



BRAVE NEW CONNECTIONS

Capacity building for
the non-profit mental
health sector

Report # 1
August, 2021

Survey of adaptations by non-profit
mental health organisations
during the pandemic



About the project

This is the first of a number of planned reports from the 'Brave New Connections' project, a collaborative initiative led by Mental Health Reform (MHR) and funded by an RTE Does Comic Relief grant. The project is supporting capacity-building for non-profit organisations in the mental health field, focusing on aspects of their activities and services where they have had to adapt or respond to the challenges of the COVID-19 pandemic.

The first phase of the project involved a survey to gather information about impacts of COVID-19 on the organisations working in the sector. Conducted between April and May 2021, the survey explored the ways organisations have adapted/ responded, what challenges they have experienced, and what areas organisations would find useful to have support with now and going forward into the 'new normal'. It generated a unique resource of data and insight on experiences of the sector during the COVID-19 pandemic, and on what now needs to be done to support its constituent organisations going forward.

Almost sixty organisations responded to the survey, most of whom were members or associate members of MHR. The response rate was just over seventy-five percent, a fantastic response and an indication of the importance of the topic for organisations in the sector. MHR would like to sincerely thank all the organisations who participated for their detailed and insightful responses.

The information provided in this report will guide the immediate capacity-building programme within the Brave New Connections project over the coming months. Later in the year, it will also support preparation of a more strategically-oriented report outlining the role played by the non-profit mental health sector in the overall ecosystem of mental health services and supports in Ireland. This will include results from extensive desk-research on the nature and volume of the supports provided by the organisations in the sector. A core focus will be on what needs to be done to ensure its sustainability and optimally leverage its contribution in providing key mental health supports and services.



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1. SURVEY METHODOLOGY



Methods & response



Overview

- ★ Survey questionnaire delivered online
- ★ 75+ organisations surveyed
- ★ 58 responses (response rate >75%)
- ★ High quality information provided

Main topics of survey

- ★ Activity areas & services provided
- ★ Impacts of COVID-19 pandemic
- ★ Difficulties/challenges in adjusting
- ★ Capacity-building interests
- ★ Moving to the 'new normal'

The survey was carried out during April and May, 2021. It targeted non-profit sector organisations working in the mental health and related fields, most being members or associate members of Mental Health Reform. Fifty-eight organisations responded, giving a response rate of more

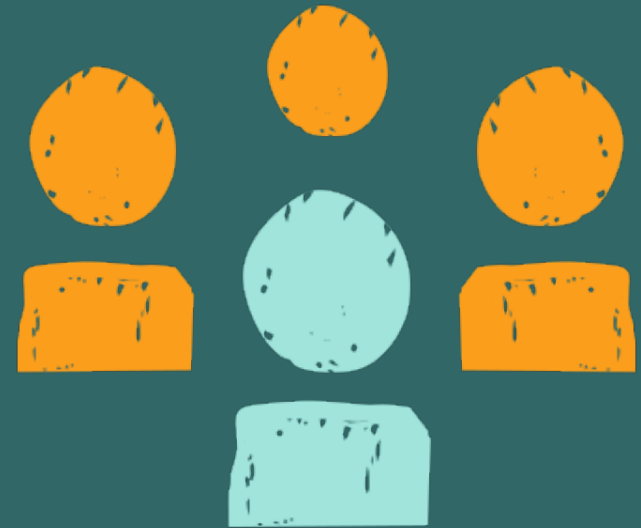
than seventy-five percent of those surveyed. The chart above lists the main topics addressed in the survey. Quality of responses was very high, and provided insightful and rich material on experiences during the pandemic.

The 58 organisations

- * 3Ts (Turn the Tide of Suicide)
- * ADHD Ireland
- * AHEAD
- * Akidwa
- * Alcohol Action Ireland
- * Alzheimer Society of Ireland
- * Association for Psychoanalysis and Psychotherapy in Ireland
- * AWARE
- * Barnardos
- * BeLonGTo
- * Bloomfield Health Services
- * Bodywhys
- * Children's Rights Alliance
- * Chime
- * Cork Counselling Services
- * Cork Mental Health Foundation
- * Depaul Ireland
- * Donegal Mental Health Advocacy Services
- * Dual Diagnosis Ireland
- * Dublin Simon Community
- * Dyslexia Association of Ireland
- * Dyspraxia Ireland
- * European Association of Professional Hypnotherapists
- * Family Therapy Association of Ireland
- * Fighting Blindness
- * Finglas Addiction Support Team
- * First Fortnight
- * Gateway Mental Health Association
- * Grow Mental Health
- * HAIL
- * Helplink Mental Health
- * Huntington's Disease Association of Ireland
- * Irish Advocacy Network
- * Irish Association of Social Workers
- * Irish Association of Speech and Language Therapists
- * Irish Council for Psychotherapy
- * Irish Online Counselling and Psychotherapy Service
- * Irish Penal Reform Trust
- * Irish Refugee Council
- * Irish Society of Chartered Physiotherapists
- * Jigsaw
- * Merchants Quay Ireland
- * MyMind
- * National Association for Professional Counselling and Psychotherapy
- * National Women's Council of Ireland
- * Pieta
- * Psychological Society of Ireland
- * Rehab Group
- * Samaritans
- * Shine
- * Smashing Times
- * SpunOut.ie
- * St John of God Hospital
- * St Patrick's University Hospital
- * Threshold Training Network
- * Transformative Recovery College
- * Traveller Counselling Service
- * Union of Students in Ireland (USI)



2. THE ORGANISATIONS' AREAS OF ACTIVITY



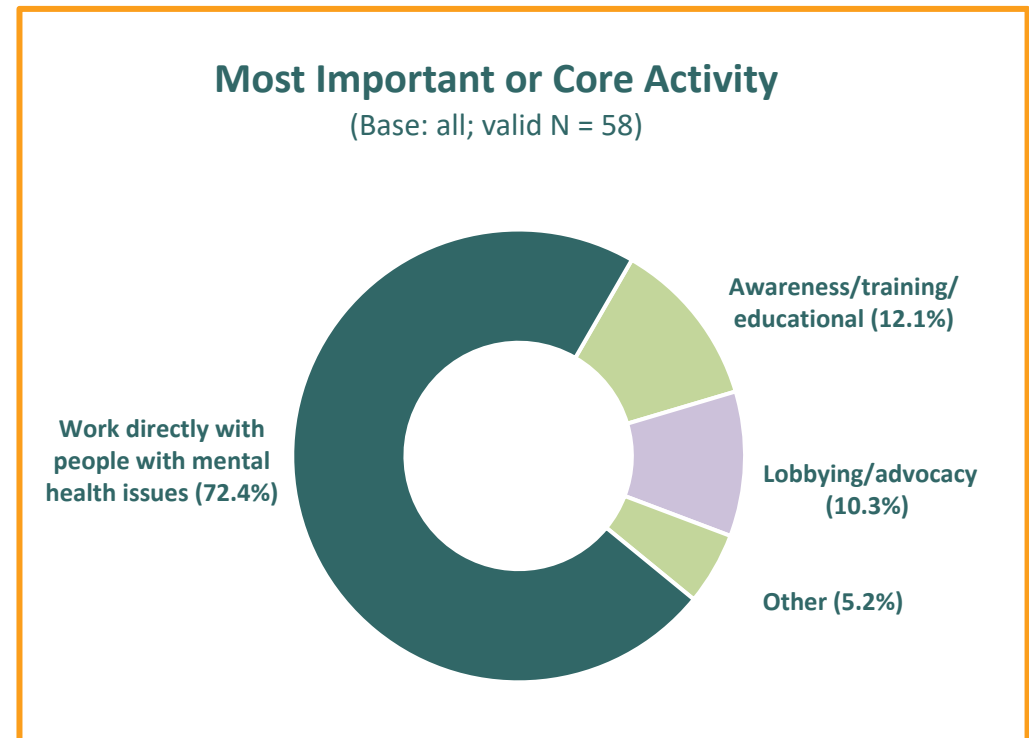
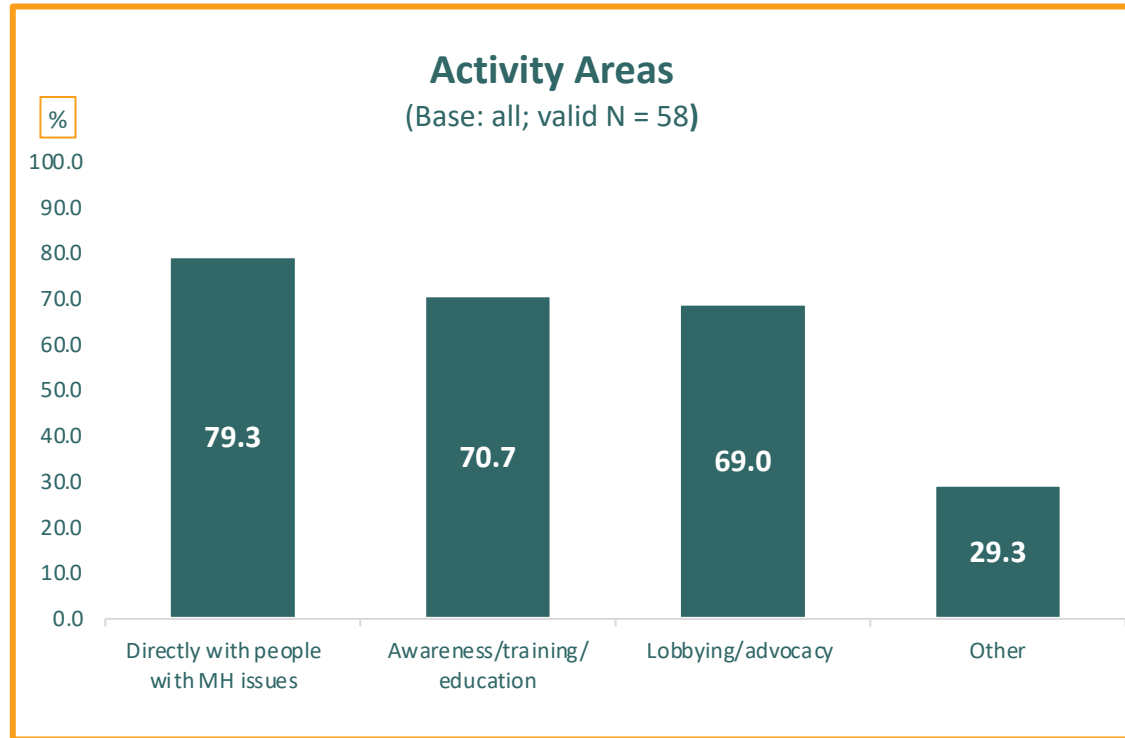
Sectoral coverage

Individually and collectively, the organisations responding to the survey covered a broad spectrum of mental health needs and targeted user groups. The data show the importance of the sector both in provision of 'generic' mental health services/supports and in reaching a broad range of disadvantaged or otherwise hard-to-reach groups. The chart on the right provides an indicative mapping of the surveyed organisations into a number of loosely-defined categories, with some organisations mapping to more than one of these.

A second report from the project will present a deeper profiling and analysis of the sector. This will support development of a strategic perspective on its role and contribution within the overall mental health ecosystem, and the scale and volumes of this contribution.

		#
Mental health difficulty area	Severe / enduring MH difficulties	14
	Common mental health difficulties	8
	Suicidality / crisis	5
	Dual diagnosis	1
	Eating disorder	1
	ADHD	1
	Dementia	1
Demographic groupings	Children / adolescents	2
	Adolescents / young adults	2
	Older persons	1
	Students	2
	LGBTI+	1
Disadvantaged groups	Homeless/housing	9
	Refugees / migrants	3
	Travellers / Roma	3
	Addictions	1
	Prisoners	1
	Disadvantaged groups	1
	Deaf / Hard of hearing	1
Disability-related groups	Vision Loss	1
	Intellectual disability	1
	Dyslexia	1
	Dyspraxia	1
		1

Activities



Reflecting their broader commitment to progressing the field, many organisations reported a number of areas of activity. Almost three-quarters (72.4%) indicated their most important or main activity was working directly with people with mental health issues. This might

be providing therapy or psycho-education, helpline, recovery supports, peer networking/support, etc. For smaller numbers of organisations, core activities were awareness/training/education (12.1%), lobbying/advocacy (10.3%), or other areas (5.2%).



3. IMPACTS OF PANDEMIC & ADAPTATIONS / RESPONSE :

- ✧ Services / Activities & User Profile
- ✧ Staff and Working Arrangements





IMPACTS ON :

Services / Activities & Profile of Users

Changes in profile of user groups supported

Changes in Profile of User Groups

(Base: organisations working directly with people with mental health issues; valid N = 42)



For organisations working directly with people with mental health issues, just over three-quarters (76.2%) reported changes in the profile of the user groups they supported.

Commonly Mentioned Themes

- * Increased demand for services reported by almost all organisations
- * Increase in MH difficulties and/or complex or acute MH difficulties
- * Broader geographical reach due to remote service delivery
- * Younger age of people seeking support
- * Different patterns of user engagement, engaging for longer periods
- * Decreased engagement from some groups – ‘digital divide’ issues

The box above lists some of the more commonly mentioned themes across these organisations. Further details on these are provided in the next chart.

Specific user profile changes

Specific user profile changes mentioned

- ★ ADHD: big increase in helpline calls
- ★ Migrants: isolation, violence, increased poverty, increased presentation of more acute mental health difficulties
- ★ LGBTI: huge increase in anxiety due to lockdown with family members not supportive of LGBTI+, more frequent usage of ASIST suicide process with young people
- ★ Korsakoff Syndrome, Huntington's Disease: depression due to lockdown restrictions & disruptions in scheduled daily activities
- ★ Eating disorders: increase, especially under 25s
- ★ Homeless: more anxiety and depression, especially people who don't like congregated setting, usually out-and-about during the day, people isolated because of medical vulnerabilities
- ★ Drug/alcohol: increased usage due to MH difficulties
- ★ Younger people: increased numbers presenting with anxiety, increase in family dynamic problems etc.
- ★ Older people: increase in social-isolation related MH difficulties (anxiety, depression etc.)
- ★ Recovery: increase in need for recovery supports due to regression and challenges caused by disruptions in access to services, daily life activities, both clients in community and those in supported housing/accommodation
- ★ Stage of the lockdown cycle: changing patterns – increase in anxiety volumes going into and exiting lockdown, lower volumes but intensity of crisis/distress increased in middle of restrictions

The box above shows the broad range of changes noted in the profile of people using the organisations' services. One re-occurring theme was the impact of enforced domestic living circumstances for many people, especially those with particular

vulnerabilities. Other impacts included regression in people with severe/enduring mental health difficulties, and an increase in eating disorders. Social isolation and related mental health difficulties were also noted (e.g. for older persons).

Examples...

'An increase in the numbers of individuals seeking support over the phone and one to one in person. An increase in contact from individuals with more complex mental health needs who are reporting a lack of access to appropriate mental health supports through their local services.'

'The key change we have seen is people needing to talk to our volunteers for longer than usual. Regular 5/10 minute calls have increased to 20/30 minute calls. The key issues remain the same (loneliness, isolation, suicidal ideation) with the added addition of COVID itself.'

'We are seeing a greater number of people struggling with their mental health, more anxiety and depression and the restricted nature of living at present is making life increasingly difficult for people who do not like living in congregated settings and would usually be out and about during the daytime. As we have been providing specific shielding units for people with medical vulnerabilities, we have seen an increase in the numbers of service users with significant health issues who are having to live in very restricted, even isolated circumstances.'

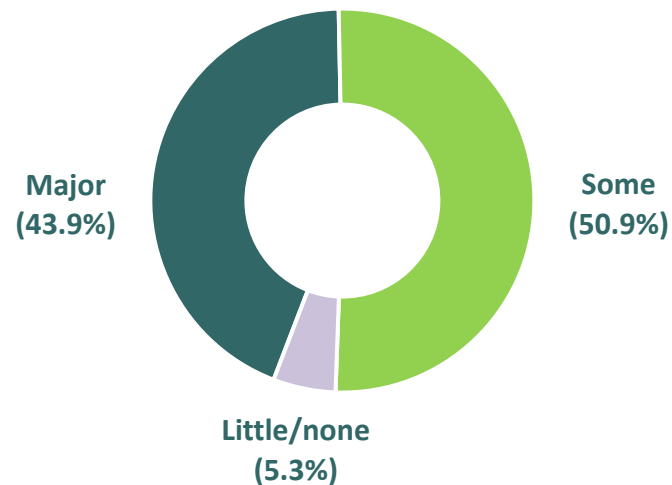
'We have a lot more people who have acknowledged they need help in their wellbeing and mental health. Due to the pandemic, there is more anxiety, distress, financial pressure, and feeling disconnected from others and their community.'

'We have seen an increase in the number of people availing of our services due to being able to access them online. So much so that we are looking at continuing doing online supports once the centre opens again.'

Changes and adaptations in services/activities

Extent of Changes

(Base: all; valid N = 57)



The majority of organisations reported either 'major' (43.9%) or 'some' (50.9%) changes in their services or activities and in how they delivered them. Areas of changes included channels of engagement, stopping providing some services, substantial re-arrangement

Commenced or expanded delivery of services in online/remote mode

(Base: all; valid N = 58)



of face-to-face services, providing new kinds of services, and adjustments to meet changes in user profile. For the vast majority of organisations (94.8%), changes included commencing or expanding delivery of their services or other activities in online/remote modes.

Examples...

'...start running our programs online via zoom...major undertaking because many of the people who availed of our service before the pandemic had very little knowledge of how to use zoom or even had the technology to attempt it...we not only had to train people up on how to use the technology we also had to supply the technology to them.'

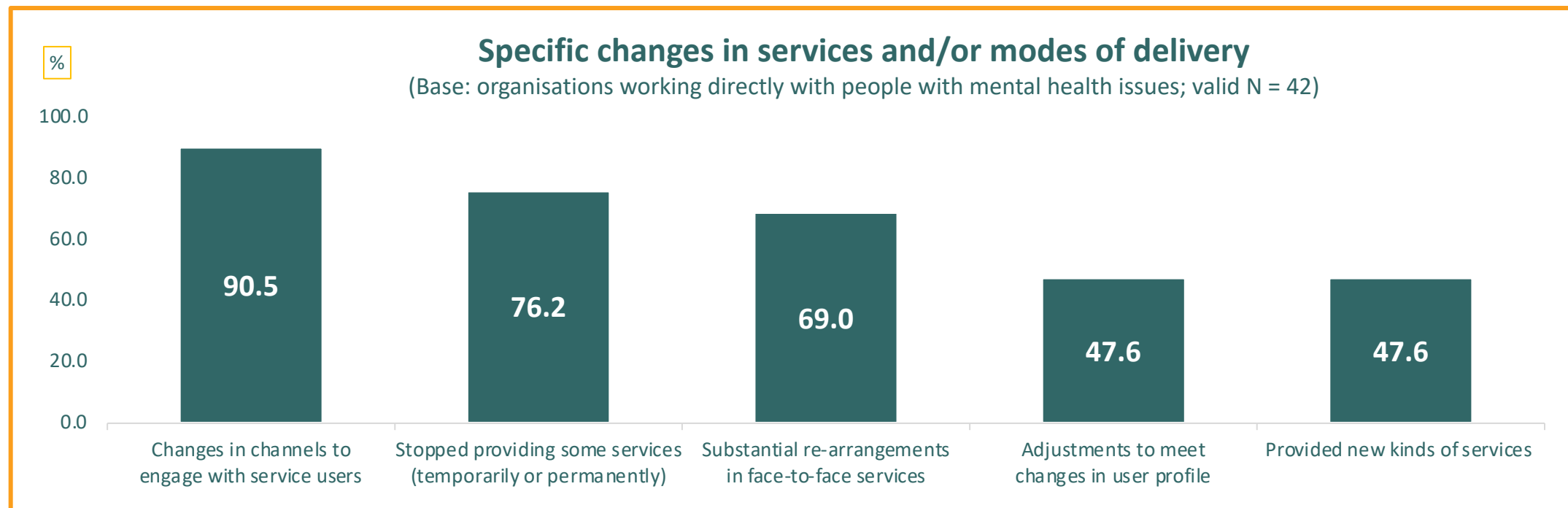
'We have had to move all events online which has been positive in some ways e.g. more accessible for disabled women and women in rural settings, but creates barriers for some women e.g. those without internet or a computer, those living in direct provision who may not have a space to attend online events.'

'Moving to seeing clients online and by phone, which has opened up access to clients from all over Ireland; has resulted in increased demand and the use of more resources, setting up online platform and phone systems, and taking on new therapist.'

'As our services are primarily phone based...within branches we have had to rearrange rotas and working conditions for volunteers, including volunteers double shifting to compensate for those volunteers who have had to cocoon.'

'Our staffing levels are negatively impacted due to COVID related absences and the creation of an isolation unit for suspected and positive COVID cases within the centre. Staff are unavailable through agency and the State do not provide resources to supplement this deficit.'

Specific changes made



For organisations working directly with people with mental health issues, the most common changes were in channels used to engage with service users (90.5%). Just over three-quarters (76.2%) reported they stopped providing some services (temporarily or permanently); and over two-thirds (69.0%) made substantial re-arrangements in face-to-face services.

Just under one-half (47.6%) reported adjustments to meet changes in service user profile, and a similar number (47.6%) began providing new kinds of services. The following charts present more details on some of the changes organisations made.

Changes in channels & providing new types of service

Changes in channels of engagement

Channels mentioned included phone, video, text, email, other online platforms.

Examples of services/activities concerned included:

- ★ Virtual therapy
- ★ Phone appointments
- ★ Online or remote outreach work
- ★ Telehealth
- ★ Online peer groups and support groups
- ★ Online consultations
- ★ Online workshops, education and awareness raising
- ★ Online training
- ★ Online events (webinars, conferences).

Organisations adopted a range of channels for remote engagement, including phone, video, text and other platforms, and almost all reported commencing or expanding online modes of operation. These were applied for a wide variety of activities with service users, including one-to-one therapy delivery, group support programmes, and training.

Provision of new services in response to the pandemic

Some organisations developed new services or supports to address emerging needs arising from the pandemic.

Examples of new services introduced:

- ★ 'Onboarding' group for young people to attend prior to joining their online peer group
- ★ Pilot of outpatient department telemental health programme
- ★ Introduction of online self-help app
- ★ Launch of new 24/7 service
- ★ Introduced emotional support helpline for homeless people in isolation
- ★ Introduction of 24 hour services and increased access to beds (previously only available at night)
- ★ Introduction of COVID-19 parent support line.

Organisations also mentioned a range of new services offered, often linked with utilisation of new channels for engagement with users. Some of these innovations (e.g. outpatient telemental health, 24/7 services) may provide 'proofs of concept' for wider adoption by others as we move to the 'new normal'.

Suspension or re-arrangement of face-to-face services

Suspension of some services (temporarily or permanently)

Examples mentioned included:

- ✱ Closure of day centres, drop-in services
- ✱ Temporary closure of health centres
- ✱ Restricted home visits or community-based work
- ✱ Suspension of in-person assessments
- ✱ Training activities cancelled - not suitable for online delivery
- ✱ Clinical training and supervision also impacted.

Many face-to-face services had to be suspended during the pandemic, especially during periods of tighter lock-down. Activities affected included day centres and drop-in centres, home visits, and training activities not suitable for online delivery.

Substantial re-arrangements for face-to-face services

Examples mentioned included:

- ✱ Wearing facemasks and other PPE
- ✱ Service changes:
 - Reduced session times with clients
 - Smaller group sizes
 - Social distancing measures
 - Extra hygiene measures
 - Reconfiguring the layout of premises
 - Some services delivered outdoors.
- ✱ Accommodation or in-patient services:
 - Created isolation units for suspected/positive COVID cases
 - 'Shielding' or 'cocooning' units for medically vulnerable
 - Staff rotas changed to create working 'bubbles'.

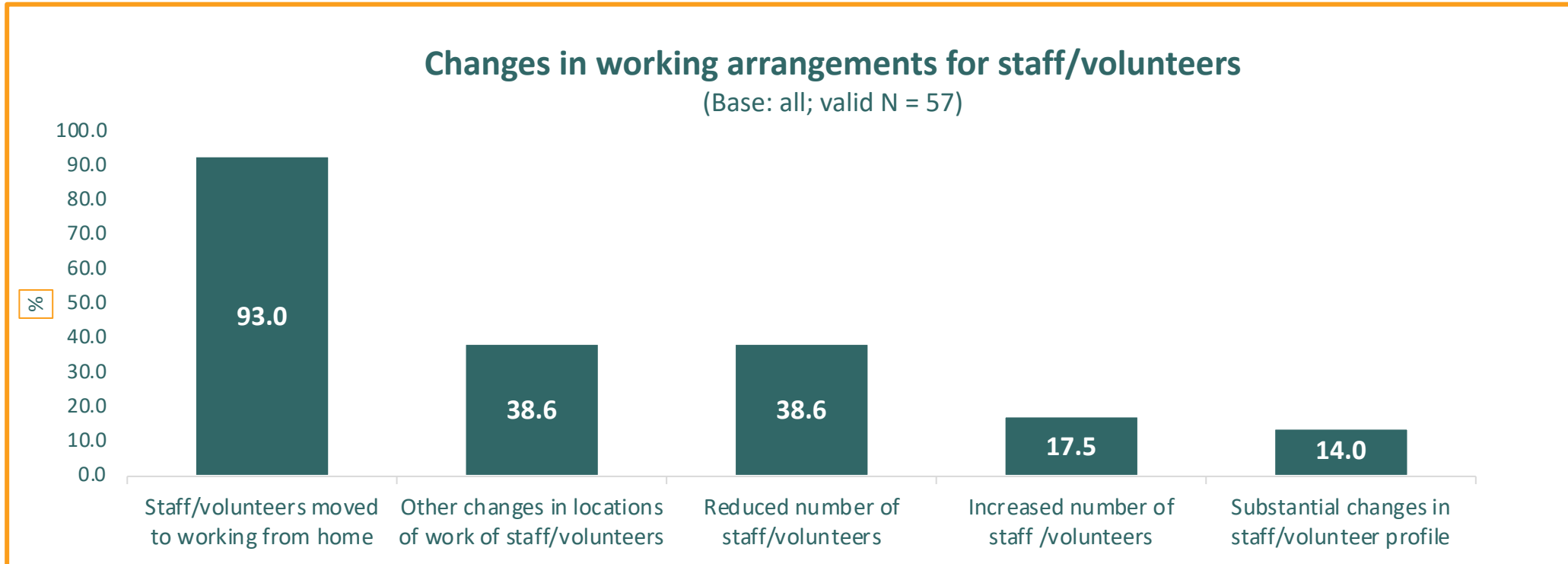
Where face-to-face services remained operational, the organisations concerned implemented a variety of re-arrangements in compliance with public health guidelines. These included utilisation of PPE, modifications to services to reduce risk of infection transmission, and special measures in for accommodation or in-patient services.



IMPACTS ON :

Staff / Volunteers & Working Arrangements

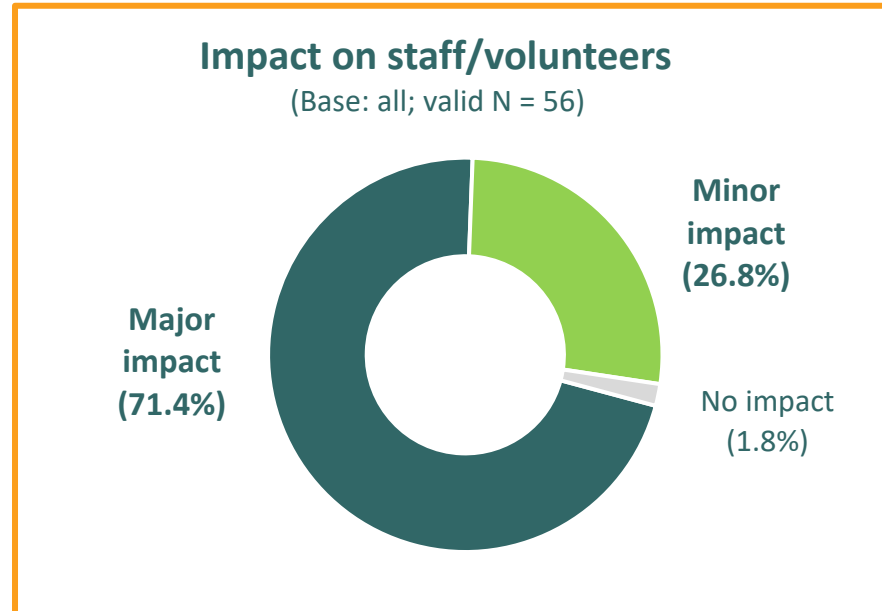
Changes in working arrangements



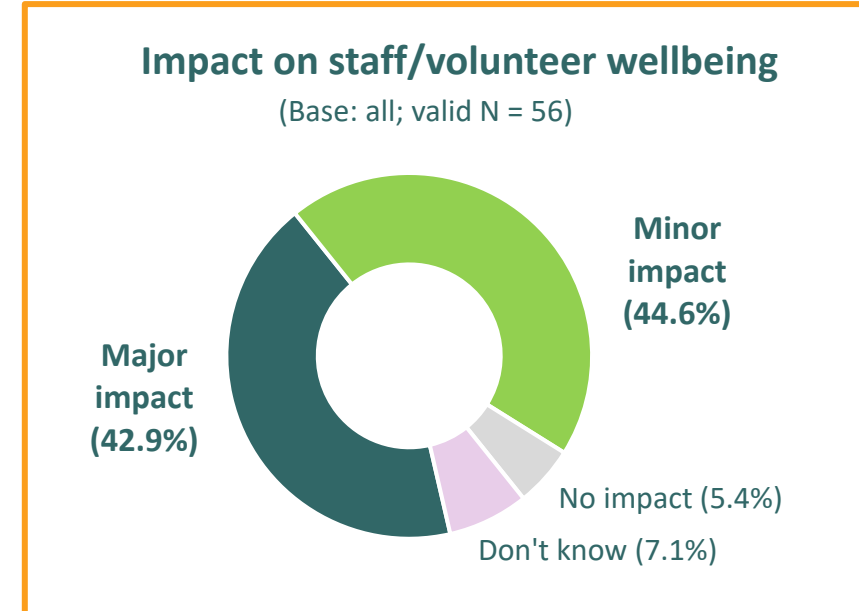
The most frequently reported change involved staff/volunteers moving to working from home, mentioned by the vast majority of organisations (93.0%). Just under two-in-five (38.6%) mentioned other changes in staff/volunteers locations of work.

There were also impacts on numbers of staff/volunteers, with reductions (38.6%) more commonly mentioned than increases (17.5%). Some organisations (14.0%) also mentioned substantial changes in the profile of their staffing/volunteers.

Impacts on staff/volunteers



Almost all organisations reported impacts on staff and/or volunteers due to work-related changes or adjustments associated with the pandemic. A majority reported these were 'major' impacts (71.4%). The previous chart presented details on various areas of impact and change.



In addition to these changes, a large majority (87.5%) of organisations reported impacts on staff/volunteer wellbeing, with just over two-in-five (42.9%) reporting 'major' impacts in this area. The following charts provide more information on this aspect.

Examples...

'Stress, anxiety, inability to plan, inability to support service users the way we want to, pressure to adapt and become experts in areas we never had to before, team being stretched to cover when people are out sick, financial concerns, concerns around meeting targets, reduced support system, pressure to adapt to remote working etc.'

'Cocooning had a major impact on our volunteers, especially those who could continue to do shifts as they often ended up doing twice/three times what they would normally do.'

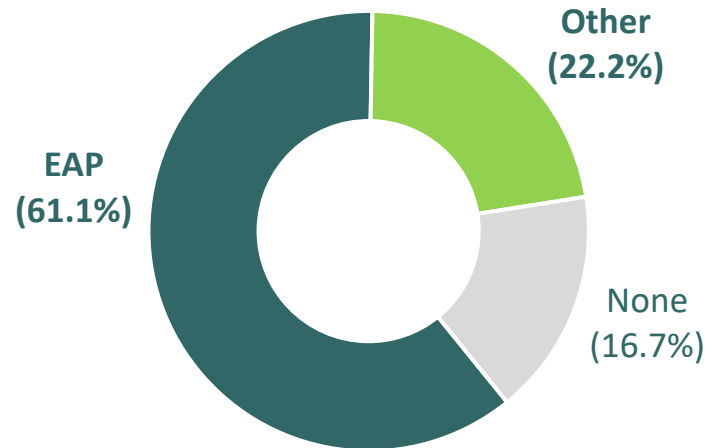
'Working in isolation. Not all staff have the degree of privacy / own home that others have. Increased working hours. High demand versus no increase in resources.'

'Staff have been working above and beyond during the pandemic. Working from home means less face-to-face interaction with colleagues which is essential in our work. It has also meant less down time and time away from the screen, so staff often find it difficult to switch off or take enough breaks.'

Access to wellbeing supports for staff and volunteers

Access to wellbeing supports - staff

(Base: all; valid N = 54)



Just over three-in-five organisations (61.1%) reported providing an EAP programme for staff, and one-quarter reported other wellbeing supports. Provision of such supports for volunteers was a lot less common, especially access to an EAP programme.

Access to wellbeing supports - volunteers

(Base: all; valid N = 54)

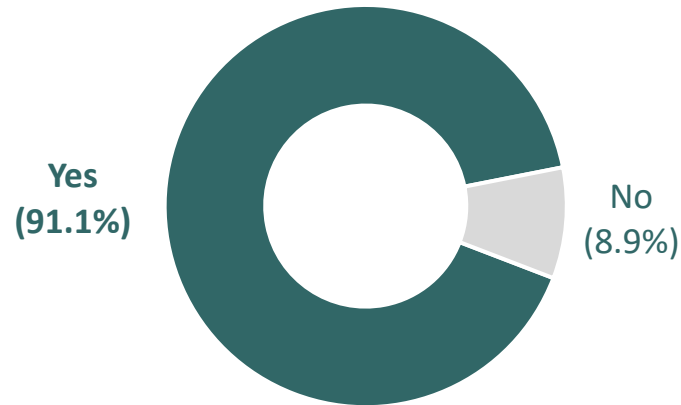


These patterns may in part reflect variation in the nature/ intensity of the work of volunteers in different organisations. Resource constraints may also be a factor for some organisations, and this issue may warrant further attention

More attention to staff/volunteer wellbeing

Experiences prompted more attention to staff/volunteer wellbeing

(Base: all; valid N = 56)



Most organisations (91.1%) also reported that experiences during the pandemic had prompted them to give more attention to staff/volunteer wellbeing. Setting-up or expanding access to an Employee Assistance Programme (EAP) was quite commonly mentioned, as well as a variety of other in-house wellbeing innovations and initiatives.

'We have arranged a number of sessions on self-care, mental fitness and wellbeing. We have set up access to an EAP scheme for all staff members.'

'[We] developed a working from home support hub, Wellbeing Wednesdays, supportive emails to staff. Developed a weekly dashboard/newsletter to keep all informed.'

'We have shared well-being resources from other organisations, but probably could do a lot more.'

'EAP for staff now in place and ensuring managers are checking in with staff more often.'



4. CAPACITY-BUILDING THEMES

- * Ongoing challenges
- * Need for capacity-building support





Ongoing Challenges

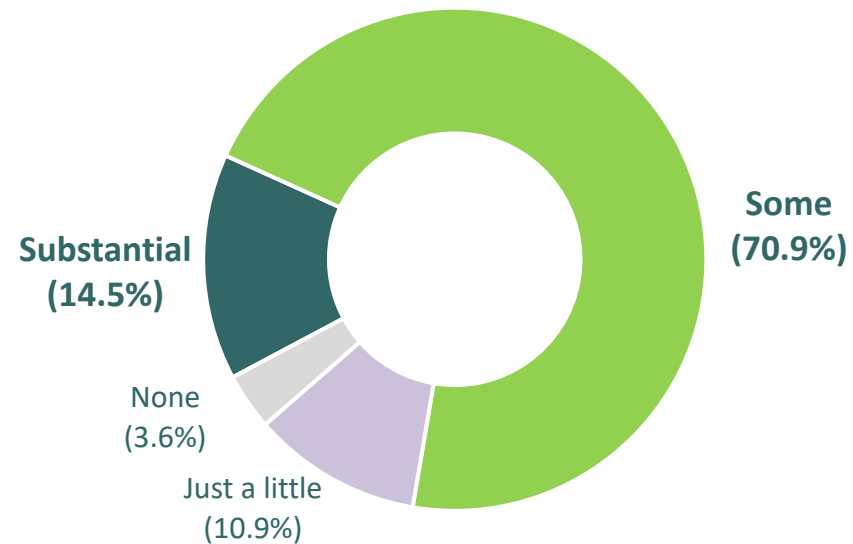
Moving service delivery online

As reported in section 3, commencing or expanding delivery of their services or other activities in online/remote modes was a key area of change for the vast majority of organisations (94.8%).

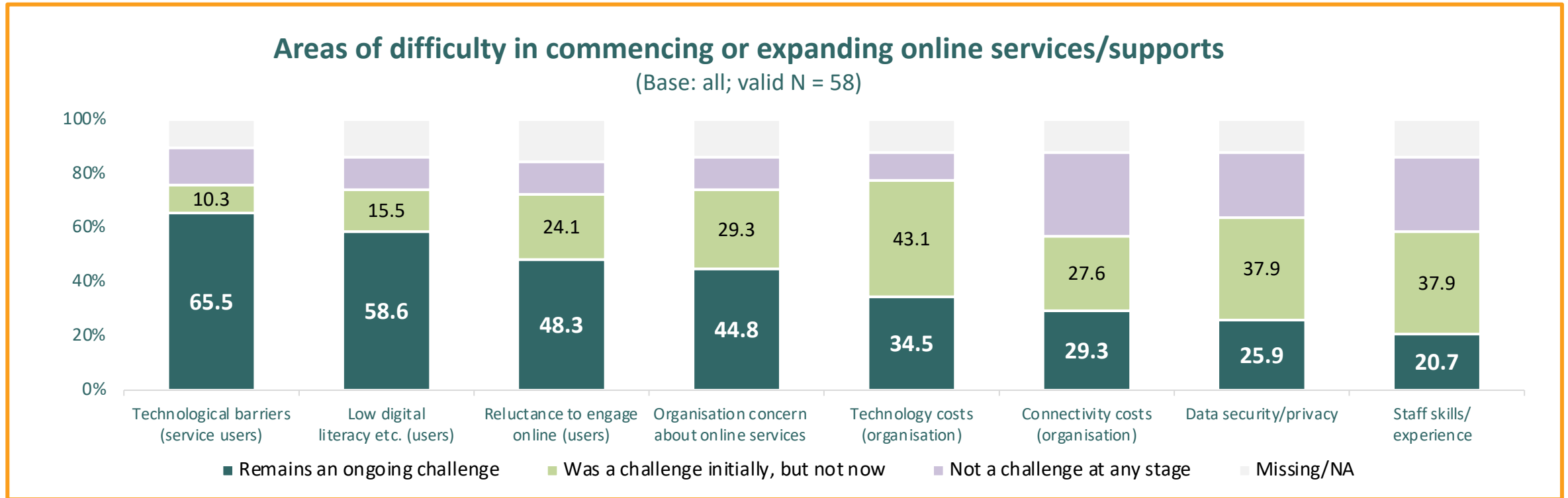
The majority of these organisations reported having either 'substantial' (14.5%) or 'some' (70.9%) difficulties/challenges in making these changes. The next charts look at this in more detail.

Difficulties or challenges in commencing or expanding online/remote services

(Base: all making such a change; valid N = 55)



Areas of challenge in changing to online activities



A majority of organisations reported user-side challenges with access and using services online, and many of these remained ongoing issues requiring attention. These include technological barriers (65.5%), low digital literacy (58.6%), and reluctance to engage online (48.3%). On the organisational side, concerns

about the suitability of online provision of services for their users remained an issue for just under one-half of the organisations (44.8%). Other ongoing issues mentioned quite often were technology (34.5%) and connectivity (29.3%) costs, data security/privacy (25.9%), and staff skills/experience (20.7%).

Examples...

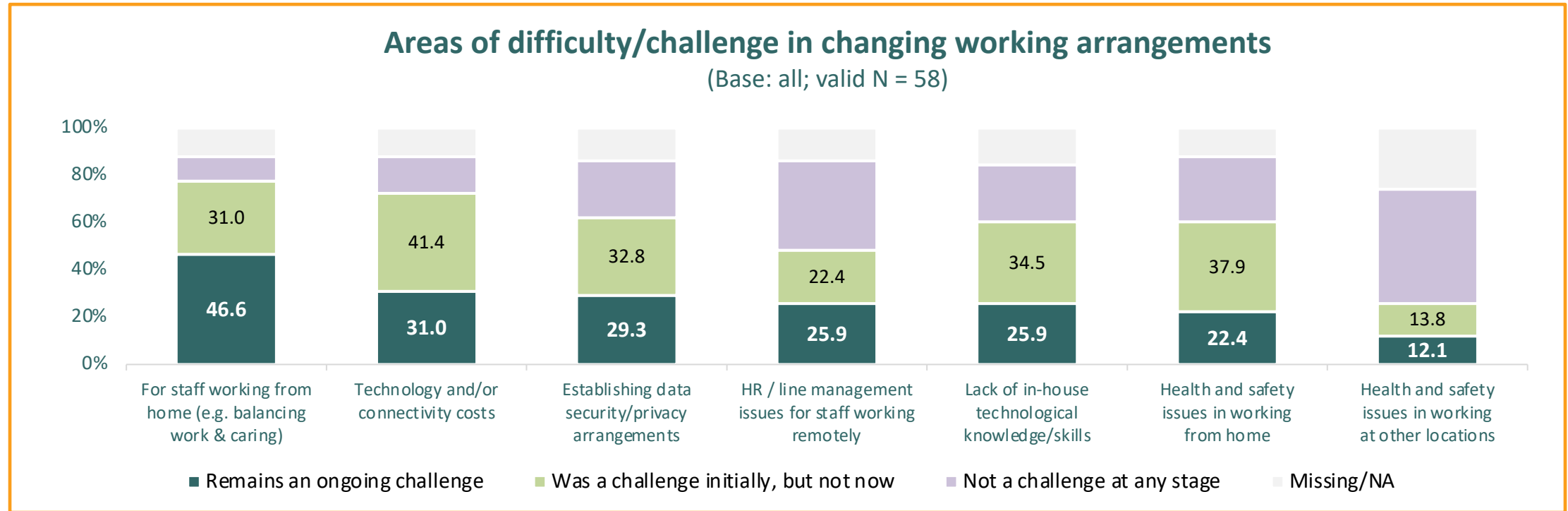
'There have been considerable resource requirements as groups taking place online are moderated / managed by a second individual to ensure smooth running of same, and there has been a considerable increase in administrative load in communicating with service users. There have been technology barriers, particularly with older age cohorts, necessitating a shift to telephone-based support for one recovery programme focussed on older adults. For example, some service users did not have an email address or a suitable device, which was a pre-requisite for online access.'

'We have next to no internet/wifi capability which presents a major problem for working online.'

'Ensuring accessibility in online environments, and the cost of captioning and sign language interpretation for the increased number of events we are running.'

'Lack of tech skills (staff and members). Lack of effective equipment (laptops, Ipads, smartphones) and remote access to server. Lack of effective software due to prohibitive costs e.g. a CRM system to monitor and track phone and online activity as opposed to manually recording of same – time heavy. Lack of broadband and prohibitive costs of same for members and some staff working from home... Challenges of training people in tech skills remotely.'

Areas of challenge in changing working arrangements



The most commonly mentioned challenge concerned issues for staff who had to work from home during the pandemic, for example, balancing work and family responsibilities and/or lack of a suitable workspace in the home. Almost half of the organisations (46.6%) reported this remained an ongoing challenge. Other issues remaining challenging for many organisations include HR/line management (25.9%) and health & safety (22.4%).

Technology and connectivity costs associated with staff working from home was another commonly mentioned challenge, and this remained an issue for almost one-third (31.0%) of organisations. Other remaining technology-related issues include establishing data security/privacy arrangements (29.3%) and lack of in-house technological knowledge/skills (25.9%).

Examples...

'Establishing working from home systems. Risk assessment, best practice advice for staff WFH. Ensuring staff had all the necessary items like chairs, desk, phones printers etc and the logistics of getting these to people. Costs involved in these changes. Staff wellbeing while working from home - dealing with isolation etc.'

'The boundaries around the time when online, out of hours calls, and emails. Fear of missing someone in crisis who needed to make connection with us.'

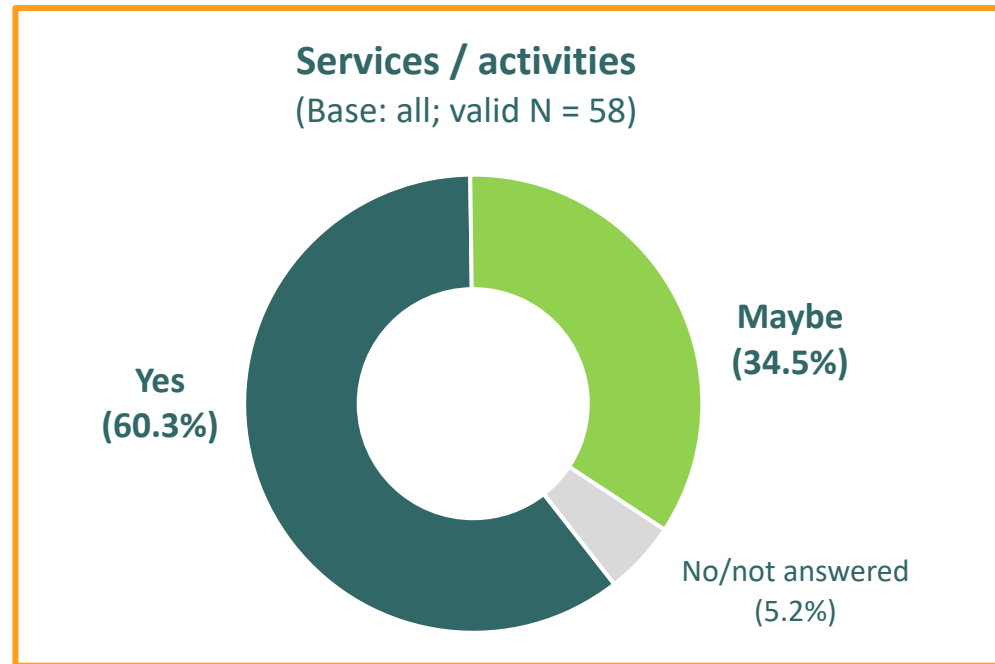
'Shifting culture to make remote working during a pandemic work. Recognising that 9am to 5pm has to be flexible to allow for what's going on for workers e.g. caring responsibilities, home-schooling, bad days in terms of motivation or mood. Focus on outputs and outcomes rather than hours spent at desk in front of PC. Trust people to get the work done. Have an abundance of care and empathy for ourselves and each other. Assume positive intention.'

'Managing a work-life balance has been difficult, as staff have child care challenges and are schooling children at home, and some employees' living circumstances are not conducive to working from home. It can be difficult to maintain connection and a sense of 'team' when everyone is working remotely. However, there was a degree of remote working prior to COVID-19 and this was encouraged, and perhaps helped employees adapt.'

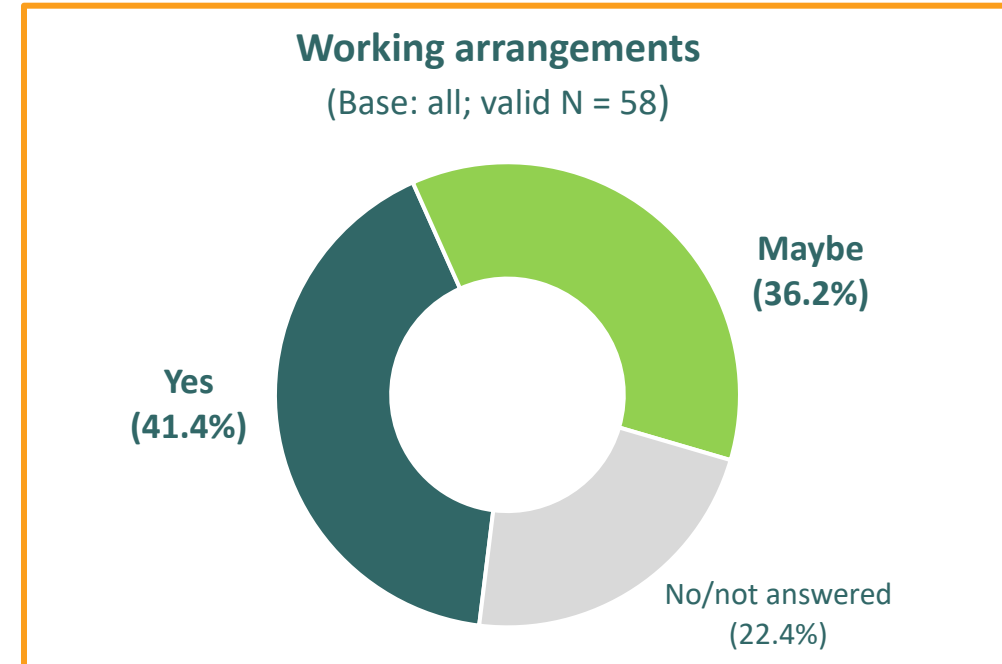


Capacity-building needs

Interest in getting advice / support



The organisations surveyed indicated strong interest in getting advice or support on best practice in conducting services/activities online. A little under two-thirds (60.3%) were definitely interested, and one-third (34.5%) might be depending on what was on offer.

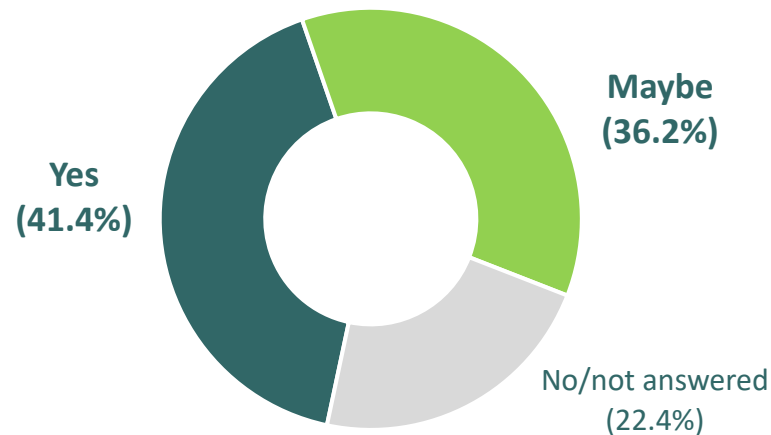


Interest in advice and support on working arrangements was also quite strong, with just over two-in-five organisations (41.4%) definitely interested and more than one-third (36.2%) potentially interested.

Sharing experiences & more cooperation

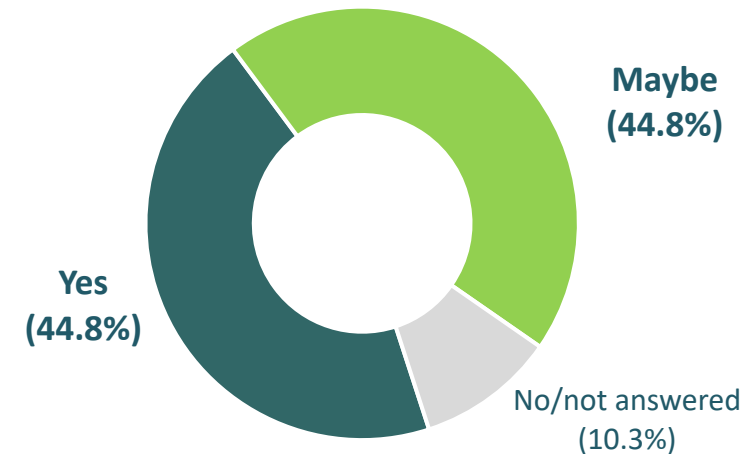
Interest to share experience

(Base: all; valid N = 58)



Interest in potential for more cooperation across the sector

(Base: all; valid N = 58)



Many organisations were, at least in principle, interested in sharing their experience/expertise with other organisations in the sector. Substantial numbers of organisations also expressed interest in the potential for greater collaboration across the sector more generally. One important theme concerned access to mental health services provided by other organisations. This was relevant for organisations not specialists in mental health, per se. In addition, access to

expertise of more experienced/specialist organisations was relevant for some organisations already providing less specialist mental health supports. Broader collaborations were also of interest, including online drop-in centre with multiple agencies, specific collaborations for organisations working in related areas, cross-referral of clients, more joint projects, better understanding of what others offer, and possible mergers.

Areas of expressed interest for capacity-building

- ★ **How to provide online/remote services effectively**
 - user engagement, therapy, psychoeducation, etc.
- ★ **Technology-related advice**
 - organisational level systems and staff equipment
- ★ **Support in addressing client mental health difficulties**
 - available options, referral pathways, etc.
- ★ **Addressing user side issues**
 - tech access, digital literacy, changing interests/needs, etc.
- ★ **Organisational development**
 - skills, change management, remote working, staff support, etc.

Taking into account the various difficulties/challenges experienced, a number of key areas of interest for capacity-building were identified by the responding organisations. One set of issues concerned support on good practice in effective provision of online/remote services and engaging with service users in these modes. Also of interest was support in addressing user-side issues arising from digital divides and understanding changing patterns of user needs.

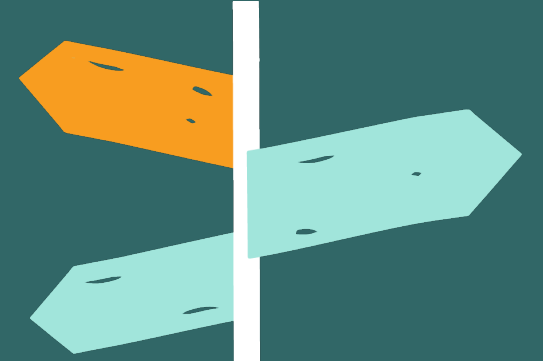
Advice on technological options to employ was another core theme, as well as broader advice and capacity-building around various aspects of organisational change and development.

There was also considerable interest in developing capacity in addressing client mental health difficulties more generally. This included advice and information on options and referral pathways available for clients of organisations whose core competencies were not in mental health.



5. MOVING TO THE 'NEW NORMAL' – THE BIGGER PICTURE

- ✧ Keep any changes made during pandemic?
- ✧ Reviewed mission, approach?



Like to keep any changes...

Like to keep changes made during the pandemic

(Base: all; valid N = 57)



Almost all organisations (96.5%) said they would like to keep some of the changes made during the pandemic. These fell into three main areas:

- Keep some of the online services/activities (hybrid/blended approaches)
- Maintain benefits of increased reach/access/flexibility for users
- Maintain hybrid approach to working arrangements.

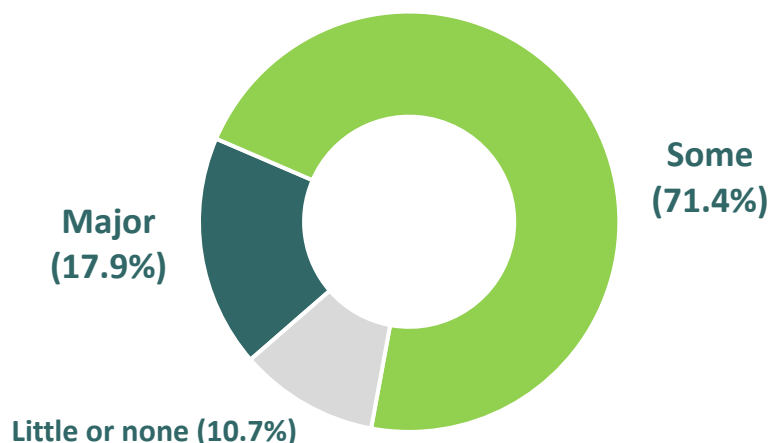
'Online working has allowed us to reach out more regularly to service users who live in more remote areas and to link in with them more often; this option will continue, incorporated with the face-to-face options. Cost factors will need to be reviewed as there are savings in some areas that may be possible to continue long term.'

'Returning to the office will be a challenge as we will have to provide quiet spaces for staff to attend online events within the office and enable social distancing in a small environment. Also staff are looking for a blended model moving forward, so a mix of working from home and working in the office which will take a lot of coordination.'

'Remote care offers flexibility for some service users for whom it might remain preferable in the future. Remote working offers flexibility for some staff to whom it might continue to be preferable in the future. New innovations such as the online peer support group will likely be developed beyond the pandemic.'

Re-think or mission, approach...

Pandemic has led to re-think of overall mission and approach (Base: all; valid N = 56)



Pandemic experiences have led to re-think of overall mission/ approach for most organisations to some degree – ‘major’ for just under one-in-five (17.9%) and ‘some’ for almost three-quarters (71.4%). Often this involves plans to embed some of the changes made during the pandemic into their ongoing approach.

‘Revised entire organisational strategy for the next three years, and built in more growth.’

‘Accelerated provision of remote therapy, use of technology and accessing qualified staff who can work remotely.’

‘The COVID-19 has led to moving our service online and by phone which was not really in pipeline prior to the COVID pandemic.’

‘This relates to the organisation’s approach and activities concerning service delivery, and the opportunities presented by the successful implementation of homecare and remote services over these recent months.’

‘What happened with the pandemic showed we need to be stronger and need to secure funding to offer a stable service and currently we are looking at closing as an option going forward.’

‘Our mission remains the same but we have become very proficient in recognising multiple service user needs and acting responsively.’

Themes emerging in re-thinking mission / approach...

- ✳ Mostly mission remains the same, but ways of delivering on it are under review since the pandemic experiences
- ✳ Some quite major re-think and strategic planning about where to focus efforts/services going forward; how to best fit in wider ecosystem
- ✳ Some considering and/or planning major strategic change towards online and cloud solutions
- ✳ Some are building on the opportunities now seen to expand reach to other parts of the country/nationally
- ✳ Some have introduced quite radical service innovations (e.g. homecare as alternative to inpatient care) – examining how to consolidate/embed these
- ✳ At least one considering whether to close down as an option going forward

This chart presents some of the key themes arising in relation to re-thinking of organisational missions and approaches. The second report from the Brave New Connections project will address this area in more detail. It will examine, at the strategic level, the issues facing the non-profit sector ecosystem of mental health services and supports. Based on this, it will assess how the sector as a whole can be supported and leveraged to optimise its essential contribution as part of the wider mental health system.

Increased utilisation of online services – sector-wide issues

This chart presents the most frequently mentioned issues around increased utilisation of remote/online services that need attention by the sector as a whole as we move towards the ‘new normal’. The second report from the Brave New Connections project will address this area in more detail. It will examine the themes more closely and identify how the sector can be supported to optimally address them.

Most frequently mentioned issues

- ✳ **Online/digital not for everyone or for everything** – ensure choice, face-to-face/human element maintained, best balance, etc.
- ✳ **Digital divide issues** – ensure barriers removed, equality of access, accessibility for people with disabilities, etc.
- ✳ **Access to appropriate technology and connectivity** for organisations in the sector (to enable online/digital services etc.)
- ✳ **Ensuring quality of service/support in online/digital approaches**
- ✳ **Attention to new risks** (e.g. accessing online services from home – domestic violence situations etc.)
- ✳ **More research/evidence on experiences/effectiveness/preferences** regarding online/digital services/supports. Also on negative impacts (e.g. increased loneliness amongst older people etc.)
- ✳ **Exploiting the positive opportunities** – wider reach/access, service innovation (e.g. 24/7 services)

Broader issues, challenges and opportunities for the sector

★ Strike while the iron is hot/use the momentum of change

- mental health issue very visible/topical just now, lobby for funding, system re-vamp
- ensure full spectrum of services available, both HSE and voluntary sector
- opportunity to promote and support more radical transformation of the system
- encourage parity of esteem between physical and mental health needs/services
- recognition of the cross-sectoral dimension of mental health (education, finance, justice etc) – importance of broader social policies
- reduce silo funding approaches (mental health, disability, aged care, etc.)
- more uniformity of quality in service offers, central resource to find services etc.
- better cooperation amongst the providers, less competition within the sector
- fill gaps left by organisations that have closed

★ Essential to now address new (newly visible) mental health difficulties

- interplay between adult and children's experiences, family pressures due to lock-down
- ameliorate impacts of stress, financial difficulties, isolation, bereavement, long Covid
- safe/suitable places to access services (domestic violence, homeless, etc.)

★ Develop understanding of changing needs, preferences of users

★ Enhance prevention, self-help supports

- proactive wellbeing initiatives
- self-help supports
- psycho-social education of general population

This chart presents the most frequently mentioned broader issues for attention by the sector as a whole as we move towards the 'new normal'. The second report from the Brave New Connections project will also address these areas in more detail. It will examine the themes more closely and identify how the sector can be supported to optimally address them.



6. CONCLUSIONS & NEXT STEPS FOR THE PROJECT





Conclusions

The survey results provide a detailed and insightful picture of how the non-profit mental health sector adapted and responded during the pandemic. They show how the sector rose to the challenge by adapting the ways it worked and how it delivered its services and supports. Most organisations managed to continue supporting their large numbers of vulnerable users. Many did this through developing online versions of their services and re-organising their staff and volunteer working arrangements. The survey findings indicate the pivotal role that the sector played during the COVID19 pandemic, ensuring access to services for those who needed them.

These achievements were not without challenges, and the organisations often committed substantial human and financial resources to rapidly adapt and continue providing their services. The survey results indicate that some of these challenges remain ongoing issues for the sector as we move on to the ‘new normal’ after the pandemic. These now need attention and publicly-funded support. This will enable the sector to optimally embed and leverage the innovations developed during pandemic, and re-establish its activities on a sustainable basis going forward.

Next Steps

Mental Health Reform is already picking up on the survey results in its advocacy work, including its Budget22 campaign, and will continue to do so. In parallel, the Brave New Connections project aims to make an initial contribution to the required capacity-building effort during the remainder of its lifetime. This will include:

- Capacity-building events and activities within the sector
- Engaging with external sectors on key areas of support
- Brave New Connections Report #2, examining the contribution of the sector in the wider mental health ecosystem in Ireland.

Some of the key themes for attention that the project hopes to include in its work are:

- Guidance for online working in mental health services
- Digital divide and related issues
- Selecting appropriate and cost-effective technologies
- Fostering collaboration and cooperation within the sector
- Developing an evidence base on user needs/preferences.

BRAVE NEW CONNECTIONS

Report # 1

Survey of adaptations by non-profit mental health organisations during the pandemic

August, 2021

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