To: Kent and Medway Joint Health and Wellbeing Board

From: Allison Duggal, Interim Director of Public Health
Kent and Medway Joint Health and Wellbeing Board

Subject: **Public Health Reflections on Impact of COVID19 on Mental Health and Progress on Resilience and Recovery post 2020.**

Classification: **Unrestricted**

Past Pathway of report: N/A

Future Pathway of report: N/A

Summary: This report outlines the key issues and impacts for public mental health that were evident during the first wave of the COVID19 Pandemic in 2020 and the response to those impacts by the mental health and public health systems in Kent and Medway. The report also summarises the main public mental health impacts known from national and regional research conducted during the pandemic.

The report highlights some of the actions being taken by the Kent and Medway health and well-being system and its partners to mitigate the negative impacts on mental wellbeing of the pandemic. Notably these are actions that stemmed from a whole system recovery plan co-ordinated via the Kent Resilience Forum. Many of those actions have become mainstreamed and sustained into work programmes of the partner agencies. The key areas of mitigation were in:

- Tackling health and well-being of staff
- Tackling BAME health inequalities
- Ensuring there is help for the most vulnerable
- Suicide and self-harm prevention
- Predicting and tackling demand and capacity issues for mental health services
- Tackling health inequalities and disparities
- Transformation of whole system mental health and wellbeing systems
- Community Resilience, Well Being and Engagement with the Public.

Recommendation(s): The Kent and Medway Joint Health and Wellbeing Board is asked to
-discuss the impact of COVID19 on public mental health and suggest areas for further development and improvement
- Comment and Suggest areas where the system can join together to strengthen public mental health
- Comment on the progress on resilience and recovery taking place in Kent and Medway

1. Introduction

1.1 Many of the issues that impacted on public mental health during the first and second wave of the COVID19 pandemic were already in existence e.g., social isolation and loneliness, health inequalities, homelessness, access to health care, economic insecurity, shame, stigma and discrimination, community fragmentation and strains on personal resilience because of trauma. However, the scale of impacts was magnified due to a whole population facing 'lock down' and global uncertainties including a rapid change of culture. Added to many of these factors were the impact on health and care services, health and social care staff and essential workers, the impact on employment, Long COVID and people with existing mental health problems. Enormous amounts of community activity were mobilised including individuals reaching out to those in need and swift organisational actions that would have seemed impossible pre pandemic. This report is *not* an exhaustive report of every action or of all mental health impacts. This report is a summary and reflection of public mental health during almost two years of living with COVID19.

1.2 In the early months of the pandemic all public mental health leads and many mental health clinicians and social care specialists were mobilised to plan for recovery and surveillance, particularly bringing together evidence from previous pandemics and emergencies. All the work was collated into a serious of toolkits and shared with Directors of Public Health and Local Resilience Leads. The key risks were summarised in Figure 1.

1.3 In Kent and Medway the Resilience Forum requested that a whole system recovery plan be created, and mental health and well-being form a core part of this. Mental Health and well-being were threaded through all the strands of the report but principally located in the Health and Social Care 'Cell' which was led by the Local Authority. The plan was gathered into the Kent and Medway COVID19 Recovery Strategy. The plans for recovery for mental well-being centred on a/ supporting vulnerable people, b/ predicting demand and capacity, c/ creating services that were easy to access and trauma informed, d/ supporting front line staff e/ improving care navigation and communication plans.

1.4 The main principles agreed by the collaborative pandemic mental health working groups for COVID recovery were:

- Work across the whole system including localities
- Take a Life-course and whole family/household approach.
- Build on existing arrangements
- Tackle inequalities
- Apply learning from the first waves
- Good communication - both to professionals and to the public.
- Tackles economic and sustainable resilience

Figure 1.

Immediate mental health impact of COVID-19 across life course

	Pre-term	0-5 years	School years	Young adults	Working age adults	Old age
Key issues to consider	Anxiety about impact of COVID on baby Financial worries Anxiety about delivery and access to care Isolation	Coping with significant changes to routine Isolation from friends Impact of parental stress and coping on child	School progress and exams Boredom Anxiety or depression or other mental health problems Isolation from friends Impact of parental stress Carer stress	Self isolation at university and away from family Carer stress Difficulty accessing usual support networks Job and financial anxiety Relationship stress	Balancing work and home Being out of work Carer stress Anxiety about measures and family or dependents or children Financial worry Isolation	Isolation and disruption of routine Anxiety from being dependent on services Financial worry Fear about impact of COVID if infected Carer stress
Staff/ volunteers	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping. Frontline staff working under exceptional pressure.					
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg being physically close to dying person, have usual funeral rites, attend funeral etc.					
Specific issues	Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected because of the changes to public worship. Domestic abuse may be issues across life course. Drug and alcohol issues. People reliant on foodbanks or on low incomes or self-employed may have additional stress. People with learning disabilities and/or autism will have additional needs which should be considered in detail. Student populations may have particular issues. Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain) because of backlogs or people worried about accessing health services. Impact of changes to level of restrictions in local areas.					

https://www.local.gov.uk/public-mental-health-and-wellbeing-and-covid-19

2.   What is Currently Known About the Impact of COVID19 Pandemic on Public Mental Health? Data from collaborative studies across the UK including the UK Household Longitudinal Study (UKHLS) performed by University College London

2.1 The combination of the data showed a **mixed picture**, overall, there was not the 'predicted' *Tsunami* of mental health crisis – as many people were resilient post lockdowns, however there were those that had higher levels of risk factors and were more adversely impacted.

There was a mixed picture of fluctuating anxiety and depression and for the bulk of the population it was linked to the timings of the 'lockdown'. There was an increase from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021. The decrease in depression for older people (55+) did not 'bounce back' at the same rate as with younger people in March 2021. Some groups experienced increasing mental distress from cumulative pandemic waves. Long-term distress was highest among younger people, women, people living without a partner, those who had no work or lost income, and those with previous health conditions or COVID-19 symptoms.

2.2 The prevalence of self-harm thoughts and behaviours was also tracked. There was no pre COVID base line for the UCL UK Household Longitudinal Study (UKHLS) study, however they found a marked difference in frequency of thoughts of self-harm between those who had suffered physical and psychological abuse compared with those without. There was also a marked difference for those with a pre-existing mental health problems then for those without (Fig 2). There has to date been no conclusive link between the pandemic and increases in completed suicides, however the data shows a small national increase in rates, but caution is urged in interpreting these data as there was a widening of the coroner's decision criteria that happened before the pandemic.

Fig 2

Thoughts of death / self-harm

UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population. Data provided by UCL and used with permission (% reporting these thoughts).

Change in sample methodology from Week 33 - see text for more details
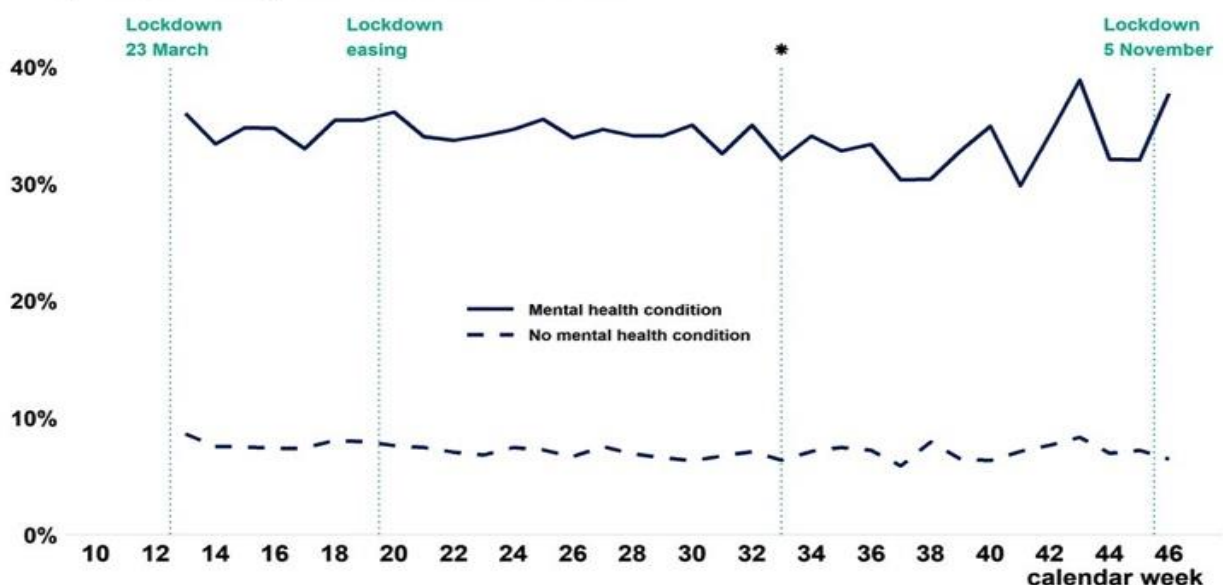
2.3 There were differences between men and women as family and caring responsibilities played a role, as did social factors. Men experienced more social isolation in the second wave compared to the first.

2.4 People with preexisting mental health problems and vulnerabilities. Through the pandemic in 2020 alcohol consumption, smoking, being female, having a lower income, and having a pre-existing mental health condition were related to experiencing worse mental health during the pandemic. Alcohol consumption increased for people who were already heavy drinkers.

2.5 Social Isolation: Respondents with poor physical health were more likely to report feeling socially isolated during the first wave (June to July 2020) than the second (November to December 2020). Conversely, respondents in the poorest wealth quintile were more likely to feel socially isolated and lonely during the second wave than the first or before the pandemic.

2.6 Ethnicity: Overall ethnicity impacted on mental health, but the picture was mixed and nuanced and linked to isolation and poverty. However, there were concerns that

issues of structural racism impacted on certain groups' wellbeing e.g., front line workers and those living in poorer socioeconomic conditions.

2.7 Service use:

- Overall Community Mental Health Teams saw relatively stable caseloads and total contact numbers between March and May 2020. However, they saw a substantial shift from face-to-face to virtual contacts. Their Home Treatment Teams (providing more intensive support at home for acute mental health problems) saw the same shift to virtual contacts but reductions in caseloads and total contacts.

- Similar patterns were observed across the UK between March and August 2020 and was followed by a return towards volumes comparable to previous years.

- Local mental health teams have seen moderate increased demand for some services.

- Local voluntary sector agencies saw huge rises of people seeking help and drug and alcohol services reported a rise in heavy drinkers seeking help

3: Kent and Medway Local Mitigations: The following are a summary of actions taking place by the whole health and care system in Kent and Medway that mitigate COVID19 harms to public mental health. All these actions are moving towards a sustained and improved health and social care system.

3.1 Mental Health System Transformation: Including Demand and Capacity, Crisis Care, Improvements for Community Mental Health.

3.1.1 This is part of a national programme to establish new, integrated, and transformational models of primary and community Mental Health care to improve care to adults and older adults by end of 2024 for people with Serious Mental Illness (SMI).

This programme involves the redesign community mental health services, including CMHTs, at Place (ICS) and Primary Care Network level to improve access and treatment for adults and older adults with a diagnosis of complex emotional disorder, eating disorder and for people with mental health community-based rehabilitation needs.

Kent and Medway have received over £10 million for this work.

3.1.2 In addition, there are programmes underway to improve crisis care, provide better care to those people already receiving mental health care in the community, and increase equity and access to these services – inclusive of CMHT, voluntary (civil society) and primary care.

Another priority is to increase the number of people with severe mental illness receiving a comprehensive physical health check in the community.

3.1.3 In response to COVID19 a data modelling of demand and capacity was carried out.

During the pandemic there was 'supressed demand' alongside a 'shift' in demand i.e., many people did not seek help for problems in the usual ways.

There was a belief that there would be a 'surge' in demand as the lockdowns relaxed. However, the surge has not been seen – but a change in the way people access help has been noticed.

The levels of referrals to community mental health are returning to pre-covid levels. It will be important to monitor changes in need and demand.

3.2 Tackling Health Inequalities and Disparities, including Coastal Health Plans

There are a variety of programmes that feature tackling health inequalities in Kent and Medway. These include the Kent and Medway Prevention Board's commitment to ensure equity of access to prevention plans across the patch.

Digital poverty was an important area. A working group was set up to investigate BAME (Black and Asian Minority Ethnic) health needs and this work is being taken forward via the ICS Prevention Board.

The Cancer Alliance is developing equity tools to monitor improvements to cancer prevention.

Locally each health and care partnership has a commitment to tackling local inequalities via population health management workshops. There are localised projects set up to pilot tackling inequalities in mental health such as the mental health and social prescribing project in East Kent and Medway.

In addition, public health teams are working with partners to create an inequalities report on coastal poverty.

3.3 Vulnerable People: Rough Sleepers, Co Occurring Conditions and Autism, Prevent and Looked After Children.

3.3.1 There are workstreams across Kent and Medway committed to tackling the health and social care needs of these vulnerable groups. The NHS systems work alongside district and county authorities to improve support for rough sleepers. T

his also links to quality improvements underway for people with co-occurring mental health and substance misuse problems e.g., a joint working agreement has been developed to ease barriers to treatment and recovery for those with mental health problems and addiction needs.

3.3.2 Children and adults with neurodiversity issues and those with learning disabilities were also vulnerable during the pandemic. There is an increased focus on this group and acknowledgement that work needs to progress to meet these needs.

3.3.3 The issues of increased vulnerability for children in care, asylum seekers and vulnerable adults are also being tackled. During the pandemic, mobilising resources to tackle their needs raised important issues around how agencies work together.

The county-wide Prevent group became an important check and balance both for consistent messages, surveillance and direct support for vulnerable people as well as preventing harm from radicalisation and terrorist threats.

3.4 Workforce and Well Being Hubs

During COVID19 the mental well-being of essential workers and health and social care workers, was paramount. NHSE commissioned a staff mental health wellbeing service for Kent and Medway. KMPT are hosting the service and working closely with the CCG. The service is still evolving and will continue for at least a year funding permitted.

The service is for all NHS and Social Care staff and consists of a clinically supported website. Staff can visit the website where there is self-help information supported by a chat function and staff will have access to a clinician or a referral to psychological services if needed.

3.5 Engagement and Wellbeing

One of the key elements in the public mental health toolkits was engagement with local people, listening to how people had coped during the pandemic and learning from people's experiences.

Kent and Medway public health teams are collaborating with the CCG and KMPT in an engagement project called Kent and Medway Listens. The aims are:
- To allow individuals the time and space to reflect on their own mental wellbeing
- To hear what they feel they need to relive these pressures
- To enable communities and system leaders to co-design solutions and to take action to improve mental wellbeing in all communities of Kent and Medway
- To understand what pressures the people of Kent and Medway are facing

This is a public mental health programme addressing all issues relating to mental wellbeing (it is not looking at mental health crisis pathways). The engagement has started and will result in a series of summits, wellbeing pledges and an including well being plan for Kent and Medway.

3.6 Suicide and Self Harm: Debt, Children and Young People and Domestic Abuse

Kent and Medway's Suicide Prevention Strategy was mobilised during to the pandemic to focus on work in the emerging risk areas.

The Strategy has several programme areas and recent additions are debt, the creation of a children and young people's suicide prevention network and actions, and a focus on domestic abuse. It reports regularly to the Health and Wellbeing Boards.

3.7 Training and Trauma Informed Care and Practice

This is a key area of partnership between the mental health and social care system and public mental health. Public health has obtained funding for a raft of training to

upskill workers and leaders on the relationship between trauma and mental functioning. In addition, mental health clinical leads are developing supervision skills and training to front line workers. There is a pilot project in East Kent linking supervision to non-clinical staff. There are Trauma Informed networks of practice across the districts including excellent links with the police, youth offending and violence reduction units.

3.8 Wellbeing and Place: Covid 19 brought attention to the importance of local communities. There is a workstream within Kent County Council (KCC), working together to maximise green spaces, local community action alongside districts and build on community assets as well as a broader Civic Strategy.

Much of Medway's wellbeing plans centre on close locality links. Local health and social care partnerships are aligning with district health champions to create locality well being hubs.

In addition, public health in KCC is working to improve the community wellbeing assets Index which gives a score for assets and risks for each locality in Kent.

https://www.kpho.org.uk/health-intelligence/disease-groups/mental-health/kent-mental-health-and-wellbeing-index

3.9 Mental Health and 'Long COVID'

This new and emerging condition, which has been described using a variety of terms including 'long COVID' & Post-Covid Syndrome, can have a significant effect on quality of life. Prevalence estimates are still in their infancy, although around 1 million people across the UK are reported to be affected.

Between March and May 2021, the CCG worked with community organisations, our partners in NHS hospital trusts and GPs, local authorities and Healthwatch to gather local views and opinions. Services are being developed and currently there is a post COVID assessment service that promotes wraparound holistic care including counselling and support.

3.10 Communications and Mental Health & Well Being Website

One of the first steps that was taken by public mental health services and partners during the early stages of the COVID pandemic was to streamline mental health and wellbeing messages. Clear communication was key. A holding web page was developed for local authorities and all communications partners were brought together in a pro-active and fast paced working group.

During the pandemic information of how to keep mentally healthy and how to access services was delivered to every household in Kent and Medway. This led to the development of the mental wellbeing information hub that includes the range of services on offer for mental health and wellbeing, including the award-winning public health Release the Pressure campaign. Please see the link below:

https://www.kentandmedwayccg.nhs.uk/mental-wellbeing-information-hub

Also helpful was Every Mind Matters: National Mental Well Being Campaign which we localised in Kent and Medway.

https://www.nhs.uk/every-mind-matters/

4.   Conclusions

There need for mental health care and support for the population has never been as evident as during the COVID19 pandemic. It forms part of the Kent and Medway Resilience Forum's Recovery Strategy.

Improvements to the system fall to the mental health and wellbeing partnerships across the whole system to get right. This report has outlined some key impacts and programmes that are in place to support wellbeing across Kent and Medway. This is not an exhaustive list of public mental health as there are also enormous efforts in social care, children's and education services, local districts councils and local regeneration and environmental elements.

Population health needs will continue to be monitored and the results of the community listening project will be shared later in 2022.

5.   Recommendation(s):

The Kent and Medway Joint Health and Wellbeing Board is asked to

- Discuss the impact of COVID19 on public mental health and suggest areas for further development and improvement
- Suggest areas where the system can join together to strengthen public mental health
- Comment on the progress on resilience and recovery taking place in Kent and Medway

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