

Diversity, Community and Opportunity Meeting the Needs of Those Bereaved by Suicide

Chris Bowden
Lecturer, School of Education Studies, Victoria University of Wellington.
Chris.Bowden@vuw.ac.nz

&
Caroline Cole
Counsellor, Skylight, Wellington South, Wellington.
cs4@skylight-trust.org.nz

29 Nov 2006

2006 SPINZ Symposium: Understanding Suicidal Behaviour: Update Your Knowledge and Practice

Impact of Suicide on Others

- Suicidal Behaviour does not just have an impact on the suicidal but has significant impact on others.
- The New Zealand Suicide Prevention Strategy states:

“Amongst those New Zealanders who make a serious suicide attempt, almost half will make at least one further attempt and one in 12 will die as a result of suicide within five years (Beautrais, 2003; 2004b; Gibb et al 2005)” (Associate Minister of Health, 2006, p.17).

- Those who have been bereaved by suicide have often lived with the suicidal behaviour of others.
- People bereaved by suicide are at greater risk for:
 - Developing complicated mourning responses and other psychiatric and medical complications (Jordan & McMenemy, 2004).
 - Heightened levels of guilt, anger family dysfunction, social stigmatisation and disorders such as traumatic grief and Post Traumatic Stress Disorder (Jordan, 2001).
 - Increased risk of engaging in suicidal behaviour and dying by suicide (Jordan & McMenemy, 2004).

The Role of Postvention – Preventive Interventions

- “Postvention is prevention” and an efficient way to prevent future distress, psychiatric disorder and mental health-related problems, and even suicidal behaviour and suicide itself (Shneidman, 1981).
- Mauk and Sharpnack (1999) define **postvention** as:
 - (i) a process during which people work towards emotional and psychological recovery and readjustment, and
 - (ii) as the provision of interventions that combine education and counselling that aim to prevent bereavement complications for individuals affected by suicide (including further suicidal behaviour).
- The Bereaved By Suicide Support Group recently set up and run by Skylight in conjunction with Victoria University of Wellington was an educational preventive intervention designed to provide postvention and meet a need identified by individuals, clients and the Wellington community.

The Need for Collaboration

- Designing, implementing and evaluating preventive interventions and support programmes is best done through developing **partnerships between researchers and practitioners**.
- Through collaboration researchers learn more about what works and what is practical and practitioners learn more about research, theory and effective ways of supporting those affected by suicidal behaviour and suicide.
- Collaboration and partnerships provides **greater opportunities to update knowledge, learn more about effective practice, develop more comprehensive and critical shared understandings**.
- This means that practice is more likely to be focused on similar goals and be effective.

Lessons from the Research

Meeting the needs of those bereaved by suicide

- Beautrais (2004) in her review and synthesis of the research evidence around the support needs of those affected by suicide identified that support programmes need to meet the following needs of the bereaved:
 - The need for **information**,
 - The need for **assistance with practical matters**,
 - The need for **contact with others who have been bereaved by suicide**,
 - The need for **support** with Coroner’s Inquest and official procedures.
- Two main differences between bereavement by suicide and other forms of bereavement:
 - **bereavement process tends to be longer after suicide**, and
 - **recovery tends to be slower** in those bereaved by suicide (Beautrais, 2004).

Lessons from the Research

Bereaved by Suicide Support Groups should aim to:

- **Reduce the length of the grieving process** for individuals,
- **Reduce the likelihood of morbidity**, subjective stress and other negative outcomes that result from bereavement,
- Meet the needs of both **individuals and the group**,
- **Identify special populations** and those at risk (e.g., those individuals who may be suffering from “severe” and “chronic” grief characterised by enduring symptoms fitting with early diagnostic categories of depression, anxiety and PTSD),
- **Build social capital and personal capital** (resources that influence coping, adjustment and adaptation) by linking people to:
 - immediate services and generic bereavement services,
 - short-term services (e.g., that provide information on suicide an opportunity to talk about how it has affected them, an provide opportunities for individuals to find personal understanding/ put death in perspective and continue on with their lives) and by
 - longer-term services (e.g., therapy and treatment groups, self-help and support groups that will vary in terms of leadership, duration, membership, format, structure) (Beautrais, 2004).

Lessons from the Research

Beautrais (2004) suggests that those designing and delivering Bereaved by Suicide Support Groups should consider:

- Including a pre-test and post-test measure in order to evaluate intervention changes (e.g., a measure of grief experience, distress etc),
- Consider the number of sessions,
- Consider timing (soon or later on – some evidence earlier interventions are more effective but depends on 'readiness' of participants),
- Consider different types of programmes for different groups (i.e., males and females, youth vs adults),
- Consider different types of programmes and interventions with high-risk and low-risk individuals (important to screen/assess participants before selection for group for mental health issues that could be risk factors for future suicidal behaviour)
- Support the development of "natural helpers" – family, friends, neighbours, peers, employers.

The Programme

- 6 week programme – Educational preventive intervention.
- 2 hrs per session, 7-9 pm.
- 1st hr Information/skill-based and 2nd hr Emotional support focused component (educational and counselling approach).
- Facilitated by experienced educator and counsellor.
- Closed group (commitment to 6 weeks).
- Participants volunteered.

Aim

To help those bereaved by suicide to develop:

- Understanding of:
 - Grief process
 - Suicide
- Skills and strategies for:
 - Managing Grief.
 - Maintaining personal wellbeing.
 - Protecting self and others and improving family functioning.
 - Developing personal and social resources and support.
- Ultimately to reduce risk of negative outcomes, bereavement time, shorten recovery and reduce risk of future suicide.

The Strategy

Provide those bereaved by suicide with:

- Factual information about suicide, grief, coping strategies and resources.
- A safe, respectful and nurturing environment to talk about their experiences with others.
- Opportunities to learn more about suicide and ways to understand it and put it into perspective.
- Opportunities to learn and share strategies for enhancing individual and family functioning, dynamics, communication and wellbeing (to reduce risk, assist with early identification of at risk individuals, and promote positive social and individual capital and self-care).
- Address social inequalities – free to bereaved, appropriate time and accessible location (done in consultation with bereaved)
- Link bereaved with Skylight and other services that can provide ongoing support and access to resources.

Approach

- Responsive and flexible approach.
- Respectful of the diverse needs and ways that people respond to suicide and learn.
- Safety and effectiveness 'do no harm'.
- Strengths-based.
- Informed by the following concepts and principles:
 - Grief is an active process of learning, relearning and resocialisation. Relearning provides understanding, allows individuals to address helplessness that accompanies grieving and provides a framework for supporters/caregivers (Attig, 1996).
 - Quality support programmes provide both education and care or 'Educare' (Smith, 2003).
 - The five strands of the early childhood curriculum *Te Whāriki*: (Ministry of Education, 1996): belonging, wellbeing, opportunities to explore and learn, communication, and responsibility.
 - Learning environments are cultural sites where individuals socially negotiate the meaning of experiences and learn how to adapt, use strategies and cultural tools through interactions and through the use of scaffolding (Smith, 2003, Santrock, 2004).
 - 'Ako' – to teach and learn (Williams, 1992) a process of reciprocal teaching and learning (Glynn, 1993). Facilitators and the bereaved work together in an integrated way learning and teaching each other. 'Ako Ako' which implies a mutual teaching/learning discussion (Williams, 1992).

Content

- Meeting the challenge of DESIGN
- Based on New Zealand review of research (Beautrais, 2004).
- Aspects of programme based on international research and practice (Murphy, 1996; Murphy et al., 1996, 1998, 1999)
 - Community-based preventive intervention.
 - 2 dimensional support programmes following sudden or violent deaths of their children (including suicide).
 - Informational skill-building support and emotional support provided (both rated highly by participants).
 - 12 week and 10 week programmes (5-10 parents per group).
 - Offered 4 mths after bereavement.
 - Good measures used to assess outcomes on mental distress, Post Traumatic Stress symptoms, loss accommodation, physical health, marital role strain.
 - Pretreatment variables assessed, control groups used.
 - Longitudinal studies - Followed-up participants at 4, 12 and 24 mths post-death after completing programme.
 - Mix of quantitative and qualitative methods for evaluation.
 - Promising results (particularly highly-distressed women but also for men).

Content of Modules

Session	Module	Objectives	Information Content	Skill Emphasis	Emotional Component
1	Introduction	Individual, group and programme objectives Setting goals & boundaries	Defining bereavement, grief, mourning	Identifying factors that influence duration, extent and outcomes of bereavement Sources of support	Sharing experiences, building trust
2	The Grieving Process	Understanding diversity in grief, what is 'normal', cognitive, emotional, social, physical reactions Learn new strategies for managing grief	Grief reactions Grief Mapping Accommodating Grief model Different Grieving styles – intuitive, instrumental, dissonant	How grief affects us Realistic expectations for grief accommodation and functioning Strategies for managing grief	Discussing common and unique aspects of grief/gender, individual and family differences Impact on family dynamics
3	Understanding Suicide	Understanding complex causes, developing a personal theory, putting suicide into perspective	Theories, models and explanations, risk and protective factors	Developing personal theory, putting suicide into perspective practical ways of talking about and explaining suicide to others	Dealing with Why? Guilt, responsibility and unfinished business Managing strong emotions
4	Responding to Others	Understanding how suicide affects others and our social networks How to deal with unhelpful responses by others	Effects on children, youth, others Ecomap of impact of suicide on relationships	Explaining & talking about suicide Modeling good grieving Identifying ways to strengthen social support network	Coping with change in family Helpful and hurtful responses by others Ways to communicate needs
5	Self-Care & Supporting Others	Learning more about what supports and compromises wellbeing Adaptive & maladaptive strategies	Tu Whara Tapa Wha – model of wellbeing Importance of rituals How to support family members	Assessing and meeting needs Recognising risk in self & others Achieving balance and connection Identifying protective factors	Dosing feelings, managing thoughts, behaviours
6	Looking Ahead	Achieving a future-oriented focus Identify factors that contribute to resiliency	Revisiting Grief Map The Challenge Model Sources of Info & Support	Recognising when, where, how to get help Repositioning, redefining self Identifying future tasks, skills and support	Renegotiating a new relationship with deceased, preserving memories What has helped them 'bounce back' - Hopes for future
7	data collection evaluation	Closure for group, chance to feedback			

Recruitment & Screening

- Initially, support group advertised through newspapers, funeral homes and email network (poor response).
- Better response using local radio, friends and colleagues informed family members and participants. Participants slow to register.
- Potential participants non-clinically screened and asked for background information (did not use screening questionnaire as this would 'put off individuals').
- Decision made to exclude those bereaved for under 6 mths, they were offered alternative 1:1 support and family counselling offered to those wanting support for children and younger adolescents.
- Individuals were monitored during sessions for signs of severe and chronic grief, symptoms of depression, anxiety, PTSD and other mental health problems (one participant was subsequently referred to GP and counsellor after disclosing symptoms of PTSD).

Participants

- Meeting the challenge of DIVERSITY
- Demonstrated they had diverse grief experiences and support needs.
- 7 group members (2 male, 5 female).
- Ages ranged from 20-50 years of age.
- Length of time bereaved ranged from 7 mths to 8 years 10 mths.
- Predominantly Pakeha/New Zealander.
- Many had children and families of their own and were managing their own grief, family roles and work.
- Group ran Tuesdays 7-9 pm for 6 weeks, time and day suited group, childcare arrangements and travelling.

Delivery

- Closed group First night, some participants who had registered did not show up, others showed up who had not registered. 2 left after first night (citing group did not meet their needs), 2 others joined 3rd week (one participant felt this compromised trust of group).
- Group run in Skylights' Wellington South Office, group seminar room. Accessible parking and public transport, resources centre (library with books, videos, DVDs) available.
- 1st hour – discuss information and skill-building (some skills discussed, modelled and practiced others introduced and critically reflected on).
- Break – tea and coffee, informal learning & sharing opportunities.
- 2nd hour – emotional support focused on sharing experiences, obtaining feedback to facilitate reframing aspects of suicide, sharing strategies.
- Both programme components (information/skill building and emotional support) implemented jointly by the 2 facilitators (educator and counsellor).
- End of each session participants asked to identify their support people, future activities, tasks they would work on and strategies they would practice for the following week.
- Final module – participants were provided with folder with module summaries, general resources, fact sheets, sources of further information, and a list of contacts and descriptions for crisis and support services.
- Initially it was envisioned that each module would be evaluated weekly, but participants indicated they would prefer minimal paper work and decision was made to evaluate modules at end of programme.

The Ripple Effect

- Meeting the needs of the COMMUNITY
- Backgrounds and Experiences: How suicide had affected them.
 - Mother and Daughter – son/brother died by suicide, father 'not coping' at home.
 - Two brothers – brother died by suicide.
 - Widowed mother of two children – husband suicided.
 - Young woman – grandfather suicided, 'hushed up' by family and then mother suicided.
 - Middle-age woman – son suicided.
- Most had lived with suicidal and self-harming behaviour for some time.
- They saw themselves as different to other friends and extended family who had also been bereaved by suicide (did not want support people/natural helpers coming to the group).
- All were concerned about the effects of suicide on other family members, family functioning, future risk particularly on children.
- Gained each others' trust quickly (within 2 weeks).
- Initially some participants wanted an educational approach (learning), others wanted a more counselling approach (sharing experiences), some wanted both.
- Started 'curry club' met socially the hour before the group in local Indian restaurant for dinner.

Evaluation

Focused on perceptions of Participants of:

- Information/Skill-building component
 - Relevance (usefulness),
 - timing and
 - understanding of content and skills presented.
 - Opportunities for learning (what was learnt).
- Emotional support component
 - What the group experience and facilitators provided (based on Yalom's 1985, therapeutic group factors).
- Facilitation
 - Leadership and expertise of facilitators.
- Usefulness of the Preventive Intervention
 - Most and least useful aspects
- 5 point Likert Scale items
- Open-Ended questions

Information/Skill- Building Component

- **Most relevant modules:**
 - Module 4 'Responding to others' (100%)
 - Module 5 'Self-care & Supporting Others' (100%)
 - Module 6 'Looking ahead' (83%)
 - Module 3 'Understanding suicide' (67%)
 - Module 2 'The Grieving Process' (50%)
 - Module 1 'Introduction' (50%)
 - note 2 participants missed modules 1 & 2
- **What was most relevant and why?**

"Understanding suicide [module 3] and the Grieving Process [module 2]. This provided me with information that I knew I could trust and in a controlled and safe environment. With so much information available it is difficult to find constructive, helpful info etc. This group gave me an opportunity to ask questions and clarify which was invaluable" (Participant 6).
- **What was least relevant and why?**

"Module 3, [Understanding suicide and putting it into perspective] probably too soon since the loss" (Participant 2).

"Module 2, the Grieving Process – I am finished with this part". (Participant 4).

Relevance & Timing

- **Relevance of content and information:** All the participants either agreed or strongly agreed with the following statements:
 - "the majority of material presented was personally useful"
 - "the majority of material would be of use to other people"
 - "the skills taught and modelled in the modules are useful"
 - **Timing of content and information:**
 - early (n=1 – bereaved 5 years)
 - at the right time (50%, n=3, bereaved 8 years, bereaved 9 mths, bereaved 7 mths)
 - late (n=1, - bereaved 8 years 10 mths)
 - much too late (n=1, bereaved 8 years and second suicide 8+ years)
 - **When asked about their perceptions of the most appropriate timing of workshops for other people bereaved by suicide:**
 - most useful for those bereaved 4-6 mths (33%, n=2)
 - most useful for those bereaved 7-9 mths (50%, n=3)
 - most useful for those bereaved 10-13 mths (50%, n=3)
- "This is difficult. Upon reflection I wish I had this information earlier. However, I am unsure that I could have coped earlier – too raw. I think having these kinds of workshops occurring regularly allows people to come when they are ready. They need to know its always going to be available though" (Participant 6).

Understanding of Content

- **Understanding of content:** All the participants either agreed or strongly agreed with the following statements:
 - "The majority of the material presented is of use to me".
 - "The objectives of the modules were clear".
 - "The workshops helped me understand different aspects of the grief process".
 - "The workshops helped me understand suicide and put it into perspective within my own life".

Learning Opportunities

- **Learning Opportunities:** Nearly all the participants either agreed or strongly agreed with the following statements:
 - "The workshops provided opportunities to learn skills and strategies for managing grief".
 - "The workshops helped me learn more about ways of maintaining personal wellbeing".
 - "The workshops have helped me develop stronger personal and social resources".
- **Comments about what they learnt and which learning tools were useful:**

"The Grief Map in the way that it aided into working what was important in dealing with grief or suicide" (Participant 1).

"Te Whare Tapa Wha concept was useful. Making a conscious decision to ensure that I am nurturing my whole being. Suicide is incredibly traumatic and needs special treatment" (Participant, 6).

"The Eco Map - Through helping in working out the relationships which are important to me in terms of social resources. And Te Whare Tapa Wha - in relation to personal resources the workshop helped me work out the importance of [having] time to one's self" (Participant 1)

"I have really felt like a victim over the past few years and with that I have felt quite depressed. I slept A LOT and still do. By working and scheduling time to heal I have given myself permission to grieve and start a road to recovery" (Participant 6).

Emotional Support Component

- **The Extent to which the group provided emotional support:** Nearly all the participants either strongly agreed or agreed with the following statements:
 - "The workshops and support group provided a sense of community and belonging".
 - "The workshops provided a non-judgemental environment for sharing experiences and expressing grief".
 - "The workshops provided an opportunity to share diverse experiences, needs and perspectives".
 - "The workshops provided a safe environment for discussing fears and concerns".
 - "The workshops gave me hope and helped me see beyond survival".
 - Four of the six participants strongly agreed or agreed that they had learnt a lot from the other group members.

"What have you learnt?"

"Basically that suicide is not an event that just I have experienced, and a lot of people including those in the group have had the same experience" (Participant 1).

"I have learnt that there are very unique feelings associated with bereavement by suicide. That there is enormous value in being able to connect with others who have experienced suicide" (Participant 6).

Emotional Support Component

- The 9 therapeutic factor items (Yalom, 1985) were measured by participants ticking the following that applied and started with a common stem:

"The members of the group..."

 - "Helped me want to forget myself and think of others" (Altruism) (50%, n=3).
 - "Helped me say what is bothering me" (Catharsis) (50%, n=3).
 - "Accepted me as I am" (Cohesion Item 1) (100%, n=6).
 - "Helped me feel I belong even when I revealed embarrassing things about myself" (Cohesion Item 2) (67%, n=4).
 - "Gave advice when I asked for it" (Guidance Item 1) (17% n=1).
 - "Gave advice when I didn't ask for it" (Guidance Item 2) (17% n=1).
 - "Helped me see that others have solved problems similar to mine" (Installation of hope) (50% n=3).
 - "Recognised when something was troubling me" (Interpersonal learning) (0%).
 - "Helped me feel that I am not alone" (Universality) (83% n=5).
- Other
 - "Offered useful strategies and suggestions" (Interpersonal learning) (67% n=4).
 - "Helped me feel normal" (Destigmatisation) (83% n=5).

"We are at different stages of the journey and this allowed both understanding to occur but at the same time allowed members to learn from each other in a meaningful way" (Participant 6)

What Was Important



Facilitation

- **Quality of Facilitation:** Nearly all of the participants either strongly agreed or agreed with the following statements:
 - "The facilitators are interested in and supportive of our group".
 - "The facilitators were able to communicate information and ideas clearly".
 - "The facilitators expertise as educators and counsellors were valuable".
 - "The facilitators encouraged participation in discussions".
 - "The facilitators encouraged expression of differences in opinions amongst participants".
 - "The facilitators encouraged participants to think critically about the topics covered".
 - "The facilitators encouraged participants to think creatively about ways to work on personal issues".
 - "The facilitators encouraged participants to identify strategies for managing grief and dealing with issues".
 - "Overall, how satisfied were you with the facilitators delivery of content?" (67% very satisfied, 17% satisfied, 17% neutral/not sure).
- **"What suggestions do you have for improving the facilitation of the workshops?"**
 - "More interactive activities between the group" (Participant 1)

"None. This must have been an exhausting and challenging course to run. The informality of it all was great. You gave people time to reflect and think about what was imparted. You allowed people to cry and allowed people to set the pace. I felt a genuine desire from facilitators to be there. It didn't feel like you considered this work. Thank you!" (Participant 6)

Usefulness of the Programme

- **"Which part was most beneficial?"**
 - 33% - Information/skill-building component
 - 33% - Emotional Support component
 - 33% both parts
- **"What did you find most useful?"**
 - "The Te Whare Tapa Wha model – learning ways in which to create a balance in your life" (Participant 1).
 - "Being in a room where everyone *did* understand what I was feeling" (Participant 2).
 - "Hearing how others felt and coped" (Participant 5)
 - "Being in an environment where I could for the first time pull back the layers, remove the mask and show others how I really felt" (Participant 6).
- **What did you find least useful?"**
 - "People complaining about other people not doing enough about suicide" (Participant 5)

Outcomes

- For one participant it was about recognising that she had needs, and needed to prioritise her wellbeing (not just focus on meeting the needs of her child and husband).
- The module on self-care led one participant to identify that she had some of the signs and symptoms indicated that were linked to PTSD. As a result the facilitators were able to encourage her to contact her GP and also discuss her experiences and symptoms with her counsellor.
- One of the men was able to put suicide into perspective and learn how some aspects of suicidality are non-observable (relieving him of guilt). He also identified a practical way of maintaining a positive relationship with his deceased brother and including him in his children's life by making a memory book.
- For another participant the workshop had helped her realise her counselling was working and the right choice, and by the end she had started to move away from a focus on herself and her needs to having some empathy and being able to focus on others which was healthy for her.
 - "We all came in with our own needs. It was all about me when I first came. We are now able to empathise with others"
- For one participant the group had provided her with the ability to talk to others about suicide and her experience with more confidence and objectivity.
 - "I'm actually OK to talk to people about it now. Which is amazing. It gives you confidence that it's OK for you. Now I'm part of a community. It all helped me" "I am more objective. The emotions don't take over".

Their Words: The Feedback Session

- **Opportunities to learn, share, reflect and process**
 - "It has been great being able to listen to other people's experiences and to talk about our experiences"
 - "Yeah, a lot of what we talked about didn't sink in until we were driving home. Or later in the week I'd be thinking about what we were talking about and it would make sense".
- **Belonging to an active community**
 - "It is good to be part of a community and be with people who have had similar experiences"
- **The importance of screening, monitoring and developing trust**
 - "The first session was really intense. I wasn't going to come back. Because someone got very personal. You need to be able to monitor that".
 - "You could do a quick one to one at the end of the first session to see how people feel. You could use this to encourage people to come back and check their safety".
 - "You need the six week course to build the trust"

Their Words: The Feedback Session

- **Useful learning tools**
 - "The grief map was really useful. I realised I had become a more fearful and untrusting person and that I needed to work on that".
 - "I found the model really useful (Te Whare Tapa Wha). I have never really looked at balance within my life. You never get to ascertain what you are doing that contributes to your wellbeing. It helped me realise that what I was eating and drinking wasn't helping and now I take better care of my physical needs".
 - "I was horrified when you said I would never 'get over it'. The model with the circles (grief accommodation model) helped me realise that it never goes away. Life just grows around it. It was really important. I have days like that now. That is really hopeful".
- **The importance of a structured programme**
 - "Having a structured module is good. That is where the healing started for me. It validated my feelings seeing them up there on the screen. That's when the real work started. Having the opportunity to get information but also to share experiences was really important"
 - "It was really good having that first session and seeing where I could go. I never thought that I would ever get to the point where I would be ready to move forward with life, but it was hopeful to see it there".
 - "Hearing that it was going to be in lecture style made it safe for me. I knew I didn't have to participate if I didn't want to. It's about learning about suicide and it's about information giving and for men that might be safer".

Their Words: The Feedback Session

- **Facilitators gender**
 - "It's good that you are a bloke. You represent."
 - "There's a good balance having a man and a woman".
 - "If you were a guy and you came and you found there's a load of women here you wouldn't want to come back. If he (talking about her partner) was here and heard you talking about how people drink to give themselves permission to cry and grieve a light would have gone on for him".
- **Ongoing needs for communication, contact and support**
 - "Any family affected by suicide needs regular communication. At least once a quarter for the first three years. They need to know what resources are out there and where to find support when they need it".
 - "Why not send an email that just says "hello. We have been thinking of you. That gives permission for them to get in touch or make contact if they need support. You know like those emails you get from friends out of the blue every once and a while".
 - "There is a need for a casual support group. People need to know that there's a regular venue and a time that they can drop in when they need it. They need to know there's support available for them. They need a place where they can be around people who understand".

Their Words: The Feedback Session

- **Access to information and support**
 - "It's about catching the information at the right time. There are peaks and troughs when you need that information and contact. We need to know it's there and that we can access it when we need it"
 - "Funeral directors are people we'd take information from. You develop a special relationship with them and they are there for you at the time".
 - "At the time you don't want to read it. I couldn't have taken it in. But later on I might have looked at it".
 - "Everyone is different in relation to the timing of information. It's about repetition. It's about availability"
 - "There needs to be something provided for those who have children. We have childcare issues and babysitters to arrange and pay".
- **Different groups for different people and purposes**
 - "I would suggest a separate group for teens. They have different issues and need to be supported in different ways"
 - "After every six weeks of workshops the community gets bigger. Then you could have a monthly meeting or group for those that have come through the workshops. Just leave it open so people from previous groups can come or not. It's totally up to them"

Key Factors in the Success of the Programme

- **Informed by but not constrained by research** – balance between what is suggested in research and theory and what is possible in practice.
- **Not losing sight of priorities** – the desire for research/evaluation versus meeting the needs of the bereaved.
- **Expertise, professionalism and experience of facilitators.**

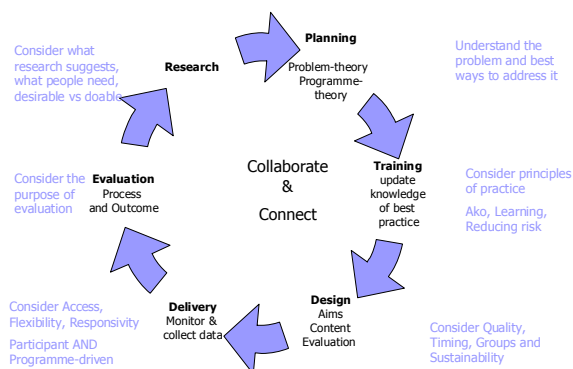
"Letting people know that it is going to be run by people who have experienced suicide is important. I think having facilitators who could input personal expertise was beneficial" (Participant 6).
- **Collaboration and working partnerships.**
- **Skylight and Victoria University of Wellington taking time to build relationships, understand each others' strengths, negotiate timelines, reviewing material together and allowing each other to work to their strengths.**

The New Zealand Suicide Prevention Strategy states that:
 "Services will be most effective when they are co-ordinated, integrated, and where people clearly understand each other's role. This requires collaboration across sectors and communities, and between government and non-government organisations" (Associate Minister of Health, 2006, p.14).

Design & Implementation: Messages from the Bereaved

- Don't want supporters to come to group for bereaved, unless they are coming to deal with their own grief.
 - Trust (keep the group closed) 6 weeks is good commitment to make.
 - Screen participants (we don't want to be exposed to 'vulnerable' people).
 - Acceptance (its OK to have a diverse group as long as there is maturity, respect and acceptance).
 - More interaction and group tasks (as well as some discussion and information providing).
- Provide us with OPPORTUNITIES to regain control and to learn**
- Need for informal long-term group as well as closed short-term group.
 - Keep in regular contact with us: let us reconnect if we need to.
- Other key messages
 - Suicide bereavement IS different – because suicide is a form of rejection. Illness and other unexpected deaths don't involve rejection.

Design and Implementation: Messages from Us



Messages from Us

- Need flexible approach.
- Advertising - word of mouth, reputation is important.
- **Diversity**
- Represent - Addressing men's participation needs.
- **Community**
- Choose who and where carefully.
- Ako – flow of learning and teaching between all.
- **Opportunity**
- Create Space – Allow the bereaved to gain some control if you want them to have more control in their lives.
- Informal relationships are where sharing and learning also occurs.
- Involve others, self-care (avoiding facilitator burnout) so that group will last.

Conclusions

- Importance of integrating research and practice.
- Collaborating and partnerships important for effectiveness, responsiveness and sustainability.
- Educare – provides a good framework for reducing risk and improving wellbeing (protect, educate, empower).
- Bereavement by suicide may involve a loss of control and autonomy and individuals need compassion, assistance and opportunities to move beyond survival to relearn how to live.

Postvention is Prevention

- Postvention is prevention but there is no single best-approach that will work with all individuals and groups and in every community.
- The research can and should guide practice but practice should also be responsive and based on critical assessment of the needs of the bereaved.

"To summarize, it seems likely to us that the "one size fits all" approach to understanding and intervening with survivors which has been dominant since the inception of modern suicidology needs considerable refinement (Ellenbogen & Gratton, 2001)"

(Jordan & McMenamy, 2004, p.345).

References

- Associate Minister of Health. (2006). *New Zealand Suicide Prevention Strategy 2006-2016*. Wellington: New Zealand. Available from <http://www.moh.govt.nz/moh.nsf/indexmh/nz-suicide-prevention-strategy-2006-2016>
- Attig, T. (1996). *How we grieve: Relearning the world*. New York: Oxford University press.
- Beautrais, A.L. (2004). *Support for families, whānau and significant others after a suicide attempt. A literature review and synthesis of evidence*. Available from [http://www.moh.govt.nz/moh.nsf/0/8BB9192555C20FCCC2570A800074A2E/\\$File/bereavedbysuicide-litreview.pdf](http://www.moh.govt.nz/moh.nsf/0/8BB9192555C20FCCC2570A800074A2E/$File/bereavedbysuicide-litreview.pdf)
- Glynn, E. (1993). *Educational psychology course book 201*. Department of Education: University of Otago.
- Jordan, J.R. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide & Life-Threatening Behavior*, 31 (9): 91-102.
- Jordan, J.R. and McMenamy, J. (2004). Interventions for suicide survivors: A review of the literature. *Suicide & Life-Threatening Behavior*, 34 (4): 337-349.

- Mauk, G.W. & Sharpnack, J.D. (1999). A light unto the darkness: The psychoeducational imperative of school-based suicide postvention. *Adolescent Psychiatry*, Vol 23-24: 179-205.
- Ministry of Education (1996). *Te Whāriki: Early Childhood Curriculum*. Wellington: Learning Media.
- Murphy, S.A. (1996). Parent bereavement stress and preventive intervention following the violent deaths of adolescent or young adult children. *Death Studies*, 20 (5): 441-452.
- Murphy, S.A., Baugher, R., Lohan, J., Scheideman, J., Heerwagen, J., Johnson, L.C., Tillery, L. & Grover, M.C. (1996). Parents' evaluation of a preventative intervention following the sudden, violent deaths of their children. *Death Studies*, 20 (5): 453-468.
- Murphy, S.A., Johnson, C., Cain, K.C., Das Gupta, A., Dimond, M., Lohan, J., & Baugher, R. (1998). Broad-spectrum group treatment for parents bereaved by the violent deaths of their 12- to 28-year-old children: A randomised controlled trial. *Death Studies*, 22 (3): 209-235.

- Murphy, S.A., Das Gupta, A., Cain, K.C., Johnson, L.C., Lohan, J., Wu, L., & Mekwa, J. (1999). Changes in parents' mental distress after the violent death of an adolescent or young adult child: A longitudinal prospective analysis. *Death Studies*, 23 (2): 129-159.
- Shneidman, E. S. (1981). Postvention: The care of the bereaved. In E. S. Shneidman. *Suicide: Thoughts and reflections, 1960-1980*. Pp. 157-167. New York: Human Sciences Press.
- Smith, A.B. (2003). *Te Whāriki: Diversity or Standardisation? Innovative Aspects of the New Zealand Early Childhood Curriculum*. A paper presented at conference, Education in the Early Years: International Developments and Implications for Germany in Munich, Germany on July 16th, 2003. Retrieved (1 Nov 2006) from <http://www.otago.ac.nz/CIC/publications/TeWharikiSmith2003.pdf>
- Williams, H. W. (1992). *Dictionary of the Māori language*, (7th ed). Wellington: GP Publications Ltd
- Yalom, I. (1985). *The theory and practice of group psychotherapy*. (3rd ed.). New York: Basic Books.