

FACT SHEET

Suicide bereavement – when and how to help

Navigating the emotional turmoil and grief that follows the death of a loved one to suicide is extremely challenging.

For family members and friends, it can lead to poor physical and mental health as they struggle with complex and intense feelings of shock and guilt, relief, shame and blame. This is in addition to the trauma and confusion that so often accompanies suicide.

Just as there is no one way to grieve the loss of a person who has died by suicide, there has been little scientific evidence available on what support is most effective in the aftermath of a death.

This prompted two members of Manna Institute – director Professor Myfanwy Maple and senior researcher Dr Sarah Wayland, with Manna Institute partners Everymind and the Centre for Mental Health Research at ANU – to assemble a team last year to survey postvention experts (with theoretical and personal experience of suicide) to identify what helps most. Here we share key findings from this study, which highlights the key issues and challenges that arise after someone dies by suicide, the most useful supports, and the factors that encourage help-seeking behaviour and facilitate post-traumatic growth.

Suicide bereavement is unique. The bereaved are required to manage others' reactions to the death, suicide stigma and shame at a time when they need social support themselves, and this can lead to feelings of isolation. Coronial processes add an additional layer of complexity.

Most of all, the experts (including those with lived experience) identified that the bereaved need non-judgemental listeners, with whom they can speak openly and safely about their loss. Accessing peer support and support groups, or receiving support from a mental health professional are critical in developing an understanding of why the person died and acceptance of the death and its nature.

The specific information and support people bereaved by suicide need changes over time.

- **In the first few days** people need practical information about what to expect regarding police contact, coronial involvement and the funeral, as well as help managing immediate challenges like how to tell and support children. Information on counselling services and suicide-specific supports is very helpful at this stage.
- **Within the first month**, people need information about suicide and bereavement, reminders about available supports and practical information about navigating financial issues.
- **By the six-month mark**, people are looking for additional reading materials, including those written by people bereaved by suicide.
- **By 12 months**, relationships may be changing as social networks struggle to meet a person's support needs. At this stage they also appreciate validation of how life changes after suicide, information on how to cope with significant events, and information on how to engage with the bereavement community. The anniversary of the first year is a poignant time for reflection and identification of this 'new normal' life.
- **After a year**, educational information is still needed, coupled with advice on how to develop social networks and engage in other meaning-making activities.

Access to information, practical assistance and non-judgemental support is therefore most important early in the bereavement period. Moving forward, peer support, professional counselling and ways to honour a person's memory are useful.

Professor Maple said better delivery of timely and appropriate support – by professionals and friends and family – can help alleviate the need for future crisis care.

“Helping the bereaved to connect back into their own community helps address the feelings of loneliness and distress that can lead to subsequent mental ill-health,” she said.

“The findings of this study, along with a co-design process with people who have experienced suicide bereavement, informed a brief contact intervention that used psychosocial text messages. The results of this trial were promising. Sending text messages to normalise the big, complex emotions experienced following a suicide death is a low cost, easy to implement intervention that can help link people into existing support systems early.”

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To request the full paper [click here](#).

