

Grief and Bereavement: Practice Tips for Clinicians



How should I offer support before and after a death?

1. Recognise there are varied emotional, cognitive, physical and behavioural responses to grief, that relate to experiencing a death, as well as other losses (e.g. changes in physical health, loss of control, loss of independence, loss of role). These losses will impact older people as well as their family and carers. See the **ELDAC Core Concepts for Clinicians** for more information about forms of loss.
2. Explore grief thoughtfully by talking with older people, their family and carers over time. The knowledge you develop about people can help you to respond to each individual in a tailored way. Support will likely involve:
 - Active, non-judgemental, empathic listening.¹ For example, trying to listen rather than speak, inviting someone to share difficult emotions (e.g. "Can you tell me what this has been like for you?"), being okay with silence, and reflecting back what you have heard (e.g. "It sounds like you're feeling very lonely today").
 - Resisting the urge to problem-solve or give advice. Often people simply wish to be heard and understood.
 - Identifying, naming and normalising reactions to grief. For example, "Guilt is a really common feeling when people are grieving." or "I can only imagine how sad this might make you feel."
 - Being open to varied ways that people may cope with loss, given grief is unique and there is no one 'right' approach to coping.
 - Avoiding statements such as "I know how you feel" or "I know what you are going through," as each person's experience will be different.
 - Being aware that people may hold cultural and spiritual views about death and grief that are different to yours. Be open to asking about their values and beliefs, and forms of support or practices that they may find most helpful.
3. Recognise that positive experiences of end-of-life care have the potential to reduce the risk of negative outcomes in bereavement.² Quality end-of-life care includes:
 - Exploring care preferences.
 - Talking with family and carers about changes in an older person's condition.
 - Asking about important cultural or spiritual beliefs and practices.
4. Offer support where someone has experienced a death (whether the death occurred recently, or some time ago). This might involve asking them about the relationship with the person who has died, or inviting them to share memories and stories about this person.¹ For instance, you might gently ask: "Can you tell me a little about [name]? What did [name] mean to you?"
 - Avoiding the risk of making someone feel forced into a specific role or way of coping by saying something like "You're so strong."
 - Avoiding trying to hurry someone through grief. For example, by urging them to get busy or to get rid of things that belonged to someone who has died.
 - Avoiding clichés or statements that down-play loss, for example, "Time heals all wounds," "Everything happens for a reason," "At least they are not in pain now."

How can I share information and provide education about dying, grief and bereavement?

1. Share and discuss simple information about the dying process, end of life, grief and bereavement. This can assist people to understand their responses to grief and to prepare for a death.^{3, 4, 5} (e.g. [Understanding grief by Palliative Care Australia](#)).
2. Be prepared to explore and review information related to dying, end of life and grief over time with older people, family and carers. This may include:
 - Providing and revisiting information about advance care planning.
 - Exploring end of life preferences.
 - Giving regular updates about changes in health status.
3. Use your knowledge of common responses to grief and bereavement to normalise responses to loss and reassure people (See **ELDAC Core Concepts for Clinicians**).
4. Offer culturally appropriate information and education about grief and bereavement.^{1, 4, 5} For example, [Coping with Grief](#) (Griefline) is a brief fact sheet on understanding grief and tips for coping with grief (available in English, Arabic, Greek, Spanish, Vietnamese and Chinese).

How can I help people to connect with their own social supports when they are grieving?

1. Encourage older people and their family and carers to connect with their natural support networks for emotional and practical support. (E.g. family, friends, support groups).¹
2. Validate family members involved in caring for older people. Encourage them to attend to their own wellbeing (including through their own relationships with family and friends) as they grieve multiple losses over time, as well as after a death. You might consider using resources such as [Bereavement – caring doesn't stop when a life ends](#) (Carers NSW Australia). This resource provides information about grief, expected responses and what can help after caring ends (available in English, Arabic, Chinese and Greek).
3. Explore and support different spiritual and religious beliefs and perspectives on dying, grief and bereavement. Where needed, help family and carers to engage with people from their spiritual and faith-based communities.
4. Be aware of local community supports and services, and signpost to relevant networks where this is needed or requested. This may be especially important if someone has a small or distant social circle or supports.

How can I identify people at risk of complex outcomes and facilitate additional support?

1. Explore and review risk and protective factors that may contribute to negative outcomes related to grief or bereavement (e.g. mental health concerns, Prolonged Grief Disorder).⁴
 - Review the summary of risk and protective factors, and use the conversational prompts (see the **ELDAC Core Concepts for Clinicians**) to support assessment of risk factors and guide your conversations with older people, family and carers.
 - For more information about Prolonged Grief Disorder in older people, and the difference between grief and depression, see [About grief in older people](#) (Melbourne Aging Research Collaboration).
2. Where you identify that someone has several risk factors that seem to impact their ongoing coping in negative ways (e.g. low mood, loss of purpose, intense and painful longing for someone who has died, difficulty engaging in day-to-day tasks, withdrawal from others), provide information about available services and support. Assist people with additional needs to connect with professional services,⁴ including:
 - **Specialist bereavement counselling services**, available in some areas.
 - **Griefline** (Ph: 1300 845 745, 8am-8pm, 7 days a week) provides grief support via telephone, support groups, online forums, and counselling. Telephone support is also available for people who do not speak English ([a callback via an interpreter can be requested](#)).
 - **Mental health treatment plans** may be arranged for a family member or carer through their general practitioner, where intervention from a mental health professional is needed.
3. Share information about grief and bereavement support that is available for all older people, their family and carers such as:
 - The **Carer Help Grief & Loss page** lists information and support.
 - **Grief Australia** have a [list of telephone supports](#) that can be shared.
 - **13YARN** (Ph: 13 92 76) is a general Aboriginal and Torres Strait Islander [support line](#) that is available 24 hours, 7 days a week.

References

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3. Vandersman P, Chakraborty A, Rowley G, Tieman J. The matter of grief, loss and bereavement in families of those living and dying in residential aged care setting: A systematic review. *Arch Gerontol Geriatr*. 2024;124:105473.
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5. Department of Health and Aged Care. [Strengthened Aged Care Quality Standards](#). Australian Government. February 2025 [cited 4 Apr 2025].