



Grief interventions for suicide loss survivors: An overview of reviews

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Abstract

Introduction: A growing body of reviews focused on grief interventions and their effectiveness after the loss of a loved one due to suicide. This overview aimed to synthesize the results of the eight reviews during the last two decades.

Materials and Methods: Reviews were searched in databases (PubMed, Web of Science, CINAHL, Embase, Google Scholar, and Scopus) from 2008 to 2024. Articles that provide data on grief interventions within the context of suicide loss survivors will be included. The author screened the retrieved articles through (1) title and abstract screening and (2) full-text screening. A narrative synthesis approach was utilized for analyzing received high scores in the quality assessment studies.

Results: The data were extracted into two main themes, "Types of Interventions" with five sub-themes, and "Effectiveness Spectrum," with five sub-themes.

Conclusion: Findings showed that most interventions focused on providing education, emotional support, and coping strategies for individuals grieving the loss of a loved one to suicide. Some interventions still yield inconclusive results, and research gaps require further exploration.

Keywords: Intervention, Grief, Narrative synthesis, Suicide, Review

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Introduction

Suicide is the second leading cause of death worldwide (1), and the loss of a loved one to suicide is one of the most stressful events in a person's life (2). Recent research indicates that, on average, every suicide impacts at least five family members and as many as 135 members

of the community (3). Given that nearly 700,000 individuals around the globe die by suicide each year, it is estimated that the population of those affected by suicide loss grows by about 60 million annually (4).

The suicide of a loved one can leave bereaved individuals grappling with profound grief and

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complex emotional responses, often marked by feelings of guilt, shame, anger, and despair (5). Research indicates that those who have lost someone to suicide face a higher risk of serious psychological and health issues compared to other bereaved individuals and the general population (6). Studies demonstrate that survivors of suicide loss experience higher levels of depression, as well as an increased incidence of suicidal thoughts and behaviors, in comparison to individuals mourning other types of loss. Furthermore, bereavement due to suicide is associated with heightened suicidal ideation, and those grieving a suicide may endure negative grief responses, including symptoms of prolonged grief disorder that can persist for years (5). Many bereaved individuals often confront distinct challenges, including stigmatization and societal misconceptions surrounding suicide. If they report a lack of adequate support from their social networks, it can lead to increased isolation and worsening mental health issues (6). Research by Grafiadeli and colleagues found that nearly half of the participants in their study exhibited signs of prolonged grief disorder, while around one-third showed symptoms of post-traumatic stress disorder (7). In light of these challenges, various grief interventions have emerged that aim to provide tailored assistance to individuals coping with the loss of a loved one to suicide. Interventions may range from support groups and individual counseling to psychoeducational sessions and community-based programs (8). However, despite the increasing recognition of the need for effective grief interventions, there remains a significant gap in understanding which methods are most beneficial for this particular group and how they can best be implemented (9). Further research has uncovered some factors that can mitigate these negative outcomes. Levi-Belz and Birnbaum discovered that having a sense of belonging serves as a protective element against depression; those who had a stronger sense of belonging after experiencing suicide loss were less prone to depression during later assessments (10). Moreover, Levi-Belz and Ben-Yaish emphasized that interpersonal elements such as social support and self-disclosure can impact the severity of prolonged grief after a suicide (11). Given the profound emotional challenges that accompany suicide loss, we must deepen our understanding of effective interventions tailored to this unique

group of bereaved individuals. Despite the growing recognition of the needs of suicide loss survivors, there remains significant variability in the types of grief interventions available, and much of the existing literature lacks a cohesive framework for assessing their efficacy. This paper aims to explore existing reviews on grief interventions for those bereaved by suicide. The study presents a qualitative overview that evaluates interventions designed to support individuals grieving the loss of a loved one to suicide. It synthesizes findings regarding the effectiveness of grief interventions and highlights gaps in current research, as well as recommendations for future studies and practice.

Materials and Methods

The present review was registered in PROSPERO (CRD4202342790) and guided by the Preferred Reporting Items for Review and Meta-Analyses (PRISMA) (12). The narrative synthesis was employed to synthesize the data qualitatively (13). To conduct this qualitative review, we searched electronic databases, including PubMed, Web of Science, CINAHL, Embase, Google Scholar, and Scopus, for reviews published between 2008 to 2024 by using a full list of keywords “review”, “suicide”, “grief”, “bereaved”, “survivors”, and “intervention”. The Boolean operators AND, OR, NOT, and (truncations) were utilized to find more relevant papers. Included studies were centered on the effectiveness of interventions for individuals bereaved by suicide, focusing on psychological, social, and therapeutic dimensions. The search and analysis work began in April and continued through May 2024, with the final update of reviews completed in July 2024.

Reviews were included if they (a) were reviews (i.e., provided details of a search such as a database list, keywords, inclusion, and exclusion criteria); (b) reported any kinds of suicide grief interventions; (c) used for adults population (d) were English. Reviews were excluded if they did not provide details of a systematic search such as a database list, search keywords, inclusion, and exclusion criteria, dissertation or thesis, did not have exact population and specific interventions, and did not meet enough scores in the quality assessment phase using the AMSTAR measurement tool, developed to assess the methodological quality of reviews, and could

be used in the review of reviews to determine if the potentially eligible reviews meet the minimum (at least 6 out of the 11) requirements (an a priori design, duplicate study selection and data extraction, a comprehensive literature search, the use of status of publication as an inclusion criteria, a list of included/excluded studies, characteristics of included studies, documented assessment of the scientific quality of included studies, appropriate use of the scientific quality in forming conclusions, the appropriate use of methods to combine findings of studies, assessment of the likelihood of publication bias; and documentation of conflict of interest.) (14). Finally, eight reviews that met the highest quality criteria were included in the study. The narrative synthesis approach was employed to combine and describe the findings from the review studies rather than using statistical aggregation. This method systematically examines the data and identifies key themes across various studies (13). Therefore, the inductive thematic analysis approach of Braun and Clarke (15) was used. The information collected was analyzed using the most recent version of MAXQDA qualitative software, which the author employed to organize and develop the key themes (step 1). Subsequently, the author reviewed the selected articles (step 2) and

generated initial codes (step 3). Related codes were then consolidated into potential sub-themes (step 4). Sub-themes with similar content were categorized into main themes (step 5). Ultimately, a thematic network was established (step 6). Throughout this process, the author continuously reviewed and refined the list of codes, sub-themes, and themes.

Results

In the initial phase of the review process, a total of 54 references were identified. After the removal of duplicate studies, 40 references remained for further consideration. Subsequent evaluation led to the exclusion of 22 papers that needed to meet the established inclusion criteria. As a result, 18 articles were further assessed for eligibility. Ultimately, eight articles were included in this overview. A breakdown of the included studies from each database is as follows: PubMed: $n=3$, Web of Science: $n=2$, CINAHL: $n=1$, Embase: $n=1$, Google Scholar: $n=14$ (where 14 studies were found to be duplicates), and Scopus: $n=1$. (Figure 1). Table 1 provides descriptive characteristics of the included reviews.

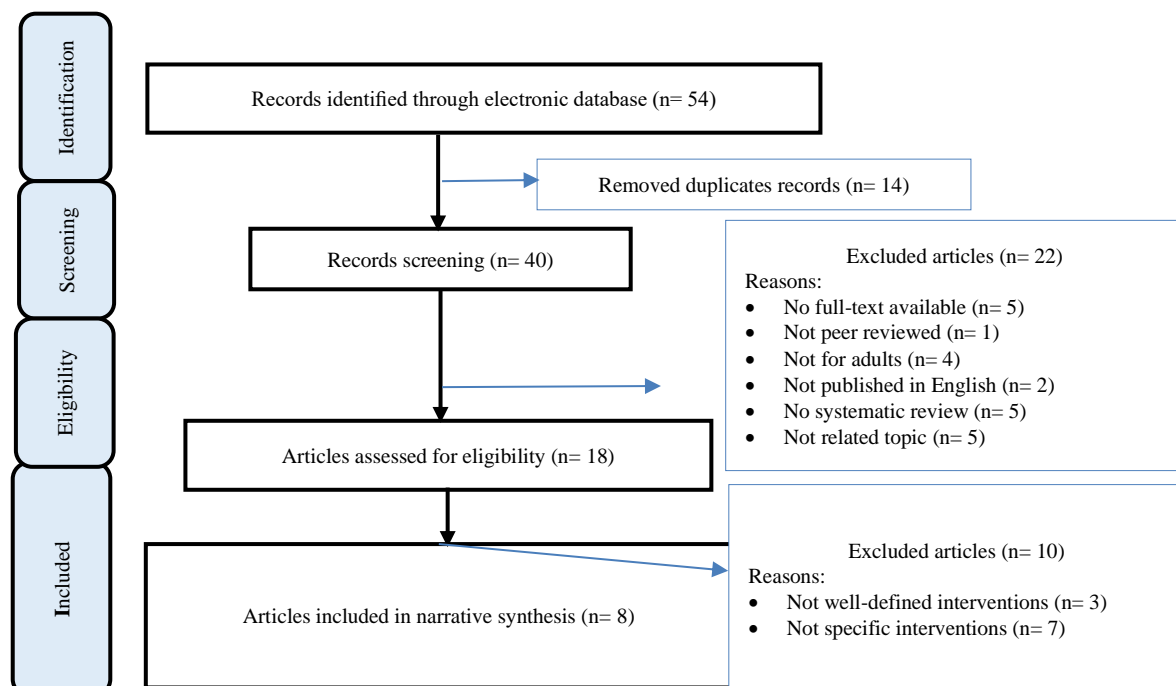


Figure 1. PRISMA flow diagram

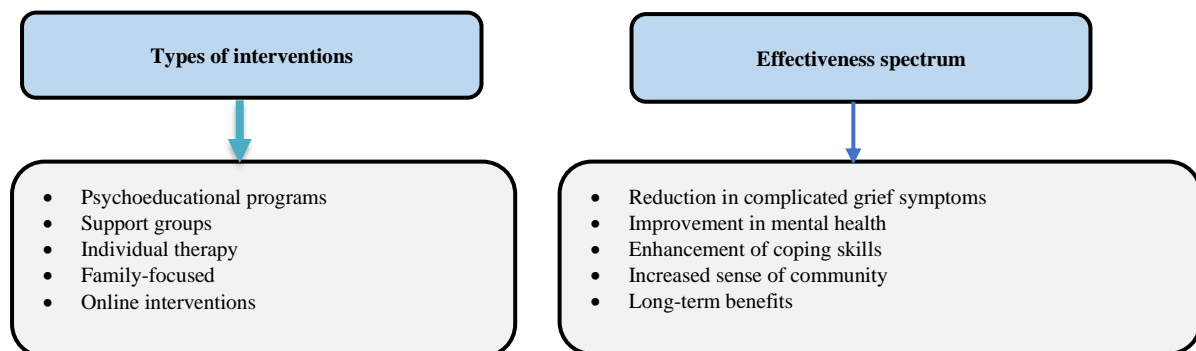
Table 1. Characteristics of the included studies

R	Author	Method/ Included articles	Interventions	AMSTAR score
16	Inostroza et al. (2024)	Narrative synthesis (N= 14)	• Peer-support groups	11/11
17	Higgins et al. (2022)	Scoping review (N= 10)	• Peer-led support	11/11
18	Lestienne et al. (2021)	Systematic review (N= 12)	• online resources	10/11
19	Griffin and McMahon (2019)	Literature review (N= 54)	• Support groups • Internet based	9/11
20	Andriessen et al. (2019)	Systematic review (N= 12)	• Group, family and individual therapy • Psychoeducation • Cognitive-Behavioral Therapy (CBT)	9/11
21	Linde et al. (2017)	Systematic review (N= 7)	• Bereavement groups • Writing therapy	10/11
22	Szumilas and Kutcher (2011)	Systematic review (N= 16)	• Family-focused • Community-based	11/11
23	McDaid et al. (2008)	Systematic review (N= 8)	• CBT-based family • Bereavement group • Writing therapy	10/11

The number of studies in each review varied from 8 to 54 (18,19). These eight reviews analyzed the results of 133 unique studies. According to the AMSTAR assessment tool, all reviews met relatively high-quality criteria.

The articles identified 5 of the most effective interventions in suicide grief (Figure 2). The extracted interventions were categorized into two main themes: "Types of interventions" and

"Effectiveness of interventions." The findings reveal diverse interventions utilized to support bereaved individuals, each offering unique benefits and varying levels of effectiveness. However, the narrowing scope of included studies suggests that further research is necessary to comprehensively explore the impacts of these interventions across diverse populations and settings.

**Figure 2.** Thematic map of the main themes

Theme 1: Types of interventions

This theme examines the various interventions designed to support individuals grieving the loss of a loved one to suicide.

1. Psychoeducational programs

Two reviews highlight the importance of psychoeducational programs, which provide bereaved individuals with information about the grieving process and the unique challenges associated with suicide bereavement. These

programs commonly include Cognitive-Behavioral Therapy (CBT) elements to equip participants with effective coping strategies (20,21).

2. Support groups

Some reviews mentioned that support groups, both facilitated and peer-led, emerged as a consistent intervention in the reviews. Participants reported feelings of validation, shared understanding, and normalization of

their experiences. Support groups also foster a sense of community, mitigating feelings of isolation (16,17,19,22,23).

3. Individual therapy

Individual therapeutic approaches, namely CBT and narrative therapy through expressive writing, showcased promising outcomes in assisting bereaved individuals in articulating their grief and addressing complex emotions such as guilt and anger (21,23). Therapeutic modalities emphasizing compassionate engagement and emotional processing significantly enhanced participants' coping skills.

4. Family-focused interventions

Several reviews underscored the importance of family-focused interventions tailored to address shared grief within families affected by suicide. These interventions often involve family therapy sessions that facilitate open dialogue, enhance support systems, and assist families in collectively navigating their grief. Programs involving family dynamics have proven effective in solidifying familial bonds and providing a supportive environment for individual mourning processes (20,22,23).

5. Online interventions

Amidst the growing reliance on technology, the emergence of online interventions was noted in two reviews. These platforms, encompassing webinars, discussion forums, and virtual support groups, have expanded access to grief support resources, particularly for individuals in geographically isolated areas. Participants expressed that online interactions helped mitigate the stigma associated with grief, fostering a perceived sense of support and community across distances (18,19).

Theme 2: Effectiveness spectrum

The reviews exhibited variability in assessing the effectiveness of interventions, primarily attributed to differences in participant demographics, intervention design, and outcome measures. Nevertheless, certain common sub-themes emerged:

1. Reduction in complicated grief symptoms

Most interventions, particularly those combining psychoeducation and therapeutic approaches, were associated with a decrease in complicated grief symptoms (20,21).

2. Improvement in mental health

Some reviews showed that individuals who participated in these interventions reported lower levels of depression, anxiety, and overall psychological distress (18,22,23).

3. Enhancement of coping skills

Evaluations of grief interventions often cited improvements in participants' coping strategies, leading to better emotional regulation and resilience (22).

4. Increased sense of community

Many participants in support groups and online interventions reported an increased sense of community and social connection. This support network was found to be integral in reducing feelings of loneliness and distress associated with grief, thereby fostering a shared understanding and mutual support among individuals who have experienced similar losses (17,19,22).

5. Long-term benefits

Two reviews indicated that the benefits of these interventions extended beyond the immediate grieving period. Participants who engaged in structured interventions reported carrying forward learned coping skills and emotional processing strategies into their long-term grief management, suggesting lasting impacts on their overall resilience and mental health (16,19).

Discussion

The analysis of the eight reviews on interventions for those grieving a suicide loss reveals a nuanced landscape where tailored approaches can significantly impact the coping mechanisms and overall emotional health of survivors. As highlighted in the findings, the successful implementation of diverse intervention types underlines the importance of understanding individual and communal experiences when addressing suicide grief.

The first primary theme that emerges from the reviews addresses the various types of interventions available for individuals grieving a suicide. This array highlights the necessity of customized approaches considering individual experiences and communal narratives surrounding grief. The integration of psychoeducation, support groups, individual therapy, family-focused modalities, and online resources can form a holistic framework that provides comprehensive support to survivors. Such a multi-faceted strategy not only addresses the intricate emotional needs of bereaved individuals but also helps cultivate broader societal understanding and acceptance of the grief associated with suicide loss. As these interventions evolve, they are essential for equipping individuals with the tools to navigate

the profound challenges of grief compassionately and constructively.

According to Berardelli et al. (24), the psychoeducational approach emphasizes survivors' unique pain while prioritizing spaces for individuals to share their narratives. This sharing process offers normalization of their feelings and facilitates healing by establishing connections (20). Furthermore, community-based support mechanisms, such as support groups, play a significant role in alleviating the pervasive feelings of isolation experienced by many survivors. These communal settings provide avenues for shared mourning and remembrance, nurturing resilience and promoting a sense of social belonging among survivors (17,19,25).

The reviews also highlight the importance of considering cultural contexts in tailoring interventions. Recognizing and respecting cultural variations in grief practices can enhance the effectiveness of these interventions and increase their acceptance within diverse populations (16). Berardelli et al. argue that integrating cultural narratives into intervention design is crucial for ensuring meaningful support that resonates deeply with individuals' lived experiences. This cultural sensitivity is vital in fostering an environment where individuals feel understood and validated in their grief (24).

The integration of narrative therapy and CBT has been noted as particularly beneficial in addressing complicated grief, as asserted by Towns (26). These approaches allow individuals to process their grief through storytelling and cognitive restructuring, enabling them to reinterpret their experiences and find new meanings in their loss.

Family therapy, conducted in either individual or group settings, presents another valuable avenue for addressing the dynamics of grief within the family following a suicide loss. Engaging family members in therapeutic processes enhances communication and understanding, assisting them in navigating their collective grief (22,23).

Froese and McDermott (27) and Hunt et al. (28) emphasize that family therapy encourages the exploration of shared memories and unresolved conflicts, ultimately fostering a supportive environment where family members can collaboratively work toward healing. Additionally, incorporating online platforms facilitates access to various resources, virtual support groups, and therapy sessions (29).

This flexibility is particularly beneficial for individuals facing barriers to in-person participation, whether due to geographical limitations or emotional difficulties (30).

The second theme from the reviews is the effectiveness of various grief interventions, highlighting the varied outcomes and shared benefits participants reported across different domains. While the limitation of differences in study designs and populations is acknowledged, the overarching trend reflects a movement toward improved emotional health and resilience among participants. Recent studies indicate that individuals engaged in structured grief support programs experienced enhanced coping skills and emotional resilience over time. Moreover, these interventions facilitated reframing their experiences of loss, promoting healthier emotional responses (31-33).

Conclusion

Suicide grief interventions hold significant potential to support bereaved individuals as they navigate their complex emotional landscapes. Although existing reviews highlight various effective intervention strategies, continued research is warranted to enhance the understanding and accessibility of these crucial support systems. By addressing current gaps and focusing on longitudinal effectiveness, we can work towards improved outcomes for those grieving the loss of a loved one to suicide. Despite promising findings, significant gaps remain in the literature. Most studies focus on short-term outcomes, often neglecting the long-term effects of interventions. There is a need for longitudinal studies assessing the durability of intervention benefits. Additionally, more research is needed on culturally sensitive practices that accommodate diverse populations affected by suicide. For future research, the author recommends longitudinal study interdisciplinary approaches: Collaboration between psychologists, social workers, and community organizations to develop comprehensive intervention frameworks.

Conflict of Interests

The author declares no conflict of interest.

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Authors' Contributions

The author is involved in the study design, searching data, and writing the manuscript.

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