Rapid Report: How mental health social workers are responding to the coronavirus pandemic

22 April 2020

Introduction

The coronavirus pandemic is creating new pressures for England's mental health services. The people who rely on these services are facing increased risks to their physical and mental health. At the same time these teams must adapt how they carry out their vital role, so as to observe and promote public health measures.

In response, mental health services and their staff are rapidly transforming how they work, in order to provide the best possible care in these unprecedented circumstances.

This rapid report aims to describe these transformations, based on interviews with 36 mental health social workers across the country. In particular, this report focuses on the involvement of social workers in adult community mental health services (the professional group with which Think Ahead has the most contact).

Social workers and social work trainees are important frontline professionals in the pandemic response, defined as key workers by the Government[1] and Social Work England[2]. They are facing serious challenges, such as safeguarding and providing care for increasingly vulnerable people whilst staying as safe as possible themselves. But they are also finding opportunities, including developing new ways of working which may be useful beyond the COVID-19 response.

This report summarises what we have heard about the challenges facing mental health social workers, and the solutions they are developing. It may be of interest to:

- **Practitioners** who want to learn from what is happening in other mental health services and examples of emerging good practice.
- **Policymakers and system leaders** who are keen to understand emerging trends.
- **Anyone curious about** what is happening in frontline mental health services.

This report feeds back experiences from the frontline of community mental health services – it is based on interviews with 36 professionals[3] spanning experiences in 33 (mostly community) services located across 8 regions of England[4], carried out between 27 March and 17 April 2020. While this is a reasonable spread, it is not fully representative and can only be considered a snapshot of a rapidly evolving situation.

This report is just a summary of what we have heard from mental health social workers. It is not a piece of official guidance, and should not be used to replace guidance from official bodies such as DHSC, DfE, the NHS, or Social Work England.

About Think Ahead

Think Ahead is a national charity that partners with NHS Trusts and Local Authorities to strengthen their mental health teams. Through our Think Ahead programme, which is funded by the Department of Health and Social Care, we recruit and train new mental health social workers, provide training for existing staff, and support organisations to integrate social interventions across services. We have provided more than 400 recruits to over 50% of England's NHS Mental Health Trusts and 30% of Local Authorities, spanning every region of the country.

All feedback on this report is welcome. Please send any comments or questions to communications@thinkahead.org.

Summary of findings

From our interviews, we found that:

Services are reconfiguring roles and teams to prepare for dramatically increased pressures

Increased demand is expected to coincide with reduced staffing

In all the areas we heard from, teams are expecting and preparing for:

- **Increased demand for all mental health services**, as the reduction in social contact and anxieties brought on by the pandemic have a negative effect on service users' well-being.
- **Increased demand for crisis services in particular**, as more service users become at higher risk, primary care services (such as GP surgeries) are likely to have less capacity to deal directly with mental health issues, and, in some areas, Increasing Access to Psychological Therapies (IAPT) services are being paused.
- **Reduced staffing levels**, as team members are themselves affected by the coronavirus situation. In some organisations, staffing levels are already down by 20-50%.

Social workers' roles are being changed to prioritise essential services

In many places, social workers are changing their day-to-day work significantly. Examples include:

- **Taking on extra cases**, from colleagues who are redeployed into other services (e.g. nurses being moved to wards). In one instance we heard that this has resulted in service users at lower risk being "paused" or handed over to other, sometimes less qualified, colleagues.
- **Pooling caseloads to be jointly managed across a team,** so that team members can support and safeguard the highest-priority service users at any given time, meaning that the member of staff supporting an individual service user may change on a daily basis.
- **Taking on more shifts acting as an Approved Mental Health Professional** (a statutory role, largely performed by social workers, taking decisions on whether an individual with mental health problems can be temporarily detained under the Mental Health Act).
- **Being redeployed into other mental health teams** providing support for the most at-risk individuals, such as crisis services, home treatment teams, and inpatient wards.
- **Being redeployed onto hospital discharge work**, which is increasing – in some cases we heard that mental health inpatients are being discharged to minimise their risk of infection, and in some areas mental health wards are being repurposed to help hospitals cope with the extra demand from coronavirus patients.

Some teams are being restructured

Restructuring is generally intended to enable crisis support to continue even when staffing levels are reduced.

Examples include:

- Community mental health teams covering **different geographical areas being merged** into a single team covering a larger "patch".
- Teams with **different specialisms merging** – for example older adults teams and brief intervention teams – with service users prioritised based on need.
- Multiple **crisis teams being merged** into a unified crisis assessment centre.
- Individual staff being pulled out from across several teams to **create a new mental health hub** supporting many community teams.

Teams are embracing remote working, but digital contact with service users creates real challenges

Many teams are now predominantly working from home

Almost everyone we spoke to reported that time in the office had been drastically reduced. Some are now entirely home-based, while others are still going into the office on a rota – e.g. one or two days each week, or one full week in the office followed by two full weeks from home.

> *"The normal office hustle and bustle of a team that's made up of around 60 people is down to a duty rota of about 6 to 8 per day."*

This has been a big and stressful change for many social workers we spoke to, involving quickly adapting to new ways of working (new work practices are described below). However, in some cases time saved on travel (to meet service users and to move between offices for meetings) can now be used more productively.

Technology is working well for internal communication

All organisations are now using technology to stay in touch and manage work remotely. In the majority of services this is a very new way of working.

The most commonly-used platform is Microsoft Teams, and some organisations are also using Skype, Zoom, or Webex for meetings – e.g. where 20 or 30 staff need to come together for multi-disciplinary meetings.

Many people felt that technology creates opportunities for more efficient working, and that the current situation has forced people to embrace positive changes that might have otherwise taken years:

> *"I can certainly see agile and remote working being undertaken a lot more after the current situation ends, and social workers who have the confidence and motivation to work independently and creatively will certainly be extremely helpful in service delivery going forward."*

Digital contact with service users is more complicated

Across all service users, there are concerns around **security and confidentiality**. Guidance about which platforms can be used varies widely between organisations – for example with some allowing platforms like Zoom and Skype, and others not.

There are also some concerns that many service users could be **digitally excluded**. Individuals may not have a laptop or mobile, or the knowledge or confidence to use these devices.

Amidst these concerns, we found a very mixed picture of digital contact with service users. In some areas new technology isn't being used at all, with remote contact only via phone calls. Other organisations are using a range of technology platforms.

Platforms being used for video contact with service users

A wide variety of platforms are being used across different services, including:

- WhatsApp
- Skype
- Zoom
- Attend Anywhere
- accuRX

While many teams are finding the shift to digital service user contact challenging, in at least some services it is already common practice:

> ***"We work with service users aged 14 and up, so we've been using different types of technology for a number of years,*** *because it's often what works best for the service users. We'll use WhatsApp, phone, text or email –* ***we just make sure it is risk assessed and it's written into each individual's care plan so that they know what to expect****. For example, if they prefer to communicate over email, that's fine – but they need to know that emails can go unchecked for days or weeks at a time, so if they're in a crisis they still need to call the team's crisis number.* ***We're also careful to ensure that we have informed consent,*** *so they know (for example) if the platform they're using isn't secure."*

Only the most at-risk service users are getting face-to-face support

In line with government guidance, face-to-face contact has been drastically reduced. Almost everyone we spoke to told us that in-person meetings are only happening if they are absolutely essential.

Personal Protective Equipment is not universally available, but is being provided for social workers working in crisis teams (where face-to-face contact is essential) in some areas. The British Association of Social Workers has produced guidance for social workers on carrying out in-person visits and how PPE should be used.[5]

Many teams are using a RAG (red, amber, green) rating system to identify the service users who are most at risk.

Some teams are proactively phoning all service users who might be vulnerable or isolated, to assess their level of risk, find out if their care packages have been disrupted, and ensure they know how to contact all the services that can help them.

Examples we heard which might lead to a service user being considered a priority for face-to-face contact included:

- Being in crisis.
- Increased self-harm or thoughts of suicide.
- Being previously identified as someone who is particularly vulnerable (for example, those living in supported accommodation or older adults in care homes).
- Not reliably taking medication.
- Being unwilling or unable to communicate by phone.
- Being on a Community Treatment Order.
- Having had contact with the police or a hospital emergency department within the past few days.

Some ongoing support and interventions can be continued remotely

Reducing face-to-face support so drastically is certainly a concern for many social workers, who often consider non-verbal cues and an individual's surrounding environment when checking in on service users and assessing risk.

However, for those service users not being seen in person, it is still proving possible to provide some valuable support remotely.

> *"Service users are grateful to hear from us – it's a friendly and reassuring voice, that helps them to deal with the stress. Contact might look different at the moment, but we still need to avoid loneliness."*

Examples we heard included:

- General emotional support.
- Delivering talking therapy interventions such as Motivational Interviewing or Solution-Focused Brief Therapy.
- Liaising with carers to ensure practical support is in place.
- Ensuring the right benefits are in place and making applications for additional financial support needed.
- Liaising with other agencies and local services – for example on issues related to housing or employment.
- Managing regulatory processes which can be carried out remotely – such as providing input to Mental Health Act tribunals.

In fact, we heard of a few examples where having phone or video calls was considered to be an advantage:

> *"There's already evidence with a few individuals that we work with that phone calls are more productive than office visits – they're in their own safe space and there's less power dynamics compared to the more formal and medicalised experience of travelling to the professional's office, signing in at reception and waiting in a waiting room."*

> *"Video calls have been really good. Some service users say they benefit from them more than a phone call. But there's a huge generational gap."*

New forms of support for service users are being introduced to respond to the pandemic

As well as adapting pre-existing work, we heard several examples of new work being started up to respond to the risks posed by the pandemic.

Examples included:

- **Talking service users through how to protect themselves** from the physical and mental health risks of the coronavirus (including how to handle feelings of loneliness and isolation).
- **Reviewing and adapting Relapse Prevention Plans, Care Plans, and Risk Assessments**, to account for lack of social contact and other risks.

> *"Coronavirus has changed care planning. A lot of service users are in that 12 week isolation period group - because of things like COPD, diabetes, or having a compromised immune system. So much of what we do is about community and connections so this is a real challenge, particularly for individuals who don't have friends and family to help them, or access to Facebook and other online resources."*

- **Creating resources** (e.g. leaflets or webpages), which can be shared with service users, providing tailored advice and signposting local support services.
- **Creating new virtual opportunities for service users to connect** – in some cases through adapting the Connecting People intervention (which focuses on increasing an individual's social capital and connections to their community) for remote delivery.

  "We are working on setting up smaller virtual groups on new topics – like origami, knitting, or social groups to talk about a TV show they're all watching – this is an opportunity, because previously you'd need at least 5-6 people to make a face-to-face group worthwhile, but now you can set up quite niche groups where 2-3 people would be enough."
- **Creating new collaborations with local organisations**, such as churches or food banks. One team is liaising with a local heating company whose staff are unable to work and are instead acting as delivery drivers.

Supporting staff welfare is requiring new ways of working

The current situation creates new strains for mental health professionals

We heard about several new sources of stress, including:

- Increased concerns for the welfare of service users.
- Rapidly adapting to new ways of working, new roles or team structures, and increased workloads.
- Dealing with high levels of uncertainty in a rapidly changing environment.
- The risk of feeling disconnected from peers while working remotely.

Services are responding with increased levels of support

Examples included:

- **Increasing the frequency of (remote) team meetings**, often from weekly to daily.

  "The daily 'huddle' has been invaluable – it helps you feel connected, and it's nice seeing people. Everyone has been super, super supportive. People are sharing the workload and easing colleagues' burdens, there's a genuine sense of camaraderie."
- **Using technology to replicate informal "across the desk" support** – e.g. impromptu video chats and WhatsApp groups.
- **Providing regular updates** about changes in organisational structures and policies, or government advice – for example through more regular contact from Principal Social Workers or service leaders.
- **Providing regular clinics or groups** led by psychology teams.
- **Establishing a buddy system** between staff working in the office and from home.
- **Introducing a policy that routine service user meetings should not normally take place after 4pm**, so that there is time before the end of the day to speak to colleagues and get support if necessary.

Trainees are making valuable contributions, whilst maintaining their progress towards qualification

Trainees are seen as a valuable part of the workforce, now as much as ever

Many of the qualified social workers we spoke to for this report emphasised that trainees can be an invaluable resource to support the teams they are training in. And many of our trainees have told us that they are keen to contribute to the national effort. This chimes with the government view that social work trainees are considered key workers in the coronavirus response.

> *"Social work students are recognised by the Department for Education and the Department of Health and Social Care as key workers supporting the national response to COVID-19."*
>
> - Social Work England[2]

We also heard a general view that, as well as enabling trainees to contribute directly through their work during training, it is important to keep them on track to qualify on time. Final-year students are generally due to qualify this summer or autumn, when social workers are likely to still be in even greater demand than usual.

Trainees are making a direct contribution through their work on placement

Given the challenges of increased demand and reduced staffing, we heard numerous examples of trainees proactively "stepping up" to contribute more and alleviate pressures faced by colleagues.

> *"Despite the uncertainty and constantly evolving challenges, [the trainees] have been exceptionally understanding, flexible and pro-active in promoting the wellbeing of service users and developing their work to fit the current restrictions."*

In many cases this has included taking a leading role in progressing tasks that require sign-off from a qualified social worker, with the appropriate level of management and quality assurance from their supervisors.

Examples of extra contributions made by trainees included:

- **Preparing Social Circumstances Reports**, which are required when Mental Health Act Tribunals review the cases of individuals who are receiving compulsory treatment under the Mental Health Act. While these must be signed off by qualified social workers, they can be prepared by trainees and presented remotely during tribunals. Trainees can take on this task across a number of different teams, easing the workload of multiple social workers.
- **Providing psychoeducation for service users and carers.** By helping people to understand how the pandemic might affect their mental health, trainees can reduce the risks and demands faced by service users and carers, with knock-on benefits for the service.
- **Undertaking Carer's Assessments** (a duty under the Care Act) via video conferencing to establish whether carers qualify for financial support, and how their social and emotional needs can be met.

- **Processing hospital referrals**, easing the workload of ward staff. In one area, trainees led on developing a new system to carry out the referral process remotely (including relaying information to all relevant colleagues, and organising needs assessments).

Services are doing more to support trainees' wellbeing and ensure they can progress their learning

Supervisors are confident that trainees will be able to develop the competencies required to qualify (including as set out in the Professional Capabilities Framework). Indeed, some of the tasks trainees are undertaking are arguably more stretching than in "normal times".

> *"I am very impressed with the way trainees are dealing with the health crisis. They have demonstrated many of the Professional Capabilities by adapting their working styles."*

But we heard that, in common with other team members, trainees may need more or different support to ensure their wellbeing and support their progression.

Many supervisors are:

- **Providing closer and more frequent supervision**, including more video meetings focused on personal wellbeing as well as discussion of individual cases.

  "If somebody didn't see the value of case consultations [meetings where individual cases are discussed in detail and an action plan is created] before, hopefully they will see them now... they have an even stronger role now than they did before."

- **Ensuring trainees keep accurate records of work undertaken**, so that its contribution to their development can be fully counted towards qualification.

  "It's more important than ever to keep records – recording what you did, and why you did it. Things are changing all the time at the moment, and in a few weeks it might be difficult to remember why something seemed like the right action to take at the time – so make sure you're documenting everything."

Thank you to everyone who contributed to this research. We will be monitoring how this situation evolves over the coming weeks and months. If you have any questions or feedback, or if you would like to share any examples of good practice in your organisation, please feel free to get in touch with us on communications@thinkahead.org.

[1] https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision
[2] https://www.socialworkengland.org.uk/coronavirus/information-for-education-providers-and-social-work-students/
[3] Made up of 19 qualified frontline practitioners, 11 Consultant Social Workers (experienced social workers who lead teams of Think Ahead trainees carrying out frontline work), and 6 Practice Specialists (experienced social workers who are employed by Think Ahead to liaise with frontline services and quality assure our trainees' experience).
[4] The only unrepresented region was the East Midlands.
[5] https://www.basw.co.uk/professional-practice-guidance-home-visits-during-covid-19-pandemic