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

A Strategic Perspective.

BRAVE NEW CONNECTIONS

March '22

Report #2

Mental Health Reform
Promoting Improved Mental Health Services

Rialtas na hÉireann
Government of Ireland

RTÉ DOES COMIC RELIEF

The Community Foundation for Ireland

FOREWORD

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.

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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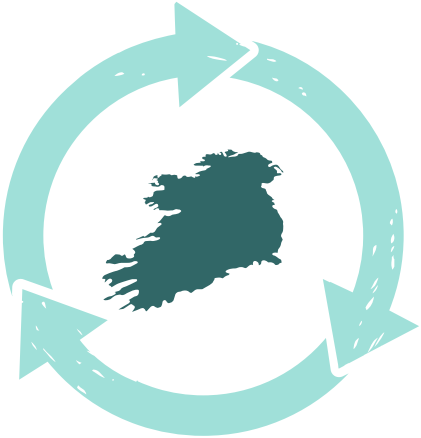

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EXECUTIVE SUMMARY

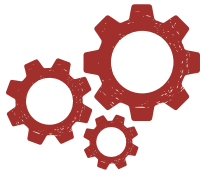
The **Brave New Connections** (BNC) capacity-building programme has been supporting non-profit Voluntary and Community Sector (VCS) mental health organisations in dealing with the COVID-19 disruptions and preparing for organisational re-set after the pandemic. This report develops a strategic analysis 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.



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).

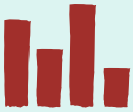
Volumes of activity: Indicative scaling of volumes of services the sector was providing just before the pandemic shows the substantial contribution it makes. On an annual basis, this includes an estimated:

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.

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.

1. INTRODUCTION

1. INTRODUCTION

This is the second report from the Brave New Connections (BNC) project, a collaborative initiative led by Mental Health Reform (MHR) and funded by an RTE Does Comic Relief grant. The BNC project is supporting capacity-building for non-profit Voluntary and Community Sector (VCS) mental health organisations adapting and responding to the challenges and disruptions of the COVID-19 pandemic. Core activities include a survey of the experiences of organisations in the sector, a programme of concrete capacity-building supports during the lifetime of the BNC project, and a broader strategic analysis of issues facing the sector as we move on to the 'new normal' after the pandemic.

Survey of VCS mental health organisations

Conducted between April and May 2021, the BNC survey examined how organisations adapted and responded to the pandemic, challenges they experienced, and capacity-building supports that would be useful now and going forward after the pandemic. Almost sixty organisations responded to the survey, a response rate of just over seventy-five percent. A first BNC report *'Survey of adaptations by non-profit mental health organisations during the pandemic'* presents the results of the survey and provided guidance for the concrete capacity-building work of the project (Mental Health Reform, 2021).

Developing a strategic perspective

This second report develops a more strategic perspective, drawing on relevant results from the organisational survey as well as an extensive programme of desk-research to provide a mapping of the activities of the mental health services and supports the VCS organisations provide. The mapping takes a snap-shot of the sector before the pandemic and before the extensive adoption of digital/virtual approaches to service provision it triggered. This is important for developing supports to reset the system after the pandemic. A balanced approach is necessary to facilitate both a return to more traditional (face-to-face) ways of supporting people as well as optimal leveraging of the new opportunities presented by digital/virtual channels.

Informing policy

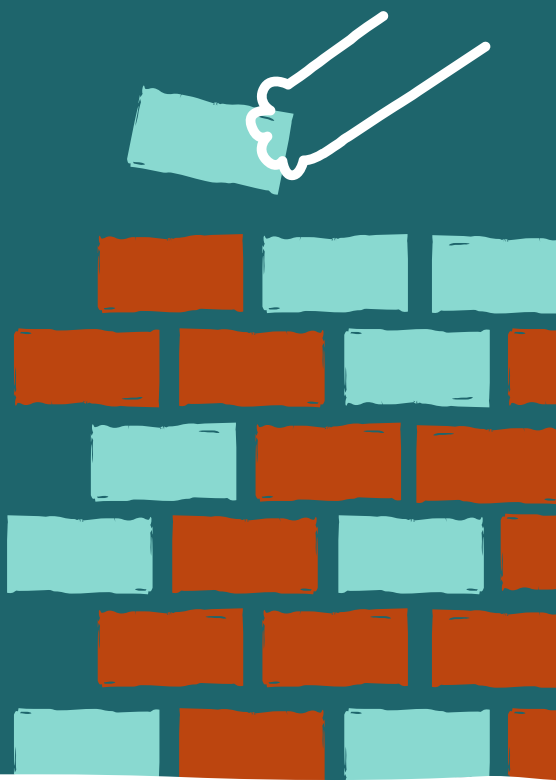
As well as identifying supports the VCS sector requires for post-pandemic re-set on a sustainable basis, the sectoral profiling and analysis in the report can inform implementation of the policy frameworks presented in *Sharing the Vision* and *Sláintecare*. Both envisage a reinforced role for the sector alongside the public system, and effective leveraging of this requires an understanding of the nature and volumes of activity the sector provides. This can support development

and implementation of policy in various areas, including: improved public-funding arrangements and resource allocation for mental healthcare services provided by the sector; maximising the sector's contribution to ensuring access to the right care/support for all segments of the population; and optimising interworking between organisations within the sector itself and between the sector and other parts of the wider ecosystem (HSE services and private sector services).

Structure of the report

Chapter 2 presents an overview of the policy context. Chapter 3 provides qualitative and quantitative profiling of the mental health activities of the VCS sector. Chapter 4 discusses strategic capacity-building issues for the sector, including optimal utilisation of online/digital approaches. Finally, Chapter 5 draws overall conclusions and presents some key recommendations.

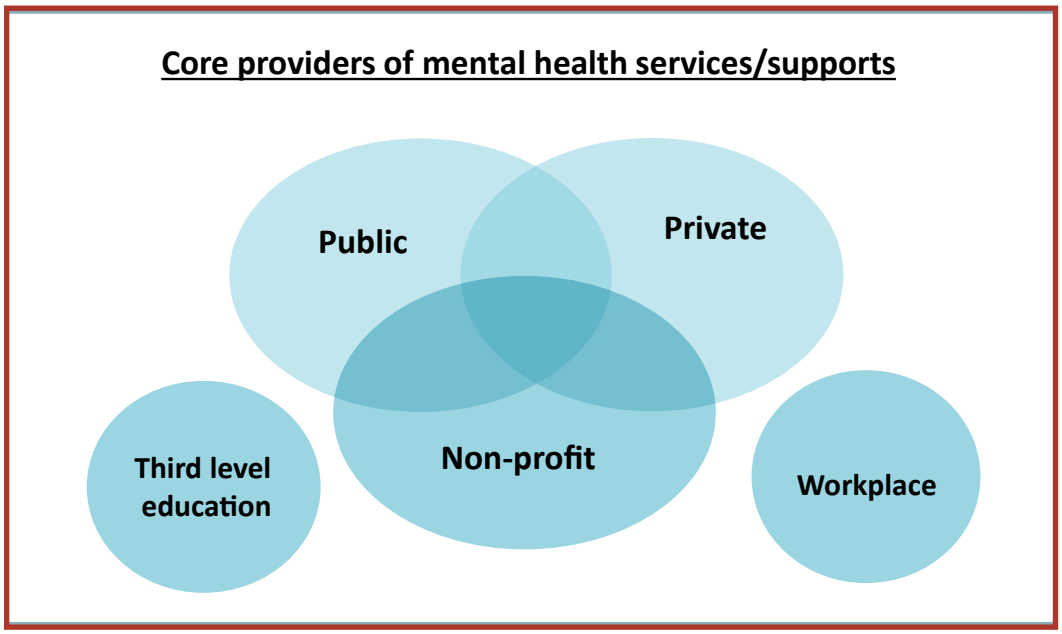
2. THE POLICY CONTEXT



2. THE POLICY CONTEXT

Analyses of the Irish ecosystem of mental health services and supports, such as provided in the evidence review to inform the preparation of *Sharing the Vision* (WRC & LSE, 2017), describe it as a mixed economy with three core pillars – the public, private (for profit) and non-profit sectors (Exhibit 2.1). There are also some specific sectoral systems, including mental health services for students in higher education institutions and supports for various segments of the workforce through employer-funded EAP services and other wellbeing programmes.

Exhibit 2.1 – Core provider sectors in the Irish mental healthcare ecosystem



This Chapter sets the scene for the profiling and analysis of the non-profit Voluntary and Community (VCS) mental health sector in following Chapters, focusing on the core policy contexts – mental health policy (*Sharing the Vision; Connecting for Life*), wellbeing policy (*Healthy Ireland*) and wider health system reform policy (*Sláintecare*).

2.1 *Sharing the Vision*

Sharing the Vision recognises the long-standing role and contribution of the VCS as a provider of mental health services/supports and a range of ancillary services that support the broader social, housing and other needs of people with mental health difficulties. It gives the sector a central place in the overall strategic and operational frameworks for provision of mental health services and supports in Ireland, elaborates some of the dimensions of this, and makes recommendations on further integration of the sector across the entire ecosystem.

Envisaged role and contribution of the VCS

Exhibit 2.2 presents a selection of references to the VCS in *Sharing the Vision*. These illustrate the enhanced role and contribution of the sector within the proposed structure and operation of the mental health system. At a strategic level, the policy gives the VCS a much more pivotal role as a major partner of the public system. More operationally, it identifies core roles for the sector both as a direct provider of mental health services (especially at primary care level) and as a provider of a broad range of ancillary services addressing the wider needs of people with mental health difficulties to support social inclusion and recovery.

Exhibit 2.2 – Excerpts from *Sharing the Vision* addressing the VCS

Core role for VCS at community level, as part of both primary and secondary care ecosystems

* *…a community-based approach … includes a core role for the Voluntary and Community Sector (VCS)*
* *VCS organisations should be key partners in the design and development of the HSE's mental health services at national and local level, as well as referral partners for primary mental healthcare. Their services extend to therapeutic and other recovery supports for individuals and FCS …*
* *… VCS can be an active partner in the development of social prescribing*
* *… vital that public primary care and mental health services work in partnership with VCS groups, involving them in the design and delivery of integrated area support services… will allow those working in primary care and CMHTs to connect service users with VCS organisations and facilitate the integration of patients into their local community.*
* *[CMHT centres] should also facilitate VCS provision to integrate CMHT and VCS supports, where appropriate. …CMHTs will link in with local VCS supports to build a sustaining network around the service user and their FCS. Together, CMHTs and the VCS should work to prioritise care planning with service users as key decision-makers in their own care or recovery plan.*
* *… (VCS) organisations can work with MHSOP teams and play an important role in connecting older people to activities in their local community.*

Telepsychiatry access from VCS services

* *…tele-psychiatry models could be a way to provide 24-hour psychiatry consultations to service users of all ages, who can access supports from a variety of locations such as primary care centres, GP practices and VCS services.*

Crisis resolution

* *The [Crisis Resolution] teams provide a rapid response and 24-hour service, with support provided in the service user's own environment and with the active involvement of service users and their family, carers and supporters, and liaison with local partners – GP and VCS services.*

Housing and related supports

* *Housing supports for these people require effective collaboration between government departments, local authorities and social housing organisations. Apart from housing, there is also a need to ensure that those with complex mental health difficulties receive multi-disciplinary supports from health professionals and VCS organisations to improve their quality of life.*

In addition to a central place at primary care level, the policy gives the VCS an important structural role in secondary care through working alongside, and possibly co-located with, Community Mental Health Teams. Other aspects of the envisaged role include supporting Crisis Resolution Teams, working with mental health services for older persons, and providing points of contact for service users to have easier/increased access to specialist services through telepsychiatry and similar innovations.

Specific recommendations for development of the VCS role and contribution

A number of specific recommendations in *Sharing the Vision* pick up on aspects of the role and contribution of the VCS (Exhibit 2.3). These include compilation of directories of available 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 CMHTS and VCS services in the community.

Exhibit 2.3 – Specific recommendations in *Sharing the Vision* highlighting the role of the VCS

* **Rec 13:** Directories of information on VCS supports should be provided to staff working in primary care and CMHTs to ensure they are aware of and inform service users and FCS about all supports available including those from Voluntary and Community Sector organisations in the local area.

* **Rec 14:** Where Voluntary and Community Sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable.

* **Rec 15:** Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions, including those available through local Voluntary and Community Sector supports and services.

* **Rec 26:** CMHT's outreach and liaison activities with Voluntary and Community Sector partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS.

Comprehensive mapping of the nature and volumes of VCS services and supports will be necessary to underpin implementation of these recommendations nationally and locally. The profiling of the sector in Chapter 3 may be a useful starting-point for this, providing a structured overview of the organisations making up the VCS mental health ecosystem and their activities as well as estimations of the volumes of services/supports provided.

2.2 *Connecting for Life*

The National Office for Suicide Prevention (NOSP) implements the *Connecting for Life* (CfL) national suicide prevention strategy. The NGO sector (VCS in our terminology) is a key component of the CfL implementation structures, having a central role in delivering NOSP-funded CfL programmes and providing a range of ancillary mental health services and supports contributing to the overall CfL goals. CfL also identifies a range of disadvantaged or otherwise vulnerable groups for priority attention under the strategy, and the VCS sector is often the main source of contact and support for many of these.

2.3 Healthy Ireland

Healthy Ireland has a strong focus on mental health and wellbeing, with outcome indicators including positive mental health, probable mental health problem, and moderate and severe depression (age 50+). The current Strategic Action Plan (2021-2025) addresses mental health under the 'Minding your Mood' priority focus. This includes developing a coordinated approach to mental health promotion, extending the work on suicide prevention and self-harm, expansion of social prescribing as a mental health intervention, reducing loneliness and social isolation, and increasing access to talk therapies and to specialist services where required. The VCS already has an important role in these areas, and the analysis in Chapter 3 throws light on the nature and volumes of relevant services and supports provided.

2.4 Sláintecare

Sláintecare provides the overarching policy framework for reform of the Irish healthcare system. The vision is to achieve a universal single-tier health and social care system, where everyone has equitable access to services based on need, and not ability to pay. The *Sláintecare* implementation plan anticipates much of the development and reform of the mental healthcare system will come through implementation of *Sharing the Vision* and the wellbeing actions under the *Healthy Ireland* programme. However, it is also important to develop a more focused *Sláintecare* analysis of the mental health care system. This would examine the mental healthcare system through the core *Sláintecare* lenses – providing the 'right care, in the right place, at the right time, at low or no cost' through a 'universal, single-tier' system.

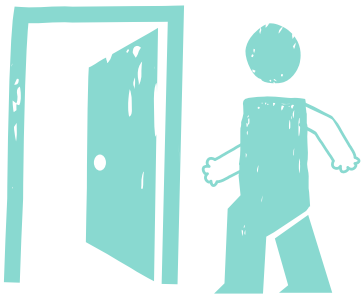
The current mixed-economy of mental healthcare services in Ireland is quite far from this desired state. Long waiting times for public (or publicly-funded) mental health services indicate that the volumes of services available are much below the levels of demand for both primary care and specialist interventions. The private mental healthcare sector provides both institutional and community services, and includes the large private practitioner sector (psychiatrists, psychologists, psychotherapists,

counsellors, etc). Clients of these services may be covered by private health insurance and/or have to pay out-of-pocket on top of the private health insurance premiums they may already be paying.

VCS mental health service providers generally aim to provide services at affordable or no cost to users. A small number play a formal role in some parts of the public mental healthcare services, for example, provision of area-based services through HSE funding under the Health Acts 'Section 38' arrangements. A number of others receive some funding through the Health Acts 'Section 39' arrangements, but many rely on fund-raising and volunteer input.

2.5 Conclusions

The VCS mental health sector features prominently in core mental health policy under *Sharing the Vision*, which envisages further development and support for the sector to enhance its role and contribution as part of a re-structured and better-performing mental healthcare system. It is also a key component of the mental health promotion policies implemented through *Healthy Ireland* and suicide prevention programmes under *Connecting for Life*. The sector is also highly relevant for the broader health (and mental health) system transformation driven by *Sláintecare*, particularly delivery of the right care, in the right place, at the right time and at low or no cost to the service user. Implementation of these policy programmes requires a good understanding of the VCS mental healthcare organisations and what they do, and the next Chapter addresses this aspect.



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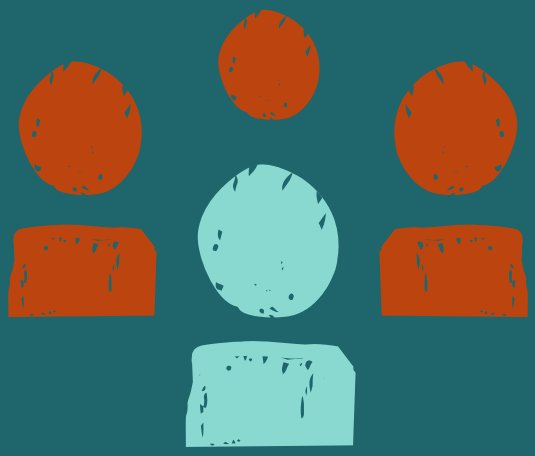
3.



VOLUNTARY AND COMMUNITY SECTOR (VCS) MENTAL HEALTH SERVICES AND SUPPORTS

3. VOLUNTARY AND COMMUNITY SECTOR (VCS) MENTAL HEALTH SERVICES AND SUPPORTS

Although the important role and contribution of the VCS as part of the mental healthcare system in Ireland is widely acknowledged, there has been little systematic profiling and analysis of the sector. Aspects of interest include the types of mental health interventions and supports provided, the target groups reached, and the volumes of activity delivered.

This chapter presents results of work by the BNC project to fill this gap, drawing on data from the BNC survey of VCS mental health organisations, the Benefacts database, and desk-research to gather data on the nature and volumes of activities of mental health services and supports VCS organisations provide. The approach generated a detailed profile of the sector and how it contributes within the overall mental healthcare ecosystem.

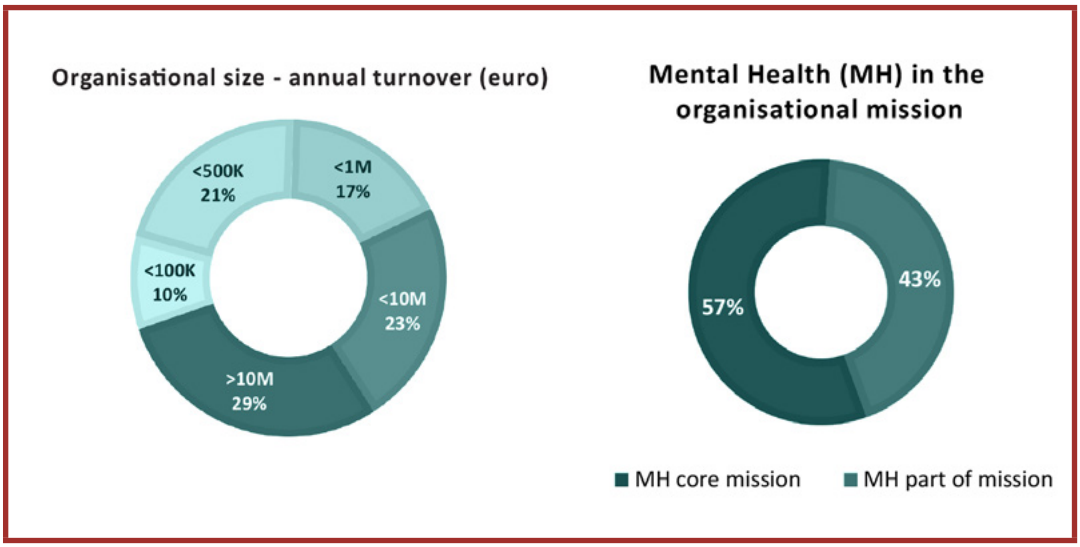
The following sections apply a number of different lenses to characterise and map the sector in ways that may be useful to inform relevant policy initiatives. Although the primary focus in this analysis is on direct mental health services and supports, Mental Health Reform (MHR) also recognises that organisations in the sector carry out a broad range of other valuable activities supporting the development of the mental health system in Ireland. These include research, contribution to policy-making, ensuring that people with lived experience are listened to, and many other areas.

3.1 A large number and variety of organisations

MHR is the main coalition of VCS mental health organisations, with 77 listed members and associate members. As well as most of the main individual organisations, the membership includes a number of national organisations (e.g., Mental Health Ireland and Samaritans) with many local chapters. The sector also includes more than twenty smaller local mental health counselling services and a similar number of local suicide-focused organisations. Overall, there may be up to 200 voluntary sector organisations involved in the VCS mental health sector to at least some degree (Benefacts database has 201 organisations classified as operating in the mental health field).

The profiling of the sector in following sections includes data from all relevant MHR member organisations and available data from other larger VCS players, with a focus on organisations working directly with people with mental health issues through provision of services and supports. The analysis mainly covers the 53 organisations listed in Annex 1, and Figure 3.1 presents a general profile of these.

Figure 3.1 – Composition of the sector



One feature is the mix of organisations of different size. Just under one-half are relatively small, with annual turnover under €1 million, and many of these have a very modest turnover. A little more than one-half are medium to large organisations, comprising some organisations with a dedicated focus on mental health and others where mental health is just one of a wider range of fields of activity. Overall, a little over one-half (57%) of the organisations have a dedicated focus on mental health and the others (43%) have a broader role in working with vulnerable groups for whom mental health supports are typically an important dimension of need (e.g., homeless, migrants).

3.2 Issues/target groups addressed

Table 3.1 provides a mapping of the issues/target groups addressed by the sector, covering the organisations addressed in the main analysis as well as some others that help provide a fuller picture. This illustrates the breadth of the sector in the range of user groups it reaches and the spectrum of supports it provides.
As well as organisations providing mental health services and supports for a variety of vulnerable and hard-to-reach groups, the voluntary sector also comprises organisations providing more generic services/supports for the broader population of people with common mild-to-moderate or more severe/ enduring mental health difficulties.

Table 3.1 – Mapping of organisations by issues/target groups addressed

		#
Mental health difficulty	Severe / enduring mental health difficulty	14
	Common mental health difficulty	10
	Suicidality / crisis	5
	Dual diagnosis	1
	Eating disorder	1
	Dementia	1
Age and other socio-demographics	Children / adolescents	2
	Adolescents / young adults	2
	Older persons	1
	Students	2
	LGBTI+	1
Marginalised groups	Homeless / housing	9
	Refugees / migrants	3
	Travellers / Roma	3
	Addictions	1
	Prisoners	1
	Various groups	1
Disability and neurodivergent groups	Deaf / Hard of hearing	1
	Vision Loss	1
	Intellectual disability	1
	Dyslexia	1
	Dyspraxia	1
	ADHD	1

This Table covers 58 organisations; some organisations map to more than one category, so the numbers add to more than the total.

3.3 Framework for mapping the range of mental health related services and supports

This section develops a framework for mapping the range of mental health related services and supports provided by the organisations across the sector. Although the importance of the VCS as a key part of the wider mental health ecosystem is well-recognised, little systematic information is available on the specific types of mental health related services and supports it provides. The BNC project has developed its own framework and mappings as an initial contribution to the work required in this area. Table 3.2 provides an overview of the core classification system and definitions in the BNC framework.

Table 3.2 – The BNC classification of VCS mental health activity areas

Type of support	Content
Information & sign-posting	Basic information about mental health issues and available mental health services.
Psycho-education, self-help & positive mental health	More in-depth, structured information/advice and delivery of mental health education and self-help support through various channels - physical events, paper-based or online materials, online programmes; includes positive mental health building as well as skills for managing mental health difficulties.
Peer support	Mainly group activities (face-to-face or online) with an emphasis on sharing experiences and mutual support.
Helpline / crisis	Services focusing on immediate (interactive) support through crisis lines and helplines (phone, text, email, instant chat).
Therapy / counselling	Low intensity talking therapy interventions (psychotherapy/counselling), mainly for mild-to-moderate mental health difficulties (face-to-face, online, phone).
Treatment for more severe MH difficulties	Specialist community, outpatient and in-patient services.
Recovery / social inclusion	Broader recovery & living-well supports: recovery-oriented support programmes in the community (e.g., recovery colleges).
	Housing-related / homeless supports, including accommodation provision and associated support services (e.g., tenancy sustainment, floating support).
	Employment / education related: activities supporting access to employment / education.
Societal capacity building	Programmes to raise awareness and develop skills for frontline workers, employers/ workplaces, schools/teachers, youth workers, community groups etc.
Advocacy specialism (individualised)	Specialised advocacy support for people with mental health difficulties in their engagement with mental health services and accessing housing/education/ employment etc.
Other value-adding contributions	A broad range of value-adding contributions arising from the community focus of organisations in the sector, including communities of interest and local/geographical communities – availability and easy access (being there), flexible access and support, ongoing engagement, holistic & multi-dimensional supports, etc.
Broader activities	Organisations in the VCS sector also contribute in other important ways, including research, awareness-raising on human rights, reducing stigma, etc.

Development of the framework involved a combination of inductive and deductive approaches. The inductive approach collated information on the range of activities conducted by each organisation and examined the nature and content of these. Primary sources were organisational websites and available published material from Annual or Impact Reports. The deductive approach aimed to map each activity to a set of reasonably homogenous types and levels of mental health services and supports, aligned with perspectives and frameworks articulated in mental health policy and in commonly-utilised representations of the spectrum of mental health interventions and support. Other frameworks of potential relevance include the HSE's tiered models for the mental health ecosystem, the perspectives presented in *Sharing the Vision*, and the HSE's more recent work to map the psychosocial supports available for the public during the COVID-19 pandemic.

Sharing the Vision formally positions the VCS as a key provider of services at primary care level, as well as activities targeting 'Mental Health, Wellbeing and Resilience', 'Self-Agency', and 'People-to-People Support'. A HSE report presents a detailed mapping of psychosocial supports available to health and social care staff and the public during the COVID-19 pandemic (HSE, 2020), adopting a similar framework to *Sharing the Vision*. Although the HSE mapping was a useful reference point during the COVID-19 pandemic, a more refined ontological framework would be helpful to inform and guide the development of the VCS role and contribution as envisaged in *Sharing the Vision*. Most of the twenty-one organisations covered in the HSE report are included amongst the fifty-three in our own analyses for this report.

Figure 3.2 shows how the classification framework fits within whole system and continuum perspectives on the mental health ecosystem of activities, services, and supports. Figure 3.3 groups the activity areas into four main clusters – mental health promotion, positive mental health, resilience; interventions; self-help, living well; and societal/sectoral capacity-building.

Figure 3.2 – Whole system and continuum perspectives

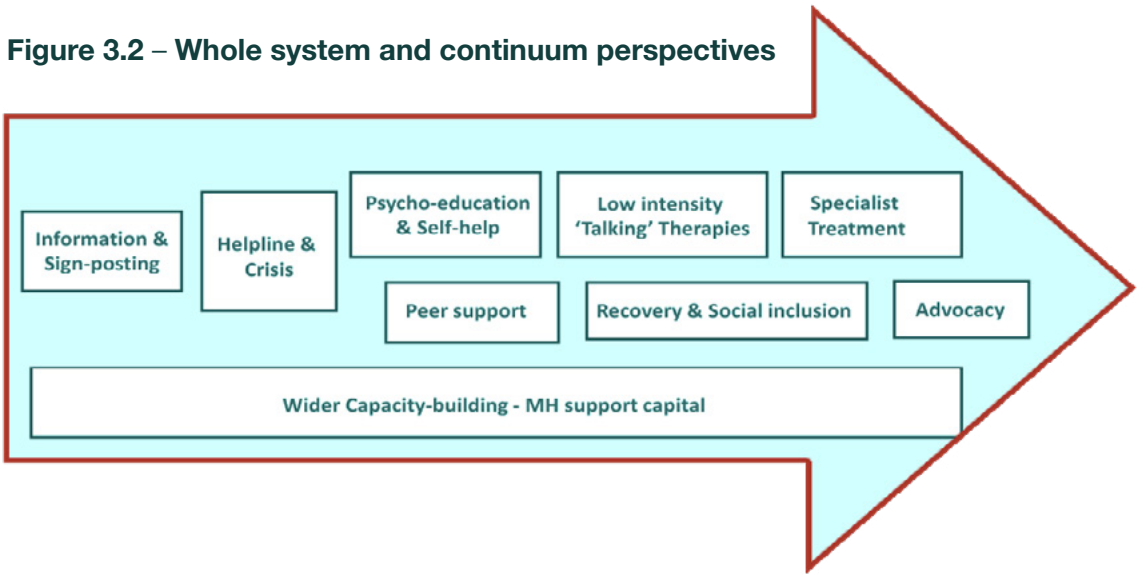
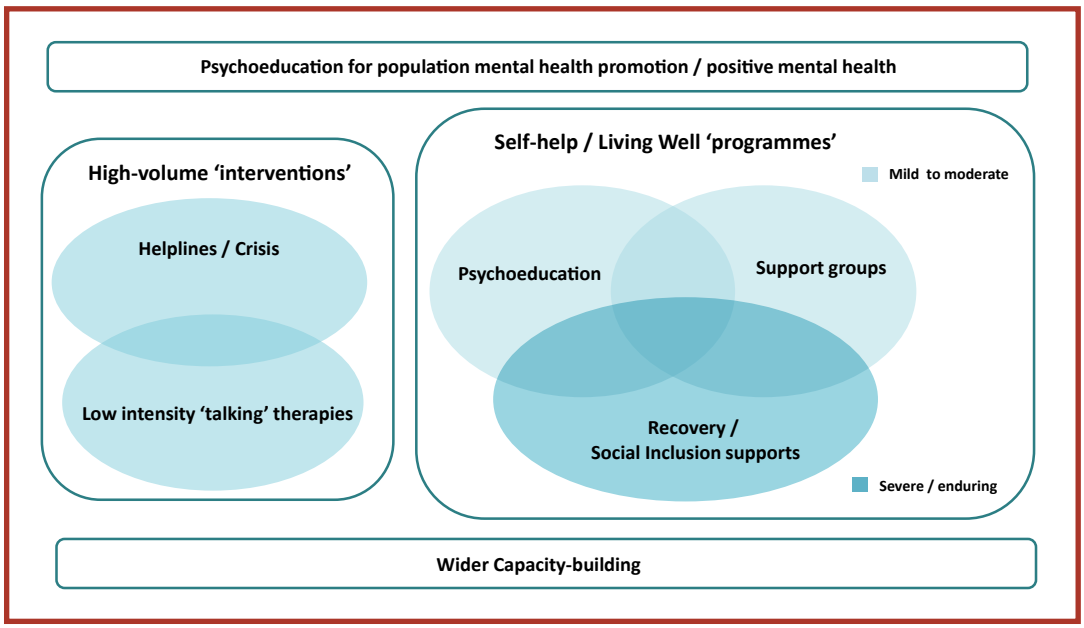


Figure 3.3 – Alternative grouping of the activity areas



The BNC mapping framework may provide useful guidance for implementation of mental health policy concerning the role of the VCS sector, especially if further developed and applied in consultation with the organisations in the sector. This consultation is important as it is unlikely that any single framework can fully reflect the sector's diversity and spectrum of valuable contributions made by different organisations. Also, if classification systems are too tightly-defined for funding allocation purposes they may stifle provision of more holistic, tailored and/or niche services and hinder innovation and agile responsiveness to user needs across the sector.

3.4 Mapping the VCS sector according to the framework

This section provides a mapping of the VCS sector according to the framework outlined above. It profiles the mix of activities across the organisations in the sector, presents indicative scaling of the volumes of a range of different services and supports, and looks a little more closely at the nature and content of activities in each area.

3.4.1 The mix of activities across organisations in the VCS sector

Figure 3.4 presents a profiling of the VCS sector according to the percentages of organisations providing the different services/supports outlined in the framework. Section 3.4.3 discusses this in more detail.

Figure 3.4 – Services/supports provided by the VCS organisations

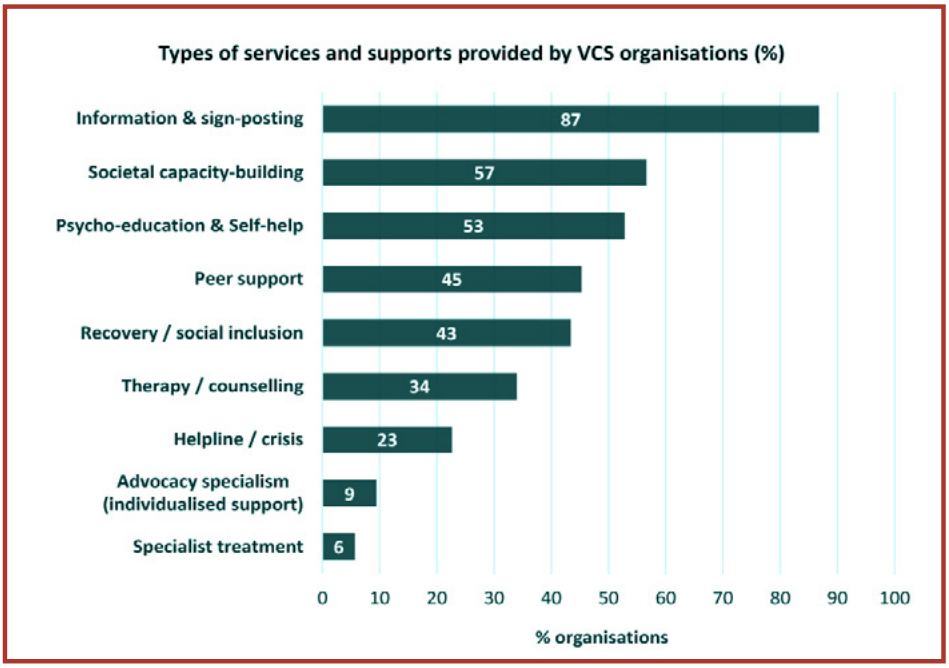


Figure 3.5 presents a mapping of the organisations covered in the analysis. This shows that most organisations offer a number of the types of service/support, typically having a main focus on one or two core areas and putting most of their efforts and resources into these.

3.4.2 Indicative scaling of volumes of services and supports the sector provides

The BNC sectoral research compiled available data from organisational annual reports and other documents to prepare estimates of the sector's contribution in a number of high-volume activity areas (Table 3.3). This was quite a thorough exercise to identify as much relevant data as possible and organise it according to the classification framework outlined in section 3.3.

Table 3.3 – Indicative scale of services/supports in high volume activity areas

	Units	Indicative annual volumes
Helpline / crisis	Contacts	870,000+
Therapy / counselling	Sessions	220,000+
Psycho-education & self-help	Contacts/participants	130,000+
Other high-volume activities*	Contacts/participants	90,000+

**Includes: peer support (39,000); wider capacity-building (19,000); individualised advocacy (17,000); and recovery/social inclusion supports (15,000)*

Figure 3.5 – Indicative mapping of the VCS organisations and their activities

Organisation	Psychoeducation / Self-help	Peer support	Helpline / crisis	Low intensity 'talking' therapy	Specialist treatment	Recovery & social inclusion	Societal capacity-building	Advocacy specialism (individualised)
1		■				■		
2	■			■				
3	■	■				■	■	
4		■						■
5								■
6	■		■	■			■	
7	■	■		■			■	
8	■	■				■	■	
9				■		■		
10	■			■				
11						■		
12	■		■	■				
13						■		
14	■	■	■				■	
15	■	■		■		■	■	
16						■		
17	■						■	
18	■		■				■	
19	■	■		■	■		■	
20	■	■	■	■	■	■	■	
21	■					■	■	
22						■		■
23	■	■				■	■	
24	■	■				■	■	
25				■			■	
26	■	■		■				
27	■						■	
28				■				
29						■	■	
30							■	
31	■	■	■			■	■	
32	■	■	■				■	
33	■			■			■	
34		■	■				■	
35					■			
36	■	■	■				■	
37				■				
38	■	■				■	■	
39						■		
40								■
41							■	
42	■		■	■		■		
43		■					■	
44		■					■	
45	■	■	■	■		■	■	■
46	■	■		■		■		
47				■			■	
48						■		
49		■				■		
50	■	■				■	■	
51	■	■	■				■	

The data in Table 3.3 provides an indicative scaling of the volumes of VCS activity in these areas. The volume figures are likely to be on the conservative side, as data in suitable format was not available for all organisations. Although the precise numbers are indicative, the orders of magnitude of activity are likely robust enough to inform policy on supporting, funding and optimally leveraging the sector to play the enhanced role in the wider mental health ecosystem that *Sharing the Vision* articulates.

Helpline/crisis services have the largest volume of activities, with more than 870,000 contacts per year. Organisations from the VCS also provide large volumes of low-intensity therapy/counselling, amounting to more than 220,000 sessions per year. Psycho-education and self-help supports have high volumes and reach as well, with more than 130,000 contacts per year. The sector also provides other activities in quite substantial volumes, including about 39,000 peer support contacts, 19,000 participants reached with societal/sectoral capacity building programmes, 17,000 client level advocacy contacts, and 15,000 supported through recovery and social inclusion programmes.

3.4.3 Closer look at the different activity areas

This section presents some further information about each activity area to give a more substantive view of the nature of the activities involved.

Information / sign-posting

All of the organisations covered either directly provide mental health services/supports or work with groups where mental health difficulties are prevalent. Reflecting this, most of the organisations (84.9%) provide at least some information/sign-posting supports, such as basic information about mental health issues and available mental health services. This is commonly done through their websites, as well as interactively via phone/email and through awareness-raising and outreach activities in the community.

Psychoeducation / self-help

This form of support involves active delivery of structured mental health education and self-help support as well as preparing and making available structured information and advice on mental health issues. The focus can be on building positive mental health and resilience and/or on helping people with mental health difficulties to manage these. In mental health system terminology, some of these programmes constitute a form of 'low intensity intervention'. Activities encompass a variety of approaches and delivery channels, including physical events (e.g., workshops), online programmes delivering structured psychoeducation (e.g., based on cognitive behavioural therapy approaches), and paper-based or online materials.

Just over one-half of organisations (52.8%) conduct activities in this category. It is a high-volume area of activity, with an indicative overall scaling of more than 130,000 contacts per year through programme participants reached and numbers viewing or downloading online self-help information.

Peer support

This category includes a variety of activities that involve bringing together people with mental health difficulties to share experiences and support each other. VCS organisations often provide such supports for family members, friends, supporters and informal carers as well. Peer support includes both activities in a group format and more focused one-on-one peer support.

Group programmes are widely utilised, including informal meetings in social settings (e.g., Wellbeing Cafes) and organised support groups (physical meetings or online). The format and content can include relatively informal forums as well as more structured/moderated forums with a therapeutic intervention dimension. Some of the larger programmes are quite broadly focused, and there are also a wide range of programmes targeting people with specific areas of mental health difficulty. One-to-one support programmes include peer advocacy and peer listener schemes.

A little under one-half of the organisations (45.3%) conduct activities falling within this category. It is quite a high-volume area of activity, with an indicative overall scaling of 40,000-plus programme participants/contacts per year.

Helpline / crisis

This category encompasses dedicated ‘crisis’ support services as well as interactive support services operated in a ‘helpline’ mode where the service is set-up in a way that encourages people to make direct contact and talk/engage with someone to get first-line support and guidance. Just under one-quarter (22.5%) of organisations are classified as providing services in these areas, although it can sometimes be difficult to ascertain whether an information service is operating in the type of helpline mode defined above.

This is a very high-volume area of activity, with an indicative overall scaling of over 870,000 contacts per year. The crisis support services are typically quite large-scale (ISPCC; Pieta; Samaritans, and Crisis Text 50808), with well-developed protocols and infrastructures, and collectively they provide a very large share of the overall activity in this area.

Low intensity 'talking' therapies

This category refers mainly to 1-to-1 counselling services at primary care level. The VCS sector is very active in this area, often responding to the historical and ongoing challenges of insufficient access to free or low-cost services to meet the large volumes of need. These services are provided by professionally-trained counsellors/psychotherapists, and may operate only with paid staff or also include sessional inputs on an unpaid (volunteer) basis. Traditionally provided face-to-face, there has been growing online/remote provision especially during the pandemic.

Just over one-third (34%) of the VCS organisations provide such services, including organisations operating 'open access' models (self-referral and/or on formal referral) for the general population and those providing targeted services for particular groups (e.g., travellers, prisoners, homeless). These VCS organisations collectively provide a very large volume of service outside of existing publicly-funded frameworks such as Counselling in Primary Care (CIPC), with an indicative scaling of more than 220,000 sessions annually.

Recovery / Social Inclusion

This category covers a range of supports for people with severe/enduring mental health difficulties. The largest volume of activity is in organised support programmes addressing recovery and living well (e.g., peer-led recovery programmes provided by Recovery Colleges, day care services, aftercare support services, home supports, and residential recovery programmes). Provision of accommodation/housing and related supports for people with mental health difficulties is another line of activity in this domain, including organisations dedicated to this as well as organisations (e.g., in the homeless sector) where mental health difficulties are very prevalent amongst the groups they support. Forms of support include emergency, temporary and permanent accommodation arrangements, as well as supports for tenancy sustainment and independent living. A number of organisations also focus on training and supporting access to education and employment for people with mental health difficulties.

Given the breadth of activities, it is difficult to precisely define and quantify activity in this space. Our analysis suggests that close to one-half (43.4%) of the VCS organisations have some activity of this nature. Collectively, the indicative scale of reach may be of the order of 15,000 or more contacts/ persons annually.

Societal capacity-building

The analysis found that this was an important area of activity by the VCS sector. It includes training, workshops, resource materials and other activities aiming to develop knowledge and skills about mental health and how to support people with mental health issues. More than one-half (56.6%) of the organisations addressed this area, collectively reaching 19,000 or more participants annually.

Activities target various population groups and settings, including community groups, schools/teachers, employers/workplaces, frontline workers in relevant services, and professional groupings across the population and in a variety of specific settings. Examples of programme content include SafeTalk for suicidality, cultural awareness training for mental health services and professionals, and Mental Health First Aid training.

Advocacy specialism (individualised support)

A number of VCS organisations specialise in provision of individualised advocacy for people with mental health difficulties. This may involve in-reach support for people in acute or long-stay settings, as well as day-to-day advocacy to support access to services and opportunities for people living in the community.

A relatively small number (9.4%) of organisations appear to identify themselves as specialising in this area, but individual level advocacy is very likely to be a component of the supports provided by many VCS organisations even if not explicitly referred-to as such. Based on data from the larger advocacy organisations, an indicative scaling of activity in this area is in the order of 17,000 contacts annually.

Specialist treatment

A small number of organisations providing specialist treatment services have a VCS identity and participate in sectoral activities. This includes two large organisations providing inpatient and outpatient services and a specialist residential treatment service. Some of these provide a wider range of mental health activities, including outreach mental health promotion and psychoeducation, sectoral capacity building, and so on.

Other value-adding contributions & broader activities

Many VCS organisations also provide a range of other value-adding contributions through features such as their community focus (communities of interest and local/geographical communities), availability and ease of access ('being there' for people when needed), flexible access and support, opportunity for open-ended ongoing engagement, and offering holistic & multi-dimensional supports. As well as direct services/supports, organisations in the VCS sector also contribute in other important ways, including research, awareness-raising on human rights, and so on.

3.5 Conclusions

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. Collectively, the sector now provides a very large volume of mental health services supports of different types, as indicated in the mapping framework developed in this Chapter.

Appreciation of both the breadth of its coverage and the nature and scale of services/supports provided is important for optimal leveraging of the sector to fully play the role envisaged in *Sharing the Vision*. This can support development of a more strategic and coherent approach to sizing and allocating funding to the sector, commensurate with its aggregate scale and contribution, and effectively targeted and distributed across the broad range of organisations it encompasses.

> "...One of the strengths of the VCS is the sheer range of activities and target groups addressed...

4.

THE MOVE TO DIGITAL MENTAL HEALTH DURING THE PANDEMIC, AND WHAT NEXT?

4 THE MOVE TO DIGITAL MENTAL HEALTH DURING THE PANDEMIC, AND WHAT NEXT?

The first BNC report showed how VCS organisations adapted during the pandemic, including moving services online, re-configuring face-to-face services, and staff working from home. As we move on from the pandemic, one of the biggest strategic questions concerns finding an optimal role for digital mental health within the mental healthcare landscape. This is an issue for individual VCS organisations, for the overall VCS sector, and for the wider mental health system.

Digital mental health is not for everyone or everything, and the challenge is to get the right balance between more traditional (face-to-face, bricks-and-mortar) approaches and new ways of doing things through online/digital channels. It also requires quality assurance of digital mental approaches to ensure they are fit for purpose. This chapter discusses results from the BNC survey on the experiences of organisations in these areas during the pandemic and the issues they are grappling-with in resetting for the post-pandemic 'new normal'.

4.1 Adaptation and innovation during the pandemic

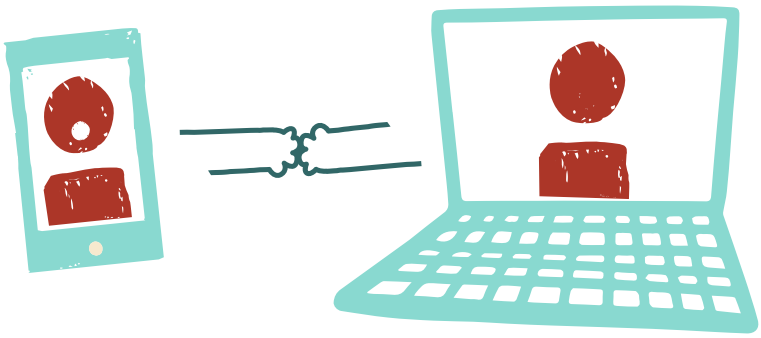
One of the most striking findings from the BNC survey was that almost all VCS mental health organisations commenced or expanded online/digital approaches to provision of their services and supports during the pandemic. Most organisations began offering their various pre-existing (face-to-face, bricks-and-mortar based) services and supports in online/remote modes, and some also developed quite ground-breaking innovations triggered by the logistical challenges of the pandemic. Organisations experienced a range of challenges in making these changes and adaptations, and these require attention as the system re-sets after the pandemic.

4.1.1 Moving existing services and activities to online/remote mode

During the periods of strictest lockdown, some organisations moved entirely to online/remote engagement and others made major changes in how they conducted their face-to-face and place-based services, typically radically curtailing these. Some activity areas were more suited to online/remote delivery than others, and organisations varied in how much prior experience they had of using these channels.

Organisations providing information/sign-posting and psychoeducation/self-help materials often had some previous experience of making these available online, and many put work into developing new or expanded portfolios of online mental health

guidance materials during the pandemic. Before the pandemic, quite a number of VCS organisations also had active programmes delivering psychoeducation through physical workshops for groups of varying sizes. Delivery in these modes was generally not possible during the lockdown periods. Some organisations paused their activities; and others moved to conducting them online through webinars and similar formats, with varying experiences and degrees of success.



For helpline/crisis services, apart from some limited drop-in services, the bulk of activity before the pandemic was already conducted by phoneline or other interactive channels (instant chat, SMS text, etc.). These services reported substantial increases in volumes of contact during the pandemic, likely reflecting a combination of curtailed access to other mental health services as well as mental health difficulties triggered by the pandemic and the societal response to it. Other VCS organisations also reported increasing numbers of contacts from people seeking forms of support requiring helpline types of engagement, and some expressed a concern that their existing information-provision model was not equipped for the more intensive interaction and support required.

Remote delivery of 1-to-1 counselling/psychotherapy sessions was a very visible area of adaptation during the pandemic. The lock-downs and social distancing regimes prompted a widespread move to provide sessions by phone or video calls, and for many practitioners (and users) this was a new departure. Evidence suggests that experiences have been generally positive or at least acceptable, including surveys of young people and students (Mental Health Reform, 2020) and IACP member surveys. However, organisations identified a range of practical and sometimes clinically important issues around provision of sessions in these modes.

One theme was the unsuitability of the home environment for this purpose for many people. Platform and communications security and privacy also need more attention - some of the video communication platforms used during the pandemic are not appropriate for conducting sensitive clinical sessions when things return

to normal. More generally, an important issue going forward concerns how these approaches become mainstreamed and the extent to which there will be choice and flexibility for users in whether and when to have traditional face-to-face or online/ remote sessions.

Peer support activities and recovery/social inclusion support programmes had mixed experiences, with some organisations and some activities moving to online/ remote mode but not others. Moving from physical peer group meetings to virtual ones worked quite well in some cases and for some participants, although there can be a challenging learning curve to set up and develop an operational model that works well. Whilst this mode of delivery may become a mainstreamed element of the approaches in some organisations, it is likely the extensive pre-pandemic face-to-face approach will remain central in this domain. Similar experiences and considerations apply also for many of the activities in the recovery and social inclusion domains.

4.1.2 Ground-breaking innovation

The pandemic also triggered some ground-breaking service innovation by VCS organisations. Some of the larger specialist mental health services for people with more severe/enduring mental health difficulties developed innovative models of remote service provision during the pandemic. These include 'hospital-at-home' as an option instead of inpatient admission and virtual day hospital models as an alternative to coming into a centre every day. Another organisation developed a new service model providing multi-channel access to joined-up services and supports for young people with mental health difficulties. This offers individual and group engagement formats online with supporting multimedia materials, and seamless evolution of the level of engagement and support depending on presenting needs. These pandemic-driven initiatives show how services can leverage online/digital approaches to change and become more agile and effective in addressing needs.

4.1.3 Specific challenges to properly establish digital/online approaches

The BNC survey results also highlight some specific challenges many VCS organisations face in properly establishing digital/online approaches. Organisations had to quickly move online during the pandemic, often without the time or resources to fully prepare for, develop and embed best practice in staff skills and optimal technological infrastructures. The first report from the BNC project provides further details on a range of challenging issues for many VCS organisations, and there remains an ongoing need for capacity-building supports in these areas. Technology-related costs and organisational/staff capacity-building were most frequently mentioned themes in this regard.

Meeting the quite substantial technology-related costs to provide robust and sustainable online/digital services is an important issue for many organisations. Although systems were rapidly set up during the pandemic, substantial investment will often be necessary to put in place infrastructures properly fit-for-purpose for mental health service delivery. In this context, total cost of ownership includes time and effort to find the right technology platforms for the organisation's activities and operational models, initial purchase costs for equipment and software, system development costs to meet the needs of the service and its activities, and ongoing operating/maintenance and connectivity costs.

Upgrading organisational and staff knowledge and skills for delivering quality online/digital services is another key issue. This has both technology-related and service-related aspects, including specific areas such as data protection, security, and privacy, and skills for conducting activities online and delivering mental health services in online/remote modes.

Organisational and technological development is also required to properly develop and embed hybrid working arrangements for staff in the 'new normal', with associated technology, HR and training costs.

4.2 Organisational re-set after the pandemic

The BNC survey also provides useful insight into how organisations in the sector are strategically considering how they will operate and provide services after the pandemic. In this regard, almost all organisations said they would like to keep some of the changes made during the pandemic.

Three main aspects of this were of interest across the organisations:

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

In particular, the survey results show a strong interest in adopting hybrid/blended approaches after the pandemic, involving appropriate combinations of online/digital and face-to-face (and bricks-and-mortar based) operations. Initiatives to better support and leverage the sector along the lines envisaged in *Sharing the Vision* need to address both aspects in a balanced manner.

Pandemic experiences have also led to re-think of overall mission and operational approach for most organisations to some degree. Often this involves plans to embed some of the changes made during the pandemic into their ongoing approach. Generally, organisational missions mainly remain the same but ways of delivering on them are under review since the pandemic experiences. In some organisations, the changes and disruptions have triggered quite major re-think and strategic planning about where to focus efforts and services going forward, and how to best fit in the wider ecosystem of mental health service and support provision. Some are considering or planning significant strategic change towards online and cloud solutions, and some are building on the opportunities now seen to expand reach to other parts of the country or nationally. A number have introduced quite radical service innovations (e.g. homecare as alternative to inpatient care) and are examining how to consolidate/embed these. On the negative side, the pandemic challenges have prompted at least one organisation to consider ceasing operations.

An important message from this is that most organisations in the sector are now at a pivotal moment, with an appetite for innovation and change where this can help them to better achieve their missions and contribute most effectively to the overall ecosystem of mental health services and supports. This makes it a very opportune time for policy initiatives, through funding and other capacity-building inputs, to support and shape the re-setting of the sector so that it can fully and sustainably play the key role envisaged for it in *Sharing the Vision*.

4.3 Considerations for the sector overall and the wider mental healthcare ecosystem

The survey results also provide insight on how the changes and adaptations during the pandemic give rise to strategic considerations for the overall VCS mental health sector and wider mental healthcare ecosystem as we emerge from the pandemic. These include the need for a measured perspective on utilisation of remote/online approaches as well as broader reflection on the role and contribution of the sector as part of the wider mental health system.

4.3.1 Need for a measured perspective on increased utilisation of remote/online approaches

Required to innovate during the pandemic, VCS organisations now know that online/digital mental health are feasible and have some experience of working with these. Most intend incorporating online/digital approaches as part of an ongoing hybrid/blended model to varying degrees, but many emphasised the importance of a measured approach to this aspect for their own organisation and across the sector overall. The following are some of the dimensions of this requiring attention.

Online/digital approaches are not for everyone or for everything

Many organisations emphasised this aspect, including the importance of ensuring choice, maintaining the face-to-face/human element and ensuring it remains central, and the need to establish an optimal balance in hybrid/blended models of service delivery. Some organisations also expressed uncertainty about whether online/digital approaches were really appropriate for their mental health activities, and whether and how much to continue with these approaches after the pandemic.

Digital divide barriers

The nature of the VCS sector means many of the organisations work with disadvantaged or otherwise vulnerable or marginalised groupings. Experiences during the pandemic showed that digital divides presented very real barriers for access to the online/digital service delivery modes. Aspects of this include low digital literacy, lack of access to the necessary end user equipment and connectivity, and affordability of usage costs. Organisations felt this is a crucial area for attention to ensure equal opportunities and choice in access to mental health services and supports in the 'new normal' after the pandemic.

Quality assurance for mental health services provided via online/digital approaches

Organisations in the sector also noted some uncertainty about whether the services they provided through online/digital approaches were following best practice standards for these modes of operation. Further support and guidance on this aspect will be important for optimally re-setting the mental health system after the pandemic. Linked to this, organisations also noted the need for more research and evidence on effectiveness of online/digital approaches.

Attention to new risks and emerging issues

Experiences during the pandemic highlighted new risks that can arise with remote service provision. One issue is the unsuitability of the home as a place to access mental health services under some circumstances, for example in situations where domestic violence features. The suitability of other places where users may remotely access services also requires consideration; for example, provision of private and secure places for this in homeless accommodation and other congregate settings can be challenging.

A broader range of issues concern potential unintended consequences of moving interaction and engagement to virtual modes, for example, increased risk of loneliness amongst older people and others vulnerable to social isolation.

Understanding what users really want and prefer

Organisations also noted the importance of gaining a better understanding of what users (really) want and prefer for engaging with mental health services. Services and users may have adopted a 'needs must' perspective during the pandemic, but we need a lot more insight into what modes or channels of access are preferred for different activities, by different people, and in different circumstances. Allowing user choice is important, not just a binary option of either online or face-to-face services but facilitating their combination in flexible ways. Service users also have preferences around the use of different channels (text, phone, chat, video, etc.).

4.3.2 Broader issues, opportunities and challenges for the sector and wider system

The BNC survey also provides many useful insights on broader issues and opportunities for the VCS sector and the wider mental health system it is part of. Two main themes emerge from this - 'seizing the moment', the unique historical opportunity for the mental healthcare system; and encouraging and supporting improved interworking within the VCS sector, and between the sector and the wider system.

Seizing the moment

Many organisations pointed to the unique opportunities the pandemic-driven disruptions and change present for a major re-vamping and consolidation of the overall mental healthcare system, and the place of the VCS sector in this.

Aspects and dimensions mentioned include:

* Mental health is a very visible/topical issue at the moment, presenting an unprecedented opportunity to encourage parity of esteem between physical and mental health needs/services
* Appreciation is growing of the spectrum of services that are important parts of the overall system, both HSE and VCS, and the opportunities for a combined effort to promote and support more radical transformation of the system
* The pandemic has increased visibility and recognition of the importance and value of prevention, self-help supports and proactive wellbeing initiatives, both for the general population and for specific target groups
* Wider recognition of the cross-sectoral dimension of mental health (including education, employment, social protection, justice, and public finance allocation more generally) and the interlinkages between mental health and broader social policies
* Increased appreciation of the need to reframe and make more flexible traditional 'silo' funding approaches that over-rigidly separate mental health, disability, care for older persons, social inclusion services, etc.

* Recognition of the need to ensure more uniformity of quality in service offerings in each domain of mental healthcare activity, and development of more centralised and coordinated mapping and sign-posting to specific types of service and support
* The pandemic has uncovered new (or newly visible) mental health difficulties now needing attention; for example, the interplay between adult and children's experiences, family pressures due to lock-down, impacts of stress, financial difficulties, isolation, bereavement, long Covid.

Improved interworking between organisations and components of the system

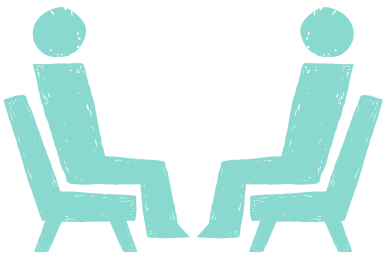
Substantial numbers of organisations also expressed potential interest in greater collaboration across the VCS sector. Improved frameworks for sign-posting and onward referral to mental health services provided by other VCS organisations was one area of interest. This includes organisations not specialising in mental health, per se, wishing to have referral pathways to organisations which do, as well as organisations with a dedicated focus on mental health wishing to have better access to expertise of more experienced/specialist VCS organisations. Broader collaboration frameworks were also of interest, for example, online 'drop-in centres' providing access to multiple agencies, specific collaborations for organisations working in related areas, structures for cross-referral of clients, more joint projects, better understanding of what others offer, and possible mergers.

This is another important theme for attention in the efforts to enhance the role and contribution of the VCS as envisaged in *Sharing the Vision*. It requires a sensitive and nuanced approach that recognises the value of both the larger, high-volume service providers and the much smaller, low-volume organisations addressing niche target groups and issues. This needs to be cognizant of ongoing issues around competition between organisations within the sector for available public funding. Development of appropriate and fair resource allocation frameworks will be important to optimally leverage the capacity of the sector as a major component of the mental health system, with the financial certainty to deliver an optimal mix of quality assured high-volume and more niche services and supports required. This links with recommendation 14 in *Sharing the Vision* – 'Where Voluntary and Community Sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable' – as well as the work of the Dialogue Forum with Voluntary Organisations.

4.4 Conclusions

Overall, the VCS organisations see important potential for incorporating online/digital approaches in how they work and provide mental health services and supports from now on. Because of the pandemic, they have had to become operational in this domain much more rapidly than would be typical for such major innovation and transformation. There will be a need for significant public investment and capacity-building supports to enable the sector to properly establish and sustain these ways of operation to a fit-for-purpose standard in the mental healthcare context.

Although online/digital approaches have much to offer, most organisations see these as just one element of how they will operate going forward. The activities and services the VCS organisations provide, and the target groups they work with, mean that for most organisations the more traditional face-to-face, place-based modes of service delivery require re-establishment on the same or even larger scale as before the pandemic. Commensurate public funding and capacity-building supports will be necessary for this also.



> **...for most organisations the more traditional face-to-face, place-based modes of service delivery require re-establishment on the same or even larger scale as before the pandemic.**

5.

CONCLUSIONS & RECOMMENDATIONS

5 CONCLUSIONS AND RECOMMENDATIONS

Moving into 2022 presents a unique historic opportunity to adopt a strategic perspective in providing the much-needed operational support for the VCS mental healthcare sector re-set after the pandemic. The current BNC report and the project's first report provide detailed data and broader analytic perspectives to inform this.

* The first report on the BNC survey of VCS organisations provides an in-depth picture of how the sector adapted and responded during the pandemic. It shows 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 reorganizing 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 many of these challenges remain ongoing issues for the sector as we move on to the 'new normal' after the pandemic.

* This second report provides additional analysis of the more strategic issues facing the sector and the organisations within it as we come out of the pandemic. It grounds this analysis with a mapping of the activities of the sector based on the situation just before the pandemic – who it reached, the services and supports provided, and the volumes of these it delivered. This pre-pandemic perspective is important in establishing the baseline requirements for post-pandemic system re-set. Whilst the pandemic has shown the potential of online/digital approaches, re-establishment and re-vamping of more traditional ways of providing services and supports must also be centre stage.

Two key inter-linked recommendations emerge from the data and analysis, addressing:

* The urgent need for substantial funding and capacity-building for the VCS after the pandemic.
* Development of a policy-driven framework to provide strategic and operational guidance for this.

RECOMMENDATION 1:

PROVIDE THE FUNDING & CAPACITY-BUILDING SUPPORT REQUIRED FOR THE VCS RE-SET

As we move out of the pandemic in 2022, provision of a sufficiently scaled funding and capacity-building support package for the re-setting of the VCS mental healthcare system 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 both for re-establishing traditional services and for properly embedding online/digital approaches where these add value. As recommended in *Sharing the Vision*, it is essential to establish secure and sustainable funding models for the VCS sector to fulfil its envisaged central role in delivery on mental health policy. The on-going *Dialogue Forum* with voluntary organisations also provides an opportunity to address this.

Re-establishing traditional place-based and in-person activities requires financing. Without support, many organisations may not be able to afford this or may have to re-allocate resources from their service delivery operations. For online/digital approaches, many organisations had to move very quickly online during the pandemic and will now need financial and other capacity-building supports to ensure their technological infrastructures, security/privacy arrangements, and staff skills accord with quality standards for provision of mental health services and supports. This should also give attention to the implications of digital divides for access to mental health services and supports in the 'new normal' after the pandemic, for which cross-sectoral and cross-departmental perspectives and initiatives are necessary.

RECOMMENDATION 2:

ESTABLISH A POLICY-DRIVEN FRAMEWORK TO BUILD AND SUSTAIN THE VCS SECTOR

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.

At a general level, some form of mapping and classificatory scheme is essential to orient and guide policy on the role of the VCS within the mental health system. This can support development of a more strategic and coherent approach to sizing and allocating funding to the sector, commensurate with its aggregate scale and contribution. If applied at a more operational level (e.g., to support funding allocation or for quality assurance purposes), any classificatory frameworks should resonate with the perspectives of the relevant stakeholders. This requires a co-produced approach, involving the various parties concerned – policy-makers, the VCS sector, and 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, as well as engagement with *Sláintecare* on funding and other dimensions that may fall within its scope and remit.

Annex 1: The 53 organisations covered in the analysis

3Ts	Helplink Mental Health
AACPI	Huntington's Disease Association
AHEAD	Irish Advocacy Network
AkiDwA	Irish Refugee Council
Alzheimer Society of Ireland	ISPCC
AWARE	Jigsaw
Barnardos	Mental Health Ireland
Belong To	Merchants Quay Ireland
Bloomfield Health	MyMind
Bodywhys	Pavee Point
Chime	Peter McVerry Trust
Cork Counselling Services	Pieta
Cork Mental Health Foundation	Respond! Housing Association
Depaul Ireland	Samaritans
Donegal Mental Health Advocacy Services	Shine
Dual Diagnosis Ireland	Sli Eile Housing Association
Dublin Simon Community	Smashing Times
Dyslexia Association of Ireland	SpunOut
Dyspraxia/DCD Ireland	St. John of God Hospital
Exchange House	St. Patrick's Mental Health Services
Finglas Addiction Support Team	Suicide or Survive
First Fortnight	The Rehab Group
Focus Ireland	Threshold Training Network
Gateway Mental Health	Recovery College - ARIES
Grow Mental Health Ireland	Traveller Counselling Service
ADHD Ireland	turn2me.org
HAIL	

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10 years Mental Health Reform

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