

**Health Overview and Scrutiny Committee**  
**Briefing on the mental health response to Covid-19**

**1. Purpose**

The paper provides a summary of how ECC and key partners have driven the mental health response to Covid-19, as well as the impact experienced so far. It will also outline the plans being formulated for the future and how demand is expected to develop.

**2. Headline points**

The principal points to note from this briefing are as follows;

- Key NHS and local authority services continue to run, following business continuity plans and sensitive to Covid-19 guidance on safe practice
- Available capacity due to temporary restrictions on community (group and face-to-face) activity has been repurposed to support the Covid-19 response
- Whilst providers are experiencing loss of capacity due to sickness and isolation, demand for mental health support has not increased to the point where there is insufficient supply
- Priority attention has been given to activity which will most directly preserve life
- Based on research and expert opinion, it is anticipated the height of demand for mental health support will be after the immediate threat of Covid-19 abates. Action has commenced to coordinate how the Council and other partners respond to that, both within specialist and non-specialist services, and within public health messaging

**3. Outline of response**

**3.1. Statutory activities**

The Council has the following statutory obligations relating to people with mental health needs:

- Deliver care and support as set out in the Care and Support Guidance (Department of Health 2018).
- Provide sufficient Approved Mental Health Professionals under S114 of the Mental Health Act 1983 (covering both children and adults),
- Provide aftercare support and review under S117 of the Mental Health Act 1983

These obligations are covered via the following services:

**Approved Mental Health Professionals (AMHPs)** – The AMHP service, managed directly by ECC, continues to operate as normal, ensuring that the Council's statutory duties under the Mental Health Act are met. The change in Adult Social Care service provision to providing a 7-day service, as a result of the pandemic, with additional staff has led to a reduction in assessments being unallocated during the weekend.

**Essex Partnership University NHS Foundation Trust (EPUT, core business – adult mental health, included statutory activities delegated**

**by ECC to EPUT).** EPUT continue to operate a full service via the usual referral routes. Community Mental Health Teams are operational, albeit with reduced staff. Council direction to them on priorities has been to focus on discharge from inpatient wards, in order to create maximum bed space for Covid-19 cases as well as safe distancing for people remaining on wards. As a result, EPUT have concentrated on work with cases in the mental health accommodation pathway, the accommodation suppliers and district councils.

EPUT went live with its 24/7 mental health offer on 1<sup>st</sup> April. This sits behind the 'NHS 111, press 2' service for mental health. A decision was taken to do a soft launch for EPUTs main partners (police, ambulance, GP's, ECC, AMHP's and Healthwatch). Some ECC funded Crisis Café capacity has been repurposed to support with call capacity.

**Emotional Wellbeing and Mental Health Service (EWMHs, core business – children and young people's mental health)** - EWMHs have implemented business continuity approaches, whilst operating a full service, minimising face-to-face contact where possible. Access to these services remains via previous routes. The ECC Mental Health commissioning team have supported communication and links with other ECC stakeholders. There is also a pan-Essex weekly call around children's mental health and Covid-19, including Council and CCG representation.

### **3.2. Scaffolding provision (including voluntary sector and projects)**

Where possible, ECC Commissioners have ensured all available capacity is deployed safely on 'business as usual' work or is engaged in the Covid-19 response. This includes capacity in the **Crisis Café's**, now being used for the 111 service. [Adult Community Learning](#) are developing online self-care learning resources, based on their current offer in the Recovery and Wellbeing Programme. Additional monies projects, where they are able to continue, have tailored their work to the current circumstances, for example, **Provide** are offering HR consultancy for employers on the telephone. These offers are being made available to the [Essex Wellbeing Service](#).

Additional work has gone into planning for the mobilisation of the **Employment Support contract with EPUT**. Resources have also been secured for an '**Anxiety and resilience**' programme in which a range of support interventions will maintain and build resilience in young people as they live through and recover from the pandemic.

**Mind** have agreed that group work will continue remotely as feedback from participants is that they are finding it helpful, non-isolating and feel engaged in the 'world outside'. **BEAT** have increased their eating disorder offer via online peer groups, telephone support and email. This will remain in place until the schools return.

The **Progressions** service remains in place remotely for children and young people. In addition, they are providing 2 hours of support each weekday 2-4pm via a 'virtual phone drop-in session' to professionals for casework advice, guidance and support, including individual resilience.

### 3.3. Community and non-specialist response

All available support options have been made clear to the [Essex Wellbeing Service](#) (EWS). Dialogue is ongoing with local **Mind** organisations to secure some additional capacity in order to bolster the community and non-specialist support being offered by EWS and Care Navigator+, and ensure a smooth referral process to the specialist mental health services provided by Mind and others.

### 3.4. Population self-management and messaging

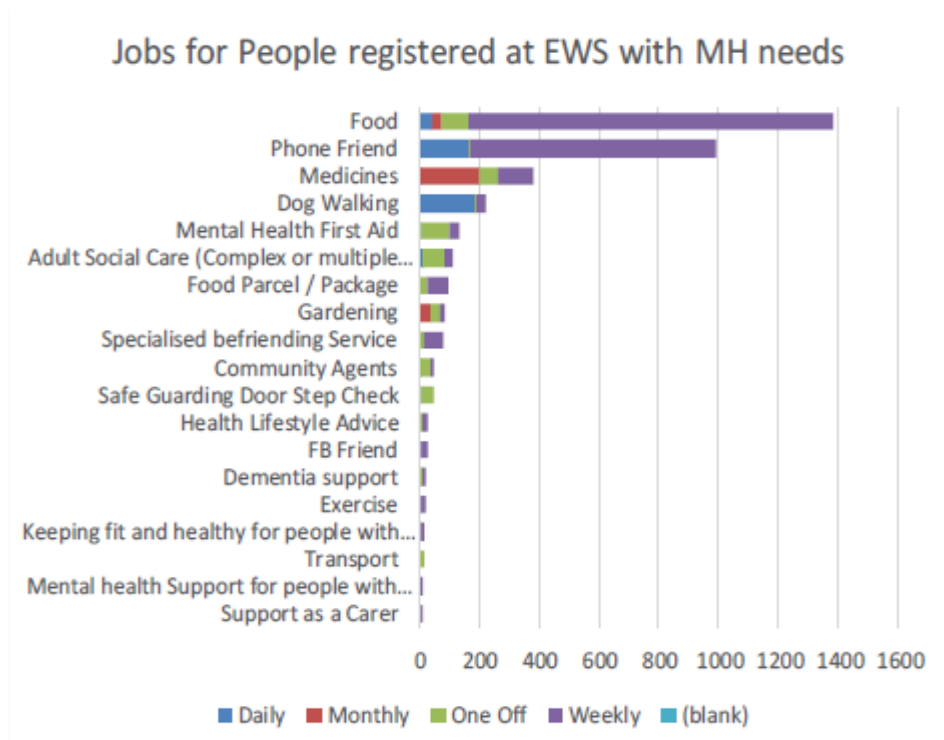
Information has been supplied to the [Essex Wellbeing Service](#) and **Care Navigators** in order to support good advice to people on personal wellbeing. The ECC communications team has also been engaged in distributing self-care information from the NHS and other sources, via their regular communications channels.

## 4. Impact to date

### 4.1 New Demand

Up to the 5<sup>th</sup> July, 921 people have registered with EWS highlighting a Mental Health Condition (11% of total registrations). Of these, 85 people were known to EPUT or IAPT services. 119 requesting help reported depression whilst 91 reported anxiety.

Of the 921 people with MH condition who registered with EWS, 3758 different jobs/tasks have been matched to a volunteer to provide support –food and phone friends being the most common.



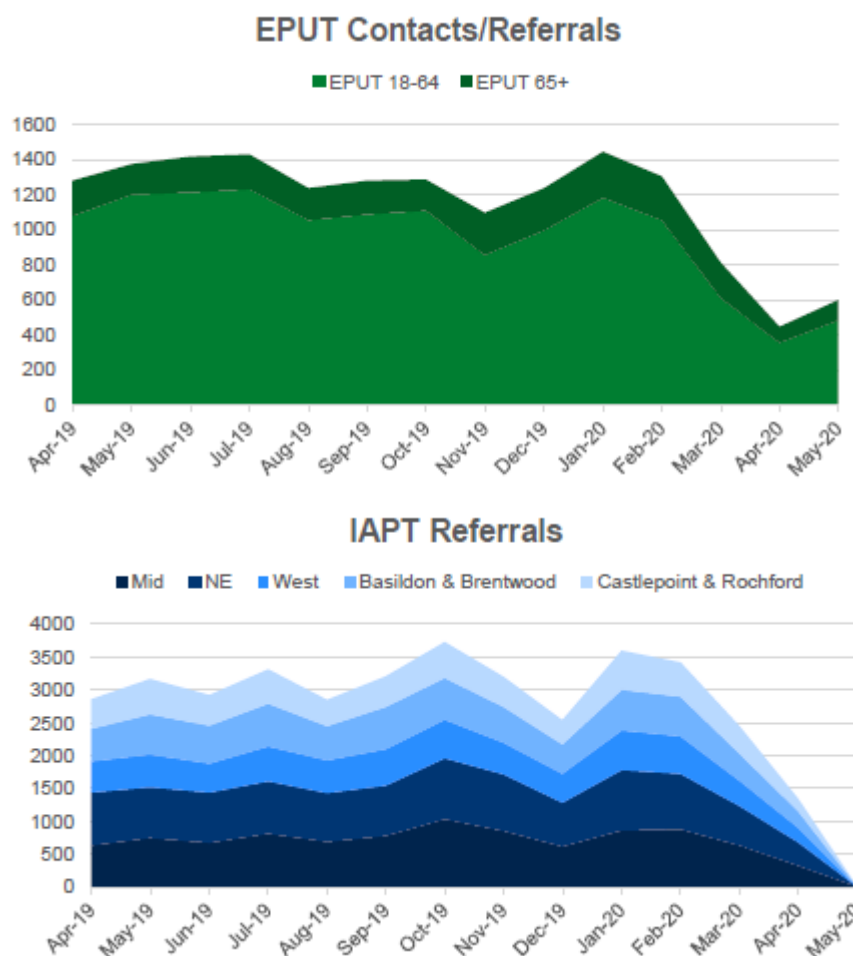
### 4.2 Pent up demand

Current figures indicate that there is likely pent up demand of people awaiting to contact EPUT due to lockdown. The average EPUT monthly volume pre-lockdown was 1,307. In April and May these volumes dropped considerably,

suggesting a significant cohort of people, with latent needs, delaying an approach to services to access support.

EPUT are also reporting direct calls from people who are already known to their services have decreased. However, they are anticipating this beginning to reverse sharply as lockdown restrictions are eased.

There is a significant lag in IAPT data. Data has been published for April but this comes with a caveat that all providers have not provided the relevant figures. However, patterns broadly seem to match the experience at EPUT and therefore similar pent-up demand is likely to be present.

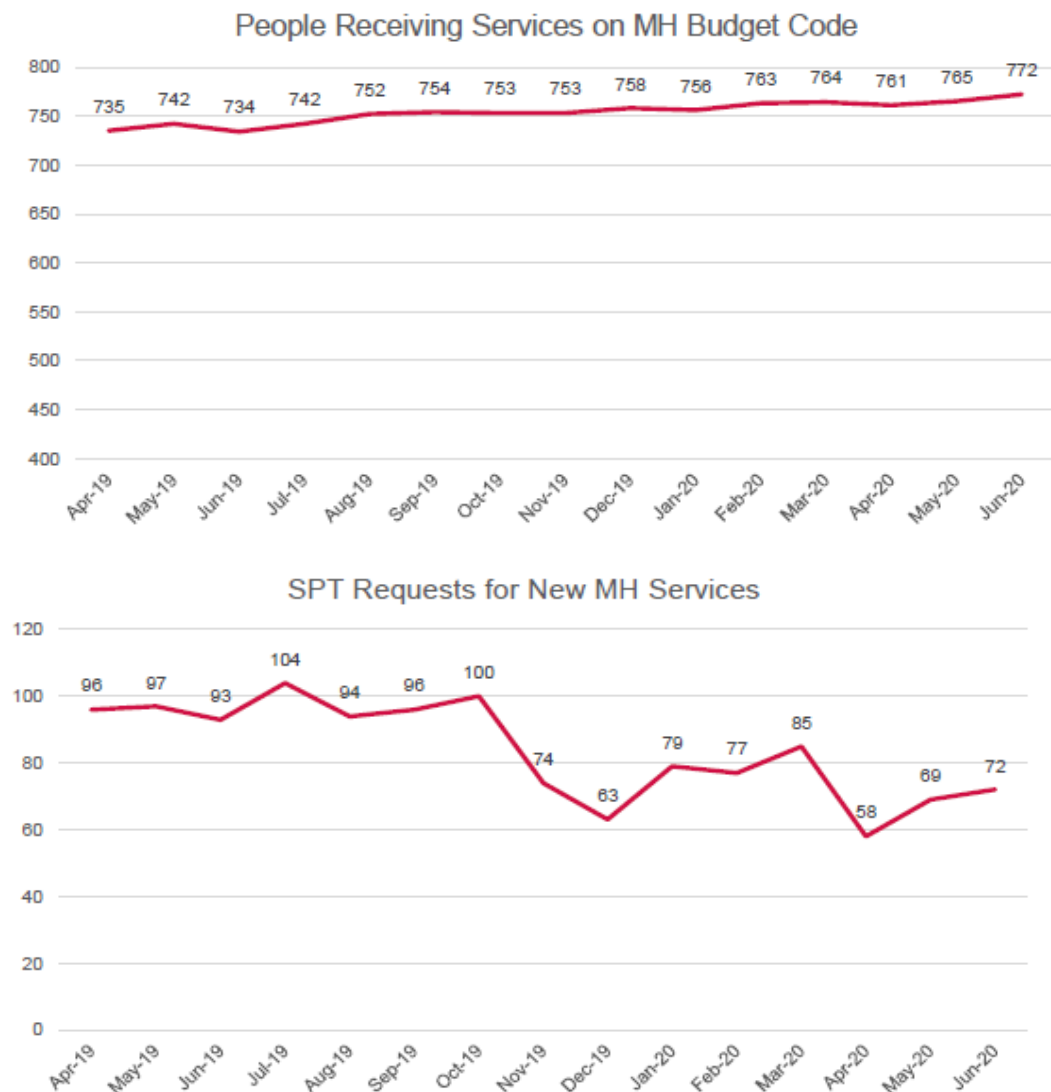


The EWMHs service has seen a 20% reduction in referrals. Weekly MDT's are being held for the small numbers (3-7) of people who need to be monitored. Staff numbers in clinics are reduced due to staff self-isolating or working from home, however, 200 contacts are face to face and 1500 approx. per week are over the telephone.

#### 4.3 Impact on services

Insight from within ECC shows a long-term slow growth in the numbers of adults at any one time who receive ECC funded specialist mental health services; this has continued in the Covid-19 period, along with a proportional increase in demand for new services. The volumes themselves do not represent increases beyond the capacity of the current system; however, this

will continue to be monitoring closely with partners and ECC commissioners are seeking to supplement this intelligence with equivalent figures from the NHS.



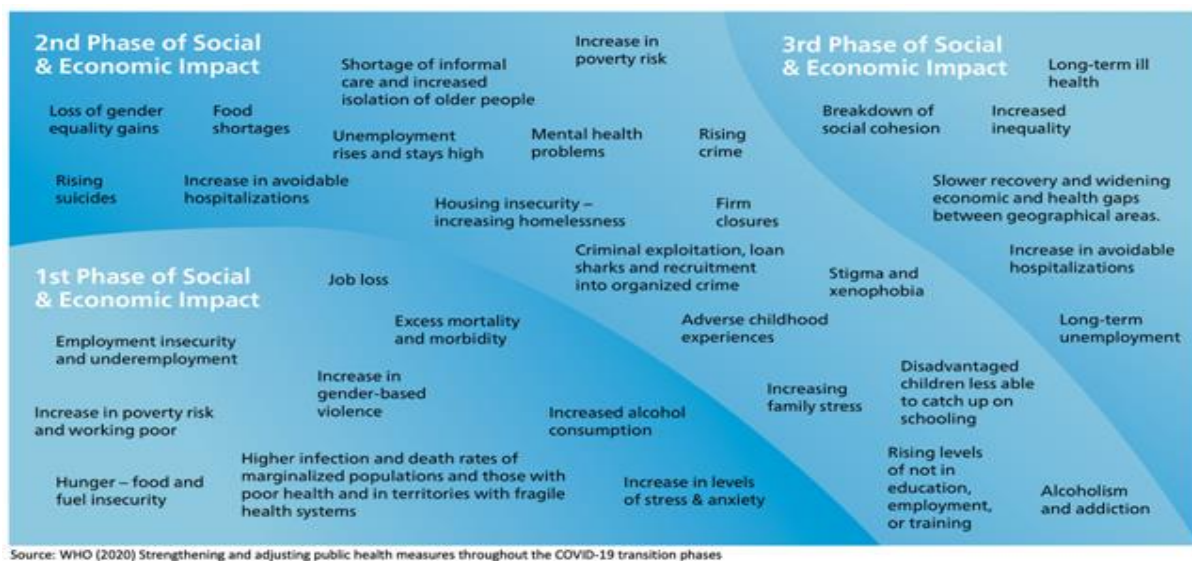
## 5. Future planning

There is a growing recognition that Covid-19 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 with a resultant increase in the full spectrum of mental health needs from the natural reactions to a traumatic experience to clinical disorders.

Academic research from previous emergencies also suggests that the height of demand for support as a result of these impacts will occur after the immediate crisis abates (in this case, as transmission risk falls and lockdown restrictions ease), with some evidence suggesting that this peak will occur in between 2- and 36-months' time. Whilst restoration from the Covid-19 crisis may be exceptional in terms of volatility, it is therefore reasonable to expect the main impact on both the population and the economy to be both ahead as well as significant in duration and scale.

The root cause in many cases will be loss; of routine, employment, financial stability, relationships (including within the family home), loved ones and as a result of

prolonged isolation, opportunity. The chart below from a very recent WHO report, sets out the range of impacts that might be expected.



There will also be a cumulative effect on people with pre-existing conditions, as recovery and support will have been unsettled, causing further trauma to those who are already vulnerable. Specialist mental health services will face these challenges with a workforce physically and psychologically drained from working through the peak of the pandemic.

However, the response to this needs to be more than a healthcare 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.

There are some 'green shoots.' The Covid-19 emergency has served to further highlight some of the assets and opportunities that might be mobilised as part of solution(s) to these impacts. Amongst these are:

- The utilisation of community volunteers and neighbourhood-based support offers
- The use of technology for efficient remote working
- The focus of partners and providers on strong collaboration to achieve common goals, including through links to the Humanitarian Assistance Plan and associated structures.
- The ability of non-specialists to support with root-cause issues which may cause mental ill-health or emotional distress (debt, subsistence, housing).
- Routes and channels for strong population self-care messaging

A response in Essex has already commenced. Local and countywide forums, groups and programmes are in progress to help address these impacts. A pan-Essex Mental Health and Emotional Wellbeing Forum, which includes STP and local authority mental health directors, as well as public health representation, is offering oversight and guidance where appropriate.

ECC is also represented in the local partnerships for mental health and Council commissioners have had the opportunity to input into the STP delivery plans, including work on the next steps and detail, alongside NHS partners. All local systems are re-instituting the pre-Covid planning groups; ECC is an active participant in these.