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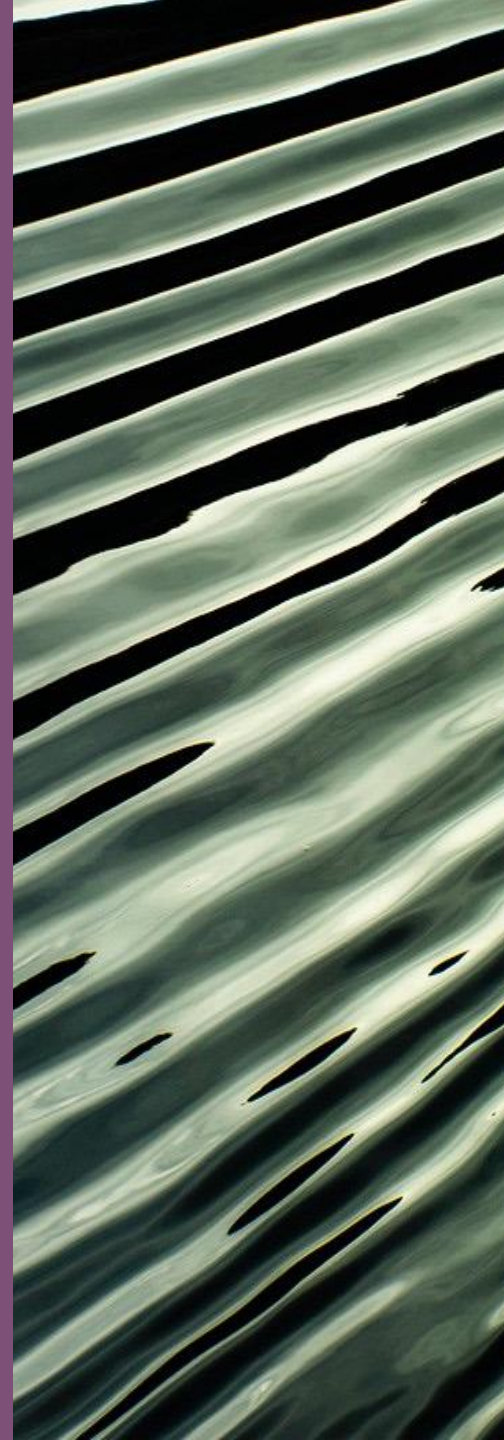
# Exposure to, and impact of, suicide and postvention

**Myfanwy Maple, PhD**

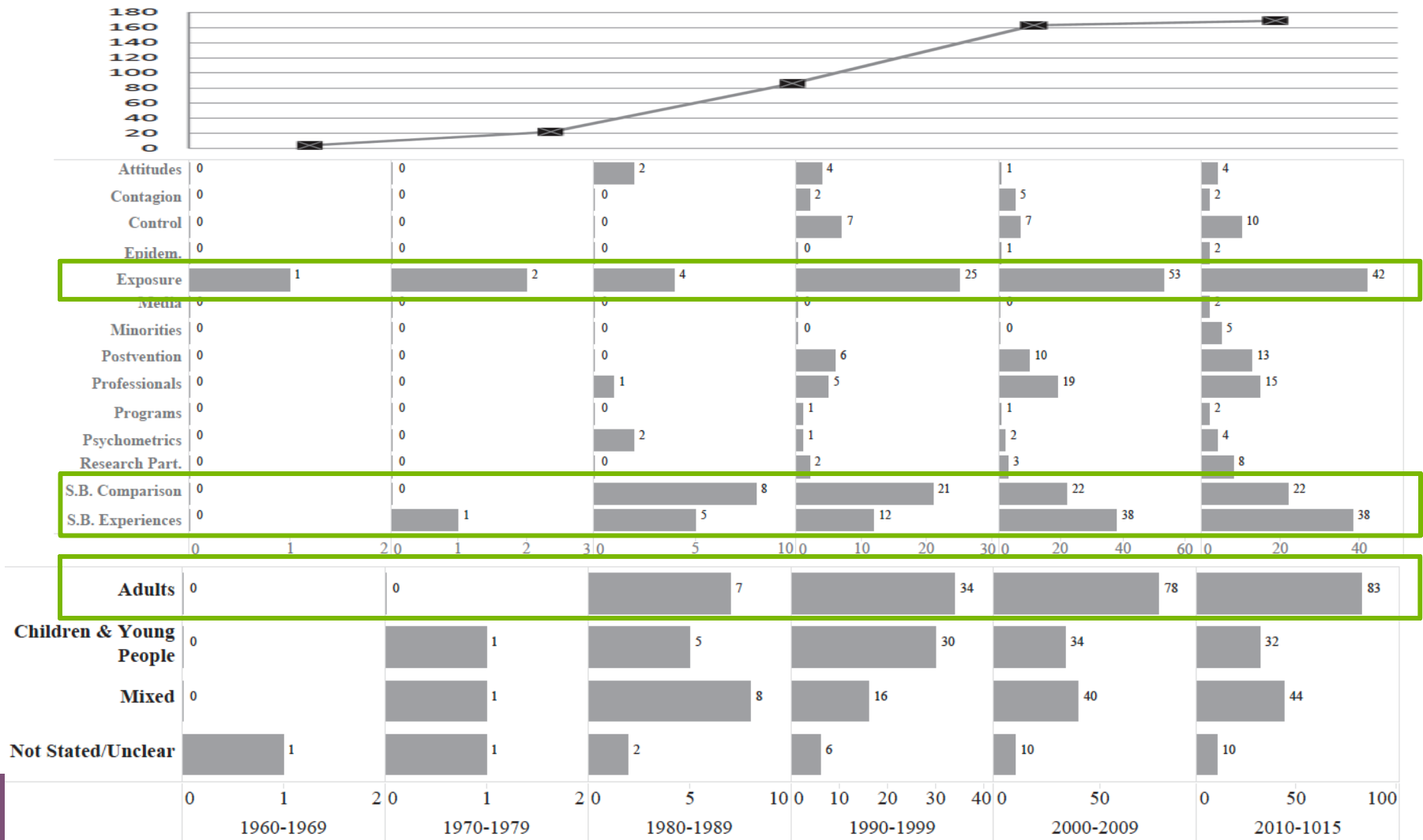
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# Research attention



# Suicide bereavement research reports (1970 through 2015-ish)

Limitations of evidence,  
incl:

- Sampling issues
  - Primarily adults attending support groups
  - More recently through media (requires digital literacy)
  - Onus on participants to make contact
- Gendered results
  - 60-90% participants female)
- Ethical issues can result in changes to research
- Primary focus on adverse outcomes, very little on resilience

A word cloud of terms associated with suicide bereavement research. The words are arranged in a cluster, with 'PTSD' at the top in pink, 'Suicide Notes' in large teal script, 'Social support' in teal with 'Horror' in pink above it, 'Blame' in dark purple, 'Stigma' in large brown, 'Guilt' in brown, 'Shame' in teal, 'Shock' in dark purple, 'Why' in yellow, and 'Hopelessness' in large pink at the bottom.

PTSD  
Suicide Notes  
Social support  
Horror  
Blame  
Stigma  
Guilt  
Shame  
Shock  
Why  
Hopelessness

The logo for the University of New England, featuring the lowercase letters 'une' in a green, sans-serif font.

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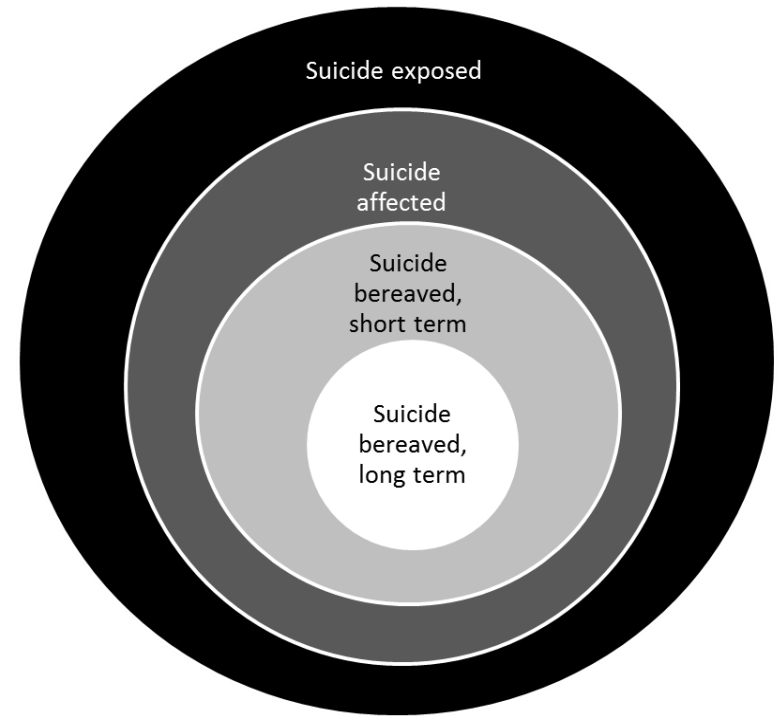
A photograph of a pond with greenish water and concentric ripples from a stone thrown in. The background of the slide is a solid purple color.

# Who is impacted by suicide death?



# Continuum of Survivorship

- Family and close friends will experience intense reactions to a suicide death, others likely affected
- The Continuum of Survivorship proposes groups of people likely impacted by the suicide death of another person



# Breadth of exposure to suicide

Shneidman (1972):

*If there are about 50,000 committed[sic] suicides in the United States every year ... then there are at least 200,000 survivor-victims created each year whose lives are ever after benighted by that event (NB= 4 per death, not six)*

## How many exposed?

- Calculation is  $EPS_{US} = SE_{US}/SU_{US}$
- Essentially what this is is an estimate of the number of people exposed to one suicide death
- And, it's not 6 (or 4, both of which Shneidman estimated, with many other estimates since) ... it is ...

135 people exposed to each death



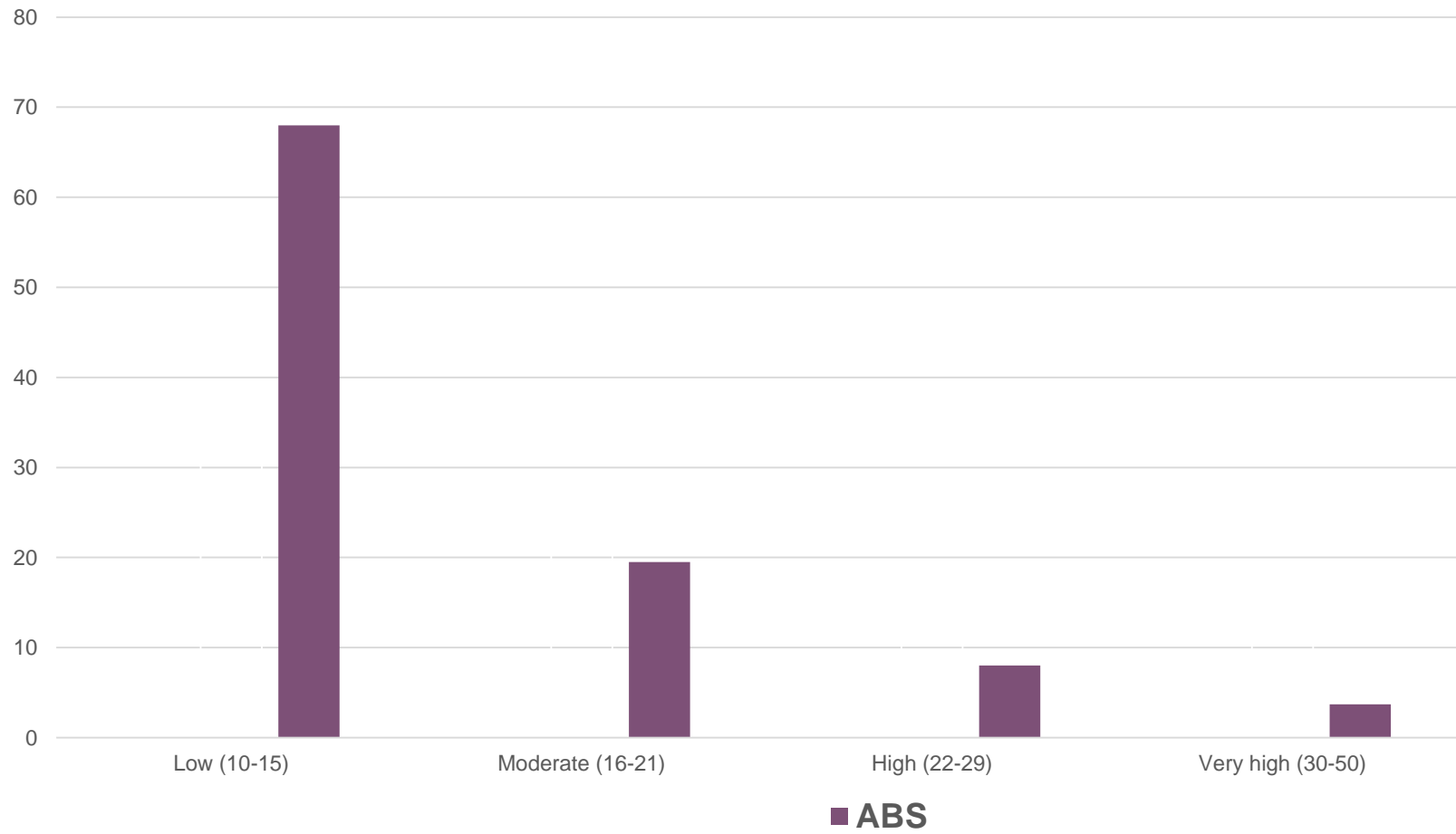
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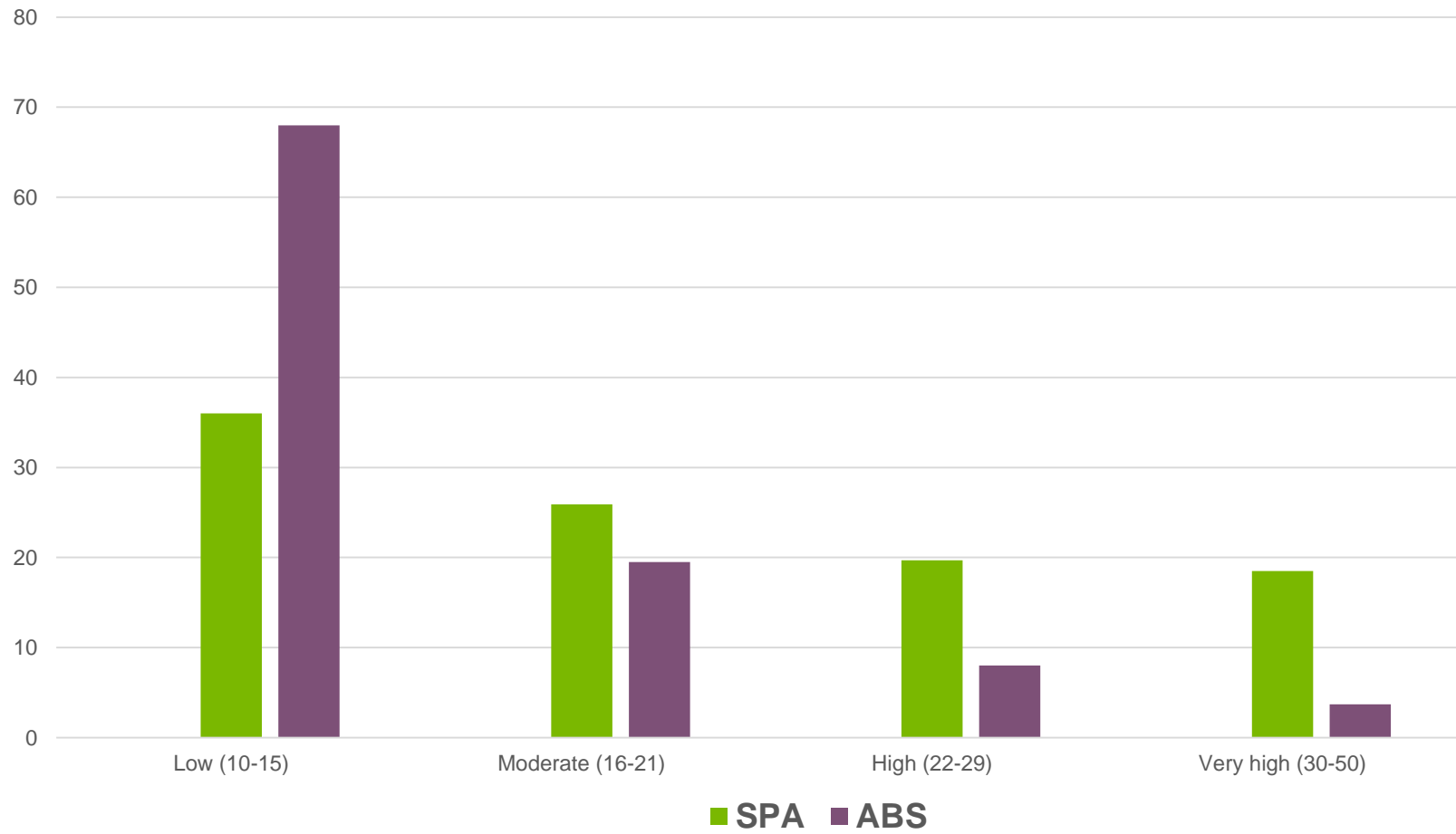
# Exposure to suicide in Australia



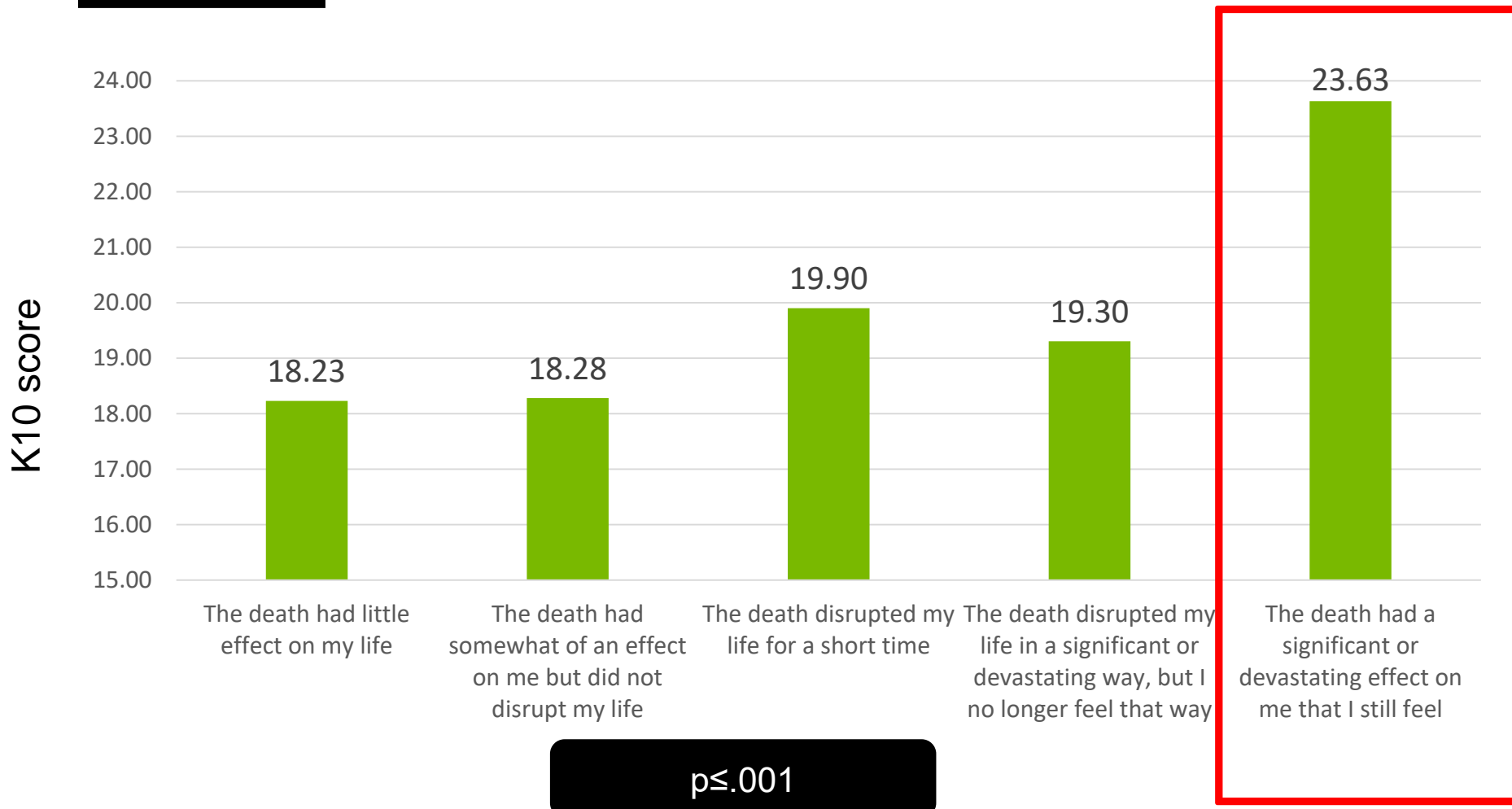
# Exposed more distressed than Australian population



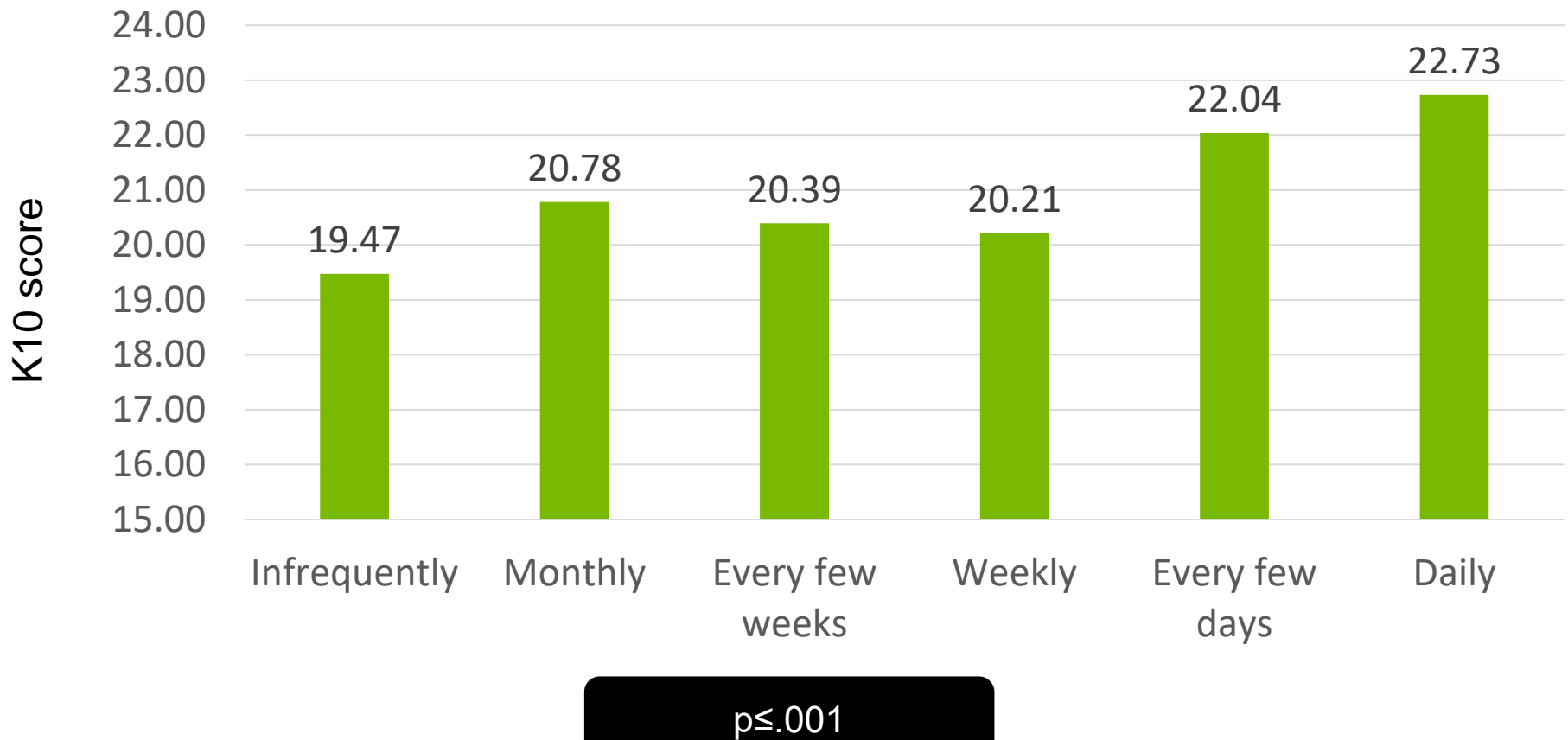
# Exposed more distressed than Australian population



# Those with highest perceived impact also have higher levels of distress



# Those with more frequent contact prior to the death report higher levels of distress

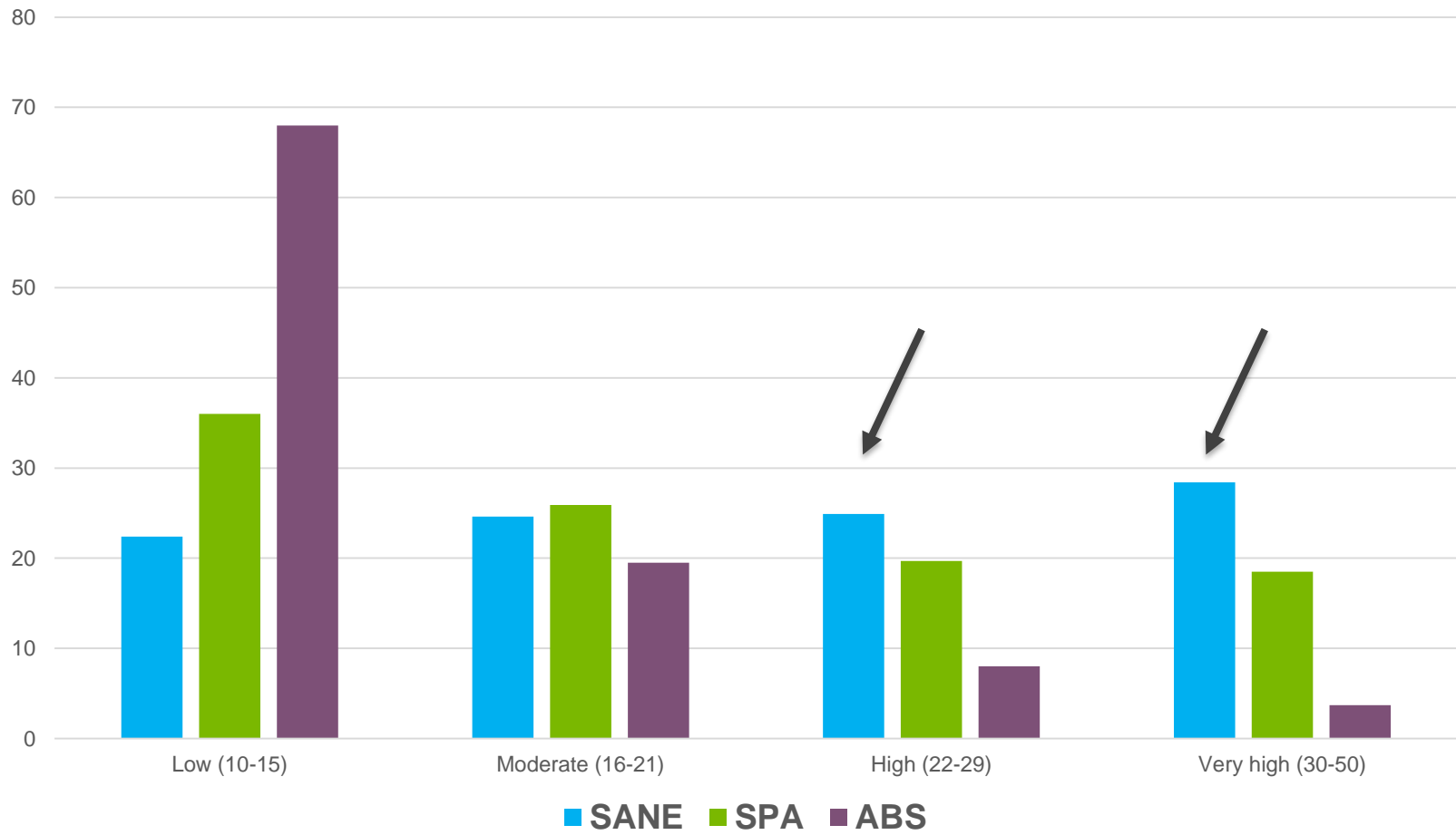


## Those who have frequent contact - Carers

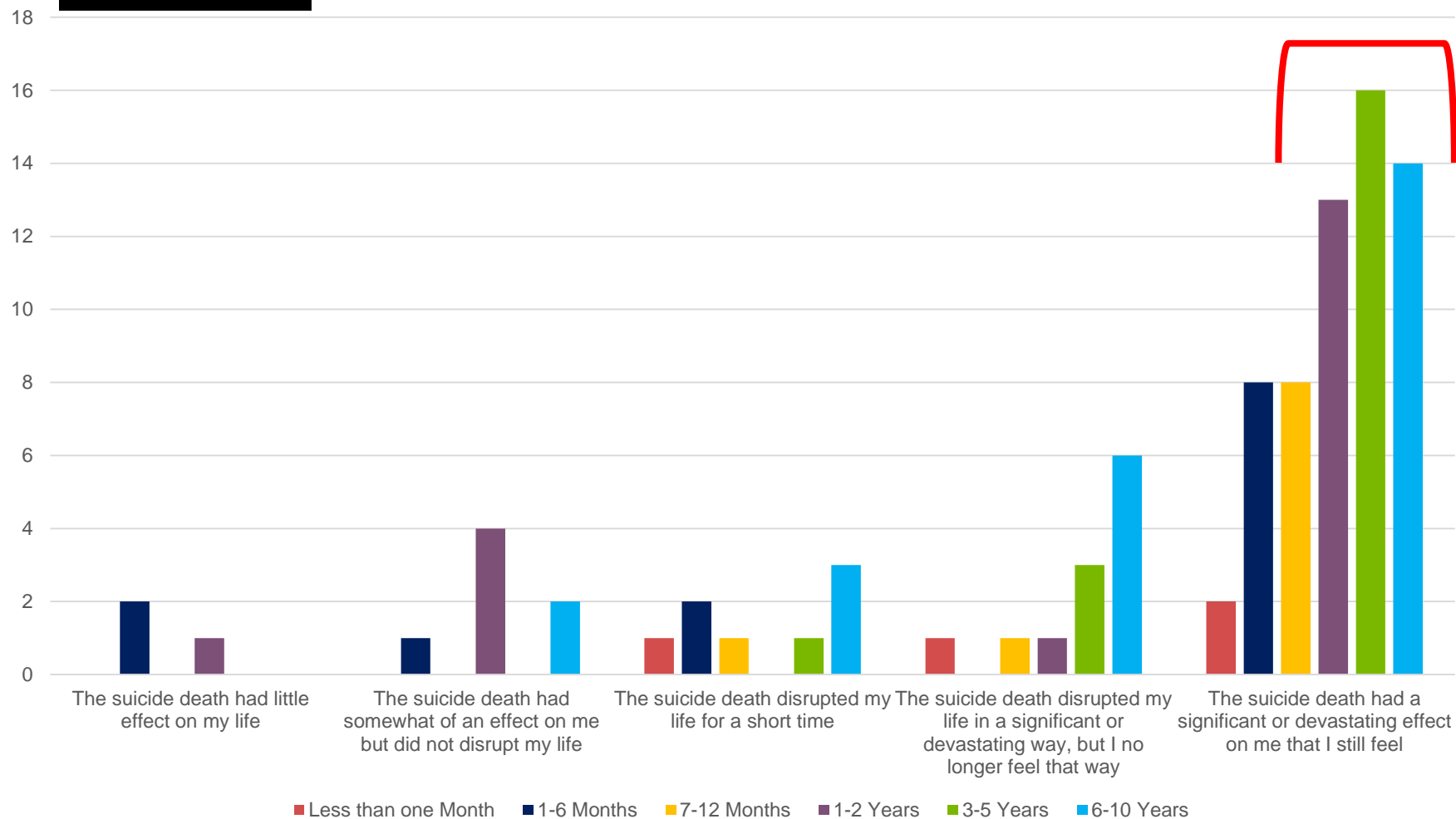




Those who have provided  
care prior to death require focus  
= higher distress (K10)



# Carer distress over time



# Exposure to suicide representative Aus sample

- RDD representative sample
- Asked past year suicide ideation, suicide exposure, degree of impact
- Sample  $n=3002$
- **58.1% reported knowing someone who died by suicide**
- 32.9% reported knowing one person
- 67.2% reported knowing multiple people
  - Ave 2.86 (SD=3.11)

# Exposure to suicide representative Aus sample

- 18.5% of suicide-exposed reported suicidal thoughts in the past year
  - was higher for those reporting high impact of the death
- Exposure related suicidal thinking was related to currently knowing or supporting someone at risk
- Multiple exposures
  - Weakly associated with exposure-related suicidal thinking
  - More common in rural and Aboriginal people

Exposure to suicide leads to  
suicide risk

=

*Postvention*

IS

*Prevention*





The logo for the University of New England (UNE) is located in the top left corner. It features the letters 'une' in a stylized, lowercase, green font. Below the letters, the words 'University of' and 'New England' are stacked in a smaller, white, sans-serif font.

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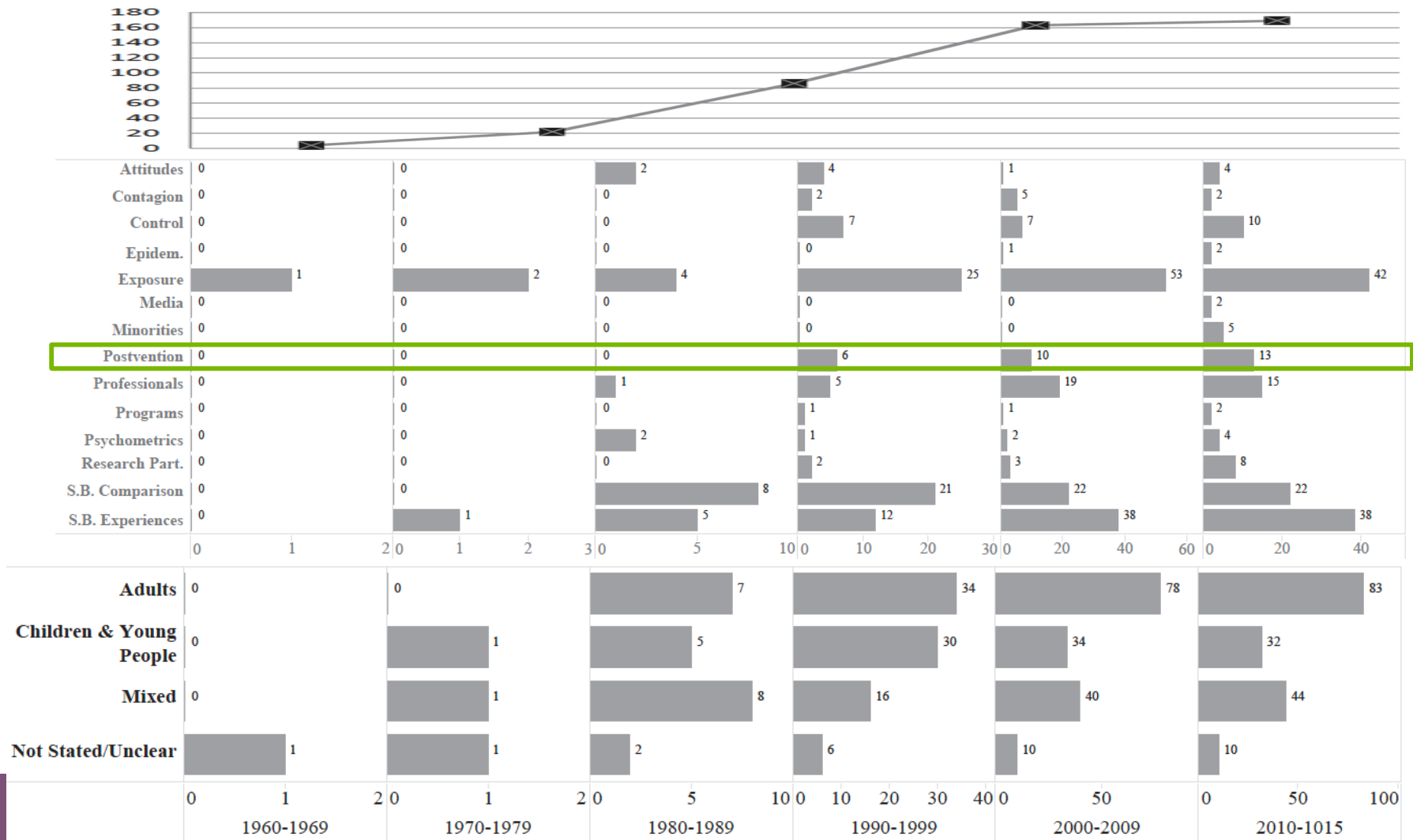
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The background of the slide is a close-up photograph of a stone wall. The stones are irregular in shape and size, with a mix of grey, brown, and tan colors. There are visible gaps between the stones, which are filled with a dark, possibly mortar or shadow. The lighting creates strong shadows, emphasizing the texture and three-dimensional nature of the stones.

# Suicide Bereavement Support

Mind the gaps!

# Little attention to interventions



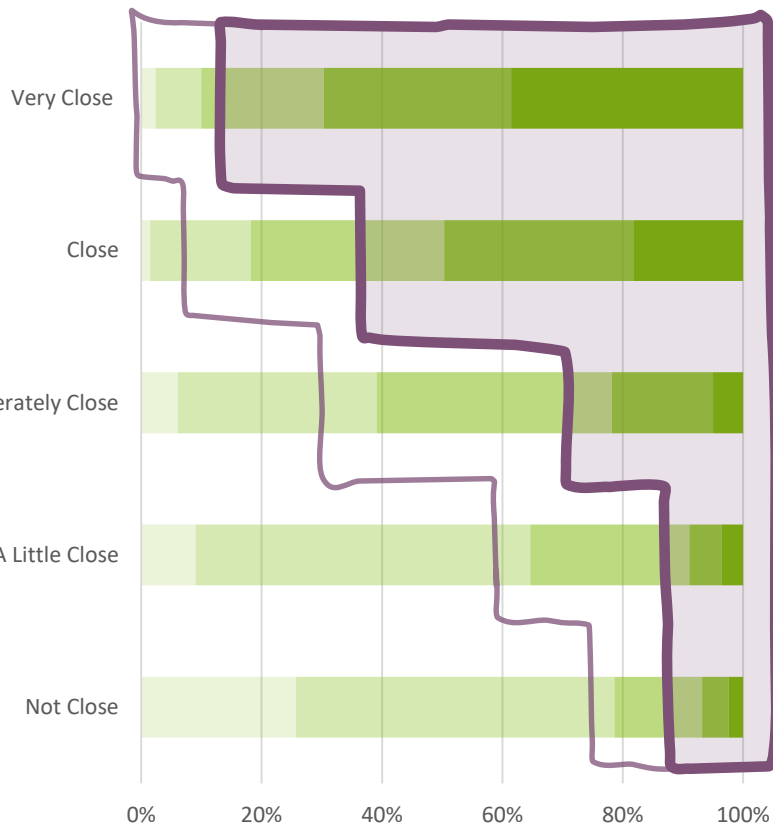
# Overview of existing AU support service evidence

- Individual support:
  - 62% report therapy as beneficial (Sanford et al., 2016)
  - StandBy National and After Suicide Support (NSW)
    - StandBy economic value and reduced distress (Visser et al., 2013)
    - StandBy kin (majority) and non-kin access primarily for counselling (Maple et al)
  - Coroners (Mowll et al., 2017)
  - Support after suicide (Flynn)
  - Online (Krysinska & Andriessen, 2017)
- Group Support:
  - In person e.g. Support After Suicide, Lifeline
  - Online e.g. Support After Suicide
- headspace school support – individual/school (Rickwood et al., 2018)
- See also Andriessen et al., 2019 Models and Guidelines

Note: All for people who already help-seek, with exception of hss/BeYou in school

# Where to target interventions?

Those who perceive their relationship with the deceased as close, and who provided care



## Consider:

- Zero responders (those who find the body)
- First responders (police, ambulance, firefighters)
- Second responders (health and social care professionals, teachers)
- Those who identify closely with the deceased

## Over-represented groups with high exposure:

- Cultural diversity
- Gender/sexual minorities
- Other SDoH creating barriers and other vulnerabilities



# Physical health

Developing evidence for focused attention on exposure to and bereavement from suicide has necessarily focused on adverse mental health outcomes, however:

- Good evidence for general physical response to trauma (including death);
- When trauma is unexpected, intense and/or chronic, physical symptoms are also important, including
  - Including gastro-intestinal, inflammatory, cardiovascular, or other medical illnesses particularly related to stress and chronic increased cortisol



# Resilience and post traumatic growth (PTG)

Lev-Ari & Levi-Belz (2018, 2019)

- higher attachment results in higher growth
  - contrary to continuum
- belonging, social support and self-disclosure result in PTG
  - capacity to seek out others and able to share experiences, along with the ability to accept comfort from them may offer people exposed to suicide an opportunity to better deal with their tragedy.

Drapeau et al., (2018)

- strongest association for suicide bereaved to experience PTG was problem-focused coping and this was independent of time since loss
  - May suggest this coping style facilitates growth throughout grief trajectory.

# Overall aim in suicide exposure/postvention

## • For service providers:

- Aim is to reduce adverse outcomes in those who need support most, offering a wide variety of service options

## • For researchers:

- Aim is to **understand** exposure to suicide and impact of this exposure, to inform policy (and funding decisions), **evaluate** interventions AND to **advocate** for a public health approach ... to inform the evidence base for services..

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# Thank you

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Current survey: <https://bit.ly/37xPwzK>

