

## Grief, Loss & Bereavement in the Community Palliative Care Context

# Basic Tenets

- Importance of ongoing support with the background of trusting relationship with families
- Based on Bereavement Support Standards for Specialist Palliative Care Services- universal and specialist strategies offered in multiple ways at a range of time points
- Bereavement Risk Assessment
- Non-pathologising approach- acknowledging vast majority of people will navigate grief as well as possible with help of community , family and friends.
- A small percentage may experience

# Bereavement Risk Assessment

- **Part 1: Psycho-social / interpersonal factors**

- Mental illness in family
- Violence in family
- Family conflict / relationship difficulties
- Markedly dependent relationship with client / deceased
- Ambivalent relationship with client / deceased
- Perceived financial difficulties
- Needs an interpreter
- Perceived social isolation
- The client / deceased was a son or daughter under 18 years old

- **Part 2: Characteristics of significant other**

- Mental illness (including history of depression)
- Previous agency / counsellor involved
- Details:
  - Substance Abuse
  - Other pre-existing risk factors (eg sexual abuse, disability, physical illness)
  - Prior unresolved grief
  - Concurrent crises / losses (eg unemployment / moving house / illness etc)
  - Perceived lack of support
  - Exhibits excessive anger / anxiety / other behaviour
  - Is a child under 18 years of age

- **Part 3: Nature of death (to be completed after death)**

- Perception that death was sudden, unexpected, traumatic
- Stigmatised death (eg suicide, AIDS related, inherited disease)
- Illness was unusually lengthy, prolonged or burdensome
- Perceived preventability or dissatisfaction with health services
- Lack of reality (absent at death, no viewing).

# Case Presentation

- Palliative care client was a 65 year old male, W
- Bereaved carer is his daughter, 25 year old female, I
- W divorced from I's mother when she was a baby- contact since this time has been patchy due to his job
- W described as emotionally volatile
- Separate abuse experience for I and family from her mother's second husband
- Sense of support from sister and mother
- Improved relationship towards end of life
- Multiple difficult symptoms for W living at home alone (but supported by daughters), resulting in his admission and death in hospital
- Breakup of significant romantic relationship the same week as father's death