Annual Report of the Director of Public Health

COVID-19: addressing inequalities in mental health and wellbeing across Hampshire

Mental Wellbeing Hampshire

Hampshire County Council

Contents

Foreword

I am delighted to introduce my third Annual Report as Director of Public Health for Hampshire.

COVID-19 has shone a necessary spotlight on mental health and wellbeing across the country. During the pandemic, evidence emerged that the policies to prevent the spread of the virus, such as restricting the interaction and movement of residents, have had a major impact on mental health and wellbeing. For many, as we begin to recover these effects have not been long lasting. However, the impact of COVID-19 will be felt by some for
a long time.

COVID-19 has widened existing inequalities and some of the most vulnerable people have been the most badly affected. For example, we know that those living in areas of deprivation, people with existing physical and mental health conditions and Black, Asian and ethnic minorities are more likely to be at risk of worsening mental health outcomes. It will be important to understand the full picture of this as we build towards recovery, plan for the longer term and design services, ensuring that we protect our most vulnerable and reduce inequalities in health outcomes.

The impact on inequalities and mental wellbeing for different age groups is explored further throughout my report, including innovations which seek to improve mental and emotional wellbeing and access to mental health services.

Whilst mental health services are essential in supporting early intervention, access to treatment and recovery from mental ill health, this report will focus on prevention and the wider determinants of health that can promote mental and emotional wellbeing. This includes the universal solutions that can protect and promote everyone's mental wellbeing and enable targeted action to support those most at risk.

Before COVID-19 Hampshire County Council, with the NHS, held a 'Better Mental Health for Hampshire' event at which Hampshire's Prevention Concordat was launched. Organisations were invited to give their commitment to taking a whole system approach and working collaboratively across the wider system to improve mental health outcomes for all, including those experiencing inequalities. Improving mental health and wellbeing and reducing inequalities will require change across the system and this was a necessary call to action. We are committed to building on this work through the production of an

Adult Public Mental Health Strategy for Hampshire that recognises the importance of partnership working.

With the establishment of the Improving Mental Health in Hampshire Board, I am keen for Hampshire's Prevention Concordat to be progressed. I will lead by example and support other partners to enable them to play their part. Together with our partners we will prioritise and commit to improving mental health and wellbeing across a range of workstreams.

This includes the NHS, education, early years and childcare settings, Districts and Boroughs, those involved in housing and employment, other public sector partners and the voluntary sector.

The Director of Public Health's annual report is one of the ways in which I can highlight specific issues to improve the health and wellbeing of the people of Hampshire. With everyone working together, we can accelerate our work to address the wider determinants of mental health and protect those of our residents who are more vulnerable and most at risk. I look forward to taking this forward with you.

Simon Bryant, BSc, MSc, MSc, FFPH
Director of Public Health,
Hampshire County Council

Executive summary

COVID-19 has had a huge impact on mental health and wellbeing – both as a direct consequence of illness or of working on the frontline, and because of the policy changes designed to protect us from infection. For some people these will be short-lived, but for others they will have a lasting impact.[1]

Some communities and people with specific characteristics are at far greater risk of worsening mental health and wellbeing. These are the same groups that are often vulnerable in other ways such as people on low incomes and those from ethnic minorities. COVID-19 has therefore put a spotlight on existing inequalities – and is a necessary trigger for action to protect those most vulnerable across communities in Hampshire.

COVID-19 has had a disproportionate impact on the mental and emotional health of specific population groups. It has also uncovered inequalities in mental health and wellbeing that already existed and that will worsen unless we work as a system to improve them.[2]

This report will showcase the impact of COVID-19 on specific groups within the population, highlighting the inequalities in mental health and wellbeing and the actions needed to address these. It will be vital to work across the whole system to improve mental and emotional wellbeing and reduce inequalities. The following recommendations are made

1. Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.

2. Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.

3. Mobilise community assets to be resilient and promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.

4. Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme.

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[1] The Centre for Mental Health (2020) Covid-19: understanding inequalities in mental health during the pandemic

[2] The Health Foundation (2021) The unequal mental health toll of the pandemic

[3] HCC (2021) (unpublished) Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment: Hampshire, Portsmouth, Southampton and the Isle of Wight

5. Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19 than White population groups.

6. Focus on those wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.

7. Build the capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.

8. Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities.

Introduction

Evidence shows that the psychological impact of the pandemic is still emerging and whilst many in the population will not have any lasting negative effects on their mental health, some communities and individuals are at far greater risk of worsening mental health.[4]

These include:

- people living with mental health problems, whose access to services has been interrupted
- people who live with both mental health problems and long-term physical conditions that put them at greater risk of the virus
- older adults who are both susceptible to the virus themselves and much more likely than others to lose partners and peer
- women and children exposed to trauma and violence at home during lockdown
- people from ethnic groups where the prevalence of COVID-19 has been highest and outcomes have been the worst

Factors driving health and wellbeing outcomes

Actions taken to protect people and communities from the impact of COVID-19 which restricted population movement, reduced social contacts and ultimately infection transmission rates have also impacted on mental health and wellbeing. These have disrupted wider societal and environmental factors which have affected how we interact with each other, work, learn and move about - all which influence our psychological health. This is illustrated in Figure one.
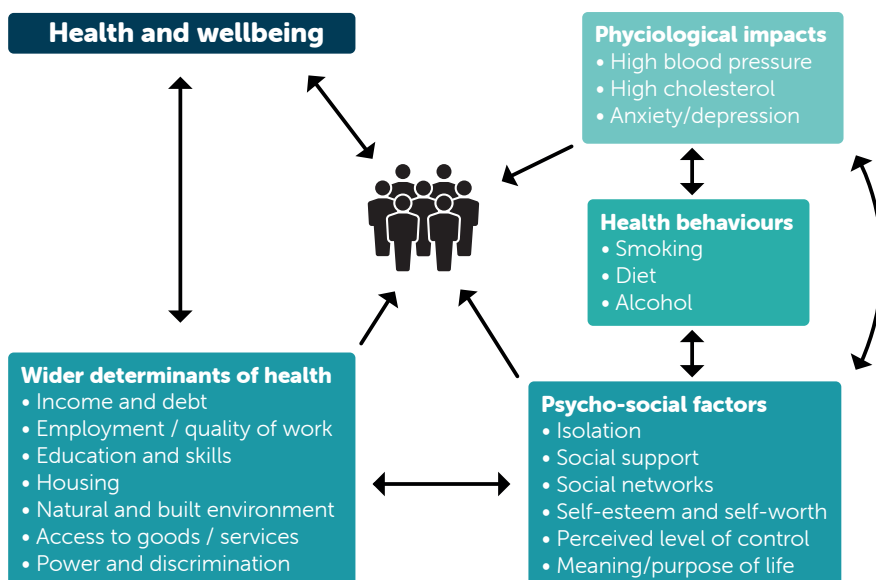

Figure one: Factors driving health and wellbeing outcomes [5]

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[4] The Centre for Mental Health (2020) Covid-19: understanding inequalities in mental health during the pandemic
[5] ADPH (2021) Living Safely with Covid Moving toward a Strategy for Sustainable Exit from the Pandemic

The impact of these actions include:

- reports of increased loneliness through reduced social connectiveness
- increased anxiety and depression during periods of great uncertainty
- long-term impact of school closures on education, health and wellbeing and re-engagement of pupils
- impacts for those not able to work due to restrictions or changes in how work is organised.

Measuring the impact on mental health in Hampshire

Significant work has been undertaken locally through a Health Impact Assessment to understand the impact the pandemic has had on mental health and wellbeing in communities across Hampshire.[6] This will help us to recognise which populations and neighbourhoods have been disproportionately affected and where we should focus interventions, support and services.

Place

In Hampshire the pattern of mental wellbeing vulnerability does not necessarily reflect the pattern of deprivation found in the 2019 IMD.[7] In many of Hampshire's districts, as illustrated in Figure two, the urban populations are more likely to experience vulnerable mental health resulting from COVID-19 restrictions than the rural populations.
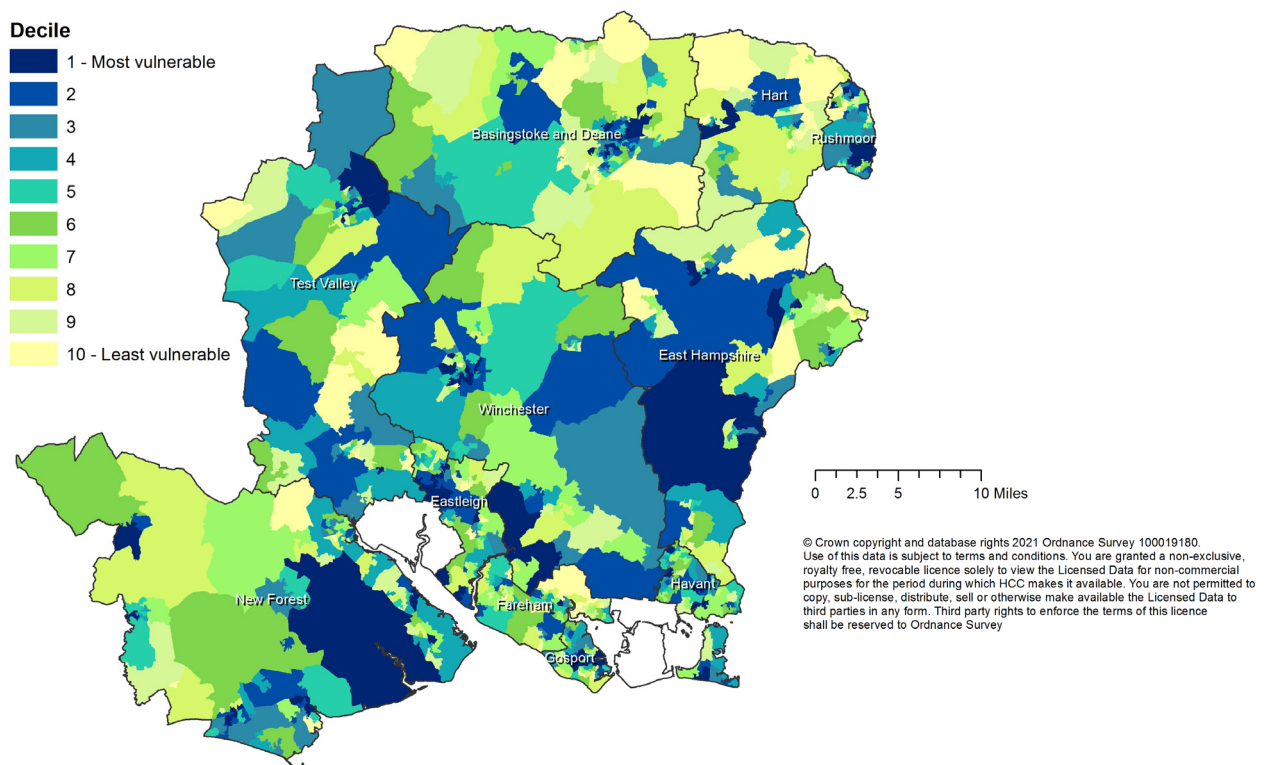

Figure two: Mental wellbeing vulnerability index for Hampshire

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[6] HCC (2021) (unpublished) Health Impact Assessment: COVID-19 Mental Health vulnerabilities

[7] HCC (2019) The 2019 Index of Multiple Deprivation

Basingstoke town centre, Andover in Test Valley, Eastleigh town centre and Winchester city centre are particularly prominent vulnerable areas compared to the surrounding parts of the districts. Other districts, such as East Hampshire and the New Forest have higher vulnerability in their more rural, sparsely populated areas.

Case study one: Rushmoor and Hart

The breakdown of mental health vulnerability across a geographical area can be highly varied as illustrated in Figure three which identifies within Rushmoor and Hart those neighbourhoods where inequalities may exist.

Decile
- 1 - Most vulnerable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - Least vulnerable

0   0.25 0.5   1 Miles

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Figure three: Rushmoor and Hart local authority areas: most and least likely to experience mental wellbeing vulnerabilities

In this example, the population most likely to experience poor mental health due to COVID-19 restrictions is found in Aldershot Town, Rushmoor. This area includes the army barracks and residents who are more likely to rent their home than the Hampshire population average. The location of the army barracks also contributes to the vulnerability in this area as it houses a younger population who are ethnically diverse and live in an institutional setting.

Residents least likely to experience poor mental health due to COVID-19 restrictions live in Fleet North, Elvetham Heath & Ancells Farm within Hart – an area characterized as being a wealthy, rural suburb.

People

National and local analyses have found that some people have been more likely to experience poor or deteriorating mental health symptoms during the pandemic. This has highlighted those mental health vulnerabilities and inequalities already present in our communities and includes those:

- with pre-existing mental or physical health conditions
- experiencing loss of income or employment
- from deprived neighbourhoods
- from ethnic minority communities[8]
- from lesbian, gay, bisexual, and transgender communities.[9]

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[8] Fancourt, D. et al. (2021) UCL Covid 19 Social Study Results Release 31

[9] PHE (2021) COVID-19 mental health and wellbeing surveillance: report

[10] The Health Foundation (2021) Unequal Pandemic, Fairer Recovery - The COVID-19 impact inquiry report

Impact of wider determinants on mental health

As Figure one illustrates, the wider determinants of health influence mental and emotional health and wellbeing. For example, type and quality of work, housing conditions, and access to financial support to self-isolate all contributed to increased exposure to the virus among working age adults and subsequent mental ill health.[10] In addition, access to green space will have impacted people very differently during lockdown depending on where they lived and their type of accommodation. Those living in smaller, more crowded homes with less access to private garden space would have experienced greater stress during social distancing restrictions than those with a garden and additional living space.

Income and employment

Unemployment has consistently been found to have a negative impact on a person's mental wellbeing. Therefore, the economic repercussions of the pandemic and impact on employment is likely to be a major driver of mental ill health.[11] Evidence has also shown that nationally pay or employment reduced more for people living in families with the lowest income. Of those earning less than £10,000, 37% reported depressive symptoms, compared with 11% of those earning more than £50,000[12]. In addition, higher levels of depression and anxiety have been found in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children [13].

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[11] The Centre for Mental Health (2020) Covid-19: understanding inequalities in mental health during the pandemic

[12] ONS (2021) Coronavirus and depression in adults, Great Britain: January to March 2021

[13] The Health Foundation (2021) Unequal Pandemic, Fairer Recovery - The COVID-19 impact inquiry report

Those disproportionately affected by employment rates during the pandemic have been aged 16 to 24 years, with those aged over 50 most likely to be affected by redundancy.[14] Data suggest that young people were more likely to be employed in more vulnerable industries such as accommodation and food service sectors where there has been the highest uptake in furlough.[15]

The unemployment rate for people from a minority ethnic background increased by a larger proportion than those from a White background from October to December 2020.[16] This inequality may be in part driven by the types of occupation and industry sector ethnic communities work in. The service and hospitality industries were most affected, national reports suggest that around a third of taxi drivers and chauffeurs are Bangladeshi or Pakistani men[17] and almost one third (29%) of Asian / Asian British workers are employed in the service sector.[18] In addition, evidence has shown that people from ethnic minorities are more likely to work in professions that put them at risk of contracting COVID-19, and were more likely to have poorer health outcomes as a result of COVID-19 infection. These factors have put these groups at a disproportionate risk of experiencing impacts on mental health and wellbeing.[19]

In terms of Hampshire this employment data suggest the districts of Hart and Havant are the most likely to be vulnerable to the impacts of the COVID-19 pandemic restrictions, with Test Valley and Winchester being the least likely to be vulnerable.

Structural racism

When considering these wider socio-economic impacts, evidence shows that structural racism is at the heart of worse living and working conditions for ethnic minority communities, which leads to worse health and mental health.[20] Ethnic groups face discrimination in different aspects of their lives, such as employment, working conditions and earnings, which leads to lower incomes, higher levels of stress and higher poverty rates than those experienced by White British populations, and higher rates of some health conditions.

Structural racism means that some ethnic groups are more likely to be exposed to adverse social and economic conditions, in addition to their experiences of discrimination, which in turn affects their resilience and health outcomes.[21, 22]

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[14] ONS (2021) Employment in the UK

[15] ONS (2021) Monthly gross domestic product by gross value added [1]

[6] ONS (2020) Labour market overview, UK: December 2020

[17] ONS (2020) Why have Black and South Asian people been hit hardest by COVID-19?

[18] ONS (2014) Census 2011 analysis: Ethnicity and the Labour Market

[19] ONS (2020) Why have Black and South Asian people been hit hardest by COVID-19?

[20] Marmot, M. et al (2020) Build Back Fairer: The COVID-19 Marmot Review

[21] Marmot, M. et al (2020) Health Equity In England: The Marmot Review 10 Years On

[22] PHE (2020) Disparities in the risk and outcomes of COVID-19

Chapter one: Improving the mental health of children and young people

Children and young people with good mental health and wellbeing develop more resilience, are better able to learn, have better outcomes and ability to deal with life's challenges. Despite not being clinically vulnerable to COVID-19 children have been particularly affected by the periods of national restrictions, school closures and limited access to outdoor space such as play parks.

All families receive the universal Healthy Child Programme, delivered by the Public Health Nursing Service, which supports the wellbeing of every child and family. A range of face-to-face and digital services are available to young people and their parents/carers to provide prevention and early intervention services at a time when they may need it. In addition, for those requiring specialist help Hampshire Child and Adolescent Mental Health Services (CAMHS) deliver targeted support.

Social inequality is a key factor in the risk of children and young people developing mental health disorders. Physical health, family situation, community and school environments can all affect the development of mental health disorders. Happy children who have positive relationships with family and friends are more likely to grow into healthy adults, able to make positive contributions to society.

COVID-19 has widened existing inequalities and some of the most vulnerable children have been the most badly affected.[23] It will be important to understand the full picture as part of recovery, long-term planning and design of services, especially those targeted at populations most likely to experience inequalities. A rapid needs assessment for Hampshire is currently underway, which will consider the impact of COVID-19 on children and young people's mental health in more detail.

Preconception, pregnancy and early years

The pandemic has been a challenging time for the mental wellbeing of women during pregnancy and early motherhood. Informal social support from friends and family has been much reduced due to the national restrictions, the likelihood of experiencing a bereavement in the family has increased and there has been added economic pressure in terms of job insecurity.

Early attachment relationships between babies and their caregivers influence how a baby learns and sets a template for later relationships. Parental depression and anxiety are highest for those parents with younger children - this increased with the implementation of each national lockdown and was greatest amongst single parents and those on low incomes.[24]

Early years services support social and emotional development and contribute to school readiness. 68% of parents of children aged 2–4 years reported accessing early years and childcare prior to the pandemic, with 83% of these reporting that their children did not return in June 2020. Early years settings are particularly important for more disadvantaged children, helping to prevent gaps opening up in development levels at this early stage. Lower income families, mothers and those with children with special educational needs and disabilities were most negatively impacted.[25]

School age children

Playing with friends contributes to healthy emotional regulation and development of social skills. Parents have reported a negative impact on their child's social and emotional development, and their language and physical development as a result of the pandemic.[26] Among children of primary school age, 14% had a probable mental disorder in 2020, an increase from 9% in 2017.[27] This increase was evident in boys, with the rate rising from 12% in 2017 to 18% in 2020.[28]

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[23] The Health Foundation (2020) Emerging evidence on health inequalities and COVID-19

[24] Creswell, C. et al (2021) Young people's mental health during the COVID-19 pandemic

[25] The Sutton Trust (2020) COVID-19 and Social Mobility Impact Brief #4: Early Years

[26] ISER (2021) School closures and children's emotional and behavioural difficulties

[27] NHS Digital (2018) Mental Health of Children and Young People in England, 2017 [PAS]

[28] NHS Digital (2020) Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey

Older school-aged children have expressed concern about the disruption to their education, exams and transition to another phase of education. In April 2020, young people were three times more likely to report not enjoying day-to-day activities than they were in 2017–18. Young people reported decreased ability to concentrate, worse sleep, and loss of confidence. Young women (58%) reported lower moods than men (43%). Among secondary-aged children (11–16 years), 18% were identified with a probable mental disorder in 2020, an increase from 13% in 2017.[29]

Special Educational Needs and Disabilities

Parents have reported children and young people with SEND being negatively affected by the pandemic.[30] Parents of children with SEND have reported not having the specialist skills required to teach their children at home, leading to lack of progress when not attending school. Parents also reported that their own mental health had declined due to the increased pressures of providing full-time care during lockdown periods.[31] Parental mental health is known to impact that of children and young people, including siblings of disabled children who may also have experienced an increased care burden.

Locally there are reports of children with SEND finding it more difficult to settle back into school than their non-SEND peers, displaying more extreme behaviour than prior to the pandemic. Some children who were managing in mainstream school pre- pandemic are now struggling and being referred for special school places or being considered by schools for permanent exclusion.[32]

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[29] The Health Foundation (2020) Generation COVID-19

[30] PHE (2021) COVID-19 Mental Health and Wellbeing Surveillance report: Children and Young people

[31] Disabled Childrens Partnership (2020) Left In Lockdown: Parent Carers' experiences of lockdown

[32] HCC (2021) (unpublished) Children and Young People aged 0-25, Mental Health and Covid-19.Rapid Needs Assessment Hampshire, Portsmouth, Southampton and the Isle of Wight

Young carers

Due to reduced care provision during the pandemic these young people may have found themselves having to shoulder an increased burden of care alongside the worry of COVID-19 transmission to a clinically vulnerable person. The Aspiration Gap report found that 14% have new or increased caring responsibilities due to the pandemic with this figure rising to 19% for those from poorer homes.[33] A survey by the Carers Trust in July 2020 found that young carers were experiencing greater stress, worry about the future and an increased caring burden with 40% of carers aged 12-17 and 59% of those aged 18-25 reporting a decline in mental health.[34]

Looked After Children (LAC)

Looked After Children are very vulnerable to poor attachment and mental health difficulties. Across Hampshire there are 1,650 children in care. Nationally 62% of children are in care due to abuse or neglect which can have negative impacts on their mental health.[35] Research estimates that approximately 69% of Looked After Children have experienced neglect, 48% physical abuse, 37% emotional abuse and 23% sexual abuse. Many have been looked after by several different foster families and will have had to change school multiple times. The cumulative effects of frequent traumatic events are associated with poorer mental and emotional outcomes than one-off events and many Looked After Children are subject to these.[36]

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[33] The Prince's Trust (2020) The Aspiration Gap Report

[34] Carer's Trust (2020) My Future, My Feeling, My Family

[35] DfE (2018) Improved mental health support for children in care

[36] CCATS Adverse Childhood Experiences and Complex Trauma in Looked After Children

Case study two: Using technology to improve access to mental health services for children, young people and families

The pandemic has brought significant progress in the use of technology within Hampshire, enabling different approaches for providing support to children, young people and their families.

This has meant that appointments and interventions to support families in need could continue, facilitating access to services and ensuring support was maintained. For example, the 'Knowing Me, Knowing You' groups, offered by Hampshire's health visiting service in partnership with local talking therapies services, provided online peer support for mothers with postnatal depression.

The online groups were set up within three weeks of the first 'lockdown' being announced and included access to health visitors and psychologists, with nursery nurses to support parents with play activities for the children. Mothers reported a positive experience of this online service.[37]

Digital services commissioned by Hampshire County Council have also been introduced to support children, young people and families via a digital front door - Hampshire Healthy Families. This has meant easy access to mental health services such as Chathealth and Health for teens.

Feedback from the local 0-19 services has indicated that some families preferred engaging through technology rather than face to face finding it more convenient and would like to continue to have this as an option in the future.

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[37] LGA (2020) Healthy Child Programme during COVID-19 Hampshire case study

Chapter two: Improving the mental health of working age adults

Working age adults

There is evidence nationally that self-reported mental health and wellbeing has worsened during the COVID-19 pandemic. More than two-thirds of adults in the UK (69%) reported feeling somewhat or very worried about the effect COVID-19 is having on their life.[38]

Whilst some people reported an increase in work flexibility, others have experienced financial strain, longer working hours, poorer work-life balance or increased fear of potential exposure to COVID-19.[39] Additional caring responsibilities such as home schooling and caring for older relatives have also been experienced by many. Data suggests that one in five adults have experienced some form of depression, double that observed before the pandemic.[40]

A combination of factors has influenced the worsening of mental health during COVID-19 in the population:

Social isolation

Job and financial losses

Housing insecurity and quality

Working in a front-line service

Loss of coping mechanisms

Reduced access to mental health services[41]

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[38] ONS (2020) Coronavirus and the social impacts on Great Britain

[39] Fancourt, D. et al (2021) UCL Covid-19 Social Study Results Release 29

[40] ONS (2021) Coronavirus and depression in adults, Great Britain: Jan to March 2021

[41] The Health Foundation (2020) Emerging evidence on COVID-19's impact on mental health and health inequalities

The following inequalities[42] have been highlighted since the start of the COVID-19 pandemic:

Age

Younger adults (aged 18 to 34) have been reporting both worse symptoms and a larger deterioration in their mental wellbeing. Young people aged 16 to 24 were most likely to work in furloughed industries. Older adults who were classed as Clinically Extremely Vulnerable (CEV) were more likely to report higher levels of depression, anxiety and loneliness than people of a similar age who were not CEV.

Gender

Women reported worse symptoms and a larger deterioration in mental health after the onset of the pandemic than men. Lone mothers have been shown to be particularly vulnerable. There was also an increase in domestic abuse, especially against women.

For those people living with Long COVID (symptoms that last weeks or months after the infection has gone), the psychological impact can be devastating. Working age women, especially those aged 45 to 64, are most likely to require on-going support with their health after contracting COVID-19.[43]

Parents and carers

Adults living with children reported a rise in symptoms of anxiety, psychological distress and stress at home. Informal carers have been more likely to report higher and increasing levels of psychological distress, anxiety and depressive symptoms than non-carers throughout the pandemic.[44, 45]

Pre-existing mental health

There have been worse levels of mental health and wellbeing for those with pre-existing mental health conditions than adults without. Adults with pre-existing mental health conditions have reported higher levels of anxiety, depression.[46, 47]

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[42] PHE (2020) COVID-19 mental health and wellbeing surveillance: Spotlights

[43] ONS (2021) Prevalence of ongoing symptoms following coronavirus infection in the UK: April 2021

[44] PHE (2021) COVID-19 mental health and wellbeing surveillance report: important findings

[45] PHE (2021) COVID-19 mental health and wellbeing surveillance report: parents and carers

[46] PHE (2021) COVID-19 mental health and wellbeing surveillance report: important findings

[47] PHE (2021) COVID-19 mental health and wellbeing surveillance report: pre-existing mental health conditions

Employment and income

Unemployed adults and adults with lower incomes have reported higher levels of psychological distress, anxiety, depression and loneliness than adults with higher incomes. Specific groups more at risk of furlough and redundancy including retail, hospitality, entertainment and those aged 50 and over. Women in lower socio-economic jobs were more likely to be furloughed than any other positions (including key worker roles) and men in general. Workers on precarious contracts such as zero hours or some self-employed were at high risk of adverse effects from loss of work and no income, and subsequent mental ill health

Ethnicity

Men of Bangladeshi and Pakistani origin report larger deterioration in their mental wellbeing than White British men. There is a greater proportion of lone parent households in Black, mixed and Pakistani ethnic groups compared with White groups. Lone parent families experienced increased stress and financial pressure. Black ethnic groups have less access to private gardens. There was a higher increase in unemployment rate for those from a minority ethnic background compared with White ethnic groups.[48] Inequalities in physical and mental health outcomes are influenced by a wide range of factors and require action across communities and the wider system. Work is underway to complete a mental health needs assessment for adults across Hampshire, to better understand what these influences are, how they are interconnected and what can be done to improve mental health and wellbeing outcomes for all Hampshire residents. This will build on existing work with partners, for example in tackling the impact of economic factors through focused work on debt and mental health.

[48] PHE (2021) COVID-19 mental health and wellbeing surveillance spotlight: ethnicity

Mental health problems make it harder to earn, manage money and spending, and afraid to ask for help.

Mental health problems

Financial difficulty

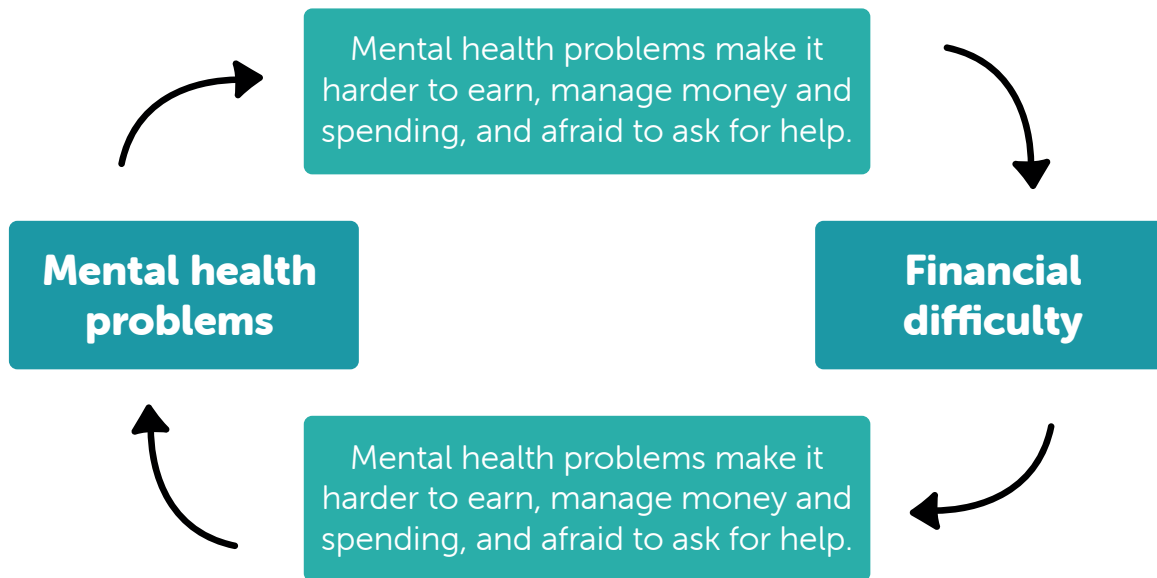Mental health problems make it harder to earn, manage money and spending, and afraid to ask for help.

Image one: source Money and mental health facts and statistics - A Money and Mental Health Policy Institute factsheet

Debt and mental health are interconnected and can result in a cycle that can become hard to escape. Stigma around financial difficulties can make these issues worse as people often struggle to ask for support or ask for it early enough to prevent crisis. COVID-19 may have worsened both financial concerns and mental health issues, including stress and anxiety around debt and financial management.

In February 2021 Hampshire County Council coordinated a multi-agency Debt and Mental Health workshop to understand the gaps, barriers and needs of residents. The outcome of this informed the content of new Debt and Mental Health training.

Targeted at frontline staff and volunteers in public, voluntary and community sectors, such as housing, council tax and recovery teams, or food pantries, the aim of this training is to support people who may be at risk of financial insecurity or debt to improve their mental and emotional wellbeing and reduce the potential risk of suicide by:

• providing debt and mental health training to frontline staff in Hampshire, working with those most vulnerable

• enabling those working with at-risk populations to develop increased confidence in recognising and discussing debt and mental health concerns and referring or signposting to further help.

In addition to the workforce training, a debt and mental health communications campaign has been delivered, targeted at those aged 18 to 35 to address inequalities identified by data. The campaign signposted to appropriate debt support at Mental Wellbeing Hampshire.

Case study four: Men's Activity Network — harnessing the power of community

Men access health services less than women and they experience poorer health outcomes. Around three-quarters of registered suicide deaths in 2020 were for men which follows a consistent trend back to the mid-1990s.[49]

Hampshire's Men's Activity Network part of the Step by Step project,[50] focuses on improving men's health and ability to access services, working through community-run groups of men aged 18+.

As COVID-19 impacted on community groups, Men's Activity Network members met virtually to share ideas on how to support their members, especially those more isolated. Groups concerned about the health and wellbeing of their members accessed Health Champion and Skill Builder training via Zoom so they could help others make healthier choices, look after their mental health and wellbeing, and continue to develop their skills and confidence.

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[49] ONS (2020) Suicides in England and Wales: 2020 registrations
[50] HCC. SBS Hampshire: support men in our communities.

The sense of community among the network was invaluable. Sharing tips between groups helped people to try new ideas, share frustrations and concerns, and benefit from Public Health support.

Many groups wanted to reach out to those who had experienced mental and emotional health difficulties for the first time due to COVID-19, and those who were feeling anxious about having to go to work during the pandemic. Step by Step offered online training for groups on how to engage more men within their communities during the pandemic, including one-to-one consultancy sessions with a marketing professional.

As restrictions eased, grant funding was provided to help members get back to in-person activities safely, supporting IT, safety signage, PPE and marketing materials.

Over the pandemic, membership of the network nearly doubled and now 44 groups receive the benefits of the network. Many of these groups didn't exist before lockdown, showing the power of communities to respond to local needs. The network is very much driven by what the members want and is continues to provide ongoing peer support as Hampshire's communities adapt to life post-lockdown.

MEN'S
ACTIVITY
NETWORK

Chapter three: Improving mental health of older people

Mental wellbeing

Older people have not only experienced increased risk of serious illness, hospitalisation and death from COVID-19 but have also been impacted by the policies put in place to reduce the spread of COVID-19.

A much higher proportion of older people, aged 65 and over, died following a COVID-19 admission compared to younger age groups. In Hampshire, deaths in care homes comprised 44% of all deaths where COVID-19 was mentioned on the death certificate in wave one.

Although the concept of 'shielding' would have protected older people from the ill effects of COVID-19, there will be many unintended consequences from staying at home. This includes reduced physical activity (affecting mobility and balance), increased social isolation or loneliness and loss of confidence or independence. Older adults who were classed as clinically extremely vulnerable reported experiencing poor mental health. However this was not always in relation to reduced social contact, but also attributed to factors such as higher levels of worry about obtaining food and other essentials and impaired sleep.[51]

Prior to the pandemic it was estimated that 85% of older adults living with depression received no support and were underrepresented in mental health and talking therapy services.[52] Overall, anxiety and depression among older people increased during the pandemic, which can result in self-neglect and loss of confidence.[53]

Factors that support good mental wellbeing were impacted during the pandemic. For example, the closure of non-essential services decreased social interactions for older people, especially for those who were not digitally connected. Employment rate for all people decreased by 1.4%

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[51] ELSA (2020) The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic

[52] The Centre for Mental Health (2020) Covid-19: understanding inequalities in mental health during the pandemic

[53] Age UK (2020) The impact of COVID-19 to date on older people's mental and physical health

from the start of lockdown[54]. Those aged 65 and over were a key driver for the annual decrease in the number of people in employment, whilst people aged 50 and over were most affected by redundancy.

Social care

Assessing the extent of the impact of COVID-19 on social care is challenging and may not be apparent for several years. Nationally, there has been an increase in unpaid carers during the pandemic as people provide informal help for family members, increasing this number from nine million to 13.5 million.[55] Evidence has also shown that people with physical disabilities are at particular risk of emotional distress, poor quality of life, and low wellbeing during the COVID-19 pandemic, highlighting the need for additional, targeted support.[56] Locally, there was a decrease in clients attending day care services as many services were cancelled during social distancing restrictions, impacting people's ability to connect with others and increasing the burden on formal and informal carers. More people access assistive technology solutions than before the pandemic, which while positive in supporting people to live independently, may have also resulted in reduced physical contact for those requiring care.

Wider health impacts

Spending months with reduced physical activity is suggested to have an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill) and on cognitive function and emotional wellbeing. This will increase dependency and reduce life expectancy.[57] This is supported from national survey evidence which suggests that a quarter of older people have found that their ability to do everyday activities has worsened during the pandemic.[58] In the future, this is likely to increase the need for people to receive health and social care services and reduce their independence, potentially having a negative impact on mental health and wellbeing.

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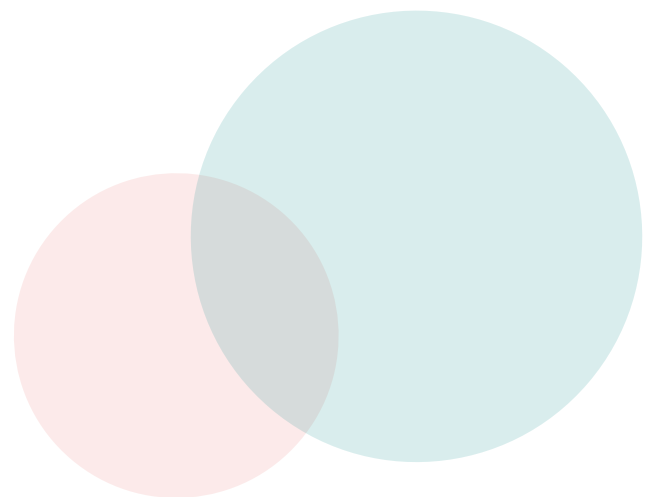
[54] ONS (2021) Employment in the UK

[55] CarersUK (2020) Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic

[56] Steptoe, A. and Di Gessa, G. (2021) Mental health and social interactions of older people with physical disabilities in England during the COVID-19 pandemic: a longitudinal cohort study

[57] BMJ (2020) COVID-19 will be followed by a deconditioning pandemic

[58] Age UK (2021) New analysis finds the pandemic has significantly increased older people's need for social care

A survey by Age UK found that one in three older people reported their anxiety as worse or much worse than before the pandemic, with inequalities between different groups. For example, older people without outside space or with financial anxiety reported particular challenges.[59] Whilst some opportunities to utilise green space opened during the pandemic, many public toilets and facilities were not in use. For many older people, the ability to get to the toilet in time can be a key factor in deciding whether to leave the home, whether for physical activity or social interactions.

The proportion of people with Dementia and Alzheimer's disease in England prescribed anti-psychotic medication in the preceding six weeks (all ages) increased in 2020 when compared to 2019. However, those with a care plan or care plan review has significantly decreased. This is of particular concern as the needs of an individual with dementia changes with time and the care plan can play a vital role in supporting their care.[60]

[59] Age UK (2020) The impact of COVID-19 to date on older people's mental and physical health
[60] PHE (2021) Wider Impacts of COVID-19 tool

Case study five: Digital enablement and volunteering to tackle social isolation amongst older people

MHA Communities offer social and online activities and services for people aged 55 and over. These range from befriending and online activities to dance and exercise classes and assisted shopping. The service aim is to enable older people to live independently in their own homes for as long as possible, helping them to live later life well in their local communities.[61]

Those who contacted the service during national restrictions due to loneliness, bereavement and lack of family close by, received support via weekly befriending calls and, when restrictions lifted, face-to-face meetings. The befriending service had a positive impact on an individual's mental wellbeing. To enable individuals to access other activities, the befrienders can work with them to enable them to learn how to use new technologies. The MHA Communities service reports that this has led to individuals becoming more involved with their digital services and in turn to volunteering themselves to support others.

One new volunteer who joined the service through support provided by a befriender has now themselves befriended four other older people in the community, one of whom they meet face-to-face regularly. The befriending service and digital enablement support has meant for this volunteer that their overall wellbeing, including their mental health has benefited hugely.
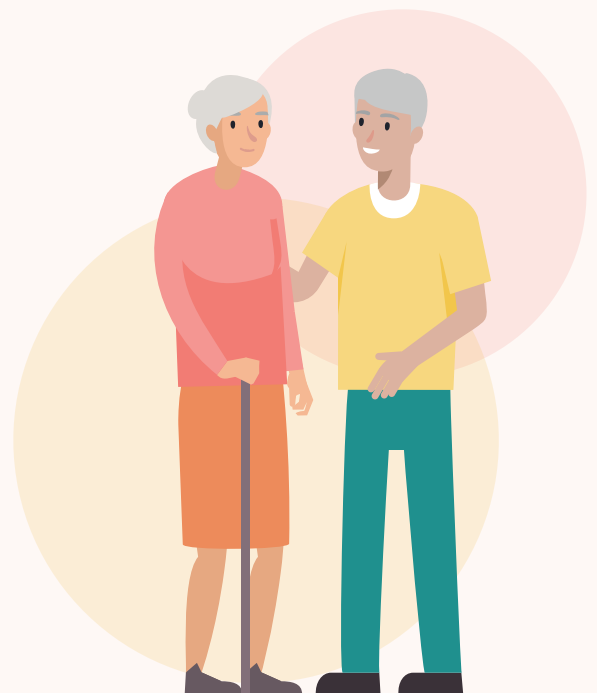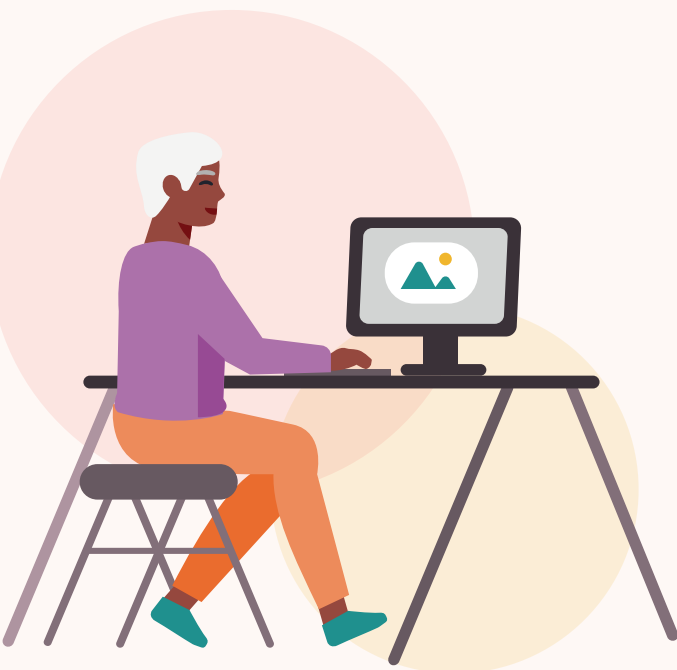
[61] MHA. MHA Communities: Befriending, Social & Online Activities

Chapter four: Taking a Whole Systems Approach to improve the mental health of those experiencing inequalities

It is vital that we take a whole systems approach to improve the mental health and wellbeing of our population and tackle inequalities experienced across our communities. This means working with communities and across sectors to ensure the people know how to improve their own mental and emotional health, know where to go to access the right support, and ensuring that this is available when people need it.

Hampshire County Council has signed up to the Prevention Concordat for Better Mental Health[62] which aims to:

- facilitate local cross-sector action around preventing mental health problems, promoting good mental health and wellbeing

- support planning for mental health and wellbeing recovery

- make mental and emotional health everybody's business

- tackle those wider determinants of mental health and wellbeing such as employment and housing

- build capacity and capability across workforces to prevent mental health problems and promote good mental health and wellbeing.

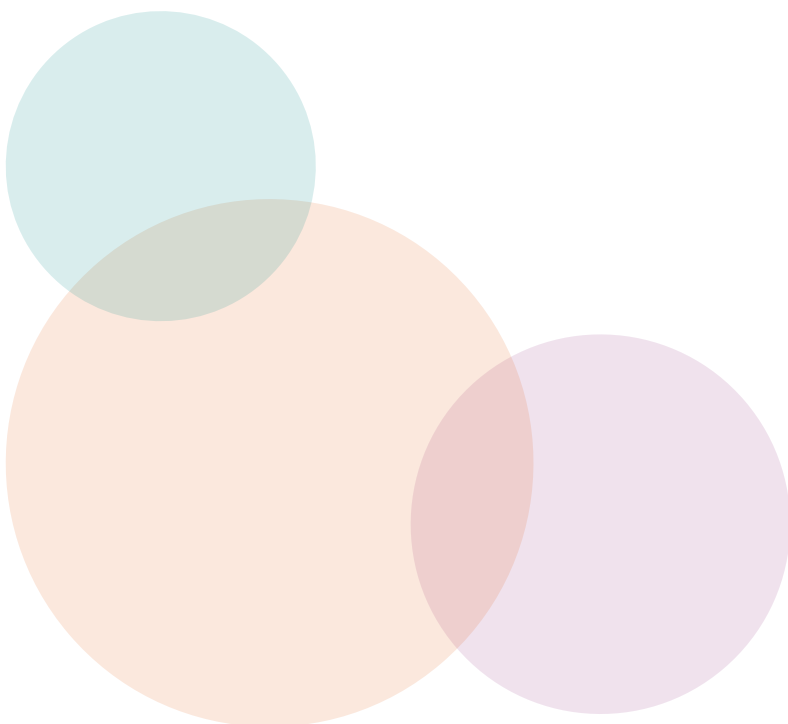[62] PHE (2020) Prevention Concordat for Better Mental Health

Improving Mental Health in Hampshire Board

A multi-agency Improving Mental Health in Hampshire Board has now been established to drive forward the commitments in the Concordat. The Board includes a range of key stakeholders who will provide prevention-focused leadership across the wider public and voluntary sector system and agree joint action to tackle the wider determinants of health to reduce mental health inequalities.

Priorities have already been identified to respond to the impact of COVID-19 on mental health and wellbeing and address inequalities which have been highlighted by the pandemic. These include:

- Working alongside partners to identify how we can support mental and emotional health and wellbeing for people from ethnic minority backgrounds at increased risk of COVID-19 in Hampshire. This includes utilising community researchers to engage with their communities to understand key issues around mental health and wellbeing.

- Mobilising community assets using a Community Champion programme model to proactively engage communities in their health and wellbeing, and through the Men's Activity Network to be resilient and promote mental and physical health and wellbeing.

- Strengthening the pathways for people with co-occurring mental health and alcohol and drug use conditions and working closely with the NHS Transforming Mental Health services programme.

Needs assessments are currently in progress mapping the mental health needs of both adults and children across Hampshire to inform the future direction of this work, and make sure that services and support are targeted appropriately across the system.

As one of the priorities of the Improving Mental Health in Hampshire Board, a multi-agency group was established to collaborate on campaigns and resources which promote mental health and wellbeing. Co-ordinated by Hampshire County Council the group includes partners from the NHS, mental health services, the voluntary sector, Hampshire Fire and Rescue, Hampshire Constabulary and other organisations, such as the national parks, who can positively impact mental wellbeing.

Over the last year, the group has shared messaging and campaigns – for example, Southern Health Foundation NHS Trust's 'Every Life Matters – help in a crisis' which aims to ensure people have direct access to advice, help and support when they need it. Mental Wellbeing in Hampshire has been developed as an online resource to help amplify consistent messaging across Hampshire, targeted at those most in need, launched in 2021.

Themed messages have been planned across the year to link in with notable events and national awareness days. For example, during May's Mental Health Awareness Week the South Downs National Park, New Forest Park Authority, Hampshire County Council's country parks and Hampshire Wildlife Trust worked together to promote the benefits of nature, green space and physical activity in supporting mental wellbeing.

Initial results of the overall campaign are promising with good engagement utilising a variety of social media.

Following the first national lockdown, the Local Resilience Forum Voluntary Sector Group identified a need to strengthen the awareness and understanding of mental health and wellbeing amongst staff, volunteers and managers. This is a further example of collaboration across the wider system to support mental and emotional health.
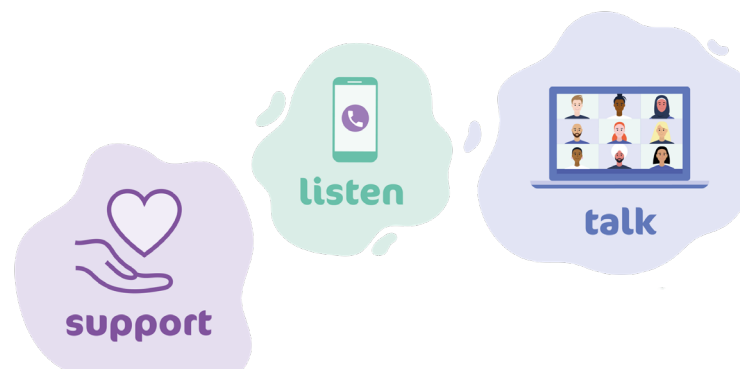
Mental health and wellbeing guides for staff, volunteers and managers working in the community provided an overview of the range of national and local services and support available. The guides included helpful tips and links to self-help resources including information on where to find specific support and urgent care.

A mental health and wellbeing training offer was also produced to assist staff and volunteers working in the community develop their skills and confidence in supporting others. The offer brought together a range of available e-learning and virtually delivered courses. Figure four illustrates the levels of training available. Courses on offer ranged from an introduction to the Five Ways To Wellbeing and mental ill health to more in-depth training, such as our commissioned Connect 5 training for those working with others.

1	2	3	4
Information sharing	**Awareness and understanding**	**Developing skills and knowledge**	**Enhancing skills and knowledge**
All staff, volunteers and the public	All staff and volunteers	Frontline workers and volunteers	Frontline workers
An introduction to wellbeing and the support available in Hampshire	An overview of mental ill health along with guidance on supporting others	Providing support to people in emotional and mental distress	Working with others to improve their resilience and ability to self-manage

Figure four: Overview of the Mental Health Training Offer strands.

The guides and training offer were targeted at those working with people at highest risk of poor mental and emotional health and wellbeing, including people living in low-income families and ethnic minorities.

Conclusion

Prior to the pandemic, inequalities in mental health and wellbeing already existed. However, these have been brought sharply into focus by the impact of COVID-19 as this report has explored.

Locally we can harness Hampshire's Prevention Concordat to improve mental health and wellbeing and focus on the groups who were struggling before and during the pandemic. By using our understanding of where mental and emotional health vulnerabilities exist and taking a whole systems approach, it will be possible to focus our efforts and resources on those places and people most in need.

Mental health, wellbeing and inequalities are influenced by wider environmental and social factors which include employment, housing, structural racism and access to services. A rapid health needs assessment is already available regarding ethnic minority groups and COVID-19 across Hampshire and will also help to inform next steps.[63]

This report has highlighted some excellent work already underway in Hampshire, including use of new technologies to access mental health and wellbeing services, ways to increase community resilience and improve social contacts and mental health and wellbeing prevention campaigns. However, we can go further by working collaboratively to support mental health and wellbeing planning and recovery, especially where inequalities exist and where achieving good mental wellbeing is a particular challenge.

With the impact of COVID-19 there is greater urgency to address mental health and wellbeing in Hampshire. The work already underway must be nurtured and accelerated and new opportunities harnessed to improve the public's health in Hampshire. Working to address these inequalities does present a challenge across a county as large as Hampshire – it will require everyone working together across the system to tackle this.

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[63] HCC (2021) (unpublished) Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment, Hampshire, Portsmouth, Southampton and the Isle of Wight)