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# The effects of interventions for people bereaved by suicide: a systematic review

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## Background

One aim of the National Suicide Prevention Strategy for England is to promote the mental health of those bereaved by suicide. To help meet this aim, the Department of Health Policy Research Programme commissioned this project to evaluate interventions for people bereaved by suicide. Anecdotal claims and reviews of studies suggest that those bereaved by suicide have been helped. However, the absence of systematic review methods makes it unclear whether such interventions are helpful.

## Objective

To evaluate the effects of interventions for people bereaved by suicide.

## Inclusion criteria

A systematic review was conducted using standard methods. Studies were included if they met all of four criteria.

## Intervention

Studies investigating any type of intervention such as self-help groups and therapeutic interventions delivered by health professionals.

## Participants

Studies of adults or children who had been bereaved by suicide. Adults with a personal or professional relationship to the deceased were included.

## Outcomes

All outcomes (qualitative and quantitative) were considered relevant.

## Study design

Due to the changing nature of grief over time, only studies with a control or comparison group were included.

## Review methods

- Over thirty electronic databases and other sources were searched for published and unpublished papers in all languages up to October 2005. The databases included MEDLINE, EMBASE, PsycINFO and Science Citation Index. Relevant organisations and experts in the field were also contacted.
- Two reviewers independently screened titles and abstracts and full papers to assess whether they met the inclusion criteria.
- One reviewer extracted data on key study characteristics and outcomes onto an Access database and this was checked by a second review. The same process was used to assess study quality (see quality assessment).
- A narrative synthesis was conducted.

## Results

- Seven studies met the inclusion criteria. Participants in the included studies were predominantly female and, where ethnicity was reported, they were mainly Caucasian. One intervention was delivered immediately following the suicide. The mean length of time since bereavement ranged from 5 to 17 months in the remaining studies. The length of time since bereavement varied considerably within studies. The outcome measure used varied between studies apart from the Beck Depression Inventory and the Impact of Event Scale which were used by three and two studies respectively.
- Methodological problems were identified in all the studies. In all the studies except one there was a high risk of selection bias (systematic differences between comparison groups in prognosis or responsiveness to treatment). In five of the studies there were differences between the groups at baseline or it was unclear whether they were balanced. The studies were small and it was unclear whether they were appropriately powered to detect an effect on all the measures used. From the information provided in the papers it was difficult to assess whether the intervention had been delivered consistently to all participants.
- For the narrative synthesis, studies comparing an intervention to no intervention were grouped separately from studies using an active comparator.
- Five of the studies showed some evidence of benefit for participants on at least one outcome. However, considerable care needs to be taken against the

assumption that some intervention is better than none for those bereaved by suicide due to the differences between the studies and the methodological limitations.

- Due to the limited data available it was not possible to explore how the effectiveness of the interventions varied with patient characteristics.

## Study details

	Participants (number and relationship to bereaved)	Intervention and comparison (duration and intensity)
Campbell 2002 USA	100 adults and children Mixed family relationships	I: Active outreach to scene of suicide C: No intervention
Constantino 2001 USA	60 adults Spouse	I: Bereavement group C: Social group (1.5hr weekly sessions over 8 weeks)
Farberow 1992 USA	82 adults and children Mixed family relationships	I: Bereavement group (1.5hr weekly sessions over 8 weeks) C: No intervention
Kovac 2000 USA	42 undergraduate students. Relationship to deceased not stated	I: Profound writing exercise C: Trivial writing exercise (15 minute biweekly sessions over 2 weeks)
Pfeffer 2002 USA	75 adults and children Mixed family relationships	I: Bereavement group delivered separately for children and adults (1.5hr weekly sessions over 10 weeks) C: No intervention
Pojjula 2001 Finland	99 children Classmates of deceased	School A: First talk through (FTT) and psychological debriefing (PD) following third suicide School B: FTT and PD following second suicide School C: FTT and PD after first suicide
Seguin 2004 Canada	69 adults Mixed family relationships	Four bereavement groups A: 8 weekly sessions over 2 months B: 8 fortnightly sessions over 4 months C: 11 fortnightly sessions over 6 months D: 17 sessions over 1 year

## Conclusions

The evidence identified and appraised is not robust enough to provide clear implications for practice. There is a pressing need for methodologically sound RCTs of interventions and evaluations aimed at supporting people bereaved by suicide.

## Quality assessment

- If described as an RCT, was the assignment to treatment groups really random?
- If described as an RCT, was the treatment allocation concealed?
- Was the assignment of participants to treatments described?
- Were the groups balanced at baseline in relation to potential confounders?
- Were baseline differences adequately adjusted for in the design or in the analysis?
- Were important confounders reported?
- Was outcome assessment blind to group allocation?
- What proportion of participants completed the study?
- Were drop-out rates and reasons similar across intervention and control group?
- Were the data collection tools shown or known to be valid for the outcome?
- Were the data collection tools shown or known to be reliable for the outcome?
- Was the statistical analysis appropriate?
- Did the analyses include an intention to treat analysis?
- Was the consistency of the intervention measured?
- If yes, was the intervention provided to all participants in the same way?
- Is it likely that participants received an unintended co-intervention?
- Is it likely that contamination may have influenced the results?
- Was the length of follow-up long enough for the outcomes to occur?

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