



The Compassionate Friends Victoria Inc.
Bereaved Parent & Sibling Support & Information
Patron: Rhonda Galbally, AO

Senate Inquiry into Suicide in Australia Submission 2009

To: Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

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SUBMISSION TO
“INQUIRY INTO SUICIDE IN AUSTRALIA”

SUBMISSION SUMMARY:

1. Terms of reference referred to
2. Data source for submission (Research Project)
3. About the research project from which data is drawn
4. Clarification of the links between research data and term of reference (a)
5. Submission data:
 - Social cost
 - Economic cost
 - Personal cost (via a case study –the story of a family bereaved by suicide)
6. Research recommendations relevant to submission

1. TERMS OF REFERENCE REFERRED TO:

This submission has a **major focus on Term of Reference (a) “The personal, social and financial costs of suicide in Australia”**.

However, we submit that the research from which our submission data is derived (see below) **also provides data that relates to Terms of Reference (c), (f), and (g)**. This is based on the premise that programs supporting profoundly bereaved individuals are a vital part of a broad suicide-prevention strategy (a premise accepted by the Victorian Government “Suicide prevention Task Force”, 1997, conducted by Justice Peter Kirby).

(Note: A copy of the final report of our research is attached to this submission).

A world wide family of bereaved parents caring for one another
Founded 1969 in England by Rev Dr Simon Stephens
Founded 1978 in Australia by Lindsay & Margaret Harmer

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2. DATA SOURCE FOR SUBMISSION:

The main data underpinning this submission is drawn from the following research project:

Stebbins, J. & Batrouney, T. (2007). “Beyond the death of a child: Social impacts and economic costs of the death of a child” (Sponsored and Published by *The Compassionate Friends Victoria*).

(The final research report was launched by the Governor of Victoria (Professor David De Kretser, AC) in July 2007).

Also **Dr Stebbins**, with his wife, Sue, has run Bereaved-by-Suicide support groups for over 15 years. As well, both his Masters and his Doctoral degrees involved research into families bereaved by suicide. *Experiences with those (many hundreds) who attended the support groups, as well as data from the Masters and Doctoral research, strongly supports the veracity of the data below.*

3. ABOUT THE 2007 RESEARCH PROJECT (MAJOR DATA SOURCE):

This study conducted both quantitative and qualitative research on the topic *the social impacts and economic costs of the death of a child on families during the first three years following the death*. Two major research instruments were used – an extensive questionnaire to 103 bereaved families and 17 in-depth interviews with members of seven families.

The aim of the study was to provide bereaved parents, governments, community agencies and business organisations with findings on the impact on families of the death of a child (of any age, and by any means).

From this data we made a number of recommendations directed to greater understanding and improved support services by these bodies to families (See attached final research report).

Two-thirds of the bereaved families lived in metropolitan Melbourne and one-third in regional Victoria. The majority of parents whose children had died were in their thirties and forties, that is, in mid-life and mid-career.

Of the causes of death represented in the 103 families, 15 were by suicide (representing 14.3% of deaths represented in the research sample). Amongst the other causes of death were deaths due to cancer and other chronic illnesses (30), vehicular accidents (19) (**which may contain further hidden suicides**), other accidents and sudden unexpected deaths (21), SIDS and still-birth or miscarriage (12). (See p.17 of research report for full details)

4. LINKING RESEARCH DATA AND TERM OF REFERENCE (a)

The core finding from our research data (based on the experiences of 103 families profoundly bereaved by the death of a child by many means including suicide) **is that the personal, social and economic impact on families is essentially the same, no matter how a child died (ie whether by suicide or not), and hence provides data directly relevant to the term of reference (a) of this Senate inquiry.**

While our research clearly showed that the pattern of reactions for *every* bereaved family is both complex and unique, as are the reactions of each individual within these families, it also *identified a range of broadly common personal, social and economic themes* that relate to almost all bereaved families.

Although face-to-face support must focus on the individual, identifying these common themes is a valuable aid in informing organisations and individuals when considering appropriate policies, structures and strategies for supporting bereaved individuals and families.

5. SUBMISSION DATA

In presenting data relevant to the inquiry's terms of reference, we begin by referring the committee to a case study (from the research) of a family bereaved by suicide (See Appendix 1).

This case study of a young man, Allan, who took his own life, graphically illustrates a first point we would make – that *horrendous and idiosyncratic circumstances precede practically every suicide.*

Special Recommendation:

That *trauma support* as well as *grief support* should be important components of suicide-bereavement support structures.

SUMMARY OTHER DATA FROM THE RESEARCH:

The social, economic and personal costs data presented (below) is drawn from all 103 bereaved families contacted in our research, involving a wide range of different types of deaths including suicide. As previously stated, the evidence supports the contention that *the personal, social and economic impact on families is essentially the same*, no matter how a child died (ie whether by suicide or not), *and hence the data below is directly relevant to the term of reference (a) of this Senate inquiry.*

We will first present this data, then submit a number of recommendations drawn from the data.

(1) SOCIAL COSTS

Two particular effects of the death on relationships stood out, each impacting on perceived and actual support received:

- (i) Within the immediate family, family members commonly found difficulty in supporting each other, particularly in the early months, due to the intensity of their own grief. This tended to lead to strong feelings of isolation, confusion and hurt, and strong reactions of guilt, anger and resentment, and in many cases to (at least temporary) serious breakdowns in family cohesiveness.
- (ii) The immediate family commonly experienced (perceived or real) wide variation in the support they received from their friends and extended family. Over time most family members reappraised and made significant changes to their family contacts and friendship networks. Again, these changes were usually accompanied by strong feelings, ranging from positive appreciation to negative resentment.

These are reflected in the following quotes:

We were totally unable to support each other during the first year, each locked in our own grief pain – resentment grew, inability to cope etc. Both grieved differently – caused disharmony and arguments. (Mother of Gemima aged seven years)

A few friends (1 or 2) were ‘golden’ and knew instinctively how to deal with us. To some we became somehow tainted. Our circle of friends shrank, but those who are left are somehow more trusted, more honest. (Father of Allan aged 20 years)

General pattern of support within the immediate family:

(i) In general terms, relations between parents, in terms of mutual support and closeness, *decreased* during the three years after the death when compared to the period before the death. Related to this we also found evidence of significant differences between male and female styles of grieving; differences that were exacerbated by the death.

It should be noted, that other data (eg longer term data from bereavement support groups) suggests that for most parent partnerships, over time (beyond three years), the support and closeness slowly returns.

(ii) Relations between parents and children, and children and children, presented different patterns. *No significant change* was perceived in the level of support and closeness given by parents to other children over the first three years, compared to the support given before the death. On the other hand, other children in the family were perceived as being *more* supportive of their parents after the death of their sibling than they were before.

(iii) Finally, there was *no significant change* in perceived levels of support and closeness between other children in the immediate family.

General pattern of support between immediate family and extended family and friends:

In general, the research data found relationships with extended family members did not change significantly, following the death, which suggests that the quality of relationships that have been established with extended families before the death of the child tends to continue after the death. Much the same pattern occurred in the relationships between family members and their friends.

There were two interesting additional findings:

- (i) Firstly it emerged that no matter what the pre-existing relationship had been with extended family members and friends, immediate family members expected to receive support from them, and were hurt when this did not occur.
- (ii) And secondly, bereaved family members found it easier to remove friends from their circle, than to 'cut' extended family members.

Impact on social activities:

The impacts of the child's death on the social activities (such as recreational, sporting, charitable and hobbies) of parents and children were similar, in that they led to a decrease in frequency of social activities for both groups.

Furthermore, both parents and children rated social activities as less important after the death of the child than before the death. This, together with other evidence, suggests the notion of a collective *family* response to the death of the child.

(2) ECONOMIC COSTS

Our findings suggest that the economic costs of bereavement deserve much more attention because many bereaved families experience significant costs and income loss as a result of the death of their child(ren).

The financial costs incurred by families following, and directly related to, the death of their child include medical expenses, funeral costs, legal costs and the impact of the death on employment and income as well as on work around the house

Health related costs:

Almost one-half of the respondents indicated that members of their family had incurred out-of-pocket health-related expenses, which were in excess of Medicare and other subsidies, and over 70 per cent experienced moderate to extreme difficulty in meeting such expenses. This included:

- (i) Difficulties with expenses related to mental and psychological health (average of around \$2,100 per family).
- (ii) Difficulties with more general medical expenses provided by general practitioners and specialists (average of \$1,060 per family).

Funeral expenses:

Funeral costs for a child are a significant unbudgeted expense for many families. Of 102 respondents 42 per cent found funeral expenses to be a significant economic burden. The one-off costs associated with funeral expenses amounted to a substantial figure of \$3,800 per family.

Legal expenses:

Legal expenses associated with such matters as probate, legal claims of various sorts and inquests were incurred by a small number of families (less than 20 per cent of respondents) and amounted to around \$1,900 per family.

Other costs:

A number of expenses such as ambulance costs, disposal of damaged vehicles and debts in their child's name were significant additional expenses for 60 per cent (28/47) of families who included these.

Employment costs:

(i) Income losses:

The burden of financial costs following the death of a child is exacerbated by the loss of income from employment and a negative impact on the work performance of many family members. This reduced work participation resulted from premature retirement, premature resignation, voluntary or involuntary demotion, leave without pay, absences, selling or leaving a business, loss of entitlements and inability to do weekend or shift work.

The amount of employment time lost as a result of resignation, forced resignation or premature retirement averaged 30 months. Parents' estimates of their lost income varied from a low of \$2,500 to a high of \$600,000 with an average of \$59,500.

Bereaved people commonly dealt with the disabling effects of loss by taking various forms of leave. Most parents in our survey took leave without pay, often after exhausting other forms of leave. The periods of leave taken varied from a low of two weeks to a high of two years and eight months, with an average period of leave without pay of 15.5 weeks, which cost family members around \$8,000 on average.

(ii) Work performance costs:

The death of a child also has significant effects on the actual work performance of family members. As many as three-quarters of respondents saw the impact on their work performance as very or extremely significant. Parent-respondents cited lack of concentration, lack of motivation and personal satisfaction, depression and other emotional responses as being the major ways in which their work performance was affected. Associated with this, they frequently experienced a diminished sense of self-worth and self-confidence in their employment.

(iii) Job security and career prospects:

The death of a child can also have dramatic longer term effects on job security and career prospects as well as income. This impact was felt by those parents who chose, or were forced, to resign from their employment following the death of their child. The compassionate understanding of some employers preserved job security for some bereaved workers. For others, the death of their child brought permanent change to their workforce participation.

Note: Following the death of a child, awareness of the effects and their impact on families and work is important both for the bereaved family members *and for the workplace*.

(iv) Impact on work around the house

Most parent-respondents indicated that the death of their child exerted a negative impact on the work around the house of family members. Sixty percent (51/85) of respondents regarded this as a very or extremely significant issue for them. Bereaved parents were burdened by a lack of motivation, fatigue, and some found the home a site for sad memories

The major response was a lack of interest in, and motivation to undertake, household chores. This seemed to be even more significant than with paid employment, possibly because of a greater discretionary element about work around the house. Some parents used household chores to stay busy.

(3) PERSONAL COSTS

The data covering the social and economic costs (above) reflects many of the personal losses suffered by those experiencing profound bereavement.

This includes social losses, especially those associated with breakdowns in family, extended family and friendship relationships, which can in turn lead to personal isolation, loss of reference groups, and at a deeper level, loss of confidence and self-worth.

Costs associated with economic/financial losses and changes, which includes loss of security, stability, status, with again the deeper losses of self confidence and self-worth.

Suicide

With specific reference to suicide (15 young people in our sample died from suicide), while each case was unique, feelings of inadequacy and inability to cope with life appeared to be present in many of those who died. In all cases the suicide was a sudden and traumatic event for the remaining family. A number of the parent-respondents (more than in any other death category) chose not to describe the circumstances of their child's death by suicide. However, some parent-respondents sought to understand and explain the actions of their children retrospectively. Those who did, described their children as suffering variously from depression, a failing marriage or partnership, post-traumatic stress disorder (PTSD), bullying at work, weight problems and drug or alcohol induced behaviour, or combinations from this list.

Depression caused by a number of factors including relationship breakdown with girlfriend. Substance abuse, breakdown of friendship with his best friends, general feelings of sadness, inability to cope. (Mother of Adrian aged 19 years)

In some cases there was a combination of physical and psychological problems that together proved to be overwhelming:

Nadia was ill with Chronic Fatigue [CF] from age 12. Missed 7, 8 and year 9 of school. Was too ill. Did correspondence. CF developed into Clinical Depression Psychosis...died [of] overdose 24.5.2000. (Mother of Nadia aged 21 years)

Undiagnosed depression by counselling service at university despite Mandy talking about suicide to them. Just started university. Grief to do with her father. Boy friend problems. Worried about her weight. Was recovering from a virus. Issues to do with me. Working [2 part-time jobs]. None of these separately I feel was enough to contribute to Mandy's state of mind, however together I feel they were overwhelming to her. (Mother of Mandy aged 19 years)

The suddenness and often secretiveness involved in suicide typically precluded the opportunity for family members to prepare themselves for the death, to farewell their children, or to intervene to assist them. As indicated below, the suicide of their child can sometimes produce feelings of guilt among parents:

Alan decided to stay home from school. Mum went to work. She came home early, thinking it odd for Alan to stay home. She found him hanging out under the verandah. Ambulance took Alan to Hospital, kept him on life support until found too much damage to brain. And I had to take Alan off life support. His note told us all to get our lives together, don't cry, he'd done something so bad 'suicide's the only way out'. None of his mates etc. knew. I had left, walked out, 2 years previous. (Mother of Alan aged 16 years)

RECOMMENDATIONS FROM THE RESEARCH DATA

The first recommendation comes directly from the case study of a family experiencing a suicide death (previously cited):

Special Recommendation 1:

That *trauma support* as well as *grief support* should be important components of suicide-bereavement support structures.

The following recommendations were framed from the total research data. All recommendations are directed to government and non-government bodies, and professionals and para-professionals working in the area of suicide-bereavement support, and cover the following areas:

Bereavement support programs and approaches,
Economic costs,
Employment,
Education
Research.

Bereavement support programs

Recommendation 2

That organisations and workers currently providing bereavement support, evaluate and, where necessary, modify their programs/approaches to take account of the following:

- The fact that many families and individuals will require long-term support, where 'long-term' is measured in years, not weeks or months.
- The range of support needs and priorities over time of different family members
- The range of support needs and priorities over time of family members in relation to suicide deaths specifically
- The uniqueness and complexity of both individual and 'family' bereavement
- The need for flexibility in the type, timing and the length of support programs

Recommendation 3

As there is no one public body concerned with the overall planning of bereavement services in Victoria, the State Government set up an interdepartmental task force to examine the current matrix of support programs for bereaved families, to determine whether they currently cater for the range of individual, family and cultural needs and expectations for support.

Recommendation 4

That the task force examine the matrix of information and training programs on loss, grief and bereavement support to determine whether they provide appropriate knowledge and skills to all potential support personnel, including:

- members of the immediate family
- members of the extended family and friends
- professionals including general practitioners, psychologists, psychiatrists, counsellors, social workers, youth workers, clergy, teachers and other school personnel, funeral personnel, Coroner's Court personnel and OHS personnel
- employers and employer bodies, managers, supervisors, union leaders and employee bodies
- community organisations supporting bereavement.

Recommendation 4

That organisations which offer support programs evaluate the extent to which they provide for:

- all age groups
- both city and country families
- home-based support including child care for home-based parents.

Recommendation 5

That state and local governments, as appropriate, expand the program of Home Help to enable more ready and affordable access to bereaved families.

Economic costs

Recommendation 6

That appropriate organisations such as the Australian Centre for Grief and Bereavement and The Compassionate Friends Victoria be requested to include grief-related financial counselling as part of its suite of programs.

Recommendation 7

That organisations such as the Australian Centre for Grief and Bereavement and The Compassionate Friends Victoria provide advice and guidance to financial counsellors in organisations such as community health centres on matters related to grief and bereavement.

Recommendation 8

That the State Government initiate a community awareness program targeted at appropriate bodies such as banks, insurance companies and funeral homes to encourage families to make provision for future funeral and burial expenses, by either pre-paying, putting aside savings, or insuring against death in the family.

Recommendation 9

That the Commonwealth Government make provision for financial grants or low-cost loans for families when a child dies; that such grants or loans take into account the added burden when the death follows a long-term chronic illness (in the case of suicide, often a long term debilitating mental illness).

Recommendation 10

That bereavement organisations consider raising funds to provide immediate financial support for bereaved families.

Employment

Recommendation 11

That the State Government initiate an information program on the debilitating impact of the death of a child on paid and domestic employment, together with measures to mitigate the impact; the program to be targeted at employers, employer organisations, unions, OHS personnel and government agencies such as WorkSafe and CentreLink, and include:

- information literature
- information programs
- support-training programs.

Recommendation 12

That CentreLink initiate special occupational programs offered by grief-related trained personnel to assist bereaved family members over the transition hurdles of returning to work, changing employment or seeking new employment.

Recommendation 13

That employer and union bodies support the expansion of OHS policies and programs in work places to provide greater support for bereaved family members, including through the provision of extended compassionate leave.

Education

Recommendation 14

That existing bereavement support programs in government and non-government schools be expanded to include three levels of grief support:

- programs directly supporting bereaved children
- information and training programs on bereavement support for students
- information and training programs on bereavement support for school staff (teaching, administration and maintenance).

Research

Recommendation 15

That the Productivity Commission be requested to fund research into the economics of bereavement with a particular focus on the cost to industry and the community.

Recommendation 16

That the Australian Institute of Family Studies be requested to include questions related to the impact of the death of family members on children in the Longitudinal Study of Australian Children and in other research projects, as appropriate.

Recommendation 17

That the *National Statement on Ethical Conduct in Research Involving Humans*, published by the National Health and Medical Research Council, designate and fund a Human Research Ethics Committee in each state to consider applications for ethics approval from individuals and small organisations which do not have their own ethics committees.

Recommendation 18

That the Australia Research Council be requested to designate bereavement research a priority in the next funding round.

APPENDIX 1

CASE STUDY OF A FAMILY BEREAVED BY SUICIDE:

In this case study we interviewed three members of a family bereaved by suicide – the father, and two adult siblings of a young man, Allan, who ended his own life in 1999.

Kevin, Patrick and Alana

it's something that happened ... life throws some amazing things at you at times ... and you try and either accept it or deny it ... and make the best of it that you can ... turn things into positives ... (Patrick)

The tragic circumstances surrounding Allan's death included drug-induced violence, which culminated in his attacking a 14-year-old boy and then, believing that he had killed him, taking his own life by hanging himself.

Family background

Allan was 21 years old when he died by suicide in 1999. At that time his father, Kevin, was 49 and his two siblings, Alana and Patrick, were 23 and 14 respectively. Allan's mother, Maggie (46) and Kevin had been separated for over three years. She was not interviewed. The interviews took place seven years after Allan's death, when Kevin was 56, Alana 30, and Patrick was 21.

At the time of his death, Allan was living with Kevin, Patrick was living with his mother and her new partner and family, and Alana lived with her partner and their two children about 10 kilometres away (they still live there, although they now have four children). All interviews took place in the family home, a large house on a large river-front block.

Soon after Allan died, Patrick came back to live with Kevin in the family home.

Allan

The story leading up to Allan's death is both horrendous and as Kevin said 'bizarre'. Allan had spent the day of his death with two young family friends – a 14-year-old boy and a 14-year-old girl – smoking marijuana. Some time early after lunch there was an argument and Kevin summarises what happened next:

Sometime during the early afternoon Allan attacked the boy by cutting his throat. Allan left the boy for dead (he survived) then went to the kitchen and cut his wrists. He then drove 5km to his mother's house where he obtained an electrical cord and then he walked 1km upstream along the river where he hung himself ... I found him there early the next morning ...

Kevin attributes Allan's death to a one-off psychotic episode (as far as they know), triggered off by his marijuana use, because he had no history of either violence or mental illness – although in retrospect Kevin believes he was seriously depressed. Furthermore, Kevin said:

there was no evidence of any issues before then ... his personality was engaging ... he had lots of friends ... [violence] wasn't his style ... a happy lad ... a gentle person ... a really gentle person ... completely out of character ... if he'd had issues it might have been vaguely understandable ... absolutely no explanation ... and the young lad he stabbed was 14 ... just a boy.

Kevin was glad that he was the one who found Allan. There had been a large police search, which included the use of the dog squad, and he was afraid that if they had found him he would not have been afforded full respect:

I got up very early next morning after waiting all night for him to turn up ... I thought I might know where he'd go ... and he was not far from where I said he would be ... [and in finding him] I felt that at least his body was looked after ...

Following the coroner's investigation, Kevin was able to bring Allan's body home. It remained in the house for several days, and Kevin felt this helped lessen the traumatic impact of the death and assisted him to begin grieving.

Financial impact

Financially Allan's death presented no direct problem for the family. Kevin at that time was a high-earning corporate executive. Indirectly, however, the impact of Allan's death affected his earning capacity considerably. Reappraising his work and related life-style, which was directly linked to re-evaluating the quality of his relationships with his children, led to his taking an early retirement package and, although he was still relatively comfortable, it did mean watching finances more carefully.

Impact on family members and relationships

Kevin

Allan's death was devastating for Kevin in ways beyond the obvious terrible trauma of losing a child. It made him realise just how much his children meant to him. In particular, it forced him to reappraise his lifestyle, which was heavily centred round his work, a job that meant he got up at 5am and seldom returned home before 7pm. A fortuitous early retirement scheme was offered around the time of Allan's death, and this helped him decide to leave the firm and the frenetic lifestyle and become a full-time home-father.

Kevin describes the process leading to that decision:

the grief issues ... and what they do to you when your child dies ... it turns you upside down and inside out ... and causes you to re-evaluate what's important to you ...

for a long time I was in this fog where I couldn't think and found it very difficult to concentrate and focus on things ... I just sat ... part of my defensive system to stop me thinking ...

but my profession [meant] I had to think ... to read and understand quite complicated legislation ... constant updating ... and that was a problem ... I wasn't interested ... I didn't care ... which raised a problem because you had to care [laughs].

I would find myself getting distraught [over] little things ... give me a crisis and it was not a problem ... [but] the photocopier not working ... could make me incoherent with anger ... I just wanted to smash them to pieces ...

so I decided to become a father full-time ... Patrick was struggling at school ... he'd stopped going ... and [needed] some full-time parenting ... I think there were two separate things ... I couldn't take the pressures of the job ... and [I had] the need to become a full-time parent ...

For quite some time after Allan's death, Kevin, an avid bush walker, felt uncomfortable walking in the bush:

I was always frightened that I'd come around the corner and find a young person hanging from a tree ... and this still sometimes comes back and haunts me ... or if I find a young person in the bush I get nervous ... when I'm walking with people it's not a problem ... it's when I'm walking by myself ...

For a long time after Allan died Kevin felt alone and isolated. He admitted, however, that the isolation he felt was to a large extent self-imposed, and he discussed two major reasons for this. The first was a realisation that he probably tends to give the impression of always being in control, and of not needing support. Alana said, *'he just deals with things his way ... and doesn't involve other people.'* And Kevin admits that especially in the early days he did protect himself by, in essence, 'doing his own thing'. He saw this 'control thing' in part connected to a wariness about talking about Allan's death with other people and in part connected to 'caring for my boys' for as well as having Patrick living at home, Kevin had taken on foster-parenting young adolescents soon after Allan's death. He said he had always wanted to do this, and he also suspected that:

part of this was wanting to prove I could be a good dad again ... in a sense having messed up in relation to Allan ... so with the other boys keeping them safe ... I proved to myself that it was an aberration with Allan ...

Patrick indicated that he is very comfortable and supportive of his father's foster parenting, and in fact Kevin got his agreement before he took on this role.

The second reason Kevin gave for the protective control he maintained was much more complex:

it was easier ... because I'm gay ... and living as a straight man is a stressful sort of lifestyle ... I've become more reconciled to this but the fact is there's this catch 22 where if you get close to someone then 'Why do you want to be close to them? ... is it because I'm gay or because I want to be their friend? ... or do they think I'm gay? ... or not?' ... it's too complicated so it's best if I just stick to myself ...

He said he was aware of being gay before Allan died, but the awareness had built up slowly, and being reconciled to this had been slower still. He said that the same young psychologist who had helped Patrick had also helped him to reach a more open acceptance of his sexual orientation, but that this was still very much a work in progress. One big change that has occurred has been a more personal involvement with people than previously:

I'm much more open to people ... able to shed a tear and not be worried by it ... able to reach out and hug people when I feel I need a hug ... I probably still don't have many close friends in the sense of people that I would go out with or who would come to my house ... [although] I am going out in a couple of weeks with a couple of friends ... and their wives ... and I see them as people I would count as friends ...

Patrick has also noticed changes in Kevin over the years:

he used to have a short temper ... he wasn't a violent person ... he'd get very loud and yell ... but now he will just talk it over ... discuss it...

Although even he wonders to what extent this is their relationship becoming one between adults.

Alana

Allan's death affected Alana more than she expected, as she and Allan had been close:

not super close ... but we got along fine ... because me being married and having kids ... it was a totally different lifestyle.

His death was a shock because he had been over for dinner a couple of nights before and he was talking quite positively about his future.

Alana admits to deep sadness over Allan's death, and the way it happened left many unanswered questions for her. But once she realised she could not get answers, she said she 'just got on with life'. Kevin sees Alana's journey somewhat differently:

she had a breakdown in 2001 ... when the September 11 thing happened it triggered a whole series of stuff in her ... she was worried that she could do herself some harm ... it included a period of hospitalisation and some intensive counselling and medication ...

However, she seems to have recovered from this very difficult period according to Kevin:

she now seems to be quite well adjusted ... she's handling this (fourth) pregnancy very well ... I've made a point of listening ... she talks a lot ... and I'm happy that the tones are OK ...

She herself said she has put Allan in a comfortable space, and her husband is supportive of her sadness, especially around anniversary times.

Patrick

Patrick has varied interests, including an interest in extreme sports such as bungee jumping. He spoke openly about his reaction to Allan's death and the impact this had on his life and that of his family. He appears to have settled Allan's death relatively comfortably into his life experiences:

it's something that happened ... life throws some amazing things at you at times ... and you try and either accept it or deny it ... and make the best of it that you can ... turn things into positives ...

Patrick's reaction to Allan's death was one of deep shock and sadness because he had looked up to his brother. In many ways he was caught in the middle when Allan killed himself. Not only was he at a very vulnerable age – just entering puberty and adolescence – but the young person that Allan attacked was his best friend.

Understandably, Maggie, Patrick's mother, was very distraught when Allan died, and did not have the resources to handle Patrick's reactions as well as her own grief. In particular, the blame she directed against his best friend made a difficult situation even more difficult for the 14-year-old to manage, and part of the reason Patrick moved back with his dad was the alienation created by Maggie's reaction against his friend. As he said:

Allan's death weakened my relationship with mum ... she was a little bit over the top ... she couldn't handle [Allan's death] too well ... and I couldn't handle her reactions ... she could only talk about Allan ... saying 'I don't want Allan's thing to happen to you' ... and she held it against my best mate ... so I didn't feel too happy about that ... because it's not his fault directly ... what Allan did to himself was what Allan did to himself ... it was pressure I didn't need ...

That particular tension between Patrick and his mother remains today. He said he still finds her reactions irrational. On the other hand, Patrick said that Allan's death brought him and his dad closer:

[Allan's death] strengthened my relationship with dad ... I moved back in with him to support him ... to be behind him ...

Similarly, his relationship with Alana has strengthened: 'definitely ... me and Alana didn't have the best relationship beforehand ... now we are very close'. He said this was partly due to a growing maturity, but also because he consciously took over his brother's role because she and Allan were very close.

Kevin and Maggie

Kevin's relationship with his ex-wife Maggie – they had been apart for three years prior to Allan's death – is now quite amicable, and each has had little influence on the other's grief journey:

we see each other occasionally ... there's no animosity between the two of us ... there's nothing else either ... [Allan's death] made no specific change [in this relationship] ...

For a year or so just before Allan's death and for a short time afterwards, second son Patrick was living with Maggie. Kevin did feel that she could have been more attentive to Patrick during that time, although he also realised that she was re-establishing herself with a new partner and family, was also grieving for Allan, and that Patrick himself was at a difficult age (13–14+) and was probably challenging parentally imposed boundaries.

Patrick returned to live permanently with Kevin. Interestingly, Patrick said this move was 'to support dad', who was living alone, whereas Kevin believed he chose to return because things were too uncomfortably restrictive at his mother's house.

Kevin and Alana

Kevin feels a little guilty about the time he gave to Alana before Allan died. In retrospect he thinks he was not giving her the attention she probably still needed. He thinks that the fact that she now had her own independent family unit – a partner, and at that time two children – and that she and her partner were working hard to establish a new business, may have contributed to his diminished contact with her.

After Allan died, things did change, he said:

I did reach out a little more ... not as intensively [or] systematically as perhaps I might have for a time ... Now I'm quite systematic about contact ... if I haven't seen her for a while I'll pick up the phone and call her [or] call in ... but she now has three children and a fourth due this month ... she's a busy lady ... she helps out in their business once a week ... she's got a wide circle of friends ...

Alana agrees that her relationship with her dad is comfortable: 'we're just good mates ... we get on fine ... a supportive friendship'.

Kevin and Patrick

Although Kevin has now increased his contact with Alana and her family, in the immediate aftermath of Allan's suicide, most of his energy went into his relationship with Patrick. Kevin was always close to Patrick, and in spite of his busy work involvements, over the years he had been assuming more and more responsibility for Patrick's education and development. This involvement intensified as Maggie became increasingly involved with her new partner and family, and became even more intense after Patrick moved back to live with Kevin. In Kevin's words:

I was always close to Patrick ... it was always dad who went off to the school interviews ... hassles at school I was always the one who got the phone calls ...

Alana saw Kevin as very protective of Patrick, to the point of being too lenient, and soon after Kevin became a full-time father the relationship between him and Patrick reached a crisis point. This was resolved, and things have been solid since that time. Kevin explained what happened:

[Essentially our relationship] just got closer ... in the sense I was there 24/7 ... he no longer had to get himself up to go to school ... I was here to encourage ... I think Patrick liked it ...

about three years ago ... he had depression basically ... and was using too much marijuana ... and we had an altercation ... anyway it was a good trigger ... and that brought on a crisis ... and the deal was he had to go and see a psychiatric service ... and to his credit he saw somebody and it led to significant behavioural changes ... quite dramatic changes ... I think partly because [the psychologist] was a girl ... and partly because she was a younger person ... she was quite touched when these changes survived I think ...

we now have a great relationship ... we still have moments when things might get a bit tense ... but that's what relationships are like ... he still struggles with some things ... but he is much stronger in other ways ...

Kevin then spoke about a young man who was more in control of his life, looking forward to life with enthusiasm, and for whom marijuana was no longer a problem. He is currently completing a training course to teach English as a second language to immigrants

Alana and Patrick

Alana said that 'Patrick was a shit for a long time', but she agrees with Patrick that 'over the last few years we're getting along very well' and they see each other quite regularly. She felt that Allan's actual death did not affect their relationship, but what happened before the death – the attack on the 14-year old boy, who was Patrick's friend – did cause tensions. She and her mum both felt this child had contributed to the out-of-character attack in some way, but he has never said anything and they are both uncomfortable that Kevin and Patrick are still keeping in contact with this lad. Alana feels there is still 'a lack of closure' about this aspect of Allan's death.

Supports

In the early years, there was little long-term support for Kevin and he felt quite alone. He felt a heavy responsibility for 14-year-old Patrick and, to a lesser extent, Alana. He did not have any close friends. Most of his friends tended to be either work colleagues or friends established through his ex-wife, and these had gone when he and his wife parted.

He was very grateful to his own family for the support they gave him in the first week or so. However, they lived interstate and although his father, father-in-law, elder sister and second-youngest brother flew over and stayed for a time, their stay was necessarily brief. As Alana said, 'even though we are so far apart we are a close family' and Kevin certainly appreciated the short time they spent with him:

it was really nice having them here ... my little circle of people ... because I really didn't have anyone else ... being the father there was always this conception that the father can look after himself ... most of the sympathy cards went to my ex-wife ... the flowers went to my ex ... that's where people's expressions of sympathy generally tended to go ... I felt isolated ... sort of unrecognised ...

The starkness of his isolation and loneliness is emphasised when he says that most of his earliest support was 'wandering around bookshops ... buying books on suicide'. He said he did think about counselling: 'but then like a typical male I thought, "I'm not a wimp ... I don't need that"'.

Interestingly, related to 'control', when asked if he gained support from his children, he reacted as though this was something he had never considered, and said:

no, not really ... it wasn't their job to ... not their role to support me ... it just doesn't work that way ... it was my job to support them ...

He then seemed to reflect on this because he came back to it:

what I do get is a sense that they love me ... and that's OK ... but as a sounding board for my grief ... no it's not going to happen ... and I wouldn't do it ... it's not their role ...

Kevin has quite a strong social conscience and specifically a desire to assist those who have had similar experiences to him. In 2002 he did a telephone counselling course and regularly assists on the phones.

But perhaps the most significant move he has made since Allan died was contacting and joining a bereavement organisation in 2002. The contact with other people who have had a child die by suicide has given him the personal support he was missing and, he says, the non-judgmental nature of the organisation has contributed to his being able to talk more openly about himself, his feelings and his experiences. Kevin is now a volunteer counselor/helper at the bereavement organisation and a co-leader of a Bereaved-by-Suicide support group.

Alana said she was well supported by her husband and her friends. She is not a person who bottles things up, tending to talk things out, and although her husband is 'a typical male', she has always felt supported by him.

In relation to her friends she said:

they were all there for me and were very supportive ... had actually helped in some friendships too ... because I've had a friend who last Christmas her brother did the same thing ... and we've actually become close because she had someone to talk to who has been through it ... a couple of years ahead of her in the process ...

Patrick also indicated that his wide circle of friends were of most significance in supporting him in the early years following Allan's death. He was happy to talk about Allan and said he knew even back then that 'this was the best way to deal with it'. Most of his friends had known Allan and were comfortable talking with him and listening.

APPENDIX 2

FINAL PUBLISHED RESEARCH REPORT

Stebbins, J. & Batrouney, T. (2007). “Beyond the death of a child: Social impacts and economic costs of the death of a child” (*Sponsored and Published by The Compassionate Friends Victoria*).