

Improving primary care for relatives bereaved by suicide

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1 to describe the long term effects of FGT and mutual support among first-degree relatives and spouses of suicide victims.2 inventarisation of help seeking behaviour of first-degree relatives and spouses of suicide victims during the first year...

Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON33517

Source

ToetsingOnline

Brief title

IMPRESSPLUS+

Condition

- Other condition
- Psychiatric disorders NEC

Synonym

self-inflicted death

Health condition

suïcidaal gedrag

Research involving

Human

Sponsors and support

Primary sponsor: Zorgonderzoek Nederland (ZON)

Source(s) of monetary or material Support: ZON MW

Intervention

Keyword: bereavement, complicated grief, general practice, suicide

Outcome measures

Primary outcome

ITG (complicated grief) (Boelen et al 2003)

CESD (depression) (Radloff et al 1977)

PSI (suicidality) (Paykel et al 1974)

guilt (De Groot et al, 2007)

help seeking behaviour since bereavement (disciplines, rates)

Secondary outcome

CESD (depression) (Radloff et al 1977)

PSI (suicidality) (Paykel et al 1974)

guilt (De Groot et al, 2007)

help seeking behaviour since bereavement (disciplines, rates)

Study description

Background summary

Relatives of suicide victims may take advantage of family-based cognitive-behavioural grief therapy (FGT) especially those who have suicide ideations briefly following the loss of their loved one. If FGT would

available, GP may play a key role in the identification of relatives who are suicide ideators. However, relatives are often not inclined to seek help by their doctors when they have suicide ideations, and doctors are sometimes hesitant to seek contact with the bereaved families. Due to this, relatives may be deprived of effective help, whereas GPs are expected to play a role in recognizing individuals who are at risk for suicidal behaviour.

Study objective

1 to describe the long term effects of FGT and mutual support among first-degree relatives and spouses of suicide victims.

2 inventarisation of help seeking behaviour of first-degree relatives and spouses of suicide victims during the first year since bereavement

3 inventarisation of experiences of GPs with relatives (families) who are bereaved by suicide

Study design

5-8 years follow-up of a RCT by a self-report questionnaire among 110 first-degree relatives and spouses (>18 yrs) of suicide victims .

interviews with GPs and coronors who are confronted with patient's suicide

Study burden and risks

No health risks are expected. Possibly, completion of the questionnaire may remind relatives of a period they might want to leave behind.

80-95% of the relatives recover from bereavement without severe health problems. Among those 5-20% who are affected in the long-term, health problems will be determined by completion of the questionnaire. This might be beneficial as relatives of suicide victims are not inclined to seek help when they have psychiatric or psychological problems.

Contacts

Public

Zorgonderzoek Nederland (ZON)

Postbus 93 245
2509 AE Den Haag

NL
Scientific
Zorgonderzoek Nederland (ZON)

Postbus 93 245
2509 AE Den Haag
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

- participant is a first-degree relatives and/or spouse of a suicide victim
- participant is >18 years of age

Exclusion criteria

- inability to complete questionnaires due to severe mental disorder

Study design

Design

Study phase:	2
Study type:	Observational non invasive
Masking:	Open (masking not used)

Control:	Uncontrolled
Primary purpose:	Prevention

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-04-2009
Enrollment:	110
Type:	Anticipated

Ethics review

Approved WMO	
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL27332.042.09