Bereavement and loss in childhood

Bereavement and loss in childhood - Z63.4 (Clinical term: Grief reaction E2900)

Presentation

Reaction of children over the age of 10 to the death of a parent or other close family member is similar to that of adults.

- Adolescents may develop a depressive disorder and may self-medicate with alcohol or non-prescribed drugs. If depressed, they need assessment for suicidality (see Deliberate self-harm in children and adolescents).
- Children of normal intelligence who have reached the age of five to seven are capable of comprehending a concept of death that includes the ideas of irreversibility, non-functionality (dead people cannot move, breathe, eat, see, hear, feel) and universality.
- Children may not express grief directly but indirectly through play and behaviour. Anger may predominate. They might believe their parent will return, and seem indifferent or unfeeling to others.
- They are capable of expressing grief and taking part in community mourning rituals but will often need help and encouragement to do so.
- If the death was violent and witnessed by the child, such as in an accident, or where there was also a perceived threat to their own life, post-traumatic stress symptoms are likely to interfere with the normal grief process.
- Children younger than four years are unable to understand the reasons for their parent's disappearance and may attribute it to their own 'bad' behaviour.
- They may react to loss by predominantly somatic symptoms or a mixture of somatic and behavioural symptoms. These are usually non-specific and include sleeping and eating problems, complaints of abdominal pain and headache, as well as an increase in oppositional or withdrawn behaviour.
- Separation anxiety is likely to be present which may present as School refusal.
- Children will also be affected by the grief reaction of their surviving parent, which rarely may lead to neglect.

Essential information for carers and family

- Bereavement in childhood is a risk factor for later difficulties (separation anxiety disorder, anxiety, depression or other emotional disorders during childhood and adolescence, and depressive disorder in adult life). The risk can be reduced by good early management and therapeutic intervention, if indicated (see the next page for **General management and advice to patient**).
- Multiple losses such as moving house or school or repeat changes of carer should be avoided. If unavoidable, try to prepare the child, and enable them to keep contact with previous attachment figures for a time after any move.
- Children over five, if well supported, might benefit by seeing the dead parent, because this helps them to understand about the non-functionality of death. (They do not benefit from seeing a mutilated or unrecognizable parent.)
- They also are helped by attending the funeral, providing they wish to, and the surviving parent agrees.
- Agencies such as Cruse Bereavement Care offer bereavement support and counselling and publish book lists and pamphlets for children and adolescents.

- Family therapy has been shown to improve children's functioning after bereavement. This might be available from the local Child and Adolescent Mental Health Service (CAMHS), and other agencies.

General management and advice to patient

(ref 249, 250)

- If attending a parent with a terminal illness, consider with the family when and what to tell the child and who should do it.
- Explain directly to the child what is happening or has happened to their parent or other family member and answer questions they may have. Reassure them that they will be looked after.
- Anticipate that young children may have distorted or immature thinking, eg they might think it was their fault or that their parent/family member will return soon.
- Ascertain child's worries about the health of the remaining parent and any siblings, and reassure.
- Encourage participation in the funeral, as appropriate.
- Encourage the family to talk about the dead person, share their sorrow together and remember good times. They should help children keep mementos of the dead person, perhaps in a memory box.
- Discourage families from giving explanations to the child that are developmentally inappropriate; for example, discourage the explanation that 'Mummy has gone to heaven'. If a religious explanation is desired, it is better to say 'Mummy's soul having gone to be with God in heaven. Her body doesn't work any more and has to be buried or cremated'.
- Advise the family to maintain child's normal routines as far as possible (eg school, nursery).
- Reassure the family that most bereaved children recover from the loss with good support; children are resilient.
- Ensure that the child's school is aware of their bereavement and is supportive.
- Anticipate anniversary reactions – the first Christmas, birthday and anniversary of the death. Monitor the child's progress for the next year.
- Bereavement support or counselling for child and family (perhaps including family therapy) should be considered in each case as a preventive intervention.
- Some charities run groups and/or camps for bereaved children (eg Winston's Wish in Gloucestershire), again as a preventive intervention.
- If the bereavement was a violent, traumatic one, watch for post-traumatic stress symptoms (flashbacks, high arousal, avoidance) and arrange appropriate referral if these persist. Traumatic bereavement giving rise to PTSD is best treated early with cognitive behavioural therapy.

References

249 Black D. Bereavement. In: Rutter M, Taylor E (eds.) Child and Adolescent Psychiatry, 4th edn. Oxford: Blackwell Science, 2002: pp. 299-308. This is a review of treatments and interventions.

250 Harris-Hendriks J, Black D, Kaplan T. When Father Kills Mother - Guiding Children Through Trauma and Grief, 2nd edn. London: Routledge, 2000. This is a comprehensive review of the effects of traumatic bereavement on children and details of treatments.

Medication

There is rarely a place for medication with children.

Referral

- Refer to voluntary agency for bereavement counselling for child and parent. Cruse Bereavement Care or the Child Bereavement Network can give details of local services.
- Refer to CAMHS if the child or adolescent is showing symptoms or signs of continuing dysfunction (eg school refusal, continuing separation anxiety, persistent somatic or other behavioural problems, parasuicidal behaviour, PTSD).
- If health services were involved with the person who died (eg a hospice), these can be very helpful
- If family therapy is indicated, CAMHS, some Social Services departments or training institutes might be the appropriate source.

Resources for patients and families

Cruse Bereavement Care 020 8939 9530, Youthline 0808 808 1677
Website: http://www.crusebereavementcare.org.uk
Voluntary bereavement care with 150 branches throughout the UK. Offers support, training, direct telephone help to children and young people (of 12–18 years) through the Youthline; publications, help in finding local counselling. The website has a useful guide to 'Helping children'.

Child Bereavement Trust 01494 446 648.
Website: http://www.childbereavement.org.uk/
Offers training for counselling bereaved children and advice on where to obtain help in UK. The website has advice sheets for parents and young people and a list of useful resources, including videos for young people.

Child Bereavement Network 0115 911 8070
Website: http://www.ncb.org.uk/cbn/index.htm
This site has an online directory of accessible specialist bereavement support services throughout the UK.

Winston's Wish 0845 203 0405
Website: http://www.winstonswish.org.uk
This is an organization supporting bereaved children and young people, and offering guidance and information to anyone concerned about a child after bereavement.

SAMM (Support after Murder and Manslaughter) 020 7735 3838
Email: enquiries@samm.org.uk; website: http://www.samm.org.uk
A helpline and useful publications, including some for carers.

SOBS (Survivors of Bereavement by Suicide) 0870 241 3337 (9am–9pm, daily)
Website: http://www.uk-sobs.org.uk
This site offers emotional and practical support to those affected by suicide. Provides a factsheet entitled Understanding Childhood Bereavement.
Institute of Family Therapy 020 7391 9150
Website: http://www.instituteoffamilytherapy.org.uk
Offers family therapy and training in family therapy.

BACP (British Association for Counselling and Psychotherapy) 0870 443 5252
Email: bacp@bacp.co.uk; website: http://www.counselling.co.uk
Will advise on sources of individual counselling and family therapy in the UK.
A leaflet is available from the Royal College of Psychiatrists (http://www.rcpsych.ac.uk): Death in the family - helping children to cope

When Someone Very Special Dies and When Something Terrible Happens (traumatic bereavement) by M Heegaard. Cruse Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR; tel: 020 8939 9530.
Work books for children.

Beyond the Rough Rock. Supporting a Child who has been Bereaved Through Suicide by D Crossley and J Stokes, 2002. Winston's Wish, The Clara Burgess Centre, Gloucestershire Hospital, Great Western Road, Gloucester GL1 3NN; tel: 0845 203 0405.
Book to help children.