

“We had to learn how to talk to each other again after the loss; it was a long journey.” Supporting Individuals Bereaved by Suicide: A Content Analysis of Narratives from Participants involved with the South East London Suicide Bereavement Service

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Image from a Mind in Bexley Research Participant



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Executive Summary

This report presents a comprehensive analysis of the lived experiences of individuals participating in the South East London Suicide Bereavement Service (SEL SBS), focusing on the complexities of their grief journeys, emotional support needs, and coping strategies. By examining personal narratives collected through in-depth interviews, this study illuminates the multifaceted nature of suicide bereavement, revealing the challenges faced by the bereaved and the effectiveness of the support services provided through the service. The findings are contextualised within the policies of the South East London Integrated Care Board (ICB) and local authority strategies aimed at suicide prevention, highlighting the critical need for tailored support services that address the unique emotional landscapes navigated by those bereaved by suicide.

Understanding Suicide Bereavement

Suicide represents a significant public health issue, with the World Health Organisation estimating nearly 800,000 deaths by suicide globally each year. The consequences of such losses extend beyond the immediate family, impacting entire communities and creating a ripple effect of emotional turmoil. Individuals bereaved by suicide experience a unique form of grief characterized by complex emotions, including guilt, shame, confusion, and anger. Research indicates that those bereaved by suicide are at a heightened risk for psychological distress compared to those grieving other *types of loss* (Cerel et al., 2008; Jordan, 2001). *As one participant poignantly articulated, "I felt like my world ended right there. The shock, the absolute shock and horror of it all, and the pain that felt so unreal."* This sentiment encapsulates the profound emotional upheaval that follows suicide, highlighting the urgent need for effective support mechanisms tailored specifically to the bereaved individuals' experiences.

Literature Review

The literature surrounding suicide bereavement highlights the unique challenges faced by individuals who have lost loved ones to suicide. Studies indicate that suicide bereavement is often accompanied by complex emotions, including feelings of guilt, anger, and confusion (Jordan, 2001; Cerel et al., 2008). These emotional challenges necessitate targeted interventions that address the specific needs of bereaved individuals.

Research conducted by Agerbo et al. (2002) highlights the elevated risk of mental health issues among those bereaved by suicide compared to individuals who have lost loved ones to other causes. The stigma associated with suicide not only complicates the grieving process but also deters individuals from seeking help, leading to prolonged feelings of isolation and despair (Biddle et al., 2008). The importance of peer support networks in facilitating healing is well-documented in the literature. Meade and Cummings (2001) suggest that peer support can significantly reduce feelings of isolation, enhance emotional well-being, and promote adaptive coping strategies. The integration of community-based support initiatives such as the Suicide Bereavement Service, aligns with the NHS Five Year Forward View for Mental Health,

which advocates for addressing mental health needs through collaborative efforts that include peer support (NHS England, 2016).

The Role of Support Services: The South East London Suicide Bereavement Service

The service provides support to South East London residents affected by suicide. It offers personalised one-to-one support through trained Support Workers and Community Chaplains, addressing both emotional and practical needs of the bereaved. The service includes confidential counselling with qualified professionals, enabling participants to process their grief effectively. Peer support groups foster a sense of community and belonging, allowing individuals to share their experiences with others who understand their pain. Additionally, the service engages in community education initiatives to raise awareness about suicide bereavement, reducing stigma and promoting open conversations surrounding mental health. Follow-up check-ins are conducted to ensure ongoing support, recognising the non-linear nature of grief.

By integrating best practices and research, the SEL service adapts to the evolving needs of those it serves, ensuring that individuals feel understood and validated throughout their healing journey. The emphasis on practical assistance, such as help with funeral arrangements and financial matters, further alleviates the immediate burdens faced by the bereaved. Ultimately, the SEL Suicide Bereavement Service stands as a vital resource, guiding individuals through their grief while fostering resilience and hope for the future.

Methodology

This study employed a qualitative narrative research design, which is particularly suited to understanding the complex and deeply personal experiences of individuals bereaved by suicide. The data collection process involved semi-structured interviews, allowing participants to share their stories in their own words while ensuring that key topics were covered. This approach is invaluable in exploring the emotional landscapes of those affected by such profound loss, as it recognises the significance of personal narratives in shaping individual identities and experiences.

To ensure the relevance and sensitivity of the research tools, a project steering group assisted in developing questionnaires that underwent rigorous testing during the initial interviews. Ethical principles were strictly adhered to throughout the research process, ensuring the welfare and dignity of all participants. Participants were provided with an information sheet outlining the ethical principles guiding the study, including confidentiality, the voluntary nature of participation, and the right to withdraw at any time without repercussions on their access to the service. A total of twenty-two individuals participated in this study, with the time since bereavement ranging from just over nine months to two years. This timeframe suggests that participants were still navigating the complexities of their grief, providing valuable insights into their emotional landscapes. Interviewees were encouraged to reflect on how their experiences of bereavement influenced their mental health, relationships, and everyday lives. The qualitative data collected were subjected to content analysis, which involved identifying and categorising key themes, patterns, and insights that emerged from the narratives. This analytical approach enabled the researchers to

distill the richness of participants' experiences into coherent themes that could inform better support mechanisms for individuals bereaved by suicide.

Feedback and Good Practice

Feedback from participants indicates a high level of satisfaction with the support received, particularly regarding the emotional and practical assistance provided. Participants highlighted several aspects of the service that exemplify good practice:

Empathy and Understanding: Participants frequently praised the empathetic and non-judgmental approach of the support staff. One individual remarked, *“The worker I had was so understanding and helpful. He couldn’t have been more helpful if he tried. He made me at ease and just listened.”* This demonstrates the importance of training staff, ensuring they possess the skills necessary to provide compassionate support.

Flexibility and Individualisation: The service's ability to tailor support to meet individual needs was frequently mentioned as a strength. Participants appreciated the option to engage with services at their own pace. One individual noted, *“I liked that I could choose when I wanted to come back; it took the pressure off.”* This flexibility acknowledges the varied timelines of grief and allows individuals to seek help when they feel most ready.

Holistic Approach: The integration of emotional, practical, and social support demonstrates a holistic understanding of bereavement care. Participants expressed gratitude for the comprehensive nature of the services, with one participant stating, *“It was comforting to know I could get help with everything, not just my feelings.”* This aligns with best practices in bereavement support, which advocate for addressing the multifaceted needs of individuals.

Community Engagement: The service's emphasis on community involvement and peer support reflects a commitment to creating inclusive environments where individuals feel connected and understood. As one participant noted, *“There is a shared sorrow, a shared understanding... you can’t put a price on that.”* This sentiment highlights the invaluable nature of shared experiences in the healing process.

Proactive Outreach: Timely contact and outreach efforts to bereaved individuals were highlighted as crucial in facilitating early support. One participant remarked, *“Getting that call early on helped me process things before they got too overwhelming.”* This proactive approach aligns with research indicating that early interventions can mitigate long-term psychological distress (Neimeyer et al., 2006).

Conclusion

The South East London Suicide Bereavement Service represents a model of effective practice in supporting individuals bereaved by suicide. Its commitment to early intervention, comprehensive emotional and practical support, and community engagement highlights the importance of a holistic approach to bereavement care. The feedback collected reveals the profound impact that tailored support services can have on individuals navigating the complexities of grief. As one participant summarised, *“Thank you. Thank you. Made such a difference.”* This expression

encapsulates the transformative impact of the Suicide Bereavement Service, reinforcing the necessity for continued investment in such programs to ensure that individuals bereaved by suicide receive the understanding, specialist support, and care they need during one of the most challenging periods of their lives. By adopting these good practices and responding to the specific feedback of service users, the service can continue to enhance its offerings, ultimately contributing to a more compassionate and effective support system for those navigating the complexities of suicide bereavement.

Abstract

This report presents an extensive content analysis of narratives collected from individuals participating in the South East London Suicide Bereavement Service. By examining the lived experiences of individuals bereaved by suicide, the study highlights the complexities of grief, emotional support, and coping strategies. The analysis draws on interviews to explore the factors influencing the bereavement experience and the impact of the support received from the service. Furthermore, the findings are contextualised within NHS policies, specifically the South East London Integrated Care Board (ICB), and local authority strategies on suicide prevention. This exploration highlights the critical need for tailored support services and the implications for mental health policies addressing suicide bereavement.

Keywords

Suicide bereavement, emotional support, South East London ICB, public health, suicide prevention.

Introduction

Suicide is a significant public health issue, with the World Health Organisation estimating that nearly 800,000 people die by suicide each year globally. This loss has profound implications for the bereaved, who often experience complex grief and a range of psychological and emotional challenges. Suicide bereavement refers to the unique grief experienced by individuals who have lost someone to suicide, characterised by feelings of guilt, shame, and confusion. The significance of suicide bereavement in mental health discourse cannot be understated, as it emphasises the need for targeted support systems that address the nuanced experiences of bereaved individuals. The effects of suicide extend beyond the immediate family, influencing entire communities. Research indicates that communities with higher suicide rates experience increased feelings of distress and trauma, which can in turn lead to a cycle of mental health issues within these populations. Collective grief can create an environment where discussions surrounding mental health and suicide are stigmatised, further complicating the recovery process for bereaved individuals. This highlights the importance of local and community-based interventions that can foster open conversations and provide collective support.

Rationale for the Study

The purpose of this literature review is to explore the multifaceted effects of suicide bereavement on family members, friends, and caregivers, as well as to evaluate existing support initiatives and counselling options. By exploring existing literature and strategies, this review aims to enhance understanding of the challenges faced by those affected by suicide bereavement and to highlight the importance of robust support mechanisms. This study aims to explore the effectiveness of the South East London Bereavement service and fill gaps in the literature by providing an in-depth analysis of personal narratives and experiences, thus informing future suicide bereavement support strategies.

Current Suicide Trends in South East London

Suicide remains a significant public health concern across the UK, and South East London is no exception. According to the latest data from Public Health England and local health authorities, the rate of suicide in South East London has been a growing concern, with variations across different boroughs. While the Office for National Statistics (ONS) suggests that national and London suicide rates did not increase during the pandemic, and that 2020 actually saw a small decrease in national rates, anecdotal evidence indicates that many in the community have felt a rise in mental health struggles during this time.

The ONS Annual Suicide Report for 2021 reported that the overall suicide rate in London stood at 6.6 per 100,000 people, with Bexley at approximately 4.87 per 100,000, Bromley at about 3.94 per 100,000, Greenwich at around 4.84 per 100,000, Lewisham at 5.66 per 100,000, Southwark at 4.22 per 100,000, and Lambeth at approximately 2.83 per 100,000.

In analysing the demographic data, it is crucial to consider the socioeconomic factors that contribute to these trends. Suicide rates are often higher in groups that experience economic disadvantage, including financial hardship and unemployment. Individuals from lower socioeconomic backgrounds often face increased stressors, such as financial instability, unemployment, and limited access to mental health services. The interplay between these factors creates an environment where the risk of suicide is heightened.

Delving deeper into the socioeconomic determinants of health reveals that those living in areas with high levels of deprivation often have limited access to mental health resources. This lack of access can exacerbate feelings of hopelessness and despair, leading to an increased risk of suicide. Research conducted by the Institute of Health Equity (2017, 2019) found that areas with the highest levels of deprivation have significantly higher suicide rates, emphasising the urgent need for targeted interventions in these communities.

An alarming aspect of this trend is the increase in suicide attempts among young people, often linked to academic pressures, social media influences, and a lack of available support systems. Studies by the Mental Health Foundation 2016, NHS Digital, 2020 and Public Health England, 2020 amongst others have shown that young individuals are more vulnerable to mental health crises when they lack access to mental health education and resources within school environments. By prioritising mental health education and intervention in schools, we can create safer spaces for young people to express their struggles and seek help.

Moreover, community-based initiatives that foster resilience and provide support networks are essential in mitigating the risk factors associated with suicide. Collaborative efforts between local authorities, healthcare providers, and community organisations can lead to the development of comprehensive mental health support systems that address the unique needs of residents in South East London.

By focusing on both preventative measures and responsive care, we can work towards reducing the prevalence of suicide in these boroughs and promoting a culture of mental wellbeing.

Suicide Prevention

The UK government has prioritised suicide prevention as a critical public health issue, implementing a comprehensive strategy that mandates local authorities to adopt targeted measures aimed at reducing suicide rates. The National Suicide Prevention Strategy for England, first launched in 2002 and updated in 2012 and 2019, serves as the foundational document guiding these efforts. It emphasises a co-ordinated, multi-agency approach that engages health services, local authorities, voluntary organisations, and communities to address the multifactorial nature of suicide (Department of Health and Social Care, 2012). Key objectives include improving the quality and accessibility of mental health services, enhancing public awareness of mental health issues, and fostering environments that support mental wellbeing.

In compliance with these national guidelines, local authorities are required to develop and implement Local Suicide Prevention Plans, a mandate derived from the Public

Health (Control of Disease) Act 1984 and the Health and Social Care Act 2012. These Acts impose a legal obligation on local councils to assess and improve the health of their populations, empowering them to conduct needs assessments that identify unique community risk factors contributing to suicide (Legislation.gov.uk, 1984; 2012). The importance of data-driven decision-making is supported by the Preventing Suicide in England: A Cross-Government Outcomes Strategy to Save Lives, which stresses the need for local authorities to gather and analyse data on suicide rates and associated factors to inform their strategies (Department of Health, 2019). Furthermore, the Suicide Prevention: A Guide for Local Authorities," published by Public Health England in 2021, provides practical resources and frameworks for local authorities to design and implement effective suicide prevention initiatives. This guide highlights the necessity of collaboration among stakeholders, including healthcare providers, educational institutions, law enforcement, and community organisations, to develop a cohesive and comprehensive suicide prevention strategy tailored to local needs (Public Health England, 2021).

Key initiatives under this strategy include the establishment of Suicide Prevention Partnerships which bring together various stakeholders to coordinate efforts and share best practices. These partnerships are encouraged to involve individuals with lived experience, ensuring that the voices of those directly affected by suicide inform policy and practice. Additionally, the government has launched awareness campaigns aimed at reducing stigma around mental health issues, such as Every Mind Matters," which provides resources to help individuals manage their mental health and seek support when needed.

The NHS Long Term Plan, published in 2019, aligns with these suicide prevention efforts by committing to improve mental health services and increase funding for mental health initiatives, reinforcing the need for local authorities to integrate suicide prevention into their public health strategies (NHS England, 2019). By embedding suicide prevention within the local authority's public health agenda and promoting a culture of openness and support, the government seeks to create an environment where individuals feel safe to seek help, ultimately reducing the stigma associated with mental health issues and saving lives. Ongoing monitoring and evaluation of local suicide prevention strategies are crucial for adapting and enhancing interventions based on emerging evidence and community feedback.

In South East London, public health initiatives targeting suicide prevention are vital in addressing this growing concern. The South East London Integrated Care Board (ICB) collaborates with local boroughs including Bexley, Bromley, Greenwich, Southwark, Lambeth, and Lewisham to implement various strategies focusing on improving access to mental health services, fostering community engagement, and reducing stigma surrounding mental health issues.

For instance, Bexley has launched the Bexley Suicide Prevention Strategy, which emphasises early intervention and awareness by engaging schools and community organisations to promote mental health education and suicide prevention strategies. This includes training for staff and resources to identify at-risk individuals, as research indicates that school-based initiatives can significantly reduce the incidence of mental health issues among young people.

The Greenwich Suicide Prevention Plan includes training for local businesses and community members on how to identify and support individuals at risk of suicide, empowering community members to provide assistance and create a supportive environment. Southwark has enhanced mental health services available in schools and community centres through initiatives like the Southwark Wellbeing Hub, which focuses on early intervention and mental health education, demonstrating the effectiveness of integrating mental health curricula in schools to promote resilience.

In Lambeth, outreach programmes target high-risk groups, including young people and those experiencing social isolation, highlighting the importance of community connections and raising awareness of available mental health resources. Meanwhile, Bromley has initiated various programs aimed at increasing awareness and providing resources for those in crisis, including the Bromley Mental Health and Wellbeing Strategy, which focuses on collaboration with local organisations to enhance mental health support. Lewisham is actively implementing its suicide prevention strategy, aligning with regional initiatives that emphasise enhancing mental health services in schools, promoting community awareness campaigns, and collaborating with local organisations to provide resources for individuals at risk. This approach underlines the necessity of integrating mental health education into community programs and fostering supportive environments for those struggling with mental health issues.

These coordinated initiatives across the South East London boroughs are essential in creating a comprehensive public health response to suicide prevention, tackling the underlying issues contributing to suicide, and supporting those affected by bereavement. By fostering collaboration, enhancing education, and promoting awareness, these efforts aim to build a resilient community that prioritises mental health and wellbeing.

The Role of Support Services: The South East London Suicide Bereavement Service

The South East London service, which started in July 2021 is funded by South East London Integrated Care System and provides various programmes tailored to the needs of bereaved individuals in the London Boroughs of Bexley, Bromley, Greenwich, Lambeth and Southwark. The service is available to adults and young people and is delivered as a partnership between South East London Mind, Mind in Bexley and South London and Maudsley NHS Foundation Trust. The support team includes Suicide Bereavement Workers, Bereavement Counsellors and Community Chaplains who work across all faiths. The service provided a combination of practical, emotional, peer and spiritual support to 240 people during the 2023-24 financial year.

The South East London (SEL) Suicide Bereavement Service exemplifies a holistic and comprehensive approach to supporting individuals affected by the devastating impact of suicide. Grounded in best practices and evidence-based interventions, the service offers a range of tailored support options to address the multifaceted needs of the bereaved.

One-to-One Support: This flexible and personalised intervention, delivered by trained Support Workers and Community Chaplains, addresses both the emotional and practical needs of those who have recently experienced a loss. In line with the recommendations of the National Suicide Prevention Alliance (NSPA, 2020), the emotional support offered provides a safe, non-judgemental space for individuals to express their immediate thoughts and feelings, talk openly about their loved one, and receive psychoeducation about the impact of traumatic grief. Recognising the logistical challenges that often accompany bereavement, the service also offers practical assistance with tasks such as registering the death, planning funerals, and managing financial affairs. As one participant expressed, *"I didn't even know where to start with everything that needed to be done."* By alleviating some of these practical burdens, the service allows individuals to prioritise their emotional healing, a key component of the NICE (2018) guidelines for supporting people bereaved by suicide.

Counselling: The SEL service provides access to fully qualified counsellors who work with participants in a confidential and supportive environment. This intervention aligns with the recommendations of the American Psychological Association (APA, 2016), which highlights the effectiveness of personalised counselling in helping individuals process their grief and develop coping strategies. One participant noted, *"The counselling helped me unravel my feelings... it all was a complex tangled broken mess after the loss."* This highlights the value of tailored support in facilitating emotional expression and understanding, a crucial aspect of the healing process.

Peer Support Groups: Recognising the importance of community and shared experience, the SEL service facilitates and organises group sessions where individuals can connect with others who have experienced similar losses. These peer support groups, as advocated by the Suicide Bereavement UK (2019) guidelines, provide a safe space for sharing experiences and fostering a sense of belonging. As one participant remarked, *"Being able to talk with others who understand was comforting; it made me feel less alone."* This peer connection is instrumental in reducing feelings of isolation and providing mutual support. Additionally, the service now offers Walk & Talk groups, which present a more informal opportunity for individuals bereaved by suicide to connect without the commitment of attending a formal group setting.

Community Education Initiatives: The SEL service actively engages in outreach efforts to raise awareness about suicide bereavement and the support resources available. This includes educational programmes aimed at reducing stigma and promoting open conversations surrounding mental health and grief, in line with the recommendations of the World Health Organization (WHO, 2014) for community-based suicide prevention. Participants have highlighted the importance of community understanding, with one stating, *"I want to do something in their memory, something that would make a difference."* This illustrates the therapeutic potential of wider community involvement in the healing journey, as it fosters a supportive environment for those grieving.

Follow-Up and Continued Support: Recognising the non-linear nature of grief, the SEL service places a strong emphasis on ongoing support by conducting follow-up check-ins with participants even after formal sessions have concluded. This proactive approach, endorsed by the NSPA (2020) guidelines, not only reinforces the

importance of sustained engagement but also acknowledges the evolving needs of individuals as they navigate their healing process. As one participant shared, *"Having someone check in on me months later reminded me that I wasn't alone in this."*

By offering a range of options, the service encourages individuals to engage with the support that resonates most with them, fostering a sense of agency in their healing journey. Testimonials from individuals who have accessed the South East London service illustrate the profound impact of these initiatives. One participant shared,

"The support made me feel less alone; it was really comforting to connect and I felt people didn't judge, they understood what I was going through." Another individual highlighted the importance of one-on-one counselling, stating, "Having someone to talk to who truly listened helped me process my grief and start to find hope again."

A particularly poignant case involved a participant, whose partner died by suicide nine months prior to her joining the support programme. She described her initial feelings of isolation:

"I felt like I was in a dark dark tunnel with no way out. I didn't know who to talk to or how to make sense of what had happened." She found solace in the support :"It made me realise I wasn't alone," she shared. "It was as if a weight had been lifted. I could finally start to talk about my feelings without fear of judgment or guilt."**

These personal accounts highlight the effectiveness of the service in providing compassionate support among those bereaved by suicide. The positive feedback from participants highlights the importance of continued investment in such services to ensure that they remain available and accessible to those who need them most. In summary, the SEL Suicide Bereavement Service offers a robust and evidence-based array of support options, drawing on best practices and research to address the diverse needs of those affected by suicide. Through personalised one-to-one support, counselling, peer connections, community education, and ongoing follow-up, the service fosters an environment of understanding, empowerment, and healing, guiding individuals on their journey towards emotional healing.

The Impact of Suicide Bereavement

"I felt like my world ended right there. The shock, the absolute shock and horror of it all, and the pain and how unreal it all felt.. and just everything about it was enough to kill me. I was up and down on a rollercoaster ...i never felt anything even close to it" (Participant)

The impact of suicide bereavement on mental health is profound and multifaceted. Individuals bereaved by suicide often experience heightened levels of grief that can lead to psychological distress, including depression, anxiety, and complicated grief (Jordan, 2001; Cerel et al., 2008). A study by Agerbo et al. (2002) found that those bereaved by suicide are at a significantly greater risk of mental health issues compared to those who have lost loved ones to other causes. The unique nature of suicide, as a sudden and often stigmatised death, can complicate the grieving process, leading to feelings of guilt, anger, and isolation.

The psychological consequences of suicide bereavement are profound and often debilitating. Research indicates that individuals bereaved by suicide are at an increased risk of developing complicated grief, a condition characterised by persistent yearning for the deceased and challenges in finding closure (Jordan, 2001). Cerel et al. (2008) found that bereaved individuals frequently report symptoms of depression and anxiety that can persist long after the death. The stigma associated with suicide can compound these feelings, as survivors may feel ashamed or isolated, fearing judgment from their community. This stigma not only affects their willingness to seek help but also exacerbates feelings of loneliness and despair. Moreover, the nature of suicide can lead to a unique set of questions and unresolved issues for the bereaved, often resulting in anger directed at the deceased, other family members, services or oneself. This emotional turmoil can hinder the grieving process, making it challenging for individuals to navigate their feelings and find closure. As one participant in the study noted:

“I felt so angry at my loved one for leaving me with so many unanswered questions. It’s an emotional rollercoaster.”

Research also suggests that prolonged grief can lead to significant mental health issues, including post-traumatic stress disorder (PTSD) among survivors. A study by Currier et al. (2006) indicates that individuals bereaved by suicide are at a higher risk of developing PTSD compared to those bereaved by other means. This highlights the necessity for targeted mental health interventions that address the unique needs of those affected by suicide bereavement.

The social ramifications of suicide bereavement extend beyond the individual, impacting family dynamics and community relationships. Stuart (2014) discusses how suicide can create rifts within families, as members may respond to the loss in different ways, leading to conflict and misunderstanding. The bereaved may also experience social isolation as friends and acquaintances struggle to engage with the stigma surrounding suicide. This isolation can hinder the development of supportive networks that are vital for coping with grief. Furthermore, the stigma associated with suicide can result in a lack of understanding and support from the community. Research by Biddle et al. (2008) indicates that individuals bereaved by suicide often report feeling alienated from social circles, as friends and family may withdraw from conversations about the deceased or avoid discussing the circumstances surrounding their death. This social withdrawal can exacerbate feelings of loneliness and despair, making it essential for communities to develop more inclusive support systems for those affected by suicide.

The findings from the SEL Bereavement Support Service reflect these social consequences, with participants frequently expressing feelings of isolation and a lack of understanding from their social networks. One participant shared,

“I felt like nobody could understand what I was going through. Friends tried, but they just didn’t get it.”

Physical Health Implications

The impact of suicide bereavement extends to physical health, with studies linking bereavement to increased health risks. Harrison et al. (2015) found that individuals bereaved by suicide are more likely to experience chronic health issues, including cardiovascular problems and decreased immune function. The stress and emotional turmoil associated with grief can lead to detrimental lifestyle changes, such as poor diet, lack of exercise, and substance abuse, further compromising physical health. Additionally, the phenomenon of "*broken heart syndrome*," or stress-induced cardiomyopathy, has been documented in those experiencing intense grief. This condition mimics heart attack symptoms and highlights the pure physical toll and impact of bereavement. The intersection of mental and physical health challenges highlights the need for integrated support services that address both aspects of well-being for those affected by suicide bereavement.

Family, Friends, and Carers: Role of Family in Bereavement

Suicide bereavement profoundly impacts family dynamics, with each member experiencing the loss in unique and often challenging ways. Research by Barker et al. (2015) highlights that spouses and partners frequently grapple with intense feelings of guilt and responsibility, questioning whether they could have intervened. Children may struggle to comprehend the reasons behind their parent's suicide, leading to confusion and feelings of abandonment. Siblings often feel overlooked during the grieving process, as parents typically focus on their own grief, which can create a sense of isolation and neglect. Family members may experience a range of emotional responses, including anger, sadness, and regret, which can escalate into conflict and disrupt communication within the family. This demonstrates the crucial need for open dialogues about the deceased and the circumstances surrounding their death, as such conversations are vital for healing.

Support initiatives that facilitate family counselling can play a pivotal role in helping families navigate their collective grief, fostering understanding and connection during this challenging time. One participant in the South East London Suicide Bereavement study remarked, "*We had to learn how to talk to each other again after the loss; it was a long journey.*" Research indicates that family therapy can be particularly effective in addressing the multifaceted nature of grief within families. By providing a structured space for family members to express their feelings and share their experiences, therapists can help rebuild connections and support one another throughout the grieving process (McGoldrick, 2004).

The impact of a child's suicide extends beyond individual parents to affect the entire family dynamic. Siblings may also experience grief and loss, leading to strain within the family unit as members navigate their emotional responses to the tragedy (Rudd et al., 2016). Parents often find themselves in need of support systems that are sensitive to their unique challenges, including access to grief counselling and peer support groups specifically tailored for those who have lost children to suicide.

Research on parents who have lost children to suicide reveals profound emotional, psychological, and social impacts that affect their lives in various ways. This devastating form of grief is characterised by feelings of guilt, anger, confusion, and profound sadness. Many parents report a sense of isolation, as societal stigma

surrounding mental health and suicide can lead to a lack of understanding and support from others (Jordan & Hinds, 2016).

Studies indicate that parents often grapple with intense feelings of guilt and self-blame, questioning whether they could have done something to prevent their child's death. This phenomenon is exacerbated by the societal stigma associated with suicide, which can lead to further alienation and reluctance to seek help from family and friends (Cerel et al., 2016). The psychological impact of such a loss can manifest in various ways, including increased rates of depression, anxiety, and post-traumatic stress disorder (PTSD). Research suggests that bereaved parents may experience complicated grief, hindering their ability to process the loss and move forward in their lives (Bowlby, 1980). Many parents also report a disrupted sense of identity, as their roles and relationships are irrevocably altered following their child's death (Dunn et al., 2018).

Friends of the deceased encounter their own unique challenges while coping with suicide bereavement. Research by Rogers et al. (2016) shows that friends often experience feelings of helplessness, guilt, and confusion, questioning why they were unable to prevent the suicide. The close bond shared can lead to intense emotional pain, as friends may grapple with a profound sense of loss and longing for the companionship that has been severed. Additionally, friends may find it difficult to seek support for their grief, often feeling that their pain is minimised compared to that of family members. This dynamic can foster isolation, as friends may withdraw from social interactions due to discomfort in discussing the suicide. Support groups designed specifically for friends of those who have died by suicide can provide a safe space for sharing feelings and experiences, fostering a sense of community and understanding. One friend who participated in the study shared, "I felt like I had to grieve alone, but then I found support that understood, and it was a relief."

The need for friend-focused bereavement support is critical, as friends often play a vital role in the grieving process. They can offer unique insights and perspectives that differ from family members, making their support invaluable. Research by Matz et al. (2014) emphasises the significance of peer support networks in promoting resilience and coping among those affected by suicide.

Support for Carers

Carers of individuals who have died by suicide face unique challenges and emotional burdens of their own. McDaid et al. (2014) note that these individuals may experience anticipatory grief if they were aware of the deceased's struggles prior to their death. Moreover, carers often feel a sense of obligation to support other family members while grappling with their own grief, which can lead to emotional exhaustion and burnout. It is essential to address the mental health needs of carers, as they frequently prioritise the well-being of others over their own. Access to counselling and specialised mental health support services tailored for carers can help them process their grief and develop effective coping strategies. These services should recognise the complexities of their unique roles and provide a space for them to express their feelings and seek support.

Support initiatives for carers should also focus on raising awareness about self-care and the importance of seeking help. Research indicates that carers often neglect their

own mental health needs while supporting others, leading to increased risks of anxiety and depression (Harrison et al., 2015). By providing resources and education on self-care practices, organisations can empower carers to prioritise their own well-being while still supporting their loved ones.

In response to these challenges, there is a growing recognition of the need for targeted support services for bereaved parents. Research advocates for the development of comprehensive mental health resources that address the complexities of grief associated with suicide, promoting healing and facilitating open discussions about mental health within families and communities (Bennett et al., 2019). Overall, the research highlights the necessity of understanding the multifaceted impact of a child's suicide on parents, highlighting the importance of providing appropriate support systems that address both individual and familial needs.

Support Initiatives including Counselling for Suicide Bereavement

Numerous support initiatives exist for those bereaved by suicide, including peer support groups, professional counselling services, and community outreach programs. Hawton et al. (2003) amongst others, highlight the importance of peer to peer support groups, which provide a space for individuals to connect with others who have experienced similar losses. These groups can help reduce feelings of isolation and stigma, fostering a sense of belonging and understanding. Professional accredited counselling services, on the other hand, offer structured therapeutic interventions that can be tailored to the needs of the bereaved individual. Various organisations provide specialised training for counsellors to address the unique challenges faced by those bereaved by suicide, ensuring that they receive compassionate and informed support. As one participant who accessed the service noted,

“The counselling helped me unravel my feelings.... It all was a complex tangled broken mess after the loss.”

Counselling Approaches

The counselling service for suicide bereavement in the South East London service, utilise an integrative approach, which combines various therapeutic modalities to provide tailored support to individuals navigating their grief. This method recognises that each person's experience of grief is unique and that different therapeutic techniques can be effective depending on individual needs. By integrating elements from cognitive-behavioural therapy (CBT), narrative therapy, and other modalities, counsellors can create a more holistic and adaptable therapeutic experience. According to Norcross (2011), integrative therapy allows therapists to draw on the strengths of multiple approaches, enhancing the overall effectiveness of the counselling process.

Cognitive-behavioural therapy (CBT) is employed to help individuals confront and reframe negative thoughts associated with grief. Neimeyer (2000) discusses how CBT can promote healthier coping mechanisms, making it particularly beneficial for those grappling with feelings of guilt or self-blame. By encouraging clients to challenge detrimental thought patterns, CBT fosters a more constructive processing of their emotions and experiences. Narrative therapy complements this by focusing on helping

individuals construct and share their stories of grief. This approach facilitates the externalisation of experiences and emotions, allowing bereaved individuals to gain perspective and begin to find meaning in their loss. Narrative therapy can be especially effective for those who struggle to articulate their feelings, providing a supportive and safe environment for exploration. One participant remarked:

“Telling my story really helped me feel like I was honouring my loved one, not just wallowing in sadness and despair. It is my story.”

The integrative approach allows counsellors to adapt their methods based on the unique needs of each individual, recognising that grief is complex and multifaceted. This flexibility ensures that clients receive the most relevant and effective support throughout their healing journey. For instance, a client may initially benefit from narrative therapy to articulate their grief, then transition to CBT techniques to address feelings of guilt or anxiety as they arise.

Additionally, group therapy is an essential component of the integrative approach, providing a space for individuals to share their experiences collectively. Group settings foster connections and mutual support, enabling participants to discuss their feelings in a safe environment. Research indicates that group therapy can significantly reduce feelings of isolation and enhance emotional resilience, making it a valuable tool for those affected by suicide bereavement (Berk et al., 2019).

By employing an integrative counselling approach that combines CBT and narrative therapy, as well as providing peer support groups, the service offers a comprehensive and flexible framework to support individuals in their healing process. This strategy addresses the multifaceted nature of grief, ensuring that individuals receive the tailored support they need to navigate their emotions and begin the journey toward recovery.

Effectiveness of Support Initiatives

Literature evaluating the effectiveness of support services for suicide bereavement indicates that these interventions can significantly alleviate grief and promote healing. Jordan and Hinds (2016) found that individuals who participated in support groups reported a greater sense of connection and understanding, which contributed to improved emotional well-being. Additionally, access to professional counselling was associated with reduced symptoms of depression and anxiety among bereaved individuals.

However, it is important to recognise that the effectiveness of these initiatives can vary based on individual needs and circumstances. A one-size-fits-all approach may not be suitable, and it is crucial for support services to remain flexible and responsive to the unique challenges faced by each bereaved individual. A participant highlighted,

“What worked for me might not work for someone else; we all have our own paths and challenges along the way.”

Challenges and Barriers to Support: Stigma and Misunderstanding

Despite the availability of support services, the stigma surrounding suicide bereavement remains a significant barrier to help-seeking behaviour. Biddle et al. (2008) emphasise that many individuals bereaved by suicide fear judgement from others, which often leads them to isolate themselves rather than seek support. This stigma can perpetuate feelings of shame and guilt, complicating the grieving process and preventing individuals from sharing their experiences. Furthermore, societal misunderstandings about suicide can contribute to a lack of awareness regarding the specific needs of those who have been bereaved. Many individuals may not fully comprehend the complexities of suicide bereavement, resulting in well-meaning yet ultimately unhelpful responses.

Participants in the South East London service echoed these sentiments, shedding light on their experiences of stigma and isolation. One interviewee reflected,

“Nobody knows the way that he died and nobody's really asked. So I've not really said anything. Whereas when one of the other ladies' husbands passed away through COVID, that was all talked about. Flowers, cards, you know, sympathy emails went round. I didn't get anything, anything at all. And not that I want that. I don't need a bunch of flowers. But what I wanted was some understanding.”

This powerful narrative demonstrates the profound sense of isolation that can accompany suicide bereavement, intensified by the silence and avoidance of others. The contrast drawn between their experience and that of another bereaved individual illustrates how societal narratives can shape the responses of friends and family. Some losses are openly acknowledged and supported, while others, particularly those involving suicide, may be shrouded in silence and discomfort. This lack of acknowledgment can lead individuals to feel neglected in their grief, compounding their emotional distress.

Another participant articulated the critical importance of having a safe space to voice their feelings, stating,

“XXX was the only one that I said an awful lot of things to. I couldn't have said it to friends or family, you know, even my own children.... just to have that non-judgemental reassurance was a breath of fresh air, and nobody else spoke to me in the same way. Everybody had a bit of judgement or their own emotions.”

This reflection emphasises the necessity of non-judgemental environments where individuals can express their grief openly without fear of repercussions. The participant's experience of feeling unable to share their emotions with family and friends illustrates the profound discomfort that often arises in conversations about suicide. The presence of judgement, whether explicit or implicit, can create barriers to open communication, leaving those bereaved by suicide feeling even more isolated in their grief. The ability to converse freely with someone who understands the nuances of their pain is invaluable, highlighting the need for trained professionals who can provide such a safe space.

Barriers to accessing support services for suicide bereavement can also encompass geographical, financial, and systemic issues. Harrison et al. (2015) note that individuals living in rural or underserved areas may have limited access to specialised

services, making it challenging for them to receive the support they need. For many, the physical distance to services can feel insurmountable, particularly when coupled with the emotional weight of their loss. Furthermore, financial constraints can prevent individuals from accessing specialised counselling services, as many may not have the means to pay for private therapy. Systemic barriers, such as long wait times for generic mental health services, can further frustrate those seeking support. One interviewee said;

“I reached out for help, but the wait in generic services was long and I wasn’t sure they had the expertise. I mean it is unusual place to be isn’t it... I felt like I was stuck in my grief without any guidance.”

This statement powerfully encapsulates the urgency that individuals bereaved by suicide often feel. The delays in accessing services can exacerbate their emotional distress and hinder their ability to process their grief effectively, creating a vicious cycle of pain and isolation.

Additionally, cultural and linguistic barriers may hinder access to support services for individuals from diverse backgrounds. Research indicates that individuals from underserved minority ethnic groups may be less likely to seek help due to cultural stigma surrounding mental health issues (Bhugra et al., 2010). These cultural dynamics can shape how individuals perceive grief and support, often leading to further entrenchment in silence and isolation. Tailoring support services to accommodate diverse cultural needs and providing resources in multiple languages can enhance accessibility and inclusivity. This is crucial, as understanding cultural contexts can significantly impact how services are delivered and received. The insights shared by participants in our study reflect a pressing need for ongoing efforts to destigmatise suicide bereavement, promote understanding, and ensure that all individuals affected by such profound loss can access the support they require.

By addressing these systemic barriers and fostering a culture of empathy and openness, we can create an environment where individuals feel empowered to seek help and share their experiences without fear of judgement. Efforts to educate the public about the realities of suicide bereavement are essential for reducing stigma and encouraging open conversations. As we work towards breaking down these barriers, we can help ensure that individuals bereaved by suicide receive the understanding, empathy, and support they desperately need during one of the most challenging periods of their lives.

Study Methodology

This study employs a qualitative narrative research design, which is particularly suited to understanding the complex and deeply personal experiences of individuals bereaved by suicide. By utilising semi-structured interviews, this methodology allows participants to share their stories in their own words while ensuring that key topics are covered. This approach is invaluable in exploring the emotional landscapes of those affected by such profound loss, as it recognises the significance of personal narratives in shaping individual identities and experiences. The research framework is informed by existing literature, particularly Palmer's (2011) content analysis of oral narratives, which emphasises the importance of contextualising individual experiences within their cultural and social environments. This theoretical underpinning enables a richer analysis of the narratives collected, highlighting how cultural factors, social support systems, and personal histories intersect to shape the grieving process and coping mechanisms of participants. By adopting this framework, the study aims to uncover the complexities and nuances of suicide bereavement that are often overlooked in traditional quantitative research.

To ensure the relevance and sensitivity of the research tools, the project steering group helped develop questionnaires that underwent a rigorous testing phase during the initial interviews. This preliminary testing was crucial in refining the questions and confirming that they were appropriate for the sensitive nature of the subject matter. Interviewers were trained to provide emotional support, recognising the distress that can arise when discussing such personal and painful topics. Ethical principles were strictly adhered to throughout the research process, ensuring the welfare and dignity of all participants, in line with good practice guidelines for conducting research with vulnerable populations.

Prior to the interviews, participants were provided with an information sheet outlining the ethical principles guiding the study, including confidentiality, the voluntary nature of participation, and the right to withdraw at any time without any repercussions on their access to the service. This transparency was essential in fostering trust and encouraging open dialogue. Participants who experienced distress during the interviews were assured that they could pause or withdraw from the conversation at any point, reinforcing a supportive and empathetic research environment. Some individuals were subsequently referred back to the service for additional support as a part of their participation.

To protect the anonymity of participants, all interviews were conducted without revealing identifying information. The scheduling of interviews was flexible, accommodating participants' preferences and ensuring that they felt comfortable during the process. All interviews were conducted online, which not only facilitated participation from a diverse geographical area but also allowed for an accessible and convenient means of communication. Some interviews extended over several weeks, particularly for participants who required additional time to articulate their feelings, emotions and experiences.

Participants

A total of twenty-two individuals participated in this study. In our outreach efforts, we contacted over fifty individuals identified as potential participants for our study, based on a password-protected list provided by the study coordinator. This list was carefully curated to include individuals who were happy and ready to talk about the support they had received and the experience of losing a loved one to suicide. However, we encountered significant challenges in engaging these potential participants, as many proved difficult to reach. A considerable number of individuals did not respond to our communications, which included phone calls and texts, reflecting the sensitive nature of the topic and possibly the emotional burdens that accompany such losses. Despite these challenges, only four individuals outright refused to participate in the study, indicating a willingness among the majority to engage in discussions about their experiences.

Among those we ultimately interviewed, the time since bereavement ranged from just over 9 months to 2 years, with an average duration of approximately 18 months since the loss. This timeframe suggests that participants were still navigating the complexities of their grief, providing valuable insights into their emotional landscapes. The average age of individuals interviewed was 48 years, placing many participants in a life stage where they are often balancing various responsibilities, such as work, family, and potentially caring for aging parents. This age demographic may influence how they process grief, as they might be dealing with multiple layers of loss and stressors, potentially impacting their coping mechanisms and resilience.

Of the 22 individuals interviewed, a noteworthy 65% reported having accessed one-to-one support services, highlighting the importance of individualised assistance in coping with their grief. Additionally, 45% of participants indicated that they were self-referred to these services, illustrating a proactive approach to seeking help during such a challenging period. This suggests that many individuals recognised the need for support and took the initiative to find resources that could assist them in managing their grief, which is crucial for emotional healing. It is also important to consider the implications of self-referral on the study's findings. Individuals who self-refer for support may possess certain characteristics, such as higher levels of self-efficacy or a greater awareness of mental health resources, which could influence their likelihood of participating in the study. This potential bias raises questions about the generalisability of the results, as those who are more inclined to seek help may not represent the broader population of individuals experiencing grief. Therefore, while the findings provide valuable insights into the significance of one-to-one support and self-referral, they also highlight the need for caution in interpreting these results within the context of broader grief experiences.

The demographic breakdown of the participants revealed a diverse array of experiences with loss. Specifically, seven individuals had lost a sibling through suicide, eight had lost a partner, three had lost a mother, one had lost a friend, and three had lost a child. This variety highlights the different familial and relational contexts in which the bereavement occurred, each potentially influencing the grieving process uniquely. Furthermore, the age range of participants spanned from those born in 1948 to 1991, illustrating a broad spectrum of generational perspectives on grief and loss. The

average age of 48 indicates that many participants were likely to have had significant life experiences that shaped their understanding of relationships, love, and loss, enabling them to articulate their feelings and experiences with depth and insight.

In terms of ethnicity, 16 participants identified as White British, three as Black British, and two as belonging to European backgrounds, reflecting the diverse cultural contexts that can shape experiences of bereavement. The intersection of age, ethnicity, and personal experience with loss provides rich narratives that can inform our understanding of suicide bereavement. Overall, this comprehensive engagement process and the subsequent demographic details enrich the study's findings, providing a nuanced understanding of the lived experiences of individuals affected by suicide bereavement. The insights gained from these interviews not only highlight the emotional challenges faced by participants but also emphasize the critical need for tailored support services that address the unique needs of diverse populations grappling with their loss. By recognising the average age of participants and their varied backgrounds, we can better understand the complexities of their grief and the importance of providing relevant and accessible resources to aid in their healing journey.

The digital interviews were conducted throughout 2023 and 2024, averaging fifty-five minutes in length. This duration provided ample opportunity for participants to share their narratives in depth, offering rich, detailed accounts of their experiences with loss and grief. The interviews were carefully designed to elicit personal stories, coping mechanisms, and reflections on the profound impact of suicide on their lives and the lives of their loved ones.

Data collection involved a semi-structured format, which balanced the freedom for participants to express their narratives with the need to cover relevant topics. This method is particularly effective in capturing the depth of individual experiences, as highlighted by Riley and Hawe, (2005), who argue that oral narratives reveal complexities often overlooked in quantitative research. The interviews were structured to explore various aspects of the bereavement experience, including emotional responses, changes in identity, coping strategies, and the role of social support networks.

Participants were encouraged to reflect on how their experiences of bereavement influenced their mental health, relationships, and everyday lives. By creating an open and empathetic environment, the research aimed to facilitate honest and heartfelt conversations, allowing for the emergence of key themes and insights that would contribute to a deeper understanding of the bereavement process. The interviews were audio-recorded with participants' consent and subsequently transcribed for analysis. The qualitative data collected were subjected to content analysis, which involved identifying and categorising key themes, patterns, and insights that emerged from the narratives. This analytical approach enabled the researchers to distil the richness of participants' experiences into coherent themes that could inform better support mechanisms for individuals bereaved by suicide.

In conclusion, this study's methodology and data collection methods are designed to provide a thorough exploration of the lived experiences of those affected by suicide. By employing a qualitative narrative approach, the research seeks to honour the

voices of participants, capturing the complexity of their grief while contributing to the broader understanding of suicide bereavement. The findings will not only enhance existing support services but also inform future research and intervention strategies aimed at assisting individuals navigating the challenging journey of grief.

Data Collection

Data collection involved semi-structured interviews, allowing participants to express their narratives freely while ensuring that relevant topics were covered. This method is effective in capturing the depth of individual experiences, as highlighted by Riley and Hawe, (2005), who note that oral narratives provide insights into the lived experiences of individuals, revealing complexities often overlooked in quantitative research. Semi-structured interviews facilitate a conversational approach, enabling participants to share their stories in a comfortable and supportive environment, which is crucial when dealing with sensitive topics such as bereavement, grief and loss. According to Denzin (2017), qualitative interviews serve as a powerful means of understanding the subjective realities of participants, allowing researchers to explore the meanings individuals attach to their experiences. This aligns with the view of Glaser and Strauss (1967), who emphasise the importance of qualitative methods in generating rich data that reflect participants' perspectives. The interviews were designed to elicit personal stories, coping mechanisms, and reflections on the impact of suicide on their lives, ultimately providing a comprehensive understanding of their experiences.

Content Analysis: Rationale and Application

Content analysis is particularly well-suited for this research, as it allows for the systematic examination of qualitative data, providing a framework for understanding the nuanced experiences of individuals bereaved by suicide. This method goes beyond mere description; it seeks to identify patterns, themes, and meanings within the narratives shared by participants. As highlighted by Hsieh and Shannon (2005), content analysis can be used to interpret contextual data, making it an effective tool for analysing the complex narratives arising from bereavement.

Why Content Analysis Works Well for This Research

Content analysis can adapt to various types of qualitative data, making it a versatile tool for analysing narratives derived from interviews. It allows researchers to be flexible and delve into both the explicit content of the narratives and the deeper meanings that may emerge, which is essential in understanding the multifaceted nature of grief. This approach also facilitates the extraction of rich, descriptive data from participants' accounts. Given the emotional depth of the subject matter, content analysis enables the identification of recurring themes, emotional responses, coping strategies, and the impact of support systems on the bereavement process. Through the use of a systematic coding framework, researchers can categorise and quantify themes across narratives, enhancing the rigour of the analysis. This is particularly important in academic research, where demonstrating reliability and validity is crucial. As Denzin (2017) notes, employing a systematic approach to qualitative analysis not only strengthens the findings but also allows for a more robust interpretation of the data.

The content analysis allows for the integration of findings with existing literature. By comparing themes identified in the narratives with those discussed in previous studies, researchers can contribute to a broader understanding of suicide bereavement. For instance, linking themes of empowerment and support to Palmer's (2018) findings on the emotional complexities of bereavement reinforces the need for effective support services. This integration of new insights with established research highlights the ongoing dialogue within the academic community regarding best practices in supporting individuals affected by suicide.

Data Analysis: Thematic Exploration

The analysis of service user narratives revealed several key themes that provide insight into the experiences of those bereaved by suicide, emphasising the qualitative narrative research process supported by existing literature. The thematic analysis process involved identifying and coding significant patterns within the narratives, which were then grouped into overarching themes. This method aligns with Braun and Clarke's (2006) approach to thematic analysis, which stresses the importance of a clear and systematic process in identifying themes that accurately represent participants' experiences. Key themes that emerged from the analysis included feelings of isolation, the search for meaning, the importance of social support, and the impact of coping strategies on the grieving process. These themes were consistent with findings from previous research, highlighting the universal aspects of grief while also acknowledging the unique ways in which individuals navigate their experiences. By situating these themes within the existing literature, the study contributes valuable insights into the lived experiences of those bereaved by suicide, ultimately informing future research and the development of support services tailored to their needs.

The following themes emerged from the data:

Referral Sources: Haze of Shock and Initial Contact

"I was walking around in a big long blank haze, a foggy.. awful blank haze for months and months. I guess I just existed but I wasn't functioning on any level at all.. I really wasn't here. I was in a haze... that's the way to describe it" (Participant)

Participants frequently described a "haze" or "shock" in the immediate aftermath of their loss, which significantly impacted their ability to seek support. This emotional state often left them feeling disoriented, confused, and unsure about how to navigate their grief. One participant poignantly expressed,

"I don't think I would have reached out if they hadn't called me. I was just so lost."

This statement demonstrates the critical role that the service plays in providing timely support during a vulnerable period. The importance of early intervention and proactive outreach in the bereavement process is well-documented in the literature. Research indicates that timely support can significantly influence recovery outcomes (Neimeyer et al., 2006). For instance, Jordan and Hinds (2016) found that individuals who received immediate outreach after a suicide reported feeling less isolated and more connected to available resources. This suggests that outreach efforts can effectively bridge the gap between bereaved individuals and the support systems they need.

Moreover, the theme raises important questions about self-referral versus being referred by others. Many participants articulated that they would have struggled to seek support independently without the initial contact from the SEL service. This observation aligns with findings from Sabucedo, Hayes, and Evans, (2021) who noted that societal stigma surrounding mental health often creates barriers to seeking help. Participants expressed feelings of shame or inadequacy that made it difficult for them to reach out, reinforcing the need for proactive outreach from organisations aimed at reducing stigma and easing the path to support. The effectiveness of outreach efforts is further supported by research from Currier et al. (2008), which highlights the role of proactive support in reducing the likelihood of adverse psychological outcomes following bereavement. Studies show that contact from support services can initiate a chain reaction, prompting individuals to seek additional resources and develop healthier coping mechanisms. By actively reaching out to individuals in distress, organisations can play a pivotal role in facilitating access to necessary support and resources, ultimately promoting healing and recovery.

Length of Interview: Varied Approaches and Emotional Expression

The interview process revealed diversity in how service users who had accessed the service approached the discussion of their loss. Some participants preferred to be succinct, while others expressed a strong desire to elaborate on their loved ones, recounting cherished memories and detailing their experiences. One participant remarked;

“I wanted to share everything about them; it felt important” whilst another resident shared “it’s in their memory, it’s also my memory and I want to share it. I can never let them go and sharing things and memories helps me”.

This variability indicates that the length and depth of interviews can significantly influence both the richness of data collected and the emotional processing for participants.

As highlighted by Riessman (2008), narrative interviews can provide a therapeutic platform for individuals to articulate their grief, allowing them to express emotions that may have been suppressed. This form of expression is particularly valuable in the context of suicide bereavement, where feelings of guilt, anger, and confusion often complicate the grieving process. The ability to share personal stories can facilitate a sense of agency and empowerment, as participants feel a sense of control over their narratives.

Reflections on the interview process also revealed that some participants experienced distress during the discussions. Importantly interviewers were trained and supported to recognise signs of emotional discomfort, ensuring they were prepared to provide support as needed. This aspect of the interview process reinforces the necessity for interviewers to possess skills in trauma-informed care. Sweeney et al. (2018) emphasise that training interviewers in sensitivity and empathy when dealing with difficult topics is essential for navigating the emotional landscapes associated with grief. Moreover, the flexibility in interview length and structure can enhance participant comfort and engagement (Hsieh & Shannon, 2005). By allowing participants to dictate

the pace and depth of their narratives, researchers create agency and a supportive environment that can lead to more meaningful and impactful data collection. This adaptability is essential in qualitative research, particularly when exploring sensitive subjects such as suicide bereavement.

The variability in emotional expression during interviews also highlights the need for researchers to be attuned to the individual needs of participants. Some individuals may require more time to process their emotions before sharing, while others may find solace in recounting vivid memories of their loved ones. This understanding aligns with the person-centred approach advocated by McCormack and McCance (2017), which emphasises the importance of tailoring interventions to meet the unique preferences and needs of individuals.

Do I need the support?

“Do I need the support...well to be honest I initially said no, I said I don't need the support then I kept thinking about it more and more and said to myself well I actually do, I actually really do... and I just phoned the next day”

In our interviews with participants who had experienced suicide bereavement, several individuals shared their thoughts and experiences regarding accessing support services. One participant reflected on their initial reluctance, stating;

“Initially, I said thank you very much, but I don't think I need it. However, subsequently, I changed my mind and thought I'd give it a try because I was approached.”

This comment highlights a common theme among participants: the uncertainty surrounding the need for support in the aftermath of such a profound loss. Many individuals may not recognise their need for help immediately, often grappling with their emotions and the overwhelming nature of their grief. This hesitance can be exacerbated by societal stigma around mental health and a lack of understanding about the benefits of support services such as the South East London Suicide Bereavement Service.

Another participant expressed similar apprehension, admitting;

“I wasn't really hanging waiting for someone to call either, because I really wasn't sure at all at the beginning whether there was any point.”

This sentiment demonstrates the hesitance that many individuals feel when faced with the prospect of seeking help. The emotional turmoil that accompanies bereavement can create a sense of isolation, leading individuals to doubt the effectiveness of available support. This can often result in missed opportunities for connection and healing, as individuals may feel too overwhelmed to reach out or may not be aware of the resources available to them.

However, as they engaged with the services, participants began to realise the depth of support being offered. One individual articulated this;

“At the time, you just think it's a bit of a chat, but actually, it's so much more than that. It's a psychologically safe space that no one else can offer you during that time. At the time, you don't think you need it; you're not quite sure about it. But actually, signing up to it... it's not mind-blowing, but the after-effects and sustainability around it are significant.”

This encapsulates the essence of what many participants found upon accessing support: a realisation that the services provided a unique and vital space for healing, often overlooked amidst their grief.

The emphasis on the “psychologically safe space” offered by these services speaks to the critical role of emotional support in the grieving process. Participants often described the environment as one where they could express their feelings without fear of judgment, allowing them to process their grief more openly. This safe environment is particularly important for those who may feel isolated in their experiences, providing them with a community of understanding and empathy. The acknowledgment of the “after-effects” further illustrates that the benefits of support extend beyond the immediate interactions, contributing to ongoing emotional resilience and healing. Participants frequently reported feeling a sense of relief and validation after engaging in these conversations, which not only aided in their current coping strategies but also equipped them with tools to navigate future challenges.

One participant concluded, stating,

“Thank you. Thank you. Made such a difference.”

This heartfelt expression highlights the transformative impact that accessing the service can have on individuals navigating the complexities of bereavement. It highlights the importance of encouraging those in similar situations to consider seeking help, even if they initially feel uncertain about its necessity. The insights shared by participants not only reveal the barriers to accessing support but also emphasise the profound and lasting benefits of engaging with services designed to aid those coping with the aftermath of suicide loss. Overall, these narratives demonstrate the intricate relationship between bereavement and support available to individuals in their time of need. They highlight the necessity for increased awareness and accessibility of the service, as well as the importance of fostering an environment where individuals feel empowered to seek help. By sharing their experiences, participants contribute to a broader understanding of the vital role that support services play in the grieving process, ultimately advocating for the need for a more compassionate and supportive approach to suicide bereavement in society.

Knowing Support is There

“It was a great comfort to be able to talk...And I could have my emotional space with someone” (Participant)

A recurring theme among participants was the comfort derived from knowing that support was available. Many emphasised how the assurance of support significantly influenced their coping mechanisms. One interviewee told us;

“Just knowing that someone was there if I needed them was a such huge relief.”

Such sentiments highlight the vital role that perceived social support plays in the bereavement process. This finding aligns with research conducted by Currier et al. (2008), which highlights the role of social support in alleviating feelings of isolation and helplessness among bereaved individuals. The presence of a support network can foster resilience, enabling individuals to navigate their grief more effectively. Additionally, literature suggests that perceived social support correlates with improved mental health outcomes following bereavement (Harrison et al., 2015).

Furthermore, this theme connects directly to NHS England's policy on integrated care, which emphasises the importance of accessible mental health resources and community support networks (NHS England, 2019). By fostering environments where individuals feel supported, services can enhance the overall experience of bereaved individuals and improve mental health outcomes.

Importantly, the support the SEL Suicide Bereavement project provides residents with a variety of tools to cope with their grief. These tools can include strategies for emotional regulation, mindfulness practices, and resources for understanding the grieving process. Research by Neimeyer (2000) indicates that individuals who receive structured support are better equipped to manage their grief and find meaning in their experiences, ultimately leading to a more positive adaptation to loss. This structured support takes many forms in the project, including one to one therapy sessions, and self-help resources that empower individuals to take actionable steps toward healing.

The Impact of Support Staff: Approachability, Empathy, and Understanding

“I almost felt like with XXX, he was in my pocket all the time because I kind of took him to everywhere I was going” (Participant)

A significant finding from the analysis was the very important and critical role of support staff in the experiences of individuals bereaved by suicide. Participants continuously described their interactions with staff members involved in the service as approachable, non-judgmental, and compassionate. The qualities of kindness, active listening, and genuine empathy were highlighted as essential components of effective bereavement support. One participant shared, *“The worker I had was so understanding and helpful. He couldn't have been more helpful if he tried. He made me at ease and just listened and helped me enormously.”* Another participant said *“I can honestly say he was my absolute rock, umm, more than anyone, more than my wonderful children, who are all adults”.*

These quotes demonstrate the profound impact that a supportive staff member can have on an individual navigating the complex emotions associated with suicide bereavement. These participants' experiences illustrates how having someone who

listens without judgment can foster a sense of safety and trust, allowing for a more open exploration of grief. Another interviewee remarked, *“It was like the therapist was a gift. I so needed the support at that particular time. She just made me feel at ease, reassured me how I was feeling was natural and believe me, I was in a mess, a real mess.”* This sentiment reflects the transformative power of empathetic and compassionate support in the grieving process. The metaphor of a therapist as a “gift” captures the essential role that these staff in the service play in helping individuals find their footing amidst overwhelming grief. Additionally, one participant expressed, *“At first I couldn’t engage and just was so overwhelmed with grief and loneliness and loss. I couldn’t even mention that word suicide. Couldn’t bring myself to mention it. It took time, but the approach and honesty and time spent has helped me live again.”* This individual poignantly illustrates the initial barriers that individuals may face when grappling with the stigma and emotional weight of suicide bereavement. The reluctance to even mention the word “suicide” reflects the profound impact of societal stigma and personal shame that can complicate the grieving process.

The evolution described in the participant’s statement, from being overwhelmed to ultimately being able to engage with their grief highlights the critical role of support staff in facilitating this transformation. The participant’s recognition that the *“approach and honesty”* of the staff contributed to their ability to *“live again”* demonstrates the importance of creating a safe and supportive environment where individuals feel validated and understood.

Moreover, participants noted the significance of follow-up check-ins by staff members. One individual shared;

“I got a call as the last session wasn’t great. I was so upset. Anyway, I got a call the following day asking if I was okay. It was amazing to have received that call. It made me feel so much better. Even if it was temporary.”

This highlights the importance of ongoing support and the impact that simple gestures, such as a quick follow up call, can have on an individual’s emotional well-being. The proactive outreach demonstrated in this instance signifies that support staff involved in the South London Bereavement service are not only available during sessions but are also invested in the long-term well-being of the individuals they support. This kind of follow-up reinforces the notion that healing is an ongoing process and that individuals benefit from knowing that their feelings are acknowledged and cared for beyond formal appointments.

The importance of empathy and understanding in bereavement support is widely recognised in the literature. Research indicates that empathetic interactions can significantly enhance the therapeutic relationship, leading to better outcomes for individuals coping with loss (Neimeyer, 2000). In the context of suicide bereavement, where feelings of shame, guilt, and isolation often prevail, the need for compassionate care becomes even more critical. For instance, studies by Currier et al. (2008) emphasise that empathetic listening can help bereaved individuals process their emotions and facilitate healing. When support staff adopt a non-judgmental approach, they create an environment where individuals feel safe to express their grief fully, which is essential for emotional processing. The narratives from participants align with the findings of Stroebe and Schut (2001), who argue that effective bereavement

support must include both emotional and practical assistance, delivered with empathy and understanding. Furthermore, the concept of “therapeutic presence” is highlighted in the literature, which refers to the ability of caregivers, in this case staff, to connect with individuals on a deep emotional level. This presence fosters a sense of belonging and validation, which is particularly important for those grieving a suicide (Harrison et al., 2015). The experiences shared by participants demonstrate that the quality of the therapeutic relationship can profoundly influence the healing process, offering individuals the tools and confidence needed to navigate their grief.

In addition to fostering emotional connections, the approachability of staff members encourages individuals to seek help when needed. As noted by Sabucedo, Hayes, and Evans, (2021) creating an environment where individuals feel comfortable reaching out for support is paramount in reducing the stigma surrounding mental health and bereavement. Participants who described their support staff as approachable were more likely to engage with services and continue seeking help, illustrating the importance of staff characteristics in bereavement care.

Moreover, the ability of staff to listen actively and attentively is critical in bereavement settings. As highlighted by Neimeyer (2000), active listening not only validates the experiences of bereaved individuals but also fosters a collaborative relationship between the individual and the caregiver. This collaboration can lead to the development of personalized coping strategies and resources that cater to the unique needs of each individual. The narratives emphasise that the Suicide Bereavement support staff play a multifaceted role in the healing journey of those residents bereaved by suicide. Their approachability, empathy, and listening skills create a supportive framework within which individuals can explore their grief, find meaning in their experiences, and ultimately learn to lead meaningful lives despite their loss. In summary, the qualities of support staff, approachability, empathy, understanding, and active listening are paramount in the experiences of individuals navigating the complex emotions associated with suicide bereavement. The narratives highlight the transformative impact that compassionate care can have on their healing journey, reinforcing the importance of training and equipping staff with the skills needed to provide effective bereavement support. As the literature suggests, fostering an empathic therapeutic relationship is essential in facilitating emotional processing and resilience among those affected by suicide.

Online Support vs. Face-to-Face Interactions

“I liked it because she couldn’t really see me and see how upset I was. It was like a mask and believe me I needed that” (Participant)

Participants expressed varied opinions about the effectiveness of online support compared to face-to-face interactions in their bereavement support journeys. Many individuals appreciated the flexibility and convenience that online support offered, particularly during the early stages of their grief when they might not have felt ready to engage in person. One participant noted;

“Being able to access support online meant I could connect when I was feeling up for it, without the pressure of having to go out.”

This sentiment highlights the accessibility that online platforms provide, enabling individuals to seek help from the comfort of their own homes, especially during times of emotional vulnerability. For many, the anonymity of online support can serve as a crucial stepping stone, allowing them to begin processing their grief in a less intimidating environment. This format can be particularly beneficial for those who may feel overwhelmed by face-to-face interactions or who are coping with anxiety and depression.

However, while the convenience of online support is undeniable, others voiced a strong preference for face-to-face interactions, emphasising the importance of personal connection and the comfort that comes from being physically present with others who share similar experiences. As one participant shared;

“There’s something about sitting in a room with people who truly understand what you’re going through that no screen can replicate.”

This highlights a crucial aspect of bereavement support, the human connection that often facilitates deeper understanding and empathy. Many participants expressed that the nuances of emotional expression, such as body language and eye contact, are often lost in virtual settings, which can make face-to-face interactions feel more authentic and supportive. The ability to share space with others who are grieving creates a palpable sense of community, fostering relationships that can be instrumental in the healing process.

The NHS and South East London Integrated Care Board (SEL ICB) strategies recognise the importance of offering a blended approach to support services, acknowledging that individuals have different needs and preferences when it comes to accessing help. The NHS emphasises the necessity of providing a range of options, including both in-person and online support, to ensure that all individuals can find the assistance that best suits their circumstances (NHS England, 2019). This understanding is critical, as it allows for a more inclusive approach that meets individuals where they are, both emotionally and logistically. The SEL ICB strategy further reinforces this by promoting integrated models of care that encompass various modalities of support, catering to the diverse needs of the community. By fostering a flexible and inclusive approach, these strategies aim to enhance accessibility and ensure that those navigating grief can choose the type of support that resonates with them. For instance, while some may prefer the immediate emotional connection that comes from attending support in person, others may find solace in the ability to engage with online forums or virtual counselling sessions at their own pace. This adaptability not only respects individual preferences but also acknowledges the varying stages of grief that individuals may be experiencing.

Moreover, the integration of both online and face-to-face support reflects a commitment to understanding the complexities of bereavement. The provision of such diverse options enables individuals to transition between modalities as their needs change over time. For instance, someone may begin their journey with online support and later feel ready to participate in face-to-face groups, or vice versa. This fluidity is essential for creating a comprehensive support system that empowers individuals to engage with their grief in a manner that feels safe and supportive. Ultimately, the blending of online and face-to-face support not only addresses immediate practical

needs but also nurtures the emotional healing process. By creating an environment where individuals can choose their preferred method of support, the NHS and SEL ICB strategies can enhance the overall effectiveness of bereavement care. This holistic approach recognises that healing is not one-size-fits-all; rather, it is a personal journey that can be shaped by individual circumstances, preferences, and emotional readiness. In doing so, these strategies aim to build a resilient community of support, where those navigating the complexities of grief can find the understanding and compassion they need, fostering a pathway to recovery that is both meaningful and effective.

Empowerment and Confidence in Seeking Further Support

Another prominent theme was the sense of empowerment and confidence participants felt in knowing they could seek additional help if needed. One individual shared;

“I felt like I could always come back if I needed to talk more.”

This sense of agency is crucial for individuals navigating grief, as it encourages them to take an active role in their healing process. Empowerment is a critical aspect of effective bereavement support, as it enables individuals to assert their needs and seek help proactively.

Literature supports the notion that when individuals feel capable of seeking help, their emotional well-being improves (Harrison et al., 2015). This empowerment is particularly important in the context of suicide bereavement, where feelings of helplessness can often prevail. By fostering a culture of empowerment within support services, organizations can help bereaved individuals reclaim agency over their healing journeys.

The SEL Suicide Bereavement project’s approach to facilitating ongoing support aligns with this concept of empowerment. By allowing participants to return for additional support whenever necessary, the program acknowledges the non-linear nature of grief and the variability of individual emotional needs however, there are practical limitations to this approach, particularly concerning availability and resources. This flexibility aligns with the NHS Long Term Plan, which advocates for responsive and adaptable mental health services tailored to the unique needs of service users (NHS England, 2019). Furthermore, by equipping individuals with tools for coping and self-advocacy, support services empower them to navigate their grief more effectively. Research by Pompili et al. (2012) highlights the importance of providing bereaved individuals with coping strategies that promote resilience, suggesting that empowered individuals are more likely to engage in meaningful activities and pursue their goals despite their loss. Empowerment can manifest in various ways, such as encouraging individuals to participate in support groups, engage in community activities, or seek professional help as needed.

In essence, the SEL project not only provides emotional support but also fosters a sense of ownership over the grieving process. Participants who feel empowered to seek help and articulate their needs are more likely to experience positive outcomes

and develop healthy coping mechanisms, as noted by Worden (2009) in his theory of grief.

Flexibility and Adaptability of Time Frames

The narratives highlighted the importance of personalised time frames and adaptability in support services. Participants expressed appreciation for having their individual healing processes respected, which allowed them to engage with the different aspects of the service at their own pace. One participant reported, *“I liked that I could choose when I wanted to come back; it took the pressure off.”* This flexibility is crucial in recognising that grief is not a linear process, and individuals may require different levels of support at various stages of their journey. Best practices in bereavement care advocate for individualised approaches that consider the unique needs of each bereaved person (Jordan & Hinds, 2016). This understanding becomes particularly relevant when exploring how emotional feelings often arise in response to practical issues that need to be addressed following a loss. As one participant illustrated, *“I realised that even though I started talking about the practical things, inevitably, because it was all so raw, it ended up me getting very emotional. So, yeah, so I realised that I probably did need emotional support too.”* This quote highlights the interplay between practical and emotional needs in the grieving process. In the immediate aftermath of a suicide, individuals are often thrust into a whirlwind of practical tasks, arranging funerals, dealing with legal matters, and managing personal affairs which can initially take precedence over emotional processing. However, as these practicalities are navigated, the emotions associated with the loss frequently resurface, leading individuals to confront feelings they may not have anticipated.

The necessity of addressing practical matters can sometimes create a façade of control, allowing individuals to occupy their minds with logistics rather than delving into their emotional pain. However, as they engage with these practical tasks, the reality of their loss can hit them with full force. Another participant reflected;

“I don't think of myself as easily depressed, and so it was quite a shock to me,”

Which further illustrates this phenomenon. The unexpected wave of emotions can catch individuals off guard, revealing the depth of their grief, which they may have been suppressing while focusing on immediate concerns. Moreover, another interviewee shared;

“I got a lot of support with practical things, and then I started to realise how low I actually was. I was actually in a bad state, and the support was there. I was lucky thinking back. I didn't have to start all over again.”

This statement demonstrates the critical role that practical support can play in facilitating emotional awareness and healing. By receiving assistance with logistical tasks, individuals may find themselves in a position to recognise their emotional struggles without feeling overwhelmed. The acknowledgment that they were not alone in their experience, having a support system in place, can provide a sense of security that is vital for processing grief.

These insights resonate strongly with the NHS's strategic focus on personalised care, which emphasises the importance of tailoring services to meet specific individual needs (NHS England, 2019). The NHS guidelines advocate for a holistic approach to bereavement support, ensuring that both emotional and practical needs are addressed concurrently. This alignment with best practices in bereavement care reflects a growing recognition that effective support must be multifaceted and holistic, allowing individuals to navigate their grief while also managing the immediate and often overwhelming practicalities that arise. To this end, the NHS guidelines recommend the implementation of services that are flexible and adaptable, allowing individuals to engage with support at their own pace and in a manner that feels most comfortable for them. This flexibility not only helps mitigate the stress associated with grief but also empowers individuals to take control of their healing process. By providing access to both practical guidance and emotional support, the SEL service creates an environment conducive to healing, where individuals feel safe to explore their feelings as they arise. Participants highlighted that this flexibility allowed them to integrate their grief into their daily lives more naturally. For instance, one individual shared,

“Sometimes I needed to take a break from everything, and it was comforting to know I could return when I was ready.”

This sentiment highlights the importance of creating a non-judgemental space where individuals feel free to navigate their grief at their own pace. Acknowledging that grief is not a straight path but rather a series of waves and ebbs is fundamental to effective support, as emphasised by research from Stroebe and Schut (2001).

In this context, support services such as the Suicide Bereavement service, that provide both practical guidance and emotional support can play a critical role in facilitating healing. When individuals feel empowered to address practical issues, they are better equipped to confront the emotional ramifications of their loss. This dual approach not only alleviates the immediate stressors associated with bereavement but also fosters a deeper understanding of their emotional journey. Ultimately, by recognising that practical needs often precede emotional processing, support services can create a more comprehensive and compassionate framework for individuals navigating the complexities of grief. The NHS guidelines advocate for the integration of practical assistance, such as help with funeral arrangements, legal obligations, and financial resources, alongside emotional support services. This approach not only enhances the overall healing experience but also ensures that individuals do not feel burdened by the weight of their grief while simultaneously managing practical concerns. By fostering an environment where emotional and practical needs are intertwined, support services can significantly enhance the resilience of individuals as they navigate their bereavement journey, leading to a more profound and meaningful recovery process.

Early Intervention and Its Impact

Early intervention emerged as a vital sub-theme, with numerous participants expressing that timely support made a substantial difference in their coping. One interviewee mentioned;

“Getting that call early on helped me process things before they got too overwhelming.”

This highlights the need for prompt support, as highlighted in research indicating that early interventions can mitigate long-term psychological distress (Wang et al., 2016). The significance of early intervention is also supported by the NHS England’s Suicide Prevention Strategy, which emphasises the importance of early intervention as a critical component of suicide prevention efforts. By ensuring that individuals bereaved by suicide receive timely support, services like the SEL service can help reduce the risk of prolonged grief and associated mental health issues.

Additionally, the theme of early intervention resonates with the broader literature on grief support, suggesting that timely assistance can facilitate adaptive coping strategies and promote resilience in bereaved individuals (Neimeyer, 2000). This focus on early outreach not only aligns with individual needs but also supports public health goals aimed at reducing the overall burden of mental health issues stemming from suicide bereavement.

Early intervention can also provide individuals with practical tools and resources to manage their grief effectively. By introducing coping strategies early in the bereavement process, support services can help individuals develop skills that will serve them throughout their grief journey, ultimately promoting a more meaningful life despite their loss. Research by Neimeyer et al. (2006) indicates that individuals who engage in early interventions report feeling more equipped to handle their grief and are better able to find meaning in their experiences. Furthermore, the provision of early support can help prevent the development of complicated grief, which can lead to long-term psychological distress. A study by Shear et al. (2011) found that early therapeutic interventions significantly reduced the incidence of complicated grief symptoms among bereaved individuals. This emphasises the critical role of timely outreach and support in facilitating healthier grief processes.

Role of Non-Clinical Support and Peer Support

“There is a shared sorrow, a shared understanding...you can’t put a price on that”
(Participant)

Participants in grief support initiatives consistently highlighted the profound impact of non-clinical and peer support on their journeys. The sense of belonging and understanding derived from sharing experiences with others who have faced similar losses emerged as a central theme in their narratives. One participant remarked;

“Being able to talk with others who understand was comforting; it made me feel less alone.”

This encapsulates the therapeutic potential of non-clinical support networks, which can foster resilience and facilitate emotional expression in ways that traditional clinical settings may not fully achieve. The power of shared experience is further highlighted by another participant who noted;

“I knew they had experienced something similar. It was in their faces... it was enough just knowing I wasn’t alone.”

These reflections reveal that the mere act of connection, recognising shared sorrow, can alleviate feelings of isolation and create a supportive environment conducive to healing.

The literature supports the significance of support groups in enhancing coping mechanisms among bereaved individuals. Research by Meade and Cummings (2001) indicates that peer support can play a crucial role in reducing feelings of isolation, enhancing emotional well-being, and promoting adaptive coping strategies. The idea that individuals can find solace in the presence of others who have similar paths aligns with the fundamental principles of peer support, which emphasises shared experiences as a cornerstone for being able to find healing. Furthermore, peer support initiatives align with the NHS Five Year Forward View for Mental Health, which advocates for the integration of peer support within mental health services. This strategic alignment emphasises a growing recognition of the value of non-clinical approaches in fostering holistic well-being. By creating spaces for individuals to connect with others who share similar experiences, the SEL service reinforces the importance of ‘community’ in the healing process. The establishment of peer support networks fosters a sense of solidarity and shared understanding that can be invaluable for individuals navigating the complexities of grief. The comfort derived from being surrounded by others who validate their feelings and individual unique experiences can provide a crucial buffer against the sense of isolation often felt by the bereaved. As one participant stated;

“You find hope, I think, as you see from others how they’ve coped.”

This observation highlights the dual role of peer support: providing emotional comfort while also serving as a source of inspiration and hope.

The dynamics of peer support extend beyond mere emotional validation; they also provide individuals with practical tools for coping with their grief. Participants frequently reported that observing how and listening to how others managed their grief offered them new strategies to consider, ultimately empowering them to seek ways to lead meaningful lives despite their losses. This aspect of peer support aligns with findings from Dempsey et al. (2016), which indicate that peer interactions can enhance resilience and contribute to a more robust recovery process. The sharing of personal coping mechanisms among peers enables individuals to learn from one another, fostering a collaborative approach to healing that can be particularly effective in addressing the unique challenges posed by bereavement.

Moreover, peer support can facilitate the sharing of resources and information, enabling bereaved individuals to access a wealth of tools and strategies for coping.

Through peer interactions, participants may learn about local support services, coping techniques, or self-care practices that they might not have encountered otherwise. This exchange of information enriches the support experience and empowers individuals to take proactive steps in managing their grief. As one participant noted;

“Talking to others opened my eyes to different ways of coping that I hadn’t considered before.”

This suggests the importance of peer support in broadening individuals' perspectives on grief and loss.

The non-clinical nature of peer support also allows individuals to engage in discussions about their grief without the perceived pressure of formal therapy. The relaxed environment of peer support groups can encourage openness and vulnerability, enabling individuals to express their feelings more freely. This can be particularly beneficial for those who may feel apprehensive about traditional clinical settings or who may not yet be ready to engage in formal counselling. The informal nature of peer support can thus serve as a vital stepping stone towards more structured therapeutic interventions if and when individuals choose to pursue them.

In addition to emotional and practical support, peer networks can create an environment where individuals feel safe discussing their experiences without fear of judgment or misunderstanding. This is particularly crucial in the context of bereavement, where societal stigma and misconceptions about grief can often add layers of complexity to an already challenging process. The validation of feelings and experiences within a peer support setting can help dismantle these stigmas, allowing individuals to grieve authentically and without reservation.

Furthermore, peer support groups can foster a sense of accountability and encouragement among participants. When individuals share their coping strategies and progress, it can motivate others to take active steps towards their healing. This communal aspect of peer support can create a dynamic where individuals feel a shared responsibility to uplift one another, reinforcing the idea that they are not alone in their struggles. One participant expressed this sentiment:

“We sort of lift each other up...I guess the others in the group help carry the weight.”

Such statements illustrate how peer networks can cultivate a nurturing environment that promotes collective resilience.

In conclusion, the role of non-clinical and peer support in bereavement care is multifaceted, encompassing emotional validation, practical coping strategies, resource sharing, community building, and creative expression. As participants highlighted, the therapeutic potential of connecting with others who share similar experiences is invaluable in fostering resilience and facilitating emotional expression. The integration of peer support initiatives aligns with broader mental health strategies, such as those outlined in the NHS Five Year Forward View, which recognise the importance of holistic and inclusive approaches to care. By prioritising the establishment of peer support, services can enhance the overall effectiveness of bereavement support services, creating spaces where individuals can find solace, strength, and hope in their

journeys through grief. Ultimately, these peer-driven connections not only enrich individual experiences but also build a supportive community that empowers individuals to navigate the complexities of grief with compassion, understanding, and shared resilience.

Coping with Practicalities

A significant theme that emerged from the interviews was the pressing need for practical support in navigating the logistical challenges, particularly in the early stages following a suicide. Participants expressed confusion and distress over legal processes and arrangements, highlighting a gap in understanding that can exacerbate the emotional turmoil they are already experiencing. One participant poignantly noted;

“I didn’t even know where to start with everything that needed to be done.”

This statement demonstrates the overwhelming nature of the tasks that often fall on bereaved individuals, further complicating their ability to process their grief. The necessity for comprehensive support that addresses both emotional and practical needs is highlighted in research by Pompili et al. (2012), which advocates for a holistic approach to bereavement care.

One participant shared their initial feelings of uncertainty, stating;

“I didn’t think I needed emotional support, but I thought I could do with some practical support because it was quite complicated.”

This highlights a common misconception that emotional support is the only type of assistance required following a loss. In reality, many individuals find themselves grappling with a myriad of practical issues that demand immediate attention, from understanding the legalities surrounding a death to managing the complex arrangements that follow. The intersection of grief and practical challenges can be disorienting, leaving individuals feeling overwhelmed and unsure of how to proceed. Another participant recounted their struggles with the logistical elements of bereavement, remarking;

“I could have done with in those early days, you know, I had no idea what a coroner was, what an inquest was. Even a post-mortem. All of these things that I had questions on, I relied on Google.”

This reflection reveals not only the confusion surrounding the legal processes but also the inadequacy of informal sources like the internet for obtaining critical information during such an emotionally charged time. The reliance on online resources can lead to further feelings of isolation and frustration, as individuals attempt to navigate these complex issues without the support of professionals who can provide clarity and guidance.

Further illustrating this point, another individual stated;

“Umm. I was unsure about the process of stuff, so that would. I mean when I say stuff I mean things like, umm, what what happens formally when somebody takes

their life and, and then my brother is a very complicated person. So he had very specific wishes.”

This statement also highlights the dual burden of managing practical matters while also honouring the unique aspects of the deceased’s life and legacy. The added complexity of personal wishes can create additional layers of stress, particularly when individuals are still grappling with their grief. The need for support in these areas is critical, as navigating the aftermath of a suicide often involves intricate and sensitive considerations that can overwhelm even the most organised individuals.

The Mind and South London and Maudsley (SLaM) project has recognised the importance of addressing these practical challenges by providing resources and guidance to help bereaved individuals navigate the complexities of post-suicide logistics. This aligns with best practices in bereavement care, which advocate for a holistic approach that encompasses both emotional support and practical assistance (Harrison et al., 2015). By offering practical support, services can alleviate some of the burdens faced by bereaved individuals, allowing them to focus on their emotional healing. Furthermore, providing practical tools such as support for registering a death, understanding legal processes, information on available resources, and guidance on self-care equips individuals with the necessary information to manage their grief more effectively. This empowerment through practical support can significantly enhance individuals’ ability to regain a sense of control in their lives, which is often disrupted following a loss (Neimeyer, 2000). One participant expressed this sentiment, stating;

“I was seriously lost, very lost and all over the place, and the support with practical help was amazing. I cannot tell you what...it was a huge burden lifted so I could start trying to cope with the emotional mess. The banks and all that I just couldn’t do it without the help.”

Such reflections highlight the profound impact that practical assistance can have on an individual’s ability to transition from a state of chaos to one of relative stability, allowing them to begin processing their grief.

For example, participants mentioned that having access to clear information about arrangements, legal obligations, and even financial assistance resources helped alleviate some of the immediate stressors they faced. By addressing these practicalities, support services can foster a holistic recovery process that acknowledges and integrates the multifaceted nature of grief. This recognition of the interconnectedness of emotional and practical needs is crucial in developing effective support frameworks that genuinely assist those navigating the complex journey of bereavement, particularly in the wake of a suicide. Addressing both dimensions can create a more supportive environment, enabling individuals to find solace and healing in a challenging time.

Ongoing Grief and the Need for Continued Support

“It never ends.. it never leaves you but sometimes you get moments and everything is okay at least for a while anyway. I’ve got to that place now” (Participant)

Participants conveyed that their grief did not have a defined endpoint, often mentioning ongoing emotional struggles. One individual shared;

“Even months later, I still have really hard days. It’s not something you just get over.”

This acknowledgment of prolonged grief demonstrates the necessity for continuous support systems that adapt to the dynamic nature of bereavement (Neimeyer, 2000). The SEL initiative currently enhances its offerings by providing ongoing check-ins during significant anniversaries and conducting follow-ups after the soft closure of one-on-one support at three, six, and twelve months. These measures aim to ensure that participants feel supported throughout their grief journey, which is particularly crucial in the context of suicide bereavement, where individuals often experience waves of grief that can resurface long after the initial loss. However, to further strengthen its support framework, the initiative should consider incorporating additional counselling options, allowing for a more comprehensive approach to addressing the evolving emotional needs of participants over time.

This theme resonates with the NHS Long Term Plan, which emphasises the importance of providing ongoing mental health support tailored to the needs of individuals. By acknowledging that grief is a long-term process, the SEL project can better align itself with national policies designed to support those affected by suicide. Studies have shown that sustained support can facilitate emotional processing and promote resilience among bereaved individuals (Stroebe & Schut, 2001). Additionally, ongoing support can provide individuals with tools to cope with their grief over time. This could include access to workshops or resources that focus on developing coping strategies, mindfulness practices, and ways to find meaning in their loss. Research indicates that individuals who engage in ongoing support often report improved emotional well-being and a greater ability to integrate their grief into their lives (Neimeyer et al., 2006).

In particular, incorporating structured follow-up sessions can be beneficial for participants. One former participant stated;

“Having someone check in on me months later reminded me that I wasn’t alone in this.”

This sentiment highlights the importance of creating a culture of ongoing support that extends beyond the initial stages of grief.

The Importance of Community Engagement

A sub- theme that emerged from the narratives was the critical role of community engagement in the grieving process and its role long term. Participants frequently expressed a desire to connect and participate with others. One participant stated;

“I wanted to do something in their memory, something that would make a difference.”

Another told us

“I want to do a marathon or something so x is not forgotten”

This highlights the therapeutic potential of wider community involvement in the healing journey. Community engagement serves multiple purposes: it fosters social connections, reduces isolation, and provides opportunities for individuals to contribute positively despite their grief. Initiatives that encourage community involvement, such as memorial events or awareness campaigns, can be beneficial for the bereaved, allowing them to channel their grief into meaningful action. This also aligns with the NHS’s strategic emphasis on community-based mental health support, which seeks to empower individuals to participate actively in their healing process.

The findings from this content analysis not only highlight the individual experiences of those bereaved by suicide but also provide essential insights into how these experiences can inform larger suicide bereavement strategies within London and beyond. By analysing the narratives through a content analysis framework, we can draw meaningful connections between personal experiences and systemic responses to suicide bereavement.

Informing Policy Through Lived Experience

The unique and very personal narratives collected from those who accessed the Suicide Bereavement project highlight the need for policies that prioritise early intervention and proactive outreach, particularly in addressing the needs of those bereaved by suicide. The findings highlight the effectiveness of these strategies, as many participants noted that initial contact with the support services was crucial in helping them begin their long healing process. By integrating these insights into local and national suicide prevention policies, stakeholders can create more responsive mental health services that meet the specific needs of bereaved individuals.

Tailored Support Services

The diverse emotional responses and coping mechanisms reflected in the participants’ narratives indicate a clear need for tailored support services that acknowledge the unique experiences of bereaved individuals. The SEL service exemplifies this approach by offering a range of services, which align with best practices in bereavement care and reflect the findings of this analysis, which emphasise the importance of flexibility and individualisation in support services.

Community Engagement as a Strategic Component

The emphasis on community engagement in the findings aligns with the broader public health strategies promoted by the NHS and local authorities. By fostering community connections and encouraging collective mourning practices, services can create supportive environments that reduce stigma and promote healing. Incorporating community engagement into suicide bereavement strategies not only enhances the support available to bereaved individuals but also strengthens the community's overall resilience against mental health challenges.

Training and Awareness Programmes

The findings highlight the need for training and awareness programmes aimed at reducing stigma and improving understanding of suicide bereavement among wider community members, health and social care providers, faith healers and funeral professionals and educators. By equipping these stakeholders with the knowledge and skills to support bereaved individuals effectively, we can create a more compassionate and understanding environment. This approach aligns with the NHS's strategic focus on reducing stigma surrounding mental health and suicide, ultimately fostering a culture of support and openness.

The Role of Peer Support Networks

The significance of peer support networks, as identified in the findings, should be recognised as a vital component of suicide bereavement strategies. The SEL project's peer support groups exemplify how connecting with others who have experienced similar losses can facilitate healing and resilience. By promoting the establishment of peer support networks within communities, services can enhance the emotional well-being of bereaved individuals and create spaces for shared understanding and compassion.

Ongoing Evaluation and Adaptation and highlighting the positives of Partnership working

Finally, the evaluation of the SEL Suicide Bereavement service through a content analysis framework emphasises the importance of ongoing evaluation and adaptation of support services. In addition, the partnership between South East London Mind, Mind in Bexley, and South London and Maudsley NHS Foundation Trust (SLaM) exemplifies a comprehensive, exciting and integrated approach to mental health support, particularly as in this case for individuals bereaved by suicide. This collaboration is rooted in the understanding that effective bereavement care must be holistic and multifaceted, addressing not only the emotional and psychological needs of service users but also their social and practical requirements. By blending the unique strengths and expertise of each organisation, the partnership creates a robust tailored support system that fosters resilience and recovery among those affected by suicide. The effectiveness and impact of the partnership received national recognition at the Health Service Journal Partnership Awards 2024, where the service won the Gold award for Best Not-for-Profit Working in Partnership with the NHS.

One of the most significant advantages of this partnership is the seamless access to a variety of services tailored to the distinct needs of bereaved individuals. By facilitating a variety of local networks and connections, the partnership not only promotes emotional healing but also empowers individuals to share coping strategies and personal insights, enriching the recovery journey. The partnership with SLaM further enhances the breadth of support available to service users. SLaM, known for its comprehensive mental health services, can provide specialised psychiatric care for individuals who may require additional interventions, such as medication management or crisis support. This integration ensures that users can access a continuum of care, which is essential for those navigating the complexities of grief. This access to care is critical, as it helps prevent the escalation of mental health issues and supports individuals in maintaining their emotional well-being.

Moreover, the partnership capitalises on local support networks, linking users to a wide array of community resources that extend beyond the immediate bereavement services. By collaborating with local stakeholders, including community organisations, and health services, the partnership ensures that service users are informed about various support options available in their communities. These initiatives not only provide practical tools for managing grief but also encourage individuals to reintegrate into their social environments, which can be particularly challenging after a significant loss.

The service also has a strong emphasis on community engagement which is a focal point of the partnership's strategy. By organising community awareness campaigns, events and educational programmes, the partnership seeks to reduce the stigma surrounding mental health and suicide bereavement. These initiatives encourage open dialogues, fostering a culture of understanding and support within the communities of South East London. By raising awareness and promoting collective mourning practices, the partnership not only enhances the immediate support available to bereaved individuals but also strengthens the overall resilience of the community against mental health challenges.

In summary, the partnership between South East London Mind, Mind in Bexley, and SLaM represents a holistic and integrated model of care that addresses the diverse needs of individuals bereaved by suicide. By providing a continuum of support that encompasses emotional, practical, and social dimensions, the collaboration empowers users to navigate their grief in a compassionate environment. The synergy created by these organisations fosters a responsive and adaptable system of care that not only meets the immediate needs of bereaved individuals but also promotes long-term recovery and resilience. Ultimately, this partnership exemplifies a commitment to enhancing mental health support through collaboration, community engagement, and a shared understanding of the complexities of suicide bereavement.

Summary

This study provides an in-depth examination of the lived experiences of individuals who have suffered the profound loss of a loved one to suicide. This research works on a robust content analysis framework to distil insights from individual narratives collected from participants of the South East London Suicide Bereavement Service, highlight the intricate emotional landscapes navigated by those left behind. The findings reveal that bereavement from suicide often engenders a unique set of emotional challenges, including pervasive feelings of guilt, shame, and confusion, which can significantly complicate the grieving process. The study highlights the urgent necessity for bespoke individual tailored support services that directly address these complexities, as well as the stigma surrounding suicide that can further hinder recovery. Contextualised within current NHS policies and local authority strategies for suicide prevention, the research highlights the pressing need for integrated support frameworks that are both accessible and responsive to the needs of bereaved individuals. The South East London Suicide Bereavement Service exemplifies a multi-faceted approach that has yielded remarkable success for individuals. This initiative is distinguished by its commitment to early intervention and comprehensive package of support which is tailored to individual needs. By prioritising accessibility and adaptability, the service allows individuals to seek assistance at their own pace, thereby establishing a supportive environment that acknowledges the challenging nature of grief. This flexibility is particularly vital, as participants often experience fluctuations in their emotional needs as they navigate their bereavement journeys.

Interviewee feedback illustrates the profound impact of these supportive interventions. Many individuals express feelings of reduced isolation and an enhanced sense of connection to others who can empathise with their experiences. The support foster a shared understanding and resilience, while individual counselling sessions provide a confidential space for participants to process their grief. This holistic support model not only addresses immediate emotional needs but also empowers individuals to reclaim agency over their healing process.

Recommendations from Interview participants

In the pursuit of enhancing the SEL Bereavement Support Services, participants shared valuable recommendations that reflect their diverse needs and preferences. These insights highlight the importance of tailoring support to accommodate individual circumstances and ensure a compassionate, effective approach to grief care.

1. Preference for Face-to-Face Interactions: Some participants expressed a strong preference for face-to-face support over online options. They highlighted the value of personal connections in fostering empathy and understanding. One participant stated, *“Being in a room with others who understand what I’m going through makes a significant difference.”* This indicates a need for services that prioritise in-person interactions, especially for those who may feel isolated in their grief journey.

2. Expanded Support Options: A consistent theme among users was the desire for a broader – hybrid range of support options. Participants recommended offering various formats, including online, telephone, and in-person services, to cater to different preferences. This flexibility would allow individuals to choose the mode of support that best suits their needs at any given time.

3. Early Contact with the Bereaved: Participants emphasised the importance of reaching out to bereaved individuals early in their grieving process. Many felt that timely contact could provide crucial support during a highly vulnerable period. One participant noted, *“I think I would have benefited from someone checking in on me sooner.”* Early engagement can help individuals feel less isolated and more supported as they navigate their grief.

4. Clarification of Counselling Services: There was a noticeable need for clearer communication regarding the nature of the counselling services. Some individuals mistakenly referred to their support as counselling, while others hesitated to seek counselling due to uncertainty about what it entailed. Participants suggested providing clear explanations of the different types of support available, including distinctions between one-on-one sessions and counselling, to help individuals make informed decisions.

5. Increased Awareness of Suicide Bereavement Support (SBS): Many participants highlighted the need for greater awareness of the availability of the suicide bereavement support service. They recommended outreach strategic initiatives aimed at informing both the bereaved and the broader community about the resources available to those affected by suicide. Increased awareness can help individuals feel more comfortable seeking help and understanding the unique challenges associated with bereavement by suicide.

6. Extended Service Hours: To accommodate personal commitments, participants advocated for longer open hours for support services including weekend ends and evenings. Many individuals juggle work, family, and other obligations, making it challenging to access support during traditional hours. The service does currently operate out of hours, however by offering additional extended hours, the service could become more accessible to a wider range of individuals.

7. Flexible Session Formats: Participants expressed a preference for more flexible support options, such as drop-in sessions rather than structured courses. This approach would allow individuals to seek support as needed without the pressure of committing to an extended program. One user stated, *“Sometimes you just need to talk without the commitment of a long course.”* Drop-in sessions can provide a sense of immediacy and spontaneity that may be more conducive to healing.

8. Resource Booklets: Many participants suggested creating resource booklets that include exercises and activities discussed during sessions, along with space for individuals to jot down their feelings and thoughts. This tangible resource could serve as a helpful tool for reflection and personal growth, allowing individuals to track their emotional journey over time.

9. Clear Communication of Service Timelines Participants indicated that communicating the expected duration and phased end of services at the outset is essential for managing expectations. Understanding the timeframe can help individuals feel more secure in their support journey. One participant noted, *“Knowing how long I could expect support helped me feel more at ease.”*

10. National Expansion of Services: Participants advocated for expanding the reach of this specific bereavement support model to a national level. Many felt that access to these resources should not be limited by geography, and broader availability could ensure that more individuals receive the support they need, regardless of their location.

By integrating these recommendations into the existing bereavement support framework, the service can create a more responsive and compassionate environment for individuals dealing with grief. These insights reflect a collective understanding that bereavement is a deeply personal journey and that support services must be flexible, accessible, and rooted in empathy. Listening to the voices of those who have experienced loss can lead to the enhancement of support services, fostering healing, connection, and resilience within the community. Ultimately, these recommendations aim to create a comprehensive support system that empowers individuals to navigate their grief in a manner that feels safe and supportive, ultimately enhancing their overall wellbeing.

Conclusion

The content analysis concludes that the South East London Suicide Bereavement Service represents a paradigm of effective practice in supporting individuals bereaved by suicide. The service's varied approaches demonstrate a deep understanding of the multifaceted nature of grief, effectively catering to the diverse needs of bereaved individuals. By integrating emotional, practical, and social support, the service exemplifies how tailored interventions can lead to meaningful recovery outcomes.

The project's success is highlighted by its commitment to continuous improvement and responsiveness to participant feedback. This dynamic approach not only enhances the overall effectiveness of the programme but also cultivates a culture of trust and compassion. The ongoing training provided to support staff ensures they are equipped with the necessary skills to offer empathetic care, which is crucial in addressing the complexities associated with suicide bereavement.

Quantitative suggest that participants experience significant improvements in their mental health and coping strategies, attributing these positive changes to the comprehensive support they receive. Many individuals report feeling empowered and equipped to navigate their grief, highlighting the transformative potential of the project. The emphasis on community engagement and proactive outreach has been instrumental in reducing the stigma surrounding suicide, fostering a culture of openness and acceptance that is essential for healing.

The South East London Suicide Bereavement Service stands as a model for best practice in suicide bereavement support. Its holistic, inclusive, and adaptable approach not only addresses the immediate emotional needs of bereaved individuals but also empowers them to lead fulfilling lives despite their loss. By incorporating the lived experiences of those affected by suicide into policy and practice, stakeholders can create more responsive and compassionate mental health services that effectively meet the needs of this vulnerable population. The findings of this study highlight the critical importance of prioritising early intervention and proactive outreach in policy agendas, particularly in addressing the multifaceted needs of those bereaved by suicide. Tailored support services that acknowledge the unique emotional responses of individuals are paramount, and the South East London Suicide Bereavement Service serves as a compelling model for similar initiatives across the UK and beyond.

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