Written Evidence from the Childhood Bereavement Network to the Health Select Committee Inquiry into Suicide Prevention

Executive Summary

- This response is from the Childhood Bereavement Network – the national network for organisations working with bereaved children and young people
- The death of a family member or friend by suicide is a devastating event for children. While some of its impact may be comparable to the impact of death through other causes, suicide bereavement does differ in some key ways.
- Children and young people bereaved by suicide are at greater risk of a range of poor outcomes than their non-bereaved peers, and may also be at greater risk than those bereaved through other causes of death.
- The purpose of postvention with children and young people is partly to reduce the risk of suicides and suicide attempts, but also to support them with other areas of their life including communication in the family, managing at school, and finding healthy ways of coping.
- While the evidence base for the effectiveness of support is still under-developed, families are clear about the benefits they got from support.
- Greater investment is needed locally to ensure a consistent organised offer of support for children bereaved by suicide and their families.

Background

1. Thank you for launching an inquiry into this most important of issues. We are grateful for the opportunity to submit evidence
2. This evidence is from the Childhood Bereavement Network, the national network for organisations working with bereaved children and young people. Our 250+ member organisations provide a range of local community-based services to children following a death: usually a mixture of 1:1 and group support activities, responding to the family's assessed needs. Many of our members' services are 'open access': that is they are open to children whatever the cause of their loved one's death, including suicide; and families can refer themselves directly, without having to get a referral from their GP or another professional. A map of these services can be viewed at http://www.childhoodbereavementnetwork.org.uk/help-around-a-death/find-help-near-you.aspx
3. For more information about our work or this response, please contact Alison Penny, CBN's Coordinator apenny@ncb.org.uk / 029 7843 6054
4. This evidence covers two points which the Committee wished to explore:
    a. The social and economic costs of suicide and attempted suicide
    b. The measures necessary to tackle increasing suicide rates

The social and economic costs of bereavement by suicide

5. In this section, we will focus specifically on the risks to children and young people of the death of a parent or other important person by suicide.

6. In some ways, suicide bereavement is comparable to bereavement through other causes. But it differs in key ways, with many families experiencing stigma around the cause of death leading to isolation and sometimes to secrecy, high levels of difficult feelings including guilt, and fears for the safety and well-being of other members of the family or friendship group.

7. Overall children and young people bereaved of a parent (by whatever cause) are at increased risk of a range of poor outcomes including early mortality, mental and physical health difficulties, disrupted education and relationships, and behaviour difficulties (Penny and Stubbs, 2015). How the child manages the impact of the death on their lives – and the secondary changes it brings such as moving house, a drop in income, and different routines – depends greatly on the capacity of their surviving parent to care for them (Worden, 1995).

8. Research specifically on children bereaved by suicide is more limited, partly because of relatively small numbers and partly because surviving parents may choose not to participate in research because they don't want to upset their children, or because the children are not aware of the true cause of the death (Kuramato et al 2009). In their review of the impact of parental suicide on children's psychiatric and psychosocial outcomes, Kuramato et al (2009) found 'modest yet inconsistent evidence'.

9. However, recent large-scale longitudinal research has suggested that children bereaved by suicide do seem to be at increased risk of poor mental health compared to those bereaved by other causes. Some of these differences may be accounted for by the particular experience of suicide bereavement: families may experience higher levels of stigma and isolation compared to other bereaved people, and may also be at increased risk of traumatic stress reactions in response to the violent nature of the death. Some differences may also be accounted for by a higher prevalence of risk factors within the family (Flynn and Robinson, 2008). Some studies also show increased risks for young people bereaved of a friend by suicide.

    a. Most recently, and specifically in the UK, Pitman et al (2016) found that among 3,432 participants aged 18-40 who had experience the sudden death of a relative or friend after the age of 10, those who had been bereaved by suicide were 1.65 times more likely to attempt suicide themselves than those bereaved through natural causes. This effect held, whether they were related to the person or not.

    b. Wilcox and others (2010) looked at the outcomes for all those children in Sweden whose parent died from suicide, accident and other causes between 1969 and 1974. Those bereaved by suicide before they were 17 were three times more likely themselves to die by suicide than their non-bereaved peers, and had a particularly high risk of hospitalization for a suicide attempt or psychiatric disorder.

    c. Brent and others (2009) found that parentally bereaved young people had a higher incidence of depression than among their peers, and that this was higher among those bereaved by suicide than those bereaved through sudden natural death. They also found that suicide elevated young people's risk of substance and alcohol abuse disorders.

d. Melhem and others (2008) found that young people bereaved of a parent by suicide were more likely to develop new-onset Post-Traumatic Stress Disorder than their non-bereaved peers.

What helps?

10. Support for those children and young people bereaved by suicide (often termed 'suicide postvention) can be an important aspect of suicide prevention, given the increased risk of suicide and suicide attempt that some studies show. This can help those bereaved by suicide to understand that there are alternative coping strategies. Talking about suicide opens up a conversation: it does not make someone suicidal. High quality bereavement support has broader benefits, helping children understand what has happened and feel safer in the world, reducing their risk of other poor outcomes such as difficulties at school and problems of communication in the family.

11. There are several useful international reviews of practice guidelines and evaluations of different types of postvention support. Evidence In-Sight (2015) divides this into literature on
    a. Organizational postvention programmes eg protocols for schools to follow in the aftermath of a suicide
    b. Community-based postvention programmes such as active outreach to bereaved family members,
    c. Suicide bereavement support groups.

12. Members of the Childhood Bereavement Network believe that in every area the following aspects of bereavement support should be available, including to children and young people bereaved by suicide:
    a. Information about how children grieve, what can help and what services there are
    b. An easy-to-access consultative process to agree who and what could help a particular family
    c. Support for parents and carers to help their children
    d. 1:1 support and peer groups for children and young people
    e. Outreach and specialist support for those who are vulnerable and traumatised.

13. Interventions can help families to communicate, deal with a range of memories, and meet others in similar situations (normalising grief after suicide, supporting one another and reducing feelings of being stigmatized because of the nature of the death).

14. Robust evaluation frameworks are needed to understand more about the impact and benefit of this type of support (Cerel et al 2009).The Childhood Bereavement Network is currently validating a measure that can be used to evaluate how children are doing before and after participating in support programmes. We hope this will generate useful data about what works for whom in which circumstances.

15. In the absence of this data, there is qualitative evidence of families' views about the benefits that support programmes bring.

16. Braiden et al (2009) asked participants their views of a residential suicide bereavement support group, interviewing six children and six parents who had taken part in a group programme following individual assessment and support. All the children knew before the

group that their person had died by suicide: helping families to explain this to their children is often a crucial part of the support that services offer.

17. All the children reported being very glad to have attended, and that their aims had largely been met. They described knowing more about the causes of suicide and why people decide to take their own lives. Many had expressed a desire for the family to be able to spend more time talking about their loved one, and to feel more confident in telling people how the person had died. They reported feeling their families had benefited in that they had a chance to talk about the person and that this would continue in the family home. They reported feeling 'less alone', 'more confident' and 'happier'. They felt more able to cope with their worries and understood more about others' grief in the family.

18. Parents had largely attended to meet others, help their children understand, learn new coping strategies and enable their family to talk more openly and honestly about the death. Themes of the benefits of the residential group included the opportunity to talk to others with similar experiences, feeling better equipped with coping skills, developing new friends and social supports, understanding suicide better and feeling more equipped to manage their children's grief. They reported their families talking more.

The availability of support

19. We estimate that around 70% of local authority areas in England have an 'open access' service (described above) that covers the whole area, and a further 9% have a service covering part of the area.

20. However, even in areas where services do exist, they are currently funded through a variety of sources and often struggle to keep their services afloat. Without extra resources, they would not be able to cope if their profile was to rise and demand was to increase.

21. Some families struggle to find the help they need, or are put off taking it up because of long travel times or difficulties with making arrangements. Flexible support is key.

22. There are areas of common ground between children bereaved by suicide and those bereaved through other causes. However, some families may prefer to be in a group specifically with others bereaved in the same circumstances, but this could lead to long waiting times given the relatively low number of children bereaved in these circumstances.

23. **We would like to see the support outlined above available in every local authority area, to help children manage the impact of bereavement by suicide on their lives.**

References

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