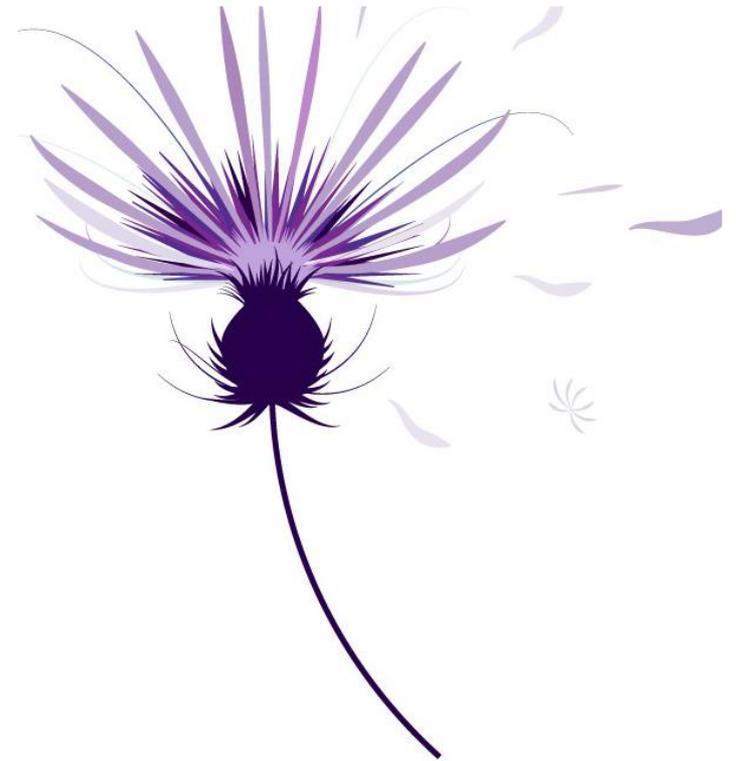


Psychological
perspectives on
bereavement, loss
and grief in the
context of a
pandemic crisis



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Poll – Employment Sector

Primary Care/Hospice

NHS

Local authority

Care Home sector

Third sector

Objectives

- Consider psychological theories of grief.
- Consider the impact of loss and grief within the context of COVID-19.
- Improve confidence in offering practical advice to people experiencing grief.
- Highlight the differences between 'normal' grief responses and complicated grief disorder to improve confidence in identification.
- Outline the evidence based for complicated grief and improve confidence in signposting/referring people who may require additional support.

Why talk about grief?

Is it a priority?

- Increased focus due to COVID-19.
- A need to create an *informed workforce*.
- COVID specific *challenges*.
- A need for *individualised* support or intervention.
- To help grievers *adapt to loss* during the current pandemic crisis and beyond.

What is Grief?

The psychological response we experience when something that we love and care about is taken away from us. It is:

- Inevitable and intrinsic to life
- Functional
- Multidimensional
- Anticipatory for some
- Related to all types of loss
- Crosses all ages and cultures
- Not an aspect of life that we prepare for in our society.

How is grief experienced?



Cognitive



Affective



Physical



Social



Spiritual



Poll

What is the time frame in which you would expect normal grief to have largely resolved?

0-6 months

6-12 months

12-24 months

24 months +

Uncomplicated Grief

- Grief is a normal reaction to loss.
- Gradual movement towards acceptance of the loss, and although difficult at times, managing to continue with basic daily activities.
- Idiosyncratic
- For many there are no residual serious social, psychological, or medical consequences.



Poll – Models of Understanding

Kubler-Ross

5 stages

Worden

Tasks of
Mourning

Rando

The 6 Rs

Silverman & Klass

Continuing Bonds

Stroebe + Schut

Dual Process

Psychological Theories of Grief

- Mourning and melancholia (Freud - 1917/1957)
- Stage theories (Kubler-Ross, 1969; Bowlby, 1980; Parkes & Weiss, 1983).
- Multiple trajectories through grief (Bonnano et al., 2002)
- Phasal conceptualisations (Stroebe & Schut, 1999; Worden, 2008)
- Continuing bonds (Silverman & Klass)
- Meaning reconstruction following loss

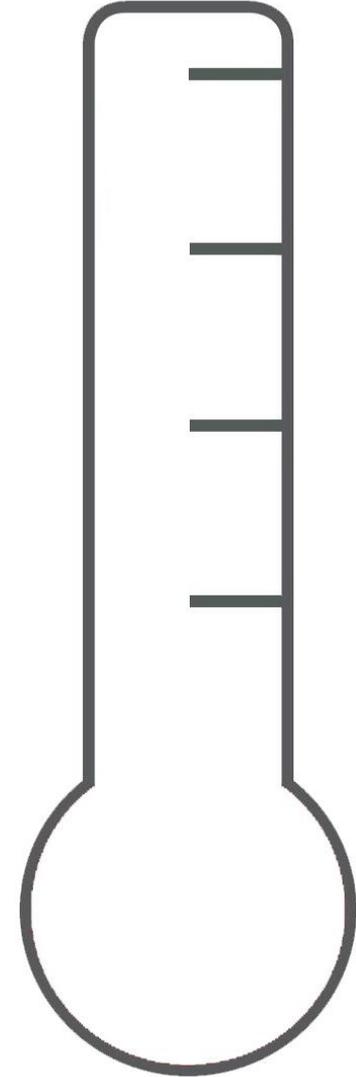
Context: COVID-19

- Anticipatory grief
- Rapid onset and deterioration of symptoms (implications for decision making)
- Trauma related to the death
- Disenfranchised grief - missing final moments, restrictions on funerals
- Additional stressors
- Feelings of – guilt, frustration, anger and blame, ambiguity, helplessness, and disempowerment
- Layering of grief and loss
- Collective grief

The emotional load of a pandemic crisis

We are more susceptible to multiple and cumulative losses:

- Financial
- Health
- Social/physical connections
- Autonomy
- Role, purpose, occupation
- Meaning
- Sense of safety
- Political



Complicated Grief

Persistent Complex Bereavement Disorder DSM-5 (Section 3 - 2013)

- Recurrent, persistent painful emotion
- Intense longing/yearning for the deceased
- Symptoms – difficulty accepting the loss, anger, bitterness, emotional numbness, feeling hopeless and that life is not worth living (Shear, 2012)
- Persistent symptoms for 12m+
- Prolonged Grief Disorder in section 2 of the revised DSM-5.

Prolonged Grief Disorder – ICD-11 (2018)

- Grief resulting in severe social, psychological or medical consequences
- Persistent – minimum of 6m
- Social distress – marked difficulties with ADLs, financial matters, or social interactions

→ Affects approximately 10-20% of bereaved individuals (Lundorff et al., 2017)

→ 33% will have comorbid anxiety or depression

→ Little is known about the neurocognitive mechanisms at play.

Risk factors for complicated grief

Pre-loss:

- Female
- Pre-existing trauma (particularly ACE)
- Prior loss
- Insecure attachment
- Pre-existing mood/anx disorders
- Nature of the relationship

Loss related:

- Relationship + caretaking roles e.g. spouses, mothers of dependent children, caretakers of chronically ill.
- Nature of the death
- Mortality in ICU (34-67% of surviving family members).

Other risk factors:

- Social circumstances
- Resources available after death
- Physical support is poor.
- The unknown
- Interference with the natural mourning process.

Differential Diagnosis

Complicated grief can trigger comorbid MDD, PTSD, problems with substance use.

Of patients with complicated grief:

- 25% had no comorbid MH conditions
- 55% had comorbid MDD
- 49% had comorbid PTSD
- 36% had both MDD and PTSD

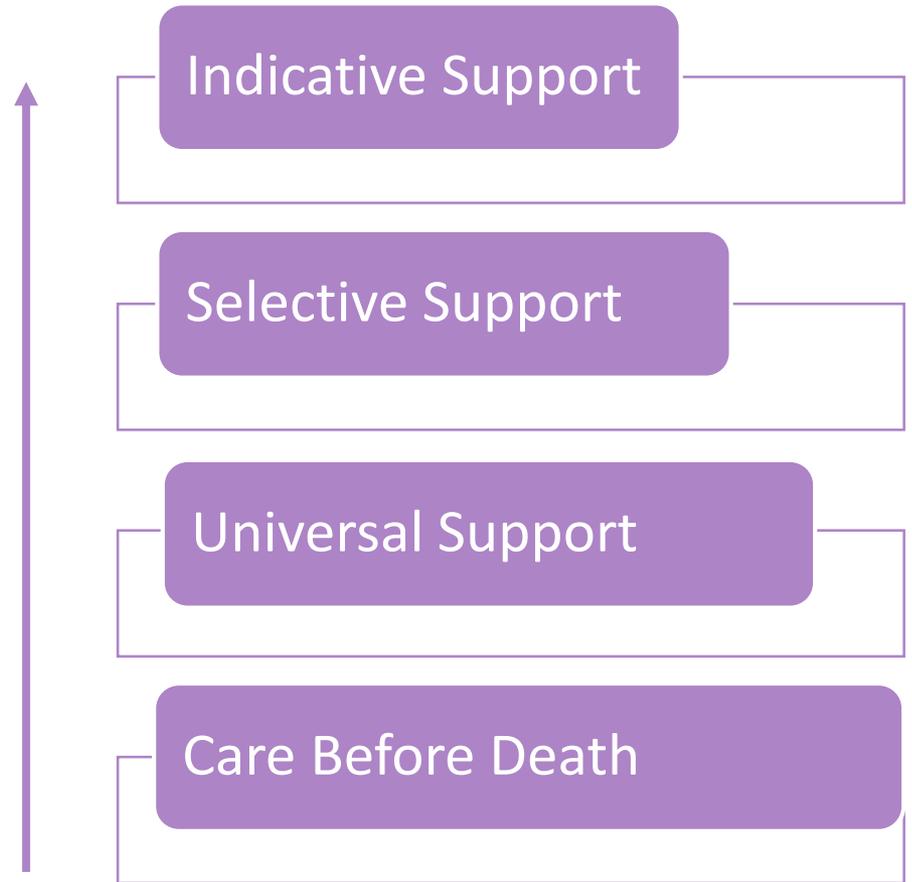
CG? Depression? PTSD?

CG + COVID-19 = a major public health concern?

- Disasters with casualties++ ↑ levels of CG in bereaved survivors over other modes of death.
- Commonalities between COVID and other disasters.
- Increased psychiatric complaints common in COVID-19 affected areas (e.g. Cao et al, 2020).
- CG can lead to isolation, chronic loneliness, sleep disorders, impaired immune function, suicidal thinking.

Support – Preventing CG

NICE Guidelines



Barriers to Support

Staff centred barriers

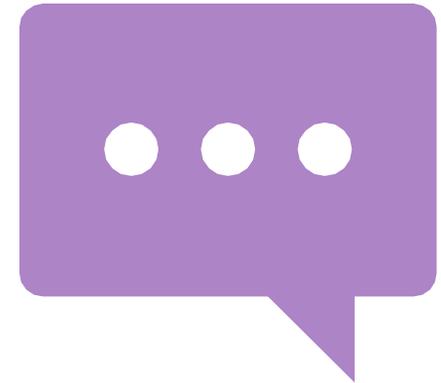
- Knowledge, understanding, skill + confidence
- Role and relationship to the person
- Own stress/burnout/grief response.

Bereaved centred barriers:

- Insight and awareness
- Cognitions – deserving of help?
- Support network

Additional COVID barriers:

- Stigma and shame
- Insensitivity of others



Tier 1 - Care Before Death

- Anticipatory grief work if possible
- Good communication
- Information to support decision making
- Direct approach to difficult conversations in ACP
- Promote communication in innovative ways
- Promote choice and autonomy

Minimising the risk of complex grief

Tier 2 - Universal Support



After death support:

- COVID - Support for mourning and social connection within limitations.
- Information on practical aspects of grief and on mourning.
- Signposting to support organisations
- Psychological First Aid



Psychological First Aid

Theory to practice



E-LEARNING MODULE



‘WHAT IS PFA PODCAST’

Tier 3 - Selective

Peer group support:

- Self help resources
- Bereavement support volunteers
- Faith groups
- Community groups

Tier 4 - Indicated

Additional support provided by accredited professionals:

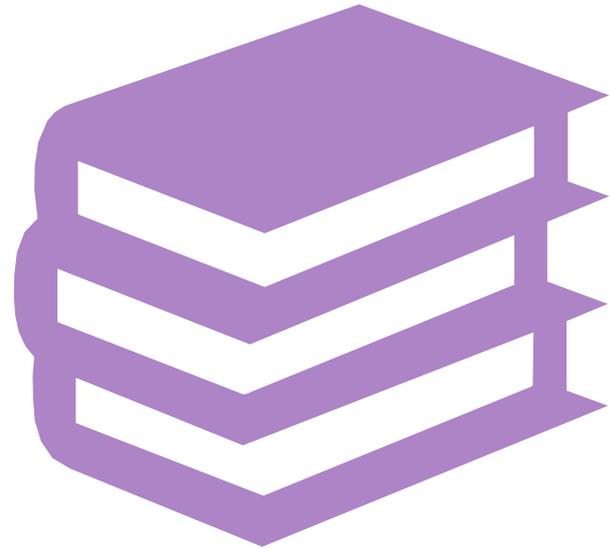
- Specialist bereavement services
- Clinical Psychology
- Mental health services

Tier 4 - Indicated Interventions

- Psychological therapy is the gold standard.
- Cognitive behavioural treatments (face to face and online – Johannsen et al., 2019)
- No evidence that adding an antidepressant to prolonged grief without co-occurring dep/anx improves outcomes.
- Pharmacotherapy helpful in treating comorbidities.

Resources

A list of reading and other resources has been added to the NES Bereavement Team Support Around Death website



Contact

Support Around Death – NES
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This resource may be made available, in full or summary form, in alternative formats and community languages.
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how
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