Summary of NSPA members 'Planning for the recovery phase' discussion, 27th May 2020

On 29th April we held a discussion about people's concerns for the future (detailed notes on p.7), and to begin this conversation about planning for the next phase we highlighted some of the key issues raised a month ago:

- Last time there were two big unknowns: 1 - will common mental health problems increase during and following lockdown, increasing the risk of self-harm and suicide? And 2 – how long will lockdown last, who will be most affected and how?
- A range of groups were identified as particularly at risk:
    - Those whose usual support systems (family, friends, school, work, face-to-face services) are not available
    - People bereaved (whether by Covid-19, suicide, or any other reason) and the associated complex grief due to lockdown
    - Certain occupational groups – especially those on frontline, including risk of PTSD
    - Those not accessing NHS support for physical or mental health needs because of fears of Covid-19 or putting pressure on NHS – risking more acute presentations now and in future
    - BAME people have been more severely affected by Covid-19 which may also have mental health and suicide prevention impacts
    - People who do not have access to the technology that enables them to access online support, and the groups disproportionately affected by this unequal and uneven access
- What might happen as lockdown ends? Concerns around increases in demand from those not accessing services during lockdown, possible increased access to means, and the reaction of staff who have been under intense pressure throughout lockdown.
- What will the 'new normal' look like? Services continuing online delivery and/or returning to face to face support – and what impact that might have on service users, possible focus on cost to the detriment of beneficiaries
- Possible recession and all associated impacts on suicide risk and services
- Opportunities, including normalisation of discussing struggles and mental health, increases in volunteering and community connection, services reacting nimbly and effectively, focus on prevention and resilience

We then moved into discussing current challenges, ideas and plans:

Challenges	**Ideas and suggestions from participants**
At risk groups discussed: • Care home staff • Care leavers • Children and young people, including those who finished school but now have very uncertain future • Key workers and frontline staff • Mental health service users, particularly those with serious mental illness, whose usual sources of support are not available • Occupational groups who are now returning to work in challenging environments, including teaching staff • Parents, particularly new mothers • Self-employed people and sole traders • Speakers of other languages, especially if they may struggle to access effective and culturally appropriate support • Volunteers, who thought they were signing up to help with food shopping or collecting medications, but are now finding that people trust them enough to open up about their loneliness, emotional distress and mental health problems	• Care home staff: one area has developed a one-stop-shop online for information, resources, training etc to support them • Young people, parents and teachers: a training organisation is working closely with schools, putting a range of courses and resources online for them (see NSPA discussion about reaching and supporting children and young people here) • Key workers and frontline staff: one organisation has developed a 'Keeping safe and carrying on' programme, aimed at workforces who didn't know they were key workers until Covid-19 began – they are proactively approaching organisations including supermarkets • Occupational groups: as workforce returns to work, one area to target communications to those at increased risk, based on ONS or local data • Speakers of other languages: important to ensure resources and support are available to those who have English as a second or other language. Also a recommendation for Living Life to the Full, which has resources in a range of languages (here) • Volunteers: important to provide skills and emotional support. One area is providing training to community volunteers on how to have a 'garden wall' conversation – with key skills such as building a meaningful connection and active listening, as well as how to make that work from 2 metres away.

National Suicide Prevention Alliance

Lessons learned from lockdown

- Assessments over the phone have been much more successful than anticipated, with staff finding them time-saving and efficient.
- One IAPT service reports that some people experiencing bereavement-related PTSD have found their sessions over the phone better than ones in person, as they didn't have the additional stress of travel and going to a new place, but were in their own home where they felt safe and comfortable
- Almost every service has reacted swiftly and effectively to this unprecedented situation, so we know we can be nimble, and can take that learning into the recovery phase
- Services have responded to people's needs in new and different ways (options of 1 hour-long session, 2 shorter sessions, or a number of brief check-ins), and provided support in the way that best suits different people (whether over the phone, video, posting worksheets) and are keen to find ways to keep that flexibility when return to 'normal'
- Participation in support groups has increased for many services – reasons include increased accessibility, when feeling bad it can be difficult to go out to a group, but it is easier if you can stay in your own home. Many services are planning to keep online groups long-term.
- It has become clear how vital data is to deliver services effectively – not having real-time surveillance has been problematic in some areas, so it's important to continue to keep track of the data services are collecting, and identifying what more it would be useful to collect. UCL's survey and weekly reports provides a sense of how people are experiencing lockdown. If we combine what organisations say and what the data says we will have a broad picture of what is needed.

Planning to re-start services and delivery

- Remote services have been working well for lots of people, but some don't have access to private space, which makes it difficult for them to speak honestly, and are keen for face-to-face support to start again
- Organisations that have previously used community spaces or hired spaces for their services are now struggling to find venues that are open and so having to think much more broadly about how to re-start face-to-face support

- Some areas are working on detailed recovery plans, with workplans for specific timeframes such as the next 3 months, 12 months and 18 months.
- Others have actions for phase 1 – how to support services now, and phase 2 – what support will be needed longer-term. As real timelines are unpredictable, they hope this will assist flexibility.
- Developing a plan to consult with staff and service users about what our service will look like when we begin face-to-face support again, though still unclear when that will be and what demand will

	be. Keen to understand what has worked well during lockdown that staff and service users would like to keep? • Suicide prevention links to all other areas, whether children and young people's mental health, learning disabilities, autism – one area is talking to all areas to help suicide prevention be included in their thinking
Communications • Developing communications for identified at-risk groups will be vital, particularly as more people return to work and anxiety increases. • It needs careful planning and funding, as communications expertise will help ensure messages are appropriate, speak to and reach those targeted. • Consulting with target groups about what messages work for them will need planning – it might be fine to move an existing consultation network online, but more challenging to create a new network that works online from the start • Focussing most communications via social media and websites risks excluding people without access to technology or digital skills, which could include some at risk groups such as those experiencing financial distress, those living in rural areas, and older adults	• Some local areas have suicide prevention sites such as 'Shining a Light on Suicide' and 'OK to ask'. They are adapting their messaging, adding new content and Covid-19-related stories of hope. Where messaging is shared on social media, shared hashtags and branding have enabled a range of groups to bring all their suicide prevention work together, even if they are not known to the original team. • A local authority's suicide prevention team is linking with other key teams, such as domestic abuse, to ensure their communications are co-ordinated and that they are getting the language right - initially they are targeting female victims, but also working on communications for male victims and perpetrators. In future they plan to connect with men's groups, and drug and alcohol services. • One area learned a lot from a similar situation where a very large employer closed which impacted the whole community across multiple generations, there was camaraderie of everyone being 'in it together', but struggles to express feelings because they knew everyone was struggling. Organisations did immediate resilience work, which meant that many of the anticipated long-term impacts did not materialise. This resilience work included a wellbeing and redundancy pack for those affected.

	• Might be useful for local multi-agency groups to consider funding a communications expert to promote the work of all members, particularly smaller organisations who can't afford the expertise themselves
	• Beyond websites and social media there are a range of approaches being used:
	  ○ Physical resources sent to whole communities, the homes of those identified as at risk, or shared via food banks, community hubs, pharmacies, supermarkets and delivery services (Cumbria sent their 'Wellbeing and mental health during Covid-19' guide to all homes, and have given Greater Manchester permission to use it with local sources of support)
	  ○ Advertorials in local papers with wellbeing and suicide prevention messages
	  ○ Adverts on local radio stations (though important not to just promote websites)
	  ○ Local 'Share the Kindness' groups on Facebook may also know their local communities
	• Suffolk County Council have started a campaign to thank people across the county for their response to Covid-19, particularly those groups who are often over-looked – such as refuse collectors – who kept going to work despite their own fears, and thereby helped everyone else
	• Some areas have heard that 'social distancing' as a phrase can increase anxiety, so are making the distinction between physical distancing and social connection

Funding • Planning for recovery highlights the issue of funding and how flexible it can be, as timelines for ending lockdown and different stages are unpredictable • There is funding pressure on all areas, and some need additional funds following increases in demand due to Covid-19, so many are re-thinking their funding assumptions and that may affect suicide prevention	• Vital to make colleagues (particularly those with financial responsibility) aware of the suicide prevention work that is currently being done and plans for the future, so they can factor that into their plans

Summary of NSPA members 'Concerns for the future' discussion, 29th April 2020

Big questions	**Ideas and suggestions from members**
• Will common mental health problems increase during and following lockdown, increasing the risk of self-harm and suicide? • Lots of unknowns – how long will this last? Who will be most affected, and how?	• Centre of Mental Health is conducting a rapid evidence review to assess the likely mental health impacts of the crisis both short- and long-term which will be shared when available • Also a group of academics across the UK and more widely is reviewing all new evidence as it comes out and collating and sharing nationally with policy makers
Groups people are concerned about during lockdown (who may not ask for help until afterwards?) • Those whose usual support systems (family, friends, school, work, face-to-face services) are not available • People bereaved by Covid-19, suicide, or any bereavement and the associated complex grief due to lockdown • Certain occupational groups – especially those on frontline, including risk of PTSD, however staff are often under huge time pressures, so additional training and support can be hard to prioritise • Those not accessing NHS support for physical or mental health needs because of fears of Covid-19 or putting pressure on NHS – risking more acute presentations now and in future • BAME people have been more severely affected by Covid-19 which may also have mental health and suicide prevention impacts	• Recruiting additional volunteers and conducting training online • Establishing additional bereavement support services • Providing additional support for staff, including around home-working, mental health and well-being, and improved communications • Providing information on Covid-19 and the support available in multiple languages, and ensuring culturally appropriate support (including bereavement support) is available • Focussing on prevention, with messaging around mental health well-being, and spotting the signs linked to suicidal ideation • Supporting frontline staff and the public to access the Zero Suicide Alliance's free online suicide awareness training

• People who do not have access to the technology that enables them to access online support, and the groups disproportionately affected by this unequal and uneven access	

Immediately as lock-down ends
 	
• Widely anticipating a surge in demand when lockdown eases/ends
  ○ For MH services, but also for physical health services
  ○ May lead to longer waiting lists or shorter appointments/support
  ○ May mean people perceived to be at 'lower risk' will not get support, but as risk assessment is unreliable for suicide risk that may lead to an increase in deaths by suicide
• More access to means
• Some people may struggle beyond the lockdown phase, no longer with family, no sense of 'all in this together'
• Some staff are already struggling with the levels of work and expectations on them, and these may well continue after lock-down
	• Recruiting additional volunteers and conducting training online: small groups and a higher trainer/trainee ratio than usual, exercises that can be done alone, and role-playing etc done face-to-face online
	• Asking retired staff or previous volunteers to consider returning
	• Re-evaluating or re-assigning some roles to meet the changing demands
	• Ensuring services are connected, pathways are clear, and there are services to support people while on waiting lists
	• Recovery planning, including how to provide additional support, share information across communities
	• Comparing previous levels of demand to current levels and calculating what that might mean for the increase in demand post-lock-down
	• Evaluating the impact of Covid-19 on mental health needs, considering human, economic and social factors, and keeping health inequalities in mind

'New normal' • What will this look like? How will it affect people?	

<table>
<tr><td>

- Changes to services now may continue in the future – training, support, patient consultations online – both positive and negative
  - Impact on service users
  - Impact on services, income, staff
- If cost becomes a key focus, that may mean a push to deliver more online and phone support, losing benefits of face-to-face support
- Risk some services will lose funding and close

</td><td>

- Better use of technology may enable more people to get involved in national-level projects
- Vital that any changes in services that may become permanent are checked with service users, to ensure they would value them

</td></tr>
<tr><td>

Recession

- Known impact on rates of self-harm and suicide
- Financial strain on charities, public health and NHS now, and once Covid-19 investment ends

</td><td></td></tr>
<tr><td colspan="2">

Opportunities

- A range of services and systems have been fast-tracked and are likely to continue – new text support services, national real-time surveillance
- Positive changes to the benefits system including removing certain conditions and sanctions, and there is an opportunity to keep these and have a more humane benefits system, which would be beneficial for many
- This global situation may have normalised talking about struggling and how we feel, which could have long-term benefits of reducing stigma
- There has been a surge in volunteering – nationally (e.g. NHS volunteers) and locally (e.g. Mutual Aid groups), which could be supported to continue, with attached benefits for mental health and well-being
- In some areas councils have prioritised supporting the resilience and well-being of residents during lockdown, which they see as a cornerstone of prevention, and could have a big impact if continue that focus, including for children and young people, long-term

</td></tr>
</table>