



## How mental health charities are responding to Covid-19

### Summary

This short report summarises the activities and key concerns of a group of seventeen national mental health organisations that have been working together to respond to the Covid-19 crisis in England since March 2020.

Evidence collated by the charities shows that the crisis has put extra pressure on people's mental health. Surveys and research evidence all point to an increase in mental health problems that is likely to continue for some time.

Mental health charities that provide helplines or offer direct support to people and communities all report

increasing demand for help. Many have had to adapt their services very quickly, and find ways of meeting additional demand with reduced resources.

Charities are reporting a range of concerns about the impact of the pandemic on the public's mental health; on the lives of people living with a mental health problem; and on mental health services.

Mental health inequalities that existed prior to the pandemic have been magnified as a result of the virus and the lockdown. These include both the risk factors for poor mental health and the unequal life chances faced by people living with a mental health problem.

## Mental health charities together

From the start of the Covid-19 crisis, mental health charities working nationally in England came together to share their concerns and efforts to protect the public's mental health and secure fair treatment for people with mental health problems. It has been important to pool resources at a time of national and international emergency and to offer a clear, united voice from the mental health voluntary sector.

The charities involved are as follows:

- The Anna Freud Centre
- The Association of Mental Health Providers
- Centre for Mental Health
- City Mental Health Alliance
- The Helplines Partnership
- Mental Health Foundation
- Mental Health Innovations
- The Mental Health Network of the NHS Confederation
- Mental Health UK
- Mind
- The Mix
- National Survivor User Network
- Place2Be
- Rethink Mental Illness
- Royal College of Psychiatrists
- Samaritans
- Student Minds
- YoungMinds

This short paper summarises the ways in which our organisations have sought to understand and act on the mental health impacts and implications of Covid-19, the issues that we are all concerned about, and the steps each organisation is taking to support people's mental health during the crisis.

## Mental health and Covid-19

Charities have been using a range of methods to gauge the impact of the pandemic on people's mental health.

Charities providing or supporting helplines all report higher call volumes and more people seeking help for their mental health during the pandemic. This may be a combination of higher levels of distress resulting from the crisis and of reduced access to face-to-face support.

Surveys conducted by mental health charities have all pointed to significantly elevated levels of need and distress.

Mind and Rethink Mental Illness have surveyed people living with existing mental health

difficulties during the pandemic. Rethink's survey of 1,400 people living with severe mental illness, carried out in April and May, found that 79% said the pandemic had made their mental health worse. For 42% of respondents, lack of contact with mental health services had contributed to this deterioration. In a further briefing based on the survey, Rethink noted that **people's physical health** had been severely affected by the lockdown, with reduced numbers able to take regular exercise and many not receiving routine health checks.

Mind's survey of 8,000 people, many of them with existing mental health difficulties, found that a quarter of people who had sought help

for their mental health were unable to get the support they needed. The reasons for this included not being able to contact their GP or community mental health team, not being able to use phone or video calls, or having appointments cancelled. Others reported not seeking help because they feared it would not be safe or responsible during the pandemic.

Both surveys also identified that people living with mental health conditions have been experiencing difficulties with accessing basic supplies, such as food and medicine, as well as worries about money and benefits.

The Royal College of Psychiatrists surveyed its members in May and found that 45% had seen a reduction in the most routine appointments (those usually conducted after 3 months) within the previous fortnight, while 43% reported an increase in workload for urgent and emergency cases during the same period.

The Mental Health Foundation has carried out regular polls of 4,000 people aged 18 and over living in the UK with YouGov, complemented by a Citizen's Jury. The poll has found that levels of loneliness doubled after the lockdown was introduced, with the highest levels among young adults. The poll also found that people who are unemployed are experiencing much more severe anxiety than those who are in work, and they are more than twice as likely to have had suicidal thoughts. The poll also found that while overall levels of anxiety have reduced as the lockdown has progressed, there has been no such improvement for those who are out of work.

YoungMinds surveyed children and young people who have existing mental health difficulties in March and found that a large

majority (83%) reported poorer wellbeing as a result of the pandemic, and a quarter of those who had been receiving support no longer had access to it. The charity also surveyed parents of children with a mental health difficulty in April, 67% of whom said they were concerned about the impact of the pandemic on their child's mental health and a quarter of whom said they were unable to get help at this time.

Place2Be surveyed 200 of its workers about the concerns they were hearing from both children and parents/carers. Loneliness and isolation were the biggest issues for both alongside worries about schoolwork and family relationships.

Centre for Mental Health reviewed research from previous epidemics and major recessions to develop a forecast of the mental health impacts of Covid-19. It concluded that the pandemic is likely to increase by at least half a million the number of people experiencing a mental health difficulty this year. It also noted that the effects of the pandemic on mental health are more likely to be severe among certain groups of people, including those who have been treated in hospital, those experiencing bereavement, people working in hospitals and care homes, people with long-term conditions, people with existing mental health difficulties, and people from Black, Asian and minority ethnic communities.

The National Survivor and User Network has collected a series of blogs and videos sharing lived experience perspectives of the pandemic. These have helped to shine a light on the experiences of people living with mental health difficulties and user-led organisations that provide essential mutual support and advocacy.

## Issues and concerns

Mental health charities have expressed concerns about a number of specific issues during the pandemic. These include concerns about groups of people at greater risk of poor mental health, of the impacts of the pandemic on people with existing mental health difficulties, and on the provision of mental health services, in both statutory and voluntary sectors.

### Children and young people

“I had my school’s closing sprung upon me, with teachers telling us that morning that it would be our last day. It didn’t feel fair; it didn’t even feel real... I felt cheated. It wasn’t fair that we didn’t get a goodbye. None of it was fair.” (Ella, 18, [YoungMinds](#))

Charities have expressed concerns about the emotional and psychological impact of Covid-19 on children, young people and young adults. While young people are less at risk from the virus, there is evidence from multiple surveys that the psychological impact is greater than among older age groups. Concerns include the disruption to education as a result of school and college closures (especially for those at key transition points), the impact of quarantine conditions on young people, especially those who are unsafe at home, and economic precariousness among those who are new entrants to, or shortly to join, the labour market.

### Racial injustice and mental health

“...it is time we considered the deadliest pre-existing conditions of them all - structural racism and white privilege.” (Jayashree Kalathil, [NSUN](#))

Research has now demonstrated that people from Black, Asian and minority ethnic communities living in the UK are more likely to be diagnosed with Covid-19 and more likely to die from the virus. Mortality rates are dramatically higher for many communities. These disproportionate risks mirror higher rates of mental ill health and the use of coercion in mental health services among people from many of the same communities.

The injustices and inequalities that have been so starkly demonstrated during the crisis, most dramatically in the aftermath of the death of George Floyd in the US and the Black Lives Matter protests that followed, are likely to have a lasting effect on mental health in communities that have experienced discrimination, oppression and disadvantage for many years.

The impacts of racism and racial injustice on mental health has been spelled out many times, yet there have been few concerted attempts to address it systematically. There is also an acknowledgement that mental health organisations across the board need to address systemic racism in all aspects of the ways they work and the ways Black voices are silenced or unheard.

### Violence, abuse and mental health

“...Domestic violence and child protection concerns have increased. There is fear for severe repercussions post lockdown and Covid-19 for many years to come.” (The Helplines Partnership)

Violence and abuse are major risk factors for poor mental health. Concerns have been raised about rising rates of abuse during the lockdown, both for women and for children, and the need for safe spaces for those fleeing from violence. Longer term, this will require the creation of more trauma-informed approaches in both mental health services and more widely (including schools).

### Older people’s mental health

‘I’m no longer putting myself in potentially vulnerable situations, which is cutting down my social life considerably, and leaving me feeling lonely and low.’ (Independent Age survey respondent)

Older people are more likely to experience severe symptoms from the virus and to experience the loss of a partner or someone they care for. These are both major risk factors for poor mental health.

Older people are, however, less likely than other age groups to be offered formal support

for their mental health (for example through referrals to Improving Access to Psychological Therapies services). And as mental health services move to working remotely, some of them permanently, older people may experience additional barriers such as hearing difficulties or not having access to the internet or the required hardware for a digital consultation.

Mental Health Network members reported an increase during May in the number of older people seeking help for their mental health and the severity of their need, including people who had not previously used mental health services.

## Impact of the recession

“The people most at risk of poor mental health now are those with the most precarious livelihoods, poorest health and insecure lives in the first place.” (Centre for Mental Health)

Worries about finances and the potential impacts of a recession are major determinants of mental health at any time, with especial resonance now. Studies by the Mental Health Foundation and Centre for Mental Health have pointed to **economic inequalities as major drivers of poor mental health**. Student Minds has also identified money worries as a cause of psychological distress among university students at this time; many are facing both short-term challenges of making ends meet combined with the prospect of unemployment and under-employment when they graduate.

It is likely that groups of people that experience the greatest economic harm from the crisis will also feel the biggest impact on their mental health longer term. This will disproportionately affect a number of groups also known to have high levels of poor mental health, including many Black, Asian and minority ethnic communities and young adults who are more likely to be economically precarious and in industries hardest hit by the crisis.

## Mental health services

For NHS mental health services, there are major concerns about the system’s ability to meet an expected increase in demand. Mental health services and the wider system were unable to meet demand before Covid-19 so there will be

incredible challenges in providing good-quality support to those who need it in the near future.

A number of charities have discussed both opportunities and concerns about the use of remote and digital provision of mental health support. Rethink’s survey, for example, noted that for many people having the option of remote contact with mental health services was helpful and could be continued longer term, while others had either a strong preference to return to face-to-face support as soon as possible or were digitally excluded so could not access the help that is available. Levels of digital exclusion among people with mental health difficulties of all ages are high (for example, because of poverty) making this a key area for development in the longer term.

The Mental Health Network has noted that the biggest challenge the NHS faces in expanding access to mental health support is in building its workforce. The mental health workforce needs to increase by over 30% within the next four years to meet the commitments of the Five Year Forward View for Mental Health and the NHS Long Term Plan, without factoring in a rise in demand due to Covid-19. The wellbeing of existing staff must be supported, so that we can retain as many staff as possible and we must grasp this opportunity to attract people into good-quality, secure employment in the mental health sector.

## Access to money, food and medicines for people with mental health needs

“Why is it that I can log on and have a takeaway delivered to my door with 30-50 minutes, yet I cannot for love nor money get an advance supermarket delivery slot booked? Many of us are struggling to get the basics and relying on the lottery of whether a local charity or small business is delivering food parcels to those of us with hidden disabilities and struggles with food.” (Marsha McAdam)

People living with long-term mental health conditions have experienced additional challenges during the pandemic in making ends meet and getting access to basic supplies. For many people with mental health problems, the pandemic has undermined or removed existing support networks.

Mental health charities have raised concerns with government about money worries among people with a mental illness and about access to help with food and medicine deliveries during the lockdown. Many are facing significant levels of hardship with very little financial or practical support.

## Mental and physical health

“The support groups that I normally attend are no longer running. These groups provide a structure to my week. Having no structure means that I struggle to impose order on my life. Without something to do I struggle to get up, eat at reasonable times, avoid snacking and looking after myself and my home.” (Expert by experience, [Rethink Mental Illness](#))

People living with a mental illness are more than twice as likely to have one or more long-term physical conditions as well, while people with long-term physical conditions have double the risk of a common mental health problem such as depression. Concerns about the links between mental and physical health have been exacerbated during the pandemic.

For people living with conditions that put them at greater risk from the virus (such as diabetes) this means greater anxiety and the prospect of a longer period of isolation than the rest of the population. Centre for Mental Health worked with Kidney Research UK to raise concerns about the impact of the crisis on people who are

‘extremely clinically vulnerable’ to coronavirus and have been advised to shield since March.

For people with long-term mental health problems, meanwhile, physical health support has been limited in some areas (for example where routine health checks have been postponed). The Equally Well collaborative has produced a [guide for people living with a mental illness](#) about looking after physical health at this time.

## Voluntary and community sector sustainability

Charities and community organisations nationwide have stepped up during the pandemic to offer support for people’s mental health. Many have had to adapt services overnight or offer additional help where demand has increased and statutory services have become less accessible. While there has been some funding from the Government nationally and from local authorities and NHS bodies locally, voluntary and community organisations still face a significant gap in their funding as a result of Covid-19.

While this is not unique to mental health organisations, the likely trajectory of mental health needs outlasting the virus itself mean that demand is likely to remain high for a long time while opportunities to raise funds will continue to be curtailed.

## Building back better

We believe that Covid-19 brings with it an important opportunity to take stock of the nation’s mental health in the wake of the emergency and leave a more positive legacy for the longer term future.

We have [written to the Prime Minister](#) calling for a nationwide Mental Health Renewal Plan to establish a ‘New Social Contract’ for a mentally healthier society.

We are calling on the Government to take three key actions to put this into place:

1. Establish a Mental Health Renewal Taskforce to lead a comprehensive whole-government Covid-19 Mental Health Renewal Plan
2. Government funding that identifies and meets increased mental health need as a result of the pandemic in the short and long term. This must be in addition to Long Term Plan funding in the NHS and must support local authorities and the community sector to meet new demand
3. Commit to adopting a mental health and wellbeing-informed perspective in leading the nation’s recovery approach

## How we have responded to the pandemic

Mental health charities have taken action to address the implications of Covid-19, putting significant resources into dealing with the impacts of the pandemic on mental health. This section summarises activities so far among the organisations that have come together to produce this report.

### Anna Freud Centre

The Anna Freud Centre provides support and resources to a broad range of audiences: infants, children, young people and families, allied mental health professionals, schools, early years and researchers. The Centre surveyed its two main networks – Schools in Mind and the Anna Freud Learning Network – (33,000 members) to find out what support and resources were needed for the immediate impact of Covid-19 and to plan for return. All resources can be found [here](#).

The Centre’s Evidence Based Practice Unit launched two initiatives: Emerging Evidence initiative Issue 2, a series aiming to examine evidence from around the world to explore key questions about CYP mental health during this pandemic; and a new series of ‘[mental health and the coronavirus research bites](#)’.

We immediately transitioned all our direct case work to virtual working, providing virtual therapy and consultations. 80% of our current cases are being seen in this way and all new cases are starting treatment in this way.

A range of resources, blogs and podcasts were produced to support families directly, including [Looking After Each Other](#) and [Helping children and young people manage anxiety](#). The Centre collaborated with BBC Bitesize to create a Parents Toolkit covering topics such as “[how to cope with lockdown loss](#)”, and “[how to support an anxious child during the pandemic](#)”. We were also involved in a [BBC Bitesize podcast](#), answering listener submitted questions.

We have mobilised our teams to continue developing new materials in response to these emerging needs. These resources are sent to teachers every fortnight, providing the best and most up to date clinical advice and support. Resources cover a wide range of topics from “how to look after each other and ourselves”, “helping children and young people manage anxiety”, “managing unexpected endings and transitions” and many more, all of which can be found on our [coronavirus support page for schools and colleges](#). We're also holding live Q&As on our Facebook page every fortnight so that we can explore issues in more depth, based on questions submitted by Schools in Mind members.

Through its [Mentally Healthy Schools website](#) the Anna Freud Centre provides quality assured resources for schools across the four nations of the UK, now including coronavirus toolkits.

The Centre-sponsored Pears Family School has remained open since lockdown. It developed a [guide to running an Alternative Provision school during lockdown](#) to support other alternative provision schools.

50% of the Centre’s trainings to allied mental health professionals have continued to be delivered virtually since lockdown and free seminars and trainings giving Covid-19 specific support are now being delivered, attracting 6,000 online attendees during Mental Health Week. Plans are underway to launch a fully digital Mental Health Academy by October 2020, immediately increasing training capacity from 9,000 to 40,000 delegates.

The soon-to-be-launched UK Trauma Council (UKTC) brings together experts from across the four nations to facilitate collaboration more effectively with different sectors and communities – harnessing collective expertise and experience to improve both the understanding and management of childhood trauma. Covid-19 specific resources on traumatic bereavement will be included.

## Association of Mental Health Providers

During the pandemic, the Association has focused on:

- Biweekly engagement with members to learn the impact on services and service continuity, live briefing document produced on this
- Roundtables with members and System Partners around issues of interest and/or concern
- Delivering the Mental Health Sustainability Programme on behalf of the Mental Health Coalition to support small and medium sized organisations working with BME communities, taking an intersectional approach – supporting organisations as they respond to the pandemic and through the recovery phase to ensure the continuation of their existence short term and their long-term sustainability
- Creation of subgroups (not Task and Finish) around specific areas of growing concern for members as they look at recovery – governance, business continuity, workforce wellbeing
- Working with the Care Provider Alliance as one of ten members to support the wider health and social care sector – areas of focus have been testing, PPE, support for those shielding, preparing for the Winter, care homes, funding, food supplies, etc.
- Supporting small and medium sized enterprises through our Enterprise Development Programme
- Focus on helplines and crisis services.

## Centre for Mental Health

Centre for Mental Health highlighted early on that the mental health impacts of the pandemic **would not be felt equally**. Our work throughout has been informed by the need to address mental health inequalities during Covid-19, focusing on both immediate and longer-term actions that can be taken nationally, locally and internationally.

We have created a **dedicated space on our website** with up to date information, resources and advice, as well as links to our work so far addressing the mental health impact of Covid-19.

We have brought together a task group of charities to explore inequalities in mental health during both the pandemic and its aftermath. The aim of the group is to identify emerging issues and concerns as they arise in order to make recommendations to government and other national bodies about how they might be prevented or mitigated. The group's report is now published **here**.

We have also worked with the Association of Mental Health Providers and the NHS Confederation's Mental Health Network to **support voluntary and community organisations** to work on an equal footing with NHS and local government bodies locally.

We also host three major national networks: Equally Well, which focuses on physical health inequalities among people living with mental illness; the Children and Young People's Mental Health Coalition; and the Mental Health Challenge for Local Authorities: a network of more than 100 local authorities with elected member champions for mental health. Through these networks we are supporting local action and sharing innovative approaches to the crisis. We are producing tailored briefings and resources and running webinars with networks to ensure learning is shared quickly and effectively.

We launched a major new initiative to publish first-person stories about life during the pandemic, **A Year in Our Lives**. We're seeking stories from people of all ages and all types of experience to tell us about how their mental health has been affected by coronavirus.

We are also supporting local councils, employers, and voluntary and community organisations to address the mental health implications of Covid-19. We published a **brief guide** to supporting mental health during Covid-19 and a report on how local councils are meeting mental health needs in their communities which included an **update on their responses to the pandemic**.



We are also sharing **blogs** by people living with mental health difficulties and those working in services.

We are reviewing evidence to build a picture of the likely effects of the pandemic on the public's mental health. We are forecasting the mental health impacts, both directly from coronavirus itself (for example where people experience trauma and bereavement) and indirectly (for example from losing work or becoming isolated or at risk of illness). We have now published three briefings based on this work [here](#), [here](#) and [here](#) as well as a briefing paper focused on the **impact of trauma**.

With evidence and research into the mental health impacts of coronavirus now under way internationally, we will review the learning as it emerges in order to translate evidence into practical insights to help to inform policies and responses locally and nationally.

## City Mental Health Alliance

The CMHA moved quickly to help workplaces to support the mental health and wellbeing of their people and offer early intervention when appropriate. The CMHA recognises that the workplace is uniquely positioned to support the mental health and wellbeing of people. Indeed, 9% of people who accessed mental health support during the lockdown did so through workplaces.

Facilitated sharing of good practice and ideas across businesses – the CMHA hosted insight exchange sessions for our members – at both HR and Board level. Each of these sessions focused on knowledge sharing around a particular mental health and wellbeing challenge which businesses were commonly experiencing in 2020 – e.g. how to best support the mental health of people in their early careers during lockdown; what is good practice in bereavement and domestic abuse policies; how can we protect the mental health of people from Black and Ethnic Minority communities and increase awareness of the impact of racism.

Created pioneering CMHA resources, guidance and support – the CMHA created new toolkits, videos and guides to help UK workplaces

support the mental health of their people during Covid-19. We built a dedicated space on our website to host this content

Online mental health training – created and delivered mental health awareness and skills online training courses to professionals in workplaces across the world. We also delivered sessions for MHFAiders and Workplace Mental Health Champions/Ambassadors, covering topics including how to support colleagues through the transition of working from home and how to better support the mental health of colleagues who identify as Black or as Ethnic Minorities.

Launch of The Mental Health Sustainability Fund – The CMHA led the way on starting a unique collaboration with other mental health charities and social enterprises to create a fund which will be a lifeline for smaller, grassroots mental health charities at a time when they are needed most. CMHA members were instrumental in getting it off the ground, via securing cornerstone funding from Goldman Sachs, and commitments of funding or volunteering support from Bupa, Deloitte, Linklaters and PwC. The Programme, which includes money and the minutes, will be delivered and administered by a member of the coalition, the Association of Mental Health Providers.

## The Helplines Partnership

- Series of toolkits produced and published to help new and existing helplines with pivotal expertise/guidance to help strengthen their approach and practices
- Transferred all essential skills training courses from face to face into an online format and launching a virtual training webpage where teams and individuals can access training from their homes. It offers the flexibility they need now and post Covid-19.
- Support those who are struggling with introductory offers of half price courses for a period of time so all helplines can access much needed training.
- HLP operating as a helpline to our helplines, providing guidance, expertise and help where we can.

- Free 1 hour consultancy calls with members.
- Created a forum for 350+ members to encourage partnership working and sharing and supporting each other with best practice etc.
- Joined the Mental Health Coalition group of CEOs to support sustainability through the sector for all mental health related charity organisations.
- Launched monthly Covid-19 survey updates so that helplines can utilise the data to bolster support for bids or funds they are wishing to access. Collation of this data (from HLP as their 'anchor' organisation) has helped some smaller and medium sized helplines to form new business plans and agree their key priorities going forward.
- Advocate across social media channels and groups on behalf of our diverse helpline community to help promote key messages and raise awareness to increase visibility.

Sixty-nine organisations, Helplines Partnership members and Our Community subscribers responded to May's survey. The results show:

- An increase in online support being offered through webchat, online meet ups and more online content.
- Helplines are particularly concerned about the wellbeing of their teams, funding and how to adapt their services as we emerge from lockdown.
- Over half of helplines have seen an increase in demand for the service since 1 April.
- Most helplines have not had to reduce their opening hours, less than 10% said they had reduced hours.
- Over 80% of helplines feel like they have enough staff and volunteers to cope with current demand.
- Essential helpline skills, followed by responding to suicidal callers, are the areas where there is the greatest demand for training for new helpline team members whether they are staff or volunteers.

## Mental Health Foundation

We were one of the first organisations in the world to talk about the mental health impact of the pandemic **back in February** and together with others, we saw quickly that the pandemic will not affect everyone equally, and **the mental health impact** could last longer and potentially be more significant than the physical health impact.

To ensure that we continue to reach the vulnerable population groups we are working with, we have adapted many of our programmes by using digital and other methods.

For example, in **our work in schools**, we have adapted our mental health literacy content for schools to run as a virtual programme, and we've swapped our live training sessions for webinars.

We have adapted activities from our existing StressLESS Facilitator Pack for adults to use with children and young people during this time. The activity pack, called Time For Us, is designed to get adults and children talking about how they feel and to work together to create strategies for coping.

We have also been producing guidance for schools on supporting students and staff with the transition back to school after coronavirus, including highlighting the need to support those who have experienced particular challenges such as family bereavements or domestic violence during lockdown. These resources include practical activities and resources and have been produced in consultation with schools.

In our work with the **later life housing sector in Wales**, we've swapped our peer group sessions for regular telephone contact discussing how the older people we are working with are looking after their mental health whilst in isolation. The project is also connecting small groups of residents together using conference calling, establishing valuable social support networks between isolated individuals. In London, we have carried on our Creating Communities Project with monthly creative packs for people who had been taking part in peer groups.

Our subsidiary, **Mental Health at Work**, has adapted content to enable continued workshop delivery through a modular, virtual programme, reflecting the impact on workplace mental health during this period.

We have worked rapidly to launch a **longitudinal study** of how the coronavirus pandemic is affecting the mental health of people across the UK. We are also working with a diverse Citizens' Jury (who represent a broad range of human experience within the UK, including that of living with mental health problems) who are contributing personal insights, and comments on the data generated by the study.

We have published some of our data and findings online, including our briefing on **the financial inequalities** of the pandemic and mental health.

Separately, we also **teamed up with LinkedIn** to review the impact of working at home on mental health.

We have curated one of the UK's leading **COVID-19 mental health advice sites** for information on mental health during the pandemic.

We have been the home of Mental Health Awareness Week since 2001 and this year we **focused on kindness** in a way that chimed with the national mood and also starts a national conversation about a fresh approach towards a mentally healthier society.

In Scotland, we have adapted the programme of our Scottish Mental Health Arts Festival to be **delivered entirely online** throughout Mental Health Awareness Week.

During Mental Health Awareness Week we published a briefing on **kindness and mental health**, drawing on thinking about a kinder society and how to apply a kindness test in policy.

## Mental Health Innovations

Under lockdown our text messaging support service Shout 85258 has seen greatly inflated numbers of texters reaching out for support. We have expanded the service to take around 1,000 conversations a day, up from around 750 daily conversations. We are analysing Shout 85258 user data, in collaboration with researchers at

Imperial College London, to better understand the impact of the pandemic on the mental health of people who receive support from the service.

In conjunction with Mind, Samaritans and Hospice UK, Shout 85258 formed Our Frontline, a collaborative partnership and campaign with support from The Royal Foundation of the Duke and Duchess of Cambridge. Our Frontline provides a unified brand through which to communicate with millions of frontline health, care, emergency, education and key workers who have been putting their mental health under pressure as they form our frontline against the coronavirus. It offers round-the-clock one-to-one support, by call or text, from trained volunteers, plus resources, tips and ideas to look after your mental health.

Our Frontline website resources have been accessed over 140,000 times, the dedicated social media channels have achieved over 2,000,000 impressions and 90,000 engagements. Shout 85258 has conducted over 2,200 text conversations with key workers, with more than 92% of users describing their conversations as helpful.

Shout is conducting a full evaluation of the campaign's impact so far, and working with Imperial College London and other researchers to understand the future needs of key workers.

One Space is a collaboration between Shout 85258, The Mix, and Young Minds to provide a combined signposting resource to anybody under 25 years of age, to help them navigate the range of services on offer. One Space provides support where young peoples' lives have been disrupted by Covid-19, including where they have been separated from their usual sources of support in schools and friendship groups.

Since launching on 28th May the One Space website has supported more than 30,000 unique users. Our social media marketing for this campaign targets groups that are historically underserved by mental health services. A third of our website users are under the age of 18, and over 30% are male. 72k people viewed the One Space digital Summer Prom, headlined by James Bay and promoting the partner support services.

## Mental Health Network

We very quickly set up weekly, specialist forums for Medical Directors, independent sector members and chairs. The forums were spaces for mental health providers to discuss challenges, share solutions and feed into wider MHN influencing activity and were also attended by senior, national mental health leaders who were able to hear the challenges providers were facing in delivering services in the light of Covid-19.

Working with the NHS Confederation, MHN launched the “NHS Reset” campaign to contribute to the public debate on what the health and care system should look like post Covid-19. The first week of the campaign was focused on what the mental health sector needs to continue to transform and meet the increased demand for services. Our key asks are:

- National oversight of the modelling of anticipated demand
- The financial commitment from the centre to meet additional demand
- Partnership and system working to ensure adequate service provision
- Support for the wellbeing of our staff and a focus on attracting new staff into mental health
- Inclusion of the views of people with lived experience when developing and embedding innovations that have worked well during the current crisis
- A cross-government approach to supporting the mental wellbeing of the population which includes social care, public health, employment, housing, education, the criminal justice system and social security.

To support the mental health reset campaign, we published a variety of member and service user-driven content, focusing on what the future of mental health services, post-Covid-19, should look like. This included an ‘in conversation’ [interview between MHN service user Board Member Ken Taylor and Dr Julie Hankin](#) discussing their vision for the future of mental health provision; [a blog from Simon Blake](#), CEO of Mental Health First Aid, on the

importance of mental wellbeing and resilience post Covid-19; [a video by Dr Phil Moore](#), Chair of the NHS Clinical Commissioners Mental Health Network looking at the opportunities post Covid-19; and [a blog](#) from Neil Thwaite, Greater Manchester Mental Health NHS Foundation Trust, and Marsha McAdam, service user and campaigner, on staff wellbeing. We also hosted a webinar in partnership with NHS Clinical Commissioners on how mental health systems will model future demand, with a focus on suicide prevention. The webinar was attended by over 200 people from the mental health sector.

Mental health providers quickly implemented digital solutions to allow service users to continue to access services and support. Our Digital Mental Health Forum has pivoted towards focusing on this digital transformation and is working with NHS providers, independent digital providers, service users and NHS England/Improvement to share good practice, solutions to challenges and to ensure that positive and effective innovations are retained post Covid-19.

## Mind

Since the start of the pandemic, Mind has been working hard to provide information and support to the millions of people experiencing poor mental health in England and Wales. We also continue to campaign to make sure Government addresses the impact that the crisis is having on the nation’s mental health and the services available to people in need of support.

We launched our coronavirus information hub with resources offering advice on how to look after your mental health during this period – these have received over 1.4 million views since its launch in March, while our new information resources for children and young people have been viewed over 420,000 times since their launch in March.

Mind’s Infoline and Legal Line – which answer more than 100,000 calls, texts and emails every year – are answering more and longer calls since lockdown. They’ve remained operational throughout the pandemic and responded to over 35,000 calls, texts, and chats.

In collaboration with Shout, Samaritans, Hospice UK and The Royal Foundation, Our Frontline has reached thousands of frontline health, care, emergency, education and key workers who have been putting their mental health under pressure as they form our frontline against the coronavirus.

We heard how the crisis was impacting people's mental health when we published our survey findings in June. The research captured the experiences of over 14,000 adults and almost 2,000 young people, highlighting the impact that lockdown, loneliness, bereavement and other challenges have had on our mental health.

In June we launched our **recovery campaign** which sets out 5 tests that we want the UK government to meet to ensure that the nation's mental health is protected. We've sent our report directly to decision-makers, calling on them to put mental health at the heart of coronavirus recovery plans. Our network of campaigners sent 1,217 postcards to MPs asking them to support the campaign.

Through our media team, our coronavirus work as a whole reached over 56 million people, with our survey coverage reaching via a variety of national and local newspapers, magazines, TV channels and radio programmes, including major news platforms such as BBC1 News, ITV1 news, The Guardian and other national outlets.

Thanks to emergency coronavirus funding from the Welsh Government and the Wales Council for Voluntary Action (WCVA), 3,000 people across Wales can now get free mental health support through Active Monitoring – a free, guided self-help service delivered in partnership with 17 local Minds that can help with mild to moderate mental health problems.

Our network of 120 local Minds across England and Wales have continued to provide support in their local communities. Many services swiftly moved online, ensuring huge numbers of people could continue to access services, for example, from digital peer support, online counselling and other the life-changing work support offered by local Minds.

## National Survivor User Network

NSUN managed the NSUN Covid Fund, which awarded a total of £120,000 to 88 organisations and groups to support mutual aid, peer support and community action for mental health during Covid-19. 63% of the funding was towards organisations or projects led by people from Black or Minority Ethnic communities. The NSUN Covid Fund was made possible through a grant from Mind's Coronavirus Mental Health Response Fund (awarded by the Department of Health and Social Care) and an additional grant from Lankelly Chase. The NSUN Covid-19 Fund was entirely managed by NSUN.

Historically, unconstituted groups have been left out of these funds so we're delighted that there has been a commitment to supporting user-led and community-led groups. We believe that this fund will demonstrate the value, impact and reach of projects and collectives led by lived experience. A list of the grants awarded is available [here](#).

We have kept our website and social media up to date with useful information, guidance and specialist analysis for our members which includes: a general update, official and VCSE information, mental health information, information for user-led groups, information on mutual aid, guidance on how to stay connected digitally, and analysis of the human rights implications. Our policy work has included **analysis of the proposed changes to mental health legislation** in the Coronavirus Act, and a **response** to the Public Health England review of "disparities". Through the Disability Benefits Consortium, we have campaigned on several issues relating to the changes to welfare during Covid-19.

We created a series **#NSUNCovidLife**, a series of blogs and short, 3 minute 'talking to camera' pieces from our members, to our members. We wanted to go beyond the mainstream guidance which doesn't speak to many of our members, and let our members speak about what matters to them – how they are experiencing this crisis, or how they are reaching out to others. #NSUNCovidLife offered ideas, practical

resources, connection, possibilities and validation. It brought together 28 videos and 6 blogs that covered themes such as **shielding, mutual aid, racism, detention, parenting and activism.**

Through our partnership work with Mind, we have worked on helping peer support groups move online, including through fortnightly online conversations on connecting remotely, for peer support group facilitators and members across the country. We have produced a resource to bring together our **shared learning on remote/online peer support.** We have also supported Hearts and Minds' online peer support training for young activists through 5 bursary places.

## Place2Be

Over the past few months, Place2Be has adapted how we offer our services so that we can continue to support children, schools and families throughout the coronavirus pandemic. We have embraced digital technology and are delivering many of our services remotely via the phone and have forged a number of digital partnerships to provide support directly to children and young people. Our teams are providing emotional support through calls with targeted young people and with the parents/carers of younger children. This telephone support provides an important opportunity to keep track of the wellbeing of the child or young person, and to signpost to additional support as necessary. Between 16 March and the end of summer 2020, Place2Be delivered almost 35,000 sessions: 11,000 with young people, 21,000 with parents and 3,000 with school staff.

We have had very positive feedback from the communities we support. A mum of four in one of our partner schools told her Place2Be counsellor: "You're the only person that has been there for me throughout all of this. The only person I speak to some weeks. I can talk to you and I trust you, as I know you're there for all of us."

Our online teacher training programme – Mental Health Champions Foundation – was offered free to all Place2Be partner school staff and partners. Over 3,000 teachers and staff took part this summer. Place2Be is now rolling out this programme free to **50,000 teachers across the UK**, to build skills and capacity for supporting positive mental health in schools following the Covid-19 lockdown. We are also continuing to support school staff directly through our reflective supervision sessions, Place2Think.

We have partnered with a number of organisations to increase the range of services we can offer digitally, and are offering ThinkNinja (Healios), an app designed to help young people manage their own anxiety, which has received over 4,000 downloads since the start of lockdown. Over 250 users have registered with Kooth (XenZone), who offer online counselling and wellbeing support, and crisis support is available via the Shout textline.

Working with Parenting Matters Online, we have launched an online parenting skills programme, 'Parenting Fast and Slow'. This will be made universally available to parents in Place2Be partner schools. Our Parent Counsellors continue to be in contact with the families they support via telephone calls.

Throughout the summer break, we continued to support identified families remotely and created **resources** to support the return to schools, with four themes of mental wellbeing: self-efficacy, hope, gratitude and connectedness. We also delivered a series of free webinars to over 1,200 school staff on a range of topics including self-care and recovery, anxiety, grief and bereavement, supportive conversations and transition.

Our support continues with the return to school, through a combination of face to face sessions with our mental health professionals working within the school where possible and appropriate, but also via phone and online.

## Rethink Mental Illness

- Keeping the people we support who live in our accommodation as safe and as well protected from the virus as we can. This is obviously our most concerning issue – our ability to manage an outbreak in one of our services or be significantly impacted by a reduction in staffing in these services through track and trace.
- Getting back up to more face to face delivery for people who have seen their usual access to support reduce during the pandemic. We want to get back into safe face to face delivery as soon as practically possible.
- Using the learnings of lockdown to adjust our delivery model – for some people, remote support has worked well and this should form part of a longer-term blended service model which enhances choice.
- We're anticipating increased referrals into our community services – we have been able to deal with these more efficiently given remote working however as we move back into face to face contact, this capacity will diminish and create additional waiting times/pressure on services.
- Medium term – working with local areas to support delivery of Long Term Plan ambitions.

We surveyed 1,500 people with severe mental illness on the impact of the pandemic, and set up systems to get intelligence from services. We have informed DHSC and Government thinking and stakeholder communications on Mental Health Act emergency measures, NHSE/I digital sprint, shielding response, and NHS volunteers, amongst others.

We have also been working with other advocacy providers within the sector and across England to highlight the plight of those under section having limited access to technology and the outside world, and joining together to become a voice for the sector.

## Royal College of Psychiatrists

- We have convened a Covid-19 College Advisory Group and, together, have developed and/or published 77 pieces of clinical guidance relating to Covid-19 on our site covering a range of clinical specialities and settings and aligning with NHSE/I, the RCN and Unite.
- We have developed an e-learning hub and a section on international resources, examining the mental healthcare changes happening across the world.
- We initiated a regular member survey examining issues such as PPE, testing, staff absence, workload, remote consultations and use of the Mental Health Act, among other things.
- We have established a Task and Finish group on the impact of Covid-19 on Black and minority ethnic health care workers and published guidance for mental health trusts and staff.
- Further to our work on guidance for the management of Covid-19 patients, we also commenced work on the indirect harms of Covid-19, working with the College faculties, the Academy of Medical Royal Colleges, NHS England/Improvement and Department of Health and Social Care and have commenced an initial communications campaign to highlight feedback from our members. The campaign highlights that demand is likely to increase and calls for Long Term Plan commitments to be maintained and enhanced appropriately, to meet these needs.
- We have developed a campaign calling for a ring-fenced investment of an additional £3.3 billion to significantly improve mental health facilities at the next spending review. The report underpinning the call sets out a comprehensive costed strategy for funding mental healthcare in England in the aftermath of the Covid-19 pandemic, focusing on infrastructure, prevention, workforce, and technology.

- We have supported communication and behaviour change initiatives via a joint statement with Academy of Medical Royal Colleges and NHS England/Improvement re the 'NHS is open for business' message.
- During the de-escalation and recovery phase, we continue to develop and maintain Covid-19 guidance for clinicians, including horizon scanning for new updates/changes to national guidance, creating new guidance as new clinical issues arise, and regularly reviewing our published material to check it is still appropriate and relevant.
- We have received 50+ responses from members who volunteered to offer peer support via our Psychiatrists' Support Service (PSS). Following a rigorous selection process, some of those doctors are being trained to become 'temporary doctors' advisors' to be ready for when there will be an increase in calls.
- We have developed a range of resources to support mental health clinicians to protect their own wellbeing and/or support their team and colleagues through this pandemic.
- We have developed some concrete elements that we believe should be put in place for staff in every NHS Trust after the first outbreak of the pandemic.
- We are monitoring and responding to proposed changes to Mental Health Act processes and procedures in light of Covid-19, including digital solutions.
- We have produced a comprehensive piece of work on costing **the next steps for mental health funding** (see box below).

### **The Royal College of Psychiatrists: Next steps for funding mental healthcare in England**

The NHS Long Term Plan was underpinned by a revenue funding settlement of an extra £20.5bn for NHS England by 2023/24 (after inflation). This included a commitment that mental health services will grow faster than the overall NHS budget – with a ring-fenced increase in investment worth at least £2.3bn a year by 2023/24.

An ambitious programme of work is now under way to improve and transform mental health services in England, including a pledge to introduce waiting times standards for children and young people's mental health services, emergency mental health services, and adult and older adult community mental health teams, building on the progress made by the Five Year Forward View for Mental Health.

Though progress has been made, there is still a long way to go, and the Covid-19 pandemic has had a significant impact on the mental health of the population, as well as the functioning of the NHS. In response, RC Psych has developed a comprehensive and practical costed strategy, which builds on the commitments in the Long Term Plan, to ensure mental health services are able to meet the needs of the nation in the aftermath of the pandemic.

We have identified four areas that must be fully and sustainably resourced if access to the quality of mental health services that have been promised by Government are to be realised. These are: infrastructure, prevention, people, and technology. We will be releasing a report on each of these areas which outlines the steps needed to ensure effective resourcing to meet the needs of people with mental illness. The first report, focusing on infrastructure, is available on the RC Psych website at [www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/next-steps-for-funding-mental-healthcare-in-england](http://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/next-steps-for-funding-mental-healthcare-in-england)



## Samaritans

Coronavirus is impacting all of our lives, with many people feeling anxious and stressed. At Samaritans we have taken, and continue to deliver on, the following actions to make sure we continue to support anyone struggling to cope during these challenging times.

We maintained our helpline throughout, delivered by 20,000 volunteers in branches across the UK and Ireland, ensuring we were still there 24 hours a day every day for anyone struggling to cope. This meant providing guidance and support to our volunteers to enable them to continue to provide the service from branches safely. We also changed our service model, providing opportunities for volunteers who were self-isolating to continue to support the service from home, for example, by providing shift leader support remotely.

The internet is often a first touch point for people looking for information and support. We quickly developed coronavirus-specific online content including general guidance and videos from people who have supported each other through difficult times, and updated our advice for people who are worried about someone else. We accelerated the development of our online self-help app which was launched during mental health awareness week. This app will help us reach groups who may find it difficult to discuss their feelings with someone else when they are struggling with their emotional health. It will also help people look after their emotional health without speaking to a volunteer, which may be particularly difficult for some who are unable to make contact with us while isolating with their household.

We know the pandemic is putting a huge strain on the NHS and the social care industry. We developed a free support line to support the emotional wellbeing for NHS and social care workers in England. This bespoke service provides a non-judgmental listening ear and a safe space to offload. We also developed a roll-out model for online chat that can be delivered while maintaining social distancing with plans to go live early Autumn.

To maximise the impact we can make in the mental health sector, we are working in a new collaborative way with organisations such as the NHS, Mind, Shout! Crisis Text Line, Hospice UK and The Royal Foundation to share expertise and resources for awareness campaigns and service delivery. We've prioritised research into Covid-19, mental health and suicide, including research with volunteers on the impact on our callers, and are working with Glasgow University on a longitudinal study. Alongside this we're providing data and intelligence into Government and continue to work to influence policy, actively engaging in various groups including the National Suicide Prevention Strategy Advisory group and the suicide prevention sub-group of the mental health recovery group.

We've also supported the National Suicide Prevention Alliance and the Support after Suicide Partnership, both hosted by Samaritans, to respond to the needs of their members. The NSPA has run over 40 online discussion groups providing safe spaces for its members from a variety of sectors, launched an online panel for people with lived experience, and SASP has ensured its website contains the most up to date information for people bereaved by suicide during this time, including offering practical guidance around funerals and inquests.

## Student Minds

From March 2020 we transitioned to a new operations plan, focussing our efforts on our Covid-19 response:

- **Listening and insight:** Recognising the unique circumstances posed by the coronavirus pandemic, we identified that we first needed to develop a solid understanding of how it was affecting student and staff mental health. We developed a listening and insight framework, combining multiple approaches to help us ensure any content, support, and policy recommendations would be evidence-informed. We have drawn on social media listening, student listening (through pulse surveys), sector listening,

horizon-scanning (to future-proof our work) and the thematic, longitudinal analysis of all information aggregated through these approaches.

- **Student content and support:** In early March we released **resources for university students**, tackling a selection of key questions students may have had regarding the developing pandemic and its potential impact on their lives and mental health. We successfully transitioned our student-facing workshops into a digital format and our volunteers supported a **Covid blogging series**. Following conversations with government departments around what may be required nationally to support the 2.3 million students in HE across England and Wales through this difficult period, Student Minds have since overseen the development of **Student Space**, a platform bringing together a range of trusted information, services and tools to help with the challenges of student life.
- **Sector-facing support:** We continue to engage with stakeholders across the higher education sector; universities, Students' Unions and the student accommodation sector to understand how the pandemic is affecting them, and the mental health needs the pandemic is generating. We published **guidance for universities** to support Higher Education providers to prioritise mental health and wellbeing in the Covid-19 context and have participated in and hosted a range of webinars and digital events to share learning.

## YoungMinds

We have created a wide range of digital resources for young people and parents about looking after your mental health during the pandemic, including an online hub for **young people** and a separate hub for **parents and carers**. We have seen a huge rise in traffic to our website during this time.

Our **Parents Helpline** has remained open, operating remotely, providing advice and support to thousands of parents who are

concerned about their children's mental health. We have also published a **Parent to Parent Advice Guide**, full of tips and ideas from parents about caring for children and young people during the coronavirus pandemic.

We have been working to support schools as they welcome back selected year groups into the classroom. Our latest schools newsletter went out to 16,000 schools, providing practical guidance on looking after pupils' mental health and activities to help young people identify things that can help them develop their resilience. Through our **360 Schools community**, we will continue to provide support over the coming months.

We are continuing to work with ITV on their **Britain Get Talking** campaign which re-launched during the first weekend of lockdown, with specific messaging about the importance of staying in touch with other people and looking out for those who may be struggling. The campaign, also supported by Mind, has been promoted heavily across ITV. We have also worked in partnership with The Mix and Shout to create **One Space**, a centralised hub signposting young people to mental health support. We also continue to support young people through our Crisis Messenger service, a partnership with Shout.

We have conducted surveys with young people, parents and carers and school staff to assess the impact of the pandemic on young people's mental health. The first, carried out with more than **2,000 young people** with a history of mental health needs, was published just after the lockdown period began in late March. During May, we published the results of our **parents survey** which showed the depth of concern parents had about both their own and their children's mental health. In June, we published the results of a **survey with teachers and school staff**.

In May, we launched our **Beyond Tomorrow campaign** outlining our key policy asks of Government to ensure that all young people and families who need immediate mental health support can get it and to prevent the pandemic from having long-term consequences for young people's mental health.



# How mental health charities are responding to Covid-19

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## How mental health charities are responding to Covid-19

### Summary

This short report summarises the activities and key concerns of a group of seventeen national mental health organisations that have been working together to respond to the Covid-19 crisis in England since March 2020. Evidence collected by the charities shows that the crisis has put extra pressure on people's mental health. Survey and research evidence all point to an increase in mental health problems that is likely to continue for some time. Mental health charities that provide helplines or offer direct support to people and communities all report

increasing demand for help. Many have had to adjust their services very quickly, and find ways of meeting additional demand with reduced resources. Charities are reporting a range of concerns about the impact of the pandemic on the public's mental health, on the lives of people living with a mental health problem, and on mental health services. Mental health inequalities that existed prior to the pandemic have been magnified as a result of the virus and the lockdown. These include both the risk factors for poor mental health and the unequal life chances faced by people living with a mental health problem.

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