

# Community and Wellbeing Services COVID-19 response and case studies

## Continuing to support the most vulnerable during COVID-19

Our Community and Wellbeing Services link work teams have managed to maintain contact with their clients, and are accepting new referrals to the service, by embracing new ways of remote working and taking the time to explain these changes to all clients during this time.

We have established our clients' additional support needs due to COVID-19 and ensured that these needs are met by signposting or arranging support to meet these needs, for example help with food shopping, benefits arrangements, and addressing fuel poverty. This is in addition to the continued support of the person's mental health issues.

Further detail of how we are working is detailed in the following paper: Role of Community Services and Link Work during the COVID-19 outbreak (PDF, 159KB).

As a result of COVID-19, many of our clients have found that the situation has exacerbated their mental health symptoms, such as anxiety/depression/self-harm/suicidal ideation. Our link work teams have responded by providing the following:

- Information and the support needed to enable people to keep in touch with friends and family in creative ways such as social media, WhatsApp videos, Zoom etc (with relevant privacy settings). This includes enabling them to continue to meet with people they have met through our supported and peer led activity and support groups, where this is appropriate. We are setting up a Facebook group which is about to go live; this will provide a safe space for people to meet up as a forum.
- Information, support, and encouragement to access free online courses to help people to
  continue to develop their coping mechanisms, build resilience, and keep distracted from their
  existing and additional COVID-19 related issues. This enables people to continue to
  experience a sense of achievement, building on enhancing their self-esteem. This activity
  includes a continued focus on functional English and maths, as has been requested.
- Information on accessing online/telephone support available for anxiety (Anxiety UK), Bipolar Support, Men's Health Forum (text, email, and chat support available), Papyrus (prevention of young suicide), Crisis team.
- Information and support to access and utilise self-help apps including Calm Harm, Catch it,
   Chill Panda, etc.
- Support to help people to establish a routine and adapt to the restrictions during the lockdown.
- Information on how people can keep active (promoting choice).
- Information on how people can remain in control, focussing on what they can and can't control and how they adapt to this.



## **Case studies**

Our Community and Wellbeing Services work with people with more complex needs, providing intensive levels of link work. This enables us to ensure that those people who would normally engage with crisis services, A&E, GPs, and emergency services (police and ambulance, etc.) remain safe within their communities, without having to resort to this type of service. This ensures that the health and social care system continues to concentrate its resources on the COVID-19 response.

To demonstrate this, we have compiled a snapshot of examples of the kind of cases and responses we have seen.

### Case study 1

## **Background**

Our Moving Forward Service supported a client who had experienced previous complex trauma and was feeling really isolated because of the lockdown. He was using negative coping strategies such as gambling significant amounts of money and withdrawing from talking to anyone on the phone.

#### Intervention

His Link worker was able to provide telephone support and signposting advice, as well as resources and information on some positive coping strategies and the importance of establishing a routine as a means of distraction and maintaining occupation.

## **Impact**

Our client now has the opportunity to access support at a time when he is feeling very disconnected and isolated from the world. He has the support of his Link worker to 'check in' on how the helpline work is going, to improve his coping strategies and his financial position, reduce his isolation, and improve his self-esteem.

#### Case study 2

## **Background**

We continue to support a client who has been raped and is still in a relationship with the perpetrator. The partner has reportedly been psychologically abusive and exhibits coercive control.

#### Intervention

The Link worker has worked hard with our client and other services to ensure they gain access to the relevant support from adult social care and Tyneside Rape Crisis.

## **Impact**

This client is vulnerable and is at risk of continued abuse. We are working alongside her and signposting and supporting her to access the relevant support needed to reduce this risk and empower her to make choices in her best interests.



## Case study 3

#### Background

One of our Link workers has supported a client she was waiting to be assessed fully to use our Moving Forward service. The client had contacted the crisis team, as she felt her mental health was rapidly deteriorating and had identified that one of the contributing factors was that she was caring for a dependent with complex mental and physical health needs.

#### Intervention

The client's link worker worked closely with staff in the Early Help Team (children's services) to advocate on her behalf to arrange school places as a preventative measure, both to safeguard the child as well as provide an early intervention to address the client's emerging mental health issues. During the interaction, the link worker also ascertained that a contributing factor was the lack of available food for the client and her three children.

We provided her with an emergency food parcel and arranged with her Family Support Worker for her to receive ongoing weekly parcels. Her link worker offered practical and emotional guidance around her wellbeing, staying connected to family, getting her daily exercise and so forth.

#### **Impact**

The link worker followed up and was informed by the client that her children are now attending school, the client is going out for a daily walk alone and is using video calls to stay connected to her family. She has reported that she feels in a much better place now.

#### Case study 4

## **Background**

One of our link workers provided support to a client with complex physical health needs and is currently being 'shielded'. This client felt she was not being heard when requesting help from her GP. She said she felt she needed her pain relief as well as her anti-depressant medication increased, and also reported that the surgery had not returned her calls or responded to specific requests in her emails. This client also reported that she felt completely disconnected from everyone.

#### Intervention

This client's link worker was able to liaise with the surgery and secure a time for her GP to call her the following day. A referral was also made to the befriending service that MHC is delivering, as a provider of the CityLife Line project (see below).

## **Impact**

Our client's medication has since been increased and she has reported that she is coping better. She has reported feeling less lonely since she has received support from a volunteer befriender, and knowing that she has the support of her link worker has provided further assurance that she has the support she requires available to her.



# **CityLife Line**

Whilst continuing to deliver link work and support to some of the most vulnerable people within our communities as described above, our staff have also dedicated time and resource to become an integral coordination and delivery partner of Newcastle City Council's CityLife Line project. This was launched to harness the outpouring of goodwill from citizens who have volunteered to help the people within our communities during the COVID-19 outbreak.

Our teams are providing shopping support for people who are shielding as a result of COVID-19, as well as delivering a befriending service to reduce social isolation at this difficult time. We are doing this by providing capacity from our existing workforce to coordinate and train the volunteers in the project, as well as providing direct capacity from our link workers to deliver the response in relation to the community's needs.

Our link work teams are referring people directly into these services, to ensure that the most vulnerable people within our communities are identified and can access additional support, with the provision of fresh food and toiletries and continued human contact, so that during this period of enforced physical isolation we are still able to combat social isolation.

For more information about our Community and Wellbeing Services, please visit: www.mentalhealthconcern.org/our-services/community-services