Mental health after coronavirus

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Five tests for the UK Government

mind

for better mental health

Foreword

The peak of the pandemic may have passed, but we're already experiencing a knock-on mental health emergency. The devastating loss of life, the impact of lockdown and the inevitable recession will have deep and lasting consequences on all our lives. For decades, Mind has called upon successive UK Governments to put mental health at the heart of the policy and political agenda – this has never been more critical than it is now.

Throughout April and May, we tracked the impact of coronavirus (COVID-19) on mental health on a weekly basis. Over 16,000 people responded to our surveys, and their experiences underpin the recommendations that follow in this report.

We know that those who were already living with a mental health problem have fared worse in the pandemic: two-thirds of adults who already had experience of mental health problems told us that their mental health had declined during the lockdown period. Further disruptions or cancellations to services will have a significant impact on their health, and the UK Government can waste no time at all in ensuring people have access to the right kind of support.

We also know that many people who were previously well will now develop mental health problems, as a direct consequence of the pandemic and all that ensues. More than one in five adults with no previous experience of poor mental health now say that their mental health is poor or very poor.

Among those likely to be affected are frontline staff who have been exposed to traumatic scenes, Black, Asian and Minority Ethnic communities who have seen much higher death and infection rates, those dealing with unemployment or financial worries, those recovering from coronavirus, and children and adults who have been bereaved. Each will need a bespoke programme of mental health support over the coming months and years. Mental health services were overstretched before the pandemic; without a significant injection of additional cash, they will now be overwhelmed.

As we look to the future, those in power must make the right choices to rebuild services and support, and to ensure that the society that comes after the pandemic is kinder, fairer and safer for everyone experiencing a mental health problem. This can only be achieved by putting mental health at the very centre of the UK Government's recovery plans, not only in relation to the NHS, but across all domestic departments. We, and our colleagues in the voluntary sector, are willing and able to work with colleagues across Westminster to make this happen.

In this report we set out the evidence that we have heard from people with mental health problems. It has led us towards five tests which the UK Government must meet in order to protect and improve the country's mental health after coronavirus.

Paul Farmer, Mind CEO

Mental health after coronavirus
Five tests for the UK Government

I've always struggled with my mental health, I've been getting better over the past few years, but I'm deteriorating so quickly right now.

Survey respondent

Test 1

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Invest in community services

The scale of the challenge the NHS faced during the first months of the coronavirus crisis was unprecedented, and decision-makers rightly focused on ensuring that hospitals could cope with the extra pressure. But, as a result of the decision, many people with mental health problems were left without support: almost a quarter of respondents to our survey said they were unable to access services when they needed to.

Local community mental health services – often run by the voluntary sector – play a crucial role in helping people stay well and out of hospital. But during the pandemic many were forced to close or significantly reduce their capacity. Mental health trusts lent staff to support the fight against coronavirus, leaving local services understaffed. We also saw huge drops in referrals to mental health services from GPs and schools, coupled with many people being frightened or reluctant to seek support from the NHS during the peak.

As a direct result of this, increased numbers of people reached crisis point. The Royal College of Psychiatrists reports that 43 per cent of psychiatrists have seen an increase in urgent and emergency cases since lockdown. This simply isn't good enough: we need urgent investment in community services to ensure that people are supported before they ever reach this stage.

The Centre for Mental Health predicts that at least 500,000 more people will need support for their mental health as a result of the crisis. Our own data show us that one in five people with no previous experience of poor mental health now reports poor or very poor mental health.

The pressure on our already overstretched services is only going to increase and extra investment is more critical than ever.

There are also critical lessons to learn now, in case of further spikes of coronavirus. At the beginning of the crisis, national guidance advised local services to discharge all patients who did not need to be in hospital, meaning many people were rapidly sent home as the crisis hit. We know that this was done to reduce the risk of people catching coronavirus in hospital, but it is crucial that discharge from hospital is done correctly and safely. We have heard too many accounts of people not being able to access community mental health support or social care to manage this transition, leaving them at risk of relapse and readmission.

Not being able to access the relevant physical and mental health services... has left me distraught and depressed as there is no way for me to treat my symptoms that are plaguing me daily.
Survey respondent

There were also positive developments: many areas were quick to adopt digital alternatives to face-to-face support across a wide range of services, and 24/7 crisis lines have been made available across the country. Digital support allows people to get help quickly and without having to travel, and its expansion should continue beyond the pandemic. However, for some, the lack of face-to-face contact can be a barrier to developing the trust that is so crucial in mental health services. Our survey found that of those who had used

or tried to use mental health support during lockdown, around 18 per cent were unable to, or uncomfortable with, using phone or video-calling technology. As we move forward, we must ensure that people do not fall through the gaps simply because they do not wish to, or cannot, use digital technology.

Recommendations

▼ Accelerate funding for the expansion of mental health services in England, as set out in the Long-Term Plan, with additional funding to meet the increased needs arising from the crisis. Particular priority must be given to community mental health and social care services, with further funding available for vital voluntary and community organisations working in this space.

▼ Learn from the pandemic and develop a 'blended' approach to the expansion of face-to-face, remote and digital services, ensuring support exists for people who cannot access remote or digital communication or for whom this doesn't work.

I'm so isolated and lonely. I'm schizophrenic and need a great deal of support from Mental Health Services but can't see them, [I] can only talk on the phone. It's really awful.

Survey respondent

Test 2

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Protect those most at risk

The pandemic has affected different sections of society in different ways. Early, proactive efforts are required to ensure that those who have been most affected do not develop more severe mental health problems.

We know that coronavirus has had a disproportionate impact on people from Black, Asian and Minority Ethnic communities. The mental health impacts will be similarly disproportionate and increased levels of anxiety as well as experiences of bereavement are likely to have a devastating impact. People from these communities have long faced lack of accessible mental health services tailored to their needs, and the UK Government must now prioritise urgent reforms aimed at improving their experiences. This includes making financial support available to grassroots organisations based within these communities and changing commissioning systems to steer mainstream services away from institutionally racist practices and towards provision aligned with all sections of the community.

Targeted support for people who have been bereaved in extremely challenging circumstances, as well as proactive help for people who have been in hospital severely unwell with coronavirus, should also be prioritised. This support must be culturally appropriate so that those communities most affected get care that will meet their needs too.

Similarly, many frontline NHS and social care staff and other key workers will need support for their mental health as a result of their experiences throughout the crisis. People on the front line are continuing to work under extreme pressure and they will continue to work in challenging circumstances over the coming months.

Mind has partnered with Shout, Samaritans, Hospice UK and the Royal Foundation of the Duke and Duchess of Cambridge to provide bespoke support for frontline health, care, emergency, education and key workers through Our Frontline. To date, the website has had over 100,000 views, but longer term, more personalised support is needed, and Our Frontline needs to be part of a comprehensive strategy for supporting frontline workers.

I work frontline for the NHS, specifically in the ambulance service, work is very stressful at the moment we are all under a great deal of pressure.

Survey respondent

Recommendations

▼ Provide a package of support for those groups at most risk of developing mental health problems, including people from Black, Asian and Minority Ethnic communities, frontline workers, people recovering from hospitalisation as a result of coronavirus and those affected by bereavement.

▼ Build upon the work begun by the Advancing Mental Health Equalities Taskforce to capture information about the impact of coronavirus on the mental health of people from Black, Asian and Minority Ethnic communities, and take urgent action to address the issues identified so that local services are delivering tailored and culturally competent support in partnership with local communities.

More than one in five adults with no previous experience of poor mental health now says that their mental health is poor or very poor.

Test 3

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Reform the Mental Health Act

More than half of those being treated in hospital for mental health problems are sectioned. This means being held against your will under the Mental Health Act, with little or no say over what happens to you.

The Mental Health Act is decades out of date and no longer reflects the nation's views on how people ought to be treated when they are most in need of help. The way the Act is implemented and the care that people receive under it often fails to treat people with dignity and respect. We have seen increasing numbers of people locked up under the Act, at huge cost, when most of the evidence is that for many people less intrusive, less expensive treatments can be more effective.

Though people in hospital are some of the most vulnerable, many of our mental health hospitals are untherapeutic at best, and dilapidated and unsafe at worst. Many mental health hospitals were ill-equipped to control the spread of coronavirus and this, combined with staff sickness and absence, left those detained under the Mental Health Act far more exposed to it than the wider population.

The Care Quality Commission has already reported that twice as many people sectioned in England under the Mental Health Act died between 1 March and 1 May this year, compared with the same period in 2019. Half died from coronavirus. We must protect the safety and rights of everyone, especially during times of crisis.

We also know that with services and staff overstretched and the introduction of coronavirus measures, essential support that helps people to recover in hospital settings was taken away. The health and wellbeing of many inpatients deteriorated during the crisis, with harsher regimes in place, increased use of physical restraint and seclusion used in some mental health trusts, and fewer therapeutic opportunities.

> They don't see me as an individual, with a specific history. They see a catalogue of Black men who come off as this stereotype of being big and dangerous and angry.
> Colin, Mind film participant

Coronavirus has highlighted the health inequalities that people from Black, Asian and Minority Ethnic communities face, and such inequalities are particularly prevalent within mental health.

One of the main drivers for the 2018 Independent Review of the Mental Health Act was the racial disparity in the use of the Act and the poorer experience and outcomes for people from Black African and Caribbean communities. Black men are four times more likely to be sectioned and three times more likely to be restrained or held in isolation while in hospital.

It has been over 18 months since the review made over 150 recommendations for reforming this discriminatory and outdated legislation. Despite many promises from the UK Government, we are yet to see any action. We urgently need to see the Government's response to the review.

Recommendations

▼ Urgently publish the Mental Health Act White Paper so that we don't go back to business as usual but we make rapid progress in improving the care, treatment and dignity of people detained under the Mental Health Act.

▼ Urgently commit the capital investment required to modernise and make safe the mental health estate.

▼ Urgently publish draft statutory guidance for the Mental Health Units (Use of Force) Act – Seni's Law – for public consultation, implement the Act without further delay, and take action to ensure use of restraint is dramatically reduced.

Two out of three adults over 25 and three-quarters of young people aged 13 to 24 with an existing mental health problem reported worse mental health.

Test 4

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Provide a financial safety net

The pandemic has shown that the impact of a health crisis goes far beyond health and care services. Many people have found themselves worrying about finances and jobs and wondering how they will put food on the table or keep a safe roof over their heads as the pandemic has taken hold. At times it has felt like things are falling apart, and this has a huge impact on our mental health now and well into the future.

The financial crash of 2008 showed us that it was people living close to the breadline or in poverty who bore the brunt of the crisis. With a recession now looking inevitable, we need to see UK Government doing all it can to protect more people with mental health problems from falling further into poverty and to provide more support for those already struggling to make ends meet. Responsibility for this must sit at Cabinet level, to ensure that every domestic department contributes to a positive mental health recovery package.

The lockdown has made me very isolated. I am now unemployed and worried about accessing food, medicine and enough money to live on.
Survey respondent

Benefit claims have soared since the crisis began and it is now more important than ever to get the process of applying for and receiving benefits right. For years, the benefits system has failed people with mental health problems by not taking their needs into account. But emergency measures introduced since March have shown that a better system is possible.

One of these welcome changes was the introduction of remote benefits assessments. Benefits assessments can have a significant and negative impact on a person's mental health, and even more so if the process itself causes additional distress. That's why Mind has long been calling for more choice in the system, to allow for assessments to be carried out in the way that is right for the individual.

Following a letter from a GP they told me I could have a home assessment. I had a choice: don't allow a stranger into my one safe place and protect my mental wellbeing but lose my DLA [Disability Living Allowance], or allow this stranger in and become mentally unwell. Sadly the experience caused me to self-harm to an extent that I had not done for over 15 years.
Survey respondent

In March the UK Government temporarily suspended face-to-face assessments to reduce the risk of infection. We are now urging the Department of Work and Pensions to make permanent changes to the assessment process so that it is accessible for people with mental health problems. This must include the choice of being assessed face-to-face, over the phone or on paper; enough advance notice, and the ability to choose an appropriate time; and the right to have a friend, family member or support worker present.

Many people are having to adjust to new ways of working because of coronavirus. Whether working from home, working in a difficult

environment, or not working at all, most peoples' jobs have changed in the last few months and will continue to do so in the coming months. We know that the mental health impact of coronavirus has been significant for employees – over a quarter of people in full-time employment told us that their mental health is poor at the moment.

Changes to employment status or practices should not disproportionately affect people with mental health problems. UK Government must monitor the impact of coronavirus on employment for people with protected characteristics, including people with mental health problems. We also want to see guidance for employers on their requirements to support people with mental health problems to return to work.

We know that many people who need to take time off work for mental health problems currently face an impossible choice between earning money for bills, food and accommodation, or looking after their health. Before the pandemic, Mind and many others called on the

UK Government to reform Statutory Sick Pay (SSP) – the legal minimum that employers must pay when people are off sick. We argued for a system where we can all receive sick pay from the first day we're off sick, equal to the minimum wage.

I am worried about money, the uncertainty of when things will start to return to normal, if my work will still be there and how this will affect my children's lives in the next few years.
Survey respondent

In March, changes were made that allowed people to claim SSP from the first day of sickness rather than the fourth if they were unable to work as a result of coronavirus. The UK Government's decision is recognition that current SSP provision is not fit for purpose and too often forces people to work when they shouldn't. We want to see this change widened and made permanent, so that people who are off sick for mental health problems can take the time they need to recover.

Recommendations

▼ Build on the positive changes introduced during this period to ensure that people with mental health problems can access the financial support they need, including committing to allowing everyone to be assessed in a way that is safest for them.

▼ Publish guidance for employers on their requirements to support disabled employees, including people with mental health problems, in returning to work.

▼ Immediately widen the changes in waiting days for Statutory Sick Pay so that people who are off sick as a result of mental health problems can receive the payment from the first day rather than on the fourth day; and publish a response to its 'Health is everyone's business' consultation as soon as possible.

Test 5

Support children and young people

With schools closed and normal support services less accessible, children and young people with mental health problems are not only missing out on their education, but also on the support that helps them to stay well or helps them manage their mental health problems.

We are still a long way from understanding the enormous impact this crisis will have had on the mental health of young people up and down the country. Two-thirds of young people responding to Mind's survey told us that their mental health has deteriorated during the lockdown, with nearly half facing difficulty in accessing support during the crisis. Reported falls of up to 50 per cent in referrals to children and adolescent mental health services are deeply concerning.

Improvements to young people's mental health services are more urgent than ever. It is vital that existing commitments to improve NHS services in England are delivered as soon as possible and that young people whose mental health has been impacted by coronavirus can get support. But it is also critical that the UK Government prioritises understanding the impact on children's mental health. Until this is known, we can't understand the kind of support young people need.

> The isolation from not only family and friends but from my pastoral manager at school has taken a toll. I was on the list for counselling and now I have no one to talk to.
>
> Survey respondent

We cannot underestimate the long-term effects of the pandemic on the mental health and wellbeing of young people. This is a pivotal moment for the mental health of the next generation and we need to seize the opportunity to balance the education system and prioritise the mental health and wellbeing of children and young people.

Nearly one in five young people experiencing a mental health problem has dropped out of education due to the stigma they experienced as a result of their mental health problem. In addition, children and young people with a mental health problem are more likely to be excluded from school – particularly boys. We are concerned that these inequality gaps will only be exacerbated by the current closure of schools.

The UK Government and education sector must urgently put in place a plan to support young people's wellbeing, alongside their academic progress.

Recommendations

▼ Implement a comprehensive plan for supporting children and young people back into education, including those who have experienced trauma, loss and bereavement due to coronavirus and/or are at risk of school exclusion.

▼ Equip schools with what they need, including funding and resources, to put mental health and wellbeing at the heart of their response to coronavirus and beyond.

▼ Commit to introducing additional support and early intervention services for young people's mental health as we move out of the pandemic to meet rising demand, alongside delivering on the measures outlined in the NHS Long-Term Plan.

I feel sad all the time and I miss how my life used to be. I miss my friends and my teachers, and I can't have counselling anymore because my school is closed. I can't do sessions over the phone because my house is so busy.

Survey respondent

Mental health after coronavirus

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Five tests for the UK Government

Test 1: Invest in community services

We need extra investment for local mental health and social care services in England to help people stay well.

Test 2: Protect those most at risk

The UK Government must provide targeted support for groups most at risk of developing mental health problems as a result of the crisis.

Test 3: Reform the Mental Health Act

The UK Government must act on the 2018 Independent Review's recommendations to reform this outdated and discriminatory legislation.

Test 4: Provide a financial safety net

The UK Government must act to prevent people with mental health problems falling into poverty.

Test 5: Support children and young people

We need to understand the impact of the pandemic on young people's mental health and put this at the heart of recovery plans in England.

We're Mind, the mental health charity. We won't give up until everyone experiencing a mental health problem gets both support and respect.

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