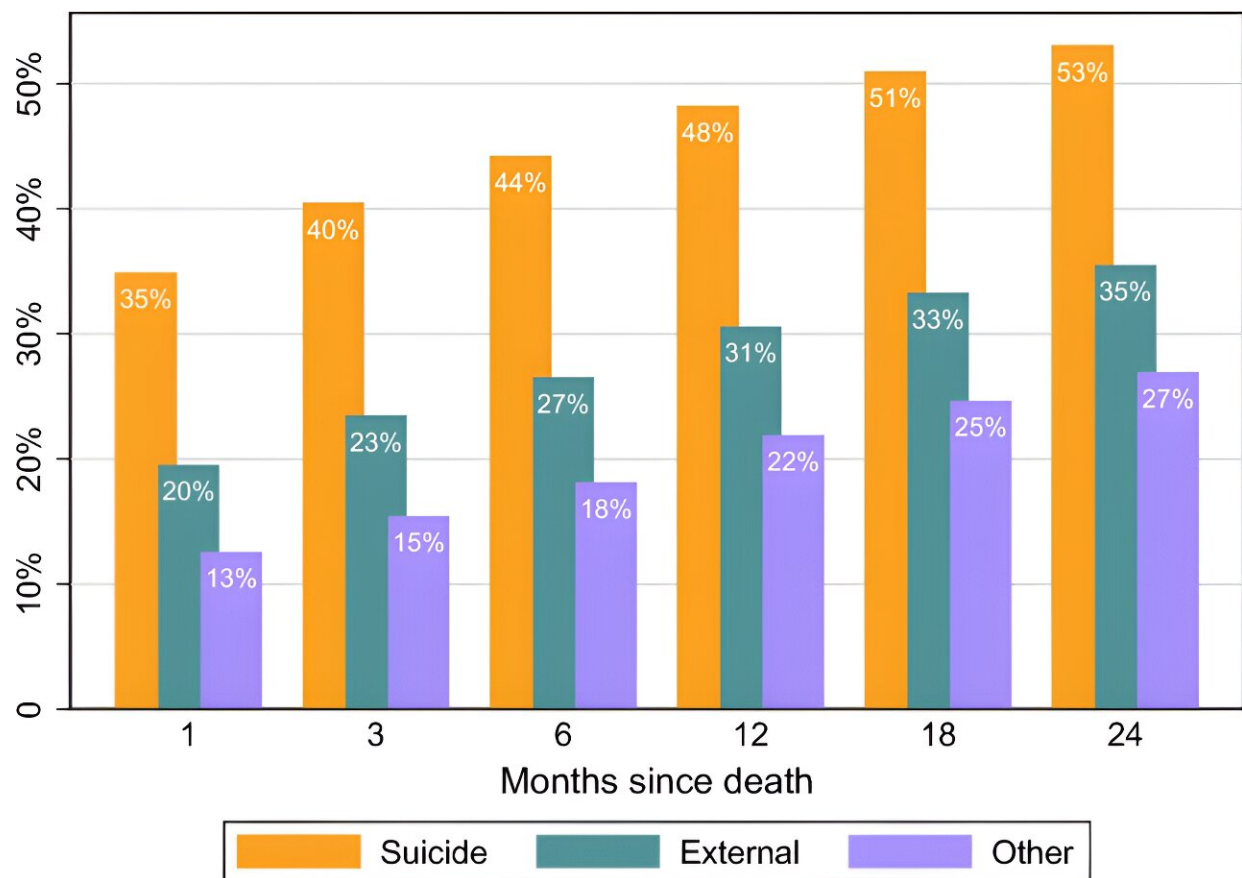


Suicide and mental health: Half of those who lose someone to suicide in Norway see a general practitioner afterwards

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Cumulative proportion in contact with GP for mental health reasons following bereavement from suicide deaths, external deaths and other deaths

Around 650 people take their own lives in Norway every year. Many of those bereaved by suicide themselves face challenges with mental health afterwards. Many have also had more frequent contact with a GP in the run-up to the suicide.

A GP can be an important supporter for those left behind, and can assist with medical help, information, and support for those who need this. The GP plays a key role in the Norwegian health care system. Norway has universal health care that is affordable for all, making private health care less common. All residents have the right to a regular GP and the GP acts as a gatekeeper for more specialized health care.

In a [new study](#) published in *Social Psychiatry and Psychiatric Epidemiology*, researchers at the Institute of Public Health therefore wanted to investigate how many of those left behind after [suicide](#) see their GP because of their own mental health.

Significantly higher than for other types of death

During the first year after the suicide, approximately half of the those left behind had contacted a GP related to mental health.

"The results from the study showed that there was a large increase in the proportion who visited the GP immediately after the suicide and that this increase was significantly greater than for those left behind after other types of death," says Sissel Belanger, research fellow in the department of mental health and suicide, at the Norwegian Institute of Public Health.

Visitation rates peaked in the month following the suicide before gradually declining again and stabilizing at a somewhat higher level than before the death after about a year. After two years, which was as long as the researchers investigated, the contact rate was still somewhat higher than it was two years before the death.

"Being a relative of someone who dies by suicide is an extreme strain and we know that many people face challenges with their own mental health afterwards," says Belanger.

Increased visits to the doctor in the time before the suicide

The findings also showed that individuals bereaved by suicide were more often in contact with a GP related to mental health than the general population, even in the years before they lost someone to suicide.

This suggests that many in this group also experienced poorer mental health in the period before the suicide. The study cannot say anything about why this is so, but the authors believe this may have several explanations.

"Previous research has shown that many who live close to people in crisis have had great stress in the years before the suicide, and this in turn can have a negative effect on mental health.

"We also know that [mental disorders](#) are one of many factors that increase the chance of dying by suicide, so it would be natural to think that their loved ones may have an increased chance of having poor mental health themselves because they will share a number of risk factors linked to both heritage and environment with the deceased," says Belanger.

Predominance of men among those who do not see a GP

The data showed that it was male relatives and those who had lost a sibling to suicide who were least likely to be in contact with a GP after

the death. There is therefore reason to fear that these groups are particularly vulnerable to not getting the help they need.

"Previous research has shown that shame and stigma can be a barrier to seeking help for those left behind after suicide, so it may also be that many who are struggling are not seeking help in the health care system," states Belanger.

About the study

The study used data from the National Population Register and the Norwegian Control and Payment of Health Reimbursements Database (KUHR) to identify adult surviving spouses, cohabitants, parents, children and siblings and follow their contact with a GP in the years before and after a suicide loss.

A total of 25,580 individuals bereaved by suicide in the period from 2006–2020 were included in the study.

"Unfortunately, we could not include other groups that we know tend to be strongly affected by suicide, such as friends and lovers who are not cohabitants," explains Belanger.

As the authors were interested in the bereaved's mental health, and only consultations with an associated diagnosis code for mental health were investigated.

A weakness of the study is that the authors did not have access to details of the reason for consultations, and the results cannot therefore be interpreted directly as follow-up after a suicidal loss since some consultations may be completely unrelated to the loss.

Although there was an increase in the proportion who visited their GP,

there was still a large proportion of survivors who were not in contact with their GP.

"It could be that they didn't have such major problems that they needed help from the health care system or that they got help elsewhere, for example, support group services outside the [public sector](#)," suggests Belanger.

It is also important to note that health service use does not directly reflect [health status](#), as more factors than actual [mental health](#) affect the extent to which one seeks help from the health services.

More information: Sissel Marguerite Bélanger et al, General practitioner consultations for mental health reasons prior to and following bereavement by suicide, *Social Psychiatry and Psychiatric Epidemiology* (2024). [DOI: 10.1007/s00127-023-02607-9](https://doi.org/10.1007/s00127-023-02607-9)

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