"My day to day life is awesome!" Continuity and innovation in Mind in Bexley's services during COVID-19 lockdowns

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Abstract

Purpose – *This paper reports on an oral history project run by Mind in Bexley (MiB) during the COVID-19 lockdowns of 2020 and 2021. The purpose of the study and this paper is to create a record of the resilience of MiB's clients and to discuss the lasting legacy of the digital services and community networks built during the pandemic.*

Design/methodology/approach – *The qualitative research design was co-produced with service users and actively engaged service users, caregivers and individuals with lived experience in the design and process. MiB collected contributions for an exhibition and conducted 18 online, qualitative interviews exploring the impact of lockdown and COVID-19 and MiB's response.*

Findings – *The changes forced by the COVID-19 lockdowns encouraged creativity, responsive care, built new communities and supported new forms of engagement. Online, telemental services allowed MiB to provide individual support in new and efficient ways. Through the project, the authors have gained a much-needed, person-centred view of how people with mental health diagnoses draw on their self-knowledge and understanding of recovery to build positive coping strategies.*

Originality/value – *This work's original contribution: challenges perceptions of the vulnerability of people living with mental health illnesses during COVID-19; uses a co-produced methodology combining interviews and creative contributions; has lessons for services seeking to improve social support and resilience, digital (telemental) service provision and service continuity.*

Keywords COVID-19, Community mental health, Resilience, Telemental digital services

Paper type Research paper

Introduction

The first UK national lockdown to prevent the spread of the COVID-19 and protect the NHS began in March 2020. People were instructed to stay at home going outside only to shop for necessities, take one form of exercise per day, attend medical appointments or care for vulnerable people. Only essential "key" workers could work away from home. Public places were closed, gatherings of more than two people were banned and all social events, excluding funerals, stopped.

The impact of these changes was sudden and dramatic. The burden of COVID-19 fell hardest on people living in economically precarious situations, in unstable employment or unemployed, living in poor housing with little access to safe, outdoor spaces. Throughout the pandemic, restrictions were eased and reintroduced and the UK experienced two further national lockdowns in October 2020 and January 2021. Neither

of these were as severe or dramatic as the first lockdown but the impact of these unprecedented events has been far-reaching and profound. Drastic measures were considered essential and the risk to mental health and well-being was acknowledged from the start.

This analysis of Mind in Bexley's (MiB) work, providing social support through digital community and online services, contributes to knowledge on the effect of COVID-19 on mental health.

MiB is a local mind mental health charity and offers an extensive range of support, advice, and information to communities in Bexley. MiB acted quickly to respond to the emergency and worked hard to make sure everyone with a mental health problem got support and maintained their health and well-being. MiB delivered more than 40 different community-based projects. We developed new and innovative projects in response to the pandemic meaning that many MiB service users had more social support than before the pandemic – albeit accessed online. A well-being support line and IT Access Hub were developed for those who were digitally excluded and a Community Pantry supported people living in poverty. Many of these services are still in operation.

As the pandemic changed the way MiB worked, we began the project discussed here which explored the impact of the situation on client and staff mental health and well-being. We wondered how participants managed in isolation and hoped to learn about resilience, peer support, revival and coping mechanisms. We created an audio-visual digital exhibition using extracts from interviews together with images provided by participants to celebrate, create a permanent record and share learning about the innovative work of MiB during the pandemic. There was a physical exhibition at Hall Place in Bexley in January 2023 and an information sheet was created to accompany both the online and physical exhibition.

This article will show how online services opened up many new forms of support and community to MiB's clients. Far from being a second rate service, this form of delivery was preferred by many and has changed MiB's services for the better.

Research aims and methods

MiB's COVID-19 oral history audio and visual project aimed to:

- explore the impact of the pandemic on mental health and well-being;

- create a lasting record of social support and digital community during the COVID-19 pandemic; and

- reflect on and learn from service innovations.

Participants had different relationships to MiB with most having some pre-existing relationship with the service. Most (15) were female and most gave their ethnic group as white. Participants were spread across all age ranges with a slight increased number of participants (4) in the 55–64 age range. As this study relied on non-probability sampling it does not claim representativeness (Denzin and Lincoln, 1994). We recognise that the information gained cannot be generalised to the wider population (Jacobsen and Landau, 2003) but argue that these views and opinions have value in understanding the impact of the pandemic on mental health more broadly.

This research was co-produced with the participants who volunteered to speak to MiB staff in places and times that suited them. The restrictions and pressures of the COVID-19 pandemic and its aftermath meant that MiB was not able to involve the participants in every stage of the planning and design of the project but participants were fully

empowered to choose how they related to the interviewer and how they told their story. Some chose to respond through traditional narratives while others drew on their artwork, creative projects or activities to relate how COVID-19 and MiB services had affected them.

Data was collected through 20 online narrative interviews and the curation of an exhibition. These activities revealed how Bexley residents experienced lockdown and used the online activities and support offered by MiB. Interviews describe how lockdown affected the health and well-being of people already living with mental health diagnoses. Photos and art work add nuance to the stories we heard, which together have many lessons for future service provision. Fifteen participants sent images, some with captions. One contributed an original piece of music, another a poem and another provided a written account of their experiences.

Data from 18 of these participants, all previously known to MiB, form the base of this report. Interviews were conducted by phone, from 11 March 2021 (a year after the first lockdown) to the 01 July 2021 and reflect the evolving nature of the pandemic and associated restrictions. Participants spoke of a range of mental health conditions including depression and anxiety (including social anxiety and postnatal depression), post-traumatic stress disorder (PTSD), borderline personality disorder (BPD), agoraphobia, bipolar disorder and schizoaffective disorder. Others spoke of general issues with their psychological well-being and being on the periphery of mental health services. Physical health conditions discussed were COPD, asthma, heart failure, fits and IBS. Autism and dyslexia were also issues raised by some participants.

We used the "Framework" approach to analyse data (Ritchie and Spencer, 1994) and thematic categories were applied to each transcript. Individual voices are retained, narrating stories, expressing opinion and contributing to the ongoing discourse within the field of COVID-19 and mental health in general.

The study actively engaged Service users, caregivers and individuals with lived experience, as far as was ethical and practical. Peer researchers were consulted about the project, but the pandemic's restrictions limited face-to-face discussions. Service users were encouraged to assist with the design, providing input on methodologies, questionnaires and guides. Their insights were invaluable in shaping the research process to ensure it met the needs of the community.

In addition to interviews, participants were involved in developing creative avenues for expression, such as paintings and photography, which were showcased during the exhibition. Users played a role in planning the exhibition, giving feedback on display concepts and ensuring that the presentations reflected their unique experiences and perspectives.

The study team addressed key ethical considerations, including the complexities of insider and outsider status, unfamiliarity with the research process, informed consent and safeguarding anonymity. These issues were carefully managed in the invitations to participate, the design of interviews and questionnaires, and the data collection process. Formal ethical approval, however, was not required for this study, as it was conducted as an internal audit, which falls under guidelines exempting such reviews. No ethical approval was sought or granted. All 18 participants provided informed consent for their data to be used and published, ensuring their voices were authentically represented in the study outcomes. Throughout this Report, direct quotations have been italicised. If not otherwise indicated, quotations are from service user participants in this research. Due to the small sample size, we have not provided details as to age, gender, ethnicity or diagnoses to ensure their anonymity.

Results

At the start of the pandemic, it was widely assumed that lockdown and COVID-19 restrictions would have a particularly negative effects on people with pre-existing mental illness diagnoses (see Cullen *et al.*, 2020, for example). COVID-19 caused major disruption to society and undermined the well-being of many but evidence from this and other academic studies shows that the legacy of the pandemic may not be entirely negative. The pandemic demonstrated the resilience of people facing long-term mental health problems and the move to online forms of support was welcomed and even preferred by many. In addition, online services allowed staff to work in new ways freed from the logistical burdens of room booking and finding space to meet.

Resilience and experience of mental illness

Reflecting on the start of the pandemic some participants in the MiB study felt frightened, distressed, depressed and overwhelmed:

> [. . .] Right at the very beginning it was awful, it was so bad. I was in tears almost every single day. I was panicking every single day even though I wasn't going outside.

The pandemic turned routines and coping mechanisms upside-down:

> [. . .] I had to start afresh on how I coped with my mental health, how I dealt with what life was throwing at me, because everything I was used to I couldn't actually do anymore [. . .].

However, while participants acknowledged the challenge of COVID-19, they described lockdown as just a new phase in their experience of mental, and sometimes physical, health challenges:

A participant relates:

> [. . .] I think the mental health problems that we've had and the other people that I know, are probably quite likely to be stronger [. . .].

MiB services

Normal life for everyone moved onto digital platforms and digital meeting spaces allowed MiB to ensure support was still available to those in need when face-to-face sessions were not possible. Case workers became even closer to their clients, helping them adapt to the new "distant" normal of online social networks and video-chats. Using an online "Tracker", MiB was able to make sure that new referrals were contacted within 48 hours and this process, begun during the COVID-19 pandemic, has continued since:

> [. . .] I was just amazed how quickly they followed through and the fact they didn't forget me. I wasn't left at the bottom of the pile [. . .].

> [. . .] the wellbeing line thoroughly supported me. When I've had concerns about people Mind does get on it. They do call them and make sure they feel supported [. . .]

Participants spoke of the support they received from individual staff members and volunteers. This remote but personal support was very important and the fact that support was online was preferred to face-to-face meetings in some cases:

> [. . .] I was isolated because I wouldn't go out and see people. Anytime that I did have to, it was such a struggle with all the anxiety but now that I can sit in my safe spot in my house and still interact with people via zoom so they can't hurt me [. . .]. It's broken isolation for me [. . .].

Participants were overwhelmingly positive about the outreach they received from MiB and commented on the personal nature of support offered:

Mind is a valuable service for so many people. It really is. I don't know what we'd do without it […] resources available to people within the mental health system are very limited and people feel cut off and so to have (names four staff members) at the end of the phone is invaluable.

MiB offered online groups and workshops, access to the MiB's well-being line, the Crisis Café and other services. Table 1 provides more details of the over 40 online psychosocial, psychoeducational, peer and therapeutic groups run weekly during the pandemic through the Recovery College. The Recovery College currently supports 4,000 clients per year.

Table 1	Online services offered through the recovery college during the COVID-19 pandemic	
Service	*Courses/service offered*	*What we learned from our participants*
Recovery college	Be active: Courses on breathing and meditation, dance movement psychotherapy, drum and movement, eco therapy and open spaces, healthy mind and body, pilates, tai chi, walk and talk group, well-being and physical health checks and yoga	*"…I absolutely love the Tai Chi. I feel like a Samurai Warrior…"* *"…I've had my dancing…it stopped physically but I did it on Zoom…"*
	Keep learning: Offered support on understanding illness, feelings and diagnoses such as anger management, Body image, confidence and assertiveness, coping with stress and anxiety, creative writing, emotional intelligence, low mood and depression, mental health in the workplace, money management, positivity, routine builders, the self-care hour, stress and anxiety, suicide awareness, understanding anxiety and panic, understanding self-harm	*"…I'd just say thank you to Mind for everything they did. They taught me that what my brain was telling me wasn't always true and that actually I was in control of my thoughts and my thoughts didn't control me and that's just been a huge, huge change…"* *"I've never tried creative writing so I joined that. Really liked the host – he's brilliant. It was really interesting. Obviously we were all given the same sentences and how people interpret it so, so differently and the stories that came out were really interesting, really good…"*
	Connect: Music for fun group, a women's group, men's group and young person's group, Make, mend and motivate, Autism awareness, Hearing voices group, Menopause group, Overcoming loneliness, Stitch the mind, Test your brain for fun, Together we can	*"…My whole house is full of craft that MiB's Make, Mend and Motivate session has encouraged me to do…"*
	Take notice: Art club, Goal setting, Journaling, Mindfulness workshop, Online safety and avoiding scams, Photography for fun, Sleep and relaxation techniques, Visualising intentions and affirmations, What's going on in our community?	*"…Slowly bit-by-bit I face every issue in my house. I just do my daily tasks and give myself really small goals…"* *"…I do three sessions of Mindfulness…it gives you the space to think outside the box. You are not thinking of what causes the problem. You are thinking not to think…"*
Well-being support line	Offers confidential mental health and well-being support to Bexley residents, open to service users, their carers and anyone who needed support	
Digital hub	Supports clients through signposting to services, practical tech assistance, and providing IT equipment Provides one-to-one digital support sessions to help get clients online and the confidence to engage with groups	
Carers peer support	Enables carers to share their experiences and supports carers of clinically extremely vulnerable people who were shielding	*"You're not the only person that has these responsibilities on their shoulders, there are other people who are in similar situations…"* *"The Peer Support 'Let it Out' online peer to peer lived experience group, again it's a really helpful group because you get somewhere where you can say what's going on for you and you know, it's called Peer Support - peers supporting each other…"*
Community Pantry	A community food store	
Bexley Crisis Cafe	A drop-in service to access mental health support and advice from mental health workers	Continued face-to-face, COVID fully compliant as an emergency service throughout the pandemic
Source(s): Mind in Bexley		

The images participants supplied for the exhibition provide insight into what had been meaningful during the pandemic. Images showed craft and artwork and connection with nature. Walking provided an important form of exercise and the benefits of this and other forms of exercise such as dance, Pilates and Tai Chi were discussed during interviews and supported by MiB's online classes. Participants rekindled interests and began new activities, some of which were initiated by joining an MiB group. Importantly, the move from real life to digital classes allowed clients choice over activities, allowed them to build networks and provided continuity of service.

Discussion

This study sought to understand the impact of the COVID-19 pandemic on MiB clients and staff. We learned that MiB rose to the challenge of the situation in creative and innovative ways and supported staff and service users in new strategies to support themselves and others on their recovery journeys. This final section will discuss these findings under two headings: Social support and resilience and Digital (Telemental) Service Provision and Service Design.

Social support and resilience

The COVID-19 pandemic resulted in some service users and practitioners losing contact with services; there are reports of mental health nurses feeling distressed, isolated, overworked and overwhelmed. However, during this intense time, McKeown *et al.* (2024) found practitioners were impressed by the resilience of services clients: "[…] assumptions about the vulnerability of some service users were challenged at a time when people with multiple morbidities were labelled by the UK Government as vulnerable" (McKeown *et al.*, 2024, p. 470). Resilience and experience of the recovery process may give people living with mental illness skills to adapt to change and endure stressful situations. Supporting this, Murphy *et al.*'s (2023) research with 121 UK veterans with pre-existing long-term mental health diagnoses failed to find the hypothesised worsening of mental health difficulties. They found no significant differences in the severity of PTSD symptoms or other mental health symptom severity including feelings of anger or of alcohol misuse. Social support seems to be key to this and the UCL COVID-19 Social Study found that the benefit of social support "[…] was arguably the most important predictor overall when comparing coefficients across standardised predictors" (Bu *et al.*, 2023). Contrary to expectation, COVID-19 was not *necessarily* threatening to the well-being of people in recovery.

Digital (telemental) service provision and service design

The COVID-19 pandemic obliged services to move online and our conversations with clients have helped understand how digital services were experienced. The pandemic and lockdowns caused radical changes to service provision and raised concerns about whether recovery-focused care would be possible. However, online delivery models allowed MiB to work efficiently and responsively. MiB used new ways of working and the enforced move to virtual service provision allowed clients different routes to recovery and support.

As Gebeyehu *et al.*'s review found:

> The lockdown and social and physical distancing measures promoted virtual reality platform usage, which, in turn, increased social relatedness and improved the mental and social health of individuals. (Gebeyehu *et al.*, 2023, p. 157)

Unsurprisingly MiB's shift to virtual platforms was not straightforward but, as a known and trusted "brand", MiB staff, family and friends encouraged engagement in virtual

platforms. The lesson for telemental health services generally is to allow potential clients time to familiarise themselves with the platform and support them with personal, one-to-one support maintaining a human connection. Third sector services may have been able to pivot to online service provision more rapidly than statutory services because of their relative size and their closer connection to communities.

It is sometimes assumed that some groups of people, especially non-digital natives, are resistant to virtual services but, Zhang *et al.* (2023) found that older people, for example, were far from alienated by the technology as it allowed them to continue or expand their social connections and enjoy activities from their homes. MiB addressed problems of digital inequality through its "Digital Hub" created to provide equipment, technical and personal support. This continues to operate, supporting access to a range of services and challenging digital inequality.

Rains *et al.* (2022) reviewed studies that emphasise the importance of effective management, training and investment in infrastructure to avoid the replication of inequalities, to ensure a lasting positive effect and prevent them from becoming cheap alternatives to face-to face support. Four domains, proposed by Schlief *et al.* (2022), are important when designing telemental health services:

- connecting effectively;

- flexibility and personalisation;

- safety, privacy and confidentiality; and

- therapeutic quality and relationship.

Furthermore, Tucker *et al.*'s (2023) concept of "more or less digital" service environments emphasises the need for flexibility in service provision arguing for a mix of in-person *and* digital clinical services rather than *either* virtual *or* face-to-face.

Conclusions

> [. . .] My day to day life is awesome. I've made a whole load of new friends and got something to do every single day – all from Mind. I feel guilty expressing it to other people. COVID-19 has been brilliant for me [. . .].

This oral history project has focused on MiB's response to the challenges of COVID-19. It has implications for the design of future online telemental, community mental health services. A key finding is that the general population has much to learn from the resilience and self-supportive strategies of survivors and people living with mental health difficulties. We also learned much from the shift from face-to-face services to online services which allowed greater flexibility and variety while continuing to support MiB's service users and staff. As Stepanova *et al.*'s (2024) rapid review of models of care shows, services and initiatives that evolved for service users receiving mental health care during COVID-19, the pandemic created an opportunity for radical service innovation. A positive outcome of this challenging and traumatic time has been practical changes in service integration and provision which now deserve careful consideration as to their equity, efficacy and effectiveness. This study can be seen as part of this process.

COVID-19 and the resulting social restrictions took away many supportive structures but MiB's remote services stepped in to provide structure and a sense of purpose. Online activities were designed to ease isolation but crucially, being distant, they allowed people to attend them in different, less exposing, ways. Moving to online services allowed MiB to respond to need quickly and to individual need. The images, recordings and transcripts form a digital archive, available on the MiB website,

represent a rich resource for individual and group learning, future research and service development at MiB and elsewhere. The project has allowed Bexley residents to speak out about their experiences enabling the wider community to better appreciate the impact of mental illness and individual stories of resilience.

Our health and social care services are and will continue to be, under pressure like never before. The COVID-19 pandemic pushed mental health services into new ways of working, and a major finding from this study is that digital engagement can co-exist and transform face-to-face engagement. Comfortable in their homes and separated from others by the screen, clients felt able to control how they participated and promoted greater inclusivity for some people. Since the end of the pandemic, MiB has continued to build on what we learned from this difficult and challenging time. Digital, telemental services have become embedded in MiB's work complemented by on-going face-to-face sessions and interventions. The Digital Hub continues to offer services and training to promote skills and digital access while the Recovery College offers a vast range of classes, activities and well-being support both online and in person. NHS Bexley Talking Therapies, are delivered both online and in person at MiB premises and at other sites around Bexley.

While recognising that significant issues with digital provision and digital inequalities remain, this study demonstrates that clients are resilient, self-aware and creative and that services can draw on the advantages of digital community alongside in-person care.

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