Summary of NSPA Charities Discussion 20th October 2020

Challenges	Ideas and Suggestions from Participants
Service Users: • Increased anxiety around furlough scheme ending and job losses. Many service users have had their working hours decreased or have been moved to zero-hour contracts so have financial concerns • The pressures of home life have been affecting service users more since lockdown, including relationship problems, job insecurity, parental pressures • More people than usual who are contacting suicide bereavement service have also been referred to broader counselling service as there are more issues alongside their bereavement that they'd like support with • University students increasingly needing support, some hoping to leave home are having to stay, others are isolated in student accommodation • There have been some relapses or return to services, including increases in anxiety, historic issues and grief returning • After an initial dip in referrals, these are now back up to more normal levels • Broad concern that we are not yet seeing the real impact of the pandemic and recession	• Some services have found that men have been more open whilst being offered phone or virtual support instead of face to face • Telephone/Virtual services have picked up over the last few weeks due to the ongoing restrictions due to COVID-19 • Online groups are seeing more and more people join and engage, possibly because they don't have to leave home, so are in a safe place to try something new
Providing support: • There is still a demand for face to face support from some struggling with privacy or lack of digital access; many organisations working out ways to deliver this service safely • Some staff initially felt that phone support was a second best option, but now realising that it can be just as good	• Some services have continued to offer face to face, particularly for those who have a lack of privacy or safe surroundings in their homes • One organisation that offers face to face has been able to do this by staggering appointments and staff rotation; limiting numbers in group sessions and attendees; hand sanitizing stations and one-

	way system in the office; health monitoring form completed before every session, using track and trace QR code • Staff have undertaken telephone counselling training, which has built confidence for those used to meeting face to face
Staff Wellbeing: • Recruitment is becoming a challenge as all recruitment is online and future employees need to have experience delivering a virtual service. Induction and training need thinking about very differently when all still working from home • Ensuring staff are looking after their own wellbeing has been a challenge for many organisations • Staff missing the social side of work and the informal support, chats and check-ins they used when they were in the office • Some of those providing emotional support, including peer support, have found delivering that work from their homes a challenge	• Optional, more regular, shorter team meetings or check-ins, including informal chats where work talk isn't allowed - giving staff a break from work and enabling colleagues to connect • Mindfulness, yoga, and other group social activities being offered during working hours to offer staff a break • Optional team Whatsapp groups where staff can connect with each other but mute on days off; providing an effective way to check in, share self-care tips or inspirational quotes or images • Staff encouraged to go for a walk before and after work - to replace the commute as down time before and after work • Wellness Action plans completed and share with manager and sometimes wider team • During lockdown one CEO took the decision to move everyone from 9-5 standard hours to 10-4, reflecting the additional challenges everyone was facing. That has now returned to previous hours but was much appreciated
Funding: • Challenges around reductions in income or funding, including where services rely on client contributions • Increased costs as prepare to offer face to face support and the work needed to make buildings, offices and therapy rooms safe • Some funding is easier to access with a new service, rather than to continue an existing service	

Summary of NSPA Charities Discussion 18th September 2020

Challenges	Ideas and Suggestions from Participants
Service Users: • Increase in anxiety amongst individuals about the potential of a second lockdown • COVID-19 related factors such as job loss, isolation, toxic home environments could also contribute to a rise in poor mental health • With young people returning to school, many can't make appointments until after school but there is limited amount of appointments at these times; how can everyone get support? • There are many unknowns about the future, including Brexit, Covid-19, climate change, and these are affecting some people • There is a concern that those with mobility issues are being overlooked – some are in isolation with limited contact from family and social workers. How can we reach and support these individuals? • Without face to face support are those without access to technology being excluded. Those without internet access may not be able pay for treatments as often payments are now expected to be made online.	• Norwich have put into a place a Positive Care Helper scheme to ensure those who are waiting for services can get support • As the days get shorter, some organisations will be encouraging service users to do "night-time walks" so they are still getting outside. This could be in groups to provide social interaction and an escape from home environment • Strong networks with other charities, schools, NHS partnerships within local communities helping to identify those who may need support
Demand: • There is a high demand and long waiting lists which are not slowing down or easing - what can be done for the individuals in the interim?	• Many organisations are creating contingency plans for a second lockdown, to ensure service users continue to receive all the support they need • One organisation is providing a webinar to help those waiting for support understand the process and are given some self-care tips and advice until they can be seen. These can include breathing techniques, wellbeing practices as well as app recommendation and signposting information

Face to Face Support: • Many service users are waiting for face-to-face support, but very unclear when will this be possible? • Some organisations are relying on zoom for counselling sessions, but this can be difficult as there can be technology problems etc. • Organisations are focusing on how to open sustainably; how can they open and stay open even with a second lockdown? • Re-opening face-to-face support is increasing financial strain on charities	
Staff & Volunteer Wellbeing: • Lockdown has been used as a time to move everything to paperless; some staff have received this well whilst some staff are struggling with not working the way they have previously • Winter approaching is a concern for staff wellbeing; it will be dark when they finish work so how can they relax?	• Social activities throughout the week have been effective tools to ensure staff stay positive • Encouraging staff to take breaks throughout their day and take their annual leave • Those who are struggling with lower members of staff can sign up for the government kickstart scheme. This will enable them to hire 18-24 year olds and train them up

Summary of NSPA Charities Discussion 3rd August 2020

Challenges	Ideas and Suggestions from Participants
Face to face support: • Commissioners and service users are pushing for services to be open again • There is worry surrounding a second lockdown, how will it affect service users if they begin face to face support which is then unavailable again • With reduced capacity, there is a challenge around selecting and prioritising who should receive face to face support • Putting in place PPE and safety precautions will add to costs and funding issues • Items that make spaces feel homely and comfortable will need to be removed; many therapeutic spaces will have a more clinical feel • Some drop-in services uncertain how they will open safely, especially those working with very unwell people where it can be difficult to police social distancing • Organisations currently awaiting a formal date for reopening want to be very clear about what they can and can't offer to avoid confusion for the service users	• Many organisations are starting to put plans in place to return to the office and offer face to face; want to give service users and staff a safe space to have difficult conversations • Organisations offering face to face but in outside spaces to ensure safety but provide support • Offering service users the choice of face to face , video or telephone support has worked well • Important to ask service users how they would feel comfortable when returning to face to face support - do they want staff in masks etc.
Reaching service users: • People who normally engage with face to face group discussions have become more silent on virtual calls • Service users that sought support whilst lockdown was in place have accepted telephone/digital help well; those who previously had face to face have struggled to adapt	• There has been an increase in those attending group sessions as they can do this from the comfort of their own home • Organisations have been reaching out to those without digital access via food parcels, including leaflets or branding on the parcels. The food parcels have been going to a wide range of people, so it has been successful in getting the word out

Providing support: • Providing remote support to those who are bereaved or in crisis can be difficult • Many organisations are trying to balance between what service users want and what they can offer • Some organisations have seen an increase in complex referrals, but other organisations are too overstretched to accommodate	• During the first few weeks of lockdown there was a drop in numbers as service users wanted face to face; as lockdown has continued the number of those seeking online/telephone support has increased • Many service users have said that telephone support was all that they needed and have received positive feedback • Organisations are beginning to extend their range of support on offer, to help those waiting to be referred
Staff and Volunteer Wellbeing: • Staff appear to be anxious about the return to work; need to offer them support as well as service users • Staff are stretched thin with the high number of services users they are trying to support • The high amount of uncertainty is causing anxiety for members of staff - a lot of "what-ifs" and no one really understands what will happen	• Regular check ins with staff as they are not getting informal support from each other as they would in the office • Mindfulness and meditation being offered to staff to help them unwind • Staff surveys about going back to the office; how they feel about returning, what will make them feel comfortable. Staff need to feel safe about returning

Summary of NSPA charity member discussion, 17th June 2020

Challenges	Ideas and suggestions from participants
Emerging issues • Redundancy, possible redundancy, furloughing injustices • Benefits problems • Possible downward financial spiral of no work, no income, increasing debt and possible increases in homelessness • Previous trauma being triggered by the current situation • Emergency housing provision for homeless people will come to an end shortly, with no plan for more permanent housing	
Demand • Some organisations are seeing increased demand, particularly in specific populations such as children and young people • Many organisations report increased contact on specific issues, particularly around job insecurity, financial concerns and homelessness • Still low demand for some services, especially those where referrals came from social prescribing teams, as GP usage still down	• Plans to work with local CVS and other charities on joint campaign to promote local services so people know they are still there
Children and young people • Marked increase in referrals from CAMHS • Concerns about returning to school in September after so long in isolation • Anxiety about life-long impacts on those in key years • New parents uncertain about how life will be for them, and for how long • Universities are charities and are responsible for huge numbers of young people. Many may go out of business, and/or only offer online classes, with associated impacts on student well-being	

• How to effectively safeguard young people wanting to use online services, or on waiting lists?

Staff and volunteer well-being	
- Many struggling with so many video meetings, and how draining they are, especially as no travel between meetings so very little down time - Staff cancelling leave, either because they can't go away, or because feel responsible for supporting service users - Staff finding working at home difficult - inappropriate desks and chairs, families around, childcare challenges - Staff on furlough struggling - Volunteers and staff on helplines increasingly busy and needing more support - Volunteers who can't do the roles they usually do, or are doing them without the same support structures, making do with online support, but it's not the same - For those who don't usually work in mental health or suicide prevention, some are increasingly hearing about and coming across very distressing situations and information, with little support from other services to help them refer safely	- Important for people to give themselves time after zoom meetings, especially if providing emotional support or therapy - Encourage staff to take leave, give regular reminders about it, and lead by examples so senior managers take leave - Weekly catch-ups and check-ins, individually and with teams, using video or phone to reduce the 'zoom fatigue', and some doing face to face check-ins outside - Weekly 'Wellbeing hour' for all staff - Introduce more flexibility on policies on dependents leave and annual leave – so that staff can take half an hour or an hour each week to visit an elderly relative etc - One organisation gave non-furloughed staff 2 days of 'Covid care' leave - Wellness action plans – review these with staff regularly, to create space for staff to focus on their own needs - Not expecting people to work 9-5, but encouraging flexibility around staff's needs and families - Encouraging people to take care of themselves, go for walks, do exercise, take breaks - Sending out well-being and thank you packs to staff – books, flowers, bath oils - Volunteers in one organisation are baking for frontline staff and for each other - Creating 'check-in' and 'check-out' time at the beginning and end of team meetings – encouraging sharing thoughts on 'how am I

	emotionally?', 'how was my weekend?' - to build up social support time that's missing from not being in the office • Holding online 'pub' nights or quizzes • Staff returning from furlough able to notice how working culture has shifted, and remind colleagues of boundaries and well-being

Service management

- Sense of being overwhelmed by information – government guidance changing and being updated so often as the situation changes, funding opportunities
- How to effectively plan ahead, with uncertain timeframes?
- Working hard to balance continuing to deliver existing work with additional need and new demand and opportunities created by Covid-19

Training	
• Don't feel it would be safe to do peer-led volunteer training online, so long waiting list of interested volunteers	• Moved all training for GPs and non-clinical staff online, which is going well and trainers appreciating no travel time and able to train more people

Online support
- Increasing numbers of people attending online support groups, including from across the country and even internationally
- Can online support groups be effective long-term, without that personal connection and knowledge?
- It can feel emotionally exhausting and challenging (for those used to in-person support) to provide emotional support and 'read' someone's emotional state with only a face or voice to go on
- Concerns that those with pay as you go phones or without smartphones may not be able to access online support effectively or long-term

Re-opening offices and face to face support	
• Some organisations are getting pressure to re-open offices, from staff and service users, while others are hearing that service users are happy to be supported remotely for now	• A number of organisations are doing 'walk and talk' sessions to support service users outside in parks or on the beach, after careful risk assessment • One organisation that has started face to face support has a number of systems in place: screens on reception, hand sanitizer

• With NHS staff being told to wear masks, services that work closely with them are having to balance needs of service users, their own staff and NHS staff • One local crisis café told service users that they have to wear a mask to enter, which means some are turned away • For those without smart phones, laptops, wifi, or no privacy for calls at home, if also cannot access face to face support their needs may escalate • How maintain safety of staff and volunteers needing to physically help and support those in need?	and wipes available throughout building, staggered appointments to allow for one in one out, masks available, no clients touch surfaces – staff open doors and sign them in. Started with just 2 staff, will bring more into the building in July
Funding concerns • Likely to be long-term financial impact as funders spend money now on Covid-19 response, leaving little for later in the year and other issues • Eligibility criteria likely to change in light of Covid-19 • Charitable trusts are seeing their investments decrease in value, and will continue with recession, meaning will be less to give away • Funders who made grants to small charities in specific locations are now asking for wider reach and more contacts as services offered online • Some funders may reduce the length of time they give grants for – from 5+ years to just 1 or 2	• Important to diversity funding streams • Anticipate smaller charities merging or scaling back their work in the short-term, and planning for growth again in 3 years' time

Summary of NSPA charity member discussion, 1st June 2020

Challenges	Ideas and plans from participants
Service user needs • Referrals down and referral systems still not working effectively in some areas • Many services are providing additional or longer support to their exiting service users, as they are expressing the need for it, and new referrals are still down, but concerns about setting a precedent as at some point will see an increase in demand and will need to carefully manage the communications with existing service users • For many service users their usual support mechanisms are not there – activities are cancelled, day-time support is gone, so those services that are open are trying or having to meet all those needs • Some service users don't have access to technology to make use of the support currently being offered, aren't happy about remote support for confidentiality or safety reasons • With fewer organisations able to do their community work and peer support groups, both suicide prevention and early intervention is often lacking, so service users are coming to services more unwell or in crisis • Concern that people who have been holding back from asking for help with now contact services, leading to a surge in demand • Young people are finding the end of lockdown difficult with different attitudes to social distancing can mean people fall out and/or feel left out when friends decide to meet	• A few charities have prepared for coming increase in demand by recruiting and training volunteers during the last few weeks, to increase their capacity • One local Mind launched a crisis service on 1st April – referrals from NHS mental health teams, and can provide a sanctuary, space to talk to staff and know someone will follow up with you • As some local services are not open, one organisation is successfully using their peer support service to meet some needs • Some areas have raised funds to give service users mobile phones and data, to enable them to access services without worrying about cost • Using existing guidance for staff and volunteers about how to support people remotely, one charity has developed guidance for clients about what to expect, how to prepare themselves and their space • Group support sessions are being well received and uptake is up for many services

• Mental health service uses with drug or alcohol addiction may not be getting the mental health support as services are shut, so one addiction service is working to fill gaps, including calling those in need every day (weekends, bank holiday) but it does not feel sustainable	
Face to face support • Increasing demand for face to face support for some charities, who are finding ways to support a few people face to face and having to prioritise need • Others suspect they will not deliver face to face for many months yet and/or are finding most service users are happy with phone and video support • Counsellors not keen on wearing masks as fear it will affect the relationship with clients, but also difficult to put in screens • Important not to put at-risk staff or volunteers at further risk	• The National Counselling Society has written some guidance for those considering returning to face to face support: https://www.nationalcounsellingsociety.org/help/covid-19-hub/coronavirus-covid-19-advice-for-members • One organisation has nearly half its service users waiting for face to face support as don't want online or phone, so they are starting face to face support again: screens on reception, only using rooms where can be socially distanced, toilets refurbished to be automatic, hand sanitiser, no drinks, masks available, carefully considered health and safety policy • Some charities are providing face to face support outside in parks to keep social distance
Staff and volunteer well-being • Increased anxiety and sense of isolation • Possible risk of redundancy, concerns about end of furlough scheme • Challenges of working from home with young children for a prolonged period of time, alongside concerns about sending children back to school or childcare • Providing emotional support for service users, from home, over such a long period of time is taking its toll on staff	• Organisations creating social space and holding events for colleagues to maintain connection • Running quizzes for those frontline staff who are separated from family during lockdown • See previous NSPA discussion on staff and volunteer well-being for more ideas (here)

- Online training for staff and volunteers, often on a number of potentially triggering issues that might come to helplines, not just suicide prevention, and concerns about how that will affect staff and volunteers in their homes - Deaths of service users and colleagues are particularly challenging as staff not able to grieve as they usually would - Many organisations have staff working from home, lone working and furloughed staff, and need to meet all their different support needs - Some front-line staff are still in survival mode and don't know or acknowledge their own need for support	
Funding - Widespread concern about financial security of many charities as there is no income generation from activities or events - Some charities have furloughed staff to save money, but are now struggling with capacity without any additional funding - Emergency funding not relevant for many charities who are nevertheless doing important community wellbeing work - Frustration that government's small business rate relief grants seemed quick and easy, compared to process for charities - Delays in funding decisions or deadlines brought forward	
Future - Difficult to plan with no date 'when this is all over', many stages - What will the new normal be? Can we go back to how we worked and delivered services before?	

Summary of NSPA charity member discussion, 20th May 2020

Service user needs

- Lockdown is exacerbating the situation for many who were already struggling, and increasing levels of anxiety, depression and isolation in both existing and new service users. People's usual coping mechanisms or strategies are often not available.
- Family and relationship tensions are common, whether within households or across households, including how much to be in touch with and support each other or vulnerable family members
- Loss more broadly is an issue – loss of connection to family and friends, and to other social support such as a café they might visit every week; loss of jobs or financial security; loss of connection to colleagues
- Lack of face to face contact or touch for weeks and months is having a profound impact on people's well-being
- Some people are saying they don't want to access their usual services as they don't want to be a burden
- Concerns about victims of crime as lockdown is extending the wait for the CPS to decide about going to trial or to hear a trial outcome, and that wait may be leading to an increase in mental health problems and suicidal ideation for some
- Children and young people who have been in touch with services face to face can find online or phone contact difficult (lack of privacy, body image issues around being on video), so there are concerns about increased risk in that group
- Older adults are feeling isolated, lonely, anxious, and many are scared of leaving their homes
- Some services are finding that Covid-19 has reduced stigma around mental health and allowed some people who would not previously have identified themselves as struggling are now asking for help
- Some services are seeing rapid declines in people's well-being

Challenges	Ideas or suggestions from participants
Service delivery • Many charities are hearing from service users that their usual mental health services aren't available; others have been to A&E in crisis and were discharged with little support because there was not the capacity	• Increase in online and social media engagement • Having moved services online some services are finding it an opportunity to offer more frequent contact for shorter periods of time, and at different times of day

• As all services are under pressure the usual immediate interventions and crisis support services are not available to support people • Many services moved to online or phone support, but privacy issues can mean that doesn't work for some • Without the usual places to visit or being able to visit people at home, it can be difficult to put safety plans in place for some with suicidal thoughts • The initial decrease in referrals is now being reversed for some services, but still unpredictable from week to week for others • All face to face training has been cancelled, and though there is lots of demand for online training providers are keen to ensure it is delivered safely, both for trainers and trainees	• Previous NSPA online discussion on training delivery is available here
Staff and volunteer well-being • Many frontline staff and volunteers are dealing with the increased anxiety, depression and loneliness of service users, and some are talking to those with suicidal ideation every day – all of which is taking an emotional toll • Doing this work at home, without colleagues, for weeks and months is very hard, and even those working in an office are distancing themselves so not getting the usual support from colleagues • Staff and volunteers are dealing with many more bereaved people than usual, and some are finding this triggers their own emotions as more staff and volunteers have experience of bereavement than have personal experience of suicide	• Supervision is absolutely essential – one service that only deals with people who are suicidal is ensuring all volunteers are briefed before a shift and de-briefed after every call • Creating space for social connection as well as work conversations – using Microsoft Teams, Facebook Workplace, Zoom so people can share photos of their pets, their walks etc • Organisations are creating space for team lunches, online yoga, zumbaclass, book group, or online gaming together • Zero Suicide Alliance have a free 20-minute online suicide awareness training; others recommended Start LivingWorks' 90-minute online training, but it does have a cost

• Many staff have been redeployed into new roles, and it is important to ensure they are all aware of possible mental health impacts of Covid-19 and able to hold wellbeing conversations and provide signposting or support	• Previous NSPA online discussion on staff and volunteer well-being is available here
Communications • Important to communicate that mental health services are coming back online and are keen to provide support • Want to ensure that if people are struggling to contact local mental health services that they know the voluntary sector is there to support them • Reaching groups who are not used to needing or asking for help is very difficult – important not to assume that just because people aren't asking for help that they don't need it • Many charities are increasing their social media work, but it can be very difficult to be heard among so many messages, and people are becoming desensitised	• Promoting services to GP practices so they can refer people to the service directly • Sharing information with partners, and providing information through food banks, mutual aid groups and others • North East and North Cumbria (under Every Life Matters) have sent out a well-being and mental health leaflet to all residents (here)
Bereavement support • Lots of need, particularly among older adults; often it is an unexpected bereavement due to Covid-19, so no time to prepare themselves before the death, may not be able to attend the funeral, and are grieving alone rather than with wider family and friends • New services starting, or existing services expanding into new areas, but many challenges including: having to gain local	• Cruse provide an online training course which one service has found very helpful for their staff and volunteers, to ensure they are able to provide support • Previous NSPA online discussion on bereavement support is availablehere

knowledge of services, forge relationships, develop partnerships, and build communications pathways very rapidly when many people's time is still focussed on Covid-19 response • Support for teachers and parents both really important if they are communicating about death of a child to friends and other students	
Funding • Difficult to keep up with the different funding pots and systems available to charities, and to understand which we are eligible for • Many funding streams are entirely focussed on frontline Covid-19 response, and smaller more specific services are not eligible but are in great need	• Civil Society News has collated information on funding available to charities during Covid-19 here
Recovery stage • Opening up offices is and will be a challenge, some staff and volunteers would feel safer or need to remain at home, others are already wanting to be in the office. The 'end of lockdown' will not be a moment, but a process, so how to help staff and volunteers feel safe about returning to work? • Travel to offices, even if open, also difficult as not supposed to use public transport • Rapidly changing landscape and expectations, so plans to exit lockdown change constantly and business continuity is a challenge	• One service is getting an external risk assessment organisation into their office to map it and enable them to make it more safe • There is an opportunity to put well-being and mental health high on the agenda of every government department, both for their staff and those using their services

• Voluntary sector will need support long-term to meet the anticipated demand in the next few years, especially with the anticipated recession, and government support will be necessary, in particular easyaccess to appropriate funding	

Summary of NSPA charity member discussion, 7th May 2020

Challenges	Ideas and suggestions from participants
Demand for services • For many services referrals were very quiet for the first few weeks, but in the last 2-3 weeks referrals have increased • One service has seen an increase in enquiries from all across the country, particularly self-harm enquiries • One helpline has seen demand increase 30% overall, with noticeable spikes after government announcements, e.g. about how long lockdown may last. That is affecting answer rate, as can't finance increasing capacity. • No big increases in demand for suicide bereavement services, and with low referral rates some seeing decrease in demand • Some people expressing a sense that their need isn't important enough, that they don't want to bother people • Concern around lack of IT and broadband infrastructure that impedes some of those in need from accessing current forms of support	• Vital to keep raising awareness that services are there for people • Online support groups have been successful, with some reaching more people than would attend the face-to-face groups • Moving some services to digital provision has been effective, and we will want to keep some of them after lockdown • With reduction in referrals, many services pro-actively contacted existing and previous service users to check in and offer support, which was appreciated • Changed service from helpline to instant messaging and email only, to safeguard volunteers and ensure confidentiality
Service users • Calls to helplines have been more intense, with increases in anxiety, distress, loneliness, family worries and tension • In the last week or two seen an increase in people struggling more with boredom, and emotional distress • Former users are re-connecting with many services, with general mental health concerns	

• Some mental health service users calling helplines have expressed anxiety about not being supported by the usual teams and services, not getting medication • Some volunteers who were previously service users have been given additional support since lockdown began, and some have asked to be referred back into the service • Increases in calls about domestic violence • People contacting a range of services with more complex mental health issues, and services are working to support them if they can, or referring to appropriate services	
Funding • Decrease in income as all challenges and community fundraising events stopped • The longer lockdown continues the more financial impact it will have • Small charities finding it hard to complete with large charities with fundraising teams • Some charities don't fit into the funding streams currently identified as not working with healthcare staff, though they are working with key workers • Very difficult to find grants for some suicide prevention work, as the focus is all on COVID-19 responses • Funding delayed or decreased – moved to fund crisis COVID-19 work	• Existing funders have been adaptable and understanding

Recovery phase • Lots of questions and concerns about what the future will be like and how to prepare • Though some people are experiencing less distress because 'we're all in this together', concern that this is only temporary and may lead to more distress as lockdown ends • Anticipate increase in demand for services as lockdown ends, as those who haven't been referred may then be referred • Return to offices – organisations are thinking about how and when to open again, which staff are needed in the office and which can return later, and talking with those they share office space with about how to keep all their service users and staff safe	• One organisation's leadership shared a recovery plan with staff: 3 phases, suggestions of when and how staff might return to the office, how service delivery might change in each phase etc – and have asked for staff feedback • One organisation that has kept their office open shared their approach: home-working for some, for others split shifts, teams split with a room for each staff member, not all teams in at once, disinfecting between shifts

Guidance on supporting furloughed staff - https://theheartofthecity.com/wp-content/uploads/2020/05/Supporting-furloughed-employees.pdf

Summary of NSPA charity member discussion, 20th **April 2020**

Challenges	Ideas and plans from participants
Service users: • Those contacting services are often suffering increased levels of distress and anxiety • Some former service users are getting back in touch asking for support • Anecdotally, some key workers and frontline NHS staff are struggling, but aren't asking for help; also, there are more expressions of frustration and anger at work that may be coming out of anxiety and stress • Concern that some people are holding back and not feeling able to ask for help, because of COVID-19 (many services not seeing an increase in contacts). May also be because people don't feel able to call or text from home, because they are with people more and might be seen or heard • Many other services that people used to rely on or be supported by are no longer there • All the advice about how to look after your mental health can be overwhelming rather than helpful – there are so many sources of advice	• Bringing forward plans for new models of delivery or in new locations • Providing other well-being support – online yoga, meditation, discussions on looking after your well-being • For NHS and other front-line staff, the BMJ article 'Managing mental health challenges faced by healthcare workers during covid-19 pandemic' may be useful ([here](#)). • Providing advice for clients on where to get accurate information, and how to turn off or mute notifications from unhelpful sources, so don't feel overwhelmed. • Some people who usually struggle with isolation are finding some comfort or sense of solidarity now many others are in the same situation, and some have built up resilience to these sorts of situations and are coping better so could be role models.
Operational • Income is lower, often because training courses have been cancelled	• Services moved online, including training delivery • Clear communications to referral agencies that services are still running, or about new support options

• Disruptions to referral pathways such as A&E and GPs, though for some these are now starting up again • Some are seeing increased demand on helplines and services, others are not seeing any increase; however, a higher proportion of conversations include difficult content • Some NHS and public health services that are having to close or reduce support are suggesting people contact local or national charities instead, which is increasing demand but brings no additional funding • Communications – not wanting to link covid-19 with suicide, but also not wanting to deny reality if there is a link. Some members are campaigning organisations, as well as support organisations, and don't want to lose that now	• Online fundraising events etc are being promoted across the sector • Samaritans Media Advisory Service keen to support responsible communications around COVID-19 and suicide and contactable on MediaAdvice@Samaritans.org
Staff well-being • Staff are finding their work more stressful than usual, and because our lives are different that is often more stressful too – how can we help staff feel better? • Stressful for leaders and managers too – doing as many hours if not more, but from our homes, and all contact is via videos which is not as supportive as being in person	• Encouraging staff to create a separate space for their work, away from their social space • Encouraging regular breaks, including outside • Video calls are tiring, so if providing support via video, limit other video calls. Try to keep calls to 30 minutes where you can • Increasing supervision and support calls to check-in • Creating 'social' time and space for staff and volunteers
The future • Worried about increased levels of need, now and in the future	

- Concerns about future funding - Some people don't want to be supported via the phone or online, and so are waiting for support until this is over – need to monitor capacity as may lead to a surge in demand. - Long-term, are the changes being made to service delivery and fundraising sustainable? What impact will they have on our organisations when normality returns? If we deliver training online, what will happen to demand for traditional training afterwards? - Hoping that in future not all meetings are made online, as meeting in person has lots of benefits	- Developing contingency plans for a range of options when lockdown ends, including gradual lifting of lockdown, which might mean face to face sessions still need to be delivered 2m apart.
Government/policy - There are some situations, like evictions being deferred, which may cause a build-up of distress, and a surge in demand when lots of casesare heard post-lockdown - Sense that government is not aware enough that people are struggling now, and will be struggling post-lockdown - Sense that government does not appreciate how much work charities are still doing, how quickly they've evolved their services to continue providing support – it needs recognition and support - Lack of clarity over funds available to charities and how to access them.£750m announced on 8th April, but some is ring-fenced, and no details yet on how to access the half to be distributed by National Lottery.	- If suicidal thinking is or will increase, important that many people across society (workplaces, education, health) are more aware of how to respond; Zero Suicide Alliance now has a 5-minute version of their suicide awareness training available on their website - Mind are co-ordinating the allocation of £5m for a 'Coronavirus Mental Health Response Fund', more information here - Could write a statement on parity of esteem from charities about how important it is to acknowledge and support mental health; this would also be supportive for our clients who may not feel able to ask for help

• No parity of esteem for mental health, but that is difficult to discuss when covid-19 is causing so much physical ill-health	