

Covid-19 and the VCSE Mental Health Provider Sector

Briefing Paper

April 2020

Association of Mental Health Providers, as the only national representative organisation for voluntary and community mental health service providers, is working with its members and partners to ensure that the impact of COVID-19 on VCSE mental health and wellbeing provider organisations is understood and communicated as effectively as possible. As part of the national mental health response, we are working for, and on behalf of, the voluntary and community mental health sector to ensure its voice is heard, our members are fully represented, and the needs of the people and communities our members work with and for are properly understood.

Summary

Our conversations with members are enabling us to gather live intelligence and information on the impact of COVID-19 on their services and the people that they work with and for. These are summarised in the sections below, requiring urgent attention and a response and/or guidance from Government. The areas to note are:

1. Rising service demands
2. Workforce
 - a. Reductions due to isolation or secondments to statutory services
 - b. Key worker status and recognition
 - c. COVID-19 testing
3. Loss of access to care coordinators
4. Infection control
5. Commissioning and collaboration with statutory services
6. Advocacy services
7. Adapting service delivery
8. Changes to legislation
9. Sustainability of the VCSE sector

In light of the areas of note detailed in this briefing and going forward, The Association believes there are several key points that need to be considered regarding the VCSE sector and service delivery:

- Expansion of services to meet current need – how is this being achieved and what is the impact on organisations of this i.e., their reserves?
- Ability to expand or convert service offer for organisations – with or without access to funding

- Impact of additional costs of COVID-19 including workforce cover/ PPE – noting that the £5m grant available for mental health organisations is for expansion of services only and the Government funding announced by the Chancellor will not support this.
- Identification of new services to meet demand and gaps identified through access points (including specialist helplines and funding this development) - how will these be delivered in an environment where the VCSE sector is not financially secure, but also considering long term impact with the impending rise in people with poor mental health as a result of the pandemic and its effects i.e. job losses and financial destitution?
- VCSE sector and service delivery moving forward – there needs to be a clear strategy for post-COVID-19.

To ensure effective support for our members during these difficult times, we are facilitating bi-weekly sessions with our membership to learn the latest information and ensuring the challenges that are being faced by provider organisations are known to decision-makers and policymakers to effect the necessary changes. We are also engaged in ongoing discussions with colleagues in Government, from mental health teams and beyond, and are members of the **COVID-19 Mental Health Group** and **National Adult Social Care and COVID-19 Group**, working collaboratively with our sector and other national partners and networks, to represent the VCSE mental health sector.

We are one of ten members of the Care Provider Alliance (CPA), which represents the interests of the VCSE and independent social care provider sector and lead the Mental Health Consortium in the VCSE Health and Wellbeing Alliance (HWA), a partnership between DHSC, NHSE&I, and PHE, and 20 national voluntary sector organisations and consortia.

Although services are stretched and struggling with both pre-existing and COVID-19 related workforce constraints and reductions, our members are committed to supporting their service users during this time, especially as they have seen an unprecedented rise in the need for some services because of the pandemic and consequent lockdown. Across our membership, and indeed the UK, voluntary and community organisations are already acting and working with their NHS and local government partners in response to the pressing needs of the communities they serve and come from. The VCSE sector has continued to demonstrate that it will do whatever it can to provide support and it is evident that organisations from the largest to the smallest are collaborating to continue to provide services as best they can and respond to the needs and operating challenges presented by the crisis.

1. Rising service demands

In the first few weeks of the pandemic, some members have experienced an unprecedented rise in demand for their services especially those providing diagnoses-specific helplines, such as Anxiety UK. Anxiety UK saw a 220% increase in visits to their website at the start of the pandemic in the UK, which unsurprisingly led to a crash, and have taken the steps to extending their helpline hours to evenings and weekends. Another member reported an increase of 180% to their website in the week the Government announced social distancing measures. Latest Anxiety UK figures show a drastic increase on a weekly basis:

Week	Presentations	% 2020 increase in calls
23/03/2020 – 29/03/2020	612	297%
25/03/2019 – 30/03/2019	206	
26/03/2020 – 01/04/2020	732	364%
28/03/2019 – 03/04/2019	201	

Calls received can be split into new cases of anxiety presentations triggered by COVID-19 in people with no previous history of anxiety, and extremely heightened anxiety in those with pre-existing anxiety disorders. Calls received have been from teachers, nurses, and service managers who had been continuing work but had not shared how their own anxiety had escalated. Despite a dedicated helpline for NHS staff having been launched, members report an increase in calls from both NHS and social care staff.

Members are recording a significant rise in helpline usage and are extremely concerned about their ability to provide effective support to every caller especially those that reach a point of crisis, with limited options to signpost. Those feeling suicidal would normally be directed to the emergency services, however, with access to A&E compromised, providers are reluctant to add to an already pressurised environment. Guidance is, therefore required on what helpline providers should be doing in this situation.

Members delivering helpline services to people with severe mental illness have also reported an increase in demand, with some experiencing a rise of up to 300%. For people with SMI, their illness is further compounded by difficulties in accessing their care coordinator or CPN.

We believe there need to be arrangements in place for people with anxiety disorders who might not be able to manage isolation, feelings of being psychologically trapped, and having

their usual social coping methods limited, as this is having a highly detrimental effect on their ability sustain their mental health and wellbeing and accelerating the need for crisis mental health services and support. There must also be acknowledgement of, and resources directed to respond to the significant increase in new presentations to VCSE organisations of people experiencing anxiety as a consequence of COVID-19. This is essential to the objective of preventing further pressures on NHS mental health services.

Furthermore, following a recent letter from the National Mental Health Director Claire Murdoch, Mental Health Trusts were asked to have a 24/7 NHS mental health telephone support, advice and triage service established by 10 April and for information related to this to be clearly visible to the public on websites. However, an informal audit of approximately 12-15 websites by a member over the Easter weekend has found that this has not happened for most websites that were accessed. It is essential that Trusts establish telephone services urgently and this is monitored by NHSE on a regular basis.

2. Workforce

The voluntary and community sector workforce is a highly skilled and highly trained workforce, and we have long supported skill sharing and mixing of the VCSE workforce with the NHS in order to address the existing capacity and retention issues faced by the NHS, which cannot solely be addressed by volunteering and social action. The VCSE is an essential, fit for purpose feature of the UK's health and care system with a track record of meeting the needs of and working to support the NHS priorities. The value of the VCSE mental health workforce is evidenced by the fact that, in the last few weeks, some of The Association's members have reported that their staff, including care coordinators, have been seconded to the NHS to respond to the pandemic. Within this, it is also important to look beyond clinical experience and recognise the value of a range of contributions: peer supporters; advocates;

welfare advice workers; and many others who meet people's holistic needs and can help to prevent later crises.

- a. *Reductions due to isolation or secondments to statutory services*
- Whilst in normal circumstances, with planning, any secondments to the NHS would be prepared for by the provider and would have limited impact, however, the sudden changes due to the pandemic have led to staff shortages in services. Compounded by the fact that staff members who are unwell with symptoms or are high-risk and are self-isolating, some parts of the VCSE mental health provider sector are experiencing extreme staff shortages. This inevitably compromises their ability to deliver services and for some members, it has been necessary to close services. Many organisations report that they have begun "phasing" services and planning which to prioritise and which to close.
- b. *Key worker status and recognition*
- VCSE mental health provider organisations have found it challenging to have their staff recognised as key workers. There have been some identification issues for members, where their workforce has been stopped by police and questioned. The process of receiving documentation has been slow. As part of our work with the CPA, we have produced and distributed a letter that can be used by social care sector key workers. However, a more cost-effective solution would be

for all staff to be provided with HM Government authenticated VCSE care provider ID and lanyards. We have been clear that the social care sector's essential role in the UK's health and care system needs to be more fully recognised and its status raised. We were pleased that the #ClapForCarers appreciation embraced social care and to see the Secretary of State for Health and Social Care's letter to the social care sector acknowledging the social care workforce and its vital role in the community during this pandemic.

- c. *COVID-19 testing* – The Association believes that the antibody test for the virus must be accessible to VCSE mental health sector as soon as it is available. This is essential if we are to be able to ensure minimum disruption to services and respond to the additional needs for help and support that are being generated by COVID-19. It is important for the social care sector who are also on the frontline in the communities to be able to return to work and to work safely. Although the Chief Medical Officer has attempted to provide clarity on this, there is still conflicting information on the availability of testing for key workers and public, and whether it will be made available to purchase by everyone and how this will be monitored/regulated.

3. Loss of access to care coordinators

For someone with mental health conditions, a care coordinator provided under the Care Programme Approach plays a key role and is a vital source of support to help manage and monitor their care. A person with severe mental illness and/or with risks and vulnerabilities, predominantly those offered the CPA, may need support with medication, physical health, housing, employment, finances, home care, and dealing with crises.

Since the onset of the pandemic, some of The Association's members have reported that service users have not been able to contact their care coordinators. We understand that this is likely to be as a result of care coordinators with nursing or other clinical backgrounds in NHS mental health services being redeployed to COVID-19 response teams, and/or sickness and self-isolation. Nonetheless, without access to care coordinators or appropriate substitute support many service users will struggle with managing their care and mental health during the pandemic and this may result in them needing urgent and crisis NHS care.

It is essential, therefore, that individuals are informed if their care coordinator has been moved to another role and for NHS Trusts to also make VCSE mental health service providers aware of this change. This will allow any available community-based response to be timely and help prevent the deterioration of mental ill health and crisis, with the offer of alternative support.

4. Infection control

The Association's members have reported that Personal Protective Equipment (PPE) and clear guidance on its use remains an issue for them - for both regulated and unregulated services. We understand that four main suppliers have received stock, however, the substantive allocation was for the NHS. We understand the imperative for the NHS to be properly resourced

and protected with PPE, but a considerable number of The Association's members are also working on the frontline with service users, in close proximity, and as such it is essential that they are also protected appropriately. The absence of appropriate PPE for staff working in these services and settings compounds the risk to service users, their own health, that of their families and colleagues and wider society, and is likely to increase pressure on the NHS.

Some members have reported that supplies from the government have either not arrived, arrived incomplete, or delivered too late after COVID-19 infection had presented itself in the service. One member reported that they have only been able to source 3 protective shields for a workforce of 100. We are aware that registered services are due to receive the equipment before unregulated services and are only set to receive 300 pieces; both of which creates issues for the sector.

It is vital that the NHS and the social care sector are able to work together to prioritise this. The Association has been encouraged to learn of significant collaboration and partnership working between two of our larger members, who have supported each other to ensure they both have PPE for their provider organisations and workforces through shared resources.

This example of good practice notwithstanding, there needs to be greater coordination and clarity of messaging (between Central Government, NHS, GPs) on PPE as this has become a totemic issue, now perceived to be a duty of care matter for social care sector, particularly given the implications for them.

5. Commissioning and collaboration with statutory services

Voluntary and community sector organisations have extensive experience of working alongside statutory bodies in the provision of mental health 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 VCSE sector makes a diverse and essential contribution to mental health.

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.

Many of The Association's members have described positive engagement with commissioners in relation to current contracts and the need to manage these appropriately in the context of the demands on services because of the COVID-19 crisis. Some members have indicated that existing provision has been extended by commissioners for up to another year, others that they will be paid upfront for delivery of service during this time in recognition of the issues being faced by providers.

In other cases, members have been proactive in sharing with commissioners their risk assessments and continuity plans but not all those commissioners have indicated that they are yet acknowledging any financial impact on contracts and the delivery of them.

One member has requested support from a contractual perspective and is expecting a decrease in funding. Although they have received positive signs from some CCGs, some have not been so, with some commissioners only wanting to pay on a per case basis but

requesting clinical staff from the VCSE organisation to support the NHS service.

It is important that at this time, when we have seen an increase in access to some mental health services, that commissioners are flexible in their approaches and work collaboratively with the VCSE sector to ensure the continuation of vital services.

6. Advocacy services

Having appropriate access to advocacy services is essential for people with mental health conditions as they may experience difficulty in expressing their views, having their feelings taken seriously, or being involved in decisions about their own care, especially when communicating with health and care professionals. Independent advocates can offer support where people with mental health conditions may not have the confidence or knowledge needed.

During COVID-19, we are particularly concerned about those who have been sectioned as they have essentially been silenced, with no contact with family, friends, or independent advocates. Members have reported a mixed response from hospitals where some have been provided mobile phones to remain in contact with their advocates, however, other hospitals have isolated people with poor mental health completely. Members have also indicated that people with mental health needs in crisis accessing A&E services are being turned away due to the pandemic and not being offered the support that is needed.

As Chair of the Advocacy topic group for the Independent Review of the Mental Health Act, our CEO emphasised the importance of effective advocacy services and during the pandemic, we believe these will be amplified by the emergency legislation if provisions relating to the Mental Health Act are implemented. In this case, advocacy services may need additional support to help them deliver their services i.e. moving online but it is also essential

that A&E services and hospitals provide people with the appropriate support.

7. Adapting service delivery

It is clear that VCSE mental health sector has worked swiftly in the last few weeks to adapt, modify, and change the delivery of its services and ensure they can continue supporting as many people as they can. For most of our members, of course, mental health services are personalised and delivered face-to-face and with the social distancing policy in place, members are seeking to move as many services as they can online to be delivered digitally or have established telephone replacements.

Members whose provision includes anxiety and crisis support are inevitably reporting an unprecedented increase in calls to helplines. Some members have been able to reconfigure and expand services, on an interim basis without immediate recourse to additional funding, staff, or resources, to respond to those needs. However, this is unlikely to be sustainable on any anything more than a short-term basis.

Members have shared examples of their peer support, recovery colleges, counselling sessions, and crisis support services being delivered online or via telephone. However, it is not always possible to support all users of services digitally and some may struggle with access i.e. ability to use technology or ownership of equipment with digital exclusion remaining a barrier for a considerable number of people and communities. We have also heard from organisations whose service users have questioned the safety and confidentiality of video calls and digital services as safe environments. Providers have also identified the challenges in building trust and connections with new service users in the absence of an initial in-person meeting and indeed in maintaining satisfactory services for some existing clients who find telephone and other digital communications difficult.

One member delivering liaison and diversion services has found it difficult to undertake mental health assessments digitally as the Courts have not closed and criminal and justice proceedings have moved online.

One member has reconfigured their service in collaboration with local hospital colleagues and in order to ease pressures on hospitals, has created a "decanting unit" within their service so the hospital can empty one of their units and instead create an Intensive Care Unit for COVID-19 patients.

Some smaller members have communicated concerns around remote working and support needed for this – not all staff have the required equipment to do this nor the necessary training or skills. We have found there have been requests from smaller organisations for laptops and mobiles to ensure continuation of work and service delivery.

Positively, all members have suggested that their workforce has been agile, flexible, and innovative during this time.

8. Changes to legislation

The emergency legislation, the Coronavirus Act 2020, includes temporary measures to change the Mental Health Act, as well to the local authorities Care Act. The Association recognises the rationale for this action, in the face of the twin pressures of COVID-19 and the longstanding resource deficiencies in social care. The Association is pleased that councils will be expected to respond to these easements with reference to Department of Health and Social Care's Ethical Framework for Adult Social Care, which applies equally to people who may have care and support needs as they arise a result of a mental or physical health conditions.

The Association is mindful, however, of the effects that the application of these measures could have on the availability, accessibility, commissioning and provision of health, care, and support services for people with mental

health needs that The Association's members provide services with and for.

Whilst the changes to the Mental Health Act will only be activated if the pandemic crisis worsens, there is concern amongst members in relation to the renumber of doctors required for detainment/continuation of treatment/assessment of accused or convicted persons, which has been reduced to one in all cases. Additionally, changes to the length of time that a person can be remanded in hospital and emergency detention of voluntary patients in hospitals are also of concern as they remove the upper limit and almost double the time period, respectively.

Whilst it is understood that most doctors will act responsibly and ethically, it is important to monitor the use of these powers and ensure people are not sectioned unnecessarily. Similarly, powers for the police to extend the time they can hold you in safety also need to be monitored.

Safeguarding and risk management have been identified as a particular concern in the context of the provisions of the Coronavirus Act. For our members and our statutory sector partners, it is essential to maintain adequate safeguarding for people who are vulnerable to abuse and exploitation. It is also imperative to ensure that assessments of both needs and risk are as fully informed as possible, particularly for people with complex health and care and support needs. It is vital that focusing the capacity of the health and care system to respond to COVID-19 and its effects, does not result in the loss of life elsewhere, as a result of the ability of mental health and other services being compromised.

9. Sustainability of the VCSE sector

VCSE mental health service providers are concerned about their funding streams, cash flow, and long-term sustainability. Some

provider organisations have lost critical sources of income as the social distancing policies came into effect and Government lockdown was implemented across the country, with many relying on cafes, shops, face-to-face fundraising, events, and other trading activities to raise vital funds to deliver services. Whilst we have encouraged the diversification of income streams and a lesser reliance on grant and statutory funding especially for small and medium-sized organisations, we have found that social enterprises and the smaller organisations, in particular, have suffered disproportionately in the pandemic to date.

Although as a preventative measure to reduce risk to health, one small member organisation has been forced to close their doors already, which will undoubtedly lead to issues post-pandemic when they must consider restarting services.

Whilst we welcome the £5m in grant funding for VCSE mental health organisations to expand services currently in high demand, the Government must address the long-term sustainability of the wider VCSE mental health sector especially at a time when these services are and will be most needed, in the context of what we anticipate will be a significant increase in people and the uncertainty and fragility of the sector's income streams and needs financial circumstances that preceded the onset of the COVID-19 crisis. We welcomed the Chancellor's announcement of £750m in funding to support the charity sector, with £350m designated for smaller charities, and it is vital that this financial support aimed at organisations working with "vulnerable people" also includes mental health. As the Chancellor himself acknowledged, this financial support will not be enough to save every charity – at a time when some are providing essential, life-saving services; we would emphasise that this must be a first step to supporting the VCSE sector. We must recognise this financial package as a foundation to be built upon to meet the scale of the crisis the charity

and social enterprise sector is facing during the pandemic.

Conclusion

The VCSE mental health sector continues to face many challenges in delivering services during COVID-19 and it is vital that service providers working in the community are supported to enable them to continue delivering essential, life-saving services to vulnerable people who need it most. The suggestions and recommendations outlined above are necessary and urgent for the VCSE mental health sector to be effective and sustainable and remain in a position to support people with mental health needs, the local communities, and the NHS during and after the pandemic.

With a potential mental health crisis imminent amongst people with existing as well as no pre-existing conditions, and the workforce within the health and social care system as a result of COVID-19, we need to consider and invest in preventative services which will minimise the long-term impact of the pandemic.

We must also emphasise the importance of recognising the VCSE organisations for the work they are doing, often with no statutory funding and/or relying on limited reserves and urge the Government to prioritise and have a greater focus on VCSE mental health services.

As this is a live briefing document based on the experiences of The Association's members thus far, we will continue to produce further versions on the continuing impact of the pandemic on the VCSE mental health provider sector as we gather more intelligence from our membership and beyond.

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