Worcestershire Health and Wellbeing Board

Joint Strategic Needs Assessment (JSNA)

Mental Health Needs Assessment:

Mental health and wellbeing in Herefordshire and Worcestershire during and after the COVID-19 pandemic

July 2022

www.worcestershire.gov.uk/jsna

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Executive Summary

Purpose and scope

This report was commissioned to explore the mental health and wellbeing impacts of the COVID-19 pandemic for the populations of Herefordshire and Worcestershire. It is intended to inform the Joint Health and Wellbeing Strategies and the priorities of the newly established Mental Health Provider Collaborative. It is the result of a 6-week desk-based project drawing primarily on evidence from studies of the national population with consideration to how these may be reflected locally.

Mental health and wellbeing

Mental health and mental wellbeing are defined early in the report. They are acknowledged as being central to people's experiences and enjoyment of life, as well as having important links with physical health and wider outcomes including education and work. Improvements in mental health and wellbeing can benefit individuals and the wider society and conversely, poor mental health is associated with both personal and economic costs.

The pandemic context: Direct and indirect impacts

The COVID-19 pandemic has had specific direct impacts including more bereavements and a group experiencing prolonged symptoms following infection, which may impact on their mental health and wellbeing. However, perhaps the greater impact will come from the measures implemented to control the virus. Enforced isolation combined with the collective uncertainty and anxieties generated during the early pandemic have challenged the wellbeing of the whole population but affected people in very different ways, for example when considering the impact of school closures. Whilst some of these impacts are largely limited to the periods of national restrictions, others are continuing to evolve. These include the impacts on employment, wider economic effects, and pressures on health services, that have had to adapt rapidly in extremely challenging conditions.

Emerging trends for mental health and wellbeing

An innovation of the pandemic has been very frequent monitoring of mental wellbeing in the national population, and this has revealed deteriorations early in the pandemic that have generally improved with relaxing of restrictions and worsening when these have come back in. There are important associations between mental health and experiences of loneliness, self-harm, and suicide. Evidence from the first year of the pandemic suggests rates of self-harm have remained relatively stable and there is no current evidence of an increase in deaths by suicide. Loneliness may have increased particularly for those already experiencing it most greatly.

Whilst the pandemic has likely impacted everyone's life in some way, there is emerging evidence that the impact on mental wellbeing has not been equal. It has been estimated that around three quarters of the population are likely to have maintained good mental health throughout the early months of the pandemic, whilst others saw either temporary or sustained decline. It also highlighted the ongoing difficulties faced by those who came into the pandemic experiencing poor mental health.

The impact on common mental health problems

Deterioration in mental wellbeing may increase the risk of developing a new mental health problem, the most of which are conditions like depression and anxiety. There is evidence that people are reporting these more commonly though rates of diagnosis may have been impacted by disruption to health services. Whilst it is difficult to predict with any certainty whether these will become more common during the next few years, it remains concerning that there may be an increasing gap

between people reporting poor mental health and the number accessing support. This highlights the importance of a strategy to mitigate these impacts and prevent new mental health problems.

Who has been most affected?

Prior to the pandemic there were significant inequalities in the wider determinants of mental health and wellbeing. In part, the pandemic has highlighted these, whilst also creating unequal pressures. The mental health of children and young people appears to have been worsening during recent years and they have seen substantial disruption to their lives during the pandemic despite being at relatively low risk from the virus itself. Lost income and unemployment have been associated with poorer mental health. There is also evidence of differences associated with broader characteristics including gender and ethnicity. Specific circumstances have led to particular impacts, for example the experiences of survivors of domestic abuse during lockdown and those previously shielding.

Limitations of this report

Whilst the short-term impacts of the pandemic are increasingly well recognised, there remains substantial uncertainty about the medium- and longer-term effects of the pandemic. The determinants of mental health and wellbeing are complex. Research is constantly evolving in this area and findings from earlier periods in the pandemic may be less applicable now. The almost real time tracking of mental health and wellbeing in the population has not so far been possible at a local level and so there is additional uncertainty about how closely local experiences will reflect those of the wider population. Furthermore, large national surveys are not fully representative of the population and may be affected by biases in terms of who responds to them.

Recommendations

This report set out recommendations in a format that mirror the timeframes of the Government COVID-19 mental health and wellbeing recovery action plan. All should be considered in the context of "proportionate universalism" – population wide actions, whilst also responding to areas of greatest need. These include:

1. Short term: **Identify and address immediate needs**
    a. Strengthen our connections with those most in need and prioritise support to changing needs
2. Medium term: **Mitigate the adverse impacts of the pandemic**
    a. Establish the best metrics to monitor mental health and wellbeing impacts across the population and across systems and pre-empt changes in service demand
    b. Ensure support for people experiencing bereavement and living with prolonged symptoms following COVID-19
    c. Support children and young people to recover from disruption to education
    d. Respond to the changing landscape of employment and support the maintenance of high levels of quality employment
    e. Identifies opportunities to maximise benefits from the expansion of online services whilst avoiding harms from digital exclusion
3. Long term: **Protect and promote mental wellbeing, prevent mental health problems**
    a. Continue to develop a Health and Wellbeing Strategy focussed on improving mental wellbeing across the whole population and preventing mental health problems
    b. Addressing health inequalities will be an essential part of this and addressing the wider determinants of mental health and wellbeing

Introduction

Purpose

This report aims to assess the impact of the pandemic on the mental health and wellbeing of the people of Herefordshire and Worcestershire and identify changes in mental health need arising currently and in future. It also seeks to identify opportunities to intervene to mitigate adverse effects and promote an approach to promotion of mental wellbeing and prevention of mental health problems.

It is the result of a 6-week desk-based quantitative research project to inform a better understanding of the impact of the Covid-19 pandemic, and the measures implemented to manage it, on mental health and wellbeing and specifically, the potential impacts across Herefordshire and Worcestershire.

This work was commissioned to:

- Inform the development of Worcestershire's new Joint Health and Wellbeing Strategy
  Inform the development of Herefordshire's new Joint Health and Wellbeing Strategy
- Inform the priorities of the new MH Provider Collaborative at Integrated Care System level
- Inform the development of the Mental Health Inequalities Board Action Plan

The Needs Assessment may also be used to inform the development of other relevant plans and strategies including Children and Young peoples' plans.

It should be considered alongside existing work from the Joint Strategic Needs Assessment (JSNA) which provide recent detailed summaries of mental health need:

- Herefordshire:
  - Mental health - Understanding Herefordshire
- Worcestershire:
  - Mental Health & Well-Being JSNA Publications | JSNA Publications by Category | Worcestershire County Council

The Needs Assessment will need to be complemented/followed by:

- Updated review of local mental health and wellbeing provision (specialist, non-specialist statutory and third sector) against need to identify levels of unmet need
- Evidence review to identify appropriate evidence-based interventions, particularly in relation to population level interventions to promote mental wellbeing and prevent mental health problems
- Ongoing, systematic literature search and local surveillance to identify evolving mental health and wellbeing impacts of COVID-19

Population

This needs assessment considers the population of Herefordshire and Worcestershire as defined by the local authority boundaries of Worcestershire County Council and Herefordshire County Council. It includes all ages.

What do we mean by mental health and wellbeing?

Mental Health: Used to describe "a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health." *Better Mental Health For All*[1]

Mental Wellbeing: "Mental wellbeing does not have one set meaning. It might be used to talk about how someone is feeling, how well they are coping with daily life or what feels possible at a specific moment. **Good mental wellbeing** does not mean a person is always happy or unaffected by their experiences. But **poor mental wellbeing** can make it more difficult to deal with the day-to-day. Struggling with poor mental wellbeing is not necessarily a mental health problem, but people that feel low for long periods of time are more likely to develop severe conditions." *It's time to talk about wellbeing - GMHSC*[2]

Mental Health Problem: Used synonymously with poor mental health or to cover the range of negative mental health states including, mental disorder – those mental health problems meeting the criteria for psychiatric diagnosis, and mental health problems which fall short of diagnostic criteria threshold. *Better Mental Health For All* [1]

Poor mental wellbeing may increase the risk of developing a mental health problem but having a mental health problem diagnosed does not mean a person cannot achieve good mental wellbeing and this is a particularly important consideration in the context of severe mental health problems including bipolar affective disorder and schizophrenia.

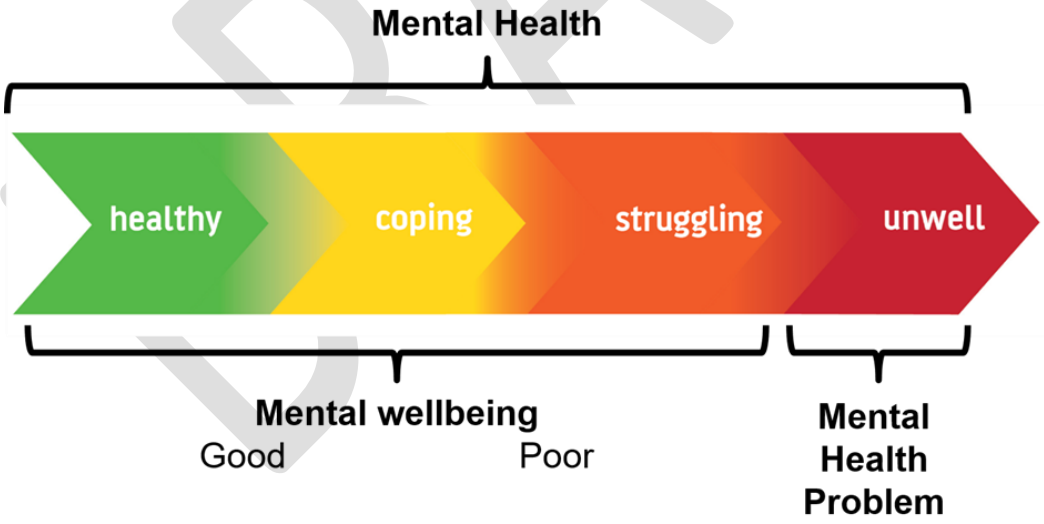


Figure 1: The mental health spectrum. Adapted from Centre for Mental Health diagram[3]

[1] Faculty of Public Health and Mental Health Foundation. *Better Mental Health for All: A Public Health Approach to Mental Health Improvement*. 2016. Available at: https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf [Accessed 19th November 2021]

[2] Greater Manchester Health and Social Care Partnership. *It's time to talk about wellbeing join the Greater Manchester conversation* [Online]. 2020. Available at: https://www.gmhsc.org.uk/news/its-time-to-talk-about-wellbeing-join-the-greater-manchester-conversation/ [Accessed 19th November 2021]

[3] Centre for Mental Health. *Mental health for all: working across the spectrum* [Online]. 2021. Available at: https://www.centreformentalhealth.org.uk/blogs/mental-health-all-working-across-spectrum [Accessed 19th November 2021]

The central importance of mental health and wellbeing

"No health without mental health" - Good mental health and wellbeing play a central role in our experiences of life and have wider connections to all other areas of our health[4]. Improvements in mental health and wellbeing are associated with better personal outcomes including education achievement, physical health, and life expectancy. For the community, improved mental health and wellbeing are associated with higher levels of social participation, increased employment rates, and reduced antisocial behaviour and criminality.

Maintaining good mental health and wellbeing will also build on individual "mental capital" – all of the cognitive and emotional resources a person can draw on in their own life, and also allow them to contribute more effectively within their family, community, and wider society[5]. There are particular risks and opportunities presented by an ageing population, where sustaining mental capital will be crucial to maintaining independence, but also maximising benefits older people can bring to communities.

Mental health problems are becoming more common. In 2014 it was been estimated that around one in six adults have a common mental health problem at any one time[6]. A nationwide survey of children and young estimated that one in eight of those aged 5 to 19 were likely to be experiencing a mental health problem[7]. These rates have continued to grow, with the pandemic creating further pressures. In later life, it is estimated that around one in 14 people over 65 years and one in six people over 80 years are living with dementia[8].

Poor mental health has both personal costs as well as wider economic costs that are born by society. These come from lost employment and productivity and additional costs to public services. It is estimated that lost productivity, benefits payments, and costs to the NHS from mental ill health amount to around £70 billion annually in England[1].

Prevention of mental health problems is possible through effective societal, community and individual support – action must be taken in the spaces where people are born, raised and live (in the home, in schools, their communities and workplaces)". Measures implemented to prevent and treat mental health problems may be relatively low cost and to implement yet provide high returns on investment in the long term[9].

Ultimately, improving mental health and wellbeing, and reducing health inequalities in this area is also an issue of social justice. The burden of mental ill health and the factors that contribute to it are not equally distributed through society[10]. Tackling inequalities will lead to better health outcomes and support everyone in the population to have the best chance to achieve and maintain good mental health and wellbeing throughout their life.

[4] Gov UK. *No health without mental health*. 2021. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf [Accessed 18th November 2021]

[5] The Government Office for Science. *Foresight Mental Capital and Wellbeing Project - Final Project report – Executive summary*. 2008. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf [Accessed 18th November 2021]

[6] NHS Digital. *Adult Psychiatric Morbidity Survey*. 2014. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey [Accessed 18th November 2021]

[7] NHS Digital. *Mental Health of Children and Young People in England. 2017*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017 [Accessed 18th November 2021]

[8] Alzheimer's Research UK. *Prevalence by age in the UK* [Online]. 2021. Available at: https://www.dementiastatistics.org/statistics/prevalence-by-age-in-the-uk/ [Accessed 18th November 2021]

[9] Department of Health and Social Care. *Mental health promotion and mental illness prevention: The economic case*. 2011. Available at: https://www.gov.uk/government/publications/mental-health-promotion-and-mental-illness-prevention-the-economic-case [Accessed 18th November 2021]

[10] World Health Organization and Calouste Gulbenkian Foundation. *Social Determinants of Mental Health*. 2014. Available at: https://www.instituteofhealthequity.org/resources-reports/social-determinants-of-mental-health/social-determinants-of-mental-health.pdf [Accessed 18th November 2021]

The pandemic context

The coronavirus pandemic has had a disruptive effect on many of the determinants of mental health. These include both direct impacts of Covid-19 on individuals and those families and communities bereaved as a result of the illness, but also influences on the wider ways in which people live their lives. These impacts will be felt differently by individuals across the life course and there will be different experiences amongst different elements of communities too. As the pandemic progresses, it is important to identify the current impact on mental wellbeing and the development of mental health problems, as well as consider how this may influence future needs.

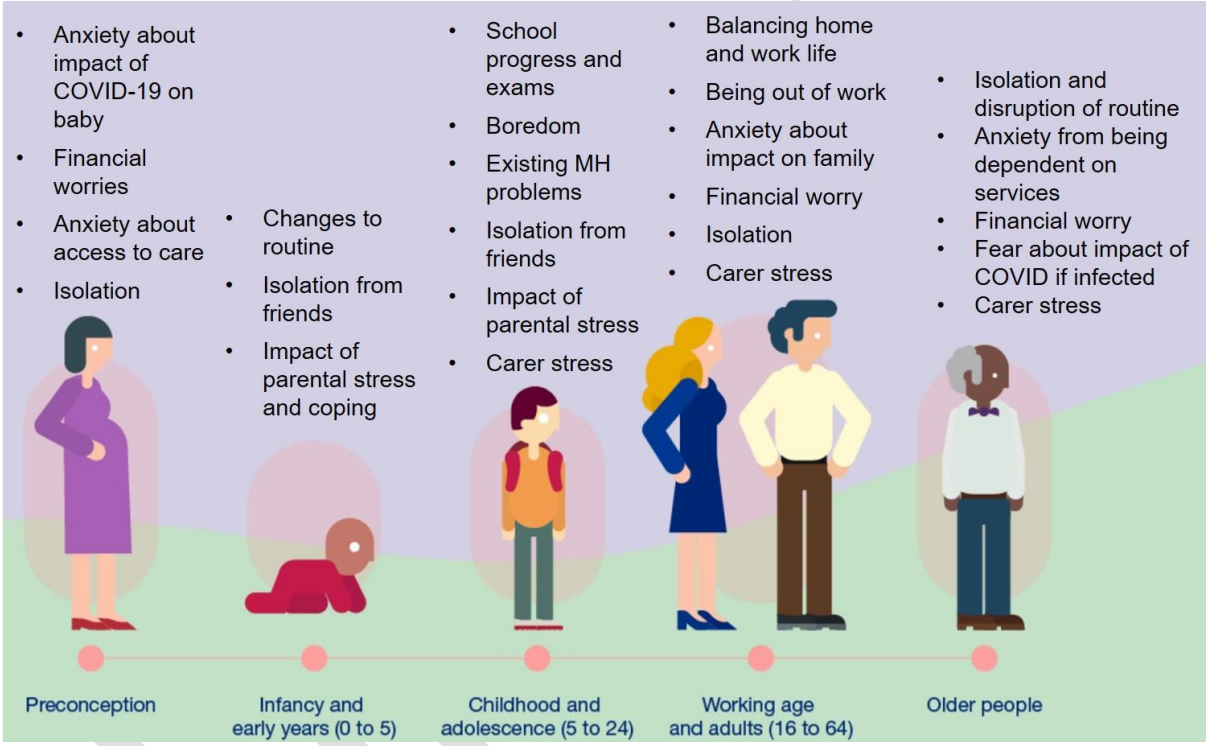


Figure 2: Different impacts of COVID-19 across the life course (Adapted from LGA[11] and PHE Health Matters Image[12])

Restrictions on social contact

The first lockdown introduced in March 2020 created significant restrictions on personal movement and association which was unprecedented in modern times. People found themselves confined to their homes and cut off from direct contact with their wider family and friends. Whilst this led to the rapid adoption of video calling technologies for many people, others found themselves increasingly isolated with an impact of experiences of loneliness. Many restrictions have remained in place during the course of the pandemic though most were eased in July 2021[13]. A full timeline of restrictions is available from Institute for Government.

[11] Local Government Association. Public mental health and wellbeing and COVID-19 [Online]. 2020. Available at: https://www.local.gov.uk/public-mental-health-and-wellbeing-and-COVID-19 [Accessed 19th November 2021]

[12] Public Health England. Health matters: Prevention - a life course approach [Online]. 2019. Available at: https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach [Accessed 19th November 2021]

[13] Institute for Government. Timeline of UK government coronavirus lockdowns [Online]. 2021. Available at: https://www.instituteforgovernment.org.uk/charts/uk-government-coronavirus-lockdowns [Accessed 19th November 2021]

Disruption to health services

We have witnessed a substantial change in the way health services are being delivered during the pandemic. The most significant change has been a radical shift towards remote working, particularly in the form of telephone and video consultations over face-to-face contacts. In some cases, this has allowed a high degree of continuity in care. However, other services may have adapted less effectively, with a resulting disruption in provision. Furthermore, different groups may have been more or less able to access this new form of support through either the materials or skills required.

Employment

The lockdown restrictions led to a shift towards home working for many. However, certain industries, particularly those in the service sector, were forced to a halt completely. Many employees found themselves unable to undertake their normal work and a substantial proportion of these were supported through the governments furlough scheme[14]. Others found themselves out of work and there has a large increase in the number of people relying on Universal Credit following the onset of the pandemic[15].

Education

There has been huge disruption to the experiences of children and young people in education. This has important academic as well as social consequences. In addition to periods of school and university closures, many pupils have had to self-isolate, even when schools were reopened. This peaked towards the summer of 2021 before rule changes reduced the burden of self-isolation[13]. The impact has been felt differently across different age groups but has been perhaps most disruptive for those students undertaking important examinations that will influence their longer-term prospects for education and employment. Equally, experiences are likely to have been different for children experiencing socioeconomic deprivation, and for those with Special Educational Needs and Disabilities (SEND). For those preparing for important examinations in the coming year, there remains much uncertainty as well as concern about preparedness given the level of disruption.

Housing

Issues relating to overcrowding and poor-quality accommodation are likely to have impacted on transmission of COVID-19. It also had a substantial impact on the experiences of people during lockdown. Having a safe home with adequate indoor space, access to outdoor space and which felt safe and secure, contributed positively[16]. For those experiencing street homelessness, the "Everyone In" campaign led to high levels of accommodation provision during the lockdown[17] albeit with the limitations of temporary accommodation[18]. The economic impact continues to evolve, and this is likely to impact on housing affordability. Whilst evictions from private rentals were temporarily restricted during the pandemic, this is no longer the case and may be impact on the numbers of people at risk of homelessness[19].

[13] Institute for Government. Timeline of UK government coronavirus lockdowns [Online]. 2021. Available at: https://www.instituteforgovernment.org.uk/charts/uk-government-coronavirus-lockdowns [Accessed 19th November 2021]
[14] Office for National Statistics. Coronavirus (COVID-19) latest insights: Work [Online]. 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusCOVID19latestinsights/work [Accessed 19th November 2021]
[15] Department for Work & Pensions. Universal Credit statistics, 29 April 2013 to 8 April 2021 [Online]. 2021. Available at: https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-8-april-2021/universal-credit-statistics-29-april-2013-to-8-april-2021 [Accessed 19th November 2021]
[16] Tinson A, Clair A. Health Foundation: Better housing is crucial for our health and the COVID-19 recovery. 2020. Available at: https://www.health.org.uk/publications/long-reads/better-housing-is-crucial-for-our-health-and-the-covid-19-recovery [Accessed 19th November 2021]
[17] Crisis. Government response to homelessness and COVID-19. 2020. Available at: https://www.crisis.org.uk/media/241941/crisis_covid-19_briefing_2020.pdf [Accessed 16th December 2021]
[18] Pennington J. Rich H. Forgotten: Surviving lockdown in temporary accommodation. 2020. Available at: https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/report_homeless_and_forgotten_surviving_lockdown_in_temporary_accommodation [Accessed 16th December 2021]
[19] Department for Levelling Up, Housing & Communities. Official Statistics Release Statutory Homelessness April to June (Q2) 2021: England. 2021. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1028979/Statutory_Homelessness_Stats_Release_Apr-Jun_2021.pdf [Accessed 19th November 2021]

What are the emerging trends in relation to mental health and wellbeing during the pandemic?

Measuring mental wellbeing

There is no single definition of mental wellbeing and so nor is there a single way in which it is measured. The Office of National Statistics (ONS) has defined a set of "Personal Wellbeing Measures"[20] which are reported annually in our regions[21].

The personal wellbeing measures include:

- **Life satisfaction:** "Overall, how satisfied are you with your life nowadays?" 0-10
- **Worthwhile (Self-worth):** "Overall, to what extent do you feel that the things you do in your life are worthwhile?" 0-10
- **Anxiety:** "On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?"
- **Happiness:** "Overall, how happy did you feel yesterday?" 0-10

During the pandemic, these measures have been tracked weekly through the ONS Opinions and Lifestyle Survey[22]. The results can be viewed on the Wider Impacts of Covid on Health dashboard[23].

This has provided a detailed picture of how mental wellbeing has changed during this time. The trade-off for the frequency of measurement is that the sample (the individual people responding to the survey) is relatively small and this means analysis at the level of individual regions is not possible. Furthermore, although the sample has been balanced to make it more reflective of the national population, it is likely that it does not accurately capture this as it relies on people volunteering to respond to an online survey. Therefore, all these results and their trends are helpful indicators during the pandemic, they may not be directly applicable to the experiences of our local populations.

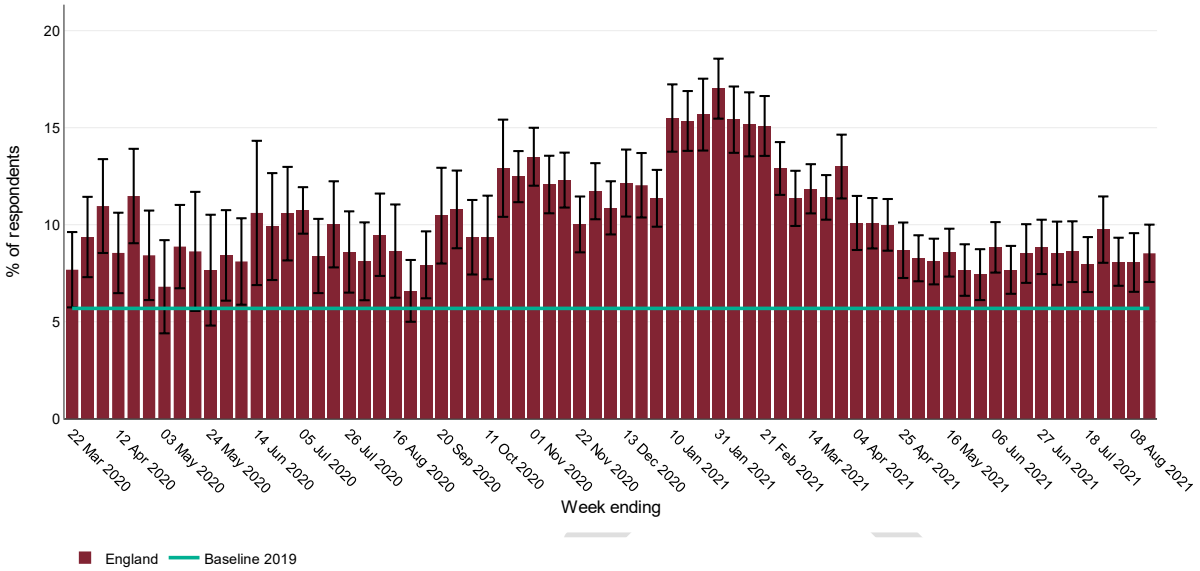
National trends in wellbeing during the pandemic

- **There have been deteriorations in all measures of mental wellbeing**
- **Some of these were most marked at the start of the pandemic with others showing a cumulative effect**
- **There has been improvement in all of these measures in recent months with the easing of restrictions, but they have not yet returned to baseline**

The following graphs show how measures of wellbeing have been varied during the pandemic, and in comparison, to a pre-pandemic baseline (2019). They are presented in terms of the proportion of people with a low score in these measures i.e. the proportion of people with poor wellbeing.

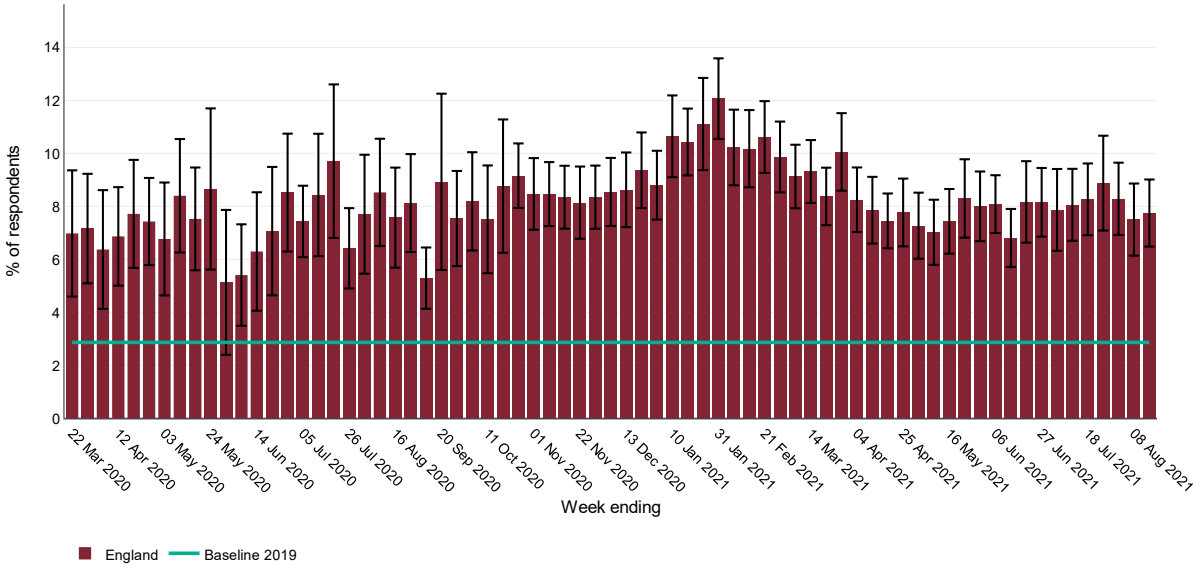
[20] Office for National Statistics. Personal well-being user guidance [Online]. 2018. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide [Accessed 19th November 2021]
[21] Public Health England. Public Health Profiles [Online]. 2021. Available at: https://fingertips.phe.org.uk/search/wellbeing [Accessed 19th November 2021]
[22] Office for National Statistics. Opinions and Lifestyle Survey QMI [Online] 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/methodologies/opinionsandlifestylesurveyqmi#important-points [Accessed 19th November 2021]
[23] Public Health England. Wider Impacts of COVID-19 on Health (WICH) monitoring tool [Online]. 2021 https://analytics.phe.gov.uk/apps/COVID-19-indirect-effects/ [Accessed 19th November 2021]

Life Satisfaction: **Figure 3: Trend in percentage of respondents with low life satisfaction (score 0-4) in England**[23]



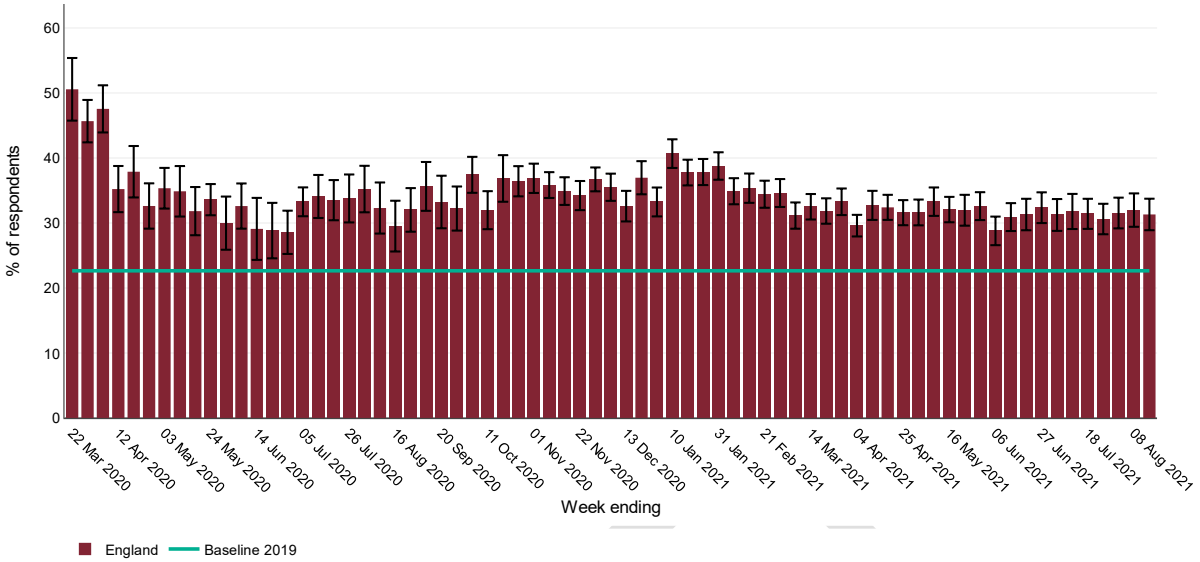
Life satisfaction deteriorated particularly with the rise in COVID-19 cases during the winter and the return of increased restrictions to control the virus. It improved again even before these measures were fully eased but appear to have plateaued in recent months at a level above the pre-pandemic baseline.

Self-worth: **Figure 4: Trend in percentage of respondents with low self-worth (score 0-4) in England**[23]



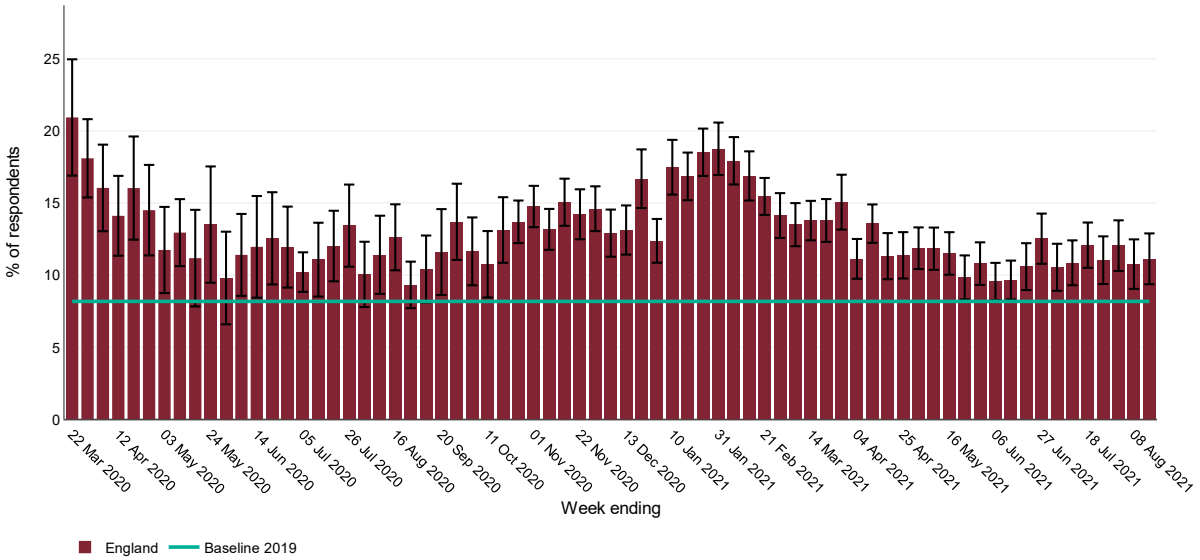
Similar to trends in Life Satisfaction are observed, there is a pattern of worsening self-worth measures during the winter with some improvement since. The proportion of people with low self-worth remains above the pre-pandemic baseline.

Anxiety: **Figure 5: Trends in percentage of respondents with high anxiety (score 6-10) in England**[23]



For anxiety, a higher score indicates a worse outcome, so this chart presents the proportion of people with a high score. In contrast to the previously presented measures, high anxiety appears to be more marked at the start of the pandemic and with the first lockdown with a less pronounced recurrence during the winter. High anxiety continues to be more commonly reported than the pre-pandemic baseline with levels plateauing following the peak around January 2021.

Happiness**: Figure 6: Trend in percentage of respondents with low happiness (score 0-4) in England**[23]



Happiness also showed deterioration both during the start of the pandemic and during the winter with periods of recovery between. Although there has been sustained improvement, this remains worse than the pre-pandemic baseline.

Changes in mental health and wellbeing have varied across the population

- **Around three quarters of the population experienced good mental health throughout the pandemic and might be considered to be resilient**
- **There remains a significant minority of people experiencing poor mental health and some of these have deteriorated during the pandemic**

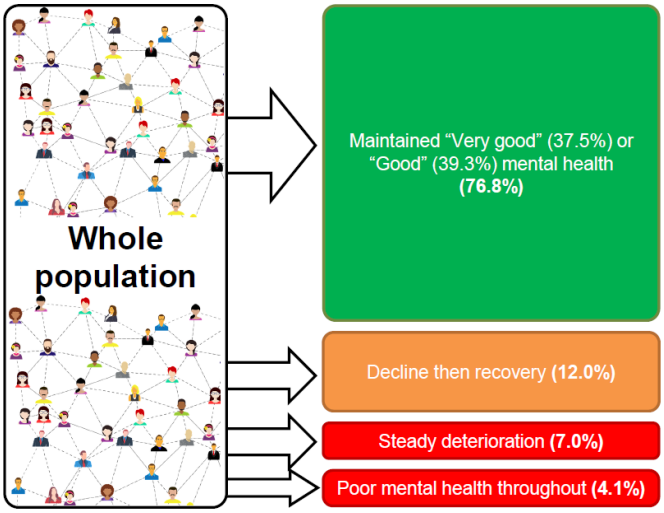
One of the criticisms of looking at average changes in wellbeing across the population is that it masks variety (heterogeneity) in the experiences of different groups of people. A number of studies have sought to explore this by using statistical modelling to identify broad groups who have shown similar patterns of mental health during the pandemic.

Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data (Pierce et al., 2021)[24]

- This study examined mental health during the period from April 2020 to October 2020
- The data was drawn from "Understanding Society" (the UK Household Longitudinal Survey), a large survey covering the UK nations with around 15000 respondents at each point
- Mental health status was measured using the General Health Questionnaire 12 – a validated measure of "psychological distress" which covers a range of mental health symptoms but is not specific to any one condition
- A baseline score for the population was calculated from previous data collected in 2018-19

This study showed that there were higher levels of psychological distress in the population during the early months of the pandemic but showed some improvement overall. It went on to identify to identify five different patterns ("trajectories") for psychological distress (see Figure 7).

Figure 7: A summary of the trajectories[24]



[24] Pierce M, McManus S, Hope H, Hotopf M, Ford T, Hatch SL, John A, Kontopantelis E, Webb RT, Wessely S, Abel KM. Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data. The Lancet Psychiatry. 2021 May 6.

This estimated that around three quarters of the population had experienced good or very good mental health (as indicated by low or very low, and stable GHQ-12 scores). A smaller proportion showed a decline in their mental health in the initial months which improved back to baseline over the next few months. Concerningly, another group showed steady deterioration in their mental health which had not improved during this period whilst the final group, having been experiencing poor mental health at the start of the pandemic continued to experience this throughout.

Finally, they examined personal characteristics which were more likely to be associate with each of these trajectories. Whilst some of these relationships were more polarised (e.g. differences in socioeconomic status were associated with good or poor mental health throughout) others were more complex (e.g. gender was associated across several trajectories). As might be expected, having a mental health problem coming into the pandemic was associated with poorer mental health.

Trajectory of psychological distress	**Characteristics associated with this group**
Consistently good mental health	Men, Age >45yrs, Partnered, No previous health conditions, **Live in affluent neighbourhoods**
Decline then recovery	**Women**, **Young adults**, Have children living in the household.
Steady deterioration	**Women**, **Young adults** (16–35 yrs), No partner, **Previous mental illness**, Asian
Poor mental health throughout	**Women**, Shielding, **Living in deprived neighborhoods**, No partner, **Previous mental illness,** Mixed ethnicity

Table 1: A summary of the main characteristics associated with each trajectory[24]

Heterogeneous mental health development during the COVID-19 pandemic in the United Kingdom (Ellwardt et al., 2021)

- A similar study using the same dataset from "Understanding Society"
- Continued to May 2021 and used similar latent class analysis technique to identify trajectories for psychological distress

Other studies using a similar methodology have been reported. Ellwardt et al. identified four different trajectories[25]. This study used the same dataset as Pierce et al. but continued with further periods of data collection to run to May 2021. Their identified trajectories of psychological distress included continuously low (53%), temporarily elevated (8%), repeatedly elevated (24%) and continuously elevated (14.8%).

The authors note that the majority of the population demonstrated resilience either through sustained good mental wellbeing or rapid recovery after the initial shock. However, in their analysis, two fifths of the study population experienced elevated levels of psychological distress during the study period. They identify similar associations with higher levels of psychological distress - those who are younger, female, individuals, living without a partner, individuals with COVID-19-related symptoms, and those who lost income.

[25] Ellwardt L, Präg P. Heterogeneous Mental Health Development During the COVID-19 Pandemic in the United Kingdom. medRxiv. 2021 . *Sci Rep* **11,** 15958 https://doi.org/10.1038/s41598-021-95490-w

Local context

Prior to the pandemic, measures of personal wellbeing in our two counties were in keeping with national average figures throughout each measure. Local figures are based on small sample sizes and may not give an accurate representation of changes in a specific area. Furthermore, analysis of trajectories of wellbeing within local populations have not been undertaken and may not yield valid results given the relatively small sample sizes. Nonetheless, the group groups identified in national studies are likely to be represented to an extent in our local context.

Figure 8: Changes in average (mean) personal wellbeing scores for Herefordshire and Worcestershire 2016-2021[26]

These can be explored more fully in an interactive map from ONS[27]. A detailed report on personal wellbeing estimates is also available[28]. Note these are average scores for the whole population not the percentage with poor scores as in the previous charts above.

Loneliness during the pandemic

- **Experiences of loneliness have remained largely stable**
- **Some groups have experienced worsening loneliness including young adults, women and those who were shielding during the pandemic**

Tracking loneliness in the population

Data from ONS indicates a greater proportion of the population experienced loneliness during late summer 2020 to early 2021 with some improvement since. Data from the UCL COVID-19 Social Study indicates little change in the average level of loneliness experienced across the population. Both surveys sample broadly across adult age groups but are not representative random samples.

[26] Local Government Association. Personal Wellbeing in Your Area – LG Inform [Online]. Available at: https://lginform.local.gov.uk/reports/view/lga-research/lga-research-summary-report-personal-wellbeing-in-your-area?mod-area=E10000034&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup [Accessed 19th November 2021]
[27] Office for National Statistics. Personal well-being in the UK: April 2020 to March 2021 [Online]. 2021 Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2020tomarch2021#personal-well-being-by-local-area [Accessed 19th November 2021]
[28] Local Government Association. Personal Wellbeing in Your Area [Online]. 2021. Available at: https://lginform.local.gov.uk/reports/view/lga-research/lga-research-summary-report-personal-wellbeing-in-your-area?mod-area=E06000019&mod-group=AllUnitaryLaInCountry_England&mod-type=namedComparisonGroup [Accessed 19th November 2021]

Variation across the population

Lockdown restrictions led to a marked decrease in direct social contacts, and it is suggested that those who experienced the highest level of isolation (including those shielding) were particularly affected by loneliness[29]. Those with the lowest baseline levels of loneliness experienced decreased loneliness whilst those with the highest levels experienced increased loneliness during this period. Young adults, women, people with existing mental health conditions and those with low incomes/economically inactive were more likely to be in the high loneliness group[30].

Recently published data and analysis from the ONS covering a period including the most recent lockdown continues to highlight higher levels of loneliness amongst younger adults as well as unpartnered people[31]. Furthermore, it identifies a relationship between areas with higher levels of unemployment and increased experiences of loneliness.

Impacts of loneliness during the pandemic

Loneliness has complex associations with wider mental health and wellbeing. A longitudinal study during the early months of the pandemic highlighted loneliness as a key determinant of newly arising common mental health problems[32].

Local context

	Herefordshire	Worcestershire	England
% Adults who feel lonely at often/always/some of the time (2019-20)	17.68	22.53	22.26
% Adult carers who have as much social contact as they would like (18yrs+) (2018-19)	22.7	28.7	32.5
% Adult carers who have as much social contact as they would like (65yrs+) (2018-19)	20.7	33.3	34.5

Prior to the pandemic, the proportion of adults experiencing loneliness in the two counties was similar to the national average, with a lower proportion in Herefordshire. However, adult carers reported higher levels of loneliness and this is more marked in Herefordshire. The experience of carers is considered in the appendix at the end of this report. Tackling loneliness has been one of the priority areas of work undertaken in the local authority during the pandemic[33].

What has the impact been on self-harm and suicide?

- **Levels of self-harm thoughts and behaviours appeared to remain stable during the first year of the pandemic**
- **Risk factors identified for self-harm were consistent with pre-pandemic findings**
- **Deaths by suicide as recorded during 2020 showed a slight decrease from the previous year**
- **A decrease in deaths by suicide during the first months of the pandemic may account for most of this observed change**

[29] Steptoe, A. Steel, N. The experience of older people instructed to shield or self-isolate during the COVID-19 Pandemic. 2020. Available at: https://www.elsa-project.ac.uk/COVID-19-reports [Accessed 19th November 2021]
[30] Bu F, Steptoe A, Fancourt D. Loneliness during a strict lockdown: Trajectories and predictors during the COVID-19 pandemic in 38,217 United Kingdom adults. Social Science & Medicine. 2020 Nov 1;265:113521.
[31] Office for National Statistics. Mapping loneliness during the coronavirus pandemic [Online]. 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07 [Accessed 19th November 2021]
[32] Chandola T, Kumari M, Booker CL, Benzeval M. The mental health impact of COVID-19 and lockdown-related stressors among adults in the UK. Psychological medicine. 2020 Dec 7:1-0.
[33] Worcestershire County Council. Lonelines and Isolation [Online]. 2021. Available at: https://www.worcestershire.gov.uk/info/20526/loneliness_and_isolation [Accessed 19th November 2021]

Self-harm and suicide are both associated with mental health problems though not specific to any, and indeed can occur without a diagnosable mental health problem. The pandemic may impact adversely on both the risk and protective factors for these. Self-harm includes both thoughts and behaviours taken to cause intentional harm to yourself.

Self-harm

Self-harm has been explored in several large surveys including the UCL COVID-19 Social Study[34]. This revealed largely stable levels of self-harm thoughts and behaviours during the pandemic, with 26.1% experiencing thoughts and 7.9% engaging in self-harm in this sample during the first year[35]. These levels were higher than in some other studies and did not have a pre-pandemic baseline for comparison and is not a representative sample of the population.

Researchers using this data reviewed a number of established risk factors and explored differences in self-harm associated with these[35]. Both experiencing adversity and worrying that the pandemic would lead to adversity, were associated with increased risk of self-harm. Experiencing physical or psychological abuse was most strongly associated with self-harm, whilst having Covid-19 or worrying about financial adversity were also both associated with increased likelihood of self-harm thoughts and behaviours.

Suicide

Despite significant public concern about the possibility of the pandemic leading to a rise in deaths by suicide, this has so far not been born out in the available data. The main source of data here is from the Office of National Statistics (ONS) who publish annual reports on suicide in England and Wales[36]. Deaths by suicide are confirmed through coroner's inquests and it is not always possible to ascertain with adequate certainty that a death was suicide. Furthermore, this process can lead to delays in registrations of deaths meaning it can take some time to register and count all deaths within any given year.

Initial figures published by the ONS indicate that the standardised mortality rate (which accounts for differences in age) was 10 deaths per 100,000 people. This reduced from 11 per 100,000 in 2019 (which was relatively high for recent years)[37]. The two main factors highlighted as potentially responsible for this difference were the observation that male suicides decreased during the first few months of the pandemic and the possibility that some deaths had been delayed in being recorded during disruption to coroners' enquiries.

Local context

Metric	Herefordshire	Worcestershire	England
Emergency hospital admission for intentional self-harm (2019-20)	178.4	163.4	192.6
Suicide rate (overall) (2018-20)	12.3	10.5	10.4
Suicide rate (males) (2018-20)	19.3	17.2	15.9
Suicide rate (females) (2018-20)	5.7	4.2	5.0

Data from recent years indicates that on core measures of self-harm and suicide that the two counties experienced similar rates to national averages with Worcestershire having a notably lower

[34] University College London. COVID-19 Social Study [Online]. 2021. Available at: https://www.COVIDsocialstudy.org/ [Accessed 19th November 2021]
[35] Paul E, Fancourt D. Factors influencing self-harm thoughts and behaviours over the first year of the COVID-19 pandemic in the UK: longitudinal analysis of 49 324 adults. The British Journal of Psychiatry. 2021 Sep 14:1-7.
[36] Office for National Statistics. Suicides in England and Wales: Statistical Bulletins [Online] Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/previousReleases [Accessed 19th November 2021]
[37] Office for National Statistics. Suicides in England and Wales: 2020 registrations [Online]. 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations [Accessed 19th November 2021]

rate of self-harm admissions. Deaths by suicide were more frequent in Herefordshire across both genders but as a rare event, local data may show more variation than national statistics.

What are the emerging trends in relation to common mental health problems?

- **There is evidence of increased rates of common mental health symptoms during the pandemic**
- **These have fluctuated over time with higher rates seen during periods when cases and restrictions were higher**
- **Population estimates of common mental health symptoms do not necessarily translate into new diagnoses of mental health problems and it remains uncertain the degree to which these changes reflect short term responses versus longer term need**

Common mental health problems (often termed common mental disorders[38]) include anxiety, depression, and related conditions. Many are diagnosed and treated within Primary Care services. Treatment should include addressing the stressors which might be associated with the problem, identify sources of support, and may also involve talking therapies and medication[38].

We know that common mental disorders can have strong associations with adverse experiences such as unemployment, socioeconomic deprivation, and physical ill health and disability[6]. It is likely that the pandemic has increased the frequency of these adverse experiences in the population, whilst also impacting upon support structures, most notably through the prolonged periods of enforced isolation. As these mental health problems are already common and have associations with adverse experiences, they may be more sensitive to change during the pandemic than severe mental health problems.

Tracking symptoms of anxiety and depression in the population

Several large longitudinal studies have monitored symptoms of anxiety and depression in the wider population. The UCL COVID-19 Social Study[34] tracked symptoms on the PHQ-9 and GAD-7 scales[39] (self-completed questionnaires validated to identify symptoms of depression and anxiety respectively). Researchers using this data examined the trends in symptom levels during the lockdown and early months of the pandemic[40]. They identified the highest levels of symptoms during the first lockdown and noted that these declined rapidly over 2-5 weeks, even before lockdown was eased (See Figure overleaf).

They also looked at the experiences of people already considered to be at high risk of depression and identified that they did not experience the same rapid decline in symptoms of depression[41]. Those most at risk of experiencing moderate to severe depressive symptoms included those experiencing abuse, having low social support, having a low socioeconomic position, and having pre-existing mental and physical health problems. Notably, the experience of abuse and having low social support were associated with greater risk of depressive symptoms than pre-pandemic studies and highlight the particular needs of these groups.

[6] NHS Digital. *Adult Psychiatric Morbidity Survey*. 2014. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey [Accessed 18th November 2021]
[29] University College London. COVID-19 Social Study [Online]. 2021. Available at: https://www.COVIDsocialstudy.org/ [Accessed 19th November 2021]
[38] National Institute for Health and Care Excellence. Common mental health problems: identification and pathways to care. 2011. Available at: https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems [Accessed 19th November 2021]
[39] Pfizer. Screener Overview [Online]. Available at: https://www.phqscreeners.com/select-screener [Accessed 19th November 2021]
[40] Fancourt D, Steptoe A, Bu F. Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19 in England: a longitudinal observational study. The Lancet Psychiatry. 2021 Feb 1;8(2):141-9.
[41] Iob E, Frank P, Steptoe A, Fancourt D. Levels of severity of depressive symptoms among at-risk groups in the UK during the COVID-19 pandemic. JAMA network open. 2020 Oct 1;3(10):e2026064-.

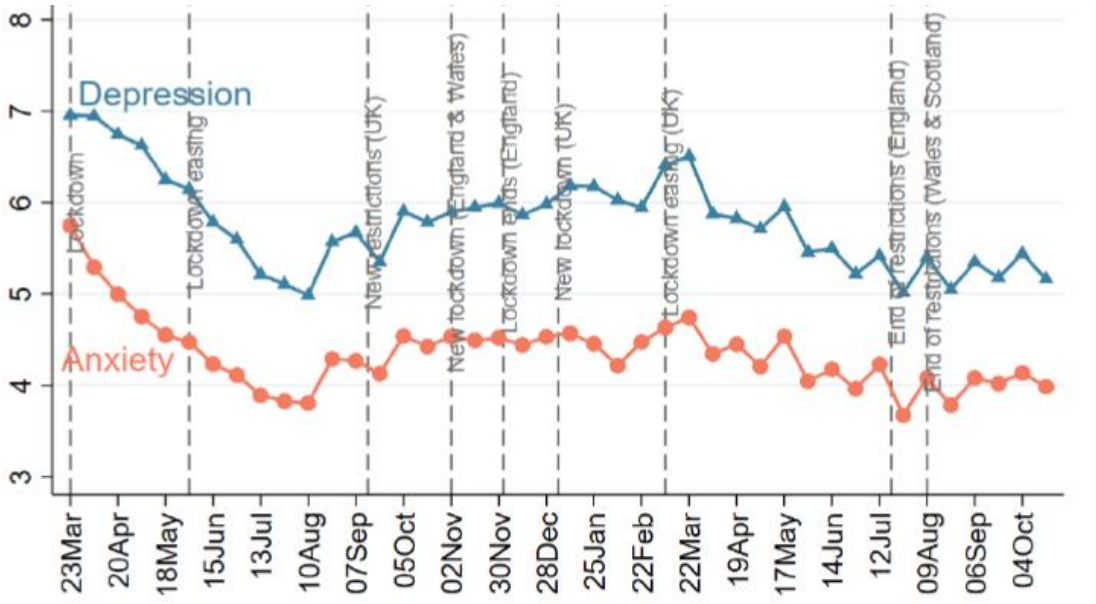


Figure 9: Depression (PHQ-9) and anxiety (GAD-7) symptoms tracked through the pandemic from March 2020 to October 2021 – From UCL COVID-19 Social Study Report[42]

Different ways of identifying and measuring common mental health problems

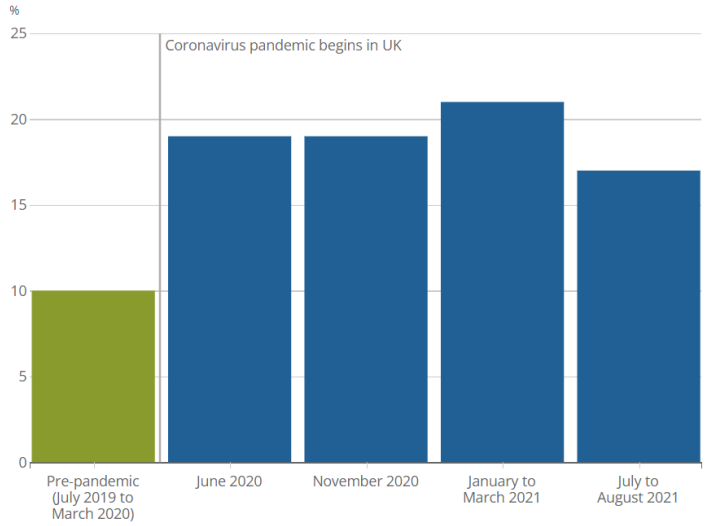
Mental health problems are formally diagnosed by clinicians in reference to diagnostic criteria. By contrast, much of the research during the pandemic relies on self-reported symptoms, though many of these recorded on validated questionnaires such as the PHQ-9 and GAD-7. Whilst these may indicate the presence of a common mental health problem, they may also be capturing shorter term distress that would not be indicative of depression for example.

The Adult Psychiatric Morbidity Survey, the most comprehensive assessment of mental health in the adult population (last undertaken in 2014), combines both clinical interviews and self-reports to generate data on the prevalence of common mental health problems[6]. It is noted just over a third of the people identified as having a common mental health problem had not been professionally diagnosed with one, although most thought they did have it. This suggests that a proportion of common mental health problems go undiagnosed.

During the first few months of the pandemic, disruption to health services saw a sharp drop in the rates of attendances in primary care for mental health problems[43]. Although the numbers of contacts are now approaching pre-pandemic level, there remains a question about whether this has led to a higher level of unmet need. At the same time, levels of depressive and anxiety symptoms reported in large population surveys are increasingly markedly. Taken together, this may reflect a widening gap between need and provision – albeit recognising that people may people support for a mental health problem outside of health services.

[6] NHS Digital. *Adult Psychiatric Morbidity Survey*. 2014. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey [Accessed 18th November 2021]
[42] Fancourt D, Bu F, Mak HW, Paul E. Steptoe A. COVID-19 Social Study. Results Release 40 [Online] 2021. Available at: https://www.COVIDsocialstudy.org/results
[43] Carr MJ, Steeg S, Webb RT, Kapur N, Chew-Graham CA, Abel KM, Hope H, Pierce M, Ashcroft DM. Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. The Lancet Public Health. 2021 Feb 1;6(2):e124-35.

Figure 10: The proportion of adults in Great Britain with symptoms of moderate to severe depression as measured on the PHQ-9



Source: Office for National Statistics – Opinions and Lifestyle Survey

The ONS Opinions and Lifestyle Survey includes measures of depression using the PHQ-8 scale (a slightly modified version of the PHQ-9)[44]. This has identified a trend towards higher levels of depressive symptoms during the pandemic compared to the pre-pandemic baseline. In their analysis they acknowledge that multiple factors may contribute to this picture and these are not limited only to effects of the pandemic. Furthermore, as we have seen in the UCL COVID-19 Social Study data, symptom levels may be sensitive to changes in restrictions.

Modelling future changes in common mental health problems

By reviewing studies which look at changing rates of mental health problems in the community, attempts have been made to model future mental health need and service demand. The two models described below both acknowledge the potential for supressed demand during the early months of the pandemic as disrupted services rapidly adjusted to new ways of working. This is born out in data showing lower levels of mental health contacts during the first lockdown despite sharp rises in self-reported symptoms. However, this remains a rapidly evolving situation and there is much uncertainty about the estimates made. Therefore, these are included for reference but have not been applied to the local populations.

Centre for Mental Health Model[45]: Estimates for new service demand in the next 3-5 years made by applying estimated rates from selected research. It considers that only around 25% of people with a mental health problem will actually end up coming to services. The figures have been adjusted down over subsequent iterations but remain high with a headline figure of 10 million people in England needing mental health support as a result of the pandemic.

West Midlands Strategy Unit Model[46]: This is a sophisticated model applied to mental health services that considers both predicted changes but also historical service data. It can model various scenarios that consider different patterns of COVID-19 cases. It has the potential to be a useful tool to support

[44] Office for National Statistics. Coronavirus and depression in adults, Great Britain: July to August 2021 [Online] 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/julytoaugust2021#main-points [Accessed 19th November 2021]
[45] Centre for Mental Health. Covid-19 Forecast Modelling Toolkit [Online]. 2021. Available at: https://www.centreformentalhealth.org.uk/COVID-19-forecast-modelling-toolkit [Accessed 19th November 2021]
[46] The Strategy Unit. Mental Health Surge Model [Online]. 2021. Available at: Mental Health Surge Model | The Strategy Unit (strategyunitwm.nhs.uk) [Accessed 19th November 2021]

mental health service planning but would require significant investment in time to implement and keep updated.

Local context

	Herefordshire	Worcestershire	England
Estimated prevalence of common mental disorders - % population 16yrs+ (2017)	15.6	15.0	16.9
Estimated prevalence of common mental disorders - % population 65yrs+ (2017)	10.0	9.4	10.2
Depression recorded prevalence - % population 18yrs+ (2019-20)	10.7	13.9	11.6

Rates of common mental health problems in both counties have historically been similar to national averages with Worcestershire having notably lower rates for the combined adult population. However, more recent measures of depression based on GP practice registers indicate that Worcestershire had higher rates of depression in the adult population than the national average whilst Herefordshire remains just below. These are pre-pandemic data, but the figures broadly align with the pre-pandemic estimates reported by the ONS so close monitoring will be important to identify any changes in depression prevalence as recorded in primary care.

Mental health related behaviours – Alcohol use and physical activity

Alcohol

UK Government reported data indicates that similar amounts of duty-paid alcohol were purchased during 2020-21 as the year before[47]. However, there was a shift towards more wine and spirits being sold and less cider and beer. This likely reflects the fact that licensed settings were largely closed, and this is where cider and beer are more common. When reviewing alcohol purchase patterns based on how much people buy, it was found that the 20% of people who typically bought the most alcohol increased their purchases the most (by 14%). Taken together, the 40% who purchased the most before the pandemic accounted almost for 68% of the increased sales overall.

During 2020, there was a slight decline in the overall number of alcohol related admissions nationally but a sustained increase in alcoholic liver disease admissions from June 2020 with an average 13.5% more admissions during 2020 than 2019. Concerningly, it is reported that alcohol related deaths increased by 20% in 2020 compared to the previous year with the majority of these being linked to alcoholic liver disease[48].

Local context

	Herefordshire	Worcestershire	England

[47] Public Health England. Monitoring alcohol consumption and harm during the COVID-19 pandemic: summary [Online]. 2021/ Available at: https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-COVID-19-pandemic/monitoring-alcohol-consumption-and-harm-during-the-COVID-19-pandemic-summary [Accessed 19th November 2021]

[48] Public Health England. Alcoholic liver deaths increased by 21% during year of the pandemic. 2021. Available at: https://www.gov.uk/government/news/alcoholic-liver-deaths-increased-by-21-during-year-of-the-pandemic [Accessed 19th November 2021]

Volume of pure alcohol sold through the off-trade (2014)	6.4	4.7	5.5
% Dependent drinkers (2014-15)	1.12	1.17	1.39
Proportion of dependent drinkers not in treatment (%) (2019-20)	79.6	79.3	82.3
Admission episodes for alcoholic liver disease (per 100,000) (2018-19)	109.0	107.2	131.2

Both counties have historically had lower than national average levels of alcohol consumption and alcohol dependence. However, there remains a substantial proportional of people who are drinking dependently but have not been receiving treatment in the previous year. Given the long-term implications for both mental and physical health, continued action to support dependent drinkers to reduce and ideally stop drinking alcohol remain important.

Physical exercise

The UCL Covid-19 Social study researchers have also reported on patterns in physical activity during the pandemic[49]. Following up participants during the first 22 weeks of the pandemic, they identified that for the majority (62%), their level of physical activity did not change. It was more common for physical activity to decrease (29%) than to increase (9%).

Local context

	Herefordshire	**Worcestershire**	**England**
% Physically active adults (2019-20)	74.2	67.7	66.4
% Physically inactive adults (2019-20)	17.8	20.6	22.9
% Physically active for >1hr per day at age 15 (2014-15)	15.1	15.7	13.9

Levels of physical activity have been relatively good in our two counties. Physical activity has an important relationship with mental health and wellbeing and "Keeping active" is part of the part "Five Ways to Wellbeing"[50]. Continuing support for people to maintain and increase their level of activity is provided through Active Herefordshire and Worcestershire[51].

[49] Bu, F., Bone, J.K., Mitchell, J.J. *et al.* Longitudinal changes in physical activity during and after the first national lockdown due to the COVID-19 pandemic in England. *Sci Rep* **11,** 17723 (2021). https://doi.org/10.1038/s41598-021-97065-1 [Accessed 19th November 2021]
[50] Worcestershire County Council. Five ways to mental wellbeing. 2. Be active [Online]. 2021. Available at: https://www.worcestershire.gov.uk/info/20571/adults_mental_wellbeing/1577/five_ways_to_mental_wellbeing/2 [Accessed 19th November 2021]
[51] Active Herefordshire and Worcestershire. Home page [Online]. 2021. Available at: https://www.activehw.co.uk/ [Accessed 19th November 2021]

The direct impacts of COVID-19 on mental health

Impact of COVID-19 infection on mental health

- **Having Covid-19 may increase the risk of a new mental health problem**
- **First episodes of a severe mental health problem (i.e. psychosis) are rare following Covid-19 infection**
- **Delirium (a temporary state of confusion associated with other illness) may be common in those with COVID-19**

It has been suggested that Covid-19 infection may in itself increase the risk of experiencing a new mental health problem. There is evidence to support this from a large cohort study undertaken in the USA which followed up almost just over 235,000 people recovering from Covid-19[52]. It examined how commonly mental health problems occurred in the six-month period after diagnosis and also compared this in people admitted for a different type of respiratory infection.

Condition	Those developing this mental health problem for the first time after COVID-19	Those developing this mental health problem after COVID-19 including where there was a previous diagnosis
Depression	4.2%	13.7%
Anxiety	7.1%	17.4%
Psychosis	0.4%	1.4%

Table 2: Development of mental health problems following COVID-19 in a large US cohort study

Anxiety and depression were common after COVID-19 infection, including in cases where a person had not previously experienced this mental health problem. When relapses of previous mental health problems were included, these figures increased further. There was a slight increase in the risk of developing any of these problems with increasing severity of COVID-19 (categorised according to whether a person needed hospital treatment and/or intensive care). Psychosis remained rare, particularly first episodes, though higher than some other studies reported. Mental health problems were more common for those recovering from COVID-19 than other respiratory infections including influenza.

It has been suggested that new mental health problems may be triggered as a direct result of the virus on the brain and body, though it is likely that the wider experience of becoming unwell with COVID-19 play an important role. This type of study cannot robustly determine that COVID-19 is causing the development of mental health problems, but it does identify some association.

Risk of COVID-19 for people with pre-existing mental health problems

- **There may be a bi-directional effect where having a mental health problem increases the risk of Covid-19 (and other infections)**

People living with a mental health problem may be at increased risk of getting COVID-19. In a large sample from the UK Biobank it was found that those with a pre-existing mental health condition had slightly higher odds of having COVID-19, being hospitalised, or dying from COVID-19[53]. This increased risk was similar across different types of mental health problem and comparable to the risk of being hospitalised with another infection. This suggests this increased risk is not unique to COVID-19 but

[52] Taquet M, Geddes JR, Husain M, Luciano S, Harrison PJ. 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records. The Lancet Psychiatry. 2021 May 1;8(5):416-27.
[53] Yang H, Chen W, Hu Y, Chen Y, Zeng Y, Sun Y, Ying Z, He J, Qu Y, Lu D, Fang F. Pre-pandemic psychiatric disorders and risk of COVID-19: a UK Biobank cohort analysis. The Lancet Healthy Longevity. 2020 Nov 1;1(2):e69-79.

may represent a more general vulnerability and was found to be independent of socioeconomic deprivation.

Long Covid

- **Long Covid refers to prolonged symptoms after COVID-19 infection including fatigue and difficulty concentrating**
- **It is still being researched and we do not have a full understanding of the typical patterns of symptoms or how these develop**
- **The assessment and treatment of Long Covid will need to include mental health expertise**
- **At present it appears to be a potential cause of significant long-term disability for some people**

As the pandemic progresses and the number of people who have been infected by COVID-19 increases, it is becoming apparent that for some people symptoms from the illness can take longer to resolve or have not yet fully resolved. These symptoms can affect different parts of the body and last anything from a few weeks to over a year. They are variable but can include fatigue, difficulty concentrating, sleep disturbance, headaches, breathing difficulties and heart problems.

How common is it?

From population surveys undertaken by the Office for National Statistics (ONS) it is estimated that around 1.9% of the population is currently experiencing prolonged symptoms (at least four weeks) following suspected COVID-19 infection[54]. 71% of these reported symptoms lasting at least 12 weeks and 35% reported symptoms lasting more than a year. It appears to be most common in those aged 35-69 years old and is more common in women than men. Other factors associated with increased risk of long COVID include living in a deprived area, working in health and social care and having another activity-limiting health condition or disability[55].

Confirming how common long COVID is presents challenges as we do not have a single definition yet and the timing of when we measure how common these symptoms are has a big impact depending on how close this was to a peak in new infections[56].

Vaccination may also impact upon the risk of developing long COVID both through reducing the risk of infection in the first place but also appearing to approximately halve the risk of prolonged symptoms even if infected[57].

How does it relate to mental health need?

Some of the symptoms reported as part of Long Covid appear to be linked to the brain and these include fatigue (55%) and difficulty concentrating (30%)[54]. Although it should not be defined as a mental health problem, it is likely that assessment and treatment will draw upon mental health expertise. This approach is reflected in guidance from the National Institute of Health and Care Excellence (NICE)[58] and the NHS plan for Long Covid[59].

[54] Office for National Statistics. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 4 November 2021 [Online]. 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronavirusCOVID19infectionintheuk/4november2021 [Accessed 19th November 2021]

[55] Office for National Statistics. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 4 November 2021 [Online]. 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronavirusCOVID19infectionintheuk/4november2021 [Accessed 19th November 2021]

[55] Lancet T. Understanding long COVID: a modern medical challenge. Lancet (London, England). 2021 Aug 28;398(10302):725.

[56] Office for National Statistics. How common is long COVID? That depends on how you measure it [Online]. 2021. Available at: https://blog.ons.gov.uk/2021/09/16/how-common-is-long-COVID-that-depends-on-how-you-measure-it/ [Accessed 19th November 2021]

[57] Antonelli M, Penfold RS, Merino J, Sudre CH, Molteni E, Berry S, Canas LS, Graham MS, Klaser K, Modat M, Murray B. Risk factors and disease profile of post-vaccination SARS-CoV-2 infection in UK users of the COVID Symptom Study app: a prospective, community-based, nested, case-control study. The Lancet Infectious Diseases. 2021 Sep 1.

[58] National Institute for Health and Care Excellence. COVID-19 rapid guideline: managing the long-term effects of COVID-19. 2021. Available at: https://www.nice.org.uk/guidance/ng188 [Accessed 19th November 2021]

[59] NHS England and NHS Improvement coronavirus. Long COVID: the NHS plan for 2021/22 [Online]. 2021. Available at: https://www.england.nhs.uk/coronavirus/publication/long-COVID-the-nhs-plan-for-2021-22/ [Accessed 19th November 2021]

Bereavement

- **Excess mortality associated with the pandemic has led to more people being bereaved**
- **Informal and formal support has been interrupted**
- **In normal times around 10% of people experience "complicated grief" – significant difficulties in adjusting to life more than six months after bereavement**
- **The pandemic may have negatively influenced bereavement experiences and support in such a way that the risk of mental health problems occurring later is increased**

The pandemic has been associated with excess mortality compared to expected levels, in large part due to the additional deaths from COVID-19. This has therefore also led to an increased number of people being bereaved during the pandemic. Families have lost loved ones sometimes suddenly and often unexpectedly. Furthermore, restrictions on contact, particularly early in the pandemic may leave bereaved people feeling they had not been able to spend time with their loved ones at the end of life. Cruse Bereavement Care share some of the feelings that might be experienced[60].

Whilst many people benefit exclusively from informal support from friends and family, others will require support from formal services. In normal times, around 10% of people who are bereaved go on to experience "complicated grief", which is characterised by severe difficulties in readjusting to life after bereavement in a way that significantly disrupts normal activities[61].

A survey of 805 health and social care professionals supporting people during bereavement highlighted significant changes in the way bereavement support was provided with a major switch to remote support but also a reduction in capacity during a time of increased demand[62]. They also reported challenges linked to restrictions on visiting and funerals, not being able to provide face-to-face support and increased complexity associated with the circumstances of bereavement from COVID-19. Another study exploring the experiences of people during the pandemic identified higher than expected levels of support needs[63]. However, it also found that over a third of participants found it difficult to access support from friends and family due to restrictions on contact, and a majority had not sought formal bereavement support, whilst just over half of those who did had not been able to access it.

Reducing loneliness and increasing social support is seen as an important element in reducing the chance of experiencing complicated grief in the context of bereavement, which is more common during the pandemic and occurring under very challenging circumstances[63].

Local context

As of 9th November 2021, there had been 192 excess deaths in Herefordshire and 1126 excess deaths since the start of the pandemic. The number of bereaved people would exceed this.

Cruse Worcestershire provided information directly on their experience and observations during the pandemic. They highlighted growing numbers of calls to the Cruse Helpline and increasing waiting lists. Locally, demand was slightly higher during 2020-21 than the previous year but they highlighted an increased complexity in the needs of those they support. They had fewer volunteers meaning the remaining team were doing additional hours. They highlighted the need for additional funding to training volunteers, supervisors and seek COVID secure venues to deliver services in high need areas.

[60] Cruse Bereavement Care. Coronavirus, bereavement and grief [Online]. 2021. Available at: https://www.cruse.org.uk/understanding-grief/grief-experiences/traumatic-loss/coronavirus-bereavement-and-grief/ [Accessed 19th November 2021]
[61] Shear MK. Grief and mourning gone awry: pathway and course of complicated grief. Dialogues in clinical neuroscience. 2012 Jun;14(2):119.
[62] Pearce C, Honey JR, Lovick R, Creamer NZ, Henry C, Langford A, Stobert M, Barclay S. 'A silent epidemic of grief': a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. BMJ open. 2021 Mar 1;11(3):e046872.
[63] Harrop EJ, Goss S, Farnell DJ, Longo M, Byrne A, Barawi K, Torrens-Burton A, Nelson A, Seddon K, Machin L, Sutton E. Support needs and barriers to accessing support: Baseline results of a mixed-methods national survey of people bereaved during the COVID-19 pandemic. Palliative Medicine.

Who has been most impacted?

Broad sociodemographic characteristics

Age groups

- **The highest levels of psychological distress and symptoms of anxiety and depression are reported in young adults**
- **This largely reflects pre-pandemic trends, but the gap is widening**
- **The impact of the pandemic will likely be felt differently across the life course and there are significant differences in the direct risks from COVID-19 to individuals' health**

Adults

Prior to the pandemic there was already significant concern about the relatively higher rates of probable mental health problems in younger people. These trends have continued to be born out during the pandemic with emerging evidence that this gap is widening.

According to analysis reported in the Covid-19 Mental Health and Wellbeing Surveillance report, increases in psychological distress in adults were greatest in the 18–24-year age group and probable mental health problems increased to a much greater extent (8.6% more) in 18-34 years olds compared to those aged 50-64 years[64]. By comparison, older adults experienced smaller increases in anxiety and depression symptoms, and these were likely to be associated with loneliness and/or decreased physical activity.

Children and Young People

There have been similar concerns about the trends towards worsening mental health, as well as other health and educational outcomes, for children and young people[65]. Despite being at lower risk of direct harm from Covid-19, children have experienced huge disruption to their lives including to schooling. A systematic review of the available evidence indicated that school closures were likely to magnify the short- and long-term impacts on health and wellbeing for children[66].

Socioeconomic adversity is likely to have significantly influenced the experience of children during the pandemic where financial pressures are being felt more keenly, and provision of home schooling early in the pandemic was likely more challenging[65]. The Co-SPACE study, a large longitudinal study of parents and carers of children in the UK tracked the mental health of children using the validated Strengths and Difficulties Questionnaire (SAD-Q) which records difficulties across three domains – behavioural, emotional, and attentional. Differences are noted for children in lower income households and those with special educational needs and neurodevelopmental disorders.

[64] Public Health England. *COVID-19 mental health and wellbeing surveillance: report – 7. Age Spotlight* [Online] 2021. Available at: https://www.gov.uk/government/publications/COVID-19-mental-health-and-wellbeing-surveillance-spotlights/COVID-19-mental-health-and-wellbeing-surveillance-report-spotlight-age-groups [Accessed 19th November 2021]

[65] Ford T, John A, Gunnell D. Mental health of children and young people during pandemic. 2021. BMJ 2021; 372 :n614 doi:10.1136/bmj.n614

[66] Viner RM, Russell S, Saulle R, Croker H, Stansfield C, Packer J, Nicholls D, Goddings AL, Bonell C, Hudson L, Hope S. Impacts of school closures on physical and mental health of children and young people: a systematic review. 2021. Available at: https://www.gov.uk/government/publications/ucl-impacts-of-school-closures-on-physical-and-mental-health-of-children-and-young-people-a-systematic-review-11-february-2021 [Accessed 19th November 2021]

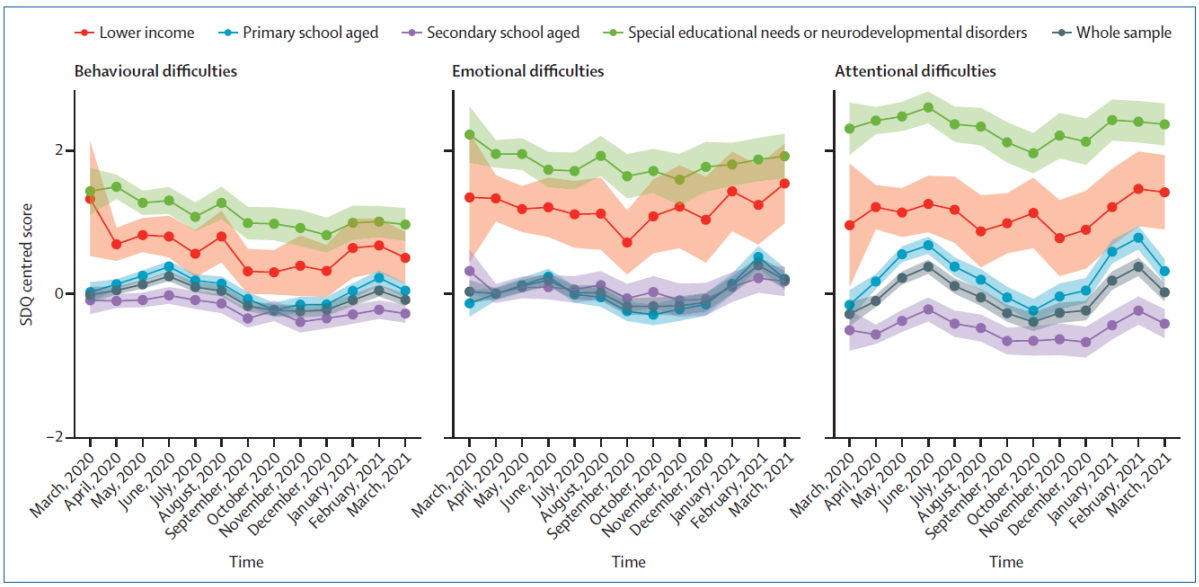


Figure: **Changes in parent-reported child mental health difficulties (using the SDQ) in the UK Co-SPACE sample, from March, 2020, to March, 2021**
Each SDQ subscale score is grand mean centred. The overall Co-SPACE sample consists of 8752 families (905 [10·3%] on lower income, 5443 [62·2%] with primary school aged (4–10 years) children, 3309 [37·8%] with secondary school aged (11–16 years) children, and 1547 [17·7%] with children with special educational needs or neurodevelopmental disorders). SDQ=Strengths and Difficulties Questionnaire.

Figure 11: Changes in parent reported mental health difficulties from the Co-SPACE study[65]

The "Mental Health of Children and Young People in England" survey, which previously reported in 2017, has been updated at two points during the pandemic – in 2020 and most recently in September 2021[67]. The main findings were of a substantial increase in the rates of probable mental disorder during the pandemic, which had been maintained on the most recent survey. The rates of probable mental disorders in 6–16-year-olds had increased from 11.6% in 2017 to 17.4% in 2021, with a rise for boys and girls. A similar rise from 10-1% to 17.4% was seen in 17–19-year-olds with the greatest increase in girls who in this group who saw a probable mental disorder rate of 24.8%. At an individual level, this reflected a deterioration in mental health for over a third of the population (39.2%) aged 6-16 years.

However, it is important also to acknowledge that some families have had positive experiences during lockdown, with greater opportunities to connect. Preliminary results from Oxwell School Survey indicated that some children from all year groups and more from earlier year groups (Years 4 to 13) reported improvements in wellbeing during lockdown – with 41% of Year 4 pupils reporting feeling happier and 27% feeling their general happiness was about the same[68].

Local context

A survey was undertaken by Healthwatch Worcestershire assessing emotional wellbeing and mental health for children and young people and was completed by 262 participants age 13-19[69].

- 74% reported the pandemic has had a significant impact on their mental health and of these 30% felt it was a lot worse. This has worsened during the period of the survey (December 2020, January 2021)

[67] NHS Digital. *Mental Health of Children and Young People in England. 2017*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017 [Accessed 19th November 2021]

[68] Mansfield K, Jindra C, Fazel M. The Oxwell School Survey 2020. 2020. Available at: https://www.psych.ox.ac.uk/research/schoolmentalhealth/summary-report [Accessed 19th November 2021]

[69] Healthwatch Worcestershire. Covid-19 Young People's Emotional Wellbeing Report [Online]. 2021. Available at: https://www.healthwatchworcestershire.co.uk/wp-content/uploads/2021/03/HWW-Covid-19-Young-Peoples-Emotional-Wellbeing-Report-March-2021.pdf [Accessed 19th November 2021]

- The most common reported concerns were of friends and family catching Covid-19 (92%) worries about the loss of freedom usual routine and activities (84%); worries about the impact on their school or college work and grades or exam results (83%); and worries about the impact on their future job or career opportunities (81%)
- They are reflecting on the long-term impacts for themselves and others, as well as missed social experiences
- 20% feel that they do not have anyone they can talk to and many do not feel able to talk to professionals

Gender

- **Women were more likely than men to experience increased psychological distress during the early part of the pandemic but also more likely to recover from this**
- **There remains a gap in reported mental health symptoms between men and women which largely reflects pre-pandemic trends**

According to analysis reported in the Covid-19 Mental Health and Wellbeing Surveillance report, women have experienced worse mental health and wellbeing during the pandemic than men[70]. However, this gap was also evident pre-pandemic. Women were more likely to experience a deterioration in their mental health initially but also to recover from this.

Where strong pre-existing social connections were lost, this tended to lead to greater feelings of loneliness, and this was reflected in women reported greater experiences of social loss and loneliness early in the pandemic[71]. Furthermore, analysis from University of Exeter suggested that declines in wellbeing during lockdown were strongly associated with family responsibilities and financial circumstances. As noted above, age was also an important factor with younger women experiencing greater impacts[72].

Employment status

- **Unemployment is associated with higher levels of common mental health problems**
- **The pandemic has led to substantial disruption in many areas of work**
- **People who are self-employed appear to have experienced a greater deterioration in their mental health**
- **Support through the furlough scheme appears to have been protective but there is uncertainty about what the winding down of this scheme will mean for mental health**
- **Key workers have seen worsening mental health during the pandemic compared to other groups**

There is evidence prior to the pandemic of an association between employment and mental health. Findings from the Adult Psychiatric Morbidity Survey indicated unemployment was associated with twice the chance of having a common mental health problem[6]. There is likely to be a bidirectional

[6] NHS Digital. Adult Psychiatric Morbidity Survey. 2014. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey [Accessed 18th November 2021]
[70] Public Health England. *COVID-19 mental health and wellbeing surveillance: report – 6. Gender Spotlight* [Online] 2021. Available at: https://www.gov.uk/government/publications/COVID-19-mental-health-and-wellbeing-surveillance-spotlights/gender-COVID-19-mental-health-and-wellbeing-surveillance-report [Accessed 19th November 2021]
[71] Nandi A, Platt L. Understanding Society COVID-19 Survey Briefing Note: Ethnic differences in effects of COVID-19: household and local context, Understanding Society Working Paper No 14/2020, ISER, University of Essex. Available at: https://www.understandingsociety.ac.uk/sites/default/files/downloads/working-papers/2020-14.pdf [Accessed 19th November 2021]
[72] Etheridge B, Spantig L. The gender gap in mental well-being during the Covid-19 outbreak: evidence from the UK. ISER Working Paper Series No 2020-08, ISER, University of Essex. Available at: https://www.iser.essex.ac.uk/research/publications/working-papers/iser/2020-08 [Accessed 19th November 2021]

relationship, with unemployment negatively impacting upon mental wellbeing and increasing the risk of developing a mental health problem but mental health problems themselves may impact upon the ability to sustain employment.

Analysis from The Health Foundation indicates that the pandemic will be associated within rises in long-term unemployment and substantial additional mental health need. They note that rates of unemployment have not been equally distributed, and that young people (18-24 years) had the highest rates of unemployment (14% nationally)[73]. They estimated that 43% of unemployed people were experiencing poor mental health compared to 34% of those who had been furloughed. Consistent with findings above, there were lower rates for people in employment (27%).

It is not just unemployment, but also loss of income and living on a low income which have been associated with higher rates of anxiety and depressive symptoms. It has also been reported that people who were self-employed or worked for small companies during the pandemic saw a greater deterioration in their mental health[74].

In addition, whilst there has been a substantial shift to homeworking, this was much more common for those with degree level qualifications and above (54%) than any qualification lower than this (20% or less)[14]. There has been a gradual reduction in the level of homeworking during 2021 with around 15% continuing to work solely from home, down from a peak of around 37% during the most recent lockdown.

Pre-existing mental health problems

- **People with pre-existing mental health problems were more likely to experience poor mental health during the pandemic**
- **This gap does not appear to be widening but indicates substantially different experiences of mental health and wellbeing coming into the pandemic**
- **The experience of people living with a Severe Mental Health Problem has not been extensively reported to date though they are likely to experience worse mental health coming into the pandemic**

The UCL Covid-19 Social Study has captured some of the differences in experiences for those reporting to have an existing mental health problem coming into the pandemic[23]. Higher levels of mental health symptoms are evident across multiple metrics including anxiety and depressive symptoms, loneliness, and self-harm compared to the general population. As described above, they are likely to be over-represented in the group who have experienced sustained psychological distress during the pandemic.

There may be particular concern for those living with a severe mental health problem (widely known as severe mental illness/SMI). This group already experiences significant health inequalities including a life expectancy estimated to be 15-20 years than the general population primarily through poorer physical health[75]. An early review from the Centre for Evidence-Based Medicine concluded that although people with SMI were a vulnerable group, greater levels of psychological distress identified early in the pandemic were likely to reflect pre-existing differences rather than a widening gap[76]. A

[14] Office for National Statistics. Coronavirus (COVID-19) latest insights: Work [Online]. 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusCOVID19latestinsights/work [Accessed 19th November 2021]
[19] Public Health England. Wider Impacts of COVID-19 on Health (WICH) monitoring tool [Online]. 2021 https://analytics.phe.gov.uk/apps/COVID-19-indirect-effects/ [Accessed 19th November 2021]
[73] The Health Foundation. Unemployment and mental health. 2021. Available at: https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health
[74] Public Health England. COVID-19 mental health and wellbeing surveillance: report – 3. Employment and Income Spotlight [Online] 2021. Available at: https://www.gov.uk/government/publications/COVID-19-mental-health-and-wellbeing-surveillance-spotlights/employment-and-income-spotlight [Accessed 19th November 2021]
[75] Public Health England. Severe mental illness (SMI) and physical health inequalities: briefing [Online]. 2021. Available at: https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing [Accessed 19th November 2021]

more recent review of studies published during the pandemic looking specifically at people with schizophrenia identified a number of impacts including[77]:

- Greater risk factors for getting COVID-19
- Greater vulnerability due to social isolation, fear about the virus, financial impacts, and impact of excessive information about the pandemic
- Disruptions to care delivery including impacts on medication continuation
- Increased risk of relapse or new psychosis associated with COVID-19 infection

Ethnicity

- **Prior to the pandemic there were a number of identified mental health inequalities associated with ethnicity**
- **The evidence base during the pandemic continues to develop**
- **There is emerging evidence of a more significant deterioration in mental health for BAME men but no significant differences between women of different ethnic groups**

Analysis from the Covid-19 Mental Health and Wellbeing Surveillance report, indicated emerging differences for men during the pandemic[78]. Included research in the early months of the pandemic highlighted larger deteriorations in mental health for BAME men (Pakistani and Bangladeshi men) than white men. This gap has been not evident for women.

It is important to acknowledge that this does not mean that there were no pre-existing mental health inequalities associated with ethnicity. Pre-pandemic, it was recognised that Black men were more likely to experience psychosis than White men, whilst South-Asian women were recognised to have an overall higher risk of death by suicide[79]. Furthermore, the Adult Psychiatric Morbidity Survey found that those in the White British ethnic group were more likely than any other ethnic group to be receiving mental health treatment[6].

Specific groups and circumstances

- **The impacts of the pandemic and the measures taken to control the spread of the virus have particularly impacted some groups due to their specific circumstances**
- **Enforced restrictions on movement and increased isolation are likely to have adversely affected those experiencing domestic abuse**
- **Although may pandemic restrictions have eased, case levels have remained high, and this may lead to continued concern for those most at risk from COVID-19**
- **In general, those who had higher pre-existing health needs and were most in need of support are likely to have most adversely impacted by disruption during the pandemic**
- **These are summarised more fully in Appendix 1**

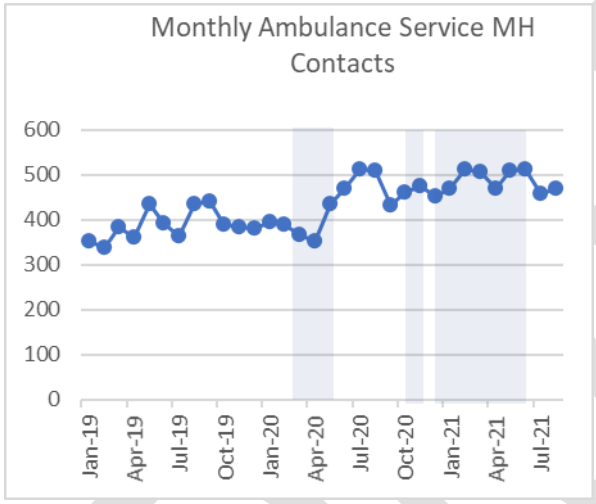
[6] NHS Digital. Adult Psychiatric Morbidity Survey. 2014. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey [Accessed 18th November 2021]
[76] Barber S, Reed L, Syam N, Jones N. Severe mental illness and risks from COVID-19 [Online]. 2020. Available at: https://www.cebm.net/COVID-19/severe-mental-illness-and-risks-from-COVID-19/ [Accessed 19th November 2021]
[77] Zhand N, Joober R. Implications of the COVID-19 pandemic for patients with schizophrenia spectrum disorders: Narrative review. BJPsych Open. 2021 Jan;7(1).
[78] Public Health England. COVID-19 mental health and wellbeing surveillance: report – 5. Ethnicity Spotlight [Online] 2021. Available at: https://www.gov.uk/government/publications/COVID-19-mental-health-and-wellbeing-surveillance-spotlights/ethnicity-COVID-19-mental-health-and-wellbeing-surveillance-report [Accessed 19th November 2021]
[79] Mental Health Foundation. Black, Asian and minority ethnic (BAME) communities [Online]. 2021. Available at: BAME and mental health | Mental Health Foundation [Accessed 19th November 2021]

Experience of local health services

- **Nationally there was a significant drop in contacts during the first few months of the pandemic**
- **This is largely reflected in local data from mental health services, emergency care and the ambulance service**
- **Pre-pandemic trends in mental health need should not be overlooked when considering rising demands observed during this period**

Nationally, there has been a trend towards decreased referrals and contacts during the initial months of the pandemic with a subsequent return to close to expected activity. A study looking at primary care contacts found a marked decrease in the first months of the pandemic[80]. One large Mental Health Trust in London reported a drop in contacts during the initial lockdown but an increase in the acuity of cases being seen[81].

Ambulance service

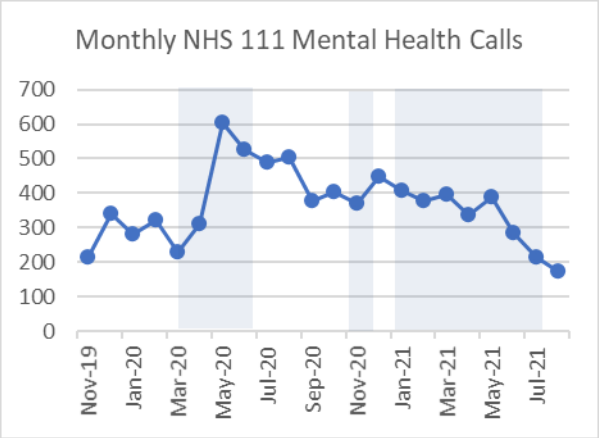


West Midlands Ambulance service serves both counties. Data is collected on the types of attendances including those which are coded as being primarily related to a mental health need. However, some attendances such as those for intentional self-harm are not captured in these figures and are indistinguishable from other non-mental health related attendances. Within these limitations, it is observed that calls relating to mental health have increased during the period of the pandemic following an initial drop during the first lockdown. This may reflect pre-existing trends or additional acute mental health need.

[Grey shaded areas show approximate period of national lockdown restrictions]

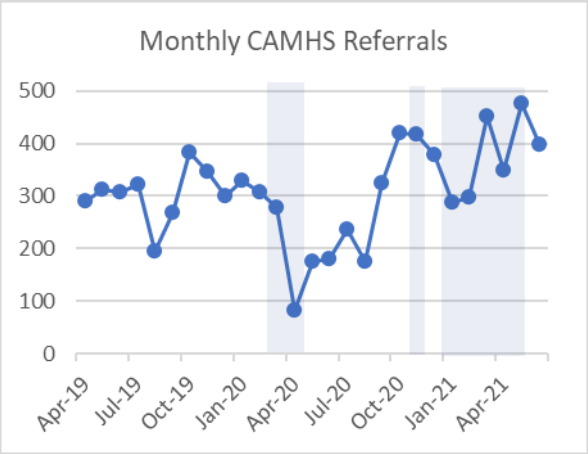
[80] Carr MJ, Steeg S, Webb RT, Kapur N, Chew-Graham CA, Abel KM, Hope H, Pierce M, Ashcroft DM. Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study. The Lancet Public Health. 2021 Feb 1;6(2):e124-35.

[81] Mukadam N, Sommerlad A, Wright J, Smith A, Szczap A, Solomou S, Bhome R, Thayalan R, Abrol E, Aref-Adib G, Maconick L. Acute mental health presentations before and during the COVID-19 pandemic. BJPsych open. 2021 Jul;7(4).



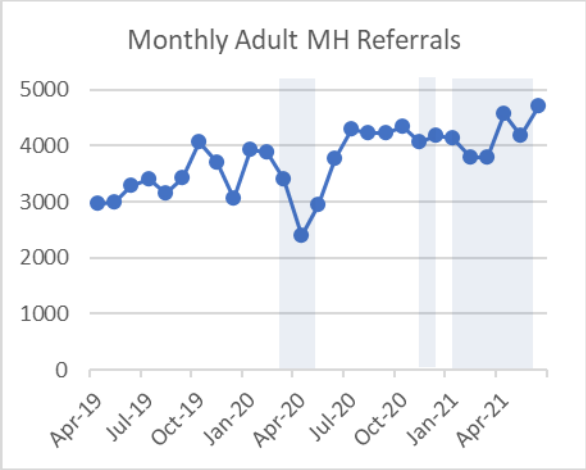
Although there is only a short period of available pre-pandemic data, mental health related calls to NHS 111 show a sharp rise in the first two months of the pandemic followed by a decline in subsequent months. This may reflect a combination of increased need and decreased access to face-to-face services in the early part of the pandemic. In later months, newly established 24/7 mental health support lines run by local NHS Mental Health Trusts are likely to have met some of this previous demand.

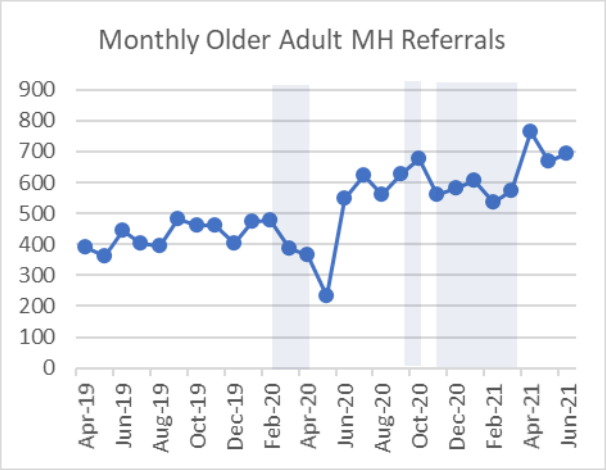
Mental Health Trust



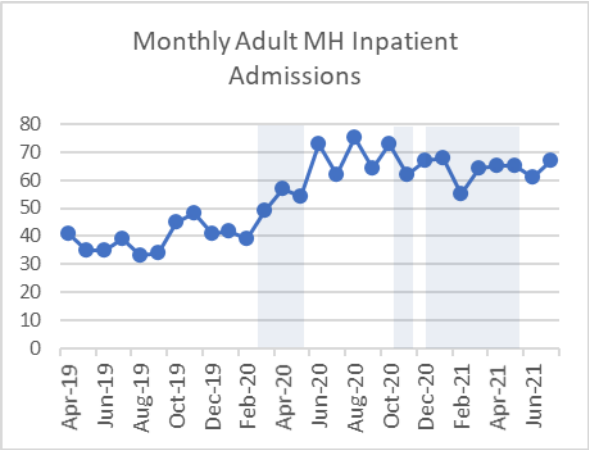
Herefordshire and Worcestershire Health and Care Trust provides specialist mental health services to both counties as well as providing the Increasing Access to Psychological Therapies service (IAPT).

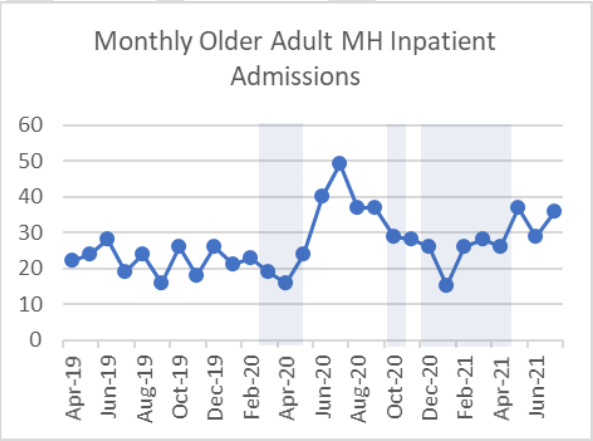
Data provided by the Trust reflected a similar pattern to that observed in national data with which has subsequently returned a drop in referrals during the initial period of the pandemic closer to expected levels.





Inpatient admissions were reported to have been higher during the early months of the pandemic with higher levels of adult admissions sustained whilst older adult admissions appear to have returned to similar levels to the previous year. The creation of a "Hospital at Home" service for older adults, aimed at reducing the frequency and length of older adult admissions may have influenced this trend.





Worcestershire Acute Trust Emergency Department

Mental health related attendances in the Emergency Department at Worcestershire Acute Trust showed a similar drop to referrals across other services during the first month of the pandemic.

Although there has been some fluctuation in activity since, the average monthly attendances during the period March 2020-21 were very similar to the previous 12-month period (604 vs. 596).

Grey shaded areas show approximate periods of lockdown restrictions.

Public mental health responses to the pandemic

National level

The UK Government set out their "COVID-19 mental health and wellbeing recovery action plan" in March 2021 setting out three objectives[82]:

1. "To support the general population to take action and look after their mental wellbeing
2. To prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children
3. To support services to continue to expand and transform to meet the needs of people who require specialist support"

The plan is split into a number of sections described below which address different area of priority and the associated cross-government actions, with the majority applying to England only.

Resilience and Recovery sets out the ways in which individual and community resilience can be strengthened. A number of national mental health and wellbeing resources are highlighted. Local authorities will play an important role in supporting the development of community resilience through "placed based" approaches that build on local strengths and assets. Furthermore, local authorities and health providers working together in Integrated Care Systems will be well placed to work towards prevention of mental health problems including through the Prevention Concordat for Better Mental Health[83].

Children and young people highlights the particular impact on this group and the government's approach to supporting return to education and increasing access to mental health support.

Addressing mental health inequalities arising from the pandemic addresses the disproportionate impact on different groups. These are largely mirrored in Appendix 1 of this report – "Impact for specific groups".

Addressing the wider determinants of mental health highlights some of the key areas that are also addressed in this report including employment, housing, physical environment, and social isolation and loneliness.

Finally, **Backing the NHS: ensuring services are there for those who need them** describes some of the challenges of mental health service delivery during the pandemic including the vast switch to remote consultations (including 95% of therapy appointments) and the establishment of 24/7 urgent mental health helplines. It sets out key spending commitments across mental health services through implementation of the NHS Long Term Plan[84] and plans to monitor mental health need nationally.

[82] Department of Health and Social Care and Cabinet Office. COVID-19 mental health and wellbeing recovery action plan. 2021. Available at: https://www.gov.uk/government/publications/COVID-19-mental-health-and-wellbeing-recovery-action-plan [Accessed 19th November 2021]
[83] Public Health England. Prevention Concordat for Better Mental Health. 2020. Available at: https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health [Accessed 19th November 2021]
[84] National Health Service. NHS Mental Health Implementation Plan 2019/20 – 2023/24. 2019. Available at: https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/ [Accessed 19th November 2021]

Local

The Local Government Association and the Association of Directors of Public Health have set out a briefing for the public mental health response to the pandemic at a local authority level[85]. They highlight the potential short-, medium- and long-term impacts on mental health and wellbeing, which are discussed in the summary and recommendations below. Additionally, they set out some guiding principles for local responses which are incorporated into the recommendations below:

- Whole system approach
- Life-course and whole family/household approach
- Build on existing arrangements
- Tackling inequalities
- Apply learning from the first wave
- Good communication

[85] Local Government Association and Association of Directors of Public Health. Public mental health and wellbeing and COVID-19. 2021. Available at: https://www.local.gov.uk/public-mental-health-and-wellbeing-and-COVID-19 [Accessed 19th November 2021]

Key messages

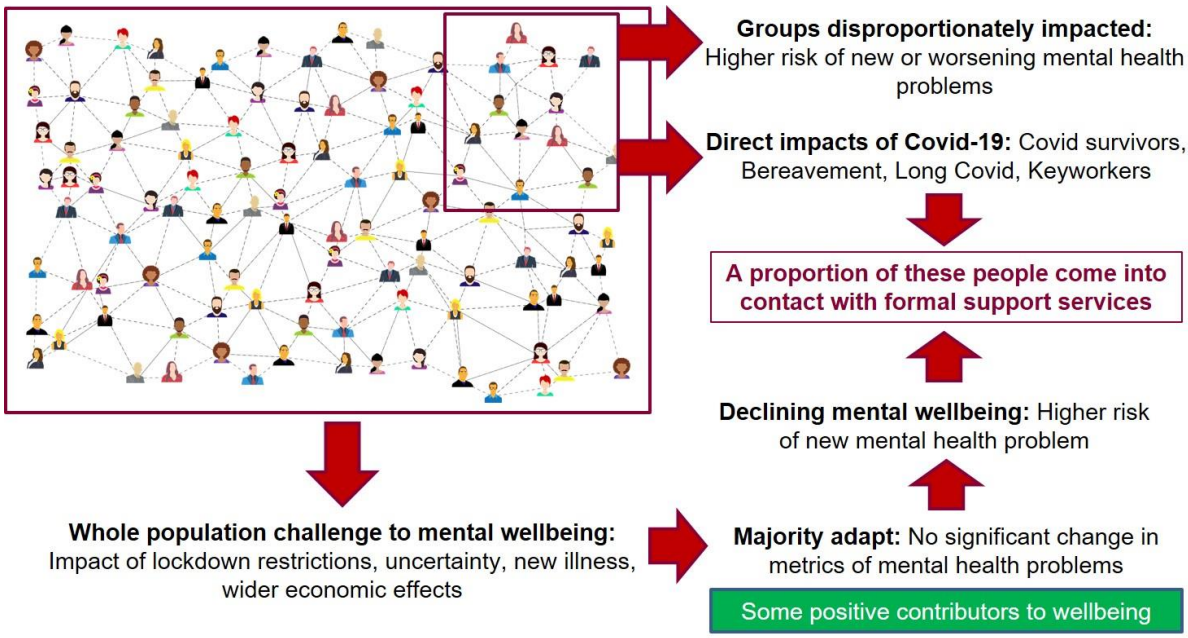


Figure 12: The impact of the pandemic on mental health and wellbeing – Summary

The pandemic has challenged mental health and wellbeing

- There is evidence from both national and local level data of a decline in mental wellbeing during the pandemic
- These changes have not been equally experienced across the population

COVID-19 has been impacting mental health need directly

- The pandemic has led to excess deaths and disrupted experiences of bereavement which may increase the risk of new mental health problems in the medium to long term
- "Long Covid" is an emerging concern and a multidisciplinary response including mental health services forms part of the developing model of care

Existing inequalities in mental health have continued and widened in some cases

- Young adults, women, people with a pre-existing mental or physical health condition, those experiencing loss of income or unemployment, those in deprived areas and some ethnic minority populations were more likely to experience poor or worsening mental health
- Emerging trajectories of psychological distress in response to the pandemic may be important in differentiating short-term reactions to specific circumstances versus the start of a longer-term mental health need and identify which groups will be most affected

Common mental health problems are likely to increase

- Symptoms of anxiety and depression remain more common than the best pre-pandemic estimates with similar trajectories to psychological distress
- There is likely to have been a widening in the gap between experiences of poor mental health and accessing healthcare

- It is difficult to accurately predict the change in mental health problems in the medium to long-term as they have complex associations with individual and socioeconomic factors

Mental health services and VCSE organisations are likely to continue to experience changes

- Evolving picture of changes in mental health needs in the coming years remains uncertain
- A significant shift to remote working – an opportunity to innovate and establish new modes of delivery but attention needs to be paid to service user experience and digital exclusion

Recommendations

The recommendations arising from this report are informed by the following principles adapted from "Better Mental Health for All"[1]:

1. **The wider determinants of mental health are broadly the same as those for other health outcomes**: Existing work on health inequalities will positively impact on mental health outcomes and reducing inequalities remains of central importance
2. **A majority of mental health problems are established during childhood and early adulthood:** A life course approach is essential with a focus on prevention during this period
3. **"A proportionate universalism approach is optimal" [Ref]:** Address whole population mental wellbeing whilst providing additional, targeted support to those in most need
4. **The pandemic has created some unique challenges but also new opportunities:** These should be specifically identified and addressed

It is anticipated that the pandemic will influence mental health need in different ways during the short, medium, and long term. These recommendations are therefore structured around actions to address mental health and wellbeing over these different timeframes.

Meet immediate need: Short term considerations

1. Identifying needs

Much of the evidence in this report is derived from national surveys and studies undertaken outside of our local areas. Whilst these are likely to help identify important trends that are relevant to local need, it will be important to have as clear a picture as possible of local need. This should combine:

- **Identification of key metrics in Primary and Secondary Care to track current mental health need**
- **Continued community engagement including qualitative research (currently planned)**
- **Collating data from multiple sources included local surveys undertaken by VCSE partners**

2. Mapping of local service capacity to demand

Support for mental health problems comes both from health services but also from a wider range of VCSE organisations and informal and community structures. Identifying how current provision

[1] Faculty of Public Health and Mental Health Foundation. *Better Mental Health for All: A Public Health Approach to Mental Health Improvement*. 2016. Available at: https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf [Accessed 19th November 2021]

reflects established and developing need will be important in ensuring the effective use of resources to support recovery. In particular this should focus on:

- **Provision and performance of primary mental health services which are likely to be the main source of support for common mental health problems**
- **Current capacity and activity in bereavement support services**
- **Plans to identify and support people experiencing prolonged symptoms following COVID-19 (Long Covid)**

3. Identify and engage with those at elevated risk during the pandemic

A number of groups are highlighted as potentially being at particularly high or ongoing risk of deteriorations to their mental health during the pandemic. There are establishment resources supporting these groups and it will be important to ensure they are appropriately resourced to identify and respond to changing needs.

- **Continue to work to support potentially vulnerable groups including survivors of domestic abuse, people with a learning disability, autistic people, people living with dementia and carers**
- **Continue to engage with those who were previously shielding to identify ongoing levels of concern relating to COVID-19 risk and ways to support return to greater normality**
- **Pre-empt support needs and plan responses for these groups and others (for example parents and school age children) should additional restriction be required in future**

Mitigate the adverse impacts of the pandemic: Medium term considerations

1. Monitoring mental health need

It is anticipated that the pandemic may lead to new mental health needs, particular in terms of the potential for a rise in common mental disorders. Ongoing monitoring of need as set out above will be important to better understand how this need is developing locally and the capacity of local services to respond.

2. Support those experiencing medium to long term adversity as a result of the wider impacts of the pandemic

The pandemic has the potential to lead to medium to long term increases in mental health need in multiple areas. At this stage, areas which may be sensitive to change include common mental health problems, Long Covid, and issues arising from difficult experiences of bereavement. In addition to mapping of current services, consideration should be given to the capacity to meet potential growth in these areas of need.

3. Employment

There have been substantial changes in employment, with large numbers of workers being furloughed, some losing income or employment, and others seeing a sudden switch to home working. All of these factors can potentially impact upon mental health and wellbeing. Employment is already recognised as having an important association with mental health and should remain a key area of focus.

- **Monitoring local employment levels and identifying disparities in unemployment across different groups in society**
- **Supporting those currently unemployed to find and maintain good quality employment**
- **Leverage opportunities to support mental health in the workplace**

4. Education

Children and young people in all types of education have experienced significant disruption during the pandemic. This is likely to be particularly challenging to those at important junctures in their education. Worries about the impact on long term opportunities have been highlighted by local young people. During this critical period of development, there is opportunity to intervene to support and improve wellbeing and in doing so, seek to reverse the trend of rising mental health need.

- **Continue to invest in whole school approaches to improving mental wellbeing and maintain good mental health**
- **Ensure support is available to address the wider determinants of mental health age in this group**
- **Continue to support improved access to formal mental health support where this is required with a view to early intervention and recovery**

5. Wider determinants of health including housing

Prevention of mental health problems in the medium term will require consideration of action to tackle the wider determinants of mental health. Housing has proven to have an important impact during the pandemic both in terms of COVID-19 transmission risk but also experiences during lockdown. This and other factors in the built and natural environment should be considered as part of a comprehensive approach to mitigating risks for poor mental health.

6. Remote consultations

The pandemic has seen a substantial shift to remote contacts across many parts of health and other support services. There are understandably concerns about the suitability, effectiveness, and acceptability of these in the medium to long term, particularly with regards to the risk of digital exclusion for some. However, this also presents a potential opportunity to provide new ways to access support that may be better suited to some groups.

- **Local engagement to gauge perspectives on and experiences of remote contacts during the pandemic to guide ongoing uptake and development but also identify risks of marginalisation**
- **Review developing research evidence in this area to better understand best practice and most effective utilisation of this resource**
- **Support local communities to increase digital access and work with local organisations to optimise the delivery of support**

Protect, prevent, and promote: Long term approaches to maintaining and improving mental health and wellbeing

The pandemic has highlighted existed mental health inequalities and widened some of these. In the face of new pressures that threaten mental wellbeing and raise the prospect of a growing burden of poor mental health, it is essential to develop effective approaches to maintaining and improving mental wellbeing and preventing mental health problems. This is the focus of the new Health and Wellbeing Strategy and will be set out more comprehensively there.

Appendix 1: Impact for specific groups

Carers

Definition	Informal carers are any person who provides unpaid care, normally to a family member or close friend in the same or another household. Young carers are anyone under age 18 providing unpaid care. Approximately 7% of the UK population provides informal care and around 60% are female [Ref].
Local context	Data is from the 2011 Census and available at PHE Fingertips. Other sources tracking the number of carers in the UK suggests these have relatively similar between then and now. Herefordshire • Approximately 406 children 0-15yrs providing unpaid care • Approximately 863 young adults 16-24yrs providing unpaid care • Approximately 4316 people of all ages providing unpaid care Worcestershire • Approximately 936 children 0-15yrs providing unpaid care • Approximately 2640 children 0-15yrs providing unpaid care • Approximately 4316 people of all ages providing unpaid care
How has the pandemic impacted this group?	A national survey from Carers UK published in October 2020 estimated that an additional 4.5 million people were providing unpaid care during the pandemic. Furthermore, around 80% of carers reported they were providing more care and that the needs of the person they care for had increased. Around half reported this had impacted their health and wellbeing. A national survey of young carers from the Carers Trust showed similar findings with 58% of young carers and 64% of young adult carers reporting an increase in the care they provided. 40% of young carers and 59% of young adult carers felt their mental health was worse. Research collated by Public Health England indicated that unpaid carers were more likely to report higher levels of psychological distress and that these increases were greater compared to non-carers. Furthermore, this increased appeared to be greater for those caring for a child or someone with a learning disability compared to carers for a spouse or partner. On average, carers experienced higher levels of anxiety and depressive symptoms. However, carers also experienced a higher sense of life being worthwhile versus non carers.
What are the considerations now and in future for this group?	• Carers who reported high levels of loneliness were more likely to experience depressive symptoms – addressing loneliness and social isolation during and after the pandemic may reduce this risk • Disruptions to health and other support services are likely to have a cumulative impact on carers and this group may need to be prioritised for support • Carers for children and people with a learning disability should be highlighted as a group at higher risk of psychological distress

Survivors of domestic abuse

Definition	The Domestic Abuse Bill 2021 defines domestic abuse and emphasises that it is "not just physical violence, but can also be emotional, coercive or controlling, and economic abuse." Children are explicitly recognised as victims if they see, hear, or otherwise experience the effects of abuse
Local context	Herefordshire • Approximately 8% of women and 4% of men aged 16-59 had experienced domestic abuse in the previous year (2018) Worcestershire •
How has the pandemic impacted this group?	A parliamentary blog from May 2021 summarised some of the findings in relation to domestic abuse during the pandemic as well as the Government's response. It reports that during the first year of the pandemic, there was a 7% increase in recorded domestic abuse crimes. Calls to the National Domestic Abuse Helpine increase by 65% between April and June 2020. Furthermore, concerns were raised that the proportion of "complex and serious" cases was increasing. A report from Women's Aid covering the period up to August 2020 highlighted that two thirds of survey respondents reported domestic abuse had worsened during the pandemic and over half reported worsening mental health. This was particularly difficult for women living with their abusers and just over three quarters reported they had been unable to leave their abuser during lockdown.
What are the considerations now and in future for this group?	• The pandemic is likely to have worsened the situation of people experiencing domestic abuse, particularly during periods of lockdown • It is likely to have been more difficult for survivors of domestic abuse to escape their situation • Their mental health and also the mental health and wellbeing of children in the family is likely to have been impacted
Relevant local policy	Herefordshire domestic abuse strategy 2019-22 West Mercia Domestic Abuse Strategy

Dementia

Definition	Dementia is a term covering a group of neurodegenerative conditions that tend to affect people later in life. The risk of developing dementia increases substantially over the age of 75 years old. The most common form of dementia is Alzheimer's disease but there are other forms including vascular, frontotemporal and Lewy body dementia.
Local context	Herefordshire • It is estimated that there are 1622 people aged 65yrs and over currently diagnosed with dementia Worcestershire • It is estimated that there are 4370 people aged 65yrs and over currently diagnosed with dementia It should be noted that the estimated dementia diagnosis rate in both counties is significantly below national average (Herefordshire 51.0%, Worcestershire 50.5%, England 61.6%).
How has the pandemic impacted this group?	A report from the Alzheimer's Society on the impact of the pandemic on people living with dementia (PLWD) published in July 2020 indicated that the most common issues to worsen early in the pandemic were difficulty concentrating (48%), memory loss (47%) and agitation/restlessness (45%). This was worse for people living alone than with others. Around half reported their mental health had worsened and a third reported they had lost confidence in going out and carrying out daily tasks. Following the easing of lockdown, PLWD who lived alone were less likely to return to activities outside the home (19% reporting they had met friends and family).
What are the considerations now and in future for this group?	• Dementia is a progressive condition and declines in memory and concentration during the pandemic may not fully recover to levels before • People with dementia who are living alone may be at greater risk of detriment from the periods of lockdown and need additional support to maintain their independence • Caring for a person with dementia can impact upon the wellbeing of the carer and this may be exacerbated by any increases in agitation experienced by the person with dementia
Relevant local policy and resources	Mental Health and Dementia - Herefordshire CCG Support for people with dementia | Worcestershire County Council

Autism

Definition	Autism is a "lifelong neurodevelopmental disability which affects how people communicate and interact with the world. It affects around 1 in 100 people in the UK". Autism can be considered as neurodiversity, recognising difference rather than characterising autism as a problem or disability.
Local context	Herefordshire • Approximately 240 children with autism known to schools Worcestershire • Approximately 988 children with autism known to schools
How has the pandemic impacted this group?	A report from the National Autistic Society highlighted a number of inequalities experienced by autistic during the pandemic. In particular, chronic loneliness was estimated to be 7x more common and low life satisfaction 6x more common. A substantial majority of autistic people (9 in 10) reported concerns about their mental health. Disruption to normal routines and services is likely to have had a more marked impact for autistic people for whom routine and structure may be particularly important. This was also reflected in correspondence from ASPIE (Aspies Into Everything),an organisation in Worcester supporting people with Asperger's Syndrome, a form of autism. Issues affecting people during the pandemic included fears of the virus itself, practical difficulties including finances and housing, difficulties in accessing services, and adjusting to significant changes like bereavement, divorce, or furlough. ASPIE normally provides in-person support through a centre in Worcester, but this had to close temporarily during lockdown resulting to a shift to online contact. Some of the people supported by this group were accessing support on a daily basis to preserve their mental health. Although lockdown restrictions have eased, some people continue to report significant worries about leaving their homes. Concerns were shared about the long-term impact on mental health and wellbeing resulting from the pandemic and the restrictions put in place.
What are the considerations now and in future for this group?	• Prior to the pandemic, mental health problems were more common in this group than in the general population • In general, autistic people are likely to be more sensitive to changes in circumstances and routine and significant changes associated with lockdown and the wider environment of the pandemic are likely to have had a particularly substantial impact for this group • Autistic people may find the adjustment back following easing of restrictions more challenging
Relevant local policy and resources	Herefordshire Autism Strategy 2019-2022 Worcestershire All-Age Autism Strategy

Learning disability

Definition	"A learning disability affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills, or coping independently. Around 1.5 million people in the UK have a learning disability." (NHS)
Local context	Herefordshire • Approximately 705 children with a learning disability known to schools • Approximately 24 children with profound and multiple learning disabilities known to schools • Approximately 610 adults with a learning disability receiving support from the local authority Worcestershire • Approximately 2370 children with a learning disability known to schools • Approximately 55 children with profound and multiple learning disabilities known to schools • Approximately 1490 adults with a learning disability receiving support from the local authority
How has the pandemic impacted this group?	The Local Government Association highlighted how the loss of routine, activities, and social contact for people with a learning disability may have been more difficult to understand and cope with, limiting their independence. Some of the main priorities highlighted for this group during the pandemic were changes to mental health and challenging behaviour. Furthermore, people with a learning disability were at greater risk from the virus with the death rate from COVID-19 being just over 4x higher than the general population. As noted in the carers section above, the impact on family and carers of people with a learning disability was particularly high. Disruptions to the provision of formal care are likely to have put additional pressure on carers.
What are the considerations now and in future for this group?	• People with a learning disability are likely to have higher care needs than the general population and disruptions to formal care are likely to have a disproportionate impact on this group and their independence • People with a learning disability and their family are more likely to have been bereaved during the pandemic as this group experienced substantially higher death rates from the virus across all age groups
Relevant local policy and resources	Learning Disability Strategy (herefordshire.gov.uk) Learning Disabilities | Worcestershire County Council

Offenders

Definition	In this report, offenders who are currently in prison (and were during lockdowns) are considered. This is due to the particular issues facing prisons during the pandemic.
Local context	Prisons in our regions include: • HMP Long Lartin – a high security men's prison in Evesham (496 prisoners as of 30/6/21) • HMP Hewell – a men's prison near Redditch (844 prisoners as of 30/6/21) Prison population (justice.gov.uk)
How has the pandemic impacted this group?	Prisoners are more likely than the general population to have pre-existing health needs including higher rates of mental health problems, self-harm, and suicide. 37% of the total spending on healthcare goes on mental health and substance misuse (more than double the relative spend in the general population). (House of Common Committee of Public Accounts, 2017) Disruption to the criminal justice system saw a greater amount of time spent on remand during the pandemic and prison visiting was severely limited during the initial lockdown with periods up to 23 hours per day being spent in cells. The prison system also came under increased pressure from higher staff absence. Some of these pressures were eased by early release of eligible, low risk prisoners (Hewson et al, 2020). A scoping review of research in this area highlighted fears of COVID-19, impact of isolation, discontinuation of visiting and reduced access to mental health services as key concerns being identified but also commented on the poor quality of evidence in this area (Johnson et al., 2021).
What are the considerations now and in future for this group?	• Prisoners are a group with high levels of pre-existing mental health need • Pandemic restrictions, particularly early restrictions on visiting and prolonged time in cells is likely to have impacted on mental health in this group • National and local measures to contain infections should consider the mental health impacts and seek ways to minimise and mitigate these where possible
Relevant local policy and resources	COVID-19 mental health and wellbeing recovery action plan - GOV.UK (www.gov.uk) – See section on offenders

Shielding

Definition	The shielding programme was introduced to try to protect those most vulnerable at risk of harm from COVID-19 from infection – the "clinically extremely vulnerable".
Local context	Data on the number of people previously designated clinically extremely vulnerable can be found here: Coronavirus Shielded Patient List open data set, England - NHS Digital • In Herefordshire, this was 11205 people (5.83% of the population) • In Worcestershire, this was 33680 people (5.69% of the population)
How has the pandemic impacted this group?	Participants in the English Longitudinal Study of Ageing (ELSA) who were in the group advised to shield. Those who were self-isolating were twice as likely to experience severe depressive and anxiety symptoms versus the average risk participants and also reported more impairments in life satisfaction, happiness, sense of purpose, sleep, and general quality of life. Furthermore, loneliness was much more common in the group self-isolating (33% vs. 21%). (Steptoe and Steel, 2020)
What are the considerations now and in future for this group?	• Although this guidance has now been withdrawn, there is evidence that people who were previously shielding are more anxious about the easing of restrictions (Mental Health Foundation, 2021)
Relevant local policy and resources	Shielding for clinically extremely vulnerable people to be lifted – Herefordshire Council Coronavirus (COVID-19) Advice for the clinically extremely vulnerable | Worcestershire County Council

Homelessness

Definition	Homelessness is defined as occurring when "a household has no home in the UK or anywhere else in the world available and reasonable to occupy". This includes rough sleeping but is much more than this. People are considered homeless if they are living in temporary accommodation, insecure housing (e.g. domestic violence or sofa surfing) or inadequate housing (e.g. extreme overcrowding).
Local context	Herefordshire • TBC Worcestershire • As of 6/8/21: • 18 rough sleepers in temporary accommodation • 24 rough sleepers on the street
How has the pandemic impacted this group?	The onset of the pandemic saw the introduction of the "Everyone In" approach which attempted to provide hotel and emergency accommodation to rough sleepers. Despite significant successes, there remained barriers to implementing this universally. In a series of interviews undertaken by Shelter, almost all (20/21) reported that they or their partner's mental health had been negatively affected by living in temporary accommodation. Associated factors included poor living conditions, isolation, and uncertainty. 8/10 parents reports felt that living in temporary accommodation had a negative impact on their childrens' mental health. Crisis reported on changing needs for homeless population during the pandemic through surveys with voluntary sector organisations and in-depth interviews with local authorities across Great Britain. The two main support needs identified were: loneliness and isolation, and mental health issues. The most recent quarterly Government report on homeless in England covering the period April to June 2021 highlighted how the removal of restrictions on the private rented sector has led to a substantial rise in eviction notices being served to private tenants. However, this level remained lower than the same period in 2019 prior to the onset of the pandemic.
What are the considerations now and in future for this group?	The impact of both the pandemic and the responses to address rough sleeping continue to evolve. The Local Government Association have shared ongoing issues of concern including: • The experience of people with no recourse to public funds • Despite the successes of "Everyone In" it remains to be seen whether similar gains can be maintained • Meeting needs for shelter (particularly cold weather protection) needs to be balanced to the issue of increased COVID-19 transmission risk • Access to health services, including mental health support, has remained challenging in this group
Relevant local policy and resources	Housing in Herefordshire – Herefordshire Council Homeless or at risk of homelessness - Worcester City Council