COVID-19 ADULT MENTAL HEALTH NEEDS ASSESSMENT FOR PLYMOUTH
SUMMARY
2021

BACKGROUND

The COVID-19 pandemic and the control measures to reduce transmission have impacted on almost all aspects of our lives. This is having profound health, economic and social consequences, all of which will impact on our mental health and wellbeing now and into the future. Moreover, these impacts are experienced differently by different groups. There is a risk that the pandemic may increase and entrench mental health inequalities that existed and were widening before the pandemic. It is crucial that we increase our knowledge of the broad impacts of the pandemic on mental health and wellbeing and the population groups that are more greatly affected. This will enable the mental health needs of our population and the hardest hit groups to be recognised and monitored so that appropriate support can be provided to mitigate the impact.

The aim of this needs assessment is to bring together what is known nationally and locally about the impact of the COVID-19 pandemic on mental health and wellbeing needs in adults and to make recommendations to the local system to improve the mental health of our population. This is achieved by:

- Outlining the baseline mental health and wellbeing profile for Plymouth prior to the COVID-19 pandemic.
- Reviewing the emerging evidence on the impact of the pandemic on mental health on the population as a whole and on particularly vulnerable groups.
- Assessing how the pandemic may affect mental health needs in the future.
- Gathering perspectives from mental health service providers in Plymouth.
- Providing evidence-based recommendations.

The evidence presented has been brought together from what was available between November 2020 and May 2021. New evidence will emerge, and the situation of the pandemic will change after this time period, which then may supersede some of the findings.

PLYMOUTH PROFILE

Understanding the population of Plymouth is fundamental to providing mental health services and support in the city. 263,070 people are estimated to live in Plymouth according to the Office for National Statistics (ONS) mid-year estimate 2017. The population of Plymouth is expected to grow to around 274,300 by 2034. Figure 1 shows that many areas in Plymouth are in the most deprived quintile nationally and that there is a greater level of

deprivation in Plymouth compared to the England average. Furthermore, the map highlights the wide variation across the city.

Figure 1: (A) Map of Plymouth showing 2017 electoral wards (bold lines) and lower super output areas by deprivation.
(B) Graph showing proportion of Plymouth residents living in the five deprivation quintiles, compared to England.
Darker green areas indicate higher areas of deprivation.
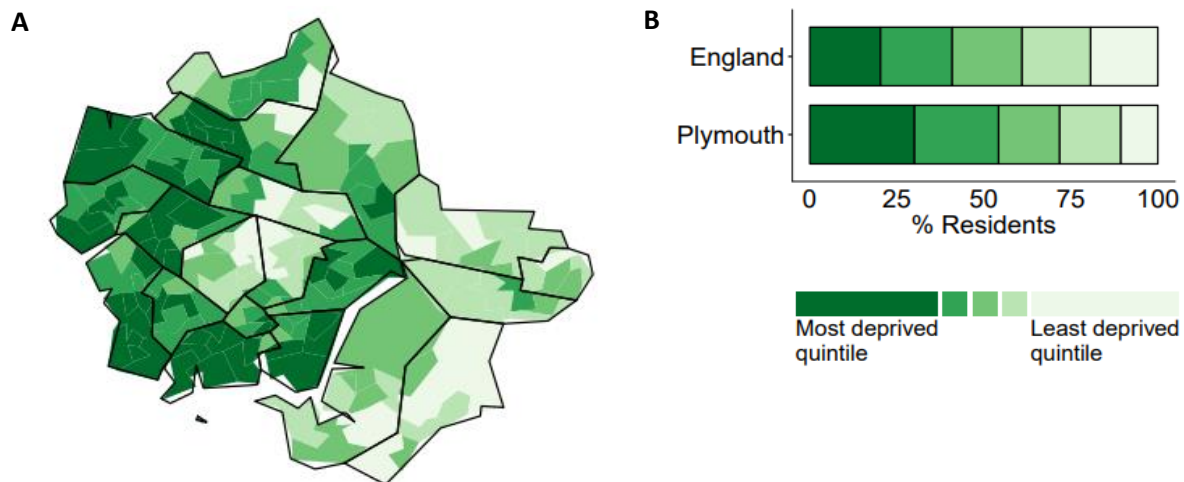
Lines represent electoral wards (2017). Quintiles shown for 2011 based lower super output areas (LSOAs). Contains OS data © Crown Copyright and database rights 2018. Contains public sector information licensed under the Open Government Licence v3.0

Source: PHE Plymouth Health Profile 2018

MENTAL HEALTH AND WELLBEING

Good mental health is more than just the absence of mental disorders but is an essential component of good health. Mental health is a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community. Wellbeing can be described as the balance point between an individual's and community's resource pool and challenges faced. Stable wellbeing is when individuals or communities have the psychological, social and physical resources they need to meet particular psychological, social and/or physical challenges. Good mental health and wellbeing is strongly influenced by the conditions in which people are born, grow, live, work and age. Promoting mental wellbeing and supporting mental ill health is essential not only for individuals and their families, but to society as a whole. In the UK:

- One in four people will experience mental illness in their lifetime.
- One in six people experience mental illness at any one time.
- 75% of mental health conditions in adult life (excluding dementia) start by the age of 24.

- Mental ill health is estimated to cost the UK economy £105 billion a year in health care and loss of productivity costs.

Within the population there are also significant avoidable inequalities in mental health problems that exist between groups based on personal characteristics, stage of life and conditions of living.

MENTAL HEALTH AND WELLBEING PRE-COVID

These baseline (pre-pandemic) mental health statistics and outcomes in Plymouth are summarised in Table 1:

Table 1: Summary of baseline mental health indicators in Plymouth prior to the COVID-19 pandemic

Indicator	Plymouth	Comparison to England
Prevalence of common mental disorders (2017)	18.2 %	Significantly worse
Low life satisfaction score (2019/20)	4.0%	Statistically similar
Low worthwhile score (2019/20)	3.8%	Statistically similar
Low happiness score (2019/20)	7.7%	Statistically similar
High anxiety score (2019/20)	22.2%	Statistically similar
Emergency hospital admissions for intentional self-harm (2019/20)	244.0 per 100,000	Significantly worse
Suicide rate (2017-2019)	11.7 per 100,000	Statistically similar
Excess under 75 mortality rate in adults with serious mental illness (2015-2017)	269.9%	Significantly better

This indicates that before the pandemic across a variety of metrics mental health and wellbeing in Plymouth was generally in line with or worse than national rates. In Plymouth the excess premature mortality in those with serious mental illness is significantly better than the national average, but this metric still highlights the poorer health outcomes experienced by those with mental health problems.

MENTAL HEALTH SERVICES

Plymouth is part of the NHS Devon Clinical Commissioning Group (CCG). Livewell South West are commissioned to provide health and social care services in Plymouth and deliver all specialist mental health services within Plymouth, including inpatient psychiatric units and Community Mental Health Teams (CMHTs). Plymouth City Council commission a number of mental health services that promote good mental health and support people with lower levels of need. There is also a network of community sector and private organisations that are brought together by the Plymouth Mental Health Network.

MENTAL HEALTH AND WELLBEING DURING COVID-19

National evidence for changes to mental health and wellbeing due to the COVID-19 pandemic is monitored and presented by the Public Health England (PHE) COVID-19 mental health and wellbeing surveillance report. This is regularly updated and triangulates available evidence from weekly data and academic research. **The evidence so far suggests that at a population level mental health and wellbeing worsened at the start of the pandemic in spring 2020. This was followed by a recovery in the summer of 2020 as lockdown was eased, but not to pre-pandemic baselines. More recent evidence suggests a further decline in population mental health in the winter of 2020/21.** There is no evidence of changes in rates of self-harm or suicide since the start of the pandemic, although there is some evidence of increases in self-harming thoughts and behaviours in some risk groups. This includes those who have experienced abuse or have financial worries.

The evidence suggests that the mental health of **certain groups of people have been disproportionately affected by the pandemic**. These groups are shown in Box 1.

Box 1: Groups at risk of mental ill health since the start of the COVID-19 pandemic.

- Young adults
- Females
- Black, Asian and Minority Ethnic (BAME) men
- Adults living with children, in particular lone mothers
- Adults with pre-existing mental health conditions
- Adults with pre-existing physical health conditions
- Older adults who were recommended to shield
- Older adults with multi-comorbidities
- Adults who are socially isolated
- Adults with low household income or relative socio-economic position
- Adults who experienced loss of income, especially the self-employed
- Adults with financial worries
- Carers (formal and informal)
- Frontline health and care staff

Many of these are groups that before the pandemic were at higher risk of mental health problems, demonstrating the **potential of the pandemic to increase mental health inequalities.**

The total number of GP diagnoses of depression decreased in the pandemic. This is concerning because undiagnosed depression is risk factor for suicide. GP diagnoses of depression as a proportion of all GP diagnoses has increased.

FUTURE MENTAL HEALTH NEED

The changes in mental health seen so far may not be the full extent of the impact of the pandemic on mental health. This is because:

- It may be too early to see some of the impacts of the pandemic on mental health.

- The ongoing challenge of the pandemic may continue to affect mental health.

- The pandemic may have environmental, cultural and socio-economic impacts, which in turn will continue to impact mental health. Examples include the possibility of recession, rise in unemployment and rise in deprivation.

Predicting any future changes is fraught with many uncertainties but may signal areas that need closer monitoring.

The Centre for Mental Health report predicts that as a direct result of the pandemic, up to 8.5 million adults in England (almost 20% of that population) will need either new or additional mental health support. The vast majority of these will be in people who have existing mental health conditions or the general population. Other groups identified were NHS workers, the bereaved and the unemployed. **In Plymouth these figures equate to almost 27,000 of the estimated 39,000 people with common mental disorders requiring additional support and over 17,000 from the general population requiring new support for mainly moderate-severe depression or anxiety**. However, it is unclear from the model what the level of need will be and the timeframes for when people may need services. In addition, the model is due to be updated in May 2021 with more current evidence, but at the time of writing, this is not yet available.

There are a number of risk and protective factors that are well known to influence mental health. The pandemic is likely adversely to affect many of these factors and so will adversely affect mental health into the future. Strengthening protective factors and minimising risk factors provides a focus for action by which the mental health demands and needs can be addressed in the recovery from the pandemic.

The protective and risk factors, their pre-pandemic level in Plymouth and the impact of the pandemic on them are summarised in Table 2:

Table 2: The impact of the pandemic on risk (A) and protective (B) factors for mental health.
Red = statistically worse than England average, Amber = statistically similar to England average.

(A) Risk factor	Metric	Pre-pandemic level in Plymouth	Impact of pandemic
Deprivation and inequality	Deprivation score	26.6	Likely to worsen
Unemployment and poor working conditions	Unemployment rate	4.5%	Likely to worsen Large (75%) increase in people in Plymouth claiming Universal Credit
Poverty and financial insecurity	Living in income-deprived household	16.3%	Likely to worsen Increased calls to Advice Plymouth for debt advice
Poor housing and homelessness	Statutory homelessness	2.6 per 100,000	Improved with initiative to provide accommodation for homeless people, but may increase in future due to economic impacts and end eviction protection
Crime and violence	Violent offences Sexual offences	36.5 per 100,000 3.7 per 100,000	National increase in domestic abuse-related offences
Alcohol consumption	Hospital admissions for alcohol-related conditions	636 per 100,000	Likely to worsen in risk groups National increase in alcohol-related mortality in 2020

(B) Protective factor	Metric	Pre-pandemic level in Plymouth	Impact of pandemic
Community wellbeing and social capital	Adult social care users who have as much social contact as they would like	41.4%	Unclear. Reduced ability to meet people, but examples of increased community cohesion
Physical activity and use of outdoor space	Physically active adults Physically inactive adults	65.9% 19.7%	Likely to worsen in risk groups

PERSPECTIVES OF MENTAL HEALTH PROVIDERS IN PLYMOUTH

A series of structured but open meeting with ten providers of mental health and affiliated services were held in December 2020 to inform this needs assessment. These providers, listed in Table 4, were in both the statutory and third sector.

Table 3: Mental health service providers in Plymouth interviewed as part of this needs assessment

Service	Brief description
Livewell South West Mental Health	Providers of statutory mental health services in the city, which includes (but not exclusively) the inpatient unit, CMHTs, Improving Access to Psychological Therapy (IAPT), and the First Response Team (a new service set up in May 2020 as a crisis advice line).
Advice Plymouth	A charity that delivers an advice an information service around many areas including, benefit and tax, employment, housing, money and debt.
Colebrook Support Services	Support Services forms a part of the wider Colebrook organisation and provides supported accommodation, support to vulnerable people in the community to develop independence and skills via a number of different services.
Colebrook Head Space	Head Space offers an out-of-hours service for people who consider that they are approaching a mental health crisis, where individuals can access peer support in a non-clinical, safe environment.
Rethink Plymouth	A charity that provides a range of support including a variety of group and one-to-one support for people affected by mental illness.
Devon Mind	A charity that provides advice and support to empower anyone in Devon experiencing a mental health problem.
Wolseley Trust	A business and Community Economic Development Trust that provides the social prescribing service to the majority of the primary care networks in Plymouth.
Elder Tree Befriending	A charity that provides a befriending service for vulnerable and socially isolated people over the age of 50 and aims to engage their beneficiaries in social engagement activities close to where they live to generate peer support.
Community Connections	A multi-disciplinary team within the Local Authority that work with and in communities to support and empower citizens to make sustainable change in their lives. This includes working with people who are homeless or at risk of homelessness.
Community Connections Youth Team	Work with young people in Plymouth who are up to 25 where there is a need, delivering range of services, projects and facilities including youth centres, street-based youth work, and a young carers project, a group aimed at young people on the autistic spectrum.

A collated summary of these discussions is presented below:

- **Service delivery models:** There has been a rapid change to remote service delivery to support clients since the start of the pandemic, with limited ongoing face to face work at a reduced capacity when possible for specific needs. Remote delivery was good for some individuals due to the convenience of access; however, other individuals would prefer or need face to face interaction. Providers generally considered remote interactions to be of poorer quality due to the difficulties of building a relationship and trust and ability to pick up on non-verbal cues and additional or hidden issues.

- **Level of need:** Some providers reported that they were managing a higher level of need through their phone lines than they were equipped to.

- **Demand:** Changes in demand and need since the start of the pandemic are difficult to accurately quantify because of the changes in service delivery models. Demand generally fell at the start of the pandemic and increased thereafter. In some cases, this demand has stayed below pre-pandemic levels, but in others it is has overtaken pre-pandemic levels. There is also a suggestion that reduced access to mental health services during the pandemic may be increasing mental health needs.

- **Ability to meet demand:** At the time, providers felt that they are able to meet the need that they are faced with, however, there are signs of increasing need across many services.

- **Challenges;** Challenges for providers include staff wellbeing, recruitment and retention, having meaningful engagements with clients, reduced capacity, difficulty keeping up with guidance, circular signposting, difficulties for individuals to access formal mental health services at the time of need, poor transitions between services, uncertainty about the future and resources, escalation of needs due to the pandemic and additional stressors, such as the British Exit from the European Union.

- **Improvements:** Potential service and system improvements suggested were: a blended approach of face to face and remote delivery, strengthening of collaboration between mental health teams, primary care, social prescribers and VCSEs, strengthening of public mental health, prevention and early intervention, clear messaging about services available, greater awareness of trauma informed practice, strengthening of organisations working at a community level, wider consultation with the community to understand needs, issues and concerns, and improving outdoor space for young people.

CONCLUSIONS FROM EVIDENCE AND INTELLIGENCE

Bringing all of these findings together, this report finds a number of conclusions:

- **It is likely to be too early to see the extent of the mental health impact of the COVID-19 pandemic**. Further evidence is likely to emerge in the coming months and years and therefore the evidence base for the impact of the pandemic on mental health will become more robust. Furthermore, the future of the pandemic is uncertain and therefore the ongoing impact on mental health is also uncertain.

- Current national evidence and data suggests that already **population level mental health and wellbeing is being negatively affected by the pandemic.**

- Whilst the pandemic is a collective trauma, **the burden of distress is greater in certain groups**. The evidence shows that the mental health and wellbeing of some specific groups is disproportionately affected. Some of these groups correlate with the groups that are already more vulnerable to mental health issues and so **there is a risk that the pandemic will widen and entrench mental health inequalities.**

- There is evidence that **the pandemic is having a major impact on the risk and protective factors for mental health**. In general, the pandemic has increased the risk factors for mental health problems, especially in the already more vulnerable groups. This may therefore lead to increasing mental health needs and increasing socio-economic inequalities in the future.

- **In Plymouth, mental health services have seen varying patterns of demand and it is difficult to draw conclusions from the intelligence** we have so far due to the changes in service delivery and because there may be numerous explanations. The new First Response Unit and reduced access to GPs may have contributed in a reduction in referrals to the CMHTs. In contrast, some of the services that do not require a referral but have changed to open access telephone lines have seen their demand increase.

- **National modelling predicts that there will be a very significant increase in mental health needs as a result of the pandemic**. Escalation of mental health needs as a result of the pandemic, may be seen across two main groups: those without pre-existing mental health issues and those with pre-existing mental health conditions.

- Escalation of needs may occur in the general population because a large number of people are likely to have had additional challenges to their wellbeing as a result of COVID-19. Whilst most people may not develop any or only mild mental illness, if a proportion of these develop mental illness requiring service use, this is **likely to lead to a large rise in demand for mental health services**.

- **In the population with pre-existing mental illness,** additional needs may develop because of the challenges of the pandemic as with the general population, but, in addition, they are more likely to have had disruption to their care during this time, which may contribute to **relapse and/or escalating needs.**

- Local intelligence suggests that there has not been a sudden substantial increase in demand for mental health services in 2020. Providers are currently able to keep up with demand, but they are facing challenges. However, mental health is complex and multi-factorial. Individuals have different challenges and resources, and these have been affected in different ways and over a different timeframe. **Therefore, a predicted increase in mental health needs will not happen suddenly, but is more likely to be a slower, gradual and insidious increase.** Given the difficulty in managing current levels of mental health needs and the general increase in the prevalence of mental health conditions before the pandemic, this may in time become very difficult to manage in the system.

Table 5 summarises the findings across four key indicators of mental health, looking at the situation in Plymouth before the pandemic and the national and local evidence for the impact of the pandemic on these indicators.

Table 4: Impact of the pandemic on key indicators for mental health.

Indicator	Pre-pandemic Plymouth rate	Known impact of COVID-19 nationally	Impact of COVID-19 in Plymouth
Prevalence of common mental disorders	18.2 %	• The population prevalence of anxiety and depression symptoms have likely increased, especially in risk groups. • There have been increases in loneliness, psychological distress and low life satisfaction in risk groups. • The proportion of GP diagnosed depression as a proportion of all GP diagnoses has increased.	• Demand for open-access telephone and online support services has generally increased. • Reduced demand for IAPT and CMHTs but this may be due to new First Response Service. • General increase in risk factors for mental health may further exacerbate this in at risk groups.
Self-reported wellbeing Low life satisfaction Low worthwhile Low happiness High anxiety	4.0% 3.8% 7.7% 22.2%	• Evidence of increases in anxiety symptoms, psychological distress and low life satisfaction scores.	• Demand for open-access telephone and online support services has generally increased. • General increase in risk factors for mental health may further exacerbate this in at risk groups.
Emergency hospital admissions for intentional self-harm	244 per 100,000	• Currently, no significant changes in self-harming thoughts or behaviour have been found. However, certain groups have been at higher risk, including those who have suffered abuse and financial concerns	• No current evidence found for changes in rates of self-harming. • General increase in risk factors (e.g. unemployment) factors for mental health may lead to future increases in at risk groups.
Suicide rate	11.7 per 100,000	• Currently, no change in suicide rates have been found since the start of the pandemic, but previous emergencies have been associated with a rise in suicide rate.	• No current evidence found for changes in rates of suicide. • Some anecdotal evidence of increase in suicide thoughts and attempts in some groups. • General increase in risk factors (e.g. unemployment) for mental health may lead to future increases in at risk groups.

GAPS

There are some groups, who are known to be at increased risk of mental health issues that are not covered in this needs assessment, either because of the scope of this report or the lack of evidence available either nationally or locally. It is therefore unclear how the needs of these groups have changed because of the pandemic and/or whether these needs are being met locally. These groups with gaps in intelligence include:

- Children and young people
- BAME groups
- Victims of domestic abuse and crime.
- People who are homeless or at risk of homelessness
- Carers and healthcare workers

The findings from this needs assessment suggests that particular groups that are more likely to have gaps in mental health support as a result of the COVID-19 pandemic:

- Young people
- People with pre-existing mental health conditions
- People who have a low income, are socioeconomically deprived, unemployed and/or in financial debt
- Groups with little or no digital access
- People who work in mental health services

RECOMMENDATIONS

The widespread impact of COVID-19 and the social and economic consequences of the pandemic have highlighted the **urgent importance of promoting mental health and tackling mental ill health at a population level**. The burden of mental illness prior to COVID-19 was already significant and the pandemic is widely expected to increase this burden and exacerbate existing mental health inequalities.

A public mental health approach attempts to build the resources and resilience of individuals and communities so that they can face the challenges in their lives in order to prevent the onset, development and escalation of mental health problems. It aims to strengthen the protective factors for good mental health and reduce the risk factors for poor mental health at an individual and community level. This upstream approach will, in turn, impact positively on the NHS and social care system and there is evidence that a range of prevention activities are cost-effective. Targeted interventions aim to reduce mental health inequalities and improvement to mental health services will improve the lives of those who have developed mental health issues.

The overriding recommendation of this health needs assessment is that key organisations within the Health and Care system in Plymouth should sign and work together to meet the commitments of the Public Health England Prevention Concordat for Better Mental Health.

The consensus statement describes the commitment that is made by signatories to the concordat (Box 2):

Box 2: The PHE Prevention Concordat for Better Mental Health consensus statement.

The undersigned organisations agree that:

To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system, and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at a local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equity.

We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.

We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of resources.
We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action.

We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.

We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this concordat and its approach.

This would set a clear direction to the local health and social care system that all should work towards a tangible increase in the promotion of mental health and wellbeing and the prevention of mental ill health. The public health team should continue to provide system leadership, working within the existing multi-agency groups and networks in the city, to co-develop a strategy and action plan for increasing work to promote mental health and wellbeing and prevent mental ill health across the system.

The concordat provides a cross-sector focus on public mental health approaches. It also acknowledges the important role of people with lived experience of mental health problems.

Examples of actions that can be taken are framed around the five domains of the Prevention Concordat. The individual recommendations are framed around the five domains of the PHE Prevention Concordat for Better Mental Health.

Understanding local needs and assets:

- Share results of this needs assessment.
- Undertaken specific children and young people COVID-19 emotional health and wellbeing needs assessment.
- Continue to monitor the evidence for the impact of COVID-19 on mental health.
- Undertake a BAME audit of service within the mental health system.
- Undertake a city-wide consultation to understand the local needs.
- Close monitoring of demand for mental health services in the city.
- Further our understanding of the impact of COVID-19 on the risk and protective factors for mental health.

Working together

- Collaborative work across organisational boundaries and sectors should continue and be strengthened to embed good mental health promotion and mental ill health prevention within the local authority, NHS, public, private and voluntary and social sector organisations.
- Explore how collaboration between mental health partners in the city at all levels (mental health teams, primary care and VCSEs) can be strengthened.
- Improved community engagement.

Taking action for prevention and promotion, including reducing health inequalities

- Promotion of population level interventions, such as 5 ways to wellbeing, workplace wellbeing, and community empowerment.
- Strengthening of services relating to the wider determinants of health including, financial, debt, housing, food banks and unemployment services.
- Continuing to value, support and develop our outdoor green and blue spaces and improve access for all.
- Improving mental health services by improving access, provision of blended face to face and digital services, improving collaboration between services including during user transitions between services, promotion of the First Response Unit, addressing loneliness, using trauma informed practice, promoting staff wellbeing.

Defining success and measuring outcomes

- System partners should agree set of strategic aims for better mental health that are translated into actions and integrated into operational plans.
- A set of key mental health indicators and outcomes as well as measures for the risk and protective factors for mental health should be measured and monitored.

- Build evaluation into mental health interventions to improve knowledge of what works locally.

Leadership and direction

- Plymouth City Council's public health team should continue to provide systems leadership for public mental health and continue to advocate for a prevention and promotion approach in the existing fora and multi-agency groups in the city; including in the:
  - Plymouth Mental Health Programme Board
  - Plymouth Suicide Prevention Strategic Partnership Group
  - Plymouth Emotional Health and Wellbeing of Children and Young People Group
  - Plymouth Mental Health Network
- Senior leaders across the system should continue understand the value of good mental health as an asset to society, consider mental health in all policy decisions and make sure that a wide range of organisations address public mental health and are held to account for jointly agreed actions.