



Public Health  
England

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# Living with mental illness during COVID-19: Addressing inequalities and supporting physical health

Webinar: 23 June 2020

Public Mental Health programme & COVID-19 Mental  
Health & Psychosocial Support Reference Cell

# Agenda

<b>11:00 – 11:05</b>	<b>Welcome, introductions and housekeeping – (5 mins)</b> <ul style="list-style-type: none"><li>• <b>Andy Bell (Chair)</b> – Deputy Chief Executive for the Centre for Mental Health and Equally Well programme.</li></ul>
<b>11:05 – 11:35</b>	<b>Panel members discuss – (10 mins each)</b> <ul style="list-style-type: none"><li>• <b>Kevin James</b> – Peer Consultant, Lived Experience Adviser and Change Agent</li><li>• <b>Arfan Hanif</b> – Operations Director at Touchstone</li><li>• <b>Wendy Burn</b> – Consultant Old Age Psychiatrist and Chair of Equally Well Clinical Group</li></ul>
<b>11:35 – 11:55</b>	<b>Q&amp;A – (20 mins)</b>
<b>11:55– 12:00</b>	<b>Close – (5 mins).</b>

# Housekeeping

- Please **stay muted and turn your cameras off** during this webinar.
- Please **use the chat function to ask questions** for the Q&A. For those accessing from the phone app you can email questions to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk).
- If you have a question for one of our speakers, please clarify that when writing your questions in the chat box.
- To make this webinar available to those that are unable to join us, **today's webinar will be recorded**. The recording, with both audio and visual will be shared next week.
- We will be circulating a **short survey after this session** to receive your feedback on this webinar.

# The chair

## **Andy Bell**

Andy Bell has been with the Centre since 2002. Previously working for the King's Fund, he began as Director of Communications, becoming Deputy Chief Executive in 2009.

He is a member of the Mental Health Policy Group and was chair of the Mental Health Alliance between 2006 and 2008. Andy has carried out research on the implementation of national mental health policies and on local mental health needs assessments. He writes a regular blog on mental health policy for the Huffington Post.

# The speakers

## **Kevin James**

Kevin has recently been announced the new Chair of the Equally Well UK Expert by Experience Group.

He is a member of the Equally Well Expert by Experience group and has over 25 years of experience in both using physical and mental health services as well as working with commissioners, VCSE sector organisations – including Centre for Mental Health, Rethink and Mind – NHS foundation trusts.

Kevin has worked with NHSE and NHSI in co-production, designing, developing and delivering of services.

Has been the co-production and lived experience lead for the Norwich Medical School, at the University of East Anglia.

# The speakers

## **Arfan Hanif**

Arfan has over 20 years of senior leadership experience in the Public and Voluntary Sectors.

Arfan has worked in a number of roles in Yorkshire, the Midlands, the North East and London covering a number of subject matters including; Community Safety, Diversity/Equal Opportunities, Housing, Social Care, Employment & Training, Research & Development and Information Knowledge.

Arfan is currently an Operations Director for Touchstone which has been ranked Number 1 in the 'Inclusive Top 50 UK Employers' to work for ranking between 2016-19. In his current role Arfan is responsible for a diverse portfolio of Mental Health and Wellbeing services. Arfan is an advocate of designing and delivering services in collaboration with service users.'

# The speakers

## **Wendy Burn**

Appointed as a Consultant Old Age Psychiatrist in Leeds in 1990, now works part-time in a community mental health team.

Dean of the Royal College of Psychiatrists from 2011 to 2016 and President from 2017 to 2020.

Currently Chair of the Clinical group of Equally Well UK, a campaign set up to improve the physical health in people with severe mental illness.



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# Kevin James

Peer Consultant, Lived Experience Adviser and  
Change Agent





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# Arfan Hanif

## ‘Not in the same boat’

Operations Director at Touchstone

# Experience and feeling on the ground

- A bit about Touchstone – Co-production & Inclusion in our DNA
- Validated data and research yet to qualify actual impact – behind the curve
- Basic ‘human’ necessities compromised e.g. Food
- General fear & anxiety compounding existing health conditions
- Not everyone is in the same boat - Disproportionate impact on different groups e.g. BME groups
- Digital inclusion & exclusion
- Creation of new Mental Health service users

# Adapting during lockdown

- Few services continued to offer face to face support e.g. Personalised care
- Utilising expertise of our diverse delivery partners e.g. Live Well Leeds service and supporting the wider health economy
- Swift mobilisation of digital/telecommunication channels to deliver services e.g. virtual gardening, cooking, arts and craft activities
- ‘Touchstone Loves Food’ initiative – around 700 people supported which equates to over individual 100,000 meals in total. Provided invaluable intel:
  - Sense of isolation/loneliness and heightened anxiety - ‘Don’t feel safe’
  - Physical health compromised
  - Most living in most deprived parts of the city.
  - Over 50% were from BME backgrounds
  - Mental Health support provided

# Key Learning points

- Importance of genuine collaboration and leadership
- Agility and responsiveness of the voluntary/community sector
- Digital channels of service delivery do help many people but may magnify the exclusion of others
- Reinforcement of structural health inequalities and that we are 'not all in the same boat' - highlighted further by BLM campaign.
- We are currently in the 'calm' before the 'storm'.



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# Wendy Burn

Consultant Old Age Psychiatrist and Chair of  
Equally Well Clinical Group

# Contents

The mortality gap in serious mental illness (SMI)

How COVID-19 affects those with SMI

Equally Well's plans to reduce this

# The mortality gap

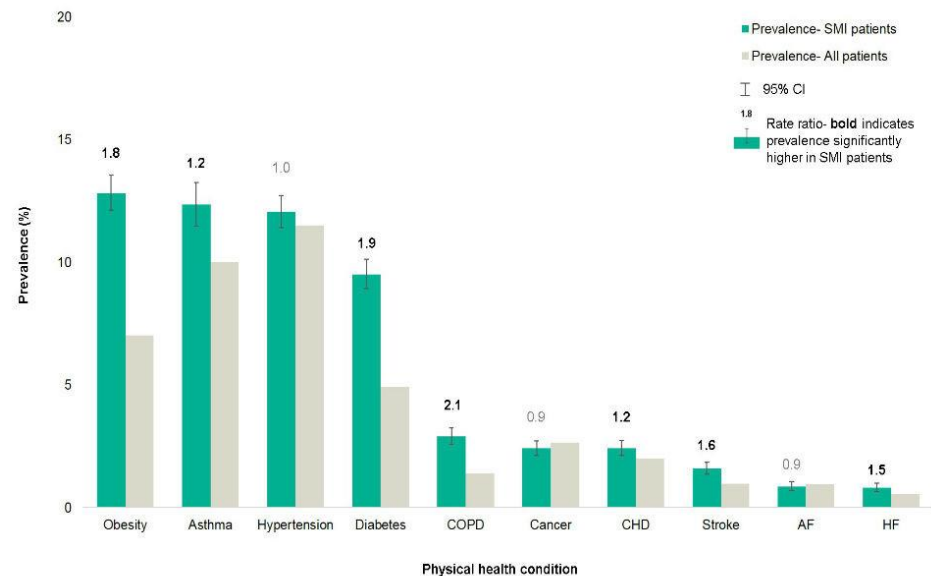
People with serious mental illness (SMI) such as schizophrenia and bipolar disorder die 10-20 years earlier than the general population.

Although survival is improving the gap between people with SMI and general population is widening.



# Prevalence of many physical health conditions is increased in SMI

Obesity  
Asthma  
Hypertension  
Diabetes  
COPD  
Cancer  
Coronary Heart Disease  
Stroke  
Atrial fibrillation  
Heart failure





# Smoking and SMI

15% of general population smoke.

40% of adults with a serious mental illness smoke.

Smoking increases risk of heart attacks, strokes and lung cancer.



# Patients with SMI suffer social deprivation

Poverty increases the risk of mental illness.

Mental illness leads to poverty.

People with SMI more likely to experience unemployment, homelessness, loneliness and breakdown of family relationships.



# COVID-19 discriminates

Risk factors for serious illness and death include:

Increasing age

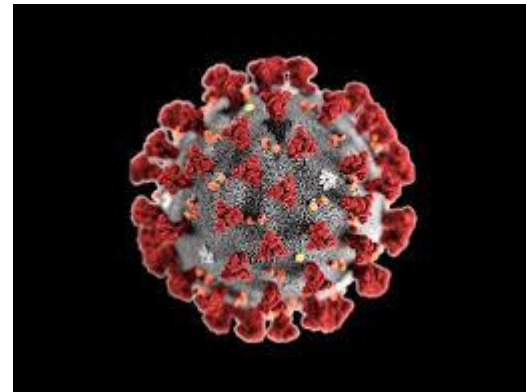
Male sex

Obesity

Comorbidities eg diabetes, cardiovascular disease, hypertension, kidney disease

Social deprivation

Black, Asian and Minority Ethnic groups



# COVID-19 and Smoking

We know more people with SMI are more likely to smoke.

Smoking is associated with increased severity of disease and death in hospitalised COVID-19 patients.



# COVID-19 and Vitamin D

Emerging evidence that low Vitamin D makes people more likely to be infected with COVID-19.

People with SMI more likely to have low levels of Vitamin D – possibly due to lack in diet and lack of exposure to sunlight.

Many mental health trusts now testing all their patients.



# After COVID-19

What does the future hold?

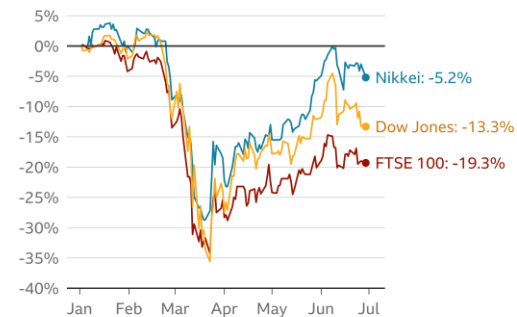
Direct effects. Post viral syndrome, PTSD in patients, health workers and families.

Loss of care during pandemic.

Indirect negative effects due to economic damage.

Health inequalities likely to increase.

**The impact of coronavirus on stock markets since the start of the outbreak**



Source: Bloomberg, 29 June 2020, 12:00 BST



# Equally Well

A collaboration to improve physical health among people with a mental illness  
Hosted by the Centre for Mental Health.

Co-produced with an Expert by Experience Group chaired by Kevin James and  
a Clinical Group which I chair.

Growing membership of organisations committed to this work.



**Equally  
Well UK** 

# Equally Well and COVID-19

Guide for patients on how to improve physical health:

<https://equallywell.co.uk/wp-content/uploads/2020/05/Equally-Well-Covid19-Resource-Final-1.pdf>



There has never been a better time to stop smoking than now.

Covid-19 is a respiratory virus which affects the lungs and airways. As a result, smoking may increase the risk of a more severe coronavirus infection<sup>1</sup>.

Quitting smoking, by contrast, delivers immediate health benefits, reduces the likelihood of complications from Covid-19 and helps protect others from second-hand smoke. Stopping smoking can also reduce the need for visits to other health services.

*"Never give up trying to give up smoking. Giving up smoking is like catching the crest of a wave, very few people achieve quitting smoking first time around."*



# Equally Well post COVID-19

The work of Equally Well is going to be more important than ever.

We will continue to provide information, to campaign and to support organisations to improve the physical health of those with SMI.





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# Q&A Session

PHE's Public Mental Health Team

# Further resources

- [Looking after your health during COVID-19: A guide for people living with severe mental illness](#)
- [Covid-19: understanding inequalities in mental health during the pandemic](#)
- [Health matters: reducing health inequalities in mental illness](#)
- [Equally Well's website](#)
- [Touchstone's website](#)

# Thank you

If you have any questions please contact us  
at **[publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk)**