Mental Health Update

Social Care & Health Scrutiny Committee 21st May 2021

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Introduction

Mental Health Services have changed hugely over the last few decades. We have been shifting away from the idea of mental illness to one of wellbeing and in recent years there has been an increased emphasis on raising awareness of mental health issues and reducing stigma. The prevalence of mental health is constantly reported in the media and increasingly many high-profile individuals have spoken out, to raise awareness and encourage people to seek support.

One in four people will experience poor mental health during their lifetime (equates to approx. 45,000 in Carmarthenshire) and demand for mental health support and services has steadily been increasing in Wales. Furthermore, the rates of suicide and self-harm have also been increasing with Carmarthenshire having one of the highest rates amongst the 22 Authorities.

Legislative/ Strategic context

The Mental Health (Wales) Measure 2010 has introduced important changes to the support available in Wales. It places new legal duties on Local Health Boards and Local Authorities regarding access and treatment and improved access to advocacy.

The Social Services and Wellbeing (Wales) Act 2014 The Act prescribes prevention and early intervention services within the community to minimise the escalation of critical need. It promotes supporting people to achieve their own well-being and measuring the success of care and support.

Prosperity for All: Economic Action Plan (2017) Welsh Government's national strategy highlights wellbeing, prevention and tackling mental ill-health as one of the six priority areas having the greatest potential contribution to long term prosperity and wellbeing.

A Healthier Wales (2018) sets out a plan for improving integration between health and social services. It also aims to move the focus of services more towards prevention and proposes a wellness system which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health. The quadruple aim applies to all services including mental health services.

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care

- A motivated and sustainable health and social care workforce

Welsh Government have recently published **Together for Mental Health 2019 - 2022** (first launched in 2014) a cross cutting strategy that sets out the vision for improvement of mental health and wellbeing for the people in Wales and recognises that mental health and wellbeing is not the sole responsibility of one organisation, but is everybody's business.

Impact of Covid-19 on Mental Health

The pandemic is challenging for everyone, but the impact on the mental health and wellbeing of many people in Wales is significant. Some individuals will experience severe reactions, including grief, anxiety, depression, and Post Traumatic Stress Disorder.

The Mental Health Foundation is leading a UK wide long-term study of how the pandemic is affecting people's mental health. They are undertaking this in collaboration with several Universities, including Swansea University. They are using quantitative evidence from repeated surveys and qualitative evidence from citizens panels.

The study provides some unique insights into the mental health effects of the pandemic since mid-March 2020 and looks at five waves of data collected across the UK. What is also interesting is that the study highlights a divergence in people's experiences and that it is affecting sections of the population differently e.g. that groups affected by socioeconomic inequality are more likely to report not coping well with the pandemic.

The study reports that 82% of UK adults have experienced stress because of the pandemic and 10% of the population have had suicidal ideation.
In relation to the mental health impacts of Covid-19, the study also refers to several high-risk population groups and this data provides a useful indication of potential pressures on mental health services during and after the pandemic.

High Risk Population Groups

The study has consistently shown that young adults are more likely to report hopelessness, loneliness, not coping, and suicidal thoughts and feelings. This age group is already a high risk, as we know that three quarters of mental health problems arise before mid-20's. Young adults have been badly hit with curtailed education, curtailed job prospects and reduced contact with peers.

People with pre-existing Mental Health issues

People who entered the pandemic with a prior experience of mental health problems are more likely to experience anxiety, panic, and hopelessness. In the study they have reported suicide thoughts and feelings at a rate that is almost triple those in the general population.

People with long term disability or physical health conditions

The study supports the view that the pandemic has hit the mental health and wellbeing of people with long-term, disabling physical health conditions particularly hard. They found that a higher proportion of people with long-term disabling health conditions reported having difficulty coping (26%) compared to the overall population (14%). They were also more likely to have been worried that the pandemic may make their existing mental health condition worse (46%). Furthermore, this group were more likely to be more anxious, panicked, afraid and lonely.

Single Parents

The study found that a higher proportion of single parents have reported mental and emotional distress during the pandemic than the general population. Nearly two-thirds of single parents (63%) reported having been anxious or worried compared to 49% of the overall adult population. Very worryingly, more than double the proportion of single parents had experienced suicidal thoughts/feelings in the prior two weeks compared to the population.

Unemployed people or insecure employment

Unemployed people are already at risk of developing mental health problems and during the pandemic the study indicates that one third of UK adults are worried about losing their jobs and their livelihood. The study showed that those who are unemployed or in insecure employment, reported suicidal ideation at a rate of 24%, which is more than double the rate of the general population.

Potential Impact on Adult Social Care in Carmarthenshire

Welsh Government is currently developing real time data for Wales regarding the impact of the pandemic on mental health services. Early predications for the UK from literature published suggest a 20% increase in demand in inpatient and Community Mental Health Team demand.

Contact with the Mental Health Team has also increased by 136% over the last year, from 131 April to September 2019, to 301 for the same period this year. All contacts will require some form of intervention such as assessment, intervention, a report for a Mental Health Tribunal, or Information, Advice and Assistance.

The third sector are reporting a 24% increase in mental health referrals. All of the voluntary groups have seen an increase in calls and contacts, and some from people that have not used mental health services before.

All Mental Health Forums and Networks since March have reported increased demand and reported high levels of anxiety and self-harm across West Wales and Carmarthenshire, including reported significant increases in people contacting them for support for self-harm and eating disorders. Carmarthenshire's Occupational Health Dept have enhanced the offer of mental health support to respond to the impact of Covid-19 on the wellbeing of staff. The department has seen a 11% increase in referrals compared with last year.

Additional pressures

- Aside from anticipated increased demand post Covid-19, there is an increase in complexity and co morbidity e.g., 50% of those cases who have mental health issues managed by the Community Mental Health Teams (CMHT) also have a substance misuse. Others have a physical frailty or sensory impairment.
- We are also seeing an increase of those who have a personality disorder or an offending history.
- The CMHT is increasingly asked to respond to individuals in the community whose behaviour is a concern, but they may not wish to engage, or their mental health condition is not of a nature or degree which warrants compulsory intervention.
- We are also seeing higher rates of mental health issues occurring in people with a learning disability and/or autism.
- We are seeing an increased presentation of mental health issues related to homelessness and other accommodation issues.
- Domestic violence referrals are also up and 30% of these have MH support needs.

How are we responding?

In relation to the mental health impact of Covid-19, the study refers to several high-risk population groups. Whilst these groups are not exhaustive, they are significant in terms of Local Authority planning and suggest that what is required is a recovery plan that is multi-faceted and addresses not just the provision of mental health services, but the social determinants of mental health to minimise the extent of mental health problems during and after the crisis.

The findings of the Mental Health Foundation study and current Carmarthenshire data suggest that more needs to be done to address the mental health needs of the population. Early intervention and prevention must be a priority as well as targeted intervention and crisis support for those most at risk.

This year the Council has approved a significant investment in mental health services which will enable us to develop and deliver improved services. The following are some examples of current activity:

Collaboration with partners.

Timely access to services and clear pathways for those in crisis is critical. We are working with HDUHB and the third sector to develop a Single Point of Contact for mental health services. This approach has already been piloted successfully. in other LA areas and is based on a model where experienced health and social care professionals are the first point of contact, triaging the calls and facilitating the appropriate response; for example, urgent cases being responded to within four hours.

We are also scoping with HDUHB a 24/7 crisis response service which would involve the out of hours Approved Mental Health Professional (AMHP) being aligned or potentially co-located with the HDUHB team to look at an improved and timely response to those in crisis, targeted outreach support for those at greatest risk and prevent admissions to hospital wherever possible.

We are increasing the number of Social Workers in the Community Mental Health teams to facilitate the above developments.

We are increasing the number of Social Work Assistants in the Community Mental Health Teams. These posts will work collaboratively to boost community

resilience, community connection and maximise the potential of community resources.

In 2019 Adult Social Care initiated the development of an out of hours mental health service for adults in Llanelli- The Twilight Sanctuary. It was a collaborative project between the Hywel Dda Health Board, the Local Authority, Dyfed Powys Police and the Third Sector. The project offers a place of sanctuary for adults at risk of deteriorating mental health, when other services are closed. The project is the first of its kind in Wales and it is now being rolled out across the West Wales region. It has been highlighted by Welsh Government as good practice and it is hoped it will soon be a model adopted across Wales.

We are exploring a collaborative recovery focussed model for day opportunities with the Health Board and Third Sector which will link closely with the single point of contact in terms of prevention, early intervention, and community connection.

We are looking at digital mental health interventions to reach people in socio economically/ geographically/culturally disadvantaged groups and are going to pilot a system called "Brain in Hand", where individuals will have access to support and coping strategies on their phones.

The impact of the pandemic has been significant on the mental wellbeing of carers, who have had to continue to provide 24/7 support, often with reduced support in some instances. We have established Carers' Champions in all the social work teams in Adult Social Care. These Champions ensure that the profile of Carers is raised in the teams, that carers assessments are prioritised and act as central points for information and advice relating to carers.

In relation to the mental health of children and young people and for young people in transition, we are recruiting two social work posts that will also focus on this area of work. We are currently working with colleagues in Children's Services and Education to look at early intervention and prevention for young people who do not meet criteria for secondary mental health services. A Children and Young People's group has been re-established by the Regional Partnership Board. A key focus of this group going forward will be the mental health and well-being of young people.

Within mental health and learning disability services we are embarking on an ambitious programme of change in relation to accommodation. Our vision is to reduce the reliance on residential care and develop more community options accommodation, which promote choice and independence. We are collaborating with colleagues in Housing, Commissioning and with Hywel Dda Health Board to develop a range of community accommodation projects from independent tenancies to shared settings. Currently we are engaged in a regional project to identify the current and future accommodation requirements of those with mental health needs.

We have enabled 20 individuals to step down from residential care to supported living environments and we are currently utilising Integrated Care Fund (ICF) funding to develop a project for those with a mental health need and a learning disability. The project is already demonstrating improved outcomes for individuals and there will also be an impact on the budget by more cost-effective use of resources. Quote from someone who has stepped down from residential care in 2020 from his community nurse ***"I just spoke to Mr T. It was so lovely. He is so happy 'Joyo, Joyo', he said. He has been 'everywhere' he says. He has been playing football outside with the staff, he happily shares chores like drying and washing up with X. He is looking forward to the future and talking about returning to all his jobs and clubs. He is also looking forward to going on holiday."***

Suicide and Self Harm

In 2009 Welsh Government published Talk to me, a five-year national action plan to reduce suicide and self-harm in Wales. A review of progress undertaken in 2012 by Public Health Wales contained a series of recommendations. One was that action should be taken to enhance the involvement of health boards, local authorities, and a broad range of other organisations.

Following the review, the Minister for Health and Social Services asked the National Advisory Group to Welsh Government (chaired by Professor Ann John, Swansea University) on suicide and self-harm prevention to redraft the plan. The finalised strategy and action plan, Talk to Me 2 was launched in July 2015 and relates to the period 2015-2020.The strategy has six key objectives:

- Further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently encounter people at risk of suicide and self-harm and professionals in Wales.
- Deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm.
- Provide information and support for those bereaved or affected by suicide and self –harm.
- Support the media in responsible reporting and portrayal of suicide and suicidal behaviour.
- Reduce access to the means of suicide.
- Continue to promote and support learning, information, monitoring systems and research to improve on understanding of suicide and self-harm in Wales and guide actions.

Regional Implementation

Three regional fora have been established to support implementation: North Wales, Mid and South West Wales, South East Wales. These fora have been charged with developing a regional suicide and self –harm prevention strategy in accordance with the national strategy. The Mid and South West Wales forum is chaired by the Head of Adult Social Care in Carmarthenshire.

It is expected that local plans will be delivered in local authority areas. Carmarthenshire has a local delivery group which is well attended by all agencies. It reports back to the regional forum, the forum reports to the National Advisory Group who provides updates to Welsh Government. It is also expected that organisations will report via their own governance structures including the Mental Health Partnership Boards and that Regional Safeguarding Boards are kept updated on progress.

Grant funding was provided in 2019 to support a National Coordinator, three Regional Coordinators and support some local innovative projects. These roles are already proving valuable in raising the profile and mobilising organisations to engage in this critical area of work.

Each year approximately 325 people in Wales die by suicide and there are many more who attempt suicide. There is a general upward trend in male suicide rates, in the over 65's and in children in young people. There has been a significant increase in the incidences in self-harm in children and young people and there are challenges in this region. The plans to improve early intervention,

access to services and crisis services will include strategies to respond to   the suicide and self-harm agenda in Carmarthenshire.

Covid -19 has resulted in exceptionally challenging and worrying times for all of us. The effects of social distancing, lockdown, and loss of loved ones to the virus is taking a huge toll on mental health and wellbeing and will have a lasting impact on the mental health of our population. The lasting effects of trauma and severe economic pressures will be felt by many - those working on the front line, those who have spent months alone, those who have lost their livelihood and young people who have had their support networks taken away. There will be a long-term impact for individuals in care homes and their families who have not been able to see each other for many months.

We have yet to reach the peak of the mental health crisis so we must think longer term. Prioritising mental health has never been more critical than it is now.

References:

Mental Health Foundation Coronavirus: the divergence of mental health experiences during the pandemic (July 2020)

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