



State of a  
Generation

Feb 2021

# Upheaval, uncertainty, and change: themes of adulthood

**A study of four life transitions and  
their impact on our mental health.**



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These findings will inform our joint research activities, helping to ensure that the evidence meets the needs of the people who matter most. **Cochrane Common Mental Disorders is part of Cochrane**, an international not-for profit organisation dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. The Group works with authors from around the world to produce and disseminate systematic reviews of healthcare interventions for treating and preventing a range of mental health problems. The National Institute for Health Research (NIHR) is the largest single funder of Cochrane Common Mental Disorders.

*(Disclaimer: the views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR, the NHS or the Department of Health and Social Care).*

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### **Citizen's Advice Wandsworth:**

an independent charity that provides information, advice and support and works to improve the policies and practices that affect people's lives.

**The Motherhood Group:** dedicated to sharing and supporting the Black maternal experience through events, workshops, peer support, projects, and advocacy. We believe that every mother deserves the right to have access to adequate support, care, safe spaces and for their voice to be heard. Pioneers of the UK's first annual Black Mothers' Mental Health Awareness Week, Black Mum Fest, and the first platform dedicated to delivering workshops for and by the Black motherhood community.

**Pregnancy Sickness Support:** a UK charity working to improve care, treatment and support for women suffering from nausea and vomiting in pregnancy and the severe form of the condition; hyperemesis gravidarum (HG).

**Cruse Bereavement Care:** the leading national charity for bereaved people in England, Wales, and Northern Ireland.

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## Contributors

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# **Upheaval, uncertainty, and change: themes of adulthood**

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## Executive summary

**As part of the Mental Health Foundation's 70th anniversary, we commissioned a series of reports, each looking at some key factors that can challenge and support our mental health at different stages of life.**

This is the second of these reports, focused on what has traditionally been referred to as 'working-age adulthood'. It is intended as **an exploration of a selection of life transitions which can have a profound effect on our mental health, and a call to action for how we can better protect and promote good mental health in the context of these life experiences.**

We selected four life transitions – **pregnancy**

**and early parenthood, unemployment and job loss, moving home and housing problems, and bereavement** to investigate in-depth.

We recognise that there will be many other experiences in adulthood that are equally as impactful, however we believe there are lessons to be learned from these four which translate across many different types of life transitions. They are significant because they represent key moments of upheaval, uncertainty, and change which many of us will encounter during this period of our lives. They have also become more salient in the context of the coronavirus (COVID-19) pandemic.

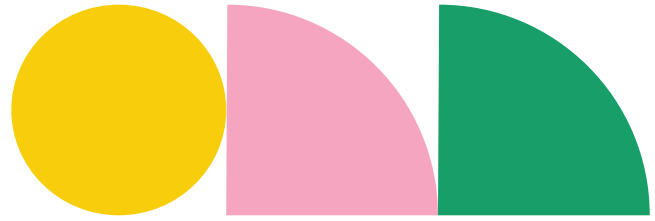
We worked in partnership with Citizens Advice Wandsworth, Pregnancy Sickness Support, The Motherhood Group, and Cruse Bereavement

Support to hold online discussions with people who have experienced each of these life events. We also worked with the Cochrane Common Mental Disorders group at York University to review the existing academic research on what works to support mental health across each of these experiences and brought this together with nationally representative polling of 1020 Scottish adults aged 18-64 from Deltapoll.

Despite on the surface being very different experiences, we found several common themes across pregnancy and early parenthood, unemployment and job loss, moving home, and bereavement in terms of how **moments of transition in adulthood are often accompanied by feelings of worry, lack of control, and uncertainty. These feelings are natural responses to change but can also be distressing** and can adversely affect our mental health, particularly when we do not have the social and formal support we need at such times.

Our polling found that while most of us did feel supported during these times in our lives, a substantial minority of UK adults did not benefit from any type of formal, or informal, support during their own experience of these life events, particularly those from the lowest income households. This is crucial because **across all four themes, social support from family and friends, and support from voluntary and outreach services (such as peer support and advice lines) were central in helping people to navigate these times of transition in their lives.**

All of us need a basic level of support during times of transition and uncertainty, which recognises each of us as individuals, and helps to build our capacity to navigate change. For



many (though not all) of us, this will come from our families, friends, and communities; however, some of us may need additional help from more formal sources. **Ensuring this range of culturally appropriate universal and targeted support is available is crucial to promoting and protecting mental health during life transitions experienced in adulthood.** For this reason, we want to see – at national and local levels – a whole-government approach to addressing the issues that protect and pose a risk to our mental health, which should include:

- Improved funding for, and greater provision of, voluntary and outreach services, including peer support, which provide valuable and impartial support for those experiencing a broad range of life transitions.
- Families, friends, and wider communities (including community leaders) being recognised as vital resources in helping to prevent mental health problems during life transitions experienced in adulthood, and for support to be provided to help them recognise when people are struggling.
- Every locality working with their local community, particularly those from low-income households, to better understand their experiences and the types of support they would find helpful, and to identify any barriers to accessing wellbeing and resilience services and other more informal types of support.



# Introduction

The period of life from the end of childhood through to what is typically considered to be retirement age, is a vast one. Spanning nearly five decades, it typically encompasses the majority of our lives. In the UK, many of us will experience a mental health problem at some point during those decades, and it is estimated that in any week one in six adults has a common mental health problem (like anxiety or depression).<sup>1</sup> Protecting and promoting good mental health during this stage of life is therefore crucial in supporting us to thrive.





As part of the Mental Health Foundation's 70<sup>th</sup> anniversary, we commissioned a series of reports, each looking at a different stage of life and some key factors that can challenge and support our mental health across these life stages. Our first report explored some key transitions in childhood. For the second of these reports, we have chosen to focus on key transitions in what we have referred to as 'working age adulthood'. **It is intended as an exploration of a selection of life transitions in adulthood which have a profound effect on our mental health, and it serves as a call to action for how we can better protect and promote good mental health in the context of these life experiences.**



*We asked you to list significant life events that working age adults are likely to experience which affect mental health. Your most common answers were:*

**Death of a loved one**

**71%**

**Unemployment/job loss**

**46%**

**Parenting, pregnancy, and early parenthood**

**61%**

**Moving home/relocation**

**33%**

*Other frequent answers included:*

- **Marriage and partnership**
- **Relationship breakdown**
- **Illness or injury**
- **Debt/financial difficulty**

In recognition of the diversity of what this period of adulthood looks like, we reached out via our social media channels asking for your suggestions on which common life events in adulthood have the greatest impact on our mental health. We received responses from more than 400 UK adults.<sup>a</sup> While the suggestions we received were wide-ranging, there were several experiences which were mentioned time and time again. We selected four of these, in partnership with our lived experience advisory group (a group of adults from across the UK with a diverse range of

life experiences who helped guide our work on this report), to investigate in greater detail: pregnancy and early parenthood, job loss and unemployment, moving home, and bereavement. We recognise that there will be many other experiences in adulthood that are equally as impactful, however, we selected four to allow us to take a closer look at each of them in-depth, and because we believe there are lessons to be learned from them which translate across many different types of experience in adulthood.

*These life events are often associated with mixed emotions, which can co-exist. In our survey of Scottish adults:*

**69%**

associated pregnancy and childbirth with 'excitement'

**43%**

with 'anxiety'.

**77%**

associated unemployment or job loss with 'worry' and

**15%**

with 'opportunity'.

**65%**

associated moving home with 'excitement' and

**50%**

with 'anxiety'.

**57%**

associated bereavement with 'trauma' and

**9%**

with 'resilience'.

These four life transitions are significant because, while they will not be experienced by all of us in adulthood, they represent key moments of upheaval, uncertainty, and change which many of us will encounter during this time of our lives. **They have also become more salient in the context of the coronavirus pandemic.** While pregnancy, job loss, moving home and bereavement are all impactful experiences at any period of history, the onset of coronavirus has heightened their importance for our present moment. The coronavirus pandemic and associated restrictions have profoundly changed our daily lives and the way that things such as moving home and pregnancy are experienced (for example, not being able to have a birth partner attend prenatal appointments or having to move due to the economic effects of coronavirus restrictions). The loss of life due to the pandemic also means many more of us will have lost people who are close to us, and the economic impact of pandemic restrictions means many more of us will have experienced redundancy and unemployment. Therefore, ensuring appropriate and accessible support for mental health is in place around these life events is now more urgent than ever.

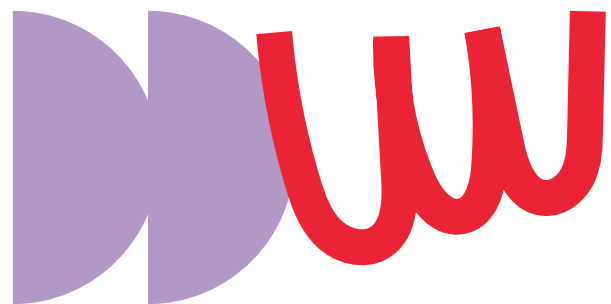
**We set out to understand more about the experience of each of these four events, how each affects our mental health, and what approaches exist to support mental health during these times in our lives.**

To do this, we worked in partnership with Citizens Advice Wandsworth, Pregnancy Sickness Support, The Motherhood Group, and Cruse Bereavement Care to hold online discussions with people who have experienced each of these life events. We also worked with


the Cochrane Common Mental Disorders group at York University to review the existing academic research on what works to support mental health across each of these experiences and brought this together with nationally representative polling of 3,879 UK adults aged 18-64 from Deltapoll.

**Despite on the surface being very different experiences, we found several common themes across pregnancy and early parenthood, unemployment and job loss, moving home, and bereavement in terms of how they can affect our mental health.**

Our group discussions highlighted that each of these experiences are associated with a great deal of change to daily life in ways that can be both challenging, and, in some cases, exciting. Each of these experiences are also commonly characterised by uncertainty or by a loss of control. For example, feeling little individual control over whether a pregnancy progresses as expected, or who an employer makes redundant. This can be a disempowering, worrying, and at times traumatic experience which can be challenging to our mental health. These challenging emotions can also be isolating, and across each of the four life events, there was power in acknowledging that such feelings are normal and valid responses to life changes, and comfort can be found in connecting with and learning from others who have been through the same experience.



<sup>a</sup> Responses were received in July 2020 from 406 UK adults. Of respondents, 47% were aged 18-34, 44% aged 35-54, 10% aged 55+, 80% female, 18% male.



**Ensuring support is available around these moments which helps us to process and normalise these feelings is therefore important for helping us to regain some of that sense of control and to feel less alone.**

This support can be from family, friends, communities, or from more formal services where needed, and can help to protect and promote good mental health during times of change and uncertainty.

**Our polling found that while most of us did feel supported during these times in our lives, a substantial minority of Scottish adults did not access or benefit from any type of formal, or informal support during their own experience of these crucial life events, particularly those from the lowest income households.**

These themes of uncertainty and lack of control characterise different aspects of adulthood for all of us, and even if we haven't experienced one of the four events in this report, we may recognise some of those same emotions from events in our own lives.

**Support that is available at times of change and uncertainty, recognises each of us as individuals and helps to build our capacity to navigate change, is therefore crucial to promoting and protecting mental health during life transitions experienced in adulthood.**

**A substantial minority of UK adults did not feel supported during their own experience of these life events:**

More than

**one in ten**

**felt unsupported through pregnancy and childbirth.**

**one in four**

**felt unsupported during job loss or unemployment.**

**one in ten**

**felt unsupported during a move.**

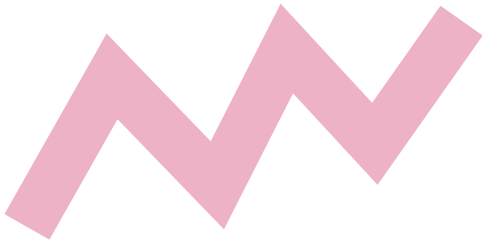
**one in seven**

**felt unsupported during a bereavement.**



# Pregnancy and Early Parenthood

There were 640,370 live births in England and Wales,<sup>2</sup> and 49,863 in Scotland in 2019<sup>3</sup> meaning that each year hundreds of thousands of women and families experience pregnancy and early parenthood. This experience, while full of joy and excitement for many, can also have a negative effect on the mental health of expectant mothers and fathers. It is estimated that as many as one in five women experience mental health problems during pregnancy or in the first year after childbirth<sup>4,5</sup> and as many as one in eight of their partners experience mental health problems.<sup>4</sup>



There are certain factors that can increase the risk of experiencing a perinatal mental health problem, including a family or personal history of mental health problems, previous traumatic life experiences (such as domestic violence, childhood abuse or neglect), a pregnancy being unplanned or unwanted, experiencing bereavement by miscarriage, stillbirth, or neonatal death, and having inadequate social support.<sup>5</sup> There are also inequalities in the experience of perinatal mental health problems, with postnatal depression and anxiety 13% higher in mothers from Black, Asian and minority ethnic (BAME) backgrounds compared to white mothers.<sup>6</sup>

It is therefore crucial that appropriate and accessible support is provided to expectant parents during the transition to parenthood to protect and promote their mental health; however, we know that in the UK there are gaps in the mental health support available to women and their partners during this important life transition<sup>7</sup> as well as inequalities in access to, and quality of, care received. For example, UK professionals may lack the training and confidence to identify the needs of specific groups of women, such as Black women, meaning they are more likely to fall through the gaps in provision.<sup>8</sup> In our survey, while nearly three quarters of Scottish women who had experienced pregnancy had received support from a partner or spouse (74%) and around four in five from a family member (78%), a substantial minority (12%) said they had felt unsupported. Among men in our survey who had experienced pregnancy, nearly one in ten (9%) said they did not receive any formal or informal support during this time.

## What does pregnancy and early parenthood mean for mental health?

To further understand the experience of pregnancy and early parenthood, and what effective approaches exist to protect and promote mental health during the perinatal period, we conducted a review of the existing research, surveyed 1020 Scottish adults aged 18-64 with Deltapoll, and worked with Pregnancy Sickness Support and The Motherhood Group to host an in-depth discussion with ten parents (three men and seven women) about their experience of pregnancy and early parenthood. While our group contained a diverse range of individuals with varied experiences of pregnancy and early parenthood, it will not be reflective of every experience. Topics such as unwanted pregnancy, infertility, the experiences of LGBTQ+ parents, or the experience of adoption or surrogacy were not raised in our group discussion, and so, while they are important facets of how pregnancy and early parenthood affect mental health, they are not covered in the scope of this current work. Our discussion also did not touch substantially on the challenges faced by single parents, a group our ongoing COVID-19 research suggests may be at higher risk of distress and financial concern.<sup>9</sup>

## Pregnancy and early parenthood are characterised by mixed emotions

We found that, overall, pregnancy and early parenthood is a period of life characterised by many conflicting emotions. While it can be a time of great joy, it can also be a time of worry, anxiety, and uncertainty, and these emotions can co-exist. In our poll, 69% of Scottish adults associated the word 'excitement' with pregnancy and childbirth, while 43% associated it with 'anxiety' and 42% with 'worry'. While 48% of UK adults in our survey felt that pregnancy and childbirth have a positive effect on mental health, more than one in five (22%) felt that they have a negative effect on mental health. This was echoed in our group discussion, where many mothers and fathers spoke about the excitement of pregnancy, seeing it as a new chapter or milestone in their lives, but also acknowledged it as a time of uncertainty which could contribute to feelings of anxiety or worry over how the pregnancy might go.



In our survey of Scottish adults:

**48%**

felt that pregnancy and childbirth have a positive effect on mental health.

**22%**

felt that pregnancy and childbirth have a negative effect on mental health.

## It can be challenging when expectations of pregnancy don't match the reality

For those in our group discussion, underlying many of these mixed emotions was the way in which the reality of pregnancy and birth matched, or perhaps more commonly, did not match, their initial expectations. In some cases, this gap between expectation and reality could be quite challenging to manage and contributed to feelings of worry.

"I expected a normal pregnancy. A textbook carry-on working, carry-on running [pregnancy]... that I would find the whole process easy and then I would find parenthood easy, because I'm a teacher, or I was. That was wrong. I couldn't have been more wrong. And that really affected my mental health because those expectations were so far away from reality."

For some parents of multiple children, their prior experience, particularly where there were complications during the first pregnancy or birth, could heighten the sense of anxiety during the later pregnancy, whereas others found the previous birth helpful in managing their expectations.

"If you've had a difficult experience with your first, or with any of them, if you do have a next one, there are those feelings of anxiety and there are those feelings of uncertainty, but you do rest more if you can... for us, we rested more; we lowered our expectations of what was possible at that time."





## Media re-presentations of pregnancy can influence expectations

Many women spoke about how the image of pregnancy and birth in the media was often idealised, portraying a singular experience that didn't match the wide range of experiences seen in real life. This was felt to be a key factor in shaping their own expectations of pregnancy and birth, leading to feelings of disappointment, fear, or failure when their experience didn't match this image. However, this wasn't the case for all, with one Black mother sharing that a general lack of representation for Black mothers in the media meant this wasn't a main driver of her own personal expectations of pregnancy and birth.

"...every portrayal of pregnancy is that it is something that women have been doing for thousands of years, it's very natural, it's very normal, it's very easy... the narrative is really skewed towards a normal experience... and I think that's really damaging actually, and I think it's probably one of the biggest things that impacts women's mental health in pregnancy and labour."



## Many women feel a lack of control during pregnancy and birth

A common feeling among mothers in our discussion was a lack of control, feeling unable to fully take charge and prepare for how the pregnancy and birth would go. This was a key source of anxiety for many women during this time and was a difficult feeling to manage, particularly for those who experienced complicated pregnancies and births. For fathers, navigating how best to support their partners through the uncertainties of pregnancy was a key area of focus.

"It dawned on me that, actually, hold on a second, literally anything can happen in these months. It doesn't matter how much broccoli I eat, how much water I drink, how much stress I make sure I eliminate, literally anything can happen. And that's where the sort of anxious part came into it."

This was particularly the case for women who had experienced severe pregnancy sickness due to the condition hyperemesis gravidarum (HG). Due to the nature of HG, women spoke of feeling a profound loss of control over their bodies, which was challenging to process and to manage. Lack of control in the context of childbirth itself was also a relatively common experience in the group. Not being able to give birth in the way initially planned, for example, having an emergency caesarean section, was a difficult and isolating experience for some women.

"...the whole of the pregnancy I had no control over my body, I had no control over anything really... and then labour felt the same, childbirth felt the same, it felt like a complete loss of control... that's not a particularly positive feeling, to feel like you're just out of control all the time."

## Traumatic or challenging pregnancies can have long-lasting effects

In our survey, around one in six Scottish adults (16%) associated pregnancy and childbirth with the word 'trauma'. It is estimated that in around 30 of every 1,000 maternities<sup>b</sup> in England, a woman experiences post-traumatic stress disorder (PTSD).<sup>7</sup>

"...even now you think, 'oh, I went through a lot of trauma' and you get flashbacks and you're scared and anxious of things that you were never scared of... you just never forget that experience you went through."

Many of those who joined our discussion had experienced complicated pregnancies or births, which affected the emotions of both parents throughout the pregnancy, and in some cases had left a lasting impact on their mental health. Women who had experienced complications during pregnancy or birth, such as HG, spoke of lasting anxiety and trauma from their experience.

<sup>b</sup> 'maternities' refers to a pregnancy resulting in the birth of one or more children, including experiences of stillbirth.



## Struggling to conceive can be an isolating experience

Several parents spoke about difficulties on their journey to becoming pregnant, and the emotions that accompanied this process being more complicated than they had expected. Difficulties conceiving were described as isolating, particularly for fathers, who spoke about barriers to discussing their experience openly with friends.

"If you're not talking to anybody, you're not really sure that's common. People might be trying for three or four years, but if you haven't talked to anybody, you're there thinking 'this is only me'."

## Pregnancy during COVID-19 introduces additional challenges

Several parents experienced external complications to their pregnancy and early parenthood experience due to the onset of COVID-19 and associated restrictions, particularly those in place during the initial national lockdown. This introduced additional challenges and emotions, such as worry over catching the virus, and disappointment due to being unable to accompany a partner to antenatal appointments and scans. This was particularly challenging for those expectant parents who were key workers and thus faced an increased risk of contracting the virus at work.



## Family and friends are important sources of support for expectant parents



In our survey, 71% of adults (74% of women and 69% of men) who had experienced pregnancy and childbirth said they had received support from a partner or spouse during that time, 75% (78% of women and 73% of men) said they received support from family members, and 52% (53% of women and 51% of men) said they received support from friends.

Friends and family were key sources of joy and support to expectant parents in our group discussion. Most of those in the group described support they received from a range of loved ones. Many also described sharing the news of a pregnancy with family and friends as an important, exciting, and overall positive milestone in their pregnancy. In some cases, telling family members was also a way of accessing the additional support they needed.

“Having my Mum there as well was making it easy. Even with after having a baby, I just compared my pregnancy a lot to my Mum”.

Many women described learning from family and friends about what to expect from pregnancy and birth and found value in sharing and learning from women who had also gone through the experience. Women’s own mothers were often spoken of as a particularly important source of this knowledge. Partners and spouses were also acknowledged as important sources of support. Fathers in the group described a process of learning how to be a supportive partner but spoke less about receiving support for themselves. In our survey, nearly one in ten men said they did not receive any formal or informal support during an experience of pregnancy and early parenthood, compared to almost one in 25 women.

“When you’re the partner, you want to be as supportive as possible and you want to be as helpful as possible, but there’s no manual or book that goes with that sort of thing, of this is how to be the perfect birth partner, or this is how to be the best husband right now. So you do the best you can.”

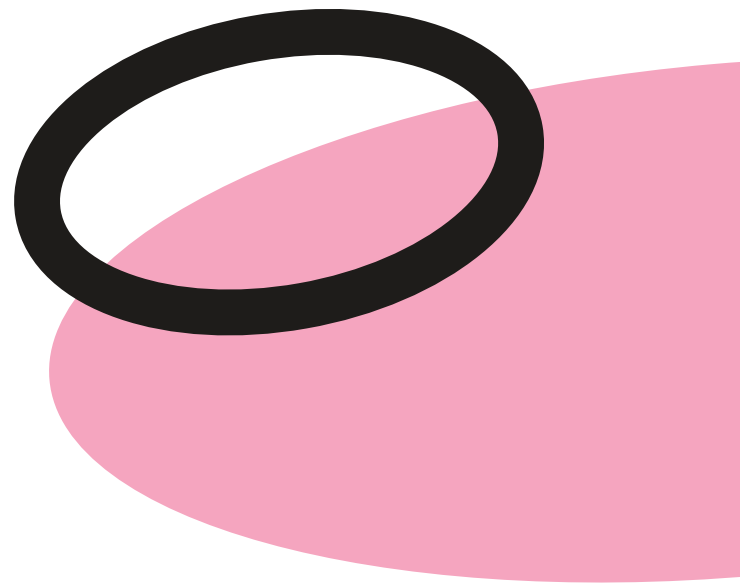
# What works to support perinatal mental health?

Through our evidence review, **we identified 42 papers<sup>c</sup> summarising the evidence for a range of approaches which aim to protect and promote mental health in the perinatal period.** There was a wide range of approaches studied which can be broadly grouped into the categories below. It is important to note, that our search for evidence focused on targeted and universal approaches, that is, approaches which support everyone, and/or which support those at greater risk of developing a mental health problem. It also was limited to academic research published in peer-reviewed publications. In this evidence review we did not capture approaches which support people living with a mental health problem; however, this is also an important area of focus, and there are specific guidelines available for services providing support to women with pre-existing mental health problems from organisations such as the National Institute for Health and Care Excellence (NICE).<sup>10</sup>

## Programmes based on psychological approaches

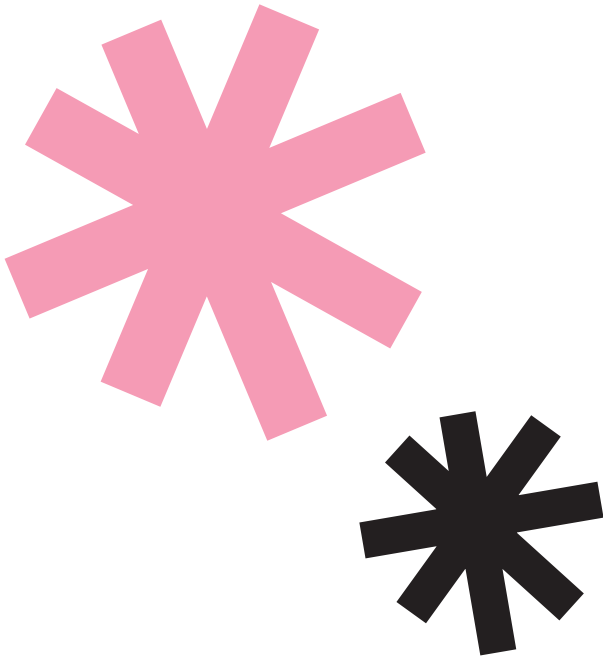
Many interventions<sup>d</sup> used approaches which were led or supported by a trained mental health professional and which were based on a specific psychological approach such

as cognitive behavioural therapy (CBT), or counselling. Several reviews looked at programmes with elements of CBT delivered online. One review looked specifically at interventions delivered via mobile phone which were tailored towards postnatal depression and found some evidence that these tailored programmes were effective in reducing postnatal depression symptoms.<sup>11</sup> Another found that internet-based CBT was able to help women to manage feelings of fear of childbirth.<sup>12</sup> These types of approaches may be particularly effective when targeted at women with higher levels of need. For example, one review suggested that postnatal counselling from a variety of professionals for women at risk of depression were more effective in preventing postnatal depression than universal approaches.<sup>13</sup>



<sup>c</sup> All papers we looked at for this report are systematic reviews, meaning they use a structured approach to identify and summarise results from many different studies on the same topic, because of this, they are generally considered to be a reliable source of evidence.

<sup>d</sup> By “intervention” we mean a structured action or programme undertaken with the intention of achieving a specific set of results, in this case, improving people’s mental health



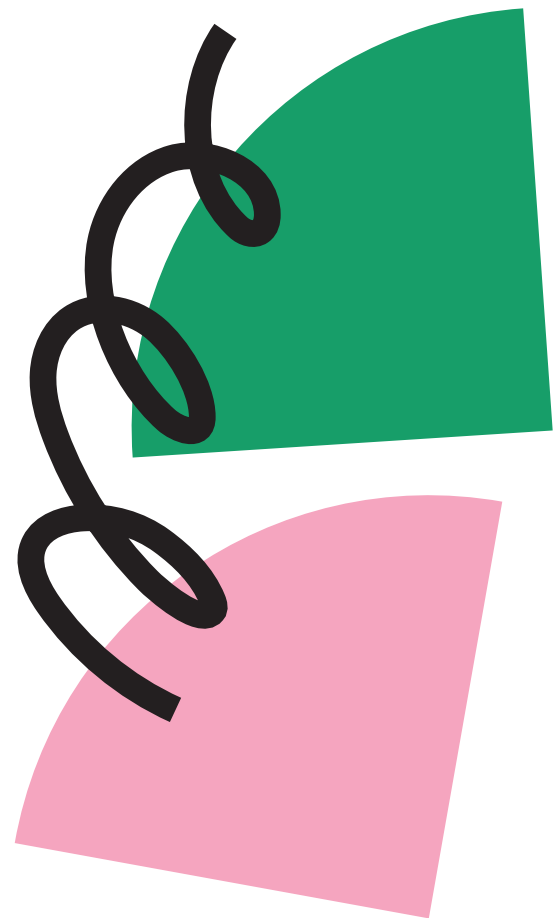
### Programmes for new and expectant fathers

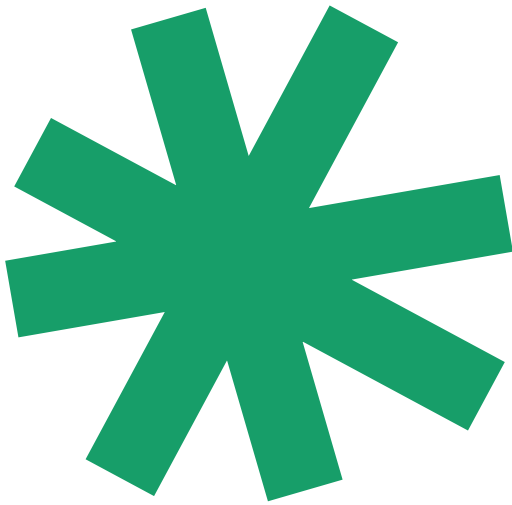
While very few reviews we identified looked specifically at the experiences of fathers, the one which did identified a range of programmes for expectant and new fathers. These were varied and included things such as antenatal education tailored toward and/or facilitated by men, lifestyle-based training programmes, music therapy and programmes to support the co-parenting relationship. All showed evidence of improvements in paternal anxiety in the postnatal period, however more research that focuses on the experiences of men during the transition to parenthood is needed.<sup>14</sup>

**Dads and Football: In 2019, the Mental Health Foundation partnered up with Cardiff City Football Club and Cardiff University on a project to provide Dads with the opportunity to talk fatherhood along with 5-a-side football sessions.**

### Lifestyle programmes

Several interventions focused on changes to daily lifestyle, such as physical activity, and their effect on maternal mental health. There was evidence that moderate intensity physical activity was effective in reducing symptoms of postnatal depression in women<sup>15</sup> and that perinatal yoga may also be effective in reducing depression and anxiety symptoms.<sup>16</sup> For women with gestational diabetes, there was evidence to support a holistic lifestyle intervention (involving two or more components of dietary advice, behaviour change techniques, physical activity, education, and self-monitoring of blood glucose) in reducing the risk of postnatal depression compared to usual care.<sup>17</sup>





### Educational programmes and antenatal classes

Many interventions had educational components delivered in a group format. The evidence for the mental health benefits of these was quite inconsistent. Several reviews found little, or conflicting evidence for group antenatal education (programmes with an aim of providing expectant parents with strategies for dealing with pregnancy, childbirth, and parenthood, including information on health promotion and risk reduction) preventing postnatal depression compared to standard care.<sup>13,18,19</sup> However, such classes may have other social and health benefits for parents, for example one review found that they may be helpful in reducing stress levels of expectant parents.<sup>19</sup> Another found that versions of these programmes, when facilitated by midwife educators or clinical psychologists, did have some significant effects in reducing postnatal depression symptoms.<sup>13</sup>

The topic of educational materials and antenatal classes was raised in our group discussion, where several women spoke about how they felt the literature provided to prepare women for birth needed to be updated, modernised, and made more relevant to them.

“I feel that the literature is probably very much outdated. When I had my antenatal classes, we were literally sat in a room and were given handouts to look at, and I’m like, I’m not sure how that’s helpful to me.”

In our survey, around 16% of Scottish adults who had experienced pregnancy and early parenthood said they received support from an organised postnatal or antenatal group. This was highest among those from the highest (19%) income group, where rates were nearly double that of the lowest income group (11%), suggesting that there may be inequalities in the accessibility of such classes.

### Support during labour and childbirth

Multiple papers looked at approaches which support women during labour and childbirth. There is evidence that continuous support during labour (for example, emotional support, information about labour progress, advice regarding coping techniques, comforting measures, and advocacy) was associated with a lower likelihood of having negative feelings about the childbirth experience, and there was some evidence that it is also associated with a lower likelihood of developing depressive symptoms following birth.<sup>20</sup> There was also some evidence for the effectiveness of mind-body interventions (such as positive imagery) in managing anxiety during labour, though more high-quality research on this is needed.<sup>21</sup>

### Support after childbirth

In addition to the psychological approaches mentioned above, the papers we reviewed reinforced the importance of structured support for women after childbirth, particularly where directed toward women in higher need. One paper found that postnatal support can reduce depression and improve quality of life for new mothers, with the evidence for this effect much stronger for women assessed to be at higher need and those with a higher risk for postnatal depression.<sup>22</sup> Similarly, others found that community postnatal midwifery care significantly reduced depression symptoms among at-risk mothers<sup>13</sup> and that extended postnatal care (compared to routine care) was associated with a lower risk of depression.<sup>23</sup>

“After labour, the postpartum support is not... it’s just day three, day five, day ten and you get left alone really other than health visitors. If there are more groups... where Mums can just get together and talk about their experiences, or something more formal, even just on the Internet.”

Women in our group discussion also spoke about the importance not only of formal support immediately after childbirth, but also of welcoming and inclusive spaces that provide an opportunity for community and support over a longer period following birth.

### It is important to feel heard by healthcare professionals.

From our group discussion, women highlighted the importance of feeling heard and having their concerns and needs acknowledged by healthcare professionals. There was a suggestion that ensuring hospitals have the appropriate capacity and resource to provide this space would be beneficial for women’s mental health.

“Hospitals actually having some staff that are available that have got the time to speak with you properly about your issues... Even if it’s like other Mums, or they have a space where people can just go, or ring up... I think just having a little bit more time. I know they are extremely overrun, and they do their best, but I think that would really help.”

Many Black mothers shared experiences of being unheard during their care, both when trying to bring attention to health issues experienced by their baby, and when trying to access support for themselves. These mothers highlighted the importance of increased cultural understanding among healthcare providers.

“Being a young Black woman as well, when you’re saying certain concerns and what have you, you don’t really feel as though you’re being heard in the same respect, or you’re almost deemed as though, ‘oh, you can handle it, I’m sure you can’ kind of thing. When it’s actually, ‘hold on, I genuinely feel a sense of unease and I need some sort of professional help.’”

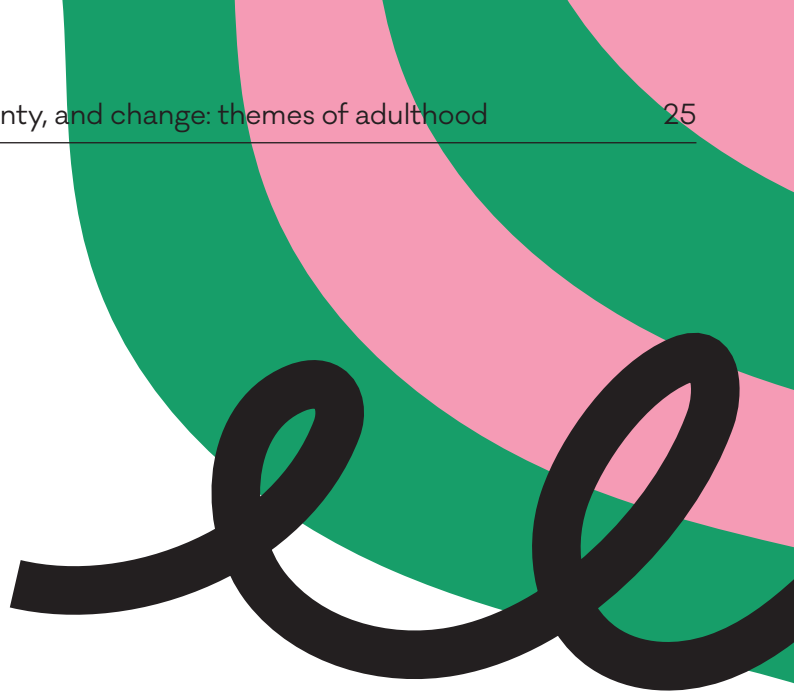
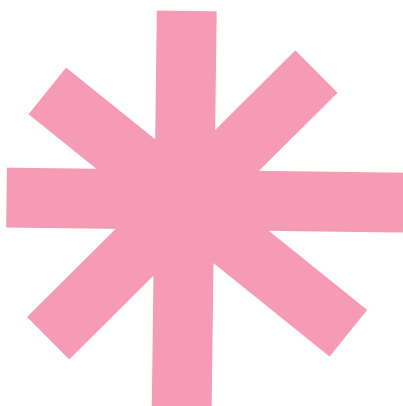
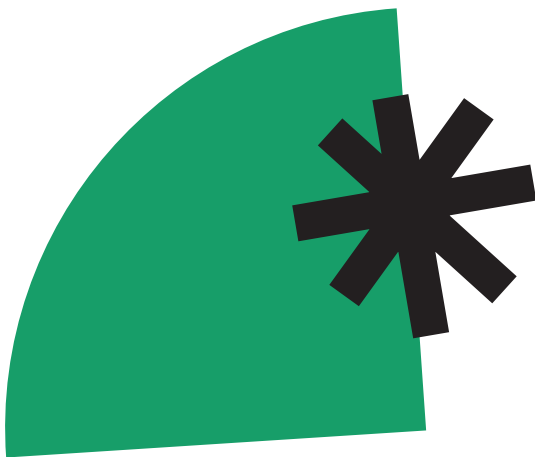




**It is important to receive culturally relevant support.**

One mother also acknowledged the heavy burden of knowing that Black women experience higher rates of maternal mortality,<sup>24</sup> and how this negatively affected her own ability to remain positive and happy in her pregnancy.

"I just feel for me, it's been quite sad. Because being told that you're five times more likely to have problems when you're pregnant, especially with being Black, has been a lot to deal with. And at first, I didn't even know that was the case. So I think for me, I've just been really struggling to just enjoy being pregnant."

**Sharing more diverse pregnancy stories can be helpful.**

Many mothers discussed how important they felt it was to share more realistic and varied stories of women's experiences of pregnancy and birth. In general, they felt that presenting a wider range of pregnancy stories would be helpful in building more realistic expectations of the birth experience and could help expectant parents feel more prepared, and less alone, if something goes off course. Social media was a medium where women felt that these realistic stories could be more readily found. However, there was also an acknowledgement that there can be a risk of information overload in this process, and so a balance must be struck between sharing a diverse range of stories, and overwhelming new parents with information.

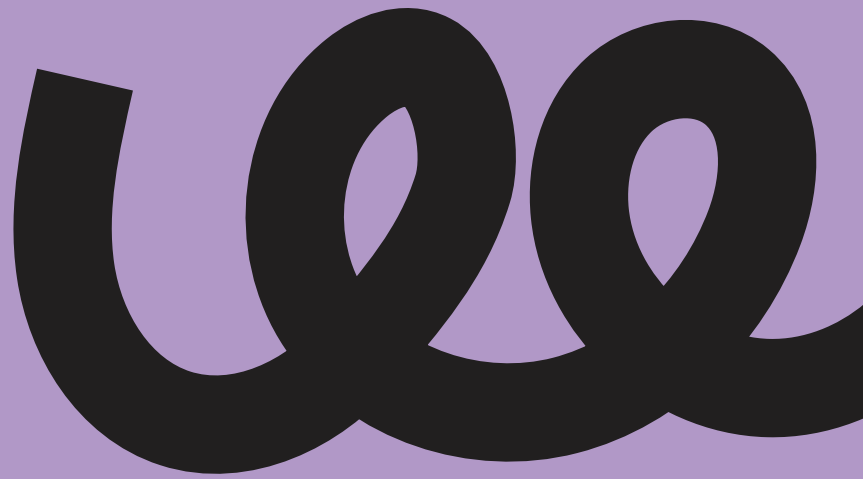
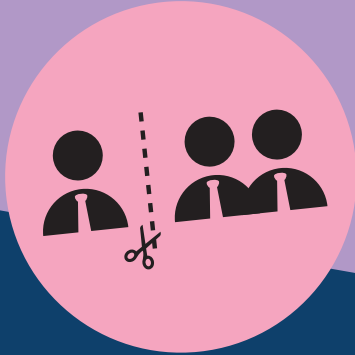
"I feel like, if it weren't for social media nowadays and being able to have these Mum groups where people are able to share their real experiences and real images of stretchmarks and everything we need to see, and different experiences, I think it would be quite daunting."

**Pregnancy can be joyful and exciting, but also, understandably, a time of worry and uncertainty, which can negatively affect the mental health of expectant parents, particularly when women experience traumatic or difficult pregnancies and births.**

## Summary

### We want to see:

- \* A more diverse, less idealised, range of pregnancy stories and images, from and of both men and women, shared in advertising, magazines, newspapers, and social media to help expectant parents to live with more realistic expectations about pregnancy and birth, and feel less alone and/or disappointed when things don't go as expected or planned.
- \* Families, friends, and communities supported to recognise when new parents are struggling. Greater valuing and more provision of local spaces and groups that enable the creation of supportive informal communities, combined with services or projects that provide active listening, educational resources, and support to new and expectant parents.
- \* Continued improvement in the development and availability of culturally relevant care at all stages of pregnancy and childbirth and postnatally. This should encompass routine care and mental health care for parents who need additional support during the perinatal period but do not have a diagnosed mental health problem.



# Unemployment and Job Loss

It has long been established that “good work” (that is a job with a living wage, control and influence over working environment, flexibility, opportunities for development, and adequate working conditions) is good for our mental health.<sup>25</sup> For many of us, engaging in this type of work adds meaning and importance to our lives and often our job is intertwined with our sense of identity. Furthermore, workplaces can be key sources of routine and social interaction.<sup>26</sup> Given this, it is perhaps unsurprising that losing a job and experiencing periods of unemployment, can be a distressing experience, which can be detrimental to our mental health and wellbeing.

It has long been established that “good work” (that is a job with a living wage, control and influence over working environment, flexibility, opportunities for development, and adequate working conditions) is good for our mental health.<sup>25</sup> For many of us, engaging in this type of work adds meaning and importance to our lives and often our job is intertwined with our sense of identity. Furthermore, workplaces can be key sources of routine and social interaction.<sup>26</sup> Given this, it is perhaps unsurprising that losing a job and experiencing periods of unemployment, can be a distressing experience, which can be detrimental to our mental health and wellbeing.

### In our survey of Scottish adults:

**83%**

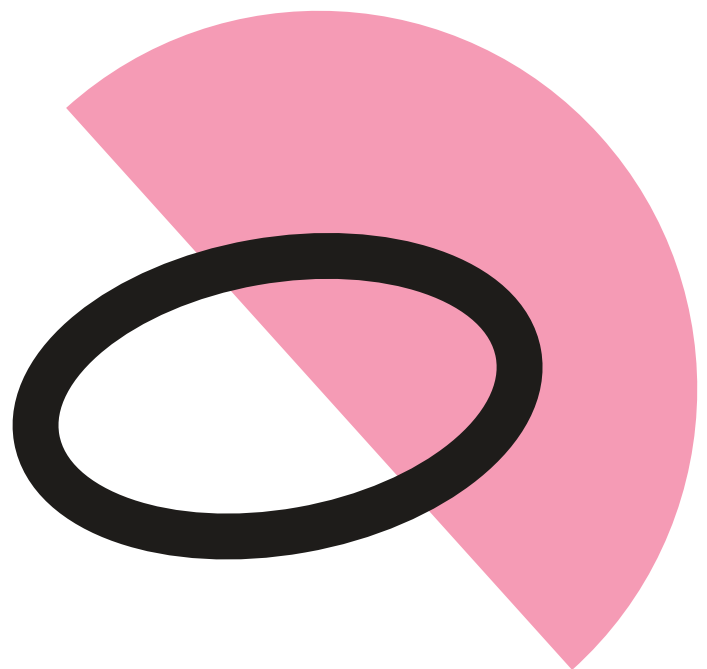
**felt unemployment or job loss has a negative effect on mental health.**

**one in four**

**adults who had experienced job loss or unemployment felt unsupported during that time.**

Unemployment, job loss, and their relationship to mental health is of particular importance to this current time. Recent figures show that unemployment is rising amid the COVID-19 pandemic, with the UK unemployment rate at 4.9%, and 370,000 people being made redundant in the three months leading up to October 2020.<sup>27</sup> The effect of increasing unemployment and uncertainty in the job

market for our mental health is multi-fold. Increased job insecurity, for example, has been found to increase risk of depressive symptoms<sup>28</sup> and unemployment has been found to negatively affect self-esteem and increase feelings of distress.<sup>29</sup> This is reflected at not just an individual, but at a country-wide level, with research to suggest that countries which experience high unemployment, income decline and unmanageable debts (that is, countries in economic recession) are more likely to experience poorer mental wellbeing and increased rates of common mental health problems.<sup>30</sup> Issues such as job insecurity do not affect all groups equally, those working insecure jobs are likely to earn much less than the average worker, are more likely to be key workers, and are more likely to be from Black, Asian and minority ethnic backgrounds.<sup>31</sup> This suggests that these groups may be among the highest risk for adverse effects of job insecurity and unemployment, however, in our survey, those in the lowest income group were the most likely to say that they felt unsupported during a period of unemployment.



**In our survey of Scottish adults:**

**Those in the lowest income group were the most likely to say they felt unsupported during a period of unemployment or job loss**

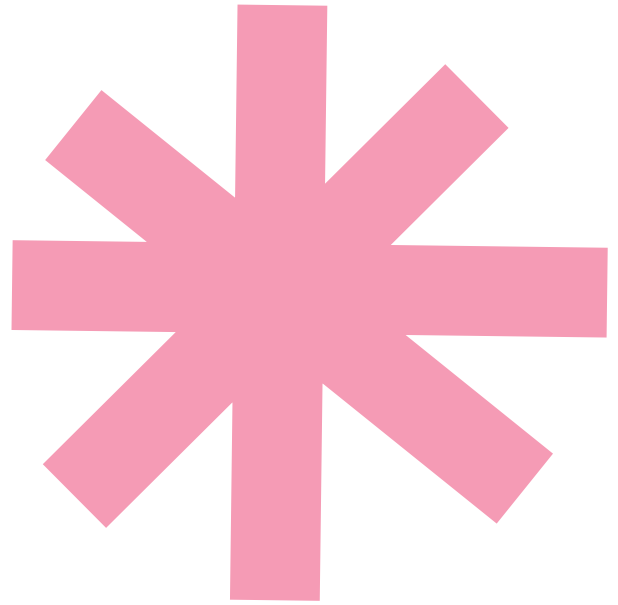
**(33%)**

**compared to those in the highest income group**

**(22%)**

There is a clear need to identify effective policies and measures that can mitigate the mental health impact of rising unemployment and increased job insecurity, particularly considering the economic impact of the COVID-19 pandemic. Frameworks for public health responses to large-scale job losses may be helpful in considering how best to structure and target such measures.<sup>32</sup> Unemployment and job insecurity are more likely to affect certain groups of people, such as lower income workers and those who experience long-term as opposed to short-term unemployment, more negatively than others, and therefore warrant particular public health attention.<sup>33,34</sup>





## What does job loss and unemployment mean for mental health?

To further understand the experience of unemployment and job loss, and what effective approaches exist to protect and promote mental health during this time, we conducted a review of the existing research, surveyed 1020 Scottish adults aged 18-64 with Deltapoll, and worked with Citizens Advice Wandsworth to host an in-depth discussion with four women about their experience of unemployment and job loss. As we were only able to engage women in this group, our group discussion may not be representative of men's experiences, a group which in our survey were more likely to state that they did not receive any formal or informal support (20%) during a period of job loss or unemployment compared to women (13%).

## Losing a job can mean losing a sense of purpose

Those in our group discussion described feelings of **loss and a lack of purpose** upon becoming unemployed, and some described their situation as helpless or "*bleak*". For one, work was deeply intertwined with their sense of identity which meant that they felt its loss particularly deeply. This matched the results of the survey, where 48% of Scottish adults associated unemployment or job loss with 'loss' and 24% with 'trauma'.

"Work has always been a huge part of my life and therefore when losing the job itself, there is no sense of focus anymore and no sense of purpose... feeling lost generally without anything to aim for."

## Redundancy can feel personal and disempowering

There was also a sense of **anger** towards previous employers from those in the group who had been made redundant, despite an acknowledgement that these decisions were often not personal. Nevertheless, the decisions often *felt* personal, and led to feeling rejected and undervalued. The feeling of being **powerless** in the process, particularly when left to navigate the redundancy alone, highlighted the power imbalance between employers and employees, which contributed to a sense of mistrust of employers in general.

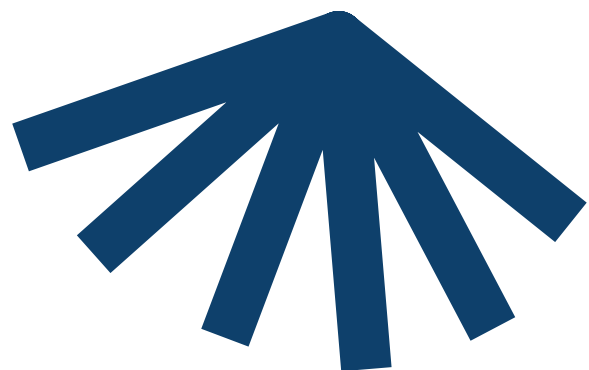
"I found it really hard to even think about the business reason for letting me go. I know that seems so silly, like, obviously it's a business, but I personally took things really, really personally".

This mistrust was heightened when employers acted in ways that went against employment rights, and those in the group described the stress of trying to reach out to services such as Citizens Advice and the Advisory, Conciliation and Arbitration Service (ACAS) to find out what their rights were, and how they could best advocate for them as an individual.

## Unemployment can feel lonely and isolating

Unemployment was commonly experienced as **isolating**, with those in the group describing feeling alone during the process, particularly when they did not have close family or friends nearby, or when a great deal of their social support had come from the workplace. This sometimes led to withdrawing into themselves. This was also reflected in our survey, where more than one in five UK adults associated unemployment or job loss with 'loneliness'.

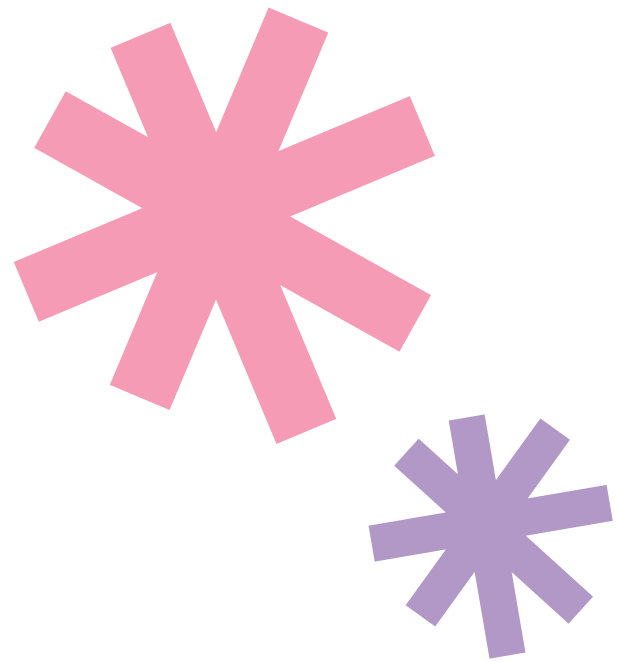
"There was nobody to talk to, no one to talk to, so everything was just in my head. Just trying to make sense of everything and just overthinking it and not sleeping well... You just sort of cut yourself off from everything and everybody, you're not picking up your calls, you're not checking e-mails, nothing like that, you're literally just existing."



## Losing a job has knock-on effects on finances and housing

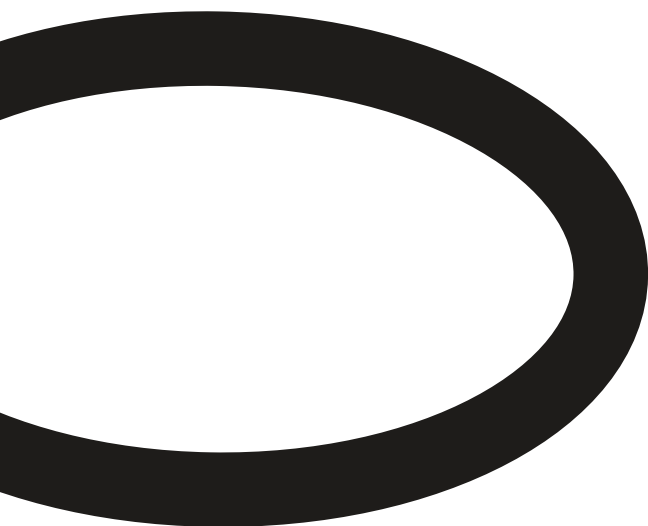
Our group discussion explored the significant impact unemployment and job loss has on **finances and family commitments**. Within this, a key area of concern was housing, specifically being able to maintain rent or mortgage payments. In addition to worrying about being able to pay rent, those in the group also spoke about the difficulty unemployed people can face in borrowing money or finding stable housing while in receipt of benefits, further contributing to housing concerns.

“For me, the main worry is losing my home, because I’ve had issues with rent arrears before... so I did kind of slip back into owing so there were letters coming again...”



The effect that job loss and redundancy can have on finances and financial obligations can be challenging, and in some cases traumatic, to deal with, and is likely to be intensified when dependents such as children are involved. The longer-term financial implications of unemployment or job loss, such as the knowledge that debts accrued during this time will eventually need to be paid off, were also discussed.

“Nobody wants to take on somebody who’s receiving benefits. Trying to negotiate [with] your landlord cheaper rent to help you get by, and then worries that come with having that giant slate in the background that you’re going to have to pay off.”





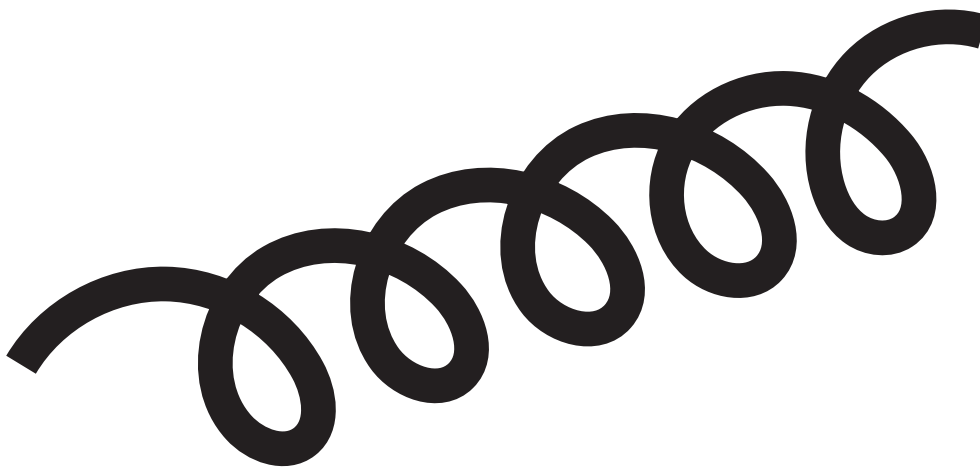
## It feels like there is less support if you are self-employed

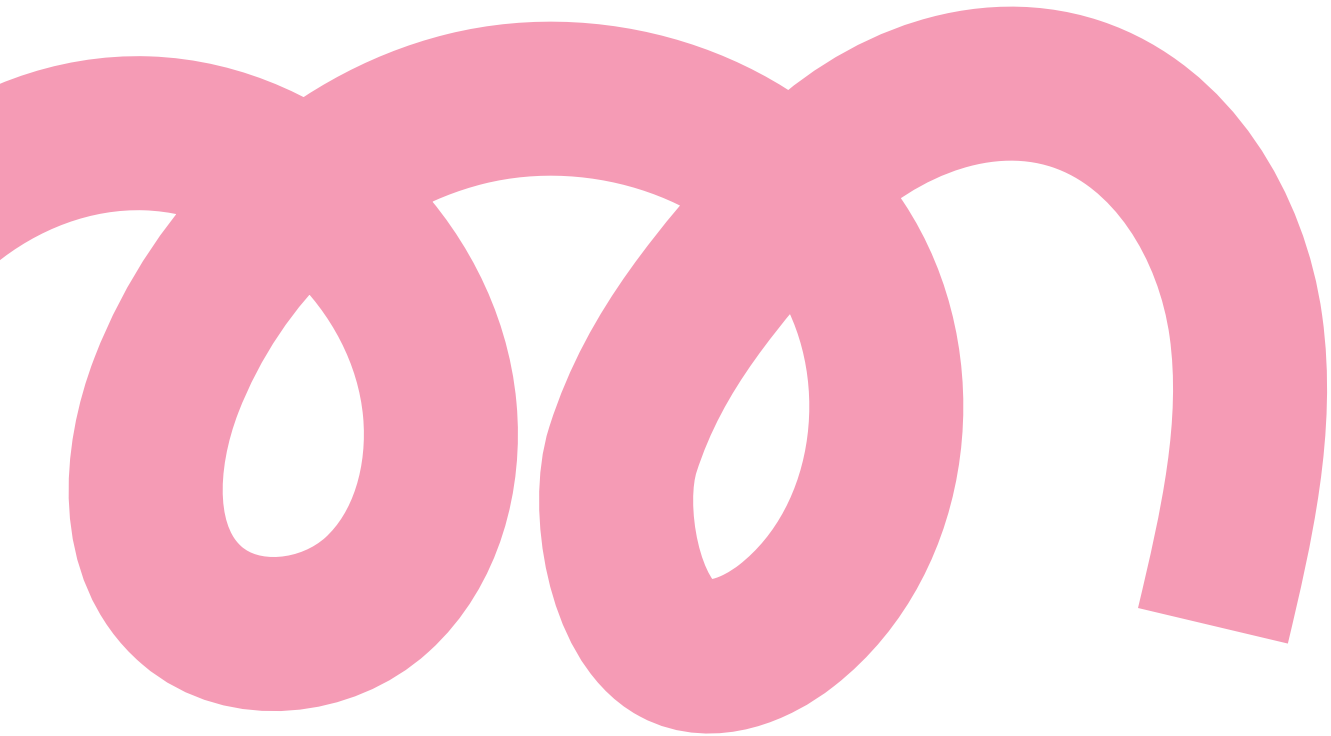
The experience of unemployment is likely to differ for those who are **self-employed**. While being self-employed appeared to be an attractive option for those who felt disillusioned with employers, there was also an awareness of the specific financial challenges that come with being self-employed.

"...it's a bit more complicated for banks to lend you money because they don't see you as, like, that safe. Although in my experience, being permanently employed is not safer is it? Maybe even less. All those emotions and circumstances make it quite difficult to deal with."

In addition, there was felt to be little support for self-employed people who are going through unemployment, particularly in the context of the coronavirus restrictions, which can result in feeling more alone in the process.

"There's not much out there in terms of help for the self-employed really, so you're pretty much on your own."





## Paperwork involved with unemployment can be stressful and overwhelming

The **paperwork** involved when navigating the process of redundancy and unemployment more generally was described by all in the group as a major source of stress and was in some cases overwhelming to face alone. For some, the difficulty of completing the paperwork whilst managing the stress of being unemployed was quite profound and had lasting impacts on their life.



"...then you've missed the deadline so then you get more anxious, more stressed, more depressed. Just going through all the paperwork and filling in things for me is a no-no. I just panic."

## Receiving not just practical, but also emotional, support can help in coping

In our survey, of Scottish adults who had experienced job loss or unemployment, the most common sources of support were family members (59%), a partner or spouse (45%) or friends (42%). Comparatively few people had reached out to more formal sources of support such as local council services (8%), voluntary organisations (5%), or online resources (4%). A substantial minority of adults who had experienced job loss or unemployment said they did not receive any support from formal or informal sources during this time (17%). This is crucial, as our group discussion highlighted the importance of both social support from family and friends, and support from more formal services.

Our group discussion identified several suggestions for supporting people who have lost their job and are unemployed, including the need for **practical support**. Given the difficulty some participants experienced with negotiating paperwork, administrative support could help to alleviate this stress. There is a need to ensure that the support offered is accessible, as some in the group spoke of feeling reluctant to reach out to advice services too often for fear of being seen as a 'nuisance' or a 'burden'. Even for those who were confident navigating themselves through these processes, it wasn't always clear what support was available and where to turn for help. The process of finding this information

involved a significant amount of effort.

"It's like every time you have a problem, for me personally, I feel like I'm being a burden or a nuisance, just approaching them like, 'oh there she comes again'. I'm sure obviously that's not the way everyone thinks, but it's just me and just things in my head. I just find it really hard to access these services thinking I'm just going to be a trouble or a nuisance."

As well as practical support, participants highlighted the need for **emotional support**, particularly as not everyone has nearby friends or family they can turn to. Helplines and listening services provide important spaces to allow people to talk through their feelings and concerns. Having human elements and a joined-up approach to support that combined both the practical and emotional support aspects was helpful in making support easier to access, less isolating and less overwhelming.

"I almost feel as though you need help with the administrative side of things, like I definitely do, but you almost just need some kind of emotional, personal support as well. I don't necessarily have family that can help or listen to me or help financially or anything like that... I think what I have found really helpful is like MIND or any of those kinds of free charities you can just call and have a chat with."



## Staying optimistic and getting into nature can be helpful day-to-day strategies

There were also various individual **coping strategies** that the group shared, including spending time in nature as a helpful way to cope with the day-to-day stress and worry. For some, trying to reframe job loss as an opportunity to reset, look at life in a different way, and revisit wider priorities around work and career was helpful. It was acknowledged, however, that this can be very difficult, especially when wider financial pressures add to the worry and stress.

"I know it sounds silly, but it's so easy to just stay in your head and be so overwhelmed by it and if you don't have friends or family around you, which is quite a lot of us at the moment, it can be incredibly overwhelming."

## A roadmap of available services could be a useful resource during unemployment

For those in our group discussion, it was suggested that a roadmap of support that is available for people going through the same experience would be beneficial in helping to navigate the many services and processes involved in redundancy and unemployment.

"So maybe having a roadmap of what to do before anything happens would be extremely helpful, whether it's communication by means of adverts, e-mails, or whatever, so that people are already a little bit conditioned as to where to go when they need it, as opposed to trying to sort it out when they are in the middle of everything and it's another thing that they have to deal with. Sometimes it's too much."

# What works to support mental health during unemployment and job loss?

**We identified eight papers which summarised a range of approaches to promote and protect mental health in the context of job loss and unemployment.** The interventions can be broadly grouped into the categories below.

It is important to note, that our search for evidence focused on targeted and universal approaches, that is, approaches which support everyone, and/or which support those at greater risk of developing a mental health problem. It also was limited to academic research published in peer-reviewed publications. In this evidence review, we did not capture approaches which support people living with mental health problems, however, this is also an important area of focus, and there are specific approaches, such as Individual Placement and Support for employment which aim to support people with severe mental health problems into paid employment.<sup>35</sup>

## Programmes which use psychological approaches

Several of the unemployment interventions we identified use psychological approaches which are led or supported by mental health professionals. They are based on specific types of therapy such as cognitive behavioural therapy (CBT), or counselling and commonly include elements such as skills training and psychoeducation (approaches which use information to empower people to understand

and cope with a condition or event). Whilst there is some uncertain evidence to suggest that these types of interventions may help with re-employment, there is no evidence that they also improve mental health compared to those receiving no intervention.<sup>36</sup> Indeed, a recent review which looked at 11 unemployment interventions across multiple countries, including the UK, and found that unemployment interventions which used psychological approaches (guided imagery, emotional competence training and expressive writing) had mixed, or no evidence of an effect on mental health, though some of the approaches increased the likelihood of re-entering employment.<sup>37</sup>

Unemployment interventions that use a CBT-style approach may be more promising to explore, particularly as CBT elements have been found to have positive effects those with illness-related absences from work.<sup>38</sup> However, the existing evidence on this is mixed and often based on old studies at risk of bias,<sup>37</sup> thus further high-quality trials examining the effectiveness of these interventions are required.

## Job clubs and vocational programmes

Vocational interventions are designed to provide practical assistance for people to find, obtain and maintain a job. One review of vocational approaches looked at large-scale programmes in the United States (US), Finland and Austria and found that their impact on mental health was limited.<sup>38</sup> However, of the five programmes they assessed, two found reductions in psychological distress in the short-term, one of which found that the impact was sustained two years after the programme had ended.<sup>38</sup> These two programmes were also very similar (the JOBS II intervention in the US and the Tyohon job search programme in Finland) and were

based on the same principles. Both lasted one week and focused on enhancing a sense of mastery through building job-search and problem-solving skills, and effectively managing setbacks. The mental health effects for the JOBS II intervention, however, were only evident for those participants at higher risk – in this case, those with poorer reported mental health at the beginning of the programme.<sup>37,38</sup> Given that both these programmes were based outside the UK, these findings may not necessarily be applicable to the UK context but suggest that there may be scope for structured vocational programmes such as intensive one to two-week job club interventions to support mental health and reduce the risk of depression.<sup>37</sup>

### Programmes which combine approaches

Sometimes programmes combine different approaches – for instance, an unemployment intervention may include both therapeutic aspects and job-search training. There is some evidence to suggest that these combined interventions may be effective in helping specific groups of unemployed people, such as those out-of-work due to chronic illness, to return to work.<sup>39,40</sup> Similarly, multi-component interventions, particularly those with high levels of contact and a mix of classroom and work-based participation, may help to improve employment prospects for young people not in education, employment or training, though again, the evidence on their impact on mental health is limited.<sup>41</sup>

### Unemployment benefit policies

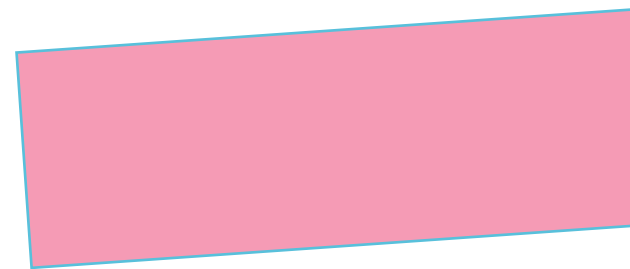
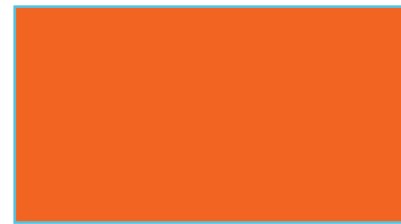
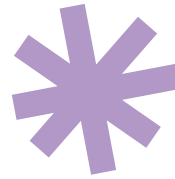
Beyond individual programmes and approaches, government policies aimed at unemployment can also be beneficial for mental health. Though unemployment benefit policies differ from country to country, receiving unemployment benefits (that is, government-provided financial support during a period of unemployment) tends to be protective against poor mental health for adults, and the more generous the unemployment benefits, the more protective its effect on mental health.<sup>42</sup> In general, unemployment benefits have been found to be beneficial to the wellbeing of both unemployed and employed people, indicating the importance of financial safety nets on the psychological health of the wider population.<sup>42</sup>

Some unemployment policies target specific groups of unemployed people, such as lone parents, who can be at greater risk of ill-health and financial disadvantage. Welfare-to-work (WtW) policies aim to address this by increasing participation in paid work

and reducing the number receiving welfare benefits. Though such interventions may have positive effects on health and economic outcomes, these are small and disappear over time, and those participating in WtW programmes were found to still be at a higher risk of depression than those who were not in the programme.<sup>43</sup> This could be due to a range of factors, including the limited effects of the programme on employment and income, which meant that poverty was still high for most parents. Parents also had reduced control over job conditions and experienced childcare conflicts, which can add to stress.<sup>43</sup> It is also important to note that the majority of the studies on WtW we identified were conducted in North America prior to 2000, so the generalisability and applicability of these findings are quite limited.

**We still have much to learn about how to support mental health in unemployment.**

There is a clear need for further research in this area, especially within the UK context. Despite the well-established relationship between unemployment and poor mental health, there is a dearth of academic research examining the mental health outcomes of unemployment interventions. Including this would help us better assess both sustainable effects on employment and longer-term impacts on mental health.<sup>36</sup> Given that the needs of people experiencing unemployment are likely to vary across groups (for example, short-term versus long-term unemployment) future interventions should appropriately tailor their approach to the needs of the specific group they are targeting.<sup>36</sup> In general, further large, high-quality studies are needed to help build the currently limited evidence base and inform effective policy and practice in this area.



**Job loss and unemployment can have a profound effect on mental health, contributing to feelings of loss, lack of purpose, anxiety, and uncertainty. Especially where the loss of employment leads to financial difficulty and housing instability.**

**We want to see:**

- \* a strong support net for those who lose their jobs, both during and after the pandemic, taking into account active learning from the impact of COVID-19 financial support packages. We support recent calls from Citizens Advice to make Universal Credit uplifts permanent, ensure benefits keep pace with the cost of living,<sup>44</sup> and build upon the existing support with energy bills in place for low-income households, to help prevent people falling into debt with their energy providers.<sup>45</sup>
- \* every locality having a clear roadmap of how to navigate redundancy and unemployment which includes details of available services and support, co-produced with those who have lived experience of job loss.
- \* targeted support for people who experience unemployment that prioritises their mental health alongside the provision of practical support in navigating unemployment, skills training, and benefits systems.
- \* more high-quality research on what approaches work to support the mental health of people experiencing unemployment and support people into employment in ways that prioritise their mental health and wellbeing.

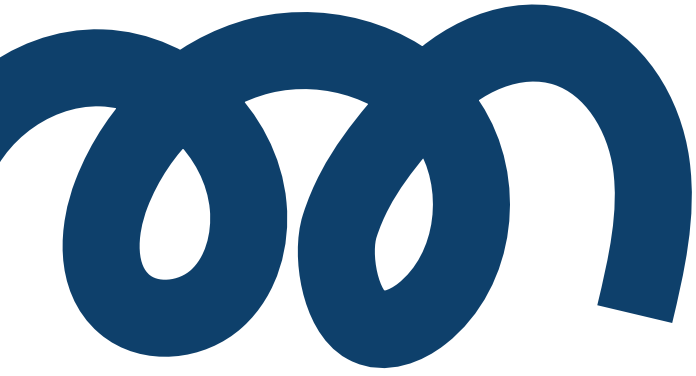
**Summary**





# Moving Home and Housing Problems

Moving home is something most of us will experience at least once, and often multiple times, in our lives. Our home, at its most basic, is where we live and where we find safety and shelter. It is also the space we create for ourselves, in which we live our most personal lives, within the bricks and mortar of our housing. For many of us, our home is also tied to our broader community, where we work, where our children go to school, where our friends and our family networks are. It is understandable then, **that – even when it is an active and positive choice - moving can be a significant period of upheaval and change**, combined with the fact that housing has long been recognised as a key factor for mental health, moving home can be an important event for our mental wellbeing.<sup>46</sup>



The reasons why we move are varied and diverse. For example, needing more space for a growing family or relocating to a new city for a job opportunity. For some of us, the reasons why we move are more distressing, for example a relationship breakdown, financial difficulty, or eviction. These disparate reasons for moving mean that it is likely that the experience will not have the same effect on mental health for everyone. No matter the reason for moving, it can be a stressful experience. However, those of us moving due to reasons outside of our direct choice or control (for example, eviction, housing instability or financial difficulty) may find the move particularly challenging for our mental health.

### In our survey of Scottish adults:

**65%**

associated moving home with 'excitement'.

**50%**

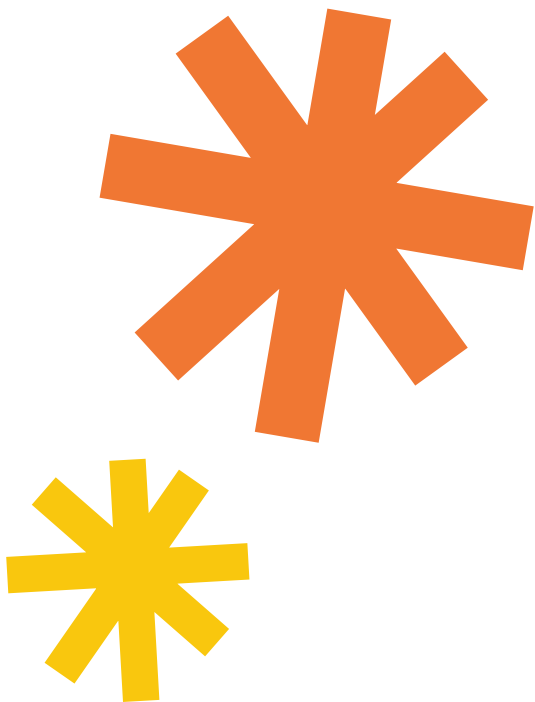
associated moving home with 'anxiety'.

The current COVID-19 crisis has highlighted the degree of housing instability many of us face. The number of people experiencing homelessness has been increasing year-on-year, with 280,000 people recorded as homeless in England in December 2019<sup>47</sup> as well as 31,333 households assessed as homeless in Scotland and 31,320 who applied for homelessness assistance in Wales in 2019/2020.<sup>48,49</sup> Private renters, estimated to constitute a fifth of all households in the UK,<sup>50</sup> are a group particularly at risk of housing issues. A poll by housing charity Shelter in June 2020 found the total number of private renters in arrears (that is, behind on their rent) had reached 442,000 adults, double that of the same time last year. Living with the threat of eviction, or repossession, is associated with physical and mental health problems, including depression, anxiety and suicidal thoughts or behaviour,<sup>51-53</sup> suggesting that simply postponing, rather than averting, evictions can still be detrimental to mental health. It has been suggested that action to decrease housing disadvantage has the potential to result in wide-reaching improvements in population mental health.<sup>46</sup> Given the relationship between housing and mental health, and rising housing inequality in the UK, understanding how best to support mental health in the context of housing problems and moving home should be integral to improving population mental health.

**The Mental Health Foundation's Sawti project uses the arts to raise awareness of mental health and wellbeing of refugees in Scotland. In Wales, our Perthyn project recruited and trained refugee and asylum seeker peer leaders to lead engaging groups.**

## What does moving home mean for mental health?

To further understand the experience of moving home and to explore existing approaches to protect and promote mental health during this time, we conducted a review of the existing research, surveyed 1020 Scottish adults aged 18-64 with Deltapoll, and worked with Citizens Advice Wandsworth to host an in-depth discussion with four women about how moving home has impacted their lives. As we were only able to engage women in this group, our group discussion may not be representative of men's experiences, a group which in our survey were more likely to state they did not receive any formal or informal support (17%) during a move than women (9%).



## Whatever the context, moving home can be stressful

Almost all those in our group discussion described moving home as **stressful**. The sources of stress were complex and varied, tied to issues such as the frequency of moves, administrative issues, and the challenges of living with others. Filling out the paperwork involved with moving was commonly described as difficult, with several of those in our group discussion citing the administrative burden associated with moving as particularly taxing. Moves were also complicated by those making up the household. One member of our group shared that moving with young children added an additional layer of stress, while another described how living with housemates was stressful because it required adjusting to other people's habits and schedules. Regardless of context, most moves created a great deal of **instability** which was an important driver of the stress of moving home.

"To have stability, stay in a place for more than a couple of years. I'm honest, I don't have anymore that feeling... so yeah, I quite miss the fact that I can think about my house as something safe, a safe place where I can stay..."



## Moving home can be “a new chapter” of life

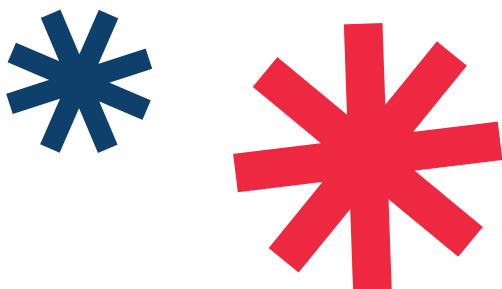
Though moving home can be stressful, our group discussion highlighted that moving is also associated with excitement and starting a “**new chapter**” in life. This was echoed in our survey, where 65% of Scottish adults associated moving home with ‘excitement’ and 50% with ‘anxiety’. Similarly, 35% of Scottish adults felt that moving home had a positive effect on mental health, and 38% felt it had a negative effect on mental health, reflecting the way that moving home can be both an exciting and a difficult experience, depending on individual circumstances.

“It’s definitely a positive experience, because I think moving might signal a change in job, which is often exciting, or perhaps moving in with a partner. So generally, like I associate anything...other people around me have associated moves with good life experiences.”

## It is challenging when the reason for moving is outside your control

When the reasons behind the move were **outside of individual control**, moving was less likely to be experienced as a positive new chapter and more likely to be detrimental to mental health. Finances are often cited as a major reason for moving<sup>54</sup> and several of those in our group discussion mentioned financial difficulty as a trigger for moving and a major factor in the quality of the subsequent housing available to them. For those in the group that experienced this, it was accompanied by feeling a loss of control and a reluctance to talk about the move with others.

“Moving was tinged with losing my job, and my hands were forced. It wasn’t necessarily a choice I wanted to make. I didn’t tell that many people... it just wasn’t the usual kind of joyful occasion that moving has often been in the past.”



## Eviction can be a stressful and traumatic experience

Within our group, there was an experience of having been forced out of housing through **eviction**. Eviction affects several thousand individuals in the UK annually and is associated with negative mental health outcomes<sup>51,55</sup> The experience of eviction can be a traumatising one. In our group discussion, eviction was described as producing intense feelings of loss and shame, which had lasting effects on mental health.

“I mean, I still feel traumatized by it... I still feel traumatized by all the circumstances that got me evicted from my house... I was there more than 40 years.”

## Moving is about more than just a house

Our group discussion touched on the idea that **a home is more than a house**. More than a physical location to live, the idea of “home” extends to who we live with and to the surrounding neighbourhood. Feeling part of a community is an important part of making a home and is something which takes time, fostered by regular contact with those in our local area. Our group discussion also highlighted the importance of living in an area with robust support systems. **Moving home, therefore, often means moving away from not just a physical building, but a community, which can contribute to a sense of instability.** Indeed, research suggests that the areas in which we live play a role in our health and wellbeing<sup>56</sup> suggesting that it is not just the move itself, but also the communities which we move from and to, which affect our mental health. This is an example of the importance of social capital, which refers to the links, shared values and understandings in society that enable people to trust each other and work together.<sup>57</sup> Moving to a new area away from established networks will often reduce our social capital.

“I think the problem actually is because I move many times, I never have time to create my own community.”

## Support from family, friends, and advice services are helpful

Those in our group discussion spoke about **informal sources of support**, such as family and friends. Support from these places included helping with the move itself, and in some cases, providing a home to move to.

“I had to leave my London flat... I’m in my mum and dad’s home at the moment... and I’m very grateful and fortunate that I do have a roof over my head.”

Outside of family and friends, online groups were described as providing valuable information, particularly when navigating the moving process as a non-British national. All those in the group accessed, to varying extents, **formal support** from Citizens Advice, which was valued as a free, impartial source of support. Some barriers to accessing this advice were discussed, such as long waiting lists and scheduling difficulties, though the support received from staff was widely praised. The discussion highlighted the need to ensure support is accessible and reaching those in greatest need who may not always feel comfortable reaching out themselves or visiting a physical office. In these cases, home-based visits may prove beneficial.



## What works to support mental health during house moves and housing problems?

**We identified five papers which summarised a range of approaches to promote and protect mental health in the context moving home and housing problems.** The interventions can be broadly grouped into the categories below. It is important to note, that our search for evidence focused on targeted and universal approaches, that is, approaches which support everyone, and/or which support those at greater risk of developing a mental health problem. It also was limited to academic research published in peer-reviewed publications. In this evidence review, we did not capture approaches which are specifically designed to support people living with mental health problems, however, this is also an important area of focus.

### Improving internal housing conditions

Some of the more common housing interventions we identified were those aimed at improving housing conditions. There is some evidence to suggest that warmth and ventilation improvements are associated with increases in the physical health and wellbeing of adults and children and general home improvements may also have a positive impact on the mental health of residents, specifically those in disadvantaged communities.<sup>58</sup> Though there is more research on warmth-improving interventions compared to other types of home improvements (perhaps because of strong campaigns to reduce fuel poverty), there are a lot of differences across studies which makes it difficult to identify the effectiveness of specific approaches and the mental health effects of such changes are not always clear.<sup>59</sup>

### Increasing access to quality, affordable homes

Other approaches we identified included those centred on housing affordability and access to affordable homes. There is research to suggest that for those living in low to moderate income households, unaffordable housing (defined here as housing costs that constitute more than 30% of household income) is associated with poorer mental health, though this relationship is not evident for higher income earners.<sup>58</sup> Tenant-based rental assistance programmes can make housing more affordable for residents and there are some promising findings that these initiatives can result in significant improvements across measures of adult mental health. However, further research on their impact is needed to develop informed policy recommendations in this area.<sup>60</sup>

Housing mobility programmes also aim to increase access to quality, affordable homes, though they focus more on improving the area in which people live by providing help to families from disadvantaged areas to move to neighbourhoods of lower poverty. The mental health impact of these programmes appears promising and there is some evidence to suggest that moving parents to areas of lower disadvantage led to reduced levels of distress and depressive symptoms compared to families who remained in areas of high disadvantage.<sup>58,60</sup> Whilst these findings appear positive, this is clearly not a sustainable long-term solution, as it does not help improve conditions for all residents living in disadvantaged areas,<sup>60</sup> and does not address the social support and sense of community which develops within neighbourhoods and which is important for mental health.



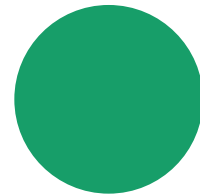
## Programmes for those who experience homelessness and the vulnerably housed

Some housing interventions specifically target those experiencing homelessness and the vulnerably housed. One common approach is case management, which involves a caseworker assessing an individual's needs and providing tailored, person-centred support. Though case-management interventions vary, for instance in complexity and mode of delivery, there are four key models applied in health and social care contexts. The standard case management (SCM) model is a co-ordinated and integrated approach to delivery. There is limited, conflicting evidence of its impact on overall mental health and psychological wellbeing, with one review finding varying effects on mental health across studies, ranging from reducing the risk of depression, to heightening depression symptoms, to having no effect.<sup>61</sup>

The evidence we identified is also mixed for intensive care management (ICM) and assertive community treatment (ACT) approaches. ICM is typically targeted at people with a high level of need and shares similarities with ACT, though the latter involves health care providers working together to provide multidisciplinary, flexible support at all times. Whilst some studies on ICM and ACT reported a reduction in symptoms of mental health problems for people experiencing homelessness, others found no effect compared to other supportive services. However, there was evidence that ICM had positive benefits for quality of life, and there was evidence for both ICM and ACT having some positive effects on housing stability. The final model is critical time interventions (CTI) which is an intensive, time-limited approach designed for critical moments in people's lives, for instance in the transition from a shelter to independent housing. Compared

to the other models, there was less published research identified on the effect of CTI on mental health outcomes, though there was some evidence the approach may be beneficial for PTSD symptoms among women who have experienced abuse, and it also showed some positive effects on housing stability.<sup>61</sup>

As case management interventions are so complex and heterogeneous, it is challenging to make any generalisable conclusions around their impact on mental health. There are indications that continuous, community-based, and intensive case management approaches can lead to benefits, though their impact on mental health needs to be further explored.<sup>61</sup> It is important to note that the papers we identified are based in the US, and further research in the UK is needed to ensure applicability of findings.

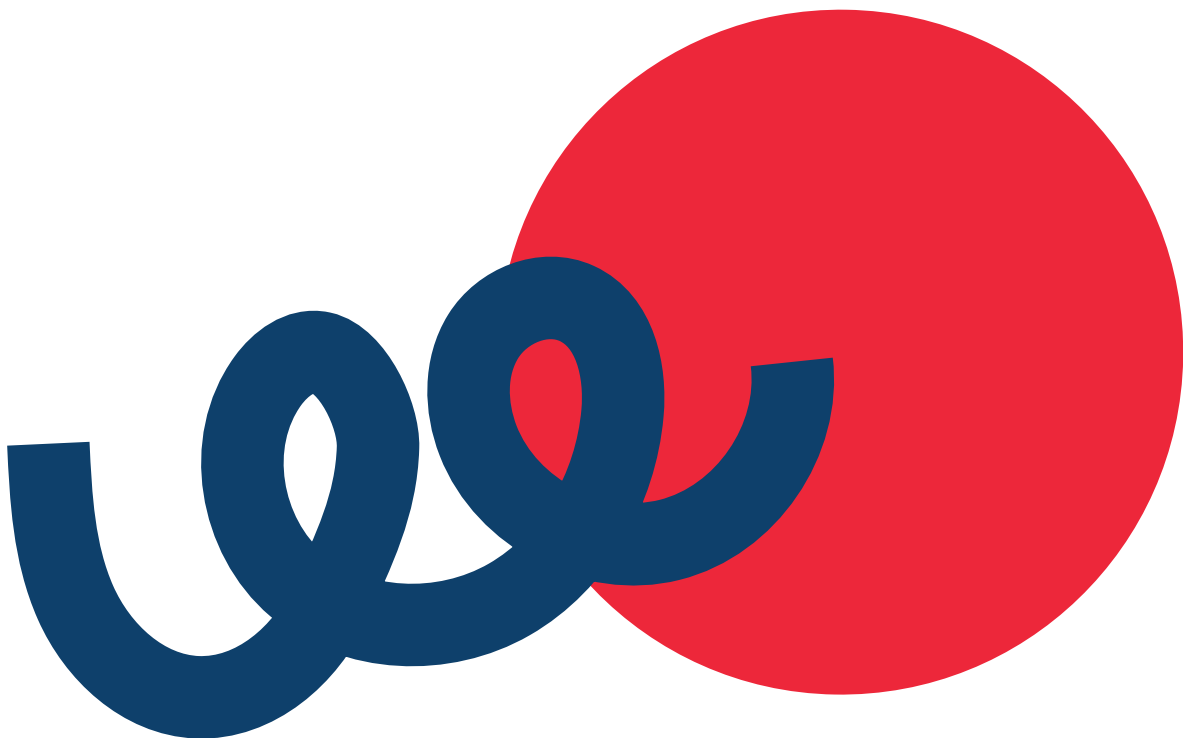


### **We still need to learn much more about how to support mental health in the context of housing**

Though randomised controlled trials are often regarded as the “gold standard” in research, they may not always be appropriate when determining the effectiveness of housing interventions, given their complexity.<sup>59</sup> This complexity poses many challenges to conducting rigorous trials properly; for instance, it can be difficult to ensure that people in the control group of a study do not receive housing improvements at the same time as those in the experimental group, and this can skew findings. There are various other ways, however, to strengthen research in this area. One way would be by improving reporting on studies, which sometimes do not provide sufficient detail on the intervention. This would enable studies to be more effectively compared and the findings of similar approaches to be synthesised.<sup>59,61</sup> Including a qualitative component in research on housing

interventions, which is largely quantitative, is also recommended as a way of exploring mental health outcomes in greater depth.<sup>60</sup>

There are clear gaps in research on housing interventions. Though housing can have a significant impact on mental health, particularly for those for whom housing costs constitute a significant proportion of their income, research on housing interventions does not always capture mental health outcomes consistently. In terms of intervention approach, though housing mobility programmes may help with mental health, they do not address the systemic housing inequality and instability that exists in the UK and it would be wise to focus investment in deprived areas to assist all residents, as opposed to a select few.<sup>60</sup> More intensive case-management approaches may be beneficial to those experiencing homelessness, though further high-quality research is needed to develop the evidence base on their impact on mental health.<sup>61</sup>



# Summary

**Regardless of context, moving home can be a stressful experience. However, while a positive new chapter for some, when a move is not due to personal choice, or involves limited individual control (for example, financial difficulty, relationship breakdown or eviction), it can be a traumatic experience with lasting effects on mental health. More broadly, the communities we move from, and move to, and the resources and social support available within them have an important influence on our mental health.**

## **We want to see:**

- \* increased awareness of moving home as an important stressor in people's lives, and a recognition that those moving under challenging circumstances may need additional support for their mental health
- \* improved funding for and greater provision of voluntary and advice services, which provide valuable and impartial support to those experiencing housing difficulties.
- \* continued widespread efforts to reduce housing disadvantage and instability to ensure that everyone in the UK has a safe and stable home, building on learning from policies implemented in other nations such as indefinite tenancies and rent control policies, and from the impact of temporary rules on evictions implemented during the COVID-19 restrictions. We support calls from Citizens Advice to provide further hardship funding for local councils to help support people in arrears or behind on council tax.<sup>62</sup>
- \* further high-quality research into the effectiveness of housing interventions for promoting and protecting mental health that consistently captures outcomes related to mental health and integrates a broader range of research methodologies.



# Bereavement

The death of someone important to us can happen at any point in our lives and is significant whenever we experience it. As we age, it becomes increasingly likely that we will experience the death of someone we love and care for.

Unfortunately, bereavement has become an even more common experience during the COVID-19 pandemic; with rates of deaths for 2020 well above the five-year average.<sup>63</sup>

Bereavement is a painful experience and a period of grief following bereavement is a natural response which, though distressing, is not in and of itself a mental health problem. However, those who experience bereavement are at a higher risk of developing mental and physical health problems, meaning support from family and friends, and from formal services where needed, is important for protecting and promoting mental health among those who have experienced a death.

**In our survey of Scottish adults:**

**57%**

**associated bereavement with 'loneliness'.**

**57%**

**associated bereavement with 'trauma'.**

**45%**

**associated bereavement with 'anxiety'.**

People experiencing bereavement often draw on support from friends and family, and this social support is one of the strongest predictors of positive mental health outcomes after bereavement.<sup>64,65</sup> In our survey, of Scottish adults who had experienced a bereavement, a

majority said they had received support from family members (78%) and friends (65%).

**In our survey, of Scottish adults who had experienced bereavement:**

**73%**

**said they felt supported.**

**14%**

**said they felt unsupported, this was highest among those from the two lowest income groups (21%).**

The experience of bereavement is influenced by economic, social, and cultural factors. Research has highlighted how the experience of bereavement, including access to services and the availability of social support, is subject to inequalities related to gender, age, class, and ethnicity, which can all influence the period of adjustment following a death.<sup>66,67</sup> These inequalities were illustrated in our survey where, of those who had experienced a bereavement, adults from the lowest income group were the most likely to say they had not received any formal or informal support following a bereavement (14%) compared to those from the highest income group (5%) and were (along with the second lowest income group) the most likely to say they felt unsupported during that time (21%).

In the UK, formal bereavement services are varied, but commonly include grief counselling, support groups, or online information.<sup>68</sup> Given the variability of bereavement experience,

it is important to tailor services to meet the needs of different groups. For example, LGBTQ+ individuals or people bereaved by suicide, who are more likely to experience poor bereavement outcomes.<sup>69-71</sup> Additionally, expressions of grief differ by culture,<sup>72,73</sup> which means bereavement support should be offered in culturally appropriate ways. In our survey, non-white adults who had experienced bereavement were more likely than white adults to say they received support from a church or other faith-based organisation (19% compared to 6%).

## What does bereavement mean for mental health?

To further understand the experience of bereavement, and what effective approaches exist to protect and promote mental health during this time, we conducted a review of the existing research, surveyed 1020 Scottish adults aged 18-64 with Deltapoll, and worked with Cruse Bereavement Care to host an in-depth discussion with seven adults (six women and one man) about their experience of bereavement. As we engaged mainly women in this group, our group discussion may not be representative of men's experiences, a group which in our survey were more likely to state that they did not receive any formal or informal support (8%) during a period of bereavement than women (5%).

**In our survey, of Scottish adults who had experienced bereavement:**

**78%**

**said they received support from family.**

**65%**

**said they received support from friends.**

**10%**

**said they received support from a health care provider.**

**7%**

**said they received support from a church or other faith-based organisation.**

**7%**

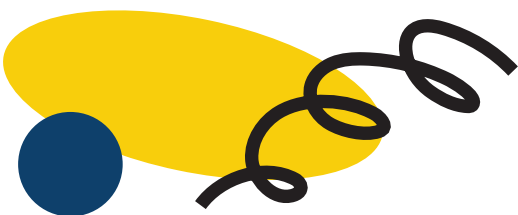
**said they did not receive any formal or informal support.**

## Grief is a personal journey that is different for everyone

Overwhelmingly, grief was described by those in the group as a journey. The ways in which grief was experienced changed over time, and not always in a linear way. In one case these changes were described as a “bowl of spaghetti”. There was an acknowledgement that each person, and each experience of grief, is unique.

Many in the group spoke about their grief as a long-term journey, something which shifts and changes over a period of years. This was felt to be sometimes misunderstood by those that haven't experienced a bereavement, who might assume that the worst would pass after a year or so, when for many it was the second year that was just as, if not more, difficult.

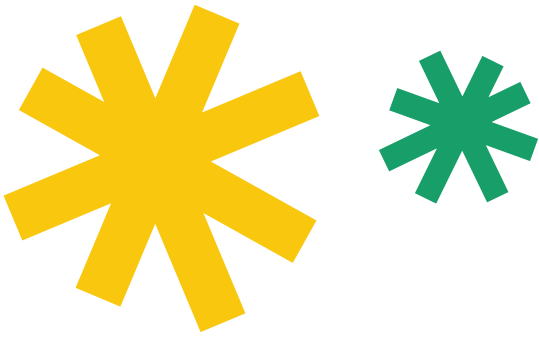
“I'm 18 months on now, so I'm in that second year, so I know things have not got better, but it's just a question of adjusting. And I think the journey for me still feels like it's not a set path. I feel I'm being torn in all directions, and at the moment, I'm in a cul-de-sac.”



## It is important to normalise feelings of sadness and pain after loss

Many in the group spoke about social attitudes and norms around sadness, particularly a desire to avoid or quickly move past expressions of sadness and put on a positive front. This affected people's feelings towards, and understanding of, their own sadness and pain after the death of someone close. **There was a feeling that we are often unprepared for what “normal” grief looks like**, and for many, having their feelings of sadness, pain, loss and numbness normalised was an important step in their grief journey.

“...I really thought, there's something wrong with me, that I'm broken somehow. But it was actually understanding that that was normal, that is what happens, sad feelings... just the fact that grief is natural, sad feelings are normal. Just that was a huge revelation to me.”



## Support from family and friends is important for mental health

In our survey, among adults who had experienced a bereavement, support from family members (78%) and support from friends (65%) were among the most common types of support. However, around one in seven adults who had experienced bereavement said they felt unsupported during this time. Many of those in our group spoke of the importance of support from their friends and family.

"I think it was a case of family and friends literally arriving and literally passing on the baton. You know, one set would arrive and then they'd leave, and I'd be in a complete panic, and then the next lot would come in and just force-feed me and just provide me with unconditional love and support. Which was fabulous, and that probably lasted a long time."

This support, both practical (e.g. bringing food) and emotional (simply being a listening ear), was crucial for helping them to manage during the period of time immediately following a bereavement. The act of active listening was felt to be particularly valuable.

"... just listening and not trying to fix someone, not trying to solve. Just having someone who you can talk to, who you trust, and who is willing to listen to you for hours repeat the same things and say everything you need to say."





## Not everyone understands how best to support people who are grieving

At the same time, many in the group recognised that those around them didn't always know what to say, or would make assumptions about what they needed that weren't always correct, for example assuming that they would want to avoid speaking about the person who had died. There was a sense that it was difficult for those who hadn't experienced a bereavement to fully understand what it was like, and that people can feel uncomfortable, or uncertain, in supporting someone through a loss.

"...because maybe they hadn't experienced a parent passing away, some people weren't so supportive in that way. Sometimes people would say things... and I don't think they meant it in a bad way, but they were like, 'oh well, just get on with it, this happens' and things like that."



## Bereavement can be a lonely and isolating experience

In our survey, more than half of Scottish adults (57%) associated bereavement with "loneliness". Grief was indeed described as a profoundly lonely experience for some in the group, particularly those whose partner had died, or who didn't have close family, children, or friends to rely on. In some cases, individuals described a rush of initial support, which dropped off with time



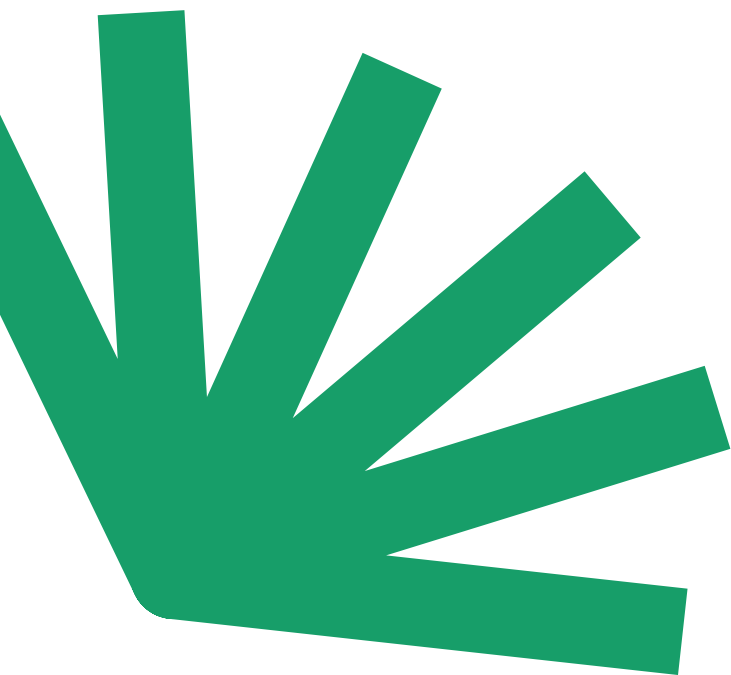
## There is stigma associated with some types of bereavement

There was a wide range of bereavements experienced by those in the group and there was reflection that different types of loss (for example sudden death versus death following a long illness) were experienced in different ways, each with their own challenges for processing and managing the resulting grief. It was felt that some types of bereavement (such as bereavement by suicide or by alcohol or substance abuse) are more stigmatised than others, adding an additional challenge to navigating the bereavement. A recent report on the impact of bereavement by suicide reflected this, finding that those who had lost friends to suicide often reported feelings of "hidden grief" which was not fully acknowledged by others, and that they often felt isolated and overlooked by services.<sup>74</sup>

## It can be helpful to re-discover meaning and purpose following a bereavement

Several in the group spoke powerfully about the ways in which, throughout their bereavement journey, grief affected different aspects of their lives. The experience of bereavement was in many cases deeply traumatic, affecting day-to-day activities as well as identity and sense of self, which could result in feeling a lack of purpose. Rediscovering that sense of purpose was described as important for making meaning out of the loss, particularly for those who used their own lived experience to support other people. For others, a sense of purpose and distraction could be found by returning to work. Indeed, research has suggested that rediscovering and redefining meaning after a death is a central process of grief,<sup>75</sup> and is associated with more positive bereavement outcomes.<sup>76</sup> Some programmes and therapeutic approaches have been developed which incorporate strategies to support this process.<sup>75</sup>

"I was actually using my lived experience to help others, and it kind of brought a purpose to what had happened. And that's what I do today."





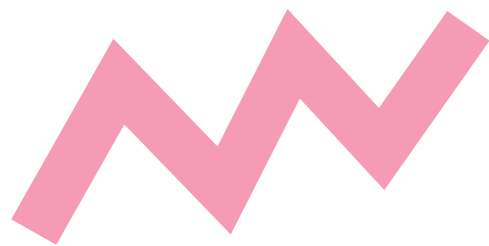
## There are many types of support and coping strategies that people find helpful

Nearly all of those in the group had accessed supportive resources during their bereavement journeys. People found comfort from different sources, and the group spoke of a range of coping strategies they found useful. This was quite varied and included the use of self-help books, journaling, exploring spirituality, spending time in nature, or simply being kinder and more compassionate to oneself.

"...I'm learning to be kind to myself and if I have a day where I don't want to get up, that's okay. If I have a day where I feel like screaming... it doesn't feel okay at the time, but it really is just learning to have one day at a time, and not have expectations."

Resources provided immediately following a death, particularly a sudden death, were described as very important sources of support, with one individual mentioning a booklet provided by a road safety charity as a particularly important resource for them and their family. Similarly, a recent report on bereavement by suicide found that people bereaved by or affected by suicide highlighted a need for immediate, proactive support presented in an easily accessible format.<sup>74</sup>

"... it was like our Bible. It was ridiculous. It was just a little yellow booklet, and it just described grief in it, and we were all reading it... just having some kind of structure and framework explaining what we were going through. I can't tell [you] how helpful that was, as limited as it was."





## Peer support and grief counselling are valuable sources of formal support

Many of those in the group had accessed one or more forms of formal counselling. Experiences of this counselling were generally positive and were helpful in terms of providing a space to be listened to without judgement, and for normalising and validating feelings of sadness and pain. Several individuals in the group had found great support from the Grief Recovery Method and had gone on to become practitioners of this method themselves.

"It [the Grief Recovery Method] is a transformative process and it's structured and relatively short and accessible and has made a massive difference to me and my clients... I think I've survived as a consequence of having been through the Grief Recovery Method myself, and that's why I've a smile on my face."

Several in the group also reflected on how receiving peer support from those who understood the type of bereavement they had experienced, or bereavement in general, was especially helpful. Specific charities such as Widowed and Young and WayUp were highlighted as useful forums for accessing this type of peer support.

"One of the main things was I would seek out people who had experienced the loss themselves and ask them about it. And that was really helpful, hearing other people talk about it and sharing that experience."



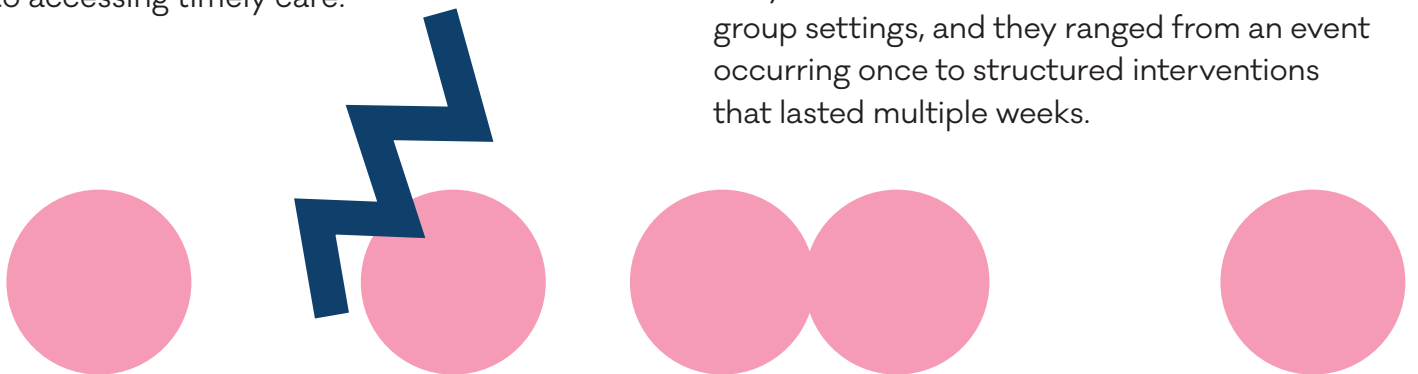
## It can be challenging to know where to go, and how to ask for the support you need

The group was varied in the paths they took to advocate for and find the support that they needed. In some cases, this was asking for a referral from a GP, while in many other cases people found support from voluntary organisations, and, quite commonly, from private counselling. It was common to have received help from multiple places (for example, GP and voluntary services, and private counselling). For those who had experienced bereavements some time ago, there was a feeling that good progress had been made in making support more accessible and holistic; however, there was still a feeling that there was a lack of awareness of where to go for support and a worry about GPs being over reliant on prescribing antidepressants rather than referring on to talking therapies or other forms of support. In several cases long waiting lists were barriers to accessing timely care.

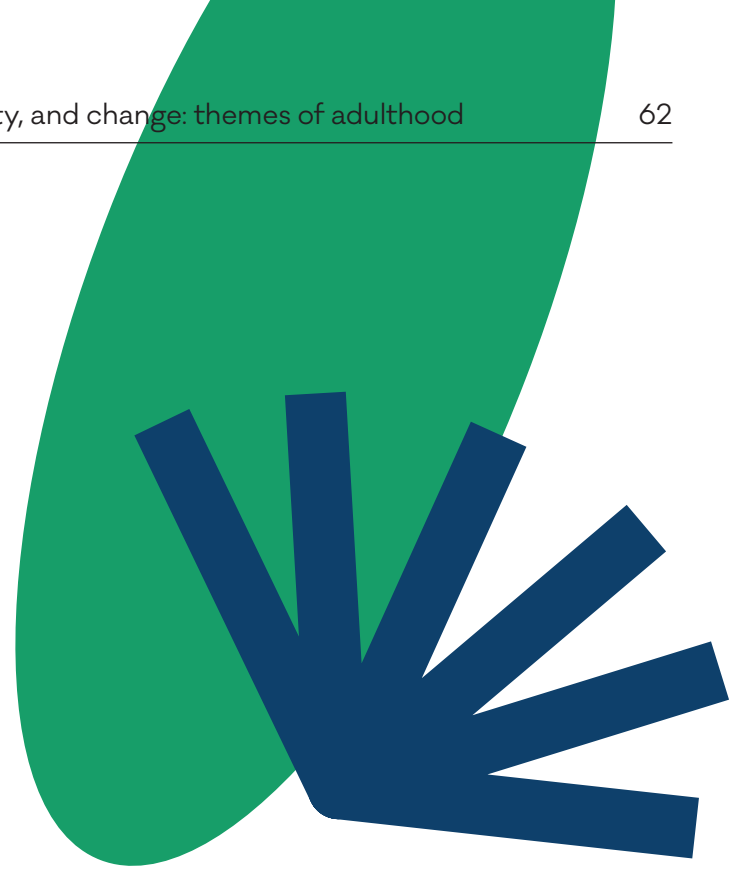
## What works to support mental health during bereavement?

**We identified 12 papers which summarised a range of interventions to promote and protect mental health during bereavement.** It is important to note, that our search for evidence focused on targeted and universal approaches, that is, approaches which support everyone, and/or which support those at greater risk of developing a mental health problem. It also was limited to academic research published in peer-reviewed publications.

Half of these studies focused on individual approaches and a general experience of bereavement. The other half of the included approaches focused on experiencing bereavement as a result of a specific type of death, such as suicide, homicide, dementia, or advanced illness. The delivery, format, and frequency of these interventions varied. Some were self-directed, while others were delivered by another person, typically a healthcare professional (such as a nurse, psychiatrist, or counsellor) or a volunteer, befriender, or peer supporter. The interventions were provided in a variety of formats. Some were in-person, while others were online or conducted via telephone. They were delivered in both individual and group settings, and they ranged from an event occurring once to structured interventions that lasted multiple weeks.



The bereavement interventions from these studies can be divided into three categories. First, interventions which are psychological in nature, incorporating therapeutic elements such as cognitive behavioural therapy (CBT), counselling, and family or group therapy. Second, interventions based on social support, particularly bereavement support groups and peer support groups. Third, interventions using psychoeducation components, which provide information to bereaved people to inform their experiences of grief. Fourth, interventions which used other methods to support bereaved people, for example use of the arts, sympathy cards, relaxation, or funeral planning activities.



Although only three of the studies included the UK, all studies included at least one European country. The results should therefore be generally applicable to the UK context. All interventions sought to improve mental health outcomes in some way. Most commonly this was through a reduction in grief. However, many studies also aimed to improve psychological distress, depression, post-traumatic stress disorder (PTSD), and anxiety. In addition to this, a number of interventions aimed to improve quality of life, wellbeing, and social indicators, such as social acceptance and social adjustment.

The success of these interventions in improving these outcomes was variable. Of the studies with the highest quality, the interventions that worked well were online CBT-based interventions;<sup>77</sup> intensive grief psychotherapy programmes, an online support forum, a community-based crisis intervention programme;<sup>78</sup> various psychological interventions delivered by health professionals;<sup>79</sup> and group-based interventions.<sup>80</sup>

Certain characteristics of interventions were identified as particularly helpful. Psychoeducation was important and supported bereaved people to understand their response to death, normalise their grief, and promote individual coping skills.<sup>80</sup> This recognition of grief fostered better mental health outcomes.<sup>78</sup> Receiving and providing peer support was also useful. Several papers reported it was valuable to receive interventions in a group setting for emotional and social support<sup>78,80</sup> and funerals were found to be helpful for their social support element.<sup>83</sup> Group and peer support may be particularly helpful for those bereaved by suicide, with one review finding that people bereaved by suicide did not always find support from their usual social networks of family and friends helpful,<sup>81</sup> this could be connected to the increased stigma and feelings of shame and hidden grief among people bereaved by suicide.<sup>74</sup> In these cases, peer support from someone who understands being affected by suicide can provide that much-needed social support, and there is evidence that peer support from suicide survivors is linked to clear benefits in grief, depression, personal growth and wellbeing.<sup>81</sup>

In the interventions that were delivered by an individual, it was important for them to have a deep understanding of cultural and community expressions, traditions, and processes of grief,<sup>84</sup> and/or, if they were providing peer support, that they had experienced types of similar bereavement.<sup>81</sup> In system-level responses to wide-scale bereavement (for example, following a natural disaster), it was important for delivery organisations to understand the unique challenges posed by such events, including the effect of mass media coverage, and the impact and importance of death rituals for the community.<sup>84</sup> The use of manuals to guide training and intervention implementation were also found to be helpful.<sup>85</sup>

Intervention development benefited greatly from structured approaches that rely on local delivery, centralised staff training, and interdisciplinary coordination.<sup>80</sup> Interventions could also benefit from technology. Several interventions, such as internet-based peer support, relied on digital mediums to deliver support. This can allow 24/7 availability and provide other practical advantages. However, using technology can also pose issues for anonymity and create technical problems.<sup>81</sup> The role of technology is promising, but it must be used cautiously in bereavement interventions.



## Bereavement care frameworks

One commonly accepted standard of structuring bereavement support, which both acknowledges the different forms of bereavement support available and the individualised nature of people's bereavement journeys and needs, is the use of bereavement care frameworks, such as the Adult Bereavement Care Pyramid from the Irish Hospice Foundation and the three component model of bereavement support from the National Bereavement Alliance.<sup>86,88</sup> These frameworks outline a tiered approach which suggests that all people who experience a bereavement have a basic set of support needs, such as the need for compassion, kindness, understanding, and support from family and friends.

However, there will be others who require additional levels of support depending on their circumstances, which may include some of the interventions identified in our rapid evidence review. For example, peer support or more intensive support such as counselling or psychotherapy. These frameworks illustrate the range of different services, supports, knowledge, and skills needed to provide appropriate bereavement care across different levels of need and is a helpful model for structuring the provision of universal, targeted, and specialist bereavement support.<sup>86,88</sup>





**Bereavement is a personal journey that often changes in non-linear ways over a period of months and years, which can have lasting effects on mental health. Strong informal support from family and friends, and accessible, culturally appropriate formal support for those who need it, is crucial to supporting mental health following a death.**

## Summary

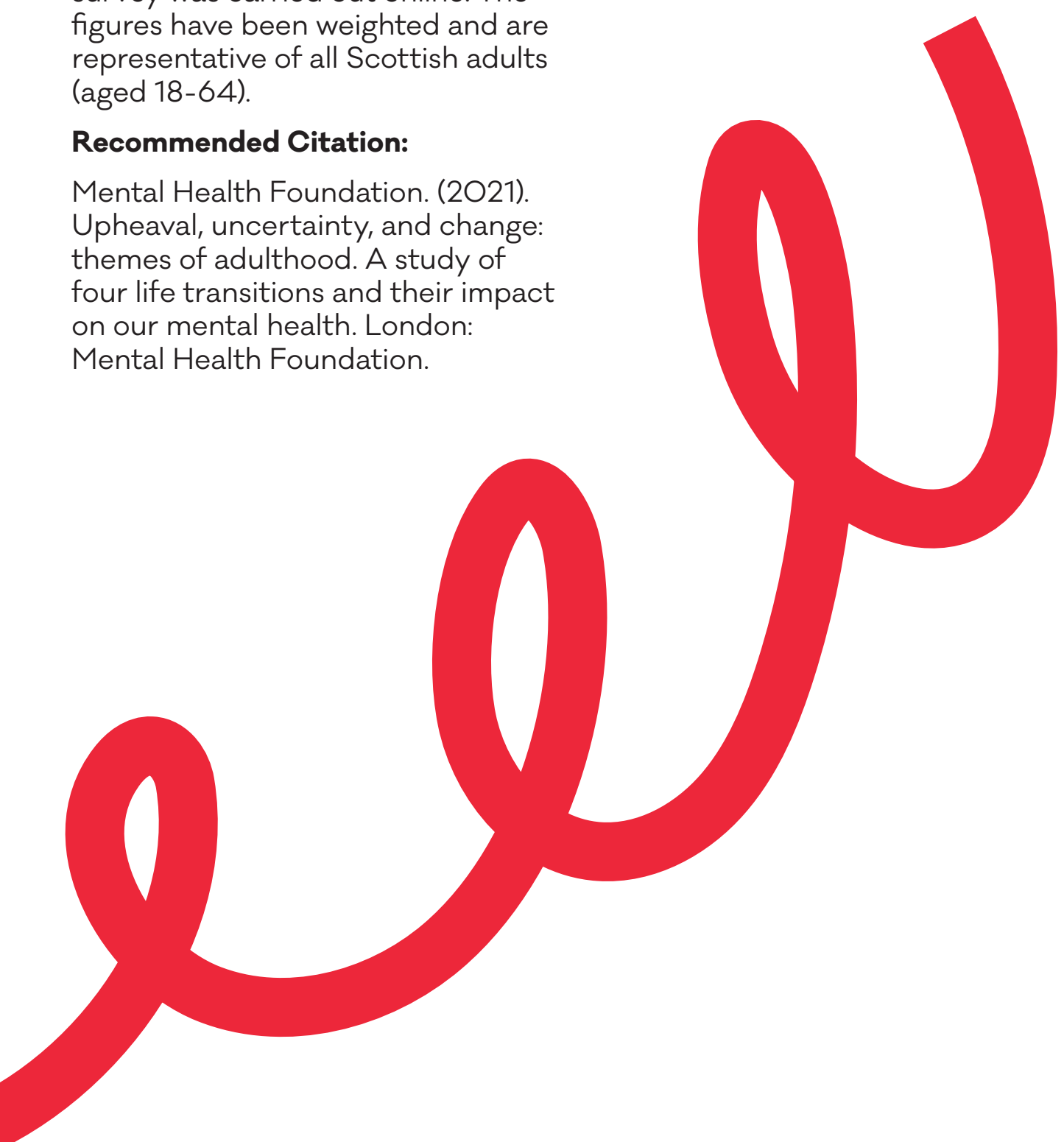
### We want to see:

- \* increased societal awareness of grief, and normalisation of a wide range of common grief responses to help those experiencing grief feel less alone. We echo calls from Cruse Bereavement Care to create more compassionate communities where everyone knows enough about grief to play a part in supporting people around a death.<sup>87</sup>
- \* continued and improved local funding for high-quality bereavement support, including for voluntary services providing counselling and/or peer support, that recognises the variability of bereavement experience and is tailored to meet the needs of different groups.
- \* A review of the effects of bereavement and the programmes and guidance in place for supporting bereaved people, particularly in the context of increased rates of bereavement due to the ongoing COVID-19 pandemic.
- \* As an important element of this, we support Cruse's call for a national review of employment practice relating to bereavement, to improve the way that bereaved people are treated at work so that it conforms to best practice. Every organisation should have a bereavement policy in place which clearly outlines what employees can expect when someone close to them dies.

All figures, unless otherwise stated, are from Deltapoll. Total sample size was 1,020 adults. Fieldwork was conducted between 20 November and 27 November 2020. The survey was carried out online. The figures have been weighted and are representative of all Scottish adults (aged 18-64).

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# References

1. Mcmanus S, Bebbington P, Jenkins R, Brugha T. Mental health and wellbeing in England ADULT PSYCHIATRIC MORBIDITY SURVEY 2014 EXECUTIVE SUMMARY. NHS Digit. 2016;1–405.
2. ONS. Births in England and Wales: 2019 [Internet]. 2020 [cited 2021 Jan 14]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2019>
3. BBC. Births in Scotland at lowest level since 1855 [Internet]. BBC News. 2020 [cited 2021 Jan 14]. Available from: <https://www.bbc.co.uk/news/uk-scotland-53150553>
4. Royal College of Obstetricians and Gynaecologists. Maternal Mental Health-Women's Voices. London, UK; 2017.
5. Public Health England. Guidance: Perinatal mental health [Internet]. Mental health and wellbeing: JSNA toolkit. 2019 [cited 2021 Jan 14]. Available from: <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health>
6. Watson H, Harrop D, Walton E, Young A, Soltani H. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLoS One*. 2019;14(1):e0210587.
7. Maternal Mental Health Alliance. The issue [Internet]. 2019 [cited 2021 Jan 14]. Available from: <https://maternalmentalhealthalliance.org/about/the-issue/>
8. Edge D. Falling through the net - Black and minority ethnic women and perinatal mental healthcare: health professionals' views. *Gen Hosp Psychiatry*. 2010;32(1):17–25.
9. Mental Health Foundation. Coronavirus: The divergence of mental health experiences during the pandemic. London; 2020.
10. NICE. Guidance: Recommendations [Internet]. Antenatal and postnatal mental health: clinical management and service guidance. 2014 [cited 2021 Jan 19]. Available from: <https://www.nice.org.uk/guidance/cg192/chapter/1-Recommendations>
11. Dol J, Richardson B, Murphy GT, Aston M, McMillan D, Campbell-Yeo M. Impact of mobile health interventions during the perinatal period on maternal psychosocial outcomes: a systematic review. *JBI database Syst Rev Implement reports*. 2020;18(1):30–55.
12. O'Connell MA, Khashan AS, Leahy-Warren P. Women's experiences of interventions for fear of childbirth in the perinatal period: A meta-synthesis of qualitative research evidence. *Women and Birth*. 2020;
13. Alderdice F, McNeill J, Lynn F. A systematic review of systematic reviews of interventions to improve maternal mental health and well-being. *Midwifery*. 2013;29(4):389–99.
14. Philpott LF, Savage E, FitzGerald S, Leahy-Warren P. Anxiety in fathers in the perinatal period: A systematic review. *Midwifery*. 2019;76:54–101.
15. Dipietro L, Evenson KR, Bloodgood B, Sprow K, Troiano RP, Piercy KL, et al. Benefits of Physical Activity during Pregnancy and Postpartum: An Umbrella Review. *Med Sci Sports Exerc*. 2019;51(6):1292–302.
16. Sheffield KM, Woods-Giscombé CL. Efficacy, Feasibility, and Acceptability of Perinatal Yoga on Women's Mental Health and Well-Being: A Systematic Literature Review. *J Holist Nurs*. 2016;34(1):64–79.
17. Brown J, Alwan NA, West J, Brown S, Mckinlay CJD, Farrar D, et al. Lifestyle interventions for the treatment of women with gestational diabetes. Vol. 2017, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2017.
18. Brixval CS, Axelsen SF, Lauemøller SG, Andersen SK, Due P, Koushede V. The effect of

antenatal education in small classes on obstetric and psycho-social outcomes - a systematic review. *Syst Rev*. 2015;4(1):20.

19. Hong K, Hwang H, Han H, Chae J, Choi J, Jeong Y, et al. Perspectives on antenatal education associated with pregnancy outcomes: Systematic review and meta-analysis. *Women and Birth*. 2020;

20. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Vol. 2017, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2017.

21. Marc I, Toureche N, Ernst E, Hodnett ED, Blanchet C, Dodin S, et al. Mind-body interventions during pregnancy for preventing or treating women's anxiety. *Cochrane Database Syst Rev*. 2011;(7).

22. Shaw E, Levitt C, Wong S, Kaczorowski J. Systematic review of the literature on postpartum care: Effectiveness of postpartum support to improve maternal parenting, mental health, quality of life, and physical health. *Birth*. 2006;33(3):210-20.

23. Yonemoto N, Dowswell T, Nagai S, Mori R. Schedules for home visits in the early postpartum period. Vol. 2017, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2017.

24. MBRRACE-UK. Saving lives, improving mother's care 2020: Lay summary. 2020.

25. Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P. WHO European review of social determinants of health and the health divide. *Lancet*. 2012;380(9846):1011-29.

26. Saunders SL, Nedelec B. What work means to people with work disability: A scoping review. *J Occup Rehabil*. 2014;24(1):100-10.

27. ONS. Labour market overview, UK: December 2020 [Internet]. 2020 [cited 2021 Jan 25]. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/>

[employmentandlabourmarket/bulletins/uklabourmarket/december2020](https://www.ons.gov.uk/employmentandlabourmarket/bulletins/uklabourmarket/december2020)

28. Kim TJ, von dem Knesebeck O. Perceived job insecurity, unemployment and depressive symptoms: a systematic review and meta-analysis of prospective observational studies. *Int Arch Occup Environ Health*. 2016;89(4):561-73.

29. Paul KI, Moser K. Unemployment impairs mental health: Meta-analyses. *J Vocat Behav*. 2009;74(3):264-82.

30. Frasquilho D, Matos MG, Salonna F, Guerreiro D, Storti CC, Gaspar T, et al. Mental health outcomes in times of economic recession: A systematic literature review *Health behavior, health promotion and society*. *BMC Public Health*. 2016;16(1):1-40.

31. Citizens Advice. On the Edge: Insecure work in the pandemic. 2020.

32. Davies AR, Homolova L, Grey CNB, Bellis MA. Health and mass unemployment events-developing a framework for preparedness and response. *J Public Heal (United Kingdom)*. 2019;41(4):665-73.

33. Schaap R, de Wind A, Coenen P, Proper K, Boot C. The effects of exit from work on health across different socioeconomic groups: A systematic literature review. *Soc Sci Med*. 2018;198:36-45.

34. Milner A, Scovelle AJ, King T, Marck C, McAllister A, Kavanagh A, et al. Gendered working environments as a determinant of mental health inequalities: a systematic review of 27 studies. *Occup Environ Med*. 2020;oemed-2019-106281.

35. Centre for Mental Health. What is IPS? [Internet]. 2020 [cited 2021 Jan 19]. Available from: <https://www.centreformentalhealth.org.uk/what-ips>

36. Hult M, Lappalainen K, Saaranen TK, Räsänen K, Vanroelen C, Burdorf A. Health-improving interventions for obtaining employment in unemployed job seekers. Vol. 2020, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2020.

37. Moore THM, Kapur N, Hawton K, Richards A, Metcalfe C, Gunnell D. Interventions to reduce the impact of unemployment and economic hardship on mental health in the general population: A systematic review. *Psychol Med*. 2017;47(6):1062–84.
38. Audhoe SS, Hoving JL, Sluiter JK, Frings-Dresen MHW. Vocational interventions for unemployed: Effects on work participation and mental distress. A systematic review. *J Occup Rehabil*. 2010;20(1):1–13.
39. Hegewald J, EWegewitz U, Euler U, Van Dijk JL, Adams J, Fishta A, et al. Interventions to support return to work for people with coronary heart disease. Vol. 2019, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2019.
40. de Boer AGEM, Taskila TK, Tamminga SJ, Frings-Dresen MHW, Feuerstein M, Verbeek JH. Interventions to enhance return-to-work for cancer patients. Vol. 2011, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2011.
41. Mawn L, Oliver EJ, Akhter N, Bamba CL, Torgerson C, Bridle C, et al. Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. *Syst Rev*. 2017;6(1):16.
42. Renahy E, Mitchell C, Molnar A, Muntaner C, Ng E, Ali F, et al. Connections between unemployment insurance, poverty and health: A systematic review. *Eur J Public Health*. 2018;28(2):269–75.
43. Gibson M, Thomson H, Banas K, Lutje V, Mckee MJ, Martin SP, et al. Welfare-to-work interventions and their effects on the mental and physical health of lone parents and their children. Vol. 2018, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2018.
44. Patel M. We're facing a jobs crisis. It's vital our benefits system is up to the challenge [Internet]. Citizens Advice. 2020 [cited 2021 Jan 14]. Available from: <https://wearecitizensadvice.org.uk/were-facing-a-jobs-crisis-it-s-vital-our-benefits-system-is-up-to-the-challenge-44da06550861>
45. Citizens Advice. Life on less than zero. 2020.
46. Singh A, Daniel L, Baker E, Bentley R. Housing Disadvantage and Poor Mental Health: A Systematic Review. *Am J Prev Med*. 2019 Aug;57(2):262–72.
47. Shelter. 280,000 people in England are homeless, with thousands more at risk [Internet]. Shelter England. 2019 [cited 2021 Jan 15]. Available from: [https://england.shelter.org.uk/media/press\\_release/280,000\\_people\\_in\\_england\\_are\\_homeless,\\_with\\_thousands\\_more\\_at\\_risk](https://england.shelter.org.uk/media/press_release/280,000_people_in_england_are_homeless,_with_thousands_more_at_risk)
48. Centre for Homeless Impact. What the latest statistics tell us about homelessness trends in Wales [Internet]. 2020 [cited 2021 Jan 14]. Available from: <https://www.homelessnessimpact.org/post/what-the-latest-statistics-tell-us-about-homelessness-trends-in-wales>
49. Scottish Government. Homelessness in Scotland: 2019 to 2020 [Internet]. 2020 [cited 2021 Jan 14]. Available from: <https://www.gov.scot/publications/homelessness-scotland-2019-2020/pages/4/>
50. ONS. UK private rented sector: 2018 [Internet]. 2019 [cited 2021 Jan 15]. Available from: <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/ukprivaterentedsector/2018>
51. Vásquez-Vera H, Palència L, Magna I, Mena C, Neira J, Borrell C. The threat of home eviction and its effects on health through the equity lens: A systematic review. *Soc Sci Med*. 2017;175:199–208.
52. Tsai AC. Home foreclosure, health, and mental health: A systematic review of individual, aggregate, and contextual associations. *PLoS One*. 2015;10(4):e0123182.
53. Downing J. The health effects of the foreclosure crisis and unaffordable housing: A systematic review and explanation of evidence. *Soc Sci Med*. 2016;162:88–96.

54. Kwon HJ, Beamish JO. Segmentation analysis of US older adults living in multifamily housing: Reasons for moving. *Int J Consum Stud*. 2014;38(4):427–34.
55. Hatch ME, Yun J. Losing Your Home Is Bad for Your Health: Short- and Medium-Term Health Effects of Eviction on Young Adults. *Hous Policy Debate*. 2020;
56. Duncan DT, Kawachi I. Neighborhoods and Health. 2nd ed. Duncan TD, Kawachi I, editors. *Neighborhoods and Health*. Oxford University Press; 2018. 1–372 p.
57. Keeley B. What is social capital? In: *Human Capital: How what you know shapes your life*. OECD Publishing; 2007. p. 103–5.
58. Ige J, Pilkington P, Orme J, Williams B, Prestwood E, Black D, et al. The relationship between buildings and health: A systematic review. *J Public Health (Bangkok)*. 2019;41(2):E121–32.
59. Thomson H, Thomas S, Sellstrom E, Petticrew M. Housing improvements for health and associated socio-economic outcomes. Vol. 2013, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2013.
60. Gibson M, Petticrew M, Bamba C, Sowden AJ, Wright KE, Whitehead M. Housing and health inequalities: A synthesis of systematic reviews of interventions aimed at different pathways linking housing and health. *Heal Place*. 2011;17(1):175–84.
61. Ponka D, Agbata E, Kendall C, Stergiopoulos V, Mendonca O, Magwood O, et al. The effectiveness of case management interventions for the homeless, vulnerably housed and persons with lived experience: A systematic review. Federici S, editor. *PLoS One*. 2020;15(4):e0230896.
62. Derricourt R. Renters were struggling before coronavirus — more needs to be done to support them now [Internet]. Citizens Advice. 2020 [cited 2021 Jan 14]. Available from: <https://wearecitizensadvice.org.uk/renters-were-struggling-before-coronavirus-more-needs-to-be-done-to-support-them-now-3c98e6fe327a>
63. The Kings Fund. Excess deaths remain well above the five-year average and there is no room for complacency [Internet]. 2020 [cited 2021 Jan 14]. Available from: <https://www.kingsfund.org.uk/press/press-releases/excess-deaths-ons-data-kings-fund-response>
64. Logan EL, Thornton JA, Breen LJ. What determines supportive behaviors following bereavement? A systematic review and call to action. *Death Stud*. 2018;42(2):104–14.
65. Hibberd R, Elwood LS, Galovski TE. Risk and protective factors for posttraumatic stress disorder, prolonged grief, and depression in survivors of the violent death of a loved one. *J Loss Trauma*. 2010;15(5):426–47.
66. Manor O, Eisenbach Z. Mortality after spousal loss: Are there socio-demographic differences? *Soc Sci Med*. 2003;56(2):405–13.
67. Stephen AI, Macduff C, Petrie DJ, Tseng FM, Schut H, Skår S, et al. The Economic Cost of Bereavement in Scotland. *Death Stud*. 2015;39(3):151–7.
68. Hewison A, Zafar S, Efsthathiou N. Bereavement support in the UK—a rapid evidence assessment. *Bereave Care*. 2020;39(2):69–78.
69. Almack K, Seymour J, Bellamy G. Exploring the impact of sexual orientation on experiences and concerns about end of life care and on bereavement for lesbian, gay and bisexual older people. *Sociology*. 2010;44(5):908–24.
70. Bristowe K, Marshall S, Harding R. The bereavement experiences of lesbian, gay, bisexual and/or trans people who have lost a partner: A systematic review, thematic synthesis and modelling of the literature. *Palliat Med*. 2016;30(8):730–44.
71. de Groot MH, de Keijser J, Neeleman J. Grief Shortly After Suicide And Natural Death: A Comparative Study Among Spouses and First-Degree Relatives. *Suicide Life-Threatening Behav*. 2006;36(4):418–31.

72. Laurie A, Neimeyer RA. African Americans in bereavement: Grief as a function of ethnicity. *Omega J Death Dying*. 2008;57(2):173–93.
73. M. H-B. Cultural manifestations of grief and bereavement: a clinical perspective. *J Cult Divers*. 2008;15(2):66–9.
74. McDonnell S, Hunt I, Flynn S, Smith S, McGale B, Shaw J. *From Grief to Hope: The collective voice of those bereaved or affected by suicide in the UK*. Manchester; 2020.
75. Neimeyer RA. Meaning Reconstruction in the Wake of Loss: Evolution of a Research Program. *Behav Chang*. 2016;33(2):65–79.
76. Neimeyer RA, Thompson BE. Meaning making and the art of grief therapy Change Processes in Complicated Grief View project Dreamscaping and grief therapy: Prescriptive memories for consolation. View project. In: Thompson BE, Neimeyer RA, editors. *Death, dying, and bereavement Grief and the expressive arts: Practices for creating meaning*. Routledge, Taylor and Francis Group; 2014. p. 3–13.
77. Wagner B, Rosenberg N, Hofmann L, Maass U. Web-based bereavement care: A systematic review and meta-analysis. *Front Psychiatry*. 2020;11:1.
78. Andriessen K, Kryszynska K, Hill NTM, Reifels L, Robinson J, Reavley N, et al. Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC Psychiatry*. 2019;19(1):49.
79. Johannsen M, Damholdt MF, Zachariae R, Lunderff M, Farver-Vestergaard I, O'Connor M. Psychological interventions for grief in adults: A systematic review and meta-analysis of randomized controlled trials. *J Affect Disord*. 2019;253:69–86.
80. Harrop E, Morgan F, Longo M, Semedo L, Fitzgibbon J, Pickett S, et al. The impacts and effectiveness of support for people bereaved through advanced illness: A systematic review and thematic synthesis. *Palliat Med*. 2020;34(7):871–88.
81. Bartone PT, Bartone J V, Violanti JM, Gileno ZM. Peer Support Services for Bereaved Survivors: A Systematic Review. *Omega*. 2019;80(1):137–66.
82. Maass U, Hofmann L, Perlinger J, Wagner B. Effects of bereavement groups—a systematic review and meta-analysis. *Death Stud*. 2020;1–11.
83. Burrell A, Selman LE. How do Funeral Practices impact Bereaved Relatives' Mental Health, Grief and Bereavement? A Mixed Methods Review with Implications for COVID-19. *Omega (United States)*. 2020;003022282094129.
84. Harrop E, Mann M, Semedo L, Chao D, Selman LE, Byrne A. What elements of a systems' approach to bereavement are most effective in times of mass bereavement? A narrative systematic review with lessons for COVID-19. *Palliat Med*. 2020;34(9):1165–81.
85. Andriessen K, Kryszynska K, Kölves K, Reavley N. Suicide Postvention Service Models and Guidelines 2014–2019: A Systematic Review. *Front Psychol*. 2019;10:2677.
86. Irish Hospice Foundation. *Adult Bereavement Care Pyramid: A national framework*. Dublin; 2020.
87. Cruse Bereavement Care. *A Cruse manifesto for bereaved people* [Internet]. 2019 [cited 2021 Jan 15]. Available from: <https://www.cruse.org.uk/manifesto>
88. National Bereavement Alliance. *Care after caring*. 2019.



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