



Public Health
England

Protecting and improving the nation's health

Prevention and Promotion for Better Mental Health in local systems - COVID-19 and beyond

Webinar: 3 November 2020

PHE Public Mental Health programme

Webinar protocol

- Welcome from PHE's webinar host Nico Ventosa
- 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.
- If you have a question for one of our speakers, please clarify 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.



Public Health
England

Protecting and improving the nation's health

COVID-19: Public mental health on the agenda

Professor Jim McManus (Chair) Director of
Public Health, Hertfordshire County Council &
Vice President, Association of Directors of
Public Health UK

Our partners

Centre for
Mental Health



Mental Health
Foundation



Local 
Government
Association

NIHR | School for Public
Health Research



Behavioural Science and
Public Health Network

Today's speakers

2.00 – 2.55

- Professor Jim McManus, Vice President of the Association of Directors of Public Health
- Andy Bell, Director for the Centre for Mental Health
- Victoria Bleazard, Head of Mental Health and Learning Disabilities NHS Bristol, North Somerset and South Gloucestershire CCG
- Deputy Mayor Asher Craig, Cabinet member for Communities, Equalities and Public Health at Bristol City Council
- Duncan Cooper, Consultant in Public Health Bradford District council
- Dr Jen Dykxhoorn, Dr Shamini Gnani and Dr Judi Kidger, National Institute for Health Research, School for Public Health Research

2.55 – 3.30pm

- **Question and Answer session with the panel**
- Chair's summary
- Resources and next steps from Stef Abrar, Public Health England

Public Mental Health Priorities in a Pandemic

The “Psychological Contract” of Public Trust and Confidence

The Syndemic Lens – multiple impacts, multiple responses (Singer, 2009)

Resilience - Hope –
Recovery – Renewal



Protecting our communities

Pulling together to achieve sustainable suppression of SARS-CoV-2 and limit adverse impacts

Guidance for Directors of Public Health

ADPH | Registered Charity Number 1164513
policy@adph.org.uk | Tel: 020 7832 6944 | www.adph.org.uk

11th October 2020
Page 1 of 12

<https://www.adph.org.uk/2020/10/protecting-our-communities/>

www.hertfordshire.gov.uk



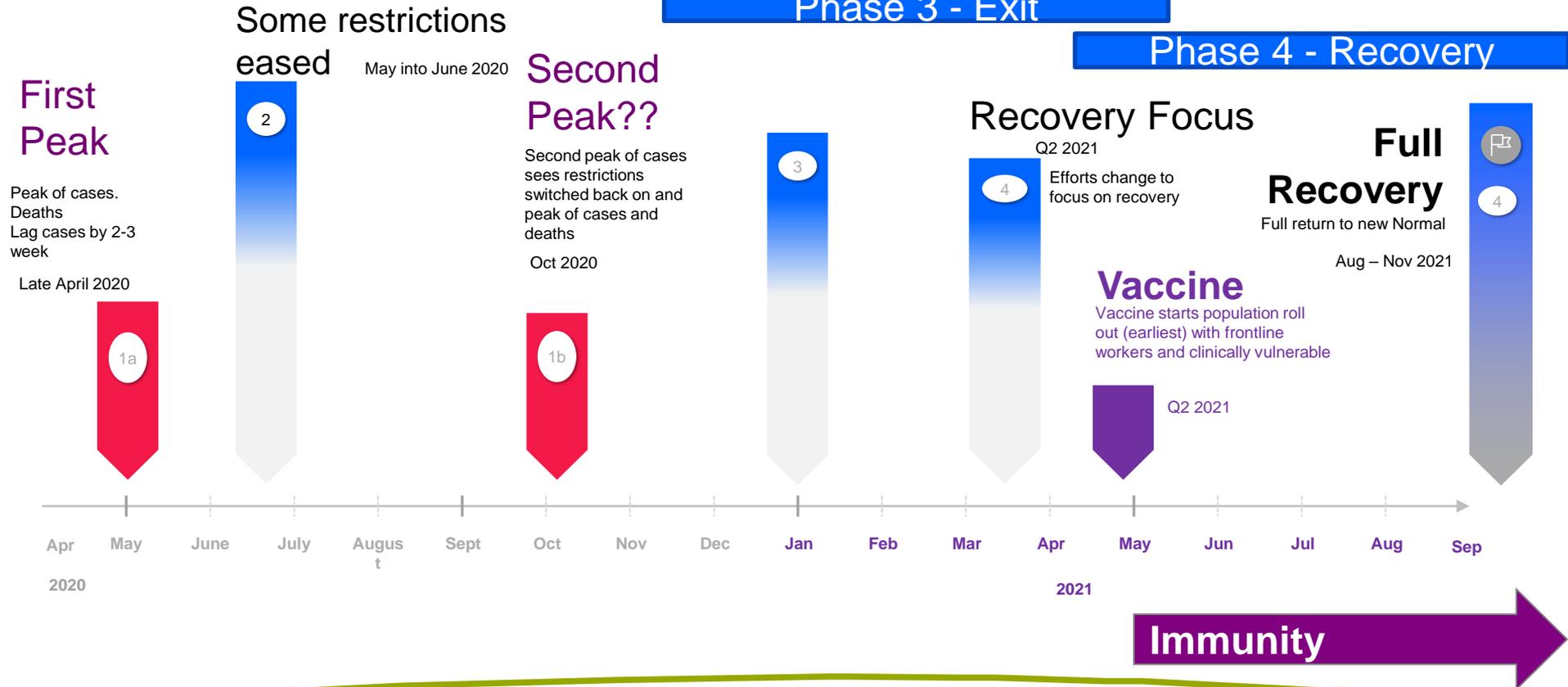
Where are we? Pandemic Milestones

Phase 1 – First Two Peaks

Phase 2 - Control

Phase 3 - Exit

Phase 4 - Recovery



This is all provisional. The key drivers of these phases will be levels of infection, recovery and immunity

Immediate mental health impact of COVID-19 across life course

| | Pre-term | 0-5 years | School years | Working age adults | Old age |
|-------------------------------|---|--|---|--|---|
| Key issues to consider | <p>Anxiety about impact of COVID on baby</p> <p>Financial worries</p> <p>Anxiety about delivery and access to care</p> <p>Isolation</p> | <p>Coping with significant changes to routine</p> <p>Isolation from friends</p> <p>Impact of parental stress and coping on child</p> | <p>School progress and exams</p> <p>Boredom</p> <p>Anxiety or depression or other mental health problems</p> <p>Isolation from friends</p> <p>Impact of parental stress</p> <p>Carer stress</p> | <p>Balancing work and home</p> <p>Being out of work</p> <p>Carer stress</p> <p>Anxiety about measures and family or dependents or children</p> <p>Financial worry</p> <p>Isolation</p> | <p>Isolation and disruption of routine</p> <p>Anxiety from being dependent on services</p> <p>Financial worry</p> <p>Fear about impact of COVID if infected</p> <p>Carer stress</p> |
| Staff/ volunteers | <p>Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping.</p> | | | | |
| Loss | <p>Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg being physically close to dying person, have usual funeral rites, attend funeral etc.</p> | | | | |
| Specific issues | <p>Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across life course. Drug and alcohol issues. People reliant on foodbanks or on low incomes or self-employed may have additional stress. People with learning disabilities and/or autism will have additional needs which should be considered in detail. Student populations may have particular issues, from isolation to exam anxiety and for some being away from home.</p> | | | | |

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Covid-19 and the public's mental health: what we know so far

3 November 2020

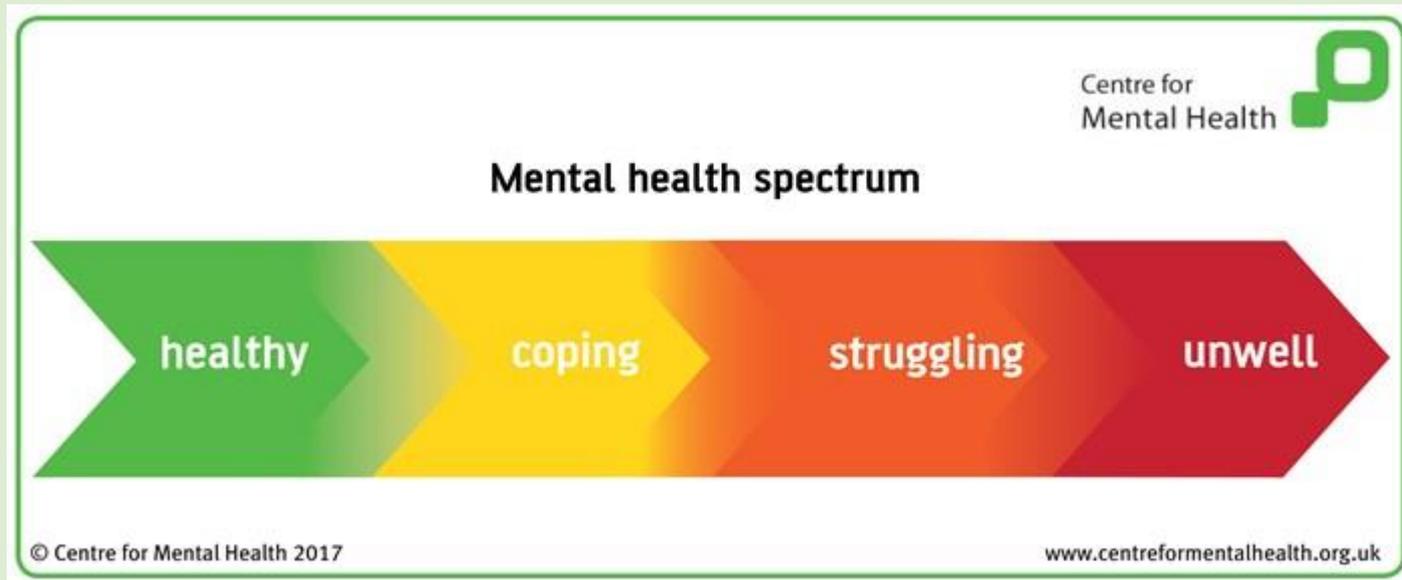
@Andy__Bell__ @CentreforMH @MH_challenge

“We all have mental health”

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- About 1 in 4 have a current mental health difficulty
- Lifetime risk approx. 3/4
- Risk and protective factors determine our positions on the spectrum during our lives



Recent trends in public mental health

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- Gradual increase in prevalence of mental health difficulties
- Biggest rise among young women
- Linked to wider social & economic inequalities



Children from the **poorest 20%** of households are **four times** as likely to have **serious mental health difficulties** by the age of 11 as those from the wealthiest 20%
(Morrison Gutman et al, 2015)

© Centre for Mental Health 2020

Covid-19 & population mental health

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- ❑ Surveys show sharp rise in emotional and psychological distress during lockdown, followed by gradual reduction
- ❑ Rising prevalence of common mental health conditions (anxiety & depression) and coping mechanisms including alcohol misuse
- ❑ Reduced referrals to mental health services during lockdown

Traumatic impacts of coronavirus

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- Covid-19 is a collective trauma (it's happening to all of us)
- But we're *not* all experiencing it the same ways
- Impacts of trauma likely to be greatest and longest on those worst affected:
 - By the virus
 - By the lockdown
 - By the recession
- Psychological impacts also likely to be greater for those with pre-existing traumatic experiences & facing systemic discrimination and exclusion

Groups facing higher risks to mental health

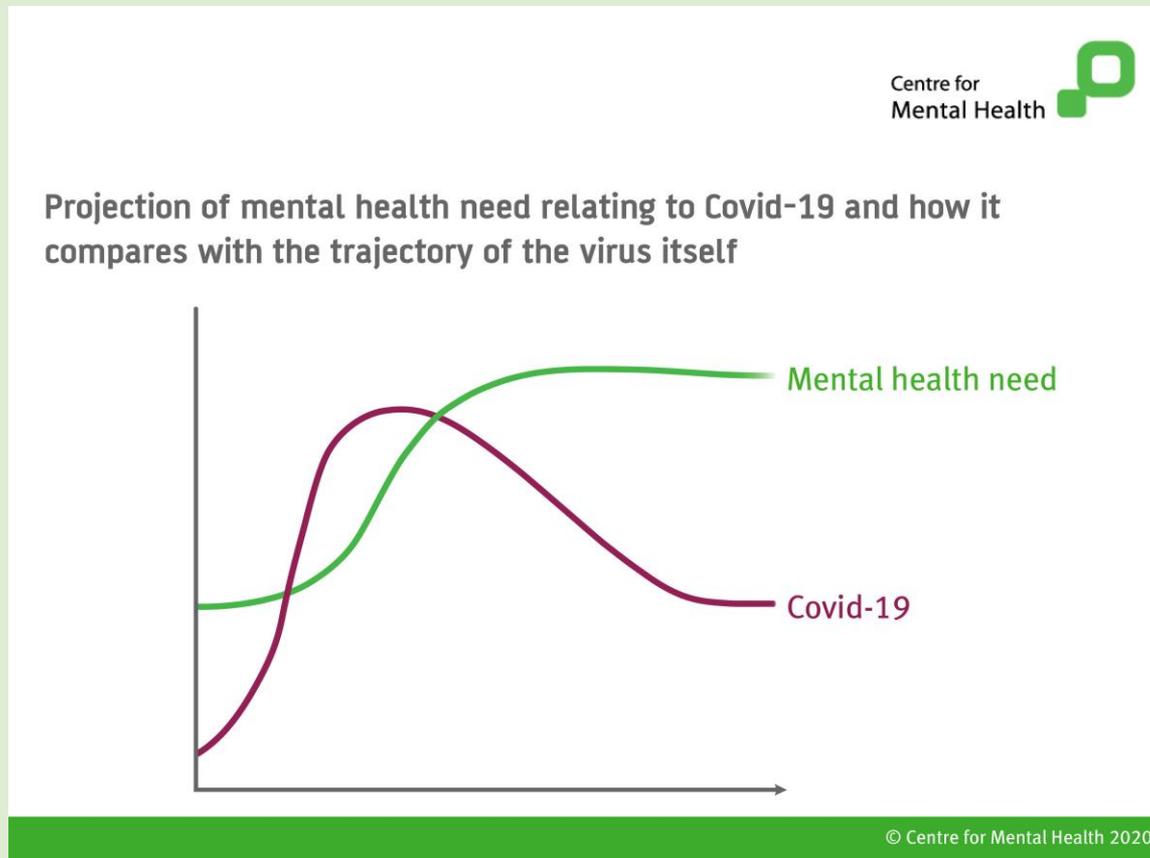
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- ❑ Children, young people and young adults
- ❑ People with long-term conditions
- ❑ Older people, especially in care homes
- ❑ Black, Asian and minority ethnic communities
- ❑ People with existing mental health difficulties
- ❑ People on low incomes and most precarious livelihoods
- ❑ Prisoners

Mental health impacts of Covid-19

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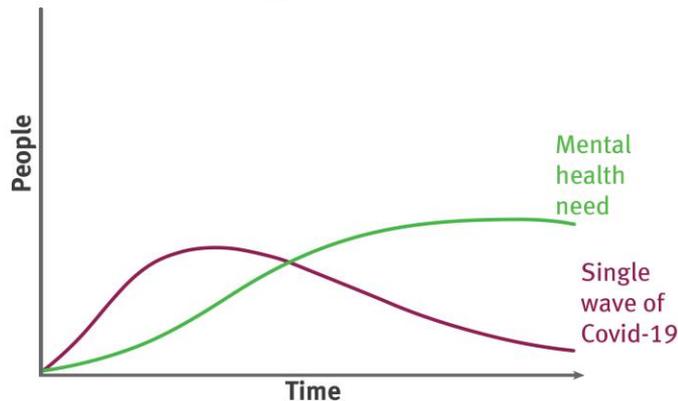


Two future scenarios

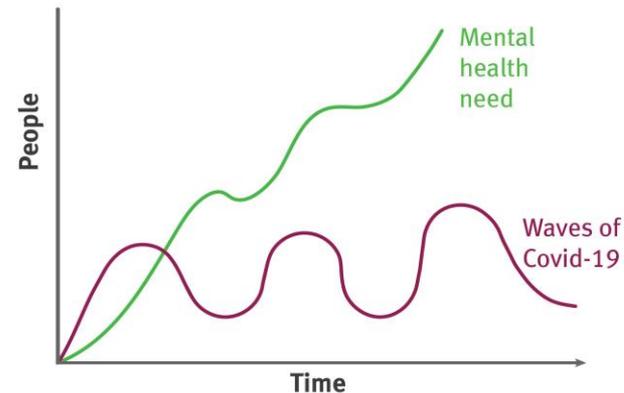


Scenarios of mental health need relating to Covid-19 and how they could compare with the trajectory of the virus itself

Scenario 1: A single wave of Covid-19



Scenario 2: Two or more waves of Covid-19



Tsunami or rising tide?

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- Higher need for mental health support:
 - Up to 10 million people will need support
 - Two-thirds of these are people with existing mental health problems
 - 1.5 million children and young people
- But likely to grow over time:
 - Low and slow help-seeking among many of those worst affected
 - Impact of recession won't be immediate and may be prolonged & exacerbated by Brexit

What would help?

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- ❑ Sustain financial safety nets, especially for the most vulnerable and precarious
- ❑ Support schools, colleges and workplaces to create trauma-informed spaces & approaches
- ❑ Tailor employment programmes for young people & support millennial generation
- ❑ Proactive mental health support for highest risk groups
- ❑ Support people with ongoing mental health needs including physical health & finances

Reports and resources

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- Looking after your mental health:
<https://www.centreformentalhealth.org.uk/publications/supporting-mental-health-during-covid-19-brief-guide>
- Briefing for local councils:
<http://www.mentalhealthchallenge.org.uk/briefings-for-councillors/>
- Toolkit for understanding local needs:
<https://www.centreformentalhealth.org.uk/for-ecast-modelling-toolkit>

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Thank you

andy.bell@centreformentalhealth.org.uk

www.centreformentalhealth.org.uk



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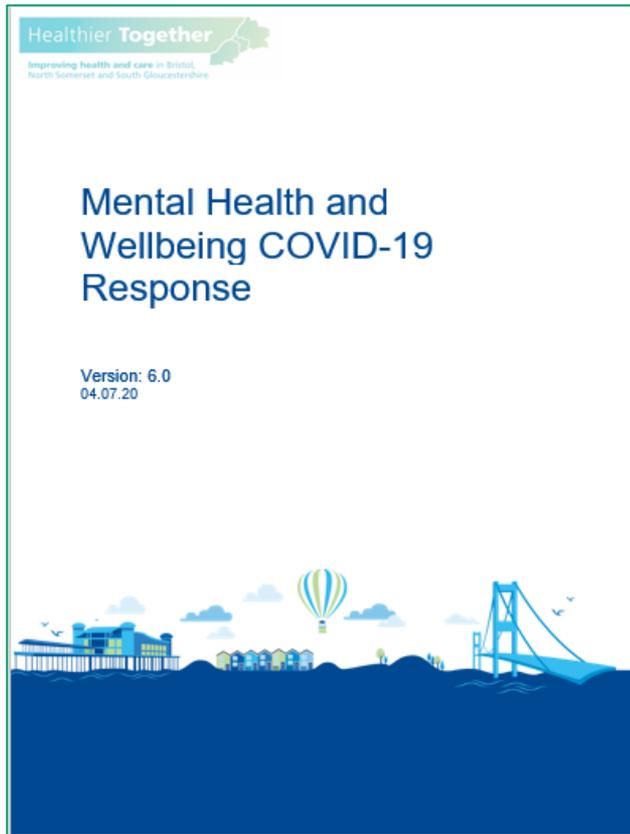
Protecting and improving the nation's health



Beyond treatment - making the case for prevention & tackling health inequalities

Victoria Bleazard, Head of Mental Health and Learning Disabilities (Transformation), Bristol, North Somerset and South Gloucestershire CCG & voluntary sector colleagues.
Councillor Asher Craig, Deputy Mayor of Bristol (Communities, Equalities & Public Health).

Whole population, preventative mental health response to COVID-19



Cell formation

Modelling and Plan development

Business Case to Gold

Implementation

Whole population, whole system

- Bristol, North Somerset and South Gloucestershire Mental Health and Wellbeing COVID-19 Cell created (April 2020)
 - Co-led by Public Health and BNSSG CCG
 - Involving 60+ partners (primary, secondary and voluntary sector, people with lived experience, equality and academic leads).
- Cell's mandate: mitigate mental health impacts of COVID-19:
 - Take a 'whole population' approach.
 - Focus equally on prevention and on strengthening services.
 - Focus on health inequalities & those disproportionately impacted by COVID-19.
 - New 'levels' & sub groups led by voluntary sector, NHS and LA to assess mental health needs across population & opportunities to prevent MH deteriorating, e.g. CYP; BAME; SMI (dispersed and inclusive leadership).
 - Whole system metrics (from Citizen's Advice to inpatient wards) to understand need. Modelling new demand groups and suppressed demand.
 - Economic case for investment (Centre for Mental Health); R4 Today!
- Developed STP COVID-19 MH Business Case to address need. Agreed in July 2020: £3m+ investment for 30 projects across population.

Investment in prevention & tackling inequalities

Communities

- Mental Health / trauma training rolled out to community / faith groups.
- New community mental wellbeing capacity building grant programme.

Children and Young People

- Targeted mental health preventative support: BAME CYP
- Primary Mental Health Specialists (schools)
- Increased CAMHS capacity.

Suicide and self-harm prevention

- Expansion of Suicide Prevention HOPE service.
- New peer-led self-harm service.
- Mental health / welfare workers (debt support)

Disproportionately affected groups

- Increased BAME-led mental health services.
- Increased counselling for people affected by abuse and trauma.
- New BNSSG Bereavement Counselling support.
- Increased support for Refugees and Asylum Seekers.

Primary Care / IAPT

- New primary care models of mental health support, involving voluntary sector.
- Increased IAPT provision.

Improved access to support

- New BNSSG 24/7 Mental Health Helpline; increased investment in Mindline
- Thrive at Work West of England
- Increased perinatal mental health support
- New alcohol and mental health support
- Mental health specialists to support 111 and South Western Ambulance
- Culturally tailored communication

People with severe and enduring mental illness

- Increased investment in: Assertive Outreach; Personality Disorder' service development; My Team Around Me (housing).



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City of
BRADFORD
METROPOLITAN DISTRICT COUNCIL

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Covid-19: using the Prevention Concordat framework for population mental health planning

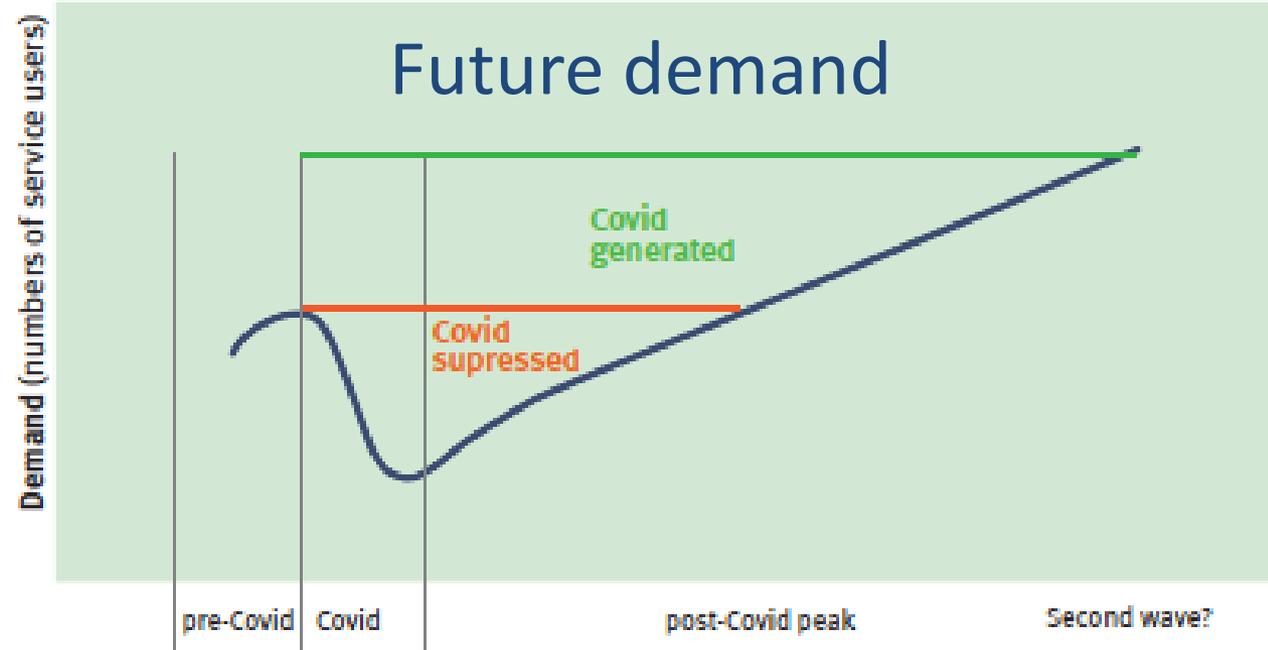
Duncan Cooper, Consultant in Public Health Bradford District council on behalf of the Mental Health Provider Forum for Bradford District

Predictive model

Up to 10 million people will need new/additional mental health support as a direct consequence of the crisis

1.5 million children & young people under 18

*Centre for Mental Health:
Covid-19 and the nation's
mental health: October 2020*



Model is broadly applicable to all areas but will vary in impact by service line

Covid-suppressed

People known to services who have currently ceased/postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

Covid-generated

People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.

Covid-altered interventions

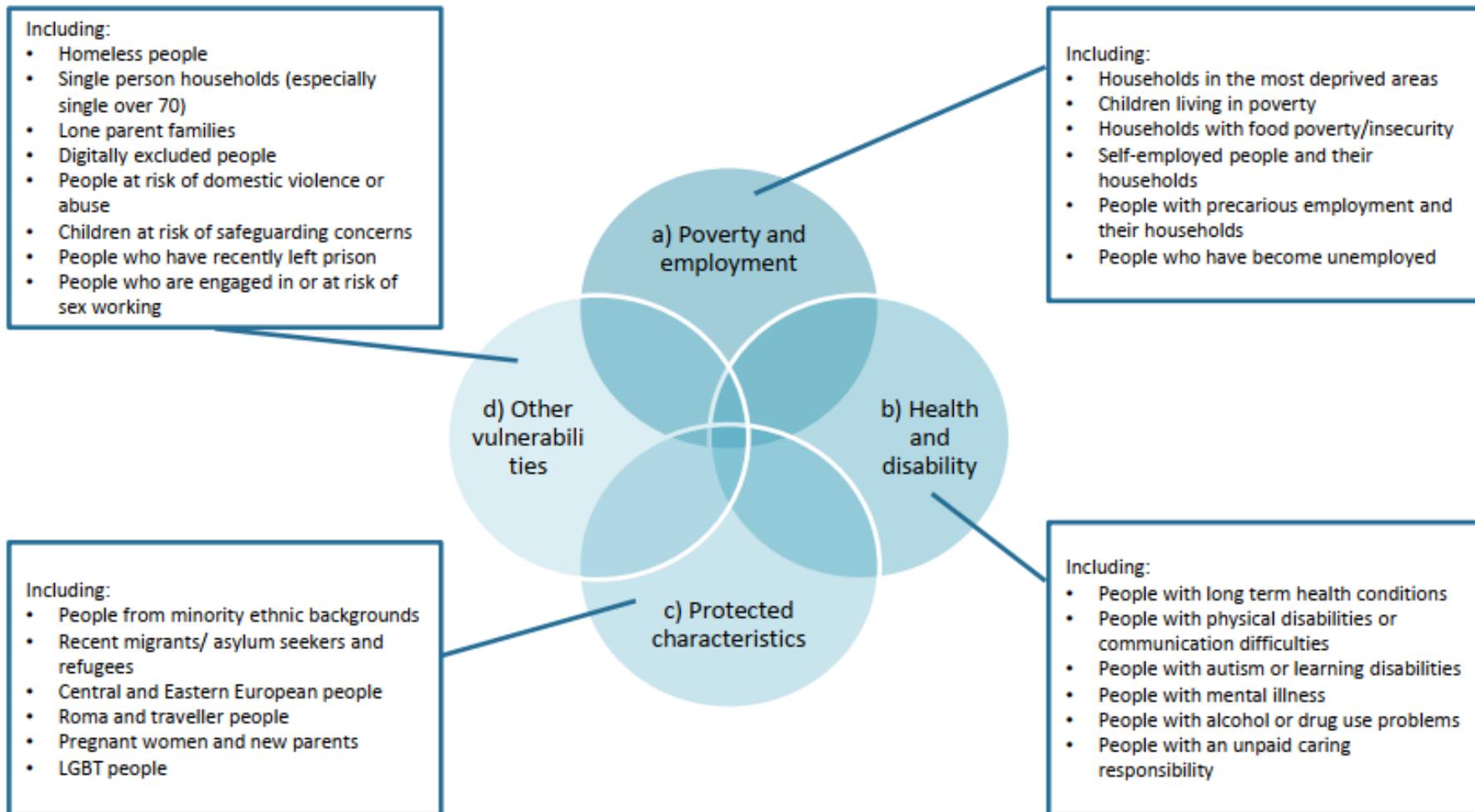
Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

Pronounced mental & behavioural health impact is likely from high-profile events/disasters that involve 2 of:

- (1) large numbers of injuries and/or deaths
- (2) widespread destruction & property damage
- (3) disruption of social support & ongoing economic problems
- (4) intentional human causation



Which population groups are most vulnerable to indirect impacts of COVID-19?



Emerging issues – life course approach

Young

- **Perinatal** mental health (emerging inequalities)
- **Kooth service** – increased registrations (anxiety, self-harm/suicidal ideation, family/relationship, sleep problems, boredom).
- **LGBTQ+** isolation
- **Domestic abuse** - ↑ child protection notifications

- **Delay in educational, emotional, social development during lockdown** (educational inequalities?)

Working age

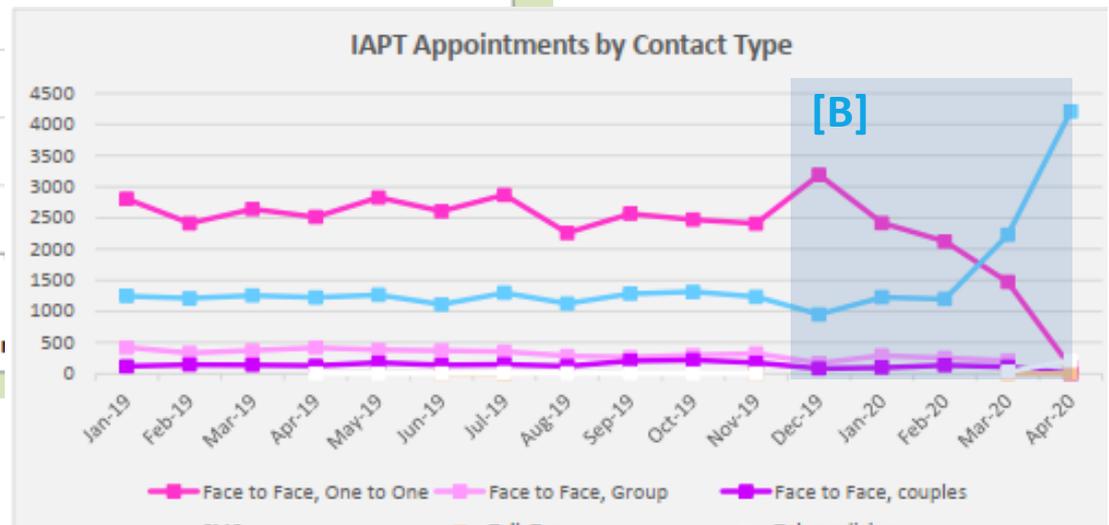
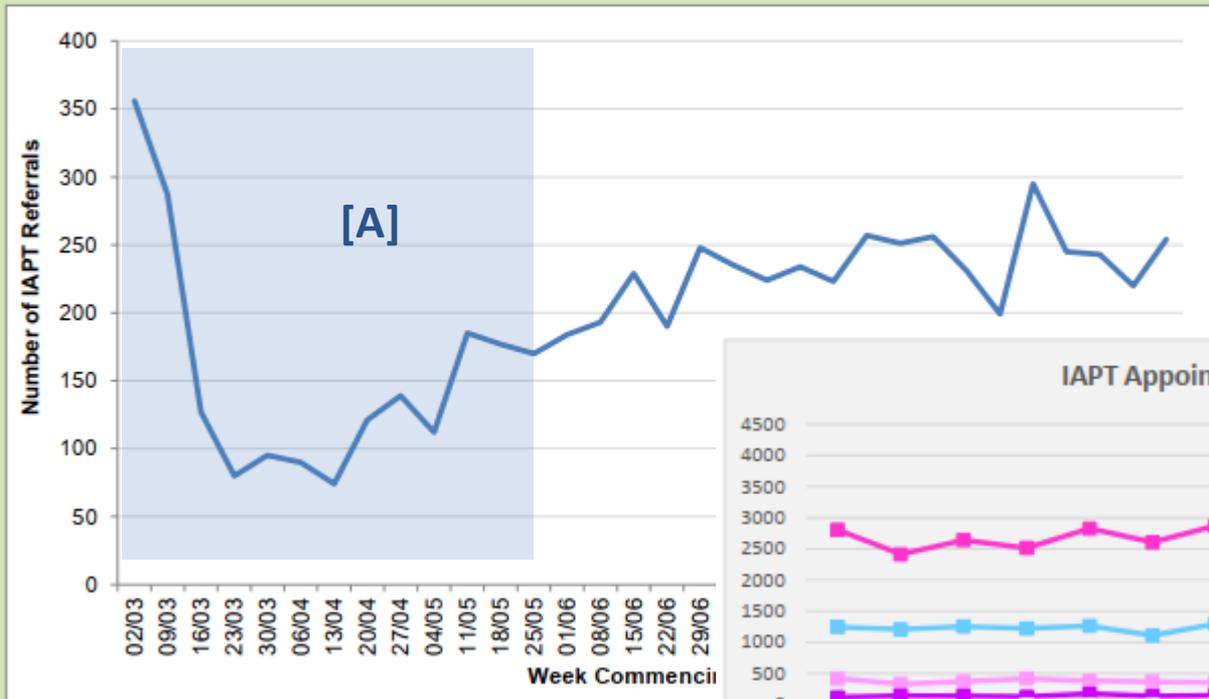
- **Increasing acuity in mental health services**
- **VCS providers reported** - fear of COVID, financial problems, parents lockdown anxiety, “juggling” new work culture, sleep issues
- No sustained rise in **suicide rate**.
- **Domestic violence** (↑ emotional abuse, calls to helpline)
- **Local survey**: association between financial issues & depression/anxiety

Older people

- **Cognitive decline** during isolation (anxiety, anger, stress)
- **Care homes** - emotional loss of relatives unable to visit (residents ‘giving up’)
- Lack of **digital access** – some older people (technological, financial & language exclusion)
- **Carers** – disruption of respite care & social support networks, new carers, long covid

Demand on mental health services

(3b) Improving Access to Psychological Therapies (IAPT) Referrals



[A] Initial drop in referrals

[B] Switch to digital services for existing patients was rapid

Bigger initial increase in CYP (CAMHS) than adult, VCS tool a lot of the initial first wave shock

Emerging issue (staff well-being)

The sustainability of all our services depends on our workforce

VCS workforce:

Staff numbers stable but drop in volunteers

Staff missing support from colleagues & team

Fatigue from online and remote working (systemic problem)

1st wave:

Health and care homes staff

Higher stress/anxiety (50%+), insomnia (30%)

Long term – PTSD, impact of burnout up to 2 years after > increased smoking/drinking

Moral injury > guilt/helplessness > MH problems [ICU staff]

Start of 2nd Wave

School teaching staff – pressure of continual disruption, blended learning, longer hours, balancing public health risk & education

Black, Asian, and minority ethnic groups

Direct impact – observed increased rate of infection and mortality (this not due to genetics). Much higher multi-generational living. Higher risk occupations.

Indirect impact – disruption of the ‘grapevine’ (face to face community networks), loss of multi-generational social & childcare support. How good is our multi-language digital information?

Lets be specific on [BAME](#)

Asylum seekers and refugees – disproportionately excluded

Shielding/clinically vulnerable (isolation/fear) – higher prevalence Pakistani community

Slovakian & Roma - fake news of deportation, temporary work drying up

We don't need new services - we need services that are inclusive, address unconscious bias, celebrate diversity, co-produced and representative at every level

BAME inequalities review

<https://www.wyhpартnership.co.uk/publications/tackling-health-inequalities-for-bame-communities-and-colleagues/report>

What good looks like:

A five domain framework for local action



Needs and asset assessment - effective use of data and intelligence

- analyse quantitative and qualitative data
- analyse and understand key risk and protective factors
- engage with the community to map useful and available assets
- agree the priority areas



Partnership and alignment

- form a local multi-agency mental health prevention group
- establish opportunities to bring mental health professionals from wider networks together
- involve members of the community with lived experiences in the planning
- pool resources together and share benefits



Translating need into deliverable commitments

- modify existing plans to include mental health
- determine the approach that best meets local need
- provide varying approaches in the action plan
- ensure a community centred approach to delivery
- reinforce actions with existing and new Partnership plans
- use the human rights-based approach
- regularly invite feedback



Defining success outcomes

- map out who the interventions work with and why, as well as recognising inputs and outputs
- identify 5-10 measures from already available data sources which most closely resemble what success looks like
- develop a measurement, evaluation and improvement strategy to:
 - a) identify the impact
 - b) highlight areas for development



Leadership and accountability

- delegate a leader
- work is linked and aligned to other strategic priorities
- develop a clear accountability structure



Prevention Concordat for Better Mental Health (Bradford District)

Mental Health Needs Assessment

Mental Health Provider Forum

Operational Plan

- 1] Our wellbeing
- 2] Our mental & physical health
- 3] Care when we need it

Outcomes Framework

(risk factors, protective, services, life-course)

Governance

HWB board > MH board >
COVID task & finish group >
Operational groups >

COVID response

| | |
|--|---|
| Peri-natal mental health (young families) | <ul style="list-style-type: none">• New mum support, specialist training for other staff• Address under representation of BAME mums in services |
| Suicide and self-harm prevention | <ul style="list-style-type: none">• Free access to guideline support service• Youth in Mind (community connectivity)• Expanding parental support during family crisis |
| Money & mental health | <ul style="list-style-type: none">• Council Contact Centre & Credit Union pilot (mental health advocacy)• Incentivising safe access to credit during COVID for high risk families |
| Improving mental health of BAME population | <ul style="list-style-type: none">• BAME collaborative leading review (better translation services, digital offer, working directly with communities, diversity within the service offer) – draft proposals |
| Digital inclusion | <ul style="list-style-type: none">• Still exploring via Learning Difficulty networks |
| Out of hours mental health support | <ul style="list-style-type: none">• QWELL service went live September.• Addressing work/life, sleep problems, fear of COVID19, financial problems, relationship issues, alcohol. |
| Carers support | <ul style="list-style-type: none">• Addressing lack of respite services due to COVID19 and skills for new carers. |
| Older peoples mental health | <ul style="list-style-type: none">• Specialist training for staff in care homes and for mainstream IAPT• Befriending schemes |

What have I learnt?

Effective early intervention should move individuals:

- (1) from risk to safety,
- (2) from fear to calming,
- (3) from loss to connectedness,
- (4) from helplessness to self-efficacy, and
- (5) from despair to hope.



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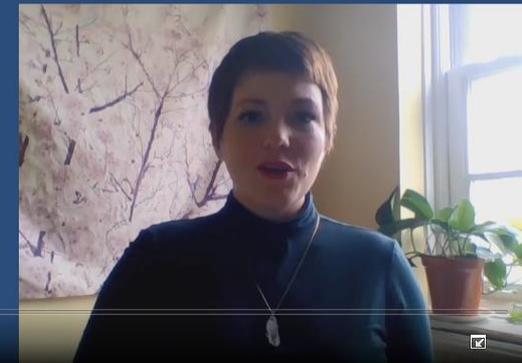
What works? The evidence base

Dr Jen Dykxhoorn, Dr Shamini Gnani and Dr Judi Kidger, NIHR
School for Public Health Research

What is the evidence for Public Mental Health?

Brief overview and spotlight on effective interventions
from the Public Mental Health Programme

Dr Jen Dykxhoorn, Dr Shamini Gnani, Dr Judi Kidger





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Current challenges: Q&A with the panel

Professor Jim McManus - Chair

Tammy Coles PHE – Public Mental Health Team



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Protecting and improving the nation's health

Summing up Resources & next steps

Professor Jim McManus - Chair
Stef Abrar PHE - Public Mental Health Team

Launching our podcast series

< All episodes



Public Health
England

Real World Public Mental Health

Dr Jonathan Campion - Director for Public Mental Health and Consultant Psychiatrist

OCTOBER 30, 2020 STUART KING SEASON 1 EPISODE 1

Real World Public Mental Health
Dr Jonathan Campion - Director for Public

00:00:00 | 01:01:00

Sign up for free: <https://bit.ly/3oJQemp>

Episode 1: Our host Stu King chats with Dr Jonathan Campion, Director for Public Mental Health & Consultant Psychiatrist at South London & Maudsley NHS Foundation Trust about the impact of mental ill-health, the evidence base for interventions, cost effectiveness and risk factors including Covid19

Next steps

- **Public Health England** planning to re-open applications to the **Prevention Concordat for better mental health** with an increased focus on reducing health inequalities
<https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>
- Development of new Prevention and Promotion of better mental health **'bite size'** resources and tools including up to date case studies, business cases and evidence summaries
- From next year hoping to further develop the Concordat approach.

PHE's Prevention Concordat for Better Mental Health

1. Needs assessment
2. Partnership
3. Action plan
Reducing inequalities
4. Defining success
5. Leadership

Why? The case for action:

1 in 10 children experience a mental health problem

1 in 6 adults have had a common mental health problem in the last week

1 in 5 adults has considered taking their life at one point

9 in 10 people with mental health problems experience stigma and discrimination

Good mental health is a vital asset for **dealing with** the different **stresses** (physical and mental) and problems in life

Good mental health is associated with better **physical health, increased productivity** in education and at work and **better relationships** at home and in our community

What good looks like: A five domain framework for local action



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Consider **How** to support mental health across:

Whole population approaches

- strengthening individuals eg mental health literacy
- strengthening communities and healthy places eg housing, social networks
- addressing wider determinants eg mentally healthy policy

Life course approaches

- family, children and young people
- working age
- older people

Targeted prevention approaches

- groups facing higher risk eg criminal justice
- individuals with signs and symptoms eg suicidal behaviour
- people with mental health problems eg recovery

Partner resources

Centre for Mental Health

Forecasting Covid19's mental health impact in 2020

<https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020>

Local authorities and the public's mental health – case studies (2020)

<https://www.centreformentalhealth.org.uk/publications/our-place>

Mental Health Foundation

Prevention and mental health - understanding the evidence

https://www.mentalhealth.org.uk/sites/default/files/MHF_Prevention_Report_ONLINE-VERSION.pdf

Tackling social inequalities to prevent mental health problems

https://www.mentalhealth.org.uk/sites/default/files/MHF-tackling-inequalities-report_WEB.pdf

NIHR School for Public Health Research – Public Mental Health virtual symposium Sept 2020 & public mental health network

<https://sphr.nihr.ac.uk/news-and-events/public-mental-health-virtual-symposium/>

Local Government Association - mentally healthier places councillor workbook 2020

<https://www.local.gov.uk/sites/default/files/documents/Councillor%27s%20workbook%20on%20mentally%20healthier%20places.pdf>

PHE Covid19 public mental health resources

PHE mental health during Covid19 monthly tracker (surveillance data)

<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>

PHE Evidence Mapping, Potential impacts of COVID-19 on population mental health in England - Determinants, Vulnerable Groups

<https://bit.ly/2G8mKfP> blog with key findings and link to full document

Covid19 Public Mental Health webinar series available on the LGA knowledge hub – khub.net

Bereavement, Psychosocial First Aid, Mental Wellbeing Impact Assessment, supporting BAME mental health, living with mental illness during Covid19

In the pipeline

Suite of employment resources (in the new year) – focusing on work and worklessness and mental health during Covid 19 and beyond

Today's **webinar** will be recorded and posted on the LGA's Knowledge hub - Khub.net

Thank you

If you have any questions please contact us
at **publicmentalhealth@phe.gov.uk**