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The Effects of Losing a Parent on Teenagers Mental Health

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The Effects of Losing a Parent on Teenagers Mental Health

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Fall 2020

Abstract

Losing a parent is one of the hardest losses we experience. For many, the loss of a parent comes too early. Losing a parent as a teenager has lasting effects. This thesis examines the research literature review and proposes a study for further investigation about this important healthcare matter.

The mental health of teenagers who lose a parent experience worsened mental health than those who have two living parents. Bereaved teenagers experience worsened mental health, increased aggression, and an increased risk for self-harm. The research in this literature reviews, supports this, and further emphasizes the negative impact of losing a parent on teenagers mental health. After losing a parent, there are many routes that a teenager can take to cope. There are different interventions and needs that are beneficial to the teenager. There are also needs that are not met, but had they been met, may have helped with the coping process. The research in the second half of the literature review looks at different needs and interventions that teenagers report would help them to cope. It also looks at what interventions were done that were helpful with the coping process. A qualitative study is proposed to explore young people's perceptions about feelings of grief after the loss of a parent, and their perceptions about which interventions may be most beneficial.

Overall, when a teenager loses a parent, it is important for the teenager to seek out help in order to improve their mental health. It is also important for other family members, such as the living parent, to understand some of the needs that these teenagers require to help improve their mental health after this traumatic experience.

Acknowledgement

This paper is for my two younger sisters who have been so strong after the passing of my dad. I hope I can use what I find to help them recover.

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Introduction

According to the *Childhood Bereavement Estimation Model (CBEM)* it is estimated that 1 in 14, or about 5.2 million children, in the United States will experience the death of a parent before they turn 18. That number nearly doubles to about 13.2 million that will lose a parent by the age of 25. This is a real problem for teenagers and young adults. The loss of a parent can be extremely traumatic and have lasting effects on this age group. Teenagers' brains are still developing, and when something as distressing as the loss of a parent, it can have major negative effects on their mental health.

After losing a parent, every teenager will feel something different, and need something a little different. There are many different interventions that can be taken, and lots of ways that friends and family can help them get through this grief. Unfortunately, the needs that should be addressed are not always met, and this leads to life long issues.

This paper will look into how exactly losing a parent affects a teenagers mental health. It will also look into what interventions can be taken to improve the mental health of bereaved teenagers.

Problem Statements

Understanding how the mental health of a teenager is affected by the death of a parent is important because it is a time where they are still growing and being shaped. They are at risk for developing psychological problems if they do not get the help they need. This is especially important to me because I am 21, and I have two younger sisters, 16 and 17, and we lost our dad to cancer in April of 2019. I have experienced and have seen how it has affected me and my sisters mentally and emotionally. It is very important for parents to understand what we feel, and how they can help us get through it.

A study titled, “Mental health of adolescents before and after the death of a parent or sibling” found that the stress of losing a parent can actually aggravate pre-existing mental health conditions, like depression (Stikkelbrook et al, pg. 50). Another study found that most teenagers do not express how they are feeling because they do not want to make their living parent any more upset, which causes them to hold in their grief. They also found that when teenagers feel they can open up about their parents' illness and death, they cope much better than those who do not. (Weber et al, pg. 45).

Research Questions

How will the death of a parent affect the mental health of a teenager?

Are there interventions that have been shown to assist teenagers in expressing feelings and improving coping skills?

Literature Review

This literature review looks into the mental health of a teenager after losing a parent, as well as what interventions are to help teenagers cope, and effectively grief. I used databases such as: PubMed, UpToDate, CINAHL, and Google Scholar. I was able to find eight articles that were helpful in my research. I chose what articles to include based off of their relevance to my research question. I also tried to use only primary sources.

The studies examined for this literature review have been divided into two sections: Teenagers Mental Health After Parental Death; and Interventions to Help Teenagers Recover From Parental Death, and then put into numerical order based on the year of publication. See the Literature Review Table at the appendix at the end of this thesis for an overview of the research.

Teenagers Mental Health After Parental Death

Beale et al (2004) looked at the experience of children who had lost a parent. The study looked at 28 children, all of whom had parents who died, or were close to death due to cancer, and were between the ages of 3-18 years old. Fourteen of the children were seen once and the rest were seen multiple times. The researchers used open-ended questions in their interviews, as well as interacting with the children in a play room when they were not old enough to convey, understand, or verbalize their feelings.

The researchers found that “82% of the children interviewed sought reassurance, and 79% of them considered themselves to be caregivers of their dying parent.” (Beale et al, 2004, pg. 389). The children also displayed higher levels of aggressive behavior and separation anxiety. The children tried to protect their dying parent, as well as attempted to participate in care. The study goes into detail about a couple children who had lost a parent. One boy, who was 5 years old and lost his mother to cancer, started displaying anger, aggression, and rage after she died. When drawing with the interviewer, he drew himself with a black cloud over his head. Another boy, who was 10 when his mother died, drew images of people on fire, and a parachuter jumping into water full of sharks. A psychologist analyzed this as him being full of fear as he watched his mother die. Overall, the researchers found that these children who had suffered the loss of a parent had significantly greater distress.

The researchers Stikkelbroek et al (2015), studied the change in mental health following bereavement of a parent. This is a prospective longitudinal assessment that looked at a large representative sample of 2,230 Dutch participants from the “Tracking Adolescents Individual Lives Survey”. The study tracked the development of mental health from preadolescence into adulthood. The actual analysis only contained 70 adolescents because of some dropping out, and some did not end up having to experience parental death.

“The main result shows that family bereavement has a clinically significant, medium sized effect on the increase of internalizing problems within 2 years in comparison to non-bereaved adolescents.” (Stikkelbroek et al, 2015, pg. 55). The researchers also found that by 19 years old, adolescents who have experienced parental loss, experienced significantly more internalizing and externalizing problems than those who did not lose a family member. New clinical cases with internalizing problems in adolescents who had lost a parent was four times as high compared to those who did not. Overall, the study was able to conclude that the loss of a parent does put adolescents at risk for mental health issues, both internalized problems as well as externalized problems.

Rostila et al (2016) studied whether parental death during childhood influenced self-inflicted injuries/poisonings in young adulthood. Parental deaths got divided into groups; external causes/substance abuse, and natural causes. This study looked at all the individuals in Sweden from 1973-1982, who had not been adopted, had no record of emigration, and were alive and a resident in the country during the year of their eighteenth birthday. They used the Cause of Death Register to determine who had lost a parent, and the cause of death. The study looked at a population of 871,402 individuals, and that was narrowed down to a total of 610,167 families. Within this population, 3.7% individuals had lost a parent before their eighteenth birthday, 0.1% had lost both parents, 2.5% had lost their father, and 1.1% had lost their mother.

The researchers found that “in a national cohort of 870,000 young adults, we found that the experience of parental death during childhood predicted self-inflicted injuries/poisoning in young adulthood...” (Rostila et al, 2016, pg. 1107). There was a higher risk for self-inflicting injuries in participants who had lost their father before or mother before school age. The results showed that there are strong associations between the experience of parental loss due to death

from external causes and the risk of self-inflicting injuries in young adults, compared to parental death from natural causes.

Appel et al (2019), examined the mental health in young adults according to early parental death and participation in grief counseling. This was a cross-sectional questionnaire, that included three samples. The sample sections were: subjects who had lost a parent between 0 and 30 years old and who had participated in grief counseling, subjects who lost a parent but did not participate in grief counseling, and subjects who did not lose a parent. The participants were invited via mail between December of 2011, and June of 2012. Of the 5,467 young adults invited, 2,467 provided complete information. The researchers measured depressive symptoms with the validated Center for Epidemiologic Depression scale. They measured the mental health quality of life by using the Short Form 36.

The researchers found that the parentally bereaved young adults reported more depressive symptoms, as well as a lower mental health quality of life compared to the participants who did not lose a parent. The researchers also found that the young adults who participated in grief counselling after a parents death, reported more depressive symptoms, as well as a worse mental health quality of life compared to those who lost a parent and did not attend grief counseling. This was a surprising result but could have been due to the severity of the young adults symptoms or the inadequacy of the counselling (Appel et al, 2019). Also, see the limitations section in the Literature Review Table.

Interventions to Help Teenagers Recover from Parental Death

Patterson and Ranganathan (2010) aimed to understand the types of reactions and responses that children have when a parent dies. They aimed to identify the needs of adolescents and young adults who have lost a parent, specifically to cancer, and determine if these needs had

been met. This study was explorative and used a qualitative questionnaire. The study looked at 62 participants between the ages of 12-23, all who had lost a parent, but 46 participants were then excluded from the response rate for various reasons. The participants were invited from the Australian Organization for Young People Living with Cancer, as long as they were “Bereaved Offspring Members”. The questionnaire used open ended questions which allowed the researchers to get a clearer understanding of different needs that were desired and/or met.

The study found that six needs were commonly mentioned. The first and most frequent was the need for support and understanding from others. This need was also the most unmet within the participants. Most participants said: “Friends lacked understanding of what they had experienced during their parent illness and after their death, and how this experience had affected/changed them.” (Patterson & Ranganathan, 2010, pg. 258). Participants also stated that they needed support and understanding, not only from friends, but teachers, family, and people in general. The next unmet need was to help cope with feelings. Participants reported that they needed help coping with feelings of grief, anger, and depression. The next need was talking with people who have had a similar experience. For the participants who had this need met, they reported feeling that they were “not alone”, and it helped knowing others understand their feelings and emotions. The fourth unmet need was wanting information. The participants said that they needed/wanted more information about what their ill parent was going through while they were still sick. They did not want to be “kept in the dark” or “babied” in the time leading to their parents passing. “To have a break/have fun” was a need that was mentioned, but only by females in the study. They explained that they needed a “time out” from what they were going through to forget about it for a while and pretend everything is normal. The fifth need was space and time to grieve. Participants explained that they wanted time to be alone with their thoughts, and have

time to grieve on their own. This was also only mentioned by female participants. The last need that was mentioned was help with household responsibilities. This was only noted by females, and they explained that they needed help around the house. Even though they are young, they found them being the only one doing chores and cleaning up. They found they were worrying about everyone else, and not able to focus on themselves.

Sveen et al (2016) “explored how teenagers reason about a parent’s recent death and about their life without that parent.”(pg. 349). The study consisted of 10 teenagers who were between 14-19 years old. There were 7 boys and 3 girls. The participants were interviewed at 3 and 12 months after their parent’s death. These interviews were done individually and as free ranging conversations.

The researchers found three themes in teenagers' reasoning about their parent’s recent death. The first was “death was the worst thing that could happen but still, it was a relief for the ill parent and the teenager”. The participants explained that they still remembered their parents' last moments as stressful, but it also came as a relief. They did not want a life for their parents that involved severe illness and wanted to remember the parent before they were severely ill. The next theme was “talk or silence”, which included teenagers not having ever talked about the passing of their parent in such depth. Some wished that they had been able to have these in depth conversations with friends and family after losing their parent. The final theme that the researchers found was “the surviving parent’s impact on everyday life”. Many of the teenagers reported that they kept their own grief to themselves, so they did not add more of a burden to the grieving parent. This caused them to not get support in their own grief. Overall, the researchers were able to determine how teenagers view and understand the death of a parent.

Birgisdóttir et al (2019) investigated the levels of perceived family cohesion during childhood, teenage years, and young adulthood in youths who had lost a parent to cancer compared to those who did not. This study included 622 young adults between the ages of 18-26 who had lost a parent to cancer 6-9 years prior. There were also 330 young adults who had not lost a parent. The data was collected through a study-specific questionnaire. The researchers found that there was no significant difference between family cohesion in childhood or adulthood, but lower family cohesion was reported in the teenage years by the young adults who had lost a parent. The results of this study indicates that there needs to be some sort of awareness in families who have lost a parent or are preparing to lose a parent. They should know that there is a higher probability of poor or worsened family cohesion, and that way, they can try and get help to avoid the added stress.

Weber et al (2019) studied communication in families who had lost a parent from the perspective of the children and the surviving parent. This study used a qualitative approach with a descriptive and interpretive design. Participants were recruited from two palliative care centers using convenience sampling. Out of the families identified, four families wished to participate. The researchers conducted open interviews based on an interview guide. There were follow up interviews 2-5 months later to get a deeper understanding of the families experiences and communication.

The researchers found that there were four categories that emerged relating to the families experiences of family communication. The first being the importance of open and honest communication in the family. The families discussed how important it was to be honest about what they were feeling. They found it easier to provide comfort and support when their child was

open with them about what exactly they were feeling that day. The next category was new challenges in the family that affected communication. The participants, mainly the parents, struggled to divide their time between their children after their partner's death, which led to an increase in arguments and/or misunderstanding. The children who had lost a parent expressed that sometimes they felt they had to fight for their living parents attention, even though they understood that their living mom or dad was doing the best that he/she could. The next category was communicating the need for help. Many of the families, both children and the living parent, felt ashamed or embarrassed to ask or call someone for help. Whether that be a friend, coworker, family member, or extended family member. The living parents also noted that their children had taken on more responsibility around the house, and the children explained that they understood that their living parent could not do everything by themselves. Lastly, the category of talking about and remembering the deceased parent. All the living parents explained how they tried to get their children to talk about their deceased parent in order to remember happy memories, and still feel connected in some way. The children explained that they enjoyed talking about happy memories, while others did not want to talk about their deceased parents because of the pain it brought. Overall, the study was able to find a connection between these families who had lost a parent, and it found four categories in common that had helped these families cope with the loss.

Conclusion of the Literature

Overall, the literature that was reviewed showed that there is a strong connection between children's mental health and parental death. The research all came to about the same conclusion: that teenagers' mental health does decline after the death of a parent. The research regarding in-

terventions had different findings, but all were able to identify specific needs that would be beneficial to address for a teenager who lost a parent. In summary, the following interventions can be recommended:

- Allow opportunities for increased communication
- Provide in-depth grief counseling for individuals
- Offer group counseling to increase family cohesion
- Offer grief support group
- Educate on parent's illness
- Provide education about grief and loss for friends and teachers
- Increase awareness and assistance in preparing for death
- Encourage meaningful activities that provide an opportunity to help out, such as assisting with housework
- Create opportunities to take a break and have fun
- Allow time to be alone for reflection, renewal

The majority of articles used a qualitative research design, and the interventional studies were done over time which is a strength. Some other overall strengths of the studies were that the researchers used experienced nurses and psychologists to run the interviews and assess the participants. They also spoke directly to the participants, not just their parents if they were minors, which allowed for unbiased answers. A little over half of the studies had large sample sizes. Some overall limitations were that some of the studies did not have large enough sample sizes. There were also a couple in which the participants were all from the same area, or support group. This does not allow researchers to apply their data to the whole population. For a summary of each research article, see the literature review in the Appendix.

Proposal For Further Study

After looking into the research there is no doubt that losing a parent has a negative effect on teenagers mental health. Several studies explored potential interventions to help teenagers cope with the loss of a parent. However, there was little research on specific strategies for coping that might be undertaken to help aid the teenagers during this hard time. For this proposed study I would like to look specifically at interventions that show promise for improvement in teenagers mental health after the death of a parent.

The literature review assessed studies that have been done to determine how the loss of a parent affected the mental health of a teenager. Studies by Weber (2019) and Sveen et al (2016), found that the fulfillment of different needs of the teenagers helped them get through their loss. Lastly, in a study by Patterson and Ranganathan (2010), teenagers explained what they felt they needed but did not receive after losing a parent. In my proposed study, an in-depth interview will be designed to assess the teenagers' needs, and based upon the expressed needs, individual strategies will be developed. Assessments before and after the interventions will be performed to determine the teenagers' perceptions of the strategies' success or not.

In-depth interviews by nurse researchers will be conducted that include open ended questions, so the participants are able to express themselves. The researchers will be trained to use listening skills and therapeutic communication to aid in understanding the teenagers' thinking. In the initial interview, we will determine what interventions, if any, already have been attempted by the participant. We also will gain insight on what the teenager perceives about his/her/their needs. From there, we will recommend interventions based on findings from the literature review. We will also include the living parent in explaining what needs are still to be met,

so they can help their child through their grief. We will reassess the participant every three months for one year to observe how these interventions have helped or not helped the participant.

Primary Aims

The primary research aims for this study are:

- To explore young people's perceptions about feelings of loss and grief.
- To explore their perceptions about what interventions are beneficial after the loss of a parent.

Theoretical Framework

The Tidal Model Theory was introduced by Phil Barker and Poppy Buchanan-Barker in England in 1998. It was developed as a model for mental health care. The main focus of the Tidal Model is to help patients reclaim their personal stories and traumas, by finding their voice again. This is the first step in regaining control over their lives. The Tidal Model assumes that a nurse will only do what is absolutely necessary for the patient, which helps to avoid fostering dependence. While the Tidal Model is not yet widely used in the United States, the model has been adopted in other countries, and is applicable to aiding in how teenagers handle the death of a parent.

As we know, the death of a parent will decrease a teenagers mental health. With the use of the Tidal Model, we may be able to not only stop it from decreasing, but use it with interventions for teenagers after the death of a parent. This model can be used to help determine interventions that will be beneficial to teenagers who lost a parent. We can use what Barker found and help teenagers find their voice so they can reclaim their lives after the loss of a parent.

Ethical Considerations

There are numerous ethical issues to consider. First, the young adults and adolescents will need to understand that they will be participants in a study as well as the purpose of the research. In particular, the emotional toll it might take on some participants to express emotions after the loss of a parent is a paramount concern. The participants will be informed that they will be able to stop at any time, and they only need to answer questions that they feel comfortable with answering. In addition, adolescents under the age of 18 years are a vulnerable population and will need to be consent from the parents or guardians. The researchers also will need to establish "assent" to participate from the potential participants who are minors. Participants who are 18 years or older will need to provide informed consent. The principal researcher will be sure to maintain strict confidentiality of the participants, and all participation will be voluntary. All research data will be maintained on a password-protected computer to which only the researchers will have access.

Research Design

The research study that I propose will be a longitudinal, qualitative study that uses an interview guide developed by expert clinical psychologists and psychiatric nurses to assess psychological state, determine the effectiveness of the interventions, and encourage participants to express themselves. There will be no numerical data, simply what the participants express to the interviewer.

Study Sample

The sample will represent teenagers and young adults who have lost a parent. The study's sample size will be large enough to measure differences in outcomes among different interventions, and to be able to generalize our findings to a population. The target sample size will be 100 participants.

Recruitment of this study will be done by posting ads in the paper and putting flyers up at different support groups. Inclusion criteria for this study will be:

- Young adults or adolescents who lost a parent before they turned 25
- Ages 13 through 26 years
- The loss occurred no more than 3 years ago
- Ability to understand the study
- Agreement to participate over a period of one year

The potential participants who are 18 or older will need to provide informed consent. Potential participants who are 18 years old or younger are minors and will need parental consent. Minors will need to provide assent.

Research Methodology

Parents may be able to attend interviews with their children, depending upon participants and guardians needs or preferences. A total of five in-depth interviews will be planned, the initial interview and then interviews at the end of 3-months, 6-months, 9-months, and 12 months. A semi-structured interview guide will be developed in conjunction with expert clinical psychologists and psychiatric nurses. The guide will be used for each interview with the focus on mental health assessment and the participant's perceptions of their emotional state and coping ability.

The questions in the first interview will help us determine what interventions have been met, and what has not yet been met. We will assess what needs to focus on, and use interventions based upon previous research, including:

- In-depth individual, grief counseling
- Family counseling
- Educational sessions on terminal illnesses, including parent's illness
- Series of community-based education sessions on grief and loss
- Weekly support group for young people who have lost a parent
- Support for:
 - Opportunities to volunteer for meaningful work and service (such as assistance with gardening at the local Youth Center)
 - Opportunities for field trips, such as sports events, nature walks
 - Opportunities to participate in meditation sessions

We will then recommend to both the participant, and the parent, which interventions may meet the expressed needs. In the next interview, we will reassess the participant and see how addressing those needs benefited them and their mental health.

Data from this study will be collected from what the participants say and express to the interviewer. We will look for similarities in responses among the participants, considering how they describe what they are feeling, and how they say that the interventions helped them.

Data Analysis

Content analysis will be used, including constant comparison in our data collection. Constant comparison is when the researchers are constantly looking at the data and comparing it between participants as well as comparing it to data collected earlier in the study. This will allow us

to compare the participants mental health throughout the study, as well as compare participants to each other. Researchers will be able to assess how the interventions are working as a whole, as well as for each specific participant. By listening to what the participants express, groups of words and phrases will be grouped together and organized. From this, we will be able to develop themes and consistencies. We also will listen to the participants' own words to assess how well the interventions helped.

Conclusion

The literature review showed that when certain needs were met, the mental health of a teenager who had lost a parent, improved. We were able to find that from the time we implemented and addressed certain interventions and needs to focus on, to a year later, the mental health of the participants improved. The original question was answered, and the evidence supported the premise that supporting the needs of young people who experience loss may improve mental health.

With the proposed research, we may be able to further establish the importance of listening and deepen understanding of people's perceptions after loss. By clearly focusing on the expressed needs of young people, appropriate individualized interventions may be developed to maximize positive outcomes. Ideally, the mental health of a teenager after the loss of a parent could in fact improve back to where he/she/they were before.

We can apply the findings from the literature review to a clinical setting so doctors, nurses, psychologists, and anyone else who may be in contact with a teenager who lost, or is about to lose a parent, can give advice and direction to that grieving teenager. It is also beneficial

to tell the living parent what the teenager needs, so they can be there for them as well. This evidence will advance the profession of nursing because it provides guidance for healthcare professionals who can aid teenagers who are grieving the loss of a parent.

The next steps will be, first, to carry out the proposed study, and then to repeat the study in diverse environments. This study will be the first to deeply explore perceptions and use individualized interventions to address certain needs.

The long-term goal is to allow all healthcare professionals to better understand how to meet the essential needs in order for teenagers' mental health to improve after the loss. Ultimately, the tools that are developed to aid the mental health of teenagers can benefit anyone who experiences loss, or in other words, everyone.

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Appendix: Literature Review Table

Summary of Articles Teenagers Mental Health After the Death of A Parent					
Author (date)/Article Title	Purpose	Sample & Design	Analysis	Results/ Key Findings	Strengths/Limitations
Beale et al (2004), Parents dying of cancer and their chil- dren.	To assess the experi- ence of children re- ferred for assessment and intervention. They were all children who lost a parent.	29 children in the study, all 3-18 years old, who had a parent who had passed away from advanced cancer.	The children who at- tended therapy who had better outcomes than those who did not. Therapy had positive outcomes on the mental health of children who lost a parent.	Timely intervention by a child psychiatrist or other mental health profession- als can help children better cope with the death and dying of their parents.	Strengths: - Experienced psychologists & nurses conducted the interviews Limitations: -The study enrolled a consecutive group of children who were re- ferred by clinicians at the par- ent's request and, therefore, were more likely to have prob- lems. -Small sample size

Patterson & Ranganathan (2010), Losing a parent to cancer: A preliminary investigation into the needs of adolescents and young adults.	To identify and better understand the needs of adolescents and young adults who have lost a parent to cancer and to understand the extent to which these needs are met.	62 parentally bereaved young people from ages 12-23 participated. Explorative, qualitative questionnaire	Young people who lost a parent early on in life, have multiple needs that are not met to help them get through the difficult time. This study was able to identify some of those unmet needs.	Most frequent need mentioned was the need for more support & understanding from others. Second was needing help coping with feelings & half of participants said this need was not met. 3rd was needing to talk to people who did understand how they were feeling. 4th was the need for more information about what was happening in general with their dying parent as it was happening. 5th was needing time to forget and "have fun" or have a "time out" from what was happening. Only mentioned by females. 6th space & time to grieve was needed. Only mentioned by females.	Strengths: -The study was able to directly identify needs and if they had been met or not. Limitations: - Participants used in the sample were drawn from a peer support organization, so there may have been needs of those not in a peer group that went unreported. - Unequal ratio of males & females (1:4)
Stikkelbroek et al (2015), Mental health of adolescents before and after the death of a parent or sibling.	To study the change in mental health following the bereavement of a parent.	2,230 Dutch participants. Tracked the development of mental health from preadolescence into adulthood. Prospective longitudinal assessment	The researchers were able to agree with previous research. The researchers also separated internal and external mental health issues, which was interesting.	The researchers found that the loss of a parent had a significant increase in internalizing problems compared to those who did not lose a parent. They also found an increase in both internalizing and externalizing issues by the time they turned 19.	Strengths: -Longitudinal data Limitations: -Small sample size -Looking at the living parents mental health could be helpful to indicate if the child was getting enough support after the loss of the parent. -With larger samples it may be important to consider the gender of the parent lost.
Rostila et al (2016), Parental death in childhood and self-inflicted injuries in young adults- a national cohort study from Sweden.	To investigate whether parental death during childhood influences self inflicted injuries/poisoning in young adulthood.	All individuals born in Sweden in 1973-1982, who were found to have lost a parent. Study population: 871,402 Quantitative, Comparative study	Those who lost a parent early on did experience more self inflicting injuries and poisoning in young adulthood. This indicates that they do have worsened mental health.	3.7% lost a parent before their 18th birthday 15,195 persons had been admitted to a hospital at least once due to a self-inflicted poisoning or injury (1.5% of the men & 2.2% of the women) Self-poisoning w/ medical drugs made up 84.7% of these hospital admissions Found that the experience of parental death during childhood predicted self-inflicted injuries/poisoning in young adulthood with a 2 to 3 fold increase for deaths due to external causes or substance abuse and by 30-40% for death from external causes	Strengths: -National cohort Limitations: - Used the same children within families which could have potential effects of nesting within families.

Sveen et al (2016), Teenagers reasoning about a parent's recent death in cancer.	To see how teenagers reason about a parents death and about their life without that parent.	10 teenagers between 14-19 years old (7 boys & 3 girls). Interviewed twice, 3 and 12 months after the death of their parent.	Teenagers tend to not show grief out of worry for the surviving parent. Parentally bereaved teenagers tend to take on more responsibility in order to support the grieving parent even though they need support as well.	"Tentative Conclusion": found that the teenagers who were more likely to talk and grieve with their surviving parent coped better than teenagers who did not.	Strengths: -The interviews were conducted by people who had years of experience in palliative care as a nurse, and who is also a family therapist. This allowed the participants to feel more comfortable. Limitations: - There was a relatively large variation in terms of length of time after a parent's death (between 3 & 12 months) when the interviews took place.
Appel et al (2019), Depressive symptoms and mental health-related quality of life in adolescence and young adulthood after early parental death.	To examine mental health in young adults according to early parental death and participation in grief counseling.	Samples of young adults ages 18-41 years old. One sample had lost a parent between 0-30 years old and participated in grief counseling, the other had lost a parent but did not go to grief counseling, and the third group did not lose a parent. Total of 2,467 participants Cross section, questionnaire based study	Contradicting what the researchers thought would happen, they found that when their participants participated in grief counseling, they were found to have worse mental health. This could have been due to multiple weaknesses within the study.	Bereaved young adults reported significantly more depressive symptoms & lower mental health related quality of life (HQoL), then non-bereaved young adults. They also found that participation in grief counseling the death of a parent may be accompanied by subsequent mental health problems (this was not expected & may be due to a couple possible weaknesses in the trial)	Strengths: -Large sample -Avoided recall bias & misclassification of exposure -Groups were matched for important potential confound factors (age, gender, & time since death) Limitations: -Counseling may have been insufficient -The young adults who had the most severe psychological symptoms after their loss, were those who also went to grief counseling.
Birgisdottir et al (2019), Losing a parent to cancer as a teenager: Family Cohesion in childhood, teenage, and young adulthood as perceived by bereaved and non-bereaved youths.	To look at the levels of perceived levels of family cohesion during childhood, teenage years, and young adulthood in cancer bereaved youths compared to non-bereaved peers.	622 young adults who had lost a parent 6-9 years ago, all while they were 13 -19 years old. 330 non-bereaved peers from a matched random sample Longitudinal, nationwide population based study	Indicates that there is a need for increased awareness of family cohesion in bereaved families with teenage children.	The teenagers who had lost a parent were more likely to report poor family cohesion during their teenage years.	Strengths: -Good sample size -Longitudinal Limitations: -Did not look at family cohesion before the loss of a parent. -Did not compare to those who did not lost a parent.
Weber (2019), Communication in families with minor children following the loss of a parent to cancer.	To explore the communication in parentally bereaved families from the perspective of the children and surviving parent.	Interviewed 4 parents and 4 children, 4-14 months after a parent and died. Qualitative approach with a descriptive and interpretive design	The study was able to make a connection between family communication and adjustments to new circumstances following the death of a parent.	The researchers found 4 categories related to family members' experiences of family communication; the importance of open and honest communication in the family, new challenges in the family that affect communication, communicating the need for help, and talking about and remembering the deceased parent.	Strengths: -The interviewers spoke directly to children, allowing them to be child centered. Limitations: - Small specifically selected sample of families.

