RESETTING THE NON-PROFIT VOLUNTARY & COMMUNITY (VCS) MENTAL HEALTH SECTOR AFTER THE PANDEMIC.

A Strategic Perspective.

BRAVE NEW CONNECTIONS

March '22

Report #2 - Executive Summary

Mental Health **Reform**
Promoting Improved Mental Health Services

Rialtas na hÉireann
Government of Ireland

RTÉ DOES

COMIC RELIEF

The Community Foundation for Ireland

FOREWORD

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Mental Health Reform welcomes the publication of this ground-breaking report prepared by our innovation team as part of the Brave New Connections project. For the first time, it presents a structured profiling of the nature and volume of the services and supports provided by the non-profit mental healthcare sector. This provides new insights, evidence, and perspectives that can inform current efforts to develop the Irish mental healthcare system and achieve the policy objectives of *Sharing the Vision*, *Connecting for Life*, *Healthy Ireland*, and *Sláintecare*. Enhanced and more effective leveraging of the contribution of the non-profit mental health sector is an important cross-cutting theme for all these policy frameworks.

The non-profit mental healthcare sector played a pivotal role during the COVID-19 pandemic in ensuring access to services and supports for those who needed them. As perhaps never before, this has shown the real worth and contribution of the sector as a partner to the public services and as a key pillar of the overall mental health ecosystem. These achievements were not without challenges, and non-profit organisations often committed substantial human and financial resources to rapidly adapt and continue providing their services. Currently, many of these organisations must operate with limited, precarious or no public funding, relying on fund-raising to generate income and seeking donations.

As we come out of the pandemic in 2022, we have a truly historic opportunity to achieve the necessary step-change in core aspects of the Irish mental healthcare system. The national response to the challenge required contributions from all segments of the healthcare system - public, private and non-profit. This has prompted analysis and reflection on the contributions of the different segments of the overall system and how best to leverage them to address the major capacity and other challenges hampering development of the Irish mental health system.

The evidence in this report shows how the non-profit sector could contribute to rapidly increasing the numbers of people getting access to publicly-funded, high-volume mental health services (e.g., treatment for mild to moderate anxiety and depression) and substantially reduce waiting times for this. We can also begin to see what shape *Sharing the Vision*'s recommended strengthening of the contribution of the non-profit sector might take, in partnership with public primary and secondary care mental health services. And we can see how different strands of the non-profit sector, and both larger and smaller organisations within it, can all play a part in this.

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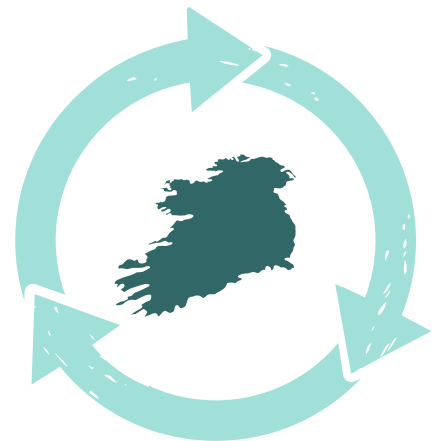MENTAL HEALTH SECTOR AFTER THE PANDEMIC.** *A Strategic Perspective.*

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Public-funding and leveraging of the non-profit mental health sector has emerged in a rather ad-hoc manner over the years, without any overall view of the sector, what it does and what it can do. We hope this report will prompt an informed discussion and movement towards a more coherent approach, commensurate with the sheer scale of its contribution and recognising the diversity of organisations, large and small, with important roles to play. This should go hand-in-hand with implementation of the *Sharing the Vision* recommendations for substantial strengthening of the structural and operational role of the sector within the overall publicly-funded mental health ecosystem.

We urge commencement of constructive engagement on these topics with the relevant stakeholders as a matter of priority. This includes the implementation structures for national mental health policy, the HSE at strategic and operational levels, and within the non-profit sector itself.

Fiona Coyle
CEO, Mental Health Reform

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EXECUTIVE SUMMARY

The **Brave New Connections** (BNC) capacity-building programme has been supporting non-profit Voluntary and Community Sector (VCS) mental health organisations in dealing with the COVID-19 disruptions and preparing for organisational re-set after the pandemic. This report develops a strategic analysis of the VCS mental health sector as a whole and how it's re-set after the pandemic is relevant for implementation of important elements of national mental health policy. It presents a detailed mapping of the nature and volumes of mental health services and supports the VCS sector provides, and discusses the historic opportunity to fully embed it as a core pillar of the mental health system.

Nature and scale of the contribution of the VCS mental health sector

The data and analysis in the report covers **53 organisations** that collectively provide the bulk of the sector's activity. Information on these came from a BNC survey of VCS mental health organisations and collation of available published data from Annual Reports and other sources.

Spectrum of activities: The report develops a framework to map the specific types of mental health services and supports provided and the percentages of organisations offering them. These include:
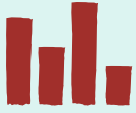
- **Information & sign-posting (87%):** information about mental health issues and mental health services

- **Psycho-education, self-help & positive mental health (53%):** structured mental health education and advice through physical events, written and online materials, online programmes

- **Peer support (45%):** group activities (face-to-face or online) for sharing experiences, mutual support

- **Helpline / crisis (23%):** services focusing on immediate (interactive) support through crisis lines and helplines (phone, text, email, instant chat)

- **Therapy / counselling (34%):** low intensity talking therapy interventions (psychotherapy/counselling), mainly for mild-to-moderate mental health difficulties (face-to-face, online, phone)

- **Treatment for more severe mental health difficulties (6%):** community, outpatient, in-patient services

- **Recovery / social inclusion (43%):** recovery-oriented support programmes; housing-related and homeless supports; activities supporting access to employment and education

- **Societal capacity building (57%):** programmes to raise awareness and develop skills for frontline workers, employers/workplaces, schools/teachers, youth workers, community groups etc.

- **Advocacy specialism (9%):** individualised advocacy support for people with mental health difficulties.

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Breadth of reach: The mapping also shows the breadth of reach of the sector across a wide range of vulnerable and more general user groups. These include:

* **Different areas of mental health difficulty** (severe/enduring, mild-to-moderate, suicidality/crisis, dual diagnosis, addictions, eating disorder, dementia)

* **Socio-demographic groups** (children/adolescents, young adults, older persons, students, LGBTI+)

* **Marginalised groups** (homeless, refugees/migrants, Travellers/Roma, prisoners)

* **Disability, neurodivergent groups** (hearing/vision, intellectual disability, dyslexia, dyspraxia, ADHD).

Volumes of activity: Indicative scaling of volumes of services the sector was providing just before the pandemic shows the substantial contribution it makes. On an annual basis, this includes an estimated:

870,00+ helpline/crisis contacts

220,000+ counselling/psychotherapy sessions

130,000+ reached with psychoeducation and self-help supports

90,000+ reached by peer support, advocacy, recovery/social inclusion and other programmes.

In some of these fields, the VCS sector is the main provider; for counselling, VCS organisations provide large volumes of services outside the publicly-funded Counselling in Primary Care (CIPC) framework.

Digital approaches are valuable, but not for everyone or everything: The activity profile above is just before the pandemic and before the wide-scale deployment of online/remote ways of providing services. Most VCS organisations intend to continue using these new approaches to some degree from now on. Experiences during the pandemic have shown they can enable greater reach and increased volumes of activity, as well as ground-breaking service innovations such as 'hospital-at-home' as an alternative to in-patient admission. Nevertheless, there is strong recognition that digital mental health is not for everyone or everything and that traditional, in-person services should remain centre stage in re-setting the mental health system after the pandemic.

Broad mix of organisations in size and scope: The analysis in the report shows one of the strengths of the VCS is the sheer range of activities and target groups addressed, with many organisations originally emerging to address identified unmet needs in the local area or for particular groups. Over time, some organisations have expanded in volumes and/or range of activities, and from just local reach to national coverage; others have remained mainly locally-based or targeting relatively small niche issues/groups. The sector thus encompasses a wide mix of organisations ranging from very small to very large annual turnovers, with varying levels of public funding and often a dependence on fund-raising and volunteer inputs.

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Recommendations

Most organisations in the VCS mental health sector are now at a pivotal moment, with an appetite for innovation and change to better achieve their missions and contribute to the overall mental healthcare system. Coming out of the pandemic in 2022 presents a unique historical opportunity to support the re-set of the sector in ways that align with the goals of key policy frameworks.

Sharing the Vision identifies the VCS as a core pillar of the mental healthcare system, and recommends substantial reinforcement of its role through sustainable funding commensurate with the scale of its contribution. The on-going *Dialogue Forum* with voluntary organisations also provides an opportunity to address this. *Sláintecare* aims to transform the healthcare system to deliver 'the right care, in the right place, at the right time, at low or no cost', something central to the approaches of VCS mental health organisations.

Based on this, two key inter-linked recommendations emerge from the data and analysis, addressing:
1. The urgent need for substantial funding and capacity-building for the VCS after the pandemic
2. Development of a policy-driven framework providing strategic and operational guidance for this.

Funding and capacity-building:

Provision of a sufficiently scaled funding and capacity-building support package for the re-setting of the VCS mental healthcare sector is an urgent priority. If not done in a timely manner, it is likely that some organisations who provide valuable services will not survive and many others will have to re-set in sub-optimal ways because of financial constraints. Funding and other capacity-building supports are essential for re-establishing traditional services, embedding online/digital approaches where these add value, and addressing digital divides that disadvantage vulnerable groups.

Policy-driven framework:

A policy-driven framework should guide this enhanced support for the VCS sector to fulfil its role as a core component of the mental health system. A number of recommendations in *Sharing the Vision* (13, 14, 15, 26) provide a context for this. They include production of directories of VCS supports;

secure and sustainable operational governance and funding for VCS providing services aligned with policy outcomes; development of social prescribing and the VCS role in providing relevant services in this context; and creating integrated networks of support involving Community Mental Health Teams and VCS services in the community. The profiling of the VCS sector in this report can help inform implementation of these recommendations.

Progressing the work in these areas requires a co-produced approach involving the various parties concerned – policy-makers, the VCS sector, and the HSE. Such a process should commence as soon as possible to guide the provision of the supports the VCS sector now urgently requires. The *Sharing the Vision* implementation processes might establish a specific programme on this theme involving the VCS sector and other stakeholders, and engage with *Sláintecare* on funding and other dimensions that may fall within its scope and remit.