

# Mental Health

## Desk Review

December 2020

Research conducted by:

**RLM**

# Contents

<b>MENTAL HEALTH</b> .....	<b>1</b>
<b>CONTENTS</b> .....	<b>2</b>
<b>INTRODUCTION</b> .....	<b>3</b>
<b>SOCIAL STIGMA</b> .....	<b>5</b>
<b>MENTAL HEALTH INFLUENCERS</b> .....	<b>7</b>
ISOLATION .....	7
PARTICULARLY AT-RISK GROUPS.....	9
<b>THE LINK BETWEEN PHYSICAL AND MENTAL HEALTH</b> .....	<b>18</b>
SELF-NEGLECT .....	19
LACK OF INTEREST.....	20
<b>THE LINK BETWEEN MENTAL HEALTH AND CERTAIN BEHAVIOURS</b> .....	<b>22</b>
<b>WORKING TOGETHER/ COLLABORATION</b> .....	<b>25</b>
COMMUNITY APPROACH .....	25
LOCAL LEVEL .....	28
NATIONAL LEVEL .....	31
COMMUNICATION .....	33
<b>TREATMENT</b> .....	<b>35</b>
PREVENTION .....	36
ACCESS .....	36
MEDICATION.....	39
SELF-CARE.....	40
TALKING THERAPIES.....	41
FUNDING .....	42
AGE .....	44
ETHNICITY.....	45
GENDER.....	46
SEXUAL ORIENTATION.....	46
DISABILITY.....	47
DEPRIVATION.....	49
<b>LACK OF SUPPORT NETWORKS AND GUIDANCE</b> .....	<b>50</b>
<b>WORKFORCE</b> .....	<b>52</b>
<b>COVID-19</b> .....	<b>55</b>
INCREASE IN DEMAND.....	56
ACTIVITIES .....	57
<b>CONCLUSION</b> .....	<b>59</b>
<b>REFERENCES</b> .....	<b>59</b>

## Introduction

Mental health is a common condition that can affect anyone, at any point in their life. “It is estimated that 1 in 4 people will experience some mental health issue throughout their life.”<sup>1</sup>

There is a stigma attached to mental health concerns, with 19% of survey respondents from a sample of approximately 2,500 citing they would like to see this change.<sup>4</sup> This will be discussed in the next chapter.

In the following chapters we will also look at social aspects or social inequalities such as life events or experiences, as it is these experiences that can influence physical and mental health, such as the core elements into which we are born, how we grow up, where we live and the homes we live in, as well as if and where we work and how much money we have to spend.<sup>1,2</sup>

Social aspects, or social inequalities such as life events or experiences, gender, minority ethnic group, bereavement, financial worries, caring responsibilities, physical illness, retirement, education, employment, broken relationships, trauma or abuse can all have an impact on someone’s mental wellbeing.<sup>1,2</sup>

When looking at the population of Sunderland, there are significant social inequalities in Sunderland and research indicates that there is a low level of depression throughout the area.<sup>1,3</sup> This can be corroborated by Sunderland Healthy City Plan 2020-2030, as “26.0% of people in Sunderland self-report as having high anxiety compared to 19.7% nationally ...[and] depression: recorded prevalence – 12.3% in Sunderland compared to 10.7% nationally.”<sup>1</sup>

Furthermore, there is data available that highlights the inequalities within Sunderland. For instance: 11.3% of people have long term mental health problems

and 6.0% of adults in the population of Sunderland are in contact with secondary mental health services compared to 5.4% nationally.<sup>1</sup>

Also, suicide rates in Sunderland are 12.4 per 100,000 of the population compared to 10.1 nationally, whilst emergency admissions for intentional self-harm are at 181.1 per 100,000 of the population in Sunderland compared to 193.4 nationally, and finally hospital admissions for mental health conditions are at 183.3 per 100,000 of the population in Sunderland compared to 88.3 nationally.<sup>1</sup>

Additionally, more than 50% of suicides South of Tyne & Wear are by people who have mental health problems.<sup>26</sup>

In 2020, the world has faced unprecedented times with COVID-19 and this can only mean that social aspects will have an even greater impact on mental health.<sup>1</sup> Again, we will address the impact of COVID-19 in the chapters to follow.

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>2</sup> Minds that matter: Understanding Mental Health in Later Life, Independent Age

<sup>3</sup> Sunderland County Council (2019) Public Health Analysis Report in Sunderland

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>26</sup> South of Tyne and Wear (April 2010) Mental Health Model of Care

## Social stigma

Even though, as mentioned in the introduction, 1 in 4 people are affected by mental health problems, there is still a social stigma attached to people with mental health problems. This can lead to them experiencing discrimination, and in fact, people with mental health problems are amongst the least likely of any group with a long-term health condition or disability to find work, be in a steady long-term relationship, live in decent housing or be socially included in mainstream society.<sup>1</sup>

As discussed previously, we are aware that social aspects can impact on mental health, but now we can also see that for those currently suffering from mental health, due to the stigma attached to it, they are least likely to be able to resolve the social aspects that impact on their mental health and therefore this will hinder their recovery.<sup>1</sup>

The stigma attached to mental health was also addressed with reference to autistic people, where it was “felt that there were high levels of stigma associated with both autism and mental health problems that rendered [autistic people] less likely to seek personal or professional help for the difficulties they were experiencing.”<sup>5</sup>

Linked to seeking personal or professional help, the Five Year Forward View Mental Taskforce addressed people encountering stigmatising attitudes from actual staff within mental health services and staff in the wider NHS such as GP surgeries and non-clinical staff.<sup>4</sup>

In order to combat social stigma, in general, it has been suggested by Sunderland Healthy City Plan 2020-2030 that positive messages should be developed regarding mental health and wellbeing, and the stigma attached to this. These messages should promote “anti-stigma and discrimination programmes, promoting a city-wide approach.”<sup>1</sup>

Also, suggested by The Five Year Forward View Mental Health Taskforce, when discussing NHS staff, where patients should be treated as equals, it states that “they should be taken seriously and be treated by staff who are positive about the future.”

Furthermore, it was suggested that professionals should be educated in the psychosocial causes of mental health problems, as well as the symptoms, particularly with regards to those with complex needs. It was suggested that the professionals should treat “the person, not the diagnosis.”<sup>4</sup>

With regards to the autistic person, according to the mental health experiences of autistic people, it is the non-autistic population that needs to change, and they need to gain more understanding about autism. In order to aid this, “training packages have been developed to improve knowledge and decrease stigma associated with autism among non-autistic people, and these have had some success.”<sup>5</sup>

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>5</sup> Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

## Mental health influencers

As previously discussed in the introduction, social aspects and inequalities can influence our mental health. We will now look at some of these aspects in more detail.

### Isolation

Isolation can have a major impact on a person's mental health, with The Five Year Forward View Mental Health Taskforce suggesting the importance of social interactions and positive relationships, "as crucial aspects of good mental health for people of all ages."<sup>4</sup>

However, certain inequalities such as age can increase the opportunity for isolation and COVID-19 has only made the situation worse, with many older people fearful of leaving their home.<sup>4</sup> According to the Impact of COVID-19 on older peoples' mental and physical health by Age UK, 31% of people over 70 say they feel unsafe or very unsafe when outside of their home due to the pandemic.<sup>6</sup> Even when cases reduced significantly over the summer of 2020, many suggested that they still stayed at home or close to home.<sup>6</sup>

A quote from a female aged 75-79 explains the impact of isolation due to COVID-19, "I feel trapped and deserted as no visitors plus it's no use going anywhere because it's too risky. Last time I went out to the bank a young woman coughed in my face! I worried for 14 days after in case she had the virus and I felt quite ill and panicky."<sup>6</sup>

Another quote from an older gentleman aged 81 says "I do feel down quite a lot. Sometimes I don't speak to anybody for over a week and I don't see anyone. I don't hear a human voice. You feel a bit down then."<sup>2</sup>

Carers have also been hit hard by isolation due to COVID-19 with research conducted on caring behind closed doors suggesting that more than anything, carers need “someone to talk to” (36% of carers indicated this).<sup>7</sup>

Looking at the research conducted by Carers UK, only 30% of respondents reported that they had a network of people around them to support them, with 48% reporting that they felt lonely and cut off from people.<sup>7</sup> Suggestions for this could be linked “to the fact that less than half (48%) of carers feel they are able to keep in contact with neighbours, family or members of their local community” for fear of the safety of those that they care for.<sup>7</sup>

Autistic people are also more likely to be at high risk of social isolation with a high proportion having mental health needs as well as suicidal thoughts.<sup>9</sup>

Where someone lives can also impact on isolation as one person comments, “As I live in a rural area the isolation and lack of support or help from my GP is a great worry as my mental health worsens due to knowing I am without professional help.”<sup>4</sup> In order to overcome social isolation, according to a Public Health Analysis Report in Sunderland, it was suggested that offline socialisation was imperative, that building friendships and relationships are important to improve health and happiness.<sup>3</sup>

However, as the country is currently fighting the COVID-19 pandemic, facing national restrictions and social distancing, it is clear that offline socialisation is not always possible. With one male aged 65-69 quoting, “COVID has made me into a hermit afraid to go out and when I do, I just want to get things done and get back home again to the safety of my home.”<sup>6</sup>

To counteract this, there has been a move to digital delivery to build connections online.<sup>10</sup> Although this leads to another concern, the inequalities in digital access. With many moving to digital platforms, “there are four million people over the age of

65 who have never used the internet and as such are unable to video chat with friends or family.<sup>6,10</sup>

---

<sup>2</sup> Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

<sup>3</sup> Sunderland County Council (2019) Public Health Analysis Report in Sunderland

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>6</sup> Age UK: Impact of Covid-19 on older people's mental and physical health

<sup>7</sup> Carers UK (October 2020) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers

<sup>8</sup> Independent Age: Minds that matter: Understanding Mental Health in Later Life

<sup>9</sup> Autistica research as cited in Thompson, J, Tucker, J (2020) Keeping People connected: 16 Week Project Report, North East and Cumbria Learning Disability network: Wooley, K (Inclusion North)

<sup>10</sup> North East Qualitative Workstream, Covid-19 Health Inequalities Impact Assessment

## **Particularly at-risk groups**

Having previously touched upon certain groups that are more at risk of isolation, which in turn, can lead to mental health conditions; we also know that in general, some groups are more at risk of developing mental health problems.

These groups are as follows; carers of all ages, LGBT people due to the extra discrimination they face, people living with disabilities, older people and people of all ages who experience adverse life events such as trauma, abuse, bullying, long-term unemployment or bereavement. Other groups include those with physical health problems, learning disabilities (LD) as well as those with dementia and Autistic Spectrum Disorder (ASD).<sup>4,11</sup>

From the literature review, we will now discuss in more detail carers of all ages, LGBT groups, gender, age, employment, bereavement and the environment with reference to being more at risk of mental health conditions.

### Carers of all ages

Firstly, let's look at carers, as their role can be challenging with many previous research reports evidencing the impact on carers' physical and mental health.<sup>7</sup> With COVID-19 adding extra stresses to a carers' daily life, "almost two thirds of carers (64%) say that their mental health has worsened as a result of the COVID-19 pandemic. Whilst only half (50%) of carers said that they feel able to manage their caring role at the moment, with 22% worried about being able to care safely due to a lack of knowledge, information or equipment."<sup>7</sup> We will discuss lack of support and guidance in more detail shortly.

Due to day care centres temporarily closing during the COVID-19 pandemic, many carers are now working 24/7 without any breaks, "I have struggled hugely being with my husband 24/7, unable to have a break from caring. There are times I think I can't go on, but of course I have to. Sometimes I don't want to wake up in the morning."<sup>7</sup>

Exhaustion, due to lack of breaks is discussed by Carers UK, with, as of October 2020, "79% of carers in this position reporting feeling exhausted and worn out and half (50%) saying they are reaching breaking point. 51% of carers who reported that the needs of the person they care for have increased since the start of the COVID-19 pandemic say they are reaching breaking point."<sup>7</sup> We will also touch upon an increase in demand due to COVID-19 in more detail later.

Suggestions to improve conditions for carers and thus support their own mental health needs have discussed respite care, allowing for breaks as well as day care centres reopening. To support this, one person commenting to Carers UK states

“day care centres resuming would make a significant impact on mine and my mother’s mental health and respite care for my husband and myself.”<sup>7</sup>

Linked to this, it has been suggested that local authorities proactively promote to older carers their entitlement to a carer’s assessment and support, as well as ensure carers are informed of any availability to respite care and day centres.<sup>2</sup>

In addition, healthcare professionals that work with young carers believe that mental health training would be valuable as it would allow them to provide additional support, particularly around mental health issues such as anxiety. However, it is also understood that young carers lead chaotic lives, and as such, may not have the time or support necessary to attend appointments.<sup>27</sup>

### LGBT Groups

Other groups that are at increased risk of mental health problems include LGBT, with the rates of suicide amongst the LGBT population higher in comparison to their heterosexual counterparts.<sup>11</sup>

### Gender

Mental health can also be influenced by gender, for instance if you’re female and a carer you’re more likely to suffer, “65% of women [Carers] said their mental health had suffered compared to 58% of men.”<sup>7</sup>

Findings from Mental Health Before and During the Pandemic also suggest that being a young woman, and living with children, especially preschool age children, also has a heavy influence on the extent to which mental distress increased during the COVID-19 pandemic.<sup>12</sup>

Alternatively, young and middle-aged men are more at risk of suicide, it is the biggest killer of men under the age of 45 in the UK.<sup>4, 8</sup> An example of this is, “My

husband committed suicide 2 weeks after his 51st birthday. He wouldn't admit it to anyone not even himself. He was, as many were, brought up to be the bread winners and had to look after and protect and work hard to provide for his family. These barriers need smashing down to the older men and for it to be ok and it doesn't mean they are weak or worthless and that they are still loved no matter what they feel."<sup>4</sup> Men often find it difficult to admit that they are facing mental health problems and often suffer in silence, not seeking help, which is linked to stereotypes of masculinity.<sup>8</sup>

### Age

Age is also a factor, with mental health particularly affecting the young and older generations.<sup>2, 5, 11, 13</sup> Younger autistic people appear especially vulnerable with, "research [identifying] how young autistic adults generally felt unhappy and depressed, worthless, under strain, unable to overcome their difficulties, unable to face up to problems and lacking in confidence. They also rated their quality of life to be poor."<sup>5</sup>

As well as the impact on young autistic people, young people in prison are also more likely to commit suicide than other people of the same age.<sup>11</sup>

When thinking about mental health in young people, more than half of mental health problems start in childhood or adolescence.<sup>13</sup> The most common mental health issues with young people are anger issues and feelings of abandonment.<sup>27</sup>

Young people also face several barriers when seeking help, with many often reluctant to actually seek help,<sup>14</sup> and for those that do seek help, the help that is available is limited.<sup>13</sup>

Many young people lack the ability to identify the signs and symptoms of mental health problems and therefore may not seek help, "young non-autistic people

struggle to know whether their experiences are ‘normal’ and whether they need to seek professional help.”<sup>5</sup> Another reason they may not seek help could be due to the stigma attached to mental health that we have addressed in an earlier section.<sup>15</sup>

For those that do seek help, many find the healthcare system difficult to navigate, with many finding the transition from Child and Adolescent Mental Health Services to Adult Mental Health Services problematic.<sup>16</sup> As a result of this transition, some drop through the care gap.<sup>17</sup>

Additionally, young people sometimes wait several months to be seen by CYPS. To combat this, some staff have now developed a close relationship with the charity Streetwise and therefore no longer refer to CYPS due to the long waiting lists.<sup>27</sup>

Having to wait for months to be seen by a mental health professional is not appropriate for young people as their mental health can change from day to day. This waiting time can lead to “risky and illegal behaviour... including truancy, drug and alcohol use, as well as self-harm.”<sup>27</sup>

As mentioned above, older people are also at increased risk of mental health problems, with “three quarters (75%) of people aged 65+ [saying] they have experienced significant anxiety or low mood at least once since turning 65, with 1 in 10 (10%) saying they feel this frequently or all the time.”<sup>2</sup>

## Employment

Type of employment, or lack of employment can influence a persons’ mental health,<sup>3</sup> with a, “62.0% gap in the employment rate for those in contact with secondary mental health services [in Sunderland] and the overall employment rate compared to 67.6% nationally.”<sup>1</sup>

Before COVID-19, mental health concerns were higher in people who were unemployed, students or those living on low-income. COVID-19 has seen a relative increase in mental health concerns amongst those who were employed before the pandemic, with some having “lost their jobs, seen their income plummet, been furloughed, attempted to shift to homeworking, or been required to work in ways that exposed them to COVID-19 infection.”<sup>12</sup>

As the pandemic develops, “when furloughs turn to redundancies, mortgage holidays expire, and recession takes effect, ...it is reasonable to expect not only sustained distress and clinically significant deterioration in mental health for some people, but emergence of well described long-term effects of economic recession on mental health including increasing suicide rates and hospital admissions for mental illness.”<sup>12</sup>

As discussed earlier, carers have also been hit hard during this time, “almost two thirds of carers (64%) say that their mental health has worsened as a result of the COVID-19 pandemic. This was significantly higher for carers who were struggling financially (74%).”<sup>7</sup> Linked to this, those carers that were suffering financially were more likely to be suffering from loneliness too, “with 19% saying they had a network of people around them and 62% saying they feel lonely and cut off from people.”<sup>7</sup>

The financial impact on carers is due to a number of factors including the requirement due to the COVID-19 pandemic to buy extra equipment or technology as well as staying at home longer and the need to buy more food to support their household.<sup>7</sup>

When discussing the COVID-19 pandemic, the Joint Mental Health Commissioners Network and Mental Health Network suggests, “if losing your job puts people at increased risk of suicide, then they need support to find jobs, financial support and so on to help mitigate the risks.”<sup>18</sup>

Other support mechanisms that have been suggested to support those that have been affected by mental health due to employment concerns are increased opportunities for work experience, internships and paid employment for vulnerable people such as those with SEND, mental health conditions, those in the care system and those with long term employment.<sup>1</sup> Whilst businesses will also be encouraged to become Disability Confident employers and leaders, they will also be encouraged to sign up to the Mental Health at Work commitments.<sup>1</sup>

As the COVID-19 pandemic is still current, this presents the question, what support will there be for those who were employed prior to the pandemic?

### Bereavement

Bereavement can also influence a person's mental health and the COVID-19 pandemic has exacerbated this. With reference to older people, it has been suggested that it can be traumatic and distressing, "not only were they unable to say goodbye but, due to lockdown, were left grieving by themselves without support. This was made harder by the fact that in many cases their loved ones died unexpectedly or in traumatic circumstances, because of COVID-19."<sup>6</sup>

For carers, this can also have a massive impact and not just during the COVID-19 pandemic, where carers have suggested that they felt very isolated with the loss of a loved one.<sup>7</sup> A quote to summarise the isolation felt at the loss of a loved one from Independent Age, states "If you're bereaved and living on your own, there's no reassurance and you've only yourself to rely on to pull yourself up. As you get older, you do start to worry about things a lot more and, when you're home alone, this can exacerbate these issues."<sup>2</sup>

In order to support the mental health of those that have lost a loved one, the Department of Health and Social Care has undertaken a review of bereavement

needs,<sup>2</sup> and training providers are reviewing the bereavement resources and training on offer to health and care professionals. If gaps are highlighted, they will work with professional bodies and charities to increase what support is available.<sup>2</sup>

## Environment

According to Sunderland Healthy City Plan, “feeling safe, stable and secure is central to our health and wellbeing. People who feel unsafe are more likely to have poorer mental health outcomes.”<sup>1</sup>

Furthermore, having green spaces or nicer open spaces, even a vibrant town centre - can have a positive impact on our mental health.<sup>3,4</sup>

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>2</sup> Minds that matter (2020) Understanding Mental Health in Later Life, Independent Age

<sup>3</sup> Sunderland County Council (2019) Public Health Analysis Report in Sunderland

<sup>2</sup> Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>5</sup> Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>6</sup> Age UK: Impact of Covid-19 on older people’s mental and physical health

<sup>7</sup> Carers UK (October 2020) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers

<sup>8</sup> Sunderland University (May 2018) Mental Health under the spotlight

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

<sup>12</sup> Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population

<sup>13</sup> What every CCG Leader should know about mental health (20th June 2012)

---

<sup>14</sup> Essau, (2005); Rickwood et al., (2007); Zachrisson et al., (2006) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>15</sup> Gulliver et al. (2010) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>16</sup> Paul et al. (2013) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>17</sup> Singh et al. (2010) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>18</sup> Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020) Looking Forward: How the Mental Health System will Model and Meet the Demand

<sup>27</sup> Expanding Minds, Improving Lives Roots & Wings (2017) Children & Young People's Mental Health Services in Newcastle and Gateshead

## The Link between physical and mental health

Having poor mental health often has a knock-on effect on a person's physical health, where one person comments with reference to the COVID-19 pandemic, "I just feel so scared to go out, my depression has a knock-on effect on my pain, not being able to go outside means my mind keeps going round in circles making me more depressed. No conversations, no laughter, in debt and overweight from takeaways, I feel unloved and unwanted."<sup>6</sup>

Mental health is a determinant and a consequence of physical health and vice versa.<sup>1</sup> Also, according to the Mental Health Model of Care in the South of Tyne & Wear, some people with mental health problems also find that their physical health problems are overlooked.<sup>26</sup> This can be more prominent in vulnerable groups such as those with long-term mental illness, long stay in-patients or in those individuals that are homeless.<sup>26</sup>

Also, those people who experience poor mental health can also develop unhelpful coping mechanisms that impact upon both physical and mental health, with the social determinants of health and social inequalities just as relevant in public mental health as they are in public physical health.<sup>1</sup>

According to the Five Year Forward View Mental Health Taskforce, physical health and mental health should be treated and funded equally.<sup>4</sup> With their report suggesting that "in the case of physical illness a person cannot recover from, more should be done for their mental wellbeing as this is a huge part of learning to cope or manage a physical illness."<sup>4</sup>

There have been calls for greater use of social prescribing, which provides a link between people with mental health problems and social activities in the community. This gives wide-ranging benefits to overall health, including the opportunity to

develop social networks, as well as reduce loneliness and isolation.<sup>4</sup> Again, due to the COVID-19 pandemic, this currently has limitations. We will discuss activities in a later section.

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>6</sup> Age UK: Impact of Covid-19 on older people’s mental and physical health

<sup>6</sup> Age UK: Impact of Covid-19 on older people’s mental and physical health

<sup>26</sup> South of Tyne and Wear (April 2010) Mental Health Model of Care

## **Self-neglect**

Poor mental health can often lead to self-neglect, particularly in older people. Examples of self-neglect include people not taking care of themselves in terms of washing, eating, or cleaning their house. It was noted by Age UK when discussing the impact of COVID-19, that for some people this was completely out of character.<sup>6</sup>

Dementia has seen an increase during the COVID-19 lockdown, with one person suggesting a family member has lost weight due to not eating,<sup>6</sup> and another reported that their partner’s “dementia has accelerated. Now 95% liquid diet, whereas before he would eat sandwiches, meals, crisps, cake, biscuits. Now nothing!”<sup>6</sup>

Similarly, one person in the same Age UK report commented “I have found that being told what to do and where to go makes me feel older and therefore question if I should be as active as I was previously. Which in turn just makes staying fit and well harder to maintain”<sup>6</sup>

---

<sup>6</sup> Age UK: Impact of Covid-19 on older people's mental and physical health

### **Lack of Interest**

Poor mental health can also cause people to lose interest in things that they would normally be interested in. According to Age UK, one person suggested “when she’s really low she loses interest in the things she used to do for fun. She also struggles to eat and loses her appetite which is quite dangerous for her as she has a slim, delicate frame.”<sup>6</sup>

As well as this, when addressing the Impact of COVID-19 Age UK also noted that people are likely to lose energy to self-care or fail to engage in daily household activities even though they are able to complete them.<sup>6</sup>

The difficulty in dealing with everyday challenges was also brought up, with people having a negative attitude and being impatient with others, whilst another suggested that people have become very isolated, making it very difficult for them to stay awake and eat. This was echoed by another comment from the same Age UK report, “[I] feel really down a lot and can’t always be bothered to get dressed and go out.”<sup>6</sup>

---

<sup>6</sup> Age UK: Impact of Covid-19 on older people's mental and physical health

---

## The link between mental health and certain behaviours

Alcohol dependency in England is estimated at 589,000 people, and a quarter of these people are likely to be receiving treatment for mental health. With the treatment predominantly for anxiety and depression, some are receiving treatment for sleep problems, psychosis and bipolar disorder.<sup>19</sup>

Looking at the research report produced in November 2020 on data collected from over 72,000 people in alcohol treatment, “more than half (55%) expressed a need for help with their mental health, and four in five (79%) of those said they were receiving some support.”<sup>19</sup>

In addition, “over half (56%) that reported a mental health need said that their support came through primary care, with a fifth (20%) saying that it was through community or other mental health services”<sup>19</sup>

Furthermore, between 2007 and 2017 there were, “5,963 suicides in mental health patients with a history of alcohol misuse, an average of 542 deaths by suicide per year – about 10% of all deaths by suicide in England.”<sup>19</sup>

Also unfortunately, due to the COVID-19 pandemic - in Sunderland, according to a survey by Healthwatch Sunderland, 22% of respondents were now drinking more.<sup>24</sup> Furthermore, according to the Sunderland Healthy City Plan 2020-2030, admissions for mental health due to the use of alcohol in Sunderland stands at, “170.1 per 100,000 of the population in comparison to 75.6 nationally.”<sup>1</sup>

Another behaviour to address in this review is smoking. In Sunderland, there are a number of groups that are more likely to smoke than others. These groups are “young people; people from LGBT communities; those affected by substance

misuse; those with long term conditions; BME groups; routine and manual workers; those with poor mental health; and people with complex needs.”<sup>1</sup>

Of those with serious mental illness, more smoke in Sunderland compared to the national average, “45.6% in Sunderland compared to 40.5% nationally.”<sup>1</sup> Again of those with anxiety or depression, Sunderland has more smokers, “26.6% in Sunderland compared to 25.8% nationally.”<sup>1</sup>

In addition, due to the COVID-19 pandemic, people in Sunderland are smoking more, with 36% of respondents to a survey conducted by Healthwatch Sunderland indicating this.<sup>24</sup>

Similarly, diet can also be affected, having poor mental health can cause people to eat unhealthily and gain weight.<sup>1</sup>

Service providers have struggled to manage the effects of addictions in conjunction with treatment for mental health problems. As a result, people with alcohol or drug dependencies have, for a long time, found it difficult to access services for co-existing mental health problems.<sup>26</sup>

In order to support those with some behaviours mentioned above, staff in mental health hospitals have held discussions with patients specifically over their alcohol consumption, providing brief advice on how to cut back for those that were drinking at levels that could impact on their health. For those with more severe alcohol problems, referrals would be provided for specialist advice and treatment.<sup>19</sup>

Support is also provided via an open-door policy for individuals with multiple conditions, known as ‘Make every contact count’, with treatment for any of the ‘co-occurring conditions’ being available through every single contact point.<sup>19</sup>

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>19</sup> Gov.UK (Nov 2020), Public Health Matters: Alcohol dependence and mental health  
<https://publichealthmatters.blog.gov.uk/2020/11/17/alcohol-dependence-and-mental-health/>

<sup>24</sup> Healthwatch Sunderland (July 2020) What you told us about COVID-19: General Health and Wellbeing

<sup>26</sup> South of Tyne and Wear (April 2010) Mental Health Model of Care

## Working together / Collaboration

In order to support mental health in Sunderland, it is imperative that services and partners work together.<sup>3</sup> The COVID-19 pandemic has emphasised this further, with support for mental health being, “about community cohesion and drawing on community resources in the widest sense. The COVID-19 pandemic has demonstrated the importance of this and the need to promote healthy lifestyles and prevent poor mental and physical health at the earliest opportunity.”<sup>20</sup>

The aim is to identify those with severe mental illness, to provide support to help them manage their mental and physical health needs, through strengthened partnership working across the system.<sup>1</sup>

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>3</sup> Sunderland County Council (2019) Public Health Analysis Report in Sunderland

<sup>20</sup> Royal College of Psychiatrists (Sept 2020) Next Steps for Funding Mental Healthcare in England prevention

### Community approach

This can be cemented by The Five Year Forward View when it states, “the NHS alone cannot transform mental health outcomes across England. So, while what we are producing is for the NHS, the Taskforce has a shared goal to make mental health ‘everybody’s business.’”<sup>4</sup>

Furthermore, the importance of the voluntary and community sector, including faith-based organisations has also been recognised and that partnerships should be improved. Suggestions have been made around utilising “volunteer capacity to enhance mental health, learning disability and autism offer/pathways.”<sup>4,18</sup> The Five Year Forward View refers to this as a ‘community asset’ approach, suggesting that it will help people gain the knowledge and skill to understand, as well as manage their own mental health.<sup>4</sup> More than ever, this was important within BAME communities, “since there are considerable inequalities for these groups in accessing information, support and services.”<sup>4</sup>

According to Keeping People Connected, these relationships should, “deliver effective, quickly mobilised, community focused support to people when they need it.”<sup>21</sup>

Linked to this, it was also suggested by community research with young autistic people that, “listening to – and learning from – young autistic people is crucial in ensuring that their mental health needs are met.”<sup>17</sup> In line with this, according to the Five Year Forward View Mental Health Taskforce, their aim is to involve “people with lived experience of mental health problems, carers, professionals, providers, voluntary organisations and the component parts of the NHS – who are all part of the Taskforce” all working together.<sup>4</sup>

When looking at Sunderland, there has been a community approach to prevention of suicide as well as intervention in the form of training. More than 2,500 people across Sunderland have taken part or are taking part in this training. With organisations across the city also becoming Time to Change employers, and many now having Mental Health First Aiders in the workplace to support employees and customers - Sunderland is coming together to support mental health.<sup>1</sup>

When looking at neighbouring areas, Newcastle and Gateshead held a wide-ranging public engagement and consultation process. In 2016, Newcastle Gateshead CCGs governing body decided to change the way adult mental health services were arranged. As a result of the change, there have been opportunities to innovate and offer a wide range of new and improved community services. This included “creating new interlinking community and hospital mental health services to reduce reliance on hospital stays, shorten the time people spend in hospital and overall improve their experience of services, helping them to recover sooner, stay well and have fulfilling lives.”<sup>25</sup>

These changes in Newcastle and Gateshead also resulted in money being released, which could then be used to “create a better way for people to be supported and cared for in their own communities, minimising the need for inpatient care because new innovative services support them, when they need it.”<sup>25</sup>

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>17</sup> Singh et al. (2010) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change’: Mental health experiences of young autistic adults in England

<sup>18</sup> Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020) Looking Forward: How the Mental Health System will Model and the Meet the Demand

<sup>21</sup> Thompson, J, Tucker, J (2020) Keeping People Connected: 16 Week Project Report. Inclusion North

<sup>25</sup> Newcastle Gateshead CCG (2014/15) Deciding Together, delivering together: Adult Mental Health Services <https://newcastlegatesheadccg.nhs.uk/get-involved/past-engagement/mental-health-services-adults/>

## **Local level**

The Five Year Forward View Mental Health Taskforce suggests that leaders throughout England can now, “make urgent headway to radically improve outcomes in their own backyards and we’re invigorated by the commitment and tenacity of many to find new solutions to tackle old problems. A strategy is not worth the paper it is written on unless it is put into practice. So, while [the taskforce] will deliver a meaningful and credible strategy, it is only by working together that communities – made up of commissioners, providers, voluntary organisations and people with lived experience – can achieve the scale of change people are desperate to see.”<sup>4</sup>

Exploration into how mental health services and primary care services interact should be a first step for the CCGs with building stronger relationships between mental health professionals and primary care being a significant achievement.<sup>13</sup>

Most mental health services are commissioned locally, and with the roll out of provider collaboration this is anticipated to increase.<sup>11</sup> Provider collaboration is believed to improve the mental health provider’s position in the local health economy, but they do not themselves improve the mental health services.<sup>22</sup> An example of this is NHS providers in West Yorkshire coming together to form a provider ‘collaborative’, this means “services are planned and delivered according to the needs of the population, through networked models of care and not an individual organisation.”<sup>22</sup>

However, what is likely to be detrimental, is if one element of mental health services is joined with other health services, causing fragmentation within the mental health service, so local areas “need to consider how best services from within one organisation can be split to get all the positive benefits of integrating with another organisation without impacting negatively on patient care and outcomes.”<sup>22</sup>

At a local level within the NHS, the importance of a smooth transition through the healthcare and social care system was addressed with requests for the systems to be joined up in order to share relevant information about the individual's goals and care to prevent the person from having to repeat themselves.<sup>4</sup>

Furthermore, ICSs need to improve the way the NHS works with local authorities, the voluntary sector and the independent sector, to improve the mental health of the public, "including addiction services, children and young people's mental health services, supported housing, employment support as well as suicide prevention programmes."<sup>22, 11</sup> This is echoed in the COVID-19 Health Inequalities Impact Assessment for the North East Qualitative Workstream Report with the need for partnership working and the sharing of resources.<sup>10</sup>

It has been suggested that there should also be a more holistic approach to care planning, allowing for individuals and carers to produce the care plan alongside the professionals.<sup>4</sup>

In order to support mental health, integrated working partnerships should also be made with accommodation providers - enhancing existing specialist community forensic teams, namely Pathfinder services and FIND services.<sup>22</sup>

Also, trusts should also provide mental health services across England "[involving] people who use services, including those from Black, Asian and minority ethnic groups, in all aspects of their organisation, such as service co-production, planning and delivery of care."<sup>22</sup>

---

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>10</sup> North East Qualitative Workstream, Covid-19 Health Inequalities Impact Assessment

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

<sup>13</sup> What every CCG Leader should know about mental health (20th June 2012)

<sup>22</sup> Royal College of Psychiatrists (2019) Improving mental health services in systems of integrated and accountable care: emerging lessons and priorities

## **National level**

The Mental Health Five Year Forward View aimed to clearly set out how national bodies would work together leading up to 2021, “to help people have good mental health and make sure they can access evidence-based treatment rapidly when they need it.”<sup>4</sup> This was produced before the country faced a worldwide COVID-19 pandemic, but many of the findings are relevant, if not more so today.

According to the Royal College of Psychiatrists, the government needs to “establish a Mental Health Cabinet Committee to ensure collective responsibility for improving the mental health of the nation as part of the recovery from COVID-19.”<sup>20</sup> They should also “lead the development of a long-term, cross-government mental health strategy that runs alongside the NHS LTP. This should be closely aligned to the NHS mental health COVID-19 recovery plan developed by DHSC and reflect the increased mental health need as a direct consequence of COVID-19.”<sup>20</sup>

The Independent Mental Health Taskforce is determined to set in motion steps to tackle the unwarranted and unnecessary variations in care and support around the country, by working with the arms-length bodies including NHS England, Public Health England, Health Education England and Care Quality Commission.<sup>4</sup>

The specialised commissioning mental health budget should increasingly be transferred to providers in NHS-led provider collaboratives by 2023/24 according to the NHS LTP Mental Health Implementation Plan, with these provider collaboratives playing an ever-increasing role in managing full pathways of care.<sup>22</sup>

Provider collaboratives are created when similar NHS trusts, such as mental health trusts, work together to provide health services, bringing together clinical expertise and experience, with the aim of improving quality and increasing efficiency.<sup>22</sup> These partnerships often cover multiple ICS areas due to the large footprint of providers. The ambition is for 75% of the population to be covered by provider

collaboratives by 2020, with many areas already having provider collaboratives responsive for some mental health services.<sup>22</sup>

There is a genuine opportunity to improve and join up mental health services with the rest of the healthcare system, however, it has been suggested that NHSE&I should review all organisational mergers that include mental health services and a comprehensive risk/benefit analysis carried out.<sup>22</sup>

Once provider collaboratives are up and running, to ensure that funding is used in the most effective way, STPs/ICS and ICPs should streamline commissioning for people in the same footprint.<sup>22</sup>

---

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

<sup>20</sup> Royal College of Psychiatrists (Sept 2020) Next Steps for Funding Mental Healthcare in England prevention

<sup>22</sup> Royal College of Psychiatrists (2019) Improving mental health services in systems of integrated and accountable care: emerging lessons and priorities

## Communication

The importance of having the right information to make meaningful decisions about their treatment was illustrated by 13% of people, with people wanting to be able to decide for themselves what support they need, and when they need it. To do this, they need to be provided with “information about their rights, their condition and the services and support available to them”. There is also “the need to be provided with a clear reason for admission to inpatient mental health care, including secure settings.”<sup>4</sup>

Also, in light of the COVID-19 pandemic, there is a greater need for high quality information about mental health to be including in public health messaging.<sup>12</sup>

There are mixed feelings when it comes to communication with social care services, with 51% rating communication as either good or excellent, and with the remaining 49% giving a poor or very poor rating.<sup>24</sup>

Confirming this, some people have reported poor communication with the social care service resulting in the deterioration of the service user’s mental health. “Poor mother-in-law has been alone in a flat with 15 minutes of care a day for 10 weeks after they decided no visitors at all, but weren’t prepared to offer an enhanced service of care! Her mental health has deteriorated significantly. This has caused major stress for the family.”<sup>24</sup>

---

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

---

<sup>12</sup> Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population

<sup>24</sup> Healthwatch Sunderland (July 2020) What you told us about COVID-19: General Health and Wellbeing

## Treatment

Different groups report having different levels of satisfaction with the healthcare they receive. This is an inequality in experience. An example is lesbian, gay and bisexual groups as well as black, Asian and minority ethnic (BAME) individuals reporting poor levels of satisfaction with community mental health services compared to heterosexual and white-British counterparts.<sup>11</sup>

Research has raised the importance of targeted support for people who currently have the worst access and outcomes, such as some BAME communities, children and young people, older people, carers, LGBT people and people living with multiple needs such as disability, long-term physical health conditions, Autistic Spectrum Disorder, substance use issues etc.<sup>4</sup>

Also, having a choice of treatment options is important, with 33 percent of individuals suggesting they required a choice of treatment and recommendations that the choice of services should be expanded to include a broader range of therapies.<sup>4</sup>

Furthermore, individuals also want a greater say in the services that were available in their local area, and more meaningful involvement with the people who use those services.<sup>4</sup>

We will now look at different areas of treatment, as well as those groups of people with inequalities in treatment because of the groups they are associated with.

---

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

---

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## **Prevention**

The COVID-19 pandemic has demonstrated the importance of preventing poor physical and mental health at the earliest opportunity.<sup>20</sup> This can be done by investing in finding and understanding the 'hidden' population, those who are suffering from poor mental health but are unknown to the NHS and making sure they have access to universal support such as annual health checks, flu immunisation and cancer screening.<sup>21</sup>

---

<sup>20</sup> Royal College of Psychiatrists (Sept 2020) Next Steps for Funding Mental Healthcare in England prevention

<sup>21</sup> Thompson, J, Tucker, J (2020) Keeping People Connected: 16 Week Project Report. Inclusion North

## **Access**

One of the primary concerns when it comes to accessing mental health treatment is timely access. Over 52% of people said access is one of their top three priorities.<sup>4</sup>

Despite this, it is a challenge getting appointments quickly and with many only having limited treatment options this can cause frustration.<sup>2</sup> It has been indicated that waiting times do need to be reduced.<sup>4</sup>

In Sunderland, the inpatient admission rates for mental health disorders in young people are significantly higher than the national and regional averages, with waiting times being more than double that of the South Tyneside area.<sup>1</sup>

The need for services to be available 24 hours a day, 7 days a week, was also addressed, suggesting a need for sufficient high-quality services to be available locally, to enable people to be treated close to home and near their support networks.<sup>4</sup>

GP practices and primary care services are often people's first port of call if they are concerned about their mental health or the mental health of a loved one.<sup>4</sup> However, one person suggests that "If you feel unwell in the evening, during the night or at the weekends and bank holidays there is no choice but to go to A&E. There's no support out there during these times. It's crucial that this is changed for the benefit of service users, their families and carers."<sup>4</sup>

Concerns arise over a deterioration in health with regards to older people. Specifically, due to COVID-19, health tests are not given priority as they are deemed non urgent.<sup>6</sup> An example of which is one person having several procedures delayed. This has caused anxiety, the brunt of which has been borne by their carer.<sup>7</sup>

According to the NHS Constitution, patients have a right to be seen within 18 weeks, however, the majority of mental health patients with depression or anxiety often wait longer than six months for psychological therapy. This is in contrast to other areas of the NHS who saw a dramatic drop in waiting times between 2002 and 2010.<sup>13</sup>

However, with the COVID-19 pandemic, current literature available has not provided the waiting times at present.

Around one third of individuals discussed the need for improved access to effective treatment.<sup>4</sup> The strategy in the NHS Long Term Plan aims to fix this by ensuring timely access to high quality mental healthcare by providing systems with tools and enablers to communities faring the worst in mental health services.<sup>11</sup> It was also suggested that there needs to be a clear, evidence-based pathway into mental health services, with support for people while they wait to access them.<sup>4</sup>

As we have previously addressed, individuals may not be aware that they need support for their mental health. This can be problematic when family members are aware that support is required, but because they aren't the patient, their power is limited.

Here is also an example of how one person's treatment follows a pattern with limited access to support, unless the actual patient seeks help, "My adult son has been sectioned 4 times. We see the pattern evolving over about a year. We inform the NHS team of the early warning signs. Patient confidentiality overrules duty of care, so they do not tell us anything. He reaches crisis point and is admitted to hospital. After a month or two he recovers, but the pattern repeats. What a waste of NHS money in letting him reach crisis. The personal cost to him is higher, but that doesn't show on NHS accountants books."<sup>4</sup>

Linked to this, a key concern raised in South of Tyne & Wear with regards to carers and service providers is confidentiality and information sharing. "Legislation and service user confidentiality have often left professionals confused about what they can share and left carers feeling they are isolated and working in the dark."<sup>26</sup>

---

<sup>1</sup> Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>6</sup> Age UK: Impact of Covid-19 on older people's mental and physical health

<sup>7</sup> Carers UK (October 2020) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

<sup>13</sup> What every CCG Leader should know about mental health (20th June 2012)

<sup>26</sup> South of Tyne and Wear (April 2010) Mental Health Model of Care

## **Medication**

The reliance on medication to control mental health issues varies depending on demographics, for instance young African Caribbean men described the treatment they were currently provided as too heavily reliant on medication.<sup>4</sup> Also, older people with common mental health problems were more likely to receive medication and less likely to be in receipt of talking therapies.<sup>11</sup>

Literature suggests there is a need for more support to be available should an individual want to reduce their medication or come off it entirely, with many reporting that they were put on medication before other support options were even explored.<sup>4</sup>

Also, the issue of side effects for medication has been raised, with many reporting that they were not always provided with the full information. Further research into the long-term effects of psychiatric medication was also suggested.<sup>4</sup>

---

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## **Self-care**

In addition to medication, self-care is a common form of treatment, with people expressing the desire to have more control over their own care and to access the support that would work best for them.<sup>21</sup>

To allow people to self-care, people must be able to identify if they need support as well as be able to access the support they need in the community when they identify a need and not based on diagnosis or health classification. Keeping People Connected suggests that as things stand, care was not shaped by the individual, and that healthcare professionals do not listen to them or take their concerns seriously.<sup>21</sup>

Prior to the COVID-19 pandemic, many people did take a proactive approach to their mental health, seeing friends and family, engaging with their community and volunteering to protect and bolster their own mental health.<sup>2</sup>

In order for people to self-care, there needs to be provision of good quality home treatment as well as access to short stay crisis and recovery houses, where people can choose to visit in the onset of a crisis to receive intensive treatment and support. There should also be voluntary admission to inpatient care for those who need it, which due to the high threshold of inpatient care, is extremely high.<sup>4</sup>

Staff from the Institute of Sport at Sunderland University launched an Adventure Therapy scheme with funding from Sport England to help boost both mental and

physical wellbeing of students, “So much research has already shown how exercise, particularly when outside, can play a crucial role in improving mental health. But we are also keen to be pro-active, to improve people’s wellbeing in general....”<sup>2, 8</sup>

---

<sup>2</sup> Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>8</sup> Sunderland University (May 2018) Mental Health under the spotlight

<sup>21</sup> Thompson, J, Tucker, J (2020) Keeping People Connected: 16 Week Project Report. Inclusion North

## **Talking therapies**

Talking therapies is another form of treatment for mental health problems, these include cognitive behavioural therapy and counselling. Talking therapies offer flexibility and choice to people, with the option of individual or group therapy, face to face or remote therapy. People have shared their positive experiences of talking therapies and how the treatment has improved their lives.<sup>2</sup>

Different groups access services differently, with some groups being underrepresented and others being overrepresented.<sup>11</sup>

In fact, as of Sept 2020 only half of people aged 65+ were aware of the option to receive counselling or talking therapy through the NHS, with the most recent annual data showing that people aged 65+ only make up a relatively small proportion of clients (6%).<sup>11</sup>

To tackle this, DHSC, NHS England and CCGs are developing actions, including communication plans to increase the number of older people receiving this type of treatment.<sup>2</sup> Similarly, different groups receiving talking therapy have different outcomes, with BAME typically having poorer recovery rates than white-British.<sup>11</sup>

There have also been some complaints about the lack of choice of the therapy on offer with talking therapies, as well as complaints over the long waiting times to receive treatment, with the cost of receiving private therapy being a concern when they feel they have no option but to pay for this treatment.<sup>2</sup>

---

<sup>2</sup> Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## **Funding**

Funding is a major contributor into the treatment that people receive, with poorly treated mental health problems driving up the costs in other parts of the CCGs budget. It is suggested that between 12 and 18 percent of the NHS's spend is on long term physical health problems that can be linked to poor mental health.<sup>13</sup>

It is important to continue the investment into mental health services in line with the Mental Health Investment Standard, and to ensure that funding flows to the frontline with minimum burden to allow for the most effective healthcare. To help prepare for any surge in mental health issues, funding needs to be spent on transforming mental health services in line with the Long-Term Plan.<sup>18</sup>

It is also important to ensure that there is sufficient funding for research, with DHSC to increase funding to 15% of the UK total research budget by 2030.<sup>20</sup> DHSC are to allocate £160m to mental health trusts for research and development into mental health and dementia. This funding will go towards prevention, improving productivity, as well as alternatives to medicalisation.<sup>4</sup>

However, improvements can also be made without “incurring additional net costs”, integrated psychological support for those with long term conditions can pay for itself by reducing the cost of physical healthcare. Another example being, for every £1 spent in early intervention in psychosis, £10 in savings can be made.<sup>13</sup> This can be seen when looking at the changes implemented by Newcastle Gateshead CCG that we discussed earlier.

In addition, linked to the COVID-19 pandemic, funding for the Voluntary and Community Social Enterprise sector is critically important, most organisations require financial support in order to survive.<sup>10</sup>

---

<sup>4</sup>Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>10</sup> North East Qualitative Workstream, Covid-19 Health Inequalities Impact Assessment

<sup>13</sup> What every CCG Leader should know about mental health (20th June 2012)

<sup>18</sup> Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020) Looking Forward: How the Mental Health System will Model and the Meet the Demand

<sup>20</sup> Royal College of Psychiatrists (Sept 2020) Next Steps for Funding Mental Healthcare in England prevention

## **Age**

Access to treatment can vary wildly depending on the age of the people requiring treatment. As discussed previously, older people are only one-fifth as likely to have access to talking therapy as younger age groups, however they are six times more likely to be taking medication.<sup>11</sup>

Additionally, compared to working-age adults, older people have better recovery outcomes in IAPT.<sup>11</sup>

It has also been suggested by Minds that Matter that the NHS and public bodies should investigate what prevents older people discussing their mental health and seeking treatment, and target information such as treatment options to people aged 65+.<sup>2</sup>

Furthermore, in order to ensure people can access treatment, engagement methods should be tailored to particular audiences, for instance, “Involving young autistic people in the development of interventions designed to improve mental health literacy.”<sup>5</sup>

For young people, travelling to appointments can be a huge barrier. In general, young people prefer to meet locally, and in a location that they are already familiar with.<sup>27</sup>

As far as treatment is concerned, play therapy is considered to be very helpful for young people, however it was found not to be accessible when they wanted it.<sup>27</sup>

---

Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

<sup>5</sup> Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

<sup>27</sup> Expanding Minds, Improving Lives Roots & Wings (2017) Children & Young People's Mental Health Services in Newcastle and Gateshead

## **Ethnicity**

Whilst there have been improvements, the IAPT recovery rate for BAME users is still below that of their white-British counterparts. Many people from BAME communities, particularly black-African and Caribbean people do not have access to psychological treatment at the early stage of their mental health problem. Similarly, children and young people from BAME communities are less likely to be able to access early intervention services that could help prevent mental health problems from escalating.<sup>11</sup>

Compared to white-British people, people from black-African and Caribbean communities are 40% more likely to be introduced to mental health services through the criminal justice system, with black adults being more likely to be detained under a section of the Mental Health Act than adults from other ethnic groups.<sup>11</sup>

Access to health care can also be an issue for Gypsy, Roma and Traveller communities due to their living status, this is similar to that of those who are homeless.<sup>11</sup>

Also, some people from BAME groups mistrust mental health services based on negative experiences, with BAME patients less likely to rate their overall experience as 8 or above on a 10-point scale (44% vs 49% for white-British).<sup>11</sup>

---

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## **Gender**

A person's gender can have an impact on the outcome of the treatment they receive, for instance on average, women have longer lengths of stay in mental health secure care, than men.<sup>11</sup>

However, men are less likely to be referred to IAPT services and treatment, than women. In addition to this, transgender people often experience prejudice when accessing services, as well as a lack of understanding.<sup>11</sup>

Also, services that fail to account for the specific needs of women can lead to poor experiences for women.<sup>11</sup>

Another difference is that women are more likely to be restrained than men, and girls are more likely to be restrained in a face-down position than boys.<sup>11</sup>

---

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## **Sexual Orientation**

A person's sexual orientation can have an impact on the treatment they receive, with lesbian, gay and bisexual (LGB) people having poorer IAPT outcomes than their

heterosexual counterparts. Also, many LGB people opt to avoid seeking healthcare as they fear they will be discriminated against by the staff.<sup>11</sup>

LGB patients also feel they are far less likely to be treated with dignity and respect by mental health services (55% vs 73% for heterosexuals), with LGB patients less likely to rate their overall experience as 7 or above in the 2018 Community Mental Health Survey (48% vs 64% for heterosexuals).<sup>11</sup>

---

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## **Disability**

A person's disability can also have an impact on the treatment they receive, with those with disabilities having poorer IAPT recovery outcomes than those without a disability. Access to services can be a barrier to accessing care for those with disabilities, with transportation and cost being the most significant.<sup>11</sup>

In addition to the barriers young autistic people face seeking help for their mental health problems, they also face further problems accessing the help and support. These further barriers include lengthy waiting times, lack of available services and poor transitions from CAMHS to AMHS, although some of these barriers are also faced by non-autistic people.<sup>23</sup> Autistic people also face challenges surrounding verbal and non-verbal communication, sensory sensitivities, processing speed and organisation, as well as the need for consistency.<sup>5</sup>

Also, according to a Mental Health Foundation Survey, those with a learning disability and their families, were not as satisfied with the care provided by mental health services.<sup>11</sup>

---

<sup>5</sup> Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

<sup>23</sup> Birchwood and Singh (2013) Crane, L. Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

## **Deprivation**

We have previously discussed low incomes as a cause for mental health concerns, but it can also impact on treatment. People who live in lower income households are more likely to have unmet mental health treatment requests, than those that live in the highest income households. In addition to this, the most deprived localities often have poorer IAPT recovery rates than the least deprived localities.<sup>11</sup>

However, evidence on differential patient and carer experiences of mental health in deprived localities is still emerging.<sup>11</sup>

---

<sup>11</sup> NHS (Sept 2020) Advancing Mental Health Equalities Strategy

## Lack of support networks and guidance

The lack of support and guidance can be a problem for those requiring treatment for mental health problems. This is from both those with mental health problems, and the people caring for them.

According to Carers UK, over half of carers (52%), when discussing the continued impact of COVID-19, said they wanted more specific guidance from the government regarding COVID-19, as carers are still anxious to ensure they are providing care safely, as well as the need for clearer and more specific guidance on accessing care homes and going to the hospital. Carers would also like more support in the community from the likes of volunteers.<sup>7</sup>

From a survey conducted by Healthwatch Sunderland in relation to COVID-19, one carer commented, “As an unpaid carer of 17 years, I have never felt more ignored, disrespected and dehumanised as during the pandemic. The caring role has not changed but the support has gone, the expectation to home school and hold the hand of every non-medical professional has been ridiculous.”<sup>24</sup>

People have shared both positive and negative experiences when accessing and receiving mental healthcare, with only 12% of people ages 65+ believing older people are given the support they need to manage their mental health.<sup>2</sup> As one person comments with reference to the COVID-19 pandemic, “[I] had no support at all, my anxiety is off the scale, my OCD is worse. I have not been out once since early March, having no family made it worse.”<sup>6</sup>

From a survey conducted by Healthwatch Sunderland, respondents were asked to indicate where they had received support for their mental health during the COVID-19 pandemic. As of June 2020, 54% indicated that they received support from family

and friends, with only 15% indicating they had received support from their GP and 13% indicating they had received support from a voluntary or charity organisation.<sup>24</sup>

Linked to collaborative working, there's a strong message that all aspects of a person's life needs to be actively supported through collaborative care planning, including education and employment.<sup>4</sup>

Furthermore, GPs should have the flexibility of increasing appointment lengths for patients with mental health problems, and GPs should be supported to consistently offer people a range of mental health treatments and support options. This could include both medication and talking therapies.<sup>2</sup>

---

<sup>2</sup> Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>6</sup> Age UK: Impact of Covid-19 on older people's mental and physical health

<sup>7</sup> Carers UK (October 2020) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers

<sup>24</sup> Healthwatch Sunderland (July 2020) What you told us about COVID-19: General Health and Wellbeing

## Workforce

When it comes to workforce, one of the top five important aspects of NHS service delivery is to improve staff training. 13 percent of people mentioned the need for wider diversity and skill mix within the NHS during public engagement by the Independent Mental Health Taskforce.<sup>4</sup>

NHS staff on the frontline should have not only the confidence, but the skills to support people's mental health needs.<sup>4</sup> When thinking about autism, they need to have knowledge beyond the basic characteristics of autism in order to provide respectful and effective healthcare.<sup>5</sup>

Equally, inpatient staff should have their physical healthcare skills improved to ensure that patients with autism as well as mental health issues or learning disabilities have access to high quality care during the COVID-19 pandemic.<sup>18</sup>

To make sure this is possible, according to 'Something needs to change', there is a need for increased training for healthcare professionals,<sup>5</sup> with it being suggested that staff across the NHS should have training in accredited Mental Health First Aid, in addition to increased mental health awareness training. It has also been suggested by the Independent Mental Health Taskforce that NHS staff should be trained in suicide prevention and LGBT awareness.<sup>4</sup>

Additionally, the recruitment of staff with a wide range of skills, including psychological support skills and peer support was also a top five aspect of NHS service delivery for its perceived importance to bring about change,<sup>4</sup> with the aim of getting 27,460 roles in the mental health sector by both recruiting new staff, and improving the retention of current staff.<sup>18</sup>

There is likely to be a link between the environment that healthcare professionals work in, their health and wellbeing and their ability to support patients.<sup>4</sup> Clearly, this suggests the importance of looking after the mental health and wellbeing of NHS and social care staff, as well as looking after the mental health of the public.

This is particularly important with the ever-increasing pressures on the service, and therefore the workload on the staff.<sup>4,18</sup> A comment from a junior doctor in psychiatry reinforces this nicely, "Being both a junior doctor training in psychiatry, and a patient with mental health problems, enables me to experience both sides of the NHS... I am frequently amazed by the heavy workloads of my colleagues and those treating me. And I know that for me, this can in fact contribute to deterioration in my own mental health."<sup>4</sup>

A further aspect of NHS service delivery for its perceived importance of bringing about change is staff attitude, both of staff working in mental health and non-mental health settings.<sup>4</sup> The opportunity to promote physical and mental wellbeing should be seen at every clinical interaction, with staff building the relationships and networks to make this happen.<sup>22</sup>

To provide the best experience possible for patients "We need staff actually showing respect for patients with mental health problems and acknowledging that they are people who have a character and abilities beyond their mental illness."<sup>4</sup>

---

<sup>4</sup> Independent Mental Health Taskforce (Sept 2015) The Five Year Forward View Mental Health Taskforce: Public Engagement Findings

<sup>5</sup> Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England

---

<sup>18</sup> Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020)  
Looking Forward: How the Mental Health System will Model and the Meet the Demand

<sup>22</sup> Royal College of Psychiatrists (2019) Improving mental health services in systems of integrated and accountable care: emerging lessons and priorities

## COVID-19

The problems for mental health during the pandemic are not necessarily new problems, but rather existing mental health inequalities that could potentially become more entrenched. This could result in more challenges when tackling the problems than there were, prior.<sup>12</sup>

The UCL Social Study showed that people were very stressed at the beginning of the COVID-19 pandemic, although the rate as of the 24<sup>th</sup> June was currently falling before the 'second lockdown'.<sup>18</sup> In June, 2020 according to a survey by Healthwatch Sunderland, "53% of respondents stated that their mental health has been negatively impacted to some extent during the pandemic."<sup>24</sup> As of December 2020, these rates may have changed, with 23% stating that they had accessed support for their mental health.<sup>24</sup>

According to the UCL Social Study, there was not an independent increase in the change in mental distress due to the pandemic depending on peoples' characteristics, such as being an ethnic minority, already unemployed, or having pre-existing health conditions, although as mentioned previously those whose work has exposed them to COVID-19 infection, such as key workers, have seen an increase in mental health concerns. However, had the analysis been carried out further into the lockdown, it is possible that socioeconomic inequalities would widen.<sup>12</sup>

Supporting this, a study found that people from Black, Asian, and Minority ethnic (BAME) backgrounds had higher levels of depression and anxiety during the pandemic, with lower levels of happiness and life satisfaction and they were more likely to be lonely.<sup>18</sup>

However according to the Healthwatch Sunderland survey, several positive impacts from the pandemic were discussed involving activities that people commenced, such as, “learning to crochet, baking a lot, spending time out walking with partner.”<sup>24</sup>

---

<sup>12</sup> Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population

<sup>18</sup> Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020) Looking Forward: How the Mental Health System will Model and the Meet the Demand

<sup>24</sup> Healthwatch Sunderland (July 2020) What you told us about COVID-19: General Health and Wellbeing

### **Increase in demand**

As a result of the COVID-19 pandemic, there is agreement that we are likely to see an increase in mental health problems, with evidence to suggest an increase in depression, anxiety and lower wellbeing since the beginning of the lockdown.<sup>18</sup>

Mental health providers need to prepare for an increase in demand for mental health services, specifically with drug and alcohol use disorder services with the pandemic worsening these illnesses, along with the reduced availability of these services due to the pandemic. It is suggested that patients need to be safely discharged into the community with a care package in place.<sup>20</sup>

---

<sup>18</sup> Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020)  
Looking Forward: How the Mental Health System will Model and the Meet the Demand

<sup>20</sup> Royal College of Psychiatrists (Sept 2020) Next Steps for Funding Mental Healthcare in England  
prevention

## **Activities**

Due to the COVID-19 pandemic, people have had to stop their hobbies. For some people such as carers, these were things which gave them a chance to forget about caring for a few hours.<sup>7</sup> There has been a similar struggle for parents of autistic children as support services have closed or been moved online, which has had a negative impact on their mental health.<sup>7</sup>

According to a survey by Healthwatch Sunderland, 41% of respondents indicated that they have seen a decrease in their levels of exercise.<sup>24</sup>

With the lockdown and people not being able to leave the house, they have been unable to keep up their healthy lifestyle, including following a healthy diet or to do any exercise, as a result of this they have seen an increase in depression and anxiety.<sup>7</sup>

This was also noted in the Age UK report, with one family member noting “Because she stopped being able to use public transport or leave the house, she has not walked outside the house since March. Now she has lost a lot of confidence and muscle / strength and can hardly walk. I suspect she will never recover her strength or be able to resume her previous activities.”<sup>6</sup>

---

<sup>6</sup> Age UK: Impact of Covid-19 on older people's mental and physical health

<sup>7</sup> Carers UK (October 2020) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers

<sup>24</sup> Healthwatch Sunderland (July 2020) What you told us about COVID-19: General Health and Wellbeing

## Conclusion

To conclude, mental health is a common condition that can affect anyone at any stage in their life. However, certain inequalities can have an impact on mental health. Certain groups also have inequalities in their access to care as well as the treatment they receive when receiving support. We have discussed these inequalities throughout this desk review whilst addressing the link between mental health and physical health, as well as the link between mental health and antisocial behaviours. Throughout this review we have also brought together recommendations on improving mental health.

Certain groups are more at risk of mental health problems, dependent on their age, gender, whether they are a carer, LGBT, have a disability, on a low income or lack employment as well as the environment in which they live.

Additionally, some of these groups also have inequalities in their access to care and quality of care. Access to mental health services needs to be improved, with waiting times being quite lengthy, tests being delayed due to COVID-19, and an overreliance on medication in some groups. Self-care and talking therapies are both seen as excellent alternatives.

Having poor mental health often has a knock-on effect on a person's physical health, and vice versa, with mental health being both a determinant and consequence of physical health. It can lead to self-neglect and lack of interest in things they would normally enjoy. This has been more prevalent with older people, who were asked to stay at home during the COVID-19 pandemic.

Similarly, there is a link between those with a mental health problem and certain behaviours, including alcohol dependency, drug addiction and smoking. It has been

suggested that patients should be treated as equals regardless of the co-existing mental health problems.

Despite around 1 in 4 people being affected by a mental health problem, there is still a social stigma attached to mental health causing people to be less likely to seek help. This is particularly the case for people with Autism, who already have difficulty seeking help and support.

To help support mental health, different services across the NHS need to work together, be it on a local or national level. There should be a community approach, with the use of voluntary and community sector organisations to allow people to manage their own mental health. These community services should deliver effective and community focused support when people need it, and also reduce the reliance on hospital stays.

At a local level, provider collaboratives are being rolled out, however it has been suggested that there should also be a more holistic approach, allowing individuals to choose their own care with the assistance of healthcare professionals.

At a national level, it has been suggested that the government establish a “Mental Health Cabinet Committee” and tackle the unwarranted and unnecessary variations in care and support around the country. They also need to make sure there is sufficient funding for not only the treatment of mental health problems, but also to facilitate research into mental health.

In order to improve mental health, there also needs to be better communication throughout the NHS, as this review suggests there is poor communication with the social care services and people aren't currently being provided with the information they need to make decisions about their own care.

Furthermore, in light of the COVID-19 pandemic and the compounding of mental health problems, there is a greater need for information around mental health in public health messaging.

Not only should frontline staff have the skills and confidence to support mental health needs, but mental health inpatient staff should also have physical healthcare skills. Additionally, there is a need to improve staff training and attitude in not only mental health, but also non-mental health settings, with the need to also recruit new staff with a wide range of mental health skills.

Finally, during the COVID-19 pandemic, existing mental health problems have also been compounded, with people being very stressed at the beginning of the pandemic, although these rates had been falling prior to the second lockdown, with the rates of people from BAME backgrounds having higher levels of depression and anxiety. As a result of this, mental health providers need to prepare for an increase in service demand. Also, in order to improve carers' mental health, they need to have access to more specific guidance on COVID-19.

## References

Advancing Mental Health Equalities Strategy September 2020 NHS

Age UK: Impact of Covid-19 on older people's mental and physical health

<sup>23</sup> Birchwood and Singh (2013) Crane, L, Adams, F, Harper, G (2018) Something needs to change: Mental health experiences of young autistic adults in England  
Autistica research as cited in Thompson, J, Tucker, J (2020) Keeping People connected: 16 Week Project Report, North East and Cumbria Learning Disability network: Wooley, K (Inclusion North)

Carers UK (October 2020) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers  
Crane, L, Adams, F, Harper, G (2018) 'Something needs to change': Mental health experiences of young autistic adults in England

Covid-19 Health Inequalities Impact Assessment for the North East Qualitative Workstream Report

Essau, (2005); Rickwood et al., (2007); Zachrisson et al., (2006) as cited in Crane, L, Adams, F, Harper, G (2018) 'Something needs to change': Mental health experiences of young autistic adults in England

Expanding Minds, Improving Lives Roots & Wings (2017) Children & Young People's Mental Health Services in Newcastle and Gateshead

Gov.UK (Nov 2020), Public Health Matters: Alcohol dependence and mental health  
<https://publichealthmatters.blog.gov.uk/2020/11/17/alcohol-dependence-and-mental-health/>

Gulliver et al. (2010) as cited in Crane, L, Adams, F, Harper, G (2018) 'Something needs to change': Mental health experiences of young autistic adults in England  
Healthwatch Sunderland (July 2020) What you told us about COVID-19: General Health and Wellbeing

Independent Age (2020) Minds that matter: Understanding Mental Health in Later Life

Joint Mental Health Commissioners Network and Mental Health Network webinar (June 2020) Looking Forward: How the Mental Health System will Model and the Meet the Demand

Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population

Newcastle Gateshead CCG (2014/15) Deciding Together, delivering together: Adult Mental Health Services <https://newcastlegatesheadccg.nhs.uk/get-involved/past-engagement/mental-health-services-adults/>

Newcastle Gateshead CCG (2017) Deciding Together, delivering together – designing inpatient and community mental health services <https://newcastlegatesheadccg.nhs.uk/documents/getting-involved/>

Nuffield Trust (October 2020) The Impact of lockdown on emotional wellbeing and mental health, by age group

Paul et al. (2013) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change’: Mental health experiences of young autistic adults in England Public Health Analysis Report in Sunderland (2019)

Royal College of Psychiatrists (2019) Improving mental health services in systems of integrated and accountable care: emerging lessons and priorities

Royal College of Psychiatrists: Next Steps for Funding Mental Healthcare in England prevention (Sept 2020)

Singh et al. (2010) as cited in Crane, L, Adams, F, Harper, G (2018) Something needs to change’: Mental health experiences of young autistic adults in England South of Tyne and Wear (April 2010) Mental Health Model of Care

Sunderland Healthy City Plan 2020 – 2030 (Draft October 2020)

Sunderland University (May 2018) Mental Health under the spotlight

The Five Year Forward View Mental Health Taskforce: Public Engagement Findings: A report from the Independent Mental Health Taskforce to the NHS in England (Sept 2015)

What every CCG Leader should know about mental health (20th June 2012)