

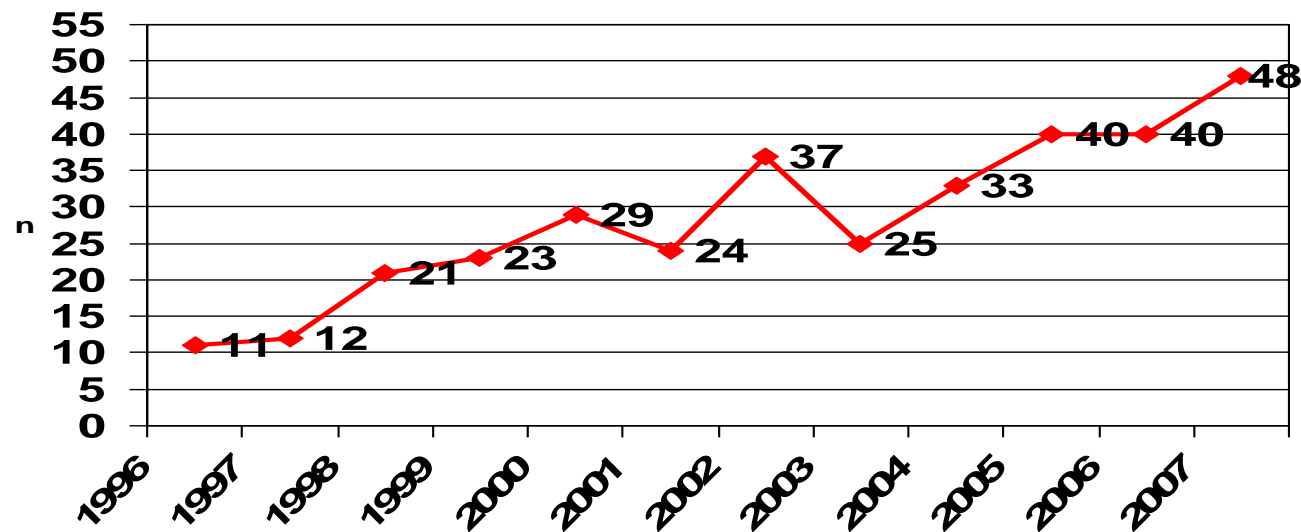
The impact of drug-related death on staff who have experienced it as part of their caseload



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Background

- Lanarkshire Prevalence (Hay et al, 2005)
 - 3,806 PDUs / 1,146 IDUs
- Lanarkshire DRDs (GROS)





Introduction

- Majority of DRDs...
 - result of 'accidental overdose'
 - involve young men aged 25-34
- Most have been in contact with services within 6-months of dying;
- Clients often in contact with multiple services and multiple staff;

How are staff affected by DRD?



Aim

- To determine the prevalence of grief-related reactions staff experience following a DRD on their caseload

Method

- Adapted survey tool measuring staff identification with 22 grief-related reactions following most recent OR most important DRD from their own caseload.



Literature

- Previous DRD research focuses on:
 - The deceased (e.g. Zador et al, 2005; Darke et al, 2006)
 - Witnesses (e.g. Best et al, 2000, Davidson et al, 2002)
 - Family / Friends (e.g. Guy, 2004; Strang et al, 2008)
- Little or no recognition of staff!



Literature

- Experience and impact of death on professional care-givers is well documented e.g.
 - Nursing
 - Paediatrics (e.g. Stack, 2003)
 - A&E (e.g. LeBrocq et al, 2003; Briysiewicz, 2006)
 - Palliative care (e.g. Llamas et al, 2001; Newton & Waters, 2001)
 - Intensive care (e.g. Lenart et al, 1998; Pearson et al, 2001)
 - Long-term care (e.g. Katz et al, 2001; Rickerson et al, 2005)
 - Doctors
 - General Medicine / Intensive Care (e.g. Redinbaugh et al, 2003)



Literature

- Mainly qualitative identifying...
 - Social, emotional & physical impacts
- Deal with 'expected' death
 - Conclusion of long illness or period of suffering
 - Time to prepare
- Usually involving the elderly
 - Part of a natural life-cycle



DRDs

- Involve more than just NHS staff;
- Are common among younger adults;
- Sudden and often unexpected;
- Sometimes follow periods of progression where tolerance ↓ and clients vulnerable to accidental OD;
- Link between accidental OD & recent abstinence e.g. Prison, detox, residential rehab.



DRDs

Sudden deaths are more problematic to cope with and related to more intense sadness than those expected after a long-illness or from natural causes (Lehman, et al 1989; Da Silva et al, 2007)

DRDs create feelings of anger, disbelief, guilt and betrayal to those close to the deceased (Guy, 2004)



The Study

- Survey of all Lanarkshire substance misuse staff (n=261) using self-completion questionnaires which addressed...
 - The staff themselves
 - The clients they work with
 - How their clients deaths affect them



Participants

- Response rate was 29% (n=76)
 - 65 (87%) of which reported experiencing at least 1 DRD on their caseload in their career.
- Of the 65 included in the study...
 - 34 (52%) NHS, 16 (25%) SW, 13 (20%) Vol
 - 37 (57%) Female
 - 44 (68%) University Educated
 - 43 (66%) Married / living with partner
 - Wide range of age-groups represented.



Participants

Descriptive Statistics	n	%	95% C.I. (Wilson Method)	
			Lower	Upper
Female staff	37	56.9	44.8	69.0
Male staff	28	43.1	31.8	55.2
Staff describing DRD from accidental overdose	36	55.4	43.3	66.8
Staff describing DRD from other circumstances	29	44.6	33.2	56.6
Staff who felt not at all close the deceased*	11	17.2	9.7	28.5
Staff who felt somewhat or a lot close to the deceased*	53	82.8	70.2	89.2
Staff who knew the deceased for > year	32	49.2	37.5	61.1
Staff who knew the deceased for < year	33	50.8	38.9	62.5
Staff describing a younger DRD (<35 y.o.)	43	66.2	54.0	76.5
Staff describing an older DRD (>35 y.o.)	22	33.8	23.5	46.0

*variables not adding up to 65 had missing data



Participants

Descriptive Statistics	n*	Mean	Std. Deviation	95% C.I.	
				Lower	Upper
Substance Misuse Experience (months)	65	100.83	73.343	82.66	119.00
Length of time current position held (months)	64	90.84	91.491	67.99	113.70
Average caseload size	64	40.66	50.389	20.07	53.24
Number of drug related deaths on caseload in career	65	4.51	4.441	3.41	5.61
Time since most recent / most important DRD (months)	61	13.33	14.590	9.59	17.06
Number of support sources used following a death	65	2.03	1.185	1.74	2.32
Number of grief reactions experienced following a DRD	65	3.46	2.953	2.73	4.19

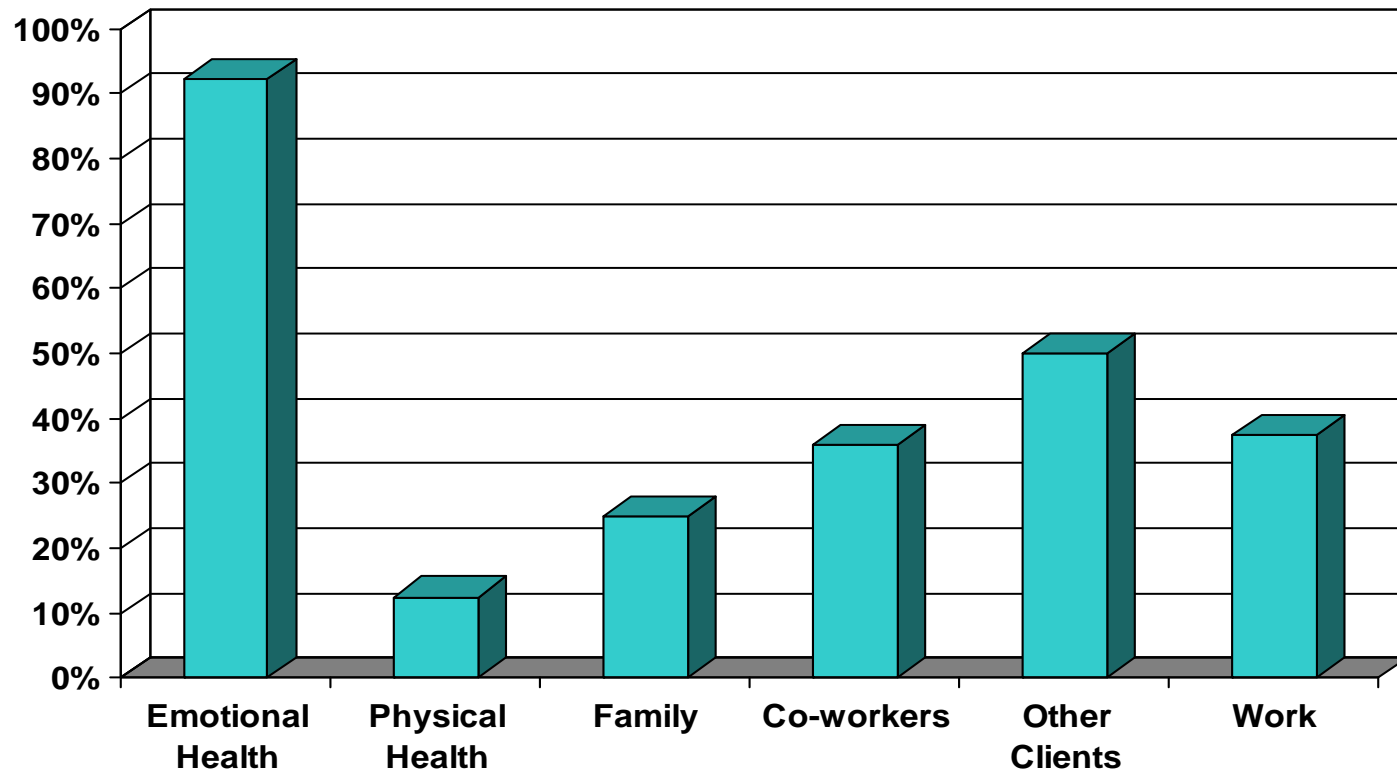
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DRDs Described

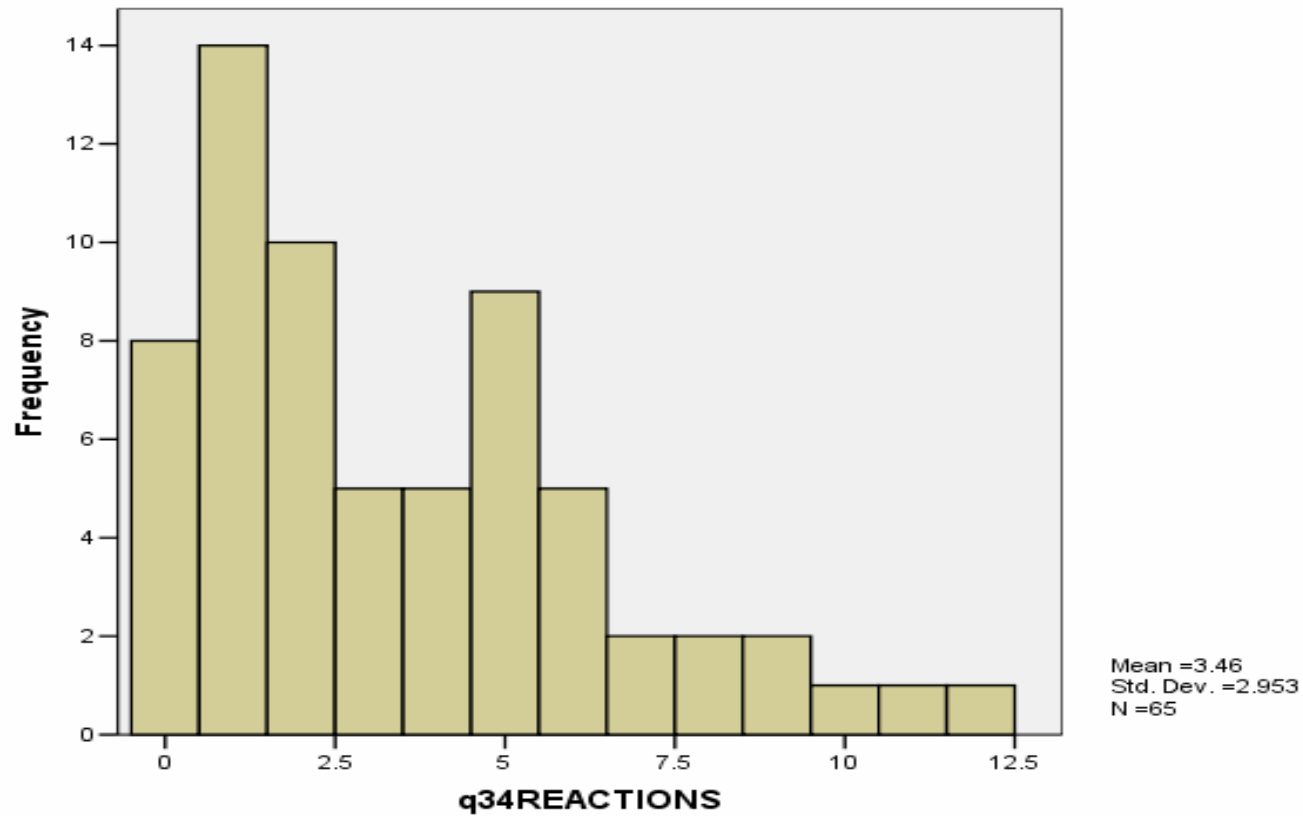
- 49 (75%) male;
 - 26 (40%) aged 25-34;
 - 36 (55%) perceived the DRD to be accidental OD.
-
- 46 (71%) of staff reported that their clients death had come as a surprise.

How did the DRD affect....



Prevalence of grief-related reactions

(of a possible 22)





Prevalence of grief-related reactions

- Most common reactions identified:
 - Sadness (54, 83%)
 - Guilt (26, 40%)
 - Anger (24, 37%)
 - Helplessness (17, 26%)
- Thought about their own morbidity as a result (18, 28%)
- Physical symptoms such as crying (14, 22%) and having trouble sleeping (11, 17%) less prominent.

Prevalence of grief-related reactions: Bivariate Tests

		N	Mean	Std. Dev.	Sig.
1	FEMALE staff	37	4.30	2.847	0.004
	MALE staff	28	2.36	2.765	
2	<2 Support Sources	28	2.25	2.533	0.002
	2 or more Support Sources	37	4.38	2.947	
3	Staff <=44years	37	3.43	2.930	0.537
	Staff >44years	28	3.50	3.037	
4	Small Caseload <30	33	2.67	2.160	0.016
	Large Caseload >=30	32	4.28	3.438	
5	<=5 years Substance Misuse Experience	24	2.96	2.941	0.147
	>5 years Substance Misuse Experience	41	3.76	2.956	
6	<=2 Career DRDs	30	2.80	2.747	0.047
	>2 Career DRDs	35	4.03	3.044	
7	< 1yr since DRD	34	3.79	3.102	0.175
	>1yrs since DRD	31	3.10	2.785	
8	Not at all close to client	11	2.09	2.343	0.046
	Somewhat or very close to the client	54	3.74	3.004	
9	Knew the deceased for <1yr	32	3.31	2.429	0.291
	Knew the deceased for >1yr	32	3.72	3.410	
10	Older DRD >=35years	22	3.59	2.987	0.404
	Younger DRD <35years	43	3.40	2.969	
11	DRD from other causes	29	3.03	2.163	0.138
	DRD from accidental overdose	36	3.81	3.454	



Prevalence of grief-related reactions: Bivariate Tests

- Significant differences between...
 - Gender
 - Those accessing more support
 - Those with larger caseloads (>30)
 - Those with more DRD experience (>2)
 - Those close to the client



Linear Regression Model

- Significant associations found with...
 - Gender
 - Those accessing more support
 - Time since the DRD occurred



Discussion

- First quant exploration of DRD impact on staff.
- Staff from a range of sectors experienced a multitude of grief-related reactions.
- As DRDs increase, prevalence of grief will increase.



Discussion

- No specific DRD support mechanisms in place for staff.
 - Replicated across the country.
 - Generic counselling / bereavement may not be enough.
- Majority of respondents said they would engage with a DRD specific support group (69%) or 1-to-1 (65%) if available.



Discussion

- Not all staff affected the same way.
 - Why is this? Qualitative work needed.
- Impact of findings on those yet to experience DRD on their caseload.
- Impact on other clients.
 - Positive and negative.
- Impact is long-lasting.
- Concept of 'cumulative grief'.



Conclusions

- DRD impacts more than just family / friends.
- \approx 90% staff experienced at least 1 grief-related reaction.
- More formalized organizational support needed.
- Improved communication between CIG and staff is key.



Further research

- Larger sample
- Longitudinal
- Qualitative
- Alcohol-related death
- Suicide



Any questions?

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