Introduction
Between 14-15,000 people die each year in Northern Ireland. The majority of these deaths occur in hospital. Providing help and support to people who are bereaved is a very important aspect of health and social care.

It is likely that as a Trust employee you will come into contact, directly or indirectly, with patients, relatives or colleagues who will have experienced bereavement. You may have suffered a personal bereavement at some time and experienced your own grief.

It is acknowledged that a compassionate approach to all procedures and processes surrounding death can impact positively on bereavement. This leaflet aims to cover some of the key issues concerning death and bereavement.

Understanding grief
Grief is the normal essential response to the death of a loved one and each individual’s grief is unique and very personal.

Factors which can influence grief include:
- past experiences and the personalities of those involved
- the closeness of the relationship
- the circumstances surrounding the death
- cultural background and belief systems
- family, friends and social support network.

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Responses associated with grief
There are a number of emotional and physical responses to bereavement which are common and can include:
- feelings of shock, fear, helplessness, sadness, longing, guilt, shame and anger
- crying, tiredness and lethargy, the inability to think clearly, insomnia and bad dreams
- headache, dizziness, nausea and loss of appetite.

Whilst these are natural responses, they can be overwhelming, particularly around the time of death.

Helping someone following bereavement
Some healthcare staff may have little experience in bereavement and may be quite unprepared for the intensity of the reaction. Others will be experienced in the care of dying and bereaved people and will be able to guide colleagues with less experience.

• Many people find it difficult to talk to or be with someone who has experienced a recent bereavement; they feel unsure of how to respond to his or her loss.

• Often people simply want to talk and for someone to listen, so “being there” for the person is perhaps the best thing you can do.

• Little things can make all the difference; small acts of kindness such as offering tea, making a telephone or private room available – these things are usually greatly appreciated.

• Relatives need time to understand and accept the situation. They may need to be given information more than once, as shock may prevent them from taking in what has happened and what they have been told.

• It is useful to provide written information that people can take away with them and read at a later stage. Trust bereavement booklets are available for this purpose and will provide useful advice to supplement the information already given by staff.

• At the time of death, bereaved people will rely on staff to supply necessary support, along with family, close friends and clergy. Ongoing support is generally provided by family, friends, faith representatives, work colleagues, the GP and other community or voluntary services.
Recognising people who may be at risk following bereavement

Immediately after the death, staff must be alert to the possible need for further support for those who may be more vulnerable perhaps because of their age, lack of capacity to understand, underlying health problems, lack of support at home or the circumstances surrounding the death. For these people referral to other professionals for follow-up may be appropriate. However, it can be some months before it becomes evident that a bereaved person needs additional help and support to enable them to cope with their grief. Staff need to be aware of this and of the bereavement support options available.

Points to remember

Bereaved people should be treated with dignity, respect and compassion.

It is important not to:

• impose your own set of values and beliefs on bereaved people
• make judgements around the death
• burden them with details about personal losses you have experienced
• say you know how they feel, as although you may know what grief feels like, you cannot know exactly how they feel
• take any anger they express personally.

Caring for yourself

You may find dealing with death and bereavement difficult for various reasons, for example:

• you have cared for the person over a period of time
• there have been traumatic events surrounding the death
• the death reflects personal circumstances (eg. you have a child the same age as a child who died)
• the bereaved person expresses anger against you.

Many staff find it useful to share experiences with other members of the team or their peers. Those who have access to supervision may wish to take the opportunity to reflect on situations which they have found distressing.

If you are experiencing health problems associated with your job, you can seek help and advice directly from Occupational Health Services or from one of the organisations listed below:

**NHSCT, SHSCT, EHSCT and WHSCT**
Care Call: 0808 800 0002

**BHSCT**
Staff Care: 0800 731 3674

**Cruse Bereavement Care**
National Helpline: 0844 4779400

**Lifeline:** 0808 808 8000

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Contact the Trust Bereavement Coordinator if you require further information