

**P-185 ADAPTATION OF BEREAVEMENT SUPPORT DURING THE PANDEMIC – ENABLING ACCESS TO A PEER-LED SUPPORT GROUP**

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**Background** Within the hospice setting traditional bereavement support is offered for people with complex grief through counselling services. However, we recognised there was a growing need for peer support due to increased isolation during lockdown (Hanna, Rapa, Dalton, et al., 2021. *Palliat Med.* 35: 843). We gave newly bereaved people the opportunity to meet over Zoom as a peer-led support group. Over time this group grew, and when lockdown eased, we were able to invite them to meet face-to-face. This group of people had not had any traditional rituals that we would normally associate with dying and death.

**Aims**

- Identify and provide services that offer access to face-to-face group support for people with shared experiences (Harrop, Goss, Farnell, et al., 2021. *Palliat Med.* 35: 1985).
- Enable people to reconnect and build social networks.
- Talk openly within a safe environment about how their bereavement during lockdown had affected them.
- Gain support from their peers and offer support to others in the group.
- Reduce feelings of isolation.

**Methods** Self-referral to the support group - which occurs weekly. Assessment to establish that this group could offer the required support. Or, to understand if they might benefit from more substantial support e.g. counselling. Evaluation forms were completed after six months.

**Results** New friendships and relationships were formed. Qualitative narratives gained both verbally and from written feedback showed that the support of peers is invaluable, improving wellbeing and purpose for living.

**Conclusion** As a result of lockdown, people who were affected by the death of a loved one had little comfort in what society would deem normal (Harrop, Scott, Sivell, et al., 2020. *BMC Palliat Care.* 19: 29). There were no, or few bedside goodbyes. Funerals had limitations on attendees, forcing families to make difficult choices and no family gatherings to give comfort. This group of people had to grieve alone. Being part of a support group who can all share these same experiences has enhanced grieving by validating each other's experiences.

**P-186 'TIME TO BE': A THERAPEUTIC ALTERNATIVE PROVIDING PRE AND POST BEREAVEMENT SUPPORT FOR PATIENTS AND FAMILY CAREGIVERS**

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**Background** The word 'counselling' like 'Hospice' may have negative connotations for people needing therapeutic support at end of life (Hawley, 2016). Time to Be (T2B) was developed to address this need for alternative therapeutic support in end-of-life care. T2B is a talking-therapy that is client-led, gentler and less invasive than more traditional counselling. T2B supports symptom management and client autonomy by

combining the following techniques: guided imagery (Roffe, Schmidt & Ernst, 2005. *Psychooncology.* Aug 14; Nooner, Dwyer, De Shea, et al., 2016. *Clin J Oncol Nurs.* 20: 547), diaphragmatic breathing (Hamasaki, 2020. *Medicines.* Oct.), holding safe space and gentle conversation. These techniques help activate the vagus nerve (Breit, Kupferberg, Rogler et al., 2018. *Front Psychiatry.* March; Kolk, 2014) trigger relaxation responses and calming Alpha waves (Kolk, 2014) within the brain. T2B is facilitated by trained volunteers with peer supervision, this planned community involvement enhances social engagement.

**Aims** To evaluate the T2B intervention and its impact on physical and psychosocial symptoms such as: 1) relaxation state, 2) lifting mood, 3) anxiety, tension, and stress management, 4) pain and nausea management, 5) sleep disturbance, 6) connectivity/social engagement (Wagner, 2016. *Counselling Today.* June 27).

**Methods** Phase 1 (Feb – June 2021): internal consultation, literature review, model development. Phase 2 (Sept – Oct 2021): Volunteer recruitment/training, T2B pilot. Phase 3: (Nov 2021 – ongoing): collation of feedback, outcome measurement, volunteer supervision.

**Results** 227 T2B sessions since programme inception.

Mode of delivery – Patients: face-to-face = 68, Zoom = 40, Telephone = 14. Family carers (pre-bereavement): Face-to-face = 16, Zoom = 8, Telephone = 6. (Post- bereavement): Face-to-face = 26, Zoom = 28, Telephone = 21.

Gender of client accessing support - Patients: Female = 20, Male = 4. Family carers (pre-bereavement): Female = 4, Male = 4; (post- bereavement): Female = 13, Male = 0.

Outcome measures on impact on physical and psychosocial symptoms are forthcoming. Staff and volunteer experience in the programme has been reportedly positive with no adverse experiences or incidents.

**Conclusions** T2B therapy developed, during COVID-19 pandemic, has much potential and would benefit from a dedicated coordinator, reflective evaluation, and further research.

**P-187 ONE STEP AT A TIME – THE IMPACT OF A BEREAVEMENT WALK AND TALK GROUP**

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**Background** Bereavement support models have been challenged during recent years, with less opportunity for individual face-to-face support. Walk and talk groups are inclusive and combine the benefits of being outdoors with support from others with lived experience of bereavement. People walk at their own pace and many attendees have shared first language. Groups are volunteer-led with no restriction on length of attendance and are open to bereaved people known to the hospice.

**Aims** To monitor and evaluate the impact of our bereavement walk and talk groups, focussing on outcomes relating to a) isolation, b) wellbeing c) supportive engagement.

**Methods** Phase 1. Literature review, consultation with group facilitators, continual review of COVID-19 national guidance, model planning, promotion of the group.

Phase 2. Collated and reviewed data - number of groups that took place in 2020 and 2021, how many people attended and total of attendances.

Phase 3. Analysed feedback from group attendees (written and verbal) in relation to specific outcomes measures. Developed specific outcomes measurement tool for this group.

**Results 2020:** 10 walks, 37 people with a total of 95 attendances.

2021: 49 walks, 45 people with a total of 806 attendances. Positive user feedback.

**Conclusion** Evaluation of the bereavement walk and talk group demonstrates that the groups are beneficial:

- Positive impact on wellbeing.
- Reduce levels of isolation.
- Attendees feel understood/supported.
- Peer support is authentic and helpful.
- People have timely access to support.
- Volunteer-led.
- Walking and being outdoors (local park) benefits health.
- Cost/resource effective.

The model is collaborative, representative of our diverse community and can be replicated across service, e.g. carers.

**P-188** **GRIEVING BEYOND WORDS – AN INTRODUCTION TO ST CHRISTOPHER'S CREATIVE BEREAVEMENT GROUP**

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**Background** The Art and Music Therapists at St Christopher's hospice offer closed, seven week Creative Bereavement Groups for six attendees, all of whom are experiencing complex grief, exacerbated due to the pandemic. Attendees have undertaken twelve weeks of one-to-one specialist bereavement counselling and are referred to the group because they feel stuck or overwhelmed and need more support.

**Aim** To enable participants to access their intuitive inner wisdom through creative process, so they may experience and consequently bear their grief in new ways.

**Method** Within a safe, confidential, therapeutic space, a structure of weekly themes around death, dying and loss is offered. Drawing upon elements of myth and ritual, individual art-making and musical improvisation, participants are invited to inhabit the embodied landscape of their sorrow and express their grief through experiment with both art and music. For example, listening in to the sound of their pain, participants recently made individual drums with which to lament the loss of their loved ones, in community. Others have created sculptures from driftwood and stone, in metaphorical exploration of the heaviness that has set them adrift from life as they had once known it. Participants are offered the opportunity to verbally share as little or as much as they feel might be helpful to them. They are witnessed wherever they find themselves in the spiral of grief. The psychotherapists work with the group dynamics to facilitate the experience, honouring both the uniquely held experiences of individual grief and the collective, existential pain of loss that unites us in our humanity.

**Results** Qualitative post-group questionnaires indicate very positive results.

**Conclusion** A creative bereavement group, which combines art and music therapy, is a compassionate and effective way to bear witness and help those experiencing complex and challenging grief, when one-to-one therapy is not enough.

**P-189** **ABSTRACT WITHDRAWN**

**P-190** **INNOVATIVE APPROACH TO CHILDREN'S AND YOUNG PEOPLES' BEREAVEMENT THROUGH NON-TALKING THERAPIES**

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**Background** Increasingly our bereavement counselling service for children and young people was receiving referrals for complicated and traumatic bereavement. The traumas resulted from the nature of death, the circumstances around the death or the circumstances within the family. Often these young people were not ready to articulate their experiences verbally and/or were feeling socially isolated. It became clear that a different approach was needed. Evidence shows that people experiencing trauma benefit most from interventions that assist with regulation of emotions, positive sense of self and social support.

**Aim** To develop, deliver and evaluate a 6-week non-talking peer support group programme including an additional support Saturday for young people (11-17 years) who had experienced traumatic bereavement to process and express their grief without having to use words.

**Method** A literature search identified existing evidence-based therapies, equine, art, complementary therapy, therapeutic drumming, trauma yoga, and a programme was structured to incorporate these, informed by our knowledge of grief. Each week had a different theme to help address grief related issues. These were, Acknowledgement, Resources and Resilience, Remembering, Releasing Emotions, Self-Care and Endings. We gathered a steering group of young people to assess the material for suitability, incorporated their feedback and launched the first programme with them as pilot participants to shape and influence the delivery. Feedback from participants and parents was positive, after minor adjustments we launched the remaining 5 programmes.

**Outcomes** Qualitative feedback demonstrated overwhelmingly that participants found the programme valuable. They felt it beneficial being with other young, bereaved people who were able to understand and empathise with their experience. This helped them feel connected and less isolated. The project helped them to express and regulate emotions, feel less anxious and found a reduction in anger outbursts.

**Conclusion** This innovative work has been embedded into our service and outcomes will be disseminated to inform the national evidence base within the field.

**P-191** **TAKING MEMORY MAKING TO THE NEXT LEVEL WITH THE USE OF RESIN**

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**Background** Memory making is the process of creating mementos of a child with a life-limiting condition, who may be at or near end of life, providing a tangible and visual connection to the child who has died. Acorns memory making work already included sensitive and specialist use of artwork,