

Supporting a parent when their partner dies

Losing a partner is devastating at any time in life, however the complexity and additional losses that are felt when you have young children can be especially difficult to endure. This can include losing the father or mother of your child, coping with your children's grief and the pressures of parenting alone; and, combined with financial insecurity, this can be overwhelming.

At a time when friends and family may either be overwhelmed by grief themselves or uncertain of how to support, health visitors can be a lifeline for a widowed parent. It is hoped that all professionals, involved in supporting the family, will work in partnership with the family and each other to identify needs and offer appropriate support.

Supporting families at this time of immense pain can create feelings of inadequacy and anxiety in even the most experienced professionals. None of us are immune to grief and loss and it is important that we recognise this work as emotionally demanding. There may be times in your life when you feel that you are not able emotionally to work with this level of distress, either because of your own emotional wellbeing or because the work triggers difficult emotions for you. Supervision is an important element of support to professional practice to enable processing of feelings around work that may be challenging emotionally.

This Good Practice Points (GPP) resource is part of a series of GPPs on loss and bereavement. Within this GPP, we will consider how to support a parent who has lost their partner following suicide or death whilst parenting a baby or young infant.

The impact of grief

"It may seem a bizarre analogy, but widowhood, when it happens, is not dissimilar to being caught in a bomb blast."

(Kate Boydell – widowed aged 33)

- The specific cause of death can affect the surviving parent's coping mechanisms around grief.
- People may find it helpful to hear about the process of grief and the range of emotions they may experience or be experiencing.
 - They may feel confused or find it difficult to make decisions or concentrate for any length of time.
 - Even if they can sleep, they may still feel exhausted.
 - Grieving people can sometimes fear they are becoming mentally ill.
- Going from extreme sadness to extreme happiness is not unusual. They may feel that they want to go to bed and not wake up. It is very normal to want to escape the extreme pain without being at immediate risk of suicide at that time. However, expressions of hopelessness, suicide/self-harm should be thoroughly assessed by an appropriately qualified professional.
- It can be helpful to explain the symptoms of depression, anxiety and post-traumatic stress disorder (PTSD). There may be a need for further assessment and formal treatment. There is an increased risk of suicide following loss, and any suicidal ideation should prompt immediate assessment.

More information on page 2

For additional resources see www.ihv.org.uk

The information in this GPP version was created on 07/12/2020.

Whilst we have taken every care to ensure the content of iHV resources are accurate and peer-reviewed at time of publication, evidence may change over time and advice needs to be tailored to individual circumstances. The inclusion of references, content or website links from external organisations does not imply any endorsement of the organisation, or their materials, by the iHV. The iHV does not warrant or guarantee the accuracy or completeness of the information in this resource and cannot accept liability for its use. Therefore, please always exercise your own judgement. For further information, please contact us: info@ihv.org.uk

Supporting a parent when their partner dies

- Flashbacks or nightmares may be suffered whether or not the partner witnessed the death or found the body, due to imagining what happened and this may be worse than the reality.
- Acute stress disorder (ASD) includes feelings of numbness and disassociation. Unlike PTSD, it is temporary and normally lasts up to 30 days in the immediate aftermath of the trauma.
- Trauma can be so extreme following the death of a partner that parents may experience physical symptoms and illness related to the grief. This can include women's periods stopping, eczema and skin complaints, abdominal symptoms and hair loss etc.
- Common feelings include blaming themselves, feeling angry with doctors or anyone involved with their partner's death (including sometimes their partner). Guilt and blame are a normal part of the grieving process.
- Survivor's guilt, its duration and its intensity will vary. Underlying feelings are similar: feeling guilty that you survived when someone else died and that you do not deserve to live when another person did not.
- Almost all grieving partners will feel anger at some point. Parents sometimes find helpful outlets for anger, such as crying and shouting in an open outdoor space, or exercise like walking/running/jogging.
- Some people start to doubt or question their religious beliefs.
- It is also not unusual to feel anxious or to fear something happening to other family members. Parents will also suddenly become very aware of their own mortality and the mortality of their children, this may involve asking for additional checks on children. It is important that they are able to do this without fear of being judged.
- Men and women may grieve differently and services appropriate to their needs should be considered. Peer group support can be a good option with a very successful approach developed by StrongMen charity.

What can help?

- To support emotionally, it is helpful to encourage:
 - Expression of feelings and thoughts through talking or writing
 - Make opportunities to remember and mark the life of their loved one through talking, looking at photos or thinking about a fitting memorial
 - Continue to do things they enjoyed and forgive themselves from feeling pleasure

- Being compassionate to themselves and focusing on getting through one day at a time
- Focusing on what they can control and not feeling overwhelmed about what they can't
- Make sure they are looking after themselves, eating healthy food and staying hydrated
- Allowing discussion about unhelpful coping mechanisms – alcohol etc
- Spend time outside incorporating some physical exercise
- Have contact with others who have been bereaved, possibly through support groups

- The bereaved can be overwhelmed with the practical tasks associated with the aftermath of a death – this can be a key area of support:

- Help them think about what help is useful and to be unafraid to refuse help that is not useful
- Support them to accept offers of help from family members and close friends e.g household tasks (cooking, shopping and cleaning) and childcare
- Encourage them to think about who could support them with arrangements for the funeral, life insurance and registering the death.

Loss after suicide

“But I remember all of the ‘administration’ you have to deal with alongside the grief and pain – funerals to organise, solicitors to speak to, coroners and an inquest to deal with. All in amongst the pain, the disbelief, the questions, the anger and the tears.”

(Bereaved partner - courtesy of Survivors of Bereavement by Suicide UK)

- A death by suicide is usually sudden, often unexpected and the way in which a person ends their life may be violent. These factors increase the degree of shock and trauma experienced compared to other types of bereavement.
- Statistics reveal both men and women are at a higher risk for suicide during the parenting years:
 - Suicide by females remains a leading cause of death in the perinatal period (Knight et al, 2019).
 - In the UK, men are at greatest risk of completing suicide in the age range of 25 to 49 (in Northern Ireland, men are at greater risk at the younger end of this range and in England the higher, with Scotland and Wales falling in the middle) (Sims et al, 2019).

More information on page 3

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter @iHealthVisiting or LinkedIn

© Institute of Health Visiting 2020

Supporting a parent when their partner dies

- A survey in 2010 found that friends and relatives of people who die by suicide have a 1 in 10 risk of making a suicide attempt after their loss (Pitman et al, 2016).
- Bereavement by suicide can bring an intensity and range of emotions and physical reactions which may be unfamiliar, frightening and uncontrollable:
 - Those bereaved by suicide sometimes feel that they do not deserve to be supported - that their grief is not the same as those who have lost their partner through illness, accident or through their life being taken.
 - Emotional reactions are often complex - people may find that they are experiencing a bewildering range of feelings including guilt, anger, shame, judgement, rejection, abandonment, sadness and fear.
 - Denial that death was a suicide is often driven by stigma and cultural values. (Note that terms such as “died by suicide” or “completed suicide” are now used in place of “committed suicide” which is an outdated term and was used when suicide was considered a crime.
- Some people cope with their pain by:
 - Isolating themselves – to avoid answering questions about the death or upsetting others.
 - Blaming another person for the death – this may go as far as excluding family members leading to huge rifts and a deep sense of hurt.
- Following death by suicide, it can be difficult to maintain privacy. Emergency services, police, media attention and coroner investigations add strain and may reveal information about the bereaved person which was unknown to their family and friends. The inquest is held in a public court of law and anyone can attend – in certain circumstances, reports will be made which remain on publicly accessible databases.

Good Practice Points – What can HVs do?

Reach out and offer support

- On receiving information about a death, contact the parent and offer face-to-face contact:
 - When you are contacting the parent by telephone, ensure that background noise and interruptions are avoided.
 - Remember the parent may choose to decline HV contact. Seek their permission to check in at specific intervals by phone and provide information with your contact details.
- When visiting, sensitively and jointly agree the time available for the contact. This creates a safe environment where the parent knows what they can expect, and it avoids the interaction ending abruptly.

Use language carefully

- Every loss is unique and saying that you are so very sorry for their loss can be very powerful.
- All communication with a parent following loss must be empathic, sensitive, non-judgemental and parent-led.

Use warm, open body language by sitting near the parent, facing them, making eye contact and using touch if appropriate. It is okay to show emotion, but

the parent should not feel they need to look after your feelings. Avoid ever making comparisons with any personal losses.

- When working with a bereaved parent, use the name of the person who has died often. Hearing the name of their loved one mentioned signals awareness and willingness to listen.

Listen and validate

- Avoid asking too many direct questions - allow the parent to tell their story. Aiming to listen, acknowledge and validate difficult feelings without agreeing can be helpful e.g. “I can understand that you might feel that way...”
- Most bereaved parents will have questions around why their partner died and whether it could have been prevented. These are impossible questions to answer but an important part of the grieving process. Giving the parent space and time to explore their thoughts on these, if they wish, is key to helping them to move towards acceptance.
- Reassure the parent that there is no right or wrong way to grieve. Encourage the parent to take each moment as it comes, not thinking too far ahead and giving themselves credit for getting through each day.

More information on page 4

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter @iHealthVisiting or LinkedIn

© Institute of Health Visiting 2020

Supporting a parent when their partner dies

- The death of a partner is associated with so much pain, it is easy for professionals to feel overwhelmed or inadequate. Remember there is no solution or fix for grief - demonstrating our humanity and listening is the greatest support we can offer them.

Support mental health

- It can be helpful to explain the symptoms of depression, anxiety and post-traumatic stress disorder, to gently explore these and support that might be accessed to help.
- Consider the assessment tools already in use in your practice locally and how you might use these as part of your comprehensive holistic assessment to determine a need for further assessment and formal treatment. Be vigilant for any suicidal ideation, which would require a prompt response and intervention.

Offer practical support

- Work with the parent to identify what they need in this moment and going forward:
 - Help him/her to look for / to accept offers of help from others and to think about what is useful.
 - Encourage him/her to keep in contact with their GP and ask for help when needed.
 - Ask him/her what they would like from you and perhaps offer options to enable them to choose their support.
- Identify signs of readiness to access a support group or individual counselling and explore how to enable and support this. Give appropriate information for local and/or national support groups so they feel they can share their experience and understand they are not alone.
- Practical issues:
 - Support the parent to take leave from work (note all employees are entitled to time off following death of a partner but there is no legal right for this to be paid): <https://bit.ly/2Vsi3Ce>
 - Check entitlement to bereavement benefits: <https://bit.ly/3mzpTG8>
 - Check eligibility and apply for help with funeral expenses at: <https://bit.ly/3omjka6>

Support children

- The bereaved parent is also left supporting the grief of their children. Parents worry about showing their grief to a child – remind them that we learn to grieve by watching others.
- There are publications for different age groups - books below have been recommended by parents with lived experience:
 - *'Muddles, Puddles and Sunshine (Winston's Wish)'* by Diana Crossley illustrated by Kate Sheppard is a workbook where the child can put together a keepsake of their loved one while being guided through their grieving process.
 - *'Is Daddy Coming Back in a Minute?'* and *'What Happened to Daddy's Body'* by Elke Thompson are reading books aimed at 3 & 4-year olds facing the loss of a parent.

See also iHV GPP “Supporting young children when a parent dies” for more information regarding supporting children.

More information on page 5

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter @iHealthVisiting or LinkedIn

© Institute of Health Visiting 2020

Supporting a parent when their partner dies

More information for HVs:

- **Finding the Words** is a short and helpful document for anyone supporting family members after loss of a loved one by suicide. <https://bit.ly/3mA6nZQ>
- **Help is at Hand** is a document produced by Public Health England and Support after Suicide Alliance providing a wide range of information for people who have been bereaved by suicide. Includes what to expect, dealing with other people's questions and all support. <https://bit.ly/2L2KqoD>

Resources (support for both parents and professionals):

- **Widowed and Young (WAY)**
Peer to peer support groups for men and women aged 50 and younger when their partner dies. Run by a network of volunteers who have been bereaved themselves: <https://bit.ly/37oZkgm>
- **Care for the Family**
Useful tools on website – such as 'Dos and don'ts of how to help those widowed young'. Telephone befriending service and support days and weekends: <https://bit.ly/3ohPqnD>
- **StrongMen**
Charity providing weekend breaks for men bereaved of their spouse, partner, child or sibling: <https://bit.ly/3qo6fza>
- **Survivors of Bereavement by Suicide**
<https://bit.ly/3ohxLff>
- **Support after Suicide Partnership**
<https://bit.ly/2L2LjOr>
- **Immediate support for parents**
Cruse helpline - 0808 808 1677
Samaritans helpline – 116 123
- **Support for children**
Winstons Wish: <https://bit.ly/2Vraf3r>
Child Bereavement Network: <https://bit.ly/3mer25W>

References

Knight, M., Bunch, K., Tuffnell, D., Shakespeare, J., Kotnis, R., Kenyon, S., & Kurinczuk, J. J. (Eds.) (2019). Saving lives, improving mothers' care: Lessons learned to inform maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2015-17. <https://bit.ly/2W5Adu7>

Pitman, A.L., Osborn, D.P.J., Rantell, K, (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3,432 young bereaved adults, British Medical Journal.

Public Health England (2016). Support after a suicide: A guide to providing local services A practice resource. <https://bit.ly/2Jyl2pd>

Simms, C., Scowcroft, E., Isaksen, M., Potter, J. and Morrissey, J. (2019). Suicide statistics report, Latest statistics for the UK and Republic of Ireland, Samaritans.
Time off for bereavement. <https://bit.ly/2Vsi3Ce>

Acknowledgements:

This GPP was written by Colette Scarbrough-Jelfs – Widowed and Young (WAY) and Gill Martin – Health Visitor/ CRUSE Volunteer, with Rachel Stephen & Philippa Bishop as HV advisors on behalf of iHV.

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter @iHealthVisiting or LinkedIn

© Institute of Health Visiting 2020