



Stockton Health & Wellbeing Board

27th January 2021



Durham, Darlington and Teesside

Mental health and
learning disability partnership



Stockton-on-Tees
BOROUGH COUNCIL



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Community Mental Health and Wellbeing in the Context of Covid-19

The need for a Whole System Response



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Purpose:

Considering mental health and emotional wellbeing during / post-covid and the response of the system to the significant challenges outlined

Area of Focus:

Focus on place

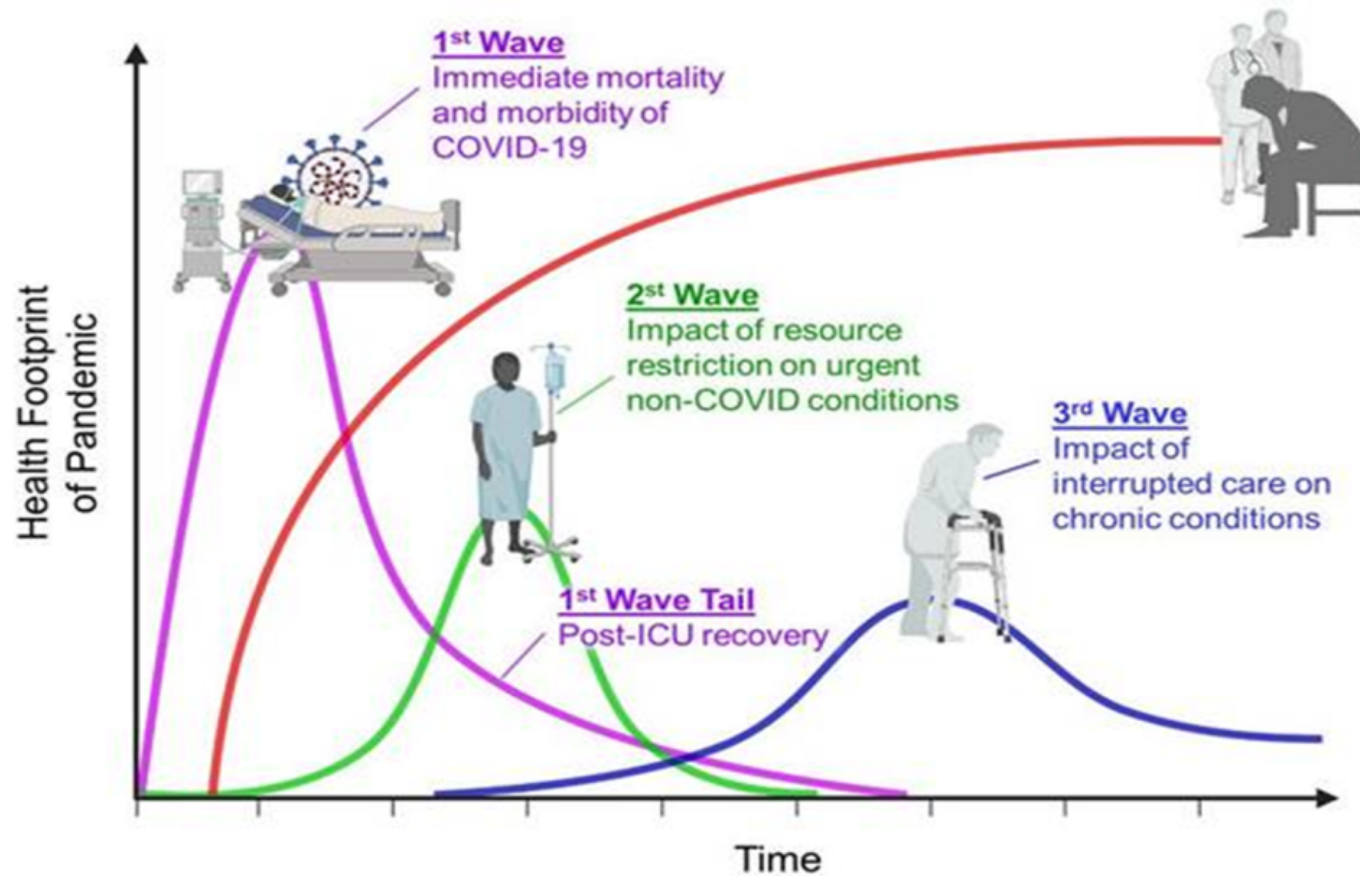
Focus on partnership

Design responses around the Population Intervention Triangle:

Outline of Content

- Setting the challenge in context-predictions for increased demand.
- The importance of considering social determinants of mental health and the civic response to this – a focus on debt, poverty and other factors in mental health.
- Protecting Mental Health and Wellbeing - action at a community level to prevent loneliness, mental ill-health, self-harm and suicide.
- Our local service level response.
- Future plans and consideration of the role of the Health and Wellbeing Board – “the ask”.

Mental Health in Context



- Estimates how large the surge of extra “Covid-19 generated” demand for primary / secondary mental health services is going to be
- Supports a discussion on how the whole system can best work together to meet this additional demand over the next 5 years

What are we forecasting?

Suppressed existing demand has bounced back and we are expecting to see..

- Significant volume of additional needs presenting which will challenge communities and systems over the next 5 years
- At community level, over 5 years the number of additional people who will develop a mental illness which requires help / support from any part of “the system” are:
 - Working age adults – 23%
 - Older Adults - 22%

The Experience of COVID

Carers

- Locally carers are reporting burnout, stress and fear to the carers' service. They have taken on more caring responsibility as a consequence of reduced service provision and would desperately like all services to reopen fully. However, that comes with increased levels of anxiety and fear around infection and putting the cared for person at risk.
- Healthwatch is consulting with carers locally regarding their experience during Covid and will be able to provide more detail when the consultation responses are known.



Mental Health Impact of COVID-19 Across Life Course

	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> • Anxiety about impact of COVID on baby • Financial worries • Anxiety about delivery and access to care • Isolation 	<ul style="list-style-type: none"> • Coping with significant changes to routine • Isolation from friends • Impact of parental stress and coping on child 	<ul style="list-style-type: none"> • School progress and exams • Boredom • Anxiety or depression or other MH problems • Isolation from friends • Impact of parental stress 	<ul style="list-style-type: none"> • Balancing work and home • Being out of work • Carer Stress • Anxiety about measures and family or dependents or children • Financial Worry • Isolation 	<ul style="list-style-type: none"> • Isolation and disruption of routine • Anxiety from dependent on services • Financial worry • Fear about impact of COVID if infected
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress.				

The Response

- Place Based
- Civic Level
- Community Level
- Services

Response: The importance of a civic level response - social determinants of mental health

- Social determinants of health - The “conditions in which people are born, grow, live, work and age”
- Such as- socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to healthcare
- There are clear social gradients across health outcomes which have been mirrored during COVID-19
- Financial security as a key determinant of mental health – impact of Covid -19



Money and resources

1 IN 5 of the UK population live in poverty. Over half of these people live in working households. Poverty damages health and poor health increases the risk of poverty.

An inadequate income can cause poor health because it is more difficult to:

Avoid stress and feel in control



Living with the day-to-day stresses of poverty in early childhood can have damaging consequences for long-term health

Access experiences and material resources



Money can allow people to access the basics they need to fully participate in society. Yet, 48% of 21-24 year-olds earn less than the living wage

Adopt and maintain healthy behaviours



Healthy behaviours can feel unattainable. It is 3 times more expensive to get the energy we need from healthy foods than unhealthy foods

Feel supported by a financial safety net



A safety net enables people to invest in their future. In a recent study, 40% of people with unmanageable debt said they were less likely to study or retrain

The Response

- Place Based
- Civic Level
- **Community Level**
- Services

Response: Community Actions Protecting Mental Health and Wellbeing

There are three broad categories of factors which protect mental well-being:

1. Individual control and community ownership
2. Individual resilience and community assets
3. Participation and inclusion

Mental well-being is fundamental to achieving a healthy, resilient and thriving population.

Response: Community Actions Protecting Mental Health and Wellbeing

Cont....

1. Individual control and community ownership
2. Individual resilience and community assets
3. Participation and inclusion

Covid Community Champions

Virtual support networks via commissioned services

Digital Inclusion

SBC and VCSE response to those people who are required to shield

Protective Factors for Mental Health and Wellbeing

Each of the below will have been impacted or changed as a result of our C-19 response lockdown

ENHANCING CONTROL	✓	INCREASING RESILIENCE AND COMMUNITY ASSETS	✓	FACILITATING PARTICIPATION AND INCLUSION	✓
Individual level		Individual level		Individual level	
A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances		Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun		Having a valued role e.g. volunteer, governor, carer	
Belief in own capabilities and self determination e.g. sense of purpose and meaning		Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills		Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team	
Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices		Have beliefs and values e.g. spirituality, religious beliefs, cultural identity		Feeling involved e.g. in the family, community, at work	
Maintaining independence e.g. support to live at home, care for self and family		Learning and development e.g. formal and informal education and hobbies		Community / organisation level	
Community / organisation level		Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking		Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests	
Self-help provision e.g. information advocacy, groups, advice, support		Community / organisation level		Practical support e.g. childcare, employment, on discharge from services	
Opportunities to influence decisions e.g. at home, at work or in the community		Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work		Ways to get involved e.g. volunteering, Time Banks, advocacy	
Opportunities for expressing views and being heard e.g. tenants groups, public meetings		Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work		Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating	
Workplace job control e.g. participation in decision making, work-life balance		Emotional support e.g. confiding relationships, provision of counselling support		Cost of participating e.g. affordable, accessible	
Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions		Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat		Conflict resolution e.g. mediation, restorative justice	
Resources for financial control and capability e.g. adequate income, access to credit unions, welfare rights, debt management		Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks		Cohesive communities e.g. mutual respect, bringing communities together	
Other?		Arts and creativity e.g. expression, fun, laughter and play		Other?	
		Other?			

The Response

- Place Based
- Civic Level
- Community Level
- **Services**

Increasing Capacity to Respond

- Commissioned services e.g. Bereavement services, Training Hub
- Reviewing capacity needs within social care workforce
- Development of new services e.g. loss and bereavement in care homes
- Early intervention
 - **Targeted workplace support** e.g. through Better Health at Work: mental health policy development; countering workplace pressure and expectations (e.g. pressure to be a frontline hero)
 - **Business Support** e.g. promote support offered through SBC
 - **Access to employment** e.g. promote support offered through SBC
 - **Financial advice** e.g. promote Tees Credit Union, CAB
 - **Safe at home** e.g. promote Harbour, A Way Out, Adult's Services, Children's Services
- Collaboration via Integrated Mental Health Strategy Group

Who Should We Be Targeting?

At-risk groups include individuals and families:

- with a pre-existing mental or physical health condition
- directly impacted by COVID-19 as patients, health care workers, key workers
- who are isolated
- who are economically impacted
- who are disproportionately impacted directly or indirectly (BAME, refugee and asylum seekers, shielding, survivors of domestic abuse)
- Carers

Stockton-on-Tees: The Challenges

- Reduction in active living has an adverse effect on mental health
- As lockdown eased seen referrals increase to beyond previous levels with people presenting with greater need
- Frustration that a lot of local services / networks closed during the pandemic.
- Significant increase in requests for social care, mental health act assessments and admissions for assessment and treatment
- Increase in people whose substance misuse was compounding their mental health (psychosis)
- Increased alcohol consumption
- Remote assessments and working, often harder to assess.

Stockton-on-Tees: The Challenges

- Greater reliance on technology and significant investment across the system (Attend anywhere / Skype / Zoom / Teams)
- Increase in Public Protection Notifications and welfare checks
- Loss and bereavement within the population which will see an increase in demand on services in the future.
- Continuing to support care home staff and residents
- Frontline staff may experience post-traumatic stress disorder
- Responding to the ever changing picture to adapt service offer
- Impact on all service provision, public sector, private sector and VCSE. Many VCSE organisations have seen a reduction in income due to closed retail premises.

Next Steps

Mental Health & Wellbeing Developments 'Resilience Hub' & CMHF

- Community Mental Health Framework (CMHF) national submission
- Internal briefings to all staff (webinars and Q&A sessions)
- Recruitment of CMHF programme lead role
- Programme lead to engage with key partners and colleagues across patch to brief on CMHF and develop local arrangements for the design and implementation of our future community model
- Develop and approve overarching governance structure (Teesvalley MH Alliance Board)
- Mental Health practice based practitioner pilot within PCNs

- Establish multi partner CMHF Tees Valley Design and implementation group
- Agree local implementation arrangements for example can already established local mental health partnerships / forums be utilised to develop 'localise' the new community model (including location, incorporating local services, identifying population based health needs)

- Model approval
- Development of transformation / implementation plan
- Identify and initiate pilot early adaptor teams

- Evaluate pilots
- Roll out transformation plans

- Evaluate position and agree next steps

Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Now Dec
2020 2021

- Develop and agree local resilience hub model(s) within Tees Valley with local
- Identify VCS partners to deliver services within localities

- Implement resilience hubs

The Ask

Commitment to Emotional Wellbeing and Mental Health

Commitment to Partnership

- Give the mental health impacts of the pandemic / lockdown the same level of priority as physical health
- Commit to supporting good mental health and wellbeing for all, especially communities facing the greatest adversity and barriers
- Think long term - this is a 5 year surge in demand, not a wave that will come and go in a few weeks.
- Commit long term to a wellbeing-led planning approach, that develops all policies through a 'lens' of wellbeing inequalities, Understand the potential to work together to enhance the support available to reduce negative impact e.g financial insecurity
- Recognise we have to tackle this as a system issue, in partnership with each other (and give our population a coordinated, joined-up response)