

Sudden death of a parent may pose mental health risks for children

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In the first longitudinal study of its kind, researchers at the University of Pittsburgh School of Medicine have found that 40 percent of children bereaved by sudden parental death will require intervention to prevent prolonged grief reaction and possible depression. The results will be published in the September issue of the <u>Archives of General Psychiatry</u>, one of the *JAMA/Archives* journals.

"The death of a parent is consistently rated as one of the most stressful events a child can experience; however, little is known about the course of grief and its effects on children," said Nadine M. Melhem, Ph.D., lead author of the study and assistant professor of psychiatry at Pitt. "With our research, we are hoping to gain greater understanding of grief reactions so that we can better design treatments to relieve the burden of grief in bereaved children."

Building upon their <u>prior findings</u>, the researchers studied 182 children between ages 7 and 18 whose parent died from suicide, accident or sudden natural deaths. They found that more than half of the children were able to cope with their grief within one year of the loss of their parent. However, the course of grief was shown to be more difficult for some children, with 30 percent showing a more gradual easing of their symptoms and about 10 percent displaying high and prolonged grief for nearly three years after their <u>parents</u> died. Those children with prolonged grief reaction also showed increased incidents of depression.

The researchers previously noted increased rates of psychiatric disorders



in the parents prior to their deaths, not only among those who died from suicide but also those who died from accident and sudden natural death, suggesting a pre-existing vulnerability in their children that puts them at higher risk for adverse psychiatric outcomes following their deaths.

The research team also examined the well-being of the children's surviving caregivers, as previous research has consistently shown that it is a significant predictor of the children's overall well-being. They found that the combination of complicated grief in the surviving parent and in the child were particularly strong in predicting depression in children up to three years after the death.

"These findings have important clinical implications for intervention and prevention efforts," noted Dr. Melhem. "We believe it is imperative to assess the surviving parent and intervene when appropriate to improve the outcome of parentally bereaved children. Treatment of prolonged grief in children may require interventions that are family focused, rather than individually focused. Preventive interventions should target not only the 10 percent of bereaved children with prolonged grief, but also the 30 percent with increased grief reactions as they also showed increased incidents of depression."

Co-authors of the study include David A. Brent, M.D., Giovanna Porta, M.S., and Monica Walker Payne, M.A., all from the University of Pittsburgh Department of Psychiatry; and Wael Shamseddeen, M.D., from Rosalind Franklin University of Medicine and Sciences.

Provided by University of Pittsburgh

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