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Identifying the support needs of young people bereaved by suicide

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HSE

Connecting for Life

Contents

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Two individuals with lived experience of suicide bereavement, Rayne Looney and Caoimhe Mullins, provided valuable input at all stages of the project.

The project was facilitated by the expertise of the members of Steering Group – Oliver Skehan (HSE NOSP), Gina Cantillon (Barnardos), Niamh Crudden, (HSE Resource Officer for Suicide Prevention), Maura Keating (Irish Childhood Bereavement Network, ICBN), Tracy Nugent (HSE Resource Officer for Suicide Prevention), Ailish O'Neill (HSE NOSP), Sonia Rennicks (ICBN), and Fiona Tuomey (HUGG).

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Executive summary

1.1. Context

When young people experience bereavement in traumatic circumstances such as following a death by suicide, the negative impacts of the loss are often profound, far-reaching and long-lasting right into adulthood (1,2). Young people are largely dependent on key adults in their lives for accessing supports, including their family caregivers and supportive professionals such as clinicians and school personnel. Thus, there is a need to understand the suicide bereavement experiences and subsequent support experiences, from the perspective of young people, their caregivers and professionals supporting young people with their grief.

1.2. Study aims

This research aimed to identify the needs of young people who have been bereaved by suicide, and to identify barriers and facilitators to accessing appropriate supports and services in Ireland. The research reflects multiple perspectives, including young people themselves, their family members and professionals who support young people. The findings will facilitate activities to reduce stigma, improve access to and signposting for evidence-based specialised services for young people, as required. This aligns with Goal 4 of *Connecting for Life*, specifically Objective 4.3, to "improve the uniformity, effectiveness and timeliness of support services" (3).

1.3. Key findings

This study provides valuable insight into the experiences of young people and their families following the loss of someone to suicide, reflecting the significant impact of suicide bereavement on young people and illustrating their support needs in the aftermath.

1.3.1. Availability and accessibility of tailored and responsive support

The findings indicate that young people need consistent support over an extended period following their loss. In line with the childhood bereavement care pyramid (4), the findings indicate that all young people need support from family members and other supportive adults in their lives in the aftermath of a loss (level 1 support). This informal support is highly valued and often a facilitator to accessing further support, if needed. While not all young people who are bereaved by suicide will require more

formal support, such as organised bereavement support (level 2) and professional counselling (level 3), or additional support via mental healthcare professionals (level 4), all young people who participated in this study reported benefiting from formal support themselves. In addition, some parent participants described their children benefiting indirectly through the knowledge and skills their parent developed from engaging in formal support which helped them care for their child in the aftermath of suicide loss. The unique nature of suicide -bereavement was highlighted, with participants indicating the need for those providing formal supports to have expertise in suicide bereavement.

The need for support did not follow a linear path following the loss, with the type and intensity of support needed fluctuating over time from level one to four, indicating the need for support to be responsive to the young person's unique experiences. Someone to talk to, without concern of being a burden on or causing discomfort to others, was highlighted as a constant need by the young people in this study. The source of this listening ear may be a friend, family member or other supportive adult, or the opportunity to talk may be provided through engaging in support groups or one-to-one professional support. This reflects the experience of the participants who elected to engage in this interview study, none of whom were male. Other individuals who are less comfortable talking about their experiences may have differing perspectives on what they would find most supportive. In line with international research (5,6), the reflections of parents and professionals in this study suggest that males may be less open to seeking formal support. Whilst this may partly be related to barriers to help-seeking related to perceived stigma (7,8), it is also possible that some young people would benefit from alternative forms of support (5,9).

Service-related issues present barriers to young people accessing support. Some are challenges that broadly impact accessibility of support across services for both mental and physical health, such as geographical location, cost and waiting lists due to limited capacity in services. Others are related to suicide bereavement; specifically, with participants highlighting that some services only provide support after a specified minimum time since bereavement and some bereavement services do not provide support to those who have lost someone as a result of suicide.

Recommendation 1: Specialised training in grief in the aftermath of a suicide should be made available for those providing formal supports.

Recommendation 2: The development of low-cost or free suicide bereavement supports across levels one, two and three of the bereavement care pyramid, is recommended. Co-design of supports, with a focus on family interventions and peer-based supports, should be explored with involvement of young people of different ages, genders, and cultural contexts. Future research should consider gender-specific support needs.

Recommendation 3: Criteria for accessing existing bereavement supports should be reviewed, expanded and standardised to facilitate timely provision of care to all those bereaved by suicide.

Recommendation 4: Access to specialised counselling should be improved, which should involve the expansion of existing evidence-based services, such as the HSE Bereavement Counselling Service for Traumatic Deaths in South-East Community Healthcare which provides support those aged 16 years and older.

1.3.2. Supporting parents / guardians to support young people

Parents and guardians play a key role in how their child navigates their grief. Our findings indicate that this is the case for both children under 18 years of age and for young adults, who often described their parents as providing direct support and facilitating access to professional support. Difficulties in accessing support were also evident where parents / guardians were not equipped with the necessary knowledge or skills to be able to provide optimal support to their children.

This research highlighted the need to equip parents with tools to support young people following a death by suicide. The research findings identified three key areas where parents require information and support:

1. **Telling their children their loved one died by suicide.**

   Parents in this study consistently expressed challenges finding information about how to discuss the nature of the death with children. Some young people described negative impacts of not being told that their loved one died by suicide.

2. **Providing direct support to their children over time**

   Parents expressed a need for assistance in supporting their children in everyday life, with some describing how having a better understanding of the potential impacts of suicide bereavement may have helped them to support their children better. Challenges in communicating about suicide and grief, can further impact the provision of support.

3. **Facilitating access to support for their children**

   Parents consistently described an absence of knowledge of sources of professional support for young people following a death by suicide.

Safe Harbour (10), an illustrated storybook and accompanying suite of resources, was recently published to help children with their grief by facilitating conversation with their guardians and developing their understanding of death and suicide. This resource is a positive step to assist parents and guardians in communicating and supporting their children following a suicide bereavement.

Recommendation 5: Protocols to guide adults supporting young people bereaved by suicide should be developed**.** Protocols should include information tailored to specific supportive adults in young people's lives, including parents / guardians and key gatekeepers, such as school personnel.

Recommendation 6: Resource packs should be compiled outlining available supports, services and resources for families, and should include protocols for supportive adults. A distribution plan should be developed and implemented nationally to ensure all families affected by suicide receive the resource pack. All information contained in the resource packs should be available and easily accessible online.

1.3.3. A supportive and understanding environment in school

The significant impact of day-to-day interactions with teachers and peers in the school setting was highlighted. For young people, it was important that their teachers and other school personnel were understanding and aware of what they were going through. Parents also highlighted the need for schools to be cognisant of how parts of the curriculum may impact a young person that has experienced a suicide bereavement. The findings indicate variation in the response of schools to students experiencing a suicide bereavement, and the impact of their grief was frequently perceived as being overlooked.

The capacity of the school setting to host formal supports, including one-to-one therapeutic supports as well as wider classroom-based interventions, was raised and some participants reflected on how such initiatives had worked in their areas. It was evident that some schools have comprehensive response plans in place to respond to experiences such as suicide bereavement, while others are

lacking the knowledge and resources needed to provide effective support, or to refer to appropriate specialised services.

Recommendation 7: There is a need to develop increased awareness of the impacts of suicide bereavement among all school personnel. Delivery of appropriate training, such as the HSE Suicide Bereavement Training for Professionals and Key Contacts to Support Those Bereaved/Affected by Suicide Loss, tailored to supporting young people, to school personnel is recommended.

Recommendation 8: Resource packs outlining available supports, services and resources for families should be provided to supportive school personnel (e.g. guidance counsellors and chaplains).

Recommendation 9: Consideration should be given to the provision of low-cost or free one-to-one therapeutic support in the school setting.

1.3.4. Support through increased understanding

Young people, parents and professionals called for widespread public awareness campaigns that specifically highlight the unique impact of suicide bereavement. Participants felt that this would allow young people to feel more comfortable in engaging with people who have not been affected by suicide about their loss and in reaching out for support. The need for enhanced public understanding was voiced most prominently by the young adults who consistently reflected on the need for awareness campaigns that focus on suicide bereavement specifically, to increase public knowledge on the impact of a loss through suicide. Parents also reflected on the need for increased understanding in society to reduce excessive questioning and inappropriate probing of their children about what happened to their deceased loved one and how they had died. Parents and professionals also discussed the need for campaigns educating the public on supportive ways of engaging with people who had been bereaved by suicide and what language is and is not appropriate.

Recommendation 10: The impact of suicide bereavement should be reinforced in suicide-related public awareness materials and campaigns. A public awareness campaign specifically focusing on suicide bereavement should be considered, with the objectives of reducing stigma, increasing sensitivity and comfort in discussing suicide loss, and increasing help seeking behavior among vulnerable and stigmatised groups.

Background

Suicide is a significant public health issue, which has devastating impacts on families, communities, and societies globally. In Ireland, each year more than 500 people die by suicide. For each death by suicide, it is estimated that up to 135 individuals may be subsequently impacted (11). As such, thousands of people will require support for their grief each year, including a large proportion of young people. When young people experience bereavement in traumatic circumstances such as following a death by suicide, the negative impacts of the loss are often profound, far-reaching and long-lasting right into adulthood (1,2). Concerningly, approximately one in ten young people who died by suicide had themselves experienced a suicide loss or risk of suicide (12) which further exemplifies the need to understand the suicide bereavement experiences of young people.

Young people who are bereaved by suicide require timely access to evidence-based modes of supports on an on-going manner, which can adjust to meet the everchanging developmental needs of young people. Young people, including adolescents and young adults aged 10-24 years (13), are largely dependent on key adults in their lives for accessing supports, including their family caregivers and supportive professionals, including clinicians and school personnel. Thus, there is a need to understand the suicide bereavement experiences and subsequent support experiences, from the perspective of young people, their caregivers and professionals supporting young people with their grief.

Best practice indicates that a range of support and service options are required to support the complex needs of individuals bereaved by suicide, ranging from informal supports and information to more specialised services (14). Evidence indicates that service availability should not be limited according to time since loss, and pathways should be responsive to individual needs (15), yet evidence indicated that bereaved individuals face challenges in accessing supports. Surveys in the United Kingdom have found that more than 60% of individuals did not access supports following their loss (16,17). While findings from the AfterWords survey in Ireland indicate that just one-third of those bereaved did not access formal support, individuals reported substantial difficulties accessing postvention supports, with barriers including perceived stigma, limited awareness of available supports by individuals and gatekeepers, financial costs, poor referral pathways and regional variation in availability (18). For young people, bereavement supports can be situated in varying contexts including clinical, community and

school settings. There is a documented need to develop access to supports for young people which are tailored to their individual needs and in particular to their developmental stage (14,19,20).

Taken together, there are complex considerations in relation to the provision of bereavement supports for young people. In addition to co-ordinating access and implementing specialised care, there is an urgent need to understand how young people bereaved by suicide access services, their needs and expectations, and the barriers and facilitators in accessing support and services, in cultural contexts including Ireland.

This research aims to identify the needs of young people who have been bereaved by suicide, and to identify barriers and facilitators to accessing appropriate supports and services in Ireland. Specifically, the experiences and perspectives of young people, their family members and professionals who support young people are explored. This aim will facilitate activities to reduce stigma, improve access to and signposting for evidence-based specialised services for young people, as required. This aligns with Goal 4 of *Connecting for Life*, specifically Objective 4.3, to "improve the uniformity, effectiveness and timeliness of support services" (3).

Methods

1.4. Study design

This study employed a qualitative design to explore the needs of young people and their families. Primary data collection involved conducting focus groups with professionals who have supported young people who have been bereaved by suicide and with parents of young people who have been bereaved by suicide, and semi-structured interviews with young people, aged 18-24 years. Prior to conducting the primary or secondary data collection and/or analysis, a literature review was completed which helped inform the topics for the focus groups and interviews. Secondary qualitative data analysis was also conducted, using data obtained from the AfterWords survey (18), a cross-sectional survey that captured the experiences of adults in Ireland who were bereaved or affected by suicide.

1.5. Primary data collection

1.5.1. Study sample

The research team aimed to recruit three groups of participants:

1) **Professional participant group**

   Representatives from professional groups who have a role in supporting young people, including guidance counsellors, teachers, GPs, mental health professionals and community workers and those involved in delivering youth suicide bereavement supports. Key professional groups were identified with input from the project steering group and consultation from lived experience representatives.

2) **Parent participant group**

   Parents and guardians supporting children and younger adolescents aged 8-14 years who have been bereaved by suicide.

3) **Young people participant group**

   Young adults who experienced a suicide bereavement during older adolescence (15-17 years) and or young adulthood (18-24 years).

Inclusion and exclusion criteria

- All participants had to be residing in Ireland to be included in the study.

- For the parent participant group, they were required to have experience supporting a child or children who were aged between 8-14 years at the time of the bereavement. For the young people participant group, individuals were required to be aged between 15-24 years.
- Participants were required to provide informed consent prior to engaging with either focus group or interview, including participant assent and parental consent for those aged between 15-17 years.
- Participants were not eligible to participate if they had experienced a suicide bereavement within the previous 12 months.
- Participants put themselves forward for the study based on their own perception of having been bereaved or affected by suicide. There were no restrictions on relationship to the deceased and the study team did not use criteria related to any definition of suicide bereavement to assess eligibility of potential participants.

1.5.2. Recruitment

Three waves of recruitment were undertaken, to recruit professionals, parents, and young people. At each wave of recruitment, information about the study was circulated through the networks of the project team and steering group and via professional networks, such as the Irish College of General Practitioners (ICGP) and the Institute of Guidance Counsellors (ICG), in addition to suicide prevention agencies, bereavement support agencies and youth services. A full list of organisations that the study information was shared with for the purposes of recruitment can be found in Appendix A. Study advertisements were used in the recruitment of parents and young people (Appendix B). Advertisements were circulated via email and shared on social media pages of the NSRF and other relevant organisations, including bereavement and youth organisations and higher education institutes.

Additional avenues were pursued to recruit young people. Parents who took part in the focus groups were asked if their adolescent or young adult child would be interested in taking part in the study. Physical posters and digital signage were placed around the main campus and satellite campuses of University College Cork. The advertisement was also shared via email to all registered students of the university and all university staff. Local youth services, sporting clubs, and second-level education settings were also contacted as avenues to recruit adolescents (Appendix A).

Expression of interest forms tailored to the participant groups were circulated. Expressions of interest were received from 15 professionals, eight of whom participated in a focus group and from 26 parents, seven of whom participated in a focus group. Not participating in a focus group following expressing interest was predominantly due to scheduling difficulties. Of the 41 young people who expressed interest in the study, 20 did not meet the eligibility criteria and ultimately seven participated in an interview.

A member of the research team contacted those who expressed interest via email or text message. For those ineligible due to the time since bereavement, the researcher explained why it was not possible for them to participate in the study and information on available support was shared. For eligible participants, the researcher shared the participant information leaflet and consent form and invited them to participate in a focus group / interview. Additional steps were taken to ensure individuals were prepared for participation, including a pre-focus group phone call with parents/guardians and an informative video shared with young people. Participants were required to return a signed consent form prior to participation.

Data Collection

Four semi-structured focus groups with professionals and parents were conducted via Microsoft Teams, conducted between February and April 2024. These focus groups were facilitated by two members of the research team. The focus groups lasted between 70 and 80 minutes. Seven interviews were conducted by one member of the research team between May and September 2024. A second member of the team sat in on one interview for training purposes, with prior permission from the participant. Six interviews were conducted via Microsoft Teams, and one was conducted in person. The interviews lasted between 35 and 75 minutes.

The topic guides for focus groups and interviews included questions covering four main areas 1) impacts of suicide bereavement on young people and their families, 2) their supports needs following suicide bereavement, 3) experiences of supports accessed 4) experiences of seeking help and recommendations to improve help-seeking. For young people, an additional section was included at the end of the topic guide. During this section, the interviewer shared some of the themes that had begun to emerge from the focus groups to obtain the perspective of the young people themselves on these

topics. The focus groups and interviews were semi-structured, with flexibility to allow participants to discuss other aspects of their experience, not prompted by the researchers.

The focus groups and interviews were digitally recorded and transcribed. The collection of personal data was avoided during the process of data collection and all transcripts were anonymised to remove any potentially identifiable data such as local service names and/or locations. Anonymised transcripts were loaded to NVivo version 14.23.4.49 for analysis.

1.5.3. Analytic approach

Data was analysed following the six-step process for thematic analysis (21). AM led the data analysis using NVivo. Data familiarisation was facilitated by reading the transcribed data and listening to the audio to note patterns and observations. Data was then coded with respect to the research questions, grouping excerpts into codes to form initial preliminary themes representing the three participant groups. AM and GC discussed the generated codes and initial themes and conducted duplicate coding independently on 20% of the transcripts. AM, GC and EW reviewed the developed codes and resulting themes to generate overarching themes representative of the varying perspectives of the three participant groups overall. This was an iterative and collaborative process which led to the refinement and finalisation of themes. AM reviewed the final themes to ensure that they were supported by the data.

1.5.4. Ethical considerations

Ethical approval was granted by the HSE CREC for Cork Teaching Hospitals; approval number ECM 4 (p) 24/10//2023 & ECM 5 (7) 07/11/2023.

There was a number of ethical considerations to keep in mind when planning this study. The main ethical consideration was that young people are identified as a potentially vulnerable population and, as a result, this study adhered to guidance published by Tusla and Department of Children and Youth Affairs' research guidance (22,23). The research team also has a longstanding track record and expertise of conducting research involving those at risk of or affected by suicide, including young people, and the research team was supported by an external project steering group, which involves health and community professionals experienced in supporting young people. Several strategies were set in place to mitigate the risk of distressing participants. The risk and benefits of participation in this

study were outlined through an information leaflet at the time of recruitment. Potential participants were given the time to consider these risks. At this stage several participants decided not to continue with the research process and the research team offered to facilitate with further support where appropriate. Another strategy to minimize risk to participants involved screening those by the recency of their bereavement, limiting participation to those who experienced their loss at least twelve months previously. This criteria was based on review of international best practice guidelines (24) and consultation with the projects' steering group.

This study also began data collection with older participants first with the professional and parent focus groups being completed first, followed by the interviews with young adult interviews. The reasoning for this was twofold. Firstly, this was done so that any learnings from earlier stages of the study could be applied to enhance the participatory experience for adolescents and young people in stage two of the study. Secondly, it was hoped that by starting with parents it may enhance the likelihood of recruiting adolescents and young adults via the parent participants.

The researchers who facilitated the interviews and focus groups were also Garda Vetted and completed HSE Children First Training as per guidance (25). The researchers also followed the National Suicide Research Foundation Child Protection and Welfare Policy. Prior to beginning the focus groups and interviews, researchers received specialised skills training. They also received ongoing supervision from Dr Eve Griffin. Additionally, the format of the interview was ensured to be age-appropriate by including input from the lived experience group. Focus groups all involved the presence of two researchers at all times to ensure that one person was available to engage with a participant experiencing distress, while the other researcher could continue to facilitate the session.

Parent/guardians and young people were contacted by phone by a member of the research team approximately one week after the focus group or interview to check in on participants wellbeing following participation and facilitate support if needed. Protocols to respond to participants at risk of distress were followed, which included responses to potential situations where additional support might be required. The protocols and limits of confidentiality were outlined in the informed consent process. All participants also received information on available supports and psychoeducational material related to grief.

1.6. Secondary data

Data was obtained from the AfterWords survey, conducted in 2022 by the NSRF in collaboration with HUGG. This survey examined the profile, characteristics, and wellbeing of 2,413 adults bereaved or affected by suicide in Ireland; determined the types of suicide bereavement supports accessed; and examined the experiences of receiving or engaging with supports, including the barriers and facilitators, the perceived gaps and unmet needs in supports (18). Qualitative analysis on open text responses from parents and/or guardians of a child or young person bereaved by suicide was conducted. These responses were to questions pertaining to supports received by young people (n=480), access issues to supports (n=135) and suggestions for supporting young people (n=386). CS led the qualitative analysis of these data using NVivo. The analytic steps included familiarisation with the data, followed by open coding, and development of themes. Findings from this secondary analysis are presented alongside findings from the main analysis.

Findings

In total, 22 individuals participated in the study including seven young people, seven parents and eight professionals.

Young Adults

Young people interviewed were 18 to 23 years old, and most identified as female (n=6), with one identifying as non-binary. Several participants had experienced multiple bereavements by suicide (n=2). The majority had experienced at least one loss when under the age of 18 (n=6), with age of bereavement ranging from 12 to 20 years. Participants reported having lost family members (n=3), friends (n=4) and ex-partners (n=2).

Parents

All parent participants were mothers of children who were bereaved by suicide. Most parent participants were supporting children who had experienced the loss of their father (n=5), with the remaining participants supporting children who had lost another immediate or extended family member (n=2). Between the seven parent participants, they had twenty children who had been bereaved by suicide, with 11 aged between 8-14 years. There were an additional five children that were younger (aged 5-7 years old) than this age group and four that were older (aged 15-18 years old).

Professionals

Professionals included guidance counsellors (n=3), suicide bereavement liaison officers (n=2), a clinical psychologist, a primary and secondary school completion programme worker, and a student health general practitioner.

Themes are presented under three categories: impacts of suicide bereavement, factors impacting receiving support and support needs (Figure 1).

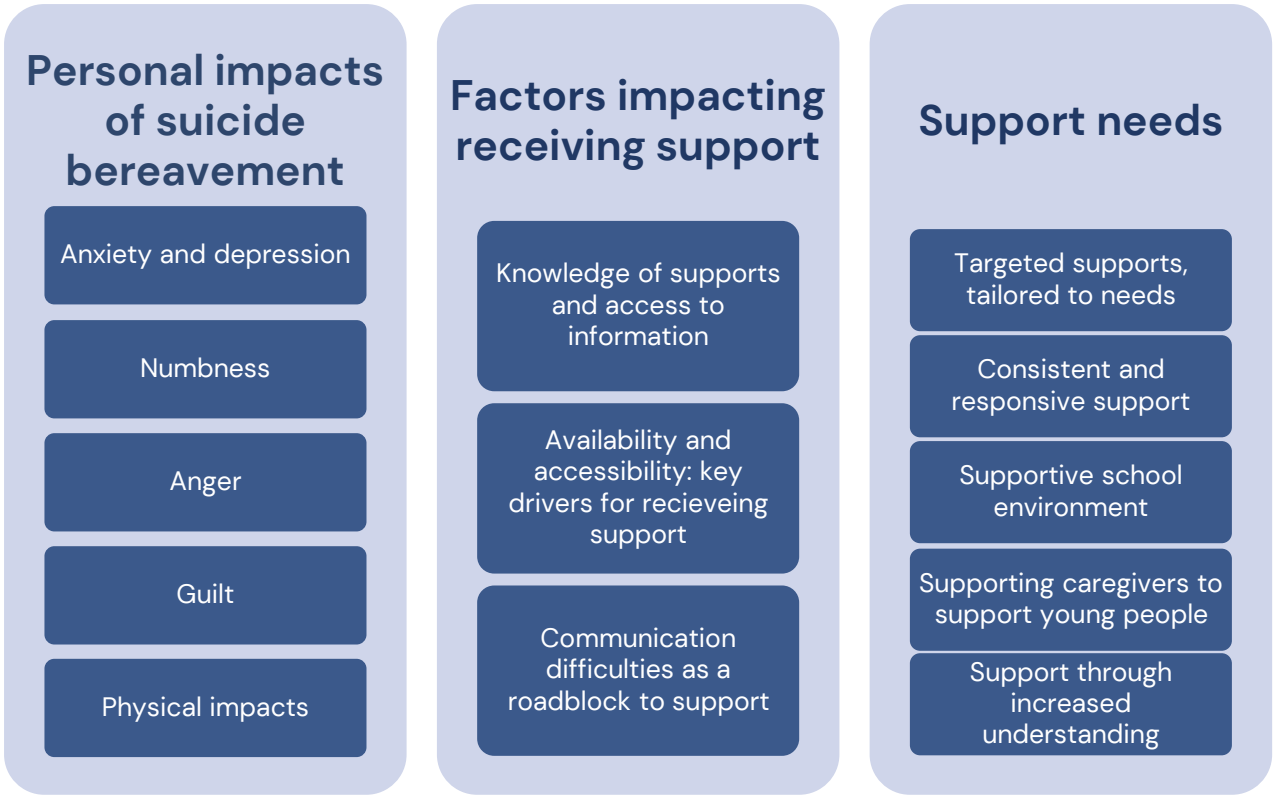

Figure 1. Overview of core themes addressing impacts of suicide bereavement, factors impacting receiving support and support needs

1.7. Impacts of suicide bereavement

Impacts of suicide bereavement on young people described by the participants including symptoms of anxiety and depression, numbness, feelings of anger and guilt, and physical symptoms. Most impacts were reflected across two or more participants groups, while 'guilt' was discussed only by young people.

1.7.1. Anxiety and depression

All participants described symptoms of anxiety among young people following a bereavement through suicide. Separation anxiety in particular following a loss through suicide was spoken about extensively by parents. Parents described how their children wanted to be in close proximity to the remaining parent or family members following the loss, becoming anxious at the prospect of any separation. Parents noted that their children often feared that if they left, they would not return.

> *"My baby [daughter] at the time, she was only five when her dad died, and the shock for her…I couldn't leave her side, she couldn't have me go to the shop, she thought I wasn't*

going to come back. It took six months, maybe more, I couldn't leave her, she had to be pulled off me every time I needed to leave the house, it was horrific." - Parent 1

Multiple parents noted that their children were fearful that "*something would happen"* to their parent if they were separated. It was noted that this separation anxiety impacted children's ability to sleep at night and to return to school following the loss. Parents described the enduring nature of this anxiety, with their children continuing to experience it, even years after the loss.

"My youngest had just turned seven the week before, and separation anxiety is massive still for her four years later, she has awful fear about something happening to me, they all do to be honest." – Parent 3

This impact of separation anxiety did not seem to be isolated to younger children as a young adult participant described similar experiences.

"I had this obsessive thing where I believed my parents were dying. They weren't, but that's what I believed. – Young Adult 3

Young adult participants also described substantial experiences of depression post bereavement, with several reporting needing antidepressants and many others describing symptoms of depression.

"I did get just medical help. Obviously, I just got antidepressants as well to just cope. I suppose it was my first time ever experiencing those emotions and stuff. I don't think I was very aware at the time that I was depressed. So yeah, it was hard." – Young Adult 7

1.7.2. Numbness

Several young people described shock and disbelief following the loss, which was frequently associated with *'feeling numb'*. The feeling of numbness often persisted over a prolonged period, with participants describing experiencing intense feelings of grief much later than the loss occurred and for others the numbness was intermittent.

"I didn't even feel anything. I just felt numb for a long time" – Young Adult 6

Professionals and parents also described this numbness experienced by children and young people bereaved by suicide:

"Some of them are almost numb from the pain of that (suicide bereavement)".

– Professional 4

"But I could actually see the shock in him, he was just numb, his eyes were dead in his head, he was numb. And then, god love him, the floodgates opened, and he just couldn't stop."

– Parent 1

1.7.3. Anger

Anger featured heavily as an impact of suicide bereavement from the perspective of both young people and parents. Young people reflected that they felt anger toward the person who died, which was frequently accompanied by internalised anger as a consequence of feeling anger at the person they had lost.

"I was also angry, which I felt so guilty for. But I was like, "Why didn't he tell me? Why didn't he come to me?" Then I was mad at myself because I was like, "Why couldn't I help him? Why did I not realise in time? … I was also mad at myself because I was mad at him."

– Young Adult 6

Both parents and young people described a general feeling of anger that was frequently directed towards those who were trying to help them which was often the surviving parent.

"I was just angry, and I was angry at everyone. I was angry at myself. I was angry at him. I was angry at anyone who tried to help me". – Young Adult 4

"They're angry with their mam, they're angry with everyone, they're so angry". - Parent 2

1.7.4. Guilt

Feelings of guilt were described by many of the young people. However, the source of guilt varied across participants. Some participants felt guilt that their grief response was disproportionate, and they should act in a supportive role to others as they were not the closest with the person who had died. For others guilt was related to anger they felt towards the person who had died, while another participant described feeling a sense of responsibility for what had happened.

"There was a lot of guilt. I think everyone sort of experiences that, but especially because we were in a relationship and we'd just broken up, I felt very responsible for it for a long time. I did." – Young Adult 1

1.7.5. Physical symptoms

Both parents and young adults discussed physical symptoms following a suicide bereavement, though the specific symptoms varied. For parents discussing younger children, these physical symptoms presented mostly as sensory issues which weren't present prior to the bereavement.

"My younger girl shut down completely, so she had awful sensory issues, she would only wear the same two pairs of leggings, the same two or three jumpers, it became a big issue, her appetite dropped, she went back to really, really plain food. And to be honest that's only recovered now four years later, so only now she's getting more adventurous and gone into spicier food. And she had no diagnosis, this was just the impact physically on her body." – Parent 3

One young adult described experiencing difficulty eating as a physical impact of grief, while another reported experiencing physical aches as well as an extreme tiredness.

"I remember just feeling achy. I would say that even the day I found out, it was extreme exhaustion for months. Even up until very recently, I just could not physically do any(thing)… I felt like every single gram of energy had been drained from my body. I can't explain it. It was like fatigue like I've never felt, and physical, I'd get aches and pains everywhere. If I think about it, my stomach would tighten. I think I probably felt it more physically than I did mentally." – Young Adult 4

1.8. Factors impacting receiving support

1.8.1. Knowledge of supports and access to information

Knowledge of supports emerged as an important part of this theme, particularly for parents and professionals. Parents consistently described an absence of knowledge of available supports and cited their lack of access to information as a key experience in the aftermath of the suicide. This began in the immediate aftermath as they were faced with the challenge of communicating the loss to

their children. Parents expressed difficulties finding information about how to discuss the death with their children, explicitly highlighting the need for greater supports for parents in talking about suicide with their children.

> *"I remember like, googling the night that I found out their dad died, while they were asleep, I was up all night googling how to break the news to the girls. And there's, like you say – [name's other participant] – there's not a handbook. That sounds awful, but there's just nothing there for suicide." – Parent 6*

In contrast, for professionals, there was a sense that the knowledge surrounding supports felt oversaturated and confusing. Professionals described challenges in understanding what was available in their area resulting in them being unaware of key local supports.

> *"I think what is interesting [Interviewer name], and it might be something you could reflect on, there seems to be so many services that we all get a bit lost in what is actually there, and that's definitely an issue in terms of accessing services". – Professional 5*

Young adult participants also briefly reflected on their difficulties in gaining knowledge around supports. However, several participants also explained that their parents accessed supports on their behalf and so this accounts for the lack of discussion around knowledge of supports within this participant group.

Lack of knowledge of available services was noted by the majority of parents/guardians in the AfterWords survey, with participants consistently highlighting that they were not "*made aware of*", "*signposted*" to, or "*offered*" any supports or services. Many participants stated that they had to seek supports for the young person(s) themselves, with some struggling to find available services, and some families not receiving formal support as they did not actively seek it out.

1.8.2. Availability and accessibility: a key driver for receiving support

Practical issues related to availability and accessibility were consistently raised across participant groups, including issues related to geographical location, waiting lists, cost and criteria for accessing supports.

Geographical location

Geographical location was a key factor mentioned by all participant groups. Parents explained having to travel long distances to access support for their children. Whilst parents were willing to make the journey to facilitate access, it presented an obstacle to engaging their children in support.

> *"Now, for us to go to counselling, we have to drive an hour to get there and an hour back, so it's just an ordeal. Not that I'd mind. I don't mind, I'd drive three hours to bring them if they wanted to go. But yeah, I just feel there's absolutely nothing. There's nothing for them. Do you know?"- Parent 7*

Some services offered an online support alternative to individuals who may be in locations not serviced by supports. Participants acknowledged the value of this alternative, and some young people reported successfully transitioning from face-to-face to online sessions with a particular therapist. However, overall, a preference among young people for face-to-face supports was described by both the young adult and professional participants.

> "*I can't do online stuff. I hate it, online, things like that. I have to see somebody." – Young Adult 3*

> *"The 18 to 25 year old group, their very definite preference is for face to face person counselling, whereas [specific service] seems to be very much moving towards online support, to digital counselling". – Professional 6*

Young people felt that online engagement hindered meaningful connection between the young person and their supporter, which they viewed as an important aspect of receiving support.

> *"I think in-person is better, yeah. I think it's easier for people to speak just from even doing it through college and stuff, it's easier for people to talk to each other when you're with them. You'd feel a bit more comfortable or something. I don't know. I think it's better in person, yeah". – Young Adult 7*

AfterWords survey participants also highlighted that the location of services was a barrier to accessing supports, stating that no services were available in their area, particularly in rural locations, and that they had to commute to a service in a different city or part of the country, or even seek help from a country abroad.

> *"Very difficult for my [relative] to access support for [themselves] and very young [child] as [they were] now a single parent, living in rural area. [They] couldn't find time that worked as commuted for work and then childcare issues."*

Waiting lists

Waiting lists were an access issue mentioned by all participant groups, with several participants expressing frustration with waiting lists for services. Young people described reaching out for help in a time of need and feeling an absence of support in return due to the extended period they had to wait for an appointment.

> *"[The GP] gave me the six free counselling sessions from [specific service], which weren't available for four months. So that's encounter was- I think I went in such a vulnerable state and all I needed was that bit of support and I didn't receive it" -Young Adult 2*

Participants noted issues with extensive waiting lists across a variety of services, demographics and geographical locations across the country.

> *"I rang and emailed loads of places. And she's [UrbanCentre1] which is supposed to be more resourced than anywhere else. And she was on a waiting list for [specific service], she was seen as not serious enough in terms of risk". – Parent 5*

Many professionals reflected on capacity issues in services leaving them no option but to refer children to services for which they had to wait for an extended period to receive support.

> *"it's so frustrating for us. So frustrating because like, we have kids and we're trying to get them in and they are from the poorest of the poor, and we'd have a budget and stuff and we try and get them some play therapy, try and get them this, try and get them that, but the waiting lists are just chronic."- Professional 3*

Lack of timely support was frequently reported by parents/guardians who participated in AfterWords, reporting young person(s) waiting a long time to get an appointment. Participants noted that this issue was not specific to public services, with long waiting lists in private services also.

> *"There wasn't much accessible as there was a long waiting list, even with private follow up."*

Cost

Cost was spoken about across all participant groups as a barrier to accessing supports. Parents and young adults spoke about having to use private supports due to other access issues and the significant costs associated with this. Participants from both groups reflected that, while they had the resources to engage with private supports, the costs were considerable, and it wouldn't be a viable option for everyone.

> *"we did have to obviously go privately, which everyone doesn't have the funds to do. It wasn't subsidised at all." – Parent 4*

From the perspective of young adults, the significant cost of formal supports was considered a financial burden, whether paid for by the young person or their parent, at a time that they were attempting to assert their independence.

> *"I just think it's too expensive. You're going for support. I shouldn't have to pay more than €20 a session for an hour to talk about what… it's something I need. I'm not going to this because I want to get my nails done. It's something, it's important." – Young Adult 7*

Professionals spoke about costs in relation to the lack of funding they have observed for vital supports and services and how this has impacts other access issues. One professional explains that with enough funding, many of the access issues discussed above could be solved,

> *"Funding, just that would be my magic wand, you know what I mean? All the things that we talk about which, at the end of the day, it's all impacted by just lack of funding within that space. If we had more funding, it means we can have better services, we can staff more, all of these things that we see as barriers to accessing services we could improve on to a certain extent. So for me, I think my magic wand would be that we would have just unlimited money*

to put into this really important area, particularly for young people. And that's just across the board." – Professional 2

Cost was also expressed as a barrier to accessing support by parents/guardians in the AfterWords survey who advocated for more equitable access to supports. Many parents noted that they were fortunate to be able to afford to avail of private support.

"I was lucky to be able to get my kids into play therapy. I am lucky that I can pay for it".

Criteria for accessing supports

Criteria for accessing supports was a barrier to timely access to support described by all participant groups, particularly parents and professionals. Several parents reflected on the limited availability of services to specifically support their child who had experienced suicide bereavement. Parents discussed their frustration about how other children's bereavement services do not cater to children bereaved by suicide.

"I did look, I know there's a child's bereavement place in [UrbanCentre2], but they don't look after suicide for some reason. They seem to discriminate against that part of it." – Parent 4

A number of responders to the AfterWords survey also highlighted that some services did not provide support for suicide-bereaved young people, noting that there was "*no support specifically available for those affected by suicide*" or that some bereavement services "*would not take on children who were bereaved by suicide*".

For parents that did access support for their children, some reflected on the criteria related to minimum time since the loss. Parents felt that their children would've benefitted from immediate supports but that several services imposed a waiting period after the bereavement before a child can begin engaging with services.

"[Specific Service]… but sure, I got no joy because I was like only two weeks into it, and they were like, "No, call back." So I never really went there then with that. But for the boys [children], I just feel there's nothing. There's nothing" – Parent 7

"We also linked in with [specific service], so we were on a waiting list for that. So they won't see kids until after six months I think, because of the shock". – Parent 1

Professionals also spoke about difficulties related to services for children versus adults, reflecting on limitations in availability of services for those under 18 years, and challenges in the transition from child to adult services which was viewed as too abrupt.

"that transition between being under 18 and over 18 is quite arbitrary sometimes, we all know that the family based therapy stopping at 18 isn't necessarily a good thing, that a lot of 18 to 25 year olds could really do with that family support and family based therapy as well, and it's not really available for them, they don't suddenly turn into magic adults at their 18th birthday, so I think maybe having a little bit more flexibility there". – Professional 6

1.8.3. Communication difficulties as a roadblock to support

Communicating about suicide was seen as a significant roadblock to receiving support, with cyclical communication challenges emerging between parents and children.

Communication in the initial aftermath

As noted above, parents expressed challenges finding information about how to discuss the nature of the death with children. For some participants this led to them initially not telling their children about the suicide with some only recently telling them the truth. Others explained they were unsure if they were doing the right thing in telling or not telling the children details about the death. Parents and professionals described experiencing stigma related to the suicide. One parent explained the challenges she grappled with when faced with having to tell her children about the death of a family member by suicide:

"I know there's a lot of unknowns, but even that thing about be honest, like, really be honest with a 6-year-old? To what extent? And I couldn't quite find the words for that. And yeah, I couldn't find it in me to tell her until, yeah, a couple of months ago. And I still don't know if that's the right thing. My worst fear was that they would find out by accident." – Parent 5

Parents' difficulties in discussing the suicide with their children is further evidenced through the experiences of young adults. Some young people explained that they were initially not told that the death was suicide or were not told full details and so the nature of the death was left open to

interpretation. For some, this resulted in them questioning details and/or experiencing more distress again later.

> *"It was exposed, like it- a couple of months later then em, I was told how he actually passed. […] So I kind of already knew a little bit in my head. But, eh, Yeah. It's the whole kind of secrecy of it is what I thought was a bit… I obviously understand it from my parents' perspective, but then from a child's perspective, it's like you just make it up in your own head anyway, so there's no point in lying really." – Young Adult 2*

For some participants, parents' difficulties in discussing the suicide were perceived as secrecy or a discomfort discussing the topic, contributing to communication difficulties between parents and children who have experienced a bereavement by suicide, potentially creating a barrier to help seeking and/or offering of support.

Many parents and guardians who responded to AfterWords noted that they did not tell their children that their loved one died by suicide, some of whom expressed uncertainty as to whether this was the right approach for their child and concern in relation to their child finding out from other sources. Participants frequently cited a lack of guidance or information to support parents in communicating the nature of the death as a barrier.

> *"There was no real advice at the time on what to tell my children and we ended up not telling them what happened. They still don't know, and they were both close to my [relative], their [relative], this still causes me a lot of anxiety for the future when they will find out".*

Discussing suicide on an ongoing basis

In general, parents believed their children faced challenges in talking about suicide and were not comfortable discussing the topic. Parents discussed how some of their children didn't want to engage with potential opportunities for talking and had difficulties opening up about their loss. This was commonly reflected by parents of adolescent and young adult males.

> *"they [the school] had a wellbeing week there a few weeks ago, and the older fella… he actually didn't want to go to school because it was just upsetting him too much because he knew what they'd be talking about some days and he didn't want to deal with it and he didn't want to talk about it". - Parent 7*

"Then my eldest, he just shuts himself away in his room and just doesn't talk, and I don't know if that's normal because he's a teenager." – Parent 1

The young people who participated in this study expressed that they perceived others to distance themselves from the topic of suicide, where they themselves would welcome open conversation around the topic. Young people felt that raising the topic of the death, or the loved one they lost to suicide, could result in awkwardness among people who had not experienced a suicide bereavement, as they didn't know how to respond or would be fearful that the young person would get upset. A number of young people did not speak about their experience with peers anymore due to their perception that it would cause discomfort to others.

"I feel like when my friends are talking about an experience they had, and if I go, "Oh, yeah. Me and [boyfriend] did that before." I'm just saying it. It's like everyone goes, "What shall we say?" And then they change topic because they're like, "Okay, maybe we should avoid it." But a lot of the time I think it would actually just help if I just talked about it. Because he was a normal person. I think that's the thing, you should be able to just bring it up. But especially because it's not just a death, it's a suicide, everyone's like, "Oh!" I think everyone thinks because I've mentioned him, I'm going to burst into tears or something, when a lot of time I just want to talk about memories and stuff. Because that makes me feel a bit better. At least I have the good times."- Young Adult 4

Many young adults also noted that they refrain from discussing the suicide with parents or with peers who had also been affected by the loss as they did not want to burden or upset them.

"And I don't want to bring up something that if she's not asking to talk about it, I don't want to just bring it up and have her to deal with that then and thinking about it and stuff." - Young Adult 7

Parents' perceptions that young people weren't comfortable discussing the suicide paired with the young people's sense of burden leading to them to refrain from discussing the suicide with parents indicates further communication difficulties between parents and young people, which may stem from the lack of clear communication in the initial aftermath. It is important to note that the participants and parents in our sample were not related, and thus, parents' descriptions of their children being resistant to dialogue about their loss may not be a true reflection of the experience for their children. Multiple

parent participants in this study were reflecting on the experiences of their male children, and no males participated in this study, so it is not possible to present the male perspective directly. Furthermore, the parents and the young people who put themselves forward for this study, irrespective of their gender, are likely to be those most open to talking about their experiences.

Nonetheless, professionals in our sample further confirmed the narrative that there was a difficulty in communicating about the suicide between parents and young people. Professionals also explained how parents' experiences or perception of stigma could further influence children. This is turn may also further create barriers in the communication between them as well as the child's openness to accessing support.

> *"There's no trying to work it through, trying to explain what happened because parents are really treating that topic as a taboo – the one that you are not supposed to be talking to children about. Which I think is quite damaging for children. I think children should be welcomed to the conversation, particularly if there's been something so tragic happening in the family. And welcomed to actually be explained what the parents are going through."*
>
> *– Professional 1*

1.9. Support needs: addressing the unique and dynamic nature of bereavement by suicide

Many participants across the various groups acknowledged bereavement by suicide as a unique bereavement experience, which requires tailored and adaptive support for the dynamic features of the grief.

1.9.1. Targeted supports, tailored to needs

All participant groups felt that it was essential for helpers to have tailored knowledge of how to support young people who have been bereaved specifically by suicide. This was particularly emphasised by young adult participants. The young adults clearly expressed the importance of having targeted supports, tailored to their needs, with many feeling that this was lacking, describing supports that were not suicide-specific or helpers who were not trained to support them in their unique circumstances. One young person explained that specific suicide bereavement support training is needed as this is a grief more complex than that experienced when bereaved by another means.

"I think where I would have struggled is finding actual people trained in suicide bereavement for young people... Grief is one thing, and you can get grief counsellors, no problem, but this is a whole other type of grief. I definitely think that was where I would have struggled, is finding someone who was suitably prepared for this kind of trauma to deal with." – Young Adult 4

Parents agreed that helpers should be trained to support the unique needs of a child bereaved by suicide, with some parents having experienced the powerful positive impact that appropriate experience or expertise could have.

"So they loved [bereavement care practitioner] from [specific service], she came to the house a few times, and she just was amazing, she's like this whisperer with kids, and just spoke a language that the kids could understand". – Parent 1

Young people in our sample also voiced the importance of feeling that there was no judgement or sense of awkwardness from trained helpers tasked with supporting them. Where professionals supporting young people showed genuine understanding and awareness, this had a significant positive impact.

"She never really showed any judgement about it... It's just not a nice feeling to have someone make a comment or something that just sticks with you. And she never, ever showed that. It was very like, 'I'm understanding of you're going through a lot. You've been through a lot.'" – Young Adult 7

In addition to expertise and knowledge, young people indicated a preference for engaging with supporters with similar bereavement experiences. Young adults noted this in relation to formal support from adults, as well as peer support. While none of the young people who participated in this study had engaged in peer support groups, many reflected on the potential benefits of such a group.

"I found what I really would have benefitted from was just knowing other people my age that have been through it, but not with the same person, like a little support group of people who have lost friends or partners at a young age… I just felt like everyone that wanted to be there, nobody was the right fit as in to talk about it, not even to properly understand, because

obviously everyone's experience is so individual. You'll never understand someone's experience. But I feel like just to be able to relate". – Young Adult 4

1.9.2. Consistent and responsive support

Young people reflected on experiences of others having expectations of a timeframe during which they would grieve and be able to move on. They emphasised that this was not the case, that their needs change over time, and that formal supports should be consistently available as needed, and for as long as they are needed. All young people described having someone to talk to, consistently over time, as a critically important support need. They voiced the importance of talking about the suicide and the bereavement, but also the person they lost, in an informal capacity with both adults and peers in their life.

"Just I think talk. I know I'm saying that. But I think talking… I just think it's just any way that you can get it out. If you find yourself a good group of girls, I really think it does help. And talk to your family if you can. Talk to anyone, I think. And I know it's such a cliché like talk, but yeah." – Young Adult 3

Parents and professionals also emphasised the importance of the continual availability of support being key to responding to the specific needs following suicide bereavement that change over time.

"*It doesn't go away, so it's not just a six-part intervention and it's finished now, there's the acute, there's the medium term and then there's the longer term as well". – Professional 6*

Parents explained that for younger children and adolescents, each life event may bring unique support needs for their grief.

"Each life stage it's going to bring up another layer of grief for them, when they finish primary school, when they finish secondary school and they go to college, get their first job, get their first car, they're going to be thrown backwards in their grief, and that's the piece that I find is missing right now, that there is no joined up support across the lifespan of – not of the lifespan of the child, but over their childhood years." – Parent 3

Consistent with parents' perspectives, professionals added that when a grief occurs in older adolescence, there is a need for continually available support into adulthood, which can be missed when the young person transitions from secondary school to third level education or the workplace.

Parents/guardians that responded to the AfterWords survey also reflected on the importance of consistent availability of support and called for a space where every young person bereaved by suicide can talk.

> *"Ensuring that each child affected is met with individually and given an opportunity to talk about how they are coping [is my recommendation]".*

Whilst all young people participants identified having someone to talk to as a key support, this reflects the perspectives of those who put themselves forward to engage in this interview study, none of whom were male. Other individuals who are less comfortable talking about their experiences may have differing perspectives on what they would find most supportive. Parents and professionals reflected on the potential impact of perceived stigma related to opening up and seeking help being more pronounced for young males, as well as other minority groups, such as the travelling community.

> *There's multiple barriers, their own openness to the support, their openness to counselling, or their openness to even sitting down talking with someone, and maybe I'm being unfair, but I find sometimes it's more difficult with boys than girls, teenage boys are even more reluctant to sit down with the counsellor than the girls. So the barrier is the stigma around accessing support, and they're feeling stigmatised themselves in needing support. – Professional 5*

1.9.3. Supportive school environment

Schools were earmarked as a central setting to host supports by all participant groups. As outlined by professionals, young people spend a large portion of their time in schools and so it is essential that school supports are adequate. Supports delivered at multiple levels in the school setting were spoken about to provide comprehensive support for students. However, it was acknowledged by participants that there are challenges in the ability of schools to address all the needs of their students beyond their education.

The capacity of the school setting to host formal supports, including one-to-one therapeutic supports as well as wider classroom-based interventions, was raised and some participants reflected on how such initiatives had worked in their areas. Participants reflected on the variation in the provision of support in schools, noting that some have comprehensive response plans in place to respond to experiences such as suicide bereavement, while others are lacking the knowledge and resources needed to provide effective support.

> *"Some schools are very good, and some schools are not very good. We know that obviously. Sometimes due to different reasons – lack of supports, just sometimes kind of disorganisation of the school or sheer lack of experience, how to actually deal with bereavements of that kind of sort and what to do and how to talk about mental health can be difficult enough. Even if the teachers are genuinely caring and actually forthcoming with supports themselves, the school, as a structure, as a system, is actually lacking the support and the knowledge of how to actually navigate that time and what to look out for and what's necessary, and what's okay, and what's not okay, and things like that". – Professional 1*

Informal supports within schools were spoken about even more prominently than formal supports. Young adults, parents/guardians and professionals alike all spoke to the importance of the day-to-day support that young people informally receive in the school setting from interacting with their teachers and their peers. Informal supports which were important for young people in navigating their bereavement centred on how they were treated in the school setting. For example, it was important for young people that their teachers/schools were understanding and aware of what they were going through. The young people interviewed had both positive and negative experiences, and one of those of the latter mentioned how teachers quickly expected them to return to a normal school day and even exams which resulted in disengagement from school.

> *"I actually decided to go in [to school] on the Monday, the literal next Monday, not to sit the exams, but I just didn't want to be home alone... I remember my year head was like, 'Oh, are you sitting your exams?' And I was like, 'No.' And she was like, 'Oh, you really should try.' She was really pushing me. And then I was so upset about it, I didn't go into school I'd say for a month after." – Young Adult 4*

One young adult participant outlined a positive experience and explained that no matter how much time had passed since the bereavement, the school always made a space for them if they needed it.

> *"It was the continual support [from the school]. It wasn't just for the week or two after the suicide, it was continuous. Obviously, six years is a long stretch of time, but it got lesser and lesser as it went on, but it was still there, and I knew that if I was having a day, I could go there." -Young Adult 2*

Similarly, for parents/guardians and professionals, some participants had positive experiences of schools supporting children, whereas other schools did not have the resources or training to adequately support young people who were bereaved by suicide. Parents outlined inconsistent supports in schools in that different teachers had differing levels of understanding about the bereavement or what may or may not be appropriate to discuss in the presence of a child bereaved by suicide.

> *"It's been hit and miss [supports in schools] I think, grief training for all teachers should be a number one priority. In my daughter's secondary school, my eldest girl, I had a teacher ring me to say 'look, we're doing Pompeii, there's going to be a suicide shown at the end of the video, do you want me to take her out of the class or do you want her to sit in?', and I said 'thank you for asking me', I could now go and have that conversation…she was in first year…and ask her what she needs in that moment. And I explained 'this is going to come up, if you want to walk out you put your hand up and you walk out of the classroom straight away, you don't have to ask permission'. But then last year in third year they were doing Romeo and Juliet, and I made every single teacher in the school aware of her background. They showed the video of Romeo and Juliet, the Leonardo DiCaprio, and then showed the suicide at the end, she had no warning that this was going to come up, even though she knew how the story ended, to see it on a video, she came home absolutely distraught and traumatised, for days. And her dad didn't die by an overdose, it was a completely different method, but seeing that physically on screen…So I don't think there's enough understanding as well about the physical impacts, like the concentration, the not being able to focus in school, I don't think there's a lot understood with teachers around that". - Parent 3*

The importance of school-based supports was also consistently highlighted by parents / guardians in the AfterWords survey. The need for structured therapeutic school-based supports, as well as informal supports in the form of a caring and understanding environment following the bereavement, was highlighted. Participants described varying levels of support received by their children in schools, including positive supportive experiences and a perceived absence of support.

> *"Teachers in school were supportive but we were lucky"*
>
> *"No [supports]. We told [their] school about it and all that happened was a meeting with [their] year head."*

1.9.4. Supporting caregivers to support young people

Parents/guardians expressed a need for assistance in supporting their children in everyday life and their children's ongoing engagement with supports in the aftermath of the bereavement. With hindsight, parents/guardians mentioned that they wished they had known how the bereavement may have impacted their child, so that they could have been prepared to support their children better. Professionals looked to parents as fundamental to young people's engagement with formal supports. Ultimately professionals considered parents/guardians to be the main point of contact for supporting young people with their bereavement.

> *"The crucial supports are within the closest circles of the child, and that's why- even if the parents are directly contacting me and they want help for the child, and it's early enough after suicide, let's say it could be even a week after, I would be still suggesting to work with the parent- So it will be, as well, trying to support the parents to know how to guide and navigate through that early time until they can access psychotherapy, if there's a need for that."- Professional 1*

Young adults' desire for a consistent person to talk, with some reporting challenges in doing so with their parent, reinforces to the need to provide guidance and support to parents in how best to care for their children during their grief. Parents being a crucial facilitator to adolescents and young people accessing supports is further emphasized by our young adult group. When asked about experiences

in accessing supports several young adult participants explained they are unsure of how easy or difficult it was to access supports as their parent researched, sourced and/or organised supports for them.

Parents / guardians in the AfterWords survey also conveyed a need for information for caregivers to support young people following a suicide bereavement, which participants felt should be provided proactively.

> *"More information (needed) for parents. And hand it to them - don't make them seek it out."*

1.9.5. Support through increased understanding

Participants across all groups specifically voiced a need for widespread awareness campaigns to help to reduce stigma associated with suicide bereavement and facilitate open conversation on the topic. Participants felt that this would allow young people to feel more comfortable in engaging with people who have not been affected by suicide about their loss and in reaching out for support. The need for enhanced public understanding was voiced most prominently by the young adults who consistently reflected on the need for awareness campaigns that focus on suicide bereavement specifically, to increase public knowledge on the impact of a loss through suicide.

> *"I think that would be my thing, definitely, just more awareness for it. I think just more awareness. There's so much awareness for people who are suicidal, but there's so little awareness for people who are coping with that. Obviously, it's such a big risk factor. I know if you experience a loss from suicide, you're a lot more likely to just go through that yourself. People don't think about that." – Young Adult 4*

> *"I think they [supports] should be advertised as much as dentists are advertised, like as much as Lidl has Ads on TV, I think this type of stuff should be advertised just as much." – Young Adult 2*

Parents also reflected on the need for increased understanding in society to reduce excessive questioning and inappropriate probing of their children about what happened to their deceased loved one and how they had died. Parents and professionals also discussed the need for campaigns

educating the public on supportive ways of engaging with people who had been bereaved by suicide and what language is and is not appropriate.

> *"I know there's big gaps in the services, but again it's about everybody becoming equipped to deal with, in the aftermath of a suicide, what to say, what not to say, what language is okay, what language isn't okay, honesty, talking about mental health, minding your mental health"*
>
> *– Professional 7*

> *"If people say 'committed suicide' I find it really hard, and I constantly check people about it, and I make sure that my kids don't say it, and I'm very conscious of that. But I think there's almost an awareness that people- that needs to go out there on a massive ad campaign or something, because I don't think that people in Ireland- they use it all the time, and it's very hard, so I think those sorts of supports." – Parent 2*

This was also reflected on by parents and guardians in the AfterWords survey, reflecting that improved awareness and decreased stigma may help young people to feel more confident in accessing supports.

> *"I think the conversations must begin to reduce the taboo around suicide - to help people from a young age, recognise signs within themselves and/or others in order that they may seek support."*

Many participants specifically highlighted schools as a key setting for improving understanding of mental health and suicide.

> *"I actually think still the word suicide is a word people don't want to mention so I do think it should be talked about in schools more to let children know that it's good to talk it helps".*

Strengths and limitations

A strength of this study was its inclusion of varying participant groups with insight into supporting young people following suicide bereavement which, to some extent, mitigated some of the challenges this research faced. By collating data from the varying perspectives of young people, parents and professionals, this project created a rich dataset which conveyed experiences from a diverse group of people.

A further strength of this research is that multiple researchers took part in the analysis process. Independent coding of 20% of the transcripts was conducted. The analysis was an iterative and collaborative process amongst the study researchers which led to the refinement and finalisation of in depth and thoughtfully considered themes. The varying experience and perspectives of these researchers allowed for an analytic process and subsequent theme formation which captured nuances of the data which had been collected.

A notable limitation of the study is limited diversity in the study sample, which were predominantly white Irish females. While efforts were made to recruit male young person, none took part in the study. Young males have been shown to be a hard-to-reach group for mental health interventions and research which can have implications for the validity of research findings (26). Due to including multiple perspectives in this study, narratives of young males' experiences were captured to some extent through accounts from both professionals and parents. Some young adults also spoke about the experience of their male friends following a loss by suicide. However, the perspective of young males following a suicide bereavement was not directly captured. The young people who participated in this study self-selected to take part in a one-to-one interview, actively engaging with our recruitment efforts and were willing to talk openly about their experiences. Other individuals who are less comfortable talking about their experiences, which has been shown to be more common for males (5,6), may have differing perspectives on what they would find most supportive. Thus, it's possible that some young people would benefit from alternative forms of support not captured by this research. The absence of perspectives from people from minority ethnic groups and other cultural contexts is a significant limitation in this research.

This study aimed to recruit two age groups of young people, adolescents aged 15–17 years and young adults aged 18–24 years. A limitation of this study was that it was not successful in recruiting adolescents, with all young people being aged 18-24 at the time of the interview. However, several of the young adult participants were aged 15-17 years when bereaved by suicide. Furthermore, many of the parents who were recruited to discuss the experiences of their children aged 8-14 years old had children older than this age range and so experiences of young people aged 15-17 years old were captured through discussions by parents also.

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Appendix A

Organisations that study information was shared with for recruitment

Recruitment of professionals

Target group	Organisations contacted
Teachers	Association of Secondary Teachers in Ireland Teachers Union of Ireland Teaching council Professional Development Service for Teachers Wellbeing interagency working group for teachers Children and Young Persons Services Committee (CYPSC) Co-ordinators
Guidance counsellors	Institute of Guidance Counsellors
General Practitioners (GPs)	Irish College of General Practitioners General practitioner leads in community Healthcare Organisations (CHO) areas University College Cork Student Health and Wellbeing Irish Medical Organisation
Mental health professionals	Psychiatrists Psychological Society of Ireland Irish Association for Counselling and Psychotherapy SpunOut Jigsaw Psychological Counsellors in Higher Education in Ireland Childline Samaritans Exchange House Barnardo's
Community workers	Youth Work Ireland Community Work Ireland Family Resource Centres
Others involved in delivering youth suicide bereavement supports	HUGG Rainbows An Garda Siochana Union of Students in Ireland Irish Childhood Bereavement Network & Irish Hospice Foundation Pieta House / Suicide Bereavement Liaison Officers HSE/Southeast Community Healthcare's Bereavement Counselling Service The Family Centre (Mayo)

	Vita House (Roscommon) Traveller mental health coordinator in Southeast Community Healthcare National Youth Council Resource Officers for Suicide Prevention Nationwide Health Service Executive (HSE)

Recruitment of parents / guardians

Target group	Organisations contacted
Parents / guardians	Barnardo's Family Resource Centres (Nationwide) Irish Childhood Bereavement Network & Irish Hospice Foundation Pieta House / Suicide Bereavement Liaison Officers HSE / Southeast Community Healthcare's Bereavement Counselling Service The Family Centre Mayo (Provides suicide bereavement liaison officer services in Mayo) Vita House Roscommon (Provides suicide bereavement liaison officer services in Roscommon) Exchange House Rainbows Ireland

Recruitment of young people

Target group	Organisations contacted
Young people	Children and Young Persons Services Committee (CYPSC) SpunOut Psychological Counsellors in Higher Education in Ireland Barnardo's Family Resource Centres Healing Untold Grief Groups - HUGG Rainbows Union of Students in Ireland Irish Childhood Bereavement Network & Irish Hospice Foundation Pieta House / Suicide Bereavement Liaison Officers HSE/Southeast Community Healthcare's Bereavement Counselling Service The Family Centre (Mayo) Vita House Resource Officers for Suicide Prevention Nationwide Exchange House Student Unions of Higher Education Institutes (Nationwide) Email to All registered students in University College Cork Cork Life Centre Foroige University College Cork Psychology Society Youth Reach Centres across Cork City and County University College Cork Niteline Cork YMCA St. John's College GAA youth teams across Cork City and County Cork Traveller Visibility Group

	Glen Resource Centre Kinsale Youth Support Service Lisheen House

Appendix B

Recruitment advertisements