

Mental Health

**Mental Health Emerging Themes
in Leeds health & care
third sector organisations
During COVID-19
April to July 2020**



**Forum
Central**

SUMMARY

According to the [Centre for Mental Health report](#), COVID-19 could widen mental health inequalities for a generation. The response to the pandemic could have a significant impact on people's mental health.

Groups of people whose mental health is at greatest risk include those with existing mental health problems, people with long-term physical conditions, women and children experiencing violence and abuse, and black, Asian and minority ethnic communities.

Forum Central has collated third sector data from 22 [Communities of Interest](#) (Col) as well as health and wellbeing organisations across specialisms in Leeds.

The following report is an account of the emerging mental health needs, organisational challenges, and the sector's capacity to support people across Leeds throughout the pandemic during April to July 2020.



LIMITATIONS AND CONCERNS

This report is based on feedback from 65 organisations with only a few supported by quantitative data and from insight gained from the Communities of Interest network between April and July 2020.

This report is a collection of insights gained during this period and as such it relies solely on the response that we had from organisations within the limited resource and time; Therefore, we have limited insight from some groups in the sector.

Furthermore, we found validation for local emerging themes of mental health needs in the equivalent national data as presented by the Centre for Mental Health in July 2020.

CONTEXT

Nationally, the most common issues affecting wellbeing are worry about the future (63%), feeling stressed or anxious (56%) and feeling bored (49%). These remained highest among young people, those with lower household income, people with a diagnosed mental illness, people living with children, and people living in urban areas.

(Centre for Mental Health, July 2020)

Leeds third sector health and care organisations have reported an increase in complexity and severity of needs due to COVID-19, with peaks of increased demand on services following the easing of restrictions in July.

Leeds most pressing mental health emerging issues:

- Social isolation and loneliness
- Suicidal thoughts
- Depression
- Anxiety
- Post trauma
- Bereavement

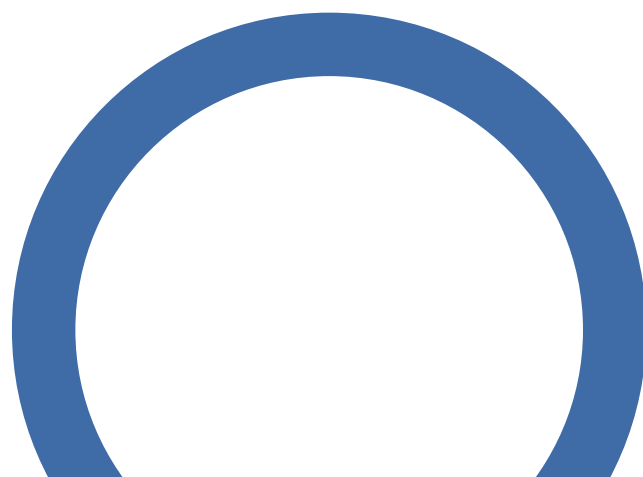
Most affected groups in Leeds:

- People with existing mental health problems
- People with long-term physical/sensory impairment
- Women and children experiencing violence and domestic abuse
- Black, Asian, and minority ethnic communities including Irish, Gypsy, Roma and traveller communities
- Men, particularly those who may be on furlough or have lost income/job/family structure and men that suffer from domestic abuse
- People with learning disabilities and their carers
- People with autism and their carers
- Refugee and asylum seekers
- Carers
- Women who were pregnant/gave birth during this period
- Women with caring and working responsibilities



The combination of existing structural inequalities and the unequal impacts of the pandemic mean that people whose mental health was at greatest risk prior to Covid-19 are likely to bear the brunt of the emergency longer term. Poverty and financial precariousness, racism and discrimination, and trauma and isolation have all been heightened at this time

Centre for Mental Health, July 2020



FINDINGS

CHANGE IN SERVICE DEMAND APRIL - JULY 2020

Evidence from previous infectious outbreaks and pandemics demonstrates the deleterious mental health and psychological effects of social isolation.

In Leeds, at the beginning of lockdown, most third sector organisations reported a decrease in demand for their services and engagement with existing service users. This then stabilised and, whilst there was no detrimental increase in volume of need, there was an increase in complexity of need, with more crisis level support required.

Two Communities of Interest reported an increase in need during lockdown, mainly around suicide intervention and mental health crisis, which are prevalent in their communities and increased during this pandemic.

Leeds' third sector organisations reported a lack of recognition of health inequalities and individual issues within an already unequal society which were exacerbated by the COVID-19 pandemic.

In addition, there is a concern about a disengaged group in need of support. This group of people, primarily men who have lost their livelihood during this pandemic, do not engage with mainstream provision and are at risk of reaching crisis point.

Leeds most pressing emerging Mental Health issues:



DEPRESSION



ANXIETY



SOCIAL
ISOLATION &
LONELINESS



SUICIDAL
THOUGHTS



BEREAVEMENT



POST TRAUMA

WIDER DETERMINANTS

Key wider determinants were reported by all organisations and have been highlighted by Leeds communities of interest.

Communities of Interest are groups of people who share an identity, for example people with a learning disability, or those who share an experience, for example the homeless community.

Forum Central has initially identified Communities of Interest who experience additional barriers to communication, and we continue to identify additional groups.

● NAVIGATING INFORMATION & GUIDANCE

Challenges around accessing accurate, appropriate, and accessible information in a rapidly changing scene, mis/dis-information and complex communications.

● ACCESS TO ESSENTIAL PROVISION & SERVICES

Challenges in gaining/maintaining access to food, essential personal and household items; and accessing support necessary to protect health, care, and wellbeing.

● DIGITAL EXCLUSION

Communities and individuals having limited/no access to equipment and/or data. Exacerbated barriers to accessing information, support, and social connection.

"Technology is another huge divider and although this is something that not everyone wants to engage with for many it just seems a barrier they can't get over. Whilst people might be able to buy a smartphone (or have one already) most people do not have wi-fi so this massively reduces what they can access"

WIDER DETERMINANTS - CONT.

● CONCERNS ABOUT RESTRICTIONS BEING LIFTED

Challenges around managing change uncertainty and the concerns and anxieties which this brings.

"Most vulnerable are those with pre-existing health or mental health issues ...The pandemic has retriggered feelings of powerlessness in many, resulting in them increasingly suffering from disrupted sleep patterns, panic attacks, nightmares, flashbacks and OCD"

● MENTAL HEALTH - LOW LEVEL ANXIETY TO CRISIS

Challenges around management of pre-existing mental health issues and the emergence of new concerns.

● ABUSE, DOMESTIC VIOLENCE & SAFEGUARDING

Challenges around imposed segregation of perpetrators and victims, accessing support whilst experiencing violence and abuse.



KEY THEMES BY GROUPS

WHAT SPECIFIC GROUPS EXPERIENCE DURING COVID-19

The following issues were reported a number of Communities of Interest and third sector organisations, chosen from 65 respondents as examples.

Black, Asian and Minority Ethnic communities

- Appropriate access and ability to navigate information and guidance
- Digital exclusion - accessing key messages, core services
- Abuse, domestic violence, and safeguarding issues
- Continuation and emergence of risky behaviours
- Stigma and hate crime

Young people and care leavers

- Navigating information and guidance
- Continuation/initiation of risky behaviours
- Social isolation and boredom
- Digital exclusion-accessing key messages, core services
- Access to essential provisions and services
- Mental Health-low level anxiety and individuals in crisis
- Abuse, domestic violence, and safeguarding issues
- Sustaining contact with services

"I live in town with no outside space in a small flat. It's difficult to get out anywhere, especially in nature. I have struggled with anxiety and depression all my life, and was starting to recover before lockdown. Now I am back to having very poor mental health."

Men

- Increased social isolation
- Increased suicide intervention
- Family friction and detachment from family life
- Limited access to children living with their mother
- Financial concerns - managing loss of income, access to benefits
- Access to essential provisions and services
- Access to health, care and financial support
- Sustainable contact with services
- Abuse, domestic violence, and safeguarding issues

THEMES BY GROUPS - CONT.

Gypsy, Roma & Traveller communities (Including information from the 'Don't Be Beat' report)

- 240% increase in service demand
- Increase in male suicide intervention
- Increase in mental health crisis support
- Rise in domestic violence

Members of these communities:

- Have poor health outcomes therefore many shielded and were vulnerable to COVID-19.
- Are self-employed -peak in demand for welfare rights advocacy and income maximisation.
- Present ongoing high levels of mental health issues with no access to mental health drop-in centres that are closed.

Women

Based on the Women's Lives Leeds Survey report that included 979 respondents the following themes emerged:

- Increased childcare responsibilities
- Increase in general caring responsibilities
- Being more exposed to domestic abuse
- Women strongly expressed that they are struggling to manage working from home, childcare, home schooling, having increased household chores, and holding the emotional burden.
- Concern that the pandemic will inadvertently create a backwards movement in terms of gender inequality.
- Women who are pregnant or gave birth during COVID-19 reported facing social isolation and loneliness in addition to increased anxiety due to fear of infection in hospital, fear of being alone during labour and fear for job security.



"There is currently reduced support from the health visiting service for new mums and families. Thus, increasing mental health issues, risks of domestic violence and child abuse. This will have a severe impact on Safeguarding and the lack of health visiting services."

THEMES BY GROUPS - CONT.

Asylum seekers and refugees

- Sustaining contact with services
- Increased social isolation
- Navigating information and guidance
- Digital exclusion-accessing key messages, core services
- Impact of legislation and guidance
- Continuation of risky behaviours
- Stigma and hate crime

"It became clear that people did not always have a network of people to support them. Some people were people who had been a Looked After Child, people who had moved away from family and those that had chaotic lifestyles.

It seems that the isolation people were feeling was present in their lives, but the lockdown made this a bigger problem as they were unable to attend community based services."



Older people

- Digital exclusion - accessing key messages, core services
- Access to essential provisions and services
- Access to health, care and financial support
- Social isolation and boredom
- Navigating information and guidance
- Mental Health-low level anxiety and individuals in crisis

THEMES BY GROUPS - CONT.

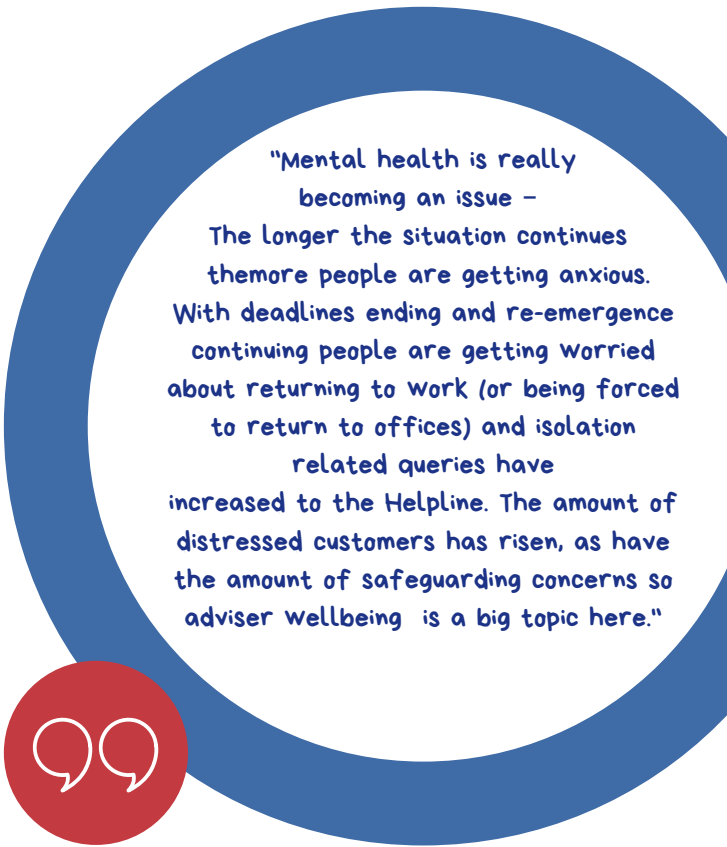
People with learning disabilities and their carers

- Anxiety around support provision level, uncertainty & fear of change
- Resurfacing of existing mental health conditions (OCD, eating disorders)
- Challenging behaviour and mental health issues, self-harm concerns
- Financial uncertainty
- Difficulties understanding the guidance and confusion over guidance and messaging particularly for shielding and non-shielding cohorts
- Concerns over rights of the individual vs risk and overall safety impact of these on individuals with complex needs
- Carers' burnout and relationship deterioration
- Learning disabilities and shielding lack of support and understanding leading to high levels of anxiety
- Concerns around suicide
- Digital exclusion
- Social isolation resulting in challenging behaviour

Organisations reported that high numbers of people with Learning disabilities were in the 12-week shielding group, posing additional challenges for those in learning disability accommodation and high anxiety

People with autism and their carers

- Anxiety around support provision level, uncertainty and fear of change
- Carers burnout and relationship deterioration
- Self-harm concerns
- Concerns around suicide
- Increased social isolation and loneliness
- Support for parents with their child's ongoing mental health issues exacerbated due to lockdown
- Depression due to uncertainty
- Anger and aggression



"Mental health is really becoming an issue – The longer the situation continues the more people are getting anxious. With deadlines ending and re-emergence continuing people are getting worried about returning to work (or being forced to return to offices) and isolation related queries have increased to the Helpline. The amount of distressed customers has risen, as have the amount of safeguarding concerns so adviser wellbeing is a big topic here."

THEMES BY GROUPS - CONT.

Irish communities

- Increased isolation for people who are shielding
- Increase in calls to NHS 111 instead of going into hospital
- Many housing services have not been available
- Increased levels of bereavement support
- Health deterioration due to lack of appointments for non-urgent treatments
- 'Cultural hole'- no ability to keep traditions and family gatherings including funerals
- Digital exclusion
- The isolation has built up increased risks due to lack of physical activity.
- Social anxiety
- Lack of transport to hospital appointments
- Anxiety around using public transport and public toilets

"Death is a time when we pull together to support and this has been and continues to be very difficult.

Culturally, Irish people have great traditions of all turning out to funerals of people they know or families of people whom have died to show respect and share stories and celebrate the life of the deceased. During Covid-19 this was not possible and since no communal gatherings are allowed, the news about a death does not reach friends and family."



KEY ORGANISATIONAL CHALLENGES ACROSS THE SECTOR

Provision and Funding

Third sector health and care organisations across Leeds had to reinvent themselves and adjust their service provision in line with lockdown and COVID-19 restrictions.

Organisations responded quickly, creatively and with dedication to the challenges that were presented to them.

The main challenge was moving from face-to-face to online sessions. Many organisations changed their 1:1 support services into group sessions and timely check ins over video calling platforms or on the phone. Whilst the sector rose to this challenge quickly and helped facilitate many people in the city to receive access to technology needed (phones, data etc) this challenge did not stop organisations being able to engage with their service users in some way, the true and lasting impact of remote support for mental health and group support instead of 1:1 support is yet to be established.

Some organisations reported people found digital appointments to be more preferable, others did not/were unable to engage and see it as a short term must.

A major shift in provision has taken place due to the complexity of mental health needs and the increase in crisis support. This will in turn, require a re-shift in resources across organisations and the impact this has on them has on organisations, their capacity, resources and ways of working should not be underestimated.

Many organisations rely on volunteer support, during lockdown this was exceedingly difficult to maintain due to the requirement for homeworking and individuals shielding needs.

The digital effect

For some people, digital access to support was more favourable, for example if they have a physical disability and travel to an appointment is reduced.

For others, access to smart phones, internet data or Wi-Fi, computers and/or confidential spaces to conduct appointments virtually presented many challenges.

KEY ORGANISATIONAL CHALLENGES ACROSS THE SECTOR - CONT.

The need to go digital created both opportunities, barriers, and concerns around widening the gap relating to health inequalities.

Forum Central and partners within the People's Voice Group, led by Healthwatch contributed to a [Digitising Leeds report](#) and subsequent recommendations specific to this issue which can be found [here](#) and should be considered alongside this report.

Communication

Organisations struggle with communicating and interpreting government guidance and service provision adjustments due to rapid and high-volume changes to information and media reporting. This was raised by organisations supporting people with a learning disability, black, Asian, and minority ethnic communities, asylum seekers, refugees, migrant communities and people from deprived communities, however pertinent to all.

The volume of information and the way it has been communicated during the pandemic caused confusion, fear, anxiety, and lack of trust in the authorities in some communities, leaving third sector organisations at the forefront of communicating tailored messages. This primarily impacted groups who support high numbers of people who are shielding and those groups with variations to mainstream guidance (for example older people, carers, people with long term health conditions, people with a learning disability/autism)

Organisations also reported a challenge around tackling Hate/Mate crime/scams and disingenuous information.

Workforce mental health needs

Leeds third sector frontline, key worker staff, homeworkers and those with line management and HR responsibilities were very stretched. There is concern around burnout and emotional trauma.

Bereavement, isolation, lack of reflection time, reduction in physical activity, access to confidential workspace and home life balance were all concerns highlighted across specialisms.

During August 2020 Forum Central developed [Summer Time Out](#) a festival of learning with partners across the city to respond to some of these initial needs, though more needs to be done to ensure our workforce is adequately supported and developed during this time.

THIRD SECTOR RESILIENCE

Emerging from the crisis are a multitude of positive stories, which illustrate the dynamism, creativity and effectiveness of the sector and broader health and care system in Leeds, enabling it to meet high level challenges.

The response from organisations has been amazing, but it also highlights some of the social and health inequalities already present and faced by people in our communities.

Each organisation is having to rethink their provision and adjust quickly and responsibly.

Organisations have adjusted their programmes and service delivery models to accommodate for shielding and non-shielding members. These include online 1:1 sessions, group sessions, digital training, regular check in calls and an increase in hours of helpline support.

The third sector response has been remarkable with organisations changing themselves into food banks and community hubs almost overnight and responding to immediate needs.

Organisations remained connected through Communities of Interest, Forum Central and Voluntary Action Leeds. They represented and responded to the needs of their communities during this unprecedented time, working in true partnership.

The [#PositivePartnerships](#) campaign is a piece of work led by Forum Central and the Local Care Partnership Development Team. It shines a light on partnership working between third sector organisations and organisations in the city, with a particular focus on creative ways in which the system has adapted to the challenges of COVID-19

The work compliments the #TogetherLeeds campaign, which celebrates all the brilliant things happening in Leeds which brings people and communities together.

However, there are still many challenges ahead and prevention work to be done.

Connectivity, collaboration, creativity, and kindness are now critical to planning and strategising for what is to come.

KEY RECOMMENDATIONS

- 1 Services tailored to be accessible and meet specific needs, particularly of people and communities that are subject to health inequalities.
- 2 To increase emphasis on and funding for prevention and low-level wellbeing interventions in a community, placed-based setting.
- 3 Working with community groups and organisations to ensure their staff are skilled, trained and supported to have conversations about mental health, suicide and self-harm awareness and anti-stigma.
- 4 Specific and increased, culturally appropriate services to support families, relationship counselling, therapies, anger management and domestic violence.
- 5 Clear signposting to services and communication that is tailored to the needs of our Communities of Interest's most vulnerable, to be developed with organisations 'on the ground'.
- 6 To allocate funds to organisations that have proved resilience and are able to tailor their provision to the needs of their communities.



Forum Central

We are the
collective voice
for the
health & social
care third sector
in Leeds

