

Separation and divorce

For better, for worse

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GPs have a role in supporting patients undergoing separation and divorce and their children to prevent the potential negative effects on physical and mental health.

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National Australian data suggest that more than 50,000 families a year are involved in the formal processes of separation and divorce.¹ It is likely that many more less-formal partnerships, including de facto relationships, same-sex marriages and other nontraditional partnerships, end in separation each year. Separation and divorce can break the networks of human connectedness centred around the family and challenge the concept of 'for better, for worse'. Some relationships change by mutual agreement, with perhaps acceptance, sadness and agreed, negotiated disengagement. For many, however, the process is complex, bitter, prolonged and damaging.

Epidemiological studies have shown that there is an increased risk of developing a mental disorder following separation and divorce and an increased risk of relapse for those with a history of mental health problems.²⁻⁴ Children of separating parents are also at increased risk of developing mental health complications. GPs are in an ideal position to provide health-related advice, assessment and care for patients undergoing separation or divorce. Challenges include:

- supporting patients through stressful experiences
- recognising the spectrum of normal human response and preventing the transition from emotional distress to a mental health problem or disorder
- assessing the risk of violence and suicide.

IMPACT ON MENTAL HEALTH AND WELLBEING

It is usually assumed that people who are separating are likely to suffer a period of distress and negotiation. However, for many, separation may lead to complex mental health and social problems.

How do separation and divorce affect health and wellbeing?

For some separating partners, there is a sense of relief, particularly if they are able to escape circumstances where they suffered

TELEPHONE AND INTERNET RESOURCES FOR PATIENTS UNDERGOING SEPARATION

Relationships Australia: 1300 364 277,
www.relationships.org.au

Beyondblue: 1300 22 4636,
www.beyondblue.org.au

Lifeline: 13 11 14, www.lifeline.org.au

Australian Child and Adolescent
Trauma, Loss and Grief Network:
http://earlytraumagrief.anu.edu.au

Trauma and Grief Network:
http://tgn.anu.edu.au

Black Dog Institute:
www.blackdoginstitute.org.au

Kids Helpline: 1800 55 1800,
www.kidshelp.com.au

Mensline Australia: 1300 78 99 78,
www.mensline.org.au

SANE Australia: 1800 18 72 63,
www.sane.org

violence or abuse. For others there is a sense of loss and betrayal. Whatever the feelings before, during and after separation and divorce, it is likely that this is a tumultuous and difficult time. The less formal break-ups of longstanding 'family' bonds can be similarly distressing.

Risks and vulnerabilities may arise particularly with the practical realities, such as where to live, housing, finance, work, schooling and resources. These are often contested or uncertain.

Loss and grief may follow the recognition that the partner no longer fits the idealised image of the loved one. Adaptation is necessary for both partners; this may be successful or become a source of growing disappointment, anger and hurt. It is important to recognise that for some, natural sadness may give way to clinical depression, which will require careful assessment and treatment.

Disagreements about custody of children, disposition of the family home and money are potential sources of ongoing conflict and distress. Legal processes can be helpful, encouraging access to mediation

and advice and facilitating positive adaptation. However, some separating partners may find the legal requirements threatening or difficult to understand. And in some circumstances, the financial capacity to employ the 'right' lawyer to support a particular point of view may influence resolution for better or worse. For some, these legal processes may lead to a persisting sense of injustice and ongoing anger.

Research highlights the poorer outcomes for mental health and wellbeing after separation and divorce. A longitudinal New Zealand cohort study found a significant association between separation and an increased risk for the development of depression (odds ratio [OR] 3.4), suicidal ideation or attempt (OR 2.9), and increasing number of mental health problems (incidence rate ratio 1.7).⁵ Another study reported serious suicidal ideation in 28% of men and 15% of women going through separation and divorce who contacted support and self-help services.^{6,7} In men in particular, it is important for clinicians to be aware of any intense feelings of shame as these may be associated with an increase in suicidality.⁷

How can children be affected?

Children are also at increased risk of mental health problems when their parents are separating, which is often exacerbated if the parents use them as pawns to hurt each other. Children may be particularly vulnerable but try to hide their distress, to protect their parents or to be more 'grown up'. Many report that they feel they have to be resilient because their parent or parents need them to be so. There is the risk that children's distress, needs and the potential mental health impacts, such as anxiety, depression, acting out behaviours and school difficulties, may not be recognised or treated. In addition, suicide may be seen as a 'way out' by some and needs to be considered by clinicians. Children, particularly young children, need reassurance that they are loved and valued, and that their parents, even if separated, will continue to care for them.

THE DOCTOR'S ROLE

GPs and other clinicians need to be aware of and respond to the potential health impacts of separation, including the heightened vulnerability for those with existing physical and mental health problems. When a new or known patient who is going through separation or divorce presents, it can be useful to check their health and wellbeing – how they are handling the process and in what ways it is affecting them.

Care can range from preventive and protective through to identifying the health impacts for separating partners and their children. Helping people to recognise and deal with both the emotional impacts and stressful events over time is important. It is also helpful to encourage people to identify and utilise their personal strengths through these processes, which may be prolonged.

Support and advice

Key elements of the GP's preventive and protective role are listed below.

- Listening, supporting and facilitating the patient's capacity to address the various issues over time.
- Providing advice. This may include identifying print and internet resources and helplines (Box). Relationships Australia has published useful booklets on separation for men and for women that discuss the variety and intensity of emotions that may be experienced and the many losses and role transitions that are possible.^{8,9} They also provide details of organisations that can offer psychological, social, financial and legal support and provide a positive recovery message.
- Managing emergencies, high levels of distress and crises when these arise. The concept of psychological first aid can be helpful; this involves calming, supporting and encouraging the use of social support networks and self-care strategies.¹⁰

Proactive mental health check

It is vital that GPs take the opportunity to check the mental health status of patients

who are going through separation. The check does not need to be exhaustive; a gentle query about how the patient is getting on, followed by a few screening questions can allow patients to open up about their current mental health. Examples of screening tools include:

- The Patient Health Questionnaire (PHQ-2).¹¹ This screens for depression with the questions:
 - ‘During the last month, have you often been bothered by feeling down, depressed or hopeless?’
 - ‘During the last month have you been bothered by having little interest or pleasure in doing things?’These questions were found to detect eight out of 10 patients with depression, with the trade-off being a high false-positive rate.¹¹
- The CAGE questionnaire, which screens for alcohol abuse and dependence.¹²

Asking about suicide or thoughts of suicide can be confronting, but there is good evidence that it does not increase suicidal ideation or suicidal behaviour.¹³

When you recognise a person experiencing suicidal thoughts, it is important to enquire further; someone who has a concrete plan, easy access to means and no protective factors is at higher risk.

As with all screening, there must be a plan for what to do when the screen is positive. Resources that can help support patients in managing their emotional distress and mental health include the local mental health team, psychologists (available privately, through Medicare, or via an employee assistance program) and nongovernment organisations such as Lifeline, beyondblue and Relationships Australia (Box). GPs can refer patients for counselling from psychological services through the Access to Allied Psychological Services (ATAPS) program, which attracts

a level of Medicare funding. Referral to a psychiatrist can be important for patients with severe or complex problems.

Remember the children

Children may be the ‘innocent victims’ involved in separating families. They are often exposed to high levels of uncertainty: where will I live, when will I see mum/dad, do mum/dad still love me? How they respond depends on their age and the level of emotional support they receive from both parents.¹⁴ Children and adolescents express their psychological distress in different ways, depending on their stage of development; the very young may regress, withdraw or become clingy, whereas adolescents may become more oppositional, angry or ‘pseudo-mature’.

When talking with parents it is important to ask about any changes in the behaviour or attitudes of their children. Ideally, parents should be supported to help reduce

the impact of family breakdown on the children. Organisations that can provide helpful resources include the Australian Child and Adolescent Trauma, Loss and Grief Network (<http://earlytraumagrief.anu.edu.au>) and the Trauma and Grief Network (<http://tgn.anu.edu.au>).

THE NEXT STAGES – ADAPTATION AND HEALTH

The stages of separation and divorce are usually not clearly defined. When a relationship fades gradually it may take a crisis, such as the recognition of a new partner for one or other party, to make decisions more clearcut. Similarly, domestic violence or infidelity may be accepted until it becomes too much to bear. This phase, predecision, is followed by the decision to act, with the partners attempting to work through the process with minimal damage to self-esteem, blame, financial rights and so on. However, many do not come to a mutual agreement, and bitter battles over resources, child custody, rights and legal advice may lead to adverse mental and physical health consequences for parents and for children.

Once the separation is legally and personally finalised, there are other processes, which can include finding a new place to live, dealing with residual unresolved conflict, looking for a new partner or coming to terms with life as a single person. These high-risk events may have a negative impact on physical and mental health.

Clinicians need to be aware of the enormous spectrum of 'normal' responses to separation and divorce and be cautious about applying diagnostic labels. With appropriate support and the passage of time, most people go on to live positive, productive lives. Some vulnerabilities may, however, be prolonged, such as those associated with single parenthood, where a mother may struggle with inadequate resources and support, and where seeking a new partner may not be positive but rather reflect a pattern of repeated unsatisfactory relationships.

The great challenges over time involve dealing with the consequences of separation, which may include single parenthood, financial loss, adversity, grief, anger, hope and progressive adaptation. Psychological challenges may continue for both parties and for the children, particularly if they are faced with ongoing insecurities. Many negotiate this process without adverse consequence, with resilience and an attitude of 'going forward'. It is vital that all those who have ongoing difficulties – psychological, social or other – access support and counselling programs that can help the family in its new form to adapt positively for a better future.

CONCLUSION

Separation and divorce can be major personal and psychological challenges for those concerned, their children and other family members. GPs can help their patients undergoing separation by listening, providing advice, information and psychological first aid, checking their mental health and referring for psychological help when required. Encouraging patients to bring their personal strengths, courage, compassion and humanity to the process, to utilise support and professional help when needed and to avoid a battleground mentality with its inevitable 'casualties', can all help. Patients will need to grieve for what they are losing while working towards a new and better future. A great many people successfully negotiate these complex pathways to create new or even 'modern' families. **MT**

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