Rapid Mental Health Needs Assessment During COVID-19

Stage 2 - Emerging Needs – June 2020

Findings from the the Health Provider Survey

Acknowledgement

Public health would like to thanks and acknowledge many professionals in the VCS and statutory sector who, during an extremely busy and stressful period for many, provided essential intelligence for this report.

Baseline data on mental health in Bradford has already been collected during Stage 1 of the rapid needs assessment. Stage 1 also considered changing risk and protective factors for mental health during COVID-19 to identify potential risk groups for further mental health deterioration. Stage 2 goes on to collect local data and intelligence to illustrate emerging need in the District, and to understand issues around demand for services and capacity to respond.

Local data has been sourced from:

a) A survey of mental health service providers via the Mental Health Providers Forum (hosted by the CCG), which are largely (but not all) VCS organisations
b) Direct feedback of the mental health impact of COVID19 from service leads
c) Two surveys results from Born in Bradford (BIB)- ,
    - a recent survey to understand the impact of COVID-19 on families from the BIB cohort, and another
    - using data collected in 2016-2019 (CHECK) to illustrate risk factors for mental health in children.

d) Data from Bradford District Care trust about local NHS mental health services Background

A survey of mental health service providers

Background

Stage one of the needs assessment identified the baseline prevalence of mental health issues across the life course in Bradford District (see separate Appendix in the main report). Stage one also considered changing risk and protective factors for mental health during COVID-19 to identify potential risk groups for further mental health deterioration. In recent months there has been much information published identifying an increase in mental health issues due to COVID-19 (Rajkumar, 2020).

It was therefore essential to engage with local mental health providers to ascertain how service demand and capacity has changed during the lockdown period. Furthermore, it was important to identify any gaps in current service provision and any additional support required by providers and service users. The survey of members of the Mental Health Provider Forum (MHPF) survey was initiated by the forum itself and administered by Bradford Airedale Craven Wharfedale CCG with public health input.

Methods

Data collection

A mixed methods approach was used for data collection. Although information was collected in the form of a survey, the questions were mainly asked in a qualitative format. The survey was designed and constructed by the CCG in partnership with public health. The survey was sent out in Word format to various mental health providers in May 2020 in the midst of phase 1 of the lockdown period. The survey asked questions relating to current service capacity, presenting mental health issues for service users, aspects which service users are finding helpful for mental health and any emerging gaps or needs- both in service provision and population groups that might be missing out on support**. (Appendix 1).**

This survey only provides a snap shot up to May 2020 and we are planning to repeat the survey at regular intervals to maintain an overview of mental health needs in or communities.

Data analysis

Provider characteristics are firstly summarised based on their provision and target population. The responses are also being viewed by the CCG. Providers were asked to RAG rate their service based on current service delivery, these results are also summarised. Mental health issues arising due to lockdown are addressed via age group. A thematic based analysis was used to identify service provision gaps and emerging themes between providers. Recommendations on how to address the gaps identified are provided. Furthermore, population groups particularly affected by lockdown are highlighted.

Results

Provider characteristics

Forty-one organisations responded to the MHPF survey. It was not possible to obtain a response rate as there was no clear list of potential participant organisations sent the survey.

The responses covered a range of different organisations, providing for a range of population groups including; befriending, counselling, psychotherapy, bereavement support, services for patients with cancer, carers, and peer support groups. There were also more specific services for people with serious mental illness or autism, individuals and families who have experienced trauma or abuse, and services aimed towards members of the BAME community, deprived communities and refugee and asylum seekers. A full list of organisations completing the survey can be found in **(Appendix 2).**

Delivery and capacity

Where information on capacity was recorded 50% reported a reduced capacity in some respect. Not many organisations quantified the extent of this reduced capacity, but where they did it ranged from 20 to 40%. The reasons for a reduced capacity included; staff sickness, concern over working in a home environment, volunteers needing to shield and volunteers struggling with their own mental health. There is difficulty in rapidly replacing volunteers where organisations require quite a lot of training, or the ability to work with certain communities where knowledge of the local language is helpful. Despite half of the organisations reporting a reduced capacity, just three stated they did not have capacity to cope with the current demand.

All providers where applicable reported adapting their service provision to adhere to social distancing guidelines. All organisations were still making themselves available to their service users via telephone, webchat, text, video and sometimes with provision of online tools or support mechanisms to service users. Some providers are adjusting their operating hours to increase access, some are re-deploying staff from one area to another to meet demand. There are excellent examples of proactive work to increase frequency of contact with some service users with the highest needs and this has resulted in good engagement of case-loads. Some have provided practical resources to home settings where face to face sessions are not possible (for example, craft and cooking equipment as well as self-help packs). However, complete transfer of services to remote methods has not been possible for some organisations based on the nature of the service they provide, or the groups that they work with. For this reason, some organisations are currently providing an amber 'rag rating' for their service **Table 1.**

Services were asked to 'rag rate' their organisation based on:

- Green – Service continuity not significantly affected.
- Amber – Some issues/concerns with service delivery due to staffing capacity /client presentations etc.
- Red – Significant difficulty in delivering services.

The self-reported RAG ratings looks reasonably positive, with 60% of the providers reporting a green RAG rating and 30% reporting and amber rating **(Table 1)**. One provider stated that

they fluctuate between green and amber week to week and one provider stated that different aspects of their service had different RAG ratings – reflected by the Green/Red status. Ten organisations filled out an old shorter version of the survey with questions around capacity and the RAG rating missing. One provider did not feel as though they had the authority to state their RAG rating.

Table 1: Current self-reported RAG rating of organisations in the MHPF survey, May 2020 (n=30)

RAG Rating	n(%)
Green	18(60%)
Green/Amber	2(7%)
Amber	9(30%)
Green/Red	1(3%)

*there were 11 organisations which did not have a RAG rating recorded. However, ten of these were not asked

Mental health issues, reported by provider organisations

Young people

In total there were eight providers who responded where young people were one of their specific target populations. A range of themes emerged from organisations working with young people. These include;

- Anxiety and stress, uncertainty for the future, fear of contracting COVID-19, feeling overwhelmed by media, feeling low and tensions in homes. Some reported concerns over domestic violence. Sleep issues are being reported for some young people.
- Young LGBTQ+ community with no supportive family members or anywhere safe to go are at particular risk of mental health deterioration. One provider noted they were seeing higher rates of anxiety and depression, triggering self-harm.
- Issues related to school closure were also expressed, including concern over exams, boredom, frustration, lack of routine and increased use of gaming to cope.
- Parents in some communities are reporting increased use of alcohol and drugs in young people, and concurrently, there are concerns from YP about substance misuse in parents. One provider noted that there is definitely more drug use in the home, mostly weed which affects the children's behaviour and mood.
- Young people attending crisis services are reporting worsened mental health due to lockdown, for example, not being able to see friends and extended family. There is a reported increase in self-harm and suicidal thoughts in some service users and there has been an increase in referrals to Towerhurst (accommodation service for YP in crisis, although currently only providing telephone support).

Adults

Mental Health presentation

Many provider organisations have reported their service users to be struggling with increased isolation, fear and anxiety related to COVID-19, in addition to depression and risk factors such as financial concern. Indirect health related anxiety has also been expressed (for example, those with a diagnosis of cancer). Although not reported in this survey, feedback from the national online mental health service for adults (Quell) has indicated that parental mental health has significantly increased during lockdown, following the increased pressure that families are experiencing at (data from QWELL national service).

Serious mental illness and crisis

In terms of serious mental illness, there has been an increase in crisis presentations in some services (up 60% in Haven) and an indication that mental health is being exacerbated during lockdown. This appears to be worse for people living by themselves or in situations where they feel unsafe. Symptoms include increased self-harm, alcohol use, and suicidal ideation/planning. For a few with longstanding mental illness, symptoms of psychosis are worsening. Lockdown may also increase risk due to individuals feeling trapped and controlled which is also increasing suicidal ideation in these groups (for example, those previously exposed to sexual violence).

Lifestyle

Changes in lifestyle issues are emerging, including increased alcohol use, lack of physical activity and disrupted sleep. There has also been reports from the healthy lifestyle survey of service users having a concern over an observed increase in crime and violence.

Inequalities

Provider organisations have reported that BAME communities have been badly hit, widening existing financial and health inequalities faced by this group. BAME communities are suffering an increased direct impact of COVID-19 infection, and an indirect impact (increased self-isolation due to poor health and increased loss of jobs). A link between mental health and poverty has been expressed quite frequently, particularly for those with serious mental illness, in crisis or from BAME communities. There has also been a reported increase in self-harm in LGBTQ+ community with mental health issues.

Bereavement

Two service providers for bereavement counselling have reported that referrals have not increased despite around 400 deaths due to COVID-19 locally. It is not known whether there is an awareness gap in these services being available. Some service users have chosen to delay help until face to face services re-open. However, bereavement remains an important risk factor for poor mental health, and continued support of this group is important.

Information provision

There are several examples of ‘fake news’ circulating currently, which may impact on communities’ ability to seek help when needed and follow safe practices to avoid infection. Fake news makes things particularly difficult for asylum seekers and other marginalised groups who may not speak English, and who have lost their community networks which were previously vital to remain informed

Older adults

In total there were seven providers who responded where older adults were their specific target population.

- Older adults have a higher prevalence of underlying health conditions which directly impacts the associated risk of COVID-19. This increased vulnerability has led to many service users feeling fearful and anxious when it comes to going outside for essential items including groceries and prescriptions. One provider has also stated that this had led to a decrease in fitness of their service users.
- All providers stated isolation and loneliness were leading to poor mental health of their service users. Other potential risk factors included; uncertainty over the future and the news having a main sole focus on COVID -19.
- Older adults which appear to be particularly affected include; those with cognitive decline/dementia, those who live alone or in retirement flats as they have been confined to their flats and not able to use the communal areas, the BAME community, those with a terminal illness, those waiting for a medical procedure which has been postponed and those who are deaf or hard of hearing.
- One provider noted that older adults experiencing cognitive decline/dementia are more confused, angry and frustrated while in quarantine/lockdown. Those with a terminal illness have higher anxiety as they feel as though time is slipping away.
- An increase in low mood in service users was observed in three providers and an increase in depression was also observed in three providers.
- One provider noted an increase in suicidal thoughts in their elderly service users. Especially those who have been recently bereaved.

Effective support

“…. each week they look forward to hearing another human voice” –

Community Companions

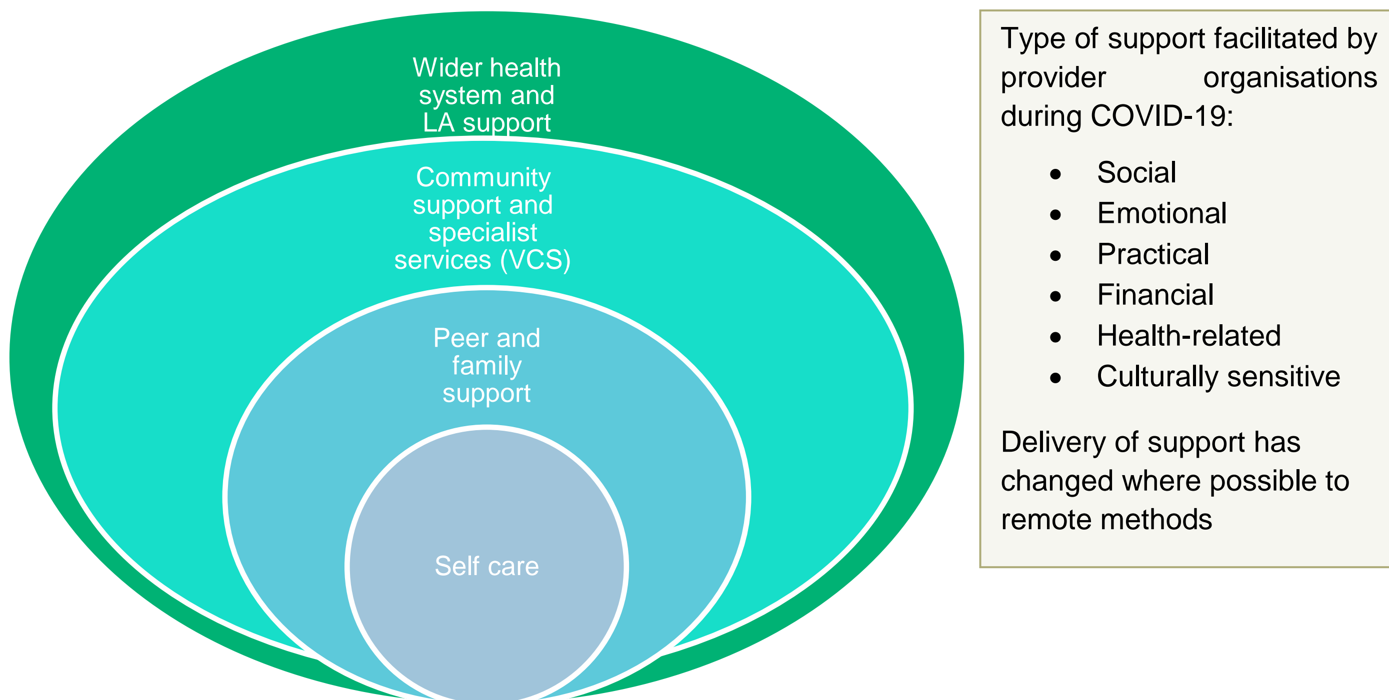
Providers report that service users have been finding multiple aspects of their service delivery during lockdown helpful. There have been a range of innovative techniques and solutions to accommodate different needs and requirements;

- Regular check in calls with their service users providing connection, support, reassurance; a familiar voice, a chance to talk to someone who understands the day to day challenges. Protected ‘me’ time, free from lockdown life (young persons and young carers). This type of support has particularly been aimed at those who are isolated, but has been helpful for several groups including young people and those with serious mental illness. In the most part this has been remote (phone call or video

call) and proactively arranged by the service provider, but some face to face youth work has continued in innovative ways to maintain social distancing and confidentiality.

- Access to specialist services (delivered remotely), knowing support is there
- Virtual group activities, including mental health specific sessions such as peer support and online forums, as well as more general activities to support wellbeing (virtual coffee mornings youth groups, quizzes)
- Practical support e.g. welfare advice, funding for phones, access to the internet to contact friends and family, support to use digital platforms, provision of food deliveries
- Practical activities to do at home e.g. craft activities, jigsaws, care packs, distraction activities for the evening (particularly so for isolated or young people)
- Self-care: grounding techniques, self-help resources, online daily journals, maintenance of daily routine.
- Personal activities to promote wellbeing- prayer, exercise, daily walks.
- Regular and up to date information and signposting
- System wide responses from local authority and wider VCS, joined up responses from MH teams and GPs
- Recognition of their need by the system (e.g. confirmation of health status to receive further support)
- Direct involvement in shaping COVID-19 response e.g. through Youth Voice work: Youth Ambassadors working with communications team on stay safe messaging that resonates with communities- this has been integral in spreading awareness of messages to Eastern European community.
- Safe spaces for face to face support where absolutely necessary (youth work team)

Figure 1: Nature of support facilitated through provider services during COVID-19 (illustrative, not proportionate)



Gaps/ Needs: Emerging themes

Digital/remote access

Remote provision of services through telephone or online methods is working for some. For example, the online service for young people (Kooth) has received positive feedback Regular telephone check-ins with service users have also been welcomed by many and some have asked for more support to be provided through virtual groups, including peer support. However, some groups are missing out on remote service delivery during lockdown as they do not have access to online devices, are unsure how to use the digital platforms, do not have access to a confidential space or cannot afford phone data. Telephone support has been the main mode of contact for providers with older adults. Limiting contact to the telephone as opposed to other digital platforms limits interaction and opportunities for peer support.

Recommendation: Five providers stated they needed additional support in relation to technological access and training for either their staff or service users. For example, not only those that are isolated, but families or young people on low incomes, especially to help with home schooling. Extension of this technical support/ IT training to volunteer groups has also been raised. One provider also stated they need guidance on how to distribute devices.

Need for face to face interventions

Over halve of all providers stated some difficultly to effectively deliver their services to all service users via remote methods. Some people may not be comfortable discussing certain issues over the phone or online (and it may not be possible for some to do this confidentially). Some people are choosing to wait for the return to face to face services rather than use digital versions- as has been seen in some referred for bereavement counselling. It is felt that face to face interventions are still needed for some groups, including those with more complex cases, behavioural difficulties, experiences of trauma, SMI and young children who are unable to take part in online support work. Some services are reporting that their clients would greatly benefit from the connection that face to face brings, indeed some feel desperate for the return of face to face activities. Some survivors of sexual abuse are facing controlling behaviour in lockdown and are unable to access services remotely.

Recommendation: Guidance and support for organisations to prepare for the re-introduction of some face to face services was highlighted as an additional support need by four providers. However, most providers would benefit from this guidance. The guidance would need to adapt to the most up to date government guidance on social distancing measures and take into account the need to protect staff and service users from COVID-19 infection whilst delivering core services to vulnerable groups as effectively as possible. One provider also noted the need for extra financial support with this to fund appropriate PPE. Bradford Youth Service have been delivering some face to face work, in innovative approaches to overcome some of these issues.

Safeguarding

One provider raised concerns that the lack of current face to face work makes it more difficult to pick up safeguarding concerns. This is an important point to take into consideration under lockdown conditions there are a lack of opportunities to disclose information due to school closures, reduced access to GPs, lack of access to friends and support workers. Concerns have also been raised about a likely increase in online abuse as some (especially young people) may spend more time online.

Recommendation: Groups that regularly work with vulnerable populations are likely to have spent time considering this issue (for example Children's Social Care, and specialist services for those at risk of abuse). Opportunities for providers to share methods which enable safeguarding issues to be identified during lockdown may be helpful, for example sharing any communications campaigns on this issue. There may also need to be increased awareness of detecting new safeguarding issues within key organisations that work with at risk groups following the easing of restrictions.

Change in demand

An increase in demand was noted for 15 (39%) of providers and a decrease in demand for 11 (27%) of providers. This decrease in demand has been despite expectations that it would increase (for example bereavement services, some services aimed at young people). This may be due to lack of awareness that services remain open, or it may be that service users are not able to engage, or not comfortable to engage remotely. Seven providers stated that

they anticipate a sudden rise in service users, following the reversal of lockdown measures. This is particularly concerning for organisations that anticipate their service users will have suffered more so during lockdown, but may not have had the opportunity to seek help (for example those who have experienced rape and sexual violence, or those suffering bereavement). A need for further welfare/ debt/ benefits advice has also been expressed by provider organisations.

There has been an increase in the demand for crisis services (for example, Haven crisis contacts are up by 60% compared to the same period last year). This is being expressed as worsening self-harm, alcohol use or suicidal ideation. Risk factors appear to be living alone, or not feeling safe at home. The increases in crisis presentation indicates a need for further mental health support for some population groups at present.

Recommendation: Increased staffing may be needed to provide critical aspects of the mental health response and regular contact between providers and commissioners should continue to identify anticipated capacity issues early. As some services have needed to re-deploy staff into more urgent areas of work, targets in other areas may not be met.

Equitable support and access

There was a call for the statutory section to ensure all groups of the population can access mental health support and treatment during this time. This report highlighted several groups were particularly highlighted as missing out an aspects of service delivery currently (see next section). The necessary switch to remote working to prevent spread of COVID-19 infection may act as a barrier for some to enable equitable access. However, some providers are already identifying ways of increasing the reach of their services (for example, using funding to provide smart phones, data and technological support, or re-creating face to face interactions as safely as they can in outdoor environments).
Some service users are experiencing situations where they are considered to be part of a 'shielded' group, yet are not receiving the support they expect (e.g. food parcels).

Recommendation: A focus on equitable access to services and the reduction of health inequalities could form a core feature of future service commissioning during COVID-19. Maintaining dialogue, engagement and co-production of services with service users going forwards will be essential in increasing coverage and providing services that are relevant and acceptable for different populations.

Information provision

Some population groups were felt to be lacking information, particularly those that are digitally excluded or non-English speaking. There were suggestions to consider how more informal networks of family, friends and health professionals could be used to share key messages. The need for up to date information on the return of normal service provision was also articulated.

Recommendation: Involving Young Ambassadors in the generation of communications on COVID-19 has already been shown to be effective in helping to share key messages with communities and this is a model that could be considered more widely, particularly as testing and contract tracing is increased.

Sustainability of remote working

A question was raised over the sustainability of providing regular telephone support in the long term- especially for those organisations that would not normally do this as part of their core offer. Some organisations expressed that telephone access could open up their service to a wider group, however the sustainability of this might be dependent on staff capacity and funding going forwards. A further point raised was regarding the considerable waiting lists that are accumulating for services where face to face work is an essential component of support and treatment. Provider organisation's ability to take on new clients as well as to provide increased intensity of support for existing clients was another aspect of some concern.

Recommendation: Again, regular monitoring of service capacity and demand going forwards will be helpful to monitor anticipated issues in delivery. Some organisations may require increased funding to enable continuity in service provision.

Staff wellbeing

Some providers mention staff wellbeing as a possible concern going forwards. Many staff have adapted well to remote working, however for some services this type of work involves discussing sensitive and potentially upsetting issues in their home environment, without the normal support structure of work around them. Some report significant fatigue from online and remote working, and the mental health of frontline health workers was another issue that was highlighted.

Recommendation: Although front line health and social care staff have been identified as a potentially at risk group for deterioration in mental health, it is unclear whether occupational health support for these groups will extend into the wider VCS. Some organisations within the Mental Health Provider Forum may already offer staff wellbeing support, and this could be an opportunity to share useful techniques and approaches.

Gaps in support for particular groups:

Despite the hard work of organisations to continue supporting their service users, the change in delivery of care to largely remote work has meant that some groups are not able to receive the level of care they would have done prior to COVID, or that some groups have new needs that are not necessarily being met. This situation is being compounded by the impact of the lockdown policy on individual's lives. This is by no means a fault of provider organisations, but a limitation of the circumstances that we are operating in.

Groups where gaps in mental health support during COVID-19 has been highlighted

- **Children** who are chronologically or developmentally very young (e.g. <14 years) are a group that have been mentioned as not feeling comfortable or able to engage with services remotely. As parents must be present when a child is <14 providers feel children are less likely to disclose.
- Groups with **no or little digital access**, including some older populations and those with limited finances, including BAME communities in some cases and Asylum seekers with limited data.
- Groups whose **first language is not English**- awareness, access and use of services may be limited
- **LGBTQ+ communities** with no family support or safe place to go during isolation.
- Individuals or families with experience of domestic or sexual abuse (difficult to make contact, difficult to work in the way that is urgently needed)
- **Carers** in different circumstances, including parent carers and unpaid carers seriously struggling with lack of respite care, carers from BAME communities (added stress around infection risk and decreased access to social support through wider family and worship). Carers from some communities might have language barriers (Somali/Bengali/Arabic) European.
- **People suffering bereavement**- referrals are down, despite expected increase- some are not wanting remote support. Isolation is increasing depression and anxiety in this group.
- Some **patients with cancer or a terminal illness**
- Some people with **complex/serious SMI (**experiencing a worsening of symptoms)
- **People living in poverty** – may lack online devices, not be able to afford phones and credit and have existing difficulties in their lives.
- **BAME groups** have a number of risk factors which increase their need for support. There might be a particular gap for CEE clients due to language barriers and women from BAME communities who may not be able to prioritise looking after their wellbeing.
- **Asylum seekers and refugees-** multiple gaps linked to lack of information and anxiety this brings, financial difficulties to access remote support, language barriers, other vulnerabilities (e.g. trafficking) that act as barriers to help seeking. Many are here alone, without any social support to access. These groups are disproportionately digitally excluded (which also affects schooling of children). Possible re-triggering of past trauma during this crisis.
- It is difficult to engage over the phone with elderly people with **dementia**
- Those who are **deaf or hard of hearing** need to be taken into consideration when guidance is being published. BSL interpreters are a must when it comes to the news. Information needs to be made accessible to deaf people to ensure they understand. Not all deaf people sign at the same BSL level. Bullet point issues clearly, include visual examples and stick to the point instead of rambling.

- **Adults who have autism** need clear advice and guidance from health service providers.

Conclusion

The results from this survey provide an indication of the extensive work that is being carried out by the VCS and Bradford Council's Youth Services in relation to mental health response during COVID-19. Further mental health service data to help increase our understanding of how service users are currently coping, and what help they are seeking, have been included in the final report and recommendations (Stage 3 report).

Recommendations- for mental health providers and commissioners

Key themes and future considerations;

1. **Universal proportionalism and an inequalities focus**

   The coronavirus pandemic has shown that a wide range of the population is at risk of, or already experiencing mental health deterioration. Continued service provision should take this into account, while concurrently working to support those most in need, particularly considering how services can be safely reintroduced for those unable to engage in remote delivery.

2. **Communications and engagement**

   There is an incredible amount of mental health support already available. There is a need to ensure awareness of existing services reaches all in need, and all groups have access to accurate information about coronavirus prevention, treatment and associated support. Community engagement methods that build trust, incorporate cultural considerations and work with local communities to develop appropriate communication routes may be helpful..

3. **Systems approach to detect and support mental illness**

   Many VCS organisations are working incredibly hard to both prevent a deterioration in mental health, and offer support to those struggling with mental illness. The increase in crisis presentations in some services may indicate some populations are not accessing help until it is badly needed. This might be particularly the case for service users who are not previously known to provider organisations, or those who cannot engage with MH services during COVID-19. Consideration of how a wider range of health and social care professionals can help with support and signposting into mental health services may be useful. For example, GPs might have an important role to play in proactive screening for mental health deterioration in high risk patient groups. This includes bereaved patients, those with existing mental illness and patients with multiple chronic health conditions- the latter of which is a group highlighted in Stage 1 of the needs assessment, but not specifically targeted in the services of the MHPF group.

4. **Educational settings**

   Consider the role of schools and other youth agencies in identifying MH and safeguarding concerns on return to education settings. Be aware of the potential for increased anxiety the return to school will cause. Consider promotion of evidence based whole school resilience approaches and family support.

5. **Innovative practice.**

   Many provider organisations have responded innovatively and flexibly to the unique challenges that COVID-19 has brought. There is an opportunity to identify aspects of service delivery which may help to improve service users experience, or to use techniques which help to build resilience and self-care going forwards. These should be captured, and supported to continue, wherever possible.

Appendix 1: MHPF survey questions

Nature of services	
1. What support does your organisation provide in relation to mental health prevention or treatment?	
2. Who is this support aimed at?	
Service delivery and access	
3. How are you currently delivering your services under COVID? What changes have taken place?	
4. Do you feel confident that your service users are still able to access your support at this time? Are any groups missing out on your services that would normally have been supported?	
5. Have you noticed any change in demand for your services since COVID-19?: (please explain or include data). 6. Has your organisation had the capacity to cope with changes in demand?	
7. Have you noticed reduced capacity within your staff/volunteer team? Please provide estimated numbers in work/off work	
Insight from service users	
8. What impact is COVID-19 having on the mental health of your service users? Are certain groups particularly affected? What are the causes of poor MH at the moment? What are the symptoms?	
9. Please provide a brief summary of any changes to the presenting issues of the people using/contacting your service.	
10. What are your service users finding helpful to protect their mental health at this time?	
11. What additional support is needed to prevent a worsening of mental health for your service users during COVID-19?	
12. Whose voices are we not hearing from at the moment, and how could we listen to the needs of hard to reach groups?	
13. Are you picking up any Myths/Fake news your users are experiencing? If so what are they?	

System queries	
14. Is there any support or guidance you require from the CCG or Mental Health Providers Forum	
15. Do you receive regular news updates from CBMDC, CABAD and Healthy Minds ?	
16. Do you regularly use and/or signpost to Health Minds Digital doorway https://www.healthyminds.services/. Please feedback on any user experience.	
17. Please Rag rate your organisation /services. ○ Green – Service continuity not significantly affected. ○ Amber – Some issues/concerns with service delivery due to staffing capacity /client presentations etc. ○ Red – Significant difficulty in delivering services.	

Appendix 2. Provider organisations responding to the MHPF survey, May 2020.

Name of service	Population
1. Barnardo's	Young people
2. Bradford Bereavment	16+
3. Bradford Counselling Service	Adults and young people
4. Bradford Rape Crisis	Women and girls 13+
5. Cancer Support Yorkshire	All
6. Carers resource	All
7. Children's Trauma Therapy Service Family Action	Children
8. Cruse Bereavement	All
9. Family Action	All
10. Girlington	All
11. Horton Housing	Adults
12. Kooth	Children
13. Making Space Carers	All
14. Making Space	Adults
15. Cellar trust	All
16. Mind in Bradford- MAST	All
17. Mind Extended access	All
18. Refugee action solace	All
19. Relate Bradford	5 years and above
20. Relate Keighley and Craven	All
21. Roshni Ghar	Young and adult BAME women
22. Community Companions	65+
23. Guide Line and wellbeing MIB	All
24. Santuary MIB	All
25. SMILE	All
26. Sharing voices MHPF	All 12+
27. The Brathay Trust	All
28. Tower Hurst	Under 18's
29. Yorkshire MESMAC Counselling	All
30. Yorkshire MESMAC Peer support	All
31. Bradford Deaf community association	Over 55
32. Citizens advice Bradford	All
33. Community works	Older people
34. Good neighbourhood project	Older people 60+ years

Name of service	Population
35. Healthy lifestyle solutions	Adults in PCN9+
36.	Older people
37. Men's shed Project	Adults
38. Ravenscliffe	All
39. Sangat	Older people
40. Specialist Autism Services	Adults
41. St John's day centre	Older people