Author/s:
Andriessen, K;Krysinska, K;Rickwood, D;Pirkis, J

Title:
"Finding a safe space": A qualitative study of what makes help helpful for adolescents bereaved by suicide

Date:
2021-08-26

Citation:
Andriessen, K., Krysinska, K., Rickwood, D. & Pirkis, J. (2021). "Finding a safe space": A qualitative study of what makes help helpful for adolescents bereaved by suicide. DEATH STUDIES, 46 (10), pp.2456-2466. https://doi.org/10.1080/07481187.2021.1970049.

Persistent Link:
https://hdl.handle.net/11343/300104

Death Studies

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/udst20

“Finding a safe space”: A qualitative study of what makes help helpful for adolescents bereaved by suicide

Karl Andriessen, Karolina Krysinska, Debra Rickwood & Jane Pirkis

To cite this article: Karl Andriessen, Karolina Krysinska, Debra Rickwood & Jane Pirkis (2021): “Finding a safe space”: A qualitative study of what makes help helpful for adolescents bereaved by suicide, Death Studies, DOI: 10.1080/07481187.2021.1970049

To link to this article: https://doi.org/10.1080/07481187.2021.1970049

Published online: 27 Aug 2021.

DEATH STUDIES
https://doi.org/10.1080/07481187.2021.1970049

Routledge
Taylor & Francis Group

"Finding a safe space": A qualitative study of what makes help helpful for adolescents bereaved by suicide

Karl Andriessen[a], Karolina Krysinska[a], Debra Rickwood[b], and Jane Pirkis[a]

[a]Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia; [b]Faculty of Health, University of Canberra, Canberra, Australia

ABSTRACT

Experiencing a death by suicide is a devastating event in the lives of adolescents; however, little is known about what makes help helpful according to their experiences. Thematic analysis of individual and group interview data ($N = 18$) yielded four themes: feeling connected with, and understood by a helper, having a sense of control over, and access to the help as needed. Findings indicate that help should be based on supportive and educational approaches with respect to the adolescents' agency and the family context. Help must be accessible on a long-term basis while catering for flexible usage.

Bereavement by suicide is relatively common among adolescents, with potential short and long-term devastating impact of the death on their lives, yet little is known about how to best help such bereaved adolescents (Andriessen, Dudley, et al., 2017; Cerel & Aldrich, 2011). As many as 1 in 20 (4.6%) adolescents loses someone to suicide each year and about 1 in 5 (18%) will have done so before they reach adulthood (Andriessen, Rahman, et al., 2017). Those who are bereaved experience common grief reactions such as sadness, guilt, and longing (Balk, 2014). However, adolescents bereaved by suicide may face grief reactions such as feelings of shock, anxiety, anger, rejection, and struggles with "why" questions, more than adolescents bereaved by natural causes (Andriessen et al., 2018; Hagström, 2019).

Adolescents bereaved by suicide have increased risks of depression, anxiety, posttraumatic stress disorder, and suicidal ideation compared to other bereaved and non-bereaved counterparts (Brent et al., 2009). Adolescents bereaved by a suicide of a parent also have a long-term increased risk of depression (Melhem et al., 2011; Pham et al., 2018), alcohol and substance abuse (Pitman et al., 2020), and self-harm and suicide (Burrell et al., 2018;2021; Del Carpio et al., 2021).

The quality of the bereaved adolescent's relationships after the loss may affect the impact of the loss (Andriessen et al., 2016; Stikkelbroek et al., 2016). The bereavement can rupture the family equilibrium and the bereaved adolescents may feel disconnected from their non-bereaved peers (Andriessen et al., 2020). Although social support may facilitate the grief process, adolescents bereaved by suicide have reported receiving limited social support after the loss (Bartik et al., 2013). They may withdraw from friends and family and narrow their social circle, while their social environment may feel reluctant, or find it challenging, to support them (Andriessen et al., 2020; Hoffmann et al., 2010).

Given the burden of the loss and the diminished social support, professional help can be warranted. Over the last decades, various types of adolescent grief support have become available, such as counseling, support groups, grief camps, and family interventions (Andriessen, Dudley, et al., 2017; Bergman et al., 2017). However, adolescents bereaved by suicide have reported important barriers in help-seeking, such as high levels of self-reliance, shame, low levels of literacy about grief and mental health (e.g., perceiving symptoms as transient thus not requiring professional attention), lack of knowledge of services or where to go for help, previous disappointing experiences with services, and lack of services (Andriessen, Lobb, et al., 2019; Dyregrov, 2009).

Intervention studies have mainly focused on trauma-related or maladaptive grief reactions using individual (e.g., Hill et al., 2019) or group-based interventions

CONTACT Karl Andriessen karl.andriessen@unimelb.edu.au Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, VIC, 3010, Australia.

(e.g., Sandler et al., 2016). However, due to a shortage of intervention studies involving a control group, our knowledge about the effectiveness of bereavement interventions in adolescents, and specifically adolescents bereaved by suicide, with regards to outcomes such as grief, mental health, or social functioning, is limited (Andriessen, Krysinska, et al., 2019; Journot-Reverbel et al., 2017). It is not clear, for example, whether it would be more helpful to offer the support according to a specific cause of death (e.g., loss by suicide) or through general bereavement support, or if different formats (e.g., individual and group support) mainly cater for different needs of the bereaved adolescents. Nonetheless, the literature indicates that professionally led interventions based on supportive and psychoeducational approaches, and involving a parental component, seem to be the most promising in terms of effectiveness for adolescents bereaved by suicide (Andriessen, Krysinska, et al., 2019; Pfeffer et al., 2002).

Adolescent clients' engagement in therapy contributes substantially to the therapeutic outcomes (Becker et al., 2018). To improve the uptake and the effectiveness of support for adolescents bereaved by suicide, it is essential to develop interventions that meet their needs and are acceptable for this population. Adolescents are active agents in their grief; that is, they respond to the loss in ways they feel is best (Andriessen et al., 2020). Hence, to better help such bereaved adolescents, it is crucial to gain insight into their views on what is helpful based on their agency and experiences. However, to date, no study has examined what help is helpful for adolescents bereaved by suicide from their own perspective.

This study aims to address this gap. It is part of a larger research project examining what help should be provided to adolescents bereaved by suicide and traumatic death. Within that larger research project, we established collaborations with bereavement organizations and conducted a sizeable qualitative study with bereaved adolescents (A), parents (P) and clinicians (C); (the APC study). Findings regarding the impact of the death on adolescents, as perceived by bereaved adolescents and parents of bereaved adolescents, have been reported elsewhere (Andriessen et al., 2020). We aimed to investigate what adolescents bereaved by suicide perceived to be helpful.

Method

Study design and sampling

The study adhered to the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007) and received approval from the Human Research Ethics Committee of The University of Melbourne (ID1955213). The details of the study methodology have already been published (Andriessen et al., 2020), but we present the main aspects here. Between October 2019 and March 2020, we conducted semi-structured individual telephone and face-to-face group interviews with a purposive sample recruited via study announcements disseminated online and via youth and bereavement organizations. We offered participants an AUD 30.00 gift voucher as reimbursement.

Eligible participants had lost a family member or friend by suicide or other traumatic death when the participant was aged between 12 and 18 years and the death had occurred 6 months to 10 years before taking part in the study. We recruited 20 adolescents bereaved by suicide and other traumatic death, but for the purpose of this paper we are focusing on those who were bereaved by suicide only ($N = 18$). Participants provided written informed consent, and we obtained parental consent for those below age 16. For minors aged 16–17 years, who potentially have the maturity to understand the research and consent, the lead researcher (K. A.) decided at the end of the initial contact whether a parent/guardian should also consent (National Statement on Ethical Conduct in Human Research 2007, Updated 2018).

The participants ($N = 18$; 14 girls, 4 boys) were aged 14 to 23 years ($M_{age} = 19.22$, $SD = 2.65$) and had experienced the death on average almost four years ago ($M = 3.72$, $SD = 2.09$, range 1–9 years), when they were between 12 and 18 years ($M_{age} = 15.39$, $SD = 1.79$). The deceased persons were the participants' father ($n = 9$), mother ($n = 2$), brother ($n = 2$), sister ($n = 1$), other family member ($n = 2$), or friend ($n = 2$).

Data collection

The interview guide, adaptable for individual and group interviews, consisted of open-ended questions allowing for probes and follow-up questions. The lead questions addressed the type and timing of the help (for example: "In your opinion, what help should be provided to a bereaved adolescent?," "How should the help be provided?," "How long after the loss?," "What is the role of professional versus peer support?," "What are the characteristics that make help helpful?"). We conducted five individual interviews and three group interviews with seven, three, and three participants, respectively. The lead researcher conducted all interviews and recorded field notes after the

Table 1. Summary of themes.

Theme	Description
Feeling connected and having trust in a helper	Quality of the relationship with the helper Receiving empathy and genuine feedback Experiencing the helping relationship as a private, safe space
Feeling understood and validated by a helper	Being listened to for as much as needed Receiving support that normalizes the grief experiences Learning skills and coping strategies
Valuing control and agency in the help provided	Having options and making own choices Receiving encouragement Talking about the grief at their own pace
Having access to different types of help as needed	Having access when feeling ready to seek help Having access on a short-term and long-term basis Being confronted with barriers in accessing help

interviews. Experienced counselors of bereavement organizations co-facilitated the group interviews. Individual interviews took on average 38 min (range 20–64) and group interviews lasted 70 min (range 53–80). The interviews were audio-recorded and professionally transcribed. We checked the transcripts for accuracy and deidentified them prior to analysis.

Analysis and reflexivity

We conducted a codebook thematic analysis (Braun et al., 2019). Two researchers (K. A., K. K.) created a codebook based on independent analysis of three transcripts (DeCuir-Gunby et al., 2011). As we wanted to explore the experiences of the helpfulness of the help as narrated by the adolescents, we adopted an inductive approach, which allowed us to refine and adjust the codes, for example, to capture the meaning of the data rather than explicit content. The analysis did not involve a member check, nor quantification of codes. The same two researchers coded and analyzed the data independently following the six iterative steps proposed by Braun and Clarke (2006). We visualized initial codes in mind maps (i.e., diagrams). This helped us to create potential themes, which we revised against the data before determining the themes. We used NVivo 12 (QSR, 2020) for coding and data management.

The lead researcher (K. A.) is a social worker and experienced qualitative researcher regarding bereavement in adolescents. The second researcher (K. K.) is an experienced research psychologist and psychotherapist. The senior researchers and supervisors (D. R., J. P.) are experienced researchers and experts in the field of youth mental health, help-seeking, and suicide prevention. No team member had a prior relationship with participants. The team met regularly to ensure consistency throughout the study.

Results

The analysis yielded four themes: 1) Feeling connected and having trust in a helper, 2) Feeling understood and validated by a helper, 3) Valuing control and agency in the help provided, and 4) Having access to different types of help as needed (see Table 1). In what follows, participants' names are pseudonyms.

Feeling connected and having trust in a helper

Overall, participants prioritized the quality of the relationship with the helper. They stressed the importance of feeling accepted, comfortable, and connected through a personal relationship, built on mutual trust and honesty. If participants confided in the helper, they appreciated their empathy and genuine feedback, which reinforced the trust participants placed in the relationship. At the same time, many participants highlighted that it was a challenge and required time and energy to find a counselor with whom they could relate, felt a match, and could trust. Some participants discontinued counseling when they did not "click" with the counselor; others went on looking for a counselor they perceived to be trustworthy, because, as voiced by this participant, "once you break that trust, it's gone" (Sam). Participants emphasized that seeking help from services is an unknown world for adolescents and engaging with a helper sometimes required a leap in the dark or learning by experience that counseling can work.

> You've just got to find the one that works for you and you've got to find a person that you can connect on a certain level, that you can trust, that you feel like you're getting something out of it … It's a bit of trial and error. (David)

> Before, I dreaded it because I thought to myself, "what if this makes me upset talking about it, I have to talk about it all over again," but then after, it's just like, "ah, I can talk about it, it's okay." It's so much

> relief. You don't realize it before, but everything just feels so much easier afterwards. (Anita)

Adolescents shared that it was important that this relationship was exclusively for them. It constituted their safe space, which existed outside the realm of parents and friends, and they generally disliked family sessions. Some participants preferred to engage with a peer helper, for others it was not an issue if the helper was a peer or a professional. Within this private space, they did not have to worry about upsetting their parents or other family members with their grief or being met with pity. They felt free to share things that they did not share with others. Some participants emphasized that they could relate and confide in the counselor, specifically because they did not have a prior relationship and were not connected with them. Some participants referred to it as an "unbiased" relationship or someone who became "like a friend" over time.

> Family sessions are shit. I was going through losing my dad, but my mum was going through losing her husband, which is a totally different experience, but the same person has died. It was just so strange and so awkward and so uncomfortable. (Harry)

> I ended up forming a really close relationship with my counselor because it was over years that I saw her. So that was really good because it was kind of like a friendship as well. I know she was older and stuff, but we still laughed, we had fun sometimes. It wasn't all grim and sad. (Julie)

Given the importance placed on having a personal connection with and trust in the helper, most participants reported feeling reluctant to contact an online chat or helpline service, as advised by one participant: "don't trust anyone on the internet" (Betty). Still, a few participants thought that an online support forum could work if it came from a trustworthy source, for example, as a temporary solution to bridge a waiting list, though very few participants tried this type of help.

Not knowing who the person is who would answer their phone call at the anonymous helpline or chat service deterred some participants from using it. Other participants stated that they never felt a need to contact a helpline, experienced text messages as too limited to communicate, or preferred in-person contact to ascertain whether the person was listening. However, some participants thought that reading online stories of real-life examples from peers of how they coped with the loss, could be supportive.

> I feel like through text you can't fully be yourself. I find it really hard to communicate over stuff like that over text to the level that I want to because you can't have a full conversation with people, you can't sit and cry with people, if you need to. You can't laugh with them; you can't see their emotions. (Anita)

> I'm more of a face-to-face person so I can see that the person is actually listening and caring, they're not just talking to you because they get paid to. (Karen)

Feeling understood and validated by a helper

Participants emphasized the crucial role of having someone who listened to them in a way that made them felt understood, and for as much time as they needed. Contrary to being "fixed" or receiving "solutions" for their grief, participants felt supported when they were met with validation of what they were going through.

In addition, because grief was a novel and often overwhelming experience, participants appreciated supportive, educational approaches that normalized their experience and helped them to clarify, understand, and manage their grief and the related psychological and social reactions. Participants valued learning skills and strategies to cope with grief and difficult emotions, or as this participant said: "It's like learning to walk again" (Anita). Hence, it was important to the participants that counselors addressed the topics of grief and suicide directly. These issues were described as important throughout the grief process, both early and later after the loss.

> It just makes it easier for me or teenagers to open up about stuff like this, because we're used to hiding our emotions. So, talking with someone that understands what we're going through just makes the process a whole lot easier. (Amy)

> I stayed with her for so long, because I felt like she was listening to me. I felt respected and heard; I felt like I could tell her anything. (Julie)

> She taught me a lot of strategies to deal with things, rather than just teaching me mindfulness. She gave me five, six different strategies. (Tracy)

Some participants found their safe space in a peer support group or grief camp, typically facilitated by a counselor. Although the bereaved adolescents felt psychologically vulnerable, group or camp sessions offered them a variety of activities such as artistic work, music, drama, and fun activities. This allowed them to share experiences and offer mutual support in an unbend peer atmosphere, and some participants had maintained contact with peers they had met at the support group or grief camp.

> That literally saved my life. If I didn't go to them, I probably wouldn't be here because my whole thing was, 'I'm alone, no-one else feels the same' and so those camps helped so much. (Betty)

> It's nice to be around people who understand what it's like and have been through something similar, just people that understand not to treat you really like you're fragile, and they won't give you heaps of sympathy. (Pat)

Valuing control and agency in the help provided

Participants immensely preferred help that allowed them to make their own choices rather than being prescriptive. They valued receiving opportunities, which they could use at their own discretion, in their own space and time. Participants voiced the importance of "having options" throughout the interviews, as well as the crucial aspect of "not being forced" to do or say anything, though some participants admitted that some encouragement (e.g., from the counselor) sometimes helped them, for example, to "open up" about a specific topic. Participants found it helpful when counselors used various approaches in the sessions, especially creative, non-verbal approaches, to create a climate and opportunities for the participant to share and reflect upon their experiences.

> If we wanted to, we had the opportunity to lock ourselves in the tent and have our own little group and talk about things. But the adults that came on the camp would never come in and be like, "hey, you guys, hey do you need me?" They just left us to do our own thing and if we wanted their support because we were struggling, we would come to them. There was never that forced, "we're an adult, you need to do as I say and listen to us." It was like, "do your own thing, but we're here if you need us." That was definitely something that really, really, really helped. (Kim)

Participants also expressed the importance of having control about the content of the counseling sessions. For many participants this meant that they were allowed to talk about the loss or their grief when they felt like it, at their own pace. It also included being allowed to talk about other, random topics. Participants declared that not having to focus on the grief all the time and having space for other topics, valued them as a person, helped normalize their experience, and decreased the pressure of having to move forward before they were ready.

> Everything was at my own pace. He wouldn't bring it up for me. He wouldn't mention anything. It would be me. He'd just talk to me and I'd completely guide the conversation. He wouldn't even ask questions. He'd be like, "how are you going?" but he wouldn't be like, "how are you feeling about this specific thing?" He would always just let me bring it up, I guess, and then that made me feel better. (Britt)

Having access to different types of help as needed

Participants preferred having access to services when they needed and were ready for it. While most participants prioritized flexible access, some participants preferred having fixed appointments, especially early in the counseling or grief process, which provided structure and something to look forward to. Some participants attended a counselor for a series of sessions, spaced the sessions out after a while or discontinued contact when they no longer felt a need for it. Other participants preferred a "jump-in" format; they valued being able to contact their counselor by telephone or text message when they felt a need to talk or wanted to book an (urgent) appointment. Participants reported that knowing that someone out there was available to help them and that they could contact this person was helpful in itself.

> At the start I saw her probably once a week or even twice a week but then after a couple of - probably a year after that maybe, or half year, six months after, it went to every second week or every week, depending how I felt. (Magda)

Participants expressed a wish for being able to access services at any time, including several years after the loss. They reported that the type or intensity of support needed changed as they matured and their grief process evolved, which included confronting and revisiting their earlier grief reactions. While some participants needed suicide bereavement specific support shortly after the loss followed by other psychological support later, other participants accessed specific bereavement support on a longer term rather than shortly after the loss.

> Each person is different, but I think as an adolescent, sometimes it takes you a lot longer to get to that phase when you know you're struggling and you're not dealing with certain situations. You're still learning who you are as a person and how you react to certain situations. People who are in their twenties, like me now, might need more help now than in the acute phase. (Sam)

Some participants used different types of help simultaneously to cater for different needs, for example, a school counselor and a psychotherapist, or a combination of individual counseling and group sessions. They might see a counselor to deal with grief-related issues and attend a support group to meet peers or engage in social activities. Participants also highlighted the relevant fields of expertise (e.g., grief after suicide, bereavement in adolescents, adolescent mental health) of their counselors, which contributed to participants feeling comfortable with their counselor.

> He was a child's counselor, and he was tailored to suicides. So, I felt like he kind of knew what I was going through a lot more than just the school counselor, who hadn't really dealt with anything like that before, I don't think. (Tracy)

Many participants underlined having experienced problems with accessing help (e.g., travel distances, opening hours, financial costs, and overbooked counselors). In addition, participants emphasized the overall shortage or limited availability of adolescent counselors and grief counselors, specifically "good" counselors, that is, those that were experienced as trustworthy, skilled, and capable. Some participants testified about their fragmented help-seeking trajectories and wished for more information and outreach from services to inform them about the support they could offer.

> In my region there isn't that many or there's a massive waitlist. So, I went to another place which is outside of my region, it is four hours away. (Magda)

> You give them a call and then it just - with therapy, it's really hard to get an appointment, because all the good ones are already booked in, fully booked. (Amy)

Discussion

We investigated what help is perceived as helpful according to the experiences of adolescents bereaved by suicide. The data revealed that the helpfulness of the help across types of services should be understood in the contexts of the relationship between adolescent and counselor, the experience of being understood, adolescents' agency, and accessibility of the help.

Foremost, our participants placed importance on the quality of the therapeutic relationship, and they emphasized the value of trust and honesty when they engaged in the hitherto unknown world of counseling. This finding is corroborated by studies regarding general mental health and trauma-related help-seeking among adolescents (Gibson et al., 2016; Eastwood et al., 2021), which may indicate its importance irrespective of the type of problems for which adolescents seek help. Still, it may be of particular importance for adolescents bereaved by suicide as they struggle more with feelings of shame, anxiety and rejection compared to other bereaved adolescents (Andriessen et al., 2016; Cerel & Aldrich, 2011). As such, seeking a counselor involves engaging in a new relationship in an unknown environment, which may be particularly challenging for these adolescents.

Our finding that bereaved adolescents preferred in-person help more than online or telephone help has been noted in a previous study of adolescent grief (Andriessen, Lobb, et al., 2019), and is supported by data from a national representative survey regarding mental health service use (Johnson et al., 2016). In this survey, about 39% of Australian adolescents with behavioral or emotional problems had used health services in the past 12 months, 11% used telephone services and 5% online services (Johnson et al., 2016). Also, most youth participants in the survey of Bradford and Rickwood (2014) testified that online was not their preferred way of seeking help: approximately 60% of their participants preferred in-person help, and 24% would not seek help at all. Only 16% preferred online and 1% telephone help. With recent changes to service delivery modes necessitated by COVID-19, these preferences may be changing (Batchelor et al., 2021). For example, a survey of a large number of young people accessing the Australian headspace youth mental health services during COVID-19 pandemic revealed that 94% of those who received services via telehealth agreed or strongly agreed that they had a positive experience and 78% agreed or strongly agreed that the mode of service they received was suitable for their needs (headspace, 2020).

The findings may be somewhat surprising as the current generation of adolescents has grown up with mobile internet and apps. However, it is possible that familiarity with online applications increases the awareness of their limitations (Čuš et al., 2021). Our participants disliked the use of text messages, as it did not allow them to "talk" properly, as well as telephone, as it lacked the non-verbal aspects of communication. This differs from Gibson et al. (2016) where some participants thought that texting was a useful addition to in-person counseling, especially when it was embedded in a trustworthy relationship. Overall, our participants emphasized the helpfulness of feeling understood, being able to talk, and feeling listened to, whereas not feeling understood and listened to results in adolescents discontinuing the help and losing their motivation to seek help elsewhere (Dyregrov, 2009). Adolescents bereaved by suicide may particularly need the closer interpersonal connection provided by in-person services to feel able to disclose their complicated feelings.

Further, according to our findings, the anonymity typically offered by online and telephone services deters adolescent help-seekers as it diminishes the potential to relate with a counselor and the trustworthiness of the service. Bearing in mind young people's reluctance to share their grief with adults,

Gibson et al. (2019) cautioned that improving access to online or mobile resources may facilitate social contact with peers rather than seeking help from professionals. Further research may also clarify if different formats of help (e.g., online, in-person) serve different needs in this population. For example, adolescents in a mental health study found online resources more useful when seeking information, while they preferred in-person contact for emotional and behavioral problems (van den Toren et al., 2020).

Adolescents in our study strongly preferred receiving help outside the realm of family and disliked family sessions, a finding also reported in previous adolescent suicide bereavement (Dyregrov, 2009) and adolescent mental health research (Gibson et al., 2016). This finding is concerning given the emerging evidence regarding the effectiveness of family-oriented support for adolescents bereaved by suicide (Pfeffer et al., 2002; Sandler et al., 2016), and the growing evidence of a family approach for a variety of adolescent mental health issues (Carr, 2019). Given the strong impact of an adolescent's bereavement by suicide on the family system (Andriessen et al., 2020), the interplay between adolescent and parental grief (Hung & Rabin, 2009; Stroebe & Schut, 2015), and the importance of the post-loss relationship with a parent for the grief and mental health outcomes in bereaved adolescents (Andriessen et al., 2016; Stikkelbroek et al., 2016), further research regarding effective ways of service delivery for adolescents bereaved by suicide germane to their family context is urgently needed. These adolescents may need specific support to feel comfortable incorporating family work within their treatment.

Although adequate help starts with listening to the needs of the bereaved adolescents, our participants also stressed the importance of them being in control of the counseling process and having a range of options available. Specifically, they wanted to space their counseling sessions and determine their disclosures at a pace that suited them. Our previous study highlighted the importance of understanding adolescents' grief through their agency (Andriessen et al., 2020). Gibson and Cartwright (2013) cautioned that adolescents' agency should be understood in the context of power. Emphasizing the role of agency in young people may result in them being held accountable for engaging in and the outcomes of counseling while they remain relatively powerless in accessing and using services. Based on our findings and wider literature (Gibson et al., 2016; Lytje, 2017; Ribbens McCarthy, 2007), there appears to be a power-related tension: participants in our study described the therapeutic relationship as "like a friendship" (i.e., indicating a horizontal power relationship), while at the same time expecting to be offered learning opportunities, guidance, and encouragement from a skilled professional. Further studies can explore how to match expectations from bereaved adolescents with what counselors can offer.

Our participants addressed the helpfulness of help across types of service delivery, including help that involves verbal and non-verbal approaches. The literature indicates the beneficial effects of creative grief therapies facilitating the expression of grief-related emotions, development of coping skills, and receipt of social support (McFerran et al., 2010; Myers-Coffman et al., 2019). There is also evidence that focused grief support interventions, such as psychoeducation and approaches to enhance expression of grief, might be effective early after the loss because they normalize the grief experiences. Further time after the loss it seems more beneficial to focus on emotional and behavioral issues that have been exacerbated due to, or arose after, the loss (Currier et al., 2007). Although our study did not allow an examination of how grief-related needs evolved over time, several participants described how they looked for and attended grief counseling first to deal with the overwhelming experience of death and suicide, followed by mental health counseling to address other emotional and behavioral issues such as anxiety or depression.

The literature indicates that experiencing suicide bereavement in itself is no guarantee that treatment will be helpful (Currier et al., 2007). Help might be most helpful for those bereaved adolescents who experience high levels of distress (Rosner et al., 2010). In this context, our participants preferred help that allowed them to learn skills and strategies to deal with grief-related and/or mental health problems. This finding parallels the views of adolescents on, and experiences with, helping professionals in various health-related contexts (Freake et al., 2007), as well as findings from studies indicating that such a strengths-based approach contributes to the effectiveness of trauma-related therapy with adolescents (Eastwood et al., 2021). Further research may establish the helpfulness and effectiveness of strengths-based approaches in the support offered to adolescents bereaved by suicide.

Accessibility of services was a final major issue for our participants. They stressed the importance of being able to access services when they were ready for it and to use the services in a flexible way. However, Granrud et al. (2020) cautioned that a service that one

adolescent perceives as accessible will be perceived otherwise by another adolescent. Further, bereaved adolescents may lack the energy to approach services, and it seems random who can access professional help (Dyregrov, 2009). The literature indicates that access to services does not correspond with the bereaved adolescent's experienced needs or distress (Dyregrov, 2009; Rickwood, 2021), and some of our participants would have welcomed outreach to facilitate accessibility of the services. This seems to be supported by an evaluation study with adults bereaved by suicide who received outreach suicide bereavement support within one year after the loss, reporting that service users had lower suicidal ideation and feelings of loneliness compared to those bereaved who did not take up the support (Gehrmann et al., 2020). Still, most of our participants highlighted that it was hard to find designated suicide grief counselors, revealing a lack of availability and a need for more training of counselors in this field.

Overall, it seems that some of the characteristics of what makes help helpful for adolescents bereaved by suicide are generic aspects such as the quality of the therapeutic relationship, and the accessibility and flexibility of services (Ambresin et al., 2013). However, importantly, some crucial aspects of the experienced helpfulness of the help are directly concerned with bereavement after suicide and the related expertise and experience of the counselors. Bereaved adolescents prefer supportive, educational approaches that normalize their grief experiences, and they wish to attend designated adolescent grief counselors who offer them opportunities to learn skills and strategies to cope with their grief. Although these aspects seem to be part of current grief therapies (e.g., Hill et al., 2019; Sandler et al., 2016), further research may establish their effectiveness for adolescents bereaved by suicide.

The findings must be understood within the study limitations. The study involved voluntary, mostly female participants, and relied on self-report of experiences up to 9 years previously. The study was focused on experiences with formal help, not on social support, and it did not examine potential gender differences in those bereaved, the role of the relationship with the deceased person, or heterogeneity of grief trajectories and bereavement profiles. Still, the study successfully recruited a purposive sample from across the country using multiple recruitment channels resulting in a rich data set. However, the study findings may not reflect the views of other adolescents who have been bereaved by suicide.

The study identified four themes regarding the perceived helpfulness of the help offered to adolescents bereaved by suicide. The findings indicate the need for comprehensive, multifarious grief support. This includes individual and group support, based on supportive and educational approaches with respect to the adolescents' agency and the family context. The help must be accessible on a long-term basis while catering for flexible usage over time. Further research is needed to evaluate service delivery along these lines, and to ascertain how outreach and technology-based support (e.g., online and apps), can be helpful for adolescents bereaved by suicide. Specialized training of counselors may increase the availability and accessibility of services. Further research with counselors and service providers can examine how their views on helping adolescents bereaved by suicide align with those of the adolescents.

Acknowledgments

We are most grateful to the participants for sharing their experiences, and to the numerous organizations and individuals who helped with recruitment and/or hosted the focus groups, especially: The Compassionate Friends Victoria, Support After Suicide Jesuits Social Services, Standby Support After Suicide, headspace National, Anglicare Suicide Prevention and Grief Support South Australia, Sabrina's Reach 4 Life and the Australian Centre for Grief and Bereavement.

Funding

K. A. was supported by a National Health and Medical Research Council Early Career Fellowship [1157796] and an Early Career Researcher Grant of The University of Melbourne [ECR1202020]. J. P. is funded by a National Health and Medical Research Council Investigator Grant [GNT1173126]. The funding bodies had no role in the design of the study, the collection, analysis and interpretation of data, the writing of the report, and the decision to submit it for publication.

ORCID

Karl Andriessen http://orcid.org/0000-0002-3107-1114
Karolina Krysinska http://orcid.org/0000-0002-7033-6904
Debra Rickwood http://orcid.org/0000-0002-4227-0231
Jane Pirkis http://orcid.org/0000-0002-2538-4472

References

Ambresin, A. E., Bennett, K., Patton, G. C., Sanci, L. A., & Sawyer, S. M. (2013). Assessment of youth-friendly health care: A systematic review of indicators drawn from young people's perspectives. *The Journal of Adolescent Health*, *52*(6), 670–681. https://doi.org/10.1016/j.jadohealth.2012.12.014

Andriessen, K., Draper, B., Dudley, M., & Mitchell, P. B. (2016). Pre- and postloss features of adolescent suicide bereavement: A systematic review. *Death Studies*, *40*(4), 229–246. https://doi.org/10.1080/07481187.2015.1128497

Andriessen, K., Dudley, M., Draper, B., & Mitchell, P. B. (2017). Suicide bereavement and postvention among adolescents. In K. Andriessen, K. Krysinska & O. Grad (Eds.), *Postvention in action: The international handbook of suicide bereavement support* (pp. 27–38). Hogrefe.

Andriessen, K., Krysinska, K., Hill, N. T., Reifels, L., Robinson, J., Reavley, N., & Pirkis, J. (2019). Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC Psychiatry*, *19*(1), 49. https://doi.org/10.1186/s12888-019-2020-z

Andriessen, K., Krysinska, K., Rickwood, D., & Pirkis, J. (2020). It changes your orbit": The impact of suicide and traumatic death on adolescents as experienced by adolescents and parents. *International Journal of Environmental Research and Public Health*, *17*, 9356. https://doi.org/10.3390/ijerph17249356

Andriessen, K., Lobb, E., Mowll, J., Dudley, M., Draper, B., & Mitchell, P. B. (2019). Help-seeking experiences of bereaved adolescents: A qualitative study. *Death Studies*, *43*(1), 1–8. https://doi.org/10.1080/07481187.2018.1426657

Andriessen, K., Mowll, J., Lobb, E., Draper, B., Dudley, M., & Mitchell, P. B. (2018). "Don't bother about me." The grief and mental health of bereaved adolescents." *Death Studies*, *42*(10), 607–615. https://doi.org/10.1080/07481187.2017.1415393

Andriessen, K., Rahman, B., Draper, B., Dudley, M., & Mitchell, P. B. (2017). Prevalence of exposure to suicide: A meta-analysis of population-based studies. *Journal of Psychiatric Research*, *88*, 113–120. https://doi.org/10.1016/j.jpsychires.2017.01.017

Balk, D. E. (2014). *Dealing with dying, death, and grief during adolescence*. Routledge.

Bartik, W., Maple, M., Edwards, H., & Kiernan, M. (2013). Adolescent survivors after suicide: Australian young people's bereavement narratives. *Crisis*, *34*(3), 211–217. https://doi.org/10.1027/0227-5910/a000185

Batchelor, S., Stoyanov, S., Pirkis, J., & Kõlves, K. (2021). Use of kids helpline by children and young people in Australia during the COVID-19 pandemic. *The Journal of Adolescent Health*, *68*(6), 1067–1068. https://doi.org/10.1016/j.jadohealth.2021.03.015

Becker, K. D., Boustani, M., Gellatly, R., & Chorpita, B. F. (2018). Forty years of engagement research in Children's Mental Health Services: Multidimensional measurement and practice elements. *Journal of Clinical Child and Adolescent Psychology*, *47*(1), 1–23. https://doi.org/10.1080/15374416.2017.1326121

Bergman, A. S., Axberg, U., & Hanson, E. (2017). When a parent dies - A systematic review of the effects of support programs for parentally bereaved children and their caregivers. *BMC Palliative Care*, *16*(1), 39–15. https://doi.org/10.1186/s12904-017-0223-y

Bradford, S., & Rickwood, D. (2014). Adolescent's preferred modes of delivery for mental health services. *Child and Adolescent Mental Health*, *19*(1), 39–45. https://doi.org/10.1111/camh.12002

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 843–860). Springer. https://doi.org/10.1007/978-981-10-2779-6_103-1

Brent, D., Melhem, N., Donohoe, M. B., & Walker, M. (2009). The incidence and course of depression in bereaved youth 21 months after the loss of a parent to suicide, accident, or sudden natural death. *The American Journal of Psychiatry*, *166*(7), 786–794. https://doi.org/10.1176/appi.ajp.2009.08081244

Burrell, L. V., Mehlum, L., & Qin, P. (2018). Sudden parental death from external causes and risk of suicide in the bereaved offspring: A national study. *Journal of Psychiatric Research*, *96*, 49–56. https://doi.org/10.1016/j.jpsychires.2017.09.023

Burrell, L. V., Mehlum, L., & Qin, P. (2021). Parental death by external causes and risk of hospital-treated deliberate self-harm in bereaved offspring. *European Child & Adolescent Psychiatry*, *30*(4), 539–548. https://doi.org/10.1007/s00787-020-01534-3

Carr, A. (2019). Family therapy and systemic interventions for child-focused problems: The current evidence base. *Journal of Family Therapy*, *41*(2), 153–213. https://doi.org/10.1111/1467-6427.12226

Cerel, J., & Aldrich, R. S. (2011). The impact of suicide on children and adolescents. In J. R. Jordan & J. L. McIntosh (Eds.), *Grief after suicide: Understanding the consequences and caring for the survivors* (pp. 81–92). Routledge.

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology*, *36*(2), 253–259. https://doi.org/10.1080/15374410701279669

Čuš, A., Edbrooke-Childs, J., Ohmann, S., Plener, P. L., & Akkaya-Kalayci, T. (2021). Smartphone apps are cool, but do they help me?": A qualitative interview study of adolescents' perspectives on using smartphone interventions to manage nonsuicidal self-injury. *International Journal of Environmental Research and Public Health*, *18*(6), 3289. https://doi.org/10.3390/ijerph18063289

DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. *Field Methods*, *23*(2), 136–155. https://doi.org/10.1177/1525822X10388468

Del Carpio, L., Paul, S., Paterson, A., & Rasmussen, S. (2021). A systematic review of controlled studies of suicidal and self-harming behaviours in adolescents following bereavement by suicide. *PLoS One*, *16*(7), e0254203. https://doi.org/10.1371/journal.pone.0254203

Dyregrov, K. (2009). How do the young suicide survivors wish to be met by psychologists? A user study. *Omega*, *59*(3), 221–238. https://doi.org/10.2190/OM.59.3.c

Eastwood, O., Peters, W., Cohen, J., Murray, L., Rice, S., Alvarez-Jimenez, M., & Bendall, S. (2021). "Like a huge weight lifted off my shoulders": Exploring young peoples' experiences of treatment in a pilot trial of trauma-focused

cognitive behavioral therapy." *Psychotherapy Research*, *31*(6), 737–715. https://doi.org/10.1080/10503307.2020.1851794

Freake, H., Barley, V., & Kent, G. (2007). Adolescents' views of helping professionals: A review of the literature. *Journal of Adolescence*, *30*(4), 639–653. https://doi.org/10.1016/j.adolescence.2006.06.001

Gehrmann, M., Dixon, S. D., Visser, V. S., & Griffin, M. (2020). Evaluating the outcomes for bereaved people supported by a community-based suicide bereavement service. *Crisis*, *41*(6), 437–444. https://doi.org/10.1027/0227-5910/a000658

Gibson, K., & Cartwright, C. (2013). Agency in young clients' narratives of counseling: "It's whatever you want to make of it. *Journal of Counseling Psychology*, *60*(3), 340–352. https://doi.org/10.1037/a0033110

Gibson, K., Cartwright, C., Kerrisk, K., Campbell, J., & Seymour, F. (2016). What young people want: A qualitative study of adolescents' priorities for engagement across psychological services. *Journal of Child and Family Studies*, *25*(4), 1057–1065. https://doi.org/10.1007/s10826-015-0292-6

Gibson, K., Wilson, J., Grice, J. L., & Seymour, F. (2019). Resisting the silence: The impact of digital communication on young people's talk about suicide. *Youth & Society*, *51*(8), 1011–1030. https://doi.org/10.1177/0044118X17720986

Granrud, M. D., Bisholt, B., Anderzèn-Carlsson, A., & Steffenak, A. K. M. (2020). Overcoming barriers to reach for a helping hand: Adolescent boys' experience of visiting the public health nurse for mental health problems. *International Journal of Adolescence and Youth*, *25*(1), 649–660. https://doi.org/10.1080/02673843.2020.1711529

Hagström, A. S. (2019). Why did he choose to die?": A meaning-searching approach to parental suicide bereavement in youth. *Death Studies*, *43*(2), 113–121. https://doi.org/10.1080/07481187.2018.1457604

headspace. (2020). *Young people's experience of Telehealth during COVID-19*. headspace, National Youth Mental Health foundation. Retrieved May 1, 2021, from https://headspace.org.au/assets/Uploads/Telehealth-Client-Experience-FINAL-8-10-20.pdf

Hill, R. M., Oosterhoff, B., Layne, C. M., Rooney, E., Yudovich, S., Pynoos, R. S., & Kaplow, J. B. (2019). Multidimensional grief therapy: Pilot open trial of a novel intervention for bereaved children and adolescents. *Journal of Child and Family Studies*, *28*(11), 3062–3074. https://doi.org/10.1007/s10826-019-01481-x

Hoffmann, W. A., Myburgh, C., & Poggenpoel, M. (2010). The lived experiences of late-adolescent female suicide survivors: 'A part of me died. *Health SA Gesondheid*, *15*(1), 1–9. https://doi.org/10.4102/hsag.v15i1.493

Hung, N. C., & Rabin, L. A. (2009). Comprehending childhood bereavement by parental suicide: A critical review of research on outcomes, grief processes, and interventions. *Death Studies*, *33*(9), 781–814. https://doi.org/10.1080/07481180903142357

Johnson, S. E., Lawrence, D., Hafekost, J., Saw, S., Buckingham, W. J., Sawyer, M., Ainley, J., & Zubrick, S. R. (2016). Service use by Australian children for emotional and behavioural problems: Findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *The Australian and New Zealand Journal of Psychiatry*, *50*(9), 887–898. https://doi.org/10.1177/0004867415622562

Journot-Reverbel, K., Raynaud, J. P., Bui, E., & Revet, A. (2017). Support groups for children and adolescents bereaved by suicide: Lots of interventions, little evidence. *Psychiatry Research*, *250*, 253–255. https://doi.org/10.1016/j.psychres.2017.01.077

Lytje, M. (2017). Towards a model of loss navigation in adolescence. *Death Studies*, *41*(5), 291–302. https://doi.org/10.1080/07481187.2016.1276488

McFerran, K., Roberts, M., & O'Grady, L. (2010). Music therapy with bereaved teenagers: A mixed methods perspective. *Death Studies*, *34*(6), 541–565. https://doi.org/10.1080/07481181003765428

Melhem, N. M., Porta, G., Shamseddeen, W., Payne, M. W., & Brent, D. A. (2011). Grief in children and adolescents bereaved by sudden parental death. *Archives of General Psychiatry*, *68*(9), 911–919. https://doi.org/10.1001/archgenpsychiatry.2011.101

Myers-Coffman, K., Baker, F. A., Daly, B. P., Palisano, R., & Bradt, J. (2019). The resilience songwriting program for adolescent bereavement: A mixed methods exploratory study. *Journal of Music Therapy*, *56*(4), 348–380. https://doi.org/10.1093/jmt/thz011

National Statement on Ethical Conduct in Human Research. (2007). (Updated 2018). *The National Health and Medical Research Council, the Australian Research Council and Universities Australia*. Commonwealth of Australia. Retrieved May 1, 2021, from https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018

Pfeffer, C. R., Jiang, H., Kakuma, T., Hwang, J., & Metsch, M. (2002). Group intervention for children bereaved by the suicide of a relative. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*(5), 505–513. https://doi.org/10.1097/00004583-200205000-00007

Pham, S., Porta, G., Biernesser, C., Walker Payne, M., Iyengar, S., Melhem, N., & Brent, D. A. (2018). The burden of bereavement: Early-onset depression and impairment in youths bereaved by sudden parental death in a 7-year prospective study. *The American Journal of Psychiatry*, *175*(9), 887–896. https://doi.org/10.1176/appi.ajp.2018.17070792

Pitman, A., Stevenson, F., King, M., & Osborn, D. (2020). Self-reported patterns of use of alcohol and drugs after suicide bereavement and other sudden losses: A mixed methods study of 1,854 young bereaved adults in the UK. *Frontiers in Psychology*, *11*, 1024. https://doi.org/10.3389/fpsyg.2020.01024

QSR. (2020). *NVivo 12 for Windows*. QSR International Pty Ltd.

Ribbens McCarthy, J. (2007). They all look as if they're coping, but I'm not': The relational power/lessness of 'youth' in responding to experiences of bereavement. *Journal of Youth Studies*, *10*(3), 285–303. https://doi.org/10.1080/13676260701262574

Rickwood, D. (2021). Help-seeking in young people. In A. R. Young, P. D. McGorry, & J. Cotter (Eds.), *Youth mental health: Approaches to emerging mental ill-health in young people* (pp. 35–52). Routledge.

Rosner, R., Kruse, J., & Hagl, M. (2010). A meta-analysis of interventions for bereaved children and adolescents.

Death Studies, *34*(2), 99–136. https://doi.org/10.1080/07481180903492422

Sandler, I., Tein, J. Y., Wolchik, S., & Ayers, T. S. (2016). The effects of the family bereavement program to reduce suicide ideation and/or attempts of parentally bereaved children six and fifteen years later. *Suicide & Life-Threatening Behavior*, *46*(S1), S32–S38. https://doi.org/10.1111/sltb.12256

Stikkelbroek, Y., Bodden, D. H., Reitz, E., Vollebergh, W. A., & van Baar, A. L. (2016). Mental health of adolescents before and after the death of a parent or sibling. *European Child & Adolescent Psychiatry*, *25*(1), 49–59. https://doi.org/10.1007/s00787-015-0695-3

Stroebe, M., & Schut, H. (2015). Family matters in bereavement: Toward an integrative intra-interpersonal coping model. *Perspectives on Psychological Science*, *10*(6), 873–879. https://doi.org/10.1177/1745691615598517

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

van den Toren, S. J., van Grieken, A., Lugtenberg, M., Boelens, M., & Raat, H. (2020). Adolescents' views on seeking help for emotional and behavioral problems: A focus group study. *International Journal of Environmental Research and Public Health*, *17*(1), 191. https://doi.org/10.3390/ijerph17010191