

<b>Report title: Preventing and mitigating the psychosocial impacts caused by the pandemic and economic shocks</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Paul Burstow, Independent Chair, Hertfordshire and West Essex ICS	
<b>Date:</b> 15 July 2020	<b>For:</b> Discussion
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<b>County Divisions affected:</b> All Essex	

## **1 Purpose of Report**

- 1.1 To support a discussion on the need to anticipate and respond to the cascade of compounding psychosocial risks triggered by the Covid-19 pandemic and economic shocks.

## **2 Recommendation**

- 2.1 For consideration and discussion

## **3 Summary of Issue**

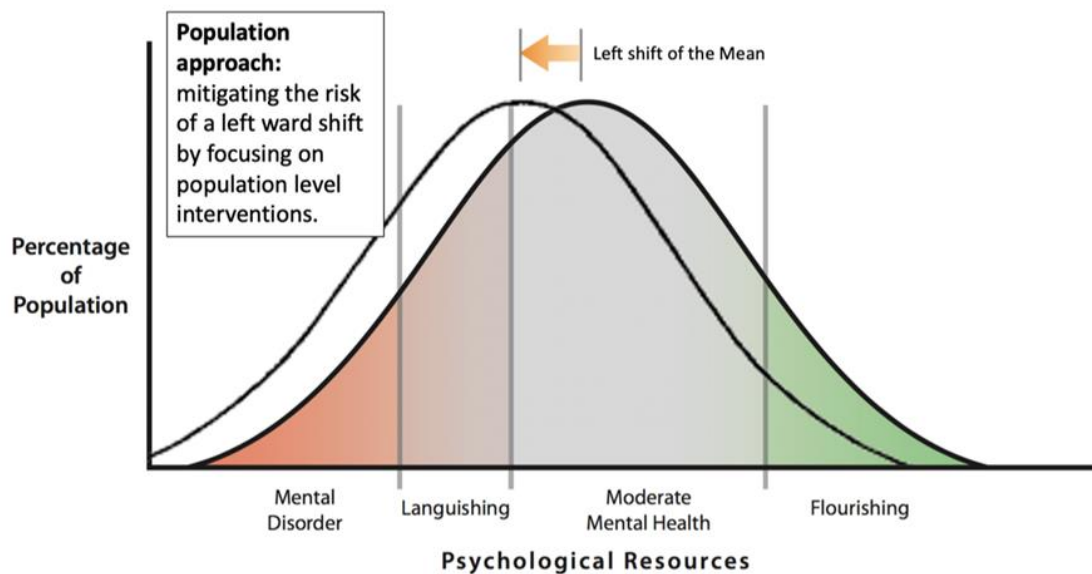
- 3.1 Included below is the text of an email from Paul Burstow to the Chairmen of the Essex and Hertfordshire Health and Wellbeing Boards. It is intended to form the basis of a discussion on the need to anticipate and respond to the cascade of compounding psychosocial risks triggered by the Covid-19 pandemic and economic shock.

Dear Richard and John,

I am writing to you both to raise with you the need to anticipate and respond to the cascade of compounding psychosocial risks triggered by the pandemic and economic shock.

I had a very helpful call with Jane Halpin, Jim McManus and Peter Fairley to share my thoughts and seek their advice. I agreed as a result of the call to write to you as the Chairs of the Essex and Hertfordshire Health and Wellbeing Boards to share my thoughts.

There is a growing recognition that Covid19 and the economic and social shockwaves that it has triggered is having significant psychosocial impacts. It is likely that the global impact will be to shift the wellbeing status of whole populations in a negative direction (see figure below) with a resultant increase in the full spectrum of mental health needs from the natural reactions to a traumatic experience to clinical disorders.



Based on a figures in Huppert et al. (Eds). The Science of Well-being

The response to this has to be more than a healthcare response, I would call this an everything and response. It requires actors in Government (national and local), civil society and business to understand the risk, be guided by the evidence and have the signposts and supports necessary to minimise the size of the adverse shift in population wellbeing and mitigate the consequences of the shift.

The UN has issued a [briefing](#) on the mental health impacts of Covid, although this does not address the likely impacts of the recession triggered by the pandemic. [New Zealand](#) has published a strategy and [Australia](#) have published plan. The UK has taken a number of measures that would form part of a strategy but as yet has not publicly acknowledged the need for such a strategy. The chart below from a very recent WHO report, sets out the sorts of impacts that might be expected.



Source: WHO (2020) Strengthening and adjusting public health measures throughout the COVID-19 transition phases

My strong view is that there is no need to wait for national strategy to begin to act. There is clearly no single 'magic bullet' that will flatten the curve of the 4<sup>th</sup> wave but a sharing of insights, actions and resources would be a good place to start. It will need multiple actors to play their part and feel empowered to do so. There is already within your public health teams the knowledge of the risk and protective factors behind mental health and wellbeing. For most of the population the response won't be about a service or treatment it will be about the social scaffolding and making the resources and tools widely available to help people to cope, maintain and build resilience.

So I wanted to ask how we might work together to

1. engage with partner organisations - civil society, business, voluntary sectors - to put in place the necessary scaffolding;
2. learn lessons from how our different agencies have supported people already on our books and what this might mean for responding to emerging need;
3. anticipate which places and populations are at greatest risk, and how the pandemic may have changed this;
4. agree how the idea of anchor institutions might be applied to meeting this challenge; and
4. agree some common public mental health messages.

As a next step a discussion on these issues at your Board would be very helpful to get a wider view and give these issues greater prominence. I would also like to suggest that we organise a Prevention Summit(s) (webinars) to get the word out.

With best wishes

Paul

**Rt Hon Paul Burstow**  
*Independent Chair*  
*Hertfordshire and West Essex ICS*