

Tonight's panel



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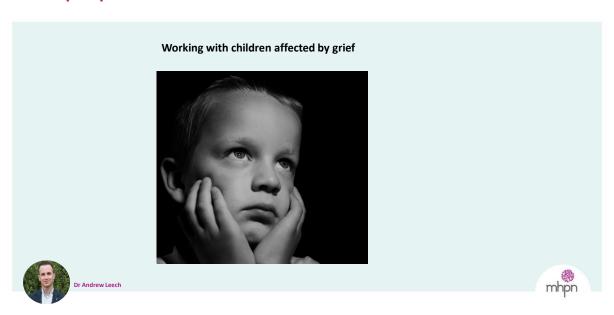
Learning outcomes

Through an exploration of children experiencing grief the webinar will provide participants with the opportunity to:

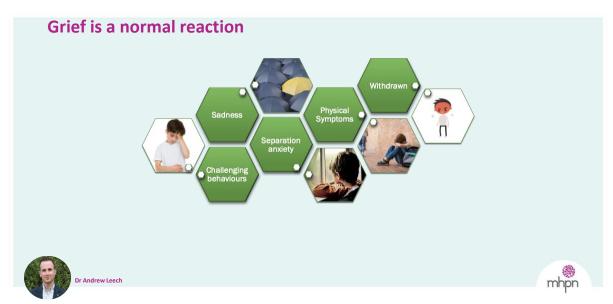
- Identify the mental health indicators in the context of grief and loss and the range of reactions to grief that a child may experience.
- Discuss tips and strategies that can help a child feel safe and secure after experiencing a loss.
- Discuss the importance of collaboration and appropriate referrals when supporting a child, their family, and/or carer who are experiencing grief including supports in the school setting.



A GP's perspective



A GP's perspective



A GP's perspective

When does Ben need professional help?

- Talks of not wanting to live or being better off dead
- Seems to be preoccupied with dying
- Is unable to concentrate and is withdrawn at school months later
- Is crying, sad or depressed much of the time
- Is not wanting to join in or play with other children months later.
- An extended period of depression in which the child loses interest in daily activities and events
- Inability to sleep, loss of appetite, prolonged fear of being alone
- Withdrawal from friends





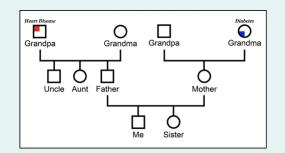


A GP's perspective

Engaging Ben in General Practice

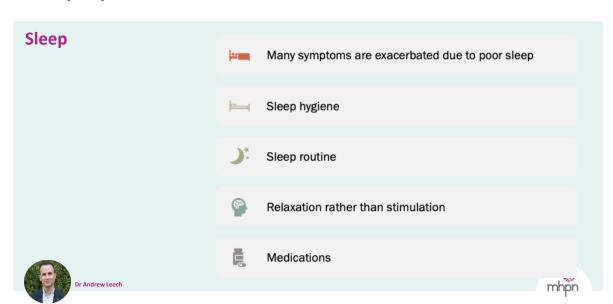
- Allow Ben space to talk
- A genogram can assist.
 What was his relationship with Dad?
 Who are his role models now?
- · HEADSS approach
- · 'Normalise' feelings of grief
- · Does Ben feel safe?
- Consider GP up-skilling in mental health assessment in children

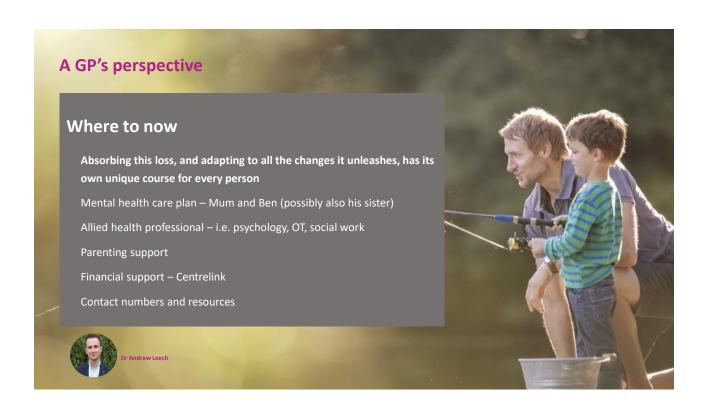






A GP's perspective





A psychologist's perspective

Common Children Grief Reactions

- Become exaggerated versions of themselves when grieving
 - · Previous behavior and coping methods amplified
- Regression
 - · Lose new skills they have mastered
 - Reverting back to previous younger behavior
- Children express grief slightly differently at different ages
- 6-8 yr olds understand finality of death and are curious
- Ask literal questions
 - · Around death and what happens to the deceased person's body
- Have beliefs in magical thinking
 - Can believe that their bad thoughts might have caused the death
- Personalize death as a person, monster, deity.
 - · May trigger nightmares and fear of the dark, sleeping or other things







A psychologist's perspective

Tips & Strategies to feel safe & secure

- Ben's life as he knew it, has completely changed
 - · Trust in the world broken

Important to:

- Create safe space
 - Share memories and have open communication
 - Keeps him connected to his dad
 - Share his sadness, pain and anger with his mum
 - Reassuring him it is ok to feel big chaotic feelings
- Children do not know how to grieve
 - Learn from adults around them how to express their
- Honesty
 - Creates trust
 - Age appropriate information around death
 - Knowing it's ok to ask any questions (even if family members cannot answer





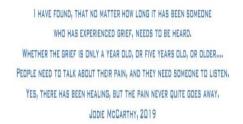


A psychologist's perspective

Tips & Strategies to feel safe & secure

- Continue boundaries, routines and schedules
 - Provide predictability which in turn provides safety
- Keep in mind grief lasts a lifetime
 - · Intensity changes over time
- Included in rituals and traditions
 - Involved in age appropriate conversations and decisions
 - Creates empowerment and healthy sense of control
- Permission to still be a child
 - · To have time out, to be able to have hope for the future and things to look forward to
 - · To talk or not talk, to be with friends or by himself; ok to laugh, have fun and to be sad
- Show him understanding and compassion







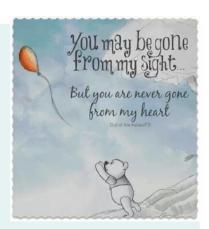
A psychologist's perspective

Collaboration & appropriate referrals

When to see a Counsellor/Psychologist following a death:

- If feeling of isolated and lonely in grief
- Difficult to talk to family/friends (after a few months)
- If child's behaviour has drastically changed
 - Ben's case- advisable due to the big shifts (kind and gentle vs angry and withdrawn)
- · If really heightened emotions are frequently expressed
 - Intense anger at surviving family member
- Extreme behaviours
 - · Self harm, suicidal ideation, substance use
 - · Vulnerability of enhanced risk due to dad's suicide
- · Follow up with GP
 - · Physical concerns: Sleeping, nightmares, stomach aches, anger or aggression

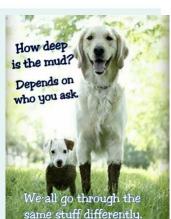






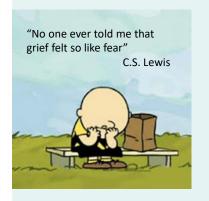
A psychologist's perspective

- Healthy grief can impact on concentration, memory, energy levels
 - Greatly impact on school learning and achievement
- Link in with people in school environment that he feels comfortable with
 - Chaplin, Nurse, Counsellor, Social Worker, Head of year level, Teachers
- Safe place
 - When he is feeling overwhelmed, angry, tired or disconnected at school
- Explore reasons for not wanting to attend school
 - (Unable to concentrate; priority of school; bullied; separation anxiety, cant talk to friends?)
- Community supports for mum and for family
 - Support groups (grief or parenting?), sports clubs, faith community, social clubs, grief camps for kids?







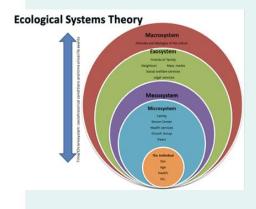


- Grief..... So misunderstood, and poorly responded to.
- Grief: a Psychological, biological psychological response to change where the
 person perceives there is a loss.
- Social Work and Mental Health Social Work what do we bring to the table?
- Biopsychosocial approach that does not pathologise or medicalise grief and loss





A social worker's perspective



- Seeks to separate the person from the problem.
- Looks for meaning behind the behaviour.
- Integrates multiple perspectives and theories:
 - Attachment theory, systems theories, trauma informed, strengths approach
 - Values, schema, life stage perspective
 - · Family systems, family narratives
- Assessment and formulation that takes a family, systems approach





- The field of grief and bereavement has undergone transformational change in terms of how the human experience of loss is understood and how the goals and outcomes of grief therapy are conceptualised.
- Long-held views about the grief experience have been discarded, with research evidence failing to support popular notions which construe grief as the navigation of a predictable emotional trajectory, leading from distress to 'recovery'.









A social worker's perspective

- The way that a child grieves is largely affected by their level of development and maturity and by how much they are able to understand about the permanency of death.
- The adults that are important in a child's life also have a big influence on children's reactions to grief.
- Young children may not yet understand that death is permanent. Each child is different and often a child will express their grief through their behaviour, rather than with their words.
- Sometimes the behaviours of a grieving child may seem demanding or unreasonable, but it is important to remember that children and young people are trying to feel loved, valued and cared for at a time when they are feeling sad, fearful, confused and uncertain about their loss and the world around them.







How Ben experiences grief will partly depend on how fully he can understand the nature and finality of death.

How children react also depends on:

- The level of disruption there is to their lives and worlds.
- The way other family members are grieving and how they are able to respond to the child's questions.
- Who has died and what the child's attachment was to that person and the meaning they had in their life.
- How the deceased was involved in the child's life and care.





Primary school children still have a limited ability to express themselves through language and may express their feelings through their behaviour and play.



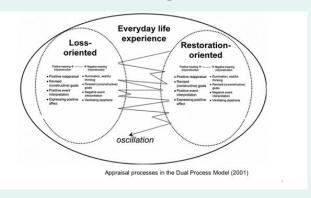


A social worker's perspective

- Parental coping with their child's grief involves understanding the child's genuine concerns following
 the death and a balance between shielding and including, between informing and frightening, and
 between creating a new life while cherishing the old.
- Parents need help to understand the important elements of coping, attachment, and competence, and how these influence their child's reactions.
- Assessment interviews with parents are valuable where these focus on the relationship between the
 deceased and the child, the time surrounding the death and the child's reactions and their own
 reactions and coping following the death.
- Parents can be helped to remember and cope with both positive and negative memories, to deal with
 anxiety and fear and to help the child relax and feel safe and secure. It is also supportive for parents to
 see the connection between a preschool child's moods, behaviours, and reactions and those of the
 parent, especially when these are expressed differently.
- Parents benefit from support that helps them to re-establish a healthy family life and that enables
 them and their children to create communities of memory around the deceased parent that connect
 both their past and future.



Dual Processing Model



- This model acknowledges a systems and strengths perspective.
- Can be used for all members of the family and wider network, acknowledging the different stages of each person and meaning and appraisal of the death.
- Trauma overlays this model and has to be worked through first.





A social worker's perspective

What to do?

- Support the surviving parent it is their reactions to grief and loss that determine a child's understanding and appreciation of the loss narrative.
- Avoid euphemisms for death, these terms are abstract and are confusing to children.
- Use the words 'die,' 'dead,' and 'death' in your explanations and discussions.
- Consistent accurate terminology used in a straightforward and calm manner reduces confusion and provides safety and security for children.
- Children's capacity for absorbing information is more limited than an adult's.
- · Be brief, and patient.







Q and A session



Dr Andrew Leech General Practitioner



Kristy Felsea Psychologist



Julianne Whyte AM
Accredited Mental Health
Social Worker



Facilitator: Nicola Palfrey Clinical Psychologist



Thank you for your participation

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- A Statement of Attendance for this webinar will be issued within four weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.



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MHPN networks

Would you like to continue the 'Children and grief' discussion with local practitioners?

Or perhaps start discussing issues of local relevance? MHPN Project Officers are available to help you establish and support interdisciplinary mental health networks across metropolitan, regional, rural and remote Australia.

We have 373 networks around the country. Visit our online map to find out which networks are close to you at mhpn.org.au or contact Jacqui O'Loughlin at networks@mhpn.org.au.



Thank you for your contribution and participation.

Good evening.

