



The Commission on
Women, Children, Seniors, Equity & Opportunity

CWCSEO

Connecticut General Assembly

Study: Community-Based Bereavement and Grief Counseling Organizations and Services for Children and Families

Submitted to the Connecticut General Assembly
Education Committee

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Co-Chairs and ranking members of the Education Committee of the Connecticut General Assembly:

As Executive Director of the Commission on Women, Children, Seniors, Equity and Opportunity it is my duty to submit the following community based grief and bereavement services study.

By addressing the three areas of study assigned by Section 19, Public Act 23-101 as *mandates*, this study highlights developed several policy recommendations that the education committee should consider. These are presented in the overarching recommendation, mandate specific recommendation, and additional recommendation(s) sections.

This study draws upon a variety of perspectives including those of dedicated members of the Social and Emotional learning and School Climate Advisory Collaborative, community based grief and bereavement organizations, school based health centers, and school counselors.

We are honored to submit this study, and look forward to our continued collaboration.

Respectfully,

Steven Hernández, Esq.

Executive Director

Commission on Women, Children, Seniors, Equity and Opportunity

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Overview

Mandate

In, [Section 19, Public Act 23-101](#) the Commission on Women, Children, Seniors, Equity and Opportunity, established pursuant to section 2-127 of the general statutes, shall, in collaboration with the Social and Emotional Learning and School Climate Advisory Collaborative, established pursuant to section 10-222q of the general statutes, as amended by this act, and one or more community-based bereavement and grief counseling resource centers serving children and families, conduct a study of community-based bereavement and grief counseling organizations and services for children and families to determine:

- a) extent and availability of such organizations and services state-wide, and
- b) feasibility of and recommendations for implementation of a state-wide program for the delivery of such services at no cost to participants.
- c) Such recommendations shall include, but need not be limited to, the types of services the program should provide, eligibility criteria for children and families to access such services, the optimal geographic distribution of such services and opportunities to utilize gifts, grants or donations from private sources and any available federal funding to fund such program in whole or in part.

Not later than January 1, 2024, the Commission on Women, Children, Seniors, Equity and Opportunity shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to children. Such report shall include the findings of the study conducted pursuant to subsection (a) of this section and any **legislative recommendations for the implementation of a state-wide program for the delivery of bereavement and grief counseling services for children and families.**

Introduction

Children and Families

Grief often includes physiological distress, separation anxiety, confusion, yearning, obsessive dwelling on the past, and apprehension about the future.¹ Based on the Childhood Bereavement Estimation Model, 11.86% (111,128) of all youth under the age of 25 in Connecticut will experience bereavement due to the death of a parent or sibling.² Additionally, young people who experience grief are 66% more likely to report self-harm and 75% more likely to report suicidal ideation than young people who do not.³ Youth who experience grief are 75% more likely to report suicidal ideation than youth who do not experience grief. Black and Latino youth are more likely to experience traumatic events and deaths of multiple loved ones than White youth. Sociocultural stressors such as racial and ethnic discrimination, stigmatization of mental health, and a lack of access to trauma support resources contribute to higher rates of post-traumatic stress symptoms in Black and Latino communities.⁴

Grief counseling is a much needed and effective resource that assists individuals, especially children, in navigating through difficult and complex emotions, and in particular emotional issues that arise from the death of a loved one. Data shows that **one in sixteen** children experience the death of a parent or loved one during their formative years. According to the Recovery Village in an article published in May of 2022, titled Grief by the Numbers: Facts and Statistics, it is estimated that 1.5 million children or 5% of the children in the United States have lost one or both parents by the age of 15. Statistics indicate that 1.5 million children live in single-parent homes because of the loss of a parent and almost 2 million children under the age of 18 have lost both.

There are over 229,000 children who lost one or both parents, 252,000 lost a primary caregiver, and 291,000 have lost a primary or secondary caregiver as a result of COVID-19. Communities of color, including tribal ones, bear a disproportionate impact. Despite representing 39% of the United States population, children from racial and ethnic minorities accounted for 65% of those who lost a caregiver. American Indian and Alaska Native children were 4.5 times more likely to lose a parent or grandparent caregiver; Black children were 2.4 times more likely; and Hispanic children were nearly 2 times more likely to lose a parent to COVID-19⁵. Whether it be through natural causes or through a tragic death such as COVID-19, grief counseling is beneficial in ensuring that *all* children and families can grieve and heal. Three main types of treatment for bereavement and grief in children include: **child-focused individual group, family focused**

¹ [Grief \(apa.org\)](https://www.apa.org)

² Burns, M., Griese B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, 90 (4), 391-405.

³ Cathryn Rodway, Saied Ibrahim, Su-Gwan Tham, Pauline Turnbull, Nav Kapur, Louis Appleby, Bereavement and suicide bereavement as an antecedent of suicide in children and young people: Prevalence and characteristics, *Journal of Affective Disorders*, Volume 300, 2022, Pages 280-288

⁴ Burns, M., Griese B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, 90 (4), 391-405.

⁵ COVID-19–Associated Orphanhood and Caregiver Death in the United States

support, and residential camps. Implementing grief-related support within schools allows children to form a connection with other children who are in the same environments and often allows for social support beyond the school setting.

The chart below shows the current estimates of children who are bereaved in Connecticut as provided by The Childhood Bereavement Estimation Model (CBEM). These results are populated by using data from the Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER online database that include 5-years of data (2016-2020).

CURRENT estimates of children who are bereaved due to death of a PARENT or SIBLING by age 18			
<i>Location</i>	<i>1 in X Children</i>	<i>% of Children</i>	<i># of Children</i>
US	25	4.1%	2,978,770
Connecticut	27	3.7%	27,530
Fairfield County, CT	35	2.9%	6,110
Hartford County, CT	26	3.9%	7,220
Litchfield County, CT	24	4.2%	1,400
Middlesex County, CT	30	3.3%	950
New Haven County, CT	24	4.1%	7,170
New London County, CT	24	4.2%	2,170
Tolland County, CT	30	3.3%	860
Windham County, CT	22	4.6%	1,050

Disenfranchised Grief in Marginalized Communities

There are various other types of non-death losses that also generate grief predominantly among marginalized communities. Many of these non-death losses intersect with one another. Examples include, but are not limited to:

- The loss of homes, schools, and permanent connections among those displaced in the foster care system. Comparatively, the loss of a child by a parent whose rights were terminated.
- Cultural, communal, and land loss experienced by predominantly Indigenous and African/African American peoples.
- The loss of autonomy and sovereignty for those who are incarcerated, institutionalized, and/or are experiencing human trafficking.
- The loss of a country, language, and its culture among those facing refuge, asylum, and emigration.

Bereavement and grief counseling is often not afforded to these communities due to a lack of societal acknowledgement for such ambiguous and symbolic losses (commonly housed under

disenfranchised grief), a lack of **community-based interventions, unequal access to evidence-based practices, and a lack of resources to fund health services**. Research underscores that individuals from racial-ethnic minority groups face additional hurdles, such as lower initiation rates for mental health treatment, a higher likelihood of premature discontinuation, and elevated rates of involuntary hospitalization.⁶ Racial-ethnic minority groups tend to rely more on emergency services, particularly through law enforcement, and are less likely to receive consistent outpatient care post-hospitalization. Furthermore, they exhibit lower rates of symptom remission and less improvement in overall functioning and return to work.⁷

The Intersection of Grief and Bereavement on Public Health Crises

These unmet needs influence the increased likelihood of disenfranchised communities coping with trauma through substance use.⁸ This, coupled with the inequitable methods in which substance use policies and treatment resources are designed, results in higher rates of criminal justice involvement. Disenfranchised communities across generations have limited access to safe, secure, and inclusive healing spaces.⁹ According to Connecticut public data set “DMHAS Client Diagnoses by Program Type”, trauma- and stressor-related disorders were one of the top five mental health diagnoses in Connecticut in 2022 and 2023, with substance-related and addictive disorders leading as the number one mental health diagnosis from 2018 to 2022.¹⁰

⁶ Mongelli F, Georgakopoulos P, Pato MT. Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus (Am Psychiatr Publ)*. 2020 Jan;18(1):16-24. doi: 10.1176/appi.focus.20190028. Epub 2020 Jan 24. PMID: 32047393; PMCID: PMC7011222.

⁷ Mongelli F, Georgakopoulos P, Pato MT. Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus (Am Psychiatr Publ)*. 2020 Jan;18(1):16-24. doi: 10.1176/appi.focus.20190028. Epub 2020 Jan 24. PMID: 32047393; PMCID: PMC7011222.

⁸ Bui, J., U.S. Department of Health and Human Services, Waters, A., & Ghertner, R. (2022). Addressing Substance Use and Social Needs of People of Color with Substance Use Disorders. Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/0a15be5c88dac7c8dccc046a3f4025e/Addressing-Substance-Use-and-Social-Needs-of-People-of-Color.pdf>

⁹ Mongelli F, Georgakopoulos P, Pato MT. Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus (Am Psychiatr Publ)*. 2020 Jan;18(1):16-24. doi: 10.1176/appi.focus.20190028. Epub 2020 Jan 24. PMID: 32047393; PMCID: PMC7011222.

¹⁰ DMHAS Client Diagnoses by Program Type (Mental Health/Substance use) | Connecticut Data. (2023, May 26). https://data.ct.gov/Health-and-Human-Services/DMHAS-Client-Diagnoses-by-Program-Type-Mental-Heal/nfmi-ipkd/about_data

DHMAS Top Five Client Diagnoses 2018-2022

2018		2019		2020		2021		2022	
Client Diagnosis	Count	Client Diagnosis	Count	Client Diagnosis	Count	Client Diagnosis	Count	Client Diagnosis	Count
Substance-Related and Addictive Disorders	123,070	Substance-Related and Addictive Disorders	128,545	Substance-Related and Addictive Disorders	130,110	Substance-Related and Addictive Disorders	128,873	Substance-Related and Addictive Disorders	128,353
Diagnosis Deferred On This Axis	43,653	Diagnosis Deferred On This Axis	43,499	Depressive Disorders	42,667	Depressive Disorders	44,171	Depressive Disorders	45,775
Depressive Disorders	40,679	Depressive Disorders	41,718	Diagnosis Deferred On This Axis	40,777	Diagnosis Deferred On This Axis	37,904	Diagnosis Deferred On This Axis	37,636
Bipolar and Related Disorders	22,458	Anxiety Disorders	23,116	Bipolar and Related Disorders	21,676	Bipolar and Related Disorders	21,937	Trauma- and Stressor-Related Disorders	23,318
Schizophrenia Spectrum and Other Psychotic Disorders	20,348	Bipolar and Related Disorders	21,828	Schizophrenia Spectrum and Other Psychotic Disorders	20,765	Trauma- and Stressor-Related Disorders	21,694	Bipolar and Related Disorders	22,180

In conclusion, the intersection of grief and bereavement with public health crises, including mental health and substance use has disproportionate effects on marginalized and disenfranchised communities. When recognizing the interconnectedness of grief and bereavement with broader public health challenges it underscores the necessity of developing comprehensive and equitable grief and bereavement services tailored to the distinctive needs of these populations.

Overarching Recommendation

The Commission on Women, Children, Seniors, Equity and Opportunity recommends that the Education Committee of the Connecticut General Assembly, establish a grief and bereavement task force.

This task force shall be required to submit a report to the education committee by July 1, 2025. This report should provide policy recommendations and guidance concerning the legislative mandates as described in [Section 19, Public Act 23-101](#).

Policy recommendations **shall not** be limited to the following areas. The task force shall provide recommendations on the feasibility and scope of a state-wide children's grief and program. Additionally, the task force shall analyze the feasibility for the creation of an office within the Department of Public Health, or the Department of Children and Families that can support and allow existing grief and bereavement organizations to support children and families more broadly in the state of Connecticut. Recommendations shall also include relevant data highlighting the effect a death(s) may have on a student's academic performance and rate of absenteeism.

The task force will be chaired by the Executive Director of The Commission on Women, Children, Seniors, Equity and Opportunity.

Membership of the task force shall include, **but need not be limited to:**

- the executive director of The Cove Center for Grieving Children, or the executive director's designee;
- the executive director of The Connecticut Association of School Based Health Centers, or the executive director's designee;
- The Commissioner of Children and Families, or the commissioner's designee;
- The Commissioner of Public Health, or the commissioner's designee;
- The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;
- a representative from each of the following organizations, designated by each such organization:
 - Soul Care Love LLC,
 - United Way,
 - Yale Child Study Center,
 - Ferry's Funeral Home,
 - Connecticut School Counselor's Association

The administrative staff of the Commission on Women, Children, Seniors, Equity and Opportunity shall serve as administrative staff of the task force.

Mandate Specific Recommendations

Section 19, Public Act 23-101

Mandate A:

extent and availability of such organizations (community-based bereavement and grief counseling organizations and services for children and families) and services state-wide



This map exclusively illustrates children's bereavement services in Connecticut, with green indicators denoting The Cove's current service locations and red indicators representing other children's bereavement organizations. While various organizations focus primarily on adult support, those featured on the map are exclusively dedicated to children's bereavement. Additionally, the organization situated in Greenwich extends its support services to schools.

Currently, we recognize that there is a strong need for the expansion of existing grief and bereavement services and programs, and, in fact, it is apparent that there is a need for additional children's grief organizations all together. The map demonstrates that there is a lack of services state wide and further illustrates there are pockets of the state where there are no services for children at all. Furthermore, the northeast and northwest of the state has no existing grief and bereavement centers. **Establishing centers in these locations and expanding existing infrastructure to these locations is critically important and should be discussed by the legislative task force.** Additionally, the task force should consider what resources current grief and bereavement organizations need to expand their services to cover these service deserts.

Limitations

Evaluating support groups solely based on their quantity and location is limited, as it fails to provide essential data on the effectiveness of programs in addressing the diverse needs of the population, including factors such as age, race, gender, and sexuality. Understanding this information is crucial for making informed decisions on how to ensure an equitable distribution of support services statewide.

Limiting considerations to certified grief and bereavement centers overlooks the significance of non-certified services utilizing non-western healing modalities rooted in Indigenous traditions worldwide. These resources play a crucial role in addressing the inter-generational healing needs of historically marginalized communities, as highlighted in the Introduction & Rationale. Practices include healing circles, sound healing, moon rituals, storytelling, and drumming circles.

Mandate B:

feasibility of and recommendations for implementation of a state-wide program for the delivery of such services at no cost to participants.

We believe that The Connecticut General Assembly should strongly consider establishing a legislative task force that shall conduct a thorough analysis and assess the feasibility of creating an office within the Department of Public Health or the Department of Children and Families that would serve as the state-wide program that offers bereavement services at no cost to participants. This office would enhance support for existing grief and bereavement centers across the state, enabling them to expand their services and reach more children. Furthermore, this task force has an opportunity to leverage school-based health centers and explore methods to expand their services to students throughout the state of Connecticut.

After reviewing the current children's grief and bereavement infrastructure within the state of Connecticut, we have found that it is feasible to provide sufficient programs and services to children and their families free of charge. For example, it currently costs The Cove approximately \$30,000 a year per service location. The Cove relies on individual contributions, grants, corporate donations, event revenue and donated products such as art supplies to sustain its free programs. Additionally, these organizations rely heavily on volunteers to assist in program areas. Children's grief and bereavement organizations can have between 70-80 individuals that donate their time to support the grieving children. Each volunteer provides a minimum of 80 hours annually.

Mandate C:

recommendations shall include, but need not be limited to, the types of services the program should provide, eligibility criteria for children and families to access such services, the optimal geographic distribution of such services, partnering with existing child bereavement organizations and opportunities to utilize gifts, grants or donations from

private sources and any available federal funding to fund such program in whole or in part.

Eligibility criteria for such services should not be created to act as a restrictive or limiting factor in getting children the help that they need when they are faced with difficult situations. The following criteria is utilized to determine whether a child qualified for the free grief and bereavement services at The Cove. **It is important to note that the school-based health centers and other grief and bereavement organizations eligibility criteria may be vastly different.**

Eligibility Criteria at The Cove:

- The death must be of a parent, sibling or immediate caregiver to the child;
- Children and teens ages 5-17;
- A 3 month wait period, after the person has died to enter the program;
- This is support for a death, not a divorce or other life changing circumstance;
- Caregivers are required to participate in the program.

An example of the services being provided was from The Cove Center for Grieving Children which provides a 20-week Family Program. This program is a 20-week peer-support bereavement program for grieving children and teens between the ages of 4-17. The program follows the school year, running from September through June. This free program is designed to help children and teens avoid the negative effects of unresolved grief that include anger, depression, low academic performance, higher drop-out rates, drug addiction and even suicide.

Each site has a Site Director who is a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist or Licensed Professional Counselor who serves as a parent/caregiver educator. The Site Director is supported by trained volunteer facilitators who work directly with grieving children in peer support groups. Children are invited to explore, express, and process their grief through age-appropriate projects and activities involving art, journaling, grief process group work, movement, music, sports, and games. Over 70% of the processing activities are art-related, to inspire expression and help children to process their grief in a safe environment. Educational materials and resources are provided to supplement processing activities. Children are given tools to understand that their grief is a normal process that can be managed in healthy ways. Parent/caregivers are educated to support their child's grieving process and open family communication. There is also a parent group that runs simultaneously where the parents learn the grief process, what to look for in their child, and how to relate to their child and gain a greater understanding of what their children are going through.

Another service provided is family activity time in which families gather as individual units to work on an activity designed to invite family communication around grief and its aftermath. This group activity builds the relationship between the parent and child so both feel comfortable talking to each other and may prevent the child from suppressing their emotions.

Camp Compassion is a free bereavement camp for youth between the ages of 6-17 who have experienced the death of someone significant in their lives. Campers participate in a 3-day

overnight camping experience designed to help them to process their grief amongst their peers. They participate by sharing their stories and memories of their loved ones and have a public forum in which to memorialize and discuss their feelings about the death. Camp provides a safe and healing environment that is a combination of fun, grief processing, education and emotional support led by expert bereavement professionals and trained volunteers. Activities include grief processing and healing activities including a memory board, sharing, journaling, artwork, music and art therapy, pet therapy, martial arts and yoga, and a luminary ceremony.

Legislative Recommendations for The Implementation of a State-wide Program for the Delivery of Bereavement and Grief Counseling Services for Children and Families.

As mentioned previously in this report, the creation of a state-wide program or office for the delivery of such services at no cost to participants should be considered by the Connecticut General Assembly and should be studied at length by a task force.

Prior to creation of an office or state-wide program, we strongly recommend that the task force analyze the feasibility, attainability, program scope and responsibilities prior to the creation of this state-wide program.

Should the task force recommend the creation of a state-wide program or office, we believe the following recommendations shall be strongly considered:

1. Utilize an existing agency to establish a state-wide program;
2. The office or state-wide program will act as a legislative liaison for the children's grief and bereavement centers in Connecticut;
3. This office or state-wide program's primary responsibility is to annually recommend improvements to current grief and bereavement services to the Connecticut General Assembly and ensure sustainable and long-term funding sources for existing grief and bereavement organizations and programs in the state of Connecticut.
4. The office should establish a Diversity, Equity, and Inclusion (DEI) subcommittee tasked with crafting a diversity, equity, and inclusion plan to prioritize culturally informed grief and bereavement services tailored to the needs of marginalized communities.
5. One highly suggested recommendation is to create a task force that works closely with the state-wide program including representatives from The Department of Public Health, Department of Mental Health and Addiction Services, and the Department of Children and Families. Furthermore, a representative from the Department of Children and Families will contribute expertise in community-based mental health services¹¹ and trauma-informed care, particularly for vulnerable youth who have encountered both non-death and death losses.

¹¹ Community-Based mental health services. (n.d.). CT.gov - Connecticut's Official State Website. <https://portal.ct.gov/DCF/Community-Mental-Health-Services/Home>

6. The potential for this office to spread information about grief and bereavement centers throughout the state.

Additional Recommendations

1. Greater Awareness of Nationally Recognized Grief Awareness Days

National Grief Awareness Day is annually recognized as August 30.

Children's Grief Awareness Day is November 16, as this time of year is a critically important time to support grieving children because the holiday season is often an especially difficult time after a passing.

2. Create Greater Awareness of Connecticut's Current Grief and Bereavement Center's and Services

The potential for there to be an office or state-wide program within a state agency that acts as a resource to spread information about the grief and bereavement centers throughout the state of Connecticut.

3. Grief and Bereavement & School Based Health Centers (SBHCs)

Currently, school-based health centers offer a wide range of services to children. To receive services students must be enrolled in a school with a school-based health center. Currently, not every school has a center. Additionally, any student enrolled in a school who participates in services provided by the SBHC needs to be enrolled in the SBHC with parent/guardian permission. In some cases, students who meet certain criteria can be seen by a licensed clinical social worker without parental permission **only** if they meet specific criteria and are reassessed per requirements of existing law. Students receive a full mental health intake with family involvement, and families can be as involved as they want or as clinically appropriate.

Procedurally, students will begin with individual counseling to establish a rapport with the therapist and to also determine the needs and capabilities of the student. Students who are ready to progress in a group setting are paired with similar students in terms of age, grade, and circumstances.

Schools are an important environment for children as they develop through their adolescence. They are a vital space for ensuring a child's social, emotional, physical, and mental health. Research indicates that when children experience loss in their lives, schools are one of the dominant environments where risk factors emerge. "These risk factors include higher rates of stress, anxiety, and depression as well as the social isolation students often feel because they see themselves as very different from their peers. This can have long-term effects on the health and well-being of students, often affecting their performance in school and academic prospects."¹²

¹² [Good Grief Schools | School Based Grief & Resilience Programs | NJ \(good-grief.org\)](https://www.good-grief.org/school-based-grief-resilience-programs)

Having school-based health centers provide guidance to parents/guardians, students and administrators can help create a school environment that allows students to have adequate bereavement resources. It is essential that these resource providers ensure comfort to the student by reassuring them that they will not be academically or socially penalized due to a temporary absence due to the loss of a close friend, parent, or family member. It is important for school-based health centers to be equipped with the necessary personnel, response procedures, and resources to efficiently respond to children who may be seeking their assistance.

4. Grief and Bereavement Training for school employees

Training provided to districts are free from many grief and bereavement organizations. For example, The Cove offers professional development training to school professionals, medical/mental health professionals, community groups, etc. seeking education on issues related to children's grief. The potential for state-wide resources for certified trainers should be considered by the legislative task force.

Additional areas of exploration for the task force to consider as related to training for schools include, but are not limited to:

- provide specific amounts of time for counselors to conduct loss/bereavement groups;
- professional development or training for school employees on the value of students getting grief support during school day to encourage broader use of the resource; and
- professional development or training on the behaviors of students in grief and that these behaviors often do not present themselves immediately

5. Expansion of Resources for existing grief and bereavement organizations

Additional state resources can expand the scope, and availability of resources provided by grief and bereavement organizations. Identify fiscal barriers and any financial incentives to improve business climate for grief and bereavement organizations.

6. Peer-to-peer programs

Studies show the benefits of peer-to-peer support, including increased personal growth and positive meaning in life. Several studies addressed the growing trend of internet-based peer support programs, finding that these are beneficial in part due to their easy accessibility¹³.” These studies indicate peer support appears to be especially effective for survivors of suicide loss, a result that can be correlated to stigma and lack of support from family, and friends.

7. Greater awareness and appreciation for culturally informed grief and bereavement services

Data previously presented recognizes disparities for disenfranchised communities to access culturally informed grief and bereavement services. Additionally, it highlights the cultural, religious, and spiritual factors that play a significant role in shaping individuals' responses to loss and mourning practices. By promoting awareness and appreciation for culturally informed

¹³ [Peer Support Services for Bereaved Survivors: A Systematic Review - PubMed \(nih.gov\)](#)

services, the aim is to enhance the sensitivity and effectiveness of grief support, ensuring that it aligns with the unique needs and perspectives of diverse populations. This includes acknowledging cultural rituals, traditions, and beliefs surrounding death and grief, ultimately fostering more inclusive and meaningful support for individuals and families navigating the grieving process.

8. Greater understand of the stages of grief and grief on a continuum

According to the Psychiatric Times, 40% of those that grieve meet the criteria for major depression within a month of their loss and 24% still meet the criteria after two months. Additionally, individuals may turn to substance use and abuse to self-medicate and numb their symptoms, children notwithstanding. Ultimately, grief is not a linear process; it is an ongoing journey. Contrary to misconceptions about being "fully healed" from grief, it is unlikely for grief to come to a complete halt. Instead, individuals often integrate new positive experiences into their lives, adapting to the loss(es) in transformative ways. This continual evolution is a testament to the resilience and growth that can emerge amidst the complex landscape of grief.

Conclusion

Grief is affecting a wide range of children throughout the state of Connecticut, however, there is an insufficient grief and bereavement organizations and services provided to these children. Marginalized communities are disproportionately affected by the many effects of grief and bereavement and their ability to access culturally informed grief and bereavement services. This echoes the testament that people do not grieve the same, and often grief comes with a wide range of effects on children, families, and communities at large.

It is our recommendation that the Education Committee of The Connecticut General Assembly establishes a grief and bereavement task force to study this topic more holistically.

This task force will submit a report to the education committee by January 1, 2025, and will provide policy recommendations and additional guidance concerning as described in [Section 19, Public Act 23-101](#)

Appendix

I. Online Publications

- a. Bui, J., U.S. Department of Health and Human Services, Waters, A., & Ghertner, R. (2022). Addressing Substance Use and Social Needs of People of Color with Substance Use Disorders. Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/0a15be5c88dac7c8dccc046a3f4025e/Addressing-Substance-Use-and-Social-Needs-of-People-of-Color.pdf>
- b. Burns, M., Griesse B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, 90 (4), 391-405.
- c. Cathryn Rodway, Saied Ibrahim, Su-Gwan Tham, Pauline Turnbull, Nav Kapur, Louis Appleby, Bereavement, and suicide bereavement as an antecedent of suicide in children and young people: Prevalence and characteristics, *Journal of Affective Disorders*, Volume 300, 2022, Pages 280-288
- d. Community-Based mental health services. (n.d.). CT.gov - Connecticut's Official State Website. <https://portal.ct.gov/DCF/Community-Mental-Health-Services/Home>
- e. DMHAS Client Diagnoses by Program Type (Mental Health/Substance use) | Connecticut Data. (2023, May 26). https://data.ct.gov/Health-and-Human-Services/DMHAS-Client-Diagnoses-by-Program-Type-Mental-Health/Substance-use/nfmi-ipkd/about_data
- f. Mitchell, M.B. "No One Acknowledged My Loss and Hurt": Non-death Loss, Grief, and Trauma in Foster Care. *Child Adolesc Soc Work J* 35, 1–9 (2018). <https://doi.org/10.1007/s10560-017-0502-8>
- g. Mongelli F, Georgakopoulos P, Pato MT. Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus (Am Psychiatr Publ)*. 2020 Jan;18(1):16-24. doi: 10.1176/appi.focus.20190028. Epub 2020 Jan 24. PMID: 32047393; PMCID: PMC7011222.
- h. Oka, T., Mohamed Hussin, N. A., & Hagström, A. S. (Eds.). (2017). *The Diversity of Indigenous Wisdom on Grief: Exploring Social Work Approaches to Bereavement*. ResearchGate.