Health and Care Research Wales Evidence Centre

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Evidence Centre Knowledge Mobilisation & Impact Lead

Health and Care Research Wales Evidence Centre

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Cymraeg English

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Wales COVID-19 Evidence Centre

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2021-2023

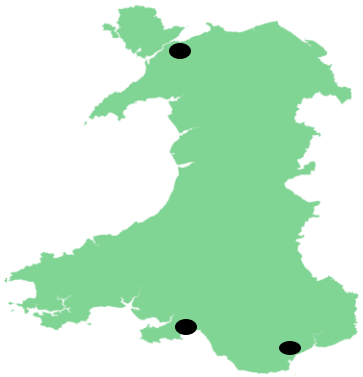
Health and Care Research Wales Evidence Centre 2023-2028

Conduct **rapid, relevant , rigorous and independant research** to inform **evidence-based decision-making** in Welsh Government, NHS & Social Care in Wales

Health and Care Research Wales Evidence Centre

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How we operate



Operational Group

Public Partnership Group

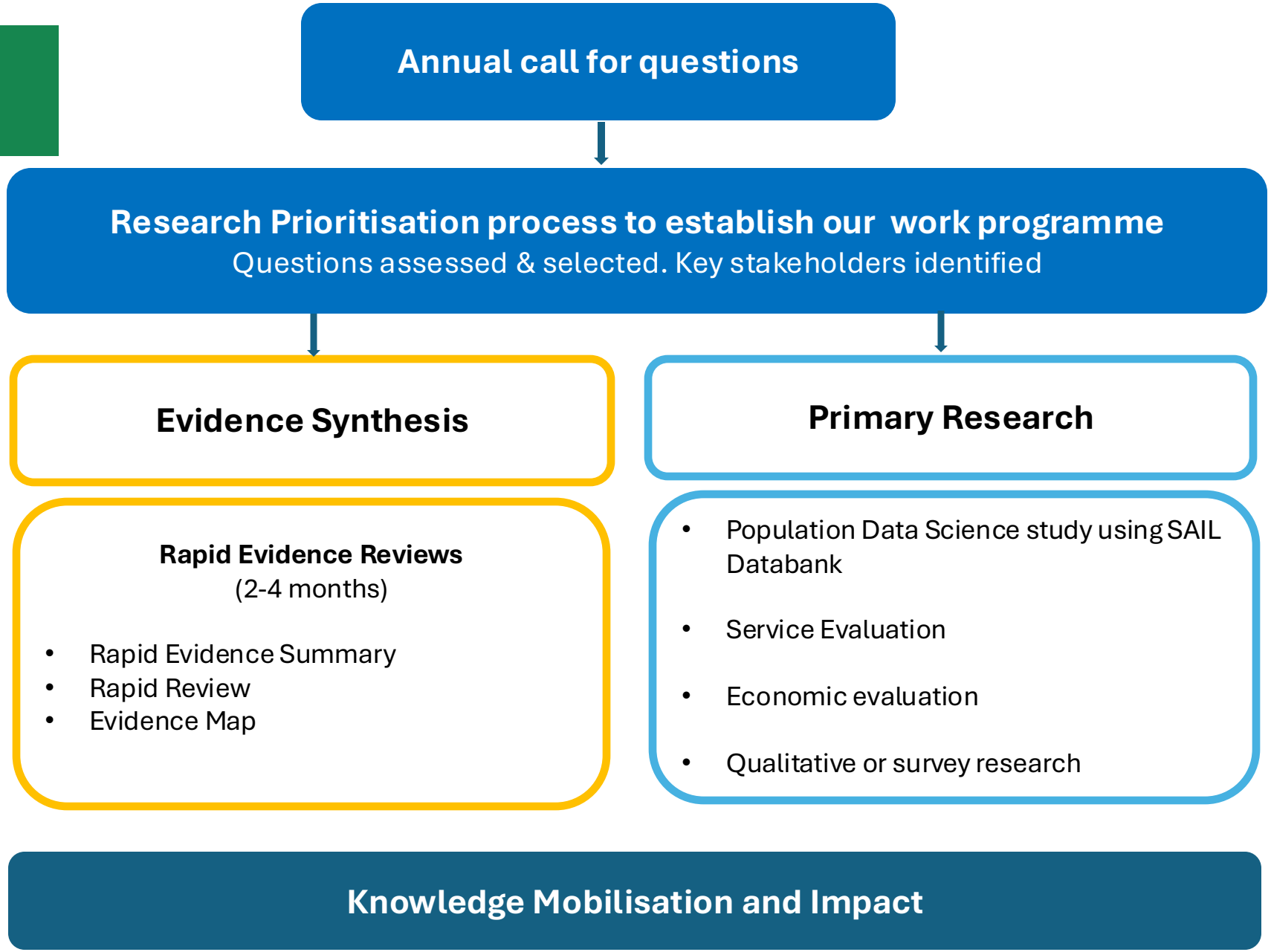
Embedded public involvement

Our Collaborating partners:

Expertise in evidence synthesis, technology assessments, economic evaluations, data science

Evidence Service

Establishing our work programme and research



Adapted from: Cooper et al. 2024 Global Health Research and Policy

New call for Questions is open

For all health and social care decision-makers:

The Evidence Centre will take on new questions for research from January 2027.
Deadline for submission: Wednesday September 30th 2026 at 5pm.

Priority is given to research questions with potential for impact, feasibility and their uniqueness for Wales. Examples of our work can be found on our website (report library and current work programme)

If you are considering submitting a question, we encourage you to attend one of our online research question development workshops :

- Tuesday 15th September 2026
- Thursday 17th September 2026
- Friday 18th September 2026

https://researchwalesevidencecentre.co.uk/report-library

https://researchwalesevidencecentre.co.uk

Interventions to support children and young people bereaved by suicide in the family

22 July 2026

Mala Mann
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Manager - Specialist Unit for Review Evidence

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Study Background

Purpose of the Review

- Conducted as part of the Health and Care Research Wales Evidence Centre Work Programme.
- Commissioned in response to a question from the NHS Wales Performance and Improvement (P&I) Suicide and Self-Harm Prevention Team.
- Supports the Welsh Government's Suicide and Self-harm Prevention Strategy.

Stakeholders confirmed that the evidence review helped to inform:

- National Advisory Group to Welsh Government for Suicide and Self-Harm Prevention
- Children and Young People's Bereavement Pathway Task and Finish Group (NHS P&I)
- National Implementation Group for Support After Suicide (NHS P&I)

The Review Question

What are the most effective interventions to support children and young people bereaved by suicide in the family?

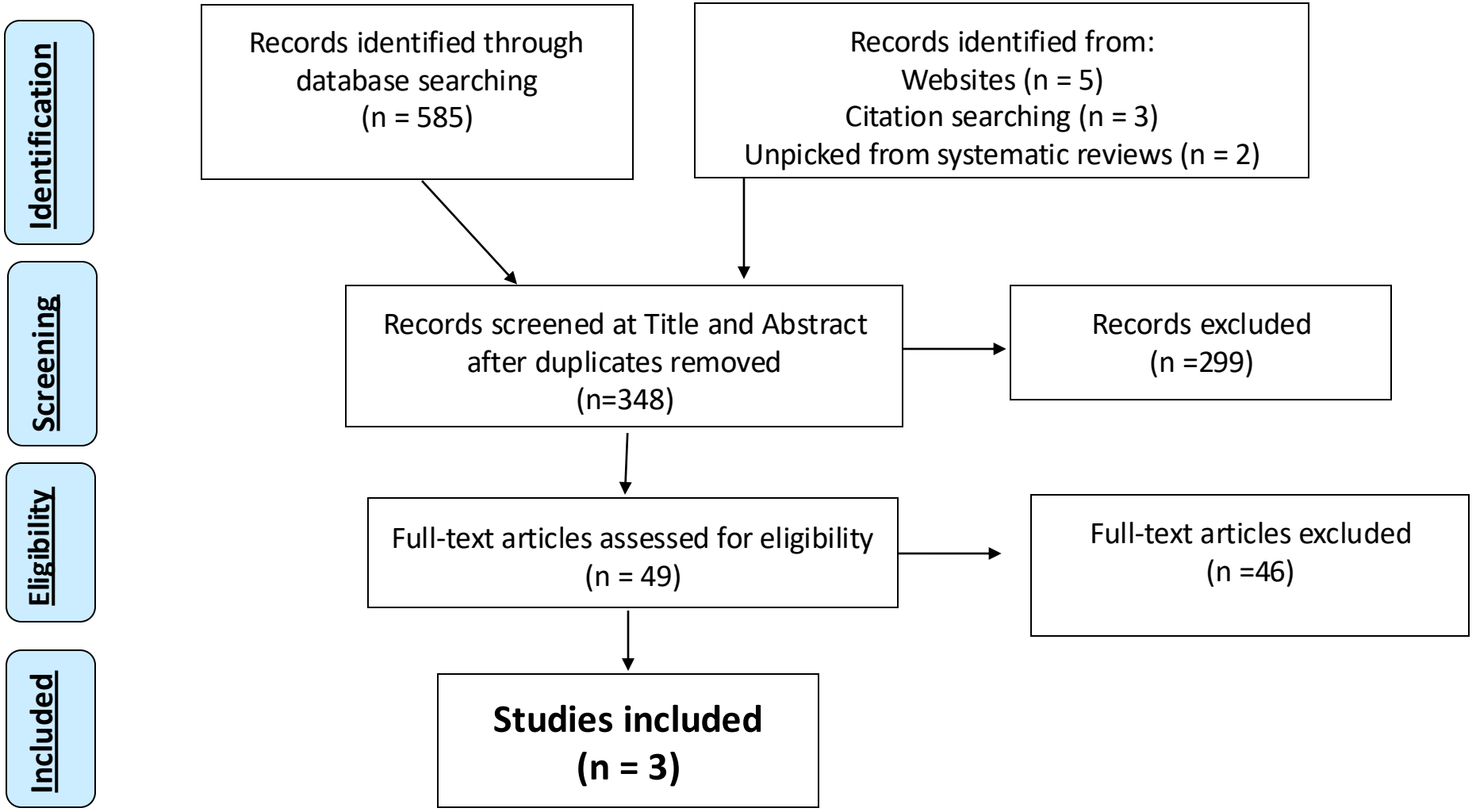
	Inclusion criteria
Population	Children and young people up to age 24 years who have experienced a bereavement by suicide of a close family member (parent, sibling, grandparent).
Intervention / exposure	Support programmes targeted at children and young people bereaved by suicide in the family.
Outcome measures	All mental health outcomes (including, but not exclusively, suicide, suicide attempt, self-harm and suicide ideation).

Method

Rapid reviews use a variation of the systematic review approach, abbreviating or omitting some components to generate the evidence to inform stakeholders promptly whilst maintaining attention to bias.

- Date >2000
- Studies based in Europe, Australia, New Zealand and North America
- Primary research – published, preprint and grey literature
- Any intervention study

Search findings



Evidence Base

The review included evidence available up until 29 March 2023.

➢**Literature:** All three were published as journal articles (Daigle et al, 2012; Veale et al, 2014; Pfeffer et al, 2022)

- **Study designs:**
  - pre-post studies (n=2)
  - non-randomised controlled trial (n=1)

- **Location:** Canada, Ireland and USA

- **Participant demographics:** Mixed age range between 6-15

Key Findings

Daigle et al. 2012 (Pre-post study) to evaluate Group Therapy Program for Children Bereaved by Suicide (PCBS). Age range 6-12.

➢Findings: Showed some pre-post changes on several measures including reduction of anxiety and depressive symptoms.

Veale et al. 2014 (Pre-post study) to evaluate a group intervention for suicide-bereaved children aged 8-12 years.

➢Findings: 4/5 of children scored within the clinical range for internalising and externalising problems pre-intervention while social competency was within a normative range.

Pfeffer et al. 2002 (Non-randomised controlled trial) to promote children's healthy adjustment after family suicide and to reduce morbid outcomes. Age range 6-15.

➢Findings: Changes in anxiety and depressive symptoms were greater among children who received the intervention.

Table 1 Summary of outcomes reported in included studies

Category	Outcome	No of studies
Mental Health outcomes	Anxiety	N=2[1,2]
	Depression	N=2[1,2]
	Internalising	N=1[3]
	General mood	N=1[1]
	Intrapersonal EI	N=1[1]
	Posttraumatic stress	N=1[2]
	Grief	N=1[1]
Social and behavioural outcomes	Anger	N=1[1]
	Disruptive behaviour	N=1[1]
	Externalising	N=1[3]
	Stress management	N=1[1]
	Adaptability	N=1[1]
	Competence (activities, school, social)	N=1[3]
	Task difficulty	N=1[3]
	Hope	N=1[1]
	Self-esteem	N=1[1]
	Social adjustment	N=1[2]
	Relationships with parents	N=1[3]
	Interpersonal EI	N=1[1]

EI = Emotional intelligence. [1]Daigle (2012), [2]Pfeffer (2002), [3]Veale (2014)

The Evidence base – Additional studies of interest

Qualitative studies do not fit the eligibility criteria

Braiden (2009) Study Design: Qualitative pre-post

Aim: To enable children bereaved through suicide to develop the coping skills and mechanisms that facilitate their ability to live longer, more productive and less stressful lives than they were likely to have done otherwise.

Hagstrom (2021) Study Design: Narrative evaluation

Aim: To determine if participation in a grief support camp was meaningful, and what the changes from the programme were.

McClatchey (2012) Study Design: Phenomenological

Aim: To examine what part or parts of the Camp MAGIK interventions were most responsible for the change in the campers.

Potential policy and practice implications

- Some evidence suggests that group interventions may reduce anxiety and depressive symptoms.
- Guidance and standards of practice should be developed based on the best available evidence.
- New services should incorporate validated outcome measures and embedded evaluation from the outset.

Evidence and research gaps

Key gaps in the Evidence base

- More research is needed to develop effective interventions for children and young people bereaved by the suicide of a family member.
- High-quality studies are required to evaluate the effectiveness and cost-effectiveness of these interventions.

Further research recommendations

- Conduct high-quality studies evaluating bereavement support interventions for children and young people bereaved by the suicide of a family member.
- Ensure research findings are translated rapidly into practice to improve services.
- Involve children and young people in the design and evaluation of interventions.
- Identify the key components of effective interventions and how they are best delivered.

Acknowledgement:
This study makes use of anonymised data held in the Secure Anonymised Information Linkage (SAIL) Databank. We would like to acknowledge all the data providers who make anonymised data available for research.

Ethical approval
Approval for the use of anonymised data in this study, provisioned within the Secure Anonymised Information Linkage (SAIL) Databank, was granted by an independent Information Governance Review Panel (IGRP) under project 1689. The IGRP has a membership comprised of senior representatives from the British Medical Association (BMA), the National Research Ethics Service (NRES), Public Health Wales and Digital Health and Care Wales (DHCW). The usage of additional data was granted by each respective data owner. The SAIL Databank is compliant with General Data Protection Regulations (GDPR) and the UK Data Protection Act.

Data availability
Access to the data used for all analyses, figures and tables are available to the research community upon approval by the SAIL Databank (https://saildatabank.com/data/apply-to-work-with-the-data/). All proposals to use data held within the SAIL Databank are subject to review and approval by an independent Information Governance Review Panel (IGRP).

Funding: Health and Care Research Wales Evidence Centre.

Population Data Science
Gwyddor Data Poblogaeth

SAIL DATABANK

Swansea University
Prifysgol Abertawe

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Acknowledgements:

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SuRE
Specialist Unit for Review Evidence

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Thank you!

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Questions

Just been looking at Pfeffer (2002)