

Interview ID
Recruited via:

Date of interview:
Trust:

Supplementary Box 1:
Parents Bereaved by Suicide (PABBS)
Interview Schedule
Bereaved Parent



Centre for Mental Health and Risk

University of Manchester

April 2012

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Demographic Details

Bereaved parent

1. Name

2. Address

.....

.....

3. DoB

3. Marital status

4. Ethic origin

5. Relationship to son/daughter mother /father

6. Children? yes/no

If yes a) how many sons Ages

b) daughters Ages

7. Additional information

.....

.....

.....

The Deceased

8. Name of deceased

9. DoB

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10. DoD

11. Marital status

12. Ethnic origin

13. Son/daughter's occupational status

14. Did they live with parent? yes/no

15. Children? yes/no

If yes a) how many sons Ages

b) daughters Ages

16. Did they live with their children? yes/no

GP details

17. Parents GP

Name

Address

.....

.....

18. Did the deceased visit same GP yes/no

19. *If no*, were they registered at the same surgery? yes/no

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Details of the Death

20. Verdict Returned
21. Coroner?
22. How did your son/daughter die?
23. Where did he/she die?
24. Did your son/daughter give any indication that he intended to end his life? yes/no
- If yes*, a) When did this occur?
- b) Did he/she give any reason for wanting to die? yes/no
- c) *If yes* (please specify)
25. How high did the risk of suicide appear to be?
26. How did you find out that your son/daughter had died?

Discuss

.....

.....

27. Can you tell me in your own words how you feel since your son/daughter has died?
28. When was the most difficult time for you to cope with loss of your son/daughter?

Psychiatric History

Parent - Prior to the death

29. Did you suffer from or receive treatment for depression or any mental illness **before** your son/daughter died? yes/no
- If yes*, a) What was the diagnosis

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b) When was you diagnosed?

c) Who were you treated by?

Suicidal ideation

30. Have you ever thought of ending your own life since your son/daughter's death? yes/no

If yes, are you able to tell anyone how you feel? yes/no

If yes – who?

History of Suicide

Prior to the death

31. Is there a history of suicide in the family? yes/no

If yes – who?

Following the death

32. Has any family member deliberately hurt himself/herself **since** your son's died? yes/no

If yes, discuss

34. Are they receiving professional help? yes/no

Subsequent Suicides/attempts

35. Any family members – made a suicide attempt? yes/no

If yes, discuss

36. Any friends made an attempt or died by suicide? yes/no

If yes, discuss

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Contact with Health Professionals

If the deceased died in A&E

37. Please can you describe your experiences when you arrived at A&E.
38. How did staff respond to you?
39. Who informed you of the death?
40. Do you feel they informed you of your child's death appropriately?
41. Please can you describe both positive and negative experiences during this time.
42. What did they do well?
43. What should they have done differently?
44. Would it have been helpful if they had given you a leaflet providing information about support groups etc?

Meeting GP

45. Please can you describe your experiences with your GP since your loss.
46. How soon after your bereavement did you see your doctor?
47. Was he/she aware of your son/daughter's death?
48. How did he/she respond to you when he found out about the death of your son/daughter?
49. Did you feel that he/she was supportive?

Perception of GP

50. Did you sense your GP felt confident how to respond to your loss? yes/no
51. What did he/she do well?
52. What could he/she have done differently?
53. Have you ever felt that a professional has treated your sense of loss in an

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insensitive way? yes/no

If yes, when did this occur?

how were they insensitive?

54. Do you still visit your GP? yes/no

Perceived needs

55. Have you felt in need of professional support since your bereavement? yes/no

56. Should GPs initiate contact with bereaved parents?

57. How and when should they do this?

58. What kind of help would you have accepted?

Leaflets were to receive support

GP support

Self help groups

Individual counselling

Family therapy

Other (specify)

59. Would you have liked your GP to have initiated contact/or visit you? yes/no

If yes, How should this be done?

60. Do you think leaflets giving information, names and addresses were you are

able to receive support and guidance would have been helpful? yes/no

If yes a) when do you think parents should receive these leaflets?

b) who should give them to the parents?

c) Do you think leaflets should be accessible at GP surgery? yes/no

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Access to support

61. Would you find it helpful if they provided you with information about suicide bereavement and details of self help groups etc? yes/no

62. Would you find it easier to ask for help for others rather than yourself? yes/no

63. Were you able to ask your GP for support? yes/no

if yes, how did your GP respond to this request?

Who did they refer you to?

How long did you have to wait?

Did you find it helpful? yes/no

64. Have you ever asked your GP to see a counsellor? yes/no

If yes, who were you referred to?

were they helpful?

how long did you have to wait?

Views about the Study

65. What motivated you to take part in the study?

66. Should we include parents bereaved by suicide rather than actors in any training materials (e.g. video clips)?