Mental Health and Wellbeing plan: call for evidence
July 2022

How can we help people to improve their own wellbeing?

Both society and the Government must do more to encourage conversations about grief and to improve awareness of available bereavement support services. There is clear evidence to show that more work needs to be done to make more people comfortable talking about grief, supporting loved ones through grief and accessing support. Sue Ryder research found that 86% of people who have experienced bereavement felt alone in their grief. Among those surveyed 44% admitted that they have felt unsure of what to say when someone has told them that a close relative or friend has died.[1] A Sue Ryder survey from 2022 found that 52% of men admitted to bottling up how they were feeling from those closest to them during the grieving process.[2] Sue Ryder research from 2019 found that 36% of people said they would be uncomfortable approaching professionals, such as doctors, nurses, hospice staff, priests or social workers, for support with bereavement.[3]

Encouraging conversations about bereavement and the support that people need, will help people to take steps to improve their wellbeing. The more people feel comfortable talking about their experiences of grief, the more they should feel able to access support.

Do you have any suggestions for how we can improve the population's wellbeing?

Sue Ryder believes that as a society, there is much more that can be done when it comes to improving our approach to grief and that this is vital in improving the population's wellbeing. Communities play a key role in supporting people who have faced bereavement and need to be equipped to provide this support. In addition to this bereavement support needs to be more embedded in all public health approaches and incentives.

In order for public attitudes to bereavement and grief to shift positively the Government needs to invest in improving awareness of grief. There have been successful and wide-reaching government campaigns, such as the 'Time to Change' campaign funded by the Department of Health and Social Care, which helped to break down stigma around mental health. We believe grief awareness should be tackled in a similar way. In September 2021, Sue Ryder launched our Grief Kind campaign which aims to create a national movement of kindness and help more people get the confidence to support others through grief. This includes sharing tips on what to say to bereaved people, running a podcast where people share their personal experiences of bereavement and emailing people expert advice about bereavement support. Initiatives such as Grief Kind need to be supported, promoted and initiated by the Government and the NHS. Sue Ryder has also recently launched a Grief Self-Help Service which helps people understand and cope with their bereavement and grief. It helps people to find useful information that's right for them, explore their emotions and feelings and hear from others experiencing grief.

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[1] Survey conducted by Censuswide commissioned by Sue Ryder (July 2021)
[2] https://www.sueryder.org/blog/men-and-grief
[3] https://www.sueryder.org/sites/default/files/2019-03/a-better-grief-report-sue-ryder.pdf

Many people will struggle with a multitude of issues associated with bereavement, including with their physical and mental health, finances, social life, work and education. They may also experience struggles with relationships and the people around them such as children and supportive networks. This means that as well as the bereavement itself impacting someone's wellbeing, the knock-on effects of the bereavement can further worsen their wellbeing. As an example, when the main breadwinner dies, the family might have to move house to somewhere less expensive; they might have had a caring responsibility to someone which can no longer be met, or a job which can no longer be done due to a change of location or childcare needs. Alongside this their health might deteriorate due to having less time to cook healthier food options. The individual may be less able to support their children, leading to issues such as challenging behaviour in school and academic grades suffering. Examples like this show the huge effect that bereavement can have on people's lives and wellbeing and why it is so important to make sure people can access high quality support and can access this early on.

We need to join up thinking across Whitehall departments, in all areas of policy making and service planning because, as these examples demonstrate, grief is not a standalone issue.

How can we support different sectors within local areas to work together, and with people within their local communities, to improve the populations wellbeing?

This includes a wide range of public services, including education settings, social care, the NHS, voluntary sectors, housing associations and businesses.

In line with the recommendations in the Sue Ryder report 'A Better Route Through Grief: support for people facing grief across the UK', there is a need for Integrated Care Systems to work with their local communities to map what assets are available and how visible they are and to understand how they could be improved and made to reach more people. Working with communities to maintain this mapping would allow for gaps in support to be identified and filled and could help to manage demand on clinical services.

Bereavement services and mental health services need to be far more integrated. Currently, mental health services, such as IAPT (Improving Access to Psychological Therapies) services, will often signpost people experiencing grief to an organisation that provides specific bereavement support, such as Sue Ryder or Cruse. While we support the signposting of individuals to third sector providers, NHS mental health providers should also be able to effectively support people experiencing poor mental health as a result of grief and bereavement. Certain people will need to receive mental health support from the NHS due to the severity of their mental health needs, and will also need bereavement support. Bereavement specific organisations may not be able to support these individuals, for example, Sue Ryder has not been able to accept certain people into our online Bereavement Counselling Services as they were presenting with severe mental health issues such as very

recent suicide attempts (i.e. in the previous week), or had a very recent mental health inpatient stay.

Therefore, when it comes to supporting the wellbeing of people who have faced bereavement there needs to be better integration of public services. Public services need to be able to signpost and refer users to the correct local services.

A key barrier to achieving this is that there is no set commissioning pathway for bereaved people who need support. Therefore health and care professionals such as GPs do not know the correct place to signpost and refer to which means that many people are not getting the right support and there are large variations in the support that is being offered. Sue Ryder research from June 2022[4] found that GPs from across the UK spoke about the negative impact of not having a pathway to support. Most GPs we engaged with identified 2-3 key services that they signposted individuals to, and many said that they did not know of services beyond these main options.

In light of this the Government must support the development of a bereavement specific pathway that adopts a public health approach. The pathway should be informed by evidence of effective clinical and non-clinical interventions and should establish formal referral partnerships and feedback loops. It should draw on the expertise of organisations who support people through bereavement and be co-created with people with lived experience. Bereavement services should be able to inform and equip NHS mental health services. NHS services should learn from bereavement services to improve the bereavement support they can provide. Better integration and communication between bereavement services and NHS mental health services would mean that more people would be able to get high quality support for both bereavement and poor mental health. This is particularly important for those with more complex mental health needs.

There must be clear lines of communication between bereavement support services outside of the NHS and the NHS. Bereavement services must be able to inform the NHS about people who have taken up their services as often a healthcare professional such as a GPs will signpost to these bereavement services for support but not know whether they took up this support or if it improved their wellbeing.

To support this the introduction of a shared pathway and better integration between services the Government should lead a public health campaign supported by the bereavement sector (including charities, grassroots organisations, religious groups, funeral directors, workplaces and others) to promote awareness of grief and the support available. This will improve earlier interventions and pressure on clinical services within the pathway, as well as helping to reach people who may not engage with their GPs. Additionally, Integrated Care Systems (ICSs) should further establish the adequacy of local bereavement support service provision. This would involve ICSs working with a shared framework to identify and map what is available in their area, including the reach and capacity of services. This information should be shared with health care professionals to support their use of a pathway, and gaps identified should inform any necessary future commissioning decisions.

[4] Insert link to research when published

A key way to promote joined up care for bereaved people as a part of this pathway could be to ensure that each person in need of support has someone overseeing their care. This professional would be able to make sure that the person in need of support was being directed in the right place. Currently, a lack of joined up care is leading to inefficiency and people waiting far too long to access support. For example, if someone is referred by their GP to get an assessment for counselling and then gets declined based on this assessment they may go back to their GP and end up back at square one. If they had someone overseeing their care they could be put on a different pathway such as accessing support from a charity or community organisation as a next step, rather than waiting for another GP appointment.

Do you have ideas for how employers can support and protect the mental health of their employees? *Please share your ideas of how employers can support and protect the mental health of their employees.

In 2020, Sue Ryder produced a *Grief in the Workplace* report.[5] It showed that 24% of the working population in Britain had experienced a bereavement in the preceding 12 months, which equates to around 7.9 million people. This figure will have substantially increased due to the pandemic. A UK-wide survey commissioned by Sue Ryder showed 60% of people who felt well supported by their employer after experiencing a bereavement cited being allowed enough time-off and not being pressured to return to work when they were not ready as key actions their employer took.[6]

Sue Ryder believes an entitlement to two weeks of statutory bereavement leave for anyone who has lost a close family member or partner should be introduced. Typically, UK companies offer 3-5 days compassionate leave for the death of a close relative, but it is at the discretion of employers. The self-employed and those on zero-hours contracts are especially affected as they usually have no entitlement to paid holiday or compassionate leave. Currently, statutory bereavement leave of two weeks is only available for parents if they experience the death of a child under 18.

While such a right could incur some short term costs, ultimately it would lead to a significant saving for the UK economy and the Treasury through reduced staff absence over the longer term, higher employee productivity and less reliance on the health and benefits systems post bereavement. The grief experienced by employees who have lost a loved one costs the UK economy nearly £23bn a year, and costs HM Treasury nearly £8bn a year, through reduced tax revenues and increased use of NHS and social care resources.[7]

The introduction of statutory bereavement leave would help to ensure that bereaved employees are better supported and will improve wellbeing in both the

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[5] https://www.sueryder.org/sites/default/files/2021-01/Sue_Ryder_Grief_in_the_workplace_report_0.pdf

[6] Censuswide/Sue Ryder (November 2019). 1,061 UK respondents who are bereaved (Aged 16+).

[7] https://www.sueryder.org/sites/default/files/2021-01/Sue_Ryder_Grief_in_the_workplace_report_0.pdf

long and short term.

Based on existing literature and a survey conducted by Sue Ryder, we make several recommendations for employers on how to support bereaved colleagues in the workplace.

- We ask employers to consider training 'bereavement first aiders' in the workplace, giving them the skills to help bereaved colleagues who want to return to work and might benefit from this support.
- Communication- taking the time to speak to the bereaved employee, offering condolences, seeing how things were going during any time off, establishing if and what a bereaved employee wants colleagues to know about their loss and taking the time to have regular check-ins when the person affected was back in the workplace.
- Empathy- an employer should show understanding and compassion- often empathy can manifest itself in small acts such as ensuring that a recently bereaved employee is not faced with situations that may be difficult for them.
- Encourage time away from the workplace- if people need to be off work they should not fear punishment either by stigma or financially because it's not classed as worthy of sick pay. Employees don't want to hear things about waiting lists growing or workload being high whilst they are absent. This just increases the pressure to be ok and increases feelings of being a burden, which can impact self-worth.
- Offer flexibility in workloads and shift patterns- employees who have recently experienced a bereavement may need a lighter workload, need to work different hours or shifts, or undertake a slightly different role in order to help reduce stress or deal with practical matters related to the loss.
- Create a working environment where people are comfortable talking about grief- having the courage to talk openly about personal experiences of death and grief or providing time and space for employees to discuss it can help normalise conversations and raise awareness about resources available to staff. Only 30% of those in employment say managers or leadership have shared the organisation's bereavement policy in the last year.[8]
- Signpost external resources- as a key point of contact for an employee who has experienced a bereavement, workplaces can offer information about bereavement support available in the wider community.
- Have a bereavement policy and inform staff about it- this not only gives a bereaved employee a degree of certainty and reassurance about their situation, but can also empower managers.

What more can the NHS do to help people struggling with their mental health to access support early?

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8 https://www.sueryder.org/sites/default/files/2021-01/Sue_Ryder_Grief_in_the_workplace_report_0.pdf

Healthcare professionals should invite people to respond to questions about their mental health as part of routine appointments for other health concerns. This would help to identify people who are struggling with their mental health. This information should then be acted upon where a need for support is identified. This is in line with Sue Ryder findings that GPs often found people were struggling to cope with a bereavement through treating them for another condition.

How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

What needs to happen to ensure the best care and treatment is more widely available within the NHS?

It's important to consider holistic alternatives and widen the offer available to people through the NHS to support early non-clinical interventions that improve people's overall wellbeing. Examples of this can be seen in the German health care system where positive inputs are provided to people to prevent deterioration, which in turn helps to overcome long waiting lists for formal therapies. In order for this to happen, the NHS would need to be better linked into available community groups/support.

What is the NHS currently doing well and should continue doing, in order to support people struggling with their mental health?

What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

There is currently a lack of evidence in the following areas related to bereavement and mental health:

- The efficacy of Cognitive Behavioural Therapy (CBT) in helping people dealing with grief and bereavement.
- Economic modelling around the financial cost and economic impact of not carrying out early interventions when someone has faced a bereavement.
- Longitudinal studies of early interventions to support bereaved people. These studies would improve understanding on the efficacy and impact of different early interventions in the long term.
- The effect of poor mental health as a result of bereavement individuals' families.

What should inpatient mental healthcare look like in 10 years' time? What needs to change in order to realise that vision?

What more can we do to improve the physical health of people living with mental health conditions?

What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support?

What can we do to improve the immediate help available to people in crisis?

How can we improve the support offer for people after they experience a mental health crisis?

What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?

What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

Select up to 3 options

What 'values' or 'principles' should underpin the plan as a whole?

How can we support local systems to develop and implement effective mental health plans for their local populations?

How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

Data collection in mental health services is too focussed on meeting targets and quantitative indicators - not enough focus placed on understanding and measuring whether interventions are actually working. This is particularly true in acute services, where the focus is on measuring factors such as what medication a person is taking, rather than measuring more qualitative information such as barriers someone has faced that may have contributed towards poor mental health and detailed information about how they are feeling and which interventions are working. This is often due to time constraints as this type of information takes longer to gather and record.