

**Presentation from Dr. Colin Murray Parkes
Bereavement Pathways Project Stakeholder Event
Help the Hospices, London, 5 March 2008**

Introduction:

This is a systems project in large part: how can we get help to people when they need it? When people need help is often unpredictable and the systems won't work without in-depth understanding.

Dr Murray Parkes spoke informally, inviting participation from the floor, saying:

"We must always remember that **not everyone needs help**. I was a little bit worried about the pathway, that everyone would end up with Cruse! I am not an organisation man but I have an interest in evidence, in research in bereavement, and there is a lot of it. Although a lot of the 'new' knowledge is not new at all, there are also some fascinating new developments. I want to focus down on some of the areas around assessment of people's needs and how we can begin to meet these needs, matching the limited resources at our disposal.

"One of the disappointing results of the many evaluations of bereavement 'counselling' that have been carried out is that unselected samples of bereaved people get no measurable benefit on follow-up. It is only the minority at special risk who benefit. It follows from this, that rather than trying to provide sophisticated support for every bereaved person we should focus our limited resources where they are most needed, on the individuals who most need and will benefit most from our services.

"It is important to distinguish people who are going to come through their bereavement with nothing more than information, and people who are in need of extra help of some kind. So it is a matter of assessing needs and trying to meet them.

"I want to talk about three things.

- How risk assessment is developed and we identify people who are likely to have difficulties later
- Early signs of problems and how they can be picked up at an early stage
- Some of the wider implications of all this. It isn't only the bereaved person who comes to us for help that we need to be thinking about, ..

"Focusing on identifying the minority of people for whom help from outside the family will be needed and who will benefit from it, problems needs to be matched with solutions. Thus, the risk factors for death from heart disease will be different from the risk factors for death by suicide..

"To think there is a global solution (be it 'counselling' or 'psychoanalysis') which will resolve all bereaved people's problems is untrue. What people need and what they want are two different things, and many bereaved people who seek our help don't know what they want. We need to be prepared to share our knowledge.

"Most of us have a family whose function it is to provide support at times of trouble. Research indicates most bereaved people don't need very sophisticated bereavement care; they need information, , they need a bit of guidance through the network of paperwork and organisations, and they need to be reassured about the normality of grief and the feelings that go with it; but beyond that, they are not likely to need anything very sophisticated. They will get any emotional support that they need from their family.

"But there is a minority of people for whom support from outside the family may make all the difference, with a range of problems that could become worse – or, with a little help, they may grow in psychological maturity and stature.

“People who have come through the stress of bereavement and emerged older and wiser, are the people who will help the next generation of bereaved people; they have learned the hard way. I see this as a very worthwhile thing.

Risk Factors

The trauma itself –

“All bereavements are traumatic but some are more traumatic than others; for example a sudden and traumatic death, untimely deaths, where people have no chance to prepare; multiple deaths, terrible events, disasters. Many of these events end up in A&E departments. A & E support for families is enormously important. As long as there is life, that is the focus of activity; but, only too often, when the patient dies, we say goodbye family, and send them away with an instruction leaflet on how to register a death. Yet this is our first chance to engage with people at a turning point in their lives, and to show that we care and that there are things we can do to help. A&E staff, police, emergency services, disaster planners - all these people have special roles to play because in these circumstances many people are likely to be at risk and in need of more help than those more prepared for death.

Vulnerability –

“All people are vulnerable to bereavement but some people are more vulnerable than others; - people with a dependent or conflicting relationship with the person who died, insecure persons, those who are intolerant of separation, those with a depressive tendency - there is a whole range of factors. This particular group is likely to have serious problems and they should be recognised before the bereavement. Prepare a genogram, draw the family tree; the patient and family will know who to worry about. They will be worried about them. The family will tell you who is most at risk in the family.

Circumstances after the death.

“What happens next? People need the support of a caring family. Socially isolated people, and those who see their family as unsupportive, do less well after bereavement. Yet the studies show these are the group who do best with bereavement support. It helps if people have continuing roles, and responsibilities, in their lives, that enable them to feel needed. This is often most obvious in the older age group who often feel that they are ‘on the scrap heap’

Early Diagnosis of incipient problems in physical and mental health.

“It is important to identify as soon as possible those who are at risk by reason of heart disease, depression, anxiety/panic, PTSD, alcohol or drug abuse, pathological grief etc. The sooner one can begin to help people through these problems the more chances there are of success. People can get caught up in a vicious circle when they get into destructive forms of coping, these can result in risk-taking - drinking too much, driving too fast, depression, etc.

“Once you have uncovered the problem you have to do something about it. Assessment is important but not sufficient in itself. So those in the ‘front line’ need to know what services are available in their area and how to access them.

Consequences outside of the bereaved individual.

“Consider too a bereaved mother who isn’t coping - what effect is this having on her children? Loss can bring about insecure attachments to children and spouses. Cycles of violence can result from bereavement, which can promote so much rage and anger. Bereavement creates ripples and we need to **be aware of secondary consequences** to people around bereaved people. If in doubt a family assessment is invaluable.

Consequences for the professional or volunteer teams themselves

“Supporting people through hideous loss can be traumatic for us as well as for them, this is especially true after disasters. When we meet massive loss we need help too. Support systems are essential for the supporters.

Conclusions

“The Bereavement Pathways Project is a great idea, but the more problems we identify, the more difficult it is to find **resources** to meet these needs.

“I am appalled at the level of **training for professionals** in risk assessment and communication skills. It is vital we improve the quality of training so that assessment of needs takes place and the outcome of any plans or referrals are properly monitored and developed. One way is for **organisations like Cruse to offer training courses and earn money from these themselves**. There is a great need for more of that. There should be more opportunities for trainees in the caring professions to do **placements with voluntary organisations** like Cruse, and to provide a service in that setting. For the professionals to come and help us for a year or two helps to redress some of the use of our limited resources. Mutuality is important between the sectors. We learn from each other and recognise the value of that learning.

“Bereaved people themselves seldom know what they need. They come to us, as the experts, and we can share knowledge and thoughts with them, but we don't tell them what to do. There are **different cultures**, different beliefs - we are all different. **We need to learn from each other**. When you are communicating with someone coming to you for help, you need to discover their own meaning of the words they are using. While people are explaining themselves to you, they are explaining themselves to themselves. This is a beginning; communication is a therapy.

“In conclusion, the bereavement path is important to be considered in conjunction with the resources that will make it possible. Training programmes, communication, risk assessments should be built into the whole plan. If you can get that lot right, you will be doing a wonderful job.”