

Information for GPs

about grief

The following information has been prepared to assist doctors in general practice in responding to their patients who are bereaved by suicide. The Support After Suicide website provides additional information that is relevant to both the practitioner and the patient.

If you would like to receive more information or make a referral please contact us.

What to expect with the bereaved

Kalischuk & Hayes (2004) outline specific issues for the suicide bereaved:

- The grief is more intense and often never fully resolved
- The bereaved are more likely to become socially isolated and withdrawn because of the stigma that still surrounds suicide death
- The bereaved engage in a continuous search for the reason and are likely to assume greater responsibility for the death
- The bereaved experience significant guilt associated with not anticipating / preventing the suicide.

Kalischuk, R. G., & Hayes, V. E. (2004). Grieving, mourning, and healing following youth suicide: A focus on health and well being in families. *Omega*, 48, 45–67.

Possible Presentations:

Children – heightened insecurities (eg. fearful, clingy, tearful) and regressive behaviours (eg. changes in eating, sleeping and toileting patterns).

Young People – increased risk-taking behaviours (use of alcohol / drugs, sexual activity, use of cars / motorbikes in unsafe ways), withdrawal from friends & family, sudden loss of interest / poor performance at school, engaging in ‘attention-seeking’ behaviours.

Adults – acutely distressed / agitated, in shock, withdrawn, depressed, unable to attend to usual responsibilities, hyperactivity, sensitised to own mortality, any range of bereavement and traumatic responses.

Responding to Suicide Bereavement

Essentially, people need to be listened to and supported in their grief. People experience and express their grief in a variety of ways and it is important that the bereaved are supported in whatever is their way and in their timeframe.

The GPs role is to:

- Be there and listen, respond from the heart
- Assure the bereaved that they are normal. Intense and overwhelming emotions may cause the bereaved to think they are going mad

Support After Suicide

PO Box 79
Richmond VIC 3121

Phone: 9427 9899

Fax: 9427 7119

Email:
aftersuicide@jss.org.au

Web:
supportaftersuicide.org.au

A program of
Jesuit Social Services

- Pay attention to others who might be affected, e.g. siblings, peers and children
- Offer ongoing support
- Deal with the suicidal thoughts of those affected and refer for specialist advice and support if this is needed
- Be prepared to answer questions and provide information and advice.
- Refer to a specialist bereavement service for counselling and group support if it is needed and available.
- Prescription of medication may be appropriate depending on the circumstances, keeping in mind that a distinction needs to be made between normal and appropriate sadness, which includes the painful emotional reactions of bereavement, and clinical depression.

Australian Centre for Grief and Bereavement
www.grief.org.au

GriefLink www.grieflink.asn.au

NALAG www.nalagvic.org.au

Support available

- Support After Suicide (03) 9427 9899
Richmond, Lalor, Ferntree Gully, Dandenong and Lt Collins St, city
- Bereavement Counselling and Support Service (03) 9265 2111
- The Compassionate Friends (03) 9888 4944
- Mercy Western Grief Services (03) 9364 9838
- National Association for Loss & Grief (NALAG) (03) 9650 3000
- Suicide Helpline 1300 651 251
- Griefline (12pm-3am) (03) 9596 7799
- Local Community Health Centre

Web sites

Support After Suicide
www.supportaftersuicide.org.au

square - Suicide, QUESIONS, Answers and RESOURCES. An education resource for primary health care, specialist and community settings.
<http://square.org.au/>