

Mental Illness and Bereavement Workshop

Improving supports for family and friends of people with mental illness
who die by suicide or go missing



Contents of workshop

Module 1

- Introduction and background

Module 2

- Grief and mental illness
- Bereavement DVD
- *Tea/Coffee Break*
- New models of grief

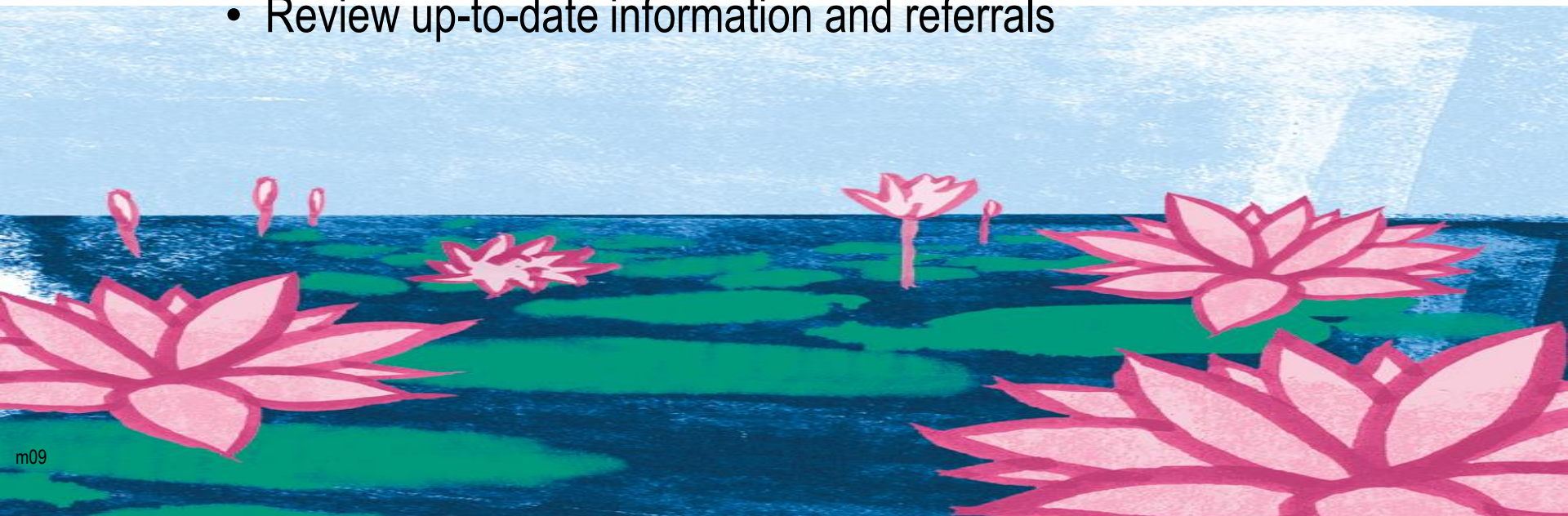
Module 3

- Bereavement guidelines and discussion
- Resources, referrals and staff training



Aims of the workshop

- Increase your knowledge about mental illness, suicide and missing persons
- Build on your understanding of how mental illness can affect bereavement
- Consider how your service can adopt policy that will enable you to more effectively support bereaved friends and family
- Review up-to-date information and referrals



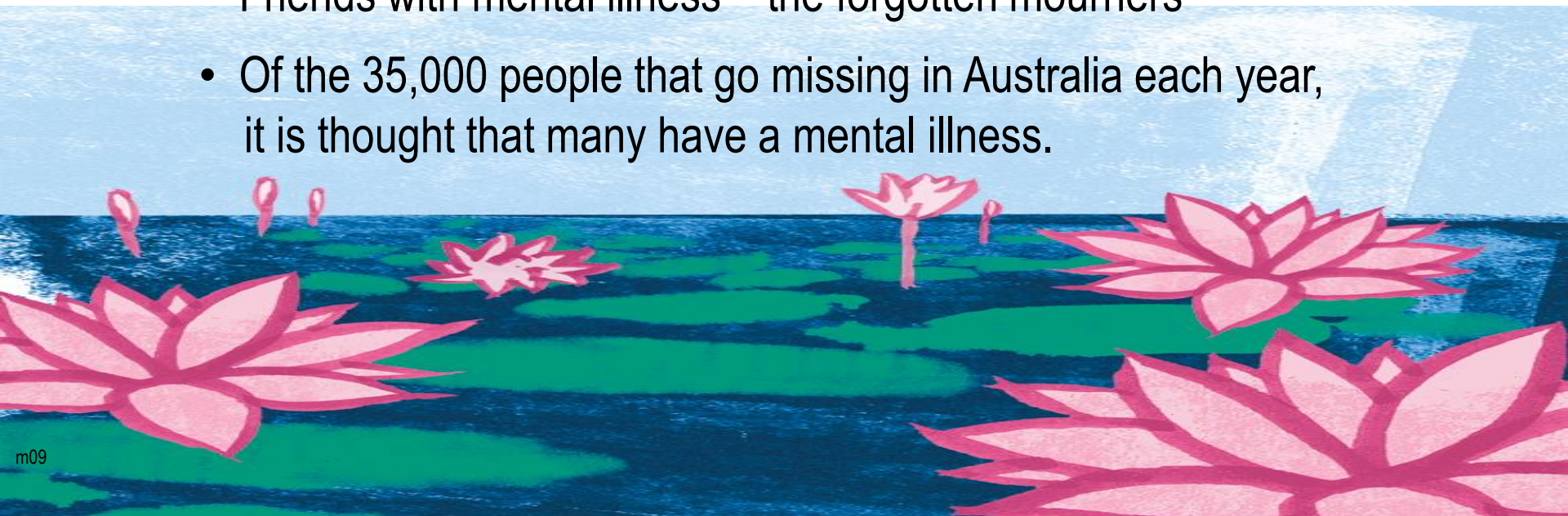
Module 1

Introduction and Background



Why this training?

- Suicide is the main cause of premature death among people with mental illness: 10%-15% of people with mental illness die by suicide.
- People who are bereaved by suicide are particularly vulnerable to a range of health problems and can have an increased risk of dying by suicide themselves
- Friends with mental illness – the forgotten mourners
- Of the 35,000 people that go missing in Australia each year, it is thought that many have a mental illness.



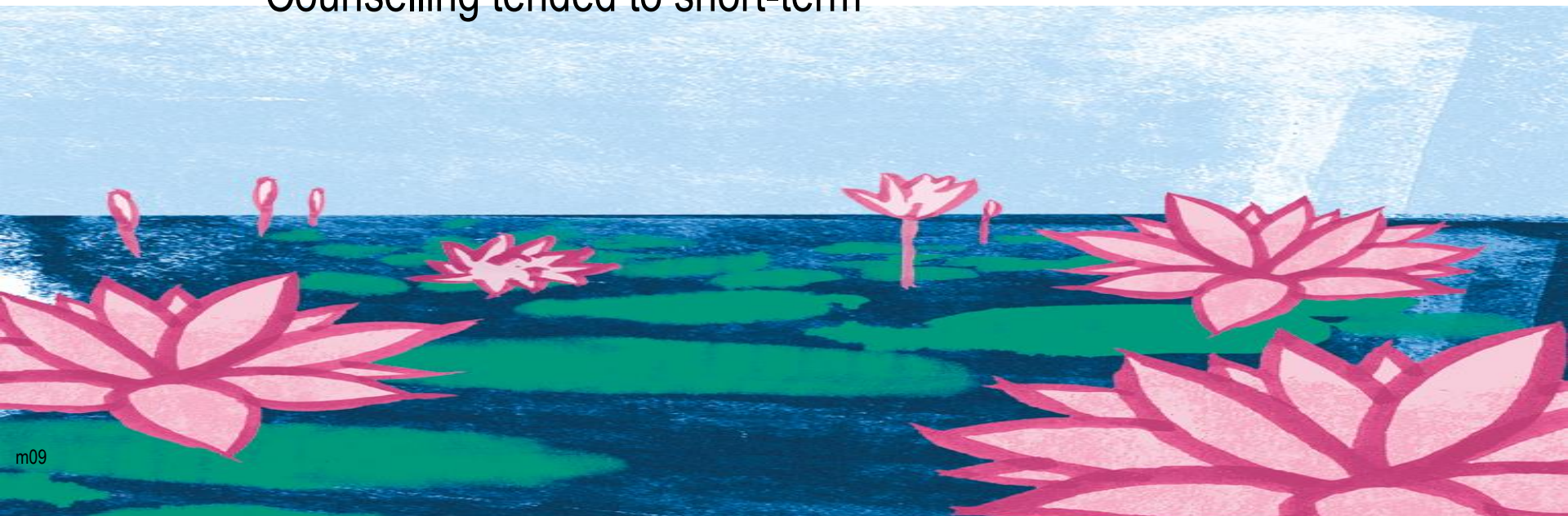
What do people experience when a loved one with mental illness dies by suicide or goes missing?

- Increased stigma
- Feelings of relief or guilt
- Anger at mental health services
- Family breakdown
- Grief for the person as they were before the mental illness



What supports were available to family and friends?

- Support from mental health services tended to be informal- such as a letter of condolence or attendance at a funeral
- Very little written information was provided to families
- Support from police and the coroners service was variable
- Support groups helped some people but not all
- Counselling tended to short-term



What would help families and friends?

- Relevant and timely information about how to cope after someone dies by suicide or goes missing
- Compassion and understanding about mental illness and bereavement from police, coroners, GPs and mental health workers
- Immediate and continuing contact from the mental health service that was treating the person
- Low-cost, long-term counselling



Activity: Agree or Disagree!



Activity: Agree or Disagree!

‘Suicide is sometimes justified’



Activity: Agree or Disagree!

‘Families should always be involved in the treatment that someone with a mental illness receives’



Activity: Agree or Disagree!

‘When someone goes missing you should always live in hope that they will return’



Module 2

Grief and Mental Illness

*Information in this module is based on material prepared by Garrett O'Dowd,
Grief Counsellor at the Mercy Western Grief Services*



2.1 What is grief?

Grief is the normal dynamic process that occurs in response to any type of loss. It is highly individual and depends on the person's perception of the loss. It is a process which encompasses individuals at all levels of being:

- physical
- emotional
- cognitive
- spiritual
- social.



2.1 Grief reactions to mental illness

Carers of people with mental illness grieve the death of dreams that both they and their loved one had for their lives.

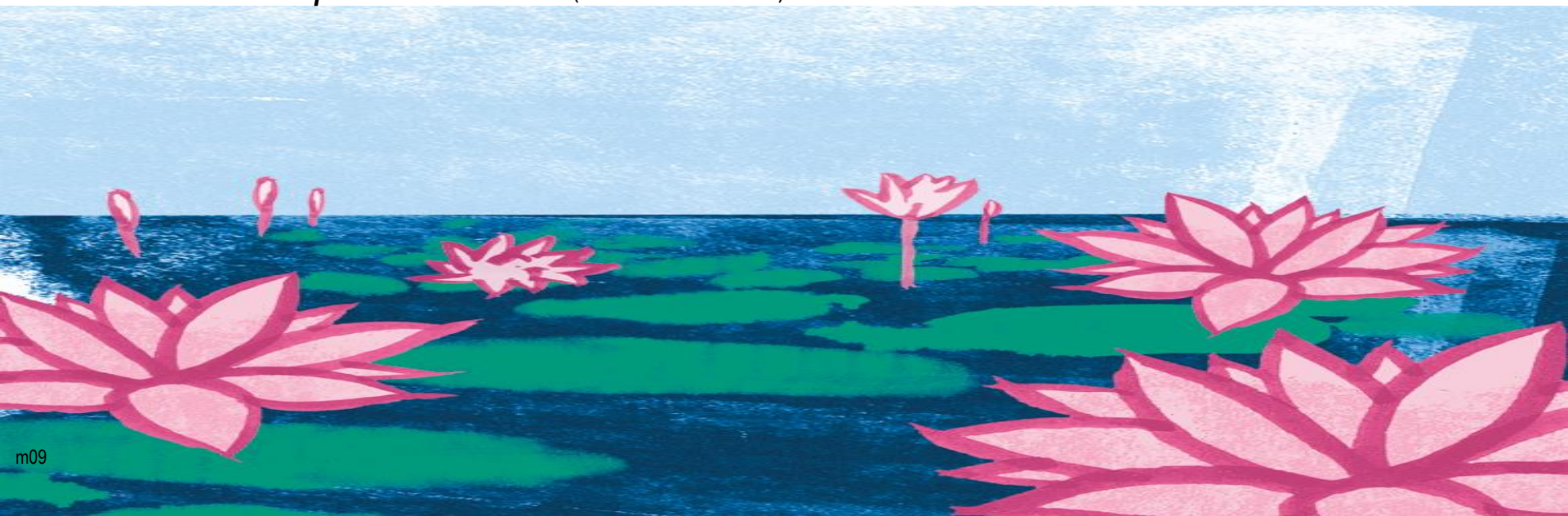
There can be a tendency to ignore this 'human experience' of grief which in turn not only effects 'outcomes' but also the very way carers and people living with a mental illness live their lives.



2.1 Grief reactions mental illness

A dominant feature that carers experience may be defined as Chronic Sorrow:

‘A normal and understandable response to a set of pervasive, profound, continuing and recurring grief responses resulting from a significant loss or absence of critical aspects of oneself (self loss) or another living person (other loss) to whom there is a deep attachment’ (Susan Roos 2002)



2.1 Grief reactions to mental illness

The grief and loss experience around mental illness can also be defined as a 'complex grief':

'Any loss experience which is difficult to process due to its disruption and obstruction by a range of psychological and social factors' (Rando 1993)



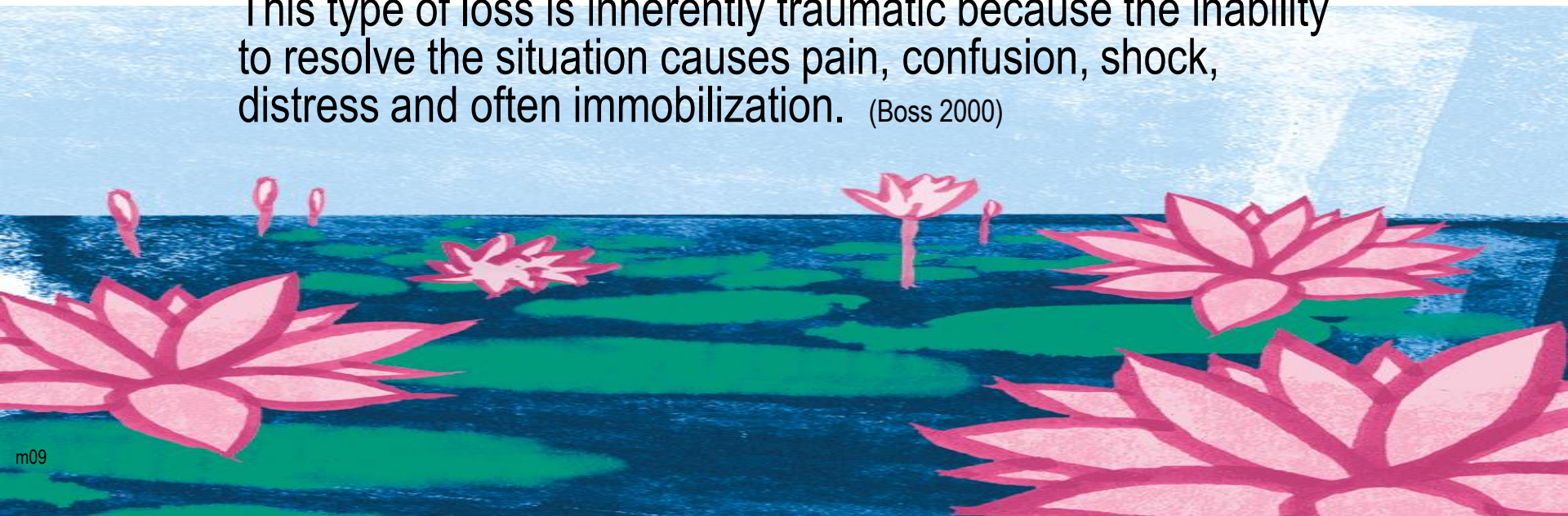
Factors that lead to complex grief around mental illness

1

The loss experienced is **'ambiguous'** in nature.

Ambiguous loss refers to the lack of certainty around the loss experience. The ambiguity around the person they love who is still 'physically present' although they are 'psychologically changed'.

This type of loss is inherently traumatic because the inability to resolve the situation causes pain, confusion, shock, distress and often immobilization. (Boss 2000)



Factors that lead to complex grief around mental illness

2

The experience of loss can be **‘disenfranchised’**.

Disenfranchised grief refers to situations in which the person grieving is not afforded the right to grieve.

‘Whilst the person may experience grief, that grief is not openly acknowledged, socially validated or publicly observed’. (Doka 2002)



Factors that lead to complex grief around mental illness

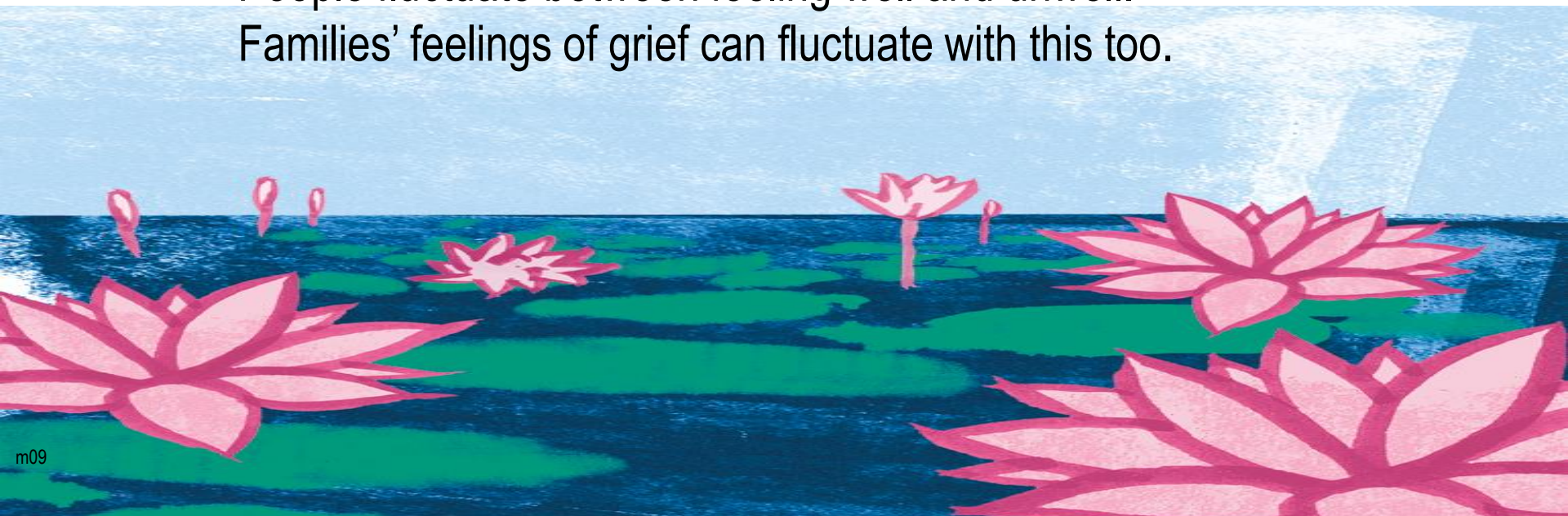
3

The grief experienced is **not finite**.

There is no clear start or finish to the grief or what is being grieved, as it is constantly changing. (Bruce and Schultz 2001)

People fluctuate between feeling well and unwell.

Families' feelings of grief can fluctuate with this too.



Factors that lead to complex grief around mental illness

4

Fear of being **disloyal to the hope of recovery.**

There can be a 'hard wired' determination within parents not to 'give up' the ideals they may have for their sons and daughters and how 'things should be'.



5

Inner psychological defences

(living life in survival mode).

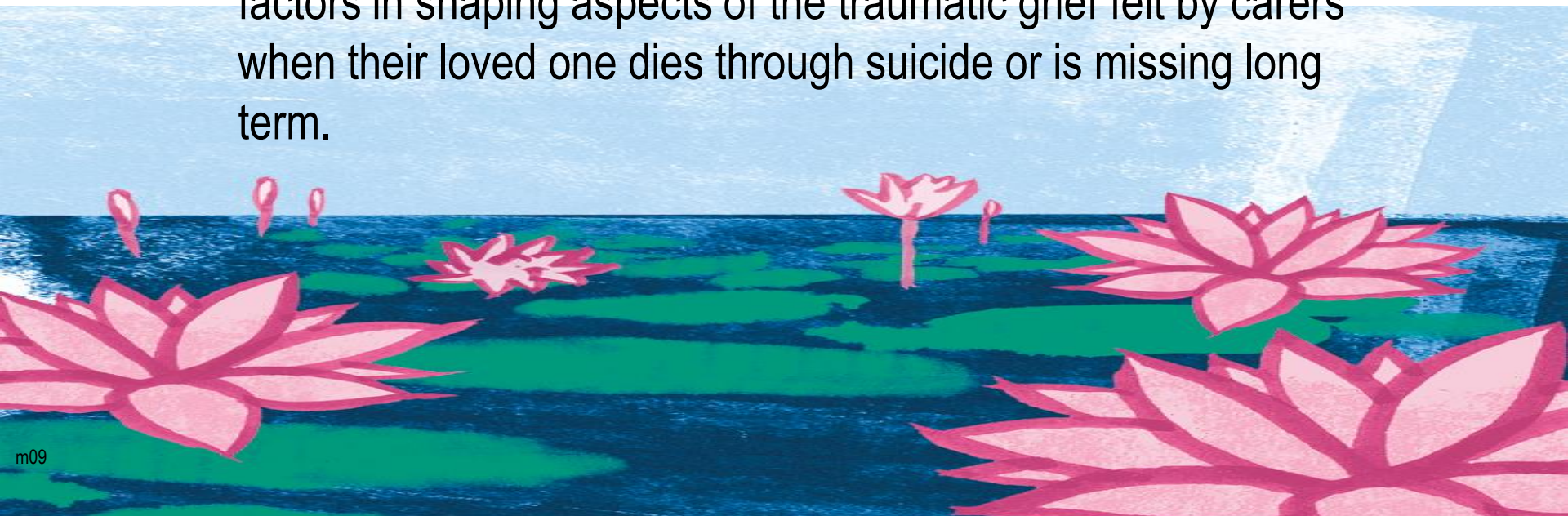
Due to the ongoing demands and stresses associated with being a carer, people may feel – ‘If I let myself absorb the full reality of the experience of my loss I will not be able to make decisions and “function” in my role as carer.’



Factors that lead to complex grief around mental illness

How grief around mental illness relates to grief after suicide or for someone who has been missing long-term.

The grief that friends and family experience in relation to the mental illness can greatly effect the relationship they have with the person. Complicated relationship issues are significant factors in shaping aspects of the traumatic grief felt by carers when their loved one dies through suicide or is missing long term.



2.2

Bereavement and Mental Illness DVD

Personal experiences of people who have lost
someone to mental illness

23 minutes



2.3 Old and new models of grief

Old models of Grief

- Models developed around notions of ‘grief stages’ – Shock /Denial and Isolation / Bargaining / Depression and finally Acceptance.

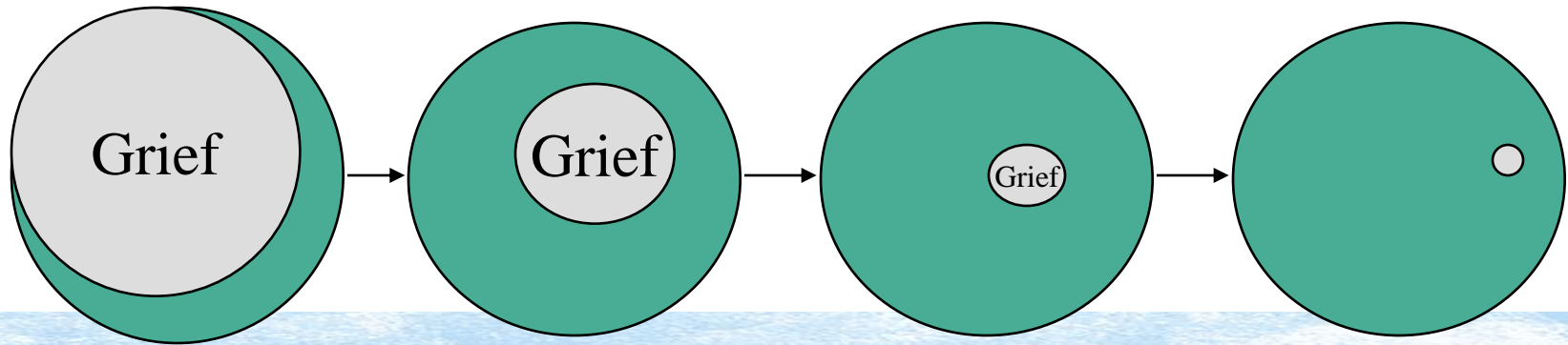
(Taken from Elizabeth Kubler-Ross’s observations on people living with a terminal illness)

- Now seen as simplistic as it tends to depict grief as static, sequential, linear and time limited.
- These models also tended to view the person grieving as passive within their experience.



2.3 Old and new models of grief

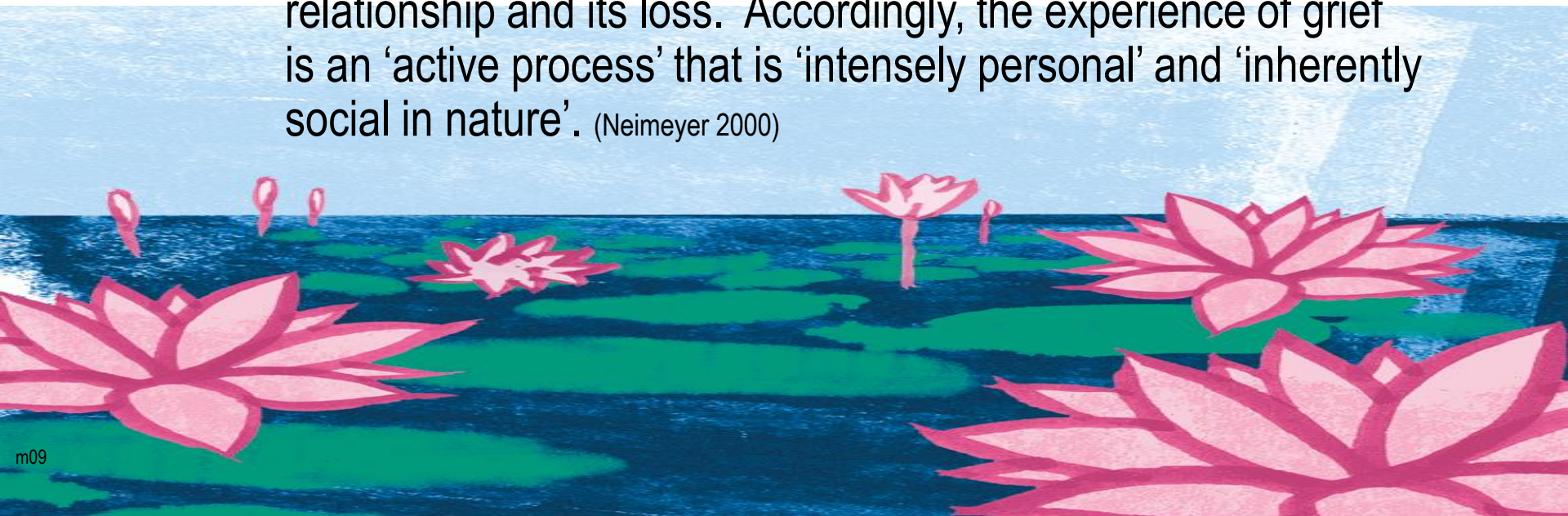
Old models of grief operated on a belief that in the beginning grief which felt overwhelming and occupied a person totally would, and should, over the course of time shrink and largely go away



2.3 Old and new models of grief

New models of grief

- A major paradigm shift. What once was perceived as pathological is now recognised as normal.
- Recognises that grief is a 'dynamic interaction' between the person who is grieving and the loss experience.
- The experience of grief is a multi-level processing of a relationship and its loss. Accordingly, the experience of grief is an 'active process' that is 'intensely personal' and 'inherently social in nature'. (Neimeyer 2000)



2.3 New models of grief

Worden's Four Tasks of Mourning (Worden 1991)

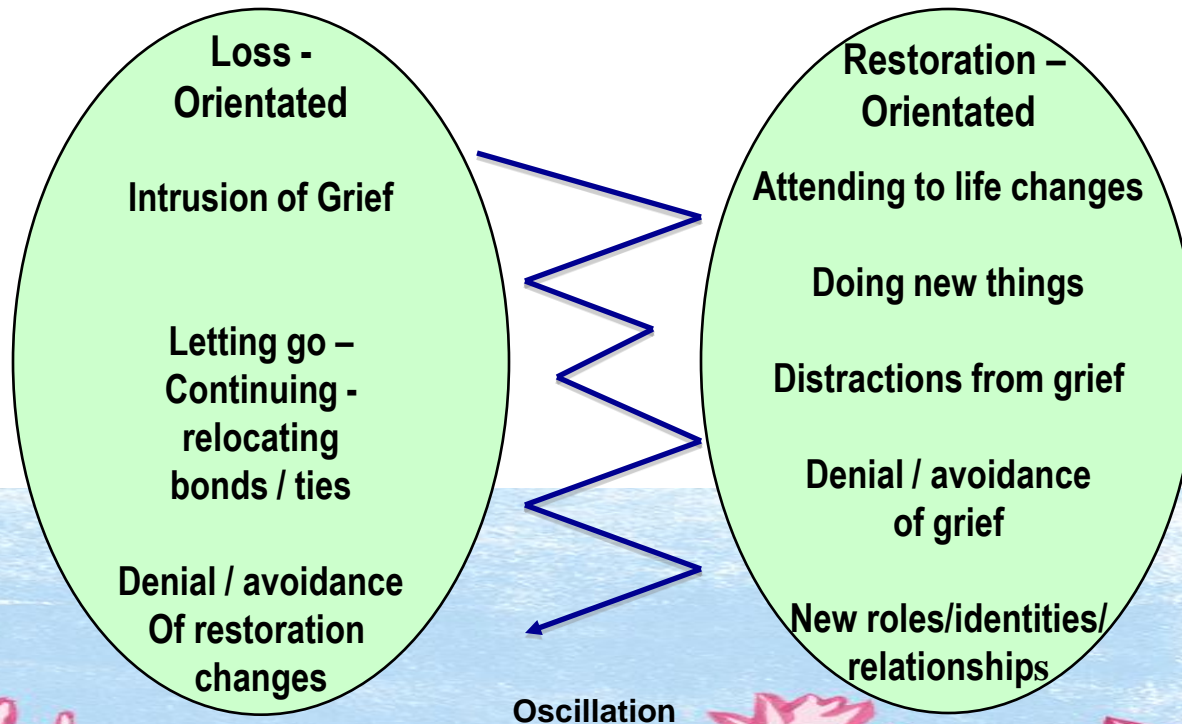
- Acceptance of the reality.
- Working through the pain.
- Adjusting to the environment.
- Moving on (*'moving with'*).



2.3 New models of grief

The Dual Process Model of Coping with Bereavement

(M.S. Stroebe and Shut 1999)



2.3 New models of grief

Grieving styles

BLENDED

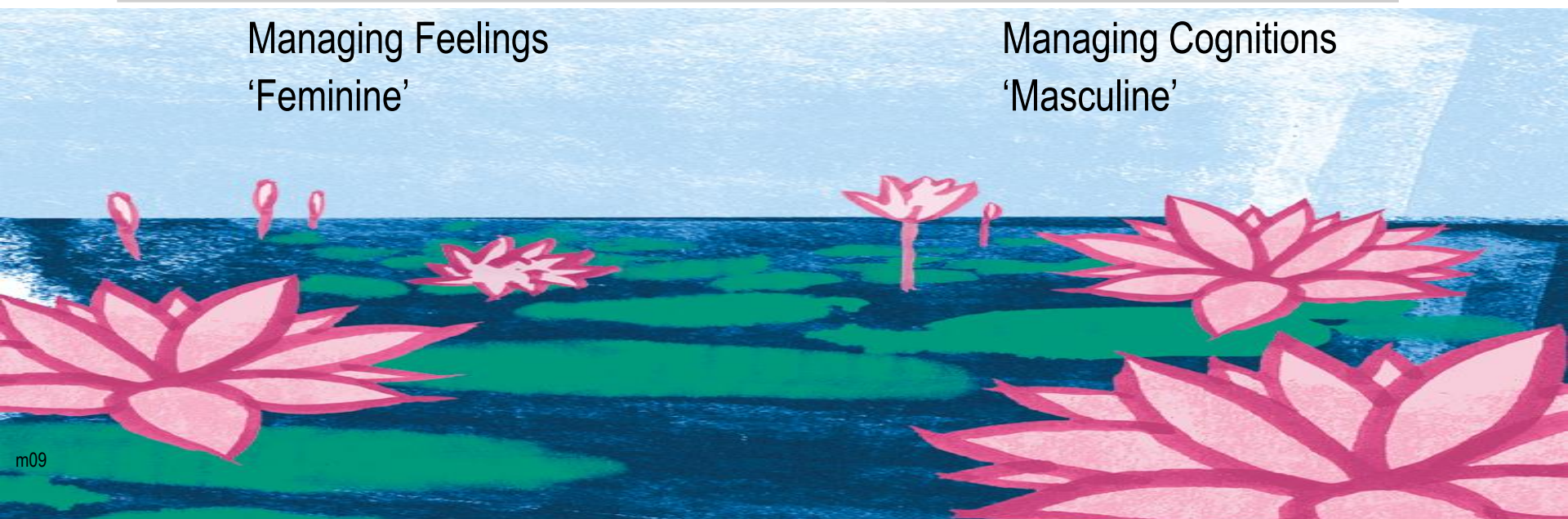


Emotional
Affective
Social
Seeking support

Active
Cognitive
Solitary
Problem solving activity

Managing Feelings
'Feminine'

Managing Cognitions
'Masculine'



2.3

Summary of themes within new models of grief

1. Concept of **continuing bonds**. Looking at ways of 'moving with' rather than 'moving on' from grief and the relationship with the person you are grieving. (Klass, Silverman and Nickman 1996).
1. Recognition that **grief is an active process** and a part of basic psychological functioning. There exists both the potential for growth as well as for personal deterioration.



2.3

Summary of themes within new models of grief

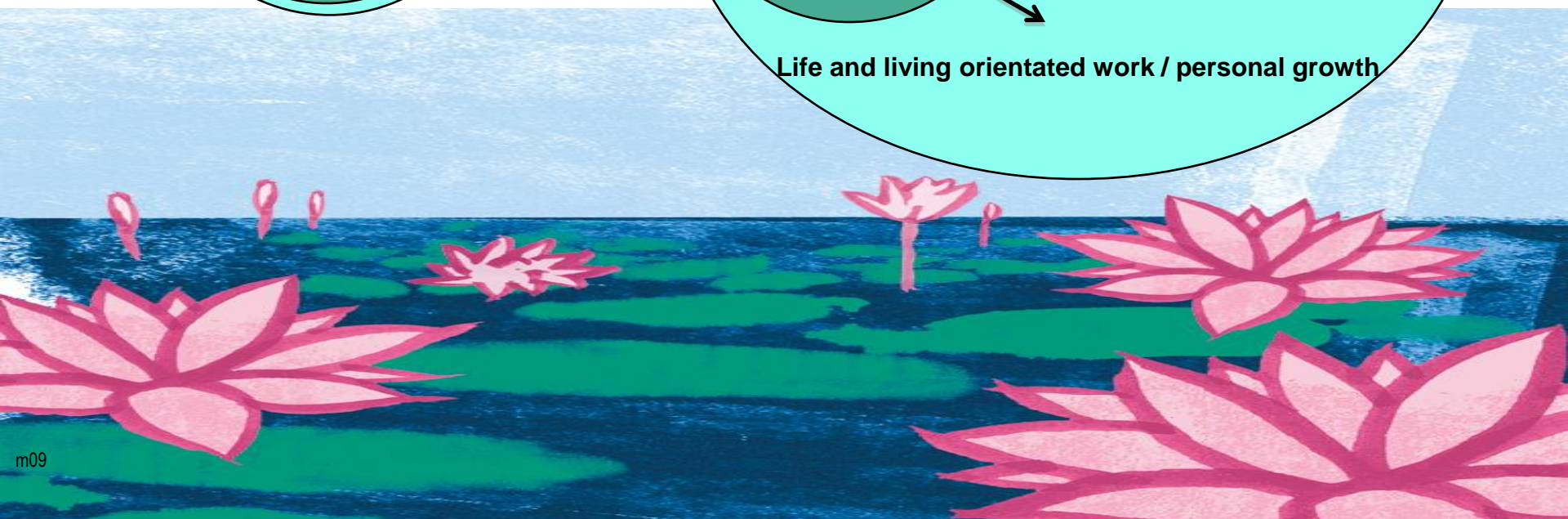
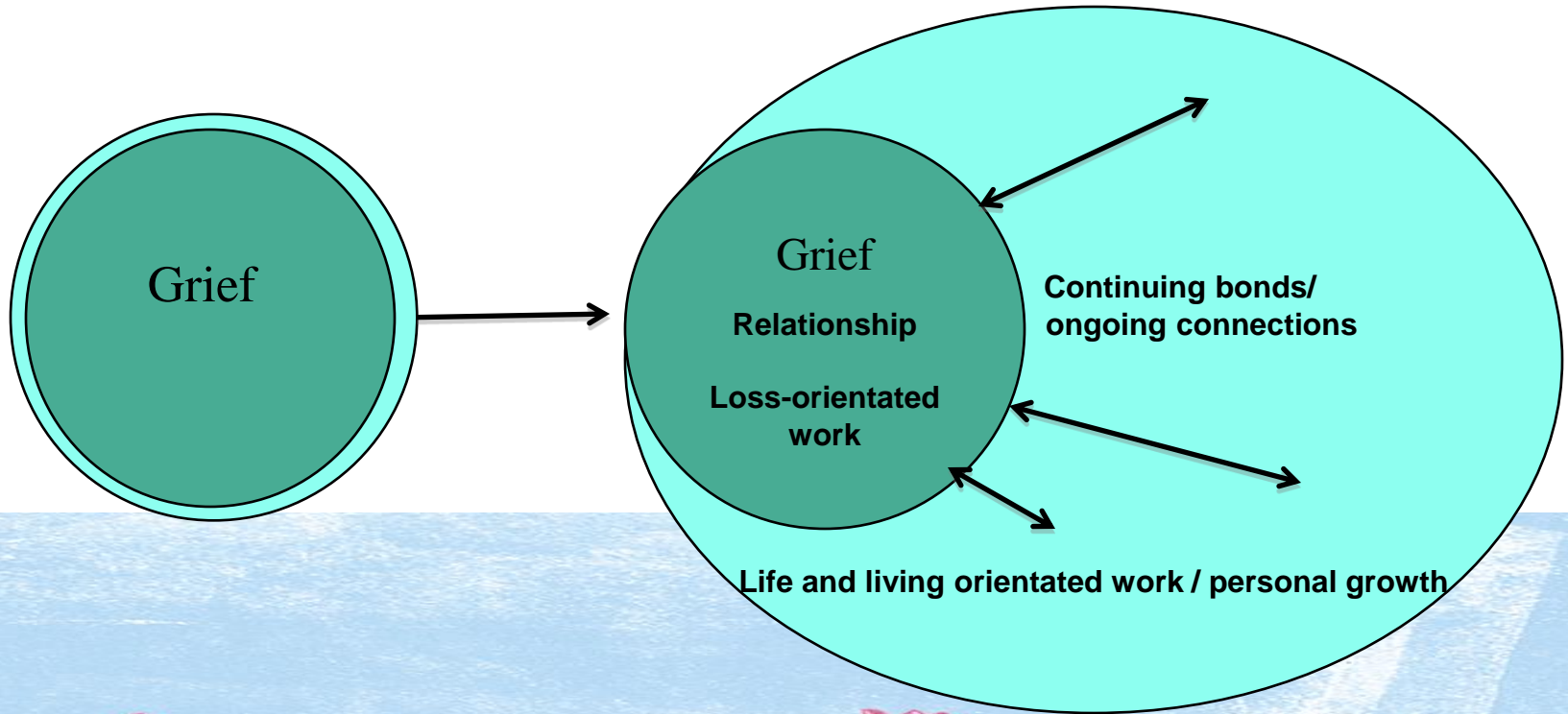
3. **Dual process Model** recognises that the grief process involves moving between Loss Orientated work and Life/Living Orientated work.
4. **Growing around grief** (Lois Tonkin, 1996)
Choices you can make around how you respond to what seems like a choiceless experience.



2.3

Dual process model and growing around grief

*adapted from Strobe and Strobe (2000) and Lois Tonkin(1996)



Module 3

What can your service do?



3 Bereavement Guidelines

Best Practice in the support of family and friends of people with mental illness who have died by suicide

- What do you currently do to support bereaved family and friends?
- Would these guidelines help to fill in any gaps?
- Can they be adapted to fit your organisation?



3 Activity

Discuss any obstacles that may prevent you from supporting family and friends who are bereaved

- Mental health confidentiality laws
- Your service's medico-legal policy
- Case closed – files may be removed making it difficult to continue recording contact with the family
- Time constraints due to heavy workload



3 Resources

- Factsheets
- Guidebooks
- DVD
- SANE's other resources about mental illness
- www.livingisforeveryone.com.au
- www.sane.org



3 Referrals

- The Australian Centre For Grief and Bereavement
- The Salvation Army Hope Line
- Suicide Call Back Service
- Lifeline Australia
- ARAFMI
- The Compassionate Friends
- National Missing Persons Coordination Centre
- The Coroners Office (in your State)
- Area Mental Health Services



3 Training

Consider further development of your skills in this area by attending other bereavement and suicide training



SANE Australia is grateful to the following for their assistance with this project

Garrett O'Dowd, Grief Counsellor at the Mercy Western Grief Services

Margi Nunn, consumer consultant and bereaved sister of Peter Nunn

and especially all of the bereaved family and friends who participated in the project.

For further information

info@sane.org www.sane.org

Helpline 1800 18 SANE (7263)

This project was funded by the Australian Government's Suicide Prevention Strategy.

© SANE Australia

