

# Proposal for mental health funding

Public Health, Bradford Council

17<sup>th</sup> June 2020

## SUMMARY

The Public Health Department in Bradford Council were asked to develop funding proposals to mitigate the mental health impact of covid19 on the District (from the public health grant allocation).

This paper summarises the short and potential longer term mental health impact of coronavirus locally. It outlines the risk factors, and the protective factors for individuals and communities.

It takes account of local and international evidence highlighting the disproportionate impact of coronavirus on BAME communities, and Public Health England's recommendations to address this issue.

Key emerging themes from the Bradford COVID19 Mental Health Needs Assessment are summarised with investment proposals against each, and grouped by:

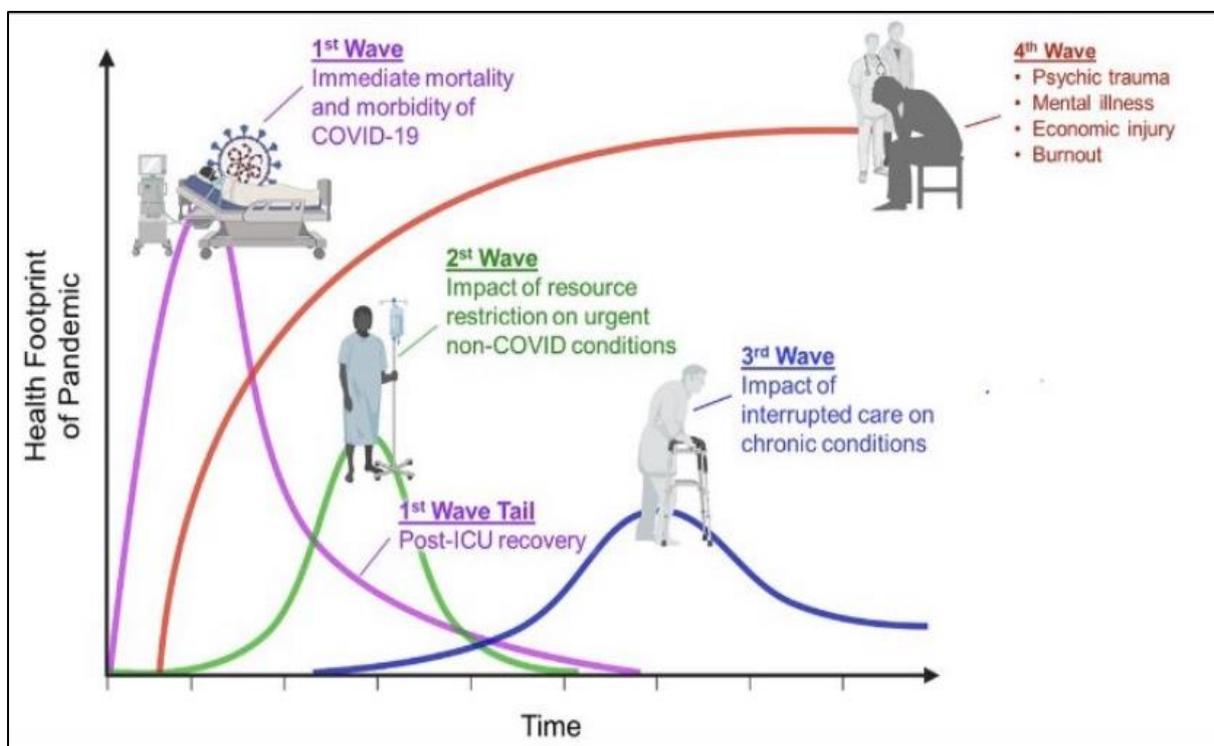
1. Perinatal Mental Health (and young families)
2. Suicide and self harm prevention (crisis response)
3. Advocacy and support service (money and mental health)
4. Mental health support for BAME communities
5. Digital inclusion (LD/ASD)
6. Mental health out of hours and on-line support (all age)
7. Carers support
8. Older adults

As this paper was requested at short notice each proposal (if accepted in principle) will require further partnership work to develop into a business case.

## Background

Since March 2020 the Bradford District Health and Care system has been understandably focussed on a rapid operational response to the coronavirus infection. This has been across NHS and social care systems (for both physical and mental health). Initially this was to meet the immediate mortality and morbidity associated with covid19 (1<sup>st</sup> wave ) with a growing focus now on non-covid related healthcare (2<sup>nd</sup> wave) and longer term chronic conditions whose treatment may have been interrupted (3<sup>rd</sup> wave). Since March Bradford Mental Health partnership arrangements have rapidly identified and expanded a broad mental well being strategy to meet the mental health impact of the 4<sup>th</sup> wave of COVID19 (Figure 1). This response now needs to be considered longer term.

**Figure 1 - Four waves of coronavirus – 4<sup>th</sup> wave – psychological trauma, mental health and social/economic impact**



We now need to take a life course approach to identifying the impacts and groups vulnerable to Coronavirus (Figure 2). This covers increased isolation and loneliness which will affect children and young people separated from their friends and support networks. It will affect furloughed staff and increasing isolation of those already at risk due to disabilities, long term conditions or existing mental health conditions.

Figure 2

## Mental Health Impact of COVID-19 Across Life Course

	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> <li>Anxiety about impact of COVID on baby</li> <li>Financial worries</li> <li>Anxiety about delivery and access to care</li> <li>Isolation</li> </ul>	<ul style="list-style-type: none"> <li>Coping with significant changes to routine</li> <li>Isolation from friends</li> <li>Impact of parental stress and coping on child</li> </ul>	<ul style="list-style-type: none"> <li>School progress and exams</li> <li>Boredom</li> <li>Anxiety or depression or other MH problems</li> <li>Isolation from friends</li> <li>Impact of parental stress</li> </ul>	<ul style="list-style-type: none"> <li>Balancing work and home</li> <li>Being out of work</li> <li>Carer Stress</li> <li>Anxiety about measures and family or dependents or children</li> <li>Financial Worry</li> <li>Isolation</li> </ul>	<ul style="list-style-type: none"> <li>Isolation and disruption of routine</li> <li>Anxiety from dependent on services</li> <li>Financial worry</li> <li>Fear about impact of COVID if infected</li> </ul>
Staff/Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	<b>Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc</b>				
Specific Issues	<b>Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain).</b> Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress.				

### High profile events and pandemics

We also need to learn from international evidence about how communities respond to natural disasters and pandemics. International experience tells us that **pronounced mental and behavioural health impacts** are likely from high-profile events or disasters that involve:

1. Large numbers of injuries and/or deaths [as of 5<sup>th</sup> June, 503 COVID deaths are known in Bradford District], and
2. Disruption to social support and on-going economic problems [universal credit claims in Bradford District rose by 7,600 increase (44% up from March to April 2020); social networks have been disrupted by lockdown and fear of covid19]

Research also shows that an community response needs to move individuals:

- (1) from risk to safety,
- (2) from fear to calming,
- (3) from loss to connectedness,
- (4) from helplessness to self-efficacy, and
- (5) from despair to hope.

## Groups most affected by COVID-19

The groups whose mental health is most likely to be impacted by COVID19 are varied.

COVID-19 patients, plus close family and friends (50% risk of depression/PTSD)
Front line health and social care staff
BAME (higher underlying health risk/economically marginalized/crowded households)
Groups at high risk of unemployment, low income or loss of financial support (29,000 self-employed ) (18,000 children in poverty)
Young persons, especially with poor support mechanisms in place (12,300 with mental health disorder)
Patients with a history of mental illness/autism/dementia (80,000/4,500/4,300 adults)
High risk group (adults with long-term conditions) and clinically high risk shielded adults/children.
Elderly
Carers (any age) (approx 50,000 carers)
Groups at increased risk of abuse (children in need 12,900)
Socially isolated members of society (homeless, language or cultural barriers, disability)
Those with a past history of trauma or substance use (14,000 alcohol related admissions p.a)
Pregnant and postnatal women (and partners) (600-900 post natal depression p.a)

## Risk and protective factors

In developing our response we will need to be aware of the risk factors of poor mental health but also the protective factors within individuals and communities.

Risk factors	Protective factors
Substance misuse/ <b>alcohol</b>	Good quality antenatal/postnatal care
Deprivation	Early years (family experience/nurturing)
Fuel poverty	Good quality education
Poor housing	Regular income
Loneliness/Social isolation	Community participation
Stressful/uncertain work	Meaning, purpose and spirituality
Previous mental disorder	Positive relationships
Physical ill health	Physical activity
Debt/Unemployment	Access to green space
Domestic abuse	Good physical health
Bereavement	

## BAME communities

Emerging local and international evidence highlighting the disproportionate impact of coronavirus on BAME communities, with higher death rates in these groups reported nationally by Public Health England and locally by Bradford’s COVID Scientific Advisory group. Recommendations from the national report include:

- Producing culturally sensitive education and prevention campaigns to rebuild trust and help communities access services.
- Targeting ethnic minority groups with culturally sensitive health messages, and
- Ensuring that Covid-19 recovery strategies actively address inequalities to create long-term change

The funding proposals at the end of this paper cover these recommendations.

## The projected mental health impact of COVID 19

Experience from previous economic crisis and pandemics have resulted in serious mental health impacts on population. The Centre for Mental Health have forecasted that the health and economic impact of COVID19 may lead to an additional 500,000 people in the UK with mental health conditions (Figure 3).

**Figure 3 – Forecasted (estimated) impact of COVID19**

Issue	Effect	Potential local impact
Rise in <u>debt</u> once temporary measures cease (local data)	Universal credit claims (Bradford)	7,600 increase (44% up from March to April)
Financial crash (2008) (CMH)	UK 500,000 more MH problems	equates to 4,000 for Bradford District
Hong Kong SARS 2003, Financial crash (CMH)	7-10% national rise in suicides	3-4 deaths per year Bradford District (but hides spectrum of suicidal behaviour)
SARS 2003 patients (CMH)	12 months later (20-25% PTSD; 60% depressive disorder)	Potnetial impact on 1,300 <u>known</u> COVID cases (end of May)
Current H&SC covid staff (BMJ)	Anxiety (50%), sleep issues (30%), burnout	impact on 3,700 H&SC staff already COVID tested
Bereavement (CMH)	7% of close relatives have complex reaction	impact on 473 <u>known</u> COVID deaths (end of May)

## Governance

The Bradford District Mental Health board includes partners from statutory and community providers, with various sub groups leading on specific mental health issues. A Mental Health Provider Forum, made up of many VCS and statutory organisations that deliver mental health support services, provides a valuable feedback mechanism between communities and commissioners. Since March 2020 the focus of this partnership structure has been on:

1. **Service continuity:** To maintain safe continuity of crucial services with a view to ensuring people can stay well, get well, and can access timely crisis support when needed.
2. **Spotlight areas:** To ensure we have a focussed approach for vulnerable groups and emerging service areas of need, e.g. bereavement and postvention support. Linking to wider work on support for 'vulnerable people'.

3. **Communications:** A coordinated approach to communication with providers, public and staff to ensure they have key messages, insight, support and link with Silver command communications plan.

## **COVID 19 Mental Health Needs Assessment**

The Mental Health board asked Bradford Public Health Department in April to lead a COVID19 Mental Health Needs Assessment.

Data has been collected from:

- A survey of Mental Health Providers (32 responses)
- Feedback from service leads
- Surveys conducted locally (Born in Bradford)
- Service data

**Aims:** The needs assessment will be iterative in nature and support service development during the covid19 period.

The needs assessment was planned in three stages.

### **Stage 1 – initial baseline assessment**

To provide a rapid baseline assessment of mental health disorders in Bradford

To identify groups at particular risk of deteriorating mental well being (and key risk factors)

### **Stage 2 – emerging needs**

Gather current intelligence and data from mental health service providers across the system

Use this data to support and inform a mental health outcomes framework

This was presented to the Bradford District Mental Health Board 2<sup>nd</sup> May.

### **Stage 3 – recommendations for preventative and service pathways (by end of June)**

Assess how well supportive and preventative pathways in Bradford District meet the District's mental health needs, and identify any gaps .

## **Funding proposals and key messages**

The following proposals are based on intelligence emerging from the Bradford District COVID mental health needs assessment (that is near completion) and national research.

Due to the short timescale given to write this paper further work is needed to develop any proposals that are supported into a business case. A programme manager will be needed to lead and manage this programme.

Rough timescales for each proposal are included below, as some are suitable for short term one-off investment, and others would require a slightly longer contract to be viable.

This paper does not include other mental health programme areas already underway (e.g. bereavement support, mental health training, suicide prevention), and focuses on areas for potential new investment.

An externally commissioned review of children and young people's mental health in Bradford has been undertaken by the Centre for Mental Health. The conclusions are due the week of 15-19<sup>th</sup> June and will need to be considered alongside the proposals below.

The proposals fall under nine areas:

1. Perinatal Mental Health (and young families)
2. Suicide and self harm prevention (crisis response)
3. Advocacy and support service (money and mental health)
4. Mental health support for BAME communities
5. Digital inclusion (LD/ASD)
6. Mental health out of hours and on-line support (all age)
7. Carers support
8. Older adults
9. Mental health programme manager (seconded or short term contract)

## Funding proposals

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
1. Perinatal Mental Health (and young families)	<p>Midwifery face to face contact have reduced during COVID19 (impact on nurse/patient relationship)</p> <p>Anxiety about pregnancy and parenting during the crisis</p> <p>Lower access to perinatal mental health (PMH) service from City / BAME communities</p> <p>A greater knowledge of postnatal depression &amp; PMH across needed across other professions/services</p>	<p><b>Adapt perinatal mental health service (BDCT) and psychological support within mywellbeing college</b> for peri-natal mental health. Includes <b>workforce development</b> and training also across primary care &amp; family hubs. Service adaption to the needs of young families during COVID19.</p> <p>1 X NHS Band 7/8a specialist post to work to a perinatal mental health champion.</p>	53,000	2yrs
2. Suicide and self harm prevention (crisis response)	<p>Increased risk of suicide in people with severe mental illness.</p> <p>Reported increase in financial stressors and domestic violence (adults)</p> <p>Reported increase in self harming ideation, children witnessing domestic violence (CYP)</p> <p>Reduced face to face and personal contact as protective and mitigating factors during lockdown</p>	<p><b>Continue funding for COVID19 parental telephone support line</b> for family de-escalation of crisis (the service has evaluated well during COVID19 as de-escalation support for parents) (c50k)</p> <p><b>Free phone access to mental health guideline and first response</b> numbers for the public (currently pay charges) - this was previously raised as a barrier to access by Overview and Scrutiny</p>	100,000	2yrs

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
3. Advocacy and support service (money and mental health)	<p>During COVID19 people in low income households are more likely to experience financial insecurity, reduced work hours, have long term health conditions, live in crowded households, no internet access (for other opportunities) - all mental health risk factors (National) third of people with mental health problems are cutting back on essentials (food, heating, missing debt repayment). Rise in debt once temporary measures are lifted.</p> <p>Locally reported 'juggling' work, life, family and carer responsibilities.</p> <p>Universal credit claims in Bradford District - 7,600 increase (44% up from March to April 2020)</p> <p>National recommendation (Money and Mental Health) - people in arrears or with financial difficulties should be proactively contacted with signposting for money and debt advice</p>	<p><b>Investment in the Credit Union</b> (access to low cost credit for those unable to access banks)</p> <p><b>Investment in advocacy</b> to support services in communities to improve access to various providers of debt advice across the District, access through existing networks (food banks, community anchors &amp; VCS organisations)</p> <p>This will support providers of welfare advice locally who are currently seeking national funding streams to support welfare, dept and financial advice services.</p> <p><b>Build on proposed pilot approaches,</b> e.g. between Sharing Voices and Girlington Centre</p>	100,000	1.5yrs

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
4. Mental health support for BAME communities	<p>Less frequent community exchange of information and support in community environments (streets, shops, households, childcare support, community spaces) due to COVID19 lockdown &amp; fear of COVID19.</p> <p>Reported S Asian communities (elders) fearful of leaving homes.</p> <p>Higher death rate from COVID19 in some Bradford's BAME groups</p> <p>Financial insecurity due to temporary work (Central/Eastern European community), insecurity in certain vocations in S Asian communities (restaurant, retail, taxi trade)</p> <p>Reported false rumours of deportation if infected in Central/Eastern European community.</p> <p>Lack of engagement with services (particularly Roma community) - need safe supervision</p> <p>Low level counselling unaffordable - need better access to BAME practitioners</p>	<p><b>Better translation and digital service for material online</b> and widely distributed.</p> <p><b>Work with trusted members of communities</b> to share information in alternative formats (culturally specific behavioural and safety messages developed).</p> <p><b>Advocacy</b> for access to the wide range of welfare, well being and mental health services (navigators centred on deprived and BAME communities).</p> <p><b>Build on bespoke services</b>, e.g. Dementia support for BME communities (and family) service; Girlington Centre Mental Health support.</p>	100,000	2yrs
5. Digital inclusion (LD/ASD)	<p>These are different groups with a similar basic need of digital access to information and support, adapted to their specific language or needs.</p> <p>There are challenges due to:</p> <ul style="list-style-type: none"> <li>- reduced contact and changes to routine (for LD/ASD)</li> <li>- bespoke software and communication packages not shipped with mainstream products</li> <li>- language barriers</li> </ul>	<p><b>Funding for digital expertise, equipment and distribution</b> is recommended BUT to support the Councils combined efforts in this area. Aligned to a digital strategy response to COVID19, rather than as small stand alone mental health schemes (for efficiency and to avoid double funding).</p>	50,000	1yr

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
6. Mental health out of hours and on-line support (all age)	<p>Key recent issues reported by adults are additional anxiety and risk of depression due to the new work culture (juggling family/work/home schooling all in one), sleep issues , fear of COVID19, financial problems, relationship issues, domestic violence increase, increased alcohol in some, suicidal ideation).</p> <p>Primary care act as referrers, mywellbeing colleague and various VCS organisations provide counselling. Adults also require a confidential online support and counselling model service that has been successful elsewhere (e.g. QWELL).</p>	<p><b>Commission a broad mental health support line for adults (QWELL)</b> which can also include specialised elements tailored locally. Recommend minimum 2yr contract - based on 4,500 uses of the service (for 25-68yr age group) (VAT claimed back if Via CCG) £89,000 remote and telephone support.</p> <p><b>Expand Kooth youth mental health service from 19 years up to 25yrs</b> to cover transition to adulthood (a high risk time for poor mental health crisis / suicide). [Offers chat function, messaging function, scheduled counselling function, moderated group forums, online magazine &amp; tools (24hrs, 365 days)] – <u>CCG match funding</u></p>	89,010	2yrs

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
7. Carers support	<p>Lack of respite services care due to COVID19 lockdown. Carers from BAME communities have added stress due to increased infection and death rates in some BAME groups</p> <p>Protected 'me time' for all carers (but particularly reported by young carers isolated from peer support who need 'free from lockdown time')</p> <p>Older carers not accessing digital resources</p> <p>Families with caring duties feel abandoned (not listened to) and overwhelmed due to additional responsibilities during COVID19 (and having to home school also)</p>	<p><b>Greater contact of people with caring responsibilities</b> (telephone, face to face if safer, and drop-in/garden gate schemes). Provide a check-in for the most vulnerable including young carers.</p> <p><b>Targeted work as disproportionately high numbers of South Asian families in multi-generational households</b> (so increased caring responsibilities and more vulnerable to COVID19).</p> <p><b>Support people to put together a 'Plan B' contingency</b> for additional support during COVID-19.</p> <p>Identify people discharged from hospital (who need support from family and friends) to ensure plans are in place before discharge. 2X posts to take forward all elements.</p> <p>Accessible relevant support for carers returning to work after pandemic Link carer to local support and national resources</p>	70,000	1yr

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
8. Older adults	<p>For some older people life hasn't change much and they are resilient.</p> <p>For some COVID has caused</p> <ul style="list-style-type: none"> <li>- increased social isolation &amp; worsening mental wellbeing</li> <li>many are technically or financially excluded from digital inclusion)</li> <li>- cognitive decline during isolation (anxiety, anger, stress)</li> <li>- Some older people will strictly self-isolate for an extended period due to fear and/or if clinically vulnerable</li> </ul>	<p><b>Bradford District counselling collaborative provide additional counselling sessions</b> (50hr per month) for 12 months. Work also through volunteer networks and older people mental health network to increase check-in sessions, peer support and befriending activities, linking with community initiatives in safe/appropriate manner.</p>	30,000	1yr
9. Mental health programme manager (seconded or short term contract)	<p>The programmes above will need a full time programme manager to:</p> <ul style="list-style-type: none"> <li>-to work these proposals into business cases with multiple partners</li> <li>-attain necessary agreement for grant agreement or procurement</li> <li>-monitor investment</li> </ul> <p>[current capacity limited in public health with 1 dedicated mental health officer]</p>	1 X PO6 or Special A	60,000	2yrs
<b>TOTAL</b>			652,010	

### **Other public health programmes addressing mental health**

Advocacy and link worker with BAME individuals and families needing Mental Health and Well Being Support.

Digital doorway (website and tool) – Healthy Minds Bradford

Befriending Platform development

Funding contribution towards their 'Keeping Connected - electronic notebooks for those people in isolation

Early help, recovery and prevention services to address the impact of domestic abuse on children, young people and families (with CCG)

Local media campaign (Telegraph & Argus, Keighley News, Ilkley Gazette, Wharfedale Observer and Craven Herald) –

Mental Health and Wellbeing Training network

Mental Health Small Grants Innovation Fund (funding from West Yorkshire Partnership included)

Mental Health Post CCG - partnership commissioning post