**Cabinet – 15 July 2020**

**A 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**

1.1        The aim of the plan is to address the impact of Covid-19 on mental wellbeing in Walsall. This covers actions to help with the current challenges of living within the national lockdown and also actions to prepare the borough to cope with the longer term effects on mental wellbeing, including those caused by social and economic impacts.

**2.**        **Summary**

1.2        The purpose of this report is to set out Walsall's Action Plan for mitigating the mental wellbeing impact of Covid-19 in Walsall.

**3.**        **Recommendations**

3.1        To approve the Action Plan for managing the anticipated impact of Covid-19 in the population, as set out in the appendix to the report.

3.2        To note that the Health and Wellbeing Board will receive reports on the mental wellbeing outcomes of the Action plan.

**4.**        **Report detail - know**

        *Context*

4.1        The 2020 Covid-19 pandemic will have a significant impact on emotional and mental wellbeing across the population[1]. The immediate impacts stem from the current issues of being isolated from family, friends, work, financial concerns,

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[1] Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020;395:912–20

bereavement and uncertainty about the future. It is understandable that people may be experiencing higher levels of anxiety than usual.

4.2     The Council, along with local partner agencies, is managing through significant challenges to service provision and this is likely to continue for the next few months.

4.3     There is a need to identify the potential impact and mitigating actions for the short, medium and long term as part of the reset programme of work.

4.4     The challenge is threefold:

To reduce any ongoing harm from poor mental wellbeing in the Borough

To prepare the borough to manage and become more resilient to the longer term effects of poor mental wellbeing

To do this whilst offering the present workforce sufficient support, recognising they are also effected by the pandemic.

4.5     What is Mental Wellbeing?

One definition from MIND is:

*Mental health is not just the absence of mental disorder. It is defined as '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.'*

This is seen when

*"You care about yourself and you care for yourself. You love yourself, not hate yourself. You look after your physical health – eat well, sleep well, exercise and enjoy yourself.*

*You see yourself as being a valuable person in your own right. You don't have to earn the right to exist."*
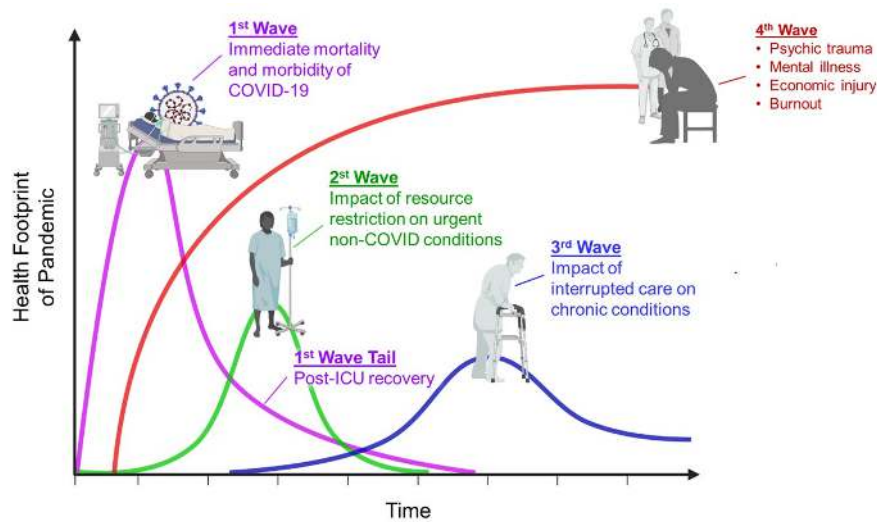
4.6     There has been no comparable worldwide major incident in living memory to the current Covid-19 pandemic. Predictions of the likely impact of this on the mental wellbeing of our population can only be estimations. There are however, published studies on the wellbeing impact of disasters and major incidents in the UK and worldwide, and the learning from organisations such as the World Health Organisation (WHO) and the UK Psychological Trauma Society (UKPTS) can be applied to our Action plan for recovery and reset.

4.7     Rates of mental health problems such as anxiety, depression, and post-traumatic stress disorder increase as a result of emergencies and in some studies are estimated to increase by 50-100%. Increased rates of mental disorders translate into a greater need for services across a broad spectrum of the population.

**What is The Outlook for the impact of Covid-19 on mental wellbeing?**

4.8    The outlook can be viewed across the expected timeline of the pandemic (figure 1), with the most sustained impact (red line) being on mental health.


Figure 1: The Broad picture of change in Service "Demand" over time



**1st Wave**
Immediate mortality and morbidity of COVID-19

**2st Wave**
Impact of resource restriction on urgent non-COVID conditions

**1st Wave Tail**
Post-ICU recovery

**3rd Wave**
Impact of interrupted care on chronic conditions

**4th Wave**
• Psychic trauma
• Mental illness
• Economic injury
• Burnout

Health Footprint of Pandemic

Time

4.9    The effects will vary for different age groups and social circumstances, but are likely to be wide-reaching (summarised in figure 2 below) and for some people, this will be cumulative.

## Mental Health Impact of COVID-19 Across Life Course

| | | Pre Term | 0-5 Years | School Years | Working Age Adults | Old Age |
|---|---|---|---|---|---|---|
| **Cumulative issues to consider** | Short Term | • Anxiety about impact of COVID on mother and baby | • Coping with significant changes to routine | • Boredom<br>• Impact of parental stress | • Being out of work<br>• Financial worries<br>• The fear of going back into work | • Isolation and disruption of routine<br>• Fear about impact of COVID if infected |
| | Medium Term | • Financial worries | • Impact of parental stress and coping on child | • Isolation from friends<br>• School progress and exams | • Balancing work and home<br>• 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<br>• Isolation | • Financial worries<br>• Balancing work and home |

| Cross-Cutting issues | | |
|---|---|---|
| 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. |

Figure 2: Summary of the mental health impacts of Covid-19

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

4.10 There has not yet been the anticipated increase in people presenting with mental health problems, domestic abuse or seeking emotional support from voluntary and community groups. However, there are reports of many more residents drinking alcohol to excess, and the Claimant count for Jobseeker's Allowance and Universal Credit rose by 3,655 people in April (a 42.5% increase from the previous month).

4.11 There is no evidence yet of an increase in suicides but this is being closely monitored across the Black Country.

4.12 Deaths due to Covid-19 as at 29th May (data released 9th June by ONS) at a Local Authority Level shows Walsall as having the 20th highest registered Covid-19 death rate by Local Authority in England and Wales and the second highest in the West Midlands region:
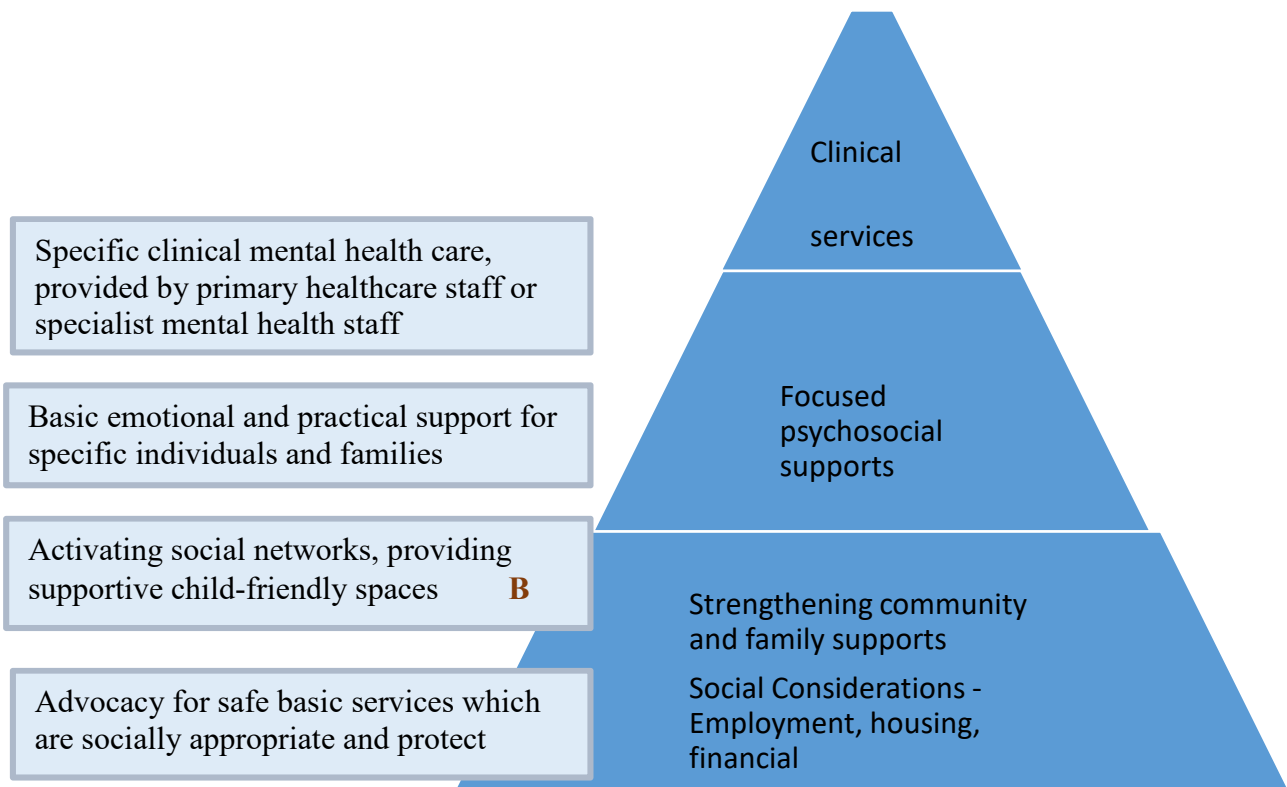
## How have we responded?

4.13 Council officers have worked with colleagues in the statutory and voluntary sector to provide direct assistance e.g. food and shopping, telephone befriending, as well as regular and specific information on staying well through

the Lockdown. Mental Health awareness week provided an opportunity to refresh messages on keeping mentally well.

4.14  A wide range of advice, training, and help with accessing financial support schemes has also been delivered for residents and for businesses.

4.15  18 Walsall based community organisations have received funding from the Heart of England Coronavirus Emergency Fund (highest in the Black Country),  3 have successfully received monies from the Food for Life Emergency Programme, and 10 from the Severn Trent Community Foundation, all for vital work in the community such as the provision of counselling, advice and guidance and volunteering.

4.16  Support for Council staff has been enhanced (e.g. access to the SilverCloud online support service) and the EAP scheme has been extended to include Third Sector partners working with Council staff on Covid-19. Care Home staff have been offered psychological support.

**What Next?**

4.17  We are aware of the potential impact of the pandemic on the mental wellbeing of our residents and staff. In the absence of accurate quantification of those impacts, any plan of action for mitigation will need to be flexible enough to respond to new information and evidence as it is obtained.

4.18  The World Health Organisation (WHO) has a mental health and psychosocial support model for managing the recovery from major incidents and disasters (below). An action plan to address the local impact of Covid-19 on mental wellbeing in Walsall has been developed, based on this model and is appended to this report.

4.19  The Intervention pyramid for mental health and psychosocial support in emergencies – WHO approach.

Specific clinical mental health care, provided by primary healthcare staff or specialist mental health staff

Basic emotional and practical support for specific individuals and families

Activating social networks, providing supportive child-friendly spaces    **B**

Advocacy for safe basic services which are socially appropriate and protect

Clinical services

Focused psychosocial supports

Strengthening community and family supports
Social Considerations - Employment, housing, financial

4.20   Successful implementation of the WHO pyramid requires system commitment from an extended group of partners and collaborators, service users, and the wider community. There is a local agreement in place for mental health service delivery between health and care partners across the Black Country. The proposed action plan will build on this agreement to shape future mental health service provision to address the population needs arising from the pandemic.

4.21   In the short term, the need is for a reactive response to support communities in dealing with anxieties arising from the Lockdown e.g. isolation, bereavement, service continuity, financial and employment uncertainty. Support needs to cover;

1) General promotion of good mental health and wellbeing

2) Support for those at greater risk of poor mental health and

3) Support for those with existing mental health conditions.

4.22   At the same time, there is a need to start collating information on the impact that Covid-19 is having on the mental wellbeing of residents.

4.23   For the medium term, discussions are underway between the Council, directors in the NHS and the voluntary sector, aligning recovery plans across agencies in Walsall to include actions to support mental wellbeing. This would include agreement on support for the voluntary sector, joint bids for national monies and projects, refreshing pathways of support and agreement on communications with residents and businesses.

**The Value of the Proposed Approach for the Action Plan**

4.24    The Action Plan recognises the population's need for support and also the need to mobilise partners in improving mental wellbeing in a manner which is possibly more systematic than has been done previously.  This includes:

- The capturing of local impacts on our population and flexing the action plan to promote mental and emotional resilience.
- Rapid implementation of any high benefit, low cost interventions identified.
- Providing communities, businesses and voluntary groups with resources to support self-care and emotional resilience.
- Inclusion of mitigating actions for mental wellbeing in recovery and reset plans for all agencies.
- Regular and robust communications with residents to share tools and resources to promote resilience
- Maximising economic regeneration opportunities to bring resources into the borough.
- Political support for the action plan from local councillors.

The more detailed action plan is appended to this report.

### *Council Corporate Plan priorities*

4.25    The proposed action plan is linked to all ten council corporate plan priorities.

### *Risk management*

4.26    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 this action plan as part of the reset objective working group will help to mitigate any risks.

### *Financial implications*

4.27    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*

4.28    There are no immediate legal implications.

### *Procurement Implications/Social Value*

4.29    There are no immediate procurement implications related to the proposed 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

Procurement to ensure that any contractual changes associated with the action plan are completed in a compliant manner.

### *Property implications*

4.30    There are no property implications arising from this proposal.

### *Health and wellbeing implications*

4.31    It is recognised that the Covid-19 pandemic could cause significant harm to health & wellbeing in Walsall. The proposed Action Plan to address the mental wellbeing impact is anticipated to provide some mitigation for this harm. Continued surveillance of both the local impact and the effect of the actions in the Action plan will be important.

### *Staffing implications*

4.32    Implementing the Action Plan is likely to require additional training for staff employed by the Council (particularly in mental health first aid). The full impact of the pandemic for staff will become apparent over time. Specific items in the Action plan will need to be amended in line with information gathered.

### *Reducing Inequalities*

4.33    National data has identified that those in the lowest socio-economic groups are most effected by the pandemic. Implementing this mental wellbeing action plan should help to mitigate the impact on these communities.

### *Consultation*

4.34    The Action Plan has been drafted in consultation with officers in 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 proposed action plan has been drafted as the most appropriate to mitigate the impact on our population. CMT is requested to consider the content of this report and to agree the recommendations as outlined at section 2.

### 6.    Respond

The action plan will be put in place with ongoing oversight via the Reset objective processes.

7.    **Review**

Reporting of the mental wellbeing outcomes of the Action plan will be to the Health & wellbeing Board.
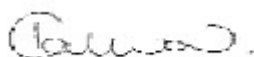
**Background papers**

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15th July 2020

Councillor Craddock
Portfolio holder Health & Wellbeing

15th July 2020

# AN ACTION PLAN TO MITIGATE THE IMPACT OF THE COVID-19 PANDEMIC ON MENTAL WELLBEING IN WALSALL

## AIM

The aim of this plan is to address the impact of Covid-19 on mental wellbeing in Walsall. This covers actions to help with the current challenges of living within the national lockdown as well as actions to prepare the borough to cope with the longer term effects on mental wellbeing, including those caused by social and economic impacts.

## INTRODUCTION

The 2020 Covid-19 pandemic will have a significant impact on emotional and mental wellbeing across the population[1]. The immediate impacts stem from the current issues of being isolated from family, friends, work, financial concerns, bereavement and uncertainty about the future. It is understandable that people may be experiencing higher levels of anxiety than usual.

The Council, along with local partner agencies, is managing through significant challenges to service provision and this is likely to continue for the next few months.

We need to be identifying the potential impact and mitigating actions for the short, medium and long term as part of the reset programme of work.

The challenge is threefold:

1. To reduce any ongoing harm from poor mental wellbeing in the Borough
2. To prepare the borough to manage and become more resilient to the longer term effects of poor mental wellbeing
3. To do this whilst offering the present workforce sufficient support, recognising they are also affected by the pandemic.

What is Mental Wellbeing?

The definition from the mental health charity, MIND, is:

> *Mental health is not just the absence of mental disorder. It is defined as '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.'*

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This is seen when

> *"You care about yourself and you care for yourself. You love yourself, not hate yourself. You look after your physical health – eat well, sleep well, exercise and enjoy yourself.*
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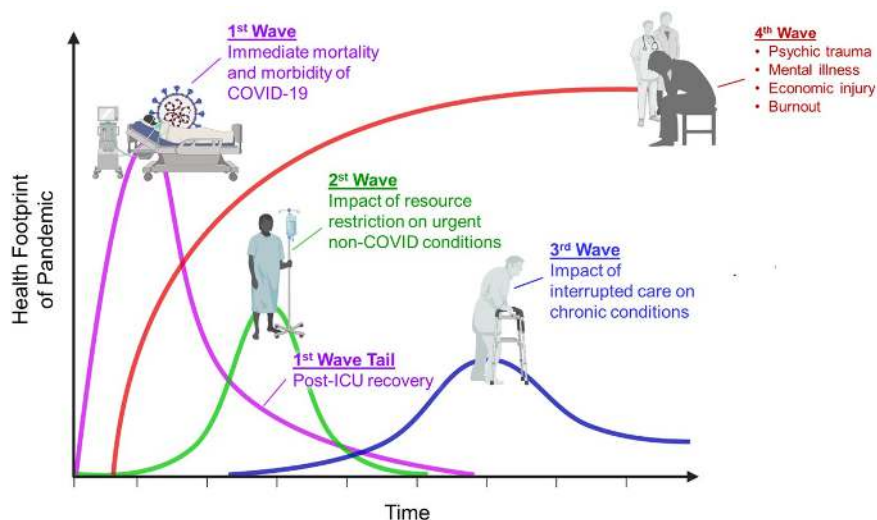
There has been no comparable worldwide major incident in living memory to the current Covid-19 pandemic. Predictions of the likely impact of this on the mental wellbeing of our population can only be estimations. There are however, published studies on the wellbeing impact of disasters and major incidents in the UK and worldwide, and the learning from organisations such as the World Health Organisation (WHO) and the UK Psychological Trauma Society (UKPTS) can be applied to our plans for recovery and reset.

Rates of mental health problems such as anxiety, depression, and post-traumatic stress disorder increase as a result of emergencies and in some studies are estimated to increase by 50-100%. Increased rates of mental disorders translate into a greater need for services across a broad spectrum of the population.

**What is The Outlook for the impact of Covid-19 on mental wellbeing?**

The outlook can be viewed across the expected timeline of the pandemic (figure 1), with the most sustained impact (red line) being on mental health.

Figure 1: The Broad picture of change in Service "Demand" over time

The effects will vary for different age groups and social circumstances, but are likely to be wide-reaching (summarised in figure 2 below) and for some people, this will be cumulative.

## Mental Health Impact of COVID-19 Across Life Course

| | | Pre Term | 0-5 Years | School Years | Working Age Adults | Old Age |
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| Cumulative issues to consider | Short Term | • Anxiety about impact of COVID on mother and baby | • Coping with significant changes to routine | • Boredom<br>• Impact of parental stress | • Being out of work<br>• Financial worries<br>• The fear of going back into work | • Isolation and disruption of routine<br>• Fear about impact of COVID if infected |
| | Medium Term | • Financial worries | • Impact of parental stress and coping on child | • Isolation from friends<br>• School progress and exams | • Balancing work and home<br>• Carer stress | • Anxiety from being dependent on services |
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| | | |
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| **Cross-Cutting issues** | 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. |

Figure 2: Summary of the mental health impacts of Covid-19

We do not yet know the number of people in our population who may be affected by any of these issues at any one time and nationally and globally, it is too soon in the pandemic to accurately predict the longer term impact. Figure 3 illustrates the very wide potential effects and duration of anxiety in the working age population arising from the pandemic.
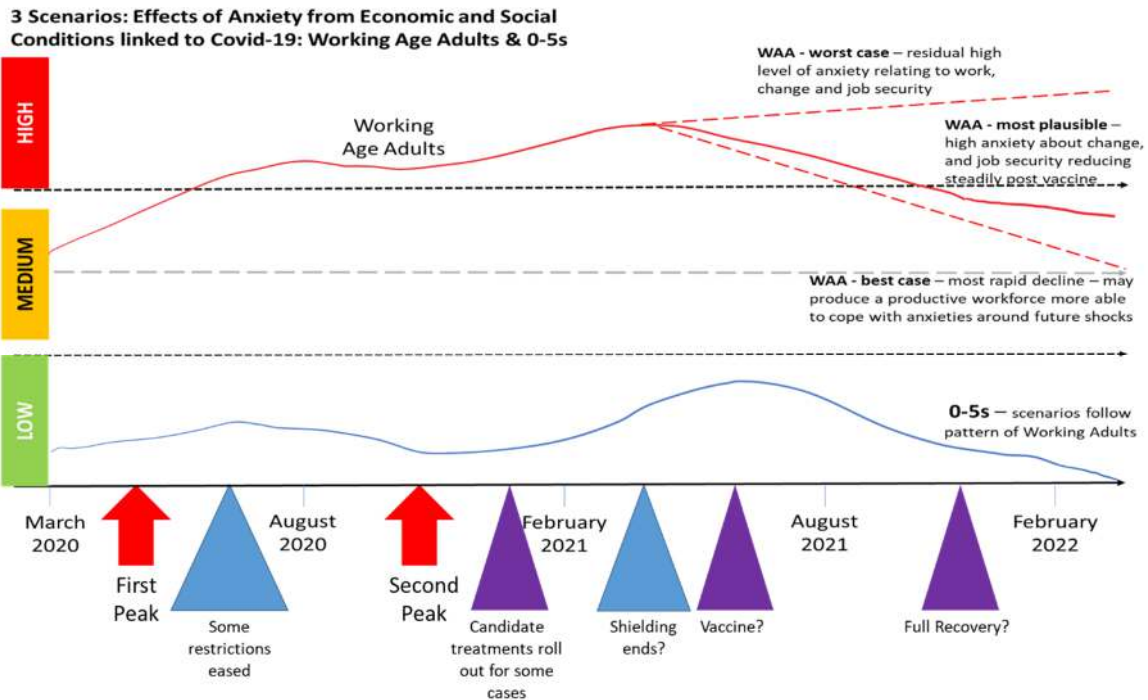
Figure 3: Scenarios showing Potential Impacts of Covid-19 linked Economic and Social Anxieties on Working Age Adults (and 0-5s)

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

Information gathered from local and national organisations on the impact of the pandemic to date include:

Domestic Abuse – In March, national charities reported a 49% rise in calls to the national abuse helpline, compared with average, and also a 35% rise in calls to the equivalent Men's Advice Line.  Walsall agencies have not seen the same level of increase and officers have expressed concerns that there is under reporting, particularly where the impact is on young people. This is in line with the Local Government Association (LGA) reports that councils are seeing up to a 50 per cent decline in social care referrals of children who are at risk.

A National survey by YoungMinds of 2,111 people aged under 25, with a history of mental health needs found that 83% reported that the pandemic had made their mental health worse. For 32% of respondents, it was said to be "much worse".

The Office for National Statistics (ONS) Opinions and lifestyle survey has reported up to 48% of adults saying their well-being is affected by the coronavirus pandemic.

The Claimant count (includes Jobseeker's Allowance and Universal Credit claimants who are required to look/be available for work) in Walsall for April 2020 was 12,260 – an additional 3,655 people (42.5% increase) from the previous month (the increase February to March was only 4.1%). This equates to 7.1% of working age population.

However, the rates are much higher in some wards (Blakenall 9.5%, Darlaston South 9.4%).

HRNews reported that 41% of all calls to their Employee Assistance Programmes are related to mental health problems.  54% of these were from men.

Several organisations have reported that staff absence has not risen as predicted

Voluntary groups are generally still operating but via telephone or online methods only. This is challenging for some services e.g. Dementia Cafes, where the social interaction aspect is highly valued by carers.

The Black Country partnership Trust (mental health) has not seen activity rise as high as was initially feared, but there is a suggestion that those who are presenting acutely are coming forward later than previously.

Mental health services (statutory and voluntary) have moved to a telephone or online offer. Feedback is that this is accepted by around two-thirds of clients. However, some residents are opting to wait until Lockdown is eased in order to access face to face appointments.

NHS partners report an increase in the number of people attending the Emergency Department with alcohol excess. There is a suggestion that people are using alcohol as a coping mechanism for anxiety.

There is no evidence yet of an increase in suicides but this is being closely monitored across the Black Country.

Deaths due to Covid-19 as at 29th May (data released 9th June by ONS) at a Local Authority Level shows Walsall as having the 20th highest registered Covid-19 death rate by Local Authority in England and Wales and the second highest in the West Midlands region:

Compared with the rate among people of the same sex and age in England and Wales, men working in the lowest skilled occupations have the highest rate of death involving Covid-19, with 21.4 deaths per 100,000 males in Walsall (9.9 per 100,000 in E&W). Rates are also higher in certain occupations and in BAME communities, those with underlying health conditions and those in socio-economically deprived communities.

**How Have We Responded So Far?**

Support for Schools and Early Years

For the schools and early years' settings that have remained open during Lockdown, wellbeing training for staff, bereavement services for Children and Young People and daily updates which include mental wellbeing have been offered. Specific training in mental health first aid have commenced for schools staff, provided by the Council's

Learning & Development Team. Resources on working from home (WM combined Authority - Thrive) and supporting children 'Every Mind Matters' have been disseminated to parents via schools.

Webinars on reopening Schools and Early Years settings were commenced in May. Bespoke support for mental wellbeing will be provided by school health nurses as sites reopen to pupils.

Training in mental health first aid via live sessions and an online platform has been offered for 150 teaching staff across the borough.


Support for Communities

The Resilient Communities teams have provided direct practical support (e.g. food, shopping) for residents and have linked people to telephone befriending support where possible.

Regular publication of national support resources e.g. 'Every Mind Matters' has been channelled through our websites, various social media communications and direct email to households. Information on local services have also been regularly promoted.

Social care teams have actively sought referrals of people identified through the shielding scheme as requiring more help with mental health problems.


Guidance on seeking help for domestic abuse has been widely publicised nationally and via Walsall Council and partner organisations.


Police services across the West Midlands are running engagement exercises with communities to better understand the impact of the pandemic on their lives and neighbourhoods. This information can help in future planning for services.

The External Funding Team is liaising with National Heritage Lottery Fund to include mental health and well-being as a cross cutting theme in Council heritage bids and proposals.

The Regeneration team has been very active in encouraging residents to apply for benefits (e.g. Universal Credit, Council Tax deferments) and for businesses to take up the range of national and local opportunities available.

Bids for funding the community and voluntary section to support mental wellbeing have been submitted to the Kings Fund.

18 Walsall based community organisations have received funding from the Heart of England Coronavirus Emergency Fund (highest in the Black Country),  3 have successfully received monies from the Food for Life Emergency Programme, and 10

from the Severn Trent Community Foundation, all for vital work in the community such as the provision of counselling, advice and guidance and volunteering.

Support for Staff
Support for staff has been enhanced (e.g. access to the SilverCloud online support service) and the EAP scheme has been extended to include Third Sector partners working with Council staff on Covid-19. Care Home staff have been offered psychological support as part of the enhanced support team provided by Walsall Together.

Support for those with mental health problems

Extra services have been introduced including a widely publicised (online, newspaper, radio) mental health helpline across the Black Country, which operates on 7 days per week. This allows self-referral by the public into services.

The activity is not yet available but the Trust reports that residents who have never used mental health services are coming forward. Walsall and Dudley appear to have lower uptake of this service and so more promotion is required.

Walsall Crisis café (known as the Sanctuary Hub) had to be paused but, does now provide support via phone and are now discussing plans to reintroduce face to face support.

Counselling and Talking Therapies are being delivered via telephone, video or online by all providers in the statutory and voluntary sector.

Additional beds in mental health services have been purchased for in patients and extra older adult beds for a specialist dementia care provider in Walsall have been secured. This will avoid hospital admission or facilitate discharge for people with dementia and associated physical health needs that can be supported outside of a hospital setting. The existing bed stock has been re-specified to allow for suspected/confirmed Covid and non-Covid patients to be kept apart. This helps to allay anxiety in patients and staff.

**What Next?**

We are aware of the potential impact of the pandemic on the mental wellbeing of our residents and staff. In the absence of accurate quantification of those impacts, any plan of action for mitigation will need to be flexible enough to respond to new information and evidence as it is obtained.

The World Health Organisation (WHO) has a mental health and psychosocial support model for managing the recovery from major incidents and disasters (below). The action plan is based on this model.

Specific clinical mental health care, provided by primary healthcare staff or specialist mental health staff **D**

Basic emotional and practical support for specific individuals and families **C**

Activating social networks, providing supportive child-friendly spaces **B**

Advocacy for safe basic services which are socially appropriate and protect dignity **A**

Clinical services

Focused psychosocial supports

Strengthening community and family supports

Social Considerations - Employment, housing, financial

Intervention pyramid for mental health and psychosocial support in emergencies – WHO approach.

Successful implementation of the WHO pyramid requires system commitment from an extended group of partners and collaborators, service users, and the wider community. There is a local agreement in place for mental health service delivery between health and care partners across the Black Country. The proposed action plan will build on this agreement to shape future mental health service provision to address the population needs arising from the pandemic.

In the short term, the need is for a reactive response to support communities in dealing with anxieties arising from the Lockdown e.g. isolation, bereavement, service continuity, financial and employment uncertainty. Support needs to cover:

1) General promotion of good mental health and wellbeing;

2) Support for those at greater risk of poor mental health and

3) Support for those with existing mental health conditions.

At the same time, there is a need start collating information on the impact that Covid-19 is having on the mental wellbeing of residents.

For the medium term, discussions are underway between the Council, directors in the NHS and the voluntary sector, aligning recovery plans across agencies in Walsall to include actions to support mental wellbeing. This would include agreement on support for the voluntary sector, joint bids for national monies and projects, refreshing pathways of support and agreement on communications with residents and businesses.

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**The Value of this Proposed Approach**

The approach recognises the population's need for support over the short, medium and longer term and also the need to mobilise partners in improving mental wellbeing in a manner which is different and possibly more robust than has been done previously.  This includes:

- The capturing of local impacts on our population and flexing the action plan to promote mental and emotional resilience.
- Rapid implementation of any high benefit, low cost interventions identified.
- Providing communities, businesses and voluntary groups with resources to support self-care and emotional resilience.
- Inclusion of mitigating actions for mental wellbeing in recovery and reset plans for all agencies.
- Regular and robust communications with residents to share tools and resources to promote resilience
- Maximising economic regeneration opportunities to bring resources into the borough.
- Political support for the action plan from local councillors.

The detailed action plan is laid out at Appendix 1.

It is anticipated that oversight of the action plan will be via the Health & Wellbeing Board.

A Plan of Action for Walsall to Mitigate the Impact of the Covid 19 pandemic on Mental Wellbeing (based on the WHO pyramid for mental health and psychosocial support in emergencies).

Please note, discussions are underway on the most appropriate Leads for some actions.

| Advocacy for safe basic services which are socially appropriate | | | | |
|---|---|---|---|---|
| What is the activity? | Who will be doing this? | Who will this impact? **Adults of working age** **Older people** **School age children** **Children aged 0-5** | Timeframe Short - **S** Medium - **M** Long - **L** | Initial target date |
| Secure Champions from elected members to promote the approach across Walsall. | All directors | **Adults** **Older people** **Children** **Children 0-5** | **S**, **M**, **L** | End of July 2020 |
| Coordinate agreement from partner agencies to promoting the approach. | Walsall Together, CCG, Black Country Trust, relevant partner agencies | **Adults** **Older people** **Children** **Children 0-5** | **S** | End of July 2020 |
| Confirm joint and/or aligned recovery plans with organisations in Walsall to incorporate actions to address the impact on mental wellbeing of Covid-19 | Walsall Together, CCG, Black Country Trust + partners | **Adults** **Older people** **Children** **Children 0-5** | **S**, **M** | Aug 2020 |
| Explore opportunities for bids for national funding (including supporting community associations and voluntary groups to bid). | Regeneration + Programme Management | **Adults** **Older people** **Children** **Children 0-5** | **M**, **L** | Oct 2020 |
| Generate list of funding opportunities & establish teams channel for dissemination. | Regeneration + Programme Management | **Adults** **Older people** **Children** **Children 0-5** | **S**, **M**, **L** | Aug 2020 |
| Explore how bringing forward crowdfunding proposals for Walsall can support the community | Regeneration + Programme Management | **Adults** **Older people** **Children** | **M** | Aug 2020 |

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| associations and voluntary groups to deliver mental health objectives. | | **Children 0-5** | | |
| Agreement on appropriate information to collate on local effects on residents e.g. school attendance, referrals to services. | Public Health team + Heads of Service with relevant agencies and communities | **Adults**<br>**Older people**<br>**Children**<br>**Children 0-5** | **S, M** | Aug 2020 |
| Review and reporting of information collated on local effects on residents and businesses | Intelligence Hub + NHS partners | **Adults** | **S** | Sept 2020 |
| Access schemes to improve skills for work<br>Work with employers to maximise employment opportunities. | Regeneration + Programme Management | **Adults** | **M** | Mar 2021 |
| Guidance for employers on staying safe | Council teams - Regeneration + Programme Management, Environmental health, public health, Social Care. | **Adults** | **S** | June 2020 |
| Provide guidance for employers and employees on managing through the pandemic e.g. Thrive at Work, Thrive at Home | Regeneration & Economy, Public Health, Communications | **Adults** | **S** | June 2020 |
| Work with housing groups and landlords to support national policies on tenant management and support | Customer Engagement team | **Adults** | **M** | Oct 2020 |
| Collaborate with national bodies (e.g. Mental Health Foundation, LGA) to secure evidence and resources to improve mental wellbeing | Public Health + L&D | **Adults**<br>**Older people**<br>**School age children**<br>**Children 0-5** | **S** | July 2020 |
| Guidance and support for Head Teachers as schools re-open. | Children's teams, public health, health & safety teams. | **Children**<br>**Children 0-5** | **S** | June 2020 |
| Maintain services to provide help for those in social isolation | Community Help | **Older people** | **S** | June 2020 |

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| Explore opportunities for joint work to advocate for Walsall in regional or national networks | All Directors + partner agencies | **Adults** <br> **Older people** <br> **School age children** <br> **Children 0-5** | **S** | July 2020 |
| Lead the development of a mental wellbeing strategy | Public Health | **Adults** <br> **Older people** <br> **School age children** <br> **Children 0-5** | **M** | Dec 2020 |
| Ensure inclusion of mental wellbeing in plans for the environment, transport and town centres. | Regeneration + public health | **Adults** <br> **Older people** <br> **School age children** | **L** | June 2021 |
| **Activating social networks, providing supportive spaces** | | | | |
| Build on increase in volunteering offers in order to support community mental wellbeing | Resilient Communities | **Older People** <br> **Adults** <br> **Children** | **M** | Oct 2020 |
| Secure offer for training for volunteers e.g. mental health first aid. | Learning & Development | **Older People** <br> **Adults** <br> **Children** | **S**, **M** | Sept 2020 |
| Confirm alignment of recovery plans across organisations e.g. support for community groups | Reset Group with partner agencies | **Older People** <br> **Adults** <br> **Children** | **M** | Sept 2020 |
| Focus on maintaining or rebuilding the voluntary sector | Resilient Communities + partner agencies | **Older People** <br> **Adults** | **M**, **L** | Nov 2020 |
| Work with communities to capture information on local effects on residents | Public Health team + Heads of Service with relevant agencies and communities | **Older People** <br> **Adults** <br> **Children** <br> **Children 0-5** | **S**, **M**, **L** | Oct 2020 |
| Review plans for access and events in leisure and outdoor spaces | Place and environment | **Older People** <br> **Adults** <br> **Children** <br> **Children 0-5** | **M** | Sept 2020 |
| Promotion of activities and events for leisure and outdoor spaces | Place and environment + communications | **Older People** <br> **Adults** <br> **Children,** <br> **Children 0-5** | **S**, **M** | July 2020 |

| Basic emotional and practical support for specific individuals and families | | | | |
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| Secure training in mental health first aid for extended range of schools and children's settings | Children's services + L&D | **Children 0-5** **Children – school age** | **S**, **M** | Sept 2020 |
| Clarify level and range of bereavement services required locally | Bereavement + intelligence hub | **Older People** **Adults** **Children** | **M** | Oct 2020 |
| Offer community mental health and suicide prevention training for staff and businesses in Walsall | Learning & Development | **Older People** **Adults** **Children** | **M** | Aug 2020 |
| Communication plan for residents on how to stay well through the pandemic | Communications, Public Health + service leads working with relevant agencies | **Older People** **Adults** **Children** | **S**, **M** | July 2020 |
| Generate support materials for specific groups within communities e.g. those with sensory impairment, long term conditions | Communications, Public Health + service leads working with relevant agencies | **Older People** **Adults** | **S**, **M** | June 2020 |
| Identify, promote and track effect of resources shared with residents | | **Older People** **Adults** **Children** | **M** | Oct 2020 |
| Refresh campaign for the autumn/winter to promote wellbeing | Public Health + communications with partner agencies | **Older People** **Adults** **Children** | **S**, **M** | Sept 2020 |
| Offer of mental health first aid training for officers in contact with the public across a range of services | Learning & Development with other HR partners | **Older People** **Adults** **Children** | **S**, **M** | Nov 2020 |
| Support for access for residents to financial advice and support | Council teams lead with clarity on signposting provided to other agencies | **Adults** **Older People** | **S** | Oct 2020 |
| Liaise with Arts societies and providers to promote benefits on mental wellbeing | Leisure services | **Adults** **Children** | **L** | May 2021 |

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| Provide resources for all agencies on supporting staff wellbeing | HWBB staff wellbeing subgroup | **Adults** | **S** | Sept 2020 |
| Recruitment and training of mental wellbeing champions across agencies in Walsall | Resilient communities | **Adults** <br> **Children** | **L** | Feb 2021 |
| Strengthening services to support family relationships to include suicide prevention training across communities | Social care, Domestic Abuse for a, suicide prevention steering group | **Adults** <br> **Children** <br> **Older People** | **M, L** | Oct 2020 |
| **Specific clinical mental health care, provided by primary healthcare staff or specialist mental health staff** | | | | |
| Confirmation of offer for mental wellbeing and counselling in primary care | Public Health + Social care with NHS partners | **Older People** <br> **Adults** | **M** | Nov 2020 |
| Agree offer for children and young people experiencing anxiety on school return | Public Health + Children's Services | **Children** | **S, M** | July 2020 |
| Agreement on recovery plan longer term service planning | Social care with public health + NHS strategic (Black Country) Mental health group | **Older People** <br> **Adults** <br> **Children** | **M** | Dec 2020 |
| Confirm inclusion of extended mental wellbeing resilience for pastoral care in schools | Children's services + public health | **Children** | **M** | Oct 2020 |
| Process to ensure identification of residents requiring early support is streamlined | Resilient Communities, Public Health + Social care, with NHS partners | **Adults** <br> **Children** <br> **Older People** | **M** | Jan 2021 |
| Ensure Occupational health and employment support services have flexibility to meet increase in demand if required | HR team | **Adults** | **M** | Jan 2021 |
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