

For immediate release December 4, 2012

Dear MISS Foundation families, providers, and supporters,

We are saddened and disappointed by the recent announcement that the *DSM-5* task force has finalized the decision to eliminate the bereavement exclusion from the Major Depressive Disorder diagnosis in the upcoming edition of the manual. This move will allow clinicians, including counselors, general physicians, social workers, and psychiatrists, to diagnose a major mental disorder in bereaved parents and other grieving individuals *as early as two weeks* following the death of a loved one should they meet the *DSM-5*'s criteria for depression. Importantly, many of you will recognize these criteria which include sadness, feelings of emptiness, crying, sleep and weight changes, guilt and regrets, and loss of interest or energy. Yet, all of these symptoms are quite common in grief, and particularly after the death of a baby or child which evokes enduring and intense reactions in parents.

This move has personal implications for the MISS Foundation. The *DSM-5* change increases the likelihood that grief will be misdiagnosed as Major Depressive Disorder in the most vulnerable of all populations.<sup>1</sup> The possibility exists that bereaved parents and other grievers will be mistakenly treated for a misdiagnosed mental disorder. Recent trends suggest that the most common form of treatment offered for this disorder is psychotropic medication.<sup>2-3</sup> While some medications may be effective for some forms of depression,<sup>4</sup> there is no sound evidence that they are effective for grief. Research shows that bereaved parents are already medicated earlier than can be justified by current evidence.<sup>5-6</sup> We fear the *DSM-5* change will exacerbate this trend and cause even more grieving individuals to be prescribed medication for symptoms which are actually a normative response, despite the lack of evidence to support this practice and a lack of information on how such medications may interfere with the grieving process.

The MISS Foundation has actively opposed this proposed change in *DSM-5* and will continue to do so. You can read Dr. Joanne Cacciatore's initial blog post which went viral in March of 2012 on this topic [here](#). The first open letter outlining our concerns sent to the American Psychiatric Association in March can be read [here](#) and another letter sent in April can be found [here](#). Finally, in October the MISS Foundation issued a formal letter on behalf of the organization and can be viewed [here](#). Finally, many links to research and articles about this issue can be found in [this](#) blog entry at the end.

We issue a caution to our families: We urge bereaved individuals to be informed about what this change could mean when seeking help from medical and mental health providers using *DSM-5*, scheduled to be published next year. Should you have concerns about the quality of medical/mental/emotional care you are being provided, please speak with experts who can help guide you. Get help somewhere, indeed.

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Please be assured that many other parents are experiencing the same immense suffering and that you are not alone. Seek solace through skilled and highly trained providers who *truly* care for you and are willing to walk with you through your darkest times: providers who understand the death of a child as life's worst tragedy and who will be truly present with and available to you. Seek solace through like others in [support groups](#), [online support](#), and through your community. Seek solace in spirituality and nature and books that help you to cope as you travel this overwhelming road. Seek solace through [self-care](#) and compassion. Seek solace through others who are unconditionally loving whether that be your partner, family, children, animals, or your faith based community. Seek solace through contemplative practice such as prayer, meditation, and quiet time and also through action in service and [kindness](#) toward others.

We issue an **ardent appeal** to providers: The bereaved are a vulnerable population. Please, be mindful and conservative in the issuance of diagnoses and medication, and educate yourselves in evidence-based practices as well as culturally influenced interventions. Take personal responsibility to learn what is truly normal, not pathological, after a traumatic death. The DSM-5 gives you much power and influence over the life of another. Please do not take this responsibility to "do no harm" lightly.

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