

Evaluation Report of Bereaved by Suicide Support Group July 2017



FDAMH
LIGHT IN A DARK PLACE

Background

The Bereaved by Suicide Group is a support group open to people from across Forth Valley who have been bereaved as the result of suicide. It meets in the evening at FDAMH on a monthly basis. At the time of this survey there were 18 regular attendees to the group, with an average attendance at each meeting in the past year of 12 people. Over the course of the past year 32 people have attended the group.

The group exists to meet the needs and break the isolation of those bereaved by the suicide of a relative or close friend.

It is a facilitated self-help group supported by a member of staff from FDAMH, a volunteer counsellor and for the past 5 years by a member of the Pastoral Care Team from Forth Valley Royal Hospital. The group formed in 2011 from a consultation with NHS Forth Valley staff, Falkirk Social Services local Choose Life Co-ordinator and interested partners.

The aim is to provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other.

It is always recommended that group participants talk with the facilitator to assess where the individuals are with respect to their grieving process. In particular people with pre-existing mental health problems such as PTSD or severe and enduring mental health problems who may need support which is outwith the remit of the group. Ethically we must be mindful of the vulnerability of people bereaved by suicide and be aware of the risk of trauma in survivors within the group dynamics.

Shneidman (1996) has written, “a benign community ought routinely to provide immediate postventive mental health care for the survivor-victims of suicidal deaths”.

It was in the absence of any such supports within Forth Valley for people who have been bereaved by suicide that this group was formed. It was felt by stakeholders at the initial meeting that FDAMH would be an appropriate meeting place and for a member of their staff to co-facilitate the meetings. FDAMH’s board agreed to the premises being used for the purpose of hosting the group.

Dyregrov and Dyregrov (2005) reported difficulties encountered can relate to the disruption of family relations and routines, functional impairments in daily activities,

difficulties with social and familial relationships, spiritual struggles as well as financial and juridical problems.

Jordan and McIntosh (2011) in their definition acknowledged the wide range of experiences of the bereaved: “a suicide survivor is someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person” (p. 7). The metaphor of a stone thrown into a lake reflects well the wide-reaching impact of suicide. It causes many ripples which turbulently affect the water’s surface.

Because of their complex grief issues and societal stigmatization, suicide survivors often experience mental health problems compared to other bereaved populations (Agerbo, 2005).

Gitterman and Shulman (2005) advance that a powerful healing force is released as people discover they are not alone in their feelings. Finch & Feigelman (2002) found that groups provide opportunities for multiple interactions and relationships which expand opportunities for problem solving and vicarious learning.

Both these outcomes are evidenced in the evaluation feedback and are important factors for their participation in the group.

Support groups vary in terms of their structures and leadership, some are peer or professionally facilitated. In open-ended groups, new members can join at any time and all types of groups have their pros and cons (Jordan, 2004). For example participants in peer-led survivor groups often claim that only other suicide survivors can offer meaningful understanding and help to those suicide bereaved (Garvin, 1997).

Whilst leaning towards the idea of peer led groups and in fact an advocate for the facilitators to have minimal roles within the process, the writer would hesitate to recommend peer led groups. There is a real issue that an improperly facilitated group may leave a survivor exposed and more at risk, especially as this group is an ‘Open Group’ and as previously stated has contained members who have their own mental health conditions which could leave them vulnerable.

Facilitation

The group’s main facilitator is the Family Support Manager and who has worked with FDAMH since 1999. He has wide-ranging experience in the field of mental health and with FDAMH he has taken on a variety of roles, presently as a Family Support Manager, previously as Project leader of Drop-In, Link Worker, Crisis Service Manager, Carers Worker and Social Prescribing Practitioner. His training includes a Degree and Diploma in Social Work, a Diploma in Counselling, a Diploma in Training and Development and a Practice Teaching Qualification and a Professional Development Award Practice Learning (Social Services).

Over this time he has delivered various courses including : the Carers Education Course, Mental Health Awareness Training, volunteer training, suicide prevention talks and Mindfulness Based Cognitive Therapy courses both within FDAMH and to the general public and interested agencies.

The facilitators are responsible for opening the meeting and guiding the proceedings and highlighting the group agreement. The group agreement states:

- 1) Members will respect the rights of all to confidentiality.
- 2) Everybody is entitled to his/her unique feelings.
- 3) Group members will not be judgemental or critical of other members, and will show tolerance toward others.
- 4) Group members have the right to share their grief and/or feelings or not.
- 5) That members appreciate that each person's grief is unique to that person.
- 6) Group participants respect the right of all the members to have equal time to express themselves and to do so without interruption.

These are guidelines only and are reviewed and amended periodically as the group membership changes

Evaluation responses

The Bereaved by Suicide Group members in attendance on 31st July 2017 were given an evaluation/survey form and invited to fill these in. 13 survey forms were returned and the results are presented below.

1) What have you felt has been beneficial from attending the group?

Comments:

- "Just being with people who know how you feel"
- "Sharing & support".
- "Hearing and speaking with people who have come out the other side since a suicide".
- "Sharing feelings with others in the same circumstances"
- "It is an evidenced based approach to supporting people bereaved by suicide, acknowledging their unique needs. Learning from the excellent skills of the facilitator"
- "I make an effort to come even though I don't always feel like leaving the house"
- "People are really helped by realising other people have a similar experience"
- "Knowing that others have experienced the same situation as myself"
- "Meeting people in similar circumstances".
- "I feel grateful to have found these wonderful people, a great group"
- "Listening to other people in the group and sharing"
- "I find myself coping better"

2) What has been most useful to you from attending?

Comments:

- "Realising I was coping with my situation fairly well"
- "Having people to relate to "

- “Trying to understand with others the reasons for loved ones taking their own life”
- “Peer support, being able to help those newly bereaved”
- “All aspects from attending the group have been very helpful and if the facilitator feels you need other help he puts you in touch with others”
- “Hearing people say the group has been helpful for them”
- “Everyone listening and not judging”
- “Listening to others”
- “Seeing how my experience can be useful to others”
- “Knowing I am not the only one who has lost someone close to them though suicide”
- “Sharing with other people”

3) What have you felt could be improved by the service offered?

Comments:

- “Know it’s a charity but the sometimes the room we go to is too small for the amount of people attending”
- “Nothing , it’s an excellent service and has helped me immensely”
- “Nothing, simply magic”
- “The large ‘social’ room is better than the smaller meeting room”

4) Was the group purpose clearly explained to you?

100% supported this statement as ‘Yes’:

Comments:

- “The facilitator thoroughly explained everything”

5) My views were asked for and taken into account?

100% supported this statement as ‘Yes’.

Comments:

- “Yes and although apprehensive I was able to speak”
- “Everyone gets the chance to talk and say what they are feeling”
- “Every time”.

6) Has the service been a useful source of information sharing?

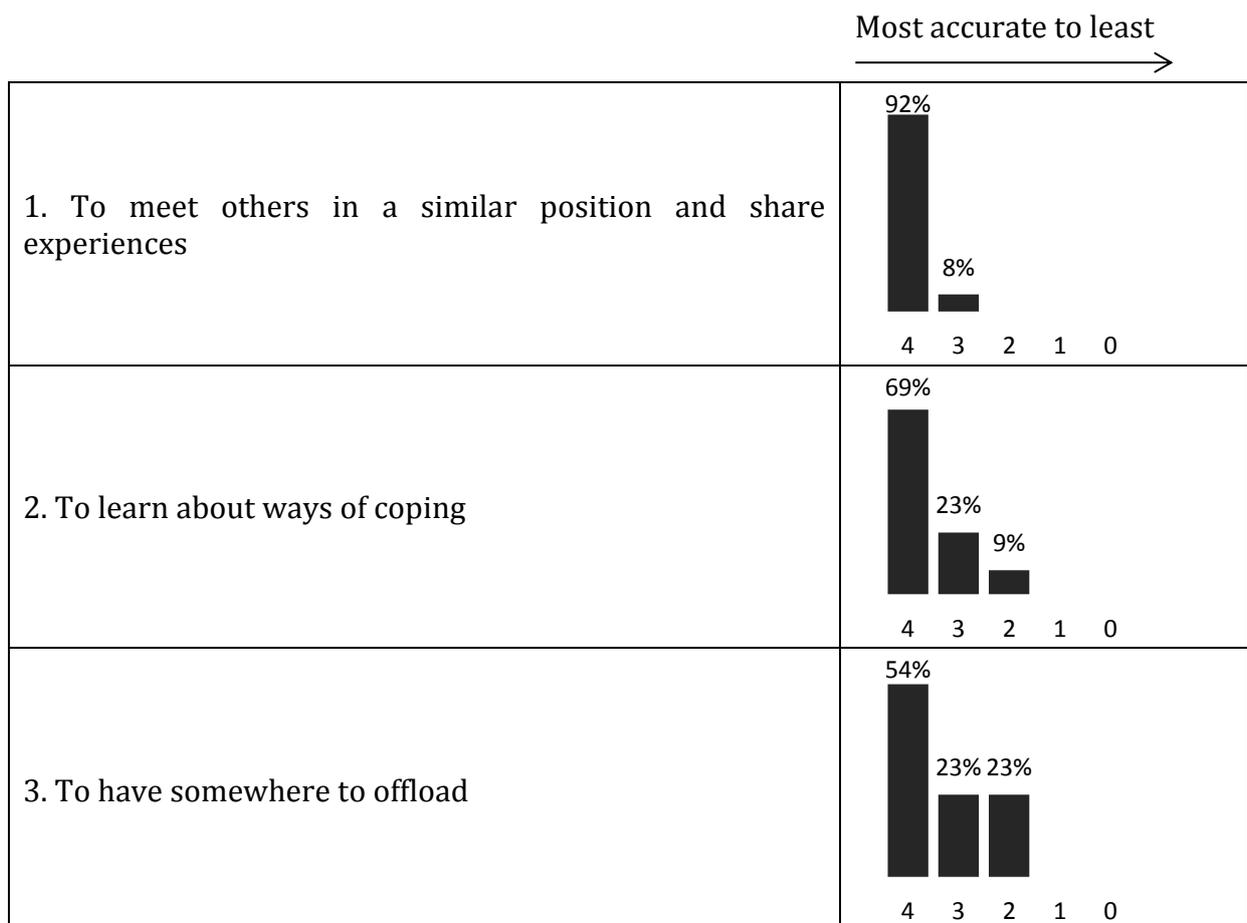
100% supported this statement as ‘Yes’.

Comments:

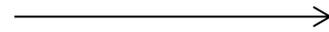
- “Definitely, it takes away the feeling of being alone”
- “Very useful, don’t know how people cope”
- “Fantastic way to meet people in the same situation as yourself”

7) Participants were asked to rate possible reasons for attending the support group: “I come to the support group to ...”

Response range: 4 as ‘most accurate’ to 0 as ‘least accurate’.



Most accurate to least



<p>4. Sharing, hearing and supporting difficult experiences</p>	<table border="1"> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>62%</td> </tr> <tr> <td>3</td> <td>38%</td> </tr> <tr> <td>2</td> <td>0%</td> </tr> <tr> <td>1</td> <td>0%</td> </tr> <tr> <td>0</td> <td>0%</td> </tr> </tbody> </table>	Rating	Percentage	4	62%	3	38%	2	0%	1	0%	0	0%
Rating	Percentage												
4	62%												
3	38%												
2	0%												
1	0%												
0	0%												
<p>5. To Socialise</p>	<table border="1"> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>46%</td> </tr> <tr> <td>3</td> <td>23%</td> </tr> <tr> <td>2</td> <td>15%</td> </tr> <tr> <td>1</td> <td>8%</td> </tr> <tr> <td>0</td> <td>8%</td> </tr> </tbody> </table>	Rating	Percentage	4	46%	3	23%	2	15%	1	8%	0	8%
Rating	Percentage												
4	46%												
3	23%												
2	15%												
1	8%												
0	8%												

A poem written by a group member's husband so painfully describes the trauma and horror of bereavement by suicide of a loved one.

Suicide is Painful

*The word it came, things were not right
This led to a stressful, Thursday night*

*Messages sent, to your friends
To us a signal, you did send*

*Did you mean, to take your life
The only way, to end your strife*

*We wish you'd called, and spoke to dad
When things were obviously,
particularly bad*

*We thought that we, had made it clear
That mum and dad were, always here*

*To help and listen, to your thoughts
When your's was, tied in knots*

*We feel bad that, on that day
You didn't tell us, what you had to say*

*You decided just, to end it all
Instead of making, one more call*

*We're really sad that, we don't know
The reason that, you had to go*

*Although we can't, accept the vision
We're trying hard, to respect your
decision*

*If life, really was so tough
You honestly felt you'd, had enough*

*You've broke our hearts, tears fill our
eyes
But who are we, to criticise*

*If you could get, a message like this
It would be with lots of love, you're
sadly missed*

*Our days have changed from, full to
aimless
The song is wrong, Suicide's not
painless*

Summary and Conclusions

Consistent with previous surveys participants assert that talking to others was the most important aspect of the Support Group.

The Bereaved by Suicide Support Group offers a space where the aftermath of these tragedies are played out. As people struggle with why it happened? The what ifs? The overwhelming intensity of feelings, of rejection, abandonment, anger, guilt, confusion, fear and denial are all commonly expressed. The feeling of survivors going 'crazy or mad' is common. They may feel they don't deserve to enjoy life or didn't do enough. Therefore, having people validate and not judging other's feelings is the corner stone of what the group tries to offer. And just hearing that others can think like this can offer new perspective and alternatives to the person in distress.

The support group offers a safe space to talk, to cry and to laugh as well - despite the guilt people often feel when they 'catch' themselves enjoying something. "Just being with people who know how you feel" can be a comfort in a shattered world and the group is a space for people to "just do what they are supposed to do and be in their time of grief". It can be so powerful to connect with other survivors and for many it is such a relief to be able to talk openly about suicide with people who really understand. For so many survivors, a crucial part of their healing process is the support and sense of connection they feel through sharing their grief with other survivors in the context of a support group. An added and important element is that group members can share contact details and a number meet on an informal basis out with the group times for mutual support. They share what books/articles/programmes and web sites they found useful or not.

Bereavement following suicide is unique, the unresolved questions, trying to rewrite the story to change the ending, questioning "how did I not see" "I should have acted differently" "it is my fault" are profound unique issues to suicide. Suicide can create intense anger, shame, guilt and the societal taboo can perpetuate this towards isolation, depression, hopelessness, despair and destruction. In *Touched by Suicide*, Carla Fine describes how connecting with other survivors "assures me, once again, that I am not alone, and gives me the courage and language to reach out to others for support" (Myers & Fine, 2006, p. 180).

The evaluation feedback indicates the people feel a sense of community and support in an empathetic, kindly and welcoming environment. The group offers a sense of belonging when the bereaved person can at times feel disconnected from the rest of the world. Hearing how others deal with difficult anniversaries or special occasions are opportunities to learn new ways of approaching problems and a sounding board to discuss fears and concerns. Evidence strongly suggests that self-help support groups are a powerful and constructive means for people to help themselves and each other (World Health Organization 2011).

However, healing is by no means assured within this context. Although we have not dwelt on the support group deficiencies, on occasion's people have expressed dissatisfaction with the support group and withdrawn. No leadership will successfully address all the many and potentially conflicting interests and needs of members. In the

writer's experience when people are in immense distress their perceptions can be heightened and fears/anxieties, likes and dislikes can be amplified and hearing others distress can be overwhelming resulting in people leaving the group and feeling worse for the experience. Whilst the facilitators will try to support individuals where they are we cannot predict the outcomes of these exchanges and people have rights to choose how they look after themselves.

The facilitator does on occasions support an individual who is unable or does not wish to attend the group and can receive one to one support, gain information on other support systems and also receive counselling within FDAMH

Work is ongoing with the NHS and other agencies to identify and map clear guidance on networks within forth Valley for bereaved people and to offer the best support at the right time.

As facilitators we can only thank the people in the group for showing/sharing and accepting us in witnessing their loss. We have been touched and privileged to witness their journey to where painful memories are now part of their lives and a "new normal". We hear people say they look forward to coming to the group and even enjoy the group evenings. To be a part of this process despite the pain is beyond words.

References

- Dyregrov K., Dyregrov A. Siblings after suicide: "The forgotten bereaved". 2005
- Feigelman W., Gorman B.S., Jordan J.R. Stigmatization and suicide bereavement. Routledge; New York, NY, USA: 2011
- Gitterman, A., & Schulman, L. (2005). *Mutual aid groups, vulnerable and resilient populations, and the life cycle*. New York: Columbia University Press..
- Jordan J.R., McIntosh J.L. Suicide Bereavement: Why Study survivors of Suicide Loss? 2011. Routledge; New York, NY, USA: 2011.
- Jordan J.R., Mitchell A.M. What do suicide survivors tell us they need? Routledge; New York, NY, USA: 2011
- Myers & Fine, 2006 *Touched by Suicide, Hope and Healing After Loss*. Routledge; New York, NY, USA: 2006.
- Shneidman E. On the Nature of Suicide. Jossey-Bass; San Francisco, CA, USA: 1969.
- Agerbo, & Mortensen (2005) Are survivors at risk of suicide. BMJ