoken through our minds during the short service. We share so much in common and yet, so much remains inside us as individuals as we trudge our way in a world where someone we knew and loved left each of us.

The names of persons who had died and the messages to them had been written by people from Australia, Europe, America, and Canada. These folks had asked that their notes be sent to this memorial to be read, and the ashes of the messages scattered, at my home on the shore of Lac Baptiste.

These messages came from the 2007 Salvation Army — Survivors of Suicide conference in Coogee, Australia; the 2007 conference of the Canadian Association for Suicide Prevention in Yellowknife, in Canada’s Arctic; the survivors section of the 2008 conference of the American Association of Suicidology, in Boston, USA.

I remember many of the faces of the folks in Australia as they handed their notes to me, so much suffering, and so much strength. One father said, “My son always wanted to travel, and now a part of him will go to Canada.” A woman said, “My sister loved nature...this is just so fitting.”

I thought that carrying their messages and reading them around a campfire would be a fine thing. Like so much of this work of helping each other and of healing ourselves, I wasn’t ready for the emotional drain or the profound sense of loss I experienced as I did so. My mother was one of the names, and that hit me as it always does. But the other names, hundreds of them, became real people for me, every one of them. And every one of them has left families and friends and colleagues and neighbours behind. I cried again, just as I have before. And I learned something very important, all over again.

This work of healing ourselves, of helping each other, of preventing suicide in our communities, is never done — it is never finished. This is the message I want to share with each of you now as we look towards 2008 World Suicide Prevention Day, September 10, 2008.

We need to stay active and become what my CASP colleagues call Survivors in Action — members of every community across Canada, members of every community and place around the world that know first hand and understand that suicide prevention and bereavement support is everybody’s responsibility. No matter how big or small — every effort and every contribution is important.

I hope that our marches, our presentations, our press releases, our seminars, our newsletters, and posters, and banners and bulletins for 2008 World Suicide Prevention Day, September 10, 2008, will be seen and heard all over the world.
The Loss of an Only Son -
Elaine Reekie, Scotland

Frank Henry Reekie was born to us on the 29th April 1980 after nine years of marriage. He was our only child and very much loved by all the family. He was a very clever child and could read and write before he went to school. He was very gentle and kind and loved animals and music.

Things started to go wrong when he was about 15 years old. One of his hobbies was working on old motorbikes and cars and his father and I began to suspect he was sniffing petrol. We don’t know if this was accidental or as a result of experimentation. His personality began to change and he became moody and aggressive, at times taking his aggression out on his father and me.

Frank first attempted to take his own life at around 17. Over the next few years he tried to take his own life several times.

His dad and I were at the end of our tether and we pleaded with our local GPs and the hospital doctors to help him, even begging them to section him for his own safety but they insisted he was not depressed and was, in fact, simply being manipulative.

He began smoking and then drinking, something that shocked his dad and I as he had been very anti both. We pleaded with him to tell us why he was doing what he was doing but all he would say was he had “demons” and drinking was they only way he could cope with them.

On Sunday 2nd December 2001, after a fairly good week, when Frank had done a lot of electrical work in both his Grans and our house, we had a row after I found two bottles of alcohol hidden in the sleeves of his jacket. He stormed out the house saying he was going for a walk. I found him four days later – he had completed suicide.

It is now six and a half years since that dreadful day but to me it seems like yesterday. His dad and I are devastated. His dad has lived all his life with heart problems, having had open-heart surgery three times since the age of seven, and the shock of losing Frank caused his health to deteriorate rapidly. He had to retire in 2003 at the age of 51. I work full time but have had long periods of sickness absence due to depression and am on antidepressants and something to help me sleep at night. As time goes on I am becoming more and more depressed.

I feel so deeply sorry that my son felt so worthless and unhappy that the only way he could see out was to end his life, and wish that we’d been listened to and that Frank had received the help that he needed.

We take each day as it comes – some days we’re up and some days we’re down. The support of our family and friends who rallied round us has been of great comfort, as has our faith and belief that we will see our son again one day.

Author’s Note: In 2002, a year after Frank’s death, the Scottish Government launched Choose Life, a 10-year strategy and action plan to reduce suicide in Scotland.

Choose Life sets out a framework to ensure that action is taken nationally and locally to build skills, develop training, encourage people to seek help early, improve knowledge and awareness of what works to prevent suicide, and to encourage partnership working and improved co-ordination between services.

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Upcoming Events

August 27—30, 2008:
12th European Symposium on Suicide and Suicidal Behaviour, Glasgow, Scotland. www.esseb12.org

October 24, 2008:
Console Living With Suicide National Conference, Burlington Hotel, Dublin, Ireland. www.console.ie

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:

May 21—23, 2009
2nd Australian Postvention Conference, Melbourne, Australia

October 27—31, 2009: