Surviving Suicide Loss: Recommendations for Research

Julie Cerel, PhD
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#not6
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The Continuum of Survivorship

Suicide Exposed

Suicide Affected

Suicide Bereaved, Short term

Suicide Bereaved, long term

(Cerel, McIntosh, Neimeyer, Marshall & Maple, 2014)
• Who is exposed to suicide?
  • How does this differ in different demographic & professional groups?
• How many people are exposed to each suicide?
• Of people exposed to suicide, who is a survivor (personally affected)?
• How does exposure to suicide influence mental health symptoms?
  • And other aspects of life like the possibility of Post-Traumatic Growth
• What do survivors need?
  • From their communities, clinicians, other health care providers
Each Death by Suicide in the US leaves about 135 People Exposed

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(Cerel, et al, 2018)
700,000 suicides a year worldwide
= 94.5 million people exposed each year (a third of the US population)

1/3 close
= 28.4 million people per year bereaved by suicide worldwide (about half the population of the UK)
Recommendaions


- Establish reliable estimates of the numbers of people (a) exposed to and (b) affected by a given suicide, as well as those more intimate survivors who suffer (c) short-term and (d) long-term bereavement complications.
- Design studies using scientifically appropriate sampling methods.
- Study the impact of suicide loss using longitudinal methods.
- Identify common and unique impacts of suicide bereavement, as well as individual difference variables that function as risk factors for or buffers against such effects.
• Investigate social processes that could both moderate the impact of suicide loss and be affected by it.
• Surmount the intellectual isolationism of research on suicide loss by linking studies more clearly to contemporary theories and associated research paradigms in adjacent fields.
• Study the utilization and efficacy of mutual support and professional interventions for suicide loss.
• Document and disseminate evidence-based training for peer support and professional assessment and intervention following suicide loss.
• Promote bridging of research and practice by soliciting engagement of relevant stakeholders in scientific studies of suicide loss and intervention.
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Studies on suicide bereavement using Danish linkage data

By: Annette Erlangsen PhD
Danish Research Institute for Suicide Prevention (DRISP)
Partners bereaved by suicide

- Any psychiatric diagnosis
- Mood disorders
- PTSD
- Anxiety disorders
- Drug use disorder
- Any death
- Suicide
- Municipal family support
- Sick leave
- Unemployed
- Psychiatric hospitalization
- GP contact
- Psych/psychiatr. therapy

Erlangsen et al. (2017)
JAMA Psychiatry
## Rate of depression (per 1,000 person-year)

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>Bereaved by suicide</td>
<td>4.4</td>
<td>4.5</td>
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<td>General population</td>
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Rate of contacts to NGO for suicide survivors

Erlangsen et al. (2021)
Archives of Suicide Research
Sex distribution among service users

Relation who was lost

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Relation who was lost

- Parent: 31% Males, 69% Females
- Child: 33% Males, 67% Females
- Sibling: 25% Males, 75% Females
- Partner: 14% Males, 86% Females

Erlangsen et al. (2021)
Archives of Suicide Research