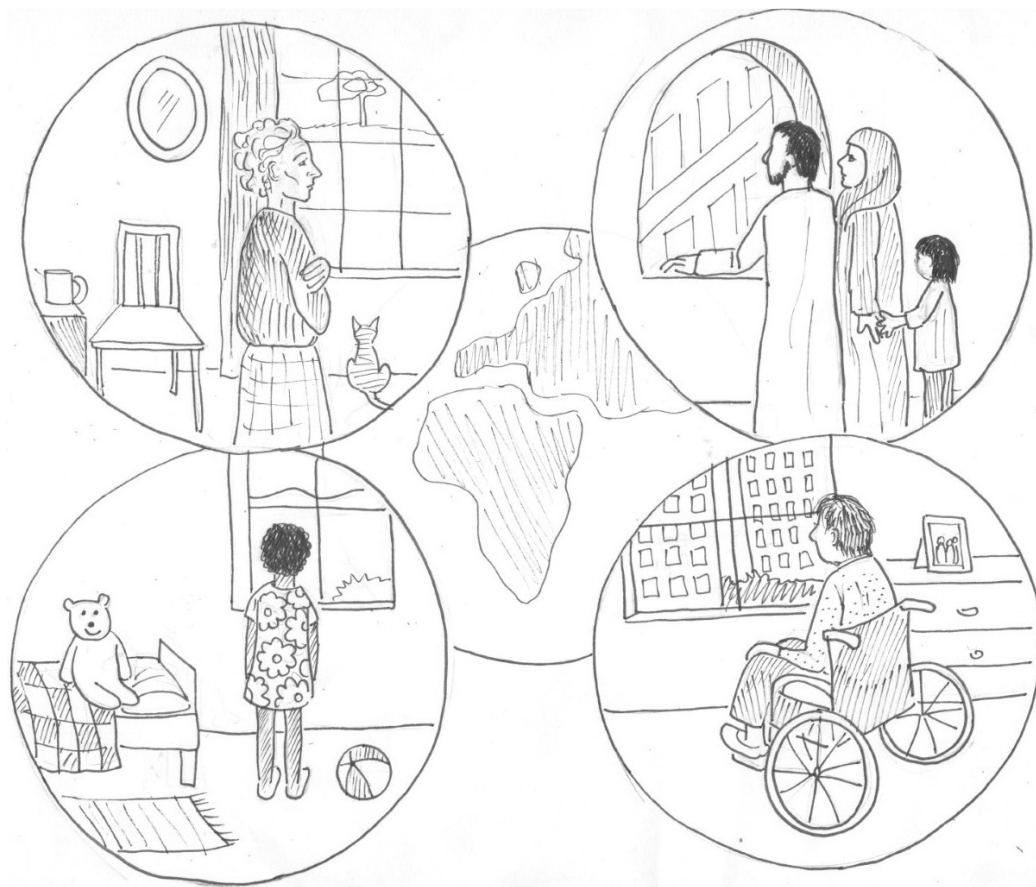


# Loss and grief during COVID-19



June 2020

**Psychosocial Centre**



International Federation  
of Red Cross and Red Crescent Societies

## Loss and grief during COVID-19

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## Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies



MINISTRY OF  
FOREIGN AFFAIRS  
OF DENMARK  
*Danida*

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June 2020

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# Pandemics as major crisis events

Throughout history, the world's population has been affected by various major crisis events. Pandemics may be among the most challenging. A pandemic is an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. On March 11<sup>th</sup>, 2020, the World Health Organization (WHO) officially declared the novel coronavirus disease (known as COVID-19) a pandemic. Since then, most countries around the world have reported confirmed cases and the subsequent global death toll is on the rise.

Red Cross and Red Crescent National Societies are currently supporting prevention and response interventions in order to alleviate the suffering caused by this worldwide crisis.

## What is a crisis event?

A crisis event is a major event outside the range of ordinary everyday experience that may be perceived as extremely threatening by those affected. Crisis events range in magnitude from individual incidents to massive disasters.

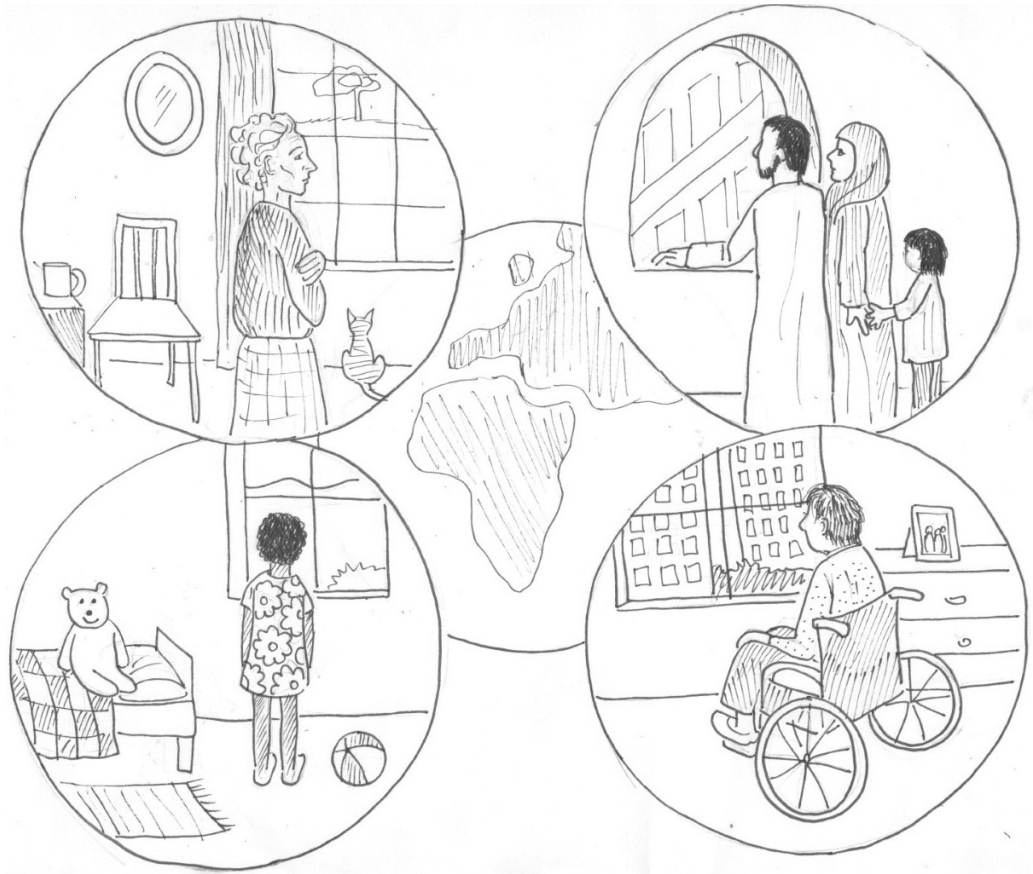
Crisis events may have different characteristics including:

- Whether they are natural events or man-made disasters
- Whether they have been caused intentionally
- Whether they may have been prevented
- What the scope of the impact is
- How long they last.

These characteristics affect individuals and communities' capacity to understand and to accept the occurrence of a major crisis event and to cope with its consequences. For example, an intentional, man-made disaster which could have been prevented and which affects a large community for a long period of time may have an extremely negative impact on the affected community and be particularly difficult to accept and to cope with.

### CRISIS

Crisis is any sudden interruption of the normal course of events in the life of an individual, a group or society that makes re-evaluation of modes of action and thought necessary. During a crisis, a general sense of loss of the normal foundations of day-to-day activities may be experienced.



## Protective and risk factors

Various social, psychological and biological factors influence the way in which crisis events impact individuals and communities. *Protective factors* promote resilience, helping people cope with difficulties and reducing the impact of major challenges faced. *Risk factors* on the other hand, can increase the impact of hardship and make it more difficult for people to cope with adversity.

Protective and risk factors are determined by various individual and social characteristics such as:

- Physical and mental health
- Self esteem and perception of self-efficacy
- Social networks and support systems
- Access to basic services and information
- Access to livelihoods

Specific risk and protective factors may vary depending on the local context. These should be identified in order to better support the affected population.

Resilience is the ability to cope with adversity and to recover from crisis events. Resilience is not a rigid trait, which a person has or does not have. Everyone has resources, strengths,

abilities and skills to deal with difficult situations and challenges, and these can be strengthened and promoted. Resilience can also be influenced by previous individual and collective life experiences or exposure to crisis events. People who have experienced such events in the past and have recovered may be more resilient in overcoming similar events in the future. However, if a person or a community has not resolved or recovered fully from previous crisis events, they may be more vulnerable to distress when encountering other significant crisis situations.

A person who has a good physical health, who perceives herself or himself as being capable of facing adversity, who's livelihoods have not been affected by the crisis and who can rely on a solid social support network is more likely to thrive while facing a major crisis than someone who is lacking such protective factors.

An affected person's subjective experience of the event may also make it stressful. Individuals may perceive the same situation very differently depending on the person's history of previous experiences, personality, levels of social support and life circumstances at the time of crisis.

## RESILIENCE

Resilience is a person's or a community's ability to absorb shocks and bounce back after experiencing a critical or traumatic event. Resilience does not mean that people do not experience distress from events in their lives, but rather that they are able to cope and recover by mobilizing their resources.

# Loss

Loss is the fact or process of losing something or someone. It is a common experience - everyone will experience losses at various points in their life. Loss is particularly common in crisis settings. The larger the impact of a crisis event, the more people might be expected to be exposed to a wide range of losses.

## Different types of loss

Many different types of loss may be experienced in the course of a life time. Some of the most common types of losses include:

- **Physical loss:** such as loss of physical health, loss of motor skills, loss of limbs or other parts of the body (caused by an accident, or disease)
- **Psychological loss:** such as loss of self esteem, loss of confidence and trust, loss of sense of control
- **Cognitive loss:** such as loss of memory, loss of language, loss of visual and spatial abilities
- **Social loss:** such as loss of support networks, loss of freedom to gather, loss of meaningful relationships
- **Human loss:** such as loss of loved ones or people who have a role in one's life
- **Spiritual loss:** such as loss of faith, loss of belief, loss of hope, loss of values
- **Material loss:** such as loss of property
- **Financial loss:** such as loss of employment and livelihoods, loss of savings, loss of income.

Depending on its nature and on the context in which it occurs, loss can be temporary, long lasting or permanent.

It may also be expected in some way or it may occur completely suddenly. Being able to prepare physically and mentally for certain kinds of loss may help those affected to better deal with the consequences of loss. On the other hand, losing something meaningful or a dearly loved person in a sudden and unexpected way, is likely to make it more difficult for those affected to cope with this loss.

The loss of loved ones is without a doubt one of the most difficult and painful events in a person's life. From birth, the capacity to create and maintain strong and meaningful links with other human beings is key to individual development and social relationships. When someone we are attached to dies, the loss of that bond can confronts us to strong emotions and a general state of distress.

### ATTACHMENT

Attachment is a deep and enduring affectional bond that connects one person to another across time and space. Attachment is essential for healthy emotional growth and for building resilience.



## Common reactions to loss

Loss can lead to different types of reactions. These reactions will vary depending on different factors such as the nature of the loss, the context in which the loss is experienced, and the risk and protective factors influencing the way people cope with such loss. People who live through crisis events and face significant losses may experience stress in its extreme form.

Everybody encounters stress at some point in their lives. Stress is a natural reaction to a challenge or a demand, which can represent a threat to our balance and well-being. Whether the danger is real or perceived, stress reactions emerge as part of a natural defence mechanism which helps us adapt to the faced challenge. During major crisis events and experiences of significant loss, resources for coping can be particularly challenged and perceived as out of balance, which can lead to extreme stress reactions.

Some of the most common reactions to significant loss include:

- **Physical reactions:** head and stomach ache, back pain, tiredness, sleep disturbances, shortness of breath, heart palpitations
- **Cognitive reactions:** poor concentration, losing track of time, decreased problem-solving capacity
- **Emotional reactions:** shock, sadness, anxiety, anger, fear, emotional numbness, guilt, irritability
- **Behavioural reactions:** risky behaviour, substance abuse, increased violent (physical or verbal) outburst
- **Interpersonal reactions:** withdrawal and isolation, aggressiveness, dependance
- **Spiritual reactions:** hopelessness, a sense that life seems pointless.

These reactions are part of our coping mechanisms. Just as there are many ways of reacting to crisis events and loss, there are many ways of coping with the impact of these events. People generally tend to cope in two different ways by either facing up to difficulties or avoiding them in some way. Facing problems and trying to solve them often results in reduced levels of stress and makes it easier to adapt and move forward. Avoiding facing the source of distress for a prolonged period of time can on the other hand result in long lasting, psychological and physical strain.

## Loss during COVID-19

Multiple losses can occur simultaneously, particularly during major crisis events. The COVID-19 pandemic is currently affecting people around the world in many different ways. It is a major crisis event, exposing the world to significant challenges. Most countries have been affected, with only a few so far not having experienced an outbreak of the virus.

### COPING THROUGH CRISIS EVENTS

Coping enables people to handle difficulties, to survive extreme situations of distress and to function physically, socially and psychologically through the course of a crisis and afterwards. Coping is a dynamic process. It changes over time as a consequence of individual and collective changes in the specific context where the crisis occurs.

As a consequence, many people have experienced multiple losses. Although the impact of these losses will depend on individual characteristics and the local context, a pattern of commonly shared losses can be identified as a consequence of COVID-19. These include:

- **Loss of physical health** as a result of being infected by the virus or because of challenges in accessing health services to address other medical conditions
- **Loss of psychosocial well-being** by experiencing distress, fear, sadness and anxiety
- **Loss of sense of control** as a result of the unpredictability and uncertainty which characterises the current crisis
- **Loss of social support** when access to loved ones and support networks are restricted by physical distancing and isolation
- **Loss of loved ones** who have died after contracting the virus or as a result of other circumstances during the crisis
- **Loss of spiritual comfort** as a result of faith groups not being able to gather or if questioning one's faith
- **Loss of routines** due to isolation and lockdown measures preventing people from going to school or work or from having day to day interactions and social gatherings
- **Loss of liberty** as a result of restrictions on freedom of movement, gathering and other basic liberties in order to contain the spread of the virus
- **Loss of livelihoods** as a result of losing employment and main sources of income.

As mentioned earlier, many of these types of loss may be experienced simultaneously. An experience of multiple loss can be extremely difficult to cope with and can lead to extreme anxiety and stress, particularly during a major crisis event affecting a large number of the global population.

### MULTIPLE LOSS IN THE COVID-19 CRISIS

Juan and his wife Ana, both in their 70's, have been selling vegetables and fruits in their small village in Ecuador for more than 30 years. Their customers would normally come to their stall in the village market every Saturday. Their hard work allowed them some stability and to be recognized in the community although their needs were not always fulfilled. Juan and Ana continued working although the virus had reached their village as they could not afford to lose their business. Juan got ill, but refused to stop working. One day, while walking to the market, Juan died in the street. Ana was not infected and had to observe isolation following his death. Neighbours and other people in the community were afraid of approaching her and many are not buying from her anymore. Ana struggles with the loss of her husband, with her feeling of isolation and with the financial difficulties she is now facing.



## Five essential principles promoting psychosocial well-being

People confronted with disaster, tragedy and loss experience significant challenges in coping with adversity. Individual and collective protective factors may be weakened, and usually well-functioning mechanisms may be overwhelmed. However, it is possible to strengthen and protect the psychosocial well-being of those affected by ensuring that the following ‘five essential principles’ are promoted: (1) a sense of safety, (2) calming, (3) self- and community efficacy, (4) social connectedness, and (5) hope. Multiple psychosocial interventions and research have in the past years highlighted the importance of these principles as key protective factors.

The current COVID-19 crisis, by its nature, seems to be challenging these principles on a global scale. The experience of collective loss caused by this crisis may affect individual and collective well-being through fundamental losses such as:

- **Loss of sense of safety-** people’s security and sense of safety are challenged by the real and perceived threat the virus poses to people’s health and lives
- **Loss of calm-** feelings of fear, anxiety and sadness provoked by distress and uncertainty which may cause agitation and unrest
- **Loss of self- and community efficacy-** the lack of control associated with this crisis can provoke feelings of powerlessness which may reduce a sense of self-efficacy, and may lead to a perceived lack of community efficacy when societies and systems seem particularly overwhelmed
- **Loss of connectedness-** common measures to contain the virus such as quarantine, lockdown and physical distancing severely restricts people’s capacity to connect with others and to access their usual social support mechanisms
- **Loss of hope-** a sense of hope can be particularly challenged by the increasing scope of the crisis over time and by the unpredictability of a return to a sense of normality.

### PSYCHOSOCIAL WELL-BEING

Psychosocial well-being describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors. Psychosocial well-being fluctuates and can be strengthened, even during the most challenging circumstances.

1 Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence (Hobfoll et al.)

# Grief

Grief is a natural response to significant losses, such as the loss of loved ones or of things that are perceived as central to people's existence. It is a painful process which over time helps those affected to adjust to their loss. People who are grieving normally have to cope with new and overwhelming emotions, accompanied by new life circumstances. As previously mentioned, the loss of a loved one can be the most difficult and painful losses of all. Grieving the death of someone we were deeply attached to may result in profound distress.

Some of the most common emotions experienced when grieving the loss of a loved one are:

- Shock
- Disbelief and/or denial
- Numbing
- Extreme sadness and despair
- Yearning
- Anger
- Resignation and/ or acceptance

Various factors influence how and when these feelings are expressed. They include an individual's personality and the resources available to them, family and cultural values, the context in which the death of the loved one is experienced and the availability of support mechanisms.

Grief is not experienced as a simple progression, where the person who has had a significant loss gradually and steadily gets better. Grieving is a process that takes time. It involves learning to accept the loss; learning to cope with negative emotions; learning to cope with the changes that are brought about by the loss; and learning to go on with one's life.

## The dual process model of coping

The dual process model of coping provides a useful explanation of how the grieving process works. According to this model, grief involves two main emotional processes – a loss-oriented process and a resotation-oriented process.

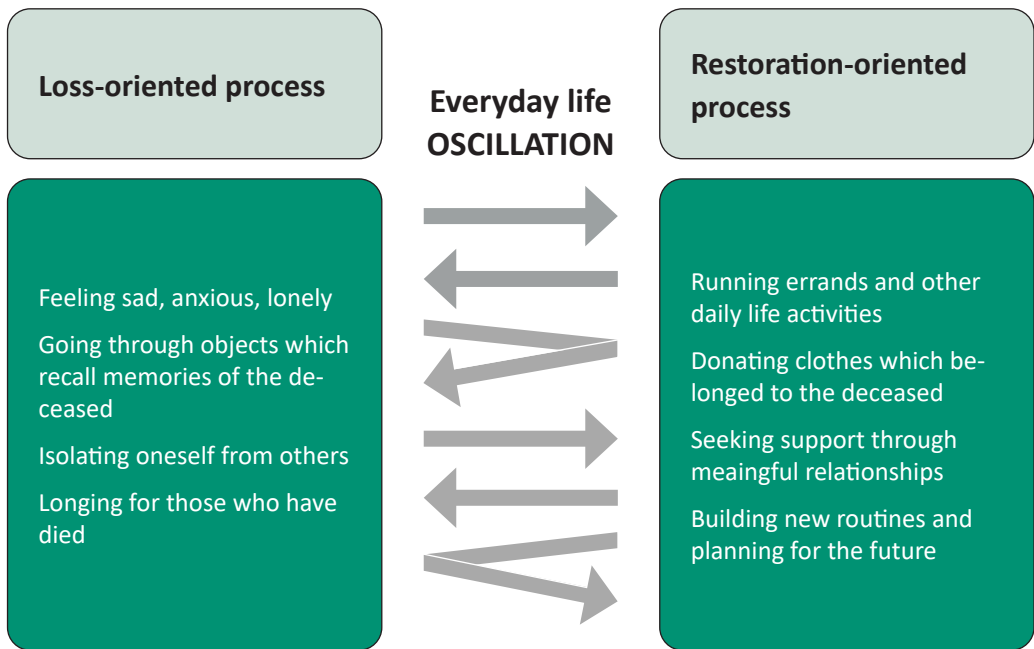
During the *loss-oriented process* we express our grief through powerful grief-related emotions. As we begin to recognize the reality of the loss and confront our own emotions, we then face *loss-oriented stressors*. These stressors include thoughts, feelings, actions and memories that cause us to feel grief and focus on the loss. Looking at old photos, recalling specific memories, or even a familiar scent that reminds us of a loved one are examples of these kinds of stress. They provoke powerful emotions, such as sadness, anger and loneliness. This process helps us to face and to accept the reality of the loss.

The *restoration-oriented process* allows us to adjust to the various consequences the loss might bring to our lives and to learn our new roles and responsibilities. Various reactions may be involved in coping with tasks of restoration. They may range from anxiety and fear that we will not be able to handle the void left by the absence of our loved one to a sense of relief and pride that we have taken the courageous step of engaging alone in activities

which used to be shared with the person we are grieving. *Restoration-oriented responses* can vary from practical things such as cooking or cleaning the house to more significant adjustments such as accepting a shift of identity from spouse to widow or widower. Focusing on day-to-day tasks may indeed provide temporary relief from the emotional drain of losing a loved one.

At times, the bereaved will be confronted by their loss. At other times they will avoid memories, be distracted, or seek relief by concentrating on other spheres of their lives. The dual process of coping is not a straight path- there is a constant movement backwards and forwards (known as *oscillation*), between the loss-oriented and restoration-oriented states in the person’s daily life.

It is important for people who are grieving to try to find a balance between confronting extreme emotions which are natural reactions to loss, and allowing themselves to seek support and to make the necessary adjustments to their lives. Focusing mainly on the pain caused by loss may lead to exhaustion and to a complicated grief process. Allowing oneself to continue living while progressively adjusting to the absence of a loved one, can enable those who are bereaved to gather the necessary strength and resources to cope with their loss at their own pace and time.



### Risk factors that can lead to complicated grief

During the first few months of a loss, the reactions associated with complicated grief are the same as those experienced in the course of ‘normal’ grieving. However, whereas ‘normal’ grief reactions gradually start to change and fade over time, those linked with complicated grief continue or get worse. Complicated grief may unfortunately lead to an on-going, heightened state of mourning that may keep the bereaved from healing.

There is a range of factors that may increase the risk of developing complicated grief. They include:

- The sudden, unexpected or violent death of a loved one such as accident, murder or suicide
- If the body of a loved one is never found as in cases where people disappear
- The death of one's child where the experience effectively disrupts the natural order of the life cycle
- Social isolation or loss of a support system or friendships
- Past experiences of unresolved grief
- Ambiguous feelings about the loss
- Other major life stressors, such as major financial hardships
- Lack of access to traditional burial and mourning rituals
- Many different types of loss happening at the same time.

### **SURVIVOR GUILT**

Survivor guilt occurs when someone survives a crisis event - particularly a sudden loss - and wonders why they survived when others died. It may also be associated with a feeling they could have done more to prevent a tragedy. Survivors may find that their memories of losing loved ones dominate their minds. This may also happen when they were not actually present at the time but replay how they were told of the death.

The death of a loved one may also in itself lead to further losses. If the deceased person was for instance, the household's main bread winner, the surviving members of the household may also be affected by loss of income, property and social status and this may also lead to complicated grief.

### **Cultural factors influencing grief**

As previously mentioned, individual and social factors impact the way we express grief in our lives. The way we face death and deal with it is also strongly influenced by the culture we belong to. Culture encompasses the social behaviour, norms, beliefs and customs associated with different societies and communities. Different cultures have different ways of expressing grief, of paying respects to the dead and of mourning those who have been lost.

Burial and mourning rituals help people grieve. They mark the point where the chaos caused by the death of loved ones moves onto a stage where acceptance and grieving of the loss become possible. Rituals give religious or spiritual meaning and provide comfort to the bereaved. Rituals and traditional ceremonies provide a space for family, friends and other members of the community to share a common loss. They provide crucial moments in which the bereaved feel supported, and others acknowledge their pain.

The grieving process may be complicated in situations where traditional rituals supporting grief cannot be carried out as usual.

## Grief during the Covid-19 pandemic

COVID-19 poses a serious threat to human health, sometimes leading to death. Most countries with an outbreak within their borders have reported human losses. The death toll varies, but at some point it has been estimated to represent up to 15% of the infected. Since the outbreak, of the pandemic, around the world hundreds of thousands of people have died from COVID-19.

The massive and global loss of human beings is one of the most critical consequences of this pandemic. The high level of contagiousness and rapid spread of the disease has led governments around the world to take strict measures to contain the virus. As a consequence, relatives of those who are ill in hospitals or in intensive care due to complications related to the virus, are not allowed to visit their loved ones. In some countries, critically ill patients may be connected to ventilators in an induced coma in an attempt to increase their chances to survive. This makes it very often impossible for relatives to say good bye.

Traditional burial and mourning rituals, which vary from country to country, are also highly disrupted. In some cases, bodies are placed in sealed coffins after death, before families are able to see the deceased and pay their last respects according to their traditions. Burials are limited to a small number of close relatives and ceremonies are shorter than usual. Gatherings and other mourning rituals held in certain cultures are forbidden or strictly limited to a few participants. This is also the case when someone dies from conditions not related to COVID-19. Lockdown measures and quarantine also restrict the social support usually provided in these situations.

These particular circumstances tend to complicate the grieving process of those who have been bereaved. This may lead to some of the following reactions:

- **Shock-** connected sometimes with an unexpected death; particularly if the relatives are not informed of the diagnosis at an early stage or if the person who died was not seen as vulnerable to the virus
- **Guilt feeling-** for not having been able to do something to better protect the loved one or in certain cases for having transmitted the virus to the person who has died
- **Anger-** against the virus, against the health workers for “not having done enough” to save the loved one, or against the authorities for not having effective protective measures in place early enough
- **Sadness-** for the sudden or unexpected loss of a loved one, because the loved one died alone, unconscious or in pain, and for not being able to say good bye
- **Loneliness-** for not being able to share the pain with others as usual and for not benefitting from the physical closeness and comfort normally provided in these circumstances
- **Fear-** that other loved ones who had been in contact with the person who died may be infected and might also die
- **Helplessness-** for not being in control of one’s own life and for not being able to pay tribute to those who have died
- **Immense distress-** connected with several losses are experienced at the same time, while grieving a loved one.

A feeling of *collective grief* may also be experienced through this particular crisis, as we are all dealing with the collective loss of the world we knew. Not only we are mourning the loss of thousands of lives, but we are also mourning the collective loss of normality.



### **COMPLICATED GRIEF: GENOCIDE COMMEMORATION IN RWANDA DURING THE PANDEMIC**

Every year on 7 April, Rwanda begins a series of commemoration events which allow the population to come together in remembrance of the 1994 Genocide, during which nearly one million people were killed in 100 days. During this period of commemoration people collectively express their grief and many are deeply emotionally affected by the memories of such tragic massive loss. Many can also find comfort in these collective grief memorials. Following the coronavirus outbreak, strict lockdown measures prevented planned commemoration events. The government set up alternative events which could be followed through radio and television. Nonetheless, the disruption of the usual context in which people gather to express grief and share support, as well as the distressing circumstances surrounding the current COVID-19 crisis, have affected the population. The Ministry of Health Mental Health Division support hotline, available every year during the commemoration period, increased the number of operators and working hours due to an increased number of calls. The hotline is now functioning 24 hours, 7 days a week.

# Loss and grief considerations for vulnerable groups

Most people in countries where a COVID-19 outbreak has been declared have been affected one way or another. Some population groups have been identified as particularly vulnerable. Evidence to date suggests that two groups of people are at higher risk of getting severe COVID-19 disease, which might increase the risk of death. These groups are older people, in most countries those over 65, and those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, cancer and other conditions that affect the immune system.

Other population groups have also been identified as being exposed to increased vulnerability during this crisis. They include:

- Children and adolescents
- People with mental and physical disabilities
- People in prisons and detention centres
- First responders and health-care providers
- People from different ethnic minority groups and indigenous peoples
- Those living in precarious contexts, including people on the move

It is essential that high-risk groups are identified and offered appropriate support, suitable to their particular needs.

Although all at-risk groups may experience various losses and experience grief during this time, there are certain considerations regarding specific grieving processes which can be highlighted as set out below.

## Children and adolescents

Since the onset of the crisis, children and adolescents have been affected in many different ways, depending on the context in which they live. Measures taken around the world to contain the virus such as the closure of schools, parks and playgrounds, self-isolation, lockdown and physical distancing have all had a direct impact on the well-being of children and adolescents.

As a result, this group has been exposed to multiple losses. They may have experienced a loss of daily routines, including not being able to attend school. They may not have been able to move around freely in their neighbourhood to play with friends. They may not have been with other members of their family or other significant people for a long time. Some children and adolescents may also have been at risk of violence under the current circumstances.

Many children and adolescents may also have been affected by the death of loved ones. This is a tremendous loss to this group and can be deeply distressing. Their grief processes and reactions will vary significantly depending on the nature of the attachment they had with the person who died, their age, their previous life experiences, as well as other individual and cultural factors. The loss of daily structures and routines can make it more difficult for a child to cope with this type of loss. In these circumstances, it is essential

that the child receives loving and consistent care from a parent, a relative or a carer who they trust and know well. It is very important that clear, honest and age appropriate explanations about the death of their loved one are shared so they can accept the reality of the loss and cope with it positively.

### THE MEMORY BOX AND MEMORY BOOK: SUPPORTING CHILDREN'S GRIEF

Many Red Cross and Red Crescent National Societies have in the past supported children who experience grief after the loss of loved ones. This has been the case following the HIV-AIDS pandemic and other major crisis situations such as natural disasters and wars. Support programmes help the affected children create a *memory box* where they place photographs or small items that remind them of the person who died. A *memory book* in which children can tell stories, keep photographs and make drawings of happy times they remember spending with their loved one, can also be put together. This assists the children to express the feelings associated with their loss and to feel comfort.



### Older adults

Current data across various countries indicate that older people face a higher risk of getting severe COVID-19 disease than other population groups. The risk of severe disease gradually increases with age. Death rates reported worldwide show a significant increase in mortality from age 65, the highest death toll being reached beyond the age of 75. A large percentage of older people's deaths are taking place in care homes.

Being particularly at risk, older people have been greatly affected by the loss of health and sense of safety during this crisis. Isolation and lock down measures may in some countries be stricter for this age group than for the rest of the population, thus they experience significant loss of freedom to move and reduced levels of independence which may be very difficult to cope with. Loss of close contact with relatives, friends and other significant people in their lives may increase feelings of isolation and distress. The possible loss of a partner, of relatives and/or acquaintances who also belong to this at-risk age group may increase older persons' perceived vulnerability and fear of death. The fragility of their support systems and a reduction in a sense of self-efficacy may then lead to complicated grief processes.

It is very important that support systems in place before the crisis remain strong, in particular if older adults experience significant isolation and grief. Alternative ways of safely providing support and comfort for older adults living on their own with limited close contact with relatives at a time of grief may also be set up. For example, where available, providing smart phones, tablets and other digital devices ensure access to remote support. Although this may be challenging where some older adults do not feel comfortable using technology, this can be very effective when support to use these devices is provided.

Special consideration should also be given to relatives caring for older people at home, whether they are dying from COVID-19 or other health complications. There is specific guidance about end of life care at home available for carers during these challenging times.

### **SUPPORTING CARE-HOMES IN THE COVID-19 CRISIS**

In France, like in several other countries, a large percentage of older people who have died from COVID-19 complications are dying in care-homes. As part of the emergency response operation, French Red Cross is providing specific support to these institutions across the country. By making communication technology available for residents and facilitating their contact with loved ones, French Red Cross volunteers aim to reduce the increased isolation experienced by older people living in care-homes during the crisis. The programme also supports the volunteers and care-staff working in these institutions through specific training sessions which provide amongst others, tools on how to deal with grief. Psychosocial support is also made available to both residents and care-home staff through the French Red Cross support hotline, 7 days a week.





## People on the move

Migrants, internally displaced persons and refugees often face situations in which their capacity to cope with difficulty is significantly challenged. They commonly experience loss in many different aspects of their lives. For people on the move, the loss of a home or a homeland, the loss of status, of social environment and of social identity may deeply impact their well-being. The experience of leaving one's home or one's country under duress is extremely distressing and, in some cases, may lead to *cultural bereavement*.

During the current crisis, the fragility of such precarious living conditions may increase and further complicate the experience of loss and grief. Losses may include a loss of liberty for those confined in detention centres due to lockdown measures; a loss of income for people already struggling in their new host countries; a loss of hope for people obliged to go back to where they came from while trying to survive. A heightened fear of dying, of dying away from home and of losing loved ones who are on the journey with them or who have stayed in their country of origin may naturally lead to strong stress reactions. Confronting the death of a loved one under these circumstances is particularly difficult and may result in complicated grief.

The support provided to this at-risk population must take into consideration their particular vulnerabilities and needs and should at all times ensure their protection and basic rights.

## CULTURAL BEREAVEMENT

Cultural bereavement is the experience of an uprooted person or group resulting from loss of social structures, cultural values and self-identity. Those affected may continue to live in the past, suffering feelings of guilt over abandoning culture or homeland, feeling pain when memories of the past begin to fade, but finding constant images of the past including traumatic images intruding into daily life, yearning to complete obligations to the dead and feeling stricken by anxieties, morbid thoughts and anger that mar the ability to get on with daily life. It is not in itself a disease but an understandable response to catastrophic loss of social structure and culture.

## SUPPORTING PEOPLE ON THE MOVE

Approximately five million people have left Venezuela in recent years as a result of the political turmoil, socio-economic instability and the on-going humanitarian crisis, triggering the largest external displacement in Latin America's recent history. The vast majority of 2.2 million Venezuelans on the move have stayed within the region. Thousands have crossed various South American countries on foot, some without knowing their final destination. Many Venezuelan migrants and refugees are living in precarious conditions in their host countries. The COVID-19 crisis has enhanced the precarity due to lockdown measures, and many can no longer work as day labourers and some can no longer afford housing. Following the virus outbreak in the region, thousands of Venezuelans are walking back home seeking protection. Venezuelan Red Cross Society has been supporting Venezuelan on the move since the beginning of the country's internal crisis. The training includes knowledge on cultural bereavement, so the volunteers can better support Venezuelans on the move. This experience has also helped the National Society adapt their current support to those who are grieving the loss of loved ones to COVID-19, either within the country or from afar.

## Health-care workers

Health-care workers are on the front line of the pandemic. They are exposed to a high risk of infection and often lack the appropriate personal protective equipment. They are also experiencing high levels of stress and exhaustion. In certain contexts, health-care workers are being stigmatized and exposed to violent acts against them. Many have been infected and some have died as a consequence. In contexts where the health care systems have been particularly overwhelmed, and capacities exceeded, some health-care staff have faced dilemmas in deciding who should receive treatment and access to ventilators or intensive care beds, for example. This particular situation combined with the massive loss of lives may result in feelings of guilt for not having been able to save more patients.

Because of the strict infection prevention and control measures in healthcare settings which prevent relatives from visiting the critically ill, health workers are often the only ones present when a patient with COVID-19 dies. The situation can be extremely distressing if they are caring for several critically ill patients at the same time, especially when lacking the training needed to provide palliative care. Under these circumstances, health-care workers may find themselves communicating with the concerned families,

conveying goodbye messages to those who are dying and telling the families when their loved ones have died, while also trying to cope with their own emotions.

It is clear that health-care workers are at risk of significant levels of loss and grief. Specific support should be made available, especially when they report physical and mental exhaustion.

### SUPPORTING FAMILIES AND HEALTH-CARE PROVIDERS

The Japanese Red Cross Society runs 91 hospitals in Japan. As the confirmed cases of COVID-19 spread all over Japan, many hospitals received patients with COVID-19.

A business manager was hospitalized after being confirmed COVID-19 positive. His wife and daughter were identified as close contact persons and had to self-isolate for two weeks. Although the patient was unconscious, regular communication was set up using a tablet for the wife to be able to look at her husband and talk to him. Every day, updates about his health status was shared by phone. This was highly appreciated by the family. Unfortunately, a couple of weeks later the wife received a call, informing her that her husband was in a terminal stage and she was invited to pay him a last visit. She could not touch him and was only allowed to see him through a transparent plastic sheet covered his bed. Even though the wife could not approach her husband, she was allowed to be close to him and to share his last moments.

A relaxation room for front-line staff, was created to ensure their emotional safety and reduce the accumulation of stress among health-care providers. The room is used for breaks, and there is an option to talk to a psychologist or a nurse trained in psychosocial support, if needed. Meetings were held for those who have been involved with patients dying from COVID-19 giving them time to reflect on their practice in an operational and in an emotional perspective. This space helped front-line workers to evaluate their work and to express their distress and helplessness. The meetings also served to link those who are showing stress reactions with additional support.



# Support to those who are experiencing loss and grief

## Support to those who experience the loss of a loved one during COVID-19

As explained above, the loss of a loved one is one of the most difficult experiences we will face in our lifetime. Grief is a normal process, but it can be complicated by the various challenges faced during this crisis. Appropriate support provided at every step of the process can help those who are grieving to better cope with their painful loss.

### Supporting those whose loved ones are infected by the virus

One of the biggest fears people may have is about losing a loved one or one's life to the virus. Learning that a loved one has contracted the virus and has become ill can significantly increase this fear, particularly if the loved one belongs to an identified at-risk group. While many people around the world have recovered from the disease after being critically ill, advanced stages of the disease do represent a real threat to people's life.

It is essential to provide support to relatives of those who are in intensive care or those with the virus who are being cared for at home. Offering the right kind of support in a timely fashion may help relatives to better cope with their emotions and to prepare for the possibility of losing their loved one. It is never easy to prepare for this type of loss, especially when it is unexpected and when it happens within a short period of time. However, allowing oneself to acknowledge the possibility of losing someone can help in the grieving process if indeed the person dies.

It is important that families are given regular updates about the health status of their loved one and that they are informed when a terminal diagnosis has been made. Whenever possible within the scope of infection prevention and control measures, relatives should be given the opportunity of seeing their loved one to say goodbye, or to send messages through those who are providing palliative care. Being present at the time of death either physically or virtually, may be particularly important for some people to begin their grieving process.

It is also essential to provide support to those conveying the messages and supporting the bereaved at this crucial time. Basic training on how to tell someone their loved one has died should be provided, as well as support in handling the emotions that follow.

### Safe and dignified burials

End of life processes and burial rituals have been particularly disrupted during COVID-19. Health regulations on how the bodies are handled from the time of death differ from country to country. At this time, in most cases, relatives are not allowed to see the body because it is either cremated or buried in a sealed coffin. In many cultures, seeing the body is a way to help the bereaved to acknowledge and accept their loss. Some traditional rituals also require that close relatives participate in preparing the body as a means of paying their respects to the deceased. However, in order to limit the risk of



contamination, these rituals are forbidden at this time. These restrictions unfortunately greatly affect the grieving process of those who have been bereaved.

It is essential that clear information is given to the family from the time of death on what the next steps will be. This may include information about how the viewing of a body may be facilitated either through video, photographs or direct viewing from a safe distance when possible and when requested by the family. If there is a choice between cremation and burial, this must be made clear and made available to the relatives of the deceased. Having control over this decision may reduce the negative impact this situation may have on the grieving process. If specific prohibitions are in place, it is also essential that the reasons behind these measures are explained to those affected.

When burials are conducted, it is essential that relatives can participate, and that cultural and religious rituals are considered and respected as much as possible. It is very important to provide information on the specific regulations governing burials to the bereaved, including the restrictions that are in operation at the time. Burial rituals help those who have lost a loved one to accept the fact that the person has died and to mentally represent the death. For those who have not been allowed to physically attend the burial, alternative solutions should be offered to enable them to be present symbolically. For example, it may be possible to photograph the burial ceremony or provide a remote video link to the actual occasion so that close family members can be present.

Burial rituals allow the bereaved to pay their last respects and say goodbye to their loved ones. For those unable to be present at the burial, there are a number of ways that they can take their leave. They may ask someone who is attending the burial to convey a message for them by reading out something they have written. They may also send flowers or make some other symbolic gesture that might be meaningful for them.

People who are involved in handling the dead bodies and facilitating burial rituals may also be affected by the disruption of standard procedures. They too may need specific support during this crisis.

### **FAMILY RESISTANCE AND RISKY BEHAVIOURS**

Families may act against the restrictions imposed on burial practices because of COVID-19 in order to pay their respects to their loved ones in the way that they feel is most appropriate. This may occur because they do not believe the official information given about the virus or they mistrust it in some way. This may have very serious consequences, putting their health and lives at risk. It is essential that local authorities, community leaders, religious leaders, and other relevant actors disseminate sensitization messages explaining the need for protection measures.

### **Alternative mourning rituals**

Mourning rituals help people to acknowledge and accept the death of a loved one. They are an important aspect of the grieving process and may vary depending on individual, social and cultural factors. Once a cremation or the burial has taken place, other mourning rituals may take place days, months or years after the death of a loved one in the course of the daily life of the bereaved.



### LEARNING FROM THE EBOLA OUTBREAK

In the Northern part of Liberia, the Nyankolitahun community was highly hit by the Ebola Virus Disease. The severity of the infection affected the normal burial and mourning rituals practiced for hundreds of years. Families were not allowed to get close to the bodies and carry out the usual traditional practices of burial and mourning the dead like, viewing the body, bathing the body, and making vigils.

Bereaved families had to find new ways of mourning their loved ones. In agreement with the burial teams and community leaders, close relatives of the dead were allowed to stay about fifty meters away from the grave, where they could say their prayers, cry and witness the body being rolled into the grave. It was a sad and painful moment that also contributed to the healing for the bereaved members.

Community leaders, bereaved families, faith leaders and Liberia Red Cross volunteers mobilized the community and agreed to construct a memorial site in the middle of the community to commemorate the life of all those persons who were killed by Ebola. Families contributed with a little money, materials and free labour and constructed a memorial stone on which the names of the people who died were engraved. Close to this memorial stone is a church that leads prayers and ceremonies every year, community members and relatives converge at the site, lay a wreath, clean the stone and pray as a way of healing and recovering from the painful loss of their dear ones.

During the current crisis, however, some of these traditional rituals are also being disrupted. For example, in many cultures, *wakes* are organised either immediately after the person has died, or after the person has been buried or cremated. These gatherings allow members of the family to congregate and to share their grief. Wakes also allow friends and other members of the community to pay respects to the dead and to show support to the grieving family. Through this support, the loss and sorrow of the bereaved is recognised and thus alleviated.

Restrictions in place during the pandemic strictly forbid or significantly limit these traditional gatherings. In these circumstances, the bereaved may feel troubled in not being able to hold a public tribute to their loved ones. They may become distressed

because they are unable to receive comfort from their community, as usual. People who are grieving the death of a loved one who has died of other causes not related to COVID-19, may also be affected by the situation, since restrictions usually apply to everyone.

It is important that people who are grieving feel supported by their loved ones and by their usual support systems. Maintaining connectedness during this critical life event is challenging, given the restrictions in place. Household family members may find ways of offering psychological comfort or to gather virtually with others who are sharing their grief in order to support each other. It is crucial that individuals can find their own ways to mourn their dead, to celebrate their lives and to say farewell, until they can progressively move beyond and adjust their lives to the absence of their loved ones.

Here are some alternatives to enable individuals, families or communities to mourn which can be adapted to specific cultural contexts:

- Observe personal or shared rituals at home (for example, by arranging a memorial space within the home, wearing mourning clothes, etc.)
- Write farewell letters which can be shared or kept personal
- Create virtual memorials on social media or on dedicated platforms
- Postpone burial rituals until restrictions have eased
- Organise community memorials when restrictions have eased
- Plant a tree in memory of the deceased
- Create a memory box or memory photo albums
- Conducting religious/spiritual rituals at home and make plans to do them in places of worship at a later date when restrictions have eased.



## SAYING GOODBYE TO LOVED ONES

Claudia, 28, is the youngest daughter in a family of five with her family being financially dependent on her. Claudia was concerned about her parents' health realizing they belonged to a vulnerable group. One afternoon upon returning from work, she was told her father had a fever and felt pressure on his chest. His condition did not improve and he was hospitalized.

The news of her father's death and the burial arrangements happened so quickly that everything seemed unreal. Due to safety restrictions, they were unable to perform rituals essential to her family's faith. Claudia started noticing a knot in her throat, felt oppression on her chest, was unable to cry and had frequent nightmares. She decided to contact the Paraguay Red Cross hotline some days after her father's death, as she felt overwhelmed and completely isolated.

After providing psychological first aid, the mental health team established regular follow up and they progressively helped Claudia recognize and acknowledge her feelings and the normal reactions she was experiencing because of the loss. She was able to identify her grief for not having been able to say goodbye to her father. Claudia knew the other members of her family were going through the same feelings, but they did not talk about the situation. With the support of a volunteer, Claudia thought of a ritual she could perform. She wrote a goodbye letter to her father and after a few days, when she could read the letter without crying, she felt ready to talk to her mother about her sorrow and to plan a family ritual to pay respects to her father. On a Sunday morning, Claudia's family gathered in their garden and read their goodbye letters one by one before burning them and burying their ashes in a place where they would later plant a guava tree as guava was her father's favorite fruit.

Claudia remains connected to the Red Cross support service through WhatsApp. After the crisis, she would like to meet the volunteer who supported her through this difficult moment and helped her when nobody else knew "how to say goodbye to someone you love in times of coronavirus".

## Faith-sensitive psychosocial support

Faith-sensitive psychosocial support refers to the perspective on how faith impacts well-being and mechanisms of support in humanitarian settings at the level of organizations, communities, families and individuals. The spiritual nurture of individuals, families and communities and the engagement of local faith communities and religious leaders during times of individual and collective grief in crisis situations is an important factor which needs to be taken into account. Faith, regardless of its nature or religious affiliation, can be a significant protective factor for those who are grieving the loss of a loved one.

## Practical support for bereaved families

As previously mentioned, the loss of a loved one can lead to multiple losses within the household, especially if the person who died was the main bread winner. When supporting the bereaved, it is therefore important to also take into consideration the practical and financial needs which may emerge for those who survive this loss.

### THE CONDOLENCE KIT

During the Ebola outbreak, Guinea Red Cross distributed condolence kits to families of those who had lost a loved one to the virus. The kits contained rice, sugar, oil, soap, and other basic items. Psychosocial support volunteers handed the kits to the bereaved families, listened to their stories and acknowledged their grief. The much-needed practical support was also an opportunity to establish links with the affected family and the larger community.

### Advocacy and collaboration with local authorities

Advocating to authorities may sometimes be necessary so they better understand the importance of informing and including the families of those who are critically ill and those who have died of COVID-19 complications in the different steps of the process. Advocacy and collaboration with local authorities and other relevant agencies can facilitate the implementation of safe and dignified burials and other commemoration rituals, when possible. This can also be seen as a good preventive measure to avoid mental health complications in the affected population.

### Mental health and psychosocial support at the centre of the COVID-19 response

In 2019 the International Red Cross and Red Crescent Movement adopted a policy on mental health and psychosocial needs as a priority in operations around the world. It is also widely recognized by leading organizations that mental health and psychosocial support (MHPSS) should be integrated as a priority in the prevention and response programme during this crisis.

While most people can face the experiences of loss and grief during the pandemic on their own or with basic psychosocial support, others will need more focused psychosocial support, psychological support or specialized mental health care to overcome distress. Different levels of needs should be addressed, and support should be provided according to available capacity and resources.

### Basic psychosocial support

Basic psychosocial support includes specific psychosocial support activities in response to COVID-19 as well as ongoing community-based work. Volunteers may identify people in distress, including those affected by loss and grief in the course of providing psychosocial support or in linking with key actors in the community.

Basic psychosocial support is strengthened by integrating the ‘five essential principles’ referred to earlier, in interventions from the immediate onset of a crisis to several months after the event. These principles are applicable to both collective and individual support. They promote enhanced emotional and social functioning following exposure to extreme stress and reduce the risk of mental health complications amongst the affected population.

In response to COVID-19, *a sense of safety* – the first principle – can be promoted by providing accurate information using various platforms such as social media, dedicated

webpages, radio, or through outreach activities. Providing basic psychosocial support in these kinds of activities may help reducing the fear felt by local communities and may empower them to take appropriate protective measures to increase their *sense of safety*. This is particularly relevant at this time, when many people are afraid of having contracted the virus and need accurate information about how to access medical attention.

Reducing the fear about the virus can also help people to restore a *sense of calm* – the second essential principle to strengthen psychosocial well-being. Promoting collective and individual activities to help people regain a *state of calm* in distressing situations is essential. Basic psychosocial support activities may include simple breathing exercises and other physical forms of relaxation and stress relief. These activities may be done individually or offered in groups when it is safe to do so. They bring benefits in increased physical and emotional well-being and builds strength to face adversity.

Regaining a sense of control in the midst of uncertainty by being informed and calm can also help people to increase their *sense of self-efficacy*, which is the third principle. Providing basic psychosocial support by encouraging people to keep their usual routines or set new ones because their daily life has been disrupted by the pandemic, may help people focus on what they can accomplish day by day. Trying to keep a healthy rhythm in one's daily life can also positively influence eating, sleeping and other basic functions which are essential to one's physical and emotional balance. Instead of focusing on the elements of future we cannot control, it is important to try to do “the next right thing” with the options we have, step by step. The same principles apply at community level. Promoting collective activities in the community which increase awareness, solidarity and common goals may also increase a much needed *sense of community efficacy* during the pandemic.

The fourth principle - *connectedness* – focuses basic psychosocial support on activities which strengthen support systems and make them available during the pandemic. This is crucial to the lives of each individual and the communities they live in. Building *connectedness* enables community members to rely on each other and makes communities to be more resilient when facing adversity. It also helps individuals to feel supported through the most difficult challenges.

The sense of connectedness and belonging to a group prevents people from feeling isolated and can restore a *sense of hope* – the fifth principle - even when the future seems unpredictable and sometimes grim. Basic psychosocial support activities where people share positive stories of new forms of solidarity which are blooming in the midst of this crisis may restore people's faith in regaining a sense of normality and thriving in the near future.

## Psychological First Aid

Psychological First Aid (PFA) is the most common way in which National Societies currently provide basic psychosocial support to those affected by COVID-19, including those who are experiencing loss and grief. PFA can be provided remotely using telephone hotlines and online platforms and through on-site support, when infection prevention and control measures allow it.

National Societies have experienced some challenges in providing PFA in the course of the pandemic. These include:

- Little experience of, or framework for remote support since direct, on-site support is the most common framework in which Red Cross and Red Crescent volunteers provide support during crisis situations.

- Difficulty in identifying the needs when providing remote support since context-based needs and non-verbal signs- which are relevant sources of information, are more difficult to identify remotely.
- Difficulty in setting up remote supervision and peer support systems; in a lock down, volunteer teams are scattered, and it is more difficult to access direct supervision, group support and learning from peers.
- Lack of training and skills in bereavement support as PFA training does not always include detailed information on how to support those who have lost a loved one.

Although the main action principles of PFA, *look, listen and link*, also apply to the support provided to people who are grieving, the following considerations are specific while providing PFA to those who are bereaved:

- Expressing concern and understanding eg. saying we are sorry for the person's loss
- Listening carefully to the grieving person and accepting their feelings and reactions, whatever they may be
- Giving the person full attention even when support is provided remotely
- Encourage not to selfisolate all the time, but to try to be with loved ones within their household or keeping in touch remotely with other members of their family and with other support systems
- Encourage taking breaks from painful emotions by suggesting for example activities which provide time for a break now and then and encourage not to focus on their emotions all the time
- Help acknowledging the reality of the situation, and encourage by saying that there will be happy moments and days again in the future even if it is difficult to believe at the time of grief
- Support the person on anniversaries and commemoration days since these can trigger the pain related to the loss.

It is also important to keep in mind that:

- Reassuring a grieving person that what they feel is normal is important
- It is best to avoid telling the bereaved what they should be feeling or doing
- There is no right way to grieve
- There is no timetable for grieving
- As a helper, not to judge or take grief reactions personally as grief may involve extreme emotions and behaviours which can be difficult to understand for the helper
- Do not pressure anyone to move on or make them feel like they have been grieving too long; this can actually slow their grieving
- Anniversaries and commemorations can trigger the pain related to the loss, even years later.

### INTEGRATED CONDOLENCE CARE PROGRAMME

The American Red Cross has created *Virtual Family Assistance Centre*, a website, where those who have lost loved ones to COVID-19 can reach out to the Red Cross requesting for example a call of support and condolence. There is also the option of having immediate remote support by the Red Cross if someone is considering suicide. Other resources are made available through the website as remote support for the grieving through hotlines, national resources for grief counselling and faith-based support, as well as practical information on the legal and financial consequences of COVID-19 related losses.

### Focused psychosocial support

Focused psychosocial support includes the promotion of positive mental health and psychosocial well-being and prevention activities, with a specific focus on groups, families and individuals at risk. Focused psychosocial support can be provided by trained and supervised Red Cross and Red Crescent staff, volunteers and trained community members.

If individuals who have been supported through PFA or identified through other channels express the need to receive continued support, it is possible to refer them to support groups which have been specifically set up for people who are grieving. Some National Societies have the resources and technical capacity to hold groups providing focused psychosocial support to the bereaved. Some of these groups use approaches based on previous experience such as support to families of people who have committed suicide and the support to families to have lost loved ones in the Ebola epidemic.

### COMMUNITY SUPPORT GROUPS

In order to support the bereaved families who had lost relatives during the Ebola outbreak and to prevent their exclusion due to stigma, Guinea Red Cross organized community support groups. Members of the bereaved families as well as members of non-affected neighbouring communities were invited to participate. The dialogue in the groups was facilitated by psychosocial support volunteers and followed the principles of confidentiality, respect and mutual support. This space was an opportunity to strengthen links between community members and to allow the bereaved to feel included and supported.

### Psychological support and specialized mental health care

Psychological support includes prevention and treatment activities for individuals and families who experience more complicated psychological distress and for people at risk of developing mental health conditions.

For some people, their grief may be so overwhelming that coping with it is impossible. If their losses are not processed, the person may not be able to get on with their life. In this situation, the person may remain submerged by sadness and stay fixed in a reality



that was shared with the person who died. If this is the case and there is no improvement in the condition within the first six months after the death of the loved one, the person should be referred to professional help, since it is possible to develop depression due to the unprocessed grief. Possible complications in the grieving process may also be due to pre-existing mental health conditions.

Some National Societies have psychologists working as staff and/or volunteers. Some have established partnership agreements with external organisations who provide psychological support and specialised mental health care. It is important that specific support for individuals and families who are grieving are identified and mapped for referral purposes.



# Caring for staff and volunteers during COVID-19

## How staff and volunteers are affected during COVID-19

Red Cross and Red Crescent staff and volunteers can be affected like everyone else by multiple types of loss and grief during this time. Protection measures implemented in different countries in order to limit the spread of the virus, make it very difficult to continue working as usual. Many regular activities have been cancelled whilst some are facilitated remotely. Staff and volunteers may experience strong feelings of loss and helplessness from not being able to conduct activities as usual. Their role and involvement in supporting those in need are an important part of who they are and partly defines their identity.

Staff and volunteers may also experience ambiguous feelings and be torn between their willingness to support others and the fear of contracting the virus and infecting their family. In some cases, those supporting people who have the virus or in quarantine are experiencing rejection from their loved ones or from their communities. People may be afraid that they are exposed to the virus by the staff members or volunteers living in close quarters to them. Some have even been asked to choose between their work during COVID-19 and their families. Staff and volunteers who are participating in prevention and response operations may also be stigmatized and experience violent acts against them, while providing support to those affected.

Sadly, staff and volunteers are also losing loved ones to COVID-19 and are experiencing grief while continuing being engaged in support activities. Some of them have contracted the virus and become ill on duty and, very tragically, some of them have died as a consequence.



## Caring for staff and volunteers during COVID-19

Solid and consistent support mechanisms must be in place for staff and volunteers before, during and after their involvement in the prevention and response operations. Staff and volunteers should feel valued and cared for throughout this process.

Guidance has recently been developed on how to address some of the current challenges experienced by staff and volunteers and to ensure staff and volunteers care is provided throughout the COVID-19 crisis, see the resources.

Some of the essential considerations to be addressed are:

**Before** they engage, staff and volunteers must be provided with information and training on COVID-19 to protect them in the course of their work. This includes information on the context, the virus, the protection mechanisms in place and the protocols implemented during the response. It is also important to allow staff and volunteers to express their feelings regarding their involvement in the response and to acknowledge that they can also be affected by the fear and uncertainty associated with the pandemic. This may help to reduce the stress linked to the crisis.

**During** the response, staff and volunteers' personal safety should be ensured at all times. Daily briefing and debriefing meetings should be organised with updated information on the response and allowing a space to check on the staff and volunteers' well-being. Regular team meetings should be arranged with time so they can ask questions, share their achievements, suggestions, concerns, fears or threats and ethical dilemmas in a safe and confidential manner. Supportive supervision and peer support systems should be established. Staff and volunteers should be reminded of basic self-care tips and positive coping strategies. Time for rest, relaxation and leisure should be scheduled.

**After** the response operation is over, lessons learnt sessions should be organised in order to discuss achievements and share useful learning for future similar events. Information on where to access mental health and psychosocial support services should be provided. It is important to ensure that staff and volunteers know how to recognise signs of prolonged stress in themselves and when to seek further support. Organize events to recognize the volunteers' engagement, send letters of appreciation, and give certificates or incentives in order to celebrate their contribution.

National Societies around the world are currently implementing specific support activities for their staff and volunteers who are engaged in the COVID-19 prevention and response operations. These are some of the most commonly reported activities:

- Telephone support hotlines some of which run 24 hours a day
- Active and regular reaching out” and checking in calls
- Peer to peer support systems
- Individual and group support
- Specialized mental health support, when needed

Special attention should be provided to staff and volunteers who have lost a loved one and to those who have experienced other significant losses during the crisis. Some of the measures that can be taken are:

- Shared condolences from colleagues
- Financial support if possible, when needed
- Time off to mourn
- Help organizing the burial or other mourning rituals when restrictions are eased
- Peer support and specialised individual support, when needed

Red Cross and Red Crescent volunteers providing support to the bereaved also need specific training and support. It is essential that skills in bereavement support are provided through training and supervision, that referral mechanisms for specialised support are made available, and that specific individual and peer support systems for staff and volunteers providing support to the bereaved are in place.

### SUSPENDED GRIEF - SUPPORT TO VOLUNTEERS

Mario, 42, is not married and lives with his parents. He is their only son and they are very close. He has a good job working mostly from home. Mario joined the ambulance services of the Italian Red Cross as a volunteer when he was 20, and he is proud of being part of it. During normal times, he volunteers once a week, but during the COVID-19 response he doubled his service hours to take those who are ill to the hospital. He respects the protection protocol in order to avoid being infected and infecting his parents.

Mario's father became infected by the virus and fell ill. Although he was quickly hospitalized, he died from COVID-19 within two weeks. Mario and his mother weren't infected, but had to be quarantined. Because of a lockdown the funeral could not take place. Mario kept retracing every moment of his work at the ambulance service trying to find any mistake he could have made which could have led to his father's infection. Although he couldn't find any, he felt guilty about his father's death.

After the quarantine Mario returned to his ambulance service routine. When taking older people with COVID-19 to the hospital, he witnessed family members saying good bye, probably for the last time and he was reminded of his family's loss. At the end of each shift, Mario began to feel overloaded and powerless. He cried and shared his anxiety with peer volunteers. The psychosocial support unit began calling him twice a week. They accepted long silences during the calls and helped him identify and accept his feelings, and to understand that with time he will adjust to his loss. Through this support, Mario managed to overcome his feelings of guilt. When restrictions were eased, his father's funeral could finally take place. Mario realized he has been living a "suspended life" for some time and he can now better engage in his grieving process with the continued support.

In this challenging time, we may find comfort in the fact that the current crisis is a widely shared experience. This particular sense of connectedness may increase empathy and solidarity across population groups and lead to new kinds of support that can help individuals and communities to find strength, to better cope with this crisis and to renew a sense of hope.

# Resources

## FRC Reference Centre for Psychosocial Support

COVID-19 and MHPSS related resources can be found on the [PS Centre's website](#) in different languages. An adaptable Online PFA training for COVID-19 is also available on the site.

- *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies*. 2018.
- *Caring for Volunteers Toolkit*. 2016.
- *Key actions on caring for volunteers in COVID-19: mental health and psychosocial considerations*. 2020.
- *Remote Psychological First Aid during COVID-19*
- *Supportive Supervision during COVID-19*
- *Volunteering in response to COVID-19: spontaneous volunteers*. 2020.
- *Suicide Prevention during COVID-19*. 2020.

## IFRC resource

- *Adapting and supporting community burials during COVID-19: implementation guide*. 2020.

## ICRC resource

- *Mental Health and Psychosocial Support for Vulnerable Groups during the COVID-19 Pandemic*

## Inter-Agency Standing Committee resources

- *Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak version 1.5*. 2020.
- *Basic Psychosocial Skills: A Guide for COVID-19 Responders*.

## Other resources

- Child Protection Cluster and MHPSS Collaborative for Children and Families: *Communicating with Children about Death, and helping Children cope with Grief*. 2020.
- The Lutheran World Federation and Islamic Relief Worldwide: *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming*. 2018.
- HelpAge International: *COVID-19: end of life care at home. Guidance for family members and friends*. 2020.
- University of Oxford: COVID-19 Communication Support. *Supporting healthcare professionals, care staff and families to communicate the death of a relative*. 2020.

## **Psychosocial Centre**



International Federation  
of Red Cross and Red Crescent Societies

### **IFRC Reference Centre for Psychosocial Support**

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