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Mental Health Professionals' Network

Webinar

# Co-ordinating mental health care for people experiencing suicide bereavement

**Thursday, 17th August 2017**

"Working together. Working better."

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

## This webinar is presented by mhpn Mental Health Professionals' Network

### Tonight's panel

**Dr Graham Fleming**
General Practitioner

**Dr Jane Mowll**
Social Worker

**Jacinta Hawgood**
Psychologist

**A/Prof Siva Bala**
Psychiatrist

### Facilitator

**Dr Lyn O'Grady**
Psychologist

## Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- **Be respectful of other participants and panellists**. Behave as you would in a face-to-face activity.
- You may interact with each other and the panel by using the **participant chat box**. As a courtesy to other participants and the panel, keep your comments on topic. Please note that if you post your technical issues in the participant chat box you may not be responded to.
- For help with your technical issues, click the **Technical Support FAQ tab** at the top of the webinar room. If you still require support, call the Redback Help Desk on 1800 291 863. If there is a significant issue affecting the overall delivery of the webinar, you will be alerted via an announcement.
- Your feedback is important. Please **complete the feedback survey** which will appear on your screen when the webinar finishes.



## Learning Outcomes

Through an exploration of suicide bereavement, the webinar will provide participants with the opportunity to:

- Design a safe and supportive environment for people seeking care for suicide bereavement
- Implement key principles of providing an integrated approach in the identification, assessment, treatment and support of people experiencing suicide bereavement
- Identify challenges, tips and strategies in providing a collaborative response to assist people who are experiencing suicide bereavement

## Summary of Case Study

- Daryl a 38-year-old married father of two children aged 6 & 4 took his own life
- One month later, his wife Melissa is struggling, lying awake at night with negative thoughts
- She returned to work, finding it difficult to face people and feeling ashamed
- Melissa feels alone and confused
- Ben (6) lashing out and Madeline (4) crying a lot and missing her dad
- Melissa goes to a GP to seek psychological care



## General Practitioner perspective

### Postvention

Suicide is a terrible form of grief

- Often associated with guilt
- Recovery does occur
- The deep wound eventually becomes a scar

Graham Fleming

## General Practitioner perspective

### Postvention

Suicide occurs when there is a

- Sense of abject hopelessness and despair
- Delusion that suicide is only or best option
- Determination to die

Graham Fleming

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## General Practitioner perspective

### Postvention

In cases of suicide

- Sometimes there are warning signs
- Sometimes without warning signs but in retrospect there were pointers
- Sometimes for no explicable reason
- Most people with severe mental illness do not suicide
- **Intrusive suicide thoughts are a medical emergency**

Graham Fleming

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## General Practitioner perspective

### Postvention

There is no right or wrong way to grieve **but**

- A support person or network is essential
- Close support from an emphatic GP is very helpful
- Failure to cope requires urgent assistance
- Endeavour to normalise usual routines
- If possible arrange greater access and support from grandparents for children

Graham Fleming

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## General Practitioner perspective

### Postvention

**Extra assistance will be required**

- Financial counsellor
- School counsellor for assistance with children
- Independent counsellor or psychologist
  - To unload feelings and frustrations
  - To assist with social considerations
  - Assist with Centrelink, bank etc.
- A conference with family and friends very useful

  For small rural towns a public meeting

Graham Fleming

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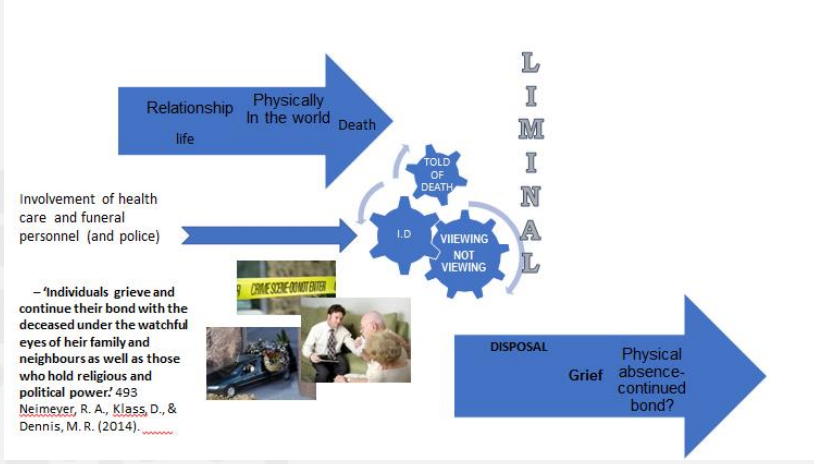
# Social Worker perspective

## Support in aftermath of death event




Jane Mowll



# Social Worker perspective

## Viewing or not viewing the body raphs

- Meaning
- Memories
- Suicide and violent death

1. Mowll, Lobb & Wearing (2016). The transformative meanings of viewing or not viewing the body after sudden death. Death Studies, 40 (1), 46-53

2. Mowll, J. (2017). Supporting Family Members to View the Body after Violent or Sudden Death: A Role for Social Work, Journal of Social Work in End-of-Life & Palliative http://dx.doi.org/10.1080/15524256.2017.1331182

Jane Mowll

# Social Worker perspective

## Support: Making sense and meaning, and accessing investigator reports, or scene photographs/footage

- 'Expert companioning' in wake of suicide death.
- Jordan, J (2008) Bereavement after suicide. Psychiatric Annals, 38 (10). 679-685.
- Investigation:- Police, Coroner
- Support to access and comprehend reports
- Mowll, Adams & Darling (2017) Facilitating access to scene photographs and CCTV footage for relatives bereaved after violent death, BereavementCare
- Visit http://bit.ly/RBER-online and download this FREE ACCESS article
- Ryan, M & Giljohann, A. (2013) I really needed to know: Imparting graphic and distressing details about a suicide to the bereaved. Bereavementcare, 32 (3), 111-116.
- Constructionist/constructivist understanding of suicide grief (meaning)
- Understanding The 'event story' of the death and The 'back story' of the relationship,
- Neimeyer & Sands (2011); Gillies, Neimeyer et al (2013)
- Resonates with social work values (Cacciatore 2009; Goldsworthy 2005; Scott 1989; 2002)
- Allowing the 'story of the client to be heard with the practitioner adopting a stance of curiosity in order to uncover the meanings that people attribute to their lives and the losses they encounter' (Goldsworthy 2005:176).

Jane Mowll



# Social Worker perspective

## Support

- Support Models
  - Individual
  - Family
  - Group

Andriessen, Krysinka & Grad (eds) (2017).Postvention in action: The international Handbook of Suicide Bereavement Support, Hogreffe, Boston, Gottingen.
Chapter 14:- Mowll, Fitzpatrick & Smith (2017) Supporting families through the Forensic and Coronial Process after a death From Suicide. Pp 162-173.

- Social work
- Family sensitive
- Systems
- Strengths
- Lessons learnt from people bereaved by suicide

Jane Mowll

## Psychologist perspective

| | |
|---|---|
| The aftermath of suicide: important terminology | • Postvention (Shneidman, 1969; 1981)<br>• Bereavement: suicide survivor, bereaved by suicide, suicide bereaved |
| Who is affected? | • Suicide survivorship continuum (Cerel et al, 2014) |
| Postvention: what does it look like? | • Multifaceted/multi-level approach<br>• Guidelines for communities; organisations (workplace, schools, social networks); individuals |

Jacinta Hawgood

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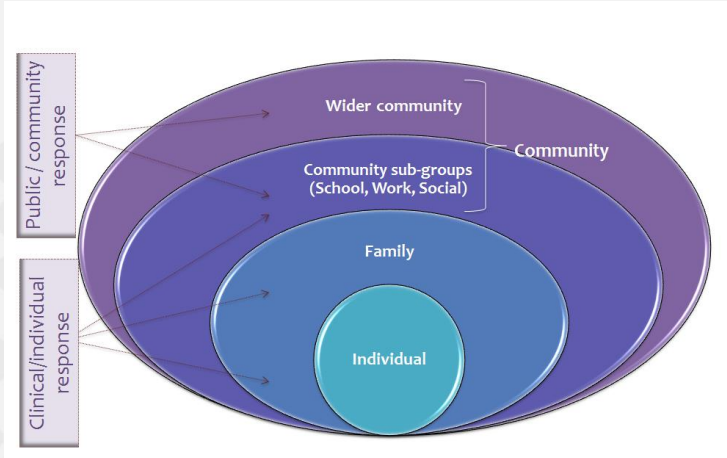
## Psychologist perspective

### Settings for Community Postvention




Jacinta Hawgood

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## Psychologist perspective

### The loss of Daryl: Postvention responses?

Use of suicide 'survivorship' continuum to target responses to individuals exposed and affected across time

- Melissa, children, parents of Daryl, friend Karen, workplace colleagues, school peers

What impacts?

- Reactions, interactions and questions asked
- Developmental differences
- Contexts – home, work and school

How?

- Counsellor, GP, support groups, community networks, online resources (psychoeducation, interventions, monitoring, networking)

Jacinta Hawgood

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## Psychologist perspective

### Empirical Base: Interventions

- Major lit reviews (meta-analytic and large scale reviews) have revealed that interventions provided as a universal intervention to all bereaved – regardless of symptom presence is no more effective than the passage of time (Neimeyer & Currier, 2009)
- Greater effect sizes for 'high risk mourners' so the more complicated the grief process, the better the chances of interventions leading to positive results (Currier et al, 2008; Harwood et al., 2002; Shut et al., 2001)
- Particularly true re those on the suicide exposure continuum identified as 'long term' bereaved by suicide (Cerel et al., 2014).
- But major methodological concerns continually emphasised (Jordan & McMenamy, 2004)

Jacinta Hawgood

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# Psychologist perspective

## Types of interventions from meta-analytic reviews

- **Individual therapy** – survivors ratings of satisfaction; but need for therapist knowledge of specific suicide grief responses and role of PTSD in longer term bereavement (Sanford et al, 2016)
- **Support groups** – group sharing (Constantino, 1988; Kato & Mann, 1999) (+ve to neutral)
- **Semi structured groups** – psycho-education and group sharing (Rogers et al., 1992; Renaud, 1995) (+ve)
- **Problem solving, psycho-educational, skill building** (Murphy, 2000) (No difference)
- Coping strategies with **group sharing** (Costantino & Bricker, 1996; Costantino et al., 2001) (+ve)?
- **CBT** (De groot et al., 2007 - no difference) (Wagner et al, 2006/2007 – effective outcomes-trauma measures) (Boelen et al., 2007, 2011 – more effective than sup[illegible]e counselling)
- **Writing** (narrative) (Kovac & Range, 2000) (+ve)

Jacinta Hawgood



# Psychiatrist perspective

- Bereavement" is the situation of having experienced the death of someone close, not the response to the loss.
- "Grief" is the response to loss, not simply an emotion. The word "grief" is a simple shorthand for a complex, multifaceted experience that changes over time and varies from loss to loss. Grief is an automatic reaction, presumably guided by brain circuitry activated in response to a world suddenly, profoundly, and irrevocably altered by a loved one's death.

Siva Bala

## Psychiatrist perspective

- In distinguishing grief from a major depressive episode (MDE), it is useful to consider that in grief the predominant affect is feelings of emptiness and loss, while in MDE it is persistent depressed mood and the inability to anticipate happiness or pleasure.
- The dysphoria in grief is likely to decrease in intensity over days to Weeks and occurs in waves, the so-called pangs of grief. These waves tend to be associated with thoughts or reminders of the deceased.

Siva Bala



## Psychiatrist perspective

The depressed mood of a MDE is more persistent and not tied to specific thoughts or preoccupations.

Siva Bala

## Psychiatrist perspective

- The pain of grief may be accompanied by positive emotions and humour that are uncharacteristic of the pervasive unhappiness and misery characteristic of a major depressive episode.
- The thought content associated with grief generally features a preoccupation with thoughts and memories of the deceased, rather than the self-critical or pessimistic ruminations seen in a MDE.

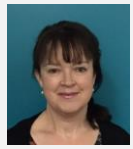
Siva Bala



## Psychiatrist perspective

- In grief, self-esteem is generally preserved, whereas in a MDE, feelings of worthlessness and self loathing are common. If self-derogatory ideation is present in grief, it typically involves perceived failings vis-à-vis the deceased (e.g., not visiting frequently enough, not telling the deceased how much he or she was loved).
- If a bereaved individual thinks about death and dying, such thoughts are generally focused on the deceased and possibly about "joining" the deceased, whereas in a major depressive episode such thoughts are focused on ending one's own life because of feeling worthless, undeserving of life, or unable to cope with the pain of depression.

Siva Bala


# Q&A session



# Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes)
- Certificates of Attendance for this webinar will be issued within four weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks
- Our next webinar, **Supporting the mental health of people living with obesity,** will be held on Wednesday 6th September 7:15 PM- 8:30 PM (AEST).
- Sign up at www.mhpn.org.au/UpcomingWebinars
- Practitioner self-care Lifeline https://www.lifeline.org.au/ phone: 13 11 14

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**Thank you for your contribution and participation**

**Good evening**