

### Report of the Member Champion for Mental Health

#### 1. Introduction

- 1.1 It has been another very challenging year. Covid-19 has continued to have a severe impact on people's lives and their mental wellbeing.
- 1.2 The demand on mental health services has been increasing, with services having to adapt whilst also trying to keep their staff as safe as possible; both in terms of their mental wellness and COVID-19. Circumstances over the past year have been very fluid and are still changing and evolving.

#### 2. NELFT

- 2.1 Over the past year I have been attending the monthly meetings of the NELFT governing body. The Covid-19 pandemic has raised many challenges that NELFT has been attempting to address, for example:
- Roll out of the vaccination programme; uptake was running the same to the average in London of 68-70% earlier in the year.
  - Vaccination of NELFT staff, with over 80% vaccinated earlier in the year.
  - Increased investment in wellbeing offer to staff, including mindfulness sessions and Schwartz rounds (**a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare**).
  - Due to the lengthy waits experienced by residents for a blood test, in October 2020 a Serious Incident (SI) was declared. A running total of 24,741 extra appointments were made available between October 2020 and Jan 2021. During the February Executive Phlebotomy Steering Group, an update on the recovery position was given. It was noted that recovery had, in effect, been delivered.
  - Adapted ways of working, with increased use of remote treatment sessions with patients by telephone or video conferencing.
  - Increased pressure on mental health services but especially in relation children and adolescents. It is a national pressure that includes NELFT.

#### 3. CAMHS

- 3.1 I received an update about the B&D Child & Adolescent Mental Health Service (CAMHS) in February 2021 to see how they were managing during the wave of Covid-19 at that time.
- 3.2 In light of the Covid-19 pandemic, the service had opted a blended approach of continuing to see young people virtually and holding face-to-face contacts. It aimed to contact all the referrals received within 24-48 hours from triage or sooner, depending on the urgency and/or complexity of what is being presented. In addition, the team also works jointly with the INTERACT child and young person crisis outreach service to avoid hospital admission by ensuring support in the community.

- 3.3 At the beginning it has been challenging to maintain face-to-face appointments as the safety of the young people, their carers and our staff was paramount. This meant the service had to adapt and manage its capacity, operating within strict infection control guidance.
- 3.4 School closures also meant there were some delays in accessing school reports, etc. and urgent interventions were prioritised. The team quickly adapted to the virtual way of working and has been offering assessments, consultations, and reviews virtually which is going well. However, cases are stratified - if there is a need for face-to-face contact and intervention, a face-to-face appointment is arranged with PPE made available to the staff, young people, and their carers.
- 3.5 CAMHS now have a Service Manager in post, and she oversees all the operational management including the team activity, caseload, waiting times, interventions provided, pathways and recruitment & retention, etc.
- 3.6 The team continued to hold weekly 'Hot clinics' with Education and Social services. This has been beneficial for colleagues across social care and education and positive feedback has been received. This forum enables early detection and intervention for any mental health. This has also ensured that colleagues can discuss any concerns that they may have. The 'Hot Clinics' have also improved swift access to the service and access to CAMHS clinicians.
- 3.7 However, NELFT has reported a substantial increase in demand for mental health services, with lockdown coming to an end, for children and adolescents. It is currently reviewing how to adapt services to this recent surge.
- 3.8 Unfortunately, long waiting times has been a historic issue for the speech & language therapy service for B&D. There has been a drive to bring down these numbers over the last year. Initially, the focus was on early years foundation stage caseloads (0-5 year olds), with the number of children with long waiting times having improved.
- 3.9 Caseloads also coming down for Key Stage 1&2 children (5-11 year olds). This has been achieved with a video undertaken by parents at home that can be sent back to the service prior to a first contact. The first contact with the service is then an analysis of that video and initial targets set. This can be carried out remotely so travel between school sites is saved. The local authority has provided additional funding to support their Autistic Spectrum Disorder work.

#### **4. Barking and Dagenham Mental Health Social Care Team**

- 4.1 I have received monthly updates from the B&D Mental Health Social Care Team.
- 4.2 The team reported an increase in demand of 36% but are still managing to perform exceptionally well. They have absorbed the increased caseload and have kept caseloads exceptionally low whilst increasing the volume of work. These lower caseloads allow staff to spend more time with clients and their response and turnaround times are very good:

- Approved Mental Health Professional (AMPH) service response times are amongst the best in London.
- Reported satisfaction rates are high.
- Excellent staff retention (100% in the last year) and minimal sickness (most of which has been COVID-19 related).

4.3 I remotely attended meetings with several groups in our borough, during the various waves of COVID-19, to primarily discuss how they have been managing their mental wellbeing and coping during the COVID-19 pandemic.

## **5. B&D mental health service users**

5.1 Service users fed back there were a number of groups and interventions that have stopped since the pandemic and are concerned at what will be available in the future:

- Suicide advisory group – currently we have a shared suicide prevention strategy with Havering. Public health locally is setting up meetings to ensure that it reflects the borough's needs. The service users have expressed an interest in attending and contributing.
- Peer support – One person said that he was offered some peer support; however, it was in Harold Wood. MIND were aiming to reinstate the groups.
- Crisis Café – It is apparent that that a safe space for people to go to and get support is needed. Sustainable funding is currently being sought.
- Directory of services – information on the council's website need to be updated for people who require advice and support.

5.2 They felt there were inequalities in provision for disabled people including GPs. In contrast, people being referred to Improving Access to Psychological Therapies (IAPT) services were being seen quickly. However, the national picture is one of severe delays in talking therapies in secondary care.

## **6. Carers of Barking and Dagenham**

6.1 Many carers reported that lockdown had been very difficult for them, especially having to juggle multiple caring responsibilities for different family members. They would have welcomed a greater promotion of the help on offer from BD-CAN.

6.2 It was suggested that the council might hold a celebratory event for Carers when lockdown is over. The group also liked the idea of a mindfulness class. They admitted that Zoom can still be isolating, and that some had dropped out of previous activities (such as a choir) as they found that it was too much pressure to do over Zoom.

6.3 Many carers also noted that the demand from their relatives had increased due to lockdown. With schools closing and a lack of respite, many were caring on a 24/7 basis and this was causing them to experience a low mood.

- 6.4 Some have also been too anxious to leave their homes, as well as worried about the potential for them to pick up and spread the virus to loved ones. Others have been shielding. Some have also been worried about the lack of certainty and communication around school transitions (e.g. from secondary school to college).
- 6.5 Several carers had lost loved ones during the pandemic, and they had struggled with the restrictions that had been put in place around funerals.
- 6.6 All carers agreed that they wanted to explore their pay and lack of breaks/holiday. They also wanted more focus on long-term planning for children and carers, as well as to be more knowledgeable about what support is out there to help them. Many carers have no plans in place for the future.

## **7. Carers of Barking and Dagenham- Young Carer's Sub-Group:**

- 7.1 The Young Carers' Project is aimed at Young Carers in Barking and Dagenham who are aged 12-19. Nevertheless, support is provided from age 8 up until the young person's 19<sup>th</sup> birthday. The project also used to support 5-7 year olds.
- 7.2 The project is for young people who have a role in their families' care. These care needs may relate to mental health issues, drug and alcohol issues or elderly age. At home, the young carers may have to carry out tasks such as cooking, cleaning, shopping, food preparation and laundry.
- 7.3 The Young Carers' Sub-Group are the decision makers of the Young Carers' Project and feed directly into the Carers' of Barking and Dagenham Board. The Ambassadors are the voice of the Young Carers within their schools and local community, who try and raise awareness of the Young Carers' Project.
- 7.4 The Young Carers' Ambassadors' Group was made up of young carers who went around schools, delivering information about young carers and raising awareness. They also delivered assemblies. The young people were proud that these had helped many other young people to realise that they were young carers. The Ambassador's Group had also taken part in projects such as litter picking in the past.

## **8. The Young Carers' Project**

- 8.1 The Young Carers' Project enabled all of the young carers to have some respite from their caring duties. They met up once per week, which enabled the young people to have some respite from their caring responsibilities.
- 8.2 Some of the young carers accessed CAMHS, but the Sub-Group leads said that it was becoming harder and harder for the young people to be accepted. In this respect, the Carers of Barking and Dagenham had tried to bridge the gap with counselling for the young carers.

8.3 The Carers' Hub were trying to pilot a project around Covid-19 recovery and wellbeing. Many young people did not want 1:1 support and so the Carers' Hub were looking into delivering workshops with the young people around their resilience and mental health (although they also said that they would look into delivering some 1:1 support regardless).

8.4 The young people noted that it was hard to balance their caring responsibilities with their school/college work, as caring was almost like having a full-time job. They said that this had affected them at school in the past. The Sub-Group leads also said that young carers generally were at an academic disadvantage at school in terms of their grades.

## **9. Conclusion**

9.1 Every family in the borough will know someone who has suffered, or will suffer, from mental health issues. From the winter blues to clinical disorders, the national conversation around mental health is changing. My hope is that the emphasis placed on the importance of mental wellbeing, and the link between physical and mental health, will result in a brighter future for us all. I look forward to seeing how we progress as a community in the future.