

Grieving as well as possible during COVID-19: Psychological perspectives on bereavement, loss, and grief in the context of a pandemic crisis

This document provides further information on the themes discussed in NHS Education for Scotland's (NES) webinar on the above topic, held on 27th July 2020. Additional information, including the PowerPoint slides can be found here: <http://www.sad.scot.nhs.uk/events/previous-webinars/>

The articles below are a starting point if you are interested in a topic:

Reading on Loss and Grief:

[Supiano K.P. \(2018\). The role of theory in understanding grief. *Death Studies*, 43, 2: 75-78.](#)

[Hamilton I.J. \(2016\). Understanding grief and bereavement. *British Journal of General Practice*, 66\(651\):523.](#)

[Hall C. \(2014\). Bereavement theory: recent developments in our understanding of grief and bereavement. *Bereavement Care*, 33, 1: 7-12.](#)

[Corr C.A. \(2019\). The 'five stages' in coping with dying and bereavement: strengths, weaknesses, and some alternatives. *Mortality*, 24, 4: 405-417.](#)

[Crunk E.A, Burke L.A, & Robinson III E.H. \(2017\). Complicated grief: An evolving theoretical landscape. *Journal of Counselling and Development*, 95, 2: 226-233.](#)

Reading on Loss and Grief in the context of the COVID-19 pandemic:

[Mayland C.R, Harding A.J.E., Preston N., & Payne S. \(2020\). Supporting Adults Bereaved Through COVID-19: A rapid review of the impact of previous pandemics. *Journal of Pain and Symptom Management*, 60; 2: e33-39.](#)

[Wallace C.L, Wladkowski S.P., Gibson A., & White P. \(2020\) Grief during the COVID-19 pandemic: considerations for palliative care providers. *Journal of Pain and Symptoms Management*, 60; 1; e70](#)

[Moore K., Sampson E., Kupeli N., & Davies N. \(2020\). Supporting families in end-of-life care and bereavement in the COVID-19 era. *International Psychogeriatrics*, 1-4.](#)

[Kokou-Kpolou C.J., Fernandez-Alcantara M., & Cenat J.M. \(2020\). Prolonged grief related to COVID-19 deaths: do we have to fear a steep rise in traumatic and disenfranchised griefs? *Psychological Trauma: Theory, Research, Practice, and Policy*, 12: S1: S94-S95.](#)

Reading on the prevalence and treatment of complicated or prolonged grief disorders:

[Lundoff M, Holmgren H, Zachariae R, Farver-Vestergaard I, & O'Connor M. \(2017\). Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *Journal of Affective Disorders*, 1, 212: 137-148.](#)

[Wittouck C, Van Autreve S, De Jaegere E, Portzky G, van Heeringen K. \(2011\). The prevention and treatment of complicated grief: a meta-analysis. *Clinical Psychology Review*, 31, 1: 69-78.](#)

Resources

Communication about COVID-19:

For general information about communicating with patients and relatives regarding COVID-19, see the [British Medical Journal website](#) for written and illustrated communication aids. The guide offers “a graphic medicine adaptation of text that was created to provide a practical introduction on how to talk about difficult topics related to covid-19. During early spread of the pandemic, the written text and subsequent illustrations were created to promote rapid sharing of communication skills with clinicians across diverse disciplines. The primary text was produced by non-profit organisation VitalTalk, which gives training to support conversations around serious illness. This guide is not meant to be comprehensive, but it is a starting place for improving conversations with those facing this illness”.

There is also guidance within a [journal article](#) adapted for COVID-19, which outlines some of the specific phrases and words that may be helpful when communicating about coronavirus with patients and relatives.

End of Life Care - COVID-19:

The British Psychological Society have also developed a document aimed at Psychologists working in palliative care settings regarding changes to the [End of Life pathway for patients, relatives and healthcare staff during COVID-19](#). Although written for psychologists, it describes how COVID-19 can impact on End of Life care and offers helpful considerations and recommendations for ways of working to support a clear pathways for patients including sections on communication and decision making.

[The Royal College of Physicians of Edinburgh](#) have produced information regarding the implications of the COVID-19 pandemic on End of Life care in Scotland.

Marie Curie provide information on their [website](#) regarding visiting someone who might die soon during Coronavirus. It has a specific section on guidelines in Scotland.

Supporting People with Loss and Grief – COVID-19:

The [British Psychological Society](#) have developed a document on helping one another to cope with death and grief at a time when many people are experiencing the loss of a friend or family member due to the COVID-19 pandemic. The document also provides links to other high quality resources. Cruse Bereavement Care provide a range of information specific to Coronavirus and its impact on loss and grief on their [website](#) including grieving in isolation, traumatic bereavement, and coping

after restrictions ease. They also offer a telephone helpline 0808 808 1677. (Cruse Bereavement Care Scotland: <http://www.crusescotland.org.uk/> or 0845 6002227)

NES Psychology have developed an e-learning module on [Psychological First Aid](#), (PFA), which is freely available. NES Psychology of Dementia have also developed a [series of three podcasts](#) that demonstrate how PFA can be applied with residents in care homes, used to support staff teams, and considerations for managers. These were developed for the care home sector, however the content is applicable to most settings.

At a Loss is an organisation that provides bereavement support and signposting in the UK. The [website](#) also offers specific information and advice for those who have been bereaved during COVID-19. It includes sections on how to connect with others when you have been bereaved, how to support others, how Coronavirus is affecting funerals in the UK, what to do if you cannot attend a funeral and how to conduct your own memorial service, and support for children.

Supporting Families to Say Goodbye to Loved Ones when Physical Visiting is not Permitted

While it is not the same as being physically present to hold the hand of a loved one through illness and in their final moments, telemedicine approaches can provide an important connection for patients and families in such difficult times. Here with a summary of some advice to use telemedicine approaches to create connection:

Preparation:

- Consider the means of communication and equipment needed. There may be times when video calls are appropriate, for example if the patient is still conscious and wishes to see loved ones, whereas for others, who may not be conscious or are under sedation, a telephone call may be better. This may also be determined by the kit you have available to you in your ward or unit.
- Whether using telephone or video call software on a mobile phone, laptop or tablet, it is important to prepare your kit to ensure that important moments between patients and loved ones are not disrupted.
- Arrange for an interpreter to support the preparation for the interaction and communication during the call if this is required.
- Create a calm and supportive atmosphere that promotes privacy as much as is possible in your care environment. This may include choosing a time when the ward or unit is quiet, if possible, or making sure that staff and other patients know that a sensitive call is taking place. Using a sign on the door may remind staff not to enter unless necessary and including planned telephone calls in staff meetings or briefs may also support this.
- Prepare loved ones so that they know what to expect. Make sure that relatives know the patient's level of consciousness or confusion so that they understand their ability to engage in conversation are prepared for this.
- Acknowledge the awkwardness of the situation directly and provide validation of family members thoughts and emotions about the use of technology at such an important time.

There are some extra considerations for using video calls to say goodbye:

- How the patient will appear to family members including their colour, any visible or audible symptoms, and the use of any medical equipment, such as ventilators. Many relatives will not have been exposed to medical equipment of this nature and staff should explain what each item is and what it is being used for.

- Set the device up so that it does not need to be touched during the call. If the patient is lying down you may need to consider how to set up the camera at their eye level.

Supporting the Conversation:

Some relatives may not know where to start or what to say and the awkwardness of using technology to do so may emphasise this for some. It is important that staff feel prepared in how to handle this situation so that they can fully support patients and relatives to connect during this difficult time.

The Centre for Advanced Palliative Care offer some helpful resources to support staff to help families to say goodbye via phone when physical visiting is not permitted. They offer a [conversation script](#) for clinicians based on the idea that most people can be supported to choose one of five ways to say goodbye: please forgive me; I forgive you; thank you; I love you; goodbye. The website also offers a training video of clinicians supporting a family to say goodbye.

Finding alternative ways to support mourning:

Many people may struggle with the restrictions to funerals or rituals following a death. There are some suggestions regarding how to support people to engage in acts of mourning within the context of COVID-19 below:

- Coordinate a specific date/time for family members and close friends to honour the person by reciting poems or readings, saying prayers or playing meaningful songs within their own household. This may be linked up using technology if appropriate.
- Encourage people to find inventive ways of sharing memories and stories of their loved one. This may also include photographs or letters. People may wish to develop a virtual memory book, blog or social media profile where people can come together and share.
- Take part in a shared but distanced activity e.g. tree planting, all eating a favourite meal or watching a favourite film, letting go of balloons etc.
- Discussing opportunities for future memorials with people may help to create a sense of control and self-efficacy.
- [Winston's Wish](#) also provides creative ideas on this theme.

Other resources of relevance from NHS Education for Scotland

Support around Death website – www.sad.scot.nhs.uk – this includes information on care before, around the time of and after a death and has a [specific COVID-19 section](#) which has educational resources for health and social care staff on e.g.

- [Caring for people who are dying and those close to them amidst COVID-19 visiting restrictions](#)
- [Supporting the spiritual care needs of those who are nearing the end of life](#)
- [Employees who are bereaved: key points for line managers in health and social care during the COVID-19 pandemic](#)
- [Experiencing the death of a colleague: key points for staff, teams and managers in health and social care during the COVID-19 pandemic](#)
- Short film: [Coping with death and bereavement as a health and social care professional](#)