Mental health of carers after bereavement

A case–control study in Northern Ireland found that people who had cared for someone with a long-term condition who died subsequently had poor mental health after bereavement, but mental health was similarly poor in carers who had not been bereaved.

Overview:

- A case–control study reported that carers in Northern Ireland were more likely to experience poor mental health than non-carers, irrespective of whether the person they were caring for died or not.
- Among people who had been bereaved, carers aged 65 years or older were at similar risk of mental health problems as non-carers of the same age, whereas working age carers were at higher risk of mental health problems than non-carers.
- Although healthcare professionals should support people through bereavement, there is a greater need to support people who are caring for someone at home, especially carers of working age.

Background: People who provide long-term care to family or members of their household with physical or mental health problems are at risk of poor mental health themselves (Eyes on Evidence 2015). Carers may also experience a decline in mental health after the death of the person they are caring for (Brazil et al. 2004). However, whether carers experience poorer mental health after bereavement compared with bereaved people who are not carers is not clear (Schulz et al. 2001).

Current advice: The NICE guideline on older people with social care needs and multiple long-term conditions states that local authorities must offer carers an individual assessment of their needs in line with the Care Act 2014. Authorities should consider helping carers access support services and interventions.

The NICE guideline on depression in adults (currently being updated) recommends that a person who may have depression should undergo a comprehensive assessment that does not rely simply on a

symptom count. In addition to assessing symptoms and associated functional impairment, the person's living conditions and interpersonal relationships should be considered.

The NICE pathways on social care for older people with multiple long-term conditions and depression bring together all related NICE guidance and associated products on these areas into sets of interactive topic-based diagrams.

New evidence: A case–control study by Moriarty et al. (2015) investigated whether carers who had been bereaved experienced poorer mental health than carers who had not been bereaved and people who were not carers.

Participants were identified from the Northern Ireland Longitudinal Study database, which contains 2001 census data and administrative healthcare data from 445,819 people randomly selected by birth date (approximately 28% of the population of Northern Ireland).

Carers were identified as people who said in 2001 that they looked after someone with long-term physical or mental ill health or disability, and who lived with someone who had self-identified as having long-term physical or mental health problems or disability. Participants were considered bereaved if the national death register for 2001–9 showed that a person they lived with had died during this period.

Participants were designated as having poor mental health if they had been prescribed antidepressants or anti-anxiety drugs between January and February 2010.

The study sample comprised 317,264 people aged 16 and over. These people were split into 4 groups:

- People who had cared for someone they lived with and that person had died (bereaved carers; n=5414)
- People who had cared for someone they lived with but had not been bereaved (non-bereaved carers; n=18,690)
- Non-carers who lived with someone who had died (bereaved non-carers; n=18,407)
- Non-carers who had not experienced bereavement (non-bereaved non-carers; n=274,753).

Among people who had been bereaved, carers were more likely to experience poor mental health than non-carers (odds ratio [OR]=1.82, 95% confidence interval [CI] 1.68 to 1.97, $p<0.05$). In people who had not experienced a death, carers were also more likely to have poor mental health than non-carers (OR=1.72, 95% CI 1.64 to 1.79, $p<0.05$). The overlapping confidence intervals for these two comparisons indicated a similar likelihood of poor mental health in carers who had been bereaved and in those who had not been bereaved.

People who were not carers but had been bereaved were more likely to experience poor mental health than non-bereaved non-carers (OR=1.48, 95% CI 1.41 to 1.56, $p<0.05$).

In adjusted subgroup analyses, carers aged 65 or older were slightly more likely to experience poor mental health than non-bereaved non-carers, with little difference between carers who had been bereaved (OR=1.38, 95% CI 1.21 to 1.56, $p<0.05$) and those who had not been bereaved (OR=1.11, 95% CI 1.01 to 1.29, $p<0.05$).

Carers of working age (25–64 years) were likewise more likely than non-bereaved non-carers to experience poor mental health, with the risk marginally higher in carers who had been bereaved (OR=1.41, 95% CI 1.27 to 1.57, $p<0.05$) than in those who had not been bereaved (OR=1.17, 95% CI 1.11 to 1.24, $p<0.05$). The risk in bereaved carers was also higher than in bereaved non-carers (OR=1.24 versus non-bereaved non-carers, 95% CI 1.15 to 1.33, $p<0.05$).

The authors concluded that carers were at risk for mental ill health while providing care and after the death of the care recipient. This study is limited by the large number of assumptions the authors made

about their data, such as that prescription of antidepressants or anti-anxiety drugs accurately reflected the level of mental health problems in the study population.

Commentary by Dr Stephen Barclay, General Practitioner and Honorary Consultant in Palliative Care, Cambridge:

"Bereavement care in the UK is largely the responsibility of GPs and their practice teams, and voluntary sector organisations such as Cruse Bereavement Care. Only the minority of family and carers of patients who receive specialist end of life care are eligible for bereavement support. The 'average' GP will have around 20 patients die each year, leading to between 60 and 100 people experiencing a significant bereavement. GPs are often unsure how best to respond to bereavement and fear 'medicalising' what for many is a traumatic but normal life experience.

"This important study provides evidence about which groups of people suffer most after the death of someone close to them, thus potentially guiding the targeting of bereavement care. Although poor mental health after bereavement was found to particularly affect carers of working age, the most striking finding was that poor mental health was more strongly linked with being a carer than with experiencing bereavement. Being a carer for someone you live with appears to have a significant effect on your mental health, whether or not that person dies.

"The message for clinicians is clear: although there is a need to support people through a bereavement, there is perhaps a greater need to support people who are caring for someone at home, especially carers of working age.

"The measure used in the study as a proxy for poor mental health (taking anti-anxiety drugs or antidepressants) is a potential weakness, as the authors acknowledge. In clinical practice, this measure could be turned into a strength: all people identified as having poor mental health will have consulted a GP to obtain those prescriptions. These consultations could provide an opportunity for wider provision of support than medication alone."

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