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BMJ Open Scoping review protocol to map studies on self-healing practices for suicide loss survivors

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ABSTRACT

Introduction Suicide loss survivors often find it challenging to access professional help due to social stigma despite being at a higher risk of developing suicidal behaviour and mental health problems. Most available grief interventions are professional-led and heavily rely on help-seeking behaviour. Self-healing is a growing alternative intervention that is still relatively under-researched for suicide-bereaved individuals. This scoping review aims to determine the extent to which self-healing research has been undertaken, how well all subpopulations and geographical areas are represented, the methodologies used and outcomes associated with self-healing practices in suicide-related grief. The research gap in this area will be highlighted to inform future study direction.

Method and analysis The proposed review will be guided by the methodological framework proposed by Arksey and O'Malley in 2015. Articles will be retrieved from CINAHL, Embase, MEDLINE, PsycINFO and Web of Science. Peer-reviewed publications that provide data on self-healing practices within the context of suicide loss survivors will be included. The research team will screen the retrieved articles through a two-step screening process: (1) Title and abstract screening and (2) full-text screening. The reporting of the scoping review will be done following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews guideline.

Ethics and dissemination This study does not require ethical approval because it will synthesise information from available publications. Results of this scoping review will be submitted for publication to a peer-reviewed journal and potentially be presented at relevant conferences.

INTRODUCTION

Rationale

Suicide is a major public health concern. More than 700 000 people die by suicide each year, and suicide constitutes the fourth leading cause of death among people aged 15–29 worldwide.¹ Many people in society are affected by a death by suicide. This review focuses on suicide-bereaved individuals, namely individuals who have lost a significant other (or a loved one) by suicide. It has been estimated that each suicide may affect five immediate family members and 80 relatives, friends and acquaintances.² A recent

Strengths and limitations of this study

- ⇒ This novel scoping review on self-healing practices in suicide loss survivors has critical public health importance within the field of suicide prevention.
- ⇒ This scoping review will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews guidelines to ensure the transparency and rigour of the study.
- ⇒ Findings from this review will clarify what self-healing activities suicide loss survivors found to be useful, setting the foundation for future studies to build evidence-based self-healing strategies for suicide-related grief.
- ⇒ Publications are limited to English which could pose bias to studies not included in this study.
- ⇒ Heterogeneity between studies may prevent direct comparisons between studies.

meta-analysis of population-based studies suggests empirical estimates of past-year and lifetime prevalence of exposure to suicide to reach 4.3% and 22%, respectively.³ This figure is concerning because suicide-bereaved people often experience various long-term adverse effects, such as declined physical and mental health,⁴ poor educational and occupational functioning,⁵ as well as poor interpersonal relationships.⁶ Bereaved people are also at an increased risk of suicide⁴ and suicide attempts.⁷ Thus, investigating effective interventions for this group population has become a forefront of suicide prevention.

Bereavement intervention is defined as activities aimed at 'facilitating the grieving process and, implicitly or explicitly, the prevention or alleviation of the detrimental consequences of bereavement'.⁸ Specifically, for those bereaved by suicide, this is often known as postvention, namely 'activities developed by, with or for suicide survivors, to facilitate recovery after suicide and prevent adverse outcomes including suicidal behaviour'.⁹ However, the intervention focused on the suicide-bereaved population is still relatively lacking. A recent systematic



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review discovered that between 1984 and 2018, only 11 studies were identified to have explored the effectiveness of intervention for suicide-bereaved individuals.¹⁰ Among those, interventions that seem to show promising results were led by trained facilitators and involved the bereaved social surroundings.

The issue with most interventions being professional-led is that, although beneficial, they cannot address the needs of suicide loss survivors who do not actively seek professional help. Fear of stigma and lack of economic resources were the most reported obstacles by individuals bereaved by suicide who did not seek professional help.¹¹ Additionally, amid this COVID-19 pandemic, accessing professional mental health support has become even more challenging.^{12 13} The combination of restricted access to available mental health support and physically distancing oneself from family and friends could further exacerbate suicide-bereaved individuals' available support, pointing to the need to seek alternative interventions to aid suicide survivors.

A potentially valuable alternative intervention is self-healing. Some studies have highlighted several activities that suicide loss survivors claimed to aid their healing process, for example, writing, reading and being involved in outdoor or advocacy activities.^{14 15} However, these practices are rarely investigated in depth despite potentially being a natural complement to formal services that suicide-bereaved individuals' access. This previous study has therefore suggested future research to investigate the roles that formal services and informal activities play in the healing of those bereaved by suicide.¹⁴ Although there has yet to be a formal definition of self-healing practices, it is helpful to understand how past studies have defined closely-related terms, namely healing and self-help. A recent concept analysis described 'healing' as 'a holistic, transformative process of repair and recovery in mind, body and spirit resulting in positive change, finding meaning and movement toward self-realisation of wholeness, regardless of the presence or absence of disease (p.50)'.¹⁶ This definition indicates that healing goes beyond mending physical illnesses and applies to emotional healing. Meanwhile, self-help is often used interchangeably with similar terms, such as self-care, self-management and self-healing.^{17 18} However, the term self-help is perceived differently by the scientific community (ie, health professionals) and service users.¹⁷

According to Richards,¹⁷ professionals' perspective on self-help is focused more on the manualisation of evidence-based treatments and reduced face-to-face time with professionals for common mental health problems. However, for many service users, self-help refers to the use of overall lifestyle strategies which incorporate concepts such as wellness and recovery. It also places a more prominent role on social networks in their journey of achieving personal empowerment to solve one's problem than professionals' help. This process can involve using external materials (eg, video, self-help books) to understand, find new meaning or solve problems relevant to a person's

developmental or therapeutic needs.¹⁹ Other self-healing practices include, among others, journaling,²⁰ meditation²¹ and art.²² In the case of bereaved individuals, one option is to join bereavement groups that typically offer emotional and social support, provide information and facilitate mutual support for all mourners.^{23 24} Although some suicide bereavement groups serve as professional-led group counselling therapy, some are purely peer-led by suicide loss survivors. These types of bereavement group typically focus more on becoming a platform for suicide loss survivors to learn each other's coping strategies. For this reason, we would still include studies on suicide bereavement groups, provided that the group is peer-led and provides data on self-healing activities that members of the group have used in the aftermath of their loss.

Based on the previous explanation, self-healing can be understood as the process of recovery, motivated and directed mainly without professional help, with the possible use of external resources to achieve positive changes regarding solving one's problem. This statement also implies that negative coping mechanisms (ie, substance abuse, self-harm) will not be considered part of self-healing strategies. In this review, we opted to use the term self-healing rather than self-help to acknowledge the perspective of bereaved individuals, which emphasises more self-empowerment than simply a manualisation of evidence-based treatments. Studies that focus on exploring self-healing practices used among the suicide bereft population could provide valuable information on ways to improve available self-healing resources needed by suicide loss survivors with little access to professional help.

Objectives

The current scoping review aims to synthesise published studies on self-healing practices for suicide loss survivors. More specifically, the review will seek to determine the extent to which self-healing research has been undertaken, the subpopulations and geographical areas involved in the studies, the methodologies used and outcomes associated with self-healing practices in suicide-related grief. The research gap in this area will be highlighted to inform future study direction.

METHODOLOGY

This scoping review protocol was registered at OSF (DOI: 10.17605/OSF.IO/JF6ZU) on 28 March 2022. The proposed review will be guided by the methodological framework proposed by Arksey and O'Malley,²⁵ namely through the following steps: (1) identifying the research question, (2) identifying relevant studies, (3) selection of eligible studies, (4) data extraction and (5) collating and summarising the results. Meanwhile, this scoping review will be reported by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping review guidelines.²⁶

Table 1 Search strategy MEDLINE (Ovid)

| Concept | Search terms |
|------------------------|--|
| Bereavement | (exp bereavement/ or bereavement. mp. or grief. mp. or mourn*.mp.) |
| Self-healing | (self care/ or self care.mp. or self-help. mp. or self-help groups/ or self-healing.mp. or self management.mp. or self-management/ or self-guided.mp. or support.mp. or social media/ or social media.mp. or internet/ or internet.mp. or online.mp. or journaling.mp. or meditation.mp. or mindfulness.mp. or coping.mp. or intervention. mp. or postvention.mp. or program.mp. or programme.mp.) |
| Suicide loss survivors | (family/ or family.mp. or families.mp. or relative.mp. or spouse.mp. or spouses/ or parent.mp. or sibling.mp. or grandparents/ or grandparent.mp. or widowhood/ or widow*.mp. or child.mp. or acquaintance.mp. or friends/ or friends.mp. or students/ or student.mp. or schools/ or school.mp. or survivor*.mp.) |
| Suicide | (suicide/ or suicide.mp. or suicide cluster.mp.) |

Identifying research question

We constructed the following research question, ‘What is currently known about self-healing practices in suicide loss survivors?’

The research sub-questions include:

1. What self-healing practices for suicide loss survivors have been addressed in the literature?
2. In what settings and population types have these studies been conducted?
3. What outcomes have been measured?
4. What methodologies have been used in these self-healing studies?
5. What subpopulations and regions have been involved in studies regarding self-healing for suicide loss survivors?

Identifying relevant studies

Search terms

Searches will be conducted in CINAHL, Embase, MEDLINE, PsycINFO and Web of Science. The search will be limited to studies published in English but not by location or year of publication. Search strings were developed with the overall research team and consulted with an academic librarian to refine the search string for each database. [Table 1](#) shows an example of the search strings we made for MEDLINE using Medical Subject Headings and search words. Similar search strings will be used in other databases also.

Eligibility criteria

Our inclusion and exclusion criteria for this review are presented in [table 2](#). No limitations on the type of study design of the primary studies were set (eg, qualitative, quantitative, mixed-method, case study) because this review would like to map existing methodologies that have been used on this study topic. Additionally, studies that report both professional-led and self-healing practices can still be included if they reported those findings separately.

Study selection

Results from the initial search will be imported into Covidence to remove duplicates. Next, the retrieved leads will undergo a two-step screening process: (1) Title and abstract screening and (2) full-text screening. Before each

screening, a pilot test will be conducted by having two research team members (AKP and KA) independently screen 10% of the total obtained publications against the agreed eligibility criteria. This study employs the per cent inter-rater agreement strategy done by Tricco *et al* in another scoping review.²⁷ The screening process will continue to the next stage when the inter-rater agreement of the pilot test reaches >75%. The research team will refine the inclusion criteria if the initial agreement falls under 75%. During the title and abstract screening, researcher AKP will complete the screening of the entire data set once the initial pilot screening inter-rater agreement has reached 75%. Meanwhile, researchers AKP and KA will conduct the whole full-text screening independently. Any disagreement will be resolved by discussion involving the third reviewer (GA).

Data extraction

A standardised Excel form will be developed a priori by the research team for data extraction. Before the data extraction process, researchers AKP and KA will pilot test the table on 10% of the total retrieved full texts to check the clarity of the data extraction. The team will discuss the results from the pilot test to decide whether any modification to the table is required. Once finalised, AKP and KA will continue to chart the included manuscripts independently. At the final stage, GA will compare the results of the full-text data extraction. Discrepancies between reviewers will be resolved through discussion as a team.

Table 2 Study inclusion and exclusion criteria

| Inclusion criteria | Exclusion criteria |
|--|--|
| Peer-reviewed literature. | Books, reviews, meta-analyses or opinion papers. |
| Reported in English. | No reporting of self-healing practices. |
| Provides data on self-healing practices. | Studies exclusively investigate non-human loss. |
| Involves suicide loss survivors as study participants. | Studies exclusively investigate non-suicide bereavement. |
| Primary studies. | |

Table 3 Fields to be included in the data extraction form

| Fields | Description |
|--------------------------|--|
| Author and year of study | Identify authors and the publication year of the paper. |
| Country of study | Identify the geographical location where the study was conducted. |
| Study objective | Provide a brief statement of the study's objective. |
| Study design | Identify the research study design. |
| Type of self-healing | Identify the definition and type of self-healing practice used. |
| Participant population | Identify eligibility criteria and participant descriptors (eg, sample size, number of participants by age group, sex and relationship with the deceased, age during loss, duration of bereavement, sex of the deceased). |
| Methodology | Identify the participant data collection and data analysis method. |
| Outcome measure(s) | Specify the instruments used and reported psychometric or qualitative characteristics in the study population. |
| Main results | Summarise the main findings of the study. |

Additionally, we will calculate the inter-rater reliability based on Cohen's kappa coefficient. [Table 3](#) shows the fields to be included in the data extraction form.

Collating, summarising and reporting the results

We anticipate substantial variability between the studies. Self-healing is still a relatively under-researched topic. As such, different studies might use different definitions to explore this phenomenon. There would also be variability in the study population (eg, age, settings, bereavement duration, type of relationship with the deceased). Finally, this scoping review will review both quantitative and qualitative studies. Hence, we anticipate that statistical pooling of the data will not be possible. Consequently, we will provide a narrative synthesis of the study findings, considering the study population's age, gender and setting. It will also show areas still under research to inform future study direction. Results will be presented in an aggregate and visual form (eg, using tables and charts).

Patient and public involvement

This study was designed without patient or public involvement.

ETHICS AND DISSEMINATION

Ethics

This study does not require ethical approval because it will synthesise information from available publications.

Dissemination

Suicide is an important global health issue, and the impact of suicide bereavement can be severe and complicated by stigma, guilt and shame. We believe this scoping review will be the first to explore self-healing practices within suicide bereavement, highlighting its importance to public health. This study's findings will likely interest academic researchers, public health service providers and suicide loss survivors. We plan to disseminate our findings through peer-reviewed scholarly journals and present the result at relevant conferences.

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Contributors Researchers AKP and KA conceived the initial idea and research questions. All authors (AKP, KA and GA) then refined and developed the study design as a team. AKP drafted the protocol. Both KA and GA contributed to the drafting and editing of the protocol. All authors have approved the final manuscript.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

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