

# Experiences of families, carers, and community members impacted by suicide in the ACT

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## Background

Little attention has been paid to the experiences of families and carers supporting and accessing support for individuals in the period preceding and following their death by suicide.

For many families and carers who have experienced loss and been subjected to a series of unhelpful or harmful encounters with health and emergency services, there is a desire to share their stories so that their experiences might contribute to the improvement of practices and policies.



## Results

The findings were organised around three interconnected key themes that were developed from analyses: i) Disconnected spaces, ii) Fragmented, episodic, and reactive care, and iii) Exclusion and marginalisation of families and carers.

### Disconnected spaces

Highlights the sense of isolation, disconnection, and disempowerment experienced by those seeking services before their death as well as those providing care for them that resulted from their interactions with health and emergency services.

*"From the first suicide attempt up until that second suicide attempt, and then obviously his death six months later... [We] didn't know where to turn, [we] didn't get any support... We felt lonely. We started feeling isolated... Even our close friends didn't get it. ...It was...very stressful."*

## Conclusions

The health system, including primary care services and hospitals in the ACT, have significant gaps in supporting people who experience suicidal distress and their families.

Understanding the family context and appropriately including family members when providing support, with consent, can contribute to better outcomes and provide opportunities for more effective and efficient care.

Identifying the support needs of families and carers will help empower and support them as partners in care, as well as to address their own health and wellbeing needs.

## Method

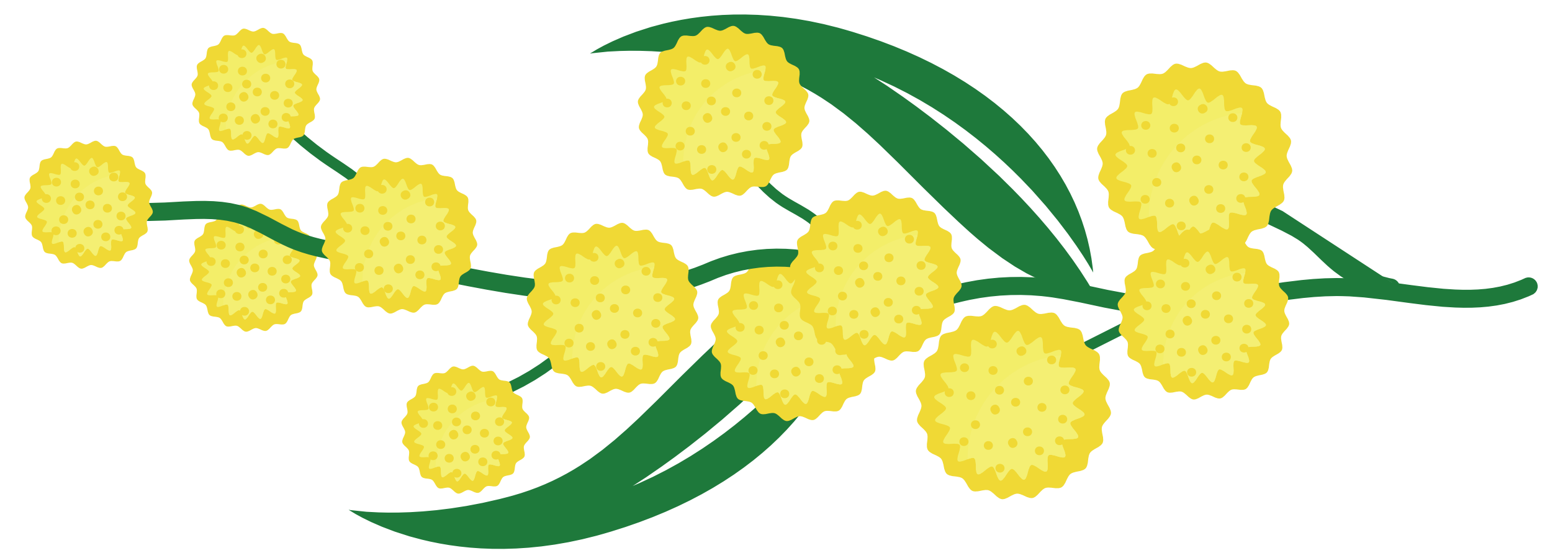
Qualitative interviews with 17 participants supporting and accessing support for individuals who died by suicide in the Australian Capital Territory, Australia.

Interviews and thematic analysis were guided by the theoretical frameworks of trauma-informed and restorative practice.

*"It was very difficult understanding what all these things are [psychiatrist, psychologist, general practitioner] and what the pathways were. Some of the pathways weren't around the [person], they were more around the admin and the Medicare."*

### Fragmented, episodic, and reactive care

Describes a mental health system that focused primarily on crisis management and the alleviation of symptoms rather than on the provision of trauma-informed, holistic, and coordinated care. Assessment time points



*"We weren't given clear information and were balked at any time that we tried to even get information...because of his age. Even just general information about what was available...You know, no one came and said, 'Look, OK, we can't talk to you about [name] because he's over 18, but here's the system and here's what you can do'...People would throw us, you know, a brochure or whatever."*

### Exclusion and marginalisation of families and carers

Shows how power dynamics, ineffective communication strategies, and insufficient procedures for sharing information were a barrier to effectively engaging and supporting families and carers.