



How is covid19 effecting the mental health of our residents, and, what is our local response?

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The impact of Covid-19 on mental health and wellbeing

- The pandemic is affecting people of **all ages**, and **will continue to do so** in the short-, medium- and long-term.
- **This figure** summarises many of these effects.
- **Some issues apply to all ages**, e.g. the effect of inadequate housing.
- **Others affect particular groups**, e.g. those with drug and alcohol issues

	Preterm	0-5 years	School years	Young adults	Working age adults	Older adults
Key issues to consider	<ul style="list-style-type: none"> •Anxiety about impact of Covid on baby •Anxiety about delivery and access to care 	<ul style="list-style-type: none"> •Coping with significant changes to routine •Impact of parental stress and coping on child •Reduced opportunities for social development 	<ul style="list-style-type: none"> •School progress and exams •Boredom •Anxiety or depression or other MH problems •Impact of parental stress 	<ul style="list-style-type: none"> •Transition to further or higher education or work •NEETs* 	<ul style="list-style-type: none"> •Balancing work and home •Being out of work •Carer stress •Anxiety about measures and family 	<ul style="list-style-type: none"> •Anxiety from reliance on services •Fear about impact of Covid if infected
Common issues	Isolation. Disruption in routine. Deterioration in personal relationships. Overcrowded or poor quality housing. Digital exclusion. Loss of usual coping mechanisms (e.g. faith communities). Financial worry. Employment issues.					
Inequalities in impact and access to help	Ethnicity, language barriers, clinical vulnerability, learning disability, carers, LGBT+, refugees and migrants, homeless people.					
Specific issues	Delayed diagnosis and treatment of illness. Long Covid and Post-ICU* syndrome. Front-line staff, esp. healthcare staff: burnout and PTSD*. Domestic abuse. Drug and alcohol issues.					
Loss	Bereavement. Disruption to normal grieving rites. Developing complicated/prolonged traumatic grief.					
Staff/VCS	Cumulative stress. Traumatic incidents. Isolation from work colleagues. Working from home. Potential bullying. Threat of unemployment. Increased workload.					

*NEETs: not in education, employment or training. ICU: intensive care unit. PTSD: Post-traumatic stress disorders. Adapted from a model by Hertfordshire Council



Increased need : 1

- Large national surveys¹ have found **higher numbers of people** experiencing **anxiety and depression** than before the pandemic. People's **satisfaction with life** is now **lower**.
- Local residents' and stakeholders'² views paint a similar picture. A **large majority (81%) of residents are somewhat or very worried** about the impact of Covid-19³, particularly on mental health and wellbeing (26%).
- **Modelling** predicts there may be **28,266 new cases of moderate-severe anxiety** and **38,671 new cases of depression** in adults in the borough (a rise of 16 and 22%)⁴. There may be **12,052 new cases** of depression (a rise of 19.5%) in the **under-25s**⁴; those **shielding or bereaved** are most at risk⁴. The number of people affected by **mild illness and reduced wellbeing** (the scope of this piece of work) **is likely to be higher**.
- **Social isolation** is more widespread^{2,3} and particularly acute for some people³ (e.g. **people shielding**, those from **LGBT+** communities, or **people with learning disabilities** who rely on services which have closed). Local **residents who live alone** are much more likely to experience extreme loneliness³.
- **Some people have suffered more from Covid-19's effects on mental health and wellbeing**. The wider determinants of health, including but not limited to ethnicity, gender, family and employment status, have an influence. Levels of **depression and anxiety** are **still highest**¹ among, for example: **women, young adults, people who live alone or with children or in urban areas**, or are from **Black, Asian and Minority Ethnic (BAME) backgrounds**.

1 UCL Covid-19 Social Study Results Release 25. Nov 2020

2 Stakeholder meetings and stakeholder survey

3 Covid-19 resident engagement. Camden and Islington Public Health team. Oct 2020

4 Centre for Mental Health Forecast Modelling Toolkit. Nov 2020 – results available on request



Increased need : 2

- **Young people are worried** about their education, finances and future^{1,2}. **Young children** are responding to the **uncertainty** around them, and **worry** about their family members¹. **Parents** are concerned about **children's mental health and wellbeing**³ and **feel overwhelmed**⁴ by financial insecurity, childcare and home schooling⁵.
- **Women are more worried than men**^{2,5}, perhaps because they do more childcare and housework (associated with psychological distress)⁵.
- More **BAME residents** reported **worries about Covid-19**² (compared to White residents), especially around finances, access to support, children's education² and physical health⁶. They are less aware of changes to national financial support measures⁷. Throughout the UK, the mental health of **BAME men** has deteriorated more compared to White men⁸.
- People **not in paid work** have poorer mental health than the full-time employed⁹. **Food poverty** and **housing problems** are significant causes of stress and anxiety for some residents^{1,2}.
- Mental health had deteriorated somewhat or a lot for **70% of LGBT+ residents**².
- For **people with learning disabilities**, there was a gap in services around emotional wellbeing, and accessing suitable information around Covid-19 and support has been a particular difficulty².
- **Unpaid carers** have suffered anxiety from loss of, and lack of information about, available support².
- **People who have had severe Covid-19** (especially **healthcare professionals**) and **their families** are at risk of anxiety and depression^{10,11}. Healthcare professionals are at risk of burnout and psychological distress¹¹.

1 Stakeholder meetings and stakeholder survey

2 Covid-19 resident engagement. Camden and Islington Public Health team. Oct 2020

3 <https://www.ipsos.com/ipsos-mori/en-uk/half-parents-concerned-about-pupils-mental-health-and-wellbeing-children-return-school>. Sept 2020

4 Working parents, financial insecurity, and child-care: mental health in the time of Covid-19. Aug 2020

5 Gender differences in the impact of the Covid-19 lockdown on unpaid care work and psychological distress in the UK. Aug 2020

6 Living in Islington. Healthwatch Islington. 2020

7 Over-exposed and under-protected. The Runnymede Trust. Aug 2020

8 Covid-19 and mental health deterioration among BAME Groups in the UK. 2020

9 Cut hours, not people: No work, furlough, shorty hours and mental health during the Covid-19 pandemic in the UK. Jul 2020

10 Stress and psychological distress among Sars survivors 1 Year After the Outbreak. 2007

11 Centre for Mental Health forecast modelling toolkit. Nov 2020



Support available – pre-clinical

Many Islington residents have tried to adapt to cope with the pandemic, most commonly by spending more time to connect remotely with family and friends*.

For those who need further help, there are **many services and community support structures**, for example



Most services have changed how they work in response to the pandemic, the Islington website has been updated with these changes.

To inform our needs assessment, we have used resident engagement and stakeholder discussions to **identify any major gaps which exist or have arisen**. We have also sought to **identify the barriers residents face** to accessing this support.

* From resident engagement, stakeholder meetings or survey



Support available – Clinical : Adults

- Crisis services changed considerably as there was a strong desire to reduce A&E attendance due to the risk of infection
- A new urgent care Assessment and Treatment Centre opened at St Pancras to relieve UCLH, Whittington and Royal Free Hampstead A&E departments
- Crisis Home Recovery Teams increased capacity to treat more people at home
- All services moved to remote working where possible or undertook home visits for essential care that needed to be delivered face to face, this was often coupled with practical support with shopping etc. as many people were self-isolating
- i-Cope changed to complete remote working, as well as introducing 30 min emotional well-being sessions for all new referrals within 48 hours of referral
- i-Cope are also offering 3 session short treatment for COVID psychological distress and bereavement, Islington also increased its VCS bereavement offer to match this.
- Community based services such as Islington MIND moved to remote working, offering telephone and video chat support, on-line activities and organising urgent practical support.
- Islington MIND now has partial re-opening of face to face access for those most in need, such as the Crisis Café, or those who cannot make use of remote access.



Support available – Clinical : Children and Young People

- NCL CCG worked to bring forward planned Crisis Team expansion, acute hospital psychiatric liaison, home treatment and community response. Resulting in 24/7 crisis cover across NCL.
- Specialist services e.g. specially trained (DBT) and informed teams who can respond in a crisis
- Increased support for young people with autism/LD and challenging behavior
- Increased support within schools, bereavement, mental health first aid training for CYP workforce
- As with all services there was an expansion of remote working and digital solutions, but continuation with face to face services for the most at risk or excluded
- KOOTH mental health App has seen increase take up



Local response – additional activities as a result of the pandemic

Ensuring we have a good understanding of the issues

- **Modelling** the future increase of mental ill-health prevalence and local demand for mental health services as a result of COVID-19
- **Rapid needs assessment** completed to understand the needs of our residents and gaps in support – recommendations are currently in progress (see **appendix**)

Ensuring a system-wide strategic response

- The system-wide **Islington All-age Mental Health Partnership Board** is overseeing the response
- **Social Connectedness Network** of VCS and statutory partners
 - Briefing disseminated to partners
 - Leaflet distributed to residents
- **Resident and staff-facing comms** have happened throughout the pandemic, renewed energy to embed the findings of the needs assessment
- Opened a new **Single Point of Access for social prescribing** for social work staff to support residents access to a wide range of well-being support, complimenting the offer via health

Service and training developments

- Equipped **We Are Islington** to be able to discuss and signpost to social isolation and mental health support
- Adapting existing **mental health awareness training courses + new bereavement training course**
- **NCL Support After Suicide** service

Children, young people and families

- **Wellbeing for Education Return grant** : staff training, peer-support for teaching assistants reflective practice for leaders
- **New webpages for supporting families**, including emotional support
- Developing a **resource pack for parents** to support their children's mental health
- **Expanding the School Wellbeing Service** (pre-clinical support) to additional schools
 - **Developed Guidance for Emotional Wellbeing 'Check In' Calls** with Families/Young People for teachers
- **Education Psychologists** increased support for children experiencing bereavement and a range of online training resources



Questions for the Partnership Board

- What have we missed?
- What further information do you need from us to enable your organisation to make the most of our local assets? (slides 5-8)
- What more could your organisation or service do? e.g. training and sign-posting residents
- What more could we do as a system?



Appendix– needs assessment findings

The findings of the needs assessment have been grouped into this list

Meeting residents' needs

Children, young people and families

People with learning disabilities, unpaid carers and homeless people

People who are socially isolated or recovering from severe Covid-19

People with employment and financial worries

Staff, volunteers and healthcare professionals

Overcoming barriers to accessing support

Stigma and a lack of understanding of mental health and wellbeing

Low awareness of general services available

Difficulty identifying the right support, for example, for diverse communities

Feeling unwelcome or fearful of accessing services or support

A lack of funding and capacity within services to match demand

Digital exclusion and the effect of restrictions on in-person activities

Communication with residents and partners