Summary of NSPA Mental Health Service Users Discussion, 16th July 2020

Challenges	Ideas and Suggestions from Participants
Demand: • Since the easing of lockdown, there has been a rapid growth in the number of referrals, including from GPs, and those needing help, and it is expected to continue to grow • Those who are presenting to services are more severely unwell • There are long waiting lists to get support in some services • Increase in referrals means there is an increase in the demand for counsellors • Many services are stretched very thin; the gap between resources and expectations is growing • With lockdown there has been some difficulty contacting external agencies to ensure patients are safe • Analysis by the University of Essex indicates that declines in mental well-being affects women more, due to the breakdown of social support (here)	• Some areas have gained funding and commissioned new services locally • Once service conducted a review of their users, and found a proportion have found they have been able to cope without any intervention for this long, and now don't think they need support
Presentations: • Following the increase in anxiety at the start of lockdown, many are suffering different anxiety as lockdown eases • Lack of services available for those who have experienced trauma • Since COVID-19 people are presenting who were not previously known to services • Lockdown has also seen a decrease in physical wellbeing, having a damaging effect on mental health • Loneliness has been a big factor in the decline in mental health; many families are not together in immediate areas and people do not want to travel on public transport	• Mental health programmes are being adapted digitally, for example the 5 ways to wellbeing • Online workshops such as crafts are proving to be successful for those wanting to maintain or improve mental health • A group of volunteers takes people for half-hour walks once a week to support people getting some of the social interaction and physical exercise that they have been missing

• Many who had stabilised their conditions, have now deteriorated • Some of those admitted to hospital are not receiving effective support; being dismissed early with no after care • One domestic abuse service has seen increases in mental health needs, particularly anxiety • Family relationships are under strain, and carers particularly are struggling	
Remote support: • Some clinicians are finding the technology difficult, leading to added stress • For some, technology is restricted and therefore video conferencing can be difficult • Difficulty in providing a full service digitally, some people still waiting to return to face-face • Phone and video limits the ability to see how much distress a patient is in • Lockdown has complicated issues of providing support and timely help to those identified as at risk of abuse • There is a belief that video conferencing will become the new norm going forward; what will this mean for patients? • Those without internet being unintentionally excluded • Many offices not big enough to provide a full service; therefore, the cost of opening outweighs the need to be open, and may not open til 2021 • Lack of clarity about which services are open, which makes referring people on more challenging and time-consuming • Concerns that children and young people have accessed remote support less	• Patients are beginning to see the benefits of digital support • Many are happy to have telephone consultations opposed to video conferencing, whilst younger people prefer text contact to video/phone • Support groups are beginning to reopen virtually, so they can be fed into and make a difference for those who are struggling • Some services have found their users opening up more over the phone than they previously did face to face

Face to face support: • Some organisations can only see those who are emergencies; whilst trying to ensure everyone still receives medication and treatment at home • If there is a second wave and services that had opened have to shut again that will cause increased distress	• Risk assessing different support options – going for a walk, meeting in gardens – balancing what clients want and their safety as well as staff safety • Some staff can visit homes if the right precautions are taken • One organisation gained funding to make all counselling rooms safe, as that was expensive
Return to office working: • Training new staff fully using virtual programmes can be problematic • Some staff would like to return to work in an office, to resume normality but no update on when this is likely in some places • There is a high cost for PPE and risk assessment to reopen, meaning many are going to continue working from home • Some people on furlough uncertain about when that will end and their job security when it does end	• Developing effective systems for online recruitment • Buildings that are big enough to maintain social distancing are beginning to reopen • Staff working to a rota based on who is in the office and who is working from home to limit numbers in buildings • Ensuring staff are comfortable going back to work; one way system around the office, restrictions on entering the lift, transport for those who do not drive, hand sanitiser machines throughout • St Helen's Wellbeing produced 'COVID-19 Home Working and Workplace' guide (here)
Staff Wellbeing: • What effect will these unprecedented times have on staff and volunteers? Will there be a decrease in their mental wellbeing? We need to find a way to support the mental health of those on the front line • There is increased anxiety from staff around returning to the office • Ill health and shielding have affected staffing levels, leading to increased anxiety in those able to work as normal • Uncertainty about what is/isn't allowed during the pandemic and as lockdown eases • Many staff are feeling trapped with the amount of people they are interacting with; how to remain compassionate	• Some organisations offering virtual peer support • There is support provided to all clinical and non-clinical staff now; requests for support have tripled • Providing support for those who are working from home and those who have been furloughed • COVID care cards sent to ensure the wellbeing of staff • Virtual chats used to keep the social aspect of the office • Delivering more Mental Health Awareness and Suicide Prevention Awareness Training • Support the Workers is a website set up to support those in the medical field through the crisis (here)

• Furloughed staff can sometimes be left out of communications around support for staff well-being	• Mind have published 'Working from home: a Wellness Action Plan' ([here](.))

Summary of NSPA discussion of mental health service users, 11th May 2020

Service user feedback and surveys:

- Isolation is affecting people's mental health
- Helplessness is a big issue, and it's worse for those delaying accessing support
- Some people don't want phone or online support as it emphasises their isolation, others prefer the phone to a video call, as they don't want to see their own face!
- Survey of one service's users found: the impact of lockdown on their ability to access services was the biggest worry; saw reported increases in anxiety, depression, suicidal feelings, and self-harm. However, when asked what they are most worried about it is primarily about catching coronavirus, so want the lockdown to continue.
- Research into one service found that one in three contacts includes Covid-19 as a cause of distress. Their volunteers are reporting increases in conversations about mental health, particularly: reductions in access to mental health care and services, crisis teams not being available, appointments being cancelled, not getting medications they need, and also a lack of access to their usual coping mechanisms. A small number of people are reporting positive change, an increased sense of community

Challenges	Ideas and practice from different local areas
Conducting initial assessments - Assessment process can be difficult when the person has no relationship with the service or anyone at the service – how can we make it feel meaningful? - Online and phone assessments and consultations don't provide as much information as face to face sessions, and it can be more difficult to engage people – how can we overcome that?	- Triage assessments are going well by phone – moved all assessments online, let people know of the change and got their permission. Most were happy to do it. Small proportion didn't want to – either hearing issues or wanting to wait for face to face - Initial, short assessment by phone (shorter than it would have been face to face as don't want to fill in long questionnaires etc.), then send out in the post some practical things to work through (e.g. 'Managing your anxiety' sheet or workbook) - the person works through that alone, then have a call to talk through the exercise/s and their responses. Older people in particular can have a positive physical connection with paper and pen.

	- All of us working in this field are used to engaging with people who are in distress, and though the situation and systems are different, the skills are the same - Personalisation – find out what works for the individual, and do that in the assessment and on-going support
Service demand - Referrals to many services are down – concern the message isn't getting across that services are still open - Initially low engagement with services, partly because people were struggling to find a confidential space to share their concerns. - Mental health calls to the police are down, but concerned about hidden demand – that people might be getting more unwell but not seeking help. Working with mental health trusts to address it. - Concerned that people with serious mental health illnesses that were admitted before might be relapsing but not getting help, so may present in acute distress. - Decrease in suicide-related attendances at A&E, but seen some admissions to hospital for attempted suicide – how can we reach people before they make an attempt? - Some people having delusions relating to Covid-19. - Initially developed and delivered lots of activity and support, but now we are consulting to find out whether we are providing what people want and find useful.	- Vital to communicate that services are still open - Community-level response invaluable, a collaborative response – some people are struggling to contact services, but communities are there reaching out - Important to have lots of options (phone, video etc), as different people want different things, but valuable to have the choice - Some services are pro-actively contacting people to check in and offer support, including previous service users, as there is capacity due to reduced referrals
Young people - How are young mental health service users affected, and how can we support them?	

• Children and young people's service concerned about a possible increase in self-harming and suicidal behaviour linked to isolation and separation from friends	
Older adults • Some services working with older mental health service users have been seeing increases in people struggling to manage their benefits and so increased poverty, and also issues managing housing situations. Some services that would usually help with practical issues are closed, or people want face to face support and can't manage the phone or skype very well. • People feeling alone and isolated, some not eating. • Some services have stopped, including memory teams, so some people not getting assessments for memory loss and possible dementia.	
Effective support • Prevention and self-management – how to support people to keep well, rather than tipping into disorder and mental ill-health? • Online support groups are being well attended, but people are missing the regular visits to a community space, the social chat there, building friendships, and it being part of their daily routine.	• Providing remote support over the phone to our service users, and people are appreciating a familiar voice • Moved services online, including 10 online peer-led groups, and the evaluation shows they are as effective as face to face groups – after lockdown intend to continue with online as well as re-starting face to face • Exploring how to create a 'social' setting safely online, which would help the staff too • Would be great to keep some of the new options we've introduced over the last few weeks – get some feedback about what has worked, and keep some of the new good practice, and get rid of some of the things that weren't working before, so we can be more patient-centred.