# Mental Health & Wellbeing Impacts of Covid-19 - Third Strategic Roundtable

This briefing summarises a roundtable discussion on mental health and wellbeing impacts of Covid-19 hosted on the 11/06/2020. Reflections from the roundtable have been summarised and themed using thematic analysis. Seven main findings were identified.

## Mental Health and Wellbeing Impacts of Covid-19

Commissioned by Shaun West, Chair of C19 National Foresight Group. Prepared by Dr Rowena Hill and Rich Pickford on behalf of the C19 National Foresight Group.

### Findings and Suggested Actions

**One: Share the NHSE mental health plan with all relevant partners immediately**

NHSE should share the plan with all relevant partners, including those outside of health, with immediate effect. LRFs and recovery cells should request this plan from their local leads. Ensure that the national plan is articulated to the local level. With planning in response to the local context, demographics and needs. The local articulations should also be shared.

**Two: Mental health data, surveillance, scoping emerging need and planning should be shared**

For NHSE to share data on the predicted growth and nature of mental health impacts of COVID-19. Local mental health leads to share up to date sources of additional support with partners. For NHSE, DHSC and PHE to cascade findings of national modelling to local areas to inform real time local planning and longer-term forward look.

**Three: Prediction of changes to demand profile of mental health needs**

Local partnerships should ensure agencies have knowledge and a tracking system to mitigate deteriorating mental health of younger people. Plans need to be actioned between now and September to remediate the full effect. That local partnerships consider the impact on key worker staff within their areas and put systems in place to manage and remediate this predicted need.

**Four: Social and health inequalities**

As national thought leadership develops in this area, there is a need to replicate the impacts and planning assumptions at a local level. Local partnerships should undertake a gap analysis to identify what resources and assets there are to address the risks to BAME members of the public and workers.

**Five: Approaches of other LRFs to understanding the mental health of their communities**:

LRF structures should complete a mental health needs analysis as well as a humanitarian impact assessment. The output of these should then be used to complete a gap analysis with resources across partnerships. The structures and partnerships delivering the plans to respond to the mental health need should have appropriate governance over them, as the structures are likely to be in existence for years. This governance should include holding NHSE accountable for the additional spend at a local level. Where need is likely to exceed sources of support, community solidarity and action should be leveraged through local partnerships to provide additional support.

**Six: Moving to new ways of working**

Retain, at the local level, the opportunities for multi-agency working that are enabled by digital connections and remote working. Look to ways that organisations and partnerships can work to deliver services in the reality of reduced funding available.

**Seven: Networks to access and share practice**

For local partnerships, requiring a briefing from members who are on these networks should be requested. Nationally, the leads for mental health should work with wider partner agencies to find a way to share learning from intelligence and data quickly, effectively and fully.

### Priorities of the NHSE Plan

Additional 345,000 (double) children and young people seen.

Focus on the 270,000 people with serious mental illness.

Bespoke mental health crisis line.

Additional 380,000 people accessing talking therapies such as IAPT.

Focus on those experiencing health and social inequalities.

Planned expansion to suicide reduction services.

Priority of key worker support.