Report to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
19th August 2020

Report of:	John Doyle, Director (Peoples Portfolio), Sheffield City Council; and Brian Hughes, Director of Commissioning and Performance, Deputy Accountable Officer, NHS Sheffield Clinical Commissioning Group

Subject:	COVID-19 Pandemic and Mental Health

Author of Report:	Sam Martin, Head of Commissioning (Vulnerable People), Sheffield City Council; and Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning, NHS Sheffield Clinical Commissioning Group, Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust

Summary:

The purpose of this report is to provide Scrutiny Committee members with an overview of the COVID-19 Pandemic and in the impact this is having on the emotional and mental wellbeing of Sheffield citizens. The psychological impact of COVID-19 will be as significant as the physical impact; and in many respects will last much longer. It is important therefore that mental wellbeing remains a key component of the cities ongoing response to COVID-19; both in terms of supporting the wider population and supporting our staff and other key workers.

The information presented has been requested by the Committee by way of briefing.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

The Scrutiny Committee is being asked to:
Consider the contents of the report and provide views and comments.

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Background Papers:
Not Applicable
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Category of Report: OPEN/~~CLOSED~~   (please specify)

Report of the Director (Peoples Portfolio) (Sheffield City Council) and Director of Commissioning and Performance, Deputy Accountable Officer (NHS Sheffield Clinical Commissioning Group)

COVID-19 Pandemic and Mental Health

1. Introduction/Context

1.1 Back in April 2020 Public Health England published '*Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)*'. The guidance reiterated a number of key messages regarding the coronavirus outbreak; particularly the fact that as a consequence of isolation and social distancing, many people will begin to feel low, worried, anxious, or be concerned about their health.

1.2 It is now clear that the psychological impact of COVID-19 will be as significant as the physical impact; and in many respects will last much longer. It is important therefore that mental wellbeing remains a key component of the cities ongoing response to COVID-19; both in terms of supporting the wider population but (importantly) supporting our staff and other key workers.

2. Determining the Scale and Complexity of Demand (*What does this Mean for the People of Sheffield?*)

2.1 Although we know demand for mental health services (and support) will increase, the precise clinical impact on the physical, psychological and neuropsychological health of our population is still emerging. The majority of people contracting COVID-19 will experience only mild symptoms (if any), but a proportion of people will develop more complex physical and psychological symptoms. In addition, the symptomatic impact of COVID-19 for some will be temporary during a recovery period, but for others there are serious long-term consequences.

2.2 To help us determine and therefore plan for the anticipated increase in demand (and complexity), we have initiated a Rapid Impact Assessment (RIA) (as instructed by the Health and Wellbeing Board who have commissioned a further 10 RIAs across the Health and Social Care System).

2.3 The Sheffield Psychology Board has also undertaken an assessment of need, utilising national evidence and research as the basis of their findings. This will form a key component of the RIA.

2.4 From an emotional and mental health perspective, early indications (based on local and national data and evidence) show that:

2.4.1 We should expect a 40% increase in emotional and mental health problems associated with COVID-19. This could equate to around 1,400 – 1,800 extra referrals per month (into adult and older adult services). Indeed whilst statutory services across Sheffield have previously reported a reduction in referrals and service usage during the lockdown period, they are now reporting a 'stepping up in demand' particularly in IAPT (Psychological Therapies) and Liaison Mental Health services (indicating an increase in GP and Emergency Department presentations).

2.4.2 Intelligence from the VCSE sector indicates an increase of people experiencing mental health distress returning to the organisations that they know and trust for mental health advice and support. Although a mid-April survey across 15 VCSE organisations showed a reduction in demand during the lockdown period, demand is now increasing.

2.4.3 In addition Voluntary Action Sheffield (VAS), which coordinates a network of 37 community hubs, is reporting a steady increase in demand for people with low level mental health needs. One hub has reported an increase of 25% (from 500 to 625) and this is similarly evident in other hubs. There is also a doubling of referrals to some social prescribing services from GPs.

2.4.4 Wider determinants of health such as debt or financial exclusion will also result in a significant increase in demand in the future.

2.4.5 Whilst the physical health aspect of the pandemic has not been as severe in Children and Young People (CYP), demand for mental health services is increasing. Many transition points (vulnerable points for CYP mental health) have been particularly affected by the pandemic including transition from primary to secondary school, transition to 6th Form, transition to university or the workplace. The lack of SATs, GCSE and A-Level examinations have (and will continue to) affect a number of CYP significantly.

2.4.6 In addition our research is indicating that:

   a. Those CYP who act as carers for vulnerable adults are beginning to report significant concerns about the people they care for;
   b. CYP with physical health vulnerabilities are likely to experience significant increased health anxiety;
   c. CYP are presenting more frequently with significant health anxieties where previously they did not;

d. CYP with pre-existing attachment problems will have found lockdown incredibly difficult to experience which will have adversely impacted on their mental health;

e. There has been an increase of and witnessing of sexual and physical violence;

f. Looked after children have been affected by changes to the court system, lack of available placements or lack of processes to manage placement breakdown;

g. CYP with neurodevelopmental difficulties will have found the new format of services impossible to adjust to therefore losing key sources of support and help; and

h. Access to assessments that would have increased support in other areas (e.g. education) is on hold and is therefore increasing risk factors for psychological/mental health.

2.5 In addition to the emotional and mental health impact, there is also a wealth of evidence to suggest national lockdowns will lead to an increase in domestic abuse. Anticipating this, our support services have maintained provision throughout the lockdown period, and we have put awareness raising materials out constantly through a range of channels (including the Director of Public Health media briefings), to promote local and national helplines and services. Initially (at the beginning of lockdown) referrals for help went down, but these are now returning to pre-lockdown levels; although we have not (yet) seen a post lockdown surge. We have increased the number of refuge places and maintained our MARAC risk and case management panel with partners. Interestingly, we have seen higher numbers of perpetrators refer themselves to our Perpetrator Behaviour Programme and more are staying on the programme.

2.6 In terms of Homelessness, committee members will be aware that at the start of lockdown Sheffield City Council (SCC) worked with a range of partners and accommodated all rough sleepers in supported or hotel accommodation (over 100 people have now been accommodated). As well as directly reducing the risk of infection within this vulnerable group it has also led to the opportunity for many services (including primary care, mental health and substance misuse services) to engage with the homeless population more effectively. The work has been coordinated through a planning group led by SCC. A number of people who have previously never engaged with mental health treatment have, through the work of the specialist Homeless Mental Health Team, been assessed and supported, with some are now moving on to a more settled accommodation and are being supported by a range of local organisations and charities.

2.7 Drug and alcohol treatment services have remained open throughout lockdown, and have moved to an outreach model, supporting people in their homes. Increased alcohol use at home during lockdown has been

identified as a risk in the wider population; although the numbers of known people accessing support has not increased. There is however the potential long term for this to emerge as an issue.

2.8 Overall, the experience from other 'mass emergencies' indicates that psychological distress (and other related consequences) develop over time and will peak several months after the event. In the current context of a potentially cyclical pathway for this virus, ensuring support is in place for a minimum of 12–18 months will be essential.

2.9 Despite all of the above however, there is also some emerging evidence (albeit anecdotal, but increasingly subject to more research) that for many people there have been positive aspects of the lockdown in terms of mental health and wellbeing. Some surveys have highlighted people reporting reduced day to day stresses and pressures, spending more time reconnecting with families, nature, hobbies and activities and feeling good about helping others or volunteering. Some children are reporting feeling less stressed and pressured not being at school. It is not clear however how evenly these experiences are distributed across different social groups, and therefore our general assumption based on the evidence is that problems relating to mental health and wellbeing will generally increase as a result of the pandemic.

3. Meeting Demand

3.1 Although we don't yet know the full outcomes of the RIA; we do know that demand (generally speaking) is going to increase (and in some instances is already increasing) over the coming months and years. Additionally this is not just about demand for 'illness services'; this is also about intergenerational adversity, education, employment and housing. It is vital therefore that we work together as a system to ensure we are able to respond to the anticipated surge. So whilst the preparedness of statutory mental health services is important; this is as much, if not more, about the resilience of the city.

3.2 In the immediate term we have prioritised and are therefore accelerating the Crisis Resolution and Home Treatment programme, making sure we are able to safely respond to emergency and crisis mental health issues; which we anticipate will begin to increase over the next few weeks. We have already created a Home Intensive Treatment Team for 16-17 year olds (this went live on 1st April 2020). This will particularly help in terms of supporting children and young people to remain at home (when a crisis occurs), plus ensure that those who attend Accident and Emergency can be supported to return home. We are also in the process of scoping and commissioning a young persons 'safe place' (providing a not dissimilar service to the Decisions Unit, although specifically for 16 and 17 year olds).

3.3   In addition we have temporarily changed the focus of the Primary Care Mental Health Programme, ensuring that General Practice is supported in every way possible; from maintaining a responsive IAPT service, through to the rapid deployment (and where appropriate the redeployment) of those staff who have recently been recruited.

3.4   We are also about to embark on the recovery phase of our psychological emergency response programme; aimed at addressing the immediate emotional and psychological needs of our staff, other keyworkers and the population more widely. This includes making sure that we reinforce and localise the many sources of national help and advice. This is being led by the Sheffield Psychology Board who are working closely with Sheffield Flourish; using the Sheffield Mental Health Guide as the mechanism for disseminating information and advice (https://sheffieldflourish.co.uk/coronavirus-information-leaflets/).

4.   Recommendation

4.1   The Committee is asked to consider the content of this report and provide views and comments.

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