the CHURCHILL fellowship

TIME TO COUNT:

SUPPORTING CHILDREN AFTER A PARENT DIES BY SUICIDE

CHURCHILL FELLOWSHIP REPORT

BY ANNA WARDLEY

Supported by Samaritans and
The John Armitage Charitable Trust

SAMARITANS

Thousands of children lose a parent to suicide every year in the UK.

We don't know exactly how many, as unlike in some other countries, nobody counts them.

This report is committed to making sure every single one of these children counts.

Contents

Cautionary note: trigger warning and sources of support

This report contains graphic accounts of suicide bereavement and its impact on children and young people that some people might find distressing, particularly those who have been affected by suicide themselves. Please be aware of this when reading it and seek support if difficult emotions are triggered. See below for organisations you can contact in the UK:

Survivors of Bereavement by Suicide (SOBS): Freephone helpline: **0300 11 5065**

Samaritans: Freephone helpline: **116 123** Email: **jo@samaritans.org**

Notes on language and definitions used in this report

This report focuses on children and young people impacted by the death of a parent by suicide. When referring to children, this encompasses young people up to the age of 25. Those up to the age of 14 are referred to as 'children', and those from 15 to 24 as 'young people', in line with the United Nations definition of 'youth' which it describes as 'a period of transition from the dependence of childhood to adulthood's independence'.

When referring to a child or children who have experienced the death of a parent by suicide, the use of the word 'child' or 'children' in this context refers to the relationship of the bereaved individual to the person who has died rather than a reference to their age.

Although this report focuses on those who experience the death of a parent by suicide when they are under the age of 25, I recognise that those who lose a parent to suicide in adulthood also experience complex and long-lasting grief. I also acknowledge that a parent attempting suicide can have a major impact on their children, even if they survive the attempt to end their own life. It is also important to note that although the death of the parent by suicide will have occurred during childhood, the child could now be of any age and benefit from support.

When referring to 'parents' and/or 'guardians', these terms are used to encompass a diverse range of relationships and family set-ups such as foster parents, step-parents, biological parents, adoptive parents or other legal guardians with responsibility for, or legal custody of, a child.

Postvention, a subject-specific term used in this report, refers to the actions taken to provide support to individuals, families and communities after someone dies by suicide.

When referring to the act of suicide, I do not use the verb 'to commit' due to the potentially stigmatising effect of a term commonly used in relation to crimes and sins. In line with agreed international best practice, the terms 'die by suicide' and a person 'ending their own life' are used in this report.

I acknowledge that this issue affects individuals in all sectors of society, in terms of gender, race, socio-economic background, religion, age, special educational needs, disability, ethnicity, and where possible I have aimed to use inclusive language and terminology to reflect this.

Executive summary

Nobody knows how many children lose a parent to suicide in the UK. That's because they are not counted so there are no statistics available. We do know that 6,507 people took their own lives in the UK in 2018 according to the Office for National Statistics so we can only guess that many thousands of children are bereaved by parental suicide each year. The highest rate was for men aged 45 to 49, and it's likely that many of them would have been parents to children and young people under the age of 25. We need to quantify this in order to catalyse change.

Based on the number of calls they receive to their helpline, childhood bereavement charity Winston's Wish estimates that around 25 children lose a parent to suicide every day in the UK, amounting to more than 9,000 every year.

Without a clear picture of how many young people are affected, it is not possible to develop a coherent plan and allocate the necessary funding to provide vital support to children who lose a primary caregiver to suicide.

'Children who lost a parent to suicide as children or teenagers were three times more likely to die by suicide themselves…'

Despite their significant numbers, these children remain a largely invisible group. They are overlooked in research with ethical considerations often cited, and subsequently the allocation of resources leads to a lack of the specialist support required to deal with their complex grief. Despite research identifying suicide-bereaved children as significantly more likely to experience social and psychological problems than their peers, little early intervention support is available even within suicide bereavement initiatives.

A Johns Hopkins University study from 2010, analysing the entire Swedish population over 30 years, revealed that children who lost a parent to suicide as children or teenagers were three times more likely to die by suicide themselves compared to children and teenagers with living parents. Additionally, those who lost a parent to suicide as children or teenagers were nearly twice as likely to be hospitalised for depression.

In 2016, UK-based researcher Alexandra L Pitman found that young people who had lost someone to suicide were more likely to make a suicide attempt themselves, compared to those who had experienced a sudden bereavement due to natural causes.[1]

Children bereaved by parental suicide are not only left trying to understand why a parent took their own life, but also have to cope with the impact on the surviving caregiver, who may not be able to provide the support they need (Mitchell AM, Terhorst L *PTSD Symptoms in Survivors Bereaved by the Suicide of a Significant Other*, 2017).

My mission through this Churchill Fellowship was to find out how we can better support these children by seeking out best practice around the world to share back in the UK. I met with leading experts and organisations in Australia, USA, Denmark and Sweden, carrying out pioneering work in this field. In this report I outline the key themes contributing to their success and summarise my recommendations to improve the way we take care of suicide-bereaved children in the UK.

It has been enlightening to witness different approaches to supporting suicide-bereaved children around the world. It has been inspiring and uplifting to see what is possible when we focus attention, energy and resources on supporting these young people, especially when they are able to play an active role in their own healing.

I was impressed by the use of age-appropriate language and targeted resources to explain a parent's suicide to children, along with a general openness and truthfulness around the topic that created a safe space for a child to express their feelings around the complex grief following a suicide.

'…those who lost a parent to suicide as children or teenagers were nearly twice as likely to be hospitalised for depression.'

Support, if accepted, was guaranteed through the systematic referral schemes I saw in Australia and the USA, and a coordinated approach between the emergency services and highly trained teams responding in the immediate aftermath of a suicide death ensured that families were signposted to the available support when they needed it. In the UK, this is usually left to chance with no formal referral system or coordinated response service in place, except for some small-scale local schemes.

Some of the most powerful initiatives I saw were those that enabled young people bereaved by suicide to give voice to their loss and join kinship support networks, whether that was through online chat groups or residential grief camps. By sharing their experiences, young people became storytellers and active agents as opposed to passive victims, giving them the power to not only meet their own needs but also to support others.

'It has been enlightening to witness different approaches to supporting suicide-bereaved children around the world.'

I met lived-experience ambassadors who shared their experiences of suicide loss to support others, providing powerful examples of post-traumatic growth. On a grief camp, young people returned as volunteer leaders to guide the younger children through their own healing journey. They embodied the potential for a deeply painful experience to transform and enhance life. The young people I encountered who had followed this path had become shining beacons for hope. They were doing some remarkable things in their respective communities, not in spite of what they had been through, but rather because of it.

If we can take better care of children who lose a parent to suicide, we can break the chain of poor mental health and increased suicide risk among children bereaved by suicide.

[1] (Pitman AL, DPJ Osborn, K Rantell, et al *Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3,432 young bereaved adults, BMJ Open* 2016).

Recommendations:

These recommendations provide the next steps that should be considered by commissioners, policymakers, local authorities, voluntary and community sector organisations and anyone working with children and young people.

1. Collect reliable data to quantify the number of children affected by parental suicide.
2. Start a public conversation on childhood suicide bereavement.
3. Ensure people with lived experience of parental suicide are at the core of this movement through representation on expert by experience panels.
4. Provide specialist interventions distinct from general bereavement services.
5. Organise systematic referral and coordinated response.
6. Promote the importance of truthfulness.
7. Use age-appropriate language and resources.
8. Support storytelling to give voice to experience.
9. Encourage online and face-to-face peer-to-peer support.
10. Support schools and other education settings in developing suicide bereavement policies.
11. Provide suicide bereavement training for people working with children and young people in a variety of settings.
12. Identify or form an entity to take forward this body of work, strategically and sustainably to ensure lasting change.

For full recommendations, see page 41.

Project overview

My mission through this Churchill Fellowship was to find out how we can better support children who lose a parent to suicide by seeking out best practice around the world to share back in the UK.

My motivation to pursue this Churchill Fellowship research was my experience of my dad taking his own life when I was 9 years old and the lack of support available to me as a child bereaved of a parent by suicide. Silence, shame and stigma filled the void, and the loss has had a profound and lasting impact.

That was back in 1985 in Sheffield and when I did the initial research for this project, I was struck by how little had changed in more than 3 decades. There has been progress in the provision of support services for adults bereaved by suicide but very little provision available for children.

Suicide-bereaved children remain overlooked, fuelled by the myth that children are not affected by suicide, or indeed any death, to the same extent as adults. The fact that no data is collected in order to calculate how many children lose a parent to suicide each year highlights this ongoing oversight.

In the UK it is estimated that many thousands of children lose a parent to suicide each year and, according to international research carried out by Johns Hopkins University in 2010, these children face increased psychological and social problems, a two-fold risk of hospitalisation due to depression, and three times the suicide rate compared with those who have not lost a parent to suicide. I knew first-hand the impact parental suicide had on my own life, nevertheless these stark facts shocked me to the core and cemented my resolve to change the way we care for the children left behind.

After researching programmes and expertise available around the world, I chose to visit leading experts and organisations in Australia, Denmark, Sweden and the USA doing pioneering work that could potentially be replicated in the UK. By witnessing best practice and innovative projects overseas, this would allow me to bring back new ideas and inspiration to transform our provision in the UK.

By improving how we support these children with complicated grief, we can mitigate the long-term damage in the aftermath of a suicide. With that goal in mind, I wanted to find out how our international counterparts were working to avert mental health crises in young people affected by suicide and break the devastating chain of those bereaved by suicide in childhood going on to take their own lives.

I set out to investigate:

- how different countries collect data and collate statistics in order to quantify how many children are bereaved by suicide
- what support was on offer for families and children in the immediate aftermath of a suicide, and to find out how these services were coordinated, funded and evaluated
- which referral systems exist to ensure support is offered on a systematic basis in a timely fashion
- how to communicate with children in age-appropriate language after the loss of a parent to suicide
- which resources were available internationally for suicide-bereaved children and young people
- how organisations were enabling children to express their complicated grief after suicide bereavement
- the role online platforms can play in providing support for suicide-bereaved children
- what opportunities exist for suicide-bereaved children to form relationships of mutual support and kinship in both online and face-to-face contexts
- how organisations have supported children in reframing their experience of suicide loss from a passive victim to an active agent
- how children and young people have been enabled to use their experience of suicide loss to support others.

In the last few years central funding has been allocated to the provision of suicide bereavement services in the UK but there remains a gap in terms of the provision of support for children. It's worth noting that more generalised community services are likely to be informally supporting some families with this bereavement need and a number of local authorities are working to address this gap so I plan to disseminate my findings as widely as possible to support these efforts.

With this long-overdue focus on supporting people bereaved by suicide, this is an ideal moment to publish this report. Many organisations are actively looking for guidance as they develop support for children and young people as part of their broader community suicide bereavement plans.

In this report, I share my recommendations on how we can better support children after parental suicide. By learning from the best practice witnessed around the world, we can ensure that they get the support they need and reduce their risks of negative life outcomes.

Methodology:

A range of primary and secondary qualitative research was used including in-depth interviews both in person and via video-calls, visits to organisation headquarters, participation in conferences and seminars, literature review, observation of peer-support groups and volunteering at a grief camp. I recorded my interviews, took notes and also documented my experiences with photographs. During my travels, I recorded the experience contemporaneously via my social media channels and blogging that led to a significant level of interaction with others touched by suicide bereavement and working in this field.

What is a Churchill Fellowship?

Churchill Fellowships are a unique programme of overseas research grants to support UK citizens from all parts of society to travel the world in search of innovative solutions for today's most pressing problems.

Every year, up to 150 Fellowships are awarded to fund outstanding individuals to travel anywhere in the world, researching a topic of their choice among global leaders in their field. On their return, they share their global learning with professions and communities across the UK.

These are not academic research grants. They are practical inquiries into real-world issues that the Fellows have encountered in their daily lives. Any UK adult citizen can apply, regardless of qualifications, age or background. They are chosen not for their past achievements, but for the power of their ideas and their potential to be changemakers.

To apply, go to **churchillfellowship.org**

Myth busting: Children and suicide bereavement

Suicide can be a very difficult subject to talk about, especially when broaching the topic with children when a parent has taken their own life. This fear is often grounded in a series of myths around suicide and the perceived risks associated with talking about it so let's shine a light on some of them:

MYTH 1:

'If I talk to children about suicide, it might prompt them to harm themselves.'

FACT:

Talking about suicide provides the opportunity for communication. Fears shared are more likely to diminish. There is no evidence to suggest that talking to children about suicide increases their risk of self-harm or suicide. In the case of a young person bereaved by suicide, they are already acutely aware that the person has ended their own life so discussing it will allow them to express their feelings about it in a safe environment.

MYTH 2:

'She is too young to understand. I will tell her when she is old enough to understand.'

FACT:

It is recommended to be honest with children about a death by suicide as soon as possible, even when they are very young. By using age-appropriate language and answering their questions truthfully when they arise, surviving caregivers can maintain a relationship of trust.

MYTH 3:

'Suicide is like any other type of bereavement for a child, it's better not to talk about it and to treat them just the same as children affected by other sorts of bereavement.'

FACT:

Bereavement by suicide is distinct from other types of death, especially for children, due to the complex feelings of guilt, shame, abandonment and the potential impact on self-worth. Due to this complicated grief and subsequent long-term impact on mental wellbeing, it is important that children bereaved by suicide receive specialist support.

MYTH 4:

'Children are not affected by grief in the same way as adults. My son was playing with his toys and laughing 5 minutes after I told him about his mum's suicide.'

FACT:

Children and adults express their grief in different ways at different times. Young children, unlike adults who stay with their grief, often jump in and out of their grief – this is sometimes referred to as 'puddle jumping'. Initially they may be upset about the loss, but then appear to be fine for a period of time, before becoming upset again, and so on. This can create confusion and they will need time and understanding to help them to process their loss. This is a natural way to protect themselves from being overwhelmed by powerful feelings, and complicated grief related to suicide can still have a significant long-term impact.

MYTH 5:

'It's better that my child doesn't go to the funeral as it's not a place for children.'

FACT:

Funerals, memorial services and ash scattering ceremonies provide both adults and children with the opportunity to honour and remember a loved one, and also provides a chance to say goodbye to the person's physical body. If children are excluded, they miss out on an opportunity to process their own grief and could harbour long-term resentment. It is recommended that children are given the choice to take part, to have the proceedings explained in advance so there are no surprises and to be accompanied by a person who can take them out at any point if required.

MYTH 6:

'It's better that a professional tells my child about the suicide death.'

FACT:

It is better that the child is told by someone they love and trust, such as their surviving parent. This can be done with the support of professionals, but it is recommended that the child is told by a person they are close to in a familiar environment.

MYTH 7:

'If a child has lost someone to suicide, they would prefer it not to be mentioned.'

FACT:

By not acknowledging how a loved one has died we can perpetuate the stigma surrounding suicide. Children look to adults for signals of what it is okay to talk about, and if they sense something is not to be spoken of, they will mirror this, which will hinder their ability to deal with their complicated grief.

MYTH 8:

'It's gory to take a child to see a dead body. It'll give them nightmares.'

FACT:

Seeing the body of a loved one can help both adults and children come to terms with the loss, especially in the case of a sudden death such as a suicide. It's a personal choice whether you decide to view the person's body prior to a burial or cremation, but there is no reason that children should not be given the option to be involved. Set time aside to explain what they will see and to answer any questions in advance so that they are prepared, and also let them know they can leave the room at any time if they are not comfortable.

My story

My dad, Ralph Wardley, died by suicide when I was 9 years old: a loss that has had a far-reaching impact on both my own life and the lives of those around me. It was my experience of parental suicide that motivated me to apply for a Churchill Fellowship to improve support for the children left behind.

My dad was a larger-than-life character who nobody ever forgot. He'd travelled with my mum through Turkey, Persia and Eastern Europe on the hippy trail in the 1960s and built his own business from scratch after a difficult start in life and a stint serving in the Merchant Navy.

Prior to his death on 17 August 1985, we'd experienced challenging times after my dad suffered a major stroke in 1979, which left him unable to drive or do many of the things he loved including sailing, one of his greatest passions. As an antiques dealer and furniture retailer, he was no longer able to drive his lorry to buy stock. He lost his independence leading to frustration, depression, violence, and finally, suicide.

I attended my dad's funeral and later waited in the car with our dog whilst my mum and older sibling went out on a lifeboat on the River Humber to scatter his ashes. It was the place we'd learned the ropes on our 28-ft boat *Algypug* before setting sail for France where we spent our summer holidays cruising the Mediterranean in happier times.

When I returned to school after the summer holidays, nobody spoke about my dad. He was never mentioned and the cloak of silence surrounding his suicide shrouded my memories. It was not something I spoke about even to my closest friends.

The only professional support I received was an hour with a psychologist around 4 years after my dad died, which was too little and too late. I went to the central library to do my own research, reading academic books on suicide and mental health to try to understand why my dad had killed himself. My self-worth was shattered as I felt that, unlike all my friends whose parents hadn't ended their own lives, I hadn't been worth living for.

Over the decades I numbed the pain with adventures, alcohol, abusive relationships and over-achievement while living through bouts of paralysing depression and anxiety. I went to university in London, worked as a journalist in Argentina, became an economics correspondent with an international news agency, and in 2002 I set sail on the Clipper Round the World Yacht Race to complete a 38,000-mile circumnavigation.

This experience proved life-changing and was the first of a series of personal challenges I took on to support causes close to my heart, primarily those working to restore hope and prevent suicide.

I took up swimming aged 30 years with a mission to swim the English Channel after reading a newspaper article about a Channel swimmer.

After an unsuccessful attempt in 2007, a year after I'd taught myself front crawl at my local pool, I succeeded in swimming from England to France in 2009. It took me 21 hours and 20 minutes during which time I swam through darkness, fog and jellyfish and I was awarded the Channel Swimming Association's Trophy for the Greatest Feat of Endurance as a result.

In 2013, I became the fourth person to swim solo around the Isle of Wight, a feat that took me a total of 26 hours and 33 minutes. The following month I was named Inspirational Woman of the Year by Johnston Press South in recognition of my 'incredible swimming achievements and outstanding efforts raising money for charity'.

I've completed many gruelling swims around the world, setting a number of records in the process and raising in excess of £100,000, and I'm particularly proud to have raised enough for Samaritans, a charity dedicated to reducing feelings of isolation and disconnection that can lead to suicide, to answer 26,000 calls.

In October 2009, a couple of weeks after my successful Channel swim to raise funds for Samaritans, my mum's partner of 22 years took his own life at our family home. In 2014 I also lost a male friend, who was a member of my swim support team, to suicide.

In adulthood, I've pursued a wide range of therapies to help deal with my unprocessed grief including spending 5 months on a meditation retreat. I found trauma release bodywork particularly helpful, and I'm training to become a practitioner of trauma release exercises to help others to move beyond life-limiting patterns related to trauma.

I was very proud to be awarded a Churchill Fellowship in 2019 and it is my mission to ensure that no child who loses a parent to suicide in the UK experiences the same lack of support that I faced after my dad's death almost 4 decades ago.

A personal approach informed by lived experience

I conducted this research through the eyes of somebody who lost a parent to suicide as a child. This filter of lived experience underpinned my motivation to undertake the research and influenced how I approached the project. I shared my personal perspective with those I met along the way both about my own experience and the context in the UK. As a result, I was offered a range of unique opportunities during my Fellowship including:

- delivering a keynote address at the 6th Australian Postvention Conference sharing the impact of losing my dad to suicide, my endurance swims to raise funds and awareness for suicide-related charities and my Churchill Fellowship research
- receiving a one-to-one therapy session with world-renowned suicide bereavement therapist Dr Diana Sands at her home in Sydney
- participating in an in-depth suicide bereavement interview for the National Suicide Bereavement Report with Dr Sharon MacDonnell, another Churchill Fellow, who was also in Sydney to present at the 6th Australian Postvention Conference
- speaking to the first squad of the Sunshine Coast Falcons Rugby League Team about my suicide loss experience, endurance swimming and suicide-prevention campaigning
- being part of the CARE Team at A Camp to Remember at Flathead Lake, a youth grief camp organised by Tamarack Grief Resource Center in Montana.

These experiences deeply enriched my Churchill Fellowship and enabled me to 'give back' by sharing my experience to support the work of the organisations I visited.

- 1975 — Born Sheffield
- 1979 — Dad has major stroke
- 1985 — Dad dies by suicide during summer holidays
- 1986 — Start secondary school
- 1994 — Leave on 2-year round the world backpacking trip
- 1996 — Start university in London
- 1999 — Spend a year working for *Buenos Aires Herald*
- 2000 — Start graduate traineeship as economics correspondent
- 2002 — Set sail on Clipper Round the World Yacht Race
- 2004 — Appointed Head of Communications for Clipper Round the World Yacht Race
- 2005 — Complete London Marathon
- 2006 — Teach myself to swim front crawl
- 2007 — First English Channel attempt raising funds for Samaritans
- 2009 — Greatest Feat of Endurance award for successful solo Channel swim
- 2009 — Mum's long-term partner dies by suicide
- 2010 — Swim Strait of Gibraltar
- 2012 — Launch award-winning Seagrass PR agency
- 2013 — Solo swim around the Isle of Wight
- 2013 — Named Inspirational Woman of the Year
- 2014 — Support team member dies by suicide
- 2016 — Take part in trauma release therapy
- 2018 — Apply for Churchill Fellowship
- 2019 — Start Churchill Fellowship travels
- 2020 — Reach milestone of £100,000 raised for causes close to my heart

Global journey: transforming support for children bereaved by suicide

My Churchill Fellowship travels in numbers

57,134 km travelled

3 continents

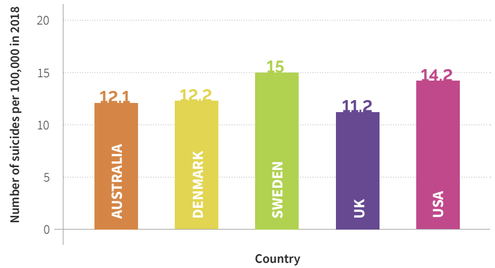
19 organisations visited

58 days on the road

11 airports

9 modes of transport

Suicide rates per 100,000 population in countries visited



Sources: Australian Bureau of Statistics, Public Health Agency of Sweden, Statistics Denmark, Center for Disease Control and Prevention (USA) and Office for National Statistics (UK). All data relates to 2018.

UK
Total suicides in 2018:
6,507

SWEDEN
Total suicides in 2018:
1,259

DENMARK
Total suicides in 2018:
584

AUSTRALIA
Total suicides in 2018:
3,046

USA
Total suicides in 2018:
48,344

UNITED STATES OF AMERICA

UNITED KINGDOM

SWEDEN

DENMARK

AUSTRALIA

- Tamarack Grief Resource Center, Missoula, Montana
- A Camp to Remember, Flathead Lake, Montana
- Dougy Center, Portland, Oregon
- Trauma Intervention Program of Portland/ Vancouver, Inc. Portland, Oregon
- Dr Anneli Silvén Hagström, Stockholm University
- Bris, Stockholm
- The Danish National Center for Grief, Copenhagen
- Danish Research Institute for Suicide Prevention (DRISP), Copenhagen
- NEFOS, Copenhagen
- Martin Lytje, Danish B-Plans for schools, Copenhagen
- StandBy Support After Suicide HQ– Tewantin, Queensland
- Queensland Police Referrals System – Tewantin, Queensland
- 6th Australian Suicide Postvention Conference, Sydney, NSW
- Dr Diana Sands, Bereaved by Suicide Centre, Sydney, NSW
- Dr Karl Andriessen, University of Melbourne, Victoria
- headspace, Maroochydore, Queensland
- Sunshine Coast Falcons, Kawana Waters, Queensland
- Compassionate Friends, Brisbane, Queensland
- Davina Donovan, Speak Teen, Brisbane, Queensland
- Dr Judith Murray, University of Queensland, Brisbane
- StandBy Support After Suicide – Brisbane branch, Queensland

the CHURCHILL fellowship

Leg 1: Australia, June 2019

London – Melbourne – Sydney – Tewantin – Maroochydore and Kawana Waters – Brisbane – London

Leg 2: USA, August 2019

London – Los Angeles – Portland, Oregon – Missoula and Flathead Lake, Montana – San Francisco – London

Leg 3: Scandinavia, March 2020

London – Copenhagen – Stockholm (curtailed due to COVID-19) – London

Australia

With Dr Karl Andriessen at the University of Melbourne

Dr Karl Andriessen – University of Melbourne

Dr Karl Andriessen is a well-known researcher in the field of suicide bereavement and prevention, and has worked in Belgium, Australia, and internationally. He is carrying out research to find out which interventions work to support adolescents after suicide in order to understand the mechanisms and invest in the approaches that are proved to work. He is particularly interested in integrating findings from research and practice, as both perspectives are needed to understand what works. His involvement is strongly rooted in clinical practice, as he started his career 30 years ago as a social worker in youth/family counselling, and telephone crisis lines, followed by leading positions in suicide prevention, bereavement, helplines, and community mental health and policy.

Postvention Australia, Sydney

Postvention Australia is the national association for those bereaved by suicide, responding to the grief, trauma and distress experienced by all those impacted by a suicide death. It originated from accumulating evidence that this is a neglected area of suicide prevention, and Postvention Australia cites that people bereaved by suicide are more than eight times more likely to take their own lives than the wider population.

Postvention Australia envisions a community that responds to all those bereaved by suicide with practical and unconditional compassionate care and understanding. The organisation's mission is to represent the challenges, rights and interests of all those bereaved by suicide.

Postvention Australia was the organiser of the 6th Australian Postvention Conference that was held on 13–15 June 2019 in Sydney, which attracted delegates from across Australia and all over the world.

Speaking at the 6th Australian Postvention Conference in Sydney

With Dr Diana Sands in Sydney

Dr Diana Sands, Director of Bereaved by Suicide Centre for Intense Grief

Dr Diana Sands is the Director of Bereaved by Suicide Centre for Intense Grief in Sydney and has provided community education, training, family counselling and group programmes for adults, teens and children for over 2 decades. She is the author of journal articles, book chapters and *Red Chocolate Elephants*, a book for children bereaved by suicide. She lectures across Australia and around the world on loss and grief, suicide prevention, postvention and intervention, and presents seminars on her research into suicide grief and her 'Tripartite Walking in the Shoes Model of Suicide Bereavement'. Producing *Red Chocolate Elephants* was a project close to Dr Sands's heart as her own mother lost her father to suicide at an early age when there were no books available. She said she hoped the book would "comfort children in making meaning of this devastating loss and support their growth through grief".

bereavedbysuicide.com.au

StandBy Support After Suicide

StandBy Support After Suicide is an Australian Government initiative delivered by United Synergies (now known as Youturn), headquartered in Tewantin, Queensland. StandBy is Australia's leading provider of suicide postvention support including free telephone and face-to-face support to individuals, families, workplaces, groups and the wider community after a suicide death. Highly-trained local teams provide support and direct those impacted to support available to them. StandBy currently serves 30% of Australia's population, and the organisation's mission is for all Australians to have access to StandBy to receive the support they need after a suicide.

StandBy has recruited a National Lived Experience Advisory Group of people bereaved by suicide in order to inform their service provision. This group has received specialist training and ongoing mentoring from Roses in the Ocean.

One of StandBy's recent initiatives is the production of free downloadable resources for children and young people who have experienced suicide loss.

standbysupport.com.au

With the StandBy Support After Suicide team in Queensland

With Karen Glover and Jenny Saulitis at headspace in Maroochydore, Queensland

headspace, Maroochydore

Across Australia, headspace provides early intervention mental health services for young people aged from 12 to 25 years. Since 2006, headspace has provided nearly 3 million services and supported more than half a million young Australians to strengthen their wellbeing and manage their mental health. In 2018–19 alone, headspace supported over 130,000 young people. They provide an integral part of the support available for young people after suicide bereavement.

The headspace model understands that adolescence and early adulthood is a critical time in a person's life. Research highlights that more than 75% of mental health disorders begin before the age of 25. A national network of 110 headspace centres operates across metropolitan, regional and rural areas of Australia, along with a range of satellites, outreach and support.

headspace Schools is a delivery partner of a National Mental Health Initiative called Be You. They support, engage and partner with the education and health sectors across Australia to build the mental health literacy and capacity of workforces, children, young people, their families and wider school communities. Be You has produced *Suicide Postvention Resources: Complete Toolkit* to help schools respond in a coordinated and informed way to a suspected suicide to reduce the risk of further suicides.

headspace.org.au

Davina Donovan, Speak Teen

Davina leads workshops to provide parents and carers with practical information on how to support young people through grief. She helps to provide a better understanding of the grief process for young people, how grief manifests, warning signs for when things are not right and how to effectively support them in navigating the process. Davina is the founder of Speak Teen, a psychology practice empowering young people to take charge of their social, emotional and mental wellbeing.

She is the author of *What your teen is telling me and why they're not telling you: Practical communication tools every parent must know*, inspired by the disconnect she has witnessed between parent and child.

She is Clinical Researcher at the Australian Institute for Suicide Research and Prevention.

With Davina Donovan at a Compassionate Friends Conference in Brisbane

With Monique Broadbent (centre) and Kelly Playford-Veal (right) in Brisbane

StandBy Support After Suicide, Brisbane branch

Monique Broadbent and Kelly Playford-Veal, who operate StandBy Support After Suicide in Brisbane, invited me to participate and present at their Pathways to Care workshop in Kallangur after my visit to the organisation's headquarters in Tewantin. The full-day event was designed to facilitate conversations on suicide and bereavement, and to share learnings about supporting those bereaved or impacted by suicide.

> One of StandBy's recent initiatives is the production of free downloadable resources for children and young people who have experienced suicide loss.

StandBy in the greater Brisbane region, operated by UnitingCare, offers services from Caboolture and Kilcoy down to the NSW border. They accept referrals 24 hours a day including holidays and public holidays via their crisis number, and support is available for individuals, family, friends and witnesses at a time and place to suit those seeking support. They also work with schools, workplaces and community groups as well as first responders and service providers.

standbysupport.com.au

Associate Professor Judith Murray, Professor in Counselling and Counselling Psychology, University of Queensland

In 2019 Judith was an Associate Professor in Counselling and Counselling Psychology at The University of Queensland Australia. She is a qualified secondary school teacher, endorsed counselling psychologist, and registered nurse. Judith was both the Director of the Master of Counselling Program and the Master of Psychology Program at The University of Queensland. Previously she was responsible for the establishment of a Loss and Grief Unit in the Centre for Primary Health Care in the School of Public Health at The University of Queensland.

Judith is the author of numerous papers, and resource packages and books. She has served on a number of national consultations for bereavement, postvention and children's grief and has involvement with both the national aid organisation Australian Lutheran World Service (ALWS) and international organisation, the ACT Alliance. Judith has worked consistently to further the use of loss as an integrative concept within the health, welfare and education sectors which is articulated in the book *Understanding loss: A guide for caring for those facing adversity* (Routledge).

With Professor Judith Murray in Brisbane

USA

Joan Schweizer Hoff, MA, Coordinator of Special Projects & Training and Donna Schuurman, EdD, FT, Senior Director of Advocacy & Training, Executive Director Emeritus, Dougy Center

The Dougy Center, founded in 1982, was the first centre in the United States to provide peer support groups for grieving children. The pioneering organisation provides support in a safe place where children, teens, young adults, and their families grieving a death can share their experiences. The highly experienced team also provides support and training locally, nationally, and internationally to individuals and organisations seeking to assist children in grief.

Based in a large purpose-built property in Portland, Oregon, the Dougy Center provides a year-round child-centred program offering peer support groups to grieving families in their community. Each month they serve over 550 children and their 425 adult family members. A total of 70 open-ended peer support groups meet every other week and are divided by age, type of death (such as illness, sudden death, murder, suicide) and who died (such as parent or sibling).

Respected internationally for its groundbreaking grief support group model, the Dougy Center's pioneering model has been replicated in organisations throughout the world. It is now estimated that there are over 500 organisations worldwide using its peer support group model.

With Joan Schweizer Hoff at the Dougy Center

The Dougy Center relies on the generosity of individuals, businesses and foundations, and receives no government funding. They never charge families for their services.

dougy.org


June Vining at the headquarters of TIP Portland and Vancouver in Oregon

June Vining, Executive Director, TIP, Portland/Vancouver, Oregon

Trauma Intervention Program (TIP) manages a team of 'specially trained and thoroughly screened citizen volunteers' who provide emotional aid and practical support and resources to victims of traumatic events and their families in the first few hours following a tragedy.

TIP Volunteers are available 24 hours a day, 365 days a year. They are called by the emergency response system including police officers, firefighters, paramedics and hospital personnel to assist family members and friends following events such as violent crime, vehicle accidents, fires and suicides, when people are distraught and seeking immediate support.

Based at the fire service headquarters on the outskirts of Portland, the Trauma Intervention Programme of Portland/Vancouver, Inc. was founded in 1992. A total of 180 volunteers are available to respond immediately to crisis situations on a 24-hour, 365 days a year basis.

TIP is a national non-profit, tax-exempt organisation. Services are provided to survivors and their families free of charge, and are made possible by donations from local government, businesses and individuals.

tipnw.org

Tina Barrett, Tamarack Grief Resource Center, Missoula, Montana

Tamarack Grief Resource Center (TGRC) was founded in 2008 to 'honor individuals, families and communities throughout their journey with grief'. Based in Montana, US the state with the highest suicide rate in 2017, TGRC has its headquarters in Missoula, and offices in Kalispell and Browning. Each year the not-for-profit center organises the youth grief camp called A Camp to Remember, which was held at Flathead Lake in August 2019 and I attended as part of this Churchill Fellowship project.

Executive Director and Co-Founder, Tina Barrett, EdD, LCPC, has coordinated grief programmes for over 20 years. Tina was featured in the BBC World Documentary *What's killing America's white men?*, which explored how A Camp to Remember supported children after suicide loss. As an internationally respected specialist in outdoor-based grief support programmes, Tina has led over 100 grief camps and retreats. In her doctoral research she interviewed over 100 bereaved children and adults exploring the effectiveness of outdoor-based grief support programmes.

TGRC is the only organisation in Montana dedicated to providing year-round, comprehensive support for children and adults, and is committed to providing high-quality grief support and education for children, teens and families in active collaboration with other organisations.

TGRC has 11 staff members and a team of trained volunteers who in 2020 provided grief care and education to 6,219 participants through 8,150 service hours.

tamarackgrc.org


With Tina Barrett, Executive Director of the Tamarack Grief Resource Center, at A Camp to Remember in Montana

Denmark


Thomas Sønderby Boesen at the Danish National Centre for Grief in Copenhagen

Thomas Sønderby Boesen & Tina Graven Østergaard, Danish National Center for Grief, Copenhagen

The Danish National Center for Grief (*Sorgcenter* in Danish) was founded in 2017 by Børn, Unge & Sorg, a Danish organisation which over the past 2 decades has provided specialised counselling and treatment to grieving children, teens, young adults and their families.

The Danish National Center for Grief offers free psychological treatment to children, adolescents, and young adults under the age of 28 in three locations: Copenhagen, Aarhus and Odense. A team of psychologists who specialise in working with children and adolescents provide support when close relatives face serious illness or die.

Its core aim is to provide psychological treatment to those who have developed, or who are at risk of developing, complicated grief and as a result experience reduced daily functioning following the death of a loved one.

Bereavement through suicide is regarded as a type of loss that can result in complicated grief. Support is provided in a group setting rather than individually, and children and young people are placed in a group where at least one other person has also lost somebody to suicide.

The Danish National Center for Grief also offers telephone counselling to the immediate family and social network surrounding the children and adolescents to help facilitate how to best support them. In addition, they advise and educate professionals in contact with these children and young people.

The treatment and guidance are provided free of charge, and funding is received from national and regional government, foundations, corporate and individual donations.

sorgcenter.dk

Dr Annette Erlangsen, Head of Program, Danish Research Institute for Suicide Prevention (DRISP), Hellerup/Copenhagen

The Danish Institute for Suicide Prevention (DRISP) is a self-financed unit in mental health services in the Capital Region of Denmark, based at Gentofte hospital in Hellerup on the outskirts of Copenhagen.

DRISP focuses on suicide prevention research and the main aim of the programme is to conduct research evaluating suicide preventive initiatives, such as treatment for people at risk of suicide and restriction of access to means of suicide. The team surveys trends in suicidal behaviour in Denmark and develops teaching material for the Danish suicide preventive clinics.

DRISP is also working to mobilise political interests for the development of a national strategy for suicide prevention in Denmark.

Denmark is one of the few countries in the world to have secured a radical decline in the suicide rate over the last 40 years. Historically, the Danish suicide rate was amongst the highest in the world but the rate began declining in 1980 when 38 suicide deaths per 100,000 inhabitants were recorded until 2007 when it had dropped to 11 per 100,000; a reduction to one third of its original level.

drisp.dk


With Dr Annette Erlangsen at the Danish Research Institute for Suicide Prevention (DRISP)

Lotte Holmen, NEFOS, Copenhagen

NEFOS is an organisation that provides support and advice across Demark to anyone close to a person who has died by suicide or made a suicide attempt.

NEFOS offers five free conversations with a professional volunteer counsellor, a telephone helpline, conversation groups providing peer support and home visits with the elderly and the disabled, as well as for families with smaller children.

A key part of the support provided by NEFOS is peer support groups that are facilitated by trained volunteer coordinators. Groups have between 4 and 8 participants, who meet for 2 hours every other week for a total of 8 to 10 sessions.


A room prepared for a NEFOS peer support group meeting

NEFOS caters to the specific needs of young people by offering emergency assistance to families with children where a family member has died by suicide or has attempted suicide. Their ethos is one of age-adjusted openness and honesty about how this happened, which is important for children's understanding and security. In the Southern Denmark and Central Denmark regions, this support is provided in the form of home visits. NEFOS warns that a failure to provide the appropriate support can lead to mental issues such as anxiety, PTSD, self-harm and depression.

In 2018, NEFOS offered 'Generation Network' family camps for 7 to 18 year olds who had lost a parent or sibling to suicide. The weekend offered fun, walks and games, but also the opportunity for the young people to talk about their bereavement by suicide. Despite the success of this initiative, it has not been repeated due to lack of funding.

NEFOS currently receives no government funding to carry out its activities and is dependent on volunteers to deliver its programme of support.

nefos.dk

Dr Martin Lytje, bereavement response plans (B-plans) for Danish schools, Danish Cancer Society, Copenhagen

Dr Martin Lytje, based at the Danish Cancer Society in Copenhagen, works to evaluate and develop the system of bereavement response plans (B-plans) that help teachers support grieving students in Danish schools. First introduced in the early 1990s, the B-plans (*Sorgplan* in Danish) were inspired by the pioneering work of Norwegian researchers to develop support in schools for bereaved children in the 1980s.

Based on practical experience rather than scientific research, the plans are created from a template by the teachers themselves in order to ensure that they cater for the different needs of each individual setting. Although every plan is unique, they mainly focus on the practical aspects of responding to different scenarios of bereavement. This often includes themes such as who should contact the family, who should be notified about the bereavement, and how to inform other students. While little scientific research has been undertaken to evaluate the effectiveness of the B-plans, the system has one of the highest implementation rates in the world and interviews with teachers suggest that the Danish model has been successful as a support mechanism for teachers. However, a survey of 967 teachers conducted in 2016 found that the plans would benefit from being updated to incorporate the perspectives of the students that they are designed to support.

Dr Martin Lytje works to evaluate and develop the system of bereavement response plans for Danish schools

Lytje has also carried out a comparative review of bereavement response plans in Danish and Norwegian day care settings and a study exploring how Danish students experience the return to school after the death of a parent (see page 32).

cancer.dk

Sweden

Dr Anneli Silvén Hagström, Department of Social Work, Stockholm University

Dr Anneli Silvén Hagström's main research area is how children and young people are impacted by suicide bereavement and how they interpret and relate to such a traumatic and stigmatising life event. She is a social worker and psychotherapist with a PhD in Social Work. She was motivated to pursue her research after feeling unequipped to support children and young people bereaved by suicide that she encountered in her role as a psychotherapist.

Dr Anneli Silvén Hagström's research focuses on how children and young people are affected by suicide bereavement

She graduated in 2016 with the thesis *To mourn and resist stigma: Narration, meaning-making and self-formation after a parent's suicide* (Silvén Hagström, 2016) at the Department of Social and Welfare Studies/Social Work at Linköping University. She analysed youths' narratives about a parent's suicide in four different contexts: in research interviews (Silvén Hagström, 2013), in a theatre play (Silvén Hagström, 2014) and in two different chat forums on the internet (Silvén Hagström, 2017a; 2017b).

She is currently working on a 4-year project: 'Children and youths exposed to stigma-related trauma: Narration, agency and support needs', and carries out the evaluation of grief camps for children and young people bereaved by suicide run by Bris (see right).

Bris runs residential weekends for children and their families bereaved by suicide in Sweden

Somaya Ghanem, Bris, Stockholm

Bris is a children's rights organisation in Sweden that listens to, supports and strengthens children and young adults' rights in society. Secure, anonymous and free support services are offered to children and young adults up to the age of 18 years enabling them to email, chat, or call a counsellor at Bris.

Bris is a not-for-profit member organisation whose highest decision-making body is its biennial congress, and its work is based on the UN Convention on the Rights of the Child. Organised with a board, Bris has an office in Stockholm and also regional offices located in Gothenburg, Malmö, Linköping and Umeå.

As well as running a helpline and online chat, Bris works directly with children bereaved by suicide and their remaining parents through residential weekends held in the Swedish countryside. Children aged from 4 to 20 are invited to take part in two weekends with other children who have been bereaved by suicide, where they are split into groups according to their age to work with specially trained counsellors. These sessions for children run in parallel with a group for parents and carers, which helps to improve communication about the suicide within the family.

Bris is financed by member fees and contributions from businesses, private donors, investment funds and partly from the state.

bris.se

Voices of children and young people bereaved by suicide

> Everyone was so focused on what they were going through that they kind of forgot about us, two little kids who just lost a mother. They needed to focus on us.
> Lisa[1]

> And the thing is it's your parent who's supposed to take care of you who leaves you…Even though you know it's an illness it feels like he made the decision to leave you. You try to think so wisely but it doesn't work.
> Sofia[2]

> I feel upset and angry that my dad died and there has just been a lot of sad thoughts in my head…I just wanted to talk to him and say, why? Why did you do this? But I couldn't, and then I just started crying with the rest of the family.
> John[3]

> No one knew at my school, my new school. At the junior high school my closest friends knew, but at my new school it was a secret. Because I thought it was shameful.
> Emelie[4]

> My mom was checked out. She was kind of dealing with her own stuff. I felt like I was the one holding things together, taking care of the younger ones, and so I just felt really lost. I was supporting a lot of people, but I didn't have anyone supporting me.
> Jenna[5]

> I would rather him die of a heart attack because it's more understandable than killing yourself. Like, him doing that makes me a bit embarrassed to other people that he did do that, and I would rather him have a heart attack than doing that to himself.
> Suzie[6]

> I remember her telling us. I thought he killed himself, but at four, forever seems like not a concept to you. I don't think I even cried to tell you the truth. I remember thinking he was just at work, because he would go to work for a week at a time… I remember telling myself that he would be coming back. It wasn't until I was six that I realized he wasn't coming home.
> Jake[7]

> "You're the oldest boy and you've got to take care of your mom."
> I got a lot of that.
> Fred[8]

> As soon as I mentioned my dad everyone went quiet and didn't know what to say. It was a charged atmosphere.
> Sofia[9]

> Don't ask me to smile. I don't have to! And please don't pity me. Treat me like a regular person – that's all I ask.
> Amber[10]

> When we called round to tell them what had happened some people got really angry with my dad, saying: 'How can a father do that to his child?' 'Of course you should be angry'. 'It's unforgivable', blah, blah blah.
> Sofia[11]

> If he had come back I probably would have killed him, or beaten him […] And I don't know if I retaliated by taking revenge on myself. Maybe that's why I was self-destructive with eating disorders and such.
> Emelie[12]

> You always find a lot about parents who have lost a child but we children (even if we are adults) who lost a parent are rarely heard about.
> Anon[13]

1, 5, 7, 8, 10
Losing a Parent to Suicide: Using Lived Experiences to Inform Bereavement Counselling
by Marty Loy and Amy Boelk

2, 4, 9, 11, 12, 13
To mourn and resist stigma: Narration, meaning-making and self-formation after a parent's suicide
by Anneli Silvén Hagström

3, 6
Red Chocolate Elephants
by Dr Diana Sands

It's time to count: why quantifying the children bereaved by suicide matters

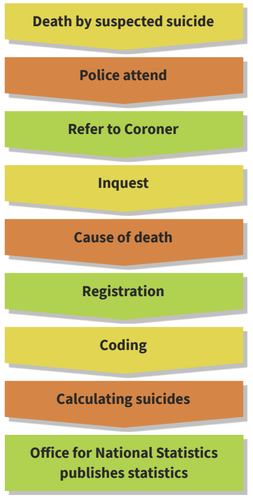
How many children lose a parent to suicide in the UK each year? The surprising answer to that key question is that we don't know. There are no statistics collated on the number of children bereaved by parental suicide so we can only make guesses based on the number of suicide deaths reported in the age groups where people are likely to have children.

UK childhood bereavement charity Winston's Wish, who estimate that 25 children lose a parent to suicide each day in the UK, explained how they came up with that figure in the absence of any recorded data. 'Sadly, the number of children bereaved by suicide in the UK is not officially recorded. We have based our figure of 25 children a day on the fact that 22% of calls to our Freephone National Helpline are concerning a child bereaved by suicide and 112 children a day are bereaved of a parent in the UK,' a representative of the charity said.

Why is it important to know how many children are affected each year?

We count the number of children admitted to hospital due to knife crime or the number of young people with special needs requiring extra support in school so that we can evaluate what resources are required to provide the necessary support. Without that vital information, it is difficult to make a case for securing the resources to support vulnerable groups in society. In the current system it's hard to make a case to support an unquantified or invisible group.

What currently happens after a suspected suicide in the UK?



Given the age profile of people who die by suicide, it is likely that many are parents of dependent children. According to the statistics for suicide deaths published by ONS in 2019, a total of 3,596 men and women who died between the age of 20 and 49 died by suicide in the UK in 2018 (ONS, 2019). It's likely many of the people in this age range were parents, so it's clear that many children in the UK are losing a parent to suicide. The problem is that nobody is counting them.

Annual suicide statistics, published by the Office for National Statistics, provide information about registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. This information is taken from death registrations and compiled in mortality statistics. There is no information collated as part of this process about whether the person who has died by suicide has children, so this remains unreported apart from some small-scale local pilots.

More detailed information about the deceased is collected by the coroner when they conduct an inquest but the information they gather is stored locally and not reported nationally. In its annual Suicide Statistics Report, Samaritans said: 'In England, Wales, Northern Ireland and the Republic of Ireland, coroners conduct detailed inquests when someone dies unexpectedly, speaking to family members and friends to understand the life experiences affecting the person who died. But this information is kept locally in coroner records or within the Procurator Fiscal Service and only basic demographics such as sex, age and location are reported nationally.'

Are children bereaved by parental suicide counted elsewhere in the world?

Elsewhere in Europe, this data can be collated through combined register analysis. In her dissertation thesis Anneli Silvén Hagström obtained statistics from the Swedish National Board of Health and Welfare and Statistics Sweden (SCB). These revealed that, between 2004 and 2014, a total of 7,304 young people aged between 0 and 25 years lost a parent to suicide.

During the period in question, the population of Sweden averaged 9.36 million. In the same period the UK population averaged 63.0 million according to World Population Review. If the UK experienced similar rates to Sweden over the same timeframe that would amount to a total of 49,162 children and young people parentally bereaved by suicide in the 11 years from 2004 to 2014.

Things are different in other parts of the world including Scandinavia where a national register of data is held on each individual, which can be interrogated to produce statistics on all areas of life, including how many children lose a parent to suicide each year.

In fact, they can go one step further and find out how many of those children go on to access mental health services, make a suicide attempt or take their own life following the suicide of a parent or caregiver. This gives researchers and campaigners the opportunity to highlight the scale of the problem to the state and other funders when seeking to secure resources to support this high-risk group. This allows policy makers and governments to engage with the scale of the need.

In Denmark and Sweden, researchers are able to use the national register data to quantify the scale of the issues faced in their respective societies. This system is underpinned by a more open approach to sharing personal data with the state, and relies on a high level of trust in public bodies holding such personal information that can be accessed in an anonymised form for research purposes.

In the USA the Childhood Bereavement Estimation Model (CBEM) has been developed by Judi's House and JAG Institute in partnership with the New York Life Foundation. This provides current and projected rates for children and young people that have already experienced the death of a parent or sibling and also estimates of those who will in the future. As yet CBEM does not provide a breakdown of specific causes of death such as suicide but the team confirmed it is something they are exploring as they develop the model: 'The CBEM approximates rates of U.S. children and youth who will experience the death of a parent or sibling by the time they reach adulthood. This information helps communities evaluate the impacts of unaddressed grief, campaign for grief resources, and ultimately, contribute to improved outcomes for grieving families.' For more information visit: **judishouse.org/CBEM**

Are there any signs of things changing in the UK?

Samaritans calls for a centralised national database of inquest and procurator fiscal findings, which would provide a wider range of information about those who have died by suicide. This could include recording whether they were a parent and also the number and age of their children.

In some areas of the UK including Barnsley City Council and Portsmouth City Council, local authorities have started to carry out their own real-time surveillance in order to collect suicide data in a timely fashion. By collecting a wide range of information after a suspected suicide death, including the number of children bereaved after the death of a parent or caregiver, regional authorities are able to plan service provision and support accordingly. If this data was collected on a national basis, NHS England could use it to influence the allocation of funding such as the resources provided to NHS mental health services for children and young people.

Until we systematically count the number of children affected by parental suicide, we will not know the true scope of the issue. Without this vital step, it is impossible to effectively plan the response needed to mitigate the widely documented risk factors for this group of young people.

Truthfulness: a guiding principle for supporting children bereaved by suicide

After meeting with experts working with children bereaved by suicide across three continents, there was one thing that everybody agreed on and that was the importance of being truthful with a child after a suicide death. Regardless of the child's age, they all stressed that it was vital to be honest and open.

What people told me about the importance of telling the truth

'What is important after suicide is to tell children the truth. They understand more than people often assume and if the parent doesn't talk about it the child feels it's prohibited.'

Joan Schweizer Hoff, MA, Coordinator of Special Projects & Training, Dougy Center, Portland, USA.

'Research supports providing an honest, age-appropriate explanation about the death, rather than ambiguous half-truths. When children are given incorrect information it's like a jigsaw puzzle with missing pieces, and this can add to their confusion and distress.'

Dr Diana Sands, Director of Bereaved by Suicide Centre for Intense Grief, Sydney, Australia.

Risks associated with non-disclosure of a suicide death

- Deepens stigma.
- Reinforces isolation.
- No access to postvention services and specialist support.
- Other survivors of suicide cannot offer kinship.
- Breaks down trust with surviving family members.
- Damage to relationships when truth emerges.
- No opportunity to ask questions and share emotions.

After attending voluntary sector peer-support suicide bereavement groups in the UK as part of my pre-travel research, it was apparent that many parents and guardians were not telling children the truth about a suicide death. Some said they would tell them 'when they are older and able to understand', and others felt they were somehow protecting them by not telling them how their parent had died. One mum who had lost her partner to suicide and decided not to tell her children the cause of death said: 'It's hard enough for them anyway without having to cope with that.' In another case, the man who had died by suicide was an absent father, and the child had not been told of the death at all.

On my Churchill Fellowship travels I heard many examples of when the truth about a suicide death was withheld from children including the Australian man in his 50s who found his father's death certificate when clearing his mother's home after her death. Rather than the heart attack being the cause of death as he was told as a child, he discovered his dad had taken his own life when he saw the cause of death listed as 'hanging'. By hiding the truth, although with the best intentions, children can be left with a deep sense of betrayal and mistrust.

'My mother chose to tell myself and my sister – so we are 8 and 10 years old – that he died by heart attack. That's a problem, when you don't tell a child about something. That makes it even worse. I never really believed the heart attack story because the kids at school immediately said, "No, no, no, no, he died by suicide." I even found his death certificate, and she had attempted to cross the cause of death off. The fact that my mother tried to cover it up to us about how my dad died, that meant there couldn't be open and honest questions about it. She did it for the most loving of reasons. She wanted to save us from the pain, but it really didn't help.'

Suzanne, who lost her dad to suicide when she was a child, in *Losing a Parent to Suicide: Using Lived Experiences to Inform Bereavement Counselling* by Marty Loy and Amy Boelk

 Key learning: Suicide bereavement is unique and research into what support is effective for adolescents is urgently needed

Dr Karl Andriessen at University of Melbourne shines a light on adolescents bereaved by suicide

I met with Dr Karl Andriessen in Melbourne in June 2019 at the start of my Churchill Fellowship travels to find out about his research into the impact of suicide bereavement on adolescents.

It was a privilege to hear about the Belgian-born academic's extensive work in the field of suicide prevention and postvention, particularly his work focused on the needs of young people.

'There is a need for evaluation studies of what is happening in grief support services for adolescents after suicide,' Andriessen said. He spoke of the lack of research in this area and the challenges of recruiting young people to participate and gaining approval from ethics committees.

Andriessen's current research aims to establish which interventions are most effective for supporting adolescents after suicide bereavement. He updated me in May 2021 that the focus is now on developing consensus recommendations and evaluating a pilot intervention.

An article[1] published in December 2020 concluded that suicide bereavement had a 'devastating impact' on adolescents, their relationships with peers and the family system and their findings 'clearly indicate that support for bereaved adolescents should incorporate the familial context'.

The article states that '…about one in 20 (4.6%) adolescents lose someone by suicide in one given year and about one in five (18%) do so at some point before they reach adulthood.'[2]

Grief after suicide is distinct from that following a death by natural causes. Adolescents bereaved by suicide may experience more feelings of shock, anxiety, anger, and self-blame than adolescents bereaved by natural causes. They also have increased risk of depression, post-traumatic stress disorder, and suicidal ideation in the first months after the bereavement compared to those bereaved by natural deaths and to their non-bereaved peers. They may also struggle more with "why" questions, and experience less social support.

The impact of suicide compared to other deaths was considered, along with the type of relationship. 'Young participants in this study felt that the suicide or other forms of traumatic death of a sibling or parent had a stronger impact than other deaths.'

Andriessen et al go on to say: 'Pre-loss factors such as personal and family history of mental health and post-loss factors such as the quality of the remaining relationships, affect the impact of the loss in adolescents.'

For many young participants, the death was incomprehensible:

'When you lose someone through suicide and when you're a kid, you don't really know what's going on, you are so confused. Whether you're 9 or 17, death by suicide is, I think, the most confusing way of dying. Because you're just left with so many questions…' (Bea, A)

Parents interviewed as part of the study reported that their children felt isolated after suicide. One said her daughter couldn't face returning to her basketball team as they knew [about the suicide]. Others reported a desire to maintain a sense of normality and be treated like they were prior to the suicide death. A parent reported that her son wanted to go back to school to be a 'normal kid' in order to 'switch off from it'.

Participants in the study identified 'the loss of the family equilibrium as a crucial impact of the death' and it was found that the bereavement changed the family functioning and dynamics in relationships. The bereaved young person would try to 'spare others', especially a surviving parent, by being silent about their own grief.

The study highlighted health risk behaviour after suicide bereavement with alcohol and substance abuse found to be particularly common. 'While some participants used alcohol or other drugs to numb the pain, others used them to conceal their feelings, to act "normal" and/or to find distractions from their grief.'

Subsequently, many parents worried about the wellbeing and safety of their children, and started to doubt their parenting skills:

'My daughter was smoking pot, she was stealing, she was smoking, she was drinking alcohol, she was 14 years old. She was stealing alcohol from my cabinet…She was drinking that before she went to school. The absolute horror to me. I felt sick, you know. The pain again of what have I done wrong, as a parent?' (Odette, P)

The study revealed that the death constituted 'a turning point' in the adolescents' lives, which 'differentiated them from their peers and ruptured the family equilibrium'.

'Given the limited knowledge of what constitutes effective interventions in this field, research regarding the development and evaluation of interventions along these lines is urgently needed.'

This research demonstrates that suicide bereavement does 'change your orbit' as a young person, especially when a parent dies by suicide, and the next phase of this research identifying effective support is eagerly awaited by those developing postvention services.

[1] Andriessen K, K Krysinska, D Rickwood, J Pirkis, "It Changes Your Orbit": The Impact of Suicide and Traumatic Death on Adolescents as Experienced by Adolescents and Parents, *International Journal of Environmental and Public Health* (December 2020)
[2] Andriessen K, B Rahman, B Draper, PB Mitchell, Prevalence of exposure to suicide: A meta-analysis of population-based studies, *Journal of Psychiatric Research*, 88 (May 2017), 113–20.

Systematic referral and coordinated response: the key to effective suicide bereavement support

During my Churchill Fellowship travels, I saw great examples of support for families and children in the immediate aftermath of a suicide. A key element in the effective provision of this care stemmed from the systematic referral system that enabled the family to access the service without having to hunt it down.

I also witnessed great examples of coordinated responses with multi-agency teams working together to ensure that families and children received the support they needed without delay.

The automatic referral is a vital part of the chain when it comes to getting the support to the family. A great support programme can exist but if the grief-stricken family don't know about it, they are unlikely to track it down when they are traumatised.

Informed consent is fundamental, and everyone retains the right to decline any support offered, but the key thing is that it is made available on a systematic basis. This eliminates a reliance on individual police officers or other first responders making referrals based on their personal knowledge of services available, which can happen outside referral systems, but cannot be relied on.

Three examples of effective referral systems and coordinated response that I witnessed on my Churchill Fellowship travels:

1/ StandBy Support After Suicide in Australia works closely with a wide range of agencies and partners in the aftermath of a suicide including headspace when supporting young people. By working in close partnership with schools, workplaces, sports clubs and other organisations, StandBy steps in to provide wide-ranging support and signposting to other sources of help. Although they accept referrals from a wide range of sources including those directly impacted and their friends and family, the team at StandBy receives systematic referrals via the Police Referrals System, which is operated by a private company on behalf of the police force in Queensland, Victoria and Canberra (below).

2/ The Queensland Police Referrals System ensures that people bereaved by suicide across the state are offered support in the immediate aftermath of the sudden death. Officers are prompted to refer those impacted by a suspected suicide to organisations providing appropriate assistance when filing their report. Organisations relevant to different categories of incident such as domestic violence or suicide are displayed for the officer to select, so StandBy Support After Suicide (above) would be flagged up as a referral option in the areas where they operate.

After receiving the information via the automated referral system, StandBy makes contact with those affected within 3 hours on a 24/7 basis to offer support. This initial contact is usually a text message to forewarn the recipient to expect a phone call. A partner agreement between the Police Referrals System and organisations providing support ensures that at least three attempts are made to make contact within 2 working days of receiving a referral.

3/ Trauma Intervention Program (TIP) in the USA provides immediate support in the aftermath of any traumatic event under the banner of 'citizens helping citizens in crisis'. I visited June Vining, Executive Director of the TIP northwest branch, at her office in the Portland Fire Service headquarters to find out more about the role her team of highly-trained volunteers play after suspected suicide deaths.

In 2020 TIP had a total of 196 active volunteers who committed to a minimum of 40 hours a month, and between them responded to incidents at 2,797 locations. TIP volunteers attend to provide support at the request of police, fire and hospital personnel or 911 operators, and whoever is on duty is dispatched to provide immediate emotional and practical support to survivor family members or bystanders. Vining said it took a while to build a relationship of trust with the emergency services who they work alongside. 'The cops and firefighters were our biggest sceptics to start with but now they say they couldn't live without us.'

Through TIP4Kids, TIP offers services for children who are traumatised and for parents struggling to support their children after a traumatic event. TIP assists with resources and referrals and, in the event that no immediate professional assistance is available, they will connect the family with the Dougy Center.

On the Friday afternoon in August 2019 when I visited Vining at her office on the outskirts of Portland, her volunteers had already responded to five suicides that week, many of whom were young people.

Vining, who lost her own son to suicide, said: 'Helping someone in crisis is about being present. It not about fixing, making things better or trying to find the right words. There aren't any magic words to make it better.'

The mission of TIP's citizen volunteers is 'to provide emotional first aid to survivors of tragedy in order to ease their immediate suffering and to facilitate their healing and long-term recovery'.

'We can't change whatever it is that's happened but we're able to walk into this person's life and make a difference,' Vining said.

Shannon Cotter from the Queensland Police Referrals System demonstrates how their system connects people to support on a systematic basis

StandBy Support After Suicide works closely with headspace and Be You to provide support to young people bereaved by suicide

Key learning: Partnership working with first responders ensures that immediate support is offered to all

Trauma Intervention Program: providing support for families in the immediate aftermath of suicide

Executive Director June Vining runs the northwest branch of TIP and coordinates a team of 196 citizen volunteers

The Trauma Intervention Program (TIP) is a group of specially trained and thoroughly screened citizen volunteers who provide emotional and practical support to survivors of traumatic events including suicides in the USA. TIP volunteers are called to attend through the emergency response system – by police, firefighters, hospital personnel and 911 operators – and they attend in the immediate aftermath alongside the emergency services.

In August 2019 I visited the northwest branch of the organisation covering Portland and Vancouver, run by Executive Director June Vining, whose son Nick died by suicide. She shared with me how her team of 196 citizen volunteers provide invaluable support after traumatic events. 'What we do at TIP is to come alongside people at the very worst times and the most important thing we do is listen and be present,' Vining told me.

Vining said it costs approximately US$300,000 per annum to run the TIP service in the northwest region, and in 2020 their volunteers responded to 2,797 scenes of tragedy. Each individual volunteer commits to 40 hours per month, usually across three separate shifts, which provides the community they serve with a total of nearly 95,000 'ready alert' hours per year.

On the Friday afternoon I visited Vining in her TIP office at the Portland fire service headquarters, she told me her volunteers had already responded to five suicides that week. Vining recounted responding as a TIP volunteer to a murder-suicide when both parents had been found dead by their 6-year-old daughter when she returned home from school. She had initially run to her neighbours and told them 'mommy and daddy are dead' but they didn't believe her and sent her home, so she waited for other neighbours to come home and they finally called 911. 'When I sat with her afterwards, her overwhelming need was that she be allowed to go to school the next day as she had perfect attendance and if she didn't go, she wouldn't get an ice cream party at the end of the year,' Vining said.

TIP volunteers undertake 60 hours of classroom training over 2 weeks and also shadow experienced team members before responding to incidents. Vining explained that the use of language in relation to suicide was an important part of the training programme.

'We say people "die by suicide" rather than "commit suicide" and that can make a big difference. I've learnt that if we change the language a little bit, and that we say he died of suicide in the same way as we die of any other illness, it takes the shame and blame away,' Vining said. 'Our volunteers gently work with families so that they are aware of the language they are using,' she added.

In addition to providing emotional and practical support, which can include organising care for children or pets, they also direct people to support services. TIP NW has a wide range of support resources for children and young people on their website, many of which relate directly to suicide bereavement.

Vining showed me TIP's *Citizen Resource Guide*, which is updated annually and contains a wealth of valuable information for TIP volunteers to pass on when they attend an incident including sections covering:

- coping with suicide as a family
- children and trauma: suggestions for parents
- tips on talking with traumatised children: common questions
- guidance on the developmental stages of traumatised children
- 10 things to do and not to do to support someone who has experienced a death or trauma
- dealing with the media
- contact information for support services including those for children and young people.

In 2020, when in-person support was not possible due to the Covid-19 pandemic, TIP NW created a 'tele-TIP' response to provide support, and they also ran their first virtual fundraiser. Over the course of the year, TIP NW volunteers provided support to 11,188 citizens.

tipnw.org

Founded in 1985, TIP has 14 affiliates serving over 250 cities across the USA. TIP is a national non-profit, tax-exempt organisation and services are provided to survivors and their families free of charge funded by donations from local government, businesses and individuals. In Portland/Vancouver in Oregon, TIP volunteers are available to respond immediately to crisis situations 24 hours a day and 365 days a year.
More information: **tipnational.org**

StandBy Support After Suicide: delivering world-leading suicide bereavement services

StandBy Support After Suicide in Australia is an organisation that stands out from the crowd for the outstanding suicide bereavement support they provide and the way in which it is delivered. The days I spent shadowing the team at the organisation's headquarters in Tewantin in Queensland were a highlight of my Churchill Fellowship travels, giving me an invaluable insight into how StandBy operates behind-the-scenes to deliver gold standard support.

I was impressed by the strong leadership from National Operations Manager Geoff Timm and the dedicated professionalism of the entire team, their focus on meaningful partnership work and a commitment to robust evaluation to support their expansion. StandBy has developed a strong brand and there is a high level of awareness of their services in the communities they serve. Through international collaboration, they are sharing their successful model and learnings to help inform the provision of services beyond their own shores, and I was made to feel extremely welcome during my visit.

StandBy, established in 2002, is Australia's leading provider of suicide bereavement support with a goal of providing suicide bereavement support to all Australians. Currently the largest funded contract through the National Suicide Prevention Leadership and Support Program (NSPLSP) in the Australian Government Department of Health, they work in partnership with a range of organisations to deliver support after suicide to 30% of the population across 70% of Australia's landmass.

Free telephone and face-to-face support are provided to individuals, families, workplaces, groups and the wider community. Trained teams help those bereaved by suicide to navigate the support available to them, connecting people to the most relevant and appropriate support in their area. Support is provided in the immediate aftermath of a suicide and up to 2 years afterwards. The team offers their support services to families after receiving direct referrals from the police after they attend a suspected suicide, but direct referrals are also welcomed. It is not unusual after a suicide death for them to receive multiple contacts from various parties impacted including schools, sports clubs and workplaces impacted by the death.

To support children and young people impacted by suicide, StandBy works closely with headspace Schools Support who provide specialist help and they have also produced a range of books for young people impacted by suicide.
These free resources are available to download via **standbysupport.com.au/resources**

Lua Bruckhoff, Susan Vaughan and Lisa Wan showing me final drafts of new resources developed by StandBy for teens and young people impacted by suicide

StandBy also delivers workshops to help to build capacity within communities to provide postvention support and prevent further suicides. See opposite for details of the workshop I attended in Brisbane during my visit to Australia.

'Within a few hours I had two amazing supportive StandBy staff sitting with my husband and I on our front deck talking. Just what I needed…such a wonderful service being available at the worst time of my life.'

StandBy Evaluation Survey participant

Pathways to Care workshop with StandBy Brisbane in Kallangur

Monique Broadbent and Kelly Playford-Veal, who run the Brisbane branch of StandBy Support After Suicide, invited me to participate in their Pathways to Care workshop, a full-day gathering designed to facilitate conversations on suicide and bereavement, and to share learnings about supporting those bereaved or impacted by suicide.

With Daryl Elliot Green, Senior Sergeant at the Queensland Police Service's Brisbane City Education and Training Office

Topics at the free community workshop attended by 60 participants who come into contact with those bereaved by suicide included suicide and bereavement psychoeducation, guest speakers from the police, ambulance, coronial counselling service and a funeral director. The programme also included lived experience perspectives, creative activities and an overview of the support provided through the StandBy service model. The event was attended by a wide range of professionals who come into contact with people bereaved by suicide.

StandBy also runs a 3-hour workshop entitled 'Supporting children and young people impacted by suicide', which focuses on the grief and trauma, risk and protective factors, returning to schools, and resources and services available. The next one was scheduled to be held in mid-September 2019 after my return to the UK.

Taking part in a creative activity to encourage reflection as part of the full-day workshop

During my visit StandBy also facilitated the following activities:

With Lived Experience Advisory Group member Lee Dearnaley at StandBy headquarters in Queensland

- meeting with members of their Lived Experience Advisory Group (page 30)
- meeting with the company operating the Queensland Police Referrals System (page 20)
- visit to headspace in Maroochydore (page 33)
- interviews with regional media about my visit and the Churchill Fellowship research I was undertaking
- speaking engagement to share my lived experience of suicide, my endurance swims and Churchill Fellowship research for the first squad at the Sunshine Coast Falcons Rugby League Team at the Kawana Stadium.

International collaboration: working with suicide bereavement organisations around the world

During my visit to StandBy's headquarters in Tewantin, I was invited to participate in a new initiative to bring together organisations working to support those bereaved by suicide to share experiences and developments across the globe. I took part in an early morning conference call chaired by Trent Harvison, StandBy's National Partnership Coordinator, where representatives from organisations in New Zealand, Republic of Ireland and Canada shared about the work they were doing in their respective territories. Trent spoke about the Australian Postvention Conference in Sydney, which we had both attended, and I shared the current status of suicide bereavement services in the UK and a little about my Churchill Fellowship research project. This International Support after Suicide Community of Practice is a great example of StandBy's commitment to international collaboration, and I was delighted that I was able to be a part of this first meeting during my visit.

With the StandBy Support After Suicide team during my visit to their headquarters in Tewantin, Queensland

Presenting StandBy Support After Suicide National Operations Manager Geoff Timm with a Churchill Crown

Language: nothing is unspeakable with the right words

The language we use when we talk about suicide is vital, especially when communicating with children. It can be hard to know what to say to a child after something as devastating as the death of a parent by suicide. Finding any words can be challenging, but by opening up a channel of communication after suicide bereavement, support can be offered, stigma is reduced, and pathways are created to express grief and work towards healing.

During my Churchill Fellowship travels, I was struck by the importance of the language used when supporting young people after suicide. Many of the experts I interviewed stressed that age-appropriate language was vital when talking to children after a suicide death to help them understand what had happened and to help them process their grief. A commitment to this guiding principle underpinned the various support services I visited.

In Australia I was particularly impressed by the widespread awareness around the conscious use of language when talking about suicide. The use of the verb 'commit' in relation to suicide is rarely used, and I often heard suicide being used as a verb (i.e. he suicided in 2015) as well as 'to die' by suicide.

Many credit this shift in Australia to the highly-effective Conversations Matter initiative that developed resources to support community conversations about suicide, delivered by Everymind and funded by the NSW Suicide Prevention Strategy 2010–2015.

Tips for talking to children after a suicide death:

Ask the child what they know about death and suicide: Avoid any assumptions about what the child does or does not know about death and suicide by asking 'Do you understand what dead means?', 'Have you heard of suicide?' and 'What do you understand it means?'

Tell the child what happened in simple language: For example, 'she injured her body on purpose and it stopped working' or 'he took too many tablets and they stopped his heart working'.

Avoid giving too many extra details: Keep to the basic facts to help the child understand what happened without burdening with unnecessary information. Too many details can be overwhelming for a child and can get in the way of them understanding the basic facts. Avoid details about the exact means of death as this can be distressing for the child.

Avoid saying that the person 'committed' suicide: Research supports the use of 'die by suicide' when talking about a death by suicide as opposed to 'commit suicide' as the verb 'commit' is often used in relation to crimes and sins, and its use is thought to reinforce stigma and prejudicial thinking around suicide.

Use non-judgmental language: Avoid using expressions like 'he took the easy way out' or 'she was so selfish to do that to you'. Remember that you are criticising someone that the child loves deeply.

Avoid using euphemisms: It can confuse a child if you say 'she is in a better place now' or 'he's gone away' or 'she's gone to sleep'. To help them understand the death is irreversible it is better to say clearly that the person has died. For young children, it can be helpful to say that the person's body has stopped working.

Avoid presenting the suicide as a 'choice': Although it can sometimes feel tempting to tell a child that a parent 'chose' to take their own life, this can reinforce feelings of rejection and abandonment if it is framed as a conscious decision to die. Those working in the field of suicide bereavement stress that the 'choice' to die by suicide is often not a choice in our normal understanding of the term. For someone in a suicidal state, it can feel like the only way to stop the unbearable pain of living.

It's okay to show your emotions: Don't worry about letting your emotion show as this can make the child more comfortable about expressing their own emotions. It's okay to say: 'It's very hard for me to tell you this and makes me feel very sad.'

Be compassionate and provide reassurance: Tell the child that they are loved, it is not their fault and that everyone is there to provide support.

Give the child the opportunity to ask questions: Allow the child the opportunity to ask any questions, whether that is straight away or later. You could say: 'Is there anything you would like to ask me about how mummy died? We can talk about it anytime if you think of something you'd like to ask me later.'

'The ways people talk about suicide are often not helpful to children. For example, when they talk about it being a rational choice. I don't use language such as saying it was the person's 'choice' to take his or her own life, as this can be very unhelpful for children left behind.'

Donna Schuurman, EdD, FT, Senior Director of Advocacy & Training, Executive Director Emeritus, Dougy Center, Portland, Oregon

Key learning: Connecting children who have experienced the same type of loss is the optimal model for support

Dougy Center: A place of healing for bereaved children

With Brennan C Wood, Executive Director of the Dougy Center

DOUGY CENTER The National Grief Center for Children & Families

A range of creative activities, including music and drama, are on offer

The Dougy Center, housed in an award-winning, purpose-built building on the outskirts of Portland in Oregon, is world-renowned for its pioneering work with bereaved children.

When I walked through the front door into the lounge area with its cosy sofas and library of books surrounding a fireplace, I was struck by how welcoming and homely it felt. Animated conversations spilled out of the kitchen where volunteers and group participants were catching up with each other. The Dougy Center has been decorated in warm, muted colours rather than the brash primary colours often found in venues for children. Suffice to say, it was a world away from the clinical environment where I received my one counselling session as a child after my dad's suicide in the UK.

The current building opened its doors in January 2013 after the organisation's former home was burnt to the ground in an arson attack, and everything has been designed with bereaved children in mind. Indoor and outdoor spaces provide a range of creative activities and opportunities for children to share their bereavement stories, all overseen by experienced group facilitators. Groups are also run for parents and carers, which they are able to attend while their children take part in their own peer groups.

A homely welcome awaits at the Dougy Center

The Dougy Center conducts all its work with children in group settings organised according to both age groups and the type of death such as homicide, illness or suicide. In some cases, children are referred or recommended to seek individual therapy in addition to group work. In recent years, they have also provided support for children who have lost both parents in a suicide/homicide scenario when one parent killed the other parent before killing themself, sometimes with the child as a witness.

In addition to offering group work at their premises in Portland, the Dougy Center has published a wide range of books, DVDs and digital resources focused on childhood bereavement including suicide loss. These are available to ship worldwide and have informed the practice of many child bereavement services all over the world.

During my visit I spoke at length to Joan Schweizer Hoff, MA, Coordinator of Special Projects & Training and Donna Schuurman, EdD, FT, Senior Director of Advocacy & Training, Executive Director Emeritus, both of whom shared their extensive knowledge and insight into childhood bereavement and the impact of suicide loss from decades of supporting young people at the Dougy Center.

'For us the gold standard is to group children together who have experienced the same type of loss,' Joan Schweizer Hoff said.

'The stigma is still so great around suicide, and they can understand better and get over the guilt when they are together. Kids can get onto the issues they want to talk about like guilt, stigma, anger and regret.'

'What is important after suicide is to tell children the truth. They understand more than people often assume and if the parent doesn't talk about it the child feels it's prohibited.'

'Children often feel "I wasn't worth living for" after a parent dies by suicide and they need resolution around that,' Joan added.

Donna Schuurman said: 'We believe in the power of children being able to tell their story and being listened to. Sharing in a group is really powerful.'

'When we work with children bereaved by suicide we try to help them understand the pain the person was in and why they died by suicide,' she added.

Activities for children aged 3 to 5 years, affectionately referred to as 'The Littles', include percussion instruments for expressing grief, a water and sand playroom, a splatter paint room, art room and the outdoor firehouse. Toys include emergency vehicles, coffins and headstones to facilitate play and storytelling around their experiences of losing a loved one.

Presenting Joan Schweizer Hoff and Donna Schuurman with a Churchill Crown to thank them for hosting me at the Dougy Center in August 2019

Older children are invited to spend time in the circular Talking Room with fidgets and weighted blankets to provide reassurance for anxious youngsters, a hospital room with medical equipment for acting out experiences, a games room for socialising and a theatre room with a range of costumes and props for enacting experiences.

Peer-to-peer support: the power of kinship

One theme that unified all the organisations I visited was a steadfast belief in the value of peer-to-peer support after suicide. This shared kinship allows children and young people to express their complicated grief surrounded by others who have experienced the same sort of loss, helping them understand that they are not alone in dealing with complex emotions following a suicide.

I met with organisations providing peer-to-peer support in a wide range of settings including meetings in a family home, in group sessions for children facilitated by a specialist psychotherapist, in residential youth camps in the countryside and in purpose-built play and drama therapy rooms where children and young people could interact with their peers under expert supervision. I also found out about examples of online peer support for suicide bereaved children and young people in Sweden, and how they were attracted to the anonymity and round the clock accessibility such platforms offered.

Providing support to young people alongside others who have also experienced suicide loss acknowledges that grief following suicide is distinct to other causes of death and allows participants with a shared experience to talk openly. Often confronted by a lack of support from their regular networks due to stigma around suicide, peer-to-peer support networks provide a safe environment for children and young people to express their feelings.

Here are a few examples of the peer-to-peer support models I saw operating effectively on my travels:

1/ NEFOS, Denmark
NEFOS is the primary provider of suicide bereavement support in Denmark (see opposite) and its model is based on the principle of peer-to-peer support. Suicide loss survivors meet in regional groups, often in participants' homes, and groups are divided by the type of loss. The meeting I attended in Copenhagen was specifically for parents who had lost a child to suicide. Groups are led by trained facilitators and are held over a set period of time.

2/ Danish National Center for Grief, Denmark
The core aim of the Danish National Center for Grief (*Sorgcenter* in Danish) is to provide psychological treatment to those who have developed, or who are at risk of developing, complicated grief and as a result experience reduced daily functioning following the death of a loved one. They acknowledge that suicide often results in complicated grief and support is provided in a group setting rather than individually. Children and young people are placed in a group where at least one other person has also lost somebody to suicide. Funded by national and regional government, foundations, corporate and individual donations, they offer free psychological treatment to children, adolescents, and young adults under the age of 28.

3/ A Camp To Remember, USA
Tamarack Grief Resource Center in Montana runs A Camp to Remember, an annual residential camp for children grieving the death of a family member or loved one, many of whom have been bereaved by parental suicide (see pages 28–29). In addition to traditional camp activities like kayaking, camp fire and active games, campers have time to honour grief, learn coping skills, and connect with understanding peers. Many campers return year after year, acting as mentors to those attending the camp for the first time. There is an established Peers-As-Leaders (PAL) structure under which participants can take on leadership positions to coordinate activities, support younger campers and act as role models to those who are earlier in their grief journey. To become a PAL, a teen must be a responsible, positive role model and participate in leadership training.

4/ Dougy Center, USA
A key principle at the Dougy Center, a world-leading centre for bereaved children in Portland (see page 25), is placing children and young people in groups with others of a similar age and who have also experienced the same type of loss. Therefore children who have lost a parent, or other significant person, to suicide will be in a support group alongside others who have also experienced the same sort of loss. They believe this is the most effective way to provide support and it enables them to talk about feelings and responses, including the stigma they face, in a way that would not be possible in a general bereavement group.

Quotes on peer-to-peer support

On knowing others feel like you do…

'I was only eight when my dad did something to make himself die. He did it because he was badly depressed, but I still don't really understand why. It really helped that other children in the group felt like me.'
Chris in *Beyond the Rough Rock* published by Winston's Wish

On being able to open up to others who understand…

'Most people don't understand…they'll just jump to conclusions, and sometimes I feel I can't talk to people that it hasn't happened to – I have to talk to certain people that do understand.'
Suzie (11) in *Red Chocolate Elephants* by Dr Diana Sands

On how sharing experiences with others online can help…

'…parentally suicide-bereaved participants provide their own suicide bereavement experiences as support, which per se contribute to normalisation through confirmation of the existence of 'similar others' and the recognition of distinctive aspects of suicide bereavement compared to other modes of death.'
Anneli Silvén Hagström in *To mourn and resist stigma: Narration, meaning-making and self-formation after a parent's suicide*

Key learning: Peer-to-peer support is a powerful tool for healing, particularly in groups with a shared experience such as the loss of a parent to suicide

NEFOS providing peer support for people bereaved by suicide across Denmark

Despite my 9-day trip to Scandinavia being curtailed after 48 hours due to the COVID-19 outbreak, I was lucky to be able to attend a NEFOS peer-support group in Denmark before having to return to the UK 7 days earlier than planned.

The peer-support meeting was held at the facilitator's home in Valby on the outskirts of Copenhagen

The evening meeting for parents who had lost a child to suicide, was held by volunteer Lotte Holmen at her home in Valby on the outskirts of Copenhagen. A total of eight suicide-bereaved parents attended the group, plus two trainee facilitators, and I was impressed by the warm and welcoming atmosphere that allowed the bereaved parents to freely express their feelings among others who understood their complex grief.

It was the third session for this group, and some had attended previous sessions organised by NEFOS. A number of attendees had lost their child a few months ago, whereas for others their grief journeys already spanned many years.

They had been invited to bring an artefact, photo or video to share memories of their child, prompting some highly emotional disclosures and exchanges in the group. The group sharing was expertly facilitated by Lotte, who also incorporated a guided breathing exercise and provided refreshments creating a calm and homely atmosphere throughout the session. By sharing memories and raw emotions in a safe space, it was clear that the setting provided a rare opportunity for these suicide-bereaved parents to express their overwhelming grief.

On my Churchill Fellowship travels, I have witnessed a range of support programmes for people bereaved by suicide, and one key factor unifying much of the best practice is the creation of a safe space for suicide loss survivors to express their grief away from the stigma and judgement often present in wider society. It is also vital to allow people to find a way to voice their lived experience of suicide and express their complex feelings relating to their loss, which is often easier to facilitate among others who have also experienced suicide bereavement.

This type of peer-support has formed a key part of many of the projects I've visited around the world, and is particularly effective when offered alongside other coordinated support services. NEFOS also offers the opportunity for those bereaved by suicide to take part in a series of one-to-one therapy sessions with a counsellor. There is no charge for any of the support they provide.

NEFOS is also committed to training volunteers to carry out the vital role of group facilitator. The two trainees present at the group I attended were being mentored by Lotte, one of the organisation's most experienced facilitators, and took part in a debrief after the meeting as part of their preparation to run groups themselves.

I felt honoured to witness the support provided by NEFOS, providing a safe space for open expression held by such an experienced and professional facilitator in the intimate setting of her home. It also offered the precious opportunity for those impacted by suicide to form kinship bonds through their shared experience to help them navigate a new reality in the aftermath of a suicide.

nefos.dk

A warm and homely setting for a meeting of parents bereaved by suicide

CASE STUDY 6 **Key learning:** A robust trauma-informed approach and actively-nurtured community ethos create a unique space for healing

Flathead Lake in Montana is the backdrop to a special grief camp run by the Tamarack Grief Resource Center

A Camp to Remember: nature, compassion and healing in Montana

A Camp to Remember (ACTR) for grieving children is organised every year by the Tamarack Grief Resource Center in Montana, the state with the highest suicide rate in the United States. Surrounded by expansive cowboy country, the special camp is held on the shores of Flathead Lake and was featured in the BBC World documentary *What's Killing America's White Men?* in 2018.

Led by the organisation's charismatic and inspiring Executive Director Tina Barrett, ACTR is held every summer for children and young people grieving the loss of a loved one. I was honoured to be invited to be a member of the CARE Team, made up of staff, volunteers and specialist therapists who worked as a close-knit team to take care of the 54 young campers aged from 7 to 18.

After arriving in Missoula where the Tamarack Grief Resource Center is headquartered, I stayed overnight at the beautiful home of long-term volunteer Robin Bright-Round, sharing drinks on her terrace overlooking the city with another volunteer who had travelled inter-state. The following morning I linked up with three more volunteers for the stunning road trip to Flathead Lake.

Welcoming the CARE Team at our pre-camp briefing, Barrett said: 'We're here to help you shine and to nurture your individual talents. Our goal is to create a safe space both physically and emotionally.' She explained how trauma creates an activated nervous system and encouraged us to calm our own bodies to help the children regulate their own systems. She also talked about the signs of hyperarousal to look out for, explained how trauma can affect children's Window of Tolerance and shared Calm Down Strategies and a 5-Step Grounding Technique to use with the campers.

I was allocated to the team looking after the Middle Earth Girls aged from 12 to 14 in their lakeside bunkhouse. After all our campers arrived having bid farewell to their families, we held a welcome meeting in our bunkhouse to give everyone a chance to get to know each other. Some were return campers, whereas others were first-timers, all had lost a parent or sibling, many to suicide. The girl sat next to me had lost her dad to suicide aged 9, just as I had.

After an initial sharing circle, we held a Quilting Ceremony in our communal lounge to welcome each girl, where each one was wrapped in a handmade quilt. The beautiful patchwork quilts, made by volunteers, are given to each new camper so that they have it at home as a reminder of the love, support and solidarity they experienced at ACTR. 'Wrap yourself in this quilt whenever you need to remember how much you're loved and cared for, the magic of this camp will always be with you,' I told one of the girls as I wrapped the colourful quilt around her shoulders.

Over the course of 3 days and 3 nights, a magical atmosphere was created with a range of outdoor and creative activities, intimate sharing circles in the bunkhouses and fireside songs around the fire in the evenings with toasted marshmallows. Throughout the camp children take part in various rituals of remembrance including creating a spiral of handmade lanterns that they walk to the centre of in a special ceremony at nightfall. 'The spiral is symbolic of grief taking us on a journey to the centre of our being,' Barrett explained.

With fellow CARE Team volunteers and our Middle Earth campers at A Camp to Remember in Montana

With Camp Director Tina Barrett wrapped in one of the homemade quilts made by volunteers and gifted to every participant

Another key feature of ACTR is the network of PALs (Peers-As-Leaders), comprised of young people who have attended previous camps and take on responsibilities for delivering activities and supporting younger children or those new to the camp. Potential leaders are selected and supported in becoming part of the PAL team, and many of the newer campers aspire to become PALs. As they grow into the role with more responsibilities, they become great ambassadors for the whole project and role models for the younger participants.

Every camper is allocated a 'secret friend' at the start of the camp and is encouraged to send handmade gifts, notes and things they find in nature to show their support. As a CARE Team member I loved delivering the various offerings and witnessing how much joy and intrigue each delivery brought. At the end of the camp everyone gathers in a closing ceremony and discovered who their secret friend was, a lovely ritual that leads to lots of hugs, smiles and laughter.

Over the next days there was a busy programme from dawn until we met for the nightly songs around the fire on the lakeside. Campers could choose from a range of activities, with a focus on nature, creativity and mindfulness. Although it is a camp for grieving children, they are given permission to play and have fun in a safe environment. The caring, kind and compassionate culture gives children the freedom to express a range of emotions.

The experience of being around children and grief can be emotionally-triggering for staff and volunteers and a focus is placed on the wellbeing of the CARE Team. 'Radical self care' is promoted and we were encouraged to lean on the team, take regular breaks, check-in, debrief and share 'tokens of care' such as hugs and coffee refills throughout the camp.

The camp culminated with a variety show where the campers had an opportunity to show off their creative talents in front of their family members on the stage. It was wonderful to see the smiles not only on the faces of the children, but also on the faces of their family members who had driven from far and wide, even from neighbouring states, to bring their children to this very special camp.

'We can't take the pain away, but we can add care and understanding along the journey,' Barrett said.

With fellow CARE Team members Rob Rice and Debbie Manzanares, who also volunteer with TAPS, an organisation supporting military families bereaved by suicide in the USA

Role of CARE Team

- Establish a safe space, physically and emotionally
- Foster cohesion between campers
- Strong leadership
- Honest and direct communication
- Model care, respect and understanding
- Initiate and facilitate interaction
- Clarify and summarise
- Bring authentic self into groups and activities
- Attend training and debrief
- Work constructively with team

Typical day at ACTR:

07:00	CARE Team huddle
07:15	Polar bear swim in the lake
08:15	Breakfast and announcements
09:00–10:00	Cabin time
10:00–11:00	Activity 1
11:15–12:15	Activity 2
12:30	Lunch and announcements
13:30	FOB (Flat on Bunk) time
14:30	Waterfront time
16:00	Activity 3
18:00	Dinner
19:00	Cabin time: connection and stories
20:30	Candle lighting and campfire songs
22:00	Bedtime and lights out

The power of storytelling: breaking the silence after suicide

Throughout my travels the approaches I witnessed confirmed that storytelling is a powerful tool to enable children and young people to develop their own narrative around the loss of someone important in their life to suicide. Through the process of framing and sharing their story, they are able to become active agents rather than victims following the death of a parent by suicide. Even if they feel silenced within the family setting, they often seek support beyond this sphere particularly in their teenage years and through online platforms.

> 'All sorrows can be borne, if you put them in a story.'
>
> Isak Dinesen

Swedish researcher and author Anneli Silvén Hagström stresses that the power of narratives and has found that storytelling is a key element in combating stigma. 'Suicide-bereaved youths are able to break the enforced silence connected to stigma through their telling of experience,' she writes.[1]

On my travels I witnessed how this shift in perspective empowered young people to frame their loss in a way that helped them process their complicated grief and, in some cases, also support others going through a similar experience. By creating their own narratives, they are able to challenge the stigma so often present after a suicide death and pave a way for others to follow their lead.

Here are a few examples to illustrate the power of storytelling:

1/ StandBy Lived Experience Advisory Group, Australia
StandBy Support After Suicide's Lived Experience Advisory Group (below left) was established in 2019 to provide valuable lived experience to inform the organisation's future strategic direction, by providing advice and guidance informed by their lived experience. LEAG members, all of whom have lost a close family member to suicide, meet regularly to support special projects and to help identify areas of prioritisation. The group received specialist training from Roses in the Ocean (see next column) and regularly share their stories via various means including through social media campaigns and attending conferences.

2/ *The self-murderer from Orminge* play, Sweden
This theatre play was written and performed by a young Swedish woman about her experience of losing her mother to suicide when she was a teenager after a long history of mental illness. Swedish researcher and author Anneli Silvén Hagström said the narrative process of writing the play gave the daughter the opportunity to 'personally negotiate both the meaning of suicide, and her mother's and her own identities in light of this stigmatizing event'.[2]

> 'One day your story will be someone's survival guide'
>
> Anon

3/ Roses in the Ocean, Australia
Headquartered in Brisbane, Roses in the Ocean is a champion for the lived experience of suicide movement. They provide specialist consultancy and training for those sharing their own stories of suicide loss, and also support organisations and government to effectively and meaningfully engage and integrate lived experience expertise. By supporting those bereaved by suicide to be able to share their stories, both safely and effectively, Roses in the Ocean is at the forefront of the international expert by experience movement.

Storytelling online: a natural meeting point for young people

The online world is where young people increasingly congregate to share their experiences and interact with their peers. In Sweden, a moderated online self-help community for suicide-bereaved young people was set up by two young women who lost a younger brother to suicide. It primarily offered a safe space to share stories of suicide loss with others who had first-hand experience, and also provided support to suicidal individuals.

Why storytelling is so important in helping children and young people after suicide:

- Helps develop own narrative, take ownership of their lived experience.
- Encourages connection with others, which can be a powerful tool for healing.
- Empowering for a young person to own and share their own story on their own terms.
- Helps to combat stigma surrounding suicide, both internally and externally.

StandBy's Lived Experience Advisory Group

[1,2] Hagström, Anneli Silvén, *To mourn and resist stigma: Narration, meaning-making and self-formation after a parent's suicide*

Key learning: Complex ethical issues can be navigated to produce valuable research into the impact of parental suicide on children

Dr Anneli Silvén Hagström at Stockholm University shares research focused on parental suicide

When I first discovered Swedish researcher and author Anneli Silvén Hagström online I was keen to meet with her as her research felt extremely relevant for this project as her work focused specifically on children and young people who lose a parent to suicide.

Her book, *To mourn and resist stigma: Narration, meaning-making and self-formation after a parent's suicide*, shares four separate research projects conducted since 2013.

Our face-to-face meeting in March 2020 in Stockholm was rescheduled due to pandemic travel restrictions, so we met online in April 2020 when we were able to discuss her insightful work in depth.

Hagström was prompted to embark on her research when she realised how unprepared she and her colleagues were to support children and young people after suicide bereavement. She said her research position is 'guided and influenced by my perspective as a practicing social worker and grief therapist' and she wanted to discover 'how we as professionals can best assist parentally suicide-bereaved youths to find the support they need from us'.

At the start, she was 'struck by the risks associated with this kind of loss and underscored in previous research – first and foremost in terms of mental health outcomes'. As a counsellor in child and youth psychiatry she felt ill-equipped to deal with young people after the death of a parent by suicide. She said '…this knowledge was unknown to our practice' and young people who lost a parent to suicide were 'not a major priority'.

She was also 'puzzled' by the absence of suicide-bereaved families seeking support, and only encountered one such family in a 5-year period in her role. She recounted counselling a mother and her two teenaged sons after their father had jumped in front of a train during a family conflict. She describes the 'evasive mourners' who provided 'no clues as to what they needed', adding 'they probably did not know themselves in this shocking and chaotic situation'. This experience, which she describes as 'unsatisfactory', coupled with the lack of in-depth knowledge about the social problems and processes behind these youths' risk outcomes, prompted her to become better informed through listening to young mourners telling of their own stories.

The following four pieces of research conducted by Hagström are covered in her book, published in 2016:

Article 1: *'The stranger inside': suicide-related grief and 'othering' among teenage daughters following the loss of a father to suicide* (2013). Hagström conducted in-depth interviews with four young women, all of whom had lost their father to suicide during adolescence, about their experiences. They all reported that stigma hindered them from talking about the suicide even years later and had a sense of 'strangeness' and shame relating to the loss. Hagström writes: 'They all describe a fear of being regarded as abnormal as the greatest obstacle to seeking social support.'

Article 2: *'The self-murderer from Orminge': A bereaved daughter's remonstrance to 'rescue' her Self through through a performed memoir of revolt* (2014). Hagström found that a young Swedish woman's performance of a play about her experience of losing her mother to suicide was part of her healing process and such strategies to actively break the silence have been shown to facilitate the processing of traumatic experiences.

Article 3: *Breaking the silence: Parentally suicide-bereaved youths' self-disclosure on the internet and the social responses of others related to stigma* (2016). This revealed that by remaining anonymous and the 24/7 availability, young mourners were likely to become active online to narrate their experience and seek social support. Non suicide-bereaved participants often saw the suicide-bereaved child as 'victim' and the deceased parent as 'perpetrator' with the aim of relieving the mourner of self-blame. Hagström found this response reproduced stigma as the bereaved child 'must identify him/herself as being the offspring of a morally aberrant character.'

Article 4: *'Suicide stigma' renegotiated: Storytelling, social support and resistance in an Internet-based community for the young suicide-bereaved* (2016). By actively seeking support online outside their everyday social networks, Hagström found that youths were more able to communicate about the suicide event. By analysing online chat threads of suicide-bereaved youths, she found they started to interact, destigmatise themselves and seek to understand the person who had died.

Hagström identifies a primary strategy of suicide-bereaved youths faced by stigma is to normalise themselves by staying silent about the suicide in everyday social networks and to seek support outside their existing support network, often online. Hagström points out that the grief following a parent's suicide is often referred to as 'the silent grief'.

Collaboration with Swedish organisation supporting suicide-bereaved children and young people

Hagström is engaged in an ongoing research project with Swedish children's rights charity Bris, which runs residential weekends for children and young people bereaved by suicide (see page 14). In a paper[1] published in 2021, based on interviews with participants, she concluded that the family-based grief support programme in the format of weekend camps with a particular focus on children's grief is a 'highly effective intervention'. She reported that participation helped to counteract 'self-imposed blame for suicide' and 'helped to open up family communication and strengthen family resources for coping with a parent's suicide'.

[1] Silvén Hagström A (2021) A Narrative Evaluation of a Grief Support Camp for Families Affected by a Parent's Suicide. Front. Psychiatry

Back to school: the important role of the education sector after suicide bereavement

When it comes to supporting children and young people after a parent dies by suicide, the education sector has the potential to play a vital role.

From early years settings through to primary and secondary schools, colleges and universities, these organisations have daily contact and established relationships of trust with young people and are uniquely placed to signpost to specialist support when surviving caregivers are coping with their own grief and shock after a suicide.

In recent years there has been a focus on preventing suicide and self-harm among students, with a particular emphasis on strategies to prevent contagion after a young person takes their own life, but support for those bereaved by suicide at home has often been overlooked. The Step by Step guidance developed by Samaritans is widely referenced in conversations around schools and suicide, however this is primarily focused on suicide within the school community itself and the avoidance of 'copy-cat' incidents rather than a bereavement at home, although some of the advice can be applied to wider suicide bereavement. Therefore, schools lack guidance on how to best support pupils with complicated grief after the death of a parent by suicide.

The focus on suicide prevention in educational settings often distracts from the related but very separate issue of suicide bereavement support, and it is this blur that can make it even harder to address the needs of this specific group.

The return to school after any bereavement can be difficult, but this can be infinitely more challenging after a death by suicide due to the associated stigma and lack of knowledge and confidence regarding how to support children and young people after such a bereavement.

During my Churchill Fellowship travels I visited several organisations working with schools to help overcome these issues. In Australia StandBy Support After Suicide works actively with schools when a young person is bereaved by suicide, often working in partnership with headspace and Be You (see next page).

Around 1,700 children experience the death of a parent each year in Denmark (Eland M, *Children and grief in numbers*, 2016) and Danish childhood bereavement researcher Dr Martin Lytje has investigated how children experience the return to school after a parent dies. In his study entitled: '*Voices we forget – Danish students' experience of returning to school following parental bereavement*', he conducted interviews in a total of 18 focus groups with 39 participants aged 9 to 17 years, all of whom had lost a primary caregiver.

The study's key findings were that students struggle to reconnect with classmates following the return to school and often feel alone, schools fail to have guidelines in place for what pupils are allowed to do if they become sad in class, and schools seem to forget their loss as time passes.

Advice for schools if a student does not want the loss to be spoken about

Extract from '*Loss in the family – A reflection on how schools can support their students*' by Atle Dyregrov, Kari Dyregrov and Martin Lytje

Some students might not want anything to be said – often the case if a parent has taken their own life. If possible, the best option is always to include the family. However, sometimes they might also be struggling with how to reach the child. The family might need support in this task as well. Here it is important to understand that when a child does not want the loss to be spoken of, it can be for many different reasons. Therefore, it is impossible to use the same strategy for all such situations. If a student does not want anything to be said – but everyone already knows – we recommend a staff member talks to the bereaved student about the consequences that this silence may have for them.

'I understand that you do not want us to say anything to the class, but the truth is that they already know what has happened. If we do not say anything to anyone, then, in the end, you end up not being aware of what they know. Sometimes untrue rumours also start circulating. If we from the school do not say anything about what really happened, then you might be faced with having to hear some of these rumours, and they can be very hurtful. Since a lot of people already know what has happened, we also have a responsibility to ensure that they have the support they need and know what is true and what is not. What we would like to tell them is….'

If the death has been featured in the media, it is even more important that rumours and misconceptions are confronted and put to rest. Our experience is that, in most cases, students do not want anything to be told to the other students because they fear the unknown. If the school takes the time to ensure that the student and family understand what will be communicated and why, they are much less likely to oppose such information being offered to teachers and peers.

In instances where the school administrators and educators feel that they have done everything they can but are still struggling to collaborate with the student and family, we recommend enlisting the support of specialists. This could include community workers, counsellors, bereavement support specialists, or psychologists.

Checklist for education establishments to be prepared for suicide bereavement

1. Develop a suicide bereavement protocol and brief staff to ensure everybody understands their role in it and receives the necessary training and support.
2. Look up specialist support you can signpost pupils and their families to after a suicide.
3. Source age-appropriate suicide bereavement resources for your pupils and their families.
4. Encourage staff to talk about mental health, depression and suicide to reduce stigma.

Key learning: Inviting young people to take ownership of the support they receive and the environment it's delivered in promotes engagement

headspace: a one-stop-shop for young people who need support

The reception area at headspace in Maroochydore is bright and welcoming for young people

A range of branded leaflets are available covering a range of topics including grief and loss, anxiety, sexual health, bullying and self-harm

A number of private rooms are available for one-to-one sessions for children and young people

A recreation space is available for young people to socialise with their peers in a safe environment

Posters displayed throughout the site promote emotional wellbeing and help-seeking

Original artwork on the wall in the recreation zone at headspace Maroochydore

headspace is funded by the Australian Government Department of Health under the Youth Mental Health Initiative Program. headspace provides free and confidential mental health, drug and alcohol, physical health and education and vocational support to young people aged between 12 and 25 years including support for grief and loss. For more information visit headspace.org.au

In June 2019 I visited the headspace centre at Maroochydore, north of Brisbane in Queensland where I met with the headspace team to find out more about the support they offer children and young people after suicide including the work they do via headspace Schools, which is a delivery partner of a National Mental Health Initiative called Be You.

Maroochydore is one of more than 100 headspace centres located across Australia. They act as a one-stop-shop for young people who need help with mental health, physical health including sexual health, alcohol and other drugs or work and study support.

According to headspace: 'Our centres are designed not just for young people, but with them, to ensure they are relevant, accessible and highly effective. As a result, no two headspace centres are the same, with each offering unique services that reflect the needs of its local community.'

This commitment to designing their centres with young people was clear during my visit, with youth-orientated design, artwork and recreation spaces throughout the purpose-built premises, which retain a homely feel.

headspace Schools is a division of the organisation that is 'dedicated to improving the mental health and wellbeing outcomes of children, young people, families, and school communities'.

Be You has produced *Suicide Postvention Resources: Complete Toolkit* to help schools respond in a coordinated and informed way to a suspected suicide to reduce the risk of contagion. This guidance for secondary schools is primarily focused on how to respond following a suicide death within the school community, in a similar way as the Samaritans Step by Step guidance does in the UK.

The 54-page toolkit contains useful advice on how to prepare for, respond to or recover from issues related to suicide within the school community. It includes guidance on planning for a suspected suicide incident, and user-friendly checklists for immediate, short-term and longer-term responses in order to reduce the risk of suicide contagion. It includes helpful templates for an initial staff meeting when the crisis response team is activated, and templates for notifying staff, students, and families. Additionally, the toolkit provides links to a wide range of factsheets on topics such as:

- Supporting young people after a suicide
- Grief: how young people respond to a suicide
- Family liaison, funerals and memorials after a suicide
- Staff grief after a suicide
- Suicide, media and social media
- Boarding schools: what to do after a suicide
- Responding to a death that can't be referred to as a suicide
- Self-harm

Resources for children and young people bereaved by suicide

There are a range of resources available for children and young people after a parent or other significant person dies by suicide. These resources are helpful not only for the children and young people, but also for those supporting them either within the family or on a professional basis in schools and elsewhere.

A selection of resources can be accessed online free of charge including publications for teens produced by StandBy Support After Suicide in Australia. I discovered there was a lack of resources available for those from a range of ethnic and cultural backgrounds. However, I was impressed by the Dougy Center's efforts to produce multilingual materials, which they regularly ship on an international basis.

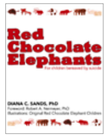
I was struck by the significant gaps that remain in terms of resources, especially for older children and teens, but an increasing number of online resources are helping to counter the scarcity of published materials for this age group.

When developing a protocol to support children and young people after a suicide within a orgnaisation, I recommend sourcing age-appropriate resources so that these are available to the young person, their family and the staff supporting them in the event of a suicide bereavement. By its nature, the death is likely to be sudden and unexpected and having useful resources at hand will prove invaluable to all involved. Ideally, these resources should be available to the wider school community and not only those directly impacted by suicide in order to promote understanding and combat stigma.

On my Churchill Fellowship travels, I collected various books, leaflets, DVDs and CDs from the various authors, experts and organisations I visited and a number are included in this list of recommended resources:

Beyond the Rough Rock, published by Winston's Wish, the UK childhood bereavement charity, is a useful resource for those supporting children and young people after suicide bereavement. Available via WH Smith, Blackwell's, and via **shop.winstonswish.org**

Help is at Hand and ***Finding the Words*** are two free booklets published by Support After Suicide, providing useful information and advice for families bereaved through suicide or other unexplained death. They are also helpful for those supporting them, and are available via their website at **supportaftersuicide.org.uk**



Red Chocolate Elephants (see next page) is a book and accompanying USB compiled by Australian suicide bereavement expert Dr Diana Sands for primary-aged children after suicide loss. It is intended to be read with an adult and was compiled with the help of children who lost a parent to suicide. Available via Child Bereavement UK: **childbereavementuk.org/shop**

Available outside the UK via: **bereavedbysuicide.com.au**

A book just for me – a grief journal for children under 12 (with accompanying notes for parents) and ***My grief journal – for grieving teens*** are free, downloadable resources for children and teens bereaved by suicide, produced by StandBy Support After Suicide in Australia. These books, along with various other online resources focused on supporting children and young people after suicide, can be downloaded via: **standbysupport.com.au/resources**

Dougy Center in the USA is a world-leading organisation supporting children after bereavement, and they have produced some specialist resources related to suicide. A range of books and DVDs can be ordered online, including ***After a Suicide Death: An Activity Book for Grieving Kids*** and a DVD called ***Understanding Suicide, Supporting Children***. A number of free resources and podcasts are also available for download via: **dougy.org**

Luna's Red Hat by Emmi Smid (Jessica Kingsley Publishers) is an illustrated storybook to help young children cope with loss and suicide. It is suitable for children aged 6+ and is written for anyone working with or caring for children bereaved by suicide, including bereavement counsellors, social workers and school staff, as well as parents, carers, and other family members. Available via Amazon.

Rafi's Red Racing Car by Louise Moir (Jessica Kingsley Publishers) is an illustrated book for children aged 3 to 8 years to help them come to terms with the loss of a family member to suicide. The book includes a guide for adults on how to help a grieving child to heal after suicide bereavement. Available via Blackwell's.

Why did daddy end his life? Why did he have to die? By Samantha Pekh (Balboa Press) is a suicide bereavement book for children and parents. Written by a Canadian psychologist for children aged 5 to 12, this illustrated story provides a fictional character for children to relate to. The story guides children through the difficult emotions they may feel but often find difficult to express. The supplementary guide for parents and caregivers answers common questions and provides specific examples of how to talk to children about suicide. Available via Amazon.

 Key learning: Specialist resources provide valuable tools to ensure an honest and age-appropriate approach

Dr Diana Sands, Director of Bereaved by Suicide Centre for Intense Grief

During my visit to Australia, I met with Dr Diana Sands, a world-renowned expert in suicide bereavement and specifically its impact on children. I was honoured to be invited to her home in the Sydney suburbs where she offered me a one-to-one counselling session so that I could experience first-hand how she works with adults who have experienced suicide bereavement in childhood. For many years Sands has provided both counselling and group programmes for families bereaved by suicide.

Over dinner afterwards we discussed her research that includes the 'Tripartite Walking in the Shoes Model of Suicide Bereavement'[1], which uses the metaphor of walking in the shoes of a loved one to describe how those bereaved by suicide seek to understand the experience of the person they have lost. Afterwards they are able to 'take off the shoes' when they can set aside the manner of death, a phase often connected to personal growth.

'How we talk to ourselves and others about the loss of our loved one can ease our grief or make it more difficult,' Sands said.

With Dr Diana Sands at the 6th Australian Postvention Conference in Sydney

Sands on supporting children after suicide bereavement:

'They may worry that something else bad is going to happen and need reassurance that the world is good, safe and controllable.'

'They will seek information from adults that they trust to help them make sense of this raw and painful experience.'

'Maintaining normal routines wherever possible will be helpful in promoting a sense of safety and, when appropriate, including children in decision making will reduce feelings of powerlessness and vulnerability.'

'It is not helpful to give children ambiguous and half-truths about a death due to suicide. It is better to provide honest and age-appropriate explanations of what has happened.'

'Children need reassurance that they are loved and that nothing they did caused the death.'

Dr Sands is the author of *Red Chocolate Elephants*, a book for primary school-aged children bereaved by suicide, which was compiled with the help of a number of children all of whom had lost their dad to suicide. 'The children who contributed really wanted the book to be made, to tell how it was for them,' Sands said.

The book is designed to provide an assisted reading activity with an adult, rather than to be read by children on their own. It gives adults the understanding they need to be able to support young children after suicide.

The book holds a special place in Dr Sands's heart as her mother lost her dad to suicide at an early age. At the time there were no books available for children bereaved by suicide, just as there were no resources available when I lost my own dad in 1985.

Sands said she hoped the book would 'comfort children in making meaning of this devastating loss and support their growth through grief'.

In the book, children share a belief that their dad is still part of them or looking after them, something that Sands refers to as their 'continuing bond'. This relationship with the deceased parent after suicide changes over time and was a source of nurturance and comfort for the children who contributed to *Red Chocolate Elephants*.

Dr Diana Sands offers specialist suicide bereavement therapy sessions and uses a range of props to help children express their complex grief

A special message about *Red Chocolate Elephants* from John R Jordan, PhD

Red Chocolate Elephants is a remarkable resource for children bereaved by suicide, especially those who have lost a parent to suicide. In a world where children are often forgotten mourners, this unique combination of text, pictures and voices – all in the words of bereaved children themselves – is a treasured safe haven for young people to hear their fears, questions and difficulties put into words by other children just like them.

Red Chocolate Elephants is available in the UK via **childbereavementuk.org**

[1] Sands, DC (2009). A tripartite model of suicide grief: Meaning-making and the relationship with the deceased. *Grief Matters: The Australian Journal of Grief and Bereavement*, 12, 10–17.

Post-traumatic growth: adopting a narrative of empowerment

One recurrent theme I encountered was the immense potential for personal growth following suicide bereavement.

> 'To live is to suffer, to survive is to find some meaning in the suffering.'
>
> Friedrich Nietzsche

Alongside the many accounts of intense grief and the almost insufferable pain it brings, were those of people who had been driven to change systems, support others and develop new positive ways of approaching life as a direct result of their suffering. Until I reached Australia, I was familiar with this concept only through my own lived experience. Now I know that the transformative power of an experience such as the death of a parent by suicide has a name: post-traumatic growth. On my Churchill Fellowship travels I witnessed this potential for increased resilience and empathy, coupled with a desire to help others and to live life to the full, in many who had lost a loved one to suicide.

Grieving mum's online campaign leads to suicide training for all accident and emergency (A&E) personnel

Kerrie Keepa from Brisbane in Australia has lost five members of her family to suicide including her 21-year-old son, Chris. He took his own life after being released by staff at a local hospital who failed to spot the 'suicide signs' in front of them. She describes the loss of her son as 'a pain like no other' and 'truly horrific'. She and her surviving children were supported by StandBy Support After Suicide. 'I spoke to StandBy and they came to our house, they spoke to us all individually and together as a family. To know there was that support there outside of the family was just amazing.'

'I could have curled up on the lounge floor and died along with Chris but I had this anger inside me that he should never have died. He was a 21-year-old male with a history of suicide in his family. They sent him home with 10 Valium and told him to have a good sleep. He should have never been allowed to leave the hospital that night.

'That anger spurred me on to do something. I posted something on social media and 7 million people saw it.' Kerry set up a Facebook page called SOS Fast and started an online petition at Change.org demanding that A&E staff be trained in looking after suicidal people. This attracted more than 60,000 signatures.

She met Queensland's Health Minister Cameron Dick: 'He listened to me, and said he'd look into it.' Within a few months Dick announced that an A&E training scheme would begin as part of a major review of mental health in Queensland.

'Change is happening, I can guarantee it. I've seen it with my own eyes,' Kerry said. 'A lot of people said to me from the get-go: "Why are you bothering? One person can't make a difference." I beg to differ.'

> 'A lot of people said to me… "Why are you bothering? One person can't make a difference." I beg to differ.'
>
> Kerrie, who lost her 21-year-old son Chris to suicide, and triggered a A$9 million suicide policy change

After her dad's suicide, woman uses billboard to spread message of hope: 'You are human. You are loveable. You are strong. You are enough.'

Nicole Leth from Kansas City in the USA lost her dad to suicide when she was 17 years old, and his death prompted her to hire a billboard on US Highway 71 in her hometown to spread messages of hope to passing motorists. She initially paid for the billboard using funds from her job as a yoga teacher.

She said that losing her dad, Richard, in October 2010 was 'heart-shattering' but it also gave her a sense of purpose: to try to save others. 'I realised over the years I could never save someone's life for them, but I could create an encouraging and affirmative space to empower them to save their own life,' she said.

She said she misses her dad hugely: 'He truly had the same heart as me and he always felt things so intensely. We'd always go on these cross-country road trips and have the deepest conversations about life and people and love.'

Quotes on post-traumatic growth:

On how suicide bereavement can be a catalyst for personal growth…

'…young participants in this study emphasized their experiences of personal growth stemming from life lessons learned from the loss, including increased appreciation of life and relationships, and overall increased maturity.'

On how an increased capacity for empathy can be selective…

'…some young participants in this study noted that they had become more empathic towards other people, but not towards themselves.'

Dr Karl Andreissen in *"It Changes Your Orbit": The Impact of Suicide and Traumatic Death on Adolescents as Experienced by Adolescents and Parents*

On a shift in life perspective after suicide…

'The suicide gave me a positive outlook on life, the realisation of how short life is and how suicide is not an option.'

Jake in *Losing a Parent to Suicide: Using Lived Experiences to Inform Bereavement Counselling* by Marty Loy and Amy Boelk

Postvention Australia: a global gathering of suicide loss experts at biennial conference

During my Churchill Fellowship travels in Australia in June 2019, I attended the 6th Australian Postvention Conference in Sydney where I was honoured to be invited to deliver the keynote speech at the conference dinner. The theme of the 3-day conference was 'Building hope together: the journey after suicide' with a diverse line-up of speakers including a number focused on support for children and young people and some powerful testimonies from those with lived experience of suicide bereavement.

Attending this conference, billed as 'the world's largest multi-day gathering of suicide loss experts', was a highlight of my travels as I had the opportunity to meet leaders in suicide bereavement support not only from across Australia, but also from all over the world.

The biennial conference was opened by Her Excellency Margaret Beazley AO QC Governor of New South Wales, and I had an extremely productive 3 days attending sessions, listening to speakers and carrying out interviews.

At the conference dinner on the second day I delivered a speech entitled 'Turning the tide: swimming beyond the pain of suicide loss'. As well as speaking about the impact my dad's suicide has had on my life, and my endurance swims around the world, I spoke about my Churchill Fellowship research and my mission to improve the support for children bereaved by suicide. I was overwhelmed by the response afterwards, with many delegates sharing their own stories of suicide loss in childhood with me.

After organisers gained significant media coverage for the event over 3 days, attendees unanimously agreed on the following resolution on the final day:

The solution we believe is to urgently provide appropriate resources to establish a representative 'National Steering Group' to undertake collaborative planning, identify opportunities and set future directions for Postvention under the auspices of Postvention Australia.

A mass photo call, which I participated in, was organised to promote this resolution to media across Australia as Postvention Australia sought to create a lasting impact from the gathering.

'The conference unanimously agreed that postvention must be elevated on the national agenda and given the highest priority to build strong community support and advocacy for those bereaved by suicide. From such beginnings the environment of suicide risk for everyone can be changed,' Postvention Australia said in a communique to the media.

Joining in a photo call to promote the conference resolution to elevate suicide postvention on the national agenda

Speaking at the conference dinner about my mission to improve support for children after suicide

Making connections after speaking about my experience of suicide loss as a child

With Postvention Australia's National Secretary, Alan Staines (Envoy) OAM

With Professor Ian Webster AO, Chair of Postvention Australia in 2019

The multi-agency team from Western Australia presenting Bridging Gaps Together: A Collaborative and Coordinated Postvention Response

With Caroline de la Harpe from CYPRESS, an organisation supporting children and young people after suicide

Personal reflections on childhood suicide bereavement

Carrying out this Churchill Fellowship research around the world prompted many personal reflections on my own experience of parental suicide and I was confronted with many emotions that had remained packed away since childhood. Here I'm sharing a couple of moments from my travels when I reflected on my own lived experience of suicide.

Unspoken: the silent grief after suicide

The first port of call on my Churchill Fellowship travels was Melbourne in Australia, which is now home to a childhood friend, Leesa Cutajar, who I hadn't seen for more than a decade. I first met Leesa shortly after my dad took his own life. Her mum was our childminder and we became close friends even though she was a couple of years older than me, our bond strengthened by our shared love of horses. For years we were often together round the clock, looking after our ponies and socialising together when we weren't at school.

With childhood friend Leesa Cutajar on my arrival at Melbourne Airport

Leesa emigrated to Australia with her husband and when she picked me up at the airport it was the first time we'd seen each other in a very long time. On the way to her home she asked me about my research as we'd only spoken very briefly before my departure.

I told her I was researching support for children after a parent dies by suicide, and explained it was motivated by my dad's suicide. 'You realise you never told me your dad killed himself don't you?' she said. 'You never talked about it.'

I was shocked by this given how close we were but at the same time it didn't surprise me as it confirmed everything I'd been reading in the research about how children feel shame after suicide bereavement and often grieve in silence.

Overheard: the inescapable grief of suicide

On 16 June 2019 I spent Father's Day with some of the lovely people I'd met at the 6th Australian Postvention Conference, which had wrapped up the previous day. Pat Brown, an Australian grief counsellor and author, took a few of us on a tour of her home city of Sydney. It felt like a poignant day, having given my keynote address at the conference a few days before, speaking openly and honestly about how the loss of my dad to suicide had shaped my life.

My dad was very much in my thoughts. Were it not for him and how his life ended, I wouldn't have been at the other side of the planet on my Churchill Fellowship travels. We walked through lush vegetation to an isolated beach in a nature reserve overlooking the Sydney Opera House and a harbour bustling with marine traffic. As everyone took in the view, I drew a big heart in the sand in memory of the man whose death by suicide had brought me to this point, to help to improve the support for others who were yet to live through what I had.

Remembering my dad, Ralph, who took his own life when I was 9 years old on Father's Day in Sydney in June 2019

Later that evening I headed to a tiny Italian restaurant around the corner from my digs in Bondi Junction. I was going to have a bite to eat and write a tribute to my dad to post online with a photo I'd taken on the beach.

I took the final table in the restaurant next to a young woman and her male companion who were engaged in an emotional conversation that was hard to ignore. I deduced that she had just returned to Sydney from Europe, following the unexpected death of a close family member, maybe her father. As the conversation continued, it became apparent that it was a suspected suicide.

The young woman was visibly angry as her friend tried to console her. 'I don't care what anyone says, it's not brave. It's cowardice,' she said. 'He was depressed but not *that* depressed.' Her words reminded me that the complex grief after suicide not only exposes us to external stigma but also powerful judgement and prejudice from within.

Of all the tables in all the restaurants in Sydney that I could have chosen that evening, it was amazing that I ended up on that one, alone with my notepad and my thoughts. It was hard not to interject but it wasn't my place and I focused on writing about my own dad, more than 3 decades after his death by suicide.

Starting an international conversation about childhood suicide bereavement

I used my Churchill Fellowship research as an opportunity to start an international conversation about how we can better support children after suicide bereavement. Through media interviews, keynote speeches and presentations, and regular blogs and social media posts, I shared what I was learning through my global travels from my perspective as someone with lived experience of losing a parent to suicide.

Here's a few examples of how I shared the story of my Churchill Fellowship research project both around the world and back home in the UK.

Keynote speech at international suicide postvention conference in Australia

Delivering a keynote speech in Sydney at the 6th Australian Postvention Conference to delegates from across Australia and around the world

During my research travels in Australia I was invited to speak about my lived experience of parental suicide, how it shaped me as an endurance athlete, and my Churchill Fellowship research.

Achieving Awesome podcast

Speaking to Californian podcast presenter Hannah Jenner during my visit to the USA

Whilst in the USA I was interviewed by Hannah Jenner, host of the *Achieving Awesome* podcast in Santa Barbara, California. We spoke about my Catalina Channel swim, my Churchill Fellowship research and my mission to improve the support for children bereaved by suicide.

UK regional media

I did regular interviews with BBC Radio Solent and *The News* (Portsmouth) throughout my Churchill Fellowship travels, including a studio interview with Sue Fisher, coordinator of Portsmouth's Survivors of Bereavement by Suicide branch, prior to my departure for the USA.

World Suicide Prevention Day Solent Dip and Pot Luck Picnic

WSPD Solent Dip and Pot Luck Picnic

I organised an event on World Suicide Prevention Day at Stokes Bay in Hampshire after returning from the USA to remember those lost to suicide including loved ones of those I'd met on my Churchill Fellowship travels. It was attended by those bereaved by suicide, people working in postvention services and local media.

Good Grief Festival panellist

I was a panellist on a Grief School discussion on suicide bereavement at the Good Grief Festival's Grief School. By sharing some of my learnings from my Churchill Fellowship research, along with my personal lived experience of suicide bereavement, I ensured that the needs of children were a key part of the conversation chaired by Andy Langford, Clinical Director, at Cruse Bereavement Support.

Postvention Australia webinar panellist: Trauma After Suicide

I was invited to be a panellist on Postvention Australia's Trauma After Suicide webinar, as part of a series focused on suicide bereavement. I presented about my lived experience and my Churchill Fellowship research initial findings.

Portsmouth CYP suicide bereavement workshop

I co-chaired a workshop for Portsmouth's CYP Suicide Bereavement Working Group, sharing my Churchill Fellowship findings and initial recommendations, which included representatives from education, the police service, psychological services and the local authority.

International media interviews

Speaking to WIN News about my Churchill Fellowship visit to Australia at StandBy Support After Suicide's headquarters in Queensland

During my Churchill Fellowship travels I embraced a number of opportunities to talk to media outlets about my own lived experience of suicide bereavement and my Churchill Fellowship research in order to raise the profile of the issue both overseas and back home in the UK.

Motivational talk for Australian rugby league squad

During my visit to Queensland, I presented to the first squad at the Sunshine Coast Falcons Rugby League Team about my experiences of losing my dad to suicide, my endurance swims and my Churchill Fellowship research project to improve the support for children bereaved by suicide. The squad had been impacted by suicide bereavement and my visit was organised by StandBy Support After Suicide.

Conclusion

This report summarises the international insight into childhood suicide bereavement I was able to bring back to the UK from my Churchill Fellowship travels in 2019 and 2020.

Of the many encounters I had with people bereaved by suicide on my travels, one had a particularly profound impact. It was a chance meeting with a middle-aged woman and her daughter during a coffee break at a conference for bereaved parents in Brisbane, Australia. Overcome with emotion, she asked her daughter to explain why they were there. She told me her mum was looking for support to cope with the recent death of her son who had taken his own life on the anniversary of his dad's death by suicide. This was a stark reminder that behind every intergenerational suicide statistic is a family like this, struggling to live with the inescapable pain and grief of multiple suicides. In order to break this chain of poor mental health and suicidality in young people who lose a parent to suicide, we need to make them count when developing policy, allocating funds and place them at the core of suicide bereavement support initiatives.

By meeting with leading experts and visiting world-renowned organisations to observe a range of effective interventions first-hand, I've drawn together examples of best practice to inform how we can take forward our efforts to support children and young people bereaved by parental suicide in the UK. Thanks to the backing of the Churchill Fellowship, I was able to carry out this valuable research across three continents and this report shares what I learnt from Australia, Denmark, Sweden and the USA.

My mission was to find out how we could better support children after the death of a parent by suicide. In my recommendations, I map out a way forward based on what I've seen working around the world. My conclusion is that it's time to count the many thousands of children and young people impacted by parental suicide every year in the UK. This is essential to allocate the necessary focus and resources to ensure their needs are met, and sustainable funding needs to be targeted to support approaches that are proven to be effective.

Direct comparison between approaches in the four countries is complicated due to funding disparities, different societal attitudes to suicide and mental health, the language in common usage in relation to these issues, and the prevalence of stigma. I observed significant cultural differences in terms of how problems are addressed and how solutions are funded, but I believe we have started to experience a shift of our own in the UK in recent years and we now acknowledge the need for specialist suicide bereavement support. There is still a major gap in terms of the provision of support for children and young people, but we are moving in the right direction.

Key findings

The fundamentals

Bereavement by suicide is different to other forms of bereavement, and children and young people express grief differently to adults. Children who experience the death of a parent by suicide have an increased risk of mental health issues and taking their own life. A significant amount of stigma and many myths persist that hinder the provision of support following suicide bereavement. People are particularly fearful to discuss the topic of suicide with children and young people. In the UK no data is collected after suicide deaths to quantify the number of children affected, so they remain an invisible group. As a result there is a lack of any coherent strategy to provide these children and young people with the support they need.

Suicide bereavement support services

A coordinated multi-agency response ensures that specific needs are met, and systematic referral prevents people slipping through the net. Long-term support is often needed from the immediate aftermath to years beyond as delayed grief can occur when timely support is not available. Organisations providing a one-stop shop for bereaved families, children, and young people, often working in partnership with multiple agencies, were seen to work effectively especially when utilising a trauma-informed approach.

Communicating with children and young people about suicide

Education on the importance of truthfulness is important and it is never too late to be honest with a child or young person about a suicide death. The language we use when talking to those bereaved by suicide is vital, and active listening allows for expressing often contradictory feelings. It is important to be accepting of all emotions. On my travels I sourced a range of age-appropriate suicide bereavement resources covering most age groups although gaps still exist (see resources on page 34).

Pathways to healing

Peer-to-peer support from others bereaved by suicide can be extremely helpful for forming relationships of mutual support and preventing isolation. Storytelling and creative expression can help children and young people form their own narrative, and by forming their own meanings they can move from victims to active agents. Online platforms, when effectively moderated, can provide useful spaces for peer support.

The role of educational settings

Schools and educational settings can play a key role following suicide bereavement by signposting to specialist support, providing age-appropriate resources and reducing stigma around mental health and suicide. The development of a suicide bereavement response plan helps these settings to be prepared to support children and young people after suicide. Everyone involved needs to be aware of their role in providing a supportive environment following a suicide death and training can help fulfil this need.

The power of shared experience

Expert by experience ambassadors, with specialist training and support, can be a powerful force in moving forward the suicide bereavement agenda. There is a lack of people with lived experience of parental suicide in the public sphere as many of those active on expert by experience panels have lost either a child, sibling or spouse. Those who have channelled their suffering into demands for change by sharing their own narratives are making significant progress.

Breaking the silence

High profile campaigns and conferences can shine a light on this issue and attract the attention of policymakers to invest in providing the necessary support. By starting a national conversation, awareness is raised, stigma is reduced and the need for investment to fund interventions is highlighted.

Looking ahead

I've been heartened by the high level of interest in this report and have connected with people working to improve the support for suicide-bereaved children and young people within local authorities, the voluntary and community sector and international organisations, and look forward to further collaboration to create lasting change.

Looking ahead

These recommendations provide the next steps that should be considered by commissioners, policymakers, local authorities, voluntary and community sector organisations and anyone working with children and young people.

Recommendations: a way forward

1. **Collect data to identify the number of children affected by parental suicide in order to develop a coherent model to meet the needs of the group and secure the allocation of the necessary funding.**
2. **Start a public conversation to draw attention to the impact of parental suicide on children and young people and to highlight their specialist needs and the risks associated with not providing timely support.**
3. **Ensure people with lived experience of parental suicide in childhood are at the core of this movement through representation on expert by experience panels.**
4. **Provide specialist interventions for children and young people bereaved by parental suicide as distinct from general bereavement services, in recognition of the impact of a primary caregiver's suicide on a child's self-worth and the associated risk to their own mental health.**
5. **Develop a systematic referral mechanism to coordinated response services in the immediate aftermath of a suicide with specific provision for bereaved children and young people alongside the support for surviving caregivers.**
6. **Promote the guiding principle of truthfulness to parents, carers, the education sector, and others providing support to children after the death of a parent by suicide, and highlight the risks associated with not disclosing a suicide death.**
7. **Use age-appropriate language and resources to support children and young people bereaved by suicide.**
8. **Support storytelling and creative expression for children and young people to give voice to their experience to aid healing.**
9. **Create online and face-to-face opportunities for peer-to-peer support so that children and young people can form relationships of mutual support and kinship with others who have shared experience.**
10. **Support schools and other education settings in developing suicide bereavement policies so that they are prepared to provide a timely and informed response and signposting to specialist support and resources.**
11. **Provide suicide bereavement training for people working with children and young people in a variety of settings so they feel better prepared and more confident to provide support.**
12. **Identify or form an entity as a central hub to take forward this body of work in the UK, strategically and sustainably to ensure lasting change.**

Putting the theory into practice: first steps

Since completing my research travels in 2020, I have already started to work towards implementing my recommendations using my Fellowship research as a springboard to create lasting change. Here is some of the progress I've made to date:

1. **Secured initial funding to set up an entity to take this work forward and to scope out the delivery of my recommendations in partnership with other organisations with common goals.**
2. **Delivered a presentation about my Churchill Fellowship research and my lived experience of parental suicide for Postvention Australia's *Trauma After Suicide* webinar, as part of a series focused on suicide bereavement.**
3. **Working in partnership with Portsmouth City Council to produce a series of resources to support children and young people after suicide bereavement and collaborated in the production of a suicide bereavement protocol for schools in the area.**
4. **Piloted an online training workshop for schools and other mental health outreach staff on behalf of two local authorities in Wales. This focused on supporting children and young people after suicide bereavement.**
5. **Appeared as a Grief School panellist during a discussion on 'grief following suicide' as part of the Grief Festival 2020 where I spoke about my Churchill Fellowship research and my own lived experience of parental suicide.**
6. **Co-chaired a workshop focused on support for children and young people after suicide on behalf of the Portsmouth Suicide Prevention Board.**
7. **Met with representatives from local authorities in South Yorkshire to share the initial findings from my Churchill Fellowship research to help inform their provision of support for children and young people bereaved by suicide.**
8. **Met with Simon Says, a childhood bereavement charity in Hampshire, to discuss my Churchill Fellowship research and potential collaboration to improve the support for children and young people bereaved by suicide in the region.**
9. **Became a founding member of Hampshire County Council's People with Living Experience of Suicide Group, where I advocate for the needs of children and young people bereaved by suicide across the region.**

In the swim: forging global connections

Over the past 15 years swimming has been a big part of my life and nowadays I rarely go anywhere without my swimsuit. Since teaching myself to swim front crawl in my local swimming pool when I was 30, I've taken on a series of endurance swims around the world to raise funds and awareness for suicide-related causes.

On a personal level, being in the open water for extended periods has helped me to manage stress, depression and anxiety. As well as boosting my confidence and self-worth, this swimming journey has empowered me to process the complex grief related to my dad's suicide. A shared love of the sea and its power to liberate has formed the backdrop for many of my closest friendships.

Therefore, when I embarked on my Churchill Fellowship travels, it felt only natural to pack my swim kit to explore the swimming opportunities in the places I visited. That not only gave me the chance to know places on another level, but also to link up with local swimmers to share my mission with them and their wider communities. It also helped me to take care of my own mental and physical wellbeing on a trip that proved emotionally challenging as I came face to face with children who, like me, were coming to terms with the death of a parent by suicide.

Never one to overlook a challenge, I also grasped the chance to swim the Catalina Channel, one of the world's iconic crossings, during my visit to the USA. The 33km stretch of the Pacific Ocean, connecting Santa Catalina Island and the Californian mainland, is home to great white sharks and an abundance of other marine life, and I swam overnight to complete the crossing (see page 43).

Here's a collection of images from my swimming adventures during my Churchill Fellowship travels:

With Pat Brown, author and grief counsellor who lost her son to suicide, at Bronte Beach in Sydney

One off my bucket list: the iconic Icebergs swimming pool at Bondi Beach, Sydney

Morning dip with delegates from the 6th Australian Postvention Conference and the Bold and the Beautiful group at Manly Beach in Sydney

With local swimmers at Clarks Hole on the North Fork American River near Auburn in California

With the StandBy Support After Suicide team at Noosa Heads in Queensland

Swimming in the crystal-clear waters of Lake Tahoe in California accompanied by Melling the Labrador

Jumping into Flathead Lake in Montana with fellow volunteers and participants at A Camp to Remember

Taking a dip with Susan Vaughan from StandBy Support After Suicide in Noosa Heads, Queensland

Training in the 50m pool at the Holden Center, built for the 1956 Melbourne Olympic Games

Early morning swim at Sunrise Beach in Queensland

Training at the world-renowned Noosa Aquatic Center in Queensland

With fellow swim coach Mark Johnston and Kate Sheridan at Flathead River in Montana

The Catalina Channel, USA

Anna with her support team and observers onboard *Magician* after her solo Catalina Channel crossing

Catalina Channel: Solo swimmer #527

Date: 8–9 August 2019

Distance: 33km

Start time: 22:51 Pacific Standard Time

Ratified swim time: 18h 31m

British endurance swimmer completes Catalina solo to shine light on suicide loss

British endurance swimmer Anna Wardley completed a crossing of the iconic Catalina Channel in California in 18 hours and 31 minutes on 9 August 2019 as part of her mission to shine a light on providing support for children after parental suicide.

'I'm here in the USA on my Churchill Fellowship travels to research how we can better support children after a parent dies by suicide, and it's great to be able to do this swim to raise awareness for this project,' Anna said.

The Catalina Channel Swimming Federation congratulated Anna on what they described as a 'fantastic achievement' for persevering for more than 18 hours to complete the solo crossing.

She started the 33km swim from Santa Catalina Island towards Los Angeles at 10:51pm local time on 8 August accompanied by a 17m pilot vessel, *Magician*.

'I got into the water in pitch darkness and swam for almost 7 hours in the inky black water before daybreak, which was a big challenge as these waters are home to great white sharks. I also faced head currents and a significant water temperature drop when I reached the Continental Shelf, but I dug deep, motivated by the fact that I was doing the swim to shine a light on providing support for children after suicide bereavement.'

Anna with her support team before starting 33km overnight swim

'Like many who have lost somebody to suicide, I'm familiar with navigating the darkness and nothing I face in the water comes close to the challenges that I've faced on dry land even if that's swimming through shark territory in the dark. Those experiences give me the resilience to persevere when the going gets tough.'

Throughout the crossing, Anna was also escorted by *Magician* and a kayak, paddled by Los Angeles-based Dan Garr and Robin Hipolito, who rotated every three hours. The kayakers reported dolphins nearby during the night and also a grey whale, which surfaced before diving down below Anna.

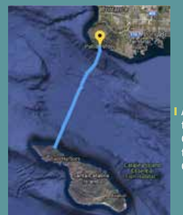
Anna stopped to feed every 30 minutes during the crossing and support crew chief Kaeti Bailie was in charge of preparing her feeds, which included rice pudding, fresh mango and pasta.

Two observers from the Catalina Channel Swimming Federation were onboard to ratify Anna's crossing under international marathon swimming rules, which deem that only a regular swimsuit, cap and goggles can be worn, and the swimmer cannot make contact with anyone or any vessel during the crossing.

During the crossing it's estimated that Anna took over 63,000 strokes, and towards the end of the swim Anna reported significant pain in her right elbow. She was given painkillers, served up in the end of bananas, at regular intervals.

The water temperature plummeted from over 20 degrees at the start of the crossing to a chilly 13 degrees in the final hours as Anna reached the Continental Shelf. 'There was a major temperature drop towards the end, which was a big shock but it was a welcome relief as it felt like an ice pack on my sore muscles,' Anna said.

Anna battled a head current for the final hours as she approached the Californian mainland to finish the swim at 5:22pm local time on Friday 9 August at Terranea Beach, a couple of miles along the coast from former US President Donald Trump's National Golf Club Los Angeles.



Anna's swim track from Santa Catalina Island to Long Beach, California

Anna described the finish as a 'major challenge' as she had to approach a rocky beach in the Pacific surf, then climb up slippery rocks unaided to get beyond the waterline in order to officially finish the challenge.

'It was really tough getting out in the surf onto the slippery rocks. There was lots of kelp and I couldn't stand up after swimming for so many hours. My muscles were cramping up in my legs as I tried to climb out,' she said.

After spending a couple of days recovering at her support crew manager's home in Sonoma, located in California's famous wine valley, Anna embarked on the next leg of her Churchill Fellowship travels to Portland, Oregon, and on to Missoula, Montana, where she visited organisations supporting families and young people affected by suicide.

Climbing into the Pacific to start the overnight crossing

Sources of support

Here is a summary of the organisations currently providing support for children and young people bereaved by suicide in the UK:

Winston's Wish is a national charity providing support for children and young people up to the age of 25 following the death of someone close to them, including those bereaved by suicide. A wide range of practical support and guidance is available to individuals, families and professionals via a freephone helpline, online support, live chat, email, individual and group support, publications and training. In addition to supporting bereaved children and their families, Winston's Wish also offers training and guidance to those working with children and young people.

How to access support from Winston's Wish:

Freephone helpline: **08088 020 021**

Email: **ask@winstonswish.org**

Live chat via website: **winstonswish.org**

Child Bereavement UK helps children, young people (up to age 25), parents and families to rebuild their lives after the devastation of bereavement. The charity provides free, specialist bereavement support to anyone affected by the death of someone important to them, including by suicide, offering support sessions for individuals; groups for families; and groups for young people; as well as support in parenting a bereaved child. Child Bereavement UK provides specialist bereavement training, and runs workshops on supporting children and young people bereaved by suicide. Their website includes suicide-related short guidance films and other resources for families and professionals.

How to access support from Child Bereavement UK:

Freephone helpline: **0800 02 888 40**

Email: **helpline@childbereavementuk.org**

Live chat via website: **childbereavementuk.org**

Support through the educational system

Schools, colleges, universities and early years settings have a range of pastoral support available to the children and young people attending their settings including emotional literacy support assistants (ELSAs), loss champions, and educational psychologists and counsellors. It is recommended to share age-appropriate resources (see page 34) and contact information for referrals to specialist suicide bereavement support services with this network of individuals. This enables them to signpost to the relevant specialist support through the child or young person's existing relationships of trust within the education system.

A hub for suicide bereavement support across the UK

Support After Suicide Partnership (SASP) is a UK-wide network of over 70 members and supporters founded in 2013 to bring together national and local organisations that are involved in delivering suicide bereavement support across the UK. A number of useful publications for those bereaved by suicide including *Help is at Hand* and *Finding the Words* are available via its website at **supportaftersuicide.org.uk**

Round-the-clock support for anyone who is struggling to cope

Samaritans are available 24/7 for anyone who needs someone. No judgement. No pressure.

Freephone helpline: **116 123**

Email: **jo@samaritans.org**

Tips on what to say to a child or young person after a suicide death

Helpful things to say:

- 'It's so understandable that you feel that way.'
- 'That must have been so difficult for you to tell me. I'm glad you did.'
- 'It's not your fault, you are loved and we are all here for you.'
- 'Have you been able to talk to anyone about it? Did you find that helpful?'
- 'You might feel like you're the only one who has been through this but there are others who are going through the same thing.'
- 'There are organisations that help children/young people going through this. Would you like me to organise for you/your child to talk through things with someone there?'

Things to avoid saying:

- Focus on actively listening to how the child or young person feels now rather than saying things like: 'It will get better' or 'you need to be strong now'.
- 'Your dad chose to end his own life', as suicide is not a 'choice' in our normal understanding of the word and can fuel a child's feelings of abandonment and low self-worth.
- Avoid euphemisms like 'he's in a better place now' or 'she's gone to sleep'.
- Don't make assumptions such as: 'You must miss your mummy so much' or 'you must be so sad that your dad has died'.
- Avoid comments that encourage becoming an adult too soon such as: 'You're going to have to look after your mum now' or 'you're the man of the house now'.
- Avoid judging the person who died with comments such as 'he took the easy way out' or 'she was so selfish to do that to you'.

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'If my love could have kept you alive, you would have lived forever.'

This report is dedicated to those who remain trapped in the darkness following the loss of a parent to suicide.

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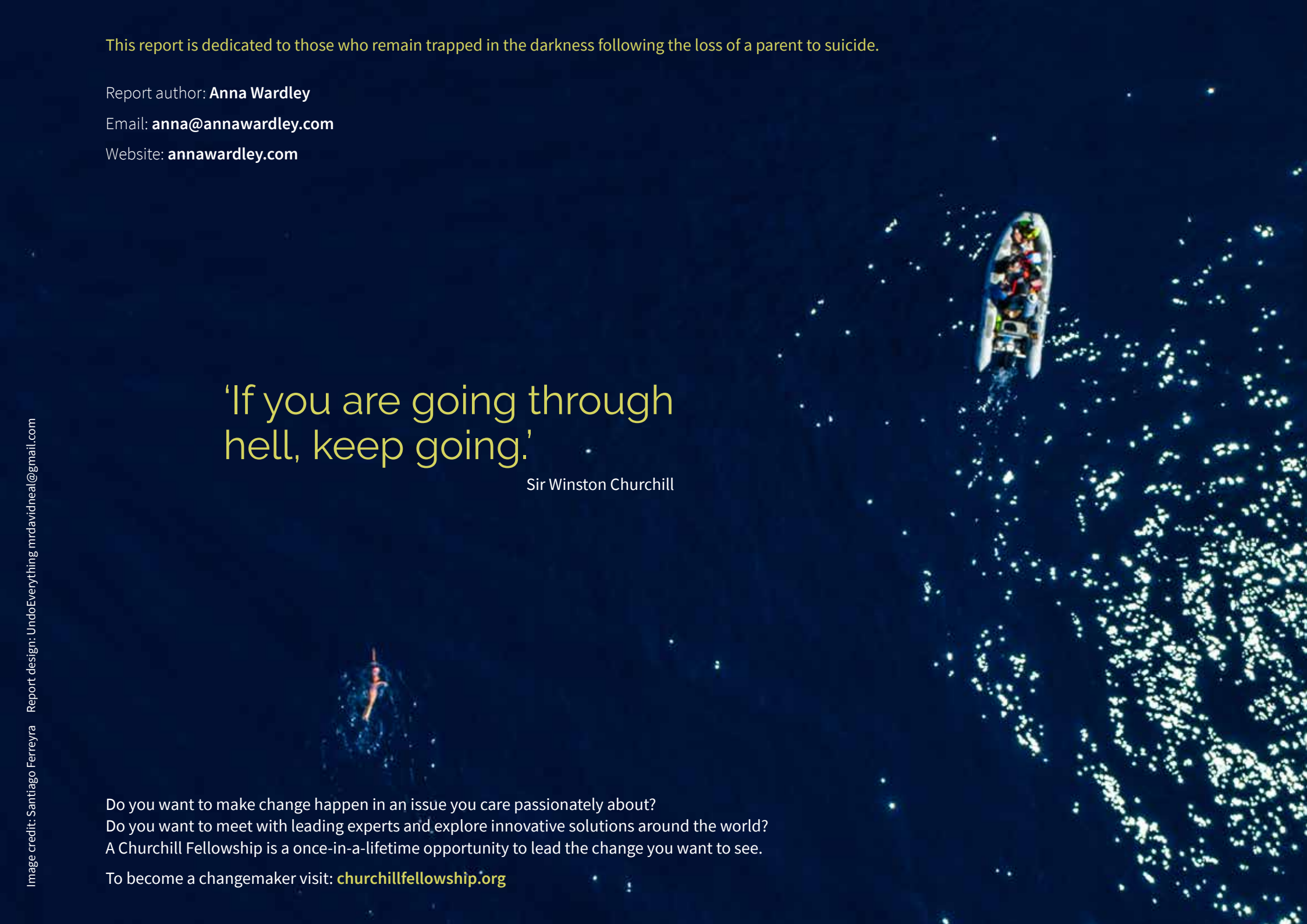

‘If you are going through hell, keep going.’

Sir Winston Churchill

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