


Role of the Psychiatric Nurse in Improving the Psychosocial Health of Families After Suicide

İntihar Sonrası Ailelerin Psikososyal Sağlık Durumunu İyileştirmede Psikiyatri Hemşiresinin Rolü

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ÖZ

İntihar, kişinin hayatına son vermek niyetiyle kendine yönelik kasıtlı zarar verme davranışı sonucu meydana gelen ölüm olarak tanımlanmaktadır. Her bir intiharın birey, aile, arkadaş ve toplum üzerinde fiziksel, ekonomik ve psikolojik olarak kısa ve uzun vadeli pek çok etkisi bulunmaktadır. Bireyin intihar sonucu ölümü aile üyeleri için travmatik bir etki yaratmakta ve aile üyelerinin çeşitli psikososyal sorunlar yaşamalarına neden olmaktadır. Bu nedenle intihar nedeniyle kayıp yaşayan aile üyelerinde intiharın sonuçlarına odaklanılması, ailenin intihara tepkilerinin değerlendirilmesi ve gereksinim duyulan psikososyal desteğin sağlanması oldukça önemlidir. Bu bağlamda bu derlemede intihar nedeniyle kayıp yaşayan ailelerin yaşadıkları psikososyal sorunlara ilişkin literatürün gözden geçirilmesi ve ailelerin psikososyal sağlık durumunu iyileştirmede psikiyatri hemşiresinin rolü ile ilgili güncel bilgilerin sunulması amaçlanmıştır.

Anahtar sözcükler: İntihar, yas süreci, kayıp, psikiyatri hemşireliği

ABSTRACT

Suicide is defined as death that occurs as a result of deliberate self-harming behavior with the intention of ending one's life. Each suicide has many physical, economic and psychological short and long-term effects on the individual, family, friends and society. The death of an individual as a result of suicide creates a traumatic effect for family members and causes family members to experience various psychosocial problems. For this reason, it is very important to focus on the consequences of suicide in family members who have lost due to suicide, to evaluate the family's reactions to suicide, and to provide the needed psychosocial support. In this context, in this review, it is aimed to review the literature on the psychosocial problems experienced by families who have lost due to suicide and to present up-to-date information on the role of psychiatric nurse in improving the psychosocial health status of families.

Keywords: Suicide, bereavement, loss, psychiatric nursing

Introduction

Suicide is defined as death that occurs as a result of deliberate self-harming behavior with the intention of ending one's life (Stone et al. 2017). Suicide is a serious public health and mental health problem that is common throughout the world (Tel 2016). According to 2019 data published by the World Health Organization, more than 700,000 people die each year due to suicide. It is also stated that one out of every 100 deaths in 2019 was due to suicide. In addition, suicide is the fourth most common cause of death in the 15-29 age group worldwide (WHO 2019). According to 2020 data from the Center for Disease Control and Prevention, approximately 46,000 people in the United States died due to suicide. This number indicates that one death every 11 minutes is due to suicide (CDC 2020). According to data from the Turkish Statistical Institute (TUIK), 3,406 people lost their lives due to suicide in Turkey in 2019 (TUIK 2019).

Suicide is a complex phenomenon that occurs due to many biological, psychological, environmental, psychosocial, and cultural factors and is associated with various risk factors (Tel 2016, Boğahan and Türkler 2021). History of psychiatric illness, chronic physical illness, alcohol and substance use, stressful life events, history of previous suicide attempts, gender, age, religious beliefs, marital status, family history of suicide, economic problems, unemployment, lack of social support or loss of life, loneliness, hopelessness, abuse, sexual orientation problems, disaster, war, discrimination, and intimate partner violence are among the many important risk factors for suicide (WHO 2014, Tel 2016).

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Each suicide has short- and long-term effects on the individual, family, friends, and society physically, economically, and psychologically (CDC 2020). When these effects are examined, suicide results in untimely separation of the individual from his family, friends, and society and creates a traumatic situation for those left behind, with various negative consequences (WHO 2014). Suicide affects many people, such as spouses, children, siblings, parents, grandparents, friends, and colleagues (Berman 2011). In fact, in a previous study, it was reported that for every individual who died as a result of suicide, approximately 135 people were affected (Cerel et al. 2018). Therefore, family members affected by the death of the individual as a result of suicide may also have difficulties in continuing their lives afterwards and may experience various problems. For this reason, it is extremely important to focus on the consequences of suicide in family members, evaluate the family's reactions to suicide, and provide the necessary psychosocial support (Cerel et al. 2008). An examination of the literature reveals that there is insufficient information about the psychosocial problems experienced by families who have suffered loss due to suicide and the psychosocial support needed to improve their psychosocial health. In this context, in this review, it is aimed to examine the literature on the psychosocial problems experienced by families who have experienced loss due to suicide, and to present up-to-date information on the role of psychiatric nurses, who have important roles and responsibilities in protecting, developing, and improving the mental health of individuals and society, and in improving the psychosocial health of families experiencing loss due to suicide. It is thought that our review will contribute to the literature and will be a guide for future studies. In addition, the review clearly reveals the importance of activities to be carried out within the scope of post-suicide intervention in order to reduce the short- and long-term effects of suicide-related grief.

Psychosocial Problems of Families

The loss of a loved one due to suicide is considered one of the most painful experiences in life for those left behind (Young et al. 2012). The grieving process for each individual is unique and reactions to the loss vary. The mourning process and adaptation to the loss are affected by many factors including the closeness of the deceased person, social support, personality traits, and how the death occurred. During the grieving process associated with unexpected deaths such as suicide, individuals may face more difficulties than after natural deaths (Özel and Özkan 2020). It has been reported that spouses and relatives who grieve because of suicide have worse psychological and general health and a higher risk of developing complex grief than those who grieve because of natural deaths (Groot et al. 2006). In the study by Kolves et al. (2020), family members bereaved due to suicide experienced greater psychological distress, such as rejection, stigma, shame, and guilt, than those who mourned because of other sudden deaths 2 years after the loss of their loved ones. As can be seen, family members experience various psychosocial problems during the grieving process associated with suicide.

In addition, vulnerable groups, which are defined as individuals or groups that need the support of others to fulfill their basic needs and have difficulty in protecting themselves against ill treatment, attacks, or dangers, and therefore need to be protected and strengthened physically, psychologically, socially, economically, and legally. Groups at risk, which are also referred to as disadvantaged groups, are more vulnerable to various risks that may occur in life events and are more affected by risks. Groups at risk comprise the elderly, children, women, the poor, immigrants, refugees, the disabled, LGBTI individuals, individuals with physical or mental illness, substance users, etc. (Atak and Meriç 2021). Therefore, it can be inferred that family members who have experienced loss due to suicide are among the groups at risk, making them more vulnerable and at risk in terms of psychosocial problems related to loss due to suicide.

Feelings of Shame, Guilt, Anger, and Rejection

After suicide, family members left behind may feel guilty, rejected, betrayed, and angry (Kalischuk and Hayes 2004). Individuals grieving because of suicide may blame themselves for thinking that they could not do more to prevent suicide, that they could not prevent death, and that they feel responsible for suicide. In addition, they may think that the deceased has given up and preferred to leave their loved ones behind, and therefore they may feel rejected by the deceased (Young et al. 2012). The feeling of rejection is a psychosocial problem that causes those left behind to feel worthless and isolate themselves from getting help or support (Pompili et al. 2013). Shame may make it difficult for family members to talk about suicide, which may lead to social withdrawal and concealment of the cause of death (Cerel et al. 2008). In addition to these feelings, anger is also common in many individuals who have lost a loved one due to suicide. Individuals left behind may become angry with the deceased, themselves and other family members, God, or life, with the thought that death can be prevented (Young et al. 2012). It was reported that individuals who lost a loved one due to suicide experience feelings of guilt, shame, and rejection (Gall et al. 2014). In a qualitative study conducted by Peters et al. (2016) with 10 individuals who were grieving because of the suicide of a family member, the participants stated that they felt blamed, shamed,

judged, and rejected by their friends and society. In addition, it is stated that the feeling of guilt following suicide mourning is associated with various psychopathological symptoms. In a study conducted with parents who lost a child due to suicide, it was revealed that there is a relationship between feelings of guilt and complex grief, post-traumatic stress disorder (PTSD), depression, and other mental health problems (Feigelman and Cerel 2020). Similarly, in a study conducted with 154 individuals who lost a loved one due to suicide, a strong positive relationship was found between feelings of guilt and depression symptoms, complex grief, and PTSD (Wagner et al. 2021).

Stigma

The stigmatization of individuals who have lost a loved one due to suicide prevents them from talking about the mourning process, which is an important factor for recovery, and prevents them from expressing the emotions felt, thus restricting their getting over the mourning process. In addition, stigma causes feelings of responsibility, anger, shame, and self-blame to increase (Chakraborty and Halder 2018). Family members who have suffered loss due to suicide may be subject to social stigma, including preconceived notions that the family was somehow responsible for the suicide, that the family missed warning signs, or that they did not take adequate action to save the individual. Therefore, family members may exhibit behaviors to avoid being stigmatized or judged as a relative of a person who died as a result of suicide. In one study, a participant stated that his father avoided talking about his brother's suicide because he was afraid of being stigmatized (Sheehan et al. 2018). Therefore, stigmatizing attitudes towards suicide affect not only the individual who committed suicide, but also family members of the person who died. Corrigan et al. (2018) reported that there are factors representing stereotypes, prejudice, and discrimination experienced by family members who lost their relatives due to suicide, and that these stereotypes include the society's view of family members who lost their relatives due to suicide as dysfunctional and blameworthy, and that the prejudice factor emerges about the need to fear and not trust families. They emphasized that discrimination includes the factors of exclusion, confidentiality, and avoidance.

When the mourning process related to suicide and the mourning processes after different causes of death are compared, it is reported that the stigma perceived by individuals who lost a loved one due to suicide is at a higher level regardless of whether they are related by blood or not (Pitman et al. 2016a). In a study conducted with family members, it was reported that family members grieving because of suicide experienced a higher level of stigma compared to those grieving due to other sudden deaths (Kolves et al. 2020). Individuals grieving because of suicide emphasize that they experience various experiences, which they describe as stigmatization in terms of unwanted pity, avoidance of the subject, avoiding the word suicide, concealing the cause of death, and lack of expected support (Pitman et al. 2018a). In a study examining the grief experiences of parents after the death of a child due to suicide, it is stated that parents are silent and avoid talking about their feelings due to stigma. In that study, a mother who lost her daughter as a result of suicide stated that if her daughter had died of cancer, people could have brought up the issue more easily and this would have made her mourning more bearable. Therefore, due to stigmatization, individuals have difficulty in bringing up the issue of suicide and expressing their feelings clearly after suicide (Maple et al. 2010).

It has been reported that the stigma experienced by individuals grieving because of suicide has many negative consequences in them. Stigma associated with suicide is associated with shame, guilt, social isolation, psychological and somatic problems (Hanschmidt et al. 2016), and increased depression (Scocco et al. 2019). In the study by Pitman et al. (2017), among individuals grieving because of suicide, those who perceived high stigmatization were at higher risk for suicide attempts and depression. In another study, a relationship was found between the psychological distress of individuals grieving because of the suicide of a family member or friend and their perceived stigma (Scocco et al. 2017). In addition to these studies, it is stated that the stigma of the bereaved due to suicide negatively affects their interpersonal relationships and support-seeking behaviors and causes social isolation (Peters et al. 2016).

Suicidal Ideation and Attempts

Individuals who experience intense grief, shame, guilt, stigma, and suffering due to suicide may think of death as a way to end their suffering and to be reunited with the deceased and they may want to die (Chakraborty and Halder 2018). The experience of loss due to suicide may increase the individual's accepting attitude towards suicide and the risk of suicide attempts (Lee et al. 2022). Moreover, mourning related to suicide is an important risk factor for suicide attempts when compared to bereavement due to sudden natural causes, regardless of blood ties to the deceased (Pitman et al. 2016b). In addition, family members who have experienced the loss of a parent

(Wilcox et al. 2010, Spillane et al. 2018), sibling (Rostila et al. 2014, Spillane et al. 2018), spouse, or child (Spillane et al. 2018) due to suicide are also included. They are at risk for suicidal ideation and attempts. In a qualitative study conducted with family members left behind after suicide, the participants felt close to committing suicide and had thoughts about wanting to die (Lee 2022).

Quantitative studies conducted with individuals who have lost a loved one due to suicide also indicate that family members are at risk in terms of suicidal ideation and attempts. In a study conducted in South Korea, it was reported that individuals who had lost a family member due to suicide had approximately 4.5 times greater suicidal ideation (Song et al. 2015). In another study conducted with 272 individuals who had lost a family member due to suicide, suicide attempts were six times higher than in the general population (Jang et al. 2020). It was also found that experiencing the death of a sibling by suicide increases the risk of suicide 2.44-fold for the surviving brother and 3.19 times for the sister (Rostila et al. 2013).

Problems with Mental Health

Individuals who lose a loved one due to suicide may not accept the death and trauma may occur. Individuals left behind may witness the dying person's last moment or find the deceased's body. Traumatic symptoms such as remembering fearful moments, disbelief, hopelessness, fear, anxiety, and dysphoria may occur after witnessing a suicide or experiencing loss due to suicide (Young et al. 2012, Chakraborty and Halder 2018). Therefore, bereavement associated with death by suicide may have negative consequences for the mental health of the survivors. Family members grieving because of suicide may experience various mental health problems such as depression, alcohol or substance abuse, and PTSD symptoms (Brent et al. 2009, Young et al. 2012). It is also stated that family members have a lower quality of life in terms of mental health (Mitchell et al. 2009). In a study conducted with individuals who had lost their spouse due to suicide, the risk of mental disorders such as mood disorders, PTSD, anxiety, and alcohol and substance use disorders increased in the 5 years after the loss (Erlangsen et al. 2017). In the study conducted by Bolton et al. (2013), it was concluded that the incidence of mental disorders, especially depression and anxiety, increased within 2 years of death in parents who had lost their child due to suicide. Similarly, in a study conducted with 33 individuals who had lost a family member due to suicide, family members experienced high levels of depression, anxiety, and stress (Spillane et al. 2018). In addition, another study revealed that PTSD symptoms were observed in individuals who had lost a loved one to suicide (Mitchell and Terhorst 2017).

Due to the need for psychiatric and psychological care in family members resulting from suicide-related loss, the risk of admission to hospital and the use of health care services (Pitman et al. 2014, Erlangsen et al. 2017) increase. It has been reported that parents who have lost a child to suicide go to the doctor for mental health reasons almost twice as often as before the death of their child (Bolton et al. 2013). In addition, the risk of hospitalization due to substance use disorder (Wilcox et al. 2010) and suicide attempts (Kuramoto et al. 2010) is higher in children who have lost their parents to suicide.

Problems with Physical Health

It is emphasized that individuals who have lost relatives to suicide are at risk in terms of physical health problems (Spillane et al. 2017). The risk of physical diseases such as cardiovascular disease, chronic obstructive pulmonary disease (COPD), hypertension, diabetes (Bolton et al. 2013), and pancreatic cancer (Huang et al. 2013) is higher in individuals grieving a suicide loss. In addition, family members may experience psychosomatic problems such as nausea, vomiting, chest pain, palpitations, physical pain, and shortness of breath following a death by suicide (Spillane et al. 2018). Furthermore, family members of individuals who commit suicide have a lower quality of life in terms of physical health. In this context, the use of health services and hospitalization rates may increase due to physical health problems during the grieving process related to suicide (Bolton et al. 2013).

Role of the Psychiatric Nurse in Improving the Psychosocial Health of Families

The death of a family member and the mourning process after it affect the family deeply and cause significant changes in family dynamics (Arslan and Buldukoğlu 2019). Following the sudden and unexpected death of a loved one due to suicide, individuals left behind may need professional support and assistance (Rossiter and Scott 2017). The majority of family members grieving because of suicide need significant professional help, but only some of them receive it (Wilson and Marshall 2010). In a study conducted with individuals who were grieving because of a sibling's suicide, most of the participants needed professional support and their help-seeking behavior was affected by their opinions of health professionals and their perceptions of the deceased

siblings' experiences with health professionals. In addition, the participants emphasized that health professionals should be empathetic, competent, and respectful (Pettersen et al. 2015). In this context, psychiatric nurses are in an important position to provide the professional support needed by grieving family members and to reduce or eliminate the effects of the difficult grieving process (Rossiter and Scott 2017). Psychiatric nurses can provide professional support to bereaved individuals, including problem solving, role modeling, encouragement, counseling, education, and development of coping methods, according to their needs (Özel and Özkan 2020). Professional support to the family includes interventions within the scope of restructuring the family, strengthening family members, reducing the effects of grief on the family, and improving the psychosocial health of the family (Arslan and Buldukoğlu 2019).

Postvention includes activities related to providing support to individuals who are affected by suicide attempts or who are grieving because of suicide (WHO 2014). Postvention activities are implemented in order to heal individuals who have lost relatives after suicide, to reduce the effects of their psychosocial problems, and to prevent a possible suicide (National Action Alliance for Suicide Prevention 2015). These activities include services such as support groups, self-help groups, hotlines, grief counseling, and psychotherapy (AISRAP 2017). Psychiatric nurses can also apply interventions such as group therapy (Constantino et al. 2001), family-based grief counseling based on cognitive-behavioral therapy (Groot et al. 2007), and bereavement therapy (Groot et al. 2010) to individuals grieving because of suicide. In fact, in a study conducted by nurse researchers, group grief psychotherapy facilitated the grieving process in individuals who experienced loss due to suicide (Supiano et al. 2017).

Psychiatric nurses should pay careful attention to the way they express themselves when communicating with individuals who have lost a loved one due to suicide. Some forms of expression can increase individuals' feelings of shame, guilt, isolation, and concealment, making the situation even more tragic for them. This may cause individuals to feel hurt and stigmatized (Langille 2014). For this reason, psychiatric nurses should establish curative and complementary communication while providing health care services to individuals who have experienced loss. Communication, which forms the basis of the psychosocial approach, contributes to the ability of psychiatric nurses to build a trusting relationship with individuals who have experienced loss. Establishing a trust-based relationship and an accepting and supportive environment with the individual who has experienced loss is extremely important for the individual to be able to recognize and express their feelings comfortably (Özel and Özkan 2020). This is because individuals who experience loss due to suicide may feel the need to hide their feelings due to guilt, shame, rejection, and stigma and may experience social withdrawal that affects their interactions with society (Worden 2009). Suppressing or inhibiting emotions can prolong the grieving process. As a result, physical or mental problems may occur and quality of life may deteriorate (Pitman et al. 2018b). Allowing the individual to discover their feelings and thoughts about the loss they have experienced and encouraging them to express them are effective initiatives for a healthy completion of the grieving process (Arslan and Buldukoğlu 2019).

Psychiatric nurses should consider the effects of the loss on the family system and deal with the factors affecting the grief process and deterioration in family relationships. It is also important for psychiatric nurses to determine what role the deceased played in the family. For example, with the death of the father, his role can be given to the eldest son, or, with the death of the mother, her role can be given to the eldest daughter. This situation may cause individuals to suppress their emotions and feel excessive responsibility and burden in behaving in accordance with the role expected from them (Worden 2009). In this context, psychiatric nurses can support family members in restructuring roles and maintaining balance within the family. In addition, the cultural characteristics of the family, values, and belief systems are among the factors that affect the adjustment of family members towards loss. Psychiatric nurses should focus on supporting cultural mourning rituals by learning about the cultural beliefs and practices of family members regarding mourning in order to meet their spiritual needs (Özel and Özkan 2020).

Individuals grieving after a suicide attach importance to the social support they perceive from family members, friends, close circles, and people with similar experiences during the grieving process (Bildik 2013). Social support systems and the degree of perceived support affect the individual's response to the grief process and adjustment to loss (Pitman et al. 2018b). It has been reported that social support defined by individuals left behind after suicide is associated with lower depression symptoms (Spino et al. 2016). In addition, loss of social support causes feelings of shame, rejection, loneliness, and isolation in individuals left behind after suicide (Ross et al. 2021). Psychiatric nurses should take initiatives to activate and enhance social support networks by identifying the resources available in the social support system of individuals grieving because of suicide (Özel and Özkan 2020).

Individuals who experience loss due to suicide may think that those who have not experienced a similar loss cannot understand them. However, they may feel that they do not get enough support from family members or close circles due to stigma. In this context, the establishment of support groups for individuals grieving because of suicide may enable them to express their feelings more easily, understand that their feelings are acceptable, and feel that they are not alone (Worden 2009, Young et al. 2012). In another study, most of the participants stated that connecting with other people who had lost loved ones due to suicide gives comfort and makes them feel understood and not alone (Ross et al. 2021). There are web-based support groups worldwide within the scope of postvention services for individuals grieving suicide losses. These support groups are featured on the website of the International Association for Suicide Prevention (IASP) through the Special Interest Group (IASPa). National web-based support groups are located in various countries including Australia, Belgium, USA, Canada, Finland, Germany etc. They conduct activities with the aim of supporting and empowering individuals who are left behind after suicide, helping them recover, keeping them in contact with other people who have suffered loss due to suicide, helping them cope with traumatic loss, and providing resources to professionals who provide support to individuals grieving because of suicide (IASPb). In Turkey, there is no web-based support group similar to those in other countries. Therefore, adopting the role of researcher and counselor, psychiatric nurses can contribute to improving the psychosocial status of the relatives of suicidal individuals by collaborating with other mental health teams to establish a web-based support group for similar purposes.

Traumatic events such as loss and bereavement can have many negative consequences related to physical health or mental health such as anxiety, depression, PTSD, suicidal behavior, and alcohol or substance abuse (İnci and Boztepe 2013). For this reason, it is very important to monitor family members grieving due to suicide in terms of suicidal behavior and mental health and physical health problems (Worden 2009). It is vital for psychiatric nurses to carry out preventive studies including screening programs for the early diagnosis of family members at risk of mental health problems in order to prevent and reduce psychiatric morbidity that may occur (Tel 2016). In this regard, for the early diagnosis of family members at risk who are poor, immigrants, disabled, elderly, children, etc., psychiatric nurses should develop early intervention programs to protect, maintain, and improve the health of individuals with appropriate risk assessment by prioritizing family members who are at risk of loss due to suicide (Atak and Meriç 2021).

In addition to physical and mental problems, individuals exposed to a traumatic event may question death and the purpose of life in the search for existential meaning, and may experience positive changes such as strengthening after the traumatic experience and development of life perspective (Tedeschi and Calhoun 2004). It is stated that individuals grieving because of suicide may be involved in the meaning-making process as a result of the loss experienced and this may support post-traumatic growth (PTG) (Smith et al. 2011). In a meta-analysis and systematic review study, it was determined that PTG may occur in individuals who experience loss due to suicide (Levi-Belz et al. 2021). In a qualitative study conducted by Lee et al. (2017) in individuals who lost a family member due to suicide, the participants stated that their priorities in life had changed as a result of the loss experienced, that they had established a stronger relationship with other family members and other people, and that they were in search of a new meaning. Helping individuals who have lost someone to suicide to turn their traumatic experience into an opportunity for psychosocial well-being is an important intervention within the scope of protecting mental health (İnci and Boztepe 2013). For this, psychiatric nurses have an important role in developing interventions that improve individuals' conscious awareness levels and support their post-traumatic growth. Thus, psychiatric nurses will contribute to the empowerment of individuals, the improvement of their psychosocial health, and thus the protection of mental health.

Conclusion

Family members who have lost a loved one due to an unexpected death such as suicide experience various psychosocial problems related to loss and the grief process and have difficulty in coping with these problems. Psychiatric nurses have an important role in ensuring that psychosocial problems do not adversely affect the mental and physical health, quality of life, and family dynamics of family members. Therefore, it is important for psychiatric nurses to adopt an approach that includes psychosocial interventions in order to facilitate the process of family members experiencing loss and mourning. It is thought that the approach of psychiatric nurses during this process and the appropriate risk assessment and management for family groups that need to be prioritized will be effective in preventing psychiatric morbidity, enabling completion of the grieving process in a healthy way, restructuring family dynamics, and strengthening family members through their traumatic experience. In this context, it is recommended that psychiatric nurses who aim to provide professional support to family members left behind after suicide should conduct evidence-based research on post-suicide intervention and develop culture-specific support programs.

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