

Oral presentations

Free papers 1–3 | Bereavement

1 **LOSS OF RELATIONSHIP: A QUALITATIVE STUDY OF FAMILIES AND CAREGIVERS AFTER HOME-BASED PALLIATIVE CARE ENDS**

¹Megan Vierhout, ¹Jaymie Varenbut, ²Elizabeth Amos, ²Sandy Buchman, ²Russell Goldman, ²Amna Husain, ²James Meuser, ^{1,2}Mark Bernstein. ¹Division of Neurosurgery, Toronto Western Hospital, Canada; ²Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, Canada

10.1136/bmjspcare-2018-ASPabstracts.1

Background Home-based palliative care is care of the patient in the comfort of their own home, while doctors and other healthcare providers make visits as required. Family involvement naturally cultivates a relationship between healthcare providers and the family. Once the patient dies and care ends, this relationship is abruptly terminated, which may be challenging to both parties. This study explored healthcare providers' and family members' thoughts regarding the loss of relationship following home-palliative care, how to mitigate this loss, and their opinions on a system that allows for contact post patient death.

Methods Perceptions of 63 participants (32 healthcare providers and 31 family members) were explored using semi-structured interviews and qualitative research methodology, around three months after patient death. Healthcare providers were interviewed primarily at a home-based palliative physician group (TLCPC), and at two hospitals, while family members were recruited from the deceased patients of TLCPC physicians.

Results Six overarching themes emerged:

- Caregivers and families have a mutual appreciation and recognition of the intimacy of home-palliative care;
- both parties expressed awareness and dissatisfaction with the abrupt ending of relationship;
- open and clear communication with healthcare providers is beneficial to family members, especially after patient death;
- healthcare providers discern the insufficiency of resources and gap in transition to bereavement services for grieving families;
- a proposed system to mitigate loss of relationship has multiple perceived benefits;
- logistical challenges and boundary issues for a system raise concern in healthcare providers.

Conclusions The findings obtained in this study provide recognition of how caregivers and families perceive the dynamics of home-palliative care, and their thoughts regarding the loss of relationship. Overall, families and healthcare providers do not like this halt in contact, and recognise the potential benefits of an approach that would allow for communication going forward.

2 **THE ROLE OF PRIMARY CARE IN PROVIDING BEREAVEMENT SUPPORT: PERSPECTIVES FROM A COMMUNITY SAMPLE**

Brooke Swash, Pia Thiemann, Rhiannon Newman, Annabel Price, Derek Fraser, Stephen Barclay. University of Cambridge, Cambridge University Hospitals NHS Foundation Trust

10.1136/bmjspcare-2018-ASPabstracts.2

Background Around 5 00 000 people die in England and Wales each year, leaving approximately 2 million people experiencing close bereavement. Around 15% will develop a complex grief reaction requiring specialist support. GPs are often the first point of contact in the health services for bereavement support: GP consultations increase after a loss. GPs therefore have a central role in providing bereavement support and in identifying those at higher risk. Experiences and perceptions of primary care bereavement support are not well defined.

Methods Sixty three recently bereaved people were recruited via Registry Officers at the death registration appointment. A sub-sample of 14 participated in in-depth interviews within five months of bereavement, exploring their perceptions and experiences of primary care bereavement support. Audio recordings were transcribed verbatim, and analysed using a framework approach.

Results The nature of grief varied across the sample, shaped by prior losses, relationship with the deceased, and presence of sequential losses. GP support was one aspect of a broader picture of support provision. Barriers and facilitators of the use of primary care for bereavement support included: difficulty with securing appointments, prior relationships with the GP, the appropriateness of accessing general practice for a non-physical complaint, and expectations of how the GP might help. These served to either encourage or discourage potential help-seeking in bereavement. When the bereaved were registered at a different GP practice from one that had provided consistent GP palliative care for the deceased, bereavement care was particularly difficult.

Discussion Understanding bereaved peoples' perceptions of the role of the GP and the wider primary care team as a source of bereavement support, and the factors encouraging or discouraging such help-seeking in bereavement can enable primary care to optimise the provision of person-centred bereavement support.

3 **A STUDY ON THE MEDIUM-TERM EFFECTIVENESS OF A COMMUNITY BASED BEREAVEMENT PROGRAMME FOR VULNERABLE CHILDREN AND YOUNG PEOPLE**

Kalliopi Selioti. *Winston's Wish*

10.1136/bmjspcare-2018-ASPabstracts.3

Background Utilising the knowledge derived from Attachment theory, Growing Around Grief theory and Continuing Bonds theory, Winston's Wish supports children and young people (CYP) to rebuild their lives after a death in the family. This study investigated the medium-term effectiveness of SWITCH, a programme supported by the Big Lottery, for CYP aged 8–14 years who were at increased risk of truancy or antisocial behaviour.

Methods The study explored whether tailored psychotherapeutic support after the death of a parent, grandparent or sibling can enhance CYP's psychological, social and educational functioning. Data was collected at either home or school settings across three points in time: initial attendance (baseline), one month after the end of support and six months afterwards. Participants (n=108) completed the Strengths and Difficulties Questionnaire (SDQ), which enhances the identification of children at risk of developing mental health problems.