



Mind Cymru's response to the Health, Social Care & Sport Committee's Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

About Mind Cymru

We're Mind Cymru, the mental health charity. We work nationally and locally.

Nationally, we campaign to raise awareness, promote understanding and drive change. We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year. Locally, in communities across Wales, independent local Minds provide life-changing face-to-face support to more than 25,000 people each year.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

We welcome the opportunity to provide written evidence to the Committee on the impact of the pandemic on people's mental health in Wales

Background

It is important to note that even before the pandemic mental health services were under considerable pressure with growing demand with some people waiting a considerable time before being able to access support.

Mental health has been the subject of several inquiries by various Senedd Committees in recent years, with more planned before the end of the term. These inquiries have highlighted the significant challenges within mental health services at multiple levels across Wales, making a range of recommendations for action.

The Welsh Government has accepted many of the recommendations of these inquiries, however, despite this, we know that a large number are still awaiting implementation or, in some cases, are already significantly behind schedule according to the Welsh Government's own timescales. For example, the publication of waiting time for access to psychological therapies or outlining a route-map and timescale for the delivery of 24/7 crisis care services. These outstanding actions need to be urgently implemented in order

to build resilience within mental health services in Wales, as we are concerned that the outbreak of Covid-19 risks exacerbating many of these challenges.

Over the course of the past few months, there has been welcome collaboration across NHS Wales mental health services and across NHS Wales, Welsh Government and the third sector. This has enabled swifter exchange of information and intelligence as a basis for adapting services such as information and telephone support and hearing about the experiences of people with mental health problems during Covid 19.

We are aware that there is a momentum behind some services changes including increasing the quantum and range of early support available to people in their communities. We see potential for developing this collaboration further over time, particularly with the NHS so that there is a more flexible approach to developing and making available the right kind of non-medical therapeutic, psycho educational and problem-solving support when we know that need is high and provision very limited. We would like to see the development of an open, collaborative and ambitious approach to how this innovation is accelerated and results in changes for people who need that.

Impact of COVID-19 on Mental Health in Wales

Whilst it is too early to fully understand the impact of the Covid-19 outbreak and its subsequent management on mental health in the long-term, it is clearly having a significant impact on the mental health of the nation. Whilst increased worry or anxiety during this period is a natural response, there are indications that some groups of people are experiencing significantly poorer mental health.

To understand better how people were experiencing the pandemic we launched a survey across England and Wales asking a series of questions from general mood to access to support. In Wales almost 900 people responded with around two thirds of people saying their mental health had deteriorated since the outbreak of Covid-19 and the introduction of lockdown restrictions. The most common factors said to be contributing to poor mental health over the period were not being able to go outside, feeling bored/restless, anxiety about getting seriously ill from coronavirus and feeling lonely.

Our survey highlighted that the impact has been more severe for those of us with mental health problems and has compounded existing health inequalities. People living in the most deprived areas of Wales are more likely to be self-isolating, feeling anxious, isolated and report greater worries about their mental health.¹ This is also mirrored in BAME communities, with both these sections of society having historic challenges in accessing support and early intervention services. We have included a specific section later in our evidence that looks at the disproportionate impact we have seen in some of these groups.

Despite assurances from Welsh Government and NHS Wales that services were in place, there has been clear evidence that many people have struggled to access services:

- 16% of respondents to our survey had tried to access mental health support in the past month.
- Of these, one in five were unable to access support.

¹ <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-by-demographics-report/>

- Almost one in ten told us that they did not know how to access support; this was higher than the equivalent figure in England, where just over 1 in 20 did not know how to access support.
- Of those who accessed support, 44% did so through the NHS, 24% through a private provider and 16% through a charity
- Of those who accessed support, 37% spoke to a counsellor or therapist over the phone, while a further 34% spoke to their GP

Whilst some have struggled to access support, a third of people told us that they did not seek support because they did not think that their issue was serious enough. This is concerning, not least because we know that when people do not get support early, they are more likely to reach crisis point and need emergency help. We know that many people felt unsure whether it was safe or responsible to attend a face-to-face appointments, for example to request a referral from a GP, whereas others told us they did not want to take resources away from people who may need it more. This is also reflected in emerging work undertaken by Time to Change Wales that indicates there has been a growth in self-stigma during this period, with people feeling they do not deserve help .

Whilst all services, including those in the local Mind network, moved quickly to providing online and telephone support our survey showed that, over the past month, the most common difficulty in accessing mental health services was feeling unable or uncomfortable using video/phone technology, over a third of people told us this made accessing services difficult.

Concerns relating to finance, benefits and future employment have been common themes raised by respondents to the survey:

- Three quarters (74%) of those whose employment status has changed as a result of coronavirus say their mental health has got worse, in comparison to 59% of those who have seen no change to their employment status. Those who have seen their employment status change also have comparatively worse mental health (43% change vs 32% no change).
- Half (50%) of people whose employment status has changed said they have rarely or not felt useful at all in the past month, in comparison to 39% of those whose employment status has not changed
- People with changed employment status are twice as likely to not know how to access support (15% vs 7%), are more likely to think their issue is not serious enough to get help (38% vs 32%), less likely to say they don't want or need support (26% vs 40%) and slightly less likely to have tried to access support (14% vs 16%)
- Those whose employment status has changed are more likely to report that their mental health has been made worse by:
 - Concerns about financial situation (79% change vs 36% change - more than twice as likely to be affected by this)
 - Concerns about work (86% vs 46%)

- Housing problems e.g. eviction (13% change vs 6% no change – more than twice as likely)
- Feeling lonely (72% vs 58%)

Overall there is compelling evidence, both from our survey and work undertaken by others in the mental health sector, that there will be a need at a minimum for increased early intervention support services but also the potential for some people to emerge from lockdown with more serious mental health problems. The caution being exhibited in approaching health services for non-COVID related health care has been well evidenced across health conditions and has the potential to result in significant support emerging as lockdown eases.

Key Concerns

Whilst initially there was hope that the restrictions in place may be short lived, it is now apparent that we will be living with the virus for some time and some restrictions will remain in place. This poses a challenge for support services and we have a number of key concerns based on an emerging increase in the need for support at all levels of service provision in the short, medium and long term:

- As a direct result of the coronavirus pandemic, more people experience poor mental health – we are particularly concerned about the mental health of NHS staff themselves and other frontline staff, as well as those coping with bereavements caused by Covid-19 and those who may experience job losses and other financial stresses during and post-pandemic.
- Similarly, we are concerned about the disproportionate impact Covid-19 is having across demographics, specifically, people living in poverty and people from BAME backgrounds².
- As demand for support increases, already overstretched and under-resourced services cannot adequately support all those that need care and thresholds for access to support increase as a result, particularly within primary care settings
- The lack of resources/reduced number of staff means that less people are able to get support they would otherwise have received.
- Digital alternatives to face-to-face support will help many get support and should be considered in the delivery of future services, however some people will be unable to access support in this way and may face digital exclusion. There is a need to guard against a rush to providing more distanced support rather than basing decisions on patient choice and options available.
- That commitments by the Welsh Government and delivery partners to much-needed improvements to mental health services are delayed and that mental health is de-prioritised.

We firmly believe that there is a need for urgency in responding to these concerns, with investment and timely action taking place to learn from this first phase of the pandemic and deliver longer term improvements in how support is configured for people at all levels.

² <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-in-wales-a-focus-on-ethnicity/>

As immediate actions, we recommend:

- Health Boards set out clearly, and in an accessible way, what mental health services are available and how to access them. This should include support within primary care, LPMHSS and secondary/crisis services.
- Health Boards and other partners set out what steps they are taking to ensure mental health services are accessible to all, including those who may struggle to access digital support.
- That anyone wrongfully discharged from mental health services are re-admitted to the service immediately and from the point at which they were discharged.
- The Welsh Government set out what assessment they have made of the impact of Covid-19 on demand for mental health support in the medium and long-term and what steps they are taking to meet this demand.
- The Welsh Government set out what assessment they have made of the disproportionate mental health impact of Covid-19, and its management, on different demographic groups and what steps they are taking to mitigate this impact.
- That the Committee requests access to the Welsh Government's Mental Health Monitoring Tool to inform this inquiry.
- The Welsh Government recommence data publication in relation to the Mental Health Measure and publish retrospectively in order to inform our understanding of, and learning from, the impact of Covid-19, and its management.
- Health Inspectorate Wales provide an update on the impact of Covid-19 and its management on mental health inpatient services, including an update on any Covid-19 related deaths that have occurred within these settings and plans for inspections going-forward.
- That a timetable for implementing previous Committee recommendations on mental health services is developed and taken forward at pace.
- The Welsh Government assess and commit additional resources needed to meet potential demand and ensure services have the resilience to continue operating in the event of further peaks or the re-introduction of lockdown measures.

In the rest of this response, we will look at some areas in details to provide some context and further analysis of the insight we have gathered.

Access to mental health services

The Welsh Government has issued clear guidelines and public statements that mental health services are essential during this period and that they expect Health Boards to maintain services, whilst recognising the way service delivery may need to be adapted. Despite this, we have consistently heard from people who have struggled to access support and have seen several media stories highlighting the challenges people have experienced³ ⁴.

³ <https://www.bbc.co.uk/news/uk-wales-52771502>

⁴ <https://www.bbc.co.uk/news/uk-wales-52620321>

There needs to be significant improvement in how Welsh Government and NHS Wales are communicating what services are available, the format of these services and the message that if people are worried about their mental health, they can seek support and it will be there for them.

Many services have moved swiftly to providing remote support and this is to be welcomed - and demonstrates significant innovation that can inform future practice – however, as has been highlighted in media reports⁵, greater effort is required to ensure support is available for more marginalised groups who may struggle to access support in this way.

Information and Early Support Services

As the pandemic started, there was a surge in people seeking online advice and guidance around their mental health and we have pulled together a hub on our website that provides bilingual advice and guidance on a range of issues. You can view the information here:

<https://www.mind.org.uk/information-support/coronavirus/>

We have worked with Public Health Wales and the Mental Health Foundation to share this information to people in Wales alongside promoting it through our own networks and platforms. Being able to find reliable, relatable information and advice has been one of the central aspects of the initial period of the pandemic.

We know that some people have struggled to access their support networks and this has had a negative impact on their mental health. In reviewing lockdown restrictions, the Welsh Government should give careful consideration to its impact on people with mental health problems, and in particular those who are living alone who may be unable to access existing support networks that are crucial to the management of their mental health.

There is growing concern that primary care services will be central in meeting the initial emerging need following easing of lockdown measures, as people seek help and support from their GP. It is likely that, as demand for mental health support re-emerges, additional capacity within primary care services in particular will be required to support people with mild to moderate mental health problems. There needs to be investment into this tier of support, including services that sit alongside GP services, community based therapeutic and psycho educational support which is easily accessible and available.

It has been welcome that Welsh Government and NHS Wales have already taken some steps in this direction. Mind Cymru has secured funding via WCVA to deliver a national Active Monitoring⁶ service on a self-referral basis. Additionally, with Welsh Government funding, Mind Cymru is currently running a social-prescribing pilot that has adopted a self-referral model in response to Covid-19. The evaluation of the effectiveness of these services, and their adaption to self-referral processes, should be used to inform future service development, with a view to scaling-up support at pace.

⁵ <https://www.bbc.co.uk/news/av/uk-wales-52637962/coronavirus-remote-mental-health-support-very-very-difficult>

⁶ <https://www.mind.org.uk/about-us/mind-cymru/active-monitoring/>

On April 23, the Welsh Government published an information note on delivering the Mental Health Measure during the Covid-19 pandemic.⁷ The note confirmed the expectation that services under the Measure should continue to be delivered whilst recognising that some adjustments to service-delivery will inevitably need to be made.

The information note states that “reconfiguration of who, how and where services are delivered may not necessarily align with what is currently stated in Local Health Board Part 1 Schemes.” The Mental Health Measure obliges local mental health partners jointly to take all reasonable steps to agree a Part 1 Scheme, which ‘identifies what treatment is to be made available in the area.’ However, in reviewing Part 1 Schemes Mind Cymru found that many Schemes are brief and vague and do not adequately identify available treatments; many have not been updated since their initial publication following the introduction of the Mental Health Measure. These Schemes should be providing a roadmap for services and for those seeking support highlighting what they should be able to access.

Mind Cymru believes these Schemes should be reviewed to set out clearly, what services are available. Furthermore, as an immediate action, local mental health partnerships should set out, clearly and in an accessible way, what services are available and how they can be accessed during the current crisis.

We know that some people have struggled to access support from Local Primary Mental Health Support Services (LPMHSS) as result of Covid-19. Similarly, we know that some people have been reluctant or have experienced difficulty accessing their GP and, given GPs role in signposting, that this is likely to have had a significant impact on referrals to LPMHSS services. We know that in Betsi Cadwaladr, contrary to Welsh Government guidance, patients were discharged from LPMHSS and advised to seek re-referral when lockdown restrictions were lifted.⁸ On May 21, Simon Dean, interim Chief Executive Officer of Betsi Cadwaladr, apologised for the error whilst giving evidence to the Committee. It was later revealed that the error had affected far more people than had been previously been reported by the Health Board; in total, 1694 patients were discharged in error.⁹

This situation has been deeply concerning and we believe is contrary to the duties under the Mental Health Measure and whilst steps have been taken to rectify the error, with a commitment to contacting all those affected, we must not underestimate the impact that this decision may have had on people seeking support. We know that asking for support for your mental health can feel difficult for many people and negative experiences in doing so can entrench those feelings and prevent help-seeking behaviour in the future. Whilst we welcome the steps the Health Board is taking to address the situation, it is concerning that any Health Board should have taken this decision and raises questions about the way in which primary mental health legislation in Wales is viewed by public bodies. Moreover, we would seek assurances that those affected will be readmitted to the service pathway at the point they were discharged, and will not have to repeat referral processes as a result of this error.

⁷ <https://gov.wales/mental-health-guidance-covid-19-html>

⁸ <https://www.bbc.co.uk/news/uk-wales-52729237>

⁹ <https://www.bbc.co.uk/news/uk-wales-52827479>

Community Mental Health Services (CMHTs)

As with other mental health services, we know that CMHTs faced a range of challenges in providing effective support prior to the outbreak of Covid-19. These challenges are outlined clearly in a joint thematic review of CMHTs published in February 2019 by Health Inspectorate Wales & Care Inspectorate Wales. The report makes 23 recommendations for improvements and highlights significant challenges in access to services, care planning, delivery and governance.¹⁰ It is unclear how many of the report's recommendations have been taken forward to date and we know that the outbreak of Covid-19 has exacerbated some of the challenges. Of those respondents to our survey who had tried to access support for their mental health in the past month, over a third told us that difficulty contacting their CMHT or GP had made accessing services difficult.

As secondary mental health services, anyone receiving support from a CMHT is entitled to a holistic Care and Treatment Plan (CTP) under the Mental Health Measure. In addition to setting out how, when and by whom care and treatment should be delivered, CTPs have a dedicated section on crisis planning designed to support people using services to recognise when their mental health is deteriorating and seek support. The Welsh Government information note, published April 23, states that CTPs are 'a vital tool to communicate and safeguard continuity of care and treatment' and that "individual crisis support plans can be reviewed and adjusted in light of public health advice to ensure that they can still deliver the same support at the right time if needed." However, there is clear evidence from before the outbreak of Covid-19 that the quality of care and treatment plans 'is generally poor'. This was the key finding of the NHS Delivery Unit's National Audit of the Quality of Care and Treatment Plans, published July 2018.¹¹ Moreover, the report further stated:

"The quality of crisis planning within CTPs was poor and did not routinely flow from the assessment of risk and the relapse signature. Where crisis plans were produced, in the vast majority of cases they contained no contingency planning or any clarification of the response the Service User or their family might expect in a crisis."

- NHS Wales Delivery Unit, 2018

This further underlines the importance of the Welsh Government, NHS Wales and Health Boards providing reassurance and clear public health messages on what services are available locally and nationally to support people who are, or are at risk of, experiencing a mental health crisis and how they can access this support. The Committee may wish to look in more detail at how Care and Treatment Plans have been adapted in response to Covid-19 and any learning this offers going-forward.

We know that access to psychological therapies in Wales is limited and that some people can find themselves waiting years to access this specialist support.¹² A report from one Health Board in January 2020 found 'unacceptably long waits' and described these

¹⁰ <https://hiw.org.uk/sites/default/files/2019-06/190207joint-thematic-review-community-mental-health-en.pdf>

¹¹ <http://www.wales.nhs.uk/sitesplus/documents/863/5d.%2020180720%20National%20Assurance%20review%20of%20CTP%20Final%20Report.pdf>

¹² <https://www.bbc.co.uk/news/uk-wales-36038905>

services as 'under-resourced and 'not fit for purpose'.¹³ We are concerned that the outbreak of Covid-19, particularly as services reconfigure to more digital means of access, will act as a further barrier to people accessing this support.

Moreover, in December 2018, the Welsh Government in response to the Committee's report on suicide prevention, committed to publishing waiting times targets for access to specialist psychological therapies beginning April 2019. We welcomed this commitment as a positive step forward in ensuring people are able to access a range of support depending on their needs (though our view remains that the 26-week target is too long to wait for such support). However, despite this commitment, to date, the Welsh Government has not published any figures on waiting times for access to psychological therapies. As lockdown restrictions are lifted it is likely that demand for this support will re-emerge or increase and so it is vital that action is taken now to reduce waiting times, and ensure an effective service, including the publication of this data to provide assurances. This data should be published retrospectively where possible, in order to inform our understanding of, and learning from, the impact of Covid-19, and its management, on access to this support over the period.

Inpatient settings

The Committee has previously raised concerns with regard to follow-up support for people discharged from inpatient mental health settings. Recommendations 9,10 & 11 of *'Everybody's Business – a report on suicide prevention'* called on Welsh Government to improve follow-up support, to ensure data in relation to follow-up support was recorded by all Local Health Boards and that Welsh Government publishes this data on six-monthly basis to improve transparency and accountability. We welcomed the Welsh Government's acceptance in full or in principle of the above recommendations. However, we note that, due to delays in delivering a Mental Health Core Dataset, these recommendations are yet to be implemented. At a point when support services have changed their delivery models and inpatients are being discharged into the community it is vital that there is a clear understanding of how people have experienced discharge and the support made available for them. In light of this, the Committee may wish to assess what measures are being taken by the Welsh Government and NHS Wales to ensure people discharged from inpatient units as a response to Covid-19 have and continue to receive follow-up support.

We are aware of changes in inspection and mental health review services provided by Healthcare Inspectorate Wales due to the pandemic, namely a cessation of physical inspections. We understand there has been continued contact between HIW and inpatient units during this period. Whilst there has been nothing to suggest a reduction in service quality, it would be welcome to have an update from Healthcare Inspectorate Wales on how inpatient mental health services have coped during the pandemic. Including what steps they are taking to undertake their inspectorate role in relation to both NHS Wales and independent/private-sector providers going forward, including in the event of additional peaks or the reintroduction of lockdown restrictions.

We have raised with Welsh Government the issue of Covid-19 related deaths of inpatients, following reports in England that showed a high number of deaths of patients

¹³ <https://www.bbc.co.uk/news/uk-wales-51285851>

detained under the Mental Health Act. The Welsh Government has provided assurance that this is not the case in Wales. We would welcome an update on this issue from Health Inspectorate Wales and recommend that deaths of patients receiving support within, or recently transferred/discharged from, inpatient units are recorded and reported in an anonymised way as happens elsewhere in the UK.

In response to Covid-19, the Mental Health Review Tribunal Wales understandably ceased holding panels face-to-face and moved to telephone panels. We are concerned about the impact this is having on patients detained under the Mental Health Act. Specifically, we are aware of a number of detained patients experiencing difficulties communicating with their lawyers in remote hearings. As a result, we have called on hospitals, the tribunal and lawyers to work together to ensure that patients have the proper access to the courts and a fair hearing that they are legally required to have.¹⁴

Transparency and accountability

Understanding what is happening in relation to mental health services has long been a significant challenge due to limited access to and availability of services-data, these issues have been raised in a number of inquiries by the Committee in recent years. The Welsh Government is committed to developing a Mental Health Core Dataset (MHCDS) for Wales for implementation in 2022. However, whilst Mind Cymru has supported Government in developing the MHCDS we remain significantly concerned at the ongoing delays in its delivery. The original Together for Mental Health Delivery Plan (2012-16) committed to ensuring the MHCDS was operational by 2015. The lack of urgency in taking forward these improvements means that we are now unable to fully understand and learn from how services are being impacted by and are adapting to Covid-19, or indeed the impact this is having on people's experiences and outcomes of accessing support.

On March 23rd, the Chief Statistician announced the suspension of some data and statistical publications based on 'prioritising what is relevant to the current situation'. This decision included data collected under the Mental Health Measure. As a result, there is currently no public information on referrals to or waiting times within LPMHSS, or indeed any other information published under the Measure. Despite this, we are led to believe by NHS Wales that the number of referrals to mental health services have fallen during the initial period of the pandemic, but have started to climb again. However, we have not seen the data that is supporting this statement.

Whilst we recognised and understood the rationale for initially discontinuing some data collection in order to meet the immediate challenges caused by Covid-19. We believe that, given mental health services are deemed essential and that many of the initial challenges have been overcome, that data collection and publication in relation to the Measure should be recommenced in order to provide assurances that people are able to access these services and allay the concerns outlined above.

Moreover, the advice issued by Welsh Government stated that data collection in relation to the Measure should continue locally, with only national reporting discontinued in order

¹⁴ https://www.bbc.co.uk/news/uk-wales-52838807?intlink_from_url=https://www.bbc.co.uk/news/wales/south_east_wales&link_location=live-reporting-story

to reduce administrative burden. Therefore, it will be possible for Welsh Government to publish this data retrospectively in order to inform our understanding of, and learning from, the impact of Covid-19, and its management, on mental health services. We believe this should be taken forward at the earliest opportunity.

In response to the outbreak of Covid-19, the Welsh Government established a Mental Health Incident Group (MHIG) to support Health boards to continue providing mental health services and supporting staff wellbeing. This included the creation of a Mental Health Monitoring tool for Health Boards and partners to provide assurance of capacity and capability within mental health services. As an immediate action, we recommend the Committee requests access to this tool in order to inform this inquiry.

It is likely that we will be living with Covid-19 for a long time to come. Indeed, the Chief Medical Officer has recently warned of the prospect of a return to lockdown in autumn and winter and additional peaks in the months and years ahead.¹⁵ If this is the case, it is therefore vital that steps are taken now to ensure that information in relation to mental health services can be reported going-forward and is not re-suspended in response additional peaks or ongoing challenges in relation to Covid-19.

Disproportionate impacts

Clear evidence is emerging of the disproportionate impact of Covid-19 across demographics. For example, Public Health Wales reports that 'people living in the most deprived areas of Wales are more likely to be self-isolating, be feeling anxious and isolated during coronavirus restrictions, and report greater worries about their mental health'.¹⁶ Public Health Wales have also found that younger adults are more worried about their mental health and that lockdown restrictions are having a greater impact on the mental health and wellbeing of Black, Asian and minority ethnic people.¹⁷

This disproportionate impact is also clear within our survey of people's experiences between April and May. For example, when analysing the survey by different demographics we found that:

- Women are more likely than men to feel that their issue is not serious enough to warrant support – 35% of women said this vs 27% of men
- The most common difficulty for parents with children under 18 is balancing accessing support with additional responsibilities (30%) – parents are 3 times as likely to face this difficulty in comparison to those without children under 18 (10%)
- Younger people are even more likely to experience difficulty accessing services due to feeling uncomfortable or unable to speak over the phone or on video call – nearly half (45%) of 18-24 year old respondents said this had made accessing help difficult

¹⁵ <https://www.bbc.co.uk/news/uk-wales-politics-52890762>

¹⁶ <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-by-demographics-report/>

¹⁷ <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-in-wales-a-focus-on-ethnicity/>

Additionally, our survey highlights the disproportionate impact that the outbreak of Covid-19 and its management is having on people with a variety of diagnosis and in particular people experiencing eating disorders, PTSD or personality disorders, particularly those who may be living alone:

- People with experience of an eating disorder have been disproportionately impacted. Their mental health has become worse than other diagnoses, and they are more likely to use negative coping strategies and their mental health is disproportionately affected by coronavirus restrictions
- While two thirds (65%) in Wales say their mental health has got worse, this rises to three quarters (76%) of people with an eating disorder and 84% of people with a personality disorder.
- While just over a third (35%) say their mental health is currently poor or very poor, this rises to 60% of people with an eating disorder and two thirds (66%) of people with a personality disorder
- People with an eating disorder are nearly twice as likely to be negatively affected by not getting on with people they live with (40% ED vs 23% overall)
- People with an eating disorder, PTSD or a personality disorder are nearly twice as likely to have said their mental health has got worse due to difficulties accessing mental health support (63% ED, 61% PTSD, 74% PD vs 33% of people overall)

We have already provided evidence to the Children, Young People and Education Committee on the impact of the pandemic on the mental health of children and young people and we have attached our evidence as an appendix for information.

In light of this evidence we would ask that when reviewing lockdown restrictions, the Welsh Government should give careful consideration to its impact on people with mental health problems, and in particular those who are living alone who may be unable to access existing support networks that are crucial to the management of their mental health.

The impact of the pandemic on frontline staff has been at the forefront of our thinking throughout the pandemic. As a result of this we formed an alliance with a number of other organisations to develop the *Our Frontline* offer to all frontline staff. It provides web based advice and support as well as direct access to counselling if this is needed. It builds on the work we have undertaken through our Blue Light programme, which supported emergency service personnel with their mental health. Further information can be viewed via:

<https://www.mentalhealthatwork.org.uk/ourfrontline/>

There will be a need to ensure that frontline workers are given the opportunity to step away from the challenging situations they have experienced, both in work but also as parents and family members, in order to reflect on their experiences and replenish their own resilience.

Given the emerging evidence around the disproportionate impact of Covid-19 across demographics and diagnoses, we believe that Welsh Government and NHS Wales should be seeking to urgently understand these impacts, plan for enhanced support services and mitigate some of the impacts of the pandemic on the mental health of these communities.

Employment & economic impact

We know that Covid-19 and its management has and will continue to have a significant economic impact, and that impact is likely to be most severe in areas that already experience high-levels of deprivation. Moreover, as noted above, the link between deprivation and mental health problems is well evidenced.

Given the evidence around the economic impact of Covid-19 and its disproportionate impact on those living in the most deprived communities, it will be important that we collectively continue to tackle mental health stigma through Time to Change Wales and that employers are supported to proactively take a positive approach to mental health in the workplace, adopting the framework outlined in the *Thriving at Work* report

Conclusion

The outbreak of Covid-19 has seen a significant proportion of the Welsh population face challenges with their mental health. For some this will be their first experience, they may recover quickly with minimal support, for others it will take longer to move beyond the experiences of the last few months, and finally there will be a group whose mental ill health will have deteriorated further during the pandemic. What is needed now from Welsh Government and NHS Wales is an urgency in responding to the emerging challenges and investment to ensure support is there when people need it.

The current easing of lockdown provides an opportunity to learn from the first stage of this pandemic and put in place a resilient support structure that can deliver for people in any future lockdown. Whilst initial measures were put in place as short-term emergency fixes, it is now clear that some measures, like social distancing, will be required over a much longer period. We now have an opportunity to develop and deliver a clear vision for how services will deliver within current restrictions, alongside plans to ensure mental health services can continue to operate seamlessly, without a reduction in support, in the event of additional peaks or the reintroduction of lockdown measures. This will ensure that those of us with mental health problems are able to access support going forward and ensure the issues around access and quality of service outlined above are not repeated.