

THE ROUTLEDGE INTERNATIONAL HANDBOOK OF CHILD AND ADOLESCENT GRIEF IN CONTEMPORARY CONTEXTS

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SUICIDE BEREAVEMENT AND POSTVENTION APPROACHES FOR YOUNG PEOPLE IN SCOTLAND

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Laura del Carpio, Sally Paul, and Susan Rasmussen

This chapter explores the role and relevance of postvention for youth bereaved by suicide. It begins with an overview of the scope of suicide and a discussion of the impact of loss on adolescents who have experienced the death of someone by suicide. Factors which may impact the effectiveness of postvention efforts are discussed, and existing evidence-based approaches to supporting youth globally are considered. The chapter then builds on the authors' research in Scotland to examine postvention alongside local policy and practice initiatives, particularly in education communities and third sector settings. Drawing on the voices of young people, this discussion stresses the need for postvention to consider not only the individual and family environment, but also the wider community and policy context which shapes bereavement experiences. Further work to develop and evaluate suicide bereavement support both globally and in Scotland is needed to ensure the needs of those bereaved or affected by suicide are met, and ultimately to advance progress in suicide prevention.

Suicide is a major public health problem globally and affects people bereaved by suicide in different ways. Cerel et al. (2014) proposed a continuum view of suicide loss, where people can be considered exposed, affected, or bereaved in the short- or long-term by suicide. This recognizes the varying reactions and levels of distress which may follow a death. Suicide bereavement is a feature in the lives of adolescents, and whilst there is a body of research that discusses the impact on individuals and risk factors associated with health and well-being, less is known about holistic support for this group.

Research shows that the impact of suicide on adolescents is influenced by factors relating to the death, the individuals involved and their relationships, and the pre- and post-death environment (Andriessen et al., 2016; del Carpio et al., 2021). In addition to the typical reactions to loss which may follow any bereavement, there is some evidence that adolescents bereaved by suicide may experience additional shame, stigma, anger, and blame given the manner of death (Kuramoto et al., 2009). There may also be feelings of guilt, struggling to understand why the person died, as well as relief around the person no longer suffering (Andriessen et al., 2018). Adolescent bereavement by suicide has been associated with a higher risk of developing mental and physical health problems, notably anxiety, depression, psychosis, and post-traumatic stress disorder (Andriessen et al., 2016; Brent et al.,

2009; Wilcox et al., 2010), as well as complicated grief (Cha et al., 2018). Increases in risk-taking behaviours such as alcohol and drug use and violent crime have also been reported (Brent et al., 2009; Wilcox et al., 2010). The impacts of suicide loss can also affect education, employment, and social functioning, including friendships (e.g., Brent et al., 2012). Importantly, there is evidence of an elevated risk of suicidal or self-harming behaviours among suicide-bereaved young adults (Pitman et al., 2016) and adolescents (del Carpio et al., 2021). In a study of UK higher education institutions, those bereaved by suicide had a 65% higher probability of attempting suicide compared to those bereaved by sudden natural causes, regardless of their relationship with the person who died (Pitman et al., 2016).

Exposure to both fatal suicides and non-fatal self-harm is recognized as a risk factor for future engagement in self-harm or suicidal behaviours (Mars et al., 2019), and self-harm is common among Scottish adolescents (del Carpio et al., 2020; O'Connor et al., 2012; O'Connor et al., 2009). Mechanisms for this relationship may include shared environmental stressors and genetic risk factors, assortative relating, social learning through modelling, and the consequences of stigma (Pitman et al., 2014). Suicide clustering, where a greater than expected number of suicides occurs at a specific location or timepoint, is also more common among young people than adults (Hawton et al., 2020). For this reason, promoting healthy ways of coping with loss is a priority for public health, and can be facilitated through effective post-bereavement support. Such support can serve as a protective mechanism, promoting some of the positive outcomes that may follow suicide loss, such as increased resilience or post-traumatic growth (Hua et al., 2019).

Postvention

Postvention refers to the support given to individuals and communities following a suicide, to help people cope with grief and prevent adverse outcomes such as suicide (Andriessen, 2009; Cerel et al., 2014). This can range from general education on grief, help with practical matters, outreach services, informal social and community support, individual and group interventions, and specialized professional help. Given the multitude of grief reactions and outcomes that may follow a loss, it is important to consider individual needs when developing and delivering support after a suicide.

Support groups provide individuals with social and psychological help as well as a place to share experiences, meet others who can relate, and reduce the isolation and stigma that often accompany suicide loss (Mitchell, 2017). Outreach services can offer immediate and proactive responses, providing crisis intervention or counselling as well as more ongoing support. Adolescents may prefer outreach models as they reduce some of the barriers for accessing formal help; for instance, being unaware of what help is available, being offered support at the wrong time or in unfavourable formats, or feeling embarrassed for needing help (Dyregrov, 2009). Online resources offer a wealth of information for youth who might be isolated or experiencing stigma, and allow for varying levels of interaction. They can provide unique spaces for connecting with others and ways to memorialize loved ones and maintain connections (Krysinska & Andriessen, 2017).

Despite increasing interest in the support needs of suicide-bereaved individuals, there exists scant evidence on which interventions work, and the mechanisms for their effectiveness. Andriessen et al. (2019) found that uncomplicated grief interventions (rather than those targeting complicated grief), interventions delivered over a specific timeframe (e.g., 8–10 weeks), those run by trained facilitators, and those which are developed based on

manuals or guidelines, may be particularly effective. Positive outcomes were also seen among approaches which offer support, therapy, and education, and which incorporate social support from parents or wider communities.

A review of models of support found that effective intervention models were those which responded distinctively to differing levels of distress (Andriessen et al., 2019). This is in line with recommendations for tiered approaches to bereavement care, where interventions can be universal, targeted, or specialist depending on need (Akerman & Statham, 2014; Jones et al., 2015; National Institute for Clinical Excellence, 2004).

While few studies have evaluated postvention supports for youths, there is some evidence of the effectiveness of counselling, support groups, and interventions in school communities (Andriessen et al., 2017). For example, Pfeffer et al. (2002) found that a manual-based group intervention (focusing on reactions to death and suicide and coping skills) for children bereaved by a sibling's suicide resulted in reduced anxiety and depressive symptoms, but not post-traumatic stress or social adjustment. Cha et al. (2018) showed that a school-based crisis intervention programme implemented one week after a student's suicide can be effective in reducing post-traumatic symptoms, anxiety, depression, and complicated grief five months later, among participants who displayed post-traumatic symptoms at baseline. This intervention involved a whole-school educational session on grief and coping, as well as specialist-led psychiatric interviews for those students with trauma symptoms. This suggests that school communities offer a potential site for enhancing effective coping and offering a universal approach to support, that is aligned with a public health approach to death and bereavement (Paul, 2022).

Suicide, postvention, and the Scottish context

The latest statistics from Scotland show that 753 suicides were registered in 2021, with the national suicide rate at 14.0 per 100,000 population (Scottish Public Health Observatory, 2022). Suicide was also the leading cause of death among 5–24-year-olds, and accounted for a quarter of all deaths among this age group (Public Health Scotland, 2022); 203 of the 6,798 deaths recorded as probable suicides between 2011 to 2019 were student suicides (Public Health Scotland, 2021). Furthermore, almost one-fifth (19.6%) of university students and one-sixth (16%) of college students in Scotland experienced suicidal ideation or attempts over the past 6 months (Maguire & Cameron, 2021; Maguire et al., 2022). It is estimated that up to 135 individuals are affected by each suicide death (Cerel et al., 2018), including close family members, extended family, friends, colleagues, and classmates. Considering the number of suicides in Scotland, this equates to as many as 101,655 individuals impacted in 2021. Of these, many are adolescents. Indeed, almost one-fifth of adolescents have been exposed to suicide during their lifetime, and 1 in 20 have experienced a suicide over the past year (Andriessen et al., 2017). While evidence from Scotland is limited, 11% of adolescents in a longitudinal schools study reported knowing someone who died by suicide (del Carpio et al., 2020).

While increasing knowledge is established about the adult experience of suicide loss, young people are often overlooked in research and denied the opportunity to have their voices heard. Many feel excluded from supports due to their age (Health and Social Care Alliance Scotland, 2018), or feel their needs for help are not recognized, and their opinions surrounding support are not considered (Dyregrov, 2009).

This reflects findings from our research¹ with adolescents in Scotland (del Carpio et al., 2023). Across a sample of 16–18-year-olds bereaved by any cause (including suicide as well as other deaths), an array of experiences and reactions to loss were reported. Factors which shaped the grief experience included relationships with the person who died and family or peers, available coping skills and social support, and background factors which impacted vulnerability. Importantly, grief was not experienced in isolation, but within family systems and wider communities. Participants expressed learning to cope with grief through family members (e.g., mirroring communication styles or coping strategies), as well as recognizing the value of bonding with other bereaved peers due to their shared experience of loss. In another Scottish project, similar findings were reported regarding the importance of knowing other young people who have experienced bereavement, particularly in relation to a suicide (National Childhood Bereavement Project, 2022). In addition, individuals reflected on local community members who became seen as “aunties and uncles who aren’t blood related” following the support they offered (del Carpio et al., 2023). School staff played an important role in shaping experiences, at times facilitating and other times hindering young people’s ability to cope or return to academic and social life following the death. These findings support the role of interventions which look beyond individual experiences and incorporate wider social and structural contexts, in addition to interventions tailored to individual needs. Adolescents wanted a say in the type of supports they were offered, and reported barriers to receiving help, such as overstretched services with long waiting lists, gatekeepers restricting access to services, and concerns over confidentiality.

Postvention and policy

The Scottish Government recently published an updated ten-year Suicide Prevention Strategy, known as *Creating Hope Together* (Scottish Government, 2022b), and an associated three-year Action Plan to address suicide (Scottish Government, 2022a). One of the four outcomes of the strategy involves extending support to anyone affected by suicide, which is of high quality, effective, timely, and compassionate. Under this outcome, postvention development (for support after a suicide attempt or bereavement) is a key priority. The action plan commits to designing and testing new approaches for bereavement support, establishing equitable access to postvention, and continuing to learn from the evaluation of pilot programmes and engagement with local service partners (Action 5.11). Furthermore, developing effective and timely responses to suicide clusters is addressed (Action 6.2). In addition to postvention, the strategy emphasizes the importance of considering children and young people throughout a range of activities and aims to give them a voice while coproducing activities which address their needs.

In addition to suicide prevention, other national policies and programmes are relevant to supporting youth affected by suicide. Getting it Right for Every Child (Scottish Government, 2021) is the government’s approach to supporting children and young people and their families. It promotes the well-being and rights of young people, working across sectors to provide services which address adversity and trauma, and promoting early intervention. The Mental Health Strategy (2017) covers increasing mental health support for young offenders who have faced trauma and bereavement (Scottish Government, 2017). The government also intends to publish a Self-Harm Strategy and Action Plan in 2023 to improve responses to those who self-harm, as well as a Student Mental Health Action Plan aimed at promoting student well-being and suicide prevention in colleges and universities (Scottish

Government, 2022a). Critical incident policies are in place in some localities which address responding to suicide deaths in schools (East Dumbartonshire Council, 2018; West Lothian Council, 2022).

Within education, the national curriculum (*Curriculum for Excellence*) currently does not feature compulsory education relating to suicide or death and bereavement more broadly (Dawson et al., 2023; Paul et al., 2023). However, it lists supporting young people through challenging times, like change and loss, as an intended learning outcome (Education Scotland, 2021). There are calls to embed death and grief education within the curriculum (National Childhood Bereavement Project, 2022; Paul & Vaswani, 2020; Scottish Parliament, 2020), and a recent report highlighted the disparities in bereavement support across schools (National Childhood Bereavement Project, 2022), demonstrating that further work is needed in this area.

Postvention initiatives in Scotland

The following sections describe some of the existing postvention supports available to young people living in Scotland, many of which are provided within communities to support and strengthen the environment for grieving young people. What follows is not an exhaustive list, which is beyond the scope of this chapter, but a selected sample of initiatives taking place in school and higher education settings, third sector organizations, and published resources.

Postvention in schools

Since 2010, Samaritans has offered a postvention service known as *Step by Step*, which is grounded in research findings and best practice in suicide prevention (Samaritans, 2023). It provides practical support and information to schools to prepare for and respond to a suicide death or attempt. The programme is run by trained volunteers who offer ongoing support, reassurance, and advice to staff and students, with the overall goal of reducing the likelihood of additional suicides.

Central to the programme is helping schools develop a critical incident plan to be enacted within 48 hours of a suspected suicide. This covers the formation of a postvention team to lead the response and staff training for key roles. Important topics of the programme include communicating news and information to the school and wider community and the media, while using safe and responsible messaging around suicide.² Advice on identifying and supporting those at risk of suicide is given, acknowledging the elevated risk among people who have experienced a previous bereavement. It is recognized that not all vulnerable young people will seek support, and different support options which can be accessed in different ways should be available. In some cases, immediate counselling or emotional support is indicated, while other young people will benefit from peer support or group discussions facilitated by staff. All individuals should be given information on where to access further support and information. Schools are also advised on planning and managing memorials in a responsible way to avoid glamorizing or sensationalizing suicide, as well as handling online or social media content safely and in a way that promotes hope and inclusion. Lastly, advice on attending funerals or dealing with coroners' inquests or fatal accident inquiries is provided. While *Step by Step* has been offered since 2010, evidence on its effectiveness in reducing distress or suicidal behaviour is not yet readily available.

Postvention in higher education

Universities UK (UUK), a representative body of higher education institutions in England, Scotland, Wales, and Northern Ireland, recently published *Stepchange*, which calls on universities to adopt mental health and well-being as a strategic priority across the sector (2020). In relation to suicide, specific guidance known as *Suicide-Safer Universities* (Universities UK, 2018) was created to offer advice and recommendations on suicide prevention, intervention, and postvention. Universities Scotland, representing Scotland's higher education institutions, also produced guidance and reflections on good practice based on the UUK framework (2021).

Suicide-Safer Universities postvention guidance follows a three-stage approach. First, the preparation and planning stage involves having a death response plan formulated in advance which clearly defines and records the actions to be taken in the event of a student suicide. As part of the second stage of responding to a suicide, guidance is given on communicating sensitively and safely with those affected and the wider community; this reiterates established guidelines on talking about a suspected suicide in a safe manner. Practical and emotional support for those affected is advised and can be offered in many ways. It is suggested that individuals are given a choice in the method and channel of support, and support should be ongoing. Recommendations on responding to possible suicide clusters are also given. Finally, as part of the reflecting and learning stage, institutions are guided to carry out serious incident reviews to evaluate their responses and capture learning. Guidance on supporting tributes and memories is also provided. Additional resources are available, such as tools to help formulate a postvention team and examples of communications that can be sent.

Postvention in third sector organizations

In response to a recommendation from the National Suicide Prevention Leadership Group (Scottish Government, 2019), a Suicide Bereavement Support Service (SBSS) is currently being piloted in two health board areas – NHS Ayrshire & Arran and NHS Highland. The service is led by two charities and is being evaluated over two years from August 2021. It aims to provide a rapid response and liaison service for anyone impacted by a suicide loss, including young people, offering flexible and personalized support for as long as necessary. Referrals are made by Police Scotland or other organizations (or self-referred), and initial contact is attempted or made within the first 24 hours. The nature of support is tailored to the practical or emotional needs of the individual. This may be one-to-one or for families, and so far, has mostly (including for children and young people) been delivered remotely via telephone or video calls due to the COVID-19 pandemic. The service also provides onward referrals or signposting to other services where appropriate.

A recent evaluation reported on ongoing progress of the SBSS (Scottish Government, 2022c). Findings showed that service users valued the rapid response and person-centred and compassionate approach, and reported improvements in their well-being and ability to cope. Staff reported confidence in providing practical and emotional support following their initial training. Challenges were highlighted in engaging young people in remote session formats, and the possibility was raised for future online services such as a chat function to be developed for younger age groups for this reason. Given the new establishment of the service, its effectiveness in reducing distress, self-harm, and suicide will need to be established in future evaluations.

Other dedicated postvention organizations for youth are limited in Scotland. However, general bereavement services offer support and resources on dealing with suicide alongside other losses. *Winston's Wish* is a childhood bereavement charity in the UK which provides specialist advice, guidance, and support in relation to grief and bereavement. Specific to suicide, they have published a book, *Beyond the Rough Rock*, offering practical advice and activities for parents and professionals. The book covers understanding thoughts and feelings following a suicide, explaining suicide to children and young people, and practical ways to remember the person who died and look to the future. Tailored individual postvention support may also be provided to young people and their families. Several other bereavement organizations (e.g., *Child Bereavement UK*, *Cruse Scotland*, *Richmond's Hope*, *PETAL*, and others) also offer support and resources for children and young people (often up to age 25) more generally, which can include specific sessions or content around dealing with suicide loss.

Youth-focused resources relating to self-harm or suicide may also offer postvention opportunities. *PAPYRUS UK*, a national charity dedicated to preventing young suicide, gives support and advice to those at risk of suicide or those concerned about a young person, in addition to suicide bereavement support. A range of additional organizations and resources are available around suicide or mental health (e.g., *Samaritans*, *Campaign Against Living Miserably*, *Barnardos*, *Breathing Space*, *ChildLine*, *YoungMinds*, and many others) which may offer assistance with dealing with suicide loss, despite not being formulated as postvention services. Several of the organizations listed above are members of the *Support After Suicide Partnership (SASP)*, a network of UK organizations involved in assisting people affected or bereaved by suicide, signalling their commitment to provide and develop effective and timely postvention for all those in need.

Publications

A collaboration between the Universities of Strathclyde and Dundee, co-produced with teenagers from across Scotland, resulted in production of a comic to support young people dealing with loss (by any cause), called *When People Die: Stories From Young People* (Nabizadeh et al., 2019). This publication offered a voice to young people who shared their stories of death, bereavement, and grief, to inform others and normalize conversations around loss and grief. In addition to providing different perspectives, it gives suggestions on helpful coping strategies for young people, and tips for parents and practitioners for supporting bereaved young people.

While not specific to children and adolescents, or to Scotland, a few other publications are worth mentioning. *After a Suicide* (Scottish Association for Mental Health, 2017), *Help is at Hand* (SASP, 2021), and *Finding the Words* (Roper & Pitman, 2018) are booklets written for people experiencing suicide loss or those supporting them, and can offer useful advice in relation to supporting young people in the country.

Conclusion

The postvention initiatives currently available in Scotland highlight a lack of targeted postvention services for young people. Further work is needed to develop suicide loss-specific resources, which incorporate the wider political, social, and cultural environment. Progress is needed in two key areas: Understanding the specific grief experience and support needs of

suicide-bereaved youth, and developing and testing evidence-based interventions for suicide loss.

As advancements continue to be made in this area, involving young people's voices in discussions is vital, especially from a rights-based perspective; that is, upholding children's right to express their views in matters which affect them (United Nations, 1989). The development of supports which are tailored to individuals, which remove barriers of access, and which reach different levels of exposure to suicide will help address some of the current gaps in support provision. Ultimately, further work and open discussions can help reduce the stigma that is often associated with suicide loss, minimize the potential for poor outcomes, and facilitate growth.

Notes

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- 2 Samaritans media guidelines on reporting safely on suicide are available at: <https://www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/>

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