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 - 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	- 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

Immediately as lock-down ends • Widely anticipating a surge in demand when lockdown eases/ends o For MH services, but also for physical health services o May lead to longer waiting lists or shorter appointments/support o 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? • Changes to services now may continue in the future – training, support, patient consultations online – both positive and negative o Impact on service users o 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	• 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

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	

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