Systematic review of the effects of interventions for people bereaved by suicide

Centre for Reviews and Dissemination

CRD summary
This well-conducted review concluded that there was a lack of robust evidence to be able to provide clear implications for practice for interventions for people bereaved by suicide. Some suggestions as to which interventions may be successful were made. The conclusions reflect the lack of evidence available and are likely to be reliable.

Authors' objectives
To evaluate the effectiveness of interventions aimed at people bereaved by suicide. The review also provided a descriptive overview of interventions for persons bereaved by suicide that have been reported in the literature, which is not covered by this abstract.

Searching
A large number of databases were searched (37 in total, including MEDLINE, EMBASE, and PsycINFO). Search dates ranged from inception to October 2007. The search strategy was reported. The Compassionate Friends, Survivors of Bereavement by Suicide, Campaign against Living Miserably, PAPYRUS (charity aimed at the prevention of young suicide), Samaritans, MIND National Association for Mental Health charity) and Suicide Awareness Voices of Education were contacted to identify further studies. The reference lists of relevant papers were scanned for additional studies.

Study selection
Randomised controlled trials (RCTs) and studies with a comparator group that assessed any intervention for adults or children who have been bereaved by suicide, were eligible for inclusion. No study was excluded on outcome.

Where reported, included studies recruited family, classmates or spouses of the deceased, the time since suicide ranged from immediate intervention at the scene of suicide to 120 months, the mean age of participants from 10 to 43 years, proportion male from 14% to 52%, and the majority were Caucasian. The interventions included active outreach to scene of suicide, bereavement groups, writing exercises, cognitive behavioural therapy, first talk through, and psychological debriefing. A wide range of outcomes were assessed in the included studies. No measure was used in more than three studies.

Two reviewers independently assessed studies for inclusion. Discrepancies were resolved by consensus or referral to a third reviewer.

Assessment of study quality
Study quality was assessed in terms of randomisation, allocation concealment, similarity at baseline, blinding, validity and reliability of the measurement tools, reporting of confounders, the analysis used, consistency of the delivery of the intervention and measurement of this, length of follow-up, drop-outs, and the possible presence of unintentional co-interventions or contamination.

The assessment was conducted by one reviewer and independently checked by a second; disagreements were resolved through consensus or referral to a third reviewer.

Data extraction
Changes in a range of scales relating primarily to depression, grief, and post-traumatic stress were extracted.

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Methods of synthesis
Studies were combined in a narrative synthesis, grouped on whether or not they had an active comparison group. Differences between studies were discussed in the text and study details and results tabulated.

Results of the review
Eight studies met the inclusion criteria (n=661 participants; range 42 to 134); four RCTs; one controlled study; one retrospective and two prospective observational studies with a control group. Seven of the included studies had significant methodological flaws. For prospective studies, the length of follow-up ranged from two to 13 months. Only two of the four RCTs reported an appropriate method of randomisation, only one of which reported an attempt at allocation concealment. None used an intention-to-treat analysis. Of the non-RCTs, most showed differences between groups at baseline, most were small and unlikely to be adequately powered, and the duration of follow-up was considered to be insufficient.

Intervention versus no intervention: All four studies comparing an intervention to no intervention reported a positive effect of the intervention on at least one outcome. Successes included: family-based cognitive behaviour therapy reducing the likelihood of the perception of being to blame for the suicide (adjusted OR 0.18, 95% CI: 0.05, 0.67); improvements in anxiety and depression in children attending bereavement groups; improvements in anger towards deceased, anger towards self, anxiety, depression, grief, guilt, puzzlement, and shame in adults attending bereavement groups; and a reduced time lapse between bereavement and attending an active outreach intervention at the time of the suicide.

Studies making active comparisons: These studies reported: profound writing condition reduced the level of severe grief more effectively than trivial writing condition; improvement in high intensity grief in children with earlier intervention; no statistically significant difference between schools when the Impact of Event Scale was used to classify risk for post-traumatic stress disorder; no difference between a bereavement group and social group intervention for women bereaved through the suicide of their spouse; and a reduction in depression with health professional-led, closed group interventions.

Authors' conclusions
There is a lack of robust evidence to be able to provide clear implications for practice for interventions for people bereaved by suicide.

CRD commentary
The authors addressed a clear review question, supported by appropriate inclusion criteria. An extensive search was conducted without language restrictions, for both published and unpublished research. Each stage of the review was conducted in duplicate, reducing the potential for error and bias. Study quality was assessed using appropriate criteria, and the results considered during the review. The decision to combine the studies in a narrative synthesis seemed appropriate given the heterogeneity across studies. Several studies only had short-term follow-up. This was a well-conducted review, and the conclusions reflect the lack of evidence available and are likely to be reliable.

Implications of the review for practice and research
**Practice:** The authors stated that clear implications for practice could not be provided due to the lack of robust evidence. However, they go on to say that the following interventions may be beneficial: psychologist-led group therapy for children who lost a parent; combined health professional and volunteer led group therapy for adults who lost a family member; and family cognitive behavioural therapy with a trained psychiatric nurse.

**Research:** Studies of sufficient size, evaluating an agreed core set of outcome measures, are required, particularly in different ethnic groups. Preliminary work using qualitative or quantitative methods prior to the main trial were recommended. Process evaluation embedded within an RCT of complex interventions was identified as a method to distinguish interventions that have failed from those that were poorly implemented.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.