Outline for grief support during the COVID-19 epidemic

These guidelines are developed based on previous, yet limited, research on grief reactions during previous epidemics and specifically related to COVID-19. A summary of the research evidence follows.

COVID-19 risk factors and bereavement

COVID-19 specific factors that may complicate bereavement include: dying in hospital, patient isolation, emotional/spiritual distress, grieving in isolation (Selman et al., 2020). ***Risk factors*** *for the development of serious mental health symptoms may include lack of opportunities to say goodbye, treatment in ICU, sudden traumatic loss, person specific factors* (Sun, Bao, & Lu, 2020). *Individuals may experience* ***anticipatory grief, disenfranchised grief and prolonged grief disorder (PGD), also named complicated grief*** (Wallace, Wladkowski, Gibson, & White, 2020; Zhai & Du, 2020). *Risk of developing PGD may be high due to 1) similarities of COVID-19 outbreak to other disasters (e.g high death toll, severe stress, disruption of life) 2) the circumstances of the bereavement may predict increased PGD (lack of traditional rituals, lack of physical support)* (Eisma, Boelen, & Lenferink, 2020).

Common Responses: Normal/Natural Grief

During ***acute grief*** a range of emotional, cognitive, functional and behavioural response can be experienced not limited to, **severe emotional pain** such as anger, guilt, fear, loneliness & preoccupation, culturally specific responses (e.g. questioning spiritual beliefs). Individuals may **avoid reminders and experience impairment in everyday life**. However, grief is a process not a state, with fluctuations in intensity ranging from hardly any disruption to profound impairment. With time individuals adapt ***(integrated grief)*** and can recall the deceased with some sadness but also moments of joy and positive feelings. They are able to find meaning and fulfillment in life (Zisook & Shear, 2009). IMPORTANT: many people will also experience resilience, positive growth and successful coping (see Bonanno 2004)

Possible mental health complications due to COVID-19

Complication	Core Differences
Post-Traumatic Stress Disorder	Fear, intrusive thoughts, hypervigilance
Depression	Sadness, lost of interest across many areas of life
Prolonged Grief Disorder	Longing, preoccupation specifically with deceased
Traumatic Grief*	Separation distress plus traumatic distress (and sometimes depression)

*currently not an official diagnosis and research is ongoing. The term is used to emphasize the traumatic aspects of the death which may occur during the COVID-19 epidemic (Smid et al., 2015)

Three Tiered Approach for grief during COVID-19

Level of Intervention	Support Provision	Target Group	COVID Specific support
General: Leaflets, self-help basic guidance	friends, family, peer support GP, nurses, frontline workers	Low need, low risk individuals, normal yet acute grieving	European response to disease control https://www.ecdc.europa.eu/en/ Psychological first aid https://learn.nes.nhs.scot/29711/psychosocial-mental-health-and-wellbeing-support/taking-care-of-other-people https://pscentre.org/?resource=remote-psychological-first-aid-during-the-covid-19-outbreak-interim-guidance-march-2020
Selective:Non-mental health specialist support	Community groups, trained volunteers, clergy, chaplains	At risk groups, medium need normal yet acute grieving	Examples of COVID-19 support from European bereavement organizations: http://bereavement.eu/?page_id=515
Indicated: Professional support and	Trained clinicians: psychologists, psychiatrists, grief and bereavement counsellors, specialist clinicians,	High risk groups, high level of need, possible PGD or traumatic grief symptoms	Supporting staff: https://www.kingsfund.org.uk/audio-video/stress-hospital-staff-covid-19 Battle Buddies for COVID-19 related PTSD (Albott et al., 2020) Advanced care planning: https://respectingchoices.org/covid-19-resources/#planning-conversations https://www.psychologytools.com/psychological-resources-for-coronavirus-covid-19/

NOTE FOR CLINICIANS: Information on PGD

Definition

IMPORTANT: only consider a diagnosis after 6 months .
Prolonged grief disorder (PGD) is a newly recognized mental health disorder included in the World Health Organization's disorder classification manual, the ICD-11, in 2018. In the ICD-11 PGD is classified under disorders specifically associated with stress, that is disorders that require an exposure to a stressful or traumatic event for their onset. PGD (also disturbed, pathological, complicated, chronic or morbid grief) is a disturbance which is manifested in persistent and pervasive grief response in a bereaved person following the death of a loved one (Killikelly and Maercker 2017).

ICD-11 Criteria

A. Death of a close other
B. Persistent and pervasive longing for the deceased or persistent and pervasive preoccupation with the deceased
C. Intense emotional pain (sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities)
D. Symptoms persisted for an abnormally long period of time (more than 6 months at minimum)
E. Grief response clearly exceeds expected social, cultural or religious norms for the individual's culture and context.
F. Disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Prevalence

<u>In general population</u>

Recent studies indicate significant heterogeneity in PGD rates. For non-violent causes of death about 1 out of 10 bereaved adults was estimated to be at risk for PGD (Lundorff, et al., 2017). However PGD rates are significantly higher, when the loss is of a violent or unexpected nature (Djelantik, et al 2020)

<u>During COVID-19 pandemic</u>

Although no current estimates exist, prevalence of PGD may be particularly high due to death in intensive care units (Wright et al., 2010), inability to say goodbye to family (Otani et al., 2017), and the number of losses (Mercer & Evans, 2006).

Risk Factors

Several risk factors predict greater likelihood of PGD:

- history of childhood separation anxiety
- controlling parents, parental abuse or death
- insecure attachment styles
- history of prior trauma or loss
- previous psychiatric history or comorbid psychopathology
- violent cause of death
- close relationship with the deceased
- being a caregiver for the deceased
- lack of preparation for the death
- lack of social support after the loss (Lobb et al., 2010).

As a result of exposure to sudden loss, disenfranchised grief, isolation and traumatic stress, individuals are at heightened risk for the development of disabling mental disorders, including PGD (Prigerson et al., 2009; Wallace et al., 2020)

Comorbid Psychopathologies

The largest associations were found with posttraumatic stress disorder and major depressive disorder (Jordan and Litz, 2014).

Treatment

When PGD symptoms appear to be the most appropriate focus of clinical attention for a patient, individual or group psychotherapy targeting PGD should be considered. The existing evidence base is sufficient to identify several efficacious psychotherapy components:

- psychoeducation about grief
- encouragement of repeated, emotionally evocative processing of the reality of the loss
- promotion of social reengagement
- inclusion of avoided activities
- identification of new aspirations that imbue life with meaning
- teaching the patient to challenge unhelpful thoughts that inhibit completion of the aforementioned tasks (Bryant et al., 2017; Shear et al, 2005).

Series of clinical trials found grief-targeted interventions to be effective (Johannsen et al., 2019), including several trials focusing specifically on treatment of traumatic grief (Kalantari et al., 2012, Smid et al., 2015).

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