



## **Response to Consultation on SG Mental Health and Wellbeing Strategy**

### **About SPPC**

The Scottish Partnership for Palliative Care (SPPC) brings together health and social care professionals from hospitals, social care services, primary care, hospices and other charities, to find ways of improving people's experiences of declining health, death, dying and bereavement. We also work to enable communities and individuals to support each other through the hard times which can come with death, dying and bereavement.

SPPC was founded 30 years ago and has grown to be a collaboration of over 100 organisations involved in providing care towards the end of life. SPPC's membership includes all the territorial NHS Boards, all IJBs, all Local authorities, the hospices, a range of professional associations, many national charities and social care providers.

### **5.1 What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?**

Bereavement is a universal human experience with major impacts on mental wellbeing. In 5.3 we set out the scale of impact. Although universal and inevitable, bereavement is not an immutable experience. Good bereavement support and good palliative care promote wellbeing through mitigating the impacts of bereavement and reduce the risks of trauma and complicated grief.

For an expanded and fully referenced account of these issues please see *Every Story's Ending* a recent major report from SPPC setting out steps to improve people's experiences of living with serious illness, dying and bereavement. Chapter 18 focusses specifically on bereavement support. <https://www.palliativecarescotland.org.uk/content/everystorysending/> Section 4 of SPPC's report *A Road Less Lonely* highlights specific actions relating to schools and bereavement

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## THE IMPORTANCE OF GOOD BEREAVEMENT SUPPORT IN PROMOTING MENTAL WELLBEING

When someone is bereaved they might want to access different kinds of support at different times and to meet different needs.

Informal social networks have an essential role to play in supporting people who are bereaved. Research from Ireland and Australia shows that the vast majority of bereaved people turn to family (94% Australia and 86% Ireland) and friends (88% Australia and 80% Ireland) for support, and that these are the people most likely to be present at/ close to the time of a death.

In the public health model of bereavement support the percentages of the population requiring different levels of bereavement support can be visualized as a pyramid. 60% of the population will be at low risk of prolonged grief disorder and can be expected to deal with grief with the support of family and friends. 30% will be at moderate risk and are likely to need additional support such a peer support or volunteer-led group. 10% are likely to be at high risk of complex grief issues and may need referral to mental health professionals. This suggests that though formal bereavement services have an important role to play, this role should be seen as complementary to the informal support offered by wider society.

Timely easy access to appropriate bereavement support is vital in promoting mental wellbeing.

### **5.3 What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or people you know?**

72% of UK adults report having been bereaved in the last five years, and almost all of us will be affected by the death of someone close at some point. A recent study has described the prevalence of child bereavement in Scotland. Over 50% of all children are bereaved of a parent, sibling, grandparent or other close family member by age 8 and this rises to 62%

by age 10. Around 60,000 people die each year in Scotland – at a conservative estimate this results in 250,000 people being bereaved.

Bereavement has a profound and long-term effect on people's health and wellbeing.

A number of well factors are known to predict the risk of greater impact of bereavement, including prolonged grief disorder: bereavement in circumstances of sudden, violent or traumatic death; death of a child; social isolation or loss of support networks; close or dependent relationship with the deceased.

It is also known that how a loved one dies can have a huge impact on those left behind who are grieving, even where that death is the result of long term and/or serious illness and so death is "expected". Poor communication, inadequate symptom management, missed opportunities to say important last words can all cause major harm to mental wellbeing. Good palliative and end of life care can very often avoid the sort of occurrences which lead to complicated grief from such "bad deaths". Improving palliative and end of life care is therefore an important part of improving mental wellbeing.

The COVID-19 pandemic has made it all the more important to ensure that adequate bereavement support at an appropriate level is easily accessible:

- COVID-19 has meant that more people than usual have been bereaved
- Often, people have not been able to visit or be with their loved ones before they died
- Lockdown and physical distancing measures have meant that people haven't been able to seek solace from friends, family, community and ritual in the usual way
- Many practical aspects of dealing with a death such as funerals have been made more difficult by COVID-19 related measures
- All of this has happened amongst financial insecurities and general anxiety and uncertainty about the future
- Social care workers, NHS staff and others have experienced multiple bereavements, in the midst of longer working hours and time away from their usual support networks.

The absence of appropriate bereavement support can increase the impact on people's mental wellbeing. As described in 5.1 the majority of bereaved people will cope with the support of family and social networks. However, though informal support from friends, family, work colleagues

and the wider community is essential, a lack of experience or confidence can prevent people from offering support when it is needed – there is work to be done to build the skills and confidence of the public. Public education, and initiatives such as the Bereavement Charter for Scotland [https://www.goodlifedeathgrief.org.uk/content/bereavement\\_charter/](https://www.goodlifedeathgrief.org.uk/content/bereavement_charter/) and the Scottish Bereavement Friendly Workplaces Toolkit [https://www.goodlifedeathgrief.org.uk/content/workplace\\_home/](https://www.goodlifedeathgrief.org.uk/content/workplace_home/) are important and relevant public health measures to improve people's mental wellbeing.

The process of building the valuable skills and confidence should begin in schools as part of the curriculum. Schools should also ensure that they are prepared to support young people who are themselves experiencing bereavement. There is evidence that childhood bereavement impacts mental well-being and casts a long shadow over lives. Bereavement has much in common with other explicitly identified Adverse Childhood Events (ACES).

At the time of responding we are awaiting the publication of the SG-funded National Childhood Bereavement Project which will make important recommendations on this topic.

Bereavement is an issue that can't be neatly categorised under one area of policy or practice. For example, though bereavement support is an integral part of palliative care, not everyone who is bereaved will have connections to palliative care support. Also, though bereavement experiences can impact on a person's mental wellbeing, most bereavements don't cause mental health diagnoses.

Bereavement is a multi-faceted issue that cuts across many areas of Scottish Government policy, including Palliative Care, Mental Health, Rural Affairs, Culture and Justice, Education and currently there is no clear comprehensive oversight of or responsibility for bereavement policy as a whole at Scottish Government level.

Bereavement experiences permeate every area of life and affects absolutely everyone. Therefore it is essential that a range of organisations, professions and departments acknowledge its importance and take a strategic approach and actions to provide supportive conditions for people who are bereaved.