Experiences of using Community Mental Health during the pandemic

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About Healthwatch North Somerset

Healthwatch North Somerset's statutory duty and remit is to provide a voice for people who use health and adult social care services. We give people an opportunity to have a say about their care, including those who are not usually heard. We ensure that their views are taken to the people who make decisions about services. We also share feedback with Healthwatch England, NHS England and the Care Quality Commission (CQC) to ensure that your community's voice is heard at a national level too. We make public all findings from our work with patients, families and carers.

We also provide information and signpost people to find specialist help. We work closely with local community groups and organisations to support people to make informed choices about their care.

Our Vision is Simple: Health and care that works for you. People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

Our Purpose: To find out what matters to you and to help make sure your views shape the support you need.

Our Approach: People's views come first – especially those who find it hardest to be heard. We champion what matters to you and work with system partners to find solutions.

How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations
- Networking with Patient Participation Groups who have their ear to the ground

Introduction

The Covid-19 pandemic has caused a significant impact on people's mental health. Those with pre-existing mental illnesses have been hit hard by both the restrictions of lockdown and the changes to their formal mental health support services. Since the lockdown in March 2020, many of the support services offered to people with mental health problems, such as face-to-face therapies, wellbeing training courses, volunteering and supported employment opportunities, have been disrupted.

A study by the Mental Health Foundation[1] shows those with a pre-existing mental health problem are most likely to have experienced stress and inability to cope, and to have reported suicidal feelings at a rate almost triple to the general population.

The government predicts a 30% increase in mental illness as result of the pandemic, but an overstretched mental health service is not new. According to a report in 2018 by the charity Rethink, on average people severely affected by mental illness waited 14 weeks for an assessment and a further 19 weeks for treatment. [2] They say this delay has led to many people ending up in crisis.

In North Somerset, the incidence of some mental health problems is higher than the national average. These include the rates of depression, suicide, severe mental illness, post-traumatic stress disorder (PTSD), dementia and eating disorder[3]. Over 10% of local adults have depression and the self-harm hospital stay rates are higher than the average for England[3].

Mental health policies reinforce the importance of involving services users in their care and treatment[4]. For the providers, understanding how people feel about their services it is vital to improve quality of care.

In 2019, Healthwatch received a significantly high amount of feedback from residents in North Somerset suggesting that it was difficult to access the right help or support from community mental health services. Our Prioritisation Panel agreed to look at local community mental health services in 2020. However, due to the Covid-19 pandemic and the restrictions imposed through lockdowns, the mental health services in North Somerset followed government guidelines which interrupted most of their face-to-face appointments and therapy support. Healthwatch North Somerset therefore decided to review residents' experiences of accessing community mental health services since the lockdown in March 2020.

Methods

Prior to the production of the survey, Healthwatch contacted Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and North Somerset Community Learning and invited their clients with long term mental health problems to participate in a focus group. This was to explore their experience of mental health support since the beginning of the pandemic. Based on the discussions through the focus group, we designed an online survey to capture the views of service users. Three focus group meetings with the participation of 5 people with lived experiences were conducted in July and August 2020. The following themes were drawn up on Survey Monkey: appointments and therapies changes; feelings, concerns and worries; support, guidance and information about Covid-19; video and phone call appointments. The feedback was gathered during September and October 2020 to understand challenges faced in the six months since the first national lockdown.

Aim of the survey:

- Evaluate community mental health services in North Somerset since the first lockdown from a services user perspective.

Objectives of the survey:

- To explore the views of services users with existing or long-term mental health problems of accessing support from community mental health services in North Somerset since March 2020
- To explore services users' views of receiving and accessing information and guidance to help them to keep safe and well during Covid-19 pandemic.
- To evaluate how service users experienced the changes to their formal mental health support services provided by community mental health services in North Somerset.

Executive Summary

- 78 residents responded to the survey.
- 60% of respondents had appointment cancelled or therapies changed since lockdown March 2020, and 20% of these were not offered alternatives.
- Service users have become stressed by the effects of the COVID-19 restrictions and identified reasons as: isolation, the worry over the health of family members as well as their own health, and the frequent changes to "the guidelines". Extreme sufferers from mental health problems frequently felt suicidal.
- Service users reported their access was greatly reduced, and response to requests for support were slow or insufficient. They mostly turned to their GPs or a known community health provider. These did not provide a good service in 50% of cases according to our respondents. Some reported health professionals unreceptive to requests for help.
- Face-to-face therapies were considered more efficacious especially for those with more severe mental health problems. For some a mix of phone and video therapies with occasional face-to-face support was preferred.
- 50% of service users considered self-help information contradictory and not particularly helpful.

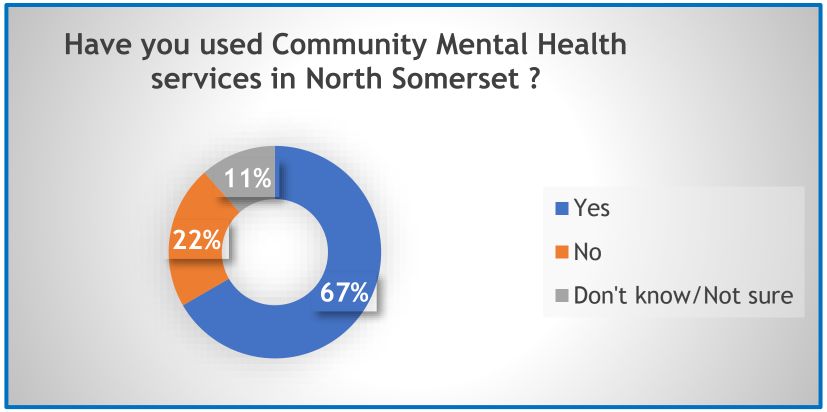
Recommendations for change

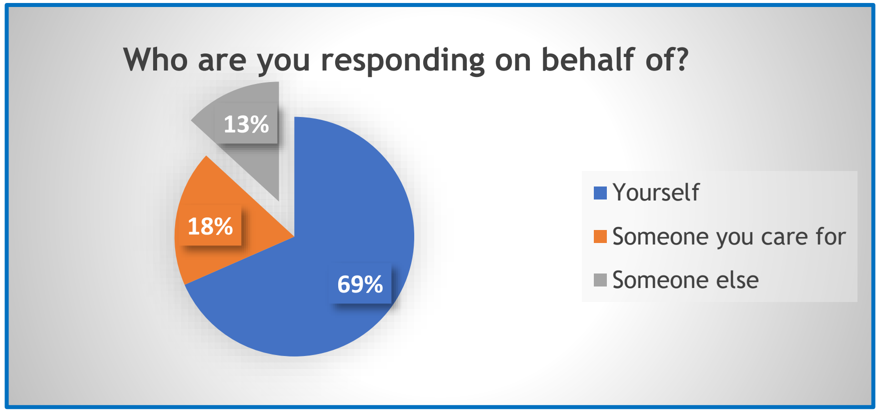
We believe the following recommendations to be achievable, affordable and evidence based.

- Maximise resources to offer a flexibility of care for people with mild to moderate mental health illness. Ensure patients are stepped-up in crisis and stepped down to wellbeing support, to address North Somerset's inequalities in mental health care.
- A Single Point Access for mental health services users and professionals is created – this SPA will enable people to get the right information and support at the same place.
- Access is within reasonable times scales -to reduce the chance of delay causing lasting damage.
- That users of services have options for face-to-face support if they find virtual and phone appointments unsuitable.
- Promote social support mechanism, both online platforms or community drop-ins that reduce loneliness and isolation.

Findings

78 residents responded to our survey, which ran for seven weeks between 14th September and 31st October. Nearly 70% responded on their own behalf, with 18% responding on behalf of someone they care for and 13% on behalf of someone they know. The number of people who answered each question varied because not all the questions were relevant to all, and they could skip questions.





From all respondents, 67% said that they have used community mental health services and 22% said that they had not. Those who answered No or Don’t Know/Not Sure we took to be participants who responded on behalf of someone else.

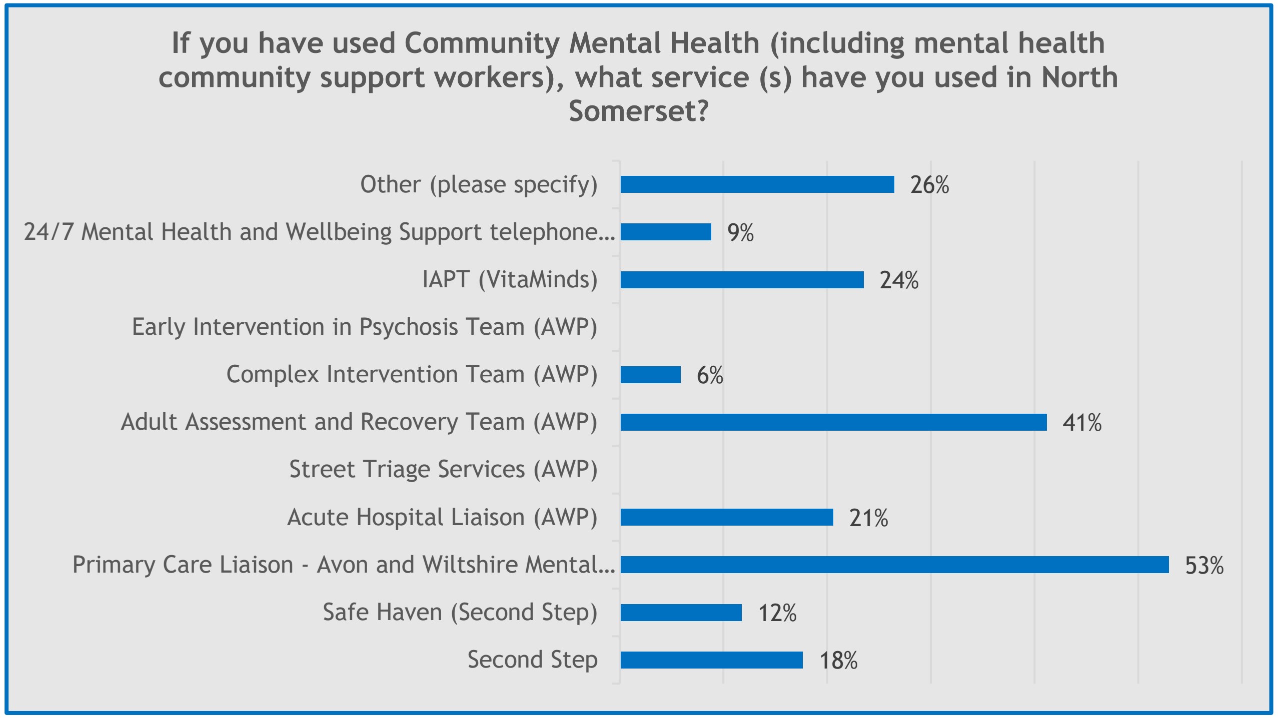
When asked what service (s) they have used in North Somerset, more than half of the respondents (53%) said Primary Care Liaison Service (PCLS) provided by Avon and Wiltshire Mental Health Partnership trust (AWP). The PCL service provides mental health support, brief interventions, advice and signposting and is the main referral point into adult secondary mental health services.

Nearly 42% of the respondents had used Adult Assessment and Recovery Services (AARS), which provide ongoing care, treatment and support for service users, their families, friends and supporters. These provide specific periods of interventions to service users requiring short or long-term support to assist mental health recovery.

24% had accessed the Improving Access to Psychological Therapies (IAPTs) which are anxiety and depression therapies. IAPTs are a range of short-term psychological therapies to adults 16-years and over, who are registered with a GP. They are provided by VitaMinds, part of the VitaHealth Group.

Almost 21% of the respondents said that they had used Acute Hospital Liaison (AHL), a mental health assessment to all adults (18 years and over) attending Accident and Emergency (A&E) who have mental health concerns including self-harm.

Nearly 18% of the respondents had used the wellbeing service offered by Second Step which include supported housing, support in the community and a range of wellbeing courses and therapies.



Almost 12% had accessed the Safe Haven Centre, which offers a safe space for people in acute emotional distress. Safe Haven's face-to-face service launch in 2020 was postponed and from March 2020 they provided a temporary, telephone-based service from 4pm-10pm, seven days a week.

Nearly 9% of the respondents had used a Vita Support and Connect 24-hour mental health helpline, run in partnership with AWP in August 2020. The helpline serves adults across North Somerset, Bristol and South Glos.

Other services used by nearly 26% of the participants included Crisis team (AWP) (8%), Aware (4%), 1in4 (now known as Second Step Wellbeing Service) (8%), Carlton Centre (4%), ArchCare (2%).

When respondents were asked how long they had been in contact with community mental health services, the length of time varied from one month to 30 years. Around 39% have been in contact with services between 1 and 5 years, while 33% have been in contact for a year or less and 27% between 6 and 13 years. One participant said 25 years, and one said 30 years.

Appointments and therapies changes

60% of respondents had their appointment cancelled or therapies changed since lockdown. Around 34% did not have any appointment or therapy booked. Of those who had their appointment and therapies changed, 80% said that they were offered an alternative, such as phone or online appointments, and 20% were not offered an alternative.

In response to the lockdown measures to control the spread of the coronavirus, health services have had to change the way they support their clients. For many people accessing mental health services, face-to-face appointments were replaced by phone or video conferencing. When asked how these changes have affected their mental health, the majority of the respondents indicated that appointments over the phone were less effective or did not work at all for them.

> *"Pointless. Just rang and said how are you, we can't do anything because of Covid."*
>
> *"Greatly. Not having face-to-face contact has made me very isolated. It has exacerbated my depression and anxiety."*
>
> *"It's been difficult to convey the struggles over calls: as being at an appointment in person is important."*
>
> *"Still having regular appointment with care coordinator however communication with therapist has been poor. Also, therapy cancelled so it's been a slower recovery time."*

For some respondents, the appointments over the phone were not effective to assess both their mental and physical health needs.

> *"Phone is no good to assess my daughter. She will not engage over the phone. She needs proper assessment and diagnosis, then support."*
>
> *"Lots of cancelled phone appointments, most staff are not good at assessing my needs without physically seeing me to tell if I'm looking after myself or getting other non-verbal signs."*
>
> *"Not great- they don't have as much time or patience. Often they can't/won't compensate for lack of non-verbal communication so it's harder to feel heard. They can't even judge if I'm keeping clean or losing weight."*

For others, some of the issues were related to accessing the booked online platforms or phone appointments.

> *"I have given up. I have a reactive depression due to family problems and was offered a webinar session which I desperately tried to access. Probably due to my lack of technical ability, despite their help I couldn't manage. This made me very stressed and I was offered a follow-up phone call which has not yet materialised."*
>
> *"Impacted her enormously. My mum is severely anxious and to wait around all day for either her care coordinator or psychiatrist to call (having never even met her) on the day and time booked in to not call at all is not acceptable."*

One respondent felt that their phone appointments helped with their anxiety.

> *"I've never had face-to-face appointment with anyone, my assessment and appointment have all been conducted via phone. This has actually helped my anxiety with regards having to meet someone new but would have been good to see someone face-to-face."*

The respondents were asked if community mental health services had offered them help or advice on how to find support during the pandemic, such as getting food and medication supplies, accessing their benefits or keeping themselves safe.

- 29% of the respondents said Yes
- 71% of the respondents said No

When asked if a community mental health worker had kept a check on them to see how they were coping through the pandemic:

- 33% of the respondents said Yes
- 61% of the respondents said No
- 6% of the respondents said Don't Know/Can't remember

Lockdown Experience: Feelings and Concern

What best describes how you have been feeling since the beginning of coronavirus/COVID-19 pandemic? (Please tick all that apply to you)	
Concerned for family members who are vulnerable or unwell	**48%**
Feeling like being in a roller-coaster with ups and downs	**62%**
Anxious about my health	**62%**
Worried about my medications	**24%**
Worried about my benefits	**17%**
Lonely and isolated	**52%**
Angry about the restrictions on my freedom	**12%**
Unaffected/no concerns or worries	**5%**
Other (please specify)	**26%**

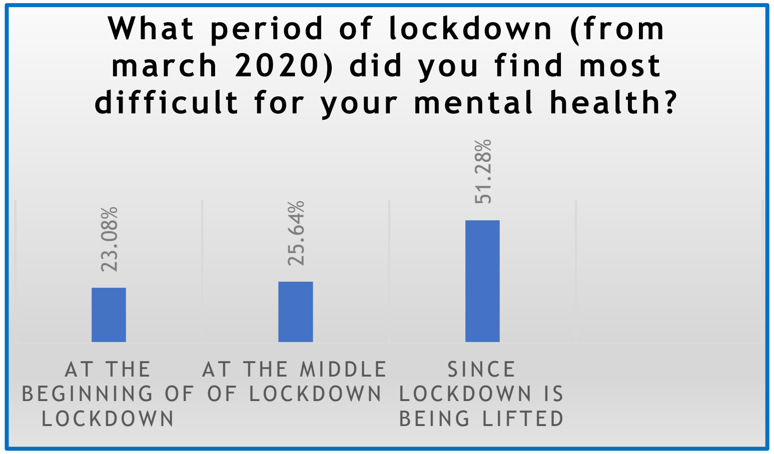
According to a report by the charity MIND[7] those with existing mental health problems are more likely to report poor mental health and wellbeing during pandemic and lockdown restrictions. In England, three quarters (75%) of adults with experiences of mental health problems had a lower wellbeing score during lockdown than the population average [1]

Our survey speaks of loneliness, isolation, and worry about the health of relatives and friends. Our respondents chose from a list what best described their feelings since the beginning of the Covid-19 pandemic. Most of them said that they had huge ups and downs.

51% of the respondents in this survey found the most difficult period for their mental health was when the lockdown began to be lifted from May 2020. When asked to explain why, they said it was the uncertainty around changes to rules and restrictions and fear of being infected by the virus.

Among those who said that the beginning of the lockdown (23%) was the most difficult time for their mental health, they mentioned the difficulties in getting supplies, feeling lonely and not being able to see their family and friends.

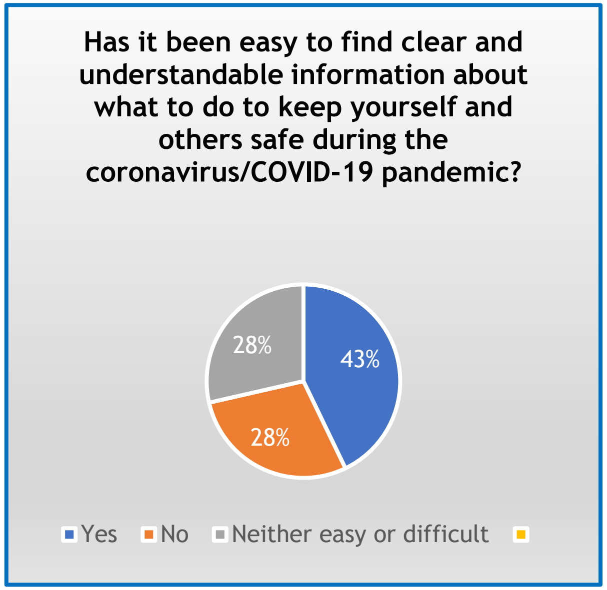
For those who said that it was during the middle of lockdown (26%), it was not being able to go to work or access their community activities that negatively affected their mental health.



> *“I think it's because the rules are now seemingly random and don't make much sense. Uncertainty around changes to restrictions has made things difficult for me. At the beginning, I knew exactly what I could do.”*
>
> *“Constant reminders that we are at risk.”*
>
> *“We were being constantly being given different instructions, you can go outside but don't go outside, etc. also I was in an extremely vulnerable place, and having all the support I had just gained taking away was like pulling the rug from under my already unstable legs.*
>
> *“I was seriously ill with pneumonia. Was in and out of hospital, and difficulties getting food and supplies.”*
>
> *“Not knowing what the future held and being very depressed anyway - not being able to visit or see family or friends.”*
>
> *“My son had to self-isolate twice and also myself, he couldn’t go to work and that is the only time he goes out and interacts.”*

“A lot of activities I usually attended have been closed. My husband watches TV all day long and I felt trapped. My daughter also suffered.”

Information and Advice



While 43% of the respondents said that it was easy to find clear and understandable information about keeping themselves and other safe during the pandemic, 28% said that it had not been easy and 28% said that it was neither easy nor difficult. For those who said that it was difficult they felt that messages were mixed and contradictory from the government, which made them more worried about how to keep safe.

“I was not sure about meeting my family and grandchildren and other things.”

“There is so much 'information' it is not possible to assess it all and there is no-one I would trust to give an unbiased assessment.”

“Plethora of teams with names that do not make sense to the user /public. No immediate help in a crisis. Unsure where to go. I presented at Long Fox Unit (AWP) and was sent away.”

“The official advice is at odds with the scientific evidence. Information on local risk is inadequate, hard to find, and unreliable due to lack of frequent testing etc.”

The respondents were asked if they felt that information and advice given around COVID-19 had helped them adapt to changes imposed on their day-to-day life since the pandemic.

- 52% of the respondents said Yes
- 38% of the respondents said No
- 10% of the respondents said that they did not have to change anything.

When asked what specific information or sources were especially helpful for their mental health during the pandemic, 73% of the respondents said that they did not find any. 23% cited The Hope Project by Second Step, local community services that provides arts and craft activities, Bristol Wellbeing College, Safe Haven and relaxation online apps.

Contacting GPs Surgeries

Those respondents who said they had been in crisis since lockdown, told us that their primary contact was their GP surgery (38%), followed by their care coordinators or community mental health support workers (33%), Crisis Team (14%) and the NHS 111 (9%). Among the other contacts that 38% listed there were family, friends and the charity We Are Aware. The main triggers people said caused their crisis were feeling isolated or not getting the support needed.

If you have been in crisis at any time since lockdown, what has your first point of call been?	
Care coordinator / Community mental health support worker	33%
Crisis Team	**14%**
A & E	**0%**
Police	**5%**
Safeguarding Team	**0%**
GP surgeries	**38%**
NHS 1 1 1	**9%**
Other (please specify)	**38%**

> *"Being locked down and unable to see services face-to-face."*
>
> *"Self-isolating and no support from anyone to check on my son's mental health."*
>
> *"Lockdown, illness which gave a sense of loneliness and abandonment. Frustration because nobody actually seemed to care."*
>
> *"Stress and vulnerable family members being in severe crisis and not being able to help effectively."*

Respondents were asked about their experiences of accessing their GPs surgeries for their mental health problems since lockdown. 48% said it had been a negative experience, 33% felt that their GPs surgery had been good and supportive and 19% expressed mixed feelings.

“Frustrating. Telephone contact is wholly unsuitable for mental health problems when capacity to express feelings is negligible. I miss having a GP who I've built up a relationship with over time. Current experience seems like an administration function.”

“Terrible. They have amalgamated 2 busy practices, the computer system can't cope and crashes/hangs frequently, staff who knew me left, nobody reads letters from community mental health team. Unless I get an appointment and force the issue. Drs so mentally frazzled they can't find letters or absorb and act on all the information in them. It's taking 3 or 4 appointments just to get one 'simple' thing dealt with. Mostly I feel there’s no point trying as it makes me worse to fight it and I can't concentrate either.”

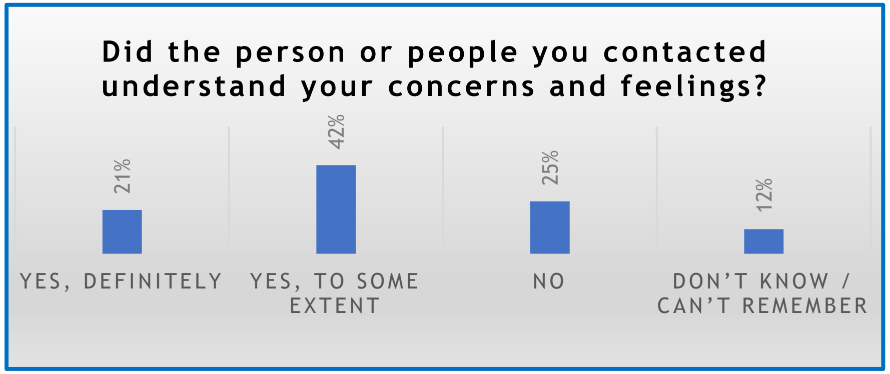
“With both face-to-face in Jan/Feb2020 and then on telephone, mainly to gain repeat prescription for antidepressant.”

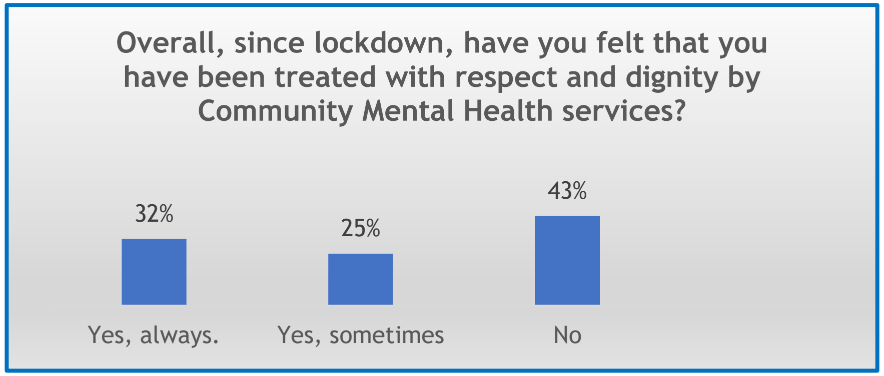
“Good, she has given me anti-anxiety medication and I have regular telephone appointments, she said I could have a face-to-face appointment with her if I needed help.”

“Very good over the phone but would like to see someone face-to-face and a doctor who knows about my son’s condition.”

Contacting Community Mental Health Services

51% of the respondents said they had contacted community mental health services since lockdown in March 2020, 49% had not. Most of the respondents said that the staff they contacted within the community mental health services understood at least to some extent their concerns and feelings.





The respondents were asked if, overall, they felt that they had been treated with respect and dignity by community mental health services:

- 43% of the respondent said no
- 32% said yes, always
- 25% said sometimes

Respondents expressed significant frustration when the support they were seeking for suicidal tendencies was unavailable.

> *"I've phoned the crisis team several times since March and on one occasion I was told to pull myself together. I was discharged by the mental health team when I was in crisis and actively suicidal. They are still not offering regular face-to-face appointments even though many other services are such as dentists, doctors, even hairdressers."*
>
> *"Everyone was in the same situation, so I was made to feel like my feelings were invalid."*
>
> *"I felt stupid that I was unable to use the technology and that no one wanted to listen to my desire to talk."*

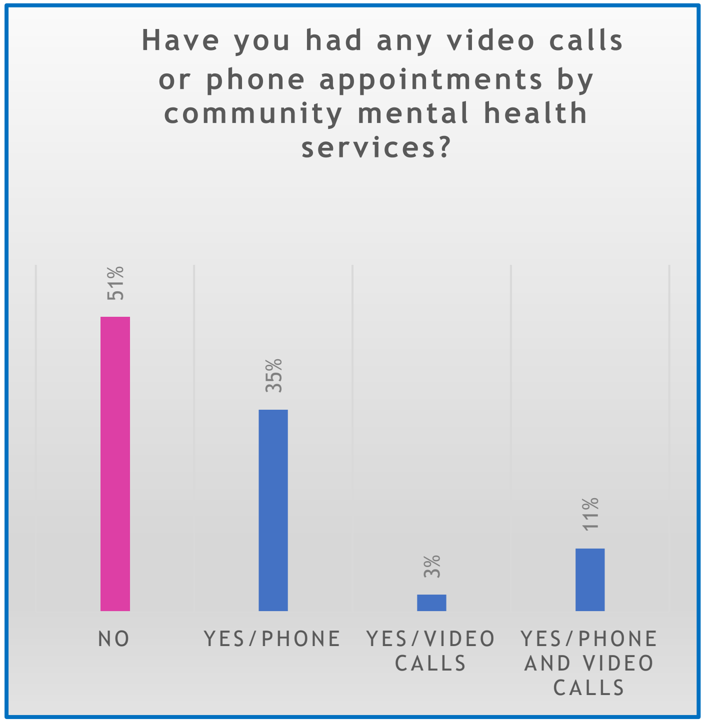
This participant felt there was risky and inappropriate suggestion to the service user, to use a friend as a support over a weekend, who should not have been expected to deal with this.

> *"Crisis Team were ineffective. The Coast Resources Centre were ineffective. Crisis told me to "sit down and have a cup of tea" after I had spent 19 hours on the phone seeking help for someone who had attempted suicide.'*

One respondent left a positive comment:

> *"They have been so helpful. Brilliant."*

Phone and Video Call Appointments



Since the beginning of lockdown 1, March 2020, all face-to-face talking therapies and counselling sessions were suspended. Community Mental Health services offered sessions and appointments by phone or online instead.

In our survey, 51% of the respondents did not receive sessions and appointments by video or phone call. Of the 49% who had received sessions or appointments, 35% had it through phone calls while 11% had it from both phone and video appointments, and 3% had it through video calls. When asked if they felt that these type of appointments had been successful in supporting their mental health.

- 16% said yes
- 32% said no
- 42% said '*To some extent'*
- 10% *said they had no phone or video calls appointment*

Most of those who responded to this question felt that online or phone call appointments are not as effective as face-to-face ones. Some of the respondents felt that they were not able to express their feeling in the same way as with face-to-face appointments. Others felt that these methods were not suitable to treat or support people with long term mental health problems:

> *“It's not been as successful as face-to-face contact.”*

> *“It was a lot better in person, I felt able to explain and express more.”*

> *“I've attended' meetings, webinars, training by Zoom. While it might be acceptable occasionally for some people with some health problems sometimes, I feel it is totally unsuitable for supporting anyone with mental health difficulties.”*

For some, a set of regular phone calls offered a good way of providing support.

> *“Regular (Once per week) phone calls with the same person has been invaluable.”*

Those respondents who had attended appointments by phone or video call were asked if they felt safe or comfortable?

- 32% said yes
- 5% said no
- 45% said ‘To some extent’
- 5% said ‘Don’t know’
- 13% said I haven't had any phone or video call appointment.

When asked to say more, respondents mentioned these types of appointments were practical and convenient:

> *“Prefer it, as no travelling.”*

> *“Phone calls have been invaluable. I didn't feel I needed to be at my best or put on a false image. Online (Zoom) I wasn't able to participate when I was in a deep depression as I didn't want anyone to see me unwashed and unkempt.”*

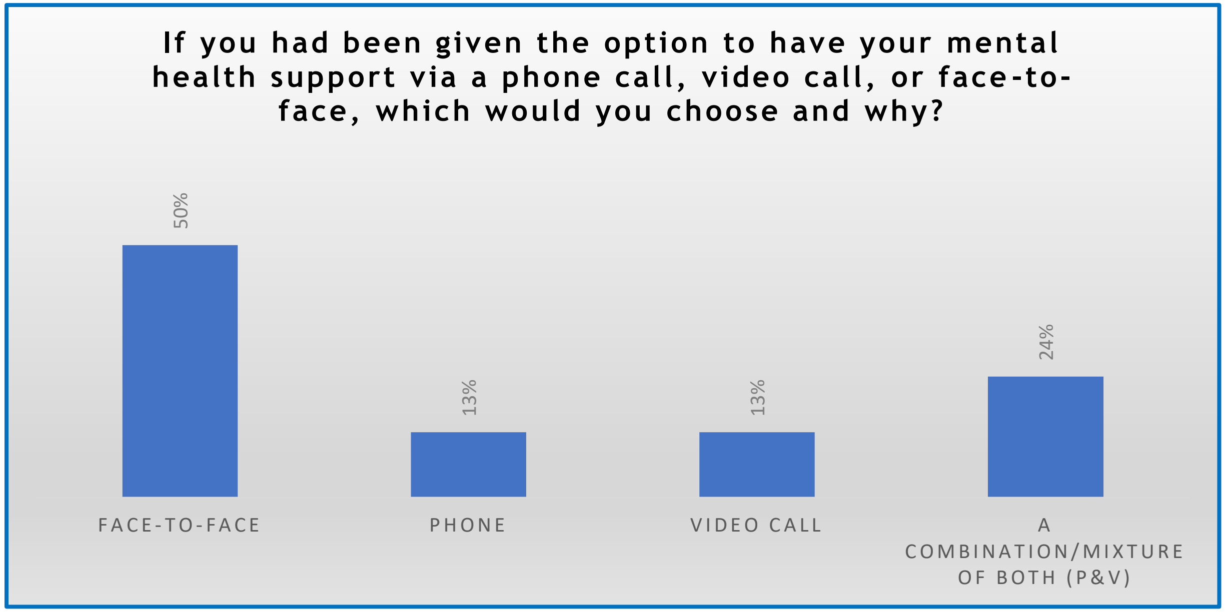
> *“As I didn’t like being around lots of people in life pre-Covid, phone support is helpful to me as it doesn’t take energy I don’t have due to physical health/disabilities.”*

Other respondents felt that phone calls or video appointments did not offer the type of support they needed.

“It's not quite the same on the phone, there is always that feeling of disconnection. Video calls would have been better.”

“I need face-to-face.”

“I would have liked to be given support, not just a brief call to decide what service I needed, especially as I was not convinced that it was the right service for me.”



50% of respondents said they would choose face-to-face support over online methods. They mentioned that it was important for the health professionals to consider non-verbal communication and behaviour, as these could inform the professionals about the service users’ mental health status.

24% said that they would choose to have a combination or mixture of both phone and video call appointments.

13% said that they would accept all appointments by phone. Another 13% wanted all appointments by video calls.

“Face-to-face because it is easier to gauge facial expressions and body language, which can lead to misunderstandings.”

“They can visibly assess me.”

“A great amount of our communication is non-verbal. This is best read through face-to-face communications.”

> *“My daughter cannot express herself and will skirt over the issues on the phone. An experienced face-to-face support is needed to weed out how she feels and really what is happening.”*

> *“Sometimes it is easier to communicate face-to-face and I can't always understand or take on board what is being said over the phone. And I have to interrupt the caller as I can't remember what I am going to say. Also, I don't think I could talk with a mask on face-to-face.”*

> *“Phone calls can be helpful, but I need face-to-face, especially when I feel isolated and suicidal”*

> *“Not face-to-face. Want to limit contact with people.”*

> *“Because I am disabled, and it is an effort to go to appointments outside the house.”*

Some respondents preferred phone or video appointments as it made them feel safe due to the pandemic.

> *“Currently, lockdown is eased not over. I would not feel comfortable taking the risk of seeing people face-to-face.”*

> *“No travelling.”*

Respondents were asked what could have improved their experience of mental health services during the Covid-19 pandemic. The majority said either they wanted a quicker response, especially when they were in crisis, or they wanted better communication between professionals and service users.

> *"To have much much quicker help from VitaMinds. I have been told after a telephone assessment by them that I have to wait an additional 4-5 months for psychological help.”*

> *“I was also told by PCLS that in effect I wasn't bad enough for secondary Mental health services. I find that appalling when I am suicidal.”*

> *“You have to kill yourself before you get any proper help."*

> *“The phone service used by AWP. It can be very difficult to get through to Coast, as the line often cuts you off or rings out. This is very difficult when all support currently has to be accessed by telephone.”*

“Just a telephone call to check if I was okay would have been nice.”

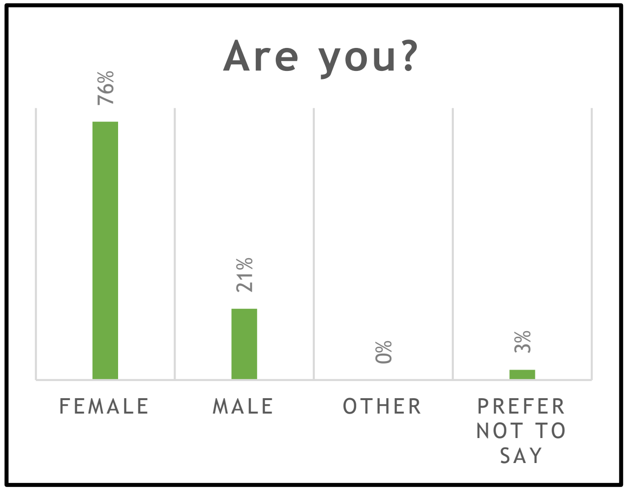
“Have a care-coordinator that actually cares and doesn’t give me excuses.”

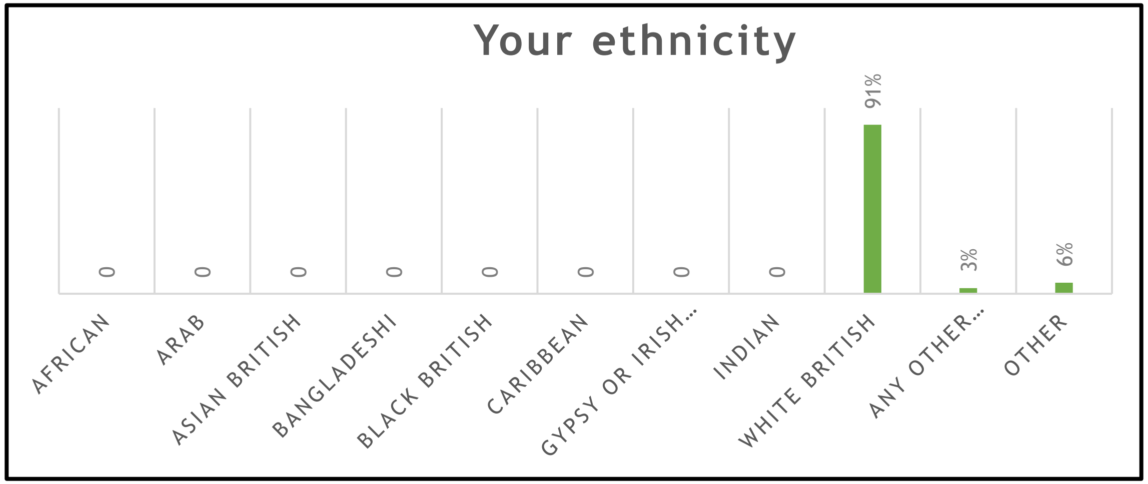
“Being given the option to alter my support from face-to-face to telephone/video call.”

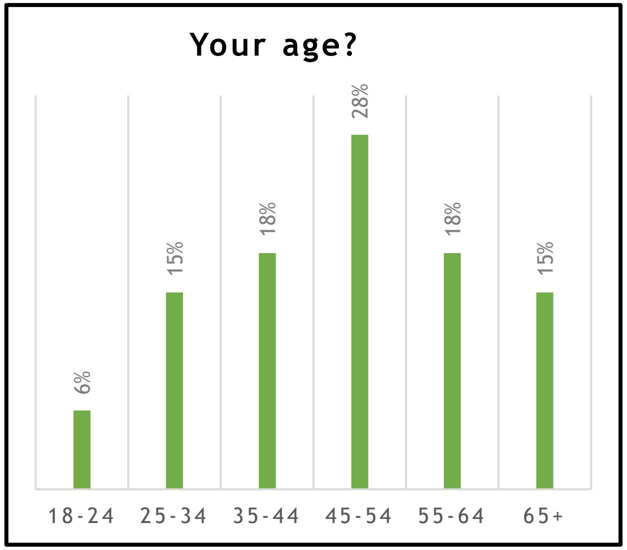
“More communication on my care plan.”

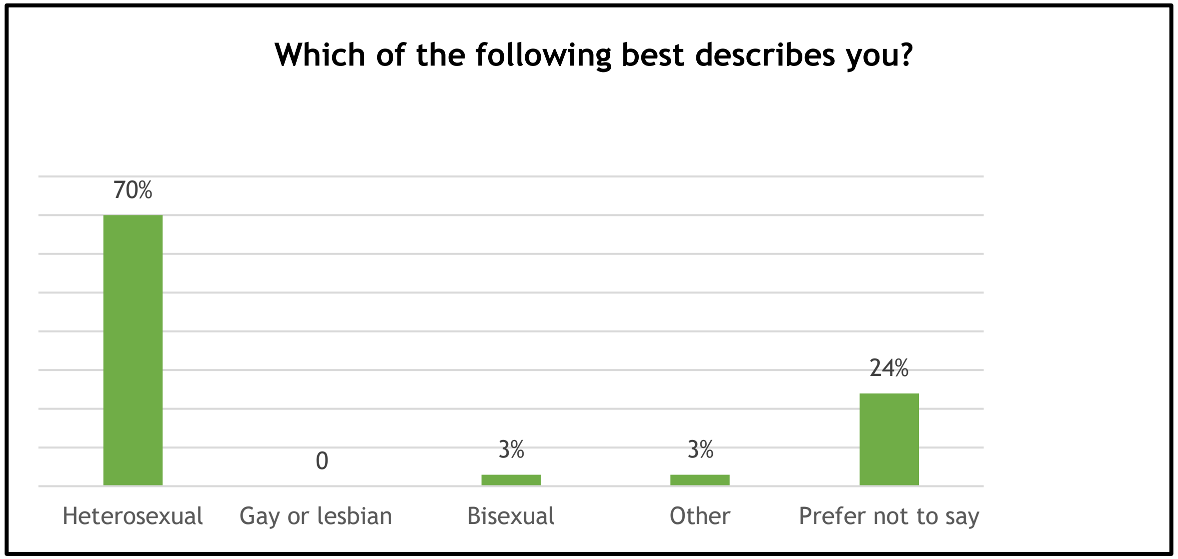
“An appointment with a mental health professional. Someone who will speak to me as a parent as well as my 18-year-old daughter.”

Demographics









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6. https://www.kingsfund.org.uk/blog/2016/10/trust-finances-mental-health-taskforce

7. Mind (2020) The mental health emergency: how has the coronavirus pandemic impacted our mental health? London: Mind. Available at: mind.org.uk

Reponses from Commissioners and Providers of Services

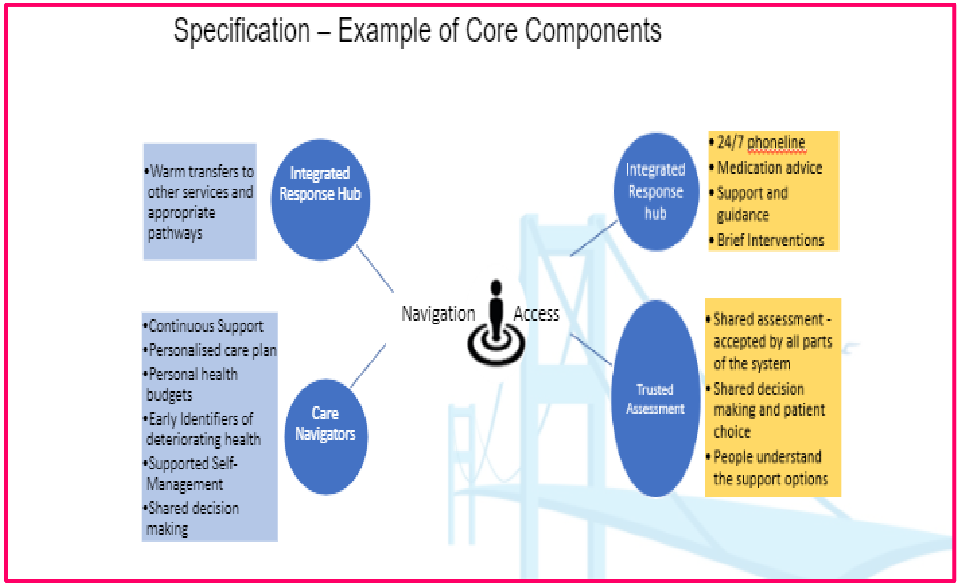
The Clinical Commissioning Group has £12 million from the National Community Mental Health Framework to invest in plans for improvement in the local (BNSSG) area from April 2021 in the following key areas;

£12m investment over 3 years (from April 2021) to:

- Develop a core model of community mental health support.
- Improve support for people with moderate to severe mental health illnesses, with focused work on:
  - ‘Personality disorder’; Eating disorders; Mental Health Rehab.
  - People transitioning (e.g. young people into adult mental health services; adults to older people’s services).

In BNSSG our community mental health programme includes:

- Community Mental Health Framework.
- Redesigning our existing mental health community contracts portfolio.
- Linking with our developing Integrated Care Providers.



Specification – Example of Core Components

- Warm transfers to other services and appropriate pathways

Integrated Response Hub

- Continuous Support
- Personalised care plan
- Personal health budgets
- Early Identifiers of deteriorating health
- Supported Self-Management
- Shared decision making

Care Navigators

Navigation

Access

Integrated Response hub

- 24/7 phoneline
- Medication advice
- Support and guidance
- Brief Interventions

Trusted Assessment

- Shared assessment - accepted by all parts of the system
- Shared decision making and patient choice
- People understand the support options

VitaMinds’ Partnerships Liaison Lead responded to our report recommendations by confirming they are;

- Working towards providing face-to-face services again as soon as possible
- Bringing in our non-IAPT services including Wellbeing Navigation to provide the holistic support people feel they need. This will be providing non-clinical support and signposting guidance, so may help with the ‘check in’ people feel they need, but is not designed specifically as a check in service.
- Setting realistic expectations at the start of a persons journey with our service, so they know what to expect and what not to expect
- Doing further promotion of our website and the support available through this, specifically for those worried about Covid and lockdown. Talking to VCSE groups and local providers to make sure people are aware of what we have available
- Further promotion of our 24/7 support line, which could act as a one-off check in for those feeling lonely or isolated

Additionally, we have seen an increase in demand for our services and have continually received referral numbers exceeding our capacity since summer 2020. However, we have been given some funding from emergency covid relief to provide more staff, which will hopefully help us manage the current waiting lists.

ENDS

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Experiences of using Community Mental Health Services during the pandemic Dec. 2020
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