Bereavement round up

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Laura Rooney Ferris presents a round up of recent research literature and other publications relating to bereavement. This issue we include contributions from *Bereavement Care* editor Colin Murray Parkes and MSc student Brenda Casey.

A new way of assessing people for bereavement support

Newsom C, Schut HAW, Stroebe MS (2016). Initial validation of a comprehensive assessment instrument for bereavement-related grief symptoms and risk of complications: The Indicator of Bereavement Adaptation–Cruse Scotland (IBACS). *PLoS ONE* 11(10):e0164005.

The aim of this study was to test a new method of assessing people ('The Indicator of Bereavement Adaptation—Cruse Scotland') (IBACS), over the phone and with an additional questionnaire, who were seeking help from Cruse Bereavement Care Scotland. This was to enable the assessor to choose to which of four categories of help they should be assigned: 1) No intervention. 2) Skilled listener, 3) Advanced skilled listener or 4) Professional counsellor.

The study only included people who had sought help from Cruse in Scotland, but had not received individual support, either because they lived outside the area covered by the service or because there was a long waiting list. This comprised 44 men and 152 women most of whom had lost a spouse or parent.

Various widely-used and respected questionnaires were used to measure the outcome 18 months later, and a highly sophisticated statistical analysis assessed the IBACS new method. Together they confirm the hope that this method is a reliable and effective way of assessing bereavement risk, and one that can be carried out by volunteers who have received training in two group workshops led by trainers approved by Scotland's Professional Body for Counselling and Psychotherapy (COSCA).

The IBACS includes:

1) A semi-structured interview covering the interviewee's relationship with the person who died, the circumstances of that person's death, the interviewee's previous experiences with grief, pattern of attachment, and other sources of stressor support. Specific guidelines facilitate assigning a score of 0-7.
2) A structured questionnaire that measures a number of grief-related symptoms (derived from Prigerson's Inventory of Complicated Grief). Additional questions cover suicidal ideation and personal growth.

An incidental finding that surprised the researchers was a correlation between high scores of grief-related symptoms and measures on a popular scale of psychiatric symptoms (SCL90-R). This purports to measure 'obsessive compulsive behaviour, paranoid ideation and psychoticism'. Closer examination showed that, following bereavement, these all reflect aspects of normal grief. They include intrusive thoughts about the deceased person, fears of going out for fear of showing grief in public and hallucinations of the lost person. Given that losses of one sort or another are not uncommon among people seeking psychiatric help, it seems that psychiatrists need to be careful how they interpret such scores.

Despite this and other minor limitations I can only agree with the researchers that the IBACS is a useful and practical way of selecting bereaved people for the kinds of help currently available in the UK, and many other countries, in which volunteers are carefully selected and trained to provide support alongside professional counsellors and psychotherapists. This is a cost-effective way of providing help at a turning point in the lives of those who suffer bereavement and could avoid the misuse of expensive psychiatric services. ■

Colin Murray Parkes

Effect of widowhood on mental health in older people

Siflinger B (2016). Impact of widowhood on mental health – an analysis of anticipation patterns surrounding the death of a spouse. *Health Economics* e-pub, doi: 10.1002/hec.3443.

The loss of a spouse and adaptation to widowhood can have significant and far reaching mental health implications. This study

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highlights both the rising incidence of mental health problems in the elderly population and its economic implications. As this study addresses, psychological distress following widowhood can incur increased healthcare costs and present challenges for policy makers.

While a not insubstantial amount of research has been undertaken on mental health and spousal loss in the elderly population, this study also examines causal effects. The aim of the study is not only to establish an association between widowhood and declining mental health but to also incorporate the role of anticipation in adjustment to loss. Siflinger advises that 'neglecting anticipation leads to underestimating the effect of widowhood on mental health'.

The study is novel in the incorporation of both survey and administrative data. Survey data from the Health Retirement Study (HRS) and administrative data from the National Death Index (NDI) were combined. An empirical analysis was undertaken using data from the RAND version of the HRS from 1996 to 2008. This was combined with cause and dates of death information from the NDI. Included respondents were those who had been observed in the sample both before and after bereavement. Using the Centre for Epidemiological Studies Depression (CES-D) scale the surviving partner's mental health was assessed. HRS collects responses on eight items and these were rated against CES-D. Using the before and after bereavement responses on these items, Siflinger showed that a higher percentage of respondents reported depressive feelings after bereavement. To determine the extent to which the bereavement was anticipated, a question inquiring to this effect was included in the HRS interview. Siflinger also applied an econometric model to interrogate the effects of variables like extent of anticipation, mental health history and adaptation to the death.

The results indicate that there is no clear difference in depression risk for expected and unexpected death pre-bereavement. In the initial period following partner's death however, differentiations occur. Respondents not anticipating their partner's death displayed higher depression levels and a longer adjustment period and lower adjustment rates. As with other studies examining long-term mental health outcomes following the loss of a partner the circumstances of the death are also analysed. Siflinger's findings acknowledge the established causal link between long-term caregiving and poor mental health. In agreement with previous studies she finds that mental health may decline in advance of bereavement in long-term carers and influence post-bereavement depression likelihood.

Siflinger concludes that in addition to adaptation to widowhood being slower 'an unanticipated widowhood has significantly longer-lasting mental health consequences'. These findings have implications not only for those providing and planning for adequate services for bereaved people but also for health and economic planning. ■

Holding the baby following stillbirth: impact on maternal well-being

Redshaw M, Hennegan J, Henderson J (2016). Impact of holding the baby following stillbirth on maternal mental health and well-being: findings from a national survey. *BMJ Open* 6:e010996 doi: 10.1136/bmjopen-2015-010996.

This study re-visits the discussions and potential conflicts in clinical guidance on management of mothers following stillbirth. Specifically, it addresses the evidence and efficacy of existing recommendations on whether mothers should be encouraged to hold their stillborn baby. The authors also address the conflicting outcomes in different approaches.

Redshaw *et al* undertook a comparison of reported mental health and well being of women at 3 and 9 month intervals after the stillbirth of their baby. Their population sample drew from women who registered a stillbirth in England in 2012 with 468 eligible responses gathered for comparison.

This study is one of the first to interrogate the controversies surrounding holding of the baby. While seeing the baby has been reported to promote positive mental health outcomes, recent limited studies have reported mixed outcomes from women who held their baby.

The study asked which mothers had seen or held their baby, and whether differences existed in demographics or clinical care. It also asked the mental health outcome of women who held their baby and whether there were unique outcomes resulting from holding the baby. The study used data from the National Perinatal Epidemiology Unit *Listening to Parents* survey (2014) which drew on stillbirth statistics from the Office of National Statistics (ONS) and questioned women's experiences of clinical care after stillbirth.

Of their survey respondents, 97% saw and 84% held their baby after stillbirth. In response to their investigation of the impact of demographic variables they found some differences. Women whose pregnancy resulted from Assistive Reproductive Treatment (ART) or who had multiple births were less likely to hold the baby.

Respondents reported high levels of depression and anxiety at 3 months, which at 9 months were reduced but still pronounced, and over half 51.1% reported PTSD-type symptoms. The women who held their baby were more inclined to report anxiety at the 3 month interval and at 9 months anxiety was still reported as high. Similarly, women who held the baby reported more relationship and family difficulties.

As the authors acknowledge, their low response rate must be accounted for and may result in some bias in the findings. Time period since the stillbirth should also be noted with the survey population being approached at three months and nine months post bereavement. A longer duration since loss of the baby or extension of the intervals between first and second contact may have yielded significant differences in self-reported depression.

The self reported nature of depression, anxiety and PTSD symptoms are also cause for caution, particularly in conjunction

with the limited time period since bereavement. However, the study adds to a growing body of research indicating need for further investigation of the complexities and individual variables in outcomes of following different practices post stillbirth.

Their findings indicate that in the management of care after stillbirth the approach may be more nuanced than previously thought. Revised NICE guidance (2015) advises that discussions around seeing, holding and gathering mementos of the baby be carried out by an experienced practitioner. This research seems to further the advice that when supporting and offering options to women on seeing and holding their stillborn baby the knowledge of skilled practitioners is required. ■

National Perinatal Epidemiology Unit (2014). Listening to parents. Available at https://www.npeu.ox.ac.uk/listeningtoparents.

NICE (2015). ***Antenatal and postnatal mental health: clinical management and service guidance*** **Available at https://www.nice.org.uk/guidance/cg192/resources/antenatal-and-postnatal-mental-health-clinical-management-and-service-guidance-35109869806789.**

Understanding perinatal bereavement: a student perspective.

Barry M, Quinn C, Bradshaw C et al (2016). Exploring perinatal death with midwifery students' using a collaborative art project. ***Nurse Education Today*** **48 1-6.**

This small study aimed to explore the influence of the Amulet artwork and exhibition on a group of midwifery students' perceptions of parents experiencing pregnancy loss.

A regional Maternity Hospital in Ireland hosted the Amulet artwork exhibition in September 2014. A group of six post-registration midwifery students consented to partake in the study. Students were facilitated to attend the exhibition as part of their theoretical module prior to their final placement. The exhibition tour was initiated and produced by artist Maria Brett who worked with women exploring the disenfranchised world of pregnancy loss.

A qualitative descriptive design was employed using semi-structured interviews. This facilitated the opportunity to gain in-depth knowledge of the students' perceptions of the art work and exhibition. Open-ended questions fostered interviewees' expression of their view, but also stimulated comparison across participants.

Three members of the team identified early themes which were further reviewed by the lead researcher and an expert in the area of bereavement and loss. The main themes that emerged were:

a) Entering the mother's world and hearing her pain
b) The journey of grief and connecting with the bereaved parents' unique experience
c) Facing the challenge of providing effective bereavement care
d) Maintaining a journey of compassionate practice.

Supporting grieving parents when they are at their most vulnerable is a challenging task for student midwives. The delivery of quality bereavement care requires empathy, compassion and clinical skills. The data emerging from this small study displays the deep insight the students gained as they journeyed with the bereaved mothers discovering the non-linear nature of the grieving process. Their heightened awareness of their crucial role in the delivery of bereavement care is palpable. Reflection on the art work exhibition provided students with an insight into the power of being as opposed to doing whilst acknowledging the mothers' overriding desire to maintain a continued bond. This study has added to the body of knowledge showing the need to evolve bereavement education away from didactic methods. Students expressed their learning was far greater than what they would have gained through formal teaching strategies.

This paper gives a clear example of how collaborative, interactive participatory activity in grief education promotes assimilation of multiple perspectives, and stimulates critical reflection, thereby increasing self esteem. ■

Brenda Casey