BUILDING BETTER MENTAL HEALTH AFTER COVID-19

Executive summary

COVID-19 and measures to contain it are having an adverse impact on mental health – with the level of risk reflecting exposure and entrenched social and economic inequalities.

Recommendations for immediate action include:

- Co-designing responses to COVID-19 with mental health service users.

- Working with the housing sector to continue to address homelessness.

- Offsetting financial hardships for those experiencing unemployment.

- Increasing access to support for BAME communities, investing in culturally appropriate care and undertaking a risk assessment for BAME staff working in mental health services.

- Investment in mental health prevention at a national level and local level.

- Ensuring young people can access support for mental health through education, primary care and youth organisations.

- Equipping front-line workers and mental health professionals to respond effectively to violence and abuse whilst ensuring sustainable resourcing for organisations that provide support to survivors.

Longer-term, the government must consider an improved strategic, system-wide approach to tackle mental health problems and inequalities through cross-government action. Upscaling of community provision, action to target violence and sustained investment in prevention are vital to building better population mental health. These actions, alongside wider social and economic measures, will support the population to deal with the future crises.

COVID-19 and inequalities in mental health

COVID-19 is impacting on mental health, both directly and indirectly, through the measures taken to control the virus. There are projected increases in the incidence of anxiety, depression, post-traumatic stress, substance use and suicide, and psychological impacts associated with self-isolation, home schooling and economic hardship.

These impacts are not evenly distributed and COVID-19 has shone a spotlight on inequalities in mental health, raising questions about the disregard for those with greatest vulnerabilities in our society. The pandemic has brought into focus inequalities in the experience and outcomes of the virus, existing inadequacies in access to support and the problems with institutional models of care. Evidence from previous epidemics and the current pandemic indicates that people who already have mental health problems and front-line workers are at an increased risk. There are increased deaths from the virus in BAME communities and people experiencing socio-economic hardship are more vulnerable as they face further hardship. Whilst the government has urged people to stay at home, home for some women, and their children, is far from safe. There have been increases in domestic violence calls to the police and helplines, despite under-reporting; reports of racism towards people from Chinese and other BAME communities and concerns about the UK's policy of a hostile environment and the risks for asylum seekers and refugees. Those living in institutions, care homes, prisons and detention centres are particularly at risk, raising fundamental questions about these models of provision and the impact of COVID-19 on the application of the Mental Health Act, whose reform is now overdue.

In the midst of this, the response to COVID-19 has included the rapid introduction of specific measures

that limit the spread of the virus and herald promising innovations in both policy and practice. Of particular note, is the stronger commitment to addressing homelessness as a priority, the long fought for flexible working in some sectors to accommodate caring responsibilities and reasonable adjustments to working environments, and the recognition of the importance of creativity and community connection to our health and wellbeing.

Building better mental health for all

Recent developments in mental health policy have tended to build on existing practice rather than remodeling the system. COVID-19 presents the opportunity for major transformation. In 2013, the [World Health Organisation argued that global emergencies provide an opportunity to build better mental health](#) in the long-term, through system development to ensure a comprehensive, preventative and community-based approach to mental health that will protect through future pandemics and other crises.

Policy recommendations for COVID-19 response

In responding to the current crisis, the government should consider the following recommendations:

- Listening to the experience of mental health service users, their families and carers and co-designing responses to COVID-19.

- Working with the housing sector to build on the immediate action to address homelessness.

- Continuing to **offset the financial hardship for people who are experiencing unemployment as a consequence of COVID-19** and job guarantees for young people facing long-term unemployment.

- **Mitigating inequalities** through

  1. Reviewing and addressing inequalities in mental health with an **initial focus on BAME communities**, including investment in culturally appropriate advocacy and support.

  2. **Risk assessments** to reduce risks for BAME staff in mental health services.

3. **Ensuring service provision is accessible** and meets the needs of people with severe mental health challenges.

4. Requiring health and social care organisations to detail the steps that they are taking to **mitigate inequalities** as a consequence of COVID-19.

- **Committing to sustainable investment in mental health prevention** at a national level through the Comprehensive Spending Review and at a local level through public health.

- **Ensuring young people can access support** for mental health through education, primary care and youth organisations.

- **Equipping front-line workers and mental health professionals to respond effectively to gender-based violence and abuse** whilst ensuring sustainable resourcing for organisations that provide support to survivors.

Longer-term policy recommendations

Longer-term, the following actions are vital to ensure a strategic approach:

- **Cross-government action at a national and local level** to improve mental health as mental health is inextricably linked to socio-economic conditions – housing, income, welfare support – and the quality of living and working environments.

- **Involving survivors/service users, their families, carers and communities in the design and delivery of services and support** to maximise their accessibility, acceptability and appropriateness.

- **Tackling inequalities in mental health with respect to access, experience and outcomes,** for BAME communities as a priority. Advocacy needs to be properly resourced to ensure that service users and carers have a voice. **Ethnic and gender inequalities in the workforce** also require urgent attention, to address the over-representation in front-line services and under-representation in senior management roles.

- **Investing in prevention,** both universal and targeted, to reduce the prevalence of poor mental health. Many young people's futures have been compromised by COVID-19 and an increase in poor mental health and, isolation and loneliness is reported. Young people's mental health services are both inadequately resourced to cope and often do not provide accessible, acceptable or appropriate support for the developmental needs of young people. Sustainable investment in prevention needs to be identified as a vital part of government spending.

- **Upscaling community provision** so that support is accessible and reliance on institutional models of care and support are radically reduced.

- **Targeting violence and abuse as a significant factor in poor mental health,** including neglect, domestic violence, sexual harassment and abuse, racism, homophobia, transphobia and disability hate crimes.

Conclusion

Investment in building good mental health means that the population will have developed some of the psychosocial resources for coping with future emergencies, such as climate change as well as disease epidemics.

About the author

Dr Karen Newbigging

Health Services Management Centre and Institute for Mental Health, University of Birmingham

Commission member for the Centre for Mental Health Equalities Commission

k.v.newbigging@bham.ac.uk