

The effect of funeral practices on bereaved friends and relatives' mental health and bereavement: implications for COVID-19

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Research Question

What effect do funeral practices have on bereaved friends and relatives' mental health and bereavement?

Verdict

Those who are bereaved during the current COVID-19 pandemic are subject to restrictions on funeral sizes and the possible ways of memorialising and celebrating the lives of family members and friends. **Based on the current evidence, the likely impact of these restrictions on mental health and bereavement is unknown.**

Evidence regarding a relationship between mental health or bereavement outcomes and funeral attendance or participation is inconclusive. There have been no systematic reviews in this area. We identified eleven relevant observational studies of low to moderate quality and with inconsistent findings (eight from the USA, one each from The Netherlands, Australia and Rwanda).

Research is needed to better understand the experiences and sequelae of grief and bereavement during the COVID-19 pandemic.

What does the evidence say?

This evidence summary comprises evidence from 11 observational studies of variable quality (Table 1); no systematic reviews or guidance documents were identified. The identified studies examine associations between funeral practices and outcomes rather than causality.

Main findings

- Overall, the evidence regarding whether funeral participation influences mental health or bereavement outcomes is **inconclusive**. Five studies found significant differences in outcomes associated with the funeral among bereaved participants while the remaining six did not.
- Funeral attendance was associated with less unresolved grief in one lower quality study¹, but in a Rwandan study² it did not significantly contribute to grief severity. A US study found no significant differences in grief intensity between those who did and did not attend a funeral in Latino and Anglo-American samples³.
- Involvement in planning a funeral⁴ and the number of pre-, during- and post-funeral rituals undertaken⁵ were not associated with grief adjustment.
- Viewing the body was associated with fewer depressive symptoms and less intense grief, and saying goodbye as wished with better social adjustment 6 weeks after the death, but these associations were not evident by 6 months⁶.
- Funeral experience. In a recent study from the Netherlands, funerals were perceived as contributing to processing the loss by >70% of participants, and a positive evaluation of the funeral was associated with less traumatic grief. However, sampling was biased (participants were recruited via a funeral service's satisfaction survey)⁷. In a US study, mourners who described a funeral as 'comforting' reported significantly less overall grief, social isolation, despair, anger/hostility and guilt, while adverse events during the funeral service were associated with higher overall grief and other poor outcomes⁸.
- Children's outcomes were examined in two US studies: Fristad et al. found having less opportunity to participate in mourning activities as a child was associated with higher rates of depressive symptomatology and likelihood of being prone to self-criticism among adults who were bereaved of a parent as a child⁹. Weller et al. found no association between a child's funeral participation and depression or anxiety 2 months' post-death¹⁰.
- Settings. Eight out of the eleven studies were conducted in the USA; the remainder were conducted in the Netherlands, Rwanda and Australia. Samples tended to be culturally homogeneous. Only one study examined differences in outcomes by ethnicity³.

Strength of the evidence

The studies included are observational and generally of low or moderate quality according to the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies¹¹ (Table 2). Common weaknesses are small sample/sub-sample sizes, the use of unvalidated outcome measurement tools and not measuring and adjusting for confounding variables.

Summary of searches

We first searched for relevant articles using COVID-related databases (Table 3) using the search terms "bereavement", "grief", "funeral", "mourn", "burial", or "religion". On screening titles and

abstracts, 1 relevant article was found.¹² On review of full text, this was found to be a commentary so was excluded; its reference list was reviewed for relevant titles, with none identified.

We then searched for systematic reviews on KSR Evidence using the search terms outlined in Table 4 and found no relevant literature. We therefore carried out searches for primary research studies using MEDLINE (Ovid), PsycINFO and Rayyan "COVID-19 Open Research Dataset" databases using the search terms in Table 4. Once duplications were deleted, this yielded 767 citations which were then screened using title and abstract by AB. Results of title and abstract screening were reviewed by LS and resulted in 44 articles for full-text screening. This included 2 narrative reviews^{13,14}; reference lists were reviewed for relevant literature, with none identified.

Full-text screening was carried out to determine final inclusion/exclusion using the following criteria:

Population: Bereaved family members/friends

Intervention: Funeral practices and rituals including burial rites and ceremonies e.g. wakes

Comparison/Context: N/A

Outcomes: Mental health and bereavement outcomes assessed quantitatively, including e.g. depression, prolonged grief disorder, PTSD symptoms, anxiety, grief intensity

Screening criteria

Included:

- Studies of the mental health or bereavement outcomes of bereaved families/friends, including children in relation to funeral practices
- Original quantitative research studies

Excluded:

- Non-English language studies
- Studies of health or social care staff or funeral directors
- Studies related to bereavement after a pet's death
- Studies related to stillbirth, miscarriage, neonatal death or death of a child during the first year of life
- Studies of bereaved people not examining mental health, grief experiences or bereavement outcomes
- Opinion pieces, narrative reviews, dissertations, conference abstracts, qualitative research

AB conducted the initial full text screening, which was reviewed by LS. 11 studies met the inclusion/exclusion criteria. AB extracted data for these into the results table, with data extraction reviewed by LS.

Date question received: 23/04/2020

Date searches conducted: 24/04/2020

Date answer completed: 01/05/2020

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Disclaimer

This report has not been peer-reviewed; it should not replace individual clinical judgement and the sources cited should be checked. The views expressed in this report represent the views of the authors and not necessarily those of the University of Bristol, the NHS, the NIHR, or the Department of Health and Social Care. The views are not a substitute for professional medical advice.

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Table 1: Primary studies

Author (year) Country	Inclusion criteria	Number	Participant demographics	Summary of results	Study limitations
Bolton and Camp (1986) America	Population: widowed persons selected at random from previous clients of Widowed and Family Grief Counselling Program Intervention: self-reported number of pre-, during-, and post-funeral rituals Outcome measures: two measures of grief adjustment – <i>Affect-Balance Scale and Attitude Inventory</i>	50	Mean age 55.6 years 94% female Average of 6 years since death of spouse	“No statistically significant degree of association for the major variables were produced” i.e. no statistically significant relationship between number of pre-, during-, and post-funeral rituals and grief adjustment measures. No reporting of interpretive statistical data to support this “Subscales of the Attitude Inventory (usefulness, health, happiness, and financial) were clearly related to post-funeral rituals such as sorting personal effects, removing the wedding ring, visits to the grave side, and the disposal of personal effects”. No reporting of interpretive statistical data to support this	Random selection process not specified, small sample size, almost all female sample, time since bereavement variable, interpretive statistical data on primary outcome and subanalysis not reported
Doka (1984) America	Population: primary survivors (survivors who had primary responsibility for arranging funeral rituals) of a death that occurred 12-18 months prior to the onset of the study obtained from referrals from students, clergy, senior citizens groups and funeral homes Intervention: self-reported participation in planning and conducting funeral rituals Outcome measures: adjustment to death using a modification of the <i>Carey Adjustment Scale</i>	50	Age: 12% 18-35 years, 45% 36-60 years, 28% ≥61 years 76% female 100% white middle to upper class 60% Protestant, 32% Catholic, 8% Jewish	“There were no significant differences between involvement [in planning and conducting of funeral rituals] and grief adjustment a year later” Chi-Square value for planning of funeral rituals and grief adjustment: 1.09, p-value not reported Chi-Square value for participation in conducting funeral rituals and grief adjustment: 0.94, p-value not reported	Small sample size, ethnically, socially and religiously homogenous sample, predominantly female sample
Fristad, et al. (2000) America	Population: parent-bereaved children aged 5-17 years recruited from obituaries from local newspapers and contact with local funeral homes for the Grief Research Study Intervention: participation in the visitation, funeral and burial using <i>The Funeral Questionnaire – Child and Parent Forms</i> Outcome measures: grief measured using <i>The Grief Interview – Child and Parent Forms</i> , depressive symptomology measured using <i>The Child’s Depression Rating Scale – Revised</i> and <i>Diagnostic Interview for Depression in Children and Adolescents</i> , symptoms of 16 psychiatric	318	59% age 5-12 years, 41% age 13-17 years 98% Caucasian	“Nearly all children whose families had visitations, funerals, and burials attended. Thus, comparisons could not be made between those children who attended and those children whose families had the ritual but did not attend...Therefore comparisons were made between 258 children who attended a visitation and the 38 children whose families did not have a visitation” No differences were found between groups at 1 and 6 months post-parental death By 13 months post-loss, overall symptomology was 50% lower for children who did versus did not attend the visitation (0.6 ± 0.8 vs. 1.2 ± 1.5 ; t 2.26, df 37.7, $p < .03$) as well as depressive symptom severity (22.3 ± 7.7 vs. 30.6 ± 13.4 ; t 2.36, df 15.4, $p < .03$) By 25 months post-loss, those children who had attended the visitation had fewer PTSD symptoms than those who did not (0.4 ± 0.7 vs. 0.7 ± 0.8 ; t 2.08, df 188, $p < .05$).	Ethnically homogenous sample, analysis changed to suit participants not pre-specified, clinical significance not considered

COVID-19 Funerals and Mental Health 01/05/2020

	disorders using <i>The Diagnostic Interview for Children and Adolescents</i> , and overall psychiatric symptomology using <i>BAMO scale</i> . Outcomes measured at 1, 6, 13- and 25-months post-death				
Gamino, et al. (2000) <i>America</i>	Population: bereaved individuals participating in the Scott & White grief study: recruited from outpatient psychiatry clinic; family and friends sent a condolence letter after loved one died in hospital; self-help/grief support groups; personal contact from investigators Intervention: self-reported participation in funeral planning, funeral/burial service attendance, perceptions of funeral experience, whether funeral service was described as comforting, any adverse events reported in connection with funeral/burial rites Outcome measures: grief symptomology measured by <i>Grief Experience Inventory</i>	74	Mean age 50.7 years 78.4% female 91.9% white, 4.1% African, 4.1% Hispanic 4.1% no religion, 28.4% mainline Protestant, 44.6% conservative Protestant, 1.4% Pentecostal, 18.9% Catholic, 2.7% Jewish	Mourners who described funeral/burial services as “comforting” reported significantly less overall grief ($F = 5.33, p = .01$) and subscales of social isolation ($F=7.28, p=0.005$), despair ($F=5.34, p=0.01$), anger/hostility ($F=4.04, p=0.02$) and guilt ($F=2.93, p=0.05$) “Nearly every death was followed by a funeral or memorial service...Among those mourners with the opportunity to attend services, almost all chose to do so. Therefore, no meaningful statistical distinction could be drawn between [those who attended and those who did not]”. Those who participated in planning the funeral reported significantly lower depersonalisation ($F=4.10, p=0.001$) and social isolation ($F=2.91, p=0.05$) than those who did not Those who experienced adverse events (e.g. conflicts among survivors, discrepancies between the expressed wishes of the decedent and the preferences of the survivors, issues with cremation, state of the body, problems with the funeral home, problems with the minister, financial problems) during the funeral service had significantly higher overall grief ($F = 3.45, p = 0.05$), and subscales of somatization ($F=10.73, p=0.001$), loss of control ($F=4.84, p=0.02$) and depersonalization ($F=2.89, p=0.05$)	Ethnically homogenous sample, predominantly female sample, time since bereavement variable, clinical significance not considered
Grabowski and Frantz (1992) <i>America</i>	Population: volunteer participants of Latino and Anglo origin who had experienced the death of a relative, friend or acquaintance Intervention: funeral attendance or novena participation (nine-day post-funeral practice involving prayer and support that generally takes place in the home of the bereaved) Outcome measures: intensity of grief reactions measured by <i>Texas Revised Inventory of Grief (TRIG)</i> – Part I measures adjustment to past life event i.e. death, Part II measures intensity of present feelings of grief over loss of a loved one	50 Latino and 50 Anglo participants	Mean age 47 years 69% female Of all 100 participants, 95% Roman Catholic	No significant difference in grief intensity between those who did and did not attend the funeral in Latino and Anglo samples ($F=0.5, p$ value not reported) In the Latino sample there was no significant difference in grief intensity between those who had and had not participated in a novena ($F=1.11, p$ value not reported) In the Latino sample who had attended a novena, there was no significant correlation between their self-report of helpfulness of a novena and grief intensity ($t=0.1506$ for Part I and $t=-0.932$ for Part II of TRIG)	Religiously homogenous sample, volunteer sample, TRIG in English only, time since bereavement variable
Kissane, et al. (1997) <i>Australia</i>	Population: bereaved spouses with one or more children aged 12 years or older of a relative who died from cancer when aged 40-65 years Intervention: use of mourning rituals and “relevant aspects of the death and funeral [including] saying goodbye and viewing the corpse” using an interview with the bereaved spouse including qualitative and quantitative components on four-point Likert scales Outcome measures: grief measured by <i>Bereavement Phenomenology Questionnaire</i>	115 at T1, 104 at T2, 100 at T3	Mean age 55.9 years 53% female 66% Australian, 11% English, 7% Eastern European, 5% Italian, 4% Irish, 2% Asian, 1% Greek, 4% Other 85% Christian, 3.5% Jewish, 8% no religion	Not viewing the body of the deceased correlated with BDI i.e. more depressive symptoms at T1 (Pearson correlation 0.3297, $p<0.001$) and negatively correlated with BPQ i.e. more grief intensity T1 (Pearson correlation -0.3905, $p<0.01$). However due to small numbers this variable was not included in best subset regression analyses. Saying goodbye as wished correlated with SAS i.e. better social adjustment at T1 (Pearson correlation 0.2634, $p<0.01$). This variable was not included in best subset regression analysis, reason unspecified. Neither of the above variables correlated with any psychological outcomes at T2&3. “Experience of the funeral and mourning rituals...failed to influence bereavement outcome” – no data provided to support this	Only including nuclear families, religiously homogenous sample, dropout characteristics not identified, unclear reporting of outcomes, qualitative data

COVID-19 Funerals and Mental Health 01/05/2020

	(BPQ), psychological morbidity using cognitive items of <i>Beck Depression Inventory (BDI)</i> and <i>Brief Symptom Inventory (BSI)</i> , social functioning using <i>Social Adjustment Scale (SAS)</i> , at 6 weeks (T1), 6 months (T2) and 13 months (T3) following the death				collected not reported, clinical significance not considered
Mitima-Verloop, et al. (2019) <i>Netherlands</i>	Population: individuals bereaved within the last 6 months recruited via routinely administered customer satisfaction survey of a funeral service company Intervention: perception of the funeral using <i>Funeral Evaluation Questionnaire (FEQ)</i> , grief rituals using derivative of <i>Bereavement Activities Questionnaire (BAQ)</i> Outcome measures: grief using <i>Traumatic Grief Inventory self-report version (TGI-SR)</i> , positive and negative feelings using <i>Positive and Negative Affect Scale (PANAS)</i> , impairment in functioning using <i>Work and Social Adjustment Scale (WSAS)</i> at T1 (time of first survey) and T2 (3 years later)	552 at T1, 289 at T2	At T1: Mean age 58.9 years 58.5% female Nationality and religion collected at T2: 97.6% Dutch (without migration background), 2.4% Other 29.6% Christian, 16.7% Spiritual, 50.2% no religion, 3.5% Other	Participants perceived the funeral as contributing to processing their loss (agreed with the statement “The way in which the period around the funeral was organized, was important in processing the loss” “a lot” to “very much” 75.9% at T1 and 70.2% at T2) with a high mean item score (M=4.07, SD=1.07 at T1 and M=3.92, SD=1.11 at T2). Positive association between general evaluation of funeral and positive affect at T1 (r=0.21, p<0.001) and funeral director evaluation and positive affect (r=0.13, p=0.003) Hierarchical regression analysis with grief and general evaluation of funeral and funeral director at T1 scores predicting grief scores at T2 was significant (F=248.82, p<0.001). However grief at T1 explained a unique proportion in variance in grief at T2 (β=0.696, p<0.001) but not the other two variables (p=0.596 and p=0.283 respectively)	Recruitment from satisfaction survey, culturally homogenous sample, T1 to T2 dropouts significantly demographically different to T2 participants, FEQ designed for this study and not validated
Saler and Skolnick (1992) <i>America</i>	Population: adults who had experienced the death of one parent before the age of 18 years, and were now aged between 20 and 50 years recruited from public notices Intervention: children’s participation in various mourning activities using <i>The Mourning Behaviour Checklist (MBC)</i> Outcome measures: parental attitudes and behaviour using <i>Parental Bonding Instrument (PBI)</i> , depressive symptomology using <i>The Center for Epidemiological Studies Depression Scale (CES-D)</i> , depressive experience using <i>The Depressive Experiences Questionnaire (DEQ)</i>	90	Mean age 32.2 years 58% female 92% white, 8% Asian/black/Hispanic/other 43% Jewish, 26% Catholic, 14% Protestant, 7% no religion	MBC was the only statistically significant variable in multiple regression analyses determining contribution to CES-D (β=0.2876, p=0.0133 when using PBI raw score and β=0.3212, p=0.0067 when using PBI parenting style scores), MBC was significantly associated with higher Self-Criticism scores on DEQ (β=0.23, p<0.05) i.e. those who reported less opportunity for participation in mourning activities had higher rates of depressive symptomology and were more prone to self-criticism	Ethnically homogenous sample, retrospective self-reporting of mourning activities, breakdown of specific question contributions not reported
Schaal, et al. (2010) <i>Rwanda</i>	Population: widows (who had not remarried) and orphans (lost one or more parents) over 18 years old who had experienced the Rwanda genocide in 1994 Intervention: self-reported funeral attendance Outcome measures: Prolonged Grief Disorder diagnostic status and symptom severity using <i>PG-13</i> , Post-traumatic stress disorder symptoms using the <i>PTSD Symptom Scale Interview (PSS-I)</i>	400	Mean age 37.18 years 87.7% female 61% Catholic, 23.3% Protestant, 4% Islamic, 2% Adventist, 6% other, 3.8% no religion	Multiple regression analysis with grief score as dependent variable showed funeral attendance did not significantly contribute to the severity of prolonged grief reactions (BPGD-score -1.14, B SEPGD-score 0.68, bPGD-score -0.06. p-values not given).	Losses due to violence may not be generalisable, predominantly female sample

COVID-19 Funerals and Mental Health 01/05/2020

<p>Weller, et al. (1988) <i>America</i></p>	<p>Population: bereaved children agreed 6-12 years with a IQ ≥ 70 and no chronic incapacitating medical or psychiatric illnesses present and their surviving parent, and the following applied: at least one parent had been employed the majority of the time in the 2 years preceding death; no chronic incapacitating illness in either parent had been present in the 2 years preceding the death (other than that associated with the deceased parent's death); no family member had received inpatient or outpatient psychiatric treatment in those previous 2 years; the surviving parent was able to complete the questionnaires and be interviewed; children of divorced parents had to have had frequent visitation with both parents; parental death was not caused by suicide or homicide. Local obituary section used, funeral home director/clergy contacted to discuss appropriateness of contacting family, if appropriate family contacted Intervention: children's participation in funeral activities using <i>Death Related Behaviour Questionnaire – Child/Adult Form</i> Outcome measures: presence/absence of psychiatric diagnosis using <i>The Diagnostic Interview for Children and Adolescents (DICA-C/DICA-P)</i>, grief experiences using <i>The Grief Interview – Child/Parent Form</i></p>	<p>38 children, 26 parents</p>	<p>Children: 47% male Parents: 73% female 87% white, 8% Hispanic, 5% black</p>	<p>"T tests were used to determine whether children's participation in...funeral activities was associated with [depression or anxiety] symptomology...The two groups did not differ significantly in depressive, anxiety or other psychiatric symptomology as rated by the child or parent." No interpretive statistics provided to support this</p>	<p>Very strict inclusion criteria, ethnically homogenous sample, interpretive statistics not presented</p>
<p>Zisook and DeVaul (1983) <i>America</i></p>	<p>Population: friends and colleagues of the authors who had lost a relative or close friend Intervention: self-reported funeral attendance Outcome measures: unresolved grief using <i>Unresolved Grief Index</i></p>	<p>211</p>	<p>Mean age 36.5 years 62% female 65% white, 17% black, 11% Mexican American, 7% other 47% Protestant, 26% Catholic, 13% Jewish, 13% other/none</p>	<p>Participants with "definitely unresolved grief" (score of ≥ 6 on Unresolved Grief Scale) were less likely to have attended the funeral ($p < 0.05$)</p>	<p>Recruitment method, unvalidated questions measuring outcome, interpretive statistics not specified</p>

Table 2: Study quality – assessed using the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies¹¹

Author (year)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Bolton and Camp (1986)	Yes	No	CD	Yes	No	No	Yes	Yes	No	No	Yes	No	NA	No	5
Doka (1984)	Yes	Yes	Yes	Yes	No	No	Yes	NA	No	No	Yes	No	NA	No	6
Fristad, et al. (2000)	Yes	No	No	No	No	No	Yes	NA	Yes	Yes	Yes	No	Yes	No	6
Gamino, et al. (2000)	Yes	No	CD	No	No	No	Yes	NA	No	NA	Yes	CD	NA	No	3
Grabowski and Frantz (1992)	Yes	No	CD	No	No	No	CD	NA	No	NA	Yes	No	NA	No	2
Kissane, et al. (1997)	Yes	Yes	Yes	Yes	No	No	Yes	NA	No	NA	Yes	No	No	Yes	7
Mitima-Verloop, et al. (2019)	Yes	Yes	No	Yes	No	No	Yes	Yes	No	Yes	Yes	No	No	Yes	8
Saler and Skolnick (1992)	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	Yes	No	NA	Yes	7
Schaal, et al. (2010)	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	NA	Yes	No	NA	Yes	8
Weller, et al. (1988)	Yes	Yes	No	Yes	No	No	No	Yes	No	No	Yes	No	NA	No	5
Zisook and DeVaul (1983)	Yes	No	CD	No	No	No	No	Yes	No	No	No	No	NA	No	2

CD, cannot determine; NA, not applicable

Questions:

1. Was the research question or objective in this paper clearly stated?
2. Was the study population clearly specified and defined?
3. Was the participation rate of eligible persons at least 50%?
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?
5. Was a sample size justification, power description, or variance and effect estimates provided?
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
10. Was the exposure(s) assessed more than once over time?
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
12. Were the outcome assessors blinded to the exposure status of participants?
13. Was loss to follow-up after baseline 20% or less?
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?

Search details

Table 3: Initial project screen

Source	Link	Relevant Evidence Identified
CEBM, University of Oxford	https://www.cebm.net/covid-19/	No relevant literature found
Evidence aid	https://www.evidenceaid.org/coronavirus-resources/	No relevant literature found
Cochrane Methodology Review Group	Infection control and prevention: https://www.cochranelibrary.com/collections/doi/SC000040/full	No relevant literature found
	Evidence relative to critical care: https://www.cochranelibrary.com/collections/doi/SC000039/full	No relevant literature found
Department of Health and Social Care Reviews Facility	http://eppi.ioe.ac.uk/COVID19_MAP/covid_map_v3.html	No relevant literature found
UCSF COVID19 papers	https://ucsf.app.box.com/s/2laxq0v00zg2ope9jppsqtnv1mtxd52z	No relevant literature found
PHE Knowledge and Library Services	https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/	Wallace, et al. ¹²
WHO Global Research COVID19 database	https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov	No relevant literature found
CDC COVID19 guidance	https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html	No relevant literature found
Cochrane COVID-19 Study Register	https://bit.ly/2x7vwGX	No relevant literature found

Table 4: Search for SRs and Primary studies

Source	Search strategy	Number of Hits	Relevant evidence identified
KSR Evidence	<ol style="list-style-type: none"> 1. "Bereavement" in All text 2. "Grief" in All text 3. Bereave* in All text 4. Griev* in All text 5. Mourn* in All text 6. "Mental health" in All text 7. "Mental disorders" in All text 8. #1 or #2 or #3 or #4 or #5 or #6 or #7 9. "Funeral rites" in All text 10. "Burial" in All text 11. "Cremation" in All text 12. "Embalming" in All text 13. Funeral* in All text 14. Burial* in All text 15. #9 or #10 or #11 or #12 or #13 or #14 16. #8 and #15 	1	No relevant literature found
Medline and PsycInfo	<p>Medline search:</p> <ol style="list-style-type: none"> 1. Bereavement/ (exp) 2. Grief/ (exp) 3. Bereave*.tw 4. Griev*.tw 5. Mourn*.tw 6. Mental Health/ (exp) 7. Mental Disorders/ (exp) 8. 1 or 2 or 3 or 4 or 5 or 6 9. Funeral rites/ (Exp) 10. Burial/ (Exp) 11. Cremation/ (Exp) 12. Embalming/ (Exp) 13. Funeral.tw 14. Burial.tw 15. 9 or 10 or 11 or 12 or 13 or 14 16. 8 and 15 	767 (with duplicates removed)	Bolton and Camp ⁵ Doka ⁴ Fristad, et al. ⁹ Gamino, et al. ⁸ Grabowski and Frantz ³ Kissane, et al. ⁶ Mitima-Verloop, et al. ⁷ Saler and Skolnick ¹⁵ Schaal, et al. ¹⁶ Weller, et al. ¹⁰ Zisook and DeVaul ¹

	<p>PsycInfo search:</p> <ol style="list-style-type: none"> 1. Bereavement/ 2. Grief/ 3. Bereave*.tw. 4. Griev*.tw. 5. Mourn*.tw. 6. Mental health/ 7. Mental Disorders/ 8. Death rites/ 9. Funeral.tw. 10. Burial.tw. 11. 1 or 2 or 3 or 4 or 5 or 6 or 7 12. 8 or 9 or 10 13. 11 and 12 		
Rayyan "COVID-19 Open Research Dataset"	<p>Screened articles retrieved with any of the following search terms for title, abstract or author:</p> <ol style="list-style-type: none"> 1. "Bereavement" 2. "Grief" 3. "Funeral" 4. "Mourn" 5. "Burial" 6. "Religion" 	36	No relevant literature found