# A National Response to Pandemic-related Grief

Canadian Grief Alliance May 12, 2020



## Proposal

To proactively anticipate, mitigate and address the health and social impacts of the COVID 19 pandemic for grieving Canadians. The two-phased approach will immediately implement initiatives to increase access to grief supports for the public; support frontline healthcare providers with their COVID-related work trauma and grief; and increase public understanding of grief, healthy coping strategies and resources. The second phase will develop and implement a consultation-driven national strategy to encompass policy, programs, research and education initiatives.





## ▶ Rationale

The pandemic has brought to the forefront the urgent need to respond to and support the healing of grieving Canadians. The scholarly literature anticipates the dire social, physical and psychological consequences of deaths and other losses (jobs, business failure, life as we know it, financial security) incurred during the unique circumstances of the pandemic for the public, healthcare workers, first responders and others delivering essential services. In some cases, this can lead to increased instances of complicated and prolonged grief, depression, and the risk of suicide. A recent article in The Globe and Mail noted, "restrictive policies meant to reduce disease transmission are causing traumatic death experiences for many residents, family members and staff." Robbed of final goodbyes, tormented by reports of poor conditions in some facilities, unable to undertake grief rituals, and forced separation from the critical support of family, friends and community, Canadians grieving COVID and non-COVID deaths are at elevated risk of unresolved, complicated and prolonged grief. This grief will affect their health, ability to work and maintain relationships; encourage unhealthy coping; and create additional pressure on health systems. Canada's fragmented, under resourced and inadequate grief services will be quickly overwhelmed by the volume of grieving Canadians whose common form of support – personal connection - has been severed. Lack of tailored services for underserved populations including Indigenous Peoples, seniors, those living in rural

and remote areas, immigrants and refugees, children and youth, Francophones, the precariously housed and those in the corrections system will compound social, health and economic impacts. It is important to note that grief is outside the mandate of the Canadian Mental Health Commission and mental health associations. In many provinces and territories, publicly funded grief support is minimally-available with long waiting lists or entirely absent. Job losses and financial insecurity created by the pandemic is creating a significant barrier to accessing private grief counselling. The level of distress and complexities of their needs will warrant immediate access to publicly funded programs.

Canada's 2019 death rate of 7.8/1000 population equates to 293,280 deaths annually before the pandemic. This pandemic will not only increase the rate of deaths in Canada but will also negatively impact the grief of those who lose family members to deaths of any kind during this time of physical distancing and social isolation. Conservatively it is estimated that each death directly impacts 5 people - or 1,466,400 million Canadians. This doesn't include impacts on extended families, friends, workplaces, schools, communities. Nor does it account for people grieving other pandemic-related losses nor those grieving pre-pandemic deaths, whose grief has been prolonged by physical distancing and social isolation. Now is the time for governments across Canada to work together to support a National Response to Pandemic related grief.

The Four Pillars of a National Response to Pandemic-related Grief are outlined on the following pages and encompass immediate, medium- and long- term action at this unprecedented time.



# Four Pillars of a National Response to Pandemic-related Grief

**PHASE 1:** MAY 2020 – SEPTEMBER 2020 **PHASE 2:** OCTOBER 2020 – DECEMBER 2023

## Pillar 1

National Strategy to guide investment in expansion of grief services.

## **Priority**

Develop a National Grief Response and Research Strategy that builds on existing programs, identifies priorities and outlines an implementation plan.

Timeline	Actions
May – Sept 2020	The consultation-driven plan will be chaired by Paul Adams, former journalism professor, Carleton University and formerly of the CBC and <i>The Globe and Mail</i> , supported by an Advisory Committee of grief experts and others. The consultation will engage individuals and organizations delivering grief supports, provincial, territorial and federal governments.
	The strategy will:
	<ul> <li>Identify innovative programs to scale and spread;</li> </ul>
	<ul> <li>Leverage technology to develop and deliver services to meet requirements of physical distancing and geography;</li> </ul>
	<ul> <li>Ensure adequate supports are in place for seniors who are disproportionately affected;</li> </ul>
	<ul> <li>Address the specific needs of underserved populations including but not limited to those living in rural and remote areas, Indigenous People, immigrants and refugees, children and youth, Francophones, those living in correctional facilities;</li> </ul>
	<ul> <li>Build capacity within individuals and communities to enhance resilience and support healthy grieving;</li> </ul>
	• Expand bereavement leave;
	• Ensure that new and existing grief programs are adequately resourced.



## Pillar 2

Invest in and expand existing services and resources to better support Canadians.

## Goal

To leverage technology and best practice to build capacity to meet the burgeoning needs of grieving Canadians. To develop and expand services to support the retention of highly qualified healthcare personnel by proactively attending to work-related grief and trauma.

Timeline	Actions
May – Sept 2020	<ul> <li>Curate, develop and make available a suite of grief services for frontline health providers for their grief-related trauma, available at no charge;</li> </ul>
	<ul> <li>Launch evidence-informed online learning modules to support healthcare provider grief by June 30, 2020.</li> </ul>
	<ul> <li>Commence tailored online support groups and one-on-one counselling for health providers and first responders free of charge.</li> </ul>
	<ul> <li>Curate novel practices adopted by health facilities to create connection between patients and family separated by visiting restrictions, geography or other barriers.</li> </ul>
	<ul> <li>Provide webinars for health care providers, first responders and the public on topics related to grief and wellbeing.</li> </ul>
	<ul> <li>Provide culturally safe resources and webinars specifically for Indigenous Peoples acknowledging the history of human experimentation related to Residential Schools, colonization, intergenerational trauma and SARS/H1N1 issues.</li> </ul>
	<ul> <li>Identify and develop accessible tools in other formats that can immediately support target audiences.</li> </ul>
	<ul> <li>Curate and aggregate key resources for the public on an online platform.</li> </ul>
Oct 2020 – Dec 2023	• Implement recommendations of the National Strategy.
	<ul> <li>Invest \$100 million for operational funding for community-based, provincial and/or regional grief and bereavement programs to support innovation, best/leading edge practices, capacity building initiatives, and identification and scale and spread of innovative programming.</li> </ul>



## Pillar 3

Awareness and education for accessing services and resources and building resilience.

### Goal

To increase grief education & grief literacy in Canada to support healthy grieving, resilience and knowledge of programs and services.

Timeline	Actions
May – Sept 2020	<ul> <li>Develop and implement a national public awareness campaign to inform and educate the public on grief, healthy coping strategies and community resources with tailored campaigns for Indigenous Peoples and immigrants and refugees that meet their unique histories, needs and experiences.</li> </ul>
	<ul> <li>Develop online learning modules to educate social workers, nurses, physicians and first responders to support patients and families forced to physically distance and socially isolate in their grief before and after the death. The modules will reflect Indigenous cultural practices and historical context to support culturally safe care.</li> </ul>
Oct 2020 – Dec 2023	<ul> <li>Prioritize and implement recommendations of the National Strategy to expand and improve grief services.</li> </ul>

## Pillar 4

Research to guide response to COVID-related grief.

## Goal

Rapidly scale up research capacity to better equip our health providers, communities and our country to better respond to the evolving, long-term grief/bereavement needs resulting from the pandemic.

Timeline	Action
May – Sept 2020	• Create a \$10 million SSHRC/CIHR funding stream over five years specific
	to grief and bereavement, prioritizing the needs of underserved grieving
	populations and responding to increased demand for services.



## ▶ Who We Are

The Canadian Grief Alliance (CGA) is a group of national leaders in grief and bereavement, including academics, frontline providers (including psychiatrists, psychologists, social workers, counsellors, and therapists for adults and children), and organizations providing grief services, who have come together to provide recommendations to the Government of Canada for addressing what will be an overwhelming national need for grief support. The CGA is convened by The Canadian Virtual Hospice, a charitable organization with a proven track record for delivering innovative programming in cost efficient ways to support more than 2.1 million visitors annually.

#### LIST OF MEMBERS

#### **Paul Adams**

Writer, journalist, academic

#### **Marianne Arab**

MSW/RSW

Nova Scotia Health Authority Provincial Manager of Psychosocial Oncology and Palliative Care Cancer Care Program

#### **Bev Berg**

MSW, RSW

Calgary

#### **Carrie Bourassa**

PhD, MA, BA(Hons)

Community Health & Epidemiology College of Medicine, University of Saskatchewan

#### Dr. Susan Cadell

MSW, PhD, RSW

Professor, School of Social Work Renison University College, University of Waterloo

#### Hon. Sharon Carstairs

PC CM

Chair, International Centre for Dignity and Palliative Care

#### Philip A. Carverhill

PhD

Registered Doctoral Psychologist
Past Chair – International
Work Group on Death,
Dying & Bereavement
Clinical Instructor – Department of
Family Medicine, College of Medicine,
University of Saskatchewan
Adjunct Faculty – Psychotherapy &
Spirituality Graduate Counselling
Program, University of Alberta

#### Dr. Harvey Chochinov

OM, OC, MD, PhD, FRCRC, FRSC, FCAHS. FAPM

Distinguished Professor of Psychiatry, University of Manitoba

#### Shelly Cory

MA

Executive Director, Canadian Virtual Hospice

#### Ceilidh Eaton-Russell

PhD(c), CCLS

Certified Child Life Specialist
Adjunct Lecturer, Child Life and
Pediatric Psychosocial Care,
Department of Pediatrics
Faculty of Health Sciences,
McMaster University

#### Pierre R. Gagnon

md, FRCPC

Directeur, Réseau québécois de recherche en soins palliatifs et de fin de vie FRQS

Psychiatre spécialisé en psycho-oncologie

Directeur et Professeur titulaire, Département de psychiatrie et de neurosciences

Directeur, équipe de recherche Michel-Sarrazin en oncologie psychosociale et en soins palliatifs Centre de recherche du CHU de Québec – Université Laval, axe Oncologie

Centre de recherche sur le cancer, Université Laval

#### **Eunice Gorman**

RN, BSW, MSW, PhD, RSW

Associate Professor, Dept of Interdisciplinary Programs, Thanatology

King's University College at Western University

#### **Tory Hagerman**

BA, CCLS, RECE

Communications Coordinator, Children and Youth Grief Network Family Coordinator, Gilda's Club of Greater Toronto



## **LIST OF MEMBERS (CONTINUED)**

#### **Lana Holinaty**

All Nations Hope Network

#### **Darcy Harris**

PhD, FT

Associate Professor/Thanatology Coordinator

King's University College at Western University

#### Glen Horst

MDiv, DMin, BA

Spiritual Care Advisor, Canadian Virtual Hospice

#### Margaret Kisikaw Piyesis

CEO

Canadian Aboriginal AIDS Network

#### Katherine Kortes-Miller

PhD, MSW

Assistant Professor School of Social Work

Associate Director Centre for Education and Research on Aging and Health, Lakehead University

#### Dr. Mireille Lecours

MD, CCFP(PC), FCFP

Provincial Palliative Care Medical Consultant Health PEI

#### **Serena Lewis**

BSW, MSW, RSW

Nova Scotia

#### **Alain-Philippe Lemieux**

md

Directeur général, Maison Michel-Sarrazin

#### Mary Ellen Macdonald

PhD (Medical Anthropology)

Associate Professor, Faculty of Dentistry, McGill University Program Head, Pediatric Palliative Care Research, Montreal Children's Hospital of the McGill University Health Centre

Associate Member, Institute for Health Sciences Education, McGill University

#### Dr. Christopher MacKinnon

PhD Psychologist

Faculty of Medicine, McGill University Portland Institute for Loss and Life Transition

#### **Heather Mohan**

PhD, RCC, MTA

Founder and Executive Director, Camp Kerry

#### **Monica Do Coutto Monni**

BA, M. Psych.

Executive Director, Near North Palliative Care Network

#### Fred Nelson

 $\mathsf{MSW},\,\mathsf{RSW}$ 

Canadian Virtual Hospice Psychosocial Specialist

#### **Holly Prince**

MSW

Centre for Education and Research on Aging & Health, Lakehead University

#### **Rowley Ramey**

Managing Director, the Seasons Centre for Grieving Children

#### **Maxxine Rattner**

MSW, RSW

Hospice/Palliative Care Social Worker Psychosocial Consultant, Canadian Virtual Hospice

#### **Shane Sinclair**

PhD

Associate Professor, Faculty of Nursing Director, Compassion Research Lab, Faculty of Nursing, University of Calgary

#### Jill Taylor-Brown

MSW, RSW

Canadian Virtual Hospice Psychosocial Specialist

#### **Deirdre Thomas**

BSS

Executive Director, The Lighthouse for Grieving Children

#### **Marney Thompson**

MA RCC

Director Psychosocial Services, Victoria Hospice

#### Deborah Ummel

PhD, Psychologue

Professeure adjointe, Département de psychoéducation Faculté d'éducation, Université de Sherbrooke

#### **Wendy Wainright**

BSW, MEd

British Columbia

#### **Blanche Ward**

BA, BSW, MSW

Provincial palliative care social worker, PEI Health Project lead for the provincial palliative care drug program

#### **Andrea Warnick**

RN, MA (Thanatology)

Registered Psychotherapist

