

# Postvention - Mental Health Care Following a Death by Suicide



## From Science to Practice

Using Research to Promote Safety and Prevent Suicide

### Overview

*Among the general population, 51% of people during their lifetime have been exposed to at least one suicide of someone they knew, and 28% have been exposed to two or more suicide deaths.<sup>1</sup> Rates of exposure in current and former military members range from 57% to 65%.<sup>2,3</sup> Research suggests that for each suicide, 135 people are exposed to the death by suicide, resulting in a total of 5.5 million U.S. residents exposed to suicide in a 12-month period.<sup>4</sup> Those bereaved by suicide have a greater probability of attempting suicide than those bereaved by other causes<sup>5</sup> and are at increased risk for several physical and mental health conditions.<sup>7,8</sup> Among Veterans, suicide death may be viewed as unexpected and therefore harder to accept when compared to other forms of death including combat death.<sup>9</sup> Suicide postvention provides organized, immediate and ongoing support following a suicide loss and promotes healing and reduces risk of suicide for those impacted by the loss. Clinicians may provide postvention services to bereaved patients or may be the recipients of such services.*

### Key Findings

#### Characteristics and Effects of Bereavement

- Though one study found no difference in the levels of depression, anxiety, or stress experienced by the suicide bereaved as compared to those bereaved by other causes,<sup>10</sup> some studies suggest that certain kinship groups experience elevated risk of mental disorders, particularly those bereaved by the suicide of their spouse,<sup>7,11</sup> their child, or their mother.<sup>8</sup>
- Men and women bereaved by suicide may experience

different mental health outcomes. Women bereaved by suicide had higher scores for depression, anxiety, and prolonged grief compared to their male counterparts, while men bereaved by suicide had higher scores for suicidal ideation than their female counterparts.<sup>12</sup>

- Compared with those bereaved by other sudden causes of death, those bereaved by suicide have higher scores for somatic reactions and feelings of rejection, stigmatization, responsibility, and shame.<sup>10</sup>
- A systematic review found that the highest rates of suicidal ideation among bereaved people were associated with bereavement by suicide.<sup>13</sup> Another study found that feelings of thwarted belongingness were associated with suicidal ideation among those bereaved by suicide.<sup>14</sup>
- Individuals may attempt to cope with a loss by suicide by retreating from obligations and social contact, attempting to carry on and maintain a sense of normalcy, and attempting to “be strong” in the form of prioritizing supporting others in their life or shielding others from having to support them.<sup>15</sup>
- Some evidence suggests a greater association between bereavement by spousal suicide and poor physical health outcomes than between other forms of bereavement and poor health outcomes. Previously, spousal suicide has not been linked to physical disorders.<sup>7</sup>
- Several factors influence the distress associated with suicide bereavement for those who lost a loved one who served in the military and may exacerbate grief reactions such as guilt and shame. Those factors include the potential crises associated with a disrupted lifestyle for dependent spouses and children, the experience of having a loved one’s death reported by news outlets and shared on social media, and the uncertainty and the complexity of participating in death and line of duty determination investigations.<sup>16</sup>
- Researchers found that among Veterans, combat death was seen as expected and heroic, and that such loss was therefore easier to accept; suicide death, by contrast, was seen as unexpected and therefore harder to accept. Further analysis found that while suicide death did predict non-acceptance of the loss of a comrade as compared

# Postvention - Mental Health Care Following a Death by Suicide

to combat death, neither mode of death predicted levels of grief. Levels of grief were instead associated with combat exposure, degree of closeness to the deceased, and feelings of anger.<sup>9</sup>

## Stigma

- People bereaved by suicide may face stigma in the form of several common stereotypes, prejudices, and kinds of discrimination. Stereotypes range from the idea that the bereaved family member caused or contributed to the suicide, to the perception that the family members are victims of the person who died by suicide. Prejudices are related to blaming or pitying the family, annoyance that the suicide had disrupted the lives of others, and even fear of contagion from the suicide-affected family to other members of the community. Types of discrimination include shunning, avoidance in conversation, shaming through gossip, impatience with the bereaved, denial of support in the workplace, and mistrusting the family.<sup>17,14</sup>
- Those bereaved by suicide may also experience the stigma of suicide loss as a negative evaluation of the self. Those bereaved by suicide reported feelings of shame, embarrassment, avoidance, and anger, combined with the stigmatizing behavior of others. These feelings can contribute to feelings of worthlessness and a lack of social acceptance.<sup>14</sup>
- The perception of stigma experienced by people bereaved by suicide correlates with psychological distress, depression, self-harm, suicidality, and the duration of mourning.<sup>18</sup> The perception of stigma may lead a person to refuse to discuss the experience or an inclination to dismiss or minimize its impact.<sup>19</sup>
- Perceived suicide stigma around suicide loss was significantly associated with increased grief difficulties (symptoms of complicated grief), increased suicidal ideation, and decreased personal growth. Subsequent secrecy about suicide loss partially mediated the association between perceived suicide stigma and grief difficulty as well as between perceived suicide stigma and suicidal ideation. Secrecy completely mediated the association

between perceived suicide stigma and personal growth.<sup>20</sup>

- Combating stigma may be further complicated for those bereaved by a military suicide by factors such as the perception of suicide deaths in the military as “dishonorable,” inconsistent recognition of military service of those who have died by suicide, and the perception that military families should protect the reputation of the deceased by carrying on rather than seeking support.<sup>16</sup>

## Postvention Needs

- A systematic review found that a sizable proportion of the population are impacted by the suicide of a loved one and are at increased risk of complicated courses of grief. Preliminary studies have demonstrated that interventions aimed at reducing grief intensity and suicide-specific aspects of grief may benefit those who have lost a loved one to suicide.<sup>21</sup>
- Those bereaved by suicide may use a variety of strategies to help them cope with and make meaning of their loss. These can include returning to work as a way of returning to normal, finding meaning in religious beliefs and prayer, seeking support from a spiritual leader, attending therapy or support groups, and working to support other survivors of suicide loss.<sup>14</sup> Attending support groups was reported as being particularly helpful by survivors of suicide loss.<sup>14</sup>
- Although people bereaved by suicide report that family and friends are the most valued form of support, many experience a need for professional support or in the comfort from knowing that professional support is available. They also value the opportunity to connect with others, with most seeking support through community bereavement support groups.<sup>22</sup>
- Among suicide loss survivors, increased social support was associated with decreased grief difficulties, symptoms of depression, and suicidality.<sup>23</sup> Those bereaved by suicide report needing information to counter stigma, such as rates of suicide, information on why an individual would consider suicide, and practical information about how to move forward. Hearing the stories of other people bereaved by suicide is identified as important both as a way of feeling hopeful and as a way of decreasing stigma.<sup>24</sup>

## Ways You Can Help

- Consider referring patients to Uniting for Suicide Postvention (USPV) to help make sense of a suicide loss. The program connects survivors with resources to help them work through powerful and unique emotions specific to this type of grief. **Find out more [here](#).**



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# Postvention - Mental Health Care Following a Death by Suicide

- The Tragedy Assistance Program for Survivors (TAPS) which provides support and resources for all those grieving the deaths of military loved ones. **Find out more [here](#).**
- VA's Office of Survivors Assistance (OSA) serves as a resource regarding all benefits and services furnished by the Department to Survivors and Dependents of deceased Veterans and members of the Armed Forces. Through OSA, survivors and dependents, Veterans, their families, caregivers, and others will become more knowledgeable about the benefits and services offered by VA to eligible survivors and dependents and learn how to apply. **Find out more [here](#).**

***There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.***

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