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Measuring the outcomes of support provided to people after a suicide or other sudden bereavement: A scoping review

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ABSTRACT

Systematic collection of outcome measures within suicide bereavement support is vital in building the sector's evidence base. However, there is currently limited understanding around the appropriate and sensitive use of outcome measures. Following the scoping review methodology, a literature review was undertaken to map how programs and interventions that assist individuals bereaved by suicide or other sudden, traumatic deaths gather outcome measures. The search strategy identified 1145 papers, of which 49 met the inclusion criteria. The review identified many ways that outcomes are captured, with custom tools being commonplace. Among standardized tools, the Grief Experience Questionnaire (GEQ) and Beck Depression Inventory (BDI-II) emerged as frequently used. Most articles provided some form of justification for their chosen outcome measure methodology, often citing psychometric robustness over consideration of the impact on service users. The review underscores the need for careful consideration when selecting outcome measure tools or approaches in sudden death bereavement interventions.

Suicide is increasingly recognized as a public health issue, with understanding of its impacts growing in the wake of considerable research. Each year, over 700,000 lives are lost to suicide globally (WHO, 2023). Recent estimates suggest that for every one suicide death, up to 135 people will have known the decedent (Cerel et al., 2019) and may therefore be impacted or experience short- or long-term bereavement (Cerel et al., 2014). Bereavement by suicide is associated with a range of poor or harmful outcomes, such as increased likelihood of complicated grief (de Groot & Kollen, 2013; Delgado et al., 2023), heightened suicide risk (Maple et al., 2017), increased emotional distress (Levi-Belz & Gilo, 2020), higher depression levels (Pitman et al., 2014), and heightened feelings of rejection, guilt, stigmatization and responsibility compared to other bereavement (Kõlves et al., 2020).

A parallel body of research seeks to understand whether individuals who have experienced a suicide loss undergo transformative changes in response to their bereavement. Noteworthy levels of post-traumatic growth, indicating positive psychological transformations following

a significant or distressing event (Tedeschi & Calhoun, 2004), have been identified in those bereaved by suicide (Drapeau et al., 2019; Levi-Belz, 2019). Research identifies that some individuals experience strengthened family bonds (Ratnarajah et al., 2014), while others discover new meaning or direction in their lives (Smith et al., 2011). Importantly, these growth outcomes do not occur in isolation; instead, they transpire in a supportive environment that facilitates self-disclosure (i.e., feeling safe to reveal one's authentic self and thoughts to others) and is rich with social support (Levi-Belz et al., 2021).

Considering the impacts of suicide bereavement and the potential for growth, post loss, when facilitated under the right conditions, supporting people bereaved by suicide is recognized as a priority within suicide prevention strategies across the globe (Department of Health, 2017; Department of Health et al., 2015). Postvention activities are defined as those developed with and for people bereaved by suicide that aim to reduce adverse outcomes and promote healing following a suicide death (Andriessen et al., 2017). Postvention programs are often supported

through public funding and, to demonstrate responsible use of public money, funders are particularly interested in the achievement and demonstration of real and meaningful outcomes (Queensland Alliance for Mental Health, 2019).

Outcome measurements encompass all forms of tools that measure and therefore provide evidence of, the impact a service makes in the lives of the people it supports (Adams et al., 2015). Research identifies a need for consistent usage of outcome measurements in suicide postvention, both within the service delivery sector and in the research context (Andriessen et al., 2019). Research of postvention bereavement programs, however, presents theoretical, ethical, and logistical challenges (Green et al., 2024). Schut and Stroebe (2011) emphasize the difficulties inherent in researching bereavement programs, with the primary challenge being the struggle to define the realistic expectations of outcomes that such programs can bring about. Additionally, identifying the most effective outcome measure tools to detect changes resulting from the intervention poses a significant hurdle. These concerns are particularly poignant in suicide postvention research, which presents additional challenges due to the complex and stigmatized nature of suicide. Perhaps as a symptom of these complexities, there is limited understanding of the appropriate use of outcome measurements in the suicide bereavement space (Weier et al., 2022).

Recent scoping reviews by Green et al. (2024) and Wilson et al. (2021) mapped evaluation methods used in bereavement interventions, however, neither were specific to sudden and traumatic death bereavement, which the literature suggests is distinct from other forms of bereavement, such as within the palliative care context (Feigelman et al., 2023). Thus, a review that specifically examined the usage of outcome measures with individuals who have received support following a traumatic death is warranted.

The current scoping review sought to answer *how are the experiences and outcomes of people bereaved by suicide or other sudden death who access supports measured, and whether this is helpful in the context of ongoing service delivery*. The objectives of the review were to (a) map what outcome measures or other tools are utilized, (b) establish in what context and for what purpose they are used, and (c) assess their applicability in the context of ongoing service delivery.

Methods

Scoping review methodology was selected as it has utility in identifying what outcomes are being reported in relation to the support service of interest, and how these outcomes are being measured (Pollock et al., 2023).

Initial pilot searching in MEDLINE and PsycInfo databases in March 2023 identified some papers outside of the field of suicide bereavement that lent insight into the research question. Bereavement by suicide is often compared theoretically with bereavement by other causes of sudden and violent death, such as fatal drug overdose, homicide, and accidents (Boelen et al., 2015). Parallels are drawn between the various types of bereavement concerning their impacts and risks to the bereaved (Bottomley et al., 2022; Currier et al., 2015), experiences of stigmatization and blame (Feigelman et al., 2011), and adverse mental health outcomes for the bereaved (Currier et al., 2006). Due to the similarities and potential overlap with suicide bereavement, upon careful consideration, the scope of the review was extended to literature relating to bereavement by sudden, violent, and traumatic deaths.

The scoping review followed the methodology developed by Joanna Briggs Institute (JBI; Peters et al., 2015), which was informed by Arksey and O'Malley (2005) landmark framework. The review is reported in accordance with the PRISMA-ScR checklist (Tricco et al., 2018) which is congruent with JBI methodology. An *a priori* protocol specified the objectives, inclusion/exclusion criteria, and methods and is published on ResearchGate (Jackson et al., 2023).

Inclusion criteria

The scoping review parameters were defined using the "PCC—Population, Concept, Context" framework outlined in the JBI guidelines. Articles were included if written in or translated to English and published after 2000 to ensure current best practices. No study design limitation was imposed for primary research, however secondary research (e.g., literature reviews) or non-research (e.g., opinion pieces) were excluded.

The population included adults who were bereaved by suicide, violent, or other sudden death and accessing targeted support. In keeping with prior research, losses related to illness or unexpected medical causes (e.g., heart attack) were categorized as natural or nonviolent and were excluded (Boelen et al., 2015).

The concept of interest for the review was how outcomes were measured or understood. Therefore, the literature needed to refer to how the outcomes of people accessing the support are measured, or how their experience of service is captured.

Table 1. Summary of search terms.

	Search terms	Subject headings in ProQuest databases	MeSH in MEDLINE
Concept Outcomes and experiences	"Outcome measure*" OR Outcome OR Experience OR Evaluat*	Health outcomes Program evaluation Psychotherapeutic outcomes Psychosocial outcomes Therapeutic outcomes Quality of life Measurement Patient reported outcome measures Client satisfaction	Outcome assessment, health care Health care surveys Quality of life
Population Suicide bereavement or other sudden death	(Suicid* OR "Sudden death" OR "trauma* death" OR "violent death") AND (Bereave* OR grie* OR Loss OR Mourn*)	Suicide Sudden death Traumatic loss Grief	Suicide, completed Suicide Disenfranchised grief Bereavement Prolonged grief disorder Grief Death, sudden
Context Bereavement support	Program OR Support OR Service OR Postvention OR Interv* OR Therap* OR Group	Support groups Community services Health care services	Community support Community networks Community mental health services Psychosocial intervention

The context included all forms of specialized and/or targeted bereavement support, such as clinical intervention, community-based support, or peer-support.

Search strategy

An initial search of the literature was undertaken in two databases, as outlined in the protocol (Jackson et al., 2023). From this preliminary search, key title words and index words in the retrieved papers were analyzed and used to inform the second, more thorough search. The search string was developed with the assistance of an experienced Health librarian and comprised a selection of search terms, including MeSH terms, synonyms, and alternate spellings, connected by Boolean operators. The finalized string was peer-reviewed by an experienced information management and health research academic.

The thorough search was executed in July 2023 by BJ in four databases: MEDLINE on the PubMed platform, PsycInfo and PsycArticles (hosted by ProQuest), and the Psychology and Behavioral Sciences Collection on the EBSCOhost platform. The search terms are summarized in Table 1 (see Supplementary Material I for complete search strategy). The reference lists from nine systematic reviews were hand searched for additional references.

Source of evidence screening and selection

The papers underwent two levels of screening for selecting studies for inclusion. The first level of screening was by title and abstract, conducted independently by two reviewers (BJ and AL). The first author (BJ) created a decision tree flowchart to aid in screening, which was shared with all screeners; the screeners did not ask clarifying questions about the decision tree, indicating its clarity. There was an 88% agreement rate between the reviewers; conflicts were resolved by a third independent reviewer (SW).

The second level of screening involved full text review. The authors of papers not available through open or institutional access were contacted with a request for full text. Full text review was conducted by two authors (BJ and AP) with a 60% agreement rate. Conflicts were resolved by a third independent reviewer (MM). Papers were excluded if they did not meet inclusion criteria, with exclusion reason recorded, or if the full text could not be located.

Data extraction

The first author (BJ) developed a data extraction form (see Supplementary Material II) which was piloted through an iterative process and then transposed into an Excel spreadsheet. To maximize consistency across the charted data, a guidance sheet was developed to accompany the extraction form (Pollock et al., 2023) (see Supplementary Material III). Additionally, drop-down lists were formatted for suitable fields, with the option for free text should *a priori* categories be inappropriate. The extraction form, guidance, and spreadsheet were peer-reviewed by the research team.

Key data were extracted and charted by the first author (BJ) into the Excel spreadsheet. It is acknowledged that it is best practice for all sources to undergo double extraction by two authors (Pollock et al., 2023); however, due to project constraints, the research

team made the decision for a portion of the extracted data to be independently verified by the second author (SW) (Robson et al., 2019). In alignment with the approach taken by Gussy et al. (2013), 20% of the sources were randomly selected for verification, with verification planned for a further proportion should inconsistencies arise. The initial verification process revealed a near perfect consensus so further verification was not undertaken.

During the data extraction stage, several ostensibly ineligible articles were identified. A consensus meeting was held between three authors (BJ, SW, and AP) in which the papers were reviewed and discussed, leading to the exclusion of four papers. The potential impacts are discussed in the Limitations section below.

Analysis and presentation

To address the research aims, data were analyzed using descriptive statistics and through qualitative content analysis in alignment with the *a priori* protocol (Jackson et al., 2023). Content analysis is an approach that involves the allocation of concepts or characteristics into overall categories using open coding and is congruent with the intentions and parameters of a scoping review (Pollock et al., 2023).

To map how the outcomes were captured in the included sources (aim a), the outcome measure tools were coded as *standardized* or *custom*. The tools were inductively coded and categorized according to the construct they purported to measure. If the tool's underlying construct was not apparent, the definition in the included source was consulted. Additionally, the timing, frequency, and perspective of outcome measure collection were analyzed.

To understand the context in which the outcome measures methodologies were used (aim b), the characteristics of the included sources were analyzed. If the authors provided a rationale or justification for the chosen outcome measure methodology, it was extracted and inductively coded. A coding framework was developed to organize the varying justifications that authors gave to explain their selection of outcome measure methodology.

To evaluate the applicability of the outcome measure methodologies in the context of ongoing service delivery (aim c), the Evaluation Criteria framework developed by the Organization for Economic Cooperation and Development (OECD) was utilized (OECD, 2021). The framework outlines six criteria by which an intervention—in this case, the methodology of outcome measure collection—is evaluated to determine merit. In alignment with the framework's principles, which encourage contextualization and flexibility in applying the criteria, the six criteria were condensed into three: *Relevance* and *Coherence* were condensed as (1) *Congruence*; (2) *Effectiveness* remained unchanged; *Efficiency*, *Impact*, and *Sustainability* were condensed as (3) *Feasibility*. Outcome measure methodologies were rated against each criterion from 1 (poorer score) to 3 (best score); methodologies with summed scores >7 were deemed helpful to inform ongoing service delivery (see Supplementary Material VI).

Definitions

Due to inconsistent nomenclature within the literature, and to avoid positivism bias, the scoping review adopted a broad definition of "outcome measures"; consequently, the terminology may deviate from conventional notions and is defined as follows:

- Methodology: refers to the overall way the authors went about understanding the outcomes and experiences of the service users. It includes the following:
- Method of collection: *how* the outcomes and experiences were captured (e.g., in an interview, through a questionnaire).
- Tools: *what* made up the content for the method of collection. Tools were further defined as Standardized scales; Standardized interview schedules; Custom scales; Custom surveys; Custom interview schedules.
- Paradigmatic grounding: adoption of a quantitative (positivist), qualitative (relativist), or mixed methods approach to understand outcomes and experiences.

Results

Search results

As summarized in Figure 1, the search located 1057 articles, with a further 88 articles identified through backwards citation tracking. After screening, 49 eligible articles were included in the review (see Supplementary Material IV for references of included sources).

Characteristics of included sources

To describe the context in which the outcome measures were used (aim b), the characteristics of the 49 included sources are summarized in Supplementary Material V. Most of the sources originated from
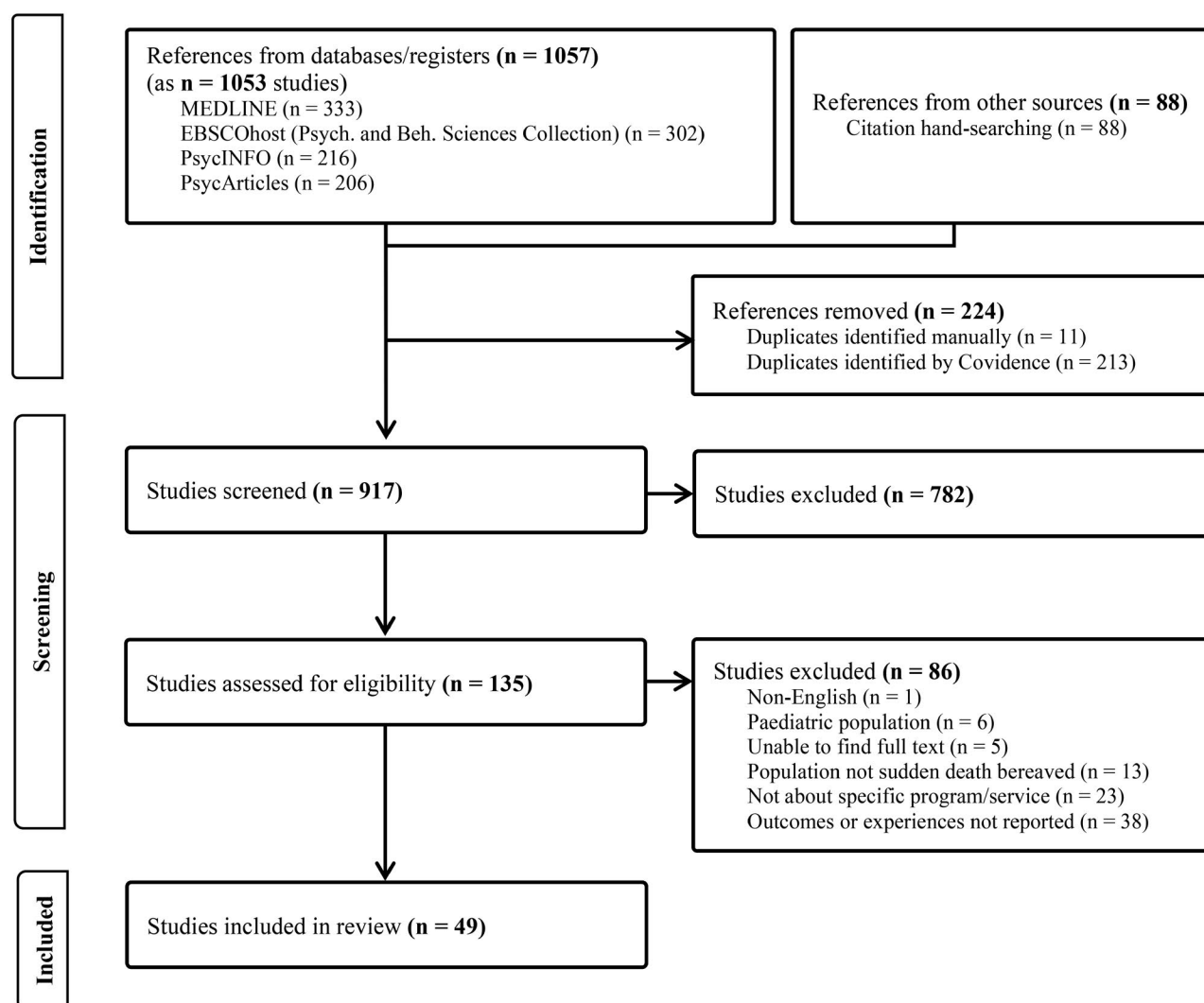
Figure 1. PRISMA ScR flowchart.

high-income countries, such as the United States of America ($n=15$), Australia ($n=8$), Ireland ($n=6$), and the Netherlands ($n=6$).

The included sources related to various programs, services, and interventions designed to support people experiencing bereavement and grief from a sudden, traumatic, or violent death. Most people supported across the studies were female (76%). The eligibility criteria excluded most papers with child and adolescent populations, however some papers with mixed cohorts (e.g., families) were retained. When removing residual children/adolescents from analysis, the age range was 18–84 years, with an average of 43.5 years.

Relationship to the deceased varied and included a range of both kin and non-kin relationships, with spouse and parent being most common. Most papers reported participant relationship with the deceased ($n=43$) and over eighty percent reported on programs or interventions that supported multiple relationship cohorts (e.g., both parents and spouses); a small subset targeted only one bereaved cohort, such as military colleagues (Jacoby et al., 2019), military widows (Blackburn et al., 2022), or psychiatrists who had lost a patient to suicide (Tamworth et al., 2022).

Losing a person to suicide was the most represented type of bereavement, with 67% ($n=33$) of the papers detailing a program or intervention specific to suicide bereavement, and a further 16% ($n=8$) supporting suicide bereaved alongside other types of bereavement (most commonly homicide).

Nearly half (45%) of the interventions were delivered in the community by a non-government organization (NGO). The next most common setting for the interventions was online, which included online forums, online therapeutic interventions, and online resources (16%). Specialized clinics, including university-based clinics, housed around 12% of the interventions.

Review findings—Outcome measures used, context and justification, and applicability for ongoing use

There was considerable variability in when, how, why, and from whose perspective outcomes were understood. They were usually collected on only one occasion, ranging from 6 months to 5 years after the intervention had occurred (see Table 2). Outcomes were usually collected from service user perspective (86% of studies); about a quarter were supplemented with the perspective of others involved in the support, including clinicians, social supports of the person (Oliver et al., 2001; Sandler et al., 2018) or other stakeholders, such as police (Hill et al., 2022).

Various methods of data collection were employed, with questionnaires ($n = 23$) and interviews ($n = 13$) emerging as the most prevalent, occasionally utilized in combination ($n = 7$). Paradigmatic groundings were relatively balanced, with qualitative (33%), quantitative (39%), and mixed methods approaches (29%) evident. Over half of the studies (57%) utilized multiple tools to measure the outcomes of the intervention.

Standardized tools were the most common, used exclusively in 23 studies. Custom tools were used exclusively in 18 studies, while eight studies used both standardized and custom tools. There was considerable variation in the standardized tools, with 60 standardized scales or interview schedules utilized across 31 studies, which is illustrated in Figure 2. The most commonly measured construct was grief, which was assessed in 26 studies using nine different tools.

A rationale or justification for the outcome measure methodology (that is, the overall way the authors went about understanding the outcomes and experiences of the service users) was provided in 40 out of the total 49 papers. The themes of the various justifications are provided in Table 3.

After assessment against the condensed OECD evaluation criteria, 11 papers were identified as using outcome measure methodologies that could be considered helpful in ongoing service delivery. Commonalities observed among these methodologies included the use of pre- and post-intervention measures, explicit linkage between the objectives of the intervention and the chosen outcome measures, the utilization of abbreviated scales, and flexibility in data collection formats.

Discussion

Outcome measurements are an important element of interventions delivered to those bereaved by suicide and other sudden deaths, as they provide insight into what changed and for whom. Outcome measurements can quantify or illustrate the impact that an intervention has on the lives of the people it supports. In the context of bereavement support, it is crucial to understand the outcomes and experiences of individuals using services, as this understanding contributes to a solid foundation of evidence for essential interventions, provided during periods of vulnerability.

Identifying which outcomes to measure in bereavement interventions poses theoretical challenges, as defining "effectiveness" or "efficacy" of interventions delivered during such a sensitive period is complex (Green et al., 2024). Additionally, consideration must be given to the outcomes desired or valued by the service users. Harrop et al. (2020) engaged with a range of stakeholders to define a set of valued outcomes to assess bereavement support in the palliative care context. The group identified communication and connectedness, finding meaning, and finding balance between grief and life as important outcomes that warranted measuring. Notably, the identified outcomes are characterized by aspirational and strengths-focused attributes, which contrasts with the findings of the current review, which frequently observed the use of reductions in negative symptomology—such as decreases in grief symptoms or depression—as measures of the outcomes of bereavement interventions. This aligns with the tendency in suicide bereavement research to investigate the impacts of the psychopathology of the loss (Levi-Belz, 2019). This inclination to assess grief may inadvertently suggest an effort to diminish or minimize it, which contradicts the intent of providing bereavement support; the focus in such

Table 2. Frequency of outcome measure collection.

Frequency of outcome collection	Count
Once	22
Once off, after intervention	10
Once off, during intervention	7
Once off, regardless of place in intervention	5
Twice	12
Twice, pre- and post-intervention	8
Twice, other intervals	4
Thrice	4
Thrice, pre-/during/post-intervention	1
Thrice, other intervals	3
Four times	3
Pre- and post-intervention (1 × immediately; 2 × follow-up)	3
More than 5 times	8
Ongoingly	2
At pre-intervention, after each session, and post-intervention	2
At pre-intervention and 4 times post-intervention	3
At pre-intervention, mid-way, and 3 times post-intervention	1
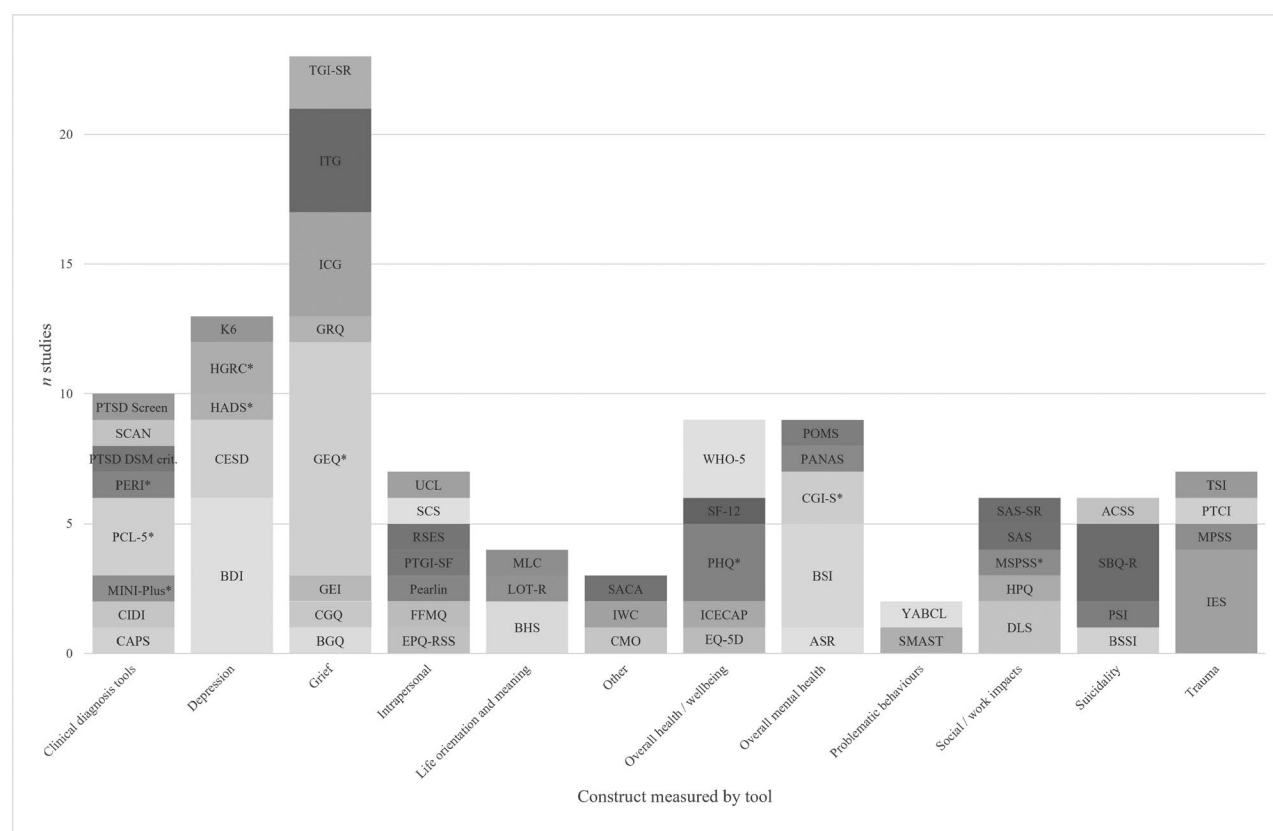
Figure 2. Standardized tools used as outcome measures. *Note.* Abbreviations of tool names are used; refer to Supplementary Material VII for a list of full titles. Tools marked with * indicate that a shortened or modified version was used in at least one of the studies.

Table 3. Justification of outcome measure selection.

Theme	Descriptor	Example
Appropriate for participant group and/or intervention	Authors provided justifications that related to the suitability or appropriateness of the tool, relevant to the participant group or the intervention. Justifications included reference to cultural appropriateness, flexibility, acceptability by participant group, and linkage between aims of intervention and selected tool.	"To minimize disruptions from study procedures on the existing program, the authors developed a brief questionnaire designed to require less than a minute to complete" (Walijarvi et al., 2012, pp. 171–172). "The questionnaire items and variables were originally constructed by the author on the basis of the study's objective…with the specific target group in mind. [To avoid pathologization of grief reactions] commonly used and well-known measurements, like clinical depression scales, were not used" (Westerlund, 2020, p. 6).
Aligned with past practice	Authors rationalized the inclusion of particular outcome measures by referencing past research methods or findings. This justification was typically used when replicating past methods but was occasionally used to justify a deviation from previous research.	"Post-traumatic stress reactions have for several years been measured with the IES [Impact of Event Scale]" (Aho et al., 2018, p. 327). "Existing programs have been evaluated first and foremost using quantitative methods….[therefore] children and their parents have only to a limited extent been encouraged to talk freely about their experiences" (Silven Hagstrom, 2021, p. 2).
Robustness of findings	Authors justified selected tools or approaches by inferring that their use would contribute to the robustness of the study. Often the tool's psychometric properties were listed. The ability to compare findings or triangulate data was occasionally used to justify the use of multiple methods of collection.	"A combination of methods is used to both facilitate comparison of the sample with other studies on key outcomes measures and allow for emergence of novel findings" (O'Connell et al., 2021, p. 3). "Multiple data collection strategies strengthened the study, allowing for data triangulation… which increases credibility and trustworthiness" (Barlow et al., 2010, pp. 918–919).
Deepen understanding	A common justification, especially among qualitative studies, was that the chosen outcome collection method would lead to a deeper understanding of a phenomenon, perspective, or experience.	"Focus groups were chosen as they were considered the preferred method to facilitate the participants to share their experiences of being a member of a peer-led support group, and to provide insight into the participants' experiences and processes as a group member" (Hybholt et al., 2022, p. 3). "We bring rather new, and uniquely valuable, empirical perspectives to the stream of narrative research by using data from an observational study, rather than commonly used interviews" (Van De Ven, 2020, p. 1827).

support is finding fulfillment or meaning in life alongside grief, rather than attempting to reduce it (Weier et al., 2022).

The use of standardized tools to measure the outcomes of bereavement support offers benefits, as they enable comparability of efficacy across interventions. However, concern has been noted that standardized tools may not capture the full experiences of service users (Crawford et al., 2011; Greenhalgh et al., 2018). Customized tools limit comparison, but do present some benefits, as they are fit-for-purpose and often designed with the intended audience in mind (Walijarvi et al., 2012; Westerlund, 2020). This latter point is of particular significance when considering the needs of different groups, such as individuals with neurodivergence or those from culturally or linguistically diverse backgrounds; standardized tools' questions and formats may lack cultural appropriateness or sensitivity to the nuances of diverse groups (Meldrum et al., 2023; Pellicano & den Houting, 2022). Notably, the papers from this review reflected relatively low diversity overall, with the majority of the participants being from predominately Anglo, English-speaking countries. Furthermore, while the authors of the included sources often highlighted the robust psychometric properties of standardized tools as a rationale for their inclusion, the potential impact of these tools on the service users was generally overlooked. Calls for consistency in outcome measurement in suicide postvention (Andriessen et al., 2019) necessitate careful thought regarding the specific outcomes to measure and the standardization, or customization, of the tools to do so.

The review revealed significant variability in the outcome measure methodologies employed by the authors. That is, there was major variance in the overall way the authors went about understanding the outcomes and experiences of the service users, including the method of collection, the tools utilized, and the paradigmatic grounding. As part of the current scoping review, the outcome measure methodologies were evaluated to assess their applicability in ongoing service delivery. The evaluation found that most methodologies posed a significant burden on staff and/or service users, required a high degree of skill to administer, or were expensive or time intensive, and thus were deemed unhelpful for ongoing service delivery. From a review of the literature alone, determining the suitability of a particular tool or method for measuring outcomes is challenging and research that prioritizes the lived experience perspective and provides real-world context is crucial. To address these limitations and contextualize the findings from the scoping review, the authors conducted focus groups with people with a lived experience of suicide bereavement and staff delivering suicide postvention support (in press). Findings from the scoping review and focus groups will be used to inform a Delphi study, which will seek to ascertain agreed priorities in the implementation of outcome measures in suicide postvention support.

Several limitations warrant noting. Firstly, the inclusion of the phrase "outcome measures" in the search terms may have inadvertently excluded qualitative studies that did not report on *measures* per se. Therefore, it is possible the search did not capture all studies concerned with outcomes for people bereaved by a sudden death.

The "sudden death" eligibility poses some limitations, as this may have led to the inadvertent exclusion of papers that could have informed the research question. For example, papers on HIV-AIDS bereavement were excluded on the basis that the other medical conditions were excluded. However, HIV-AIDS related bereavement is associated with some of the negative experiences of suicide bereavement, namely stigma, shame, and secrecy (Sikkema et al., 2006). Further, likely due to the foundational iteration of the search string, which was limited to suicide bereavement only, suicide postvention programs were overrepresented in the included sources. Notably, interventions for drug overdose bereavement were not located in the search, despite these being identified as relevant (Bottomley & Smigelsky, 2023).

Understanding the outcomes and experiences of people who access support following sudden, traumatic bereavement is crucial for the ongoing development of the evidence base. In the absence of established guidance on the optimal way to measure outcomes in the nuanced context of suicide bereavement support, the review sought to map the various outcome measure methodologies utilized by researchers and service providers. The review took a broad lens of what it means to measure outcomes in this context and consequently identified a wide range of tools and methods with varying paradigmatic groundings. The various tools and methods offer both benefits and drawbacks. Before the implementation of any outcome measure methodology in research or in routine service delivery, it is imperative that considerations, such as suitability to context, impact on service users, and comparability of outcome data be carefully deliberated.

Disclosure statement

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