Bereavement round up

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Public health and population level approaches are increasingly being applied in determining how and where bereavement support services are required. A number of recent articles have addressed identification of bereavement support needs from community, economic and mental health perspectives. The three articles discussed here have applications across disciplines with relevance on a public health and community level. Given this, it is notable that both Aoun and DiGiacomo's are published in Open Access format. ■

Determining where and how bereavement will be needed

Aoun S, Breen L, Howting D *et al* (2015). Who needs bereavement support? A population based survey of bereavement risk and support need. PLoS ONE. 2015;10(3):e0121101. doi:10.1371/journal.pone.0121101

As Aoun argues 'Providing universal bereavement support irrespective of need is neither effective nor economical'. The public health challenge then is in designing effective and appropriate bereavement support at the requisite levels. Having previously undertaken considerable research on bereavement risk factors and bereavement support experiences Aoun *et al's* focus in this study (also dicussed in their article elsewhere in this issue) is on identification of bereavement service needs in an Australian community population sample. The study aimed to test the predictive accuracy of the established public health model of bereavement support and it is the first such study to do so. The public health model applies a three tiered or three levels approach which forecasts support requirements in a bereaved population breaking down as 60% at low risk (level 1), 30% moderate risk (level 2) and 10% high risk (level 3) of developing Prolonged Grief Disorder (PGD).

The authors highlight the benefits of the three tier model to date in providing a valuable framework around which to structure bereavement supports. The study aimed not only to test the public health model but in doing so provide population sample data and a profile of those at risk of developing Prolonged Grief Disorder (PGD) with a view to improving services.

Participants were recruited for the study via four funeral service providers in metropolitan and regional areas of Western Australia. Based on participant's responses to the 82 question survey the authors identified three risk groups for PGD; high risk, moderate risk and low risk. In detailing the characteristics of these three groups they provide an illustrative map for population response to bereavement. The percentage distribution of the three groups across the sample compared to the predicted figures based on the public health model provide powerful validation of both the model and the rationale for the study. The model predicted a 60% – 30% – 10% distribution of low, moderate and high risk respectively. Actual figures from the study were 58.4% – 35.2% – 6.4% with the level two or moderate risk group increasing on the predicted percentage. The authors provide a further aid to the prediction of population bereavement response in outlining the characteristics and profiles of the three groups and the nature of their bereavements.

There are limitations and these are addressed by the authors, notably the lack of access to death registers and the subsequent recruitment of funeral providers as a source for participant recruitment. Similar studies based on death register data would be beneficial to test the reproducibility of these findings. Despite this the article provides valuable evidence of the accuracy of the public health model as a predictive tool. ■

Mental health of bereaved caregivers

Moriarty J, Maguire A, O'Reilly D, McCann M (2015). Bereavement after informal caregiving: assessing mental health burden using linked population data. American Journal of Public Health 105(8) 1630-1637.

This article outlines a study to evaluate the potential mental health risks in bereaved informal caregivers. With an aging population and a growing number of people taking on informal caregiving roles a number of studies have been undertaken in recent years to examine the specifics of bereavement in carers. The authors acknowledge that the literature to date has put forward two divergent routes for bereavement following care giving. It has been argued that intensity and length of caregiving experience coupled with stress and guilt may predispose carers to a complex grieving process. On the other hand Moriarty *et al* also recognise the seemingly contradictory findings from studies indicating that carers display greater resilience and have a lower risk of mental health problems. With the existing literature seeming to indicate two possible paths, this study aimed to more firmly establish the mental health risk of caregivers post bereavement by interrogating large-scale population data.

The population-wide methodological approach to bereavement risk adopted in this study is a novel one. Data from the Northern Ireland Longitudinal Study (NILS) and the General

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Registrars Office death registrar is combined with prescription records for antidepressants from the Enhance Prescribing Database for Northern Ireland. Caregiver status was established from census responses in NILS data related to caring for a relative with a physical or mental disability. Four relevant sub categories were determined within the overall dataset; those bereaved of someone cared for at home, caregivers who had not been bereaved, non caregivers who had been bereaved and those not bereaved or caregivers. These categories were further interrogated and stratified into age bands and compared to the non bereaved population.

Detailing of results illustrated a number of key factors seeming to impact on caregivers' bereavement experience and their potential for poor mental health outcome. Overall findings showed both caregiving and non-caregiving bereaved members of the population to be at elevated risk of poor mental health. While those in older age bands were more likely to be carers, this study found them at no greater risk than the general bereaved population. In fact they demonstrated greater recovery and lower antidepressant prescribing in the older age group.

Results from this population-wide approach provide an alternative to more familiar studies recruiting only from the bereaved population. It also offers key insights for mental health and bereavement support service planning across a wide demographic range. ■

Financial and administrative tasks post bereavement

DiGiacomo M, Lewis J, Phillps J *et al* (2015). The business of death: a qualitative study of financial concerns of widowed older women. *BMC Women's Health* 15 (36) doi:10.1186/s12905-015-0194-1

DiGiacomo *et al's* article speaks to concerns of aging populations, in particular the growing number of older widows, and planning for the economic implications of their bereavement. In a 2013 article DiGiacomo outlined the health and psychological impact of widowhood. Here attention is focused on concerns about the financial and administrative burden of spousal loss and the potential for these concerns to exacerbate grieving.

The authors point out that the vast majority of bereavement studies have focused on mental and physical outcomes. While these aspects are worthy of examination the authors contend that the financial, legal and administrative tasks required in early bereavement may significantly increase stress. They maintain this is increasingly so in widowhood and in particular for older widows, often unfamiliar with navigating financial and legal information. These additional burdens occurring in the acute phase of grieving can place additional strain on recently bereaved older women.

Subjects were women over the age of 65, bereaved within the last two years. They were recruited through health, community and social care professionals and palliative care services. Interviews detailing their experiences of the loss of their husband were conducted at six month intervals between August 2009 and November 2011. This study has some overlap with Moriarty *et al* in that the vast majority of interviewees (76%) had been carers for their husbands before bereavement. Interviews revealed three key themes; that the post-bereavement administrative tasks increased feeling of vulnerability, that gender influenced loss adjustment and that financial changes and potential housing insecurity following bereavement impacts on health.

The core focus of the study was in establishing the weight of stress caused by post bereavement economic and administrative responsibilities. Early interviews emphasised the extent to which the first months of bereavement were consumed by bureaucratic tasks like estate, banking and legal settlement. It is significant to note most respondents indicated little or no assistance in these tasks from family or friends, increasing the sense of vulnerability. The mental and physical demands of these activities reported by interviewees, particularly with the inclusion of quotes from interview transcripts is a powerful illustration of a little reported reality of the initial stages of bereavement.

The repetition of the task of reporting the death, submitting death certificates and other documentation to multiple agencies and organisations heightened the distress of interviewees. In particular the impact of removing their husbands name from accounts and seeing the name on documents and correspondence was reported as distressing. Extracts from the interviews reveal frequent reference to the demoralising nature of these processes and the women's encounters with financial, legal and utility organisations.

The article brings to light many of the practicalities of spousal loss specific to gender. For the women interviewed the loss of their husband often precipitated unanticipated financial instability and adjustment to new tasks. That many of the women reported having had little to no knowledge or responsibility for family finances prior to bereavement is also indicative of the bereavement experience for this generational cohort.

This study shines light on some of the realities of recent bereavement which have wider societal implications. In the application of a population-wide approach to supporting bereaved people and in particular recently bereaved widows this study highlights a number of areas for improvement. The authors refer to 'Administrivia', the fatigue brought on by navigating bureaucratic labyrinths common in spousal loss. They cite the UK programme 'Tell Us Once' which streamlined the process for notification of a death as an example of a positive approach to alleviating some of these problems. Such a data-sharing approach across organisations could eliminate the need for the recently bereaved to negotiate with multiple agencies.

The article also points the way towards cross sectoral or compassionate community approaches to alleviating undue burden on bereaved people such as bereavement training for financial service, legal and government employees who frequently interact with bereaved people. ■

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