



Mental health in the COVID-19 pandemic

Recommendations for prevention



Contents



Introduction	2
Recommendations	3
Whole-Government recommendations	3
Recommendations on trauma-informed care and trauma-related services	5
Recommendations on support for infants and their families	8
Recommendations for refugees and asylum-seekers	9
Recommendations for Black, Asian and minority ethnic communities	10
Recommendations on financial insecurity	12
Recommendations on business conduct, debt and eviction	15
Recommendations to promote social connectedness and reduce the negative effects of social isolation	17
Conclusion	19
References	20

Introduction



On a population-wide basis, the negative mental health effects of the pandemic are likely to last much longer than its physical health impacts. The effects of physical distancing, social isolation, and lockdown on individual mental wellbeing, as well as the loss of a loved one, increase the mental health challenges for the UK population.

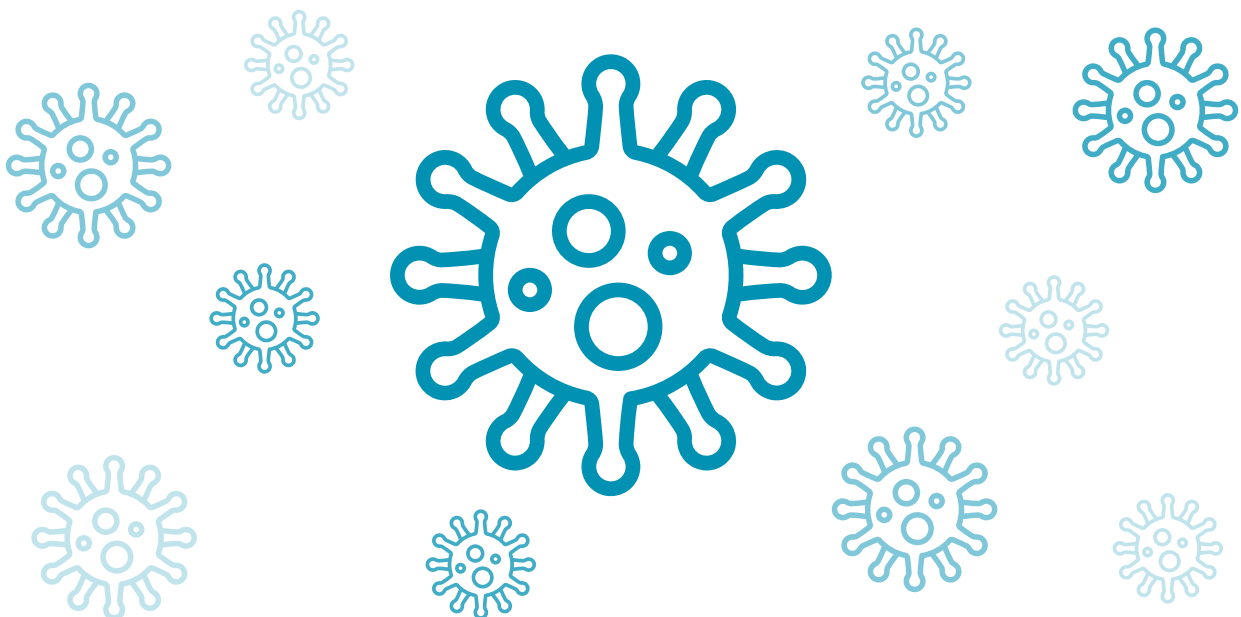
The **Coronavirus: Mental Health in the Pandemic** study, led by the Mental Health Foundation,¹ has shown that people's mental health is being affected by social distancing measures and their economic consequences.

Furthermore, the mental health effects are falling unequally across society, with people in some social groups bearing much more of the mental health burden than others. These effects are likely

to deepen during the pandemic and its aftermath. But there is also cause for hope. While there is no vaccine for mental distress, much can be done to prevent mental health problems; well-evidenced solutions are at hand.

Drawing on our experience in the prevention of mental health problems and promotion of mental wellbeing, the Mental Health Foundation has identified specific actions that governments and other actors can take to minimise the risk of widespread and long-term mental health problems as a result of the pandemic.

We seek to work with governments and other interested parties in progressing these recommendations so that everyone comes through the pandemic with the best possible mental health.



Recommendations



Note: The following recommendations should be actioned in a way that is proportionately universal, recognising that universal responses are needed, but that particular groups in our population are at increased risk of experiencing poor mental health as a result of the pandemic's impact on their lives, and will need more support. This should be provided in a way that is appropriate to meeting their particular needs. These groups should therefore be involved both in designing this mental health support and identifying the best ways to measure its effectiveness.

Whole-Government recommendations

1. A Whole-Government COVID-19 Mental Health Response and Recovery Plan – The Government and devolved national governments should ensure a cross-governmental approach to mental health during the COVID-19-crisis and in the recovery phase by drafting a Whole-Government COVID-19 Mental Health Response and Recovery Plan.

Prevention of mental health problems is possible through effective societal, community and individual support, but it cannot happen within the health sector alone – action must be taken in the spaces where people are born, raised and live (in the home, in schools, their communities and workplaces). Although some mental health problems are partly influenced by genetics, genes play a much smaller role in shaping our health than our social and economic circumstances. In almost all cases, our genes do nothing more than carry a slight

risk. What is more important to look at is the wide range of social, economic, family and emotional factors that interact with our genes and our biology. These factors can make us more or less likely to develop a mental health problem.

There is strong and accumulating evidence that social inequalities such as poverty and income inequality, gender, a variety of minority statuses, and adverse childhood experiences and trauma, increase the risk of mental health problems. It is therefore logical that reducing these inequalities could prevent mental health problems.²

The Foundation's Mental Health in the Pandemic study has provided supporting evidence showing that the pandemic is affecting people's mental health differently depending on their socioeconomic status. Some socioeconomic groups, such as single parents, unemployed people, young adults, people with long-term disabling



health conditions, and people with pre-existing mental health conditions, have been more likely to report mental distress than the population as a whole. For example, as of the end of May:

- A much higher proportion of single parents (24%), 18–24 year olds (21%), unemployed (21%), and people with long-term health conditions ('limited a lot', 20%) report having had suicidal thoughts or feelings in the past two weeks, compared to the overall population (10%).
- In general, the proportion of people reporting having panicked in the previous two weeks has gone down since the first survey carried out in mid-March, from 22% to 13%. However, the trend is upward for the proportion of unemployed people that have panicked in the previous two weeks, from 18% in early April to 24% in late May.
- In general, the proportion of people reporting financial concerns as a result of the pandemic has decreased from 42% in mid-March to 29% at the end of May. However, the trend is upward for unemployed people, from 47% in early April to 56% in late May.
- A higher proportion of people with long-term health conditions ('limited a lot', 30%), single parents (26%), and unemployed people (26%) are not coping well compared to the population overall (14%).

These are important risks for the UK and devolved national governments to consider as the recovery from the pandemic begins. Measures to address social determinants at the

structural level require action by government departments other than health, for example communities and local government, education, justice, transport and welfare. Actions taken across government departments can help people to protect and recover their mental wellbeing during and after the pandemic and can prevent more severe mental health problems from taking hold as a consequence of the crisis.

2. The UK Government should publish a Wellbeing Economy Green Paper, drawing on international experience from New Zealand, and experience from elsewhere in the UK.

In the UK, it should look to Scotland's National Performance Framework, which sets out a vision for national wellbeing across a range of economic, social and environmental factors, and to the Wellbeing of Future Generations Act 2015 in Wales, which provides not only the ambition and permission, but also the legal obligation, to improve social, cultural, environmental and economic wellbeing.

The pandemic has exposed the fragile nature of our economies in the wake of a major global health event. Below, we make specific recommendations for alleviating the personal economic insecurity and income inequalities consequences of this.

At a whole-government level, we also need to consider how we choose to measure our economic success or failure. Robert Kennedy famously stated that "GDP [a country's gross domestic



product] measures everything, except that which makes life worthwhile". Last year New Zealand was the first country in the world to publish a wellbeing budget,³ following learning from major local events like the Christchurch earthquake and mass shooting. In doing so it challenged policy makers to consider why, when GDP was rising,

all the indicators of the things that they valued, such as child wellbeing, housing and mental health, were going backwards. New Zealand's decisive action to complement GDP with wellbeing indicators for measuring the country's success is a significant and welcome step towards a kinder and mentally healthier society.

Recommendations on trauma-informed care and trauma-related services

3. Trauma-informed public services: Relevant government departments and their arms-length bodies should ensure that standards of practice, guidance and training are made widely available to all public sector services during the recovery phase, ensuring that trauma-informed values and principles act as a framework for organising procedures and practice.

While we do not know how many people will be affected by trauma as a result of the crisis, we do know that large numbers of the population will be exposed to traumatic experiences that put them at higher risk of developing or worsening mental health problems. Evidence points to increased rates of post-traumatic stress disorder following pandemics.⁴

Frontline NHS staff and other frontline workers, those experiencing or at risk of unemployment, victims of domestic violence and abuse, and children returning to school following harmful experiences

in lockdown, are examples of groups at risk of experiencing trauma or re-traumatisation who will need responses from services and organisations that are listening, understanding, meaningful and appropriate.

Before the pandemic, it was estimated that 70% of the general population have been exposed, either directly or indirectly, to a traumatic event at some point in their lifetime.⁵ Our growing recognition of the prevalence of trauma within our society has led to an increased understanding of the role that public organisations and institutions can often play in perpetuating trauma, inadvertently causing further harm to some of the most vulnerable people they work with.

As a result, there have been attempts in the UK to develop **trauma-informed public services**, for example in schools, workplaces, "blue light" emergency services and the criminal justice services, that acknowledge, understand and respond to people's trauma in appropriate ways. This approach is



still in its infancy in the UK and small pockets of good practice can be found across the country. As we begin to consider the immediate and longer-term repercussions of the coronavirus pandemic, there is growing recognition that trauma-informed approaches are now needed more than ever.

In the coming months it is vitally important that public sector services and providers are supported to adopt trauma-informed approaches within their own organisations and that the necessary support, care and attention is given to every individual affected by the pandemic. A good practice example is the **Distress Brief Intervention (DBI)** in Scotland which supports NHS Education Scotland's **National Trauma Training Framework**. The DBI programme aims to provide compassionate support to people in distress across a range of public services. An additional investment of more than £1 million has been provided by the Scottish Government to help people in distress due to COVID-19.

4. The Department for Education should work with schools, local authorities, education and mental health charities to develop guidance for teachers and schools to increase their understanding of trauma-informed approaches and enable them to support children and young people returning to school.

As of the end of May, the Foundation's Mental Health in the Pandemic study found that 60% of parents of children under the age of 18 were concerned about how the mental health of their children will be affected by the pandemic.

Children returning to school following bereavement, abusive experiences or major disruption to learning and support, are all at risk of having experienced trauma and need schools and teachers that can respond with trauma-informed approaches. This is important not only for children and young people's mental health, but also for enabling them to learn, and for improving their educational outcomes.

This poses its own challenges, as, for trauma-informed care to be effective, it will often need to be a long-term process and requires a system-wide cultural transformation in relation to understanding, skills, values, attitudes, policies and cultures.⁶ We recognise that schools and teachers will be challenged and tested in the coming months, including by children continuing with blended learning, and extended periods of time at home, so their time and capacity for taking on new information may be limited.

With this in mind, the information and guidance provided should seek not to overburden schools and act only as a starting point in supporting them to develop a greater awareness and understanding of trauma-informed approaches and how they can be used to support children and young people. It may most easily be provided as part of more general guidance offered to schools around supporting children and young people's mental health following the pandemic.

5. All frontline NHS and care staff should be offered tailored wellbeing and mental health checks and support on coping with exceptional (and sometimes traumatic) circumstances



both during and following the pandemic. This must include services able to respond to post-traumatic stress disorder and moral injury.

During the pandemic, frontline healthcare professionals may have been caring for individuals who are feeling upset and isolated, asked to make difficult decisions in relation to allocating resources for those unwell, and supporting people who have ultimately not recovered. They may also have experienced their own anxieties from working in close proximity to a potentially fatal disease and worry about infecting family and friends.

Being exposed to these circumstances on a regular basis means that frontline staff are at greater risk of experiencing post-traumatic stress disorder and “moral injury”.⁷

Moral injury is a concept traditionally explored in the context of military service and occurs when an individual is involved in, fails to prevent or witnesses a serious act that transgresses their deeply held moral beliefs, often resulting in feelings of shame and guilt.⁸

In extreme cases it can develop into mental health problems including depression, post-traumatic stress disorder (PTSD) and suicidal ideation or behaviour. In the context of COVID-19, moral injury might include frontline professionals feeling unable to provide the kind of care they want to be able to provide for their patients, and coping with the comparatively high death rates in intensive care for patients who need to be put on ventilators.

In April 2020, the NHS in England launched a 24-hour helpline to support health professionals with their mental health. It also made a range of digital mental health apps free to use and most recently set up a bereavement and trauma helpline for Filipino health and care staff. Whilst these steps are welcome and important, much more will be needed if we are to ensure that frontline healthcare staff receive an appropriate level of support.

During the pandemic, and in the months and years that follow, it is vital that mental health checks and tailored support are made widely available to frontline staff to support them in recovering from the impact of the pandemic. This must include services able to respond to PTSD and moral injury.

6. In order to increase the reach of mental health interventions, the NHS should accelerate its plans to roll out evidence-informed psychotherapeutic digital mental health interventions.

The pandemic has prompted rapid innovation in the delivery of mental health supports across the UK. All national public health bodies have provided public mental health information online as part of their response to the crisis.

Furthermore, local NHS mental health services, NGOs and private providers have developed creative ways of continuing to provide psychotherapeutic interventions and social support, some of which have involved eMental Health.



It will be important to review the effects of these innovations so that well-evidenced ones can be adopted.

As the recovery phase proceeds, there is scope for scaling up local digital mental health innovations based on international evidence and rapid review to ensure the widest reach possible.

Evidence gathered to date, for example through the e-mental health innovation and transnational platform for NorthWest Europe (eMEN), supports the efficacy of eMental Health interventions, and particularly those following a “blended” care approach such as computerised cognitive behavioural therapy (cCBT) and telecounselling.⁹

Recommendations on support for infants and their families

7. The government should provide additional resources and mechanisms to enable the health visiting function to continue to provide face-to-face and other support to parents and maintain safe early intervention with families, including those at risk, during the pandemic and in the recovery phase.

Local authorities should provide funding for development of safe places for social connection and interaction via community and peer support, utilising community assets such as libraries and other community spaces, and also online provision/extension of these.

Pregnancy and the very earliest years of a child’s life must be a focus of attention in COVID-19 response and recovery planning related to children, young people and families.

Before the pandemic up to 1 in 5 mothers and 1 in 10 fathers experienced perinatal mental health problems. Since the pandemic began, there are well-

evidenced concerns that the uncertainty of the coronavirus and social isolation created by lockdown and social-distancing measures is putting more pressure on parents, while reducing their access to both professional support and to important informal support provided by family, friends and peers.¹⁰

This is heightening the mental health risks associated with being socially isolated with a baby or very young child, at a time when parents are known already to experience sleep deprivation, which itself can affect their mood and their ability to cope with stress.

There is thus a higher risk of post-natal depression and other perinatal mental health problems, with far fewer opportunities for these to be identified by people close to them or by primary care services, to enable support to be offered at an early stage. This is not only a concern for mothers themselves, but because of the negative effects of post-natal depression on babies’ own emotional health, and their social and cognitive development.



Several organisations have highlighted the increased mental health risks posed to new and pregnant mothers, and their partners, by the COVID-19 pandemic:

- The NSPCC reported that from the first to the third week of lockdown the number of adults who contacted the NSPCC Helpline about parental mental health increased by just over a quarter (28%).
- The Institute of Health Visiting has expressed concern about the increase in domestic violence during the pandemic, and has highlighted that in some areas of England 50-70% of highly skilled health visitors, including some from perinatal mental health and parent-infant teams that would normally support parents and safeguard babies, have been redeployed into other health services during the lockdown.¹¹

Pregnancy and the very earliest years of a child's life represent a unique opportunity for preventing mental health problems in childhood, adulthood and later life, with home visiting programmes and evidence-based parenting support programmes shown to be some of the most cost-effective mental health interventions for providing support to parents.

It is vital that professional and more informal community maternal mental health and early years supports are maintained during the pandemic and the recovery phase to give infants the best possible start in life for their mental health. For this reason, we recommend the use of the term "infant, children and young people's health" to help guard against the mental health needs of very young children and their parents being forgotten.

Recommendations for refugees and asylum-seekers

8. The Foundation recommends that the Home Office ensures that contracted services for asylum-seekers and refugees facilitate links for their residents and clients to culturally appropriate mental health supports that are accessible during and after the pandemic.

Radical reform of the UK's immigration and asylum policies is needed to rebuild trust between ethnic minority groups and government. Current policies developed under the "hostile

environment" approach should be replaced by policies that are shaped by the values of kindness, fairness and dignity for all. This should include immediately suspending the "no recourse to public funds" principle to guarantee all migrants and asylum-seekers access to public services and promoting access to healthcare.

While many refugees and asylum-seekers demonstrate huge resilience in being able to cope with the transitions from their home countries to the UK, research has shown that refugees



and asylum-seekers are more likely to experience mental health problems than the general population, including higher rates of depression, PTSD and other anxiety disorders.^{12,13} While mental health problems are not inevitable, the increased vulnerability to mental health problems that refugees and asylum-seekers face is linked to pre-migration experiences, such as war trauma, and post-migration conditions, such as separation from family, difficulties with asylum procedures and poor housing.^{14,15} In spite of such high prevalence rates, secondary healthcare data indicates that refugees and asylum-seekers have been significantly less likely to receive mental health support than the general population.¹⁶

The UK Government's immigration policies introduced by the Immigration

Acts of 2014 and 2016 aimed to identify and reduce the number of immigrants in the UK with no right to remain became known as the "hostile environment" policy and have had a significant impact on the mental health of black and minority ethnic communities, refugees and asylum-seekers. While this term has now been changed to the "compliant environment" policy, the original term encapsulated not only the government's approach towards illegal immigration, but reflected – and arguably exacerbated – a broader narrative of resentment towards migrants living in the UK.

Furthermore, the rise in hate crimes in recent years¹⁷ and the Government's treatment of refugees and asylum-seekers, including inhumane evictions that can lead to instances of re-traumatisation,¹⁸ continue to be of concern.

Recommendations for black, Asian and minority ethnic (BAME) communities

9. UK and devolved governments should engage directly with representatives of BAME communities as a priority, to develop effective mental health measures and support for these communities.

UK and devolved governments should provide individuals from BAME communities with culturally appropriate and readily accessible mental health information and support. This must include developing targeted communications campaigns and mental health advice and

support that are designed with the involvement of BAME groups. This should include empowering them to develop mechanisms for support and recovery, and co-produced measures of what success means for different BAME communities?

The terms of reference for the Cabinet Office of the UK Government Equality Hub's work on disparities in the effects of COVID-19, and similar mechanisms in devolved nations, should be expanded to include its mental health effects.



According to Public Health England (PHE), the COVID-19 pandemic has disproportionately affected people from BAME communities, who currently have higher rates of infection and death than the non-BAME population.¹⁹ PHE's analysis is most stark for black people who have the highest age-standardised rate of infection. Death rates have also been higher among BAME communities: PHE found higher death rates among Bangladeshi, Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity groups compared to White British people. Given these disparities, it would not be surprising to find higher rates of anxiety and mental distress among BAME communities as a consequence of the pandemic.

Emerging evidence from the Foundation's Mental Health in the Pandemic study also indicates that potentially a higher proportion of the BAME population is experiencing financial concerns, fear and anxiety than the non-BAME population. It is important to recognise that people from BAME communities are more likely to be in precarious work such as in small businesses, taxis, and restaurants where furloughing may not have been offered.

Further, due to the disproportionate number of deaths in these communities, more people from BAME communities will be experiencing bereavement. However, the picture is likely to be complex. Before the pandemic, the prevalence of mental health difficulties varied between different BAME communities and this is still likely to be the case during the pandemic and recovery periods.

It is not surprising that more people from BAME communities are experiencing significant financial concerns, given their unequal socioeconomic position in UK society. According to the Government's own Race Disparity Audit,²⁰ published in 2018, Black and Asian minority households across the UK, and those in the "Other ethnic group" category, are twice as likely to be in persistent poverty as White households, and Asian and Black children (1 in 4) are much more likely to be in persistent poverty than White British children (1 in 10).

In addition, the structural racism that people from BAME communities face in the UK's criminal justice system (see the Lammy Review)²¹ appears to be persisting during the COVID-19 crisis, with people from BAME communities in London being disproportionately subject to lockdown penalties.²²

Further, the policies developed under the "hostile environment" policy and legislation remains in place (see above), which engenders racist attitudes and behaviour towards people from BAME communities. In this regard, in her report on a visit to the UK, the UN Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance emphasised in 2019 that "a hostile environment ostensibly created for, and formally restricted to, irregular immigrants is, in effect, a hostile environment for all racial and ethnic communities and individuals in the United Kingdom."²³ In the wider context, in 2019 the same UN Special Rapporteur noted that the UK had still not adopted a country-wide strategy or action



plan to address racial discrimination and inequality in a comprehensive fashion, as recommended by the UN Committee on the Elimination of Racial Discrimination.²⁴

The Foundation is concerned that the recently announced Equality Hub (UK Government Cabinet Office) work to reduce COVID-19 disparities does not include mental health disparities within its terms of reference.²⁵ Being a victim of racism has been associated with mental

health problems,²⁶ and the emotional and psychological effects of racism are consistent with traumatic stress.²⁷ In the UK, analysis of a large-scale sample over time has found that the negative effects of racial discrimination on the mental health of ethnic minorities are cumulative.²⁸ The differential mental health effects of the pandemic on BAME communities, including consideration of the effects of structural racism, should be incorporated into the Equality Hub's terms of reference.

Recommendations on financial insecurity

10. Universal Credit advance payment should immediately be made a grant, removing the current requirement to repay it over the following 12 months. For the duration of the pandemic and the follow-on economic downturn this grant should be given to all applicants, regardless of their circumstances.

In the medium term, the Government should convene an expert Taskforce to consider the learning from the COVID-19 crisis and develop proposals for reducing economic insecurity on a long-term basis.

Benefit sanctions, which often lead to unwanted stress and anxiety and a worsening of mental health problems, should be halted entirely; this will help both existing benefit claimants and people new to the system.

In April 2020, the Foundation's Mental Health in the Pandemic study found that:

- Whilst the overall picture for many was improving, one third (32.66%) of UK adults said they were worrying about their finances, such as bill payments and debt.
- Almost half of people surveyed who were unemployed (44.7%) said they were worried about having enough food to meet their basic needs in the past two weeks, compared to 29.32% of people in employment.

The link between poverty and mental health has been recognised for many years and is well evidenced. In general, people living in financial hardship are at increased risk of mental health problems and lower mental wellbeing. It is well established that people in the lowest socioeconomic groups have worse mental health than those in the middle groups, who in turn have worse mental



health than those in the highest. This “social gradient” means that mental health problems are more common further down the social ladder.²⁹

The five-week wait is already pushing people into food banks and a poverty cycle which is a cause of poor mental health. Meanwhile, sanctions, which often lead to unwanted stress and anxiety and an exacerbation of mental health problems should be halted entirely to help people cope with new financial pressures. The benefits application and assessment process has been shown to disadvantage people with mental health problems.

People who rely on benefits, in particular people with a mental health problem, people on low incomes and disabled people, have been stigmatised and intimidated by the media and public policy.³⁰ As a society, we need to start treating people with dignity and respect and not see them as a drain on society. The Department of Work and Pensions should embark on a radical review of its operations, involving people who benefit from the system. Kindness, dignity, respect and human rights should underpin this review and any consequent reforms – as well as the acknowledgment that any of us could be faced with a change in circumstances, such as disability, illness or job loss, at some point in our lives.

11. In-work poverty: Governments in the UK must ensure that all key workers are paid the Real Living Wage. On a medium-term basis, governments across the UK must work towards all workers benefiting from the Real Living Wage.

Research shows that more than half of the people in poverty now live in a household where at least one person has a job.³¹ In April, the Foundation’s Mental Health in the Pandemic study found that people in lower socioeconomic groups (C2DE-35.11%) were more likely to report having experienced financial concerns due to the pandemic than people in higher groups (ABC1-30.81%).

Too many people are being trapped in poverty by low wages, zero-hour contracts and job insecurity, and key workers such as social care staff have been paid less than the Real Living Wage for too long. This situation could worsen during a post-pandemic economic downturn.

The Living Wage Foundation recommends that workers are paid the “real living wage” which is independently calculated according to the cost of living, based on a basket of household goods and services. This “real living wage” differs from both the “minimum wage” and the Government’s “living wage”, the latter of which is calculated based on a percentage of median earnings.

12. Action on Child Poverty: The Government should temporarily increase Child Benefit, the child element of Universal Credit and Child Tax Credit Payments to help low income families weather the storm. We are also calling for the two-child cap and the benefit cap to be lifted to prevent households being pushed further into poverty.

During 2017/2018, 34% of children in the UK were living in poverty.³² Further, as noted below in more detail, Asian and



Black children (1 in 4) are much more likely to be in persistent poverty than White British children (1 in 10).

The sharp increase in foodbank use during the pandemic, particularly among families with children, is a real cause for concern. Those who relied on community and school resources such as breakfast clubs, or grandparents to help with childcare, are suddenly having to cope on their own. More time spent at home means higher bills and fewer opportunities to shop around for affordable food.

13. Targeted outreach to people who are unemployed: The Department of Work and Pensions should make free psychological support available to all unemployed people and inform them of how they can access it.

The Foundation's Mental Health in the Pandemic study shows that as of April, people who are unemployed are being most seriously affected in terms of their mental health. As of April, twice as many unemployed people (25.85%) surveyed said they are not coping well with the stress of the pandemic compared to people in employment (12.25%). More than one in 10 people who are unemployed and who have experienced stress during the pandemic said nothing has helped them cope with it. Very worryingly, 20% of unemployed people said that they have experienced suicidal thoughts or feelings in the previous two weeks because of the pandemic.

The evidence from the Foundation's Mental Health in the Pandemic study on financial inequality is consistent with the wider research base which

has consistently shown that being unemployed can place mental health at risk. Studies have found that unemployment brings with it a range of negative effects, such as relative poverty or a drop in standards of living for those who lose a job, stresses associated with financial insecurity, the shame of being unemployed and in receipt of social welfare, and loss of vital social networks.³³

The OECD has described how job loss has a traumatic and immediate negative impact on mental health and that there is further damage where unemployment continues into the long term.³⁴ A meta-analysis has shown that unemployment is associated with varieties of distress including mixed symptoms of distress, depression, anxiety, psychosomatic symptoms, subjective wellbeing, and self-esteem. The same study found that 34% of unemployed people had mental distress compared to 16% of those in employment. Importantly, the analysis showed that unemployment causes this distress.³⁵

The need for effective mental health support for this group of people is urgent. Recent figures released by the Office for National Statistics (ONS) suggest an increase in individuals claiming benefits due to unemployment in the UK, rising to 2.1 million and representing a monthly increase of 69.1%.³⁶

The Improving Access to Psychological Therapies (IAPT) programme has already shown that it is cost-effective to provide free access to psychological support for people experiencing anxiety and depression. However, there are concerns that the IAPT programme does not have adequate capacity. Previous plans set



out in the NHS Long Term Plan were to increase the number of people with anxiety or depression who can access talking therapies through IAPT by an additional 380,000 per year to reach 1.9 million by 2023/24. It is vital that UK and devolved nations governments rapidly expand IAPT and similar programmes, ensuring that there is a

workforce to provide a comprehensive mental health response to the pandemic. Those who are unemployed should be a priority group for free psychological support to prevent their current distress from escalating into more severe and/or enduring mental health problems. As well as IAPT this should include the offer of helplines and evidence-informed apps.

Recommendations on business conduct, debt and eviction

14. Ensure business changes are working for vulnerable customers: Government should monitor the measures being undertaken by businesses to support their vulnerable customers (including those with mental health problems) during the pandemic to ensure that these measures are effective.

Businesses have been asked by Government to provide extra support to their vulnerable customers during the pandemic. For example, the Government has asked mobile phone and internet suppliers to provide extra help to their customers who are in difficulty with paying their bills, while the Financial Conduct Authority (FCA) has put in place measures to allow people to ask for a freeze on the repayments of loans. On a voluntary basis, large businesses are organising their services to assist vulnerable and shielding customers to continue to use them.

Whilst these steps are welcome, according to the Foundation's Mental Health in the Pandemic study, as of

April one third of UK adults reported experiencing financial concerns such as going into debt or being unable to pay bills, while almost one third were worried about having enough food to meet their basic needs.

Many older people will be experiencing increased heating and electricity costs due to shielding, and difficulties in accessing food and other essential supplies. Many also rely on the internet and their landlines to maintain connectedness.

It is important that the new measures put in place to support vulnerable consumers are monitored to ensure they are working effectively. Businesses should be pro-active in gathering feedback from their customers on their accessibility and financial support measures. The Government should also monitor consumer experience to ensure that the needs of vulnerable customers are being met.

15. Tackling the debt crisis: Government and all private sector providers should pause all debt collection, bailiff visits, interest



accrual on debt and deductions from benefits during the pandemic. This will provide a degree of security for people who fall behind on their bills.

We are also calling on the UK's energy suppliers to immediately halt their use of debt collectors to retrieve unpaid bills and uphold the agreement they have signed with Government to help households during the pandemic.

Finally, with the support from central government, local authorities should ensure that payment holidays on rent and council tax are being offered to those who need them.

Many households will face a financial cliff-edge unless urgent action is taken on debt. According to the Office of National Statistics (ONS), the average UK household credit card and personal loans debt in 2019 was £9,400. Importantly, the poorest households have the highest debt-to-income ratio. This means these households will not be able to borrow their way out of this crisis; substituting wages with loan debt will only make people's finances worse given the medium to long-term economic uncertainty. People in debt are more likely to have a common mental health problem,³⁷ and the more debt people have, the greater is the likelihood of this.³⁸ One in four people experiencing a mental health problem is in problem debt, and people with mental health problems are three times more likely to be in financial difficulty.³⁹

While the FCA has already put in place some measures to allow people

to ask for a freeze on repayments of loans, lenders are allowed to continue to charge interest with the result that individuals in financial strain will be at risk of accumulating unsustainable debt. Furthermore, debt collection is continuing even while individuals' ability to earn income has been substantially curtailed.

16. Prevent stress due to the risk of eviction: The Government should extend the current prohibition of evictions for at least another three months after the end of any lockdown period and keep this under review with potential for further extension.

The mortgage holiday available to landlords should also be extended to provide landlords with equivalent support and to avoid undue pressure being placed on tenants. The government should offer clearer guidance on how landlords and tenants are "expected to work together to establish an affordable repayment plan, taking into account tenants' individual circumstances."

Some tenants will have accrued significant debt to their property owner over this period and failure to come to an agreement could see a large number of evictions as soon as the prohibition on evictions ends.

The Foundation has previously highlighted the importance of a safe, secure and suitable home for mental wellbeing.⁴⁰ A recent systematic review has found a consistent, robust, and



temporally ordered association between prior housing disadvantage and mental health, where housing disadvantage was defined in terms of tenure, precarity and physical characteristics.⁴¹

Being homeless or at risk of homelessness is strongly associated with mental health problems⁴² and this association is supported by at least one systematic review.⁴³ A 2014 study found that 80% of homeless people in England reported that they experienced mental distress, with 45% having been diagnosed with a mental health problem.⁴⁴ The UK's Five Year Forward View for Mental Health affirmed that common mental health problems are more than twice as high among people who are homeless compared with

the general population, and psychosis is up to 15 times higher.⁴⁵

Homelessness also can have a considerable impact on children if adequate supports are not in place. Homelessness increases the risk of pre-term birth and low birth weight, while homeless infants experience significant development delays of between four and 30 months, which can negatively affect their cognitive, behavioural and academic development.⁴⁶

The quality of a person's home is also important for their mental health. Poor quality housing, and housing that is unsafe and insecure, are risk factors for poor mental health and the exacerbation of existing mental health problems.⁴⁷

Recommendations to promote social connectedness and reduce the negative effects of social isolation

17. Improve infrastructure for social connectedness: National governments should provide a designated funding stream for local authorities to support community development initiatives, including peer support, to promote public mental health. This should be available to all communities and include targeted initiatives for vulnerable communities.

In early April 2020, one quarter of adults in the UK had felt lonely as a result of the pandemic, according to the Foundation's Mental Health in the Pandemic study,

with young people being more likely to report feeling lonely (44%). Social isolation is an important risk factor for both deteriorating mental health and suicide.⁴⁸ Living alone is a predictor of suicidal thoughts, with one study finding that people under 60 who lived alone were more likely to have suicidal thoughts than those of the same age who were living with others.⁴⁹ While loneliness is not an inevitable part of living alone, nor of older age, the factors that can give rise to loneliness in later life include bereavement, ill health and poverty.

Loneliness has been found to affect the way we regulate ourselves and can



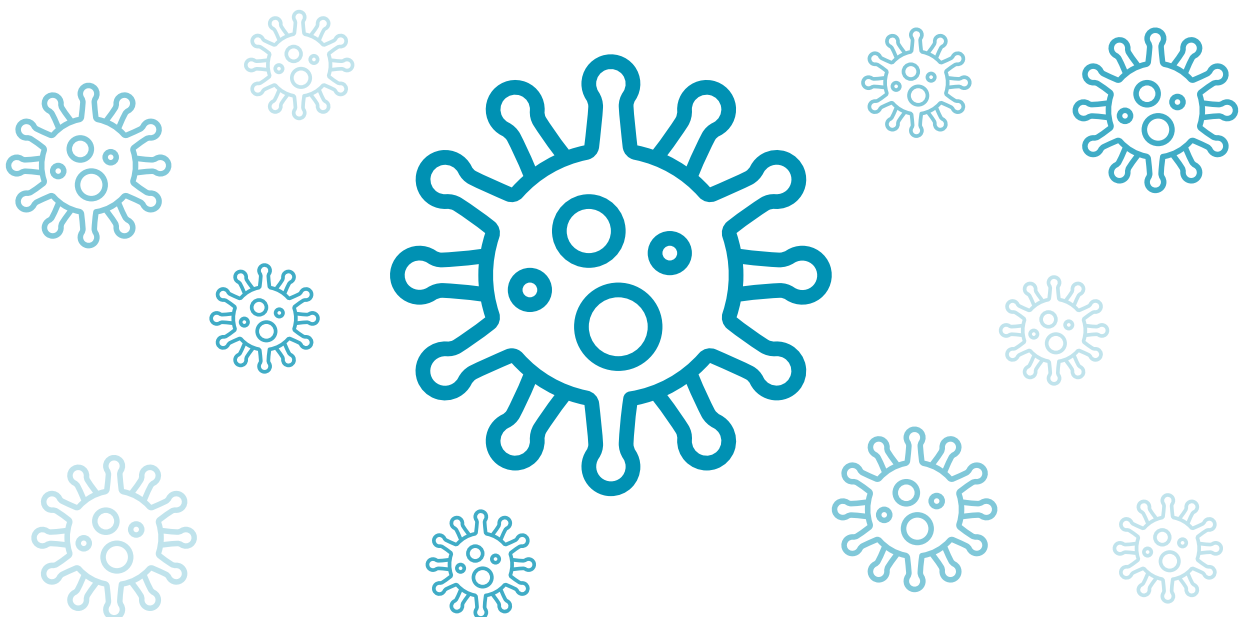
lead to self-destructive habits, such as overeating, drinking too much or not taking exercise. Over time, loneliness weakens willpower and perseverance, so people who have been lonely for a while are more likely to behave in ways that damage their health.

Loneliness has also been found to adversely affect the immune and cardiovascular systems.⁵⁰ Peer support has been found to be effective in supporting individuals to overcome social isolation and their recovery from mental health problems.

18. Local authorities should be given additional resources to improve the physical environment in neighbourhoods and leisure areas, creating safe spaces for outdoor activities, to enable people to fulfil Government guidance on exercise.

Public health advice has emphasised the importance of exercise for maintaining physical and mental health during the pandemic. Government guidelines for adults recommend daily activity, and over each week, activity should add up to at least 150 minutes of moderate intensity for ten minutes or more.⁵¹ This can be a combination of 30-minute activity sessions at least three times a week, or 75 minutes of vigorous activity spread across the week. Adults should also aim to undertake physical activity to build muscle strength at least twice a week and to reduce the amount of time they are sedentary.

However, many people live in deprived areas with poor access to facilities and space for exercise. Local authorities should be provided with extra investment at this time to enable people to benefit from free facilities and safe spaces in which to exercise.



Conclusion



The COVID-19 pandemic represents an immense challenge to UK society. There will be no vaccine to protect us from the mental health effects of the pandemic, but measures can be taken to minimise the anticipated increase in stress, anxiety and depression and to support people's resilience. The UK and devolved governments must plan a mental health response that gives equal importance to both the mental health and the physical health effects of the crisis, and prevents mental distress from escalating into severe and enduring mental health problems.

While the risks of pandemic-related mental health problems is real and early signs are worrying, effective strategies are available to reduce these risks and prevent population-level mental health problems from materialising.

The policy interventions in this paper are specific, practical and evidence-informed. If the UK and devolved governments, public agencies, the voluntary and community sector and other stakeholders work together, and are continually attentive to the emerging psychological effects of the pandemic, it will be possible to minimise their impact on people's mental health, and strengthen people's resilience in the face of this challenge.

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