



## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT (CIA): MENTAL HEALTH**

#### **Purpose of the Report**

1. The report provides an assessment of impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire with a specific focus on mental health.

#### **Information**

##### **Background**

2. The aim of the Nottinghamshire Covid Impact assessment (CIA) is to assess the impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire to inform public health and partner strategies, plans and commissioning. A phased approach to this work has been undertaken with eight areas:
  - a) Direct impact of covid -19
  - b) Domestic abuse
  - c) Mental health and wellbeing
  - d) Behavioural risk factors
  - e) Life Expectancy and Healthy Life Expectancy
  - f) Pregnancy and childbirth (including Early Years)
  - g) Social determinants of health
  - h) Healthy and Sustainable Places (including air quality and food insecurity)
3. This report outlines key findings from this assessment, with mental health a priority for the Joint Health and Wellbeing Strategy 2022 – 2026. The full report on mental health is provided in **Appendix 1**. The assessment focuses on the impact the covid-19 pandemic has had on Children and Young People (5-24 years old), self-harm presentation and referral to services, loneliness, and social isolation impact on suicide risk for older adults, and marginalised groups (including serious mental illness).
4. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to August 2022. Initial key findings were brought to adult's mental health strategy group on 22 November 2022, and the children and young people's mental health executive on 8 December 2022.

## Key Headlines

### Impact on Children and Young People

5. NHS digital carried out a survey on the mental health of children and young people in England of five to sixteen-year-olds mental health in 2017 and this was followed up in 2020 and in 2022. Over this period the rates of children with a probable mental disorder<sup>1</sup> have increased from one in nine in 2017, to one in six in 2020, to one in four in 2022. Amongst 17 to 22 years old 20% were identified as having a probable mental disorder in 2020 and almost twice as many were in females as males. While this survey cannot offer County or district specific information, local service data supports this finding.
6. Local data shows an increase in referrals to Children and Adolescent Mental Health Services (CAMHS) (up to 18 years old) between January 2019 to July 2022, with higher rate of referrals for females and drop in male referrals evident during the pandemic. This trend was prevalent pre-covid too, but the pandemic has widened this inequality.
7. Both [Kooth](#) and [Base 51](#) (children and young people mental health support services) had highest rate of referrals from females too. In addition, new registrations come from Ashfield and Mansfield and for young people identifying as an ethnic minority, registrations have increased since the pandemic started and remains higher than pre-pandemic.
8. Referrals for eating disorders doubled between March 2020 and July 2020 and overall, the trend for referrals has steadily increased. Referrals had been increasing prior to the pandemic, however by June 2022 referrals were over a third higher than April 2019. Similar trends have been seen nationally.
9. Recommendations for children and young people's mental health include:
  - a) Consideration of the implications and mitigating actions required for increasing gender inequality between increasing low male and high female rate of referrals for CAMHS during the pandemic. This should include further qualitative exploration within services about appropriate accessibility, and the development of a gender appropriate communications, to address this gender inequality.
  - b) Continuation and development of the Nott Alone Website and other digital platforms offering mental health support. 50% of the children and young people (CYP) who access the Nott Alone website do so for access to local mental health information. In addition, prior to the pandemic CYP heard of Kooth mainly via school, whereas during the pandemic internet searches have become a close alternative route to the site/service.
  - c) Additional investigation on whether the long term sustained increase in eating disorder referral to CAMHS is due to increased detection whilst in lockdown within families, or whether there are other reasons for the long term increase and therefore implication for future service delivery.

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<sup>1</sup> WHO (2022) A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm.

- d) Investigation as to whether the long term trend of increased referrals to Kooth (now part of the Be U Notts contract) by CYP identifying as an ethnic minority is due to an increase in need or previous under reporting and representation of this group. This needs to be considered by the service as this may have implications for the service offer.

### **Impact on Covid-19 on self-harm presentation and referral to services**

- 10. In the East Midlands the prevalence of self-harm (7.4%) is similar to England (7.3%). However East Midlands males have a higher prevalence (6.4%) than the England males at 5.7%. For females in the East Midlands the prevalence is similar to the England females at 8.5% and 8.9% respectively. Nationally various voluntary organisations have reported that during the pandemic there has been a rise in support calls regarding self-harm. Local data available reflects a varied picture for Nottinghamshire.
- 11. For the year 2019/20 there were around 1,500 admissions to hospital for intentional self-harm in Nottinghamshire which equated to a directly standardised rate of 200 per 100,000 population. Up until this time the rate had been steady but after then there were two consecutive drops totalling around 25 % (192 per 100,000 in 2019/20 to 172 in 2020/21 to 149 in 2021/22). Over this three-year period rates were higher in Mansfield, Ashfield and Newark and Sherwood and lower in the southern Boroughs (Rushcliffe, Gedling, Broxtowe). All areas bar Ashfield and Bassetlaw have shown a year on year drop-in rates.
- 12. The self-harm support service [Harmless](#) shows that there are gender inequalities and that genders experienced different impacts of the pandemic. Females and non-binary genders presented less during the pandemic and the re-opening lead to increased presentation (for males it was the reverse).
- 13. Self-harm emergency admissions (all ages) show a slightly different picture. Females continued to have a steady high rate from before COVID-19 through to the most recent data. Male admissions however increased during the pandemic, narrowing the gender inequality gap. In CYP admissions dropped.
- 14. Recommendations for self – harm and referral for services include:
  - a) Improve data quality and recording in commissioned services to reflect self-harm to ensure an improved understanding of need in this population.
  - b) Provider leads to work on waiting list management processes for services for people who self-harm to ensure support is offered whilst waiting. This may include use of wider services such as local and national, online, digital and phone support.
  - c) Commissioning leads to consider needs of different groups in relation to protected characteristics and access.

### **Impact on Loneliness and Isolation**

- 15. During the pandemic those with pre-existing mental health diagnoses generally had the highest levels of loneliness, although for the UK by November 2021 levels were approaching the level before the first lockdown. The periods that showed the highest levels of loneliness

were during lockdowns, those with long-term conditions or pre-existing mental health conditions endured loneliness of 9-14% higher than those of the general population.

16. When it comes to gender generally women are often lonely more than men and throughout the pandemic it increased up to the winter of 2020/21 and after which it started to decrease which coincided with the beginning of vaccinations and lifting of restrictions. When it came to age it was the younger ages that experienced loneliness, again peaking in the winter of 2020/21.
17. In Nottinghamshire the level of loneliness broadly corresponds to levels of deprivation, the most deprived areas have higher levels of loneliness. In addition, data suggests that loneliness in adults increased over the pandemic period but with children having higher level of feeling lonely than adults (with girls feeling lonelier than boys too). Other factors such as ethnicity or disability had limited data so no conclusions could be drawn.
18. As a result of the pandemic charities which help older people to manage and alleviate feelings of loneliness had to transform. Telephone befriending schemes normally continued but face to face services often had to be suspended or switched to an online or telephone service. For many older people the digital option was very positive and enabled them to keep in touch with friends and join online groups and activities. But for a significant proportion of people who were unable to go online the pandemic excluded them from meaningful contact. Among those aged over 75, two out of five (39%, around 2.1 million) do not use the internet.
19. Recommendations for loneliness and social isolation include:
  - a) Schools should provide regular low level training for parents and guardians on how to identify signs of loneliness in young people, the agencies and helplines that provide assistance and ways in which they can help to prevent and respond to loneliness in young people.
  - b) Local Authorities to actively address loneliness and social isolation by incorporating analysis and actions to address loneliness into other plans and strategies, particularly focussing on health inequalities. Ensure a co-ordinated response across the County and target resources in areas of deprivation and need.
  - c) Ensure systematic and routine communications campaign to include the key messages of loneliness and social isolation for services. These include the misconception that young people are less likely to be lonely than other age groups.

### **Marginalised groups (including serious mental illness (SMI))**

20. Marginalised groups is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities and people in contact with the justice system.
21. Persons with SMIs were clearly affected by COVID-19 and lockdowns when it came to A&E attendance. During the first lockdown there were no recorded attendances at A&E by this group. Attendances only slightly increase over the end of 2020 but around spring of 2021

attendances increased from around 100 to 600 per month and remained around 500 for most of 2021.

22. During the early days of covid-19 the 'Everyone in' campaign aimed to getting rough sleepers into accommodation to help them during the days of the first lockdown. By the end of the first lockdown this was rolled back and depended on the judgment of individual local authorities. [Framework](#) are a charity who provide housing support in Nottinghamshire. They periodically collect self-reported mental health disability in their homeless clients. There has been a nearly 10% increase in reporting of mental health disability between Apr-Sept 2019 to Apr-Sept 2021.
23. Gypsy, Romany, and Traveller communities are known to face some of the starkest health inequalities in the UK, with estimated life expectancies between 10 and 25 years shorter than the general population. To note, it is difficult to obtain information to help understand the impact of COVID-19 - Groups such as the Gypsy, Roma and Traveller community has very little information collected on them as neither the NHS nor OHID counts them as a specific ethnicity so they can remain hidden.
24. Recommendations for marginalised groups include:
  - a) Ensuring those with SMI have regular health checks to support physical health as well as their mental health.
  - b) An increase in attendances at A&E by persons experiencing serious mental illness during the latter pandemic suggests a possible increase in need, and/or possibly lack of opportunity for earlier access to support in service journey (prior to crisis) that needs further exploration (e.g. access to GP appointments).
  - c) Ensure services monitor, collect data, report and are responsive to the needs of and accessibility for marginalised communities (older people, LGBTQ+, ethnic minorities etc) to reduce health inequalities.
  - d) Undertake an evidence review on mental health (with specific focus on suicide) amongst Roma, Gypsy and Traveller communities as this group experiences health inequalities and greater risk of mental ill health.
  - e) Develop and incorporate a better understanding of digital poverty in inclusion health groups with support build into service planning, alongside appropriate alternative provision to digital first service delivery where required.
  - f) Further exploration from services as to trends and gaps within the data following the impact of covid-19 pandemic on mental health and any health inequalities (for example limited or lacking data on ethnicity, LGBTQ+, disability, deprivation).

## Conclusion

25. The covid impact assessment on mental health has assessed the evidence, alongside gaps, and have proposed a set of recommendations. The full impact assessment and set of recommendations is provided in **Appendix 1**.

26. It is recognised that there is a need for further investigation to provide a full picture of the impact of the pandemic on mental health. This assessment is to be used as a baseline for further exploratory work, with the recommendations identifying the gaps that require focus.

27. Considerations for the Nottinghamshire Health and Wellbeing Board include how it can support this priority area and ensure that the above recommendations are taken forward. Mental health is a key priority of the joint health and wellbeing strategy 2022 – 2026 and reducing health inequalities a key statutory responsibility of the board.

### **Reason/s for Recommendation/s**

28. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with mental health identified as one of its priorities for 2022 – 2026.

### **Statutory and Policy Implications**

29. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

30. There are no direct financial implications arising from this report.

## **RECOMMENDATION/S**

The Health and Wellbeing Board are asked-

- 1) To consider whether there are any actions required by the Health & Wellbeing Board in relation to the various issues outlined.

### **For any enquiries about this briefing please contact:**

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### **Constitutional Comments (CEH 23/01/23)**

22. The report and recommendations falls within the remit of the Health and Wellbeing Board.

### **Financial Comments (DG 20/01/23)**

23. There are no direct financial implications arising from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

### **Background Papers and Published Documents**

[Nottinghamshire Joint Strategic Needs Assessment \(JSNA\) Work Programme 2022 – 2023 \(15 June 2022\)](#)

**Report to the Nottinghamshire Health and Wellbeing Board**

### **Electoral Division(s) and Member(s) Affected**

**All**