Supporting mental health in communities during the coronavirus crisis: bringing together voluntary, community and statutory services

Centre for Mental Health, Association of Mental Health Providers and the NHS Confederation Mental Health Network

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Summary

The global coronavirus outbreak is putting the mental as well as physical health of people around the world under strain. For people with existing mental health difficulties, this may be especially pronounced, at a time when mental health services are stretched and coping with higher sickness absence due to the virus.

Across the UK, voluntary and community organisations are already taking action and working with their NHS and local government partners in response to the pressing needs of the communities they serve and come from.

This briefing looks at how statutory service commissioners and providers are working with their voluntary and community sector partners to respond to the crisis and gives practical advice on how to build effective partnerships locally.

Key elements of effective partnership working include:

- Enabling VCS staff and volunteers to work safely alongside NHS, social care and public health colleagues, including with access to protective equipment and training in how to use it

- Recognising the value of a range of contributions, valuing peer supporters, advocates, welfare advice workers and many others who meet people's holistic needs and can help to prevent later crises

- Supporting smaller organisations that work with groups with higher risks to mental health or who find mainstream support less helpful

- Maintaining safeguarding to protect people at risk of abuse or exploitation

- Valuing organisations that provide key functions such as supported housing, advocacy and support for children, young people and young adults

While partnership working and mutuality are in evidence in many places, there are also significant barriers that can get in the way and need to be overcome. These include worries about the financial wellbeing and sustainability of voluntary and community organisations; restrictive or insecure and short-term contracts for those providing services with public funding; and reduced mental health care commissioning capacity while attention is focused on the response to coronavirus.

There are a number of practical steps that NHS and local authority commissioners can take to work with their voluntary and community sector partners to help them to maximise their contribution now without jeopardising their longer term sustainability. These include:

- Working together to plan crisis responses, identify key areas of need and activity and draw on the intelligence of VCS partners about where attention is needed

- Providing additional funding to expand services that need to grow to meet extra need (e.g. helplines) or to shift resources from face-to-face to digital media

- Relaxing contractual restrictions and processes and ensuring that VCS organisations will continue to be paid if they take on work outside their existing contracts

We have already seen unprecedented evidence of goodwill and solidarity across the country. It is vital that necessary measures being taken do not destabilise the very organisations that are helping us all to get through the coronavirus pandemic.

The steps outlined in this briefing should enable statutory, voluntary and community organisations to work together efficiently and effectively to achieve the greatest possible impact now without undermining their longer term viability. And as the crisis moves into a long and potentially volatile recovery phase, it will be more important than ever to have a strong and robust mental health VCS ready to support people through the psychological after-effects of this period.

Introduction

The global coronavirus outbreak is putting the mental as well as physical health of people around the world under strain. For people whose lives are restricted by self-isolation or social distancing, as well as fears about the virus itself or about shortages of essential supplies and worries about money, the emotional and psychological effects can be overwhelming. For people already living with mental health difficulties, the added pressures of the current situation, combined with limits to the capacity of health and care services to provide ongoing support, may have profound short- and long-term impacts. The likely impacts of a pandemic on public mental health have been identified in research into pandemic flu as including increased levels of PTSD and other trauma symptoms, anxiety and depression (Douglas et al, 2009).

We have already seen organisations and individuals across the board step up to do their part in responding to the crisis. While the NHS is rightly focused on saving lives and local councils are responding through their statutory duties for public health, homelessness and social care for children and adults, it is clear that a collective effort is needed to protect and respond to the mental health impacts of the pandemic.

Across the UK, voluntary and community organisations are already taking action and working with their NHS and local government partners in response to the pressing needs of the communities they serve and come from. Despite the many limitations required to protect people from coronavirus, VCS organisations are responding swiftly and in proven and effective ways to help keep people safe: from keeping food on the table to coping with the emotional fallout of the crisis as it unfolds. Many have already moved their services from

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face-to-face to online, opening up extra capacity through their helplines and psychological therapy services. From small community groups to national charities, the sector is now a major asset to local authorities and health services to help them to achieve a holistic and comprehensive response in the most exacting circumstances most of us have faced in our lifetimes.

Voluntary and community organisations have decades of experience in working alongside statutory bodies in the provision of mental health and emotional wellbeing services. From informal community groups that support wellbeing and resilience to crisis cafes, housing support, welfare advice and intensive, wraparound care for people with severe mental illness and complex needs, the VCS makes a diverse and essential contribution to mental health in every part of the country.

As a result, in many areas, partnership working between the voluntary sector, NHS and local government is well-established and functions effectively. However, in other areas it has not always been easy to form effective working relationships between voluntary sector bodies and local authority or NHS commissioners and health and care providers: a task made more complex in areas with two-tier councils and overlapping NHS and local government boundaries. Relationships are often fraught with difficulties, often because of financial and contractual barriers that stop organisations working well together (Bell and Allwood, 2019). Cultural barriers can also get in the way – for example where VCS organisations are not valued or trusted as equal partners by clinically-led statutory services.

Now, however, we need to act quickly to address and overcome those barriers and help the people who can help others to do what they can. We are already seeing examples where longstanding myths and misperceptions are being overcome by the imperative to work together and the need to value the distinctive role of VCS organisations.

In a crisis, it is more clear than ever that statutory, voluntary and community groups have more in common than apart. We all want the same things; we all want to support people's mental health and wellbeing and help people who face the biggest challenges. Finding ways to get through the crisis together is now essential.

What would a good whole system response look like?

Across the country, partnerships between agencies responding to the crisis and providing mental health support are already finding ways of working that meet people's immediate needs. We will be able to learn from these as they develop and mature. In the meantime, however, key features of an effective response are likely to include:

An integrated workforce: With limited capacity as staff from statutory and voluntary services alike become unwell or need to maintain social distance, we need to see the whole health and care workforce as one. This will mean drawing on the people who are available to work and enabling flexible working for those with childcare or other personal responsibilities. The Government's recognition of VCS staff and volunteers as 'key workers' following the school closure is an important step towards this.

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A safe workforce: Providing staff and volunteers in all public-facing services where direct contact is necessary with suitable protective equipment and training on how to use it safely. While some mental health support can be provided remotely, direct contact is inevitable for some, including those who are themselves at risk with their mental health or those with limited mobility or who are digitally excluded.

Recognising the full range of skills and contributions: There will be an important role for a wide range of different contributions to supporting people's mental health and wellbeing. This will include peer support and peer-led groups as well as health and care professional roles, housing, money and welfare advice, support for victims of domestic abuse, and many more. The contributions of VCS staff and volunteers have not always received the same recognition as those of traditional mental health professionals. Valuing the multi-disciplinary input that VCS organisations can bring as equal partners in supporting people will be essential. Peer support workers, for example, may have a critical role in sustaining social connections when people are required to self-isolate or maintain social distance, including in mental health inpatient wards.

Supporting smaller groups: There is a wide range of small, local- and community-based VCS organisations that come from and work with groups and communities that experience higher than average levels of disadvantage and marginalisation (see for example Allwood, 2020). It is vital that these are not forgotten in the current crisis. Many provide the only trusted psychological support for people who do not find other services helpful.

Proactively identifying opportunities: Voluntary and community organisations can identify where they have unused estates and other resources that could be re-purposed for use by the NHS, then proactively contact their local commissioners, providers and local authorities to offer support. NHS providers can also proactively contact voluntary groups, with details on what would type of partnership working would be helpful.

Safeguarding: For both statutory and voluntary organisations, it will be important to maintain adequate safeguarding for people who are vulnerable to abuse and exploitation. Likewise it will be important to ensure that assessments of both needs and risk are as fully informed as possible, particularly for people with complex health, care and support needs.

Advocacy: The importance of effective advocacy services will be amplified by the emergency legislation – for example if provisions relating to the Mental Health Act are implemented. Advocacy services may need some additional support to help them to move to digital delivery, for example by adopting video-conferencing.

Children and young people: Many VCS organisations have significant experience in supporting children and young people, including those who find themselves lacking statutory help when there are gaps between child and adult services during the transition to adulthood. VCS organisations should be enabled to play a more proactive role in providing this support to offer children, young people and young adults early help to prevent their needs escalating to a point of crisis. As with other age groups, this may need to move from face-to-face to digital communication, especially where they offer peer support.

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Step-down housing and support: Supported housing providers can help NHS providers to discharge patients who no longer need inpatient beds where appropriate. This is currently a huge focus for NHS trusts. Patients who are medically fit enough to be discharged, but still have complex needs, require varying levels of support once they have been discharged. Community mental health teams, which often struggle to meet demand in normal circumstances, also have reduced capacity due to staff self-isolating, so there is an important role for supported housing providers who are able to assist where they can.

An example of a third sector supported housing provider facilitating the discharge of clinically well mental health inpatients is Beechwood In Manchester. Beechwood is an eight-bed step-down supported housing service, set up by Home Group in partnership with Greater Manchester Mental Health NHS Foundation Trust. The service is staffed by Home Group staff, with strong links into the trust to provide clinical support where needed. An evaluation of the services after two years showed that out of 16 service users admitted and discharged, nine moved on to supported housing with a further three successfully accommodated in their own independent tenancies.

Mental Health Concern is a large charity the provides specialist services on behalf of the NHS and local authorities in the North East. New approaches they have implemented can help the wider health and social care sector by supporting people to remain safe and connected in their own homes during the pandemic.

Mental Health Concern link workers are regularly contacting everyone the organisation supports through telephone, text or email, depending on the person's preference.

Contacts from link workers focus on:

- Making sure the person knows the service is still running and that they will be contacted regularly.

- Ensuring that people know how to get in touch if they are worried, feeling lonely or need practical help.

- Ensuring the person understands the current guidance and how it applies to them to maximise their chances of staying healthy.

- Identifying people who are without immediate support from family, friends or trusted neighbours and as a result need assistance to get essential supplies (which we will either help them to access by internet or help directly with deliveries).

"Without your call I would be much worse, to know I have some contact whilst in isolation means everything to me. Off-loading my worries and learning how I can still manage my feelings at home is most useful to me right now and will be to so many others too. People out there need these phone-calls, even the ones that are not in therapy would benefit greatly from these calls. Please pass on to all of your colleagues how important they are right now to many people."

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What are the barriers for VCS and statutory bodies to work together?

Financial barriers: many VCS organisations are financially precarious in general, and the current upsurge in demand for their help combined with uncertainty at the end of the financial year will exacerbate this situation. For VCS organisations, framework contracts can be particularly insecure. It is important for commissioners and statutory service providers to be mindful that many VCS organisations have small reserves, and where funding is coming to an end they may need to issue risk of redundancy notices to paid staff members.

Inflexible contracts: some VCS organisations have their scope limited by contracts that make it difficult for them to work flexibly. Arrangements that enable VCS organisations to redeploy staff or implement different ways of working quickly without needing to renegotiate or fear losing funding. Many have done this anyway in order to meet need, and it is vital that they are not penalised for this later on.

Reduced capacity in CCGs: many CCG staff, both with a clinical and non-clinical background are being redeployed to other COVID-19 duties. This will impact on the capacity of commissioning teams, and their ability to move quickly and responsively.

Inconsistent commissioning: some VCS organisations work with multiple statutory bodies, each with their own approach to managing the crisis. This makes it more challenging to redeploy resources quickly and effectively.

What needs to happen to enable an integrated response?

It essential at this time to acknowledge the key role that VCS organisations, their staff and volunteers, often play in understanding, assessing and meeting people's mental health needs. This can be particularly the case for some people with complex difficulties and circumstances who may be less inclined to engage with statutory mental health and social care services.

NHS and local authority commissioners should look to enhanced communication & intelligence sharing with colleagues in the VCS. Doing so will help to maximise the potential of the sector achieve the best possible response to the current crisis and to ensure that services can be maintained, adjusted & extended as required.

Emergency legislation means that local authorities' Care Act responsibilities are being temporarily eased to enable councils to prioritise assessments and the provision of care and support services under the Act for people most at risk. This is, of course, an understandable and necessary step in the face of the twin pressures of COVID-19 and the longstanding resource deficiencies in social care.

These easements notwithstanding, councils will be expected to discharge their responsibilities with reference to Department of Health & Social Care's ethical framework for adult social care. The framework applies equally to people who may have care & support needs that arise as a result of mental or physical health conditions.

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Local Government Association guidance to commissioners in relation to social care resilience encourages commissioners to be as flexible as possible and to pay quickly. It is already clear that in these exceptional circumstances, authorities may need to procure goods, services and works with extreme urgency. Authorities are permitted to do this using regulation 32(2)(c) under the Public Contract Regulations 2015. The Government has also published Procurement Policy Notes on regulations and payments to ensure service continuity..

Early reports from VCS providers indicate that many commissioners are responding to the crisis positively. They say that it is often small, practical steps that can enable VCS organisations to participate effectively in local partnerships.

Second Step, a Bristol-based voluntary sector mental health support provider, has identified (personal communication) the following practical steps that can be taken in any local system to facilitate effective joint working:

- A joint group of providers and commissioners have calls weekly, or as required, to support the co-ordination of services.

- Acknowledge that services can operate outside of strict contract metrics in order to deliver to agreed priority groups.

- Make additional funding available for mental health helplines or explore the role of volunteers to support additional hours.

- Ensure all websites give advice about how to manage mental health during these times and share information on mental health services.

- Commissioners hold a high-level risk log to which providers can contribute.

- Provide messaging about non-essential meetings being stood down – if standard contract meetings do continue, it should be clear why this is necessary and there should be agreement on their form, frequency and format.

- Guidance should be provided on tenders in pre, current, and post award status.

- For providers on spot contracts, commissioners should make it clear that they will honour existing payments for a period of time, regardless of type of service delivery.

- It is also important for VCS providers to understand their local mental health trust's plans.

These are all important steps that can be taken quickly in local areas to enable VCS organisations to engage effectively. Where Integrated Care Systems are working effectively, they can help to enhance partnerships by bringing organisations together across the system to find shared solutions at scale.

National bodies, such as the Care Quality Commission and NHS England/Improvement, can support this further by giving local organisations the flexibility to establish new ways of working while seeking to ensure that this does not compromise on patient safety.

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Centre for Mental Health has also produced a short video for smaller VCS organisations to provide basic information about how to manage the financial aspects of the crisis.

Conclusions

While we have already seen unprecedented evidence of goodwill and solidarity across the country, it is vital that necessary measures being taken do not destabilise the very organisations that are helping us all to get through the coronavirus pandemic.

The current crisis is an important reminder that mental health organisations from all sectors have more in common than apart. Where organisations have strong, trusting relationships, with mutual respect among staff and volunteers, working in new ways at speed is much easier. Sharing risks and resources fairly is never straightforward, but by combining leadership and problem-solving together, organisations are already showing that they can create a more coordinated local response to growing levels of need at a time of unprecedented pressure on resources.

The steps outlined in this briefing should enable statutory, voluntary and community organisations to work together efficiently and effectively to achieve the greatest possible impact now without undermining their longer term viability. And as the current crisis moves into a long and potentially volatile recovery phase, it will be more important than ever to have a strong and robust mental health VCS ready to support people through the psychological after-effects of this period.

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