

## Looking forward

### How the mental health system will model and meet the demand

The Mental Health Commissioners Network and the Mental Health Network held a joint webinar on 24 June 2020 to look at what the future demand is likely to be for mental health services as a result of the pandemic, and what priorities for the NHS will be and the funding available to deliver this going forward. The speakers were Professor Louis Appleby, director of the National Confidential Inquiry into Suicide and Safety in Mental Health, lead of the National Suicide Prevention Strategy for England and Claire Murdoch CBE, national mental health director of NHS England. The session was chaired by Dr Phil Moore, chair of the Mental Health Commissioners Network. This briefing is based on that webinar; the commentary below is from the Mental Health Commissioners Network and the Mental Health Network.

As a result of the COVID-19 emergency, there is a consensus that we are likely to see an increase in mental health problems, and possibly in the suicide rate. There is some evidence that we have already seen an [increase in the prevalence of depression, anxiety and lower wellbeing since lockdown](#). There are also likely to be indirect consequences of the pandemic that will impact mental health, such as complex bereavement, loneliness, disconnection from support networks, job loss and financial hardship, and fears associated with contracting the virus and what the future will hold.

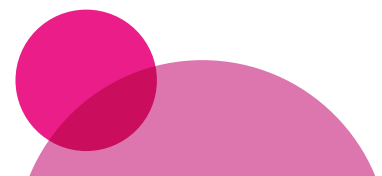
#### What can we learn from previous pandemic/traumatic incidents and current data?

Professor Louis Appleby gave an overview of what research into other pandemics and traumatic events can tell us about the likely impact on the suicide rate and how to identify at-risk groups. There are several research projects underway, as well as existing sources of evidence, to help us understand how COVID-19 is impacting on people's mental health in the UK. The evidence referred to below is from [Professor Appleby's presentation](#), but references have been included where possible.

#### Who is at risk?

Professor Appleby said that following the SARS epidemic in Hong Kong, the suicide rate increased in women over 65, which would not normally be expected for this group. This is likely to be linked to isolation from family supports and fear of contracting SARS.

In England, we have already seen an [increase in recent years in the suicide rates of young people \(aged 15-19\) in both males and females](#).



The suicide rate is higher in males generally, with the [peak age group being middle-aged men](#).

### Delay in increase in suicide rate following traumatic incidents

Professor Appleby talked about the rise in the suicide rate following the economic crash in 2008. [Suicides started to rise following the recession but did not peak until 2012](#). He said that the highest rate was in middle-aged men.

### Risk is not always clinical

The rise in suicide rates following the 2008 economic crash are likely to be linked to economic adversity and housing problems. This was a worldwide recession, but some countries managed to mitigate the worse of the effects of economic adversity post-recession and combined mental health and support for economic vulnerability.

### High risk groups and who mental health support and suicide prevention responses should focus on:

- general population, focus on inequalities – people from BME communities, people with learning disabilities and autism
- people with existing mental illness
- economically vulnerable problems
- [children and young people](#) – particularly those who have autistic spectrum disorders and ADHD
- older people
- people who are bereaved or traumatised
- specific risks, such as. domestic violence, alcohol
- people isolated and cut off from normal support networks.

### What the data is telling us

To understand what is happening and to respond appropriately, you need good, timely data. This will come from a range of sources and will need to be triangulated to get a fuller picture. So, you need real-time surveillance of suicides, early notification on cases of self-harm, data from mental health surveys, and call data to mental health charities who provide helplines.

[The UCL Social Study](#) has shown that people were understandably very stressed at the beginning of the pandemic, but this rate is falling. There is a strong association between anxiety and loneliness. This study produces weekly reports; [report number 15](#) has a focus on ethnic inequalities during the pandemic. The study has found that people from BME backgrounds had higher levels of depression and anxiety during the pandemic, lower levels of happiness and life satisfaction and are more likely to be lonely.

An [ONS survey](#) found that the most anxious people are also the loneliest. The people who are the loneliest are those on low incomes, young people, and people with a mental health diagnosis.

An [analysis of Google searches](#) provides an indicator of what people are concerned about or interested in. Over the period of lockdown, this analysis has shown no change in people searching on suicide, but there is a gradual rise in people searching on self-harm. Professor Appleby highlighted a need to be cautious in interpreting this data but said we should take this as a warning sign.

In terms of numbers of actual cases of self-harm, the [UCL survey](#) suggests that there has not been much change, but there is a higher risk in people with diagnosed mental health problems.

Professor Appleby said that there has been a fall in the number of people seeking hospital care for self-harm, but this does not mean that there has been a drop in prevalence overall.

Organisations offering helplines and online support for self-harm have seen an increase in calls or traffic to their website. It is likely that this is because people are fearful of seeking support via traditional (NHS) routes.

A [survey of Royal College of Psychiatrists' members](#) found that they have seen a 43 per cent increase in urgent interventions for mental health in most part of the country, and 45 per cent have seen a fall in routine appointments. Their members thought that this was because they were late seeking help and their needs had become more serious. The drop off in routine work was particularly seen in children and young people's mental health services and older adult psychiatric services. It is important to reinforce the message that NHS mental health services are open for business as usual.

While there is an increased emphasis on online therapies or support, not everyone has access to the Internet or a smartphone. A [recent review of the evidence](#) has found that a blended approach of online and face-to-face interventions is better for young people.

### How can mental health services respond and prevent an increase in suicides?

The impact of the pandemic will not just be clinical or fall to the NHS, so local areas will need a system-wide strategy for dealing with the likely increase in demand for mental health support. Systems will need to understand who the high-risk groups are to estimate what the need is within their population. For instance, 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.

Systems are starting to think about how they will manage this potential spike, and many are quite advanced in modelling the potential demand on their patch. There is also a national piece of work underway to model the demand, which will be published later in the year.

Claire Murdoch, in her [presentation](#) talked about what the priorities for mental health services should be going forward, what funding is available, and some of the positives and learning that has come out of the pandemic.

### Priorities going forward

Claire Murdoch said that NHS England and NHS Improvement remains committed to the NHS Long Term Plan (LTP) and should continue to deliver against it for 2020/21.

During this period, integrated care systems (ICSs) and sustainability and transformation partnerships (STPs) should:

- deliver the LTP ambition for 2020/21
- continue to increase investment in mental health services in line with the Mental Health Investment Standard (MHIS)
- ensure funding flows to the frontline with minimum burden – the Phase 3 letter sets out further information about contracting and financial arrangements
- maintain momentum where we have delivered new gains at pace, particularly on digital and crisis care
- recruit new staff and improve retention of current staff – aim is to get 27,460 roles in the mental health sector
- support the mental health of NHS and social care staff – refine the staff offer
- reduce health inequalities
- move towards a system-by-default way of working, with strong ICS leadership, strategic commissioning, and whole system partnership
- focus on analytics, insight and outcomes.

These priorities are reflected in the [Phase 3 letter](#) from Sir Simon Stevens and Amanda Pritchard, which was published 31 July 2020.

### Funding

Funding any increase in demand is a big issue for commissioners and providers. Claire Murdoch told delegates that the MHIS should continue to be met as a minimum. To help prepare for any surge in mental health issues the funding needs to be spent on transforming mental health services in line with the LTP and should not all go on continuing health care (CHC) and prescribing. We do need true transformation, increases in productivity, measured outcomes and an expectation of real partnership working at place level. ICSs and STPs must include mental health in any capital plans they put through to the centre.

## Positives of and learning from the pandemic

While the pandemic has been devastating for many and thrown up numerous challenges for the NHS, there are many positives that have come out of it:

- mental health services have stayed open during the pandemic
- 35-fold increase in number of digital appointments offered
- a year ahead of target, 24/7 all-age crisis lines had been set up across the country
- development of a mental health and wellbeing offer to all staff, includes pilots for prioritised access to psychological interventions
- upskilling in-patient staff's physical health skills to ensure COVID-19 patients in mental health, learning disability and autism settings have access to high quality care
- improved partnership working with the voluntary and community sector (VCS), including using volunteer capacity to enhance mental health, learning disability and autism offer/pathways
- Rt Hon Michael Gove and Nadine Dorries, Minister for Patient Safety, Suicide Prevention and Mental Health, to chair a cross-government meeting, which should provide support to the sector
- reduction in bed usage; we should aim to maintain this in the future.

## Next steps

Many systems are well underway in modelling what the potential demand for mental health support will be because of the pandemic and are developing strategies for implementing them. We plan to hold another webinar to enable members to share learnings and good practice.

## Useful resources

### Guidance

NHS England and NHS Improvement, [Mental Health, Learning Disabilities and Autism pages on COVID-19](#).

NHS England and NHS Improvement, [After-Care Needs of Inpatients Recovering from COVID-19](#).

### Research

Sommer IE and Bakker PR, [What Can Psychiatrists Learn from SARS and MERS Outbreaks?](#) The Lancet.

Rogers JP, Chesney E, Oliver D et al, [Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections](#), The Lancet.

Fung Kwong AS, Pearson RM, Adams MJ et al, [Mental Health during the COVID-19 Pandemic in Two Longitudinal UK Population Cohorts](#), medRxiv.

UCL, [Understanding the Psychological and Social Impact of the Pandemic](#).

Mental Health Foundation, [Coronavirus: the Divergence of Mental Health Experiences During the Pandemic](#).

### **Children and young people**

Loades ME, Chatburn E, Higson-Sweeney N et al, [Rapid Systematic Review: the Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents](#)

Royal College of Paediatrics and Child Health, [COVID-19: Research Studies on Children and Young People's Views](#).

Emerging Minds, [Co-SPACE Study – Report 04: Changes in Children and Young People's Emotional and Behavioural Difficulties Through Lockdown](#).

The Childhood Trust, [Children in Lockdown](#).

Disabled Children's Partnership, [#LeftInLockdown: Parent Carer's Experiences of Lockdown](#).

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