Grief and Loss Content Stream

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

DATE:
November 12, 2008

Webinar

Wednesday 22nd May 2019

Grief, Loss, Older People and Mental Health: An interdisciplinary response

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General Practitioner

Dr Rod McKay
Psychiatrist

Dr Chris Hall
Psychologist

Tonight’s panel

Audience tip:
Click the ‘Open Chat’ tab at the bottom right of your screen to chat with other participants. The chat will open in a new browser window.

Facilitator: Dr Ebonney van der Meer
General Practitioner

MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

Supporting resources are in the library tab at the bottom right of your screen.
Learning outcomes

Through a discussion about Carmen, at the completion of the webinar participants will be able to:

• Describe the complex relationship between grief and loss, mental health and aging as well as the risk factors for and warning signs of mental illness in older persons experiencing grief and loss
• Describe the challenges, merits and opportunities in evidence-based approaches deemed most effective in treating and supporting older people with mental health issues
• Better target referrals for older people with mental health issues as a result of improved understanding of the role of different disciplines.

Supporting resources are in the library tab at the bottom right of your screen.

GP’s perspective

• Carmen’s story is a common presentation in general practice. Patients frequently present with lifecycle stressors including grief and loss.
• Aged people are likely to have a regular general practitioner (GP) and to have an established longitudinal relationship with a GP practice that provides continuity of care.
• GPs are experts in the biopsychosocial approach to patients’ presentations.

Assessment and diagnosis

• Biological – general health, preventative care of older people, ageing processes including physical and cognitive decline.
• Psychological – consider: normal grief response; depression; adjustment disorder; (pseudo)dementia. Note past history.
• Social – isolation vs connection, family and friends, community and social supports, including wider service provider availability in a geographical region.
• RACGP Silver Book - geriatric depression scale.

Management

• Supportive listening, maintaining hope, allowing time.
• Social prescribing - to avoid isolation which is associated with increased morbidity and mortality.
• Low social connectedness results in increased GP service use.
• Counselling/ focussed psychological strategies (FPS).
  – Problem solving; Cognitive behaviour therapy (CBT) re guilt, self-blame; activity scheduling especially positive activities; psychoeducation re grief, mindfulness etc.
GP’s perspective

Management continued...

• Ongoing medical care including preventative health (diet, exercise, sleep hygiene, drugs and alcohol).

• Prescribing – SSRI, SNRI, mirtazapine, melatonin.

• Team Care Approach
  Refer - psychiatrist, Better Access - psychologist, other allied health including mental health nurse, Aged Care Assessment.

GP’s perspective

Grief counselling

Support Bereavement and Mourning Process

Acknowledge loss

Painful process

Remembering

Identity change

Support - reach out, accept

Meaning making

Psychologist’s perspective

Grief is . . .

. . . our multi-faceted response to loss

• Emotional
• Physical
• Cognitive
• Behavioural
• Interpersonal
• Spiritual or philosophical

Psychologist’s perspective

Carmen’s experience is common

By the age of 65 years, over 50% of all women have been widowed at least once.

By the age of 85 years, over 80% of all women are widowed.
Psychologist’s perspective

Carmen’s response is not common

10 years after his death . . .

“She yearns for Robert on a daily basis and her life feels poorer with him no longer in it”.

“Her grief feels little different from those first weeks and months without Robert. She finds herself crying at unexpected times, full of regret and sadness”.

Psychologist’s perspective

Who Benefits from Bereavement Interventions?

“most uncomplicated grief is probably naturally self-limiting…. one of the most important trends in these reviews is the recognition that there are subgroups of mourners who are at elevated risk for dysfunction and who respond well to formal interventions.”

‐Jordan and Neimeyer, 2003

Psychologist’s perspective

A three-tiered public health model of bereavement care target populations

At risk of complex grief issues; benefit from referral to health professionals. Complicated Grief.

Potentially ‘at risk’, may need some additional support e.g. peer support group.

Majority of individuals; deal with grief with support of family/friends. Information on grief may be sufficient for most in this group.

Psychologist’s perspective

How is Complicated Grief different from typical grief?

• Acute grief is almost always painful and disruptive.

How is complicated grief different?

• Severe symptoms persist without progress in coming to terms with the loss or restoring a sense of purpose or satisfaction in life [currently estimated at six months].

• Certain kinds of dysfunctional thoughts, behaviours or emotions gain a foothold in the mind and derail the healing process.
Psychologist’s perspective

Assessment - Mediators of mourning
1. Kinship: Who died?
2. Nature of the attachment
3. How the person died
4. Historical antecedents
5. Personality variables
6. Social mediators
7. Concurrent stresses

Psychologist’s perspective

Assessment tools
1. Social Support
2. Integration of Stressful Life Events Scale
3. PG-13

Diagnostic criteria
- ICD-11: Prolonged Grief Disorder
- DSM-5: “candidate” disorder Persistent Complex Bereavement Disorder

Psychologist’s perspective

What interventions work with complicated grief?
Four research-informed, grief-specific interventions have been found to be efficacious:
- Focused Family Grief Therapy (FFGT; Kissane & Bloch, 2002)
- Complicated Grief Treatment (CGT; Shear, Frank, Houch, & Reynolds, 2005)
- Cognitive Behavioural Therapy (CBT) for CG (Boelen, van den Hout, & van den Bout, 2006)
- Meaning reconstruction approaches to grief therapy (Neimeyer, 2000).

Psychiatrist’s perspective

Pathway to the psychiatrist: When and how?

- Personality
- Psychiatric illness
- General palliative care
- In-patient psychiatric unit
- Grief counselling
- Post-mortem examination
- Social worker
- Homicide investigation
- Memory problems
- Patients with grief
- CPTSD from other causes
- Somatic symptoms

Individual answers

- An intervention will vary, depending on the individual’s presentation and self-report.
- Available (schedule)
- What is present in consultation
- What is expected to be ongoing
- What is expected to be reviewed

Dr Chris Hall
Carmen with the psychiatrist

Engagement
Understanding

The following have been identified by the panel as important issues in the field of grief and loss:

• The prevalence and impact of ageism
• Overlap between grief and depression
• ‘Normal’ versus ‘abnormal’ grief
• Access to and availability of allied health/aged care services

A pop up will appear on your screen shortly listing the issues. Choose the one you’d most like the panel to discuss.

Further conference activities

• View the other activities in the Grief and Loss stream on the conference website www.mhpnconference.org.au
• Don’t miss the next interdisciplinary panel discussion webinar: Disenfranchised Grief: Exploring the impact of infertility on mental health 7.15 – 8.30 pm AEST, Wednesday 5 June.
Thank you for participating

- Please ensure you complete the feedback survey before you log out.
  Click the Feedback Survey Tab at the top of the screen to open the survey.
- Certificates of Attendance for this webinar will be issued as part of MHPN’s conference and will be available within six weeks.
- Each participant will be sent a link to the recording of this webinar and associated resources within four weeks.
- Visit www.mhpncconference.org.au for details on our upcoming activities on grief and loss.