

## **Cabinet – 17 March 2021**

### **Update on the action plan to address the mental wellbeing impact of Covid-19**

**Portfolio:** Councillor Stephen Craddock, Health & Wellbeing

**Related portfolios:** N/A

**Service:** Public Health

**Wards:** All

**Key decision:** No

**Forward plan:** Yes

#### **1. Aim**

To update Cabinet on the known impact of Covid-19 on mental wellbeing in Walsall and the actions being taken to address this impact.

#### **2. Summary**

- 2.1. There is evidence that Walsall has suffered during the pandemic in terms of health, financial and employment, with the negative impact being felt more acutely by those in the most deprived socio-economic groups. Voluntary sector organisations have struggled to keep going and people of all ages have had restrictions on their social interactions.
- 2.2. The pandemic is likely to exacerbate mental wellbeing inequalities. This is both inequalities across Walsall and inequalities compared to national and regional averages.
- 2.3. In response, local agencies have worked together to provide financial and housing support, to advise residents and businesses on staying well, supported the voluntary and care sectors and sought opportunities to bid for national funding. This report provides details of the work done to date to mitigate the negative impact of the pandemic on the mental wellbeing of the population.

#### **3. Recommendations**

- 3.1. To note the progress on the Action Plan for managing the impact of Covid-19 as set out in the appendix to the report.
- 3.2. To note that the Health and Wellbeing Board will be receiving reports on the mental wellbeing outcomes of the Action plan.

**4. Report detail - know**

**Context**

4.1. The 2020 Covid-19 pandemic has already had a significant impact on everyday life for our residents and we believe this will continue for months and possibly years to come. The current issues of being isolated from family, friends, jobs, financial concerns, bereavement and uncertainty about the future understandably contribute to people experiencing higher levels of anxiety than usual. These are related to social, financial and economic uncertainty.

4.2. The challenges which were set out in the report to Cabinet July 2020 were:

- To reduce any ongoing harm from poor mental wellbeing in the Borough
- To prepare the borough to become more resilient to the longer term effects of poor mental wellbeing
- To offer the workforce sufficient support, recognising they are also affected by the pandemic

**Definition of Mental Wellbeing**

4.3. Mental wellbeing is different to mental illness and covers how we feel as we cope with the challenges of everyday life, worries and confidence in dealing with work, home and family. This is ‘a state of wellbeing in which every individual realises his or her own potential, can cope with daily life, can work productively and fruitfully, and is able to make a contribution to her or his community.’

**Impact of Covid-19 on mental wellbeing**

4.4. The expected effects of Covid-19 on mental well-being will vary for different age groups and social circumstances. They are likely to be wide-reaching (summarised in Table 1 below) and for some people, this will be cumulative.

		<b>Mental Health Impact of COVID-19 Across Life Course</b>				
		Pre Term	0-5 Years	School Years	Working Age Adults	Old Age
<b>Cumulative issues to consider</b>	Short Term	• Anxiety about impact of COVID on mother and baby	• Coping with significant changes to routine	• Boredom • Impact of parental stress	• Being out of work • Financial worries • The fear of going back into work	• Isolation and disruption of routine • Fear about impact of COVID if infected
	Medium Term	• Financial worries	• Impact of parental stress and coping on child	• Isolation from friends • School progress and exams	• Balancing work and home • Carer stress	• Anxiety from being dependent on services
	Long Term	• Longer Term Isolation	• Isolation from friends	• Anxiety or depression or other MH problems	• Anxiety about measures and family dependents or children • Isolation	• Financial worries • Balancing work and home
<b>Cross-Cutting issues</b>	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 e.g. being physically close to dying person, usual funeral rites, attend funeral etc.				
	Specific Issues	Impact of delayed diagnosis and treatment (e.g. 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.				

Table 1: Summary of the mental health impacts of Covid-19

- 4.5. For most people, this will be evident as short-lived anxiety or sleeplessness; an ordinary response to an unusual situation and from which recovery is possible with some support. Even for those residents who are able to cope with living with uncertainty, extra pressures such as losing a job, can push them over the coping threshold.
- 4.6. Inequalities feature clearly in the impact of Covid-19 both in the mortality rates of different socio-economic groups and in the economic security of those on low pay or with uncertain job futures as the economy returns.
- 4.7. This means that any recovery plans need to be adapted to meet the differing needs of our population over the medium to long term.
- 4.8. The King's Fund report *'Covid-19 recovery and resilience: what can health and care learn from other disasters?'* (published in February 2021) illustrates the likely experiences for communities following disasters or traumatic events.

**Figure 1** The path to recovery is not linear, and people experience a range of emotional responses at different phases of a disaster



- 4.9. It is estimated that 75% of the population will have transient stress, worry and upset but no mental disorder. 15-20% of people will experience mild anxiety and persistent insomnia and up to 5% will develop post-traumatic stress disorder or severe depression. It is difficult to identify who might be most at risk.
- 4.10. For recovery to be successful, identifying and assessing the level of community need is essential, as well as ensuring communities are not left behind, effective collaboration and prioritising workforce wellbeing.
- 4.11. Activities that bring people together in the community can have a positive impact by creating local support that benefits people's psychosocial wellbeing. However, in a pandemic situation, keeping people apart has been the priority for reducing virus transmission.
- 4.12. Local community groups and grassroots organisations play a critical role in creating and maintaining the social connections that are essential for successful recovery. Many of these groups will struggle to survive and sustain their impact during and beyond Covid-19 so funding and support for them will be essential.

4.13. We already know that the pandemic has had a disproportionate impact on certain groups, including older people and ethnic minority populations, and has exacerbated pre-existing inequalities. Tackling these issues is a top priority.

**What is the local picture in Walsall so far?**

4.14. In October 2020 the Council conducted a residents’ survey to gain a better understanding of how communities in Walsall have been impacted by Covid-19. The overall mental wellbeing scores were almost the same (medium) as a previous population survey in 2012 but scores were lower in the following groups: those with poor general health, younger respondents, unemployed residents, and those who have been impacted financially by the pandemic. The majority of respondents reported no notable change to their physical health since the start of the pandemic; however, over half (53%) said that their mental / emotional health had deteriorated.

**Financial and economic status**

4.15. Walsall had 13,386 more households on Universal Credit in August 2020 compared to August 2019. This is a 54% increase over the year.

4.16. Walsall households receiving Universal credit increased by 38% between March and August 2020.

4.17. The Free School Meals team has received 5730 new applications from April to December 2020.

4.18. Since January 2020 there has been a near doubling in the number of claimants of work-related benefits (Jobseeker’s Allowance (JSA) or Universal Credit claimants required to seek work). The December 2020 total was 14,785 (a rise of 6,815 people since January 2020). This equates to 8.5% of the working age population, which is higher than regional and national rates.

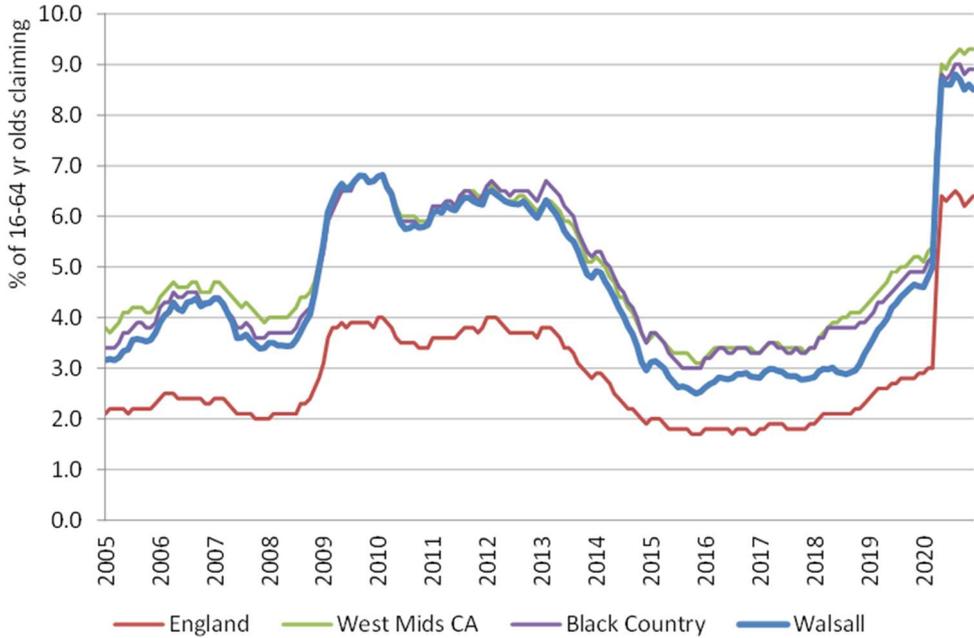


Figure 2: Percentage of 16-64 year olds claiming JSA or Universal Credit (requirement to seek work)

## **Community and voluntary groups**

- 4.19. The community and voluntary groups which are still in operation have all reported feedback from clients that they are feeling isolated, anxious about job security the challenges of educating their children and high fuel bills. A local survey of the local voluntary and community sector during summer 2020 highlighted that more people were using alcohol as a coping mechanism. Groups have moved to telephone and online service delivery but report that this does not suit everyone.
- 4.20. Further work is required to explore if there is a larger number of residents who are not yet presenting to services for help, i.e. that issues are being stored up and may become apparent during 2021.

## **Usage of Mental Health Services**

- 4.21. The borough has counselling services for adults and children which are provided by a range of organisations, most of which are in the voluntary sector. This includes bereavement services and short term (up to 12 weeks) counselling services. In addition, the NHS provides low level psychological therapies and specialist mental health interventions, including community and in-patient treatments.
- 4.22. Feedback from people engaging with low level psychological therapies have given a mixed picture with most reporting a negative impact of the pandemic on their mental wellbeing but some appreciating the reduced commuting and fewer people out and about when they do go outside.
- 4.23. Specific groups of people who are presenting with more anxiety and low mood include teachers, NHS and Care workers.
- 4.24. Local mental health psychological services report that referrals have dropped to 80% of those seen the previous year. This has also been reported in national reports e.g. the Samaritans have found that the average weekly mental healthcare contacts in the UK during the first four months of restrictions fell by one half compared to the same period in 2017–2019.
- 4.25. The reasons are thought to be fewer interactions with GPs, who normally prompt referrals to services and also an acceptance by people that their problems are part of 'normal life' and that it is the same for everyone. However, professionals report that people are presenting to services in a more serious state than prior to the first national lockdown.
- 4.26. Specialist alcohol services report that the number of alcohol dependent clients in treatment has risen by 8% compared to 2019/20 with an increase in the proportion of women entering treatment since lockdown.

## **How have we responded?**

- 4.27. In the report presented to Cabinet in July 2020, the action plan outlined the approach to supporting mental wellbeing (based on the WHO disaster recovery model). The themes for action (Figure 3) were:

- Employment, housing, financial and economic support
- Advocacy for safe basic services, strengthening community support
- Basic emotional and psychological support
- Clinical mental health and treatment



Figure 3: The Intervention pyramid for mental health and psychosocial support for recovery based on the WHO approach.

- 4.28. Partner agencies across Walsall have combined their efforts in an Incident Management Team (IMT) Cell to review the impact of Covid-19 on the borough and to oversee plans for recovery. Under the governance of this Cell, a Mental Health & Wellbeing Cell has been set up with the aim of mobilising partners to improving mental wellbeing in a way which is possibly more systematic than has been done previously to support residents to cope with the impact of Covid. Membership is drawn from the Council, Black Country Partnership Trust, Walsall CCG, Housing providers, Community Associations, Voluntary sector, Police service, the College, University and Walsall Healthcare Trust.
- 4.29. The work of the cell includes capturing data from residents and businesses on their experiences through Covid, providing advice and guidance on staying well and managing through the pandemic, strengthening the voluntary sector, harnessing efforts to bid for national funds for the borough and aligning local psychological service providers to meet the changing needs of the population. Specific details are provided at Appendix 1.

### **Progress on the action plan**

- 4.30. The short-term actions agreed at Cabinet in July 2020 have been progressed and work has commenced on those for the medium term. The main areas of focus have been:

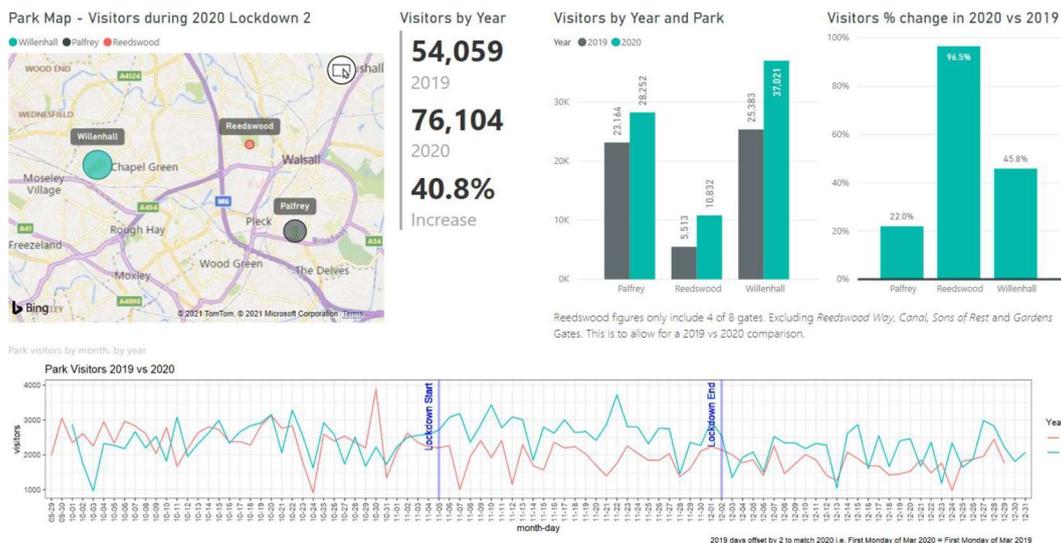
### **Advocacy for safe basic services, strengthening community support**

- Agreement across Walsall agencies to prioritise mental wellbeing in recovery plans

- Taking a collaborative approach to understand the needs of our population
- A joint bid submission to the MHCLG Futures funding to support people affected by domestic abuse, homelessness, mental health issues, with substance misuse problems or in the criminal justice system.
- Horizon scanning for bid funding opportunities for future joint submissions
- Providing communities, businesses and voluntary groups with resources to support self-care and emotional resilience.
- Enabling access to grants and benefits for individuals and businesses
- Capturing of local impacts on our population and promoting mental and emotional resilience.
- Providing training in mental health first aid and suicide prevention to a wide range of local organisations
- Sought a commitment from the elected members who have completed mental health first aid training to act as Mental Wellbeing champions across the borough
- Commencing a review of the sustainability of counselling and bereavement services
- Influencing the Black Country Trust plans for future community mental health services and the CCG investments on suicide prevention

### **Activating social networks, providing supportive spaces**

- 4.31. The national lockdown rules have curtailed the majority of face to face activities from communities and voluntary groups. However, many services have managed to move to online or telephone support to maintain their service offer.
- 4.32. The Council's Learning & Development team has provided training in mental health awareness and suicide prevention which has been provided to over 300 people across a wide range of statutory and voluntary agencies. The team has also trained 150 local teachers in mental health first aid and offered this training to elected members. To date, 12 Councillors have completed the training and more will be taking this up in 2021.
- 4.33. In addition, the Kaleidoscope Plus Group provided training specifically for the voluntary and community sector, through funding from the Police Community Initiatives Fund (CIF).
- 4.34. Walsall's parks and green spaces have remained open to provide access for physical activity and emotional balance. The number of visitors to all parks has increased during 2020. Data for Palfrey, Reedswood and Willenhall parks are illustrated below and show a rise of 22-96% compared to 2019. Utilising green spaces safely has been promoted to residents to improve their mental wellbeing.



- 4.35. The Making Connections Walsall service, originally set up to improve mental health and reduce social isolation, has been re-focused to support residents affected by the Covid-19 pandemic. Since March 2020, the 4 community hubs have provided 18,259 requests for help and support (of which 5871 requests were for support with food parcels). Over 5000 requests were made for befriending and this continues to be the main reason for contact since October 2020.
- 4.36. Walsall Community Network's 'Neighbourhood Natters' project provides befriending services and has gained much media interest for its impact. The network secured a grant of £100,000 from the National Lottery Community Fund.
- 4.37. The One You Walsall's Healthy Lifestyle Service has received almost 4,000 referrals and evaluation has shown a 78% increase in scores for mental wellbeing (WHO-5) for those that completed 12 weeks of support. The service also made over 2,000 wellbeing calls to service users, particularly targeting those who are most vulnerable and included signposting to Making Connections, Talking Therapies and general loneliness support.

### **Providing basic emotional advice and tools to support individuals and families**

- 4.38. A wealth of promotional material has been disseminated by the Council and partner agencies across the borough, including the 'Every mind matters' campaigns, Mental Health Awareness Week and Men's Health Month. Recognising that access to computers is not available to all, several organisations have secured laptops for residents. The Walsall Community Network has 110 computers plus access to many more laptops and ipads. The University has been awarded over £300k to support digital literacy for its students, many of whom are adult learners with families. Local schools have provided laptops and dongles to enable students to participate in remote learning.

### **Specific clinical mental health services**

- 4.39. In April 2020 the Black Country Healthcare Trust set up a 24/7 helpline to provide direct access to residents for advice and referral to mental health services. Up to the end of January 2021, 3043 calls were received of which, 920 were from Walsall residents. Fewer than half of these were known to the service.

- 4.40. The Mental Health & Wellbeing Cell has sought agreement with some local counselling providers to facilitate residents to access the most appropriate service in the timeliest manner, wherever their first point of contact. The next phase is to explore the potential for other providers to have this arrangement.
- 4.41. Support for young people has continued throughout 2020 but the move to telephone and online support has not suited all clients with some opting to wait until the lockdown ends to have face to face sessions.
- 4.42. Online tools are available for all, even if they do not meet the diagnostic criteria for a mental health disorder. Several providers are continuing to run but on time-limited funds. Additional volunteer counsellors have been recruited in the bereavement service to reduce the waiting times (4-5 months for adults and 3-4 months for children) and to match the anticipated rise in referrals due to Covid.
- 4.43. In response to the increased referrals to alcohol detoxification services, Council commissioning officers have increased the availability of treatment spaces.
- 4.44. Support for Council staff has been enhanced (e.g. access to the SilverCloud online support service) and the Employee Assistance Programme scheme has been extended to include Third Sector partners working with Council staff on Covid-19. Care Home staff have been offered psychological support.
- 4.45. NHS Trusts have provided a range of resources for staff including quiet areas for reflection, peer support groups, counselling, mindfulness sessions and online materials. Both trusts are exploring ways to offer the community based staff support to local voluntary and community groups.

### **Next Steps**

- 4.46. The Mental Health & Wellbeing Cell will be setting out a clear joint plan for the short, medium, and longer term which will include:

#### **Short term**

- Respond to immediate needs (social, financial, emotional)
- Identify how to promote self-care actions to residents and workplaces
- Complete the review of gaps in counselling and talking therapy services
- Strengthen systems for collating local and consistent data on mental health and wellbeing across all sectors
- Explore the potential for arts, music and drama to support mental wellbeing
- Increase the availability of mental health first aid and suicide prevention training
- Align pathways to counselling services with flexibility between providers
- Conduct focus groups with key sections of the population (e.g. unemployed) to capture the impact of the pandemic on their lives

#### **Medium Term**

- Secure funding for voluntary and community groups to provide local support for residents
- Contribute to plans for the development of community mental health services
- Strengthen governance arrangements for the mental health & wellbeing cell to align with the Health & Wellbeing Board

#### Longer Term

- Embed actions into standard ways of working for multi-agency partners
- Ensure mental wellbeing is included in economic recovery plans
- Work with communities to develop local support for young people

#### ***Council Corporate Plan priorities***

- 4.47. Whilst the action plan is linked to all ten council corporate plan priorities, the particular focus is on children, adults and communities.

#### ***Risk management***

- 4.48. There are a number of interdependencies which will need to be managed in order to ensure the action plan remains in line with future ways of working. Including the agreed actions in the reset plans for partner agencies will help to mitigate any risks.

#### ***Financial implications***

- 4.49. There are no direct financial implications arising from this report at present. However, if additional resources are found to be required, requests would be channelled through the appropriate Covid-19 authorisation process.

#### ***Legal implications***

- 4.50. There are no immediate legal implications.

#### ***Procurement Implications/Social Value***

- 4.51. There are no immediate procurement implications related to the Action Plan. However, there are opportunities to build a range of measures of social value into contracts in the medium to long term. Advice will be sought from the procurement team to ensure that any contractual changes associated with the action plan are completed in a compliant manner.

#### ***Property implications***

- 4.52. There are no property implications arising from this proposal.

#### ***Health and wellbeing implications***

- 4.53. It is recognised that the Covid-19 pandemic could cause significant harm to health & wellbeing in Walsall. The joint work of the Mental Health and Wellbeing Cell aims to mitigate the impact of the pandemic. Continued surveillance of both the local impact and the effectiveness of actions will be a focus of the Cell.

#### ***Staffing implications***

- 4.54. Additional training in mental health first aid for Council staff will require agreement on protected time. The full impact of the pandemic for staff will become apparent over time.

#### ***Reducing Inequalities***

- 4.55. National data has identified that those in the lowest socio-economic groups are most affected by the pandemic. The implementation of a proportionate and targeted approach for the mental wellbeing action plan will should help to mitigate the impact on these communities.

### **Consultation**

- 4.56. The Action Plan has been drafted in consultation with officers of local mental health services providers (statutory and voluntary sector) housing providers, academic institutions, Walsall Clinical Commissioning Group, learning and development and social care providers. No formal public consultation is likely to be generated by this Action plan. However, engagement with a range of organisations and community groups is expected.

## **5. Decide**

From the national data available and knowledge of local issues, the joint work proposed for the Mental Health & Wellbeing Cell is expected to help mitigate the impact of the pandemic on our population. Cabinet is requested to consider the content of this report and to agree the recommendations as outlined at section 3.

## **6. Respond**

The action plan will be put in place with ongoing oversight via the Mental Health & Wellbeing Cell.

## **7. Review**

Reporting of the mental wellbeing outcomes of the Action plan will be to the Health & Wellbeing Board.

### **Background papers**

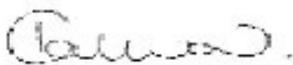
Appendix 1 – Action plan

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8 March 2021



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8 March 2021