Complicated grief

Bereavement is a universal experience. However, sometimes sustained and intense grief can become a chronic debilitating condition.

Approximately one in ten bereaved people experience complicated grief, with higher rates amongst those bereaved by disaster or violent death, or with parents who lose a child.

Complicated grief involves:

- prolonged experiences of grief, usually for more than one year
- intense yearning for the deceased; rumination about the death
- ongoing reactive distress related to the death e.g., anger, bitterness and self-blame
- sense that life is futile or meaningless; detachment from others.

Cognitive behavioural therapy (CBT) is an effective treatment for complicated grief.

Where medication is required, newer antidepressants should be considered as the first choice and should be delivered as an adjunct to psychological intervention.

Information, patient resources and assessment tools are available at www.at-ease.dva.gov.au or in the Appendices.

Screening for complicated grief

For veterans who have experienced the death of a close friend or relative at least 12 months earlier, ask if they have experienced any of the following symptoms more days than not at levels that impair functioning and cause significant distress:

- persistent yearning for and/or preoccupation with the deceased
- reactive distress to the death e.g., difficulty accepting the death, emotionally numb, bitterness related to death and difficulty having positive feeling related to the deceased
- disruption of social roles and identity, e.g., difficulty trusting and feeling detached from others, feeling that life is meaningless without the deceased.

If the patient endorses more than one of the above experiences, further assessment of complicated grief is warranted.

Complicated grief can be a risk factor for suicide; ask about suicidal ideation using direct and unambiguous questions.

Assessment

- Assess the patient’s mental state, presence of comorbid mental and physical conditions, strengths, and cognitive impairments. Also, assess for risk of harm to self or others.
- Currently there is no standardised assessment tool that assesses specifically for complicated grief and bereavement-related conditions. However, the Inventory of Complicated Grief - Revised is a measure recommended by the Australian Department of Health and Ageing.
Bereaved for at least 12 months and experiences persistent intense grief, with some impact on day-to-day functioning

Consider referral for psychological treatment. Consider a practitioner trained in CBT, with a particular emphasis on cognitive therapy, exposure, and behavioural techniques. In the case of a patient who has severe, unremitting symptoms, consider referral to a psychiatrist. In the case of a patient with intent to suicide or harm others, refer to emergency psychiatric services.

Support self-management and prioritise social support. Facilitate social support, provide advice to help maintain routine, engagement in significant roles and pleasant activities, and encourage reduced substance use.

Consider rehabilitation from the beginning due to the importance of maintaining/resuming their normal social and occupational roles. This reduces the likelihood of enduring disability. DVA can offer extensive rehabilitation services for entitled veterans (www.dva.gov.au/rehabilitation).

Elements that you may consider during a consultation

Self-management Strategies

Practitioners may discuss basic self-management strategies that the veteran can use to manage their symptoms while more targeted psychological and/or pharmacological interventions take effect. Encourage the patient to:

- Prioritise spending time and reconnecting with their social supports e.g., sympathetic family members and friends. There is strong evidence that social support is a key factor in preventing deterioration of symptoms and in promoting recovery.
- Reduce substance use. This is a significant issue amongst veterans, with comorbid substance abuse occurring often.
- Maintain (or re-establish) their daily routine and current roles (e.g., work, family), including the use of a pleasant activities schedule.
- At Ease website (www.at-ease.dva.gov.au) for access to generic information on mental health wellbeing including the Wellbeing Toolbox, anxiety management and alcohol resources. The DVA Mental Health and Wellbeing after Military Service booklet is available to order or download.
- There are currently no resources specific to complicated grief although the following website has useful information on grief more generally: Australian Centre for Grief and Bereavement (www.grief.org.au).

Self-management Resources
Psychological Treatment

- Cognitive behavioural therapy (CBT) has an increasing evidence base for the treatment of complicated grief. The key components of CBT include:
  - Cognitive therapy – to identify unhelpful thinking patterns relating to the loss and find helpful ways of thinking about it.
  - Behavioural techniques – to assist the veteran to re-engage with the world, undertake positive activities, and set goals for the future.
  - Exposure therapy – can be particularly useful for those whose loss occurred in traumatic circumstances. This involves repeatedly telling the story of the loss or confronting places, activities or people associated with the loss that have been avoided.
  - Having imagined conversations with the deceased, evoking happy memories, and exploring regrets and resentment.

- Complicated grief is typically treated in an outpatient setting.
- Patient information on effective treatments is available online (www.at-ease.dva.gov.au) or in Appendix L, and an example script is provided below:

  "One of the most effective treatments for your difficulties is cognitive behavioural therapy, or CBT. CBT can help you identify ways of thinking about your loss that prevent you from dealing with your grief. You’ll also learn ways to re-engage with the activities and social supports you used to enjoy, and set goals for the future."

Pharmacological Treatment

- Newer antidepressants such as SSRIs and SNRIs are the first line for pharmacological treatment due to their favourable side-effect profile. They should be used as an adjunct to psychological intervention and be considered for the treatment of more severe symptoms.
- If pharmacotherapy is commenced, the veteran’s mental state should be monitored and adjunctive psychological therapy commenced when appropriate.

Referral Options

- VVCS – Veterans and Veterans Families Counselling Service. Phone 1800 011 046 (24 hours).
- Mental health professionals can be accessed through Medicare. A list of psychologists can be found at www.psychology.org.au/findapsychologist. A list of social workers can be found at www.aasw.asn.au/membersdirectory.
- Private psychiatrists: A list can be accessed by GPs at www.ranzcp.org/Resources/find-a-psychiatrist.aspx.