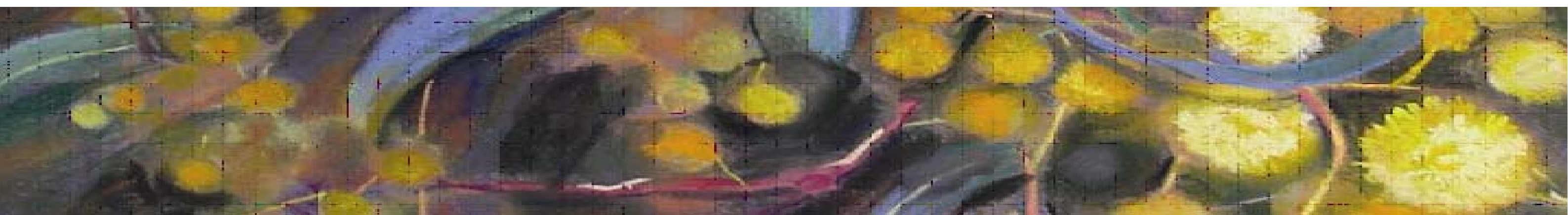

National Association for Loss and Grief

Mental Health and Suicide Prevention Programs Branch
Department of Health and Ageing

Strengthening Australia's Loss and Grief Support Capacity

Development of loss and grief resources for consumers, carers and practitioners / clinicians

BACKGROUND PAPER

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April 2008

PROJECT NAME

Strengthening Australia's Loss and Grief Support Capacity
Development of loss and grief resources for consumers, carers and practitioners / clinicians

INTRODUCTION

This project has been developed following consultation between the Mental Health and Suicide Prevention Programs Branch, Department of Health and Ageing, and the National Association for Loss and Grief (NALAG) with a view to strengthening Australia's capacity to respond to its loss and grief needs.

BACKGROND

Loss and Grief
The experience of loss followed by a period of grieving is a normal part of the human condition. Commonly associated with bereavement, grieving is a deeply personal period of coping and adjustment that varies in its duration and intensity from individual to individual. During this period people typically experience a range of strong and painful feelings that can interfere with their capacity to deal with their normal social relationships, responsibilities and activities. Grieving is the process where over time these feelings moderate and are managed to allow the bereaved person to achieve an appropriate and effective level of emotional and social functioning. During the period of grieving people can be vulnerable and without appropriate care and support maladaptive feelings and behaviours associated with the grief can persist with a deleterious effect on a person's health and wellbeing, and their social and emotional functioning.

Grieving is however not restricted to bereavement. People can grieve in relation to many losses in their lives including: the loss of personal relationship through family breakdown; the loss of physical or mental health, including a chronic illness; the loss of employment and financial security, the loss of housing and familiar surroundings that is commonly associated with natural disasters such as bushfire, flood, drought and cyclone events: and the loss of feelings of safety resulting from assault or torture or other threatening or traumatic situations. Importantly, like bereavement, all grieving requires appropriate care and support to minimize the likelihood of persistent difficulties disrupting the lives of those grieving.

For people who have experienced a loss and are grieving, having access to appropriate and timely support, and helpful information is crucial. Grieving is a deeply personal experience and the grieving and impact of any loss is very much dependent on the nature and circumstances of the loss and the resilience of the individual, group, or community that has experienced the loss.

When people experience a significant loss they normally need to draw upon the knowledge and support that is available through their social networks and communities, including their families and friends, and where needed, professionals such as GPs, counsellors or clergy. This normally available information and support assists people with the grieving process and minimizes the likelihood of their grief having a persistent and negative impact on their health and wellbeing.

When people experience 'complex grief', grieving that persistently disrupts their health and wellbeing, in addition to the normal support for grieving, they may need access to specialist loss and grief support. This specialist support is best provided by mental health professionals and counsellors who have specific knowledge and skills in the area of loss and grief.

Individuals, their social networks and communities have varying degrees of knowledge and capacities in relation to responding to loss and grief. Consequently the grieving associated with any loss, whatever its nature and scale can exceed the support and resilience capacity of any individual, group or community. Where the capacity to provide appropriate support is exceeded there is a risk of complex grief. For example, an isolated pensioner who loses their home in a house fire can find themselves grieving, without support, or, all the members of a family can experience a loss and be grieving when one of their own is dealing with a mental health condition or drug addiction. In these two situations special arrangements may have to be put in place to provide the necessary support.

From a community perspective the experience of grieving is increasingly being recognised in the context of natural disasters such as bushfire, drought, flood and cyclone and it is now common throughout Australia to have special support arrangements in place following such events. It is well appreciated that it is beyond the capacity of individuals and local communities to provide all of the necessary support following these types of events.

While there is a need to strengthen loss and grief awareness and capacity at all levels of the community there are vulnerable groups of people, people who may also be isolated and disadvantaged, who require special consideration in providing access to loss and grief information and support. These groups include: older Australians, people on aged and disability pensions, people with mental health conditions, people with drug and alcohol issues, family members who are carers, people with gambling problems and cultural groups including, indigenous Australians and CALD Australians. Communities that experience natural disasters and major emergencies also require special attention.

It is useful to note that different groups of grieving people can have different needs and require different support and responses.

Ageing

For instance, the forms of losses inherent to mid and older life have been identified as one of the most serious risk factors for depression and suicidal behaviour in adults. Losses may include declining physical health, financial difficulties, reduced career opportunities, death and marital breakdowns. Other losses associated with late-life suicide, suicidal behaviour or suicidal thinking include retirement, loss of autonomy (for example, the possibility of living in a nursing home), and physical disability (De Leo et al, 2001; Updhyaya et al, 1994; Draper, 1994; Schmid et al, 1994; Australian Government, 2000).

Suicide Postvention

Another example of groups that have special needs is suicide bereaved adults, adolescents and children. The suicide bereaved often have feelings of guilt and self blame (Clark & Goldney, 2000), and there can be social stigma associated with suicide (Beautis, 2004). Suicide bereaved parents have higher a level of guilt than parent survivors of other types of death (Vessier-Batchen & Douglas,2006). Suicide bereaved children and adolescents also have particular issues to deal with including disruption to their home-life and family relationships (Ratnarajah & Schofield, 2007). It is also important to note that indigenous Australians have comparatively high rates of suicide that require special support for the bereaved (Ttatz, 2001), and there are

comparatively high rates of suicide in rural and remote areas that require a special response, (Caldwell, Jorm & Dear, 2004).

The need to improve access to loss and grief information and support services for vulnerable groups in the community is highlighted by the National Mental Health Report (Australian Government 2005), the National Suicide Prevention Strategy (Australian Government 1999) and the Living is for Everyone – LIFE – A framework for the prevention of suicide and self harm in Australia (Australian Government 2000).

Importantly, while recognising the wide variety of circumstances and differences, the common thread in relation to responding to all types and degrees of grieving is the need for individuals, groups and communities to have timely access to the information and support that is appropriate to their need.

Loss and Grief Sector

The loss and grief sector in Australia is largely bereavement oriented and consists of three groups. The first group is the family and friends of the bereaved who provide the frontline support. The second group consists of GPs, clergy, self help groups and general counsellors that provide additional support where some moderate difficulties associated with grieving are being experienced. This second group has varying degrees of loss and grief expertise, but are usually ill equipped to deal with complex grief. The third group consists of a small number of specialist loss and grief services and practitioners that are thinly spread around the community and often difficult to access, particularly in regional and remote locations. This group tends to be psychiatrists, psychologists, therapists and counsellors with specialist training that equips them to deal with complex grief. The National Association For Loss and Grief provides an accreditation program for tertiary trained counsellors who have specialist training and practice experience in loss and grief.

A recent article in the Medical Journal of Australia drew attention to the difficulty of accessing counselling in regional Australia by highlighting the disproportionate number of psychologists that reside in metropolitan areas. While 23% of Victorians live in rural areas only 2.6% of psychologists live in rural areas (Dunbar et al, 2007).

While there is an identifiable loss and grief sector responding to loss and grief needs this whole area is increasingly becoming an essential aspect of health, and community service provision including the mental health, aged care, disability, child protection, drug and alcohol, child protection, justice, family support and emergency management sectors. This development has increased the demand for loss and grief information and support from health and community service agencies and practitioners, community groups, carers and volunteers. However, while there is a growing interest in the full range of loss and grief issues in the various service sectors, the growth in information and service provision has predominantly been related to death and bereavement.

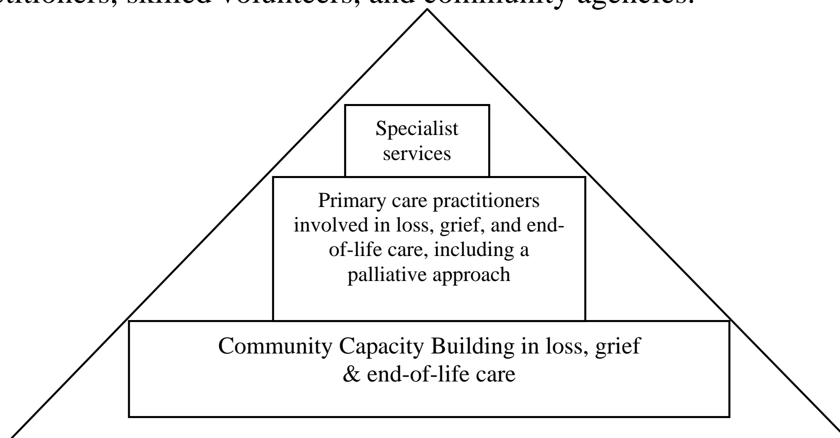
Loss and grief is multifaceted in nature and it requires a multifaceted response. Too often support is read as solely providing 'counselling' when it properly includes informing and equipping a wide range health and community service workers, care givers and volunteers with a capacity to understand and appropriately respond to people who are grieving – the compassionate cities approach (Kellehear, 2005). In other words grieving cannot be separated from the context in which it arises, so why should we expect clients to separate their experience into one bit to be dealt with by primary healthcare or welfare practitioners, another

by loss and grief counsellors? Ideally the primary care workers need to be equipped with skills to work with loss, whether or not they choose to name it 'grief counselling'.

While the availability of specialist loss and grief support varies from state to state the following outline of the services available in Victoria illustrates the range of services that are available. The specialist grief and bereavement services and self -help groups in Victoria include the Jesuit Social Services Suicide Post Intervention Program to support people when they have lost a friend or family member as result of suicide; Compassionate Friends, a self-help group who support parents when they have lost a child; Mercy Western Grief Service who provide a regional bereavement counselling service for Melbourne's western suburbs; the Road Trauma Support Team who provide bereavement counselling following road deaths; and the Australian Centre for Grief and Bereavement (ACGB) who provide a specialist bereavement counselling and consultation service for high end and complex cases. There is also some specialist bereavement support available through specific services including the Coroners Court, funeral businesses, palliative care agencies and hospitals. Some Community Health Services also provide generalist bereavement counselling. In addition to identified grief and bereavement service providers there are a wide range of community organisations that have a particular interest in grief and bereavement including the Motor Neurone Disease Association (MND), Very Special Kids, Sidsandkids and The Cancer Council of Victoria. In addition to various loss and grief services and agencies with an interest in loss and grief, there is a growing group of counsellors who have specialist loss and grief training. These counsellors work in private practice or take their specialist loss and grief knowledge into various support and counselling roles with health and community agencies.

Population Health Approach

Loss, grief and bereavement policy in Australia is currently under development and can be expected to follow a population health pyramid model (diagram below) like that recently adopted for loss and grief in Victoria and for palliative care policy across Australia. In this model specialist grief and bereavement services will address the minority concern of 'complicated grief', but the majority of loss and grief care will be provided by primary care practitioners, skilled volunteers, and community agencies.



This project will be informed by a population health approach with its emphasis on maximizing the use of local capacities to support people who are grieving and to build up local capacity to respond to local loss and grief needs. This model recognises three levels of loss and grief intervention.

- Primary level targeting people experiencing normal loss or bereavement
- Secondary level targeting people at risk of complications

- Tertiary level targeting people with complicated grief

Risk factors for complicated grief include:

- Individual risk factors including a person's age, sex, personality, life experience and coping style.
- Environmental risk factors including a person's perception of the quality of support that is available.
- Situational risk factors including the nature of the person's loss and their and their concurrent life events.

Importantly, this proposal recognises that it is essential to provide grieving people with the appropriate level of support. Inappropriate early intervention may disrupt the natural process of grieving, interfere with the support available from family and friends and deny people the opportunity to find their own solutions (Aoun, 2006).

Consistent with the population health approach is the UK National Institute for Clinical Excellence 3 Component Model for service provision.

1) Information for normal grief with the support of family and friends.

2) Non Professional support to provide an opportunity to reflect on the loss with the support of volunteers and self help groups.

3) Professional support to respond to more complex needs that require specialist intervention including mental health services and specialist counsellors.

This approach is currently being developed and refined in the Hume Region, building upon a commonwealth-funded Caring Communities Project (Salau & Young, 2007).

NATIONAL ASSOCIATION FOR LOSS AND GRIEF (NALAG)

The National Association for Loss and Grief (NALAG) is an incorporated not-for-profit charitable organisation that undertakes a range of activities to strengthen the community's capacity to respond to its loss and grief needs. NALAG specifically undertakes a number of community information and sector development activities including the coordination of Grief Awareness Week. NALAG also provides the national specialist loss and grief counsellor accreditation program.

NALAG has been established for 30 years and it has a wide membership including 250 accredited specialist loss and grief counsellors and 50 community organisations that have an interest in loss and grief.

Strengthening Australia's Loss and Grief Support Capacity

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