Understanding Families and Suicide Risk

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Executive Summary

The overall goal of the research reported here was to develop a better understanding of the dynamic and proximal family factors that become relevant when a young family member is at risk of suicide. Of particular interest were the experiences of families who have faced this challenge. From their perspective, we were interested in what family dynamics have the potential to mitigate suicide risk for a young person and to facilitate family resilience?

This project was completed with support from the Ministry of Health's Suicide Prevention Research Fund. This resource was established to address two priorities, (a) suicide intervention, and (b) enhancing our knowledge about suicidal behaviour. Under these priorities sit a number of supplementary areas of interest including; the care of people who make non-fatal suicide attempts, the views and experiences of family/whānau and significant others bereaved or affected by suicidal behaviour, and exploring risk and resiliency factors for suicidal behaviour.

Using a mixed-methodology design data were collected from family/whānau of young people who had attempted or completed suicide. Families who had no such experiences were also included as a comparison. These groups provided the core research data during semi-structured interviews exploring family history and relationships, strengths, and coping in everyday life and within the context of suicidal risk and behaviour. Psychometric data were collected using a generic measure of psychological distress and a measure of family functioning. A second wave of data collection was undertaken with a number of mental health practitioners who have extensive experience working with at-risk young people and their families.

Family Strengths

Participants expressed an ideal where family members shared a special bond that enabled them to provide care and support for each other. Information from families and practitioners did not suggest that, on its own, having a strong family bond mitigates suicide risk. Instead

the family bond, and the responsibility to care for family members that stems from it, are guiding principles that ground the operation of family dynamics.

Families nominated a range of strengths that they had within their group. There were two clear aspects to family strengths, contributions made by individuals within the family and strengths that came from the patterns of interaction between family members. Strengths were often person and context specific, dynamic in nature, and included elements such as communication, caring, and an attitude of acceptance/forgiveness.

Family Dynamics at Times of Crisis

Families in this study were asked to comment on how their strengths were or were not relevant at the time their young person was at risk of suicide. Overall the information provided by families demonstrated that not all family strengths evident prior to the young person being at risk had a protective role in the period leading up to the suicide attempt or completion. Some of the current strengths that families nominated had been developed during the time of crisis.

Data from both practitioners and families highlighted that within the family group, there were individual differences in reactions to adversity. Some family members tended to withdraw, some initiated discussion about the problem at hand, while others tended to offer emotional or practical support. Individual differences were acknowledged by families, and often accepted as characteristic of the person concerned when the family wanted to engage in a joint coping process.

Facing a challenge together required communication between family members, which often proved to be very difficult at a time of crisis. Some families cited lack of communication as being problematic in the time leading up to a suicide attempt or a completed suicide. Families were often shocked by the event, and could not immediately identify what their young family member had been thinking or feeling that could have led to such an extreme action. Some families had been in close contact, but had not talked about problems with their young person. They stated that continuing to talk to each other, despite conflict, was part of being successful when the family was facing a challenge.

Participants whose family member had completed suicide emphasised the ongoing value of being able to talk openly about their loved one. Talking about suicide, and the circumstances in which it had happened, tended to occur for participants who had established patterns of communication within the family already. For participants who did not, this had proved more difficult to achieve.

General Conclusions

The families who participated in this project were diverse; however, they had some common ideas about what being a family actually means. Family relationships were defined in terms of how people felt about each other, and responsibilities they had to each other rather than biological or legal ties. To some extent the characteristics of a family were ideals, which were difficult for families to attain consistently. There is, of course, no guarantee that attainment of these ideals would ensure perfect functioning and a problem free family life. Families may need reminding about the importance of being involved in each others lives, during ordinary times and when facing adversity.

Families need support in the development and maintenance of effective communication skills. Young people may also benefit from special attention in this domain as the most potent influence on their developing communication skills can be their peers and not their family/parents. Communication needs change over time, and between different circumstances.

Effective communication is a critical component of effective coping, particularly in support of conflict resolution and joint problem solving.

It is likely that many challenges are initially met from within the repertoire of responses already possessed by individuals and families. People repeat what has worked previously, what has worked in a similar situation, or by applying a solution that they have heard about or 'found on the internet'. In many cases these will suffice, but if they do not then a response is required that is based on sound principles applied flexibly to a new situation. Problem solving resources and courses may assist as these may help families make the minor adjustments that are often required.

Families at risk, or those that are in a chronic state of challenge and stress, may require more extensive family support. For example, (a) identifying and utilising their strengths in a flexible way, (b) exploring barriers to compromise, (c) accepting diversity/change, and (d) avoiding common (and less common) problem-solving dead ends.

Some families/parents questioned the decisions that they had made regarding the balance of individual autonomy versus accountability for their young person. They believed that they had allowed their young person too much freedom without demanding more transparency, and were advocating that more care needs to be taken to be aware of the choices and activities of their young person. They emphasised that the adolescent years should not be seen as *growing away* from the family, but *growing up with* the family. Parents and caregivers may also benefit from help to understand and work within the same framework.

Families wanted more information about depression, suicide, and trauma. They stated a belief that they would have been able to mitigate risk more effectively if they had known what to look out for. That is, if they knew (a) the signs and symptoms of depression, (b) the most common warning signs of suicidal thought and behaviour, and (c) how to recognise a trauma response. Current practice is to restrict information about suicide in the belief that education is likely to increase risk. However, this policy cannot ignore the informational vacuum that this may create, leaving space for potentially unreliable data to be sought from the internet or other sources, or for myth and folklore to go unchallenged.