



The impact of Covid-19 on mental health and mental health service delivery within Surrey and North East Hants

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INTRODUCTION

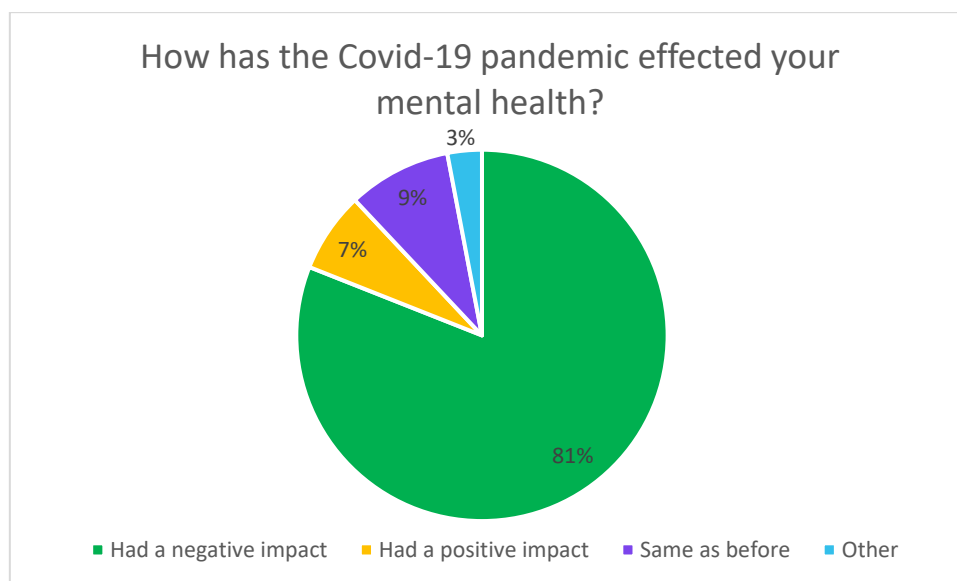
An anonymous online survey was conducted by the Independent Mental Health Network to gain insight into, and understanding of, the impact that the Covid-19 pandemic and subsequent national lockdowns has had on the mental health of the adult (18+) residents of Surrey. The survey also helped to identify how the 2020 lockdowns produced barriers to accessing the mental health service provision. The survey was completed by 116 people during England's third national lockdown (January 2021 – March 2021).

MAIN FINDINGS

A summary of the results of the survey can be found below. The results have been brought together into thematic question groups based on the service or topic they referenced.

PRE AND POST COVID-19 MENTAL HEALTH

88% of the responses suggested that the pandemic had affected their mental health. Of these, 81% felt the pandemic had had a negative impact, whilst 7% felt they had experienced better mental health due to changes directly linked to the Coronavirus pandemic and subsequent lockdowns. 9% respondents said that their mental health is the same as before. 3% respondents said that their mental health is the same as before.



Of those who answered that the pandemic had helped to improve their mental health, the reasons people felt this were that increased virtual options and Covid-19 socialising restrictions had allowed people to interact in ways that lessened social anxiety, they had found more time to focus on themselves and gain a greater life balance and practiced more self-care. Others said that they had taken the time in lockdown to access therapy for longstanding issues they had never addressed before. Some had been able to access courses and workshops they previously would not have been able to due to virtual delivery. Online working has allowed some to gain employment that they previously were unable to due to long term mental and physical

health struggles. Some felt that certain health services were much more proactive about engaging with patients during lockdown than previously.

“My experiences with the mental health services and my GP became so different once the pandemic started. All of a sudden I was being checked in on, I got to see my doctor at one point every week during lockdown, he became much more involved in my case, had a long conversation with my psychiatrist, it was like overnight there was more concern for my mental health even though I had been in dire state and seeking help for years.”

When asked “Would the pandemic put you off seeking mental health support?” 28% of people answered Yes, 64% said No and 7% answered Other. The main themes drawn from the reasons stated for being discouraged from accessing mental health support services were:

- Pressure on service capacity made people feel they would be classed as ineligible to get support, or be added to extremely long waiting list
- GP services difficult to access appointments
- Lack of face-to-face assessment was off putting
- Not all services provided a virtual option
- Services stripped back to crisis only with no offer of wellbeing support
- Feeling that other people need the support more urgently than you
- Accessibility issues of using face masks and having a hearing impairment
- Did not want to increase pressure on overworked, overstretched and exhausted NHS staff
- Worries over contracting Covid-19 in a clinical setting
- Too scared and anxious to leave the house due to Covid-19
- Worried about the trauma of being rejected from services due to being overcapacity

When asked if they felt any positives have come out of the pandemic the key themes highlighted were:

- More people willing to open up and share about their mental health
- Mental health therapies are now more inclusive and accessible
- Focus on looking after yourself, and that health is both mental and physical
- Move to online provision: greater access to events and services further away, no need to travel, more accessible for some
- Appreciation of the smaller things in life and a slower pace of life
- People offering help and a sense of community
- Improved relationships and more time with family
- More time to do activities you enjoy - physical exercise, gardening, crafting etc
- Larger choice of activities being offered for free
- Quietness of the first lockdown made nature more noticeable
- Lockdown provided space from unhealthy relationships to allow reflection
- We all learnt how resilient we are

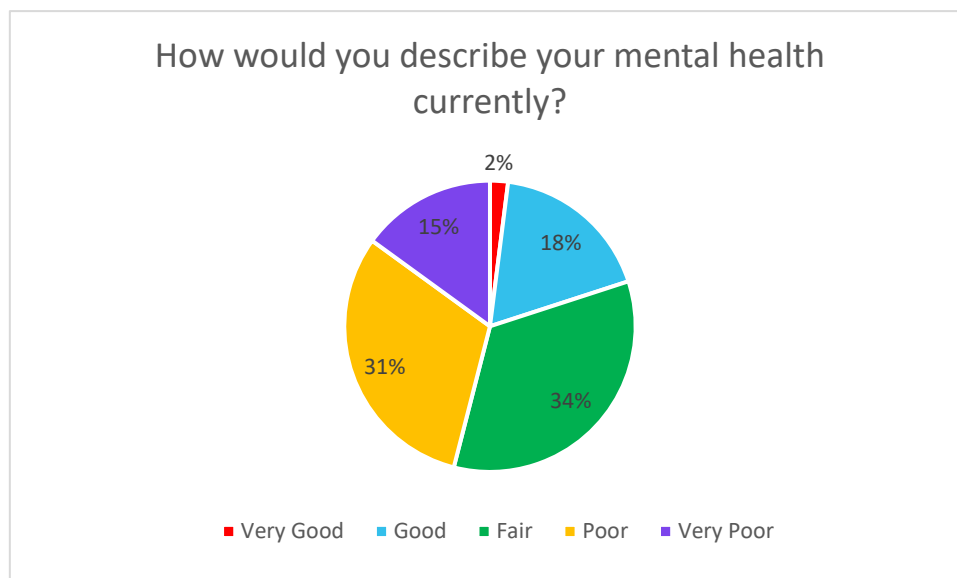
- The option of working from home as the norm going forward will increase opportunities for those who have been unable to work in the workplace

26% of those surveyed thought that there had been no positive features to come from the Covid-19 pandemic and subsequent national lockdowns.

“The world has had to adapt itself to a way that is very normal to those with mental ill health (e.g. fear of outside, not being able to socialise, removal of activities that bring joy, inability to move on through life in the 'normal' timeline of events). It has also been nice to be able to work through treatment programmes without the pressure to keep up with everyone as the pandemic has halted everyone as well.”

CURRENT STATUS OF MENTAL HEALTH

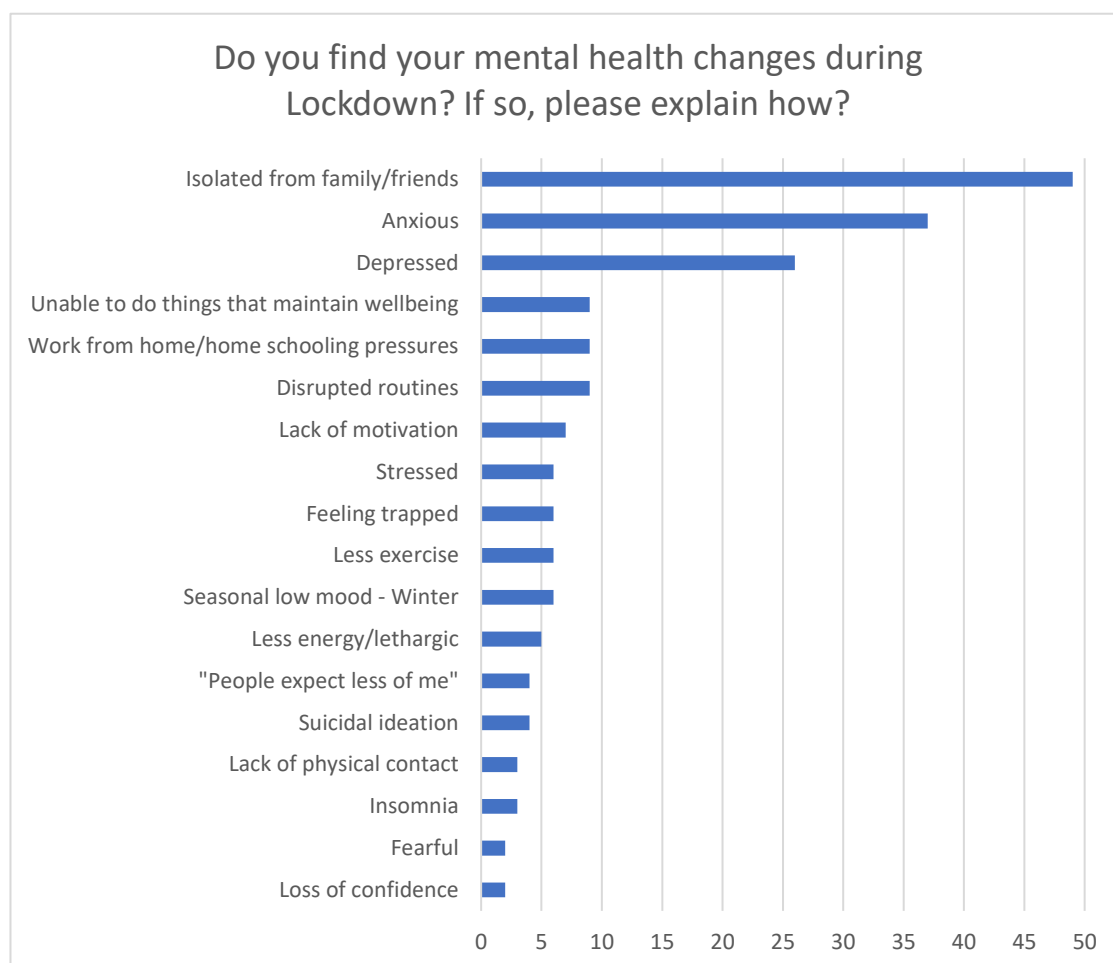
54% of the answers suggest that respondent’s mental health during UK national lockdown three (January 2021 – March 2021) of the Covid-19 pandemic was either very good (2%), good (18%) or fair (34%). 31% said that they were experiencing poor and 15% very poor mental health.



When asked if they have found lockdown three (January 2021 – March 2021) more challenging than the previous two national lockdowns, 56% said Yes, 15% said No and 27% believed their mental health was the same as the previous lockdowns. 2% said that they didn’t know.

When asked if they felt that their mental health changes during or as a result of national lockdown, 83% of the responses received identified negative effects on their mental health or had found themselves exhibiting detrimental behaviours related to being in a national lockdown. 3% of the responses stated that they felt that the national lockdown had allowed their mental health to improve and/or dedicate time to positive behaviour changes. 3% felt lockdown was both good and bad for their mental health, this was either dependent on which lockdown (i.e. they felt the lockdown one and two were positive for their mental health however lockdown three had had a negative impact) or it was relating to the variety of lifestyle changes lockdown had brought, some had been beneficial whilst others had not. 6% said that they had experienced

no change in their mental health relating to or during lockdown and 4% did not answer the question.



Most often identified as a factor that had negatively impacted mental health was the imposed isolation of lockdown, people felt that being separated physically from their support network – whether that was friends, family or community support – and spending more time alone had the most common detrimental effect with 49 of the 116 respondents identifying it as a factor, 8 of those specifically identified themselves as being lonely.

Second most identified, was the increase in either generalised or specific anxiety relating to Covid-19. 37 people said they were feeling increasingly anxious and 6 specified that they were scared to leave the house due to worries about contracting the virus. A couple of respondents mentioned that their anxiety had been increased due to the uncertainty they felt about the government's handling of the pandemic and a general sense of distrust this had caused between the government and the people.

There was also a sizeable amount of people who identified themselves as feeling increasingly sad or depressed during lockdown (26), this could be driven from a number of unidentified reasons, however 3 people said it had been triggered by recent familial bereavement, and 2 identified the fact that they had been self-shielding for over a year within their homes and felt this was having a negative impact on their mental health, specifically during lockdown.

A number of respondents felt that lockdown three had had more of a negative impact regarding their mental health than the previous two lockdowns due to the time of year. The longer periods of darkness and poor weather have affected people's routines more than the previous lockdowns. It also made lockdown three feel longer than the others. Increased feelings of depression and isolation related to this were clear from the answers, enlarged in some part due to lockdown beginning after a festive period many had been unable to share with loved ones as usual.

The pressures of working from home came through as a theme that was impacting people's mental health. Several mentioned that they felt there was great pressure and stress along with an expectation to do more and work longer hours than from an office setting and be available at any time. Similarly comments about providing children with home schooling during lockdown whilst also working from home and running the household had left people without a break and feeling overwhelmed and facing extreme stress.

Lockdown has disrupted routines. For people who had heavily depended on their routine to manage their mental health previously the disruption has caused distress. This has exhibited itself in a variety of ways, commonly people have been unable to continue activities that previously helped to maintain good mental health and wellbeing, such as volunteering, community activities, sports and leisure centre activities. This in turn leads to another of the themes highlighted in the responses which was a lack of exercise and overeating behaviour.

Other feelings or behaviours relating to deteriorated mental health due to lockdown that were mentioned by only one comment were feeling paranoid; withdrawn; agitated; exhausted; low mood; claustrophobic; feeling watched; hopelessness; feeling unsafe; has affected family relationships; become anti-social; non-prescription drug use; no self-care i.e. not getting up, washing, dressing or cleaning house; emotional roller coaster; newly unemployed with lack of prospects; triggered PTSD; no grief counselling available; signs of relapse; indecisive; frustrated.

Other themes that came up in the responses:

- Lockdown gave some the space and time to be reflective and address their mental health issues and take action to access help and support that they had always felt too busy for before.
- Those who have previously felt that their mental health has made socialising challenging have found the fact that contact is largely virtual to be a positive for them as it puts less pressure on these social interactions and people expect less of them
- The lockdowns have had very different effects, whilst lockdown one had a sense of novelty and fear, there was also a feeling of camaraderie. Many found it to have positive benefits for their mental health, to have a break from their routines and engage in more mindful activities. The weather was also good and there felt like there was a lot of new things to do virtually. Since then, the subsequent lockdowns have been more wearing on people, this is due to the more drawn-out nature of the lockdowns with many false restarts

and government U-turns, and the winter with shorter darker days and poor weather, the novelty of the situation has also worn off.

- Anxiety related to governmental decisions was commonly mentioned. Some felt their trust had been eroded in the government to make the right decision to protect the health of its people, and felt this lack of trust was widespread enough that large amounts of people would ignore or disregard any future public health measures.
- Isolation of those with hearing impairments who cannot lip read whilst others are wearing protective equipment such as masks.
- Pressure and stress on carers has increased due to lack of formal and informal supports and no breaks necessitated by trying to keep 'social bubbles' as limited as possible during lockdowns. Many carers have cut back the number of professional carers entering their houses and taken on more of the responsibilities themselves. Often having no breaks or respite for several months at a time. This has had an impact on their mental health, most experiencing some kind of burn out during the last year.
- Mental health pressures have increased within work, especially those who work within the frontline response to the pandemic. Those who work within the NHS especially within intensive care need to be a focused target group for mental health support going forward.

SUPPORT SERVICES

40% of answers felt delivery or quality of the mental health services they had received had changed during lockdown. 30% said they had not experienced a change, and 30% selected Other.

When asked why they felt this way the most common answers were:

- Services are overwhelmed during pandemic, so emails requesting an assessment or information sometimes go unanswered;
- Feel there are others more in need than me so haven't approached services;
- Long waiting lists if they take you on at all;
- No face to face; only by phone;
- Not all services have provided a virtual offer;
- Lack of coordination in the local CMHRS, possibly due to staff working from home;
- Contacting GPs takes a lot longer during the pandemic, receptionists often unhelpful and sometimes rude, tell you to access 111;
- Haven't needed to contact services as have been using coping mechanisms learnt previously in therapy;
- Covid-19 is used to excuse service issues, some that pre-date it;
- Greater amount and variety of services available during lockdowns;
- Can take part in specific support groups outside my local area virtually which couldn't have done in-person;
- Lots of praise for Mary Frances Trust and their online activities and a mention of virtual courses from the recovery college.

“The quality remains the same but the delivery has changed because more services are online. Staff are working harder than ever to provide services during a time they are also impacted by covid.”

Many of those who have received support throughout the pandemic have referenced the delivery as being provided by third sector organisations, such as the Community Connections services. The option to contact the Surrey Safe Havens virtually has also received many plaudits, this was mobilised in Surrey early in the Covid-19 first national lockdown and due to this has been a vital touchpoint for those in crisis throughout the pandemic.

For those with agoraphobia, or extreme anxiety, the shift to virtual services has allowed access to a much greater range of mental health services without the distress previously experienced by having to attend appointment in person.

“So much more mental health support has been available to me during the lockdowns (it's frustrating it's taking something as big as Covid for this to happen, it's always taken so much effort to get help for my mental health). I have agoraphobia and struggle to leave the house on my own, yet it was hard to get mental health support before the lockdowns unless I could travel somewhere to appointments or go to groups. It's been amazing having so many groups and courses available on zoom...I doubt they will continue when Covid has gone, but I would (and I'm sure many others) would benefit from them still.”

Some responses mentioned the increased use of services meaning a reduced number of available appointments. Others felt this was a reason they have not engaged with services they may have usually, feeling that services were so busy the waiting list would be lengthy, and that others would be in more dire need than themselves for the support provided.

“There have been fewer appointments available. However, the quality of appointments online has been excellent. It has taken longer to achieve goals but this may be an advantage, I've been able to do more self-directed development in between appointments and more time to assimilate and adjust.”

SERVICE AWARENESS

If physically unwell, where would you seek advice and help? 67% said they would go to their GP, 15% identified NHS 111 Online, 14% said they would ring the NHS 111 Phoneline, 6% identified other places they would seek help: pharmacist, social worker, GP Integrated Mental Health Service (GPIMHS), Google, family advice and self-care.

CRISIS SERVICES

When asked if they or someone they care for accessed crisis support services in the last few months (e.g. NHS 111, SABP SPA/Crisis line, Samaritans, Safe Haven, Virtual Safe Haven) 37% said that they had, whilst 63% had not.

Of the people who answered that they had accessed crisis support services, we asked them to describe the experience and if they had found it helpful? Of 35 responses, 16 (46%) said they have had at least one unsatisfactory or unpleasant experience

contacting a crisis service. 15 (43%) identified that they had at least one helpful experience with a crisis support service, many responses indicated that they had experienced both helpful and unhelpful interactions. Often contacting services in a very similar situation each time and response often seemed to vary hugely depending on call handler.

“It depends on the person answering the call. On one occasion extreme distress and a request for help was refused as “this is not a crisis.” On another similar occasion, very sensitive help was offered.”

Some of the crisis mental health services that received praise were the SHOUT text line, Campaign Against Living Miserably (CALM) webchat and Samaritans, however whilst useful resources to help calm down in the moment they have little effect on longer term wellbeing and additional support is often needed. Another found the general backwards and forwards of one-line emails did not help to progress matters forward. Also, these services provide someone to listen but sometimes you need advice, and they are not allowed to provide this type of help.

SABP SINGLE POINT OF ACCESS

The responses relating to the SABP Single Point of Access (SPA) formally known as the Crisis Line were extremely varied in how useful and satisfactory people found the experience of contacting the phonenumber whilst in distress or at point of crisis. Some highlighted the fact that if a person called the phonenumber more than once feeling distressed about the same situation, the response they received could vary greatly depending on the call handler answering the call.

It appeared there was a common theme of being told to phone the GP when they open as a response to contacting the SPA. Often, after following this advice, callers find it difficult to access a GP appointment, or the appointment does not lead to any practical help or a service referral to the person experiencing distress or crisis. It seems that whilst sometimes the advice and referrals made by the SPA are a positive experience, the rest of the mental health system does not always continue the process to offer the services recommended.

Some of the comments about accessing the SPA whilst in crisis:

“The experience was a very positive one. I felt I was listened to and my issues were taken seriously. I was given useful immediate advice and was referred on to a relevant secondary service who were in contact the next day.”

“Yes it was helpful. They referred me to a few services Unfortunately, none have offered help”

“Crisis line was most helpful (crisis service) as have access to patient notes and unlike Samaritans can be directive.”

“Terrible! Found the services and some of their staff unhelpful and ill-informed - and in some cases rude! - and was a struggle to get through to the appropriate help.”

SAFE HAVENS

17% of people contacted had used a Safe Haven in-person or virtually during the last 12 months, 83% had not.

Most of the comments received regarding contacting the in-person Safe Haven service were generally positive. However, a couple referred to turning up in person during the pandemic and being turned away due to Covid-19 restrictions, noting this had not been a helpful experience for their mental health at that time. Another said that they become mute when distressed and staff get frustrated and want them to leave.

“Virtual safe havens have literally been a life saver when I’ve been in crisis.”

The Virtual Safe Haven has been welcomed and a vital resource during this pandemic, there is a clear preference to continue this service and preferably expand the hours available. Two respondents mentioned having to wait a long time to speak to someone in the virtual waiting room. Some answers mentioned the sometimes problematic nature of online contact being unreliable and the internet dropping out or freezing during contact with the Virtual Safe Haven.

“Amazing. So helpful, very kind and caring staff always manage to calm me down when I’ve been really upset, it’s a shame virtual safe haven doesn’t operate during the day at weekends when everything else is shut.”

There were several generalised comments about how easy they found the service to use and felt like they really wanted to help.

NON-CRISIS MENTAL HEALTH SERVICES

SMI PHYSICAL HEALTH CHECKS

28% of people who responded to the survey stated that they had a Severe Mental Illness (SMI). 49% did not, and 23% didn’t know if they have a Severe/Serious Mental Illness. When those who said they had an SMI were asked if they knew that people with an SMI are entitled to a free annual physical health check, 30% said they did know, 70% did not know. 30% said they would know where to find out information about how to book an annual health check. 57% did not, whilst 13% were not sure. When asked if they would be willing to go for an annual health check 77% said Yes, 10% said No and 13% said that they were not sure.

They were asked why they would not be willing to attend a physical health check. The most common reasons were:

- Lack of understanding of what it entails
- Don’t have the mental strength currently
- Not mentally well enough to engage right now
- Dealing with the struggles of mental health and don’t want to add physical worries on top
- Feel doctors attribute health issues to being overweight rather than looking deeper

We asked those that said they would not attend a physical health check or were unsure, what would make them feel more confident about booking and attending a physical health check?

“Having a rundown about what would happen, what kind of tests, and how the doctor would be interacting with my body.”

- Receiving a letter saying you are entitled to it
- Knowing that it will be conducted in a quiet space
- Knowing the professional doing it and trusting that they are qualified
- Knowing they wouldn't mention subjects that trigger me i.e. weight
- That the professional is welcoming, empathetic and comfortable without being patronising
- Ability to book appointment online
- Being provided plenty of information before going
- Ability to bring a companion to appointments
- GP receptionists not being so 'abrasive and argumentative'
- Knowing GP will act on results and not ignore them

TALKING THERAPIES

28% had accessed a talking therapy session from IAPT (Improving Access to Psychological Therapies) or privately during lockdown, 72% had not. Those who had accessed talking therapy were asked what the format of the therapy session was, 83% had been virtual, 7% had been face-to-face and 10% had a combination of both delivery methods.

When asked if they had found virtual talking therapy helpful, 65% said that they felt it was helpful for their mental health, whilst 35% said they did not find the experience to be a helpful one.

The participants were then asked to identify key differences between in-person and virtual delivery if they had experienced both. The responses highlighted which format people preferred was often down to personal preference and having a choice of ways to engage allowed the user to feel most at ease was the most helpful option.

Whilst some noted that they found accessing talking therapies virtually easier as there was no need to travel. Others said they found it held more challenges due to a lag effect with internet connectivity and time was lost in their session trying to get technology to work. Two said they felt that virtual peer support groups were often too large and the process could trigger sensory overload. A common theme was the problem of finding a confidential space to talk freely due to other family members in the house with them at the time.

“I found I could say more in virtual therapy than in a phone or face-to-face therapy. I find trying to open up to someone in-person emotionally taxing and draining. Whereas in typing I feel more in control.”

“I found it easier as I didn't have to walk out into a public space looking visibly upset after”

Face-to-face talking therapy sessions were still a preference for many and it was mentioned that people felt the therapist exhibited more empathy and rapport during face-to-face contacts than virtual. Another said it felt more private accessing virtually but they were more comfortable during face-to-face interactions.

“Avoidance trap is easier to fall into if the appointments are over the phone as opposed to in person. Communication/misunderstanding can be a blocker as not able to read body language or make eye contact”

COMMUNITY CONNECTIONS

26% had received support from at least one of the Community Connections service providers over the last year (March 2020 – March 2021), 74% had not. 95% of those who received support felt it was helpful. One respondent was unsure if they had found the service helpful and as they had found the services difficult to contact and get a response from at times.

Help specifically identified from The Welcome Project in regards to safeguarding by helping those vulnerable to criminal elements in the community was praised.

Mary Frances Trust received three comments saying that they had been very helpful and one saying that their support was *“Highly important to maintaining my wellbeing”*.

During the pandemic, many people have relied on the virtual social schedule from the community connections providers to provide some structure and routine into their days. These virtual social interactions have been important to combating isolation for the cohort of users who are currently or have previously struggled with their mental health and are vulnerable to experience a deterioration again. Whilst the virtual zoom activities received much praise, people who had received one-to-one supporting phone calls as said they were essential aspects of maintaining their mental wellbeing. Those who had been using services pre-pandemic now have more access via zoom to a larger variety of courses.

“They have been my support over the last year without them I wouldn’t be here today.”

“It was a lifeline in those difficult times.”

When asked what would put them off accessing Community Connections services the most common responses were:

- Awareness of service offer and eligibility could be improved
- Sometimes other participants overshare or are in distress in group settings
- Meeting people online for the first time causes a lot of anxiety
- The unknown structure to groups online can be challenging when dealing with the anxiety and need for routine
- Don't rate peer type support hugely as feel people often project their own experiences on clients problems rather than listening and understanding
- There is lots of duplication and hoops to jump through when they could share information
- Sessions being in the morning

- Not continuing virtual offer would put me off
- Having to repeat my story
- Worries that as a member of staff I don't qualify for support
- Previously not gotten on with a specific person, so avoid the groups that they run to avoid any awkwardness
- "How likely I was to see people locally that I already knew. I'm a mental health professional so I wouldn't want to have help from a service where I knew the professionals already"
- Shyness
- Concern that my information is not confidential
- Do not want online support as prefer face-to-face or group meeting
- My mental health is too bad to be able to cope with interaction

SURREY VIRTUAL WELLBEING

53% had heard of the Surrey Virtual Wellbeing portal, 47% had not. Of those who had heard of the portal, 42% had used it. 58% had not. Most people who had visited the website had found it to be a useful experience, some mentioned areas they felt could be improved. People who had used the service said:

- Needs to include more services from a wider range of providers
- Found it intimidating asking for GP details
- Needs more choice of activities out of working hours
- Needs to include options for children and teens
- Good to have it all organised in one place

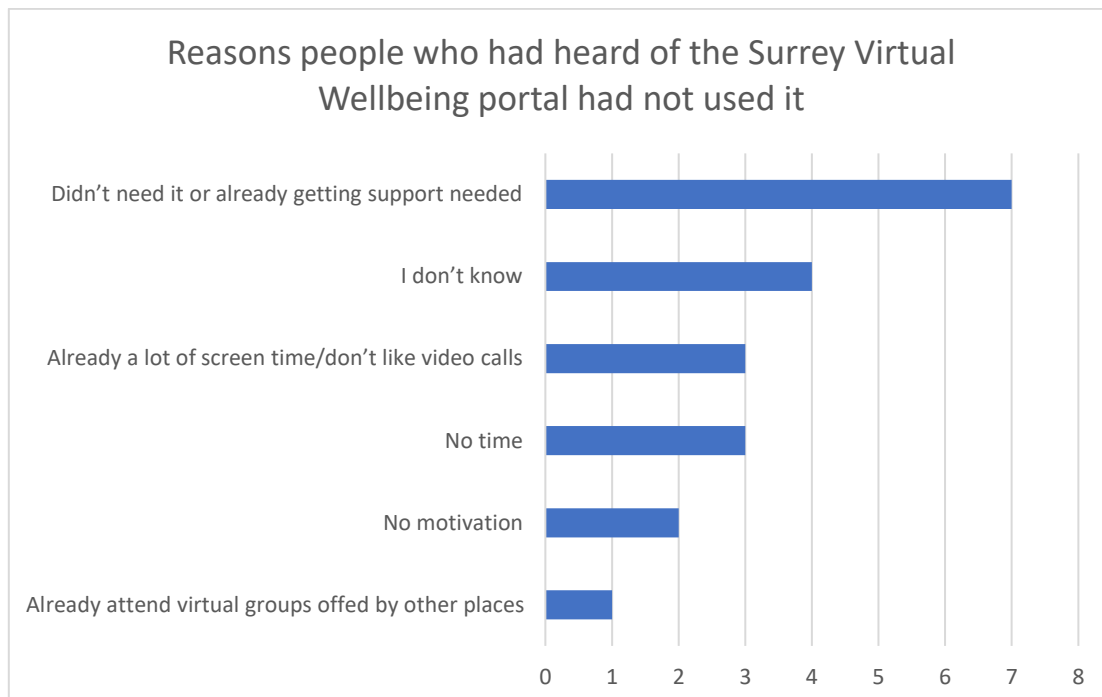
"It would be a good idea to have a "suggestion box" available on the hub itself to encourage constant feedback and allow people to suggest content they would find beneficial"

"General experience was positive. I was able to reduce my feelings of isolation, the other participants were all supportive and pleasant, the facilitators were helpful, knowledgeable and had a positive attitude, overall it was a welcoming online environment. Also there are practical groups where I could increase my understanding around mental health issues, but also social groups where the benefit to me was talking to other people."

"Sometimes couldn't get on courses or it wasn't confirmed in time"

"I used it to find the Mary Frances Trust, which has changed my life to be honest."

The group of people who had heard of the Surrey Virtual Wellbeing portal but had not used it stated that their reasons for not using it were:



“Didn't feel I would gain anything, thought information would be too simple”

“I assume it would have only basic information”

“I struggle with using online services / support”

GPIMHS/MHICS

Participants were asked if they had heard of the ‘GPIMHS’ or ‘MHICS’ services (General Practice Integrated Mental Health Service within Surrey Heartlands CCG and Mental Health Integrated Care Service within the Frimley CCG)? The services offer an emotional and wellbeing service for adult patients over 18 years old. These services offer patients extended consultation times within local GP surgeries, quick and easy access to practical advice and tailored support for their mental health needs from Mental Health Practitioners or Community Link Workers. 43% of the answers indicated that they had heard of either GPIMHS or MHICS. 48% had not heard of either service and 9% did not know if they had ever had information about the services previously. 33% of respondents had used or been referred to one of the services within the last year, 67% had not. 62% of the people who had used the services said they had found it helpful for their mental health. 30% had been referred to the service but had not started the process via appointments yet. 8% said they had not found the experience helpful.

Some of the comments received about accessing GPIMHS/MHICS:

“Yes it was really helpful. Just like most NHS mental health services I've accessed, it was short term, be nice if it was longer.”

“I’m waiting for my appointment and was surprised the wait is about 6 weeks, as it takes a lot to reach out to your GP, so I am in quite urgent need of support and feel this wait is quite long.”

“I am still waiting for a response. Clinicians are the main problem, they make a diagnosis/recommendation/refusal based purely on what a GP puts in referral. The GP in my case half-filled the referral and omitted important information. So now waiting on a response after providing more info to a nurse. Clinicians attitude needs to change as it feels like the same service as CMHRS where they prefer to refuse access to treatment even when recommended by a psychiatrist”

HOSPITAL IN-PATIENT

The IMHN were interested to hear more about in-patient hospital experience during the pandemic. However, only one of the people who answered our survey had experienced being an in-patient withing a mental health hospital within the last 12 months. The admission was to the Abraham Cowley Unit at St Peter’s Hospital, Chertsey. They found the admission helpful for their mental health and commented that they felt the service had improved since their last in-patient admission there. They felt the hospital admission was necessary in this case, and that their mental ill-health could not have been supported by at home treatment or community support. The respondent felt that face-to-face treatment from their support team could have helped to shorten their time as an in-patient. None of the 116 respondents reported being in an out of area placement within the last 12 months.

SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST (SABP)

19% were receiving mental health services from SABP at the time of the survey. 71% were not at that time, and 10% were unsure if the services they were receiving were provided by SABP. Of that 19% who were currently receiving SABP support, 35% of them had a care coordinator currently, 40% did not at the time of the survey, and 25% did not know. Everyone who had identified as having a care coordinator had been in contact with that professional within the last three months. 14% of the SABP mental health appointments had been conducted virtually, 43% by telephone and 43% a mixture of both. None of the people asked had accessed in-person appointments within the last 12 months. 83% felt they had received the correct level of support, 17% did not feel they had been offered the level of support they felt they needed. One said:

“More support even if in virtual support group. Safe place, even if virtual to attend without complete no alcohol rule. Safe Haven refused to see me virtually as I’d had a glass of wine to help diazepam work more quickly. Help with routine. Occupational health groups online”

VACCINATION

When asked if the participants would have the Covid-19 vaccine when offered, 90% said Yes, 6% said they were unsure, and 4% said No.

The 10% who said no or unsure, were asked what their reservations were:

- Want a choice of vaccine

- Side effects
- Distrust of government
- Not in an at-risk group, feel the risk of vaccine is riskier
- No knowledge of long-term impact
- Had covid, was fine
- Resent the idea of it being forced to have it to engage in everyday activities
- Fear of needles
- Bad side effects from the first dose and reservations about the second dose

FUTURE RESPONSES TO PANDEMICS

At the end of our survey we asked the question “If we had the opportunity to contribute to a pandemic plan in the future, what should be included or changed?” Whilst the answers received were extremely varied, the most commonly mentioned fell into 7 key thematic areas. These were: Mental Health Support, Vaccinations, Government and Leadership, Combatting Isolation, Learning, Care Work, Working Parents.

Mental Health Support:

There was a general belief that any future pandemic plans should have a much greater focus on the mental health impact and support for the general public and for those working as key workers.

This focus should be largely on early intervention to engage people in addressing a growing need for support at the premature stages rather than waiting to seek help until in a crisis situation. This is for two main reasons, the long term impact of low level mental ill-health is much less detrimental to peoples lives than those who have found themselves in full scale crisis, and secondly to divert the current pressures on mental health crisis services by steering people to other relevant interventions earlier.

There needs to be more mental health support for those being made redundant or being furloughed, as the financial stability worries surrounding this have been the cause of a lot of newly presenting anxiety or depression.

Support focused on the effect the pandemic has had on whole families rather than individuals was suggested as an avenue for future provision, and a whole family approach being taken by all services going forward. For example, if a service is working with a parent they should be considering the needs and impact of that persons deteriorating mental health on the children and partner or other family members and referring to other support services and schools for support if necessary. Carers assessments for both adults and young carers should be prioritised due to the extra burden of caring duties familial carers have taken on during the pandemic to keep vulnerable peoples social bubbles as small as possible to manage risk and infection control. Many may have taken on a caring role for the first time – but there are also those who have been caring for a long time but may have had support from others which is now not available – who will not know what is available as support for them as a carer, it is important to have these conversations and raise awareness of what is on offer to help.

A need was raised for expanded trauma therapy provision within Surrey with a virtual option being provided also as current provision is very poor and many have found aspects of the Covid-19 restrictions triggering or old traumas resurfacing.

Many people stated a preference for face-to-face interaction to continue in some form for mental health appointments if we enter future lockdowns, as virtual options and phone calls are not appropriate or effective for some people either due to accessibility, personal preference or due to the nature of their mental health condition.

Another common theme was the need to expand the number of mental health professionals – especially nurses – as staff shortages are putting even more pressure on an already overwhelmed system. Training of new staff to fill these vacant roles should be a priority right now with a view to the expanding need for services over the next few years, and considering the future mental health hospitals expansion planned for Surrey within the next five years.

Mental health support workers available to staff working in hospitals at all times was another suggestion. Extra support for those NHS staff working in the community should also be built into provision. The pandemic has had a severe impact on NHS staff and their mental health has been often unsupported in the way that is needed. Going forward a higher level of support should be provided to meet the need.

It was commented that there should be a responsibility from the media to use factual not emotive reporting during times of national hardship, such as the pandemic, as the copy they release does have an effect on the general public – how they feel and what they believe. The over saturation of emotive reporting about the coronavirus has taken a toll on a large portion of the nation's mental health.

“The Government's advertising that gaslights the public with terrifying adverts and dramatic voiceovers need to be removed; they are severely starting to impact on many people's mental health.”

The commentators clearly felt that the third sector mental health organisations in Surrey had lead the way for offering support quickly and effectively during the early stages of the pandemic and diversifying and expanding their offer of support throughout. Many of the key changes to the mental health system in Surrey over the last 18 months have been driven by the determination or actions of the third sector to provide support beyond their contractual agreements. They highlighted a perceived need for statutory services to step up provision in kind.

“Statutory services should look to learn from third sector mental health services about how to be effective, responsive and proactive. Any future pandemic plan should be developed in partnership with the third sector and much greater thought should be given to how to monitor those with erratic/unstable mental health conditions. Statutory services should reach out more to clients and to the local community and rely less on "safe havens." More thought should be given to the difficulties people with serious mental illness will face when unable to access regular, face-to-face, community activities.”

“There needs to be an understanding that the poor service isn't as a result of the pandemic, the problems were already there. The pandemic has increased the number of people not receiving effective support but if you have the mindset of mental health during the pandemic you will miss the root causes and solutions put in place won't be effective.”

“Ensure there are clear paths for mental health support, what is available etc. Regular Check ins via phone or text or letter/email if possible. Even a letter send out with all of the support services available, what to do if you are struggling... I also will need support reintegrating into life again, rebuilding confidence and social skill etc and motivation. Feels so hopeless at the moment.”

There has been a heavy burden on the GPs surgeries and Primary Care Networks during this pandemic. Currently the GPs are the gateway to mental health services for a large percentage of people in need of support or treatment and the touchstone for any new cases presenting with a mental health need. As it stands the GPs are unequipped to provide an equitable service throughout the county on the matters of mental health. Not many of our GPs seem to have in-depth knowledge of what services are available and when to refer someone to them. This has led to a large amount of frustration and dissatisfaction from patients and doctors, due to repeatedly having patients in need of help bounced back to them having not received any due to eligibility criteria of services and the complex mental health system. At a very basic level it is often difficult to get a GP appointment from the receptionist and if you do it is difficult to explain deteriorating mental health in the time allotted for the appointment, in a way that the GP can clearly understand the best course of action and next steps for the patient. For future plans, the GPs must have access to better information on what is available within Surrey and who the service is appropriate for. There should be at least one GP within each practice that takes the lead on mental health and can consult on cases with a more knowledgeable perspective. A review of mental health service eligibility criteria should occur to see where there are gaps and who is being underserved, and why patients bouncing around the system for long periods of time without receiving any tangible help is such a common issue within Surrey.

“Better access to doctors...sometimes you need someone to listen and hear you”

Vaccinations:

Recommendations from the survey about future vaccinations were that adjustments should be put in place for those with disabilities and mental health needs at an earlier stage, to allow people to access the vaccine without barriers. Many of these adjustments would be classed as ‘quick wins’ so shouldn't have taken as long to incorporate as they did this year. It was also suggested that vulnerable people should be able to have their familial carers vaccinated at the same time as themselves as most will be bringing them to their appointment within their role as a carer anyway, and often these vulnerable people are reliant on their familial carers staying healthy to help them live independent lives within the community.

Government and Leadership:

The respondents felt that there was a need for greater clarity in the information being provided by the government and local authorities, and that more information should be shared with the public. The government should endeavour to be more honest and transparent; this also should be embraced by Public Health. Improvement to communication, both with the public and interdepartmentally, and interorganisational should be built upon.

Retrospectively people have felt that the government should have taken the Covid-19 virus more seriously and should have acted quicker – not just at the start but in imposing lockdowns and travel restrictions, allowing an extra few days to a week for these to come into effect seemed to permit a much greater spread of the virus that could have been prevented. Future planning should have built in contingencies for instant changes from the norm, including moving to virtual working without interruption.

It was felt that improved plans and systems for Track and Trace are needed going forward, as it now seems incredibly unlikely to be able to entirely eradicate Covid-19 we will consequently be living with the virus at some level for the foreseeable future. As such, a reliable way to inform people if they have been exposed to the infection will be needed for infection control.

“Much more clarity and quicker decision making. New Zealand's plan essentially - taking it seriously and acting accordingly. People have become exhausted by this half-living and lack in confidence with those in charge.”

Isolation:

A major feature of the response in the first year of the Covid-19 pandemic was the move to virtual delivery. For a lot of people this was an excellent thing, they could access businesses and services online, they could interact with loved ones via video chat, and attend online support or leisure activities, and a large section of the population could work effectively from their own homes lessening the risk of infection. However, for a section of society the move to almost entirely online delivery was an isolating process as they either had no access to the internet or no skills to be able to navigate the confusing landscape of internet based technology. A large number of these people were older, but it also disenfranchised other people, some who were struggling financially or lived in rural areas. These people are now finding basic tasks more challenging to access. It is essential going forward that any future planning takes into consideration the need to connect this cohort to the internet and upskill them to be able to use it in an effective manner and provide easy to access options for those who have no internet or smart phones. Tasks such as having groceries delivered and making GP appointments are essential to provide this basic level of access. It is not good enough to expect someone to ask a friend or neighbour to access the internet on their behalf when needed.

There was a need for more widely publicised information about support available for people who were alone during the lockdowns. It was also noted as important that this support should be in a variety of formats to allow those not online to access, and also that the advertisements for these were disseminated through a variety of non-internet

avenues, such as local magazines that are delivered to households, regional TV news, and community support who are directly delivering necessities to vulnerable and self-isolating people who could also provide information in hard copy.

There is a whole sector of society who are living alone and are now also working from home, the mental health impact associated with this level of solitude has yet to be studied in relation to this pandemic. However, the link between loneliness and physical and mental health deterioration is clearly proven. According to Age UK, loneliness amongst older people is associated with experiencing depression, and older people with a high degree of loneliness are twice as likely to develop Alzheimer's disease as those with a low degree of loneliness. Whilst this is not an issue that exclusively affects older people, the effect of loneliness in this case is clearly evident. Support for this cohort should come in the form of opportunities to be in the presence of people whether in person, by telephone or virtually on a regular basis.

“There needs to be a serious conversation about what employers expect during a pandemic. My employer has been great at suggesting we can be flexible, but much of their support centred around childcare, which made me feel quite pathetic for not being able to cope even though I didn't have children... I work from home... I am on my own most of the time, which has definitely damaged my mental health... the isolation and the impact on mental health was talked about but not truly addressed.”

Learning:

The Covid-19 pandemic has been a steep learning curve for everyone, the learning gained through this experience should not be forgotten and should be used to advise future planning for forthcoming pandemics such as this. Remembering both best practice and the mistake strewn road to reach it. The importance of good hygiene must be stressed going forward.

Care work:

Whilst care homes and their residents and staff have been at the forefront of the pandemic since the very start, domiciliary care has been repeatedly overlooked and ignored with all measures being rolled out to the staff much later than their care home counterparts. The role of domiciliary care workers is as important as they not only look after a population of frail and very vulnerable people but are also moving between households, community settings such as supermarkets and pharmacies, and the staff's own personal lives. Due to low hourly rates it is also not uncommon for a domiciliary care worker to hold more than one job within the 'key worker' sector – leaving them even more exposed to infection. People receiving care in their home often have at least 15 different people entering their home as carers or community nurses each week, making shielding impossible. Not planning with this sector of the population in mind in 2020 meant that it was difficult for these workers to access personal protective equipment (PPE) or weekly Covid-19 testing until much later in the pandemic than the NHS or care home staff. Looking ahead this group should be included as equitable to care home workers in every stage of planning and have access to the same quality of protection for the staff and their vulnerable client group.

“The burdens placed on care workers were unacceptable.”

“More duty of candour is needed from care providers to service users when staff and/or clients have Covid to allow you to make informed decisions on whether to accept or decline care.”

Working parents:

The pressures of isolating at home were not just felt by those living alone, those staying home with children whilst working from home themselves were negatively affected also. Most spent time juggling working, home schooling, and domestic responsibilities – often not feeling like they were getting any break at all. This constant stress and expectation has led to a number of people expressing that they felt at a ‘breaking point’ before the schools were allowed to reopen. Whilst planning for future pandemics a plan must be made as to how education will be structured for all ages from a home-schooling perspective. The burden should not fall on parents to fill the gap once again. Employers should also plan ahead for future disrupted period, intending to gain insight and awareness of staff home situations and how much support employers can provide in terms of flexible working for parents whose children must stay home for prolonged periods of time. There is also more that could be done by schools to support children’s non-educational wellbeing and socialisation, as well as supporting parents.

“The biggest area is probably working with employers to be more supportive of their workforce when they are juggling parenting, home-schooling and homeworking. For instance: - allocating weekly time for self-care during working day (to attend yoga course or wellbeing courses) - allowing people to work fewer hours to care for their children/to take a walk/to be able to rest - pushing deadlines back on projects rather than expecting people to comply/taking working parents off projects and giving them to people with no kids - less meetings, more instant messaging to not clutter people's timetables - reviewing people's capacity and saying no to projects people don't have capacity for - offering the option for parents to furlough themselves if they can't do it all. In terms of home-schooling: - asking school to provide face time with teachers and children weekly for socialising and not just relying on remote learning to be handled by parents - providing live lessons which parents don't have to sit through so they can get on with working. Sharing tips on how to rest in short periods of time for people who are overloaded with responsibilities.”

INTERPRETATION OF RESULTS

There were a number of common themes that ran through the answers for each of the topics asked about.

Whilst a shift to virtual delivery of services has made them more accessible to a greater number of people and allowed a larger amount of engagement in a way that feels more comfortable to some people. This format is not appropriate for all and a combined offer going forward for services – particularly mental health services - would be the best choice. So that service users have a choice of in-person or virtual/phone appointments and support groups.

Commonly reported issue of presenting at one mental health service at a point of needing intervention and being referred to another mental health service who say they can not help. Many people not receiving help they need due to bouncing between services and never being eligible to access the offer. Whilst this is not a new problem that has arisen during the pandemic, it does seem to have brought this issue to the forefront due to many services shifting to only accept those currently experiencing mental health crisis during the pandemic.

It was commonly reported by the people who responded to the survey that they felt they should not be contacting mental health services during the pandemic due to the increased pressure on services from higher engagement and new or deteriorated presentation. Those who used services previously felt that the staff were under great stress and volume of work was too high. The sentiment seemed to be that their mental health had deteriorated to a point they would previously have engaged in services, but during the pandemic had decided not to as they felt there were others accessing the mental health system – possibly for the first time - who were in greater need of support than they were. There was also a belief that this would cause extremely long waiting lists and more people being deemed ineligible. This has caused many people to present to services later and often at the point of mental health crisis.

RECOMMENDATIONS

SERVICE OFFER

1. Mental health services should offer both virtual and in-person interventions going forward for both one-to-one and groups.
2. Those providing virtual peer support groups should offer these in a variety of group sizes, the offer of some smaller groups will suit some people and lessen anxiety surrounding taking part. It also allows people to have more time to share, more privacy and provide less sensory overload.
3. There should be promotion focused on engaging with mental health services at an earlier stage before reaching a crisis situation and advertisement of where to find information about services.
4. People currently accessing services often need more support during lockdown. Wellbeing checks need to be offered to all clients during lockdown to check on their mental health status and provide advice and guidance about how best to stay healthy, this should not be limited to those on the 'CEV' Clinically Extremely Vulnerable list.
5. There should be more mental health support aimed at those who have been made redundant or furloughed, especially focusing on financial anxiety.
6. If in the future mental health services must revert to a 'crisis only' delivery model, a plan must be made to ensure alternative wellbeing and prevention support is being offered within the system and advertised well enough to lessen the pressure on crisis services and spread capacity throughout the system.
7. Continuance of a Virtual Safe Haven service post-pandemic and expansion to 24/7 provision in at least one place that can be accessed in-person by users from all over the county when in crisis.

8. The provision of trauma therapy within Surrey should be reviewed with a view to expanding and an improved method of provision should be considered.
9. A review and mapping exercise of mental health services eligibility criteria should occur to see where there are gaps and who is being underserved, and why patients bouncing around the system for long periods of time without receiving any tangible help is such a common issue within Surrey.

SYSTEM WORKING

10. There should be systemic case follow up, often a service believes they are providing help to access the system when in fact once the case has been referred onwards to what they feel is a more appropriate service the case is dropped and no help is received by the user.
11. The system must review its pathways to care for patients entering the system. Too many are currently bouncing between service referrals and their GPs without receiving any intervention for their poor mental health. This process alone can be traumatic and compound the original presenting issue. Making sure the patient is continuing on a pathway to receiving help rather than being bounced out of the system with no engagement is essential to wellbeing and recovery.
12. The system should accelerate its planned work on workforce, to ensure that appropriate staff are available. There are extreme staff shortages currently and level of need is increasing. The new building of mental health hospitals will also increase the need for mental health staff within Surrey in the next 5 years. Plans should be made to encourage people to begin training now to work within the mental health sector, as being undertaken by the Mental Health Improvement Plan.

COMMUNITY CARE

13. GPs need to be informed as to why referrals have not been accepted and what appropriate provision their patient has been given instead. This links to the 'no bouncing' rule that has been agreed across the system.
14. We recommend that one GP in each GP surgery is takes on the role of a mental health lead who takes on the responsibility of learning more about mental health and being a touchpoint for more in-depth information about mental health and assist with consultations relating to mental health when necessary.
15. Domiciliary care workers should be included as equitable to care home workers in every stage of future planning and have access to the same quality of protection for the staff and their vulnerable client group.

ACCESSIBILITY

16. Services should be mindful of how to be accessible whilst upholding standards of infection control i.e. using clear visors during in-person conversations with patients to allow people to lip read if necessary, and providing hearing loops within services around areas staff interact with patients, and automatic closed captions turned on during video assessments. Small changes like these can decrease feelings of isolation and anxiety for the patient.

17. A best practice list of adjustments that can be made to make public buildings/services more accessible to the needs of people with additional needs should be drawn up. Vaccination centres should make sure required adjustments are put in place as quickly as possible to mitigate barriers to access.
18. Carers of vulnerable people should be able to receive their vaccination at the same time as the vulnerable person, both to provide extra protection and ensure the support system for the vulnerable person and also because the carer will often be accompanying them to their vaccination appointment.
19. There should be a focus on connecting those who are digitally excluded to the internet and upskilling people to be able to undertake essential activities such as booking a GP appointment and having groceries delivered.

PANDEMIC PRESSURES

20. The burden on unpaid carers has increased during the pandemic, as has the number of people taking on caring responsibilities. More support must be made available to aid them both in a social and practical way. More assessments for carers, especially those who are new carers must be undertaken and they should be made aware of the support available to them – financially and practically, as well as offering respite opportunities when necessary. The mental health support for this cohort should be improved and workers encouraged to engage.
21. Employers must be more supportive of their workforce in terms of personal capacity and mental health. Employers should be prepared to make necessary adjustments and provide opportunities to work flexibly depending on the personal circumstances of employees. Being supportive and understanding of the added personal pressures outside of work that have been caused by the pandemic (i.e. caring responsibilities or home schooling), and how work can be achieved in an effective manner around other responsibilities. Support at work in this way should be available to all employees, often this type of adjustment is offered to people with children but not other staff who may be struggling with capacity. We recommend this flexible working ethos and structure is continued post-pandemic and built into company policy and job descriptions going forward.
22. Mental Health support for those who work within health and care services should be increased. Mental health pressures have increased within work, especially those who work within the frontline response to the pandemic. Those who work within the NHS and social care need to be a focused target group for occupational mental health support going forwards.
23. Media and PR companies must be more mindful of the damaging mental health effect the emotive and 'scaremongering' way they present news coverage and be more responsible in presenting factual information without sensationalising.

POST-PANDEMIC

24. When services are able to return to pre-pandemic delivery, the service delivery model should be looked at and some of the changes put in place in response to the pandemic should be continued where possible.
25. Future planning in all sectors and businesses should have built in contingencies for instant changes from the norm, including moving to virtual working with minimal interruption to service delivery.
26. It is predicted that need for mental health support will continue to rise over the coming years for all age groups. When looking at post-pandemic delivery, services should consider capacity and demand looking ahead to 2025.