



North East London
Clinical Commissioning Group

Mental Health: Understanding the Impact of the Covid-19 Pandemic

Tower Hamlets Health & Adults Scrutiny Sub-Committee
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Tower Hamlets, Newham
and Waltham Forest

Mental health needs in Tower Hamlets: what we already knew pre-pandemic

- There are significant levels of mental health need in the borough across the whole pathway from serious mental illness (SMI) to common mental health disorders (CMD), such as anxiety and depression and general mental wellbeing.
- Self-reported levels of anxiety and depression are the highest in London.
- The rate of diagnosis for all mental health conditions is significantly higher for residents in the most deprived groups compared to the least deprived, particularly for post-natal depression and SMI. The rate of diagnosis for schizophrenia, is three times higher than for residents in the least deprived group.
- Women in Tower Hamlets are twice as likely to be diagnosed with clinical depression than men, and this risk increases when factors such as low-income and social housing are considered. The rates of SMI are at least twice as high for BAME residents.
- Children and Young People are estimated as having a higher prevalence of mental health problems than in London or England.
- Tower Hamlets has the lowest proportion in London of residents over 65. Mental health problems in older adults are common and often undiagnosed.

How has the Covid-19 pandemic affected service users and impacted on our general population?

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.

- People's experience of the COVID-19 pandemic have resulted in some experiencing mental illness for the first time, and some with existing problems finding their symptoms worsening.
- The pandemic has impacted on the full spectrum of mental health and wellbeing including increased stress, anxiety, depression, loneliness, grief and PTSD.
- Wider determinants of mental health have been negatively impacted by the pandemic – employment, social contact, education. This has likely been further exacerbated in LBTH due to overcrowding levels and lack of outside space.
- In the LBTH Covid Impact Resident Survey (June 20 – 63% said Covid had a negative impact on their mental health)
- The pandemic's impact on population mental health presents a challenge for widening existing inequalities in our society and the specific vulnerabilities of certain groups and demographics will be a key area of focus going forward. E.g. Grief & PTSD may be more prevalent in groups most directly impacted by the pandemic: older people, those in care homes, people with a disability, BAME communities and frontline health & care staff.
- Lockdown restrictions have likely increased the proportion of people experiencing more complicated grief reactions.

How Has Covid Affected Service Users?

- As of July 2021, our referrals and calls to mental health crisis line and hub and community mental health teams had all increased compared to pre-pandemic levels . Pressure has also been particularly acute in children and adolescent mental health services.
- There has been a significant increase in calls to our crisis lines during 2021. This is believed to have been caused by factors including people returning to work; schools re-opening; the negative impact of lockdown measures on the mental well-being of our populations; increased public awareness of crisis lines; and reduced opportunities for community mental teams to engage face to face with all service users during the lockdown.
- Inpatient admissions and occupancy levels have remained static although there are more acutely unwell service user presentations. Services are also reporting an increase in brand new presentations of people not previously known to services.
- Services have seen an increase of service users with first time psychotic presentations with preceding anxiety and mood elements partially influenced by social factors related to the pandemic such as loss of job, social isolation, increased preoccupation about pre-existing problems. Service-users requiring Mental Health Act assessments are significantly more unwell and coming via crisis pathways (e.g. criminal justice system and emergency services / crisis mental health services).
- Service users have also suffered increased social isolation due to reduction of community activities and reduced contact with relatives.
- Community Mental Health Teams report that they have noticed an increase in complexity of people being referred and that people are often presenting with multiple social issues (eg. Debt, risk of losing their jobs and home, relationship problems).
- The Operational Leads also report that quite a few services users who were previously discharged back to the care of the G.P. are being re-referred to secondary mental health services.
- At this point in time Face to face offers have resumed across all services .

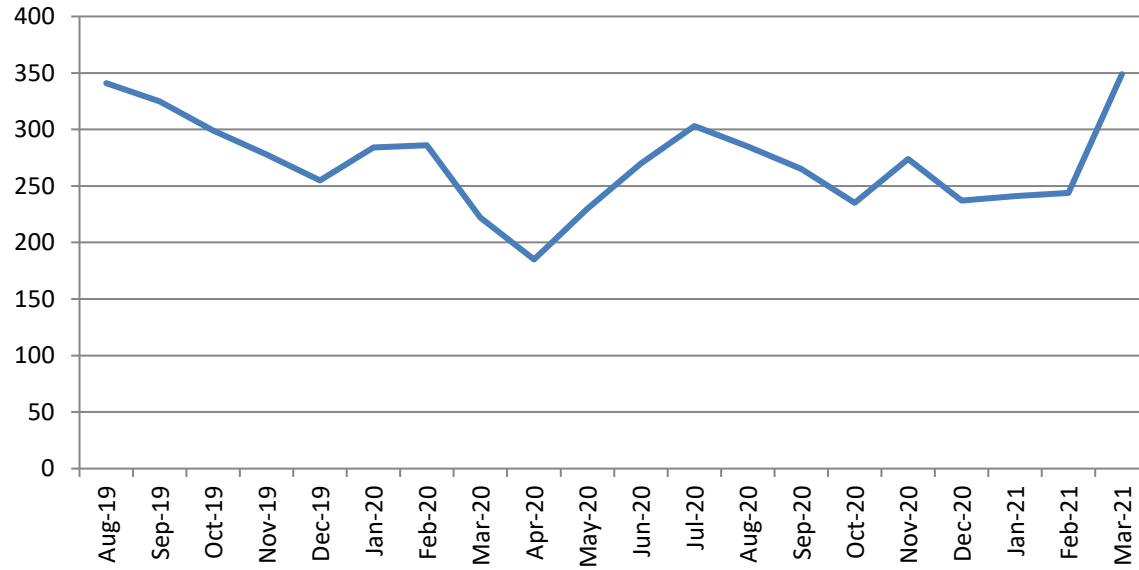
How Have Services Adapted to Support Service Users?

- For a high proportion of services users, during the pandemic, the support / contact from services changed towards phone calls or appointments in the clinics rather than home visits. Face to face appointments were provided where clinically necessary. Teams utilised PPE and maintained services throughout the pandemic. Depot clinics have been maintained and duty systems operated to triage and support people.
- The Home Treatment Team has operated as normal throughout the pandemic to prevent hospital admissions.
- The Psychiatric Liaison Team at A&E saw a reduction in presentations through the pandemic. Presentations have since returned to pre-covid levels.
- The Crisis Hub was set up to offer an alternative for people with mental health conditions away from A&E to reduce the risk of Covid transmission. The hub opened in April 2020 and saw 745 people across 12 months before closing in June of this year.
- The Crisis Line set up an extra line to respond to increase demand and a Crisis Café was set up with Hestia to support people in crisis out of hours as an alternative to A&E. Both of these will be maintained.
- Psychological Therapy Services transformed their provision by replacing face to face group therapy with online groups.
- Teams offered a full range of interventions for common mental health problems and long terms health conditions on virtual platforms and telephone.
- Recovery college – unfortunately had to cancel their Spring term. The team contacted all students who had attended the college in the last year, all those with personal learning plans and anyone who had been identified as vulnerable to isolation or mental or physical health difficulties during lockdown. They supported these students to link with local services and kept in contact to ensure their needs were being met. The team also, with feedback from students, created a number of pre-recorded courses which were accessible by YouTube and held virtual tutorial sessions.
- Our Primary Care Mental Health Services – Arranged covid support groups to support their service users.

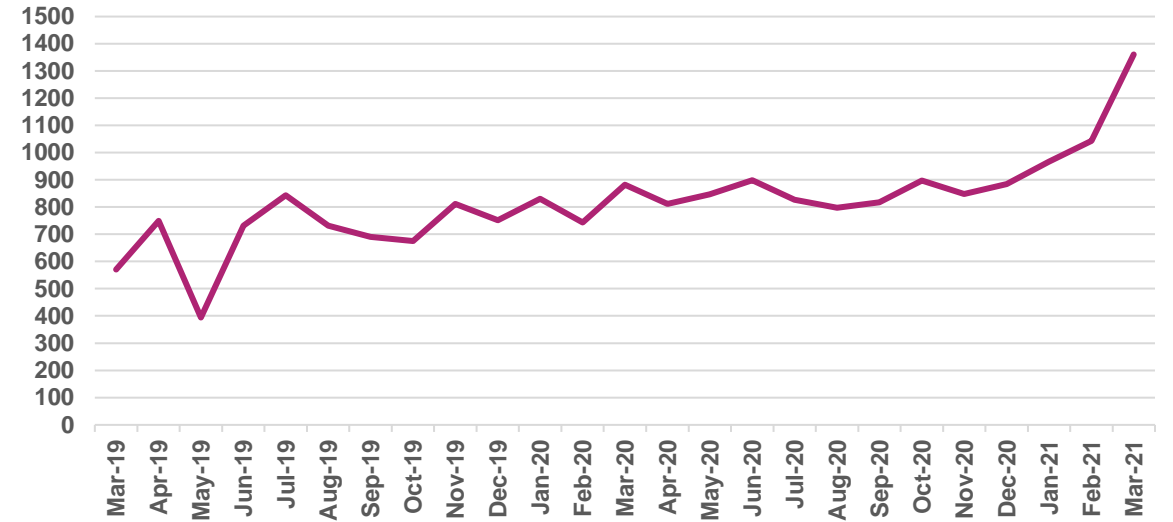
All mental health teams have worked exceptionally hard during the pandemic, in challenging circumstances, to provide an effective service. Teams have been operating with higher than normal staff sickness and absentee levels during the pandemic (e.g. bereavement, isolation and Covid). Many Staff report that they are exhausted and 'running on empty'. A number of the staff who have been shielding report feeling anxious about returning to work.

Crisis Pathway

A&E Attendance - Liaison Psychiatry

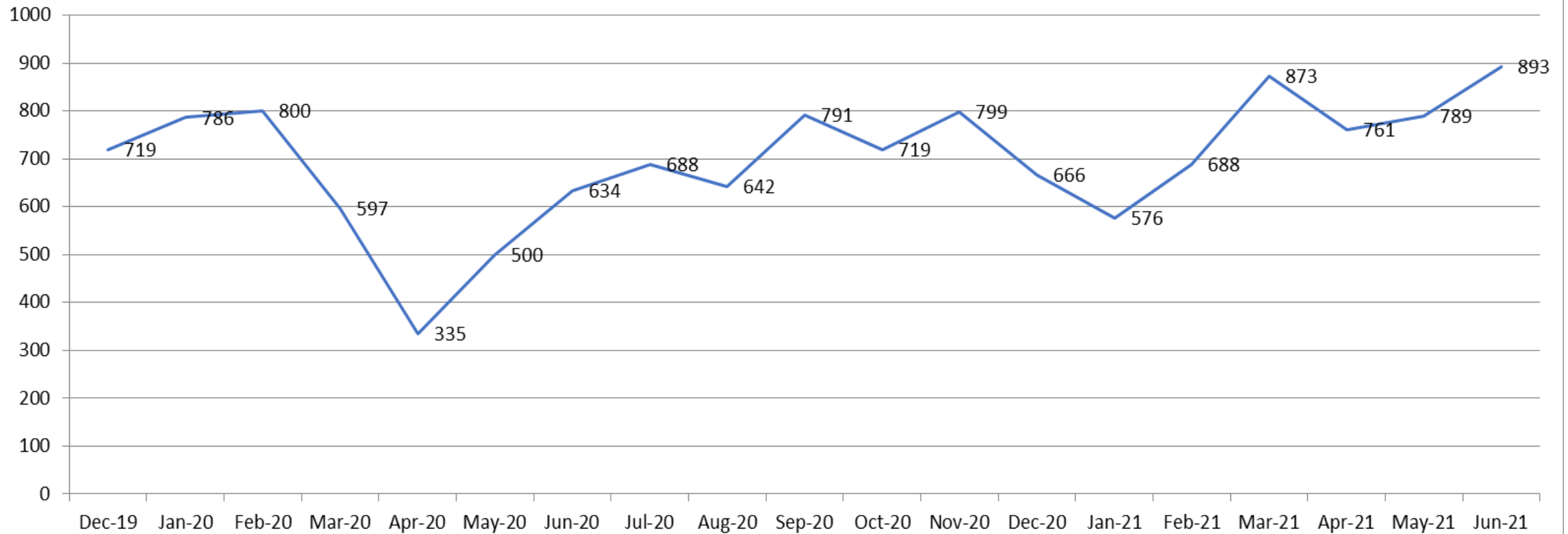


Total Number of Crisis Calls Received Per Month (24 Months)



Community Mental Health Services – Referral rates

Referrals last 18 months - All Areas



Service User Feedback of the Impact of Covid to Service

I really looked forward to my telephone calls and found them really helpful

Sitting at a safe distance from other service users was reassuring

Chair exercises over video was surprisingly good

The team are exceptional, their assistance has been first class.

Video and calls useful

Face to face with nurses were really helpful

Staff were attentive and attended to my needs despite being in isolation.

They tried their best

How are we tackling challenges? What are our Priorities Going Forward?

- We expect demand for mental health services to rise in the coming months and years and have investment plans in place to expand and transform local services to meet local need.
- The Crisis Café was set up during the first wave, due to COVID, it was unable to provide a “drop in” offer, however, referrals are triaged via the Crisis Line and it provides an alternative space for people in crisis, with access to clinicians, therapists and support staff at evenings and weekends.
- Expansion of home treatment and crisis line provision.
- Continuing the expansion of integrated primary and secondary care for adults and older adults with serious mental illness. Embedding mental health practitioner roles in Primary Care Networks to better meet the needs of people living with severe mental illnesses in primary care and expanding access to peer and non-clinical support. Despite the challenges of the pandemic, these services continue to get people into employment (including key worker roles) and now also offer job retention support for those struggling in their existing role.
- Inequalities to access brought to the fore with long waits expected in adult autism diagnosis, psychological therapy and Dementia services. Significant investment and planning to address backlogs which have arisen as a result of covid.
- Teams building on offers that worked. For example a choice of face to face or digital appointments.
- Roll out of ‘trauma informed communities’ and ways to wellbeing resources to tackle impact.
- Increased availability and adapted talking therapies (IAPT) offer



The impact on council funded mental health services

The council funds a range of mental health services:

- Mental health community services at an annual value of £1.7m including: employment hub; recovery college; IMHA and advocacy service; floating support; one to one community based support; dementia inclusion; and an information and co-production service
- Through these services over 900 people are supported annually
- These services are provided by: Mind in Tower Hamlets and Newham; Hestia; Working Well Trust; ELFT and Alzheimers Society
- Mental health supported living services at an annual value of £2.7m including: high support and move on/stepdown units
- Through these services a total of 191 units are offered
- These services are provided by: Look Ahead Care and Support; Hestia; and Providence Row Housing Association

- There are two council funded services that have closed during the pandemic: the Rethink carer support service; and the Family Action Building Bridges service
- Across all services there has been the need to adapt and develop innovative ways of working; all services are now offering a hybrid model to offer a range of ways to access support
- Some providers had significant challenges with moving to a remote, home working offer however were able to resolve this in a timely manner
- Many organisations worked to support those at risk of digital exclusion, and were able to access additional funding streams to support this
- All services were able to continue to offer support throughout the pandemic to existing and new service users, and continue to work flexibly to adapt to changing needs and to support alternatives to admission
- Services have worked in partnership across health and social care to support infection prevention and control, including vaccination roll out
- Services were supported with council public health advice and PPE access, and staff wellbeing support
- Community services worked in partnership throughout the pandemic to manage increased capacity and meet trending needs such as ASB management, access to food banks and housing/ preventing eviction.