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Psychosocial Rehabilitation of Elderly Persons Bereaved by Suicide: A Co-operative Inquiry Study Protocol

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ABSTRACT

Suicide is a major public health problem and there is a paucity of knowledge about the particular needs of people bereaved by suicide late in life. This study protocol describes a co-operative inquiry designed to collaboratively explore the needs for psychosocial support for this group and to use 'action circles' to develop and test psychosocial interventions. Further, it explores how the co-operative partnership influences the overall research processes. Data will be subjected to thematic analysis and discourse analysis. The protocol was approved in December 2016 and the study will take place between April 2017 and March 2020.

Introduction

In accordance with co-operative inquiry research design, this project was initiated by a group of elderly people bereaved by suicide. They explored and shared their personal experiences and ideas in collaboration with professionals and researchers. The elderly bereaved by suicide found that information about the opportunities for psychosocial help and support was arbitrary and dependent on the particular people with whom they came into contact. Through one year of co-operative collaboration, the authors of this article developed the protocol. All authors have different experiences and competences related to the research topic (elderly people bereaved by suicide, relatives to elderly people bereaved by suicide, health professionals, and researchers). Two international experts hired by the funding organisation, THE VELUX FOUNDATION, reviewed the first version of the protocol. The authors incorporated their response to the comments into the present protocol. The project received full funding from THE VELUX FOUNDATION in December 2017 and will be carried out from April 2017 to March 2020.

Background

A person bereaved by suicide can be defined as someone "who has lost a significant other (or a loved one) by suicide,

and whose life is changed because of the loss" (Andriessen, 2009, p. 43). Among adults, the past-year prevalence of exposure to suicide experienced among someone personally known, friends and family is 3.84% and the lifetime prevalence is 24.66% (Andriessen, Rahman, Draper, Dudley, & Mitchell, 2017). Assuming that these percentages are similar for the worldwide population of 962 million individuals aged 60 years or over (United Nations, 2017), 37 million million older adults have experienced a suicide in the past year and 237 million during their lifetime. There is a lack of research with a focus on these older adults bereaved by suicide (Hybholt, Buus, Erlangsen & Berring 2018). The research literature focuses primarily on children bereaved by parental suicide, parents bereaved by youth suicide, and adults (widows, spouses and siblings) bereaved by suicide (Andriessen, 2014).

Bereavement of a loved one lost to suicide has several negative health and social consequences, for example increased risk of suicide, psychiatric hospitalisation, and depression (Pitman, Osborn, King, & Erlangsen, 2014). Parents have an increased rate of anxiety disorders (40%) and overall mental disorders (60%) after losing their child to suicide. The prevalence of depression increases to 30.5% in the two years following the loss of a child to suicide from 14.6% prior to the suicide. Parents bereaved by suicide consult physicians about mental health problems three times more frequently compared to non-bereaved parents.

Furthermore, marital breakup is significant higher after parents lose an offspring to suicide compared to nonbereaved parents (Bolton et al., 2013). In addition, this study indicates that parents bereaved by a child's suicide already are a vulnerable group prior to the suicide because of mental disorders, physical disorders, and low income (Bolton et al., 2013). Many persons bereaved by suicide experience difficult emotions such as anger towards the deceased, aggression, feelings of abandonment and rejection, relief, guilt, and shame (Andriessen, 2014; Bjergsø, 2008). In addition, they may experience friends and acquaintances avoiding them, which can exacerbate the difficult emotions and their isolation (Bjergsø, 2008). Andriessen (2014) states that although social support is considered a protective factor in the grief process, there is a paucity of studies on the role of social support in bereavement.

'Postvention' is activities developed by, with, or for suicide survivors, in order to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behaviour (Andriessen, 2009). Involving bereaved people in research on postvention will enhance our understanding of suicide bereavement and provision of social support. However, there is a lack of stakeholder involvement in this type of research (Andriessen, 2014). Co-operative Inquiry is a research design and a method that involves service users and other stakeholders as co-researchers. It is a way of researching together with people who have similar experiences and who wish to examine together with others how they might extend and deepen their understanding of their situation (Heron & Reason, 2008). Moreover, it is concerned with transforming practice while practice is being explored (Hammersley & Atkinson, 1996; Heron & Reason, 2006, 2008; Potter & Wetherell, 2008).

Co-operative inquiry has previously been used successfully within mental health research. Tee et al. (2007) co-operatively inquired decision-making in mental health nursing with experienced service users and student mental health nurses as participants. Berring, Hummelvoll, Pedersen, and Buus (2016) investigated de-escalation, which is about managing violent behaviour without using coercive measures, with service users and staff members as participants. Larsen and Sagvaag (2018) used Co-operative Inquiry principles to facilitate collaboration between service users, staff and leaders with the aim to improve mental health and substance abuse services. These studies emphasise that service users' input may be limited or hindered by factors such as stigma, paternalism, and medicalisation. They also emphasise co-operative inquiry as a learning experience for all involved parties and thus enabling sustainable positive changes of health care practices.

The members of the current project's steering committee who had lived experiences of bereavement after suicide expressed a need for research aimed at describing a fuller extent of their pain and problems, and at changing social and healthcare practices to address the particular situation. For instance, they intuitively suggested interventions aimed at educating and training police officers, general practitioners, priests, and health professionals, which should

enable them to be more capable of helping bereaved elderly people when a suicide has taken place.

The study

Aims

The objective of this study is to co-operatively investigate the need for psychosocial support among elderly bereaved by suicide and to develop and test new psychosocial interventions on the group. In the present context, 'psychosocial' refers to concerning both psychological and social aspects of a person's situation, and to the person's interactions in and with their environment. Psychosocial resources include both emotional and cognitive conditions, including self-esteem, optimism, and self-mastery, which may affect behaviour and health. Furthermore, the aim is to investigate how the partnership between users, professionals and trained researchers influences the research process.

Following five research questions are addressed:

1. How are elderly bereaved persons' experiences and needs for psychosocial support described in the existing research literature?
2. How do elderly persons bereaved by suicide experience the situation and their everyday life after the death of a loved one, and which psychosocial needs can be identified?
3. How is knowledge about the psychosocial needs of elderly bereaved persons created and transformed into specific psychosocial interventions, which could help ensuring psychosocial support to elderly bereaved by suicide?
4. How do the implemented interventions influence the elderly bereaved, their relatives, and the professionals' management of this group of elderly people?
5. How does the Co-operative Inquiry design affect the decision-making processes and the knowledge production in the project?

Design/methodology

In co-operative inquiry, the production of knowledge is a joint venture among stakeholders and researchers (Berring et al., 2016; Hummelvoll, Eriksson, & Cutcliffe, 2015) who work together to create relevant and practice-oriented knowledge by means of the four following research steps: preparation, orientation, intervention and evaluation (Heron & Reason, 2006; Hummelvoll et al., 2005). The steps include: (i) selecting a focus, (ii) identifying a research question, (iii) clarifying theories, (iv) collecting and analysing data, and (v) reporting results. The researchers are responsible for the academic processes. Stakeholders are responsible for bringing their experiences into the process. The professionals are responsible for learning and trying out the interventions. Together, this enables people to produce 'informed interventions' (Hummelvoll et al., 2015) about a given research topic.

Co-operative inquiry is concerned with transforming practice while the practice is being explored through action circles. 'Action circles' is a method founded on dialogue and genuine respect for the participants' different perspectives and competences. Action circles are supposed to create a room for joint reflection over action, experience, and practice and to investigate the challenges participants experience in their everyday life. Action circles facilitate learning and new action possibilities for all participants. An example of a research action circle is that elderly people bereaved by suicide, health professionals, and researchers have collaboratively prepared this research protocol. Through the cyclic processes, ideas, practice and experiences are defined and improved through a self-critical iterative process between experiences, actions, and reflections. The cyclic processes are the core of the research approach and are repeated continually in the abovementioned four research steps (Hammersley & Atkinson, 1996). Co-operative inquiry is especially appropriate when clinicians participate in exploring their own practice.

Participants

The participants are individuals older than 64 years bereaved by a close relative's suicide, individuals from the elderly bereaved persons' social networks, and professionals from the interdisciplinary and inter-sectorial support and care systems that meet bereaved people and could make a therapeutic difference through their interventions.

The organisation of the project supports the partnership between the participants

The project is organised with a steering committee, a project leader, seven working groups and a reference group. All groups include elderly bereaved service-users, professionals from different organisations and working areas (clergy, police, healthcare workers etc.), and trained researchers. Because of the nature of co-operative inquiry, it is not possible to predict, which particular professionals to involve in the working groups, because it will depend on results from the initial steps of the research.

The steering committee

The steering committee is responsible for deciding the purpose and priorities of the project, for economic decisions, the research process, and keeping the research in progress. Members of the group are also full co-subjects and co-researchers during the action phases and are part of the culture under examination.

The steering committee consists of the 10 authors of this article. Five elderly persons bereaved by suicide: The married couple Vibeke and Jørn Toftegaard who lost their son to suicide; and the married couple Elin and Knud Kristensen who lost their son to suicide; Jenny Havn who lost a friend to suicide and continues to have a close relation to the elderly parents of her deceased friend. Five researchers: Dr Elene Fleischer who has researched suicide as

communication and works as professional leader of a Danish non-for profit non-governmental organisation, Network for People Affected by Suicidal Behaviour that provides free support and counselling to anyone who is, or has been, close to a person who has taken their own life or tried to take their own life. Dr Annette Erlangsen who is an experienced researcher of suicide and suicide prevention. Dr Lene Lauge Berring who is an expert in using co-operative inquiry. Dr Lisbeth Hybholt (project leader) who is an expert on patient education and learning processes in everyday life. Finally, professor Niels Buus who contributes with specialist knowledge about qualitative methods in mental health services research.

Project leader

The project leader is an active participant in the on-going, changing process, and her leading position is 'in the service of others'. This means that she has different roles throughout the process to preserve the self-directing capacities of the co-researchers as they draw on their lived experiences, such as 'an advanced secretary' (Heron & Reason, 2003), a coach, a supervisor and a teacher. Thereby the co-researchers' capacity to be engaged in the research process is enhanced.

The working groups

Working groups will consist of 6–12 volunteers who are responsible for specific tasks in the project (see Figure 1 for specific tasks). More than half of the participants in each working group will be elderly persons bereaved by suicide and people from their social networks in order to ensure the voices and perspectives of the stakeholders, towards whom the interventions will be directed. The other half will include researchers and professionals from the interdisciplinary and cross-sectional support and care systems.

The reference group

The reference group has the same composition as the working groups. The reference group members are responsible for discussing and interpreting preliminary ideas and findings, as well as contributing with experiential knowledge about the research topic. Moreover, it 'resonates' (Burns, 2014), which means that members are critically reflective, and that they are expected to try out some of the ideas in their own communities. Four times during the research period (3 years), the reference group and the working groups will gather at knowledge sharing conferences. The purpose of the conferences is to ensure transparency and transferability (a validity check). At the conferences, participants will discuss and interpret the preliminary constructs and results from the working groups, as well as contributing knowledge from their specific areas.

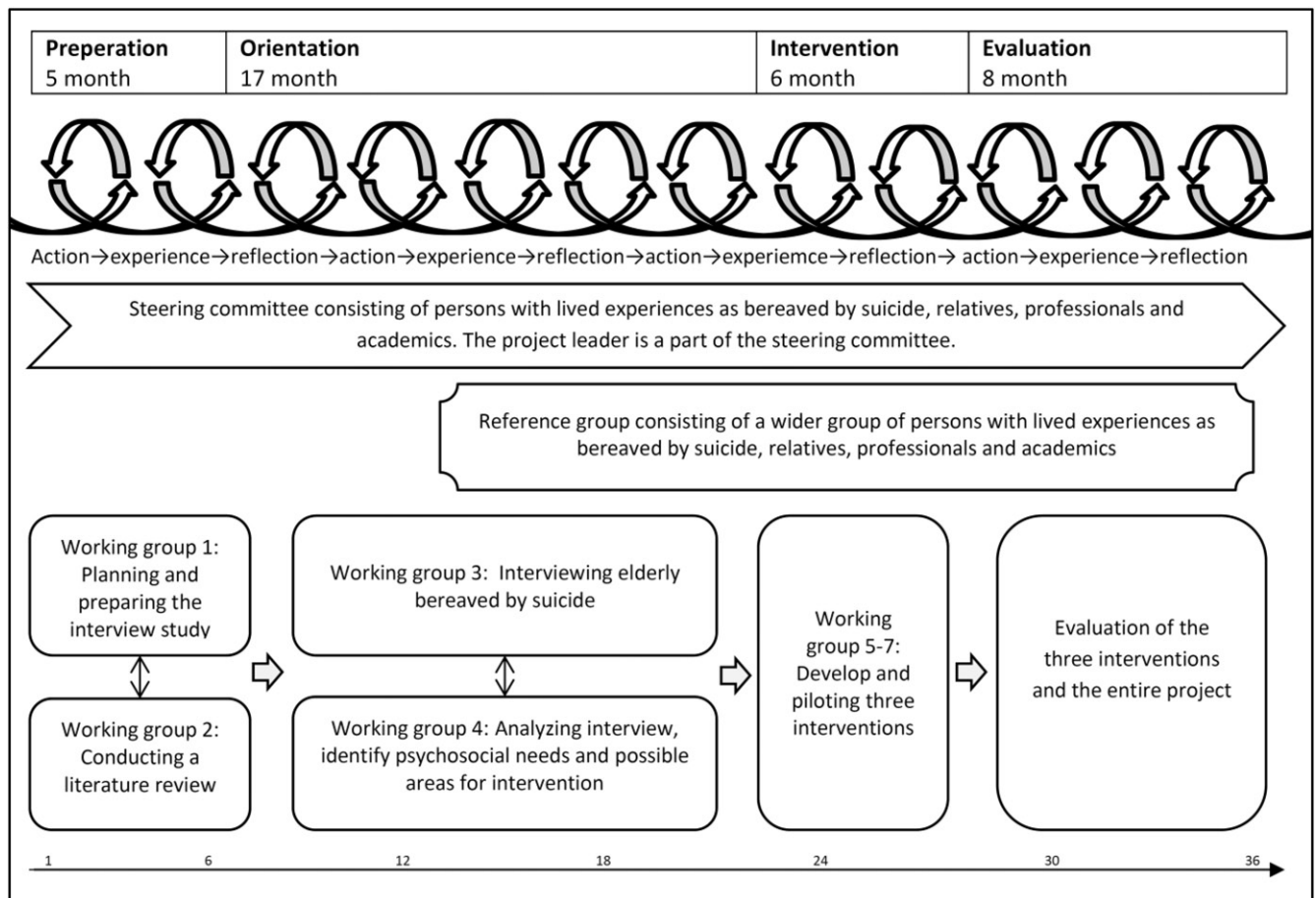


Figure 1. Flowdiagram in month.

The research steps

The research consisted of four following steps: preparation, orientation, intervention and evaluation (see Table 1 for the timetable and tasks in relation to the research steps).

Step I: Preparation

In the preparation step, the steering committee discussed and decided on the research design. Group rules will be agreed upon and research questions formulated. Furthermore, working group 1 plan and prepare interviews of elderly persons bereaved by suicide (developed the interview guide, written information to participant, safety protocol, training programme for interviewers). Working group 2 will conduct a literature review. The literature review will follow the approach of a scoping review, with the aim to summarise and disseminate research findings and to identify research gaps in the existing literature (Arksey & O'Malley, 2005) about elderly bereaved peoples' experiences of psychosocial support (Hybholt et al., 2018). The working groups have monthly meetings.

Step II: Orientation

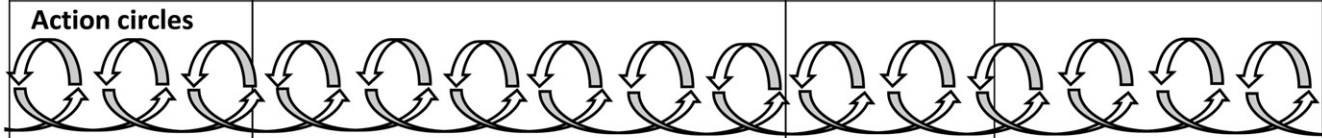
In the orientation step, the participants gain a deeper understanding of elderly bereaved persons' needs for psychosocial

support. In this phase, working group 3 will conduct the interview study where elderly people bereaved by suicide are interviewed about their everyday lives and experiences in relation to life with grief and loss late in life. In this study, we aim to prevent negative health and social consequences by generating knowledge about the elderly peoples' psychosocial needs and use this knowledge to pilot test selected interventions that meet those needs. Therefore, we aim to include elderly people bereaved by suicide who experience their everyday life affected by the suicide. The sample for the in-depth semi-structured interview study is a purposive sample with following two inclusion criteria:

- People who are 64 years old or more bereaved by suicide and who experience being deeply and directly affected by the loss of a loved one
- People who master the Danish language and who are willing to share their experiences in an interview

In qualitative research, it is not possible in advance to predict precisely how many interviewees ensure sufficient 'power' in the analysis. An adequate sample size is small enough to conduct a deep, case-oriented analysis and large enough to result in a new and rich understanding of the experiences investigated (Siersma & Guassora, 1995). The final sample size has to be evaluated during the research

Table 1. Timetable in relation to the four co-operative inquiry steps.

Preparation	Orientation	Intervention	Evaluation
			
12 + 6 month	16 month	6 month	8 month (end marts 2020)
Before entering the field: 1) Establishing steering committee 2) Agreeing on research questions and mutual goals and values in the steering committee 3) Research protocol	Recruiting participants and establish the working group with interviewers (Education, interviewing and supervision). Recruiting 16-20 elderly bereaved by suicide for interview	The working groups work with the intervention draft and planning of the intervention Participants in the working group carry out the agreed actions	Meetings in the reference group: Producing final interventions: 1) Action material (e.g. action card, stories, videos). 2) Propositional (e.g. posters, articles, presentations and a condensed description of psychosocial support to elderly bereaved by suicide).
Establishing working group 1: planning the design and preparation of the interview	Interviewing elderly bereaved by suicide Establish working group 4, processing the interviews and decide intervention area, based on the interview data and the literature review.	Several meetings in the working groups: transferring knowledge	3) Practical (e.g. skills related to transferring knowing about psychosocial support into 'real life')
Establishing working group 2: literature review	Transferring knowledge about the project in Denmark and recruitment for the reference groups	Interviews with the co-researchers	Meeting in the references group: common evaluation based on research questions and goals
	Establish a references group related to the different intervention areas (e.g. social network, cross-sectional and interdisciplinary social and healthcare service delivery). Working groups with participants from the reference group generate a draft for the interventions and plan actions/activities.		Professional articles that informed the public and professional communities
	Scientific article about bereaved elderly persons' need for support in relation to their loss		Scientific articles that informed the academic community: 1) about the effect of the intervention(s)/piloting; 2) about processes and their effects on study design
			Presentation at conferences and practice relevant occasions

process (Malterud, Siersma, & Guassora, 2016). Sampling sizes between 10 and 30 are common in qualitative research (Boddy, 2016). Siersma and Guassora (1995) states that determining adequate sample size in qualitative research

ultimately is a matter of the researcher's judgment and experience in relation to the intended product. Drawing on our research experience, we expect that 16–20 informants will be suitable in this part of the study.

In a purposive sample, the sampling strategy aims at recruiting 'information-rich' (Pitman, Osborn, King, & Erlangsen, 2015) respondents, rather than at recruiting a statistically representative sample. We will use a 'maximum variation' strategy to recruit a variety of participants (Pitman et al., 2015), which ensures the inclusion of (i) participants living in a variety of regions of Denmark, (ii) a balanced mix of men and women, and (iii) people with different civil statuses. To ensure maximum variation and enough eligible participants, we will recruit through non-governmental organisations, relevant homepages and the public mental health services. This way it is possible to reach the majority of the Danish population.

Working group 4 will analyse the transcribed interviews thematically (Coffey & Atkinson, 1996) in order to identify the bereaved elderly persons' experiences and needs of support in relation to their loss. Furthermore, working group 4 will determine three intervention areas in collaboration with the members of the steering committee. At this point, the steering committee will make a decision based on the findings from the interview study about, which groups of professionals are most relevant to direct the interventions towards, and therefore to include in the following intervention part of the study. Therefore, it is not possible to further describe the recruitment procedure for the intervention step (inclusion and exclusion) in advance.

Step III: Intervention/piloting

Intervention (piloting), is an important part of a co-operative Inquiry (Heron & Reason, 2006) as the co-researchers are fully immersed in their agreed upon activities, such as transferring knowledge about the bereaved peoples' need for psychosocial support through dialogical teaching and participant learning methods (Hummelvoll et al., 2005). For each of the three selected intervention areas, a working group will be established. Each working group initially meets a whole day to get to know one another, and to share relevant knowledge from the interview study. They then have a dialogue and create the first draft of the intervention. Hereafter, they meet five to eight times for three hours. Between the meetings, the professionals/relatives/bereaved elderly test the intervention in their own community of practice. At the meetings, they reflect on their experiences, and the intervention is adjusted accordingly. Concurrently, preliminary ideas are refined and improved in action research cycles with reflection and feedback from the different working groups and the reference group.

It is very important for the members of the steering committee that the project contributes to changed practices. Therefore, it is essential to expand collaborative ties in the intervention step to include relevant professionals and involve them in exploring and developing their practice. Thus, the recruitment for the working groups in the intervention step will in principle focus on professionals who are interested in, have the opportunity to, and have experiences with psychosocial support of elderly bereaved by suicide. It could include professionals meeting the elderly bereaved in their practice, but it could also be other key persons, teachers, and so forth who are able to disseminate the work to a larger group of

people. The methods for data gathering and analyses in relation to assessing the pilot intervention depends on the particular intervention and will be decided at this stage of the project.

In step III, we will also investigate the action research process with the aim of fostering learning about how to support the elderly people bereaved by suicide in the cross-sectional and interdisciplinary social and healthcare systems, and in the elderly themselves and their social networks. We investigate how the Co-operative Inquiry design affects the decision-making processes and the knowledge production in the project. Data will be gathered through ethnographic methods such as diary notes, observations, interviews, audio recordings of meetings, and questionnaires (Guba & Lincoln, 2010). In this phase, the researchers take responsibility for the process of analyses. In respect for and to ensure that the participants' viewpoints are taken into consideration, member cheques are conducted.

The thematic analysis is planned as a reflective iterative process (Coffey & Atkinson, 1996) and discourse analysis (Potter & Wetherell, 1987) using the ideas of sharing knowledge between participants in actions research circles:

- Preliminary and immediate reflections will be discussed with the co-researchers in the working groups.
- The entire data set is studied in order to obtain a sense of the whole. Here all the audio recordings are listened to repeatedly and transcripts from the focus group interviews, summaries and field notes will be thematically coded, to explore how people achieved and transformed knowledge about the psychosocial support needs of elderly bereaved by suicide into tailored interventions.
- Sub-categories related to the objective of the study will be highlighted and listed.
- The data set will be read again, using the sub-categories from the first reading, to identify abstract categories. This is the initial framework of practical knowledge about developing the psychosocial support interventions, which will become the emergent themes as they summarise important aspects of the learning processes.
- The material is examined again in order to test whether the themes capture the majority of the dataset. This includes a theoretical explanation of the themes, as well as the selection of quotes to represent the themes. During this process, preliminary interpretations will be discussed with the steering committee, the working groups and the reference group for reflection and elaboration.

The feasibility of establishing the needed working groups are based on a general information about the study, and close collaboration with non-government organisations, the network of the engaged steering committee members, and a formal co-operation with mental health services and social services.

Step VI: Evaluation

Evaluation is concerned with consolidating the knowledge generated in steps II and III. This process helps the research group in taking informed actions, and the final interventions will be produced. As a result, Heron and Reason (2006)

suggest that the researchers may reframe and develop the generated ideas or perhaps reject them and pose new questions. The experiential actions and interventions are shared in different presentations, and data are analysed in the light of the original ideas. Data for the evaluation are collected by means of audio recording and observation of the meetings in the steering committee, the working groups, and the reference group, the participants' process notes, produced products, and qualitative interviews.

In a co-operative inquiry, interventions are developed and refined over time. An example of how this work might proceed is that the steering committee had discussed how the co-researchers' experience that information about opportunities for psychosocial help and support was arbitrary and dependent on the particular persons they met. Through the analysis of the interviews with elderly bereaved persons, the working group will identify relevant interventions to ensure that elderly bereaved persons in the acute situation when informed about the suicide systematically are sufficiently supported. This might result in developing a guideline targeting professionals, whose duty it is to inform the elderly bereaved persons at a visit in their home, in the hospital or when planning of the funeral service. The guideline will be developed, tested, and evaluated. Finally, the guideline will be distributed to relevant practitioners such as police officer schools, health care professionals, and general practitioners.

Feasibility

To ensure feasibility, we have a cooperation agreement with The Mental Health Services in the Capital Region of Denmark, The Mental Health Services Region Zealand, Denmark, and with Network for People Affected by Suicidal Behaviour. Furthermore, the members of the steering committee have agreed to participate in a committed long-term working relationship. To ensure the attendance of the members in the working groups and reference group, there are following considerations: First, the participants participate because they have a particular interest in and consider the project personally or professionally meaningful. Our experience from the steering committee is that the elderly people bereaved by suicide are committed and reliable, and, furthermore, that they feel personally enriched by participating. This engagement and enrichment will be ensured by the Co-operative Inquiry approach, where the participants' expert knowledge is explicitly sought and appreciated in the project. Further, participants are in control and have the power to revise and moderate the project within the framework decided upon, which can add to a sense of personal ownership for all. Second, the members in the working groups will get a fee, transportation expenses refunded, and there will be catering at the meetings. If the members of any of the groups do not regularly attend the meetings, the project investigator will initiate a dialogue about the participants' reasons for non-attending and, if possible, encourage, incentivize and motivate the participants to attend. If participants drop out, it may be appropriate to recruit new members.

Ethical considerations

The project involves a group of individuals who are considered to be vulnerable. Therefore, there are extended ethical obligations in terms of ensuring an equivalent, transparent and participative research cooperation (Tee & Lathlean, 2004). The project follows the principles of the Helsinki II Declaration. The project was submitted to the Danish Data Protection Agency (REG-082-2017) and the regional Committee on Health Research Ethics (J.nr. 17-000048). A safety protocol is developed to ensure that all co-researchers and participants have access to relevant support, for example supervision after meetings/interviews so that any concerns or worries that may arise, for example in relation to triggers of one's own loss, can be addressed.

Rigour

Establishing trustworthiness within a Co-operative Inquiry involves a participatory evaluation approach such as the authenticity criteria described by Guba and Lincoln (2003). Authenticity criteria consists of: Fairness, which is an assessment of how all competing perspectives have been taken into account in the co-production process. Ontological authenticity, which is an assessment of whether all ideas have become further informed and sophisticated. Educative authenticity, which is the extent to which the participants have a raised awareness of the phenomenon and how they will strengthen their ability to support elderly bereaved by suicide. Catalytic authenticity which is concerned with the extent to which action is stimulated and facilitated by the evaluation. Tactical authenticity means whether individuals are empowered to take the action that the evaluation implies or proposes. All these facets of authenticity come into play and are promoted by the prolonged process of repeated highly collaborative action circles that aims at not giving privilege any of the participants' position, knowledge, learning and practice. Authenticity criteria ensures that the Co-operative Inquiry is shaped by respondents and that the findings is founded in the local knowledge of participants. It is a powerful quality control as inputs by stakeholders are analysed immediately and incorporated in the process.

Discussion

The interventions aim at supporting the elderly bereaved people in relation to psychological and/or social aspects and thereby decrease or avoid negative health and social consequences known to exist among people bereaved by suicide (e.g. increased risk of suicide, hospitalisation in a psychiatric ward, and depression). The elderly people in the steering committee have pointed out challenges in making sure elderly bereaved people are aware of the existing possibilities for support, but they also point to the need for additional support.

Because of the nature of a co-operative inquiry, it is difficult to predict the exact outcomes, as it will be developed and improved in action research circles with elderly bereaved people, relatives, professionals, and researchers.

Examples of products could include pamphlets, educational programmes, manuals, guides or public information targeting relatives, professionals, or the elderly bereaved people. However, the expected outcome of the project is, first, knowledge of the psychosocial needs of elderly people bereaved by suicide gained through the interview study. Second, the outcome includes pilot testing of selected interventions, which are developed and improved in the working groups and reference groups. Third, practical guidelines will be developed based on these results.

Limitations

A limitation in a co-operative inquiry protocol is due to the flexible and needs-adapted nature of the design where users, researchers, and professionals develop and investigate the interventions in collaboration through the four research steps. Therefore, it is not possible to predict the research process in detail. However, the study includes a self-critical analysis of the limitations of how we operationalised the co-operative inquiry process. As we seek to explore the feasibility and acceptability of working with this research design, this will ultimately identify limitations to both the general approach and our particular approach.

Conclusion

The study will contribute with a guideline specifically targeting the elderly people bereaved by suicide and people with whom they interact. The guideline is based on the overall findings from the three selected intervention areas. The guideline is adjusted during the process and contain recommendations and information to different target groups. The study's results will be disseminated throughout the co-operative inquiry process and we anticipate that the project will contribute to de-stigmatising suicide and bereavement after suicide.

In action research, there are two kinds of results (Heron 1996), transformative and informative. The transformative are concerned about the learning processes among the participants and the informative are concerned about spreading the results in pamphlets, posters, newsletters and so on. Therefore, the publishing is stepwise. First, we aim to publish newsletters, working documents, minor reports related to the initial actions, and subsequently we intend to publish a practical guideline for relatives, professionals and others who want, or are obligated, to help. This also includes a short movie presenting the guideline. Informative result is also disseminating research papers. Hereby, this knowledge is expected to be transferrable to a wider context, such as other countries that experience similar problems. We plan to publish the following peer-reviewed papers:

- "How to create an equal collaboration between users, professionals and researchers when defining research questions?"
- "The psychosocial needs of elderly bereaved by suicide."

- "Generating, describing and transforming knowledge about psychosocial needs of elderly bereaved by suicide into professional practices."

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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