

# Supporting schools to support children bereaved by suicide: The role of the Educational Psychologist in Northern Ireland - Executive Summary



Natalie Armstrong

Brónach Crabtree

Aisling Donnelly

Jessica Linden

Gemma Megarry

Laura Sheerin

Edited by Hassan Regan



## Introduction

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Children and young people (CYP) bereaved by suicide face a complicated grief journey requiring specialised support (Andriessen et al., 2022). Winston's Wish, a UK-based childhood bereavement charity, estimates that 25 children in the UK lose a parent to suicide daily (Wardley, 2021). Despite this, research on supporting affected CYP is limited, highlighting their vulnerability. CYP bereaved by suicide face higher risks of complex grief, depression, anxiety, and PTSD (Andriessen et al., 2016). Their social identities can also contribute to marginalisation, as explored through Burnham's Social GRRRAACCEESSS and Crenshaw's intersectionality (Burnham, 2005; Crenshaw, 1991). These frameworks show how overlapping identities (such as gender, race, religion) can lead to disadvantage. Despite these challenges, schools can provide a unique setting for intervention, offering consistency and normality for CYP bereaved by suicide (Aron et al., 2018). Theories like Bronfenbrenner's bio-ecological theory (2005) and Bion's containment theory (1983) illustrate the role of schools and educational psychologists (EPs) in supporting the affected CYP. Educational psychologists can also equip staff with skills through for example psychoeducation and informed postvention (support following suicide) care (Brennan, 2021). However, it is important to note that Northern Ireland (NI) remains a post-conflict society, with higher suicide rates than the rest of the UK (Holland, 2016). Further research on proactive bereavement support for CYP bereaved by suicide is therefore required.

## Methods

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A narrative literature review was completed by six students on the Doctorate in Educational, Child and Adolescent Psychology programme at Queen's University Belfast. Recommendations are made based on the results of this search, along with guidance from key stakeholders.

## Findings

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Grief is a natural, instinctual, and adaptive reaction to loss (Young et al., 2012). However, grief following suicide can be particularly complex for CYP, often manifesting differently from typical bereavement, placing them at higher risk of complicated grief (Krysinska et al., 2023; Mann et al., 2023; Melhem et al., 2011). The stigma surrounding suicide, compounded by avoidance and secrecy, leads to feelings of shame, blame, and failure (Krysinska et al., 2023; Mirick & Berchowitz, 2022). As a result, CYP bereaved by suicide may experience psychological distress both immediately and long-term (Krysinska et al., 2023; Mitchell et al., 2006; Veale, 2014). In normal grief, individuals progress through phases, including 'acute' and 'integrated grief' (Daigle & Labell, 2012).

## Findings continued

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In complicated grief or prolonged grief reaction, grief can persist, impacting daily functioning (Young et al., 2012; Melhem et al., 2011). Studies suggest CYP bereaved by suicide are more vulnerable to complicated grief, especially when the relationship with the deceased individual was close, or when additional stressors, such as socio-economic or family issues, exist (Cruse, 2024; Melhem et al., 2011). Although 10-20% of people experience complicated grief, the risk is heightened in suicide bereavement (Shear et al., 2011; Young et al., 2012).

Long-term effects for CYP bereaved by suicide not only include psychological issues such as anxiety, depression and PTSD, but also physical health problems like weight disorders, sleep issues, and chronic diseases (Hung & Rabin, 2009; Spillane et al., 2017). Additionally, research has found these children may be at increased risk of suicidal ideation and actual suicide (Pfeffer et al., 1997; Guldin et al., 2015). Cultural context may also play a role, as a recent study indicated that children in family-oriented cultures were found to experience heightened suicide risk following parental suicide (Lee et al., 2018).

Family dynamics are likely to be impacted post-suicide. Bereaved parents may face difficulties such as mental and physical health problems, which can interfere with their caregiving roles (Silvén Hagström et al., 2024). Moreover, significant life changes such as relocation or changes in family structure can add to the stress (Spillane et al., 2018). Schools also face challenges, with bereaved students showing increased risk-taking behaviour, behavioural issues, and poorer academic performance (Bartik et al., 2013; McEwan & Irvine, 2024).

Suicide bereavement may add complexity to a child's understanding of death. Children typically grasp the concept of death between ages 7-12 (Mitchell et al., 2006), but suicide often brings feelings of guilt, shame, and confusion (Schreiber et al., 2017; Veale, 2014). Open communication about the suicide is crucial, as children report needing to talk about their grief to reduce isolation and make sense of the event (Veale, 2014). Addressing suicide directly, even with young children, can reduce stigma, foster understanding, and lower the likelihood of complicated grief (Mitchell et al., 2006; Aron et al., 2018).

Postvention (support following a suicide) is imperative, as grief can resurface across the lifespan (Young et al., 2012). It involves organised interventions to support survivors, prevent suicide contagion, and promote healing (Zenere, 2009; Jordan, 2017). Schools play a critical role, providing emotional containment and ongoing support for both bereaved students and staff (Brennan et al., 2021; Silvén Hagström, 2021). Emotional containment (a safe environment for grief expression) is essential for mitigating CG risk (Brennan et al., 2021; Costelloe et al., 2020). Postvention efforts should also integrate family, community, and professional support systems (Hacker et al., 2008; Young et al., 2012).

## Recommendations

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- Educational psychologists (EPs) and school staff must recognise the long-term effects of suicide bereavement on children and young people (CYP), including academic, emotional, and behavioural impacts (Bennet, 2021).
- EPs support schools by guiding staff on addressing suicide sensitively and ensuring appropriate resources are available. They should also consider their emotional toll and seek supervision as needed.
- As children move to a new school year, information about their background should be shared to ensure consistent support. School staff should understand how children conceptualize death and suicide at different stages, as grief may evolve (Aron et al., 2018).
- Postvention training helps staff respond effectively to bereaved students, fostering emotional sensitivity and offering support strategies (McManus et al., 2019). Training also supports teachers' emotional wellbeing (Marie Curie, 2024).
- Clear communication and appropriate language around suicide reduce stigma (Schreiber et al., 2017).
- Schools should encourage open emotional expression and provide accurate information about suicide to promote understanding and coping (Duncan, 2020).



## Conclusion

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Given the high rates of suicide in NI and the impact of suicide bereavement on CYP, it is essential that future policy planning incorporates support for these individuals that is both timely and accessible (Mallon & Galway, 2015). When implementing such support within schools, a "top-down" approach is recommended. This approach should involve policy planners, education authorities (e.g., Educational Psychology Service (EPS) in NI), and school leadership to ensure a coordinated response (Marie Curie, 2024). Postvention efforts must also focus on communication, knowledge, engagement, and practical support. This support should be personalised to the specific needs of the bereaved CYP, taking into account the diversity of cultural, spiritual, and belief systems that exist in NI, to ensure inclusivity and effectiveness (Marie Curie, 2024; Samaritans, 2023). In doing so, the wellbeing of CYP bereaved by suicide could be greatly improved.







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