

CHAPTER 9

Addressing in Asia the Problems of Survivors of Suicide

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Abstract

In any given year, around 12 million people in Asia may be actively experiencing the aftermath of a suicide. The associated grief and loss may be severe and children who have lost a parent are among the most deeply affected. Because of the disproportionately high rate of suicide in China and India among young married women, large numbers of children have lost their mothers to suicide. Despite this, few services for survivors are available in the Asian countries participating in the Strategies to Prevent Suicide (STOPS) project; only six of the countries have any survivors support groups and only two of these have more than a few groups. In some countries cultural, religious and political factors that shape taboos about suicide contribute to the problem. There is a clear imperative to raise awareness of the needs of survivors among religious and political leaders, and among the general public. There is a need to strengthen and expand service provision in this area; Suicide Prevention International (SPI) is beginning to address that need.

People bereaved by suicide (termed ‘survivors’ in the current chapter) often experience significant emotional sequelae as a result of their loss. Clark and Goldney (2000) and Wong et al. (2007) discuss the kinds of grief reactions that may be experienced by survivors, acknowledging that different people will respond differently. Some may experience shock, disbelief or horror. Others may feel the need to seek explanations of how and why the suicide occurred. Guilt, blame and shame are also common reactions, with many feeling responsible for not having ‘seen the signs’ and prevented the death. These feelings are often accompanied by feelings of stigma, loss of trust and social isolation. Rejection and anger are also experienced by many. Some may experience some sort of relief or feeling that the person is no longer in emotional distress, particularly in circumstances where the suicide has been preceded by depression or other mental illness. Alternatively, the suicide may be viewed as a wasted life or as a family disaster. Survivors often experience suicidal thoughts themselves, either as a result of their wanting to join the deceased or because of depression and grief.

Children are particularly vulnerable not only to the loss of a parent and the weakened economic viability of the household but to the fact that a traumatized surviving parent may be functioning less well as a parent than previously. In addition there is a genetic vulnerability to suicide, and the child, unless adopted, has a genetic link to the deceased parent.

The current chapter examines the emotional support available to survivors of suicide in the countries participating in the Strategies to Prevent Suicide (STOPS) project. It describes the services available for survivors in these countries, and considers some of the impediments to service delivery. It also makes reference to current research and evaluation efforts in this area. Finally, it makes some suggestions regarding future steps that might be taken to strengthen the assistance and support available to survivors of suicide in Asia.

Issues for survivors of suicide in Asia

Clark and Goldney (2000) note that an average of six people experience grief and loss as the result of any given suicide, and that their level of grief may remain high for up to four years. Given that there are around half a million suicides in Asia in any given year (see Chapter 1), this translates to 12 million people actively experiencing loss and grief as a result of suicide at any particular time. In fact, this estimate is probably conservative, given that nuclear families are larger in most Asian countries than in Europe and the United States and there is a greater tendency for people to live in joint and extended family systems.

The issues for survivors of suicide in Asia may be amplified by cultural and religious norms which influence attitudes towards suicide (see Chapter 2). In countries like Pakistan, for example, suicide is strongly condemned on religious grounds and considered a criminal offence. According to Islam, suicide is a sin which results in refusal of entry to heaven. Families in which suicide has occurred may be ostracized and isolated, and the marriage prospects of sisters and daughters of people who die by suicide may be marred (Khan and Prince, 2003). These attitudes may impact the way people respond to survivors and the likelihood that survivors seek help or identify themselves as having been bereaved by suicide.

Services for survivors of suicide in Asia

The above attitudinal problems are further compounded by the fact that very few formal services are provided for survivors of suicide in Asia. According to the country questionnaires completed by the Asian representatives in the STOPS project, few of the participating countries have initiatives in place to address survivors' needs (see Table 6). A number of countries (e.g., Malaysia, Pakistan, Thailand, Viet Nam) have no services in place at all. Examples of professional bereavement support and/or response services for survivors are rare in Asia; only Australia and New Zealand have committed resources in this area, via specific projects and initiatives. These countries have also developed information and support packs for survivors. Hong Kong SAR, however, has initiated a number of pilot projects designed to help survivors.

Although not shown in Table 6, most of the limited services for survivors available are provided by non-professional groups. For example, the Ashinaga Foundation in Japan provides emotional and financial support to children who have lost a parent to suicide. Sri Lankan church organizations provide memorial services and religious ceremonies. The Singapore Local Outreach to Suicide Survivors (LOSS) programme is informed by police when a suicide occurs, and they dispatch a team of two Samaritans to attend the survivors.

The information provided in Table 6 suggests that because of the lack of formal services in most participating countries, there is a reliance on small, local survivor self-help groups and other types of support groups. Table 7 profiles these survivor support groups. Six of the Asian participating countries have survivor support groups (Australia, China, China, Hong Kong Special Administrative Region (Hong Kong SAR), Japan, New Zealand, and Singapore), mostly with formal organizational support of some sort. These are the only services available for survivors in China, Hong Kong SAR, Japan, and Singapore. Most of these countries have only a limited number of such support groups, but Australia and Japan report 'more than a dozen'. They tend to meet at least once a month; occasionally more frequently for the recently bereaved. They tend to be located in cities and suburban areas. Few include a mental health professional, or even offer referral for psychiatric consultation or treatment if it seems indicated. Some of these groups have difficulty reaching out to survivors because of the stigma associated with suicide. The majority of those countries without existing survivor support groups have some potential to start such groups, sponsored by a local organizing body.

According to participants' questionnaire responses, there are some common barriers to the provision of services for survivors in Asian countries. There is a lack of awareness that the aftermath of suicide can be significant and last for some time, and that suicide survivors represent a significant at-risk group. Even in circumstances where there is some awareness, there is often a lack of financial and human resources (e.g., few trained professionals are available to conduct programmes for survivors) and/or a lack of organizational governance of programmes. Perhaps most importantly, however, the cultural, religious and sometimes even political influences on attitudes towards suicide render it a taboo subject. As a consequence, family members are reluctant to identify themselves as having been directly affected by suicide, and are reticent to talk about the topic to strangers. The fact that family members of those who attempt or complete suicide often want this information kept secret means that even when services such as support groups are available, attendance is often poor.

Research and evaluation

Research and evaluation activities in the area of survivor programmes have been limited in participating countries, with a few notable exceptions. In Hong Kong SAR, for example, research is being undertaken into the incidence of and risk factors for posttraumatic stress disorder among suicide survivors. In Thailand, a study considering the impact of a suicide by a patient on Thai psychiatrists has been completed (Thomyangkoon and Leenaars, 2007). In Australia, evaluations are being conducted alongside the development of support and information packs and the delivery of professional bereavement services. In India, efforts were made to evaluate the single survivor support group that previously existed (run by a nongovernmental organization) using a range of mental health outcome measures, but the sample size was too small to draw firm conclusions. In New Zealand, one study has explored the impact of suicide on family members; another study has examined the training and experience of volunteers who provide support to bereaved families. An evaluation is planned of a new national postvention initiative in which clinical psychologists who specialize in suicide prevention train, supervise, and monitor volunteers who provide support for survivors.

Next steps

There is a clear need to raise awareness about the needs of survivors of suicide in many participating Asian countries, and to remove barriers to their seeking support. This is not a simple task, and will involve a multi-faceted approach. Raising awareness among religious leaders is vital, and may help to address the religious censure that prevents many people coming forward to seek help, particularly if churches and mosques give their imprimatur to survivor programmes. Lobbying political leaders is also important, particularly in Asian countries where suicide is still considered a crime, in order that survivors can seek help without fear of being condemned as accomplices. Improving the knowledge and attitudes of the general public (e.g., via print and electronic media) is also crucial, and may help to reduce the stigma experienced by survivors.

Beyond raising awareness, there is a need to strengthen existing efforts to address the needs of survivors. Services should be culturally sensitive in order to address the reluctance of many survivors to discuss suicide and its emotional consequences. Current services should be expanded, and new services developed.

Suicide Prevention International (SPI) is attempting to fill this need by partnering with LOSS, a model programme in the United States for survivors of suicide in Chicago, in training qualified mental health professionals from Asia to organize and run survivor support groups and programmes.

LOSS (Loving Outreach for Survivors of Suicide) has an organized plan for individual treatment for survivors, weekly support groups of ten sessions for the recently bereaved, and ongoing monthly support groups. Started as a single group over 20 years ago, the programme's success led to demand for its services so there are now ten linked groups in the city. All of their programmes are led by trained professionals, have an effective plan for providing help, and central oversight to ensure that guidelines are followed. They have developed evaluation criteria for the individual treatment of survivors that they are now adapting for the weekly bereavement groups.

SPI and LOSS are training mental health professionals representing organizations from a few countries in Asia in effective methods of helping children and family members deal with the impact of suicide. The goal is for those trained not only to develop survivor support programs in their own cities but in time to serve as resources and become centres for training professionals and volunteers from other regions in

their own countries, and possibly from other Asian countries. It will not be possible to have professionals in groups in all regions but the objective then will be to select and train group leaders. This initiative will be discussed in Chapter 10.

Summary and conclusions

The problems of survivors of suicide in Asian countries are under-recognized and under-addressed. In most Asian countries, few or no services are provided for survivors in any systematic way. Cultural, religious, and political factors underpin this picture; taboos about suicide militate against services being provided for survivors and make it difficult for survivors to approach the few services that do exist. There is a clear imperative to raise awareness of the needs of survivors among religious and political leaders, and among the general public. Since the need to expand service provision in this area is so evident it is encouraging that representatives of all participating countries are confident that survivor support groups could be started in their countries and that there would be organizations that would support these efforts. This augurs well for the efforts of SPI in addressing this need.

References

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SURVIVORS OF SUICIDE

Table 6: Services for survivors of suicide in participating countries*

	Australia	China	China, Hong Kong SAR	India	Japan	Malaysia	New Zealand	Pakistan	Republic of Korea (the)	Singapore	Sri Lanka	Thailand	Viet Nam
Information and support packs	Yes	No	No	No	No	No	Yes	No	Not available	Not available	No	No	No
Professional bereavement support and/or response services	Yes	No	No	No	No	No	Yes	No	Not available	Not available	No	No	No
Survivors support groups	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Not available	No	No

* Information supplied by STOPS country representatives via questionnaire

Table 7: Survivors support groups in participating countries*

	Australia	China	China, Hong Kong SAR	India	Japan	Malaysia	New Zealand	Pakistan	Republic of Korea (the)	Singapore	Sri Lanka	Thailand	Viet Nam
Are there currently survivors of suicide support groups in your country (i.e., groups of survivors that meet at least once a month to discuss their problems)?	Yes	Yes	Yes	None, though there had been one	Yes	No	Yes	No	No	Yes	Not available	No	No
If so, estimate how many there are.	More than a dozen	A few	A few	Not applicable	More than a dozen	Not applicable	A few	Not applicable	Not applicable	One	Not available	Not applicable	Not applicable
Where are they located?	In large cities, suburban areas and rural areas	In large cities	In large cities	Not applicable	In large cities	Not applicable	In suburban areas	Not applicable	Not applicable	Not available	Not available	Not applicable	Not applicable

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	Australia	China	China, Hong Kong SAR	India	Japan	Malaysia	New Zealand	Pakistan	Republic of Korea (the)	Singapore	Sri Lanka	Thailand	Viet Nam
Do any of the groups include a mental health professional?	Don't know	Most	Some	Not applicable	Some	Not applicable	None	Not applicable	Not applicable	None	Not available	Not applicable	Not applicable
Are there support groups meeting weekly for 10 weeks for the recently bereaved?	Don't know	Yes	Don't know	Not applicable	No	Not applicable	No	Not applicable	Not applicable	Yes	Not available	Not applicable	Not applicable
If yes, do they include a mental health professional?	Don't know	Yes	Yes	Not applicable	Not available	Not applicable	Not applicable	Not applicable	Not applicable	No	Not available	Not applicable	Not applicable
Is there organizational support for the survivors groups?	Yes	Yes	Yes	Not applicable	Yes	Not applicable	Not yet	Not applicable	Not applicable	Yes	Not available	Not applicable	Not applicable
Is psychiatric consultation or treatment available if it seems indicated?	Yes	Yes	Don't know	Not applicable	Yes	Not applicable	Not in a co-ordinated way	Not applicable	Not applicable	Yes	Not available	Not applicable	Not applicable
Do you think it would be possible to start survivors groups in your country?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not available	Not available	Yes
If yes, is there an organization in the country that would support them?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not available	Not available	Yes
If you don't think it possible to start such groups, why not?	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not available	Not available	Not applicable

* Information supplied by STOPS country representatives via questionnaire