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# The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem

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# Key messages

- The consequences of the COVID-19 pandemic on mental health could be considerable.
- In some cases, people's experience of the COVID-19 pandemic could require professional care from mental health services. Some could develop a mental illness for the first time, and some with existing problems could find their symptoms worsening.
- Prior to COVID-19 mental health services were often unable to provide all patients with the level of care they required because of a lack of resources. We are concerned that the anticipated increase in demand on services could make that provision worse still.
- The pandemic's impact on population mental health could also widen existing inequalities in our society if sufficient attention is not given to the specific vulnerabilities of certain groups and demographics.
- We want to see action from government to properly fund and equip services for the anticipated increase in demand, and to make access easier for anyone who needs it. We also want to see preventative measures better prioritised to look after the mental health of the public and health workforce alike.

# Introduction

The COVID-19 pandemic has caused significant loss of life and disruption. The lockdown restrictions that were introduced in England, whilst necessary to control the virus, have had widespread and negative economic consequences, uprooted everyday life, enforced social isolation, and exacerbated health inequalities.[1] The potential consequences for mental health are considerable.

The pandemic, and measures put in place to stop it spreading, risk people's mental health in two distinct ways. Firstly, early reports show that it has already affected those with pre-existing mental health conditions.[2,3] Secondly, we know that social isolation and quarantine can directly harm people's mental and emotional wellbeing.[4]

Prior to COVID-19 mental health services were already under strain. In January, the BMA published a report calling for government action to go beyond parity of esteem by securing parity of resource, access and outcome for services.[5] Many of the problems we highlighted at the time risk getting worse as a result of COVID-19, if they are not addressed urgently.

This paper outlines how the impact of COVID-19 may affect population mental health and put additional pressure on already-stretched mental health services. We revisit our recommendations from the January *Beyond Parity of Esteem* report and set out why the mental health sector must be prioritised to ensure services can meet the needs of patients as we move into the next stages of managing the pandemic.

# COVID-19 and the mental health landscape

## Social isolation can have a negative effect on mental wellbeing

Past epidemics have seen rates of negative emotions rise in populations that are quarantined. A recent rapid review of 24 quarantines found that the vast majority had impacted negatively on well-being and mental health.[6] Negative psychological effects included post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma.

The measures that were introduced to mitigate the effects of the virus (such as self-isolation and social distancing) have meant that usual positive coping methods, such as seeing loved ones, engaging in the community and taking part in outdoor activities, have been harder to access. There is also emerging evidence to suggest that people are resorting to unhealthy coping methods. For example, there is a reported rise in problem drinking amongst Britons during lockdown, which risks the development and exacerbation of poor mental health.[7]

## Experiences of living through the pandemic could cause or worsen a mental illness

A strong public health response is required to address concerns about an increase in certain mental health conditions, such as depression, anxiety, substance abuse, post-traumatic stress disorder and complex grief. Data from the 1918-19 flu pandemic in USA and the 2003 SARS pandemic in Hong Kong show an increase in suicide rates.[8] Emerging evidence also suggests those who have had particularly severe symptoms of the virus could see their mental health deteriorate. The first comprehensive review of evidence on the psychiatric consequences of coronavirus infection examined data from those hospitalised during previous pandemics as well as COVID-19. The results suggest those hospitalised are at greater risk of developing depression, anxiety and Post-traumatic stress disorder.[9]

## An economic downturn risks mental health

The financial consequences of the restrictions on businesses have also led to warnings, including from the Chancellor of the Exchequer, of a severe, prolonged, and deep recession.[10,11] There is evidence to suggest that increasing unemployment and financial hardship could see a rise in suicide rates.[12,13]. The effects of economic recessions on rates of child abuse, domestic violence, substance misuse, mental illness and suicide are also well documented.[14] Research from the Centre for Mental Health has estimated, based on the impact of the 2008 banking crisis, that we might expect an additional 500,000 people to experience mental health conditions.[15]

## There are concerns about the impact on specific populations

The COVID-19 outbreak has already highlighted and exacerbated deep-rooted health inequalities. Those from the Black and Asian Minority Ethnic (BAME) community are at higher risk of both contracting and dying from COVID-19 than white people.[16] There are concerns across both the mental health and BAME charity sectors about the mental health consequences on BAME populations.[17] The World Health Organization has also warned that older adults, especially in isolation and those with cognitive decline or dementia, may also become more anxious, angry, stressed, agitated and withdrawn during the outbreak or while in quarantine.[18] Responding to the needs of specific vulnerable groups is vital.

We are concerned that children and young people will be adversely affected, and research exploring this further must be prioritised. The effects of staying home from school will have to be carefully monitored. For those children and young people particularly vulnerable to mental illness, a long break from school could affect normal psychological development. Summer holidays, for example, are associated with a setback in mental health and wellbeing for children and adolescents.[19] There have also been concerns raised about children who are at risk of child abuse who are isolated at home.[20] There is a well-established link between child abuse and worse mental health outcomes, and so the effects on mental health could be significant.[21]

## Some NHS and other frontline workers may need additional mental health care and support.

Prior to the COVID-19 pandemic, results from the 2019 NHS staff survey found that 40.3% of healthcare staff had reported feeling unwell as a result of work related stress in the last 12 months and this has been steadily increasing since 2016.[22] According to our latest membership tracking survey (18th June) over a quarter of GPs and 33% of hospital doctors who consider themselves to be suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition, say it is worse during the pandemic than before.[23]

### Urgent support is required for mental health services

The need to provide capacity to meet the immediate demands in acute care of COVID-19 led to a realignment of NHS services at the outset of the pandemic. People's ability to access mental health care, which was already patchy and often very delayed, was severely disrupted. In May, a Mind survey reported that 22% of surveyed mental health patients had had their appointments cancelled and one in four people not been able to access help at all.[24] Data elsewhere suggests there were nearly two million fewer GP appointments made in March compared to last year and there has been a significant drop in referrals to mental health services from primary care, schools and A&E departments.[25, 26] This has led to patients presenting late to services with more serious needs. Four in ten psychiatrists have reported an increase in people needing urgent and emergency mental healthcare – including new patients – in the wake of the lockdown.[27]

In recent years, there has been an encouraging policy focus on mental health in England. The 2016 Five Year Forward View for Mental Health included some welcome commitments, many of which have already resulted in positive developments.[28] For example, there has been improved provision in services such as perinatal mental health and EIP (Early Intervention in Psychosis), as well as improved mental health data tracking. More recently, the NHS Long Term Plan set out further ambitions to improve mental health care in England, including a commitment to increase funding by at least £2.3 billion a year by 2023/24, which has been set aside specifically for mental health.[29]

However, doctors remain extremely concerned about the state of mental health services and the ability to deliver on some key ambitions. It is likely that patients who have been unable to access services, or who have otherwise not sought help for mental health problems since the onset of COVID-19, will seek access once referral routes are re-established. We are concerned that mental health services remain a long way behind most physical health services in terms of their resourcing, patients' ability to access care and overall patient outcomes.

## Recommendations

### Funding

***1. Mental health spending should be doubled over the period of the Long-Term Plan, alongside increased investment in primary care, public mental health, mental health research and the mental health estate. Dedicated funding should be made available to CCGs (Clinical Commissioning Groups) in light of the anticipated increased demand created by COVID-19.***

Mental health demand is expected to increase as a result of COVID-19 and services must be adequately resourced. A survey of over 1,400 people by the charity Rethink Mental Illness in April and May found that in the initial stages of lockdown people living with pre-existing mental illness were heavily affected by the changes to formal mental health services. Over three-quarters (79%) of people said that their mental health had got 'worse' or 'much worse' as a result of the pandemic and the measures to contain it.

Recent years have seen some increased funding allocated to mental health, as part of the commitments to parity of esteem. CCGs (which receive the largest share of mental health funding) spent 13.8% of their total budget allocation on mental health services in 2018/19. This was an increase from 13.1% in 2015/16. However, this does not yet address the historical underinvestment in mental health and increased demand or achieve true parity of resource across the country. In light of the increased anticipated demand, it is important this investment is made urgently.

### Access

***2. Access to services must be restored as soon as possible, and proposed NHS access standards for mental health must come with adequate resourcing for them to be delivered.***

Routine care, including for mental health, was temporarily suspended as the NHS pivoted towards creating the capacity to respond to the pandemic. Even before this, many psychological therapy services had long waiting times and very high thresholds for access to care. When services are eventually restored, difficulties in accessing care could be further entrenched by an influx of both existing patients who had been unable to access care as a result of these disruptions, as well as new patients affected by COVID-19 or otherwise.

Physical distancing during the lockdown period of the pandemic necessitated a shift to providing more mental health care through digital channels. Our survey analysing the impact of COVID-19 on members found that whilst doctors are clear that they favour remote consultations where appropriate, and that these changes could benefit patients too,[30] there remain barriers to effective care. This includes problems with adequate bandwidth and hardware/software, as well as the risk that mental health treatment could become frustrating for patients who experience drops in internet connection and are forced to repeat information they may find difficult to articulate. As many safeguards as possible should be put in place to ensure a smooth care pathway for patients before care begins. It is imperative that the future use of technology to provide mental health care is evaluated to ensure that care is not compromised, and that any innovative and effective practices are supported and shared across the system.

## Workforce

### *3. Recruitment and retention of mental health staff must be a priority for the NHS.*

As the effects of the pandemic put greater pressures on the mental health workforce, efforts to retain existing staff must be prioritised. This should include safeguarding the physical and mental health of staff, investing in on-going training and professional development opportunities, and other strategies outlined in the mental health implementation plan.[31] Where gaps persist, recruitment must continue in earnest. Government and arms lengths bodies must work together to ensure that the mental health workforce is adequately supported to respond to the mental health needs of the population. High-quality data must support workforce planning at local, national and system level in order to assess and review if there is sufficient workforce to meet demand.

In 2016, Health Education England committed to employ an additional 3,000 mental health therapists within primary care. According to HEE's workforce strategy (December 2017) there are around 2,130 more mental health therapists (83.7%) working in England and around 800 were co-located into general practice in 2017.[32,33] Around two in five GP appointments now involve mental health, and so this initiative to base these staff within the surgery building is welcome.[34] It should be extended despite any interruptions arising from COVID-19.

### *4. Health and wellbeing support for all healthcare staff must be accessible and sustained for the long-term.*

Past studies of epidemics have shown a higher mental health burden on healthcare workers, highlighting the need for comprehensive support both during and after the crisis.

Beginning from March, everybody was told to self-isolate at home if they or someone they lived with displayed symptoms of COVID-19. Some frontline workers, then, were unable to return to their responsibilities at a time when their colleagues were working exceptionally hard. An editorial in the journal *Occupational Medicine* concluded that "lives [were] inevitably lost that could, in other circumstances, have been saved."[35] It is likely that many healthcare workers will experience a degree of moral distress and some moral injuries as a result.[36] In addition, some healthcare staff will have had to make morally challenging decisions during the COVID-19 pandemic.[37] This risk of 'moral injury', together with other stressors experienced by the health workforce staff during a health crisis, could lead to higher rates of mental illness amongst staff.[38]

Reviews need to be undertaken of the current support offered to staff by the NHS to understand what has been successful in easing mental health burdens and to ensure appropriate provision is maintained in the long-term. NHS England and NHS Improvement should continue to support employers in providing health and wellbeing support to NHS staff. They must also improve the provision of occupational health services which should be consistent across the country and easily accessible, particularly in primary care where occupational health support is not available to all staff.

The government should provide the resources for employers to be able to implement the eight recommendations in the BMA's 2018 "Supporting health and wellbeing at work" report, and implement the ten recommendations in our new report about safeguarding the health and wellbeing of the medical workforce - now and beyond COVID-19.[39]

### *5. All NHS staff should have access to basic training in mental health.*

As the impact of COVID-19 continues to affect the mental health of the population, there is a need to ensure all NHS staff have basic training in mental health, particularly in primary care which is often the first port of call for patients with mental health problems. We recommend that HEE and local training bodies ensure that all NHS staff have free access to basic training in mental health and protected learning time in order to undertake this training. In primary care this should be provided through local training hubs.

## Prevention

### *6. A cross-government strategy on improving public mental health should be developed.*

The impact of COVID-19 will not be felt equally. Emerging evidence, for example, has shown young people and women felt the mental health burden of the first two months of lockdown to the greatest extent. These are two groups of people who were more likely to suffer from a mental illness before the pandemic.[40] The Centre for Mental Health has also raised concerns about the impact of the COVID-19 outbreak on ethnic minority groups, arguing that those groups who are marginalised or disadvantaged are at greatest risk of experiencing the negative effects of a crisis.[41]

The response to the pandemic is an opportunity to address any newly exposed or exacerbated health inequalities across social, ethnic and economic divides. To improve public mental health, comprehensive action is required on the social determinants of mental health - the conditions in which people are born, grow, live, work and age.[42] Research must be conducted to establish which groups are at a higher risk of developing mental illness as a result of the COVID-19 outbreak, to help inform a public mental health approach that meets the needs of vulnerable groups.

Policies which affect the social determinants of mental health are developed across many different and separate parts of government. The establishment of a cross-government body, and subsequent strategy, would help to coordinate the joint action required across government and society to improve public mental health in the wake of the pandemic. This should have cabinet-level representation to ensure its success.

Voluntary and community organisations have reported barriers to providing care during the pandemic. These include restrictive or insecure and short-term contracts for those providing services with public funding; and reduced mental health care commissioning capacity while attention is focused on the response to coronavirus.[43] The sector has also reported worries about the financial wellbeing and sustainability of these organisations. The government must support this vital sector as it navigates these challenges.

### *7. National and local government and NHS bodies should take a 'mental health in all policies' approach to policy making, by undertaking a mental health impact assessment of all new policy proposals.*

Given the risks to the mental health of the public of the COVID-19 outbreak, there is an urgent need for a fully-funded public mental health strategy. It will be crucial to consider mental health in every decision made by Government in its response to COVID-19 and in its plans to relax lockdown restrictions. As part of a wider 'health in all policies' approach to policy making, policy makers should take a 'mental health in all policies' approach, by undertaking mental health impact assessments before implementing any significant new policies. This will help to encourage policies that promote mental health whilst preventing he implementation of any policy that may have an adverse impact on public mental health.

### *8. Specific funding should be allocated to local authorities, in order for them to substantially increase spending on public mental health.*

In 2019 local authorities in England spent less than 1.7% of their total public health budget on public mental health, with some reporting no spending in this area.[44] Urgent attention should also be given to substance abuse services, with concerns raised about problem drinking having increased since social distancing measures were implemented in March.[45]

# Conclusion

COVID-19 has the potential to significantly and negatively affect public mental health and the ability of mental health services to cope with demand.

The effects of the pandemic will be felt harder by some groups more than others. Bolstering a public health response to protect people's mental health and considering the implications of a strategy on all vulnerable groups will be vital to reducing health inequalities. The pandemic is an opportunity to re-evaluate our approach to public mental health and ensure that it works for the good of everyone's mental health.

Mental health services continue to be under-resourced and under-funded, but their ability to respond to the needs of the population will be crucial for preventing any post-COVID mental health crisis. Our original *Beyond Parity of Esteem* report made several recommendations to support mental health services to achieve the long-overdue parity with physical health services it needs in funding, access, workforce and prevention. The potential consequences of the COVID-19 outbreak for mental health services now make these calls only more urgent.

# Endnotes


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