

INVESTIGATIVE REPORT LOOKING AT HOW COVID HAS IMPACTED ON MENTAL HEALTH

August 2020





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1 Introduction

1.1 What is Healthwatch North Lincolnshire?

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

1.2 Why this Subject?

Across England around 1 in 4 people suffer from some form of mental health problem in any one year¹, these problems can include depression, anxiety, post-traumatic stress disorder, phobias, obsessive-compulsive disorder, panic disorder, antisocial personality disorder, borderline personality disorder or bipolar disorder. Numbers of individuals experiencing mental health problems has been increasing over the years² and is more common amongst women although it is widely accepted that there are many contributing factors to mental health and it can affect anyone.

¹ Mind

² NHS Digital





Mental health charity Mind list a number of factors which can contribute towards an individual experiencing a period of poor mental health, such as social isolation, social disadvantage, bereavement, severe or long-term stress, unemployment or losing your job, having a long-term physical health condition, homelessness or poor housing, drug or alcohol misuse, domestic violence and trauma, however this list is not exhaustive.

“Mental health is the foundation for the well-being and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment.”³

In the recent months, as a nation, we have faced many difficulties in the face of COVID 19. Many of the restrictions we have faced have included socially distancing ourselves from our families and friends and spending extensive periods of time alone or in households. Many have faced job insecurity and losses, financial hardship alongside increasing stress and anxiety and potentially the sudden loss of loved ones. Those with some long-term physical conditions have also been greatly affected, having to isolate alone in many cases, to protect themselves from an increased risk from COVID 19.

Many of the restrictions imposed to reduce the risk of transmission of COVID 19, are directly linked to the factors which can contribute to poor mental health. This means that in recent times there has been a sudden increase in people experiencing poor mental health, a recent survey by Mind has found that 65% of adults over 25 years old, with an existing mental health problem, had seen a decline in their mental health⁴.

Using information from NHS Digital⁵ it can be seen that referrals for psychological therapies in North Lincolnshire has reduced dramatically since February 2020. With more people stating their mental health has declined, this could be an indication

³ WHO

⁴ Mind 1

⁵ NHS Digital 1





that there are many local people not being appropriately supported with their mental health. This is concerning as, with such a difficult current climate, we need to ensure that everyone who requires support can access this in a timely manner.

2 Background

2.1 Introduction

In April 2015 new waiting time standards in relation to accessing mental health services were introduced as part of the improving access to psychological therapies programme. These standards were intended to improve mental access by 2020. The standards included a target of 75% for people to start treatment within 6 weeks, and 95% of people being treated within 18 weeks⁶. Across England the average amount of people being treated within 6 weeks has reached 87% in May 2020. Looking at local figures for North Lincolnshire in February 2020 81% of people were being treated within 6 weeks and 99% within 18 weeks. However, as of May, the amount of people being treated within 6 weeks has dropped dramatically to 64%, 11% lower than the 75% target set out in the waiting time standards.

Types of treatment for mental health conditions vary, such as different types of talking therapies as well as medication. Talking therapies give people the opportunity to speak about their issues without being judged, they are then helped to find their solutions through discussion with a therapist. Talking therapies can help with a range of mental health problems and your GP or mental health worker is able to help you decide which type of talking therapy may be most useful.

Although there are many talking therapies available to people to treat mental health concerns, the most common treatment offered to people is psychiatric medication.

Where it is widely accepted that medication is the most commonly offered treatment for mental health conditions, it should be used in conjunction with talking therapies and not in place of them. Medication most commonly reduces the effect

⁶ Public Health England





of symptoms experienced when suffering from ill mental health, meaning that further exploration is often required to understand the root causes and empower people to overcome these. It is therefore concerning that across the UK, at a time when many people's mental health is strained, there seems to be a decline in referrals to psychological therapies.

Mental health is affected by many external factors such as social isolation, financial difficulties, relationship difficulties, domestic abuse, poor housing and medical concerns. During the COVID 19 pandemic these factors have been intensified due to government imposed restrictions and general concern around the risk of infection. This has led to the findings by mind that 60% of adults in England have experienced a decline in their mental health.



Figure 1: Maslow's hierarchy of needs⁷

Looking at Maslow's hierarchy of needs, shown above, many of the COVID 19 pandemic restrictions directly relate to the lower levels of the pyramid, which are

⁷ Figure 1: Maslow's hierarchy of needs





the foundations on which people live. When people are lacking the lower level needs they may be less able to reach the higher levels of wellbeing. This shows that if people are unable to meet their physical and safety needs, this can impact on a person's ability to feel good about themselves and reach their full potential. With this in mind it is easier to understand how a holistic view of mental health is needed, to empower people to make positive change, which may improve their mental wellbeing.

In particular in North Lincolnshire, which is already a relatively socially deprived area with higher levels of unemployment and workless households than the national average, the impact of economic downturn is felt more intensely⁸. Taking into account further impacts relating to the pandemic restrictions it is easy to see how the impact this difficult phase of life has had for many people across the region.

2.2 Local Services/Pathway

Nationally, there are many mental health service providers which are accessible in various ways, including telephone lines, online services or text services. Some services, such as the Samaritans, are available 24 hours a day, 7 days a week, 365 days a year to ensure they are there to talk whenever a person may need to. These services are intended to support people by providing a listening services in which promotes human contact and interaction to help people when they need it, not just when at crisis. Other services can offer more targeted support such as Kooth which provides information and support for young people experiencing mental health problems, in the way of online forums. There are also providers who provide general information on ways to promote and manage mental wellbeing. NHS Live Well, provides information and signposting about a range of topics such as sleep and tiredness, 5 steps to mental wellbeing and eating well. Many of these services are widely available for free, but rely on people being proactive in finding them at the right time.

⁸ North Lincolnshire statistics





Within North Lincolnshire there are various different options for accessing support relating to mental health. Provision of mental health services locally has been split between Rotherham, Doncaster and South Humber (RDaSH) NHS trust and North Lincolnshire Council, previously services had been joined. Following the separation of services, patients were split between the services and there are now a range of different services which people can access. Some services are only available through a referral services, but some can be access by self-referral. Whilst this diverse range of services offers a great deal of choice and flexibility in relation to provision of packages of care, it could also lead to confusion about which services is best suited to deal with an issue and has lead to some service users being seen by multiple teams.

The Talking Shop

This service is run by RDaSH and accepts referrals from GP's, other health professionals and self-referral. After receiving referrals they will arrange an appointment time for an initial assessment to be completed. Once this assessment has been completed they may be offer different forms of therapy for individuals to choose and decide which feel is best suited to individual needs. This pathway has a stepped approach which details different approaches for different levels of service:

- Step one - Primary care which includes recognition of a problem
- Step two - Low intensity service which includes mild to moderate presentations of conditions
- Step three - High intensity service which includes more complex presentations of conditions

Treatment will begin in step two or three depending on the outcome of the initial assessment. If it is considered the provision available, is not the most appropriate for the individual's needs, after the initial assessment they will aim to find a more appropriate service and provide any necessary information about this.

North Lincolnshire Community Therapies Team

This team offers a range of treatment plans for people experiencing moderate to severe mental health conditions such as depression and anxiety, when there is no





psychosis present. There are three treatment pathways which include medication management, support and individual psychotherapy. Treatment plans are agreed with service users during their first appointment taking their views into consideration and working alongside family, carers and other agencies.

North Lincolnshire Intensive Community Therapies Team

This is a team of specialists including a consultant psychiatrist, specialist doctors, community psychiatric nurses, Specialist social workers, approved mental health professionals, senior mental health officers, mental health officer and psychological therapists. They provide intervention for service users who have been diagnosed with severer depression or anxiety related disorders including personality disorders and obsessive compulsive disorders. Services are offered under the Care Programme Approach (CPA) or a low intensity pathway with engagement in groups, therapy and recovery college. The aim of this services is to reduce symptoms causing distress, develop personal goals, improve social inclusion and enable people to lead a more independent life.

North Lincolnshire Access Team

People can be referred to the Access Team by a family psychiatric/mental health practitioner or through accident and emergency. The Access Team will assess the mental health risk and needs of an individual who experiencing a mental health crisis. They provide intensive home treatment as an alternative to inpatient treatment and can be used to facilitate early discharge when admission has been found to be necessary.

North Lincolnshire Assertive Outreach Team

This team is a multi-disciplinary team which works to promote social inclusion through the development and maintenance of long term supportive and therapeutic relationships. This team aims to promote strengths and abilities in people, whilst also recognising the limitations and difficulties caused by certain conditions. This team supports people with severe mental health concerns who are regularly admitted to hospital and have had challenges in engaging with traditional services for any reason. The team aim to adopt a team approach in delivering packages of





care working closely with other organisations such as police, probation, housing, drug, and alcohol services.

North Lincolnshire Early Intervention in Psychosis Team

This specialist team works with people who may be experiencing symptoms of psychosis for the first time. The team includes many health and care professionals who work together to offer a range of different interventions including: Care Co-Ordination, Cognitive Behaviour Therapy, Behavioural Family Therapy and facilitating social activity groups and one to one interventions.

North Lincolnshire Recovery Team

This team works with adults who have been diagnosed with psychosis and bipolar affective disorders. The team offers a range of interventions through a variety of care pathways to encourage and raise wellbeing and independence.

2.3 Approach

As we began this piece of work during the pandemic lockdown phase, we were faced with limitations in the approach we could adopt to gather information. We decided to roll out an online survey which we sent out to our partners and advertised on social media as well as on our website and within our newsletter publications. We asked our volunteers to complete the survey with isolated people they have been supporting through our telephone buddy service. In total we received 128 responses to our online survey.

Further to the survey we held one virtual focus group which had three participants, received written information from one participant who was unable to attend the group session and conducted telephone interviews one to one with two other participants. The written response to the focus group followed the same style of responses from the group session. Whereas the one to one conversations were semi-structured interviews which were held in a more conversational manner.





3 Findings

3.1 Partner Feedback

Due to pressures faced by services during the COVID 19 pandemic it was not felt appropriate to put additional pressure on service providers at this time. As such limited formal partner feedback was gathered. We did conduct a short survey for GP Practices after the period of lockdown and received information in relation to the impact on mental health from the Humber Coast and Vale maternity partnership group.

GP Practices

We sent a quick survey to GP Practice Managers via email, the survey was responded to by nine local surgeries, yet four surveys were excluded for being incomplete. Of the five responses included 60% indicated that they had seen a rise in the amount of people who had accessed the surgery with mental health concerns. These increases in contact relating to mental health concerns were seen around June and July 2020. Whereas the 40% who reported seeing a decline in people accessing services relating to their mental health state this change occurred around April 2020. When asked what changes had been seen in the presentation of some mental health concerns all responses indicated some increase in presentation of depression and anxiety. Additionally, 40% also stated they had seen an increase in either antisocial personality disorder or panic attacks as well. This shows that whilst some practices report a decline in people accessing support in relation to their mental health, there has been an increase in presentation of common mental health concerns. This suggests that whilst some people who are struggling with mental health concern are coming forward for support, there may still be more who are not.

When asked about services available to people who present with mental health concerns, practice managers had done their best to highlight the main services they were aware of. Some services included IAPT, Talking shop, Social Prescribing and Crisis team. Whilst it is reasonable to believe that clinical practitioners would have extensive knowledge of services available, there does seem to be some room for





improved communication around the different services available. As discussed in the local pathway section of this report with so many services available it may be difficult to pinpoint the right service and increased clarity may help to streamline service flow in the future.

When discussing possible service providers with patients, practices stated they use various methods of providing information to signpost people to relevant services such as conversations between clinicians and patients, leaflets, websites, and referrals. Whilst this provision is excellent as it allows patients to fully understand care plans, one service provider stated that people were not invited to give their views in relation to their treatment plans. In the interest of allowing people the opportunity to feel empowered about their own care, as is expected within the NICE guidelines⁹, people should be given the opportunity to make shared decisions with regards their care planning.

We also included questions relating to remote consultations on our survey. We found that whilst most surgeries had used some form of remote consultation before the pandemic, its use had been limited. All practices reported that since the start of the pandemic their approach to remote consultations had been better with most stating it was much better. In addition to this all stated there would aspects of the remote consultation process they would keep in a post-covid world. Whilst these remote consultations have been useful in reducing the risk of coronavirus, it has been felt by some that these consultations are not suitable for all situations or people. As such there was comment that where face to face appointments are assessed as clinically appropriate, these would take place. For those who do not have the technology or resources to access 'virtual' appointments telephone appointments were used or referrals to social prescribing. This flexibility in types of appointment could be useful to be taken into the future and help to ensure that people receive the right care at the right time. However, there should be careful consideration of this approach to ensure that people are confident and comfortable with the type of appointment they are offered.

⁹ NICE: Service user experience in adult mental health services





Humber Coast and Vale Maternity Partnership

The Humber Coast and Vale Maternity Partnership group ran a survey about the impact of the COVID 19 pandemic on local maternity services. Within this survey it was noted that 39% of women had expressed increased anxiety due to restrictions relating to coronavirus management¹⁰. This suggests that the impact of restrictions on mental health are far reaching across many different people for many different reasons.

3.2 Online Survey

We received 128 responses to our mental health survey. 75% of responses received were from people over the age of 45, 20% between 25 and 44 and 5% under 25. Most responses were from people who identify as female, around 75%, a further 23% were male and 2% from people who identify as transgender or non-binary. 93% of responses were from people who consider themselves heterosexual with responses also coming from people who describe themselves as gay or lesbian, bisexual or pansexual.

Previous mental health concerns

We found that around 60% of participants had suffered from ill mental health in the past year or longer. Of these responses 75% reported a decline in their mental health and 20% reported their mental health had remained the same. A small 5% of people stated their mental health had improved throughout the COVID 19 pandemic, all of which describe having someone to speak to had helped them.

Of the 75% who reported a decline in their mental health, it was reported that people had tried to access support from various sources:

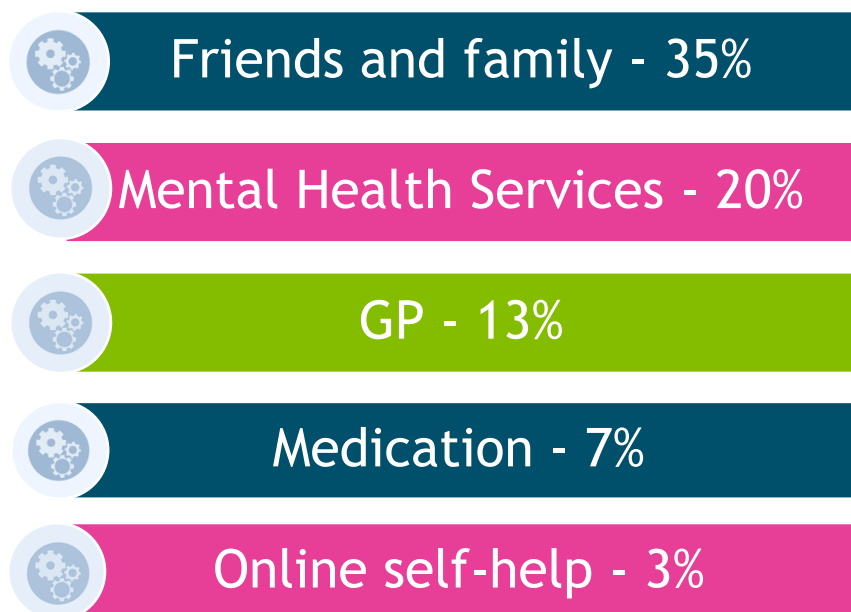
- Family and friend - 35%
- Mental health services - 20%
- GP - 13%
- Medication - 7%

¹⁰ Humber, Coast and Vale Maternity Partnership Survey





- Online self-help - 3%



There were also 26% of this group who did not access any support. Of this group of people many thought that there were no services available to them or that they did not know what services were available. Some did make suggestions for improvements to services such as:

“Awareness of my PTSD”

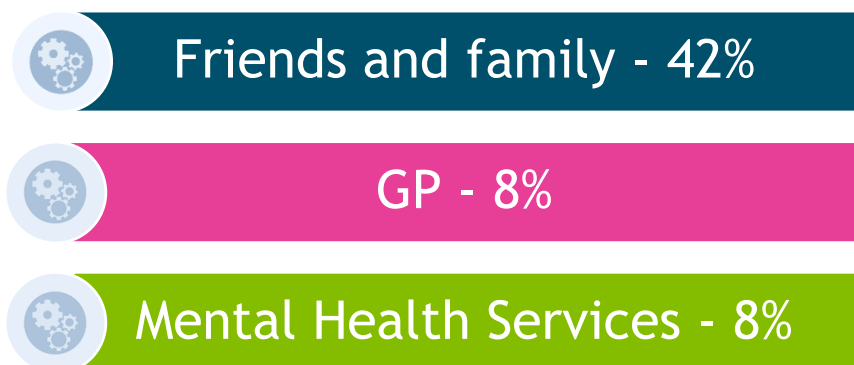
“Online or phone support, maybe a text service?”

“Counselling”

“Better access to GP services. Because of the pandemic and reduced capacity in which GP's operate it made me feel as though mental health concerns were not enough of a priority to warrant calling and asking for an appointment.”

Of the 60% of people who had previously suffered from ill mental health, around 20% reported no change in their mental health. Support services the participants in this group had accessed were as follows:



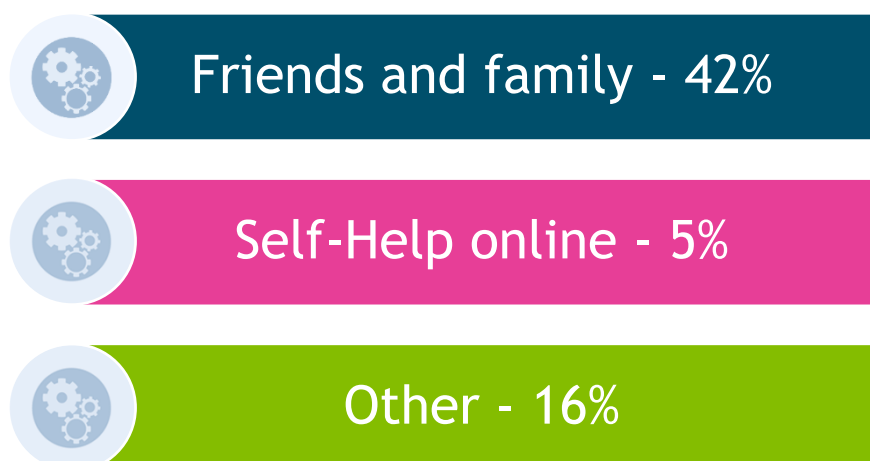


Of this group of people, who have an identified mental health illness, no participants were able to offer any suggestions for improvement.

No previous mental health concerns

40% of participants reported having no previous mental health concerns. Of this group 6% experienced an improvement in their mental health, 54% stated they had seen no change in their mental health and 40% had seen a decline in their mental health during the coronavirus pandemic.

Within this group the following support had been accessed:



There were 47% of this group who had not accessed or attempted to access any support.

Additional services participants in this group suggested included better access to exercise facilities, support with employment (including work life balance) and online support.





“Better access to exercise facilities of some sort”

“Work discussions with employees”

*“support for people who are having to juggle homeworking with
having children at home.”*

“On line Therapy”

People who saw improvement in mental health

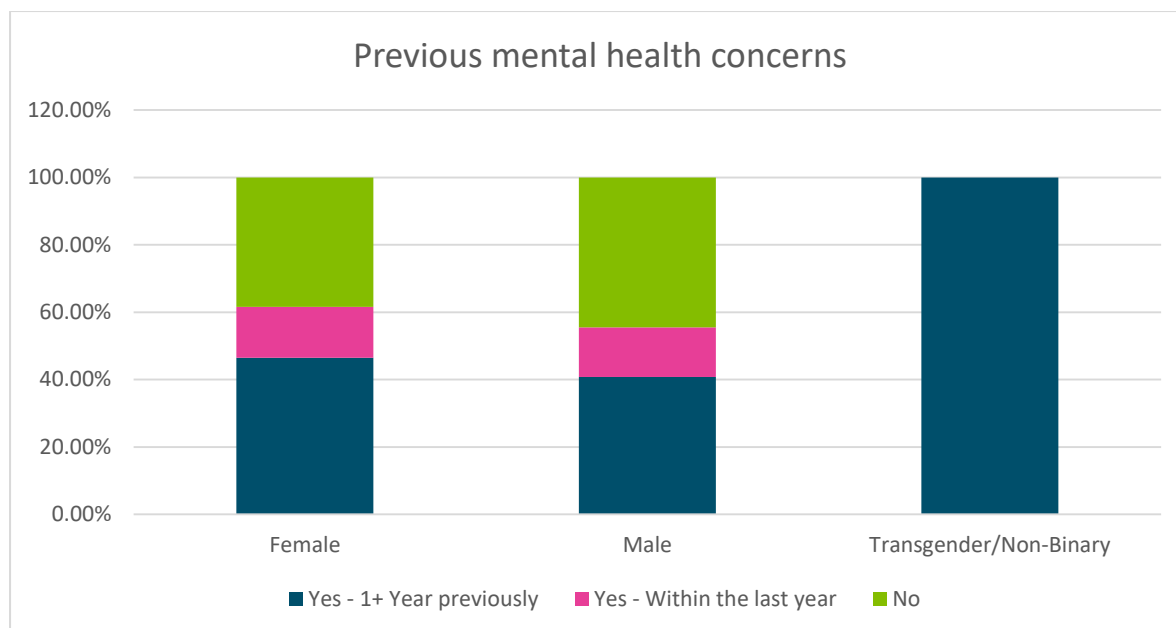
Just 5% of participants reported seeing an improvement in their mental health. More than half of this group had accessed some form of support such as family or friends or support through work.

Suggestions within this group about improvements in services are:

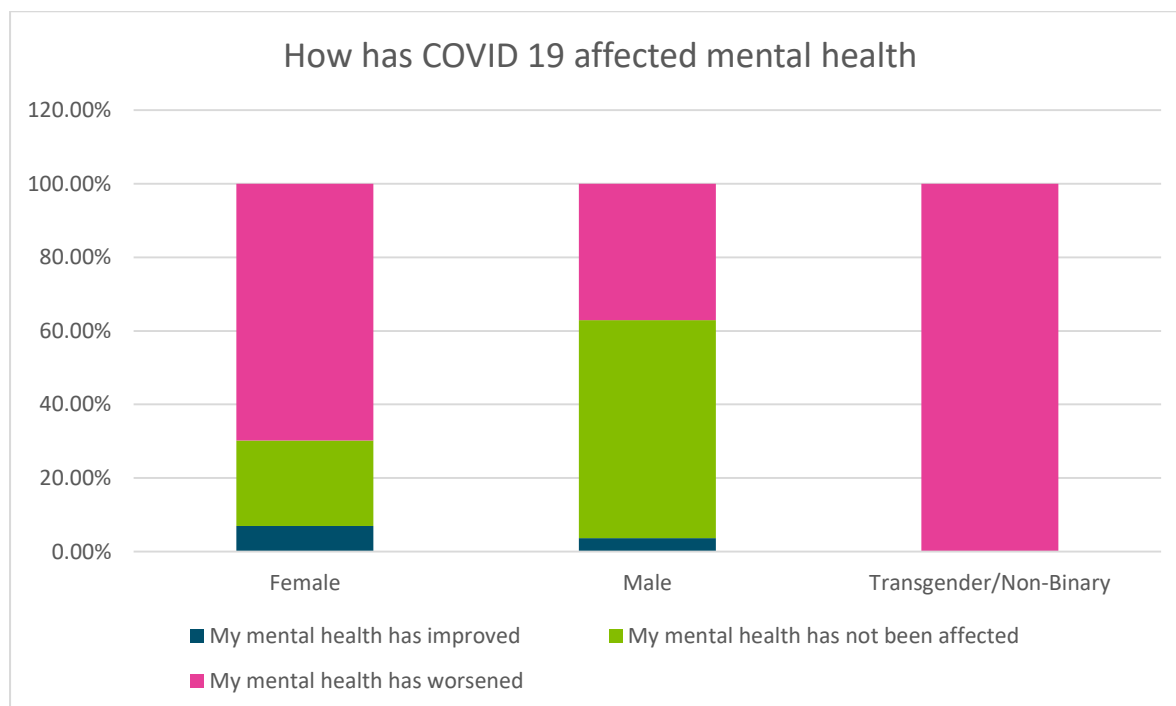
*“We would like to have access to good counselling support locally -
someone you can talk to who you can build a rapport with and
understands your situation”*

*“the people I telephone to offer support are anxious about moving
out of the home after 3 months' shielding. A supporter to them
when they first go out would be useful”*





As can be seen in the above graph there was not much difference in the previous experiences of mental health between females and males, however all the participants who identified as transgender or non-binary experienced long term mental health concerns.



Looking at the impact of the coronavirus pandemic on the different gender groups shows that there was however some disparity in the experiences. In such as, Females were more than twice as likely as males to have experienced a decline in mental health. It can also be seen that males were more than twice as likely to report no





changes in their mental health. From our participants, all those who identified as transgender or non-binary had experienced a decline in their mental health.

Many more general comments about mental health support in North Lincolnshire were given throughout our survey responses. These responses were varied but many described how they felt abandoned during the pandemic lockdown with the removal or changes to some mental health services.

“I have been trying to get some proper support for months but i am very unwell and no one seems to listen. I was referred to social services for an assessment but they wouldn’t do one”

“current support system is over whelmed”

Yet not everyone saw the withdrawal of services as a bad thing, one participant felt it had helped them to be more self-sufficient.

“Since lock down many services have become unavailable I have therefore had to think more and do more for myself.”

Whilst another participant had experienced an excellent level of continued service.

“mind have been an absolutely brilliant service through out, calling every day mon-fri to see how i am, the workers have the positivity and understand towards my mental health”

3.3 Focus Group and interviews

Focus Group

What is mental health?

Participants discussed how there was a distinction between mental health and mental ill health and how labelling associated with mental ill health can affect people differently. Where some people may shrug off labels others may become





attached to the label and think it is all they are and ever will be. It was also agreed that some words relating to mental illness, such as anxiety and depression, are very common words which are used frequently without the meaning of clinical diagnosis leading to difficulties in distinguishing between mental ill health and the usual stresses of daily life. One participant raised how the term or notion of mental illness is overused in popular culture, which can lead to diminished meaning of the term. The group also discussed how to recognize mental ill health in themselves and others around them, it was generally felt that it often was difficult to spot when someone is experiencing mental ill health. Two participants shared that mental ill health was an issue when it interfered with their everyday life, such as being unable to get out of bed to go to work or being so anxious they are unable to leave the house. Another participant shared that they hoped someone close to them would notice a change in behavior or be able to openly discuss the issue with the person. They also raised that they felt more exploration of experiencing ordinary emotions around events in their life was needed, instead of instantly labelling with conditions such as depression or anxiety. It was also discussed that speaking about mental health and mental ill health should be more common place to enable people to feel comfortable to ask for support when they need it, as currently there is still stigma around accessing support for mental health services. It was also discussed that people may not recognise ill mental health in themselves and as such not identify they may need to access support. One participant added how they thought they would notice a change in physical appearance, possibly a lack of contact and hoped that people would feel comfortable talking to them about their mental health.

How has COVID impacted on mental health?

One participant felt that people have been talking about mental health more during the COVID 19 pandemic but has not felt that services have been available to assist when people have needed them. A second participant also agreed with this stance stating that there has been a lot of talk about services being made available, in particular, digitally but people are not reporting that they have been able to utilise these services. One participant added that they think there will be a massive increase within all sectors of society with increased anxiety and depression. They think mental health has been more visible and more common throughout the





pandemic and especially the lockdown period. One participant shared how the COVID 19 measures have been exacerbating mental health conditions such as OCD in which people are being obsessively clean to a greater extreme than just washing their hands regularly. It was also discussed how people who have been shielding are now facing anxiety about leaving the house after having been at home for such an extended period of time. Further to this people who have been shielding have found ways to manage being in the home and see this as their safe space and in one case it was described how one person was now finding reasons and excuses to stay in the house even after the shielding period was over, even to the point of putting off medical assessment/treatment. It was also mentioned how some people were also refusing to allow medical professionals into their home to access treatment due to wanting to keep their safe space clear of any possible infection. Another participant agreed and added that for some people who have been shielding they have the impression that the world is still how it was at the start of lockdown, whereas things have now progressed since the early days and they are not really sure of what the world is like outside their home, which is increasing anxiety. It was mentioned how people with mild to moderate anxiety who usually manage their mental health through going home to their safe place after work, may struggle with returning to work and normal life as they have not been having to control things as much as usual, as they have been remaining in their safe space. This could lead to an increase in mental illness in the coming months as people return to some level of normality. It was accepted that for people in this position, that they may feel they are at the start of the lockdown still, as for them they are only just getting used to being able to get outside more. There was also the comparison that during lockdown there were fewer people around in general with many people working from home and people going out infrequently to shop, whereas now with people returning to work and coming out of shielding there are many more people around and those who have been shielding feel much less safe than if they had popped out during the lockdown phase.

We discussed the wider impacts of COVID 19, such as the large scale job losses which particularly in a place like Scunthorpe will make an already difficult job seeking environment even more difficult. One participant also raised the impact a lack of





funding is having on charities, already stretched services which help people, have been stripped back even further. One participant spoke about how the move to digital provision had helped the charity she worked for to continue to reach people throughout staffing changes. However, there was note that although telephone calls were useful for staying in touch they, were no substitute for face to face as often facial and physical cues are missed over the phone and it is more difficult to get a feel for a situation over the phone.

How has COVID affected the way we access services?

Hospices have suffered through COVID 19 due to lack of fund raising opportunities, having to make staff redundant from charity shops etc. One participant has been telephoning isolated people, she has enjoyed doing that and also feels her service users have appreciated the calls too. One participant stated that they have seen an increase of referrals to carers support and adult social care due to carer breakdown, which may have happened sooner because of the COVID 19 pandemic. One participant has found that some services, such as caring support in the home. have been withdrawn and impacted on people. It was also discussed how some people have experienced a lack of communication from services in relation to appointments which had to be cancelled, people have felt they have been abandoned. One participant described how some of the people they come into contact with have described how services they had been accessing (whether statutory or voluntary) disappeared over night, such as charities like the Alzheimer's society who have had reduced funding and as such have had to reduce staffing numbers and close offices. Whilst the impact on service users has been kept to a minimum, there is likely to be some knock-on effect of job losses and closures which will mean reduced service provision. It was discussed how this sudden withdrawal of services has been particularly difficult for people with mental health concerns. One participant also shared an experience where someone had struggled to get an appointment with a GP. Upon gaining an appointment they were in such poor condition that they needed to be taken straight to hospital. There was a feeling that people are either unable to access services in a timely manner due to COVID 19 restrictions or that they put off contacting services as they knew that COVID 19 would make the service more stretched. One participant also shared the view of a service user who had wondered





how much of the delay in the onset of services was because of COVID 19 and how much COVID 19 being used as an excuse. One participant share the following view that they had been accessing services remotely, such as zoom 1:1 sessions, which they have found to be a great support. They had also utilised more Facebook groups and mental health podcasts and apps.

How can we improve services?

When we discussed what good mental health services would look like one participant began by saying, people should be able to access the services they say they are able to and those they say they need. Support could be in the home if needed or going out to access services, one participant stated how going forward there should be a mix of all the available opportunities for service users and staff including remote meetings, in person, telephone. They also thought that appointments coming sooner would be an improvement to services. Another participant said that if you had a concern about yourself or someone else and were able to make a call and the call be acted upon immediately would be good health service. There was also agreement that communication was important between services and service users with one participant suggesting engaging more with service users, such as a regular service user forums or representation on the board of governors. Participants thought that an increase of awareness of the subject of mental health and services, and that the information is provided in an accessible format, including signs and places to access to support. There was a feeling that services need to be creative about how information reaches a wide variety of people. One participant added how they thought services should continue with the proactive use of social media to promote services and engage with service users. Participants wanted increased opportunities to talk about mental health and illness to move away from the stigma. One participant also expressed the need to distinguish between serious mental illness and the usual stresses of daily life, through education of the subject. Participants wanted to talk about mental health and illness more than access medication which will mask symptoms.





Interviews

When speaking with the individuals, within the telephone interview format, I noted down key information. The main points that were raised were around the stigma people feel when they speak about their mental ill health. Both participants felt that they could not speak freely of judgement about their problems and issues, and this was important to them. Another important element which came through within one of the interviews was how continuity of care was key to building the relationships, which are needed when supporting someone with severe mental ill health. The participant noted how distressing it was having to restart the journey on every occasion, going over everything over and over again and not getting any further. They felt that better communication and planning was needed and mental health workers should have previous information available to them to avoid the patient having to re tell everything every time. This participant also experienced a breakdown in support during the COVID 19 pandemic in which they were left waiting for phone calls which were promised but never arrived. This breakdown in support has led to a deterioration in mental health and much of the work that had previously been successful has been undone. This highlights how timely access to support is vital to ensuring that positive outcomes can be achieved.

Another point raised during one of these conversations was the lack of knowledge of additional needs some of the workers they had experienced. The individual expressed how they had been refused mental health support on various occasions as the worker felt they did not have enough knowledge about autism to suitably support them. Whilst it is perhaps acceptable to admit to requiring additional information to effectively support, it would also be fair to assume that support should still be available to those with additional needs. In cases such as this the importance of effective signposting is vital, either signposting a service user to a more suitable service provision or working alongside the service user to find a solution and increase knowledge about the situation.

We then spent time talking about how the participants felt services could be improved, both participants felt that being able to speak openly and freely was very important. It was highlighted that on top of this there was an aspiration to have a





service which would provide a holistic approach. Not just ticking boxes but getting to know and understand the person and viewing the situation as a whole and not just the product of their mental state. Several times it was mentioned that there were other things going on, alongside the mental ill health episode, which were a factor of that particular state. The participant thought that a multi-disciplinary approach would be beneficial for ensuring that the accompanying factors are also considered alongside mental health, providing a more rounded view of the situation and providing a more complete support plan.

4 Conclusion

Looking at the evidence gathered throughout this piece of work, it is clear to see that the COVID 19 pandemic has had a large impact on the mental health of local people. There has been a large increase in the amount of people who feel their mental health has deteriorated throughout this period of time. This increase has been reflected in GP surgeries reporting an increase in the presentation of some mental health conditions. Not only has the impact been the social isolation, which has been necessary to reduce the spread of infection, but also the impact of job losses on service provision and a decrease in stability within living conditions. This culmination of factors has led to many more people feeling under increasing pressure leading to what could potentially be a mental health crisis.

It is also evident that people would like more opportunity to have open discussions about mental health, not just the negative aspects but the positive also. This has been seen through the comments made by participants, who have been enabled and empowered to speak about their mental health. They just need to feel that their voices are being heard, as issues generally arise when people are voicing opinions which are disregarded or overshadowed by clinical process. Within the GP survey we found that the majority of responses indicated that service users are given opportunity to participate in the care planning process, but this was not always the case. To ensure that people continue to feel empowered to speak up about their





mental health, not only do we need to allow people to speak, we need to really listen.

Many people access support informally through family and friends before contacting formal services, which shows a willingness to communicate in a less formal manner. This would suggest that people want to normalise mental health and have a willingness to work on improvements in less formal ways, such as through community groups. The way people are keen to open a dialogue about mental health shows they are willing and able to participate in these discussions, as it has been greatly advocated for many years, the people best placed to shape future services, are those who use them.

Another key theme which has come from our evidence is that mental health services are not promoted in an accessible way for people with additional needs. Services should be inclusive in their approach and look to reach people in an appropriate and meaningful way. As such, the provision of information in accessible formats is important, just as it is important to be creative in the way information is distributed. Throughout the COVID 19 pandemic there has been a huge shift towards digital services, however there needs to be further innovative thought around how to engage those who are not able, or choose not, to engage in this format. This innovative thinking should also be extended to how information is provided to people.

Further to this, people appear to be far more receptive to talking therapies and less inclined to feel satisfied with a medicated treatment plan for mental ill health. Whilst it is valuable that medication can be made available to assist in recovery and alleviate symptoms of severe mental ill health, it should be reserved for those who need it most and provided as part of a wider treatment plan. Treatment plans should not only include talking therapies to learn to cope or manage the condition, but also include holistic support. This will empower people to improve any external factors which may be contributing to their mental ill health, for a more sustainable long term outcome. With such wide reaching impacts of COVID19 this is likely to be increasingly relevant in the coming months and years.





4 Mind 1 <https://www.mind.org.uk/news-campaigns/news/uk-government-must-urgently-plan-for-recovery-from-coronavirus-mental-health-crisis-says-mind/>

5 NHS Digital 1 <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services>

6 Public Health England <https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>

7 Figure 1: Maslow's hierarchy of needs [https://fthmb.tqn.com/rqgDGaQM8T-t8sA9DiaKK6oa5Tc=/1500x1000/filters:fill\(ABEAC3,1\)/4136760-article-what-is-maslows-hierarchy-of-needs-5a97179aeb97de003668392e.png](https://fthmb.tqn.com/rqgDGaQM8T-t8sA9DiaKK6oa5Tc=/1500x1000/filters:fill(ABEAC3,1)/4136760-article-what-is-maslows-hierarchy-of-needs-5a97179aeb97de003668392e.png)

8 North Lincolnshire Statistics

<https://www.nomisweb.co.uk/reports/lmp/la/1946157111/report.aspx#tabempunemp>

9 NICE: Service user experience in adult mental health services [Quality statement 2: Decision making | Service user experience in adult mental health services | Quality standards | NICE](#)

10 Humber, Coast and Vale Maternity Partnership Survey

<https://www.humbercoastandvalematernity.org.uk/support1/maternity-voices-partnership/>

11 NHS: Counselling <https://www.nhs.uk/conditions/Counselling/>

12 NHS: CBT <https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/>

13 NHS: Guided self-help <https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/>

14 NHS: Behavioural activation <https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/>

15 NHS: Interpersonal therapy <https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/>

16 NHS: EMDR <https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/>

17 NHS: MBCT <https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/>

18 MIND: Antidepressants <https://www.mind.org.uk/information-support/drugs-and-treatments/antidepressants/about-antidepressants/>

19 MIND: Antipsychotic <https://www.mind.org.uk/information-support/drugs-and-treatments/antipsychotics/about-antipsychotics/>

20 MIND: Sleeping Pills <https://www.mind.org.uk/information-support/drugs-and-treatments/sleeping-pills-and-minor-tranquillisers/about-sleeping-pills-and-minor-tranquillisers/>





Appendix 1

Counselling

Counselling is often used as general term for talking therapies but is a therapy in its own right. Counselling involves speaking to a trained therapist about your feelings and emotions, they will listen and support you without judgement or criticism. The therapist usually won't give you advice or tell you what to do but they can help you better understand you feelings and thought processes to help you find your own solutions to problems you are facing. Counselling can take place; face to face, in a group, over the phone, by email or through online live chat services. Counselling can be offered for various lengths of time from a single session or longer courses which last for several months or years. Counselling is free on the NHS and you do not need a referral from your GP to access counselling.¹¹

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) aims to help people to deal with overwhelming problems in a positive way and can be used to help people with various different mental health conditions such as depression, anxiety, bipolar disorder, borderline personality disorder and eating disorders. CBT is based on the connection between thoughts, feelings, physical sensations and actions and that you can be trapped in a vicious cycle by your negative thoughts and feelings. By breaking larger problems into smaller parts, CBT helps to find practical ways to improve your state of mind on a daily basis.¹²

Guided Self-Help

Guided self-help is recommended as treatment for depression, anxiety and panic disorder. A therapist will support an individual to work through a CBT-base workbook or computer course. They aim to help people understand their problems and move towards making positive changes in their life, giving people the tools and techniques

¹¹ NHS: Counselling

¹² NHS: CBT





they can continue to use after they have finished the course. The therapist may support the individual face to face or over the phone.¹³

Behavioural activation

Behavioural activation can be offered one to one or in a group meetings, over the phone or face to face with a therapist, for a period of around 16 to 20 sessions. The sessions focus on encouraging motivation to make small, positive changes and teach people problem-solving skills for addressing problems which can affect mood.¹⁴

Interpersonal therapy

This talking therapy aims to help people address problems in their relationships with family, partners or friends as poor relationships with people can make people feel depressed. Interpersonal therapy is sometimes offered to people who have severe depression or have depression which has not responded to other talking therapies and is generally offered over 16 to 20 weeks.¹⁵

Eye movement desensitisation and reprocessing

Eye movement desensitisation and reprocessing is a talking therapy which has been developed as a way of helping people who have post-traumatic stress disorder. It can help people who may have intrusive thoughts, memories, nightmares or flashbacks of traumatic events to reprocess these memories to enable them to let go of them. It is likely that this course of treatment will be 8 to 12 sessions and is recommended that you access this talking therapy when you have a good support network of family and friends around you.¹⁶

Mindfulness-based cognitive therapy

Mindfulness-based cognitive therapy can help people to focus on their thoughts and feelings moment to moment. It combines mindfulness techniques such as meditation and breathing exercises with cognitive therapy. It can be useful for

¹³ NHS: Guided self-help

¹⁴ NHS: Behavioural activation

¹⁵ NHS: Interpersonal Therapy

¹⁶ NHS: EMDR





people in the treatment of depression and addiction and is sometimes offered to people after other treatments for depression to help reduce it returning.¹⁷

Antidepressants

Antidepressants can be used to treat depression but some can also be used to treat anxiety, phobias, bulimia and some physical conditions. They aim to stabilise people's mood by increasing the activity of certain chemicals in the brain, which can in turn lift mood.¹⁸

Antipsychotics

Antipsychotic medication is available on prescription in the treatment of some mental health problems for which symptoms include psychotic experiences such as schizophrenia, bipolar disorder and severe depression. They work by reducing symptoms of psychosis such as delusions, hallucinations, anxiety, confusion and violent or disruptive behaviour. Although they do not get rid of the symptoms they may help people feel more stable and able to get on with life.¹⁹

Sleeping pills and minor tranquilliser

These types of medication can be used to treat anxiety and help someone return to a healthier sleeping pattern following a period of insomnia. Whilst this treatment does not cure anxiety or sleeping problems it can help people feel calmer and more able to deal with their underlying issues.²⁰

¹⁷ NHS: MBCT

¹⁸ MIND: Antidepressants

¹⁹ MIND: Antipsychotic

²⁰ MIND: Sleeping Pills

