

Report: West of England VCSE Service User Mental Health Risks & Response

Report from Dialogue at The Care Forum – exploring the impact of the coronavirus (COVID-19) epidemic on West of England VCSE sector service user mental health risks and organisational response.



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Executive Summary

<u>Dialogue</u> is the health and social care insight and engagement service of <u>The Care Forum</u>, supporting the West of England VCSE sector. Alongside our partners, we are working to build an evidence base to demonstrate the regional sector's impact, value and role in supporting public health outcomes, regional development and community cohesion at this time.

In July 2020, Dialogue at The Care Forum launched in partnership with the West of England Civil Society Partnership and Bristol, South Gloucestershire and North Somerset Public Health a piece of research to understand whether West of England voluntary, community and social enterprise (VCSE) sector organisations were experiencing any changing service user mental health risks in response to the coronavirus (COVID-19) epidemic. The purpose of this research was to not only understanding any changing patterns of service user needs, but to understand how regional VCSE organisations were responding to these changes, whether they had the capacity required, and whether there were any additional areas of support required by such organisations. This information would then be able to inform regional VCSE organisations, local authorities and commissioners about the support needs of the regional sector during this period. After running for six weeks (July – August 2020), this report highlights the key trends found and offers a discussion of the learning we can draw from this.

We are immensely thankful to all those who have contributed to this research during these challenging times.

Key Findings

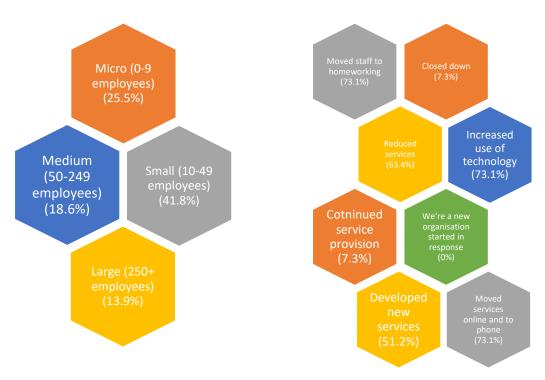
Engagement

Total Respondents: 60.

Time Period: 6 weeks from July – August 2020.

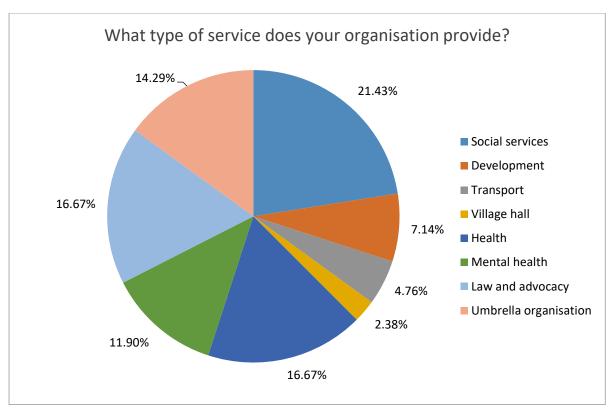
Audience: West of England voluntary, community and social enterprise (VCSE) sector staff.

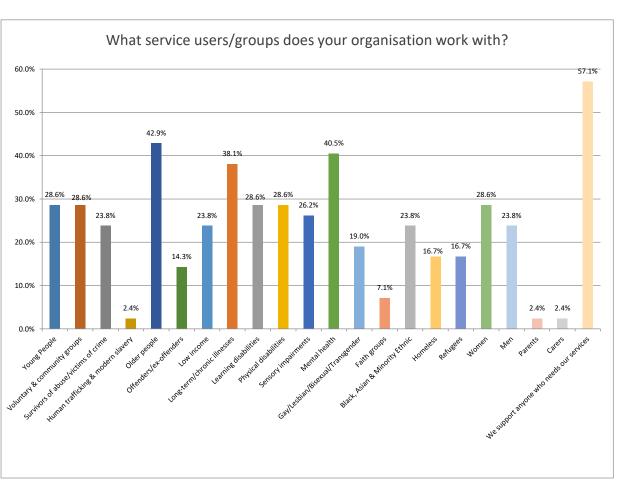
Regional Coverage: Bristol (61.1%), South Gloucestershire (62.79%), North Somerset (32.56%), Bath & North East Somerset (55.8%), Swindon & Wiltshire (37.21%).



Size of Organisations: Micro (0-9 employees) (25.5%), Small (10-49 employees) (41.8%), Medium (50-249 employees) (18.6%), Large (250+ employees) (13.9%).

Type of Organisation: Registered charity (65.1%), Company limited by guarantee (6.9%), unincorporated club or associated (e.g. mutual aid group, etc.) (4.6%), community interest company (9.3%), charitable incorporated organisation (4.6%), local authority / government (4.6%), NHS (2.3%).





Methodology

Results

This section examines the key research findings and associated themes found from surveying the West of England VCSE sector over the period July – August 2020 about the changing mental health risks among their service users, organisational capacity to respond and whether organisations have any needs going forward. This section will be broken down into the following parts – ...

(a) Organisational Response

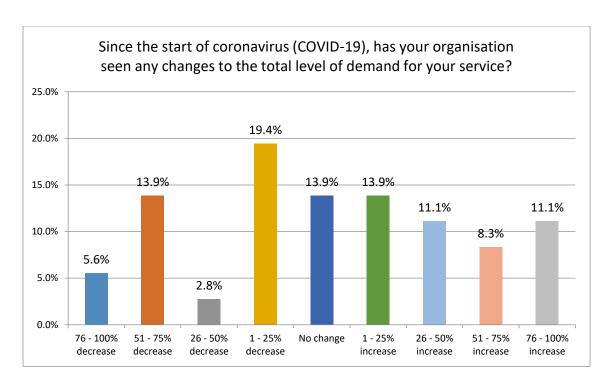
Overall, we can see a range of organisational responses (where respondents could choose more than one option) from respondents including:

- 7.3% of respondents having closed down.
- 73.1% of respondents had move to homeworking.
- 63.4% of respondents having reduced services (e.g. reduced face-to-face contacts, no longer running group sessions, etc.).
- 73.1% of respondents reporting an increased use of technology to deliver services (e.g. Microsoft teams, zoom for individual support and/or group meetings, etc.).
- 51.2% of respondents reporting having developed new services (e.g. online service provision, food delivery services, etc.).
- 73.1% of respondents having moved services online and to phone (e.g. texts to service users, phone helplines, zoom working, etc.).
- 7.3% of respondents continuing service provision as before.

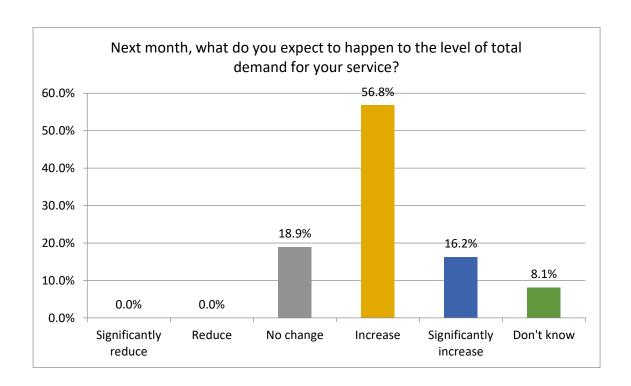
(b) Service User Mental Health Risks

In this section we explore whether respondents have experienced any changes in service user demand levels and mental health risks.

(i) Changing Demand:

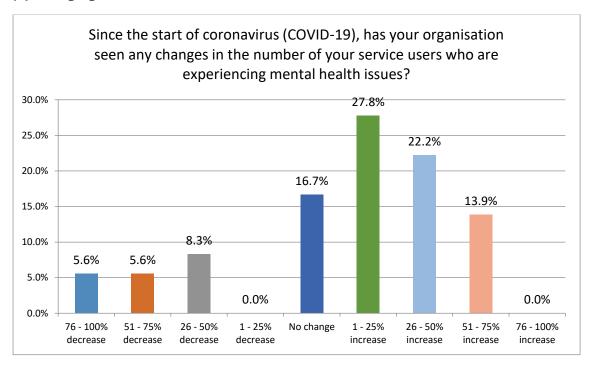


Overall, we can see that 44.4% of respondents have seen increases in demand at some scale. Most (25%) of these saw increases in demand between 1-50%, and 19.4% saw increases in demand between 50-100%. While 13.8% had seen no change in demand levels, a similar proportion to that which increased has seen overall decreases in demand levels, at 41.7%. Most (22.2%) of these were saw decreases of 1-50%, while 19.5% saw decreases of 50-100%.

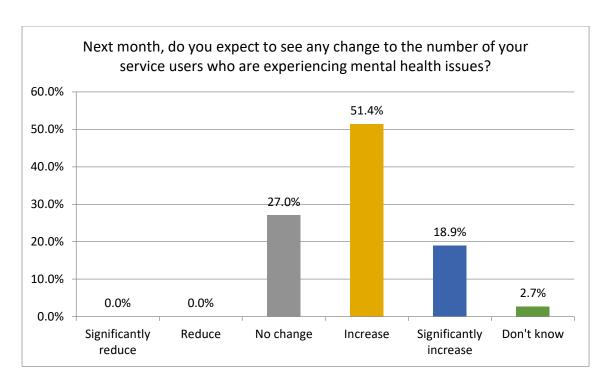


The majority of respondents -73% - expected to see increases in demand for their services next month. At the same time, many both expected no change (18.9 %) or didn't known what would happen next month (8.1%).

(ii) Changing Mental Health Risks:



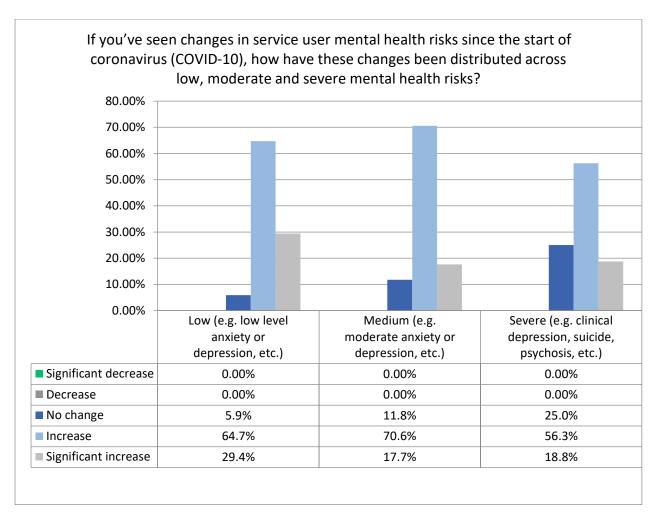
For a majority -63.9% - of respondents, since the start of the epidemic they had seen increases in service users experiencing mental health issues. Most -50% - of these had seen an increase between 1-50%, but 13.9% had seen an increase of between 51-75%. At the same time, while 16.7% had seen no change in this, 19.5% of respondents reported a decline in service users reporting mental health risks.



While some – 27% - respondents expected no change in service user mental health needs next month, 70.3% of respondents were anticipating an increase.

(iii) Mental Health Risks – Severity:

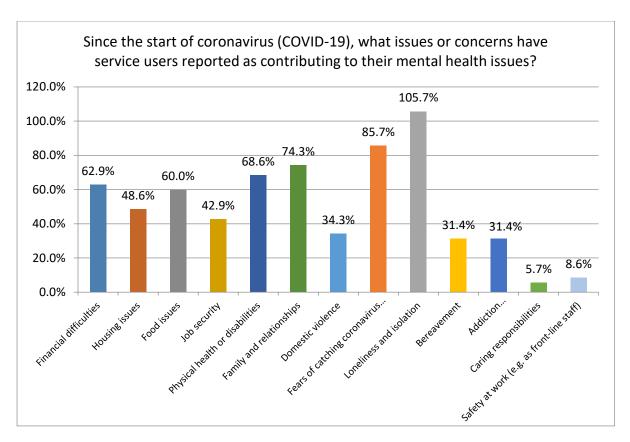
To understand how any changes in service user mental health risks were dispersed in terms of severity, we asked the question shown below.



We can see from the above table and graph that while across levels we saw some respondents seeing no changes, at the same time there were significant changes reported by many other respondents. In terms of low level mental health issues, 64.7% of respondents had seen increase in incidence and 29.4% of respondents had seen a significant increase. In terms of moderate mental health risks, 70.6% of respondents had seen an increase in mental health issues and 17.7% of respondents had seen a significant increase. And in terms of severe mental health risks, while a higher percentage had seen no change (25%), 56.3% of respondents had seen an increase in risks and 18.8% had seen a significant increase.

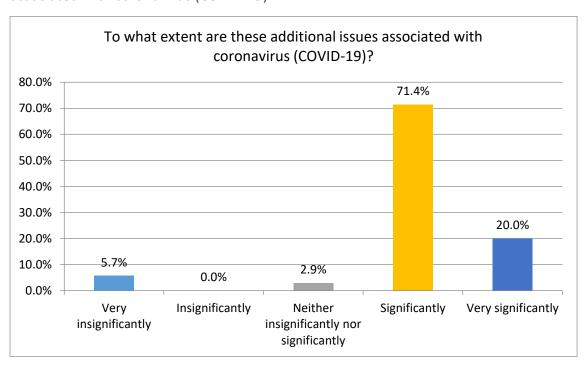
(iv) Associated Issues:

We asked respondents what issues were presenting as associated issues to service user mental health risks.



The above graph highlights the most reported associated issues with service user mental health risks, where respondents could select multiple options. As can be seen these are wide-ranging, but most significant among them include loneliness and isolation (105.7%), fears of catching coronavirus (85.7%), family and relationships (74.3%), physical health or disabilities (68.5%).

Alongside this, we also asked respondents about the extent to which these issues were associated with coronavirus (COVID-19).



For a significant majority of respondents (91.4%) these issues were significantly associated with the coronavirus (COVID-19) – that is, they were new issues that had emerged in response.

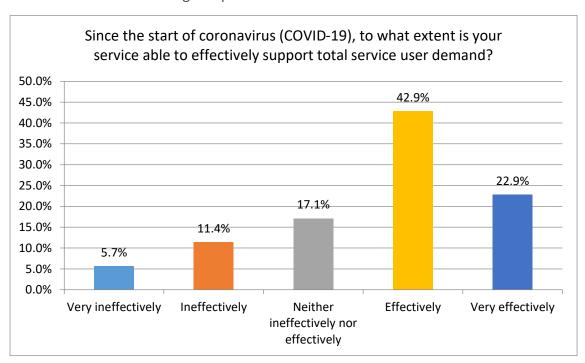
(c) Organisational Response & Needs

(i) Service Response:

Overall, we can see a wide range of changes to how services have been delivered by respondents.

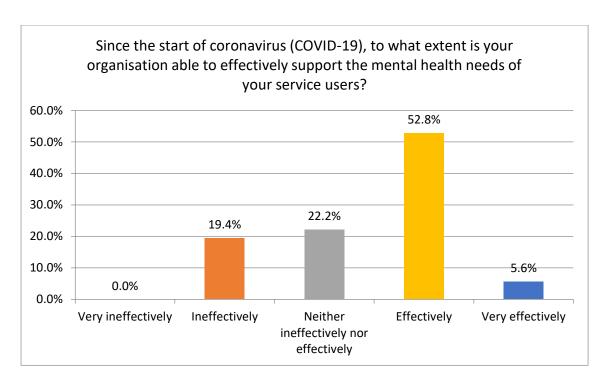
(ii) Service Effectiveness:

We asked respondents to estimate how effectively their organisations were able to meet service user demand during this period.



Most respondents (65.7%) reported being able to effectively support service user demand during this period. However, a significant proportion of respondents felt their organisation struggled to do so, at 17.1%.

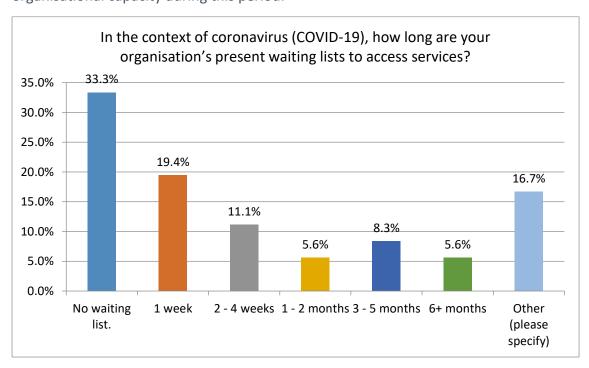
We also asked respondents about whether their service was able to meet the mental health needs of their service users.

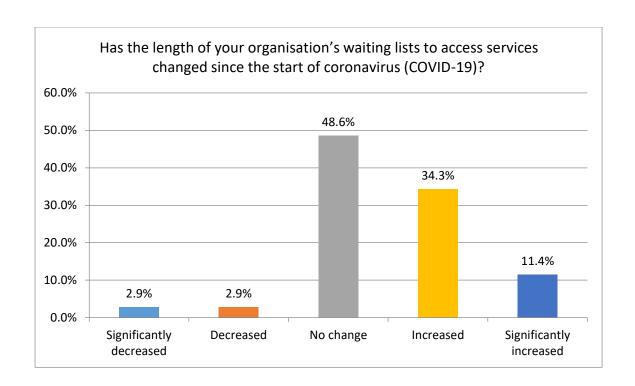


We see similar proportions of effective service user need management here. 58.3% of respondents felt their organisation was able to effectively support service user mental health needs during this period, while 19.4% of respondents felt they were not able to do so effectively.

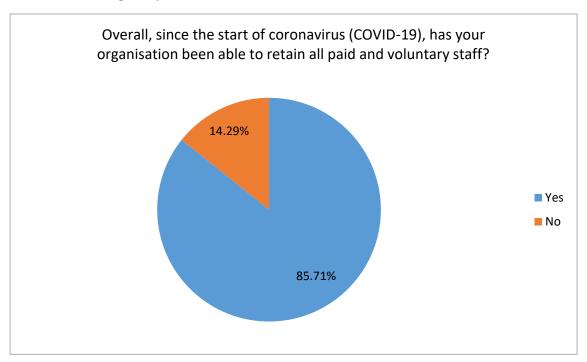
(iii) Organisational Capacity:

We asked respondents a number of questions to get a better understanding of organisational capacity during this period.





We also asked respondents about whether they'd been able to retain all of their staff and volunteers during this period.



In terms of volunteers, those who responded 'No' to having been able to retain all their staff/volunteers:

- 66.7% of respondents had seen 1-10% of their organisation's volunteers leave.
- 33.3% of respondents had seen 11-25% of their organisation's volunteers leave.

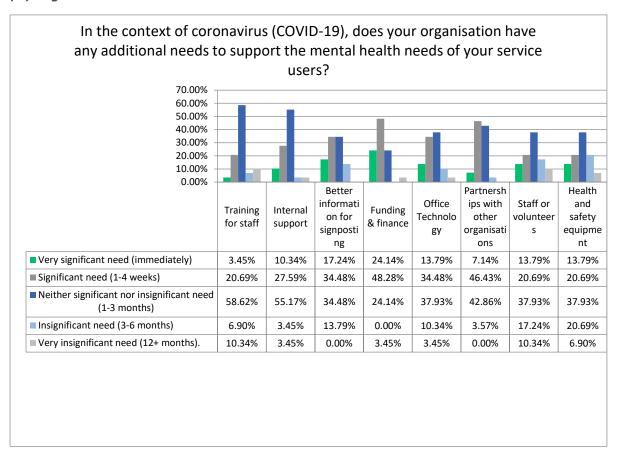
In terms of paid who had been furloughed, those who responded 'No' to having been able to retain all their staff/volunteers:

- 66.7% of respondents had seen 1-10% of staff furloughed.
- 33.3% of respondents had seen 76-100% of staff furloughed.

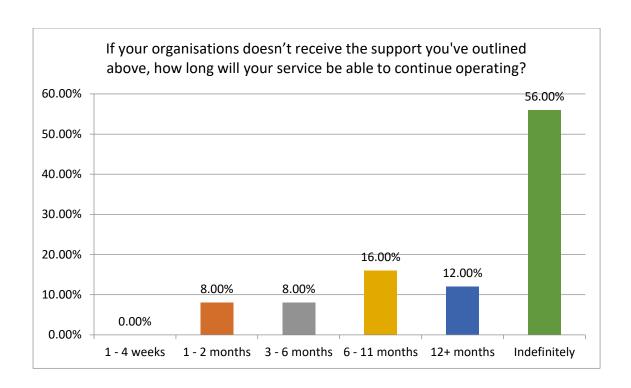
In terms of staff who had been laid off, those who responded 'No' to having been able to retain all their staff/volunteers:

- 50% of respondents had seen 1-10% of staff laid off.
- 50% had seen 26-50% of staff laid off.

(iv) Organisational Needs:



QUAL DATA



Discussion

Next Steps & Future Research

If you or your organisation is interested in working together to develop a similar piece of research, please get in touch with The Care Forum's research team: research@thecareforum.org.uk

About Dialogue & The Care Forum

<u>Dialogue</u> is the health and social care insight and engagement service for The Care Forum, supporting the West of England VCSE sector.

<u>The Care Forum</u> is an independent voluntary and community sector organisation, celebrating over 20 years of achieving better outcomes for people using health and social care services. Working across the South West of England, The Care Forum has numerous contracts across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Swindon with partners that include national charities, community groups, funding organisations, local authorities and regional CCG's.

