Nottinghamshire Covid-19 Impact Assessment

Mental health

February 2023

Contents

Introduction

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.

This report outlines key findings from the assessment on mental health and 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). For these areas covered by each phase answer the questions:

- Were there inequalities in outcomes before COVID-19?
- Have these inequalities worsened during the COVID-19 pandemic, or have additional inequalities emerged?
- Is this a short-, medium- or long-term impact and are there any potential future impacts?
- What are the real and potential consequences of those impacts on the Nottinghamshire population?

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.

Impact on Children and Young People

This section mainly focusses on the variation in referrals for Child and Adolescent Mental Health Services (CAMHS), registrations for online services and hospital admissions for mental health conditions and as such is an interim review of how COVID-19 has impacted on Children and Young people's inequalities.

Prevalence

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.[1] Over this period the rates of children with a probable mental disorder 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. Also, nearly a third of children whose parents experienced psychological distress had a probable mental disorder whereas less than 10% of children whose parents had not experienced similar distress had a mental disorder. This was a national survey and as, yet it does not drill down to County or district level information. In the meantime, we can look at the various services which provide support to children and young people both NHS and the voluntary and community sector organisations. This is primarily activity data.

Nottinghamshire Healthcare Trust Child and Adolescent Mental Health Services covering 0-18 years old (CAMHS – Urgent care services)

CAMHS provision is now 'tier-less' in Nottinghamshire with all core services enabling self-referral. Nottinghamshire Child and Adolescent Mental Health Services are commissioned for people aged up to 18 years old. Advice in advance of submitting a referral can be obtained from a single point of access (SPA). Data about CAMHS has been obtained from the Nottinghamshire Healthcare NHS Foundation Trust and covers Nottinghamshire residents.[2]

CAMHS Single Point of Access -Referrals have increased nearly 25% from January 2019 to July 2022 with some dips that may relate to lockdown, and that also relate to seasonal variation and school holidays. There has been an increase in female referrals by 10% over the last four years, whereas males have dropped by approximately 5%.

[1] "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." NHS Digital, October 2022. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up
. 2022 Update: https://digital.nhs.uk/news/2022/rate-of-mental-disorders-among-17-to-19-year-olds-increased-in-2022-new-report-shows

[2] *Child and Adolescent Mental Health Services Data*. Nottinghamshire Healthcare NHS Foundation Trust. January 2019 – July 2022.

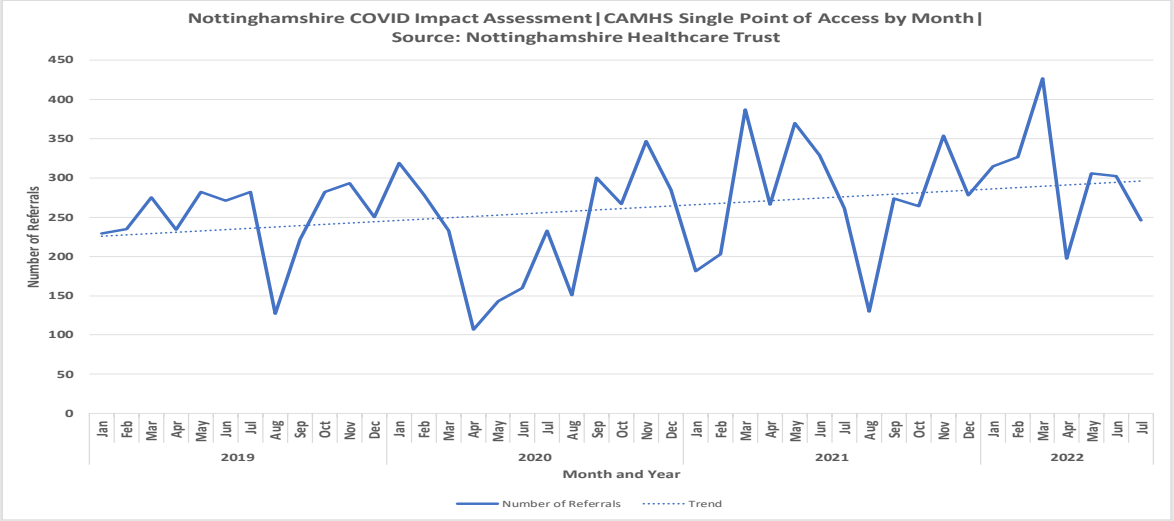


Figure 1. CAMHS Single Point of Access by Month (January 2019 – July 2022).[3]

CAMHS- Crisis and Home Treatment Resolution Team - Referrals to these teams generally peaked in winter of 2020. However, increase in female referrals has continued but males have since decreased.

CAMHS -Liaison service - Over the course of the last 4 years referrals to the liaison team has steadily increased. Numbers are small however since January 2019 to July 2022 referrals have doubled.

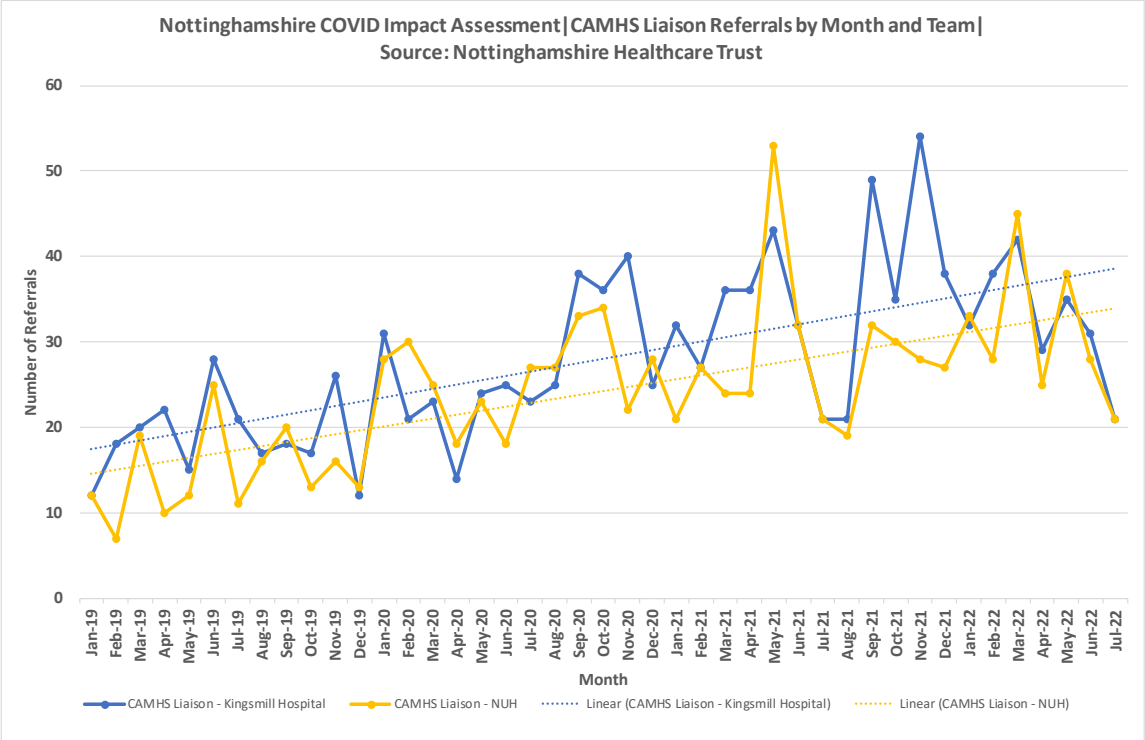


Figure 2. CAMHS Liaison referrals by Month (January 2019 – July 2022).[4]

[3] Nottinghamshire Healthcare NHS Foundation Trust, *Child and Adolescent Mental Health Services*
[4] Nottinghamshire Healthcare NHS Foundation Trust, *Child and Adolescent Mental Health Services*

CAMHS Liaison –Reasons for referrals

In 2019 over 90% of CAMHS liaison referral were for those in crisis, in 2020 it dropped to just over 60% and by 2022 less than 1% was recorded as in crisis. However, there may have been an issue in data recording as in 2019 around 6% of referrals did not have a reason recorded, whereas in 2022 over 85% did not have a reason recorded. Other reasons for referral do not show such a stark difference. Hospital liaison showed an increase from 9.9% in 2020 to 29% in 2021, before lowering to 11% in 2022.

Self-harm and suicide attempts recorded as reasons for referrals has increased 2.5 and 3% respectively between 2020 and 2021, and like hospital liaison are seen as reducing in 2022.

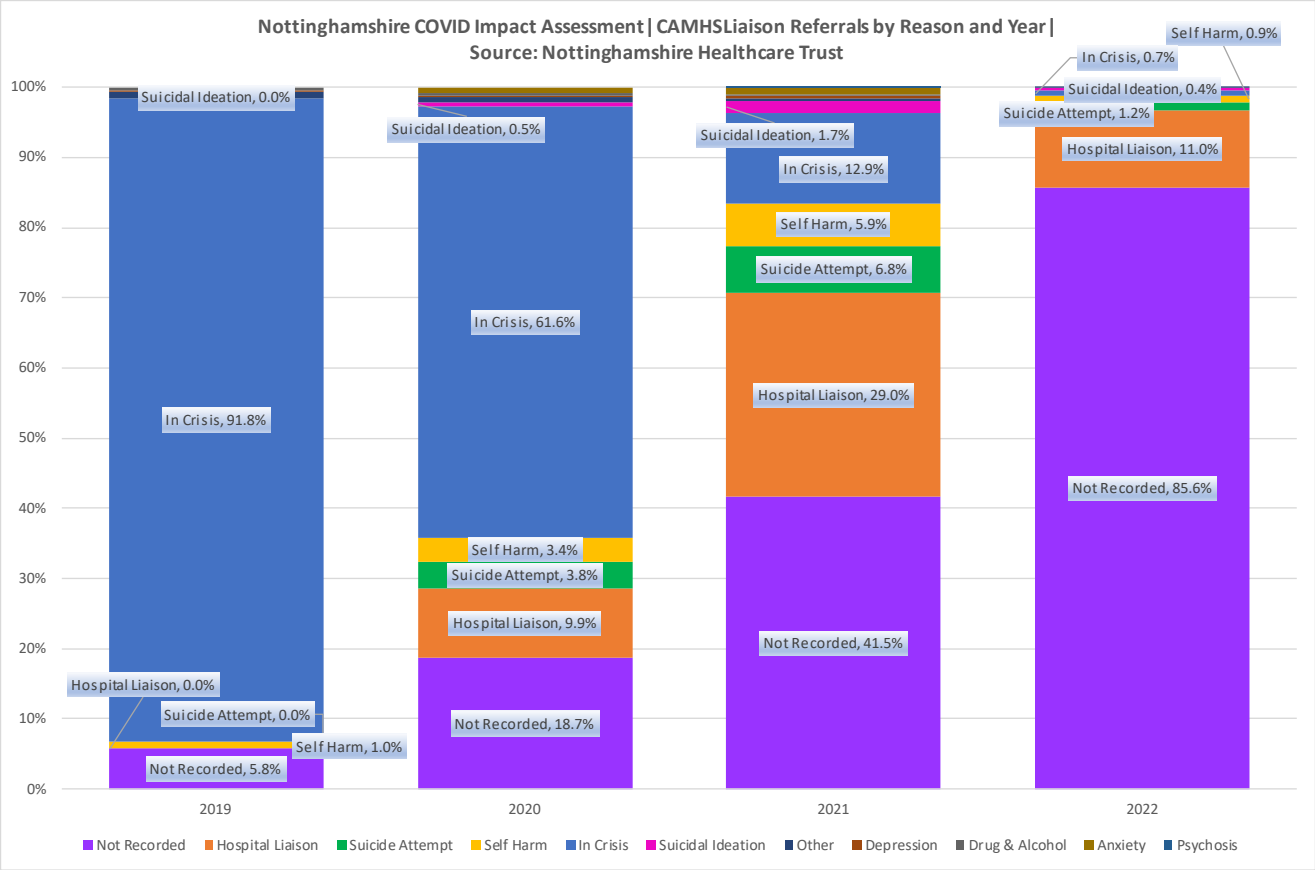


Figure 3. CAMHS Liaison Referrals by reason and year (January 2019 – June 2022).[5]

CAMHS -Eating Disorders

Referrals for eating disorders had been increasing prior to COVID-19 appearing. However, after the first lockdown started referrals nearly doubled between March 2020 and July 2020 and remained high throughout 2020. Although referrals dropped from these highs in spring 2021, the overall trend upwards steadily increased. By June 2022 referrals were over a third higher than April 2019. Similar trends have been seen nationally.

[5] Nottinghamshire Healthcare NHS Foundation Trust, *Child and Adolescent Mental Health Services*

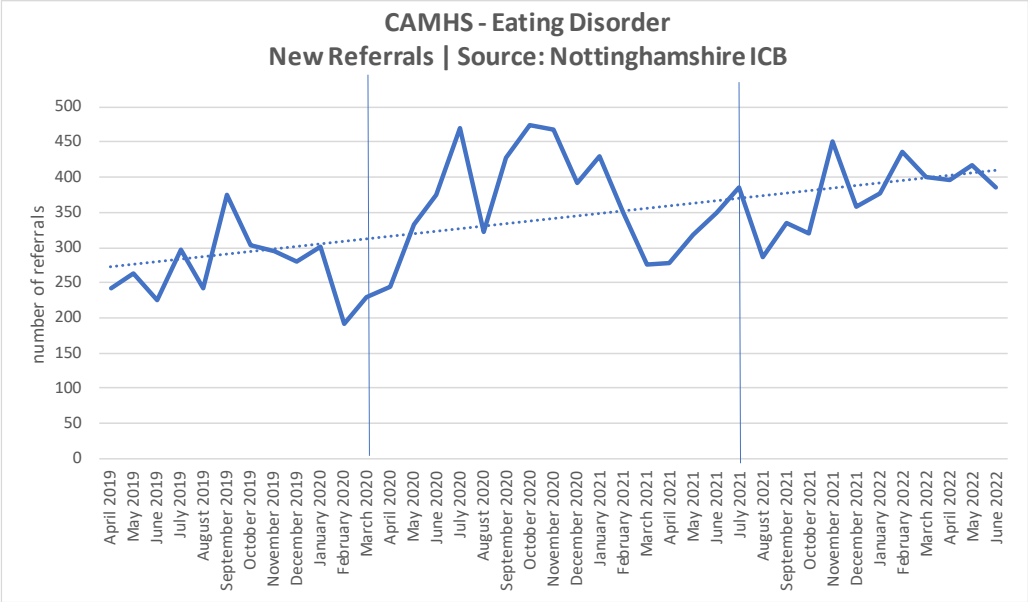


Figure 4. New Referrals to CAMHS for Eating Disorders (April 2019 – June 2022). [6]

Young people – Mental health hospital bed days

Over the last four years the number of under 18s bed days on CAMHS tier 4 wards has on average, gradually increased. During the first quarter of 2020/21, which corresponds to the first national lockdown, there was a big dip. This low continued and it was not until the end of 2020/21 that pre-pandemic levels were re-established.

Hospital admissions (not individuals) for mental health conditions (<18years)

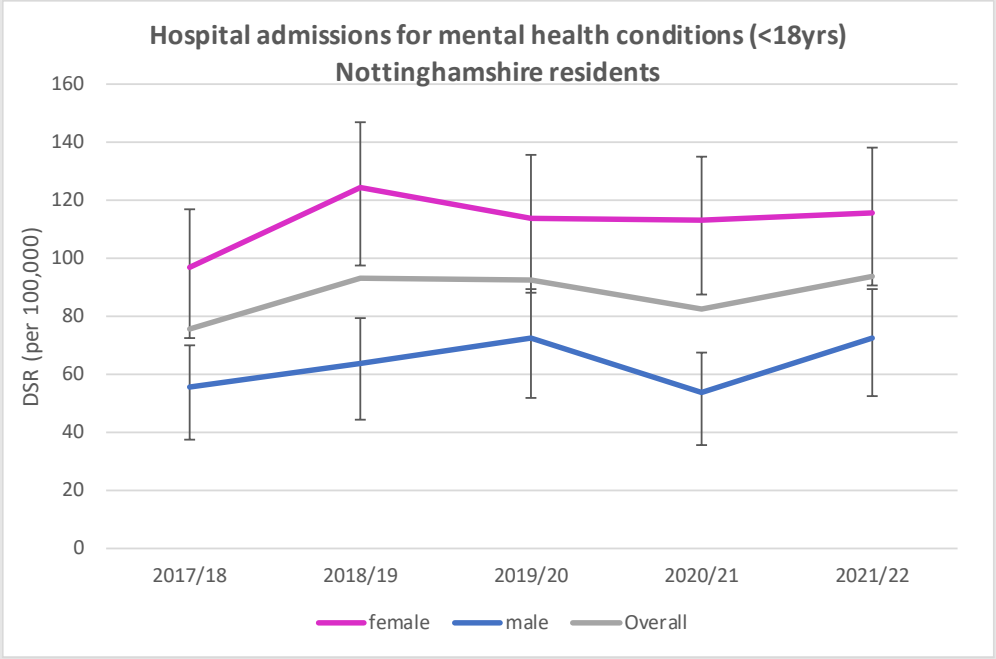


Figure 5. Hospital Admissions for Mental Health Conditions (2017 – 2022). [7]

[6] *New Referrals to CAMHS for Eating Disorders*. Nottingham and Nottinghamshire Integrated Care Board. April 2019 – June 2022.
[7] *Hospital Admissions for Mental Health Conditions amongst Nottinghamshire Residents (<18 years).* Hospital Episode Statistics (HES) Data Warehouse. 2017 - 2022.

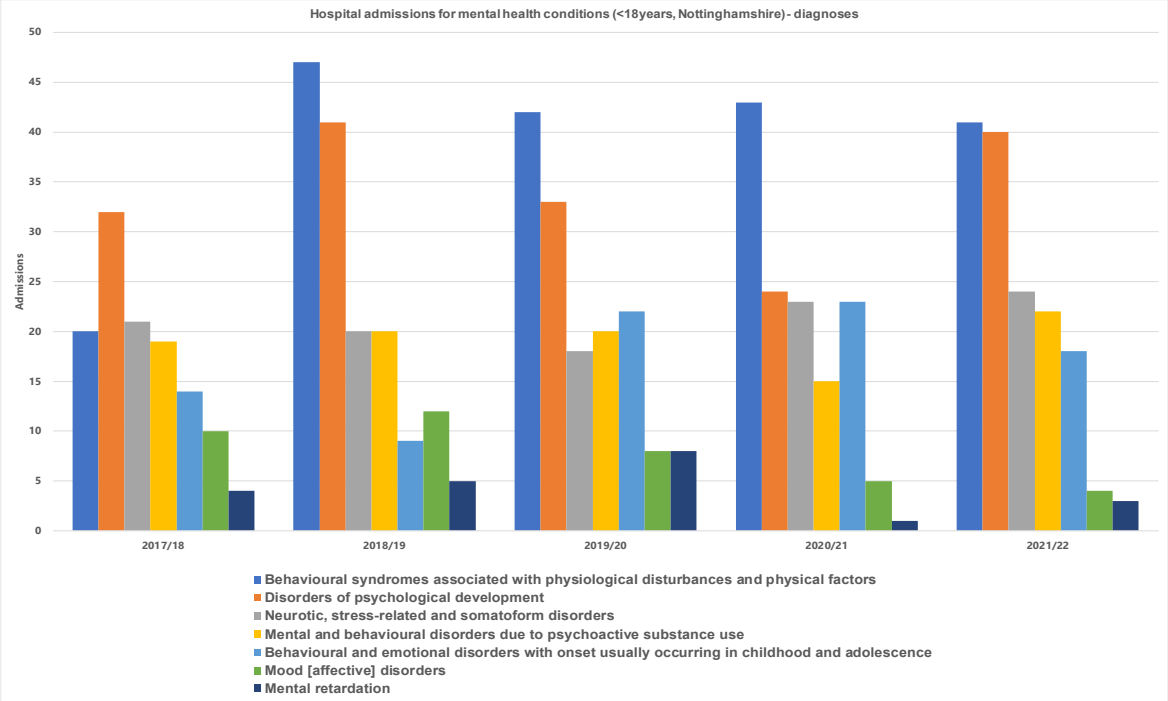


Figure 6. Diagnoses for Hospital Admissions for Mental Health Conditions (2017-2022). [8]

The overall trend for admissions to hospital for mental health conditions dipped into 2020/21 then recovered to pre-pandemic levels the following year. Females had a steady rate of admissions however males dipped before rising again. Numbers were highest in those of white ethnicity however data quality on ethnicity means it is hard to interpret accurately.

Fifty percent of the diagnoses were for behavioural syndromes associated with physiological disturbances and physical factors and disorders of psychological development. Over time levels remain broadly similar with variation due to low numbers. Noticeable is a dip and rise into and out of 2020/21 for 'Disorders of psychological development'.

Generally, the admissions for different conditions have returned to pre-COVID levels, only mood affective disorders remain low. This was not unexpected as many hospital services were reduced to allow for COVID-19 admissions to be prioritised and when the major waves passed, more areas of treatment were opened up. The inequalities between male and females have remained consistent therefore it would seem that COVID 19 has not impacted on the gender inequality in hospital admissions significantly in the longer term.

Voluntary and community sector services

Commissioning of emotional wellbeing early support changed as of April 2022. ABL Health Ltd are the new Lead Provider and work with a range of delivery partners across Nottingham and Nottinghamshire (excluding Bassetlaw) to deliver the Be U Notts service.

[8] *Diagnoses for Hospital Admissions for Mental Health Conditions amongst Nottinghamshire Residents (<18 years).* Hospital Episode Statistics (HES) Data Warehouse. 2017 - 2022.

The information below relates to historical commissioning arrangements with Kooth and Base 51. Nottingham City and Nottinghamshire County contracts with these providers ended 31st March 2022. Kooth continues to be commissioned directly within Bassetlaw.

Kooth and Base 51

Kooth provided an online Mental Health wellbeing community support platform available to all children and young people aged 10-24 across Nottingham and Nottinghamshire including Bassetlaw. Within Nottingham City they also offered face to face support.

Base 51 is a charity and counselling service that supports young people aged 11-25 years old in **Nottingham City and Nottingham South (Rushcliffe, Gedling, Broxtowe).**

At the start of the COVID-19 pandemic Kooth and Base 51 adapted to various platforms other than face to face, although face to face remained for those for which it was essential.

Base 51 -Referrals increased throughout 2020/21 but levelled out after this but have not returned to pre-pandemic levels by the end of the contract (31 March 2022). The majority of the 2020/21 increase was made up of 12–18-year-olds and mostly females.

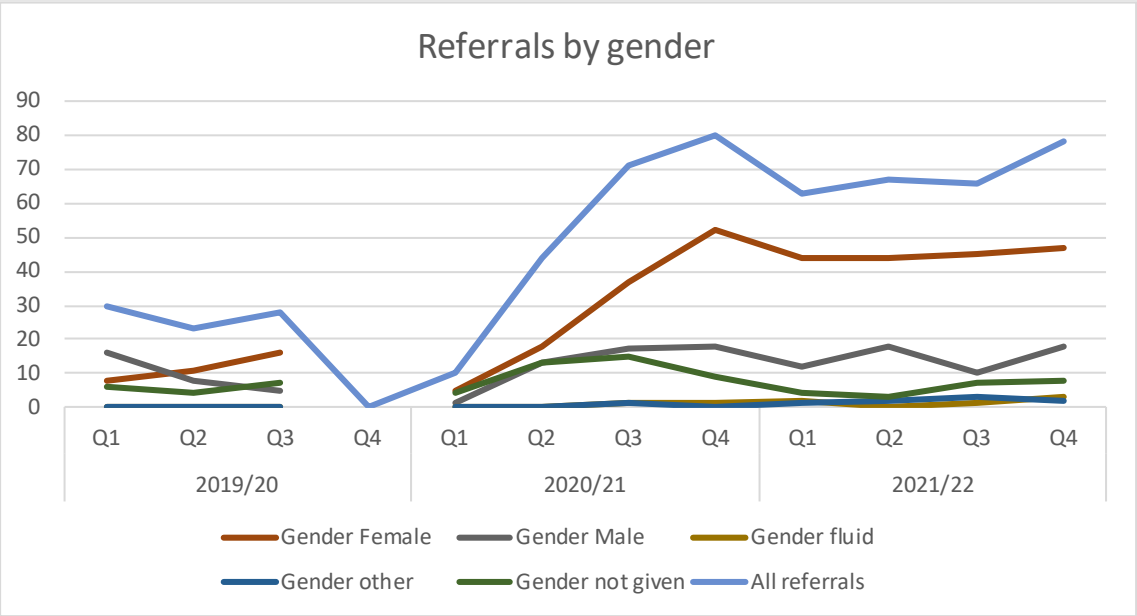


Figure 7. Referrals to Base 51 by gender (2019 – 2022).[9]

Although referrals initially increased in the first quarter of 2020/21 by the third quarter it had dipped, and from there on the numbers of young people waiting for treatment has consistently increased. This has been despite an initial increase in the sessions offered (both counselling and drop-in). The number of drop- in sessions has tailed off during 2021/22. This could be, in part, due to the change in commissioning arrangements at that time and the transfer to a new service.

[9] *Referrals to Base 51 by gender*. Base 51. 2019 - 2022.

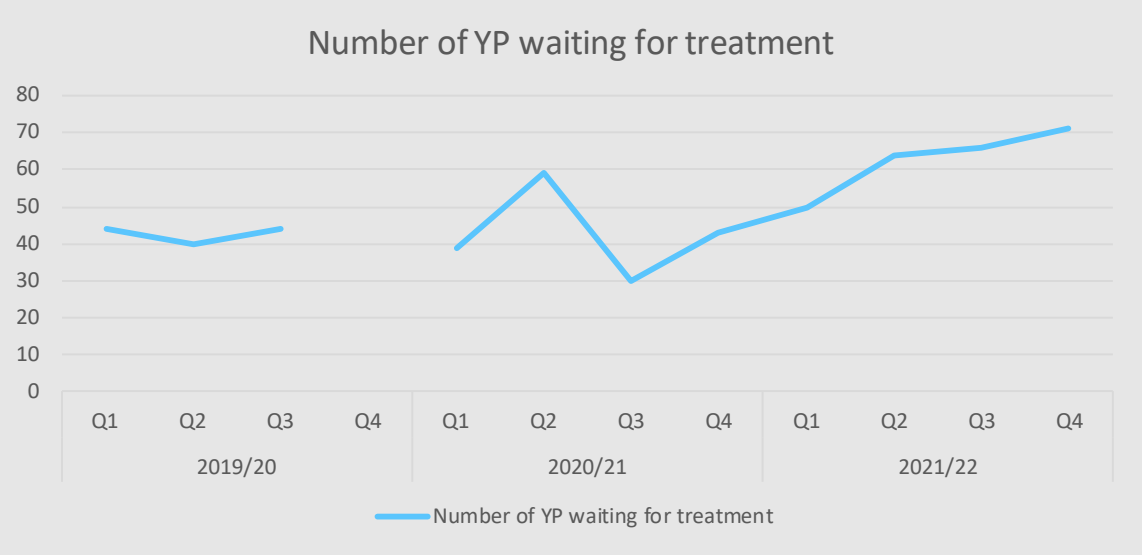


Figure 8. Number of Young People waiting for treatment by Base 51 (2019 – 2022).[10]

Kooth -Kooth too adapted to offer full digital delivery. New registrations remained cyclical during the pandemic period, lower in the summer holidays and higher through the winter. Most of these registrations are female, males show less of a seasonal effect.

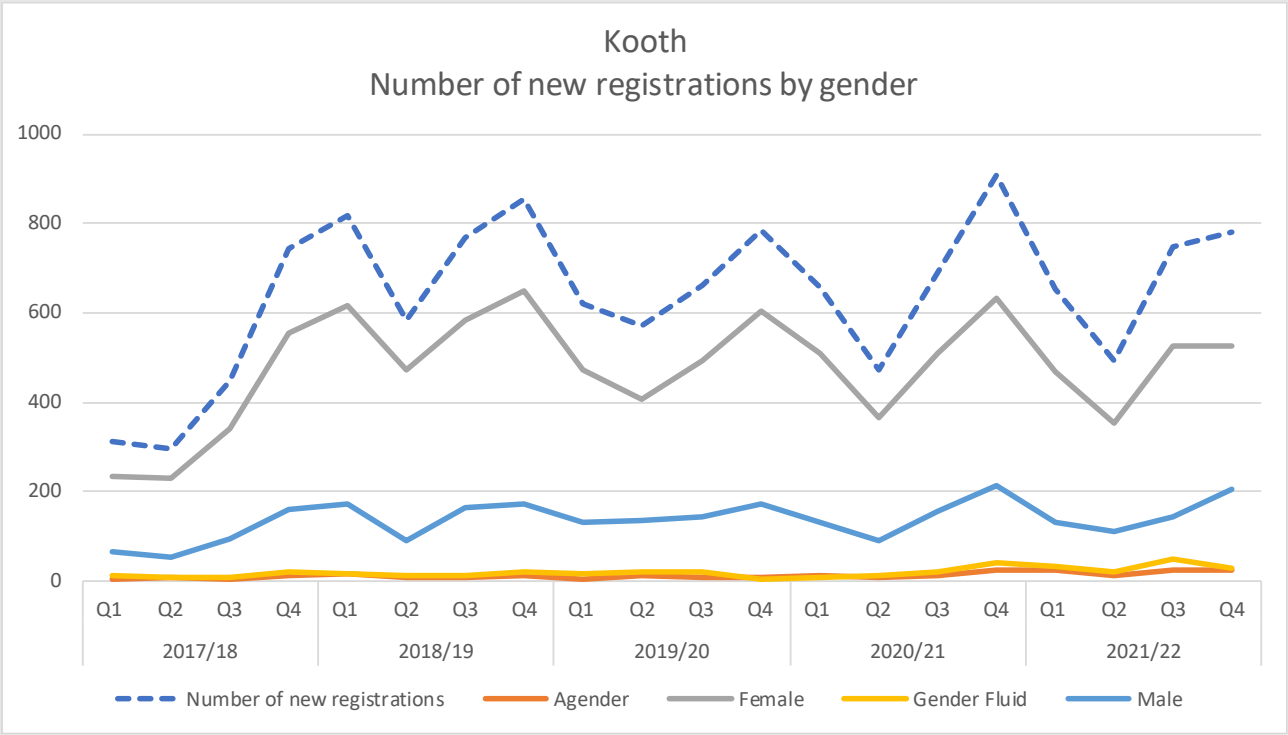


Figure 9. Number of new registrations for Kooth (2017 – 2022).[11]

From a district perspective most, new registrations come from Ashfield and Mansfield. Initially during the pandemic registrations fell but peaked again in the autumn\winter 2020/21 and again the following autumn\winter 2021/22. For those identifying as Ethnic minority,

[10] *Number of Young People waiting for Treatment*. Base 51. 2019 - 2022.
[11] *Number of new registrations for Kooth by gender.* Kooth. 2017 - 2022.

registrations have increased since the pandemic started and remains higher than pre-pandemic.

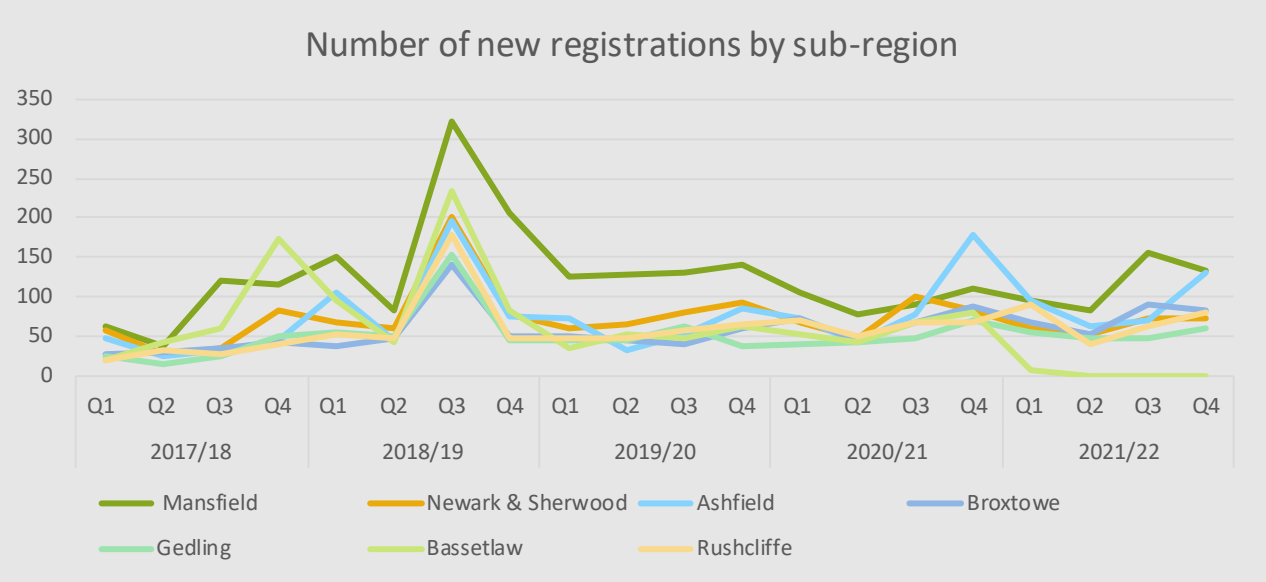


Figure 10. Number of new registrations to Kooth by district (2017 – 2022).[12]

The most common reason for registering before and during the pandemic was anxiety and stress. During the latter half of 2020/21 self-harm and suicidal thoughts became more common reasons to register. Children and young people heard of Kooth mainly via school prior to the pandemic but during the first lockdown internet searches became a close alternative route to the site\service. As of April 2022, Kooth became a delivery partner as part of the wider Be U Notts offer delivered by ABL Health Ltd.

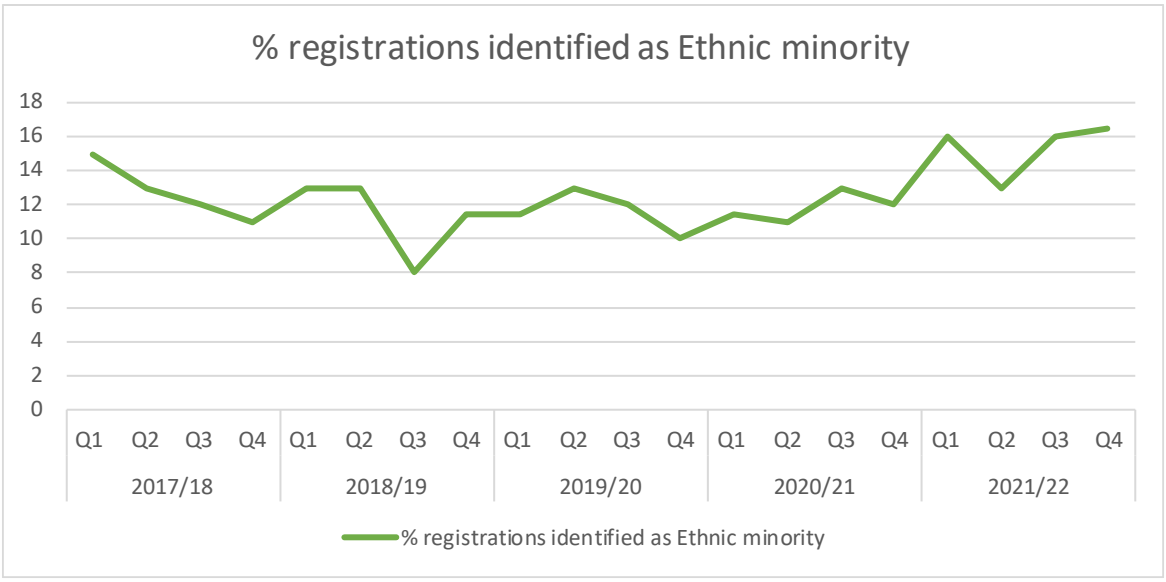


Figure 11. Registrations of minority ethnic residents to Kooth (2017 – 2022).[13]

Whilst gender trends for registrations in the Kooth service remained on average steady, those identifying as Ethnic minority continues to grow. Whether Ethnic minority CYP were

[12] *Number of new registrations for Kooth by district.* Kooth. 2017 - 2022.
[13] *Registrations to Kooth by Minority ethnic residents.* Kooth. 2017 - 2022.

previously underrepresented in the service or whether there is an increased need it is not possible to establish. This could have implications for services and whether there is culturally appropriate support available.

Nott alone

The Nott alone website was developed and co-produced with young people and parents. It is intended for children and young people, carers, and parents to access information and resources around mental health.[14] It was launched in the summer of 2021, access to it peaked that autumn and dropped in the new year and then stabilising at around 1500 users per month. Almost fifty per cent of the website traffic is for local mental health advice and help for young people in Nottingham and Nottinghamshire, with the most visited topic pages being anxiety and panic attacks, anger, and low Mood/depression. [15]

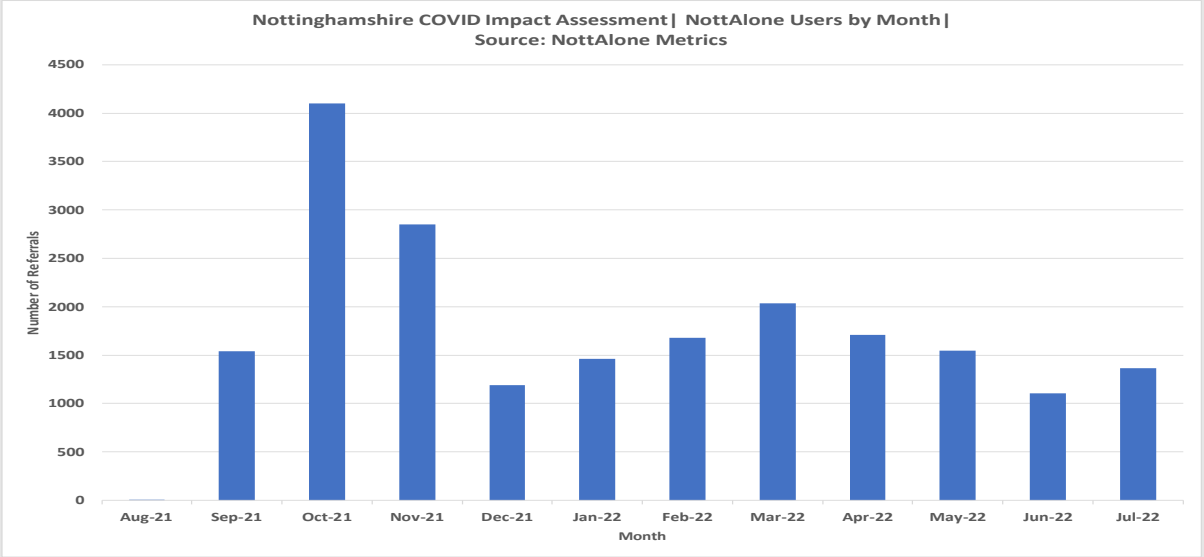


Figure 12. Number of users for the Nott Alone website (August 2021 – July 2022).[16]

Covid impact survey on Children - Parents and carers, and professionals

These surveys were carried out to gather parents, carers, and professional perceptions on how COVID-19 impacted on children's health, mental health, and development. Although these surveys were aimed at the early years age group (0 – 5 years - separate impact assessment phase) it also included parents and carers of, and professionals working with older children.

Overall, the picture was a mix of those with 'clingy' 'shy' children with reduced social skills and some who benefited with quality family time especially with fathers during lockdowns. The survey suggests there is a degree of anxiety coming out of the pandemic and adjusting to previously normal stresses.[17]

[14] "Local mental health advice and help for young people in Nottingham and Nottinghamshire." Nott Alone. 2022. https://nottalone.org.uk/?a=yp
[15] "Nott Alone Metrics" Google Data Studio. August 2021 – July 2022.
[16] "Nott Alone Metrics" Google Data Studio. August 2021 – July 2022.
[17] "Covid Impact on Early Years Survey". Nottinghamshire County Council. October 2022.

Below are a selected sample of parent and professionals' mentions on the impact of COVID-19 on children's mental health:

'My teenage son has really struggled with anxiety and extra stress as he was the first GCSEs cohort to sit exams after the pandemic.'

'My eldest has really struggled with anxiety since the pandemic.'

'I think it may have made her more clingy to me and also very unsure about strangers or family and friends that she hasn't met much.'

'Some children and parents described relief from anxiety at not having to go to school.
These were mainly children who were bullied at school or had significant existing school
and social anxiety as part of autism.'

Overall Picture

In all of the CAMHS services documented in this assessment, there was an initial drop off people being assessed which is unsurprising due to the covid-19 protocols and communications to stay at home, save the NHS, save lives. However, the overall trend seems to increase possibly due to more services adapting to online and more phone assessments.

Referrals in females has always been higher than in males so it is discouraging that males dropped further increasing the inequalities in gender.

The self-harm referrals drop off since the first lockdown in contrast the data from services such as Harmless show a consistently high rates of referral, Kooth showed an increase in this reason during the latter half of 2020/21. Another team that has had a significant drop off is the Hospital liaison team, it is not clear at the moment why this is the case, those experiencing a crisis are already at risk of further harm.

Additional Findings - National Literature Review

- There has been a rise in mental health presentations during the second (05.11.2020 - 02.12.2020) and third (05.01.2021 - 08.03.2021) lockdown periods compared to the last four years.
  (Cuellar, B., Henderson, S. & Briggs, E. 2021)

- There was a concerning signal that child suicide deaths may have increased during the first 56 days of lockdown, but the risk remains low and numbers too small to reach definitive conclusions.

  (NCMD. 2020)

- Previous research has highlighted suicide risk in people with autism. It is estimated a quarter of individuals both pre and post lockdown had ASD or ADHD. Although the finding of increased risk is unconfirmed statistically, clinicians and services should be aware of the possible increase and the need for vigilance and support.

  (NCMD. 2020)

- LGBTQI+ youth may be disproportionately affected by mental health challenges associated with the pandemic owing to the loss of safe spaces and difficulties accessing health and psychosocial support services.

  (EBPU. 2020)

- Over a million young people face risks from any of the so-called 'toxic trio' of living in households with addiction, poor mental health, and domestic abuse. Moreover, there are 83,000 young people living in temporary accommodation while 380,000 are homeless or at risk of homelessness.

  (National Youth Agency. 2020).

- Adolescent carers in the UK may have experienced psychological distress owing to increased caring burden and loss of a break from their caring role. Worse outcomes were associated with poor sleep quality, attempted suicide at baseline, low social support, and a strong feeling of loneliness during the pandemic. These factors were significantly more likely to be observed among adolescent carers than noncarers.

  (Nakanishi, M., Richards, M., Stanyon, D., et al. 2022)

- A representative survey of British 13 to 19 year-olds found that, in August –September 2020: 32 per cent of young people said relationships with family or household members had improved (compared with 13 per cent who said they had got worse); and 54 per cent said lockdown had a positive impact on spending time with members of their family or household. Other possible positive impacts include children and young people feeling less anxious, safe and protected at home rather than at school e.g. bullying, exposed to covid-19 etc

  (Mental Health Foundation. 2020)

- A representative survey by the YMCA found that 93 per cent of young people in the UK aged between 11 and 16 enjoyed spending more time at home during the first lockdown.

  (YMCA. 2020)

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

Self-harm, the *"act of self-poisoning or self-injury… irrespective of motivation"*, is an enormous clinical and public health concern, which can have a devastating impact on the individual, family members, friends, and broader society.[18]

Nationally various voluntary organisations have reported that during the pandemic there has been a rise in support calls regarding self-harm. The Samaritans report that 22% of contacts in the previous year mentioned self-harm. Of these 35% of callers that discussed self-harm were aged under 18 compared with 7% of adults.[19] However, this behaviour does not only occur in young people, in 2019 a systematic review carried out to analyse self-harm in the elderly, one of the main conclusions were that as with younger people most cases occurred in females and increased with loneliness and isolation.[20] Whilst there were these similarities, there are also important differences, older people are more likely to repeat self-harm.

Prevalence and risk

From the Adult psychiatric morbidity survey for England, it states that under 25 year olds have the highest prevalence with males at 10% and females at 25%.[21] For ethnicity the highest prevalence is in Black/British males at 8.7% and in White British females at 9.5%. There is limited intelligence on prevalence at lower geographies. For the East Midlands the prevalence overall, 7.4%, is similar to England at 7.3%. However East Midlands males have a higher prevalence, 6.4%, is higher than the England males at 6.4%. For females in the East Midlands is similar to the England females at 8.5% and 8.9% respectively. There is no information on the statistical significance.

Previous research identifies in the first year after self-harming there is an increased risk of suicide of between x60-100 times and if self-harm was repeated this too led to an increased risk.[22] Therefore, if self-harm has increased over the pandemic, it has potentially large impact on future suicide attempts.

Self-harm services

Harmless are a charity that provides short term and long term evidence based interventions for people that self-harm, their friends and families and professionals. They are accessed by self-referral and signposting by GPs, hospital doctors, mental health nurses and other professionals such as teachers. They collect data at a Nottinghamshire, enabling assessment of any changes throughout pre, during and post-pandemic.

[18] "Self-Harm" National Institute for Health and Care Excellence. August 2020. https://cks.nice.org.uk/topics/self-harm/
[19] "Coronavirus, young people and self-harm". Samaritans. https://www.samaritans.org/about-samaritans/research-policy/coronavirus-and-suicide/one-year-on-data-on-covid-19/coronavirus-young-people-and-self-harm/
[20] Troya M, Babatunde O, Polidano K, Bartlam B, McCloskey E, Dikomitis L, Chew-Graham C. "Self-harm in older adults: systematic review" The British Journal of Psychiatry, 2019. pp.115. https://doi.org/10.1192/bjp.2019.11.
[21] "Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014." NHS Digital, 2016. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014
[22] "Joint Strategic Needs Assessment Suicide Prevention." Nottinghamshire Insight. 2016. https://nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/suicide-prevention-2016/

The data received from harmless were a percentage of those who engaged with the surface, so may only be a tip of the iceberg of need in the County.

Gender

From a gender perspective engagement from females dropped slightly during the pandemic from nearly 74% to 73%, but in the post covid-19 time period engagement and enquiries rose to nearly 80%. In males, engagement rose from 20% in pre covid-19 time-period to 25% during covid-19, this then fell to lower than pre pandemic levels to just under 15%. Those who identified as non-binary has steadily increased from 0.25% in the pre pandemic up to 0.45% during and then to 1.36% after the pandemic.

	Female	Male	Non-Binary	Gender Not Stated
Pre-Covid-19 (Jan – Dec 2019)	73.71%	19.66%	0.25%	6.39%
During-Covid-19 (Jan – Dec 2020)	72.73%	25.00%	0.45%	1.82%
Post-Covid-19 (Jan – Dec 2021)	79.96%	14.59%	1.36%	4.09%

Figure 13. Engagements and Enquiries with Harmless Service by gender (January 2019 – December 2021).[23]

	Age: 0-17	Age: 18-25	Age: 26-40	Age: 41-50	Age: 51-59	Age: 60+
Pre-Covid-19 (Jan – Dec 2019)	32.39%	29.93%	20.07%	8.80%	6.69%	2.11%
During-Covid-19 (Jan – Dec 2020)	27.70%	34.27%	15.96%	13.62%	6.10%	2.35%
Post-Covid-19 (Jan – Dec 2021)	42.37%	31.99%	14.62%	7.42%	3.39%	0.21%

Figure 14. Engagements and Enquiries with Harmless Service by age (January 2019 – December 2021).[24]

Age has a varied journey through the pandemic. Those aged 18-25, 41-50 and 60+ years had the highest levels of engagement and enquiries during the pandemic. Whereas 26-40 and 51-59 years gradually decreased during this time period. The only age group that had lower engagement through the pandemic than post pandemic was the 0–17-year-olds, with post pandemic approximately 10% higher. With the closure of schools during this time the under 18s may have spent more times with their families which can be a protective factor.[25] The 18-25 and 41-50 year age group saw an increase of around 5% during the pandemic.

Secondary care admissions for self-harm including emergency admissions

The Office for Health improvement and disparities (OHID) fingertips tool includes two standard metrics around self-harm which can be examined at District or County level. To get the most up to data for these indicators these can be recreated using Hospital Episode statistics (HES).

Emergency admissions for intentional self-harm

[23] *Engagements and Enquiries with Harmless by gender.* Harmless. January 2019 – December 2021.
[24] *Engagements and Enquiries with Harmless by age*. Harmless. January 2019 – December 2021.
[25] "Joint Strategic Needs Assessment Self Harm". Nottinghamshire Insight. 2019. https://nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/self-harm-2019/

Approximately 99% of hospital admissions (all ages) for intentional self-harm are emergencies and as mentioned previously there is a significant and persistent risk of future suicide following an episode of self-harm. [26] However, it excludes that have a zero length of stay and regular attenders.

For the year 2019/20 there were around 1,500 admissions 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%, the DSR went from 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.

Females had the highest rates of emergency self-harm admissions; 2018/19 females' admission rates were approximately twice that of males. Rates were at their lowest in 2020/21 at which point rates in males started to increase reducing the gap to the female rate but remained significantly lower.

The most deprived quintile (figure 16) had significantly the highest rates of admissions year on year however these showed decreases from 2019/20 onwards. The three least deprived quintiles had significantly fewer emergency admissions year on year compared with the most deprived quintile.

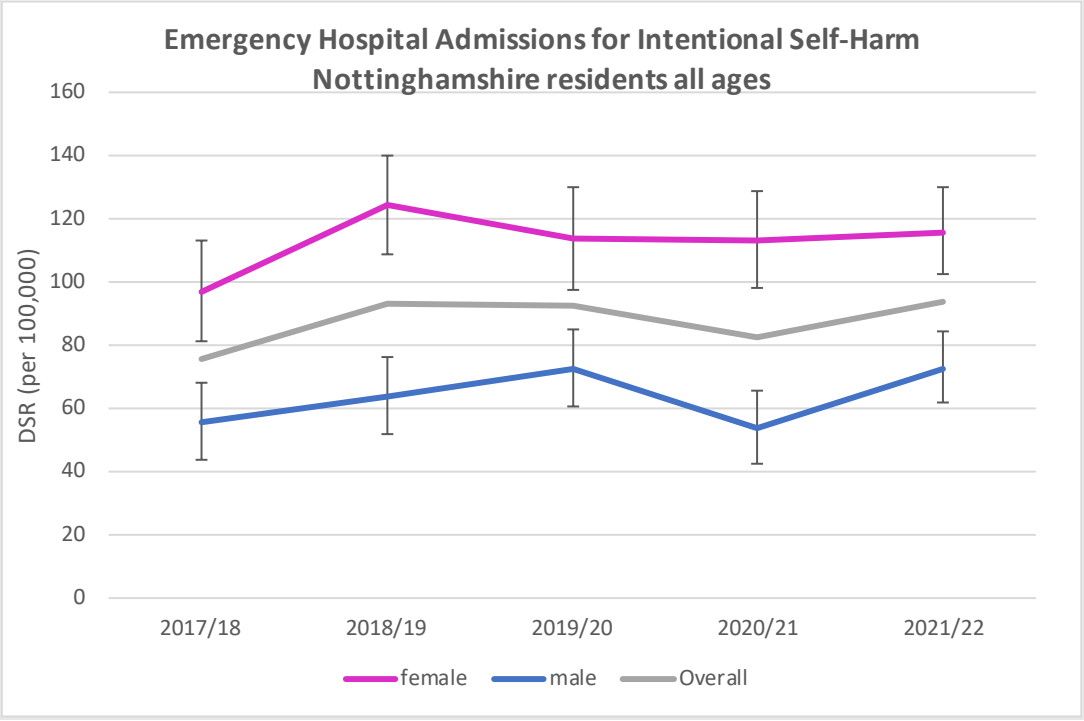


Figure 15. Emergency Hospital Admissions for Nottinghamshire residents for Intentional Self-harm (2017 – 2022).[27]

[26]"Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm". Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)
[27] "Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm." Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

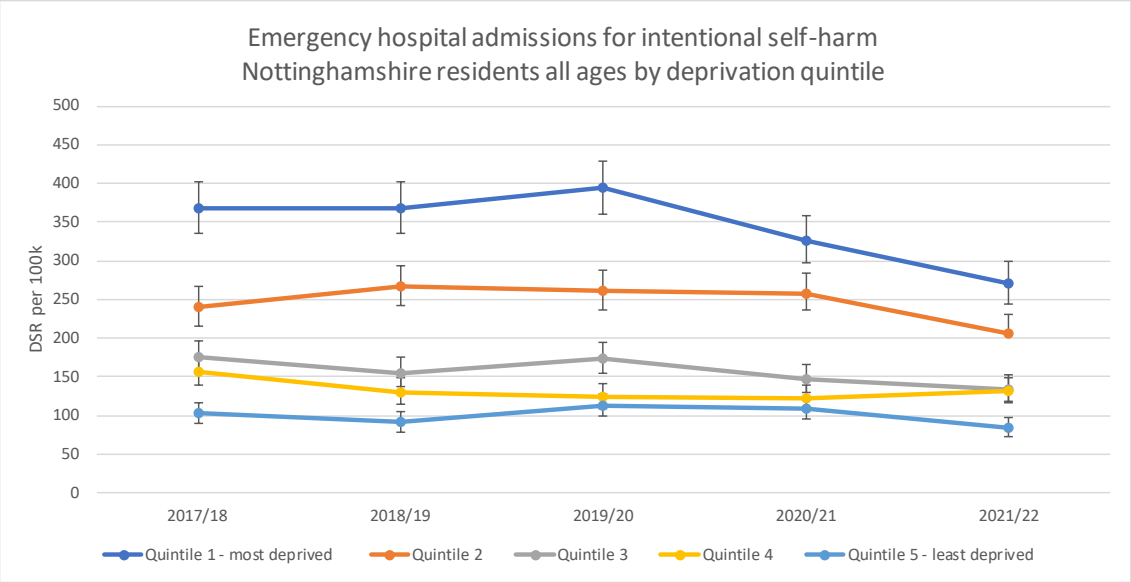


Figure 16. Emergency Hospital Admissions for Nottinghamshire residents for Intentional Self-harm by deprivation (2017 – 2022).[28]

Whilst some ethnicity data is available, a large proportion of ethnicity data was incomplete or 'not stated' which makes interpretation in 'non white' ethnicities inappropriate.

Hospital admissions as a result of self-harm (10-24 years)

This metric does not measure how many people have been admitted but how many admissions have been made, therefore some people may have been admitted multiple times.

Rates of self-harm admissions were significantly higher in 15-19 and 20-24 year age females from 2019/20 onwards. Before COVID-19, males had significantly fewer admissions than all the females. However, females aged 10-14 showed a noticeable drop in 2020/21 and remained not significantly higher than males aged 15-24 years.

[28] "Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm." Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

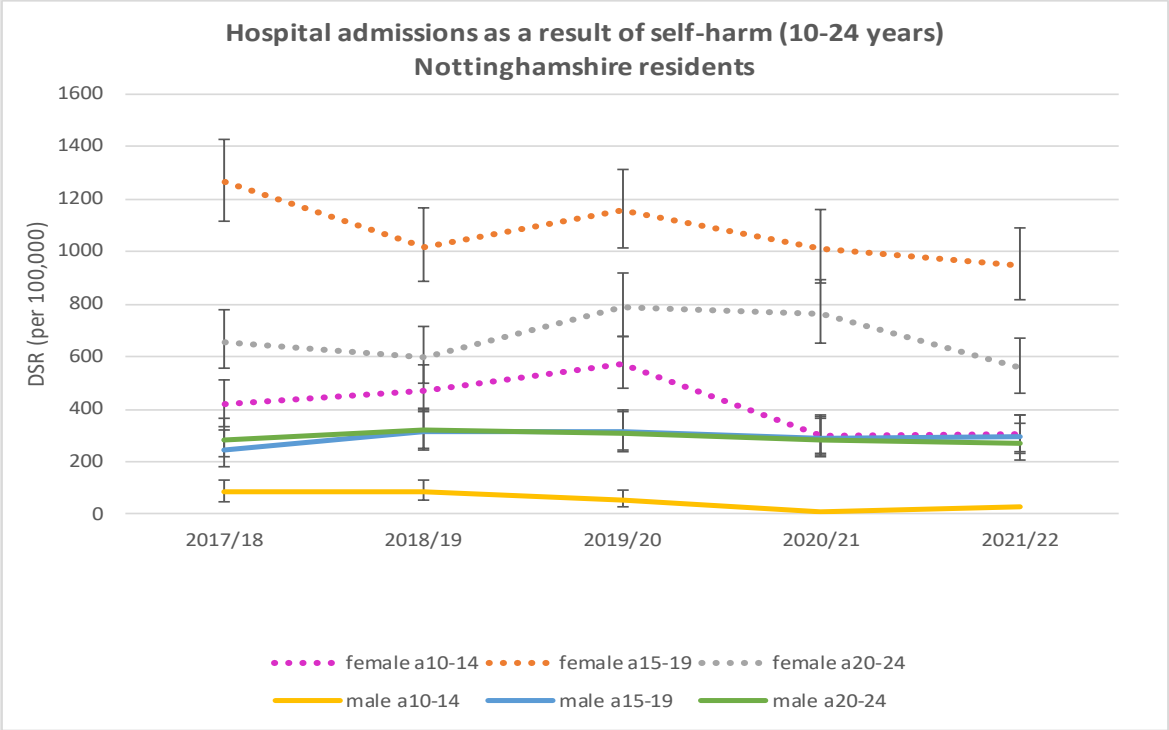


Figure 17. Hospital Admissions for Nottinghamshire residents (10 – 24 years old) as a result of self-harm (2017 – 2022).[29]

Self-harm – Overall picture

The self-harm support service Harmless shows that there are gender inequalities and that genders experienced different impacts of the pandemic. The biggest changes are from during to post-pandemic, females and non-binary genders presented less during the pandemic and the re-opening lead to increased presentation. Whereas in males it was the reverse.

Self-harm emergency admissions (all ages) show a slightly different picture with females continuing from before COVID-19 as a steady high rate through to the most recent data, males however, increased narrowing the gender inequality gap. In children and young people admissions dropped.

During lockdowns children were around their families more, whereas all age category may include more adults who were living on their own. The CAMHS services also saw a drop in children and young people with self-harm referrals.

[29] "Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm." Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

Additional Findings - National Literature Review

- Increase in young people using self-harm as a coping mechanism (new & returning).

  (Samaritans. 2021)

- There has also been an increase in the number of young people reporting self-harm in surveys of the general population, especially older girls. These increases in self-harm have been paralleled by increases in suicide in older teenagers (15–19-year-olds), rising from 4.1 to 6.7/100,000 between 2010 and 2018.
  (Ougrin, D. 2020)
- There needs to be a challenge to the perception "that self-harm does not happen to older people" – a study found that over-65s who hurt themselves were about 150 times more likely to die by suicide than adults who had not - and that was about three times higher than young people who hurt themselves. The self-harm organisation Harmless, which supports individuals ranging from young children to those in their 80s, describes over-65s as a "forgotten" group.

  (BBC. 2021)

- Individuals from ethnic minority communities have also reported more thoughts of death or self-harm. The levels are the highest since the start of the first lockdown and were still rising by the end of January 2021. In addition to experiencing one of the greatest increases in loneliness and higher levels of anxiety and depression symptoms, individuals from ethnic minority communities have also reported more thoughts of death or self-harm.
  (The Health Foundation. 2021).

- service users from BAME backgrounds are showing higher levels of self-harm, suicidal thoughts, depression, and anxiety than white service users compared to the same time period in 2019. Specifically, suicidal thoughts among BAME youth increased by 27 per cent under lockdown; depression increased by 9 per cent; self-harm concerns were up by 30 per cent on previous year; anxiety and stress have seen an 11 per cent increase among BAME young people who also experienced a 27 per cent increase in issues around family relationships.

  (KOOTH. 2020)

- Despite concerns about a steep rise in suicide during the pandemic, the most up-to date research, covering a subset of the population only, does not indicate an escalation in suicide figures (this also tallies with international data).

  (GOV.UK. 2021)

- Worldwide, older adults have higher rates of suicide than the general population and these risks are especially pronounced in older white males and individuals with psychiatric disorders, chronic health problems, and/or those who are socially isolated. The COVID-19 pandemic is an unprecedented stressor that has necessitated significant changes to daily life.

  (Julia L Sheffler, PhD, Thomas E Joiner, PhD, Natalie J Sachs-Ericsson. 2021)

Loneliness and isolation

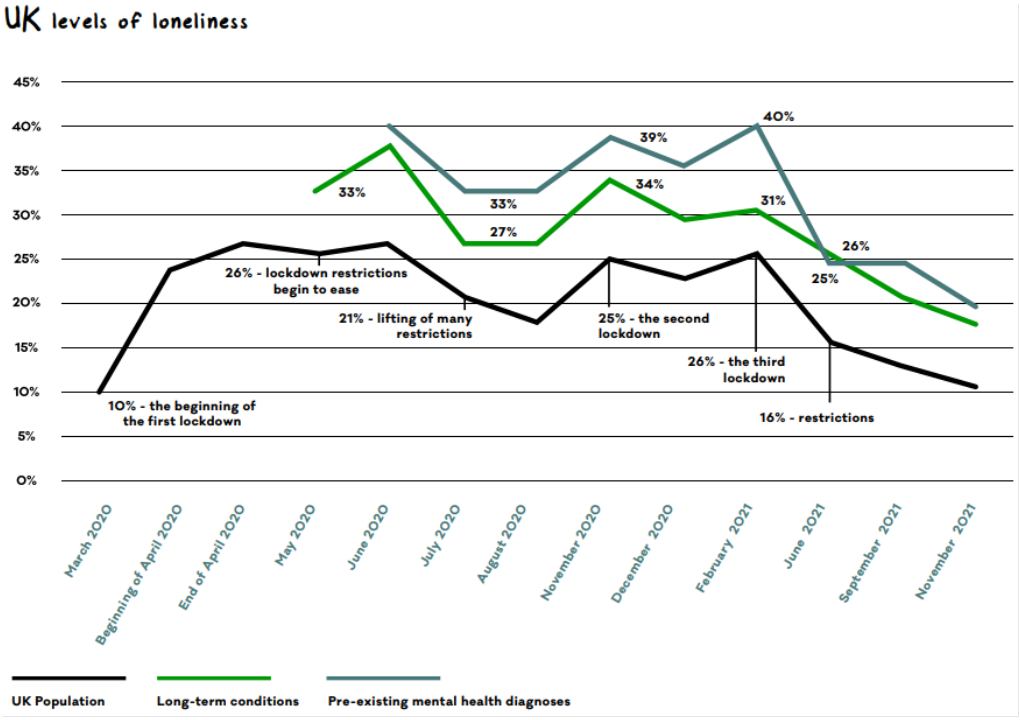
The words “loneliness” and “social isolation” are often used interchangeably, but loneliness is not the same as social isolation. People can be isolated (alone) yet not feel lonely. People can feel lonely and yet be surrounded by people. The difference between these two concepts is important for the design of services and support for older people.

Whilst everyone can feel lonely there are some risk factors that will increase the likelihood of more severe loneliness that can affect people’s mental health.

These include being:

- Widowed, single or living alone
- Living in rented accommodation
- Unemployed or low income
- Between 16 and 24 years old
- A carer
- From an ethnic minority community
- LGBTQ+
- Having a long-term health condition or disability including illnesses such as depression or anxiety. [30]

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.



[30] *Loneliness and Mental Health report – UK.* Mental health Foundation. 2022. https://www.mentalhealth.org.uk/our-work/research/loneliness-and-mental-health-report-uk

Figure 18. Levels of loneliness in the UK (March 2020 – November 2021).[31]

Loneliness in Nottinghamshire

Nottinghamshire

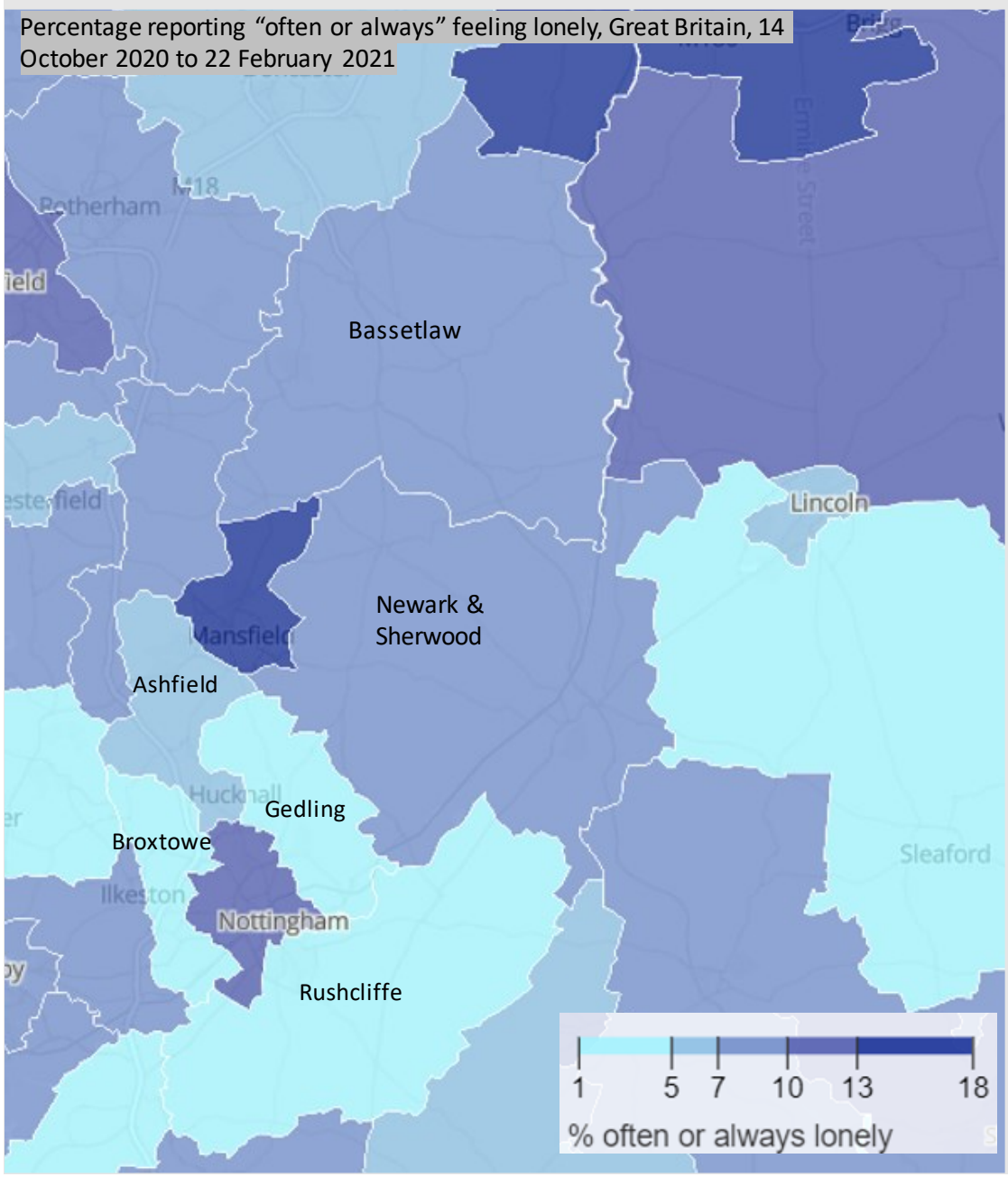


Figure 19. Map of residents reporting feeling often or always lonely in Nottinghamshire (Oct 2022 – February 2021).[32]

[31] "Levels of loneliness in the UK" Mental Health Foundation. March 2020 – November 2021.
[32] "Opinions and Lifestyle Survey" Office for National Statistics. October 2022 – February 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07

The opinions and lifestyle survey collected data on how lonely people felt. In Nottinghamshire the level of loneliness broadly corresponds to levels of deprivation, the most deprived areas have higher levels of loneliness.[33]

The Office for Health Improvement and Disparities published the wider impact of covid-19 on health (WICH) tool, this contains information about how many people described being often lonely and breaks it down by demography and income, employment, and tenure of housing.[34]

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.

Those with underlying health conditions experienced some of the highest levels of loneliness and according to the opinions and lifestyle survey this continued to increase into the summer of 2021.

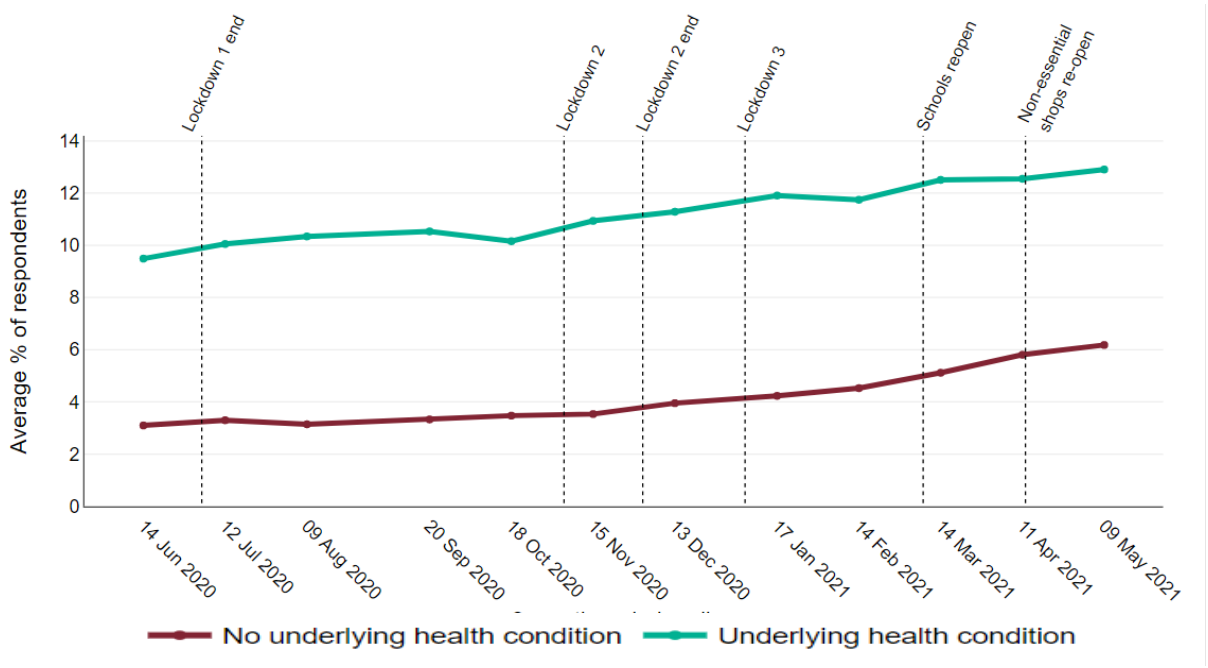


Figure 20. Respondents who reported feeling often lonely and underlying health conditions (June 2020 – May 2021).[35]

When looking at ethnicity it seemed that loneliness varied over the pandemic in no pattern, except for those of mixed ethnicity who demonstrated a peak of loneliness in the summer of 2021 which was when restrictions were fully eased.

[33] Ibid.
[34] "Wider Impacts of COVID-19 on Health (WICH) monitoring tool". Office for Health Improvement and Disparities. https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/
[35] "PHE / OHID analysis of Opinions and Lifestyle Survey Data" Office of National Statistics.

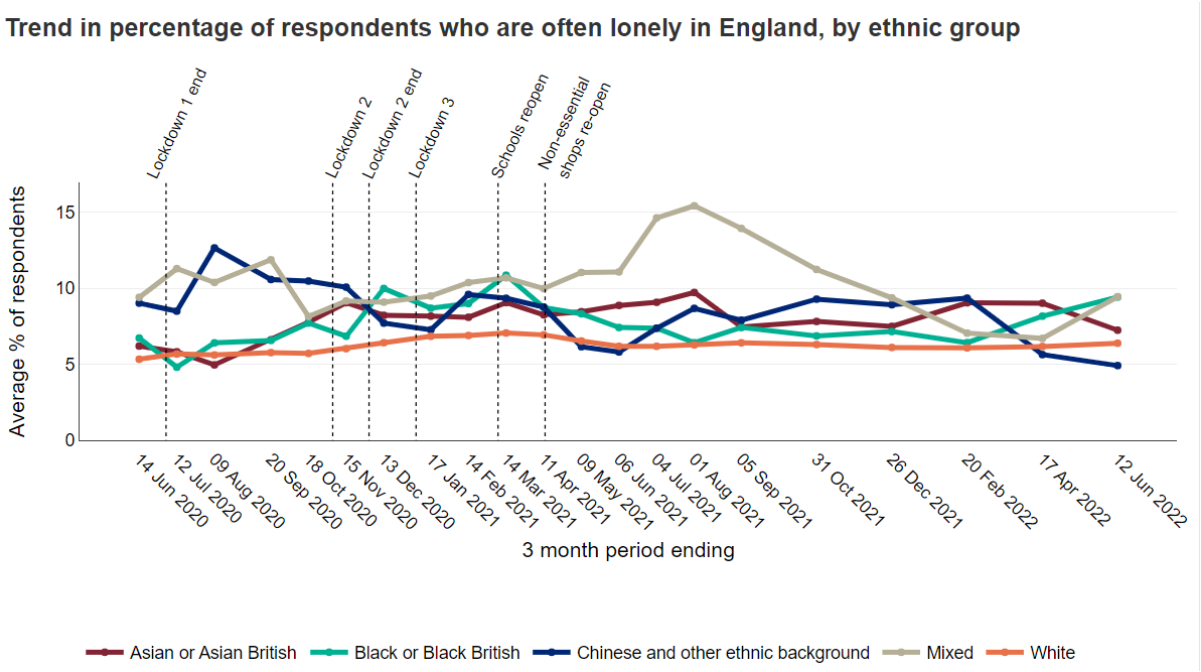
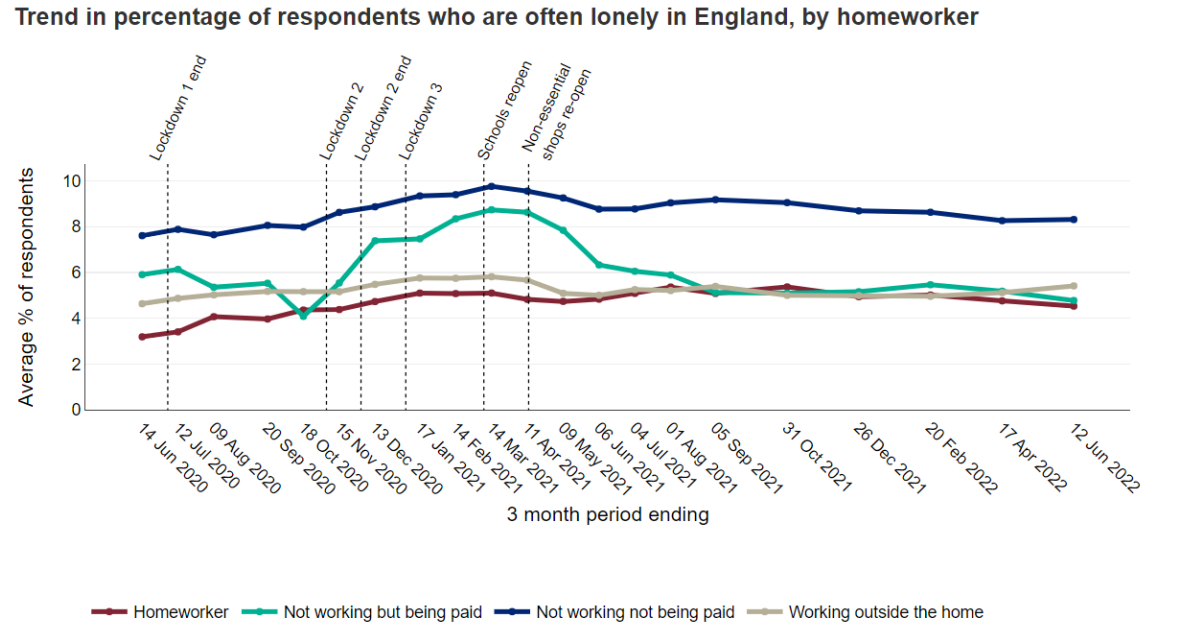


Figure 21. Respondents who report feeling often lovely by ethnic group (June 2020 – June 2022).[36]

When it comes to income the lower income groups experience higher levels of loneliness, most income groups showed an increase in levels of loneliness through 2020 but after those levels have remained stable since. For employment those working at home had the lowest levels of loneliness although the percentage of these did increase through 2020 and 2021. Understandably those who received no income had higher levels of loneliness. Those not working but being paid, mostly those on furlough, had a large increase in levels of loneliness over the end of 2020 and the first half of 2021 which covers most of the second and third lockdown periods and did not drop until restrictions began to be fully lifted.



[36] Ibid.

Figure 22. Respondents who report feeling often lonely by working arrangements (June 2020 – June 2022).[37]

When it came to accommodation the standout group most affected by high levels of loneliness is those who rent their homes, at times during the pandemic their loneliness levels were 2-3 times other homeowners.

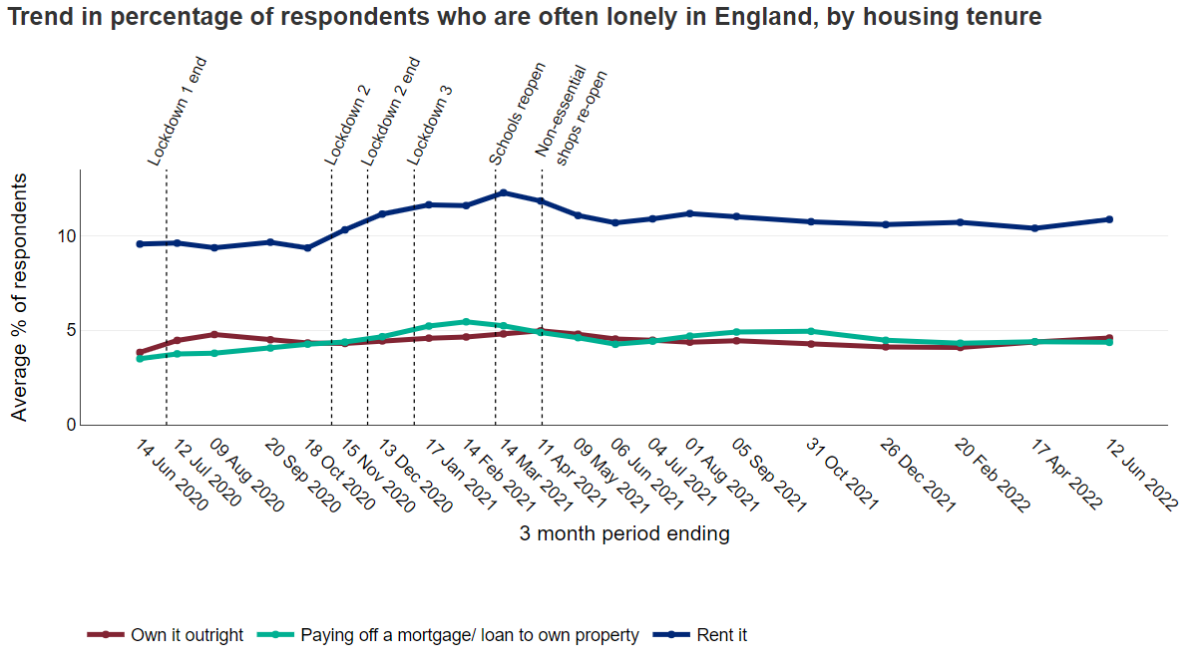


Figure 23. Respondents who report feeling often lonely by housing (June 2020 – June 2022).[38]

Active Lives Survey (Nottinghamshire)

For adults (16+) that reported that they felt often/ always lonely or some of the time lonely, more reported feeling this way between November 19/20 to November 20/21.Numbers of those that reported feeling hardly ever or never lonely in November 2019/20 reduced by November 2020/21 suggesting that over the pandemic period adult's loneliness increased.

For Children (Secondary School Year 7 to 11, ages 10 to 16) that reported feeling often/always lonely there was a slight increase between 2019/20 and 2020/21 (academic years) whereas numbers of those reporting never or hardly ever lonely increased from 38% to 40.8%. This could indicate a polarising effect over time increasing the inequality.

Other results from this survey included girls feeling lonelier than boys. In 2020/21 feeling lonely often/always or sometimes girls at 44% were 18% more so than boys 26%. For those feeling lonely never or hardly ever boys reported 55% and girls 28%. Both boys and girls showed an improvement in loneliness from 2019\20 to 2020\21 (never/hardly ever). Children also had higher levels of feeling lonely often/always or sometimes than adults. Other factors such as ethnicity, disability or deprivation had limited data so no conclusions could be drawn.

[37] Ibid.
[38] Ibid.

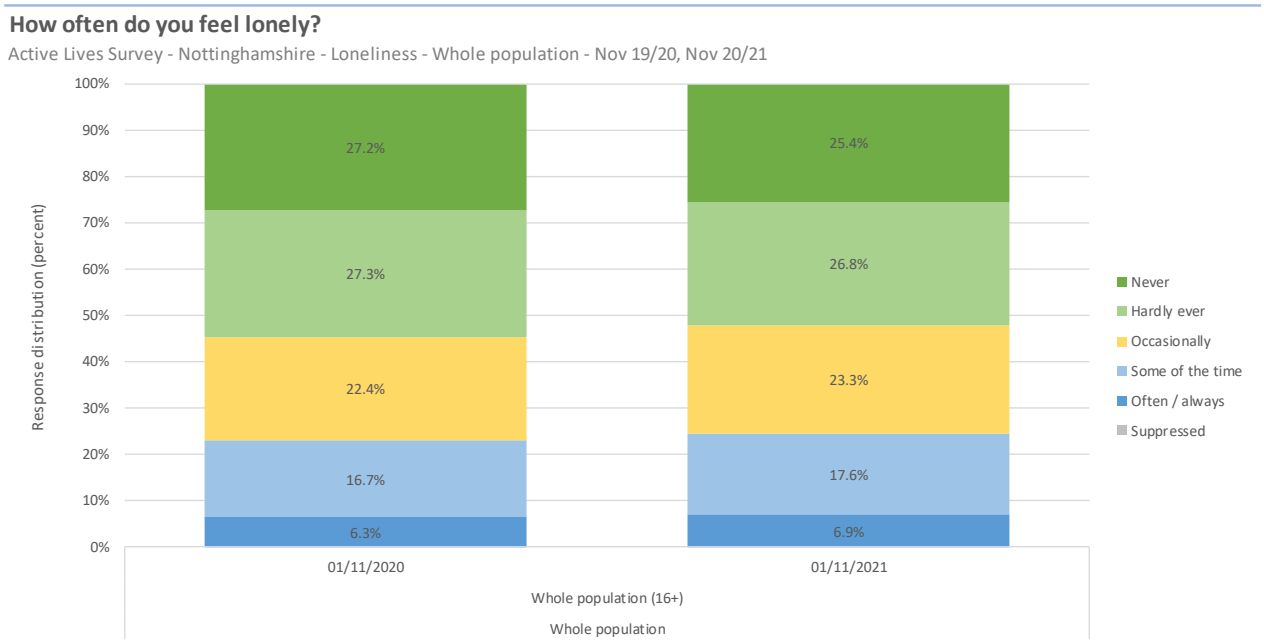


Figure 24. Respondents reporting on how often they feel lonely in Nottinghamshire (November 2020 – November 2021).[39]

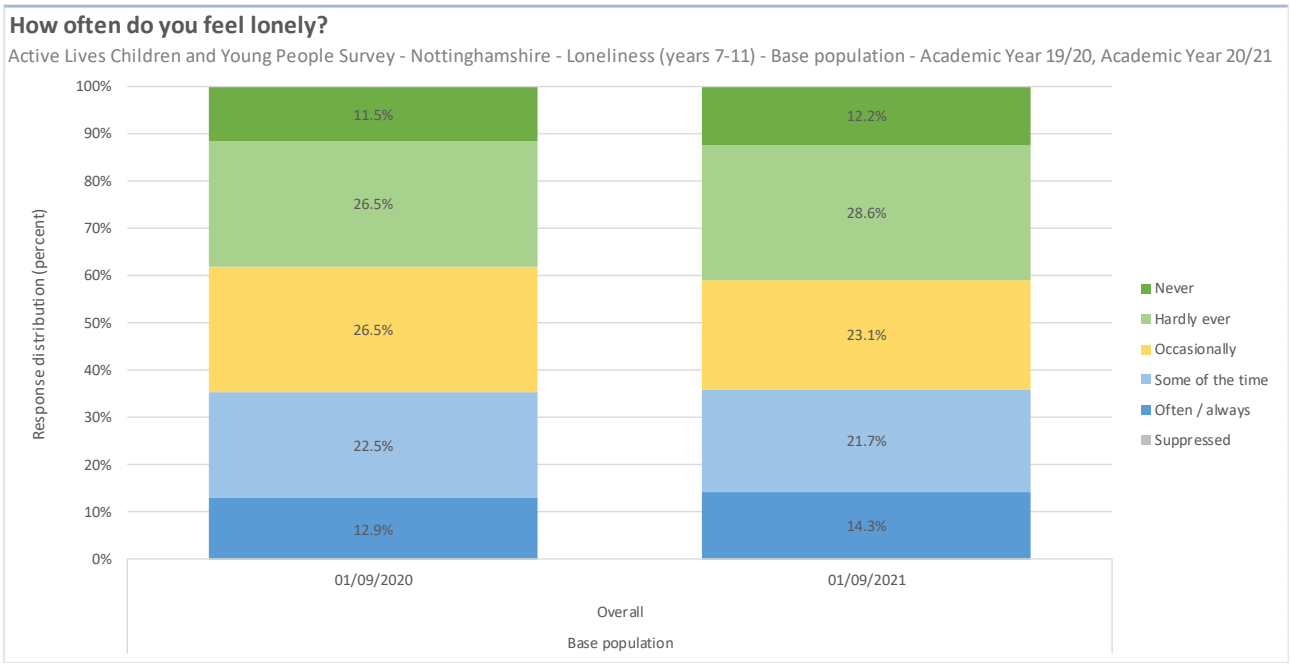


Figure 25. Children and Young People reporting on how often they feel lonely in Nottinghamshire (September 2020 – September 2021).[40]

Overall picture

The opinions and lifestyle survey does not particularly pick up loneliness and isolation in older people except for where they may be widowed or divorced, or have long term conditions or low incomes, perhaps this suggests age, in itself, is not an indicator of loneliness and isolation. 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

[39] "Active Lives Survey" Sport England. November 2020 – November 2021.
[40] "Active Lives Children and Young People Survey" Sport England. September 2020 – September 2021.

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 for meaningful contact. Among those aged over 75, two out of five (39%, around 2.1 million) do not use the internet.[41]

Digital exclusion appeared to be quite important in connecting during the pandemic, which may be why those in lower income groups and with long term conditions and pre-existing mental health conditions report feeling lonelier and more isolated that other demographic groups.

For younger people, they also had a feeling of missing out on their social lives and connecting at school, contributing to their feelings of loneliness and isolation.[42]

Loneliness goes hand in hand with mental illnesses such as depression this could produce an extra load on mental health services, loneliness peaked during lockdowns.

[41] "Dataset: Internet Users." Office for National Statistics. April 2021.
https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/datasets/internetusers
[42] "Official Statistics – Compliance with Coronavirus (Covid-19) guidelines." National Government. April 2021.
https://www.gov.uk/government/statistics/compliance-with-coronavirus-covid-19-guidelines

Additional Findings - National Literature Review

- Even before the COVID-19 pandemic, social isolation and loneliness were so prevalent in Europe, the USA and China, that it has been termed a 'behavioural epidemic'.
- According to the Office for National Statistics the majority of deaths involving COVID-19 have been among people aged 65 years and over - It is possible that the effects of social isolation will be more harshly experienced by this age group as a result of losing, either temporarily (e.g., admission to hospital) or permanently (e.g., death) friends or family in the same age group.
- Social isolation is going to have an immediate impact on mental health, including anxiety, caused by concerns about the outbreak, possible illness, and loneliness caused by self-isolation and social distancing. Over the longer-term it is also anticipated there will be other mental health problems, including PTSD, depression, increased risk of suicide and self-harm, and grief caused by bereavement.
  (Vrach, I. T. & Tomar, R. 2020)
- Areas with a higher concentration of younger people and areas with higher rates of unemployment tended to have higher rates of loneliness, especially working age young adults living alone.
  (ONS. 2021)
- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition. Research also found that risk factors for loneliness were near identical before and during the pandemic. Young adults, women, people with lower education or income, the economically inactive, people living alone, and urban residents had a higher risk of being lonely. Further, being a student emerged as a higher risk factor during lockdown than usual.
  (LGA. 2020)
- There are barriers preventing people from connecting – such as a lack of accessible green spaces, parks and gardens, public toilets, playing areas, local bus services, and ramps for people with disabilities. Too many people face barriers to digital connection as a result of lack of access to mobile technology and the internet, as well as a lack of digital skills and confidence. Poorly designed or unsuitable housing and neighbourhoods can make it hard for people to meet each other, maintain social connections and develop a sense of belonging. Some communities and groups were highlighted as facing particular disadvantage in relation to transport and mobility.
  (APPG. 2021)
- Nearly half of people with a learning disability (47%) said the pandemic had made them feel lonelier. However, for many people with a learning disability, feeling lonely did not end with the lifting of lockdown restrictions and the return to everyday life.
  (HFT.2021)
- Damaging impact that the loss of social and family contact is having for people with dementia. Social stimulation and regular face to face contact with loved ones not only helps people living with dementia to feel secure and improve anxiety and mood, but also helps them to maintain basic cognition and communication skills and maintain independence.
  (The Alzheimer's Society. 2020)
- Autistic people were 7 times more likely to be chronically lonely than the general population; and 6 times more likely to have low life satisfaction.
  (National Autistic Society. 2020)

Marginalised groups

This section includes some marginalised groups such as inclusion health groups, which 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, people in contact with the justice system.

People in these groups tend to have very poor health outcomes, often much worse than the general population. This contributes considerably to increasing health inequalities. Poor access to health and care services and negative experiences can also be common for these marginalised groups due to barriers which are often related to the way services are delivered.

By the very nature of the barriers, it is difficult to obtain information to help understand the impact of COVID-19 on these groups. 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.

Serious mental illness (SMI)

The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. SMI in England is slightly more prevalent in males and much more prevalent in those in 34-74 years old and it increases with increasing deprivation. [43]

Knowing how covid-19 has impacted on the incidence of SMI can inform us on how this could affect the prevalence going forward and any additional needs required. For local information eHealthscope accesses GP systems and can produce GP recorded incidence data over time amongst other metrics such as A&E attendances.

General practice incidence over the last five years shows an increase in females in Nottinghamshire and Bassetlaw ICS during the pandemic (2020/2021) but has started to tail off, males have decreased incidence from 2019.

The prevalence of persons with SMI that are recorded on GP disease registers is recorded as a quality outcome framework (QOF) measure, which is the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.

This covers all ages and is not split down any further. From the QOF prevalence below Nottinghamshire ICB tends to trend similarly to England although significantly offset by approximately 0.2% lower, however, Nottinghamshire's prevalence is starting to show an upward movement into 2021/22 whereas England's does not.

[43] "Research and analysis - Severe mental illness (SMI) and physical health inequalities: briefing" National Government. September 2018. https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

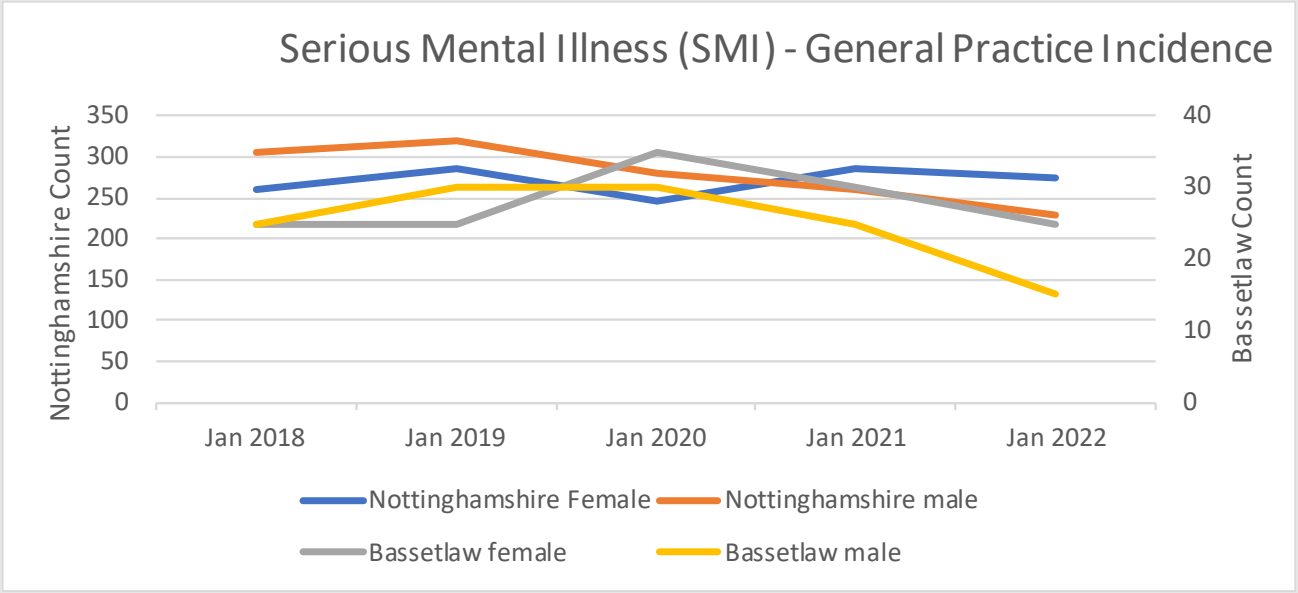


Figure 26. Number of general practice incidence relating to serious mental illness in Nottinghamshire (January 2018 – January 2022).[44]

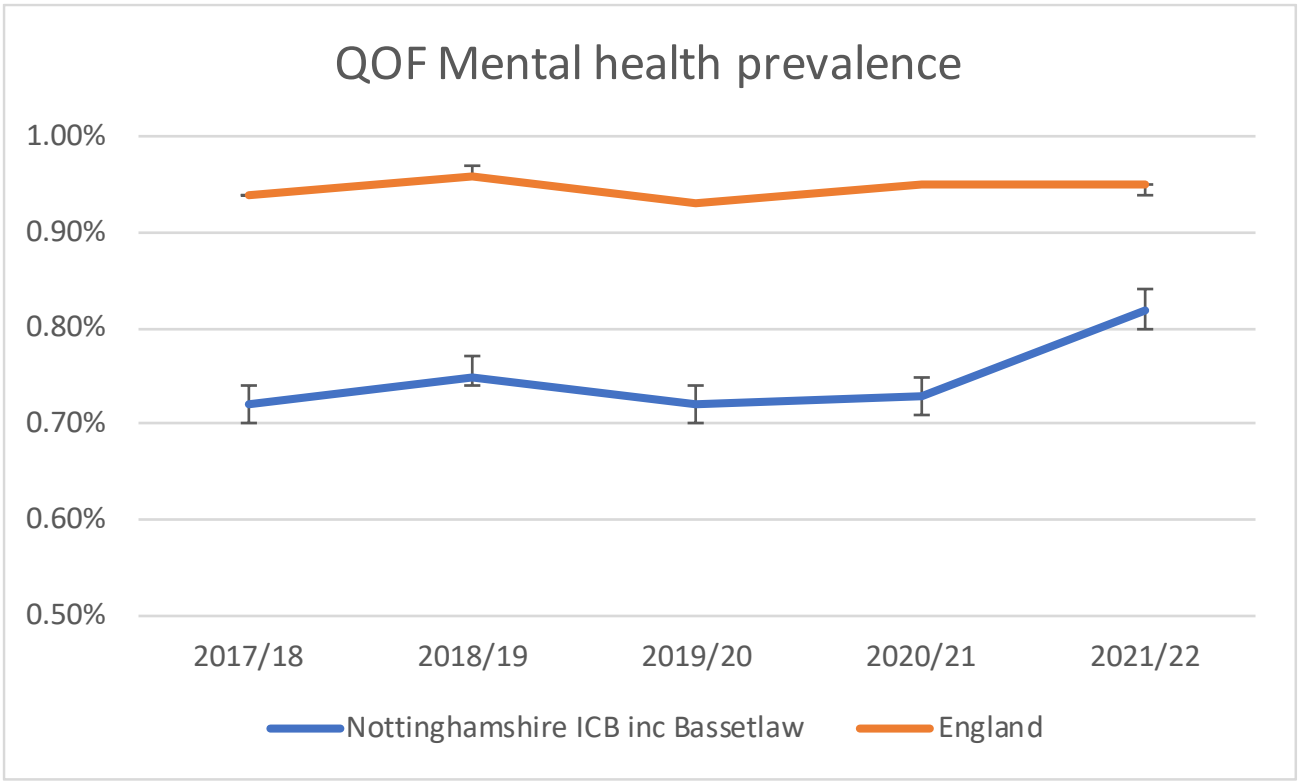


Figure 27. prevalence of persons with SMI that are recorded on GP disease registers in Nottinghamshire compared to England (2017 – 2022).[45]

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

[44] *Number of general practice incidence relating to serious mental illness in Nottinghamshire*. Ehealthscope. January 2018 – January 2022.
[45] *Prevalence of persons with SMI recorded on GP disease registers as a quality outcome framework (QOF) measure in Nottinghamshire compared to England*. NHS digital. 2017 – 2022.

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. It has been suggested that as GP appointments were hard to obtain for this group that they attended A&E instead. Gradually as things began to open numbers have begun to stabilise in the region of 400.

When broken down by gender the pattern and numbers show very similar trends.

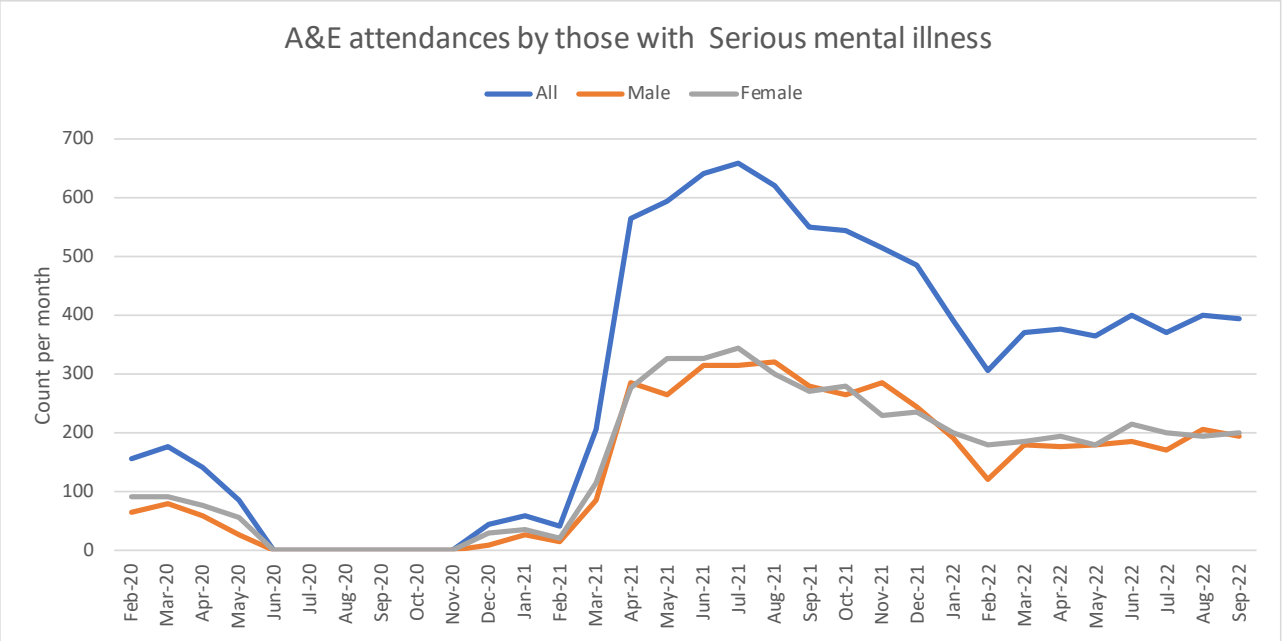


Figure 28. Counts of Accident and Emergency attendances by residents with serious mental illness (February 2020 – September 2022).[46]

Homelessness

People who are homeless can be considered one of the inclusion health groups and are likely to have multiple barriers when seeking help to access services. Homelessness can include unintentionally homeless, sofa surfers as well as rough sleepers

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. Official guidance suggested that only those who were considered 'extremely clinically vulnerable should have a legal 'priority need' for accommodation.

Local authorities have a duty to prevent homelessness. Where a local authority is satisfied that an applicant is threatened with homelessness and eligible, it must take reasonable steps to help the applicant secure accommodation. For Nottinghamshire housing is dealt with at District level. Assessment of vulnerability due to mental health problems will require co-operation between housing authorities, social services authorities, and mental health agencies. Housing authorities should consider carrying out joint assessments or using a

[46] *Counts of Accident and Emergency attendances by residents with serious mental illness*. Ehealthscope. February 2020 – September 2022.

trained mental health practitioner as part of an assessment team.[47] This information is collected by the Department for Levelling Up, Housing & Communities on a quarterly basis.

Over the period of the first lockdown and beyond the number of households that were covered by the history of mental health need varied considerably depending on which District in which they lived. Bassetlaw had the highest number of households owed a homelessness duty, six months before the first lock they had around 50 households, during 2020/21 this dropped to around 25-30 households, but the following winter increased again. Most of the other Districts

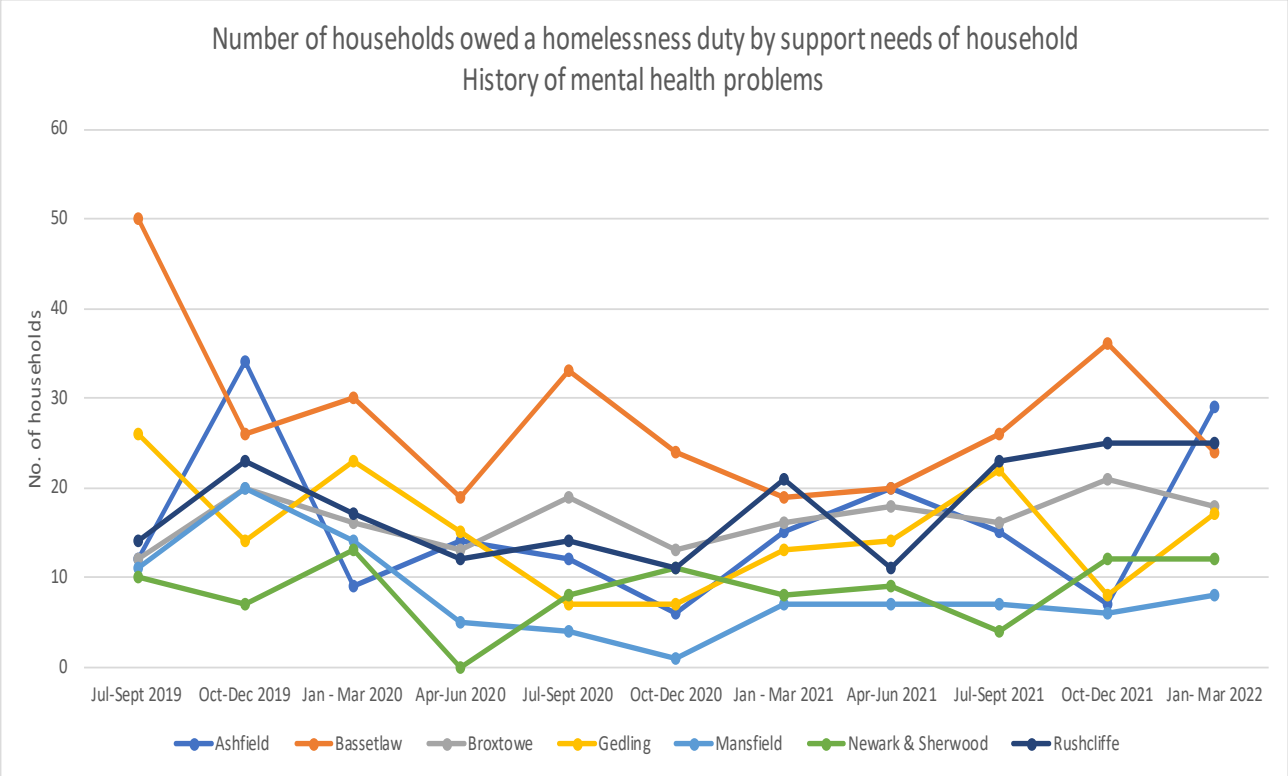


Figure 29. Number of households owed a homelessness duty and support needs with a history of mental illness (July 2019 – March 2022).[48]

followed a similar pattern. However, it is not clear about the impact on individuals' mental health. These are relatively small numbers of households involved so it should be interpreted with caution.

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

[47] *Homelessness code of guidance for local authorities*. National Government. February 2018 https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-8-priority-need

[48] *Households that had a history of mental health needs owed a homeless duty by their local authority due to their support needs – Quarterly Reporting*. Department for Levelling Up, Housing & Communities. July 2019 – March 2022.

2021. Although an increase over 3 years cannot be definitively attributed to Covid-19, it is a possible impact.

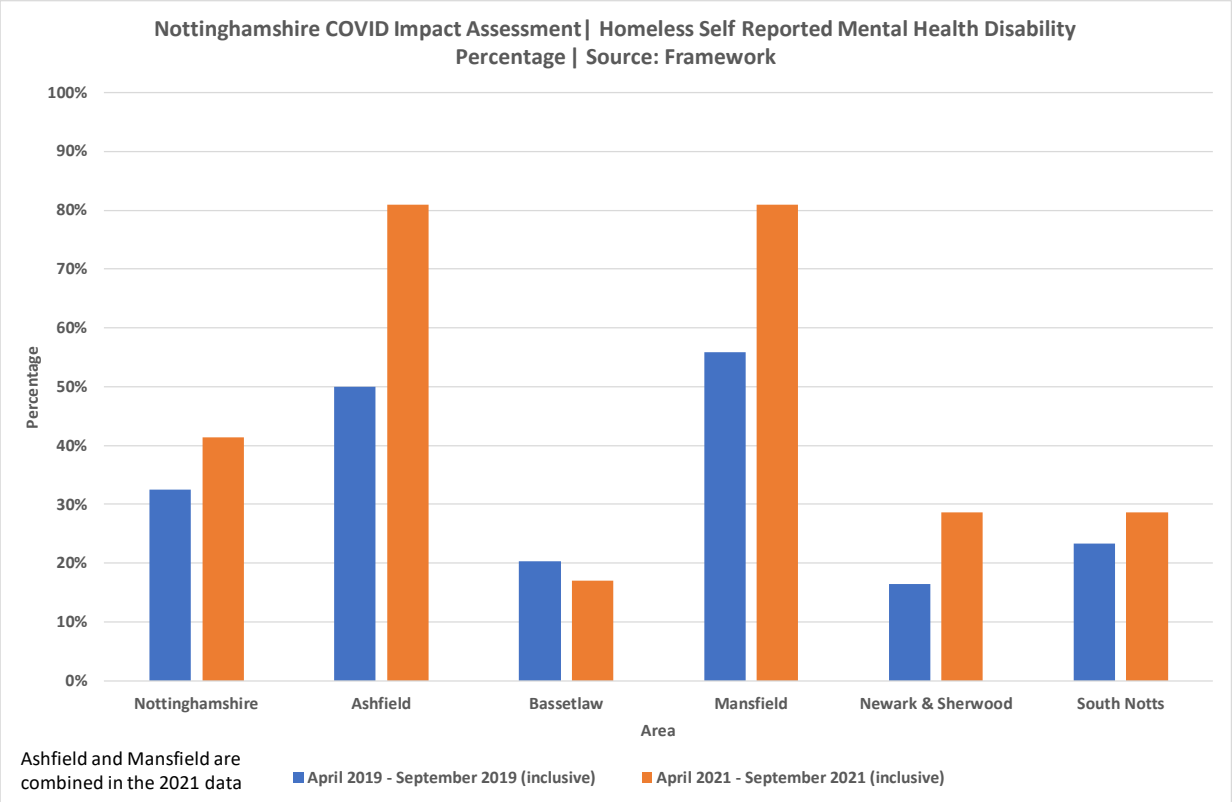


Figure 30. Self-reported mental health disability by homeless residents.[49]

Gypsy, Roma travellers and other transient inclusion groups

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. [50]

Many people from Romany and Traveller communities have low literacy levels including digital literacy, services not offering accessible information and support can be a major barrier to accessing healthcare. [51] Within the context of COVID-19, the move towards digital-first service delivery has exacerbated this. Especially as many live in overcrowded accommodation and lack privacy to access services even if they could get online.

Gypsy and Traveller communities are widely recognised to be more likely than the general population to be facing a variety of social risk factors, or wider determinants, of poor mental health, including, poverty, unemployment, lower educational attainment, insecure or lack of culturally appropriate accommodation, and extreme stress.

It is believed Gypsy, Roma, travellers are:

[49] *Homeless Self-Reported Mental Health Disability by Percentage across Nottinghamshire*. Framework. 2019 – 2021.
[50] "Tackling Suicide Inequalities in Gypsy and Traveller Communities." Friends, Families, Travellers. September 2022. https://www.gypsy-traveller.org/wp-content/uploads/2022/09/Suicide-Inequalities-agencies-report.pdf
[51] "How to tackle health inequalities in Gypsy, Roma, and Traveller Communities – A guide for Health and Care Services." Friends, Families, Travellers. https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf

6 x more likely to die by suicide

2 x more likely to experience depression and

3 x more like to experience anxiety than the rest of the population.[52]

With the barriers they experienced and the movement of many mental health support services moving online during the pandemic it is likely that their mental health will have been disproportionately affected.

[52] Ibid.

Additional Findings - National Literature Review

- Groups more likely to experience poor or deteriorating mental health during the pandemic, especially the first part of the pandemic include women, young adults (aged between 18 and 34), adults with pre-existing mental or physical health conditions, adults experiencing loss of income or employment, adults in deprived neighbourhoods, some ethnic minority populations, adults with personality traits that were more 'extraverted' or 'open to experience', and those who experienced local lockdowns. *(OHID. 2022)*
- Pre-pandemic vulnerable groups: middle aged men, people who self-harm, children and young people, people with a mental illness. It is emerging that there are two categories of vulnerable individuals in the context of COVID-19 – those for whom the pandemic has exacerbated existing problems, and those for whom the pandemic has resulted in significant and specific new issues, that are potential drivers of suicide. For example, job loss, unmanageable or mounting debts as a result of reduced income, bereavement and loneliness or social isolation. *(GOV.UK. 2021)*
- LGBTQI+ youth may be disproportionately affected by mental health challenges associated with the pandemic owing to the loss of safe spaces and difficulties accessing health and psychosocial support services. Non-binary and gender queer young people may be more likely to report high levels of PTSD symptoms and suffer losses of peer support. *(EBPU. 2020)*
- Service users from BAME backgrounds are showing higher levels of self-harm, suicidal thoughts, depression, and anxiety than white service users compared to the same time period in 2019. Specifically, suicidal thoughts among BAME youth increased by 27 per cent under lockdown; depression increased by 9 per cent; self-harm concerns were up by 30 per cent on previous year; anxiety and stress have seen an 11 per cent increase among BAME young people who also experienced a 27 per cent increase in issues around family relationships.

  (KOOTH. 2020)

- The UK eating disorder charity Beat reported a 195% increase in demand for their helpline services in March 2021 in comparison with February 2020. *(Davies, H., Hubel, C., Purves, K., et al. 2021)*
- The pandemic has led to a high mental health burden especially amongst health and care professionals and higher suicidal ideation and lower wellbeing in general public which warrants further investigation and management globally, highlighting an emerging critical public health issue. *(Phiri, P., Ramakrishnan, R., Rathod, S., et al. 2021)*
- A review across five regions in England and Wales noted that 66% of Gypsy, Roma Travellers had bad, very bad or poor health. Health access is incredibly difficult for people in these communities, which means that such problems are often not picked up until much later in the illness trajectory, leading to poorly managed chronic conditions. As well as physical health impacts, there are mental health consequences that come from the COVID-19 pandemic that are likely to disproportionately affect Gypsy, Roma Travellers. *(The Conversation. 2020)*

  Children and young people's mental health has deteriorated during the pandemic, however children in care are more vulnerable to health inequalities, and exhibit significantly higher rates of mental health issues, emotional disorders (anxiety and depression), hyperactivity and autistic spectrum disorder conditions *(RCPCH. 2022)* alongside children and young people with SEND. *(Gov.uk. 2021)*

Summary

Were there inequalities in outcomes in mental health before COVID-19? Have these inequalities worsened during the COVID-19 pandemic, or have additional inequalities emerged?

There were inequalities in mental health prior to the pandemic that were increasing, however data shows these have been exacerbated in some cases during the covid-19 pandemic. Many marginalised groups experienced worse outcomes before the pandemic: These include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, people in contact with the justice system. It is difficult to obtain information to help understand the impact of covid-19 pandemic on these groups due to poor access or barriers to health and care services, however national literature evidences a negative impact for these communities during the last 2 years.

The covid impact assessment has summarised these gaps locally and also highlighted other health inequalities in outcomes in mental health. These include higher rates of females seeking support for mental ill health than males and increasing referrals from young people identifying as Ethnic minority.

National evidence has shown that inequalities within mental health have widened during the covid-19 pandemic and risk factors heightened (such as unemployment, social isolation etc). Additional inequalities within mental health have been identified for LGBTQ+, students, people with disabilities, SEND and ADHD. It also recognises the impact of the pandemic on health, care and emergency workers' mental health during this time.

What are the short-, medium- or long-term impacts and are there any potential future impacts?

Short term impact is the increasing need of services, and within in the context of the pandemic the requirement of services to adapt its service delivery (such as digital offer).

Midterm impact is that for most services this has led to increasing waiting lists, especially for children and young people (e.g. CAMHS) and a heightened risk of people not identified or accessing services when needed and presenting with severe mental illness.

The long term impact is a few trends are expected to continue and keep a sustained increase after the pandemic. These include mental health worsening for the general population, a rise in referrals for eating disorders nationally and a specific focus on the increasing need for children and young people's worsening mental health.

What are the real and potential consequences of those impacts on the Nottinghamshire population?

If not addressed, these impacts will lead to an increased prevalence and need of services across mental health for the whole population. Specifically children and young people's mental health, people who identify as an ethnic minority and, while there's a lack of data recorded, for those identifying as LGBTQ+ and from Gypsy, Roma and Traveller communities too.

Locally there are a number of key plans and strategies in place focusing on improving mental health in Nottinghamshire. These include;

- Nottinghamshire Joint Strategic Needs Assessment – Loneliness and Social Isolation in older people (2016)
- Nottinghamshire Joint Strategic Needs Assessment – Suicide Prevention (2016)
- Nottinghamshire Joint Strategic Needs Assessment – Mental Health of adults and older people (2017)
- Nottinghamshire Joint Strategic Needs Assessment – Self Harm (2019)
- Nottinghamshire Joint Strategic Needs Assessment – Children and Young People's emotional and mental health (2021)
- Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young people's emotional wellbeing and mental health 2016 – 2023

In addition to the above, a set of recommendations based on the findings of this covid impact assessment on mental health have been provided in the following section.

Recommendations

1. Continue the development of online capacities and service innovations as well as develop a better understanding of digital poverty in inclusion health groups. Ensure support is built into service planning, alongside appropriate alternative provision to digital first service delivery where required.
   (Recommendation from Covid-19 Impact Assessment)
2. Undertake a qualitative review of the role and impact of covid-19 on informal/community providers of support for mental health and ensure services are co-produced with communities.
   (Recommendation from Covid-19 Impact Assessment)

Children and Young People

3. Investigate recording of reasons for referral to CAMHS Liaison in 2022. In addition, an investigation into the reduction in referrals recorded for self – harm (from 5.9% in 2021 to 0.9% in 2022) to be undertaken to establish if this is due to miscellaneous reporting (41% no reason recorded in 2021 increased to 85.6% not recorded in 2022) or reduction in need, or young people choosing to access support online.
   (Recommendation from Covid-19 Impact Assessment – Mental Health)
4. 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.
   (Recommendation from Covid-19 Impact Assessment – Mental Health)
5. Continuation and development of the Nott Alone Website and other digital platforms offering mental health support. 50% of Children and young people who access NottAlone website do so for access local mental health information. In addition, prior to the pandemic children and young people heard of Kooth mainly via school, whereas during the pandemic internet searches have become a close alternative route to the site\service.
   (Recommendation from Covid-19 Impact Assessment)
6. 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.
   (Recommendation from Covid-19 Impact Assessment)
7. Investigation as to whether the long term trend of increased referrals to Kooth by children and young people identifying as Ethnic minority is due to an increase in need or previous under reporting and representation of this group. This needs to be considered by service as may have implications for service offer.
   (Recommendation from Covid-19 Impact Assessment)

Self-Harm

8. Ensure systematic and routine communications campaign to include the key messages of self-harm for services that have been highlighted in this CIA. These include people who self-harm, older people who self-harm is at greater risk of suicide than adults who do not

self-harm and young people who self-harm and misconception that self-harm is most prevalent amongst younger people.
(Recommendation from Covid-19 Impact Assessment – Mental health)

9. Improve data quality and recording in commissioned services to reflect self-harm to ensure an improved understanding of need in this population.
(Recommendation from self-harm JSNA)
10. 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 including local and national, online, digital and phone support.
(Recommendation from self-harm mapping exercise in ICS)

Loneliness & social isolation

11. Ensure systematic and routine communications campaign to include the key messages of loneliness and social isolation for services that have been highlighted in this CIA. These include the misconception that young people are less likely to be lonely than other age groups.
(Recommendation from Covid-19 Impact Assessment – Mental health)
12. 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.
(Recommendation from loneliness in young people – Loneliness Policy, Mental Health Foundation)
13. Local Authorities to actively address loneliness and social isolation by incorporating analysis and actions to address loneliness into other plans and strategies, particularly Health Inequalities. Ensure a co-ordinated response across the County and target resources in areas of deprivation and need.
(Recommendation from Covid-19 Impact Assessment – Mental health)

Marginalised Groups

14. Ensuring people experiencing serious mental illness (SMI) have regular health checks to support physical health as well as their mental health.
(Recommendation from The Five Year Forward View for Mental Health - Independent Mental Health Taskforce)
15. 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).
(Recommendation from Covid-19 Impact Assessment – Mental health)
16. 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.
(Recommendation from Covid-19 Impact Assessment – Mental health)
17. 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.

(Recommendation from Covid-19 Impact Assessment – Mental health)

18. Explore the engagement of health & wellbeing champions within the Roma, Gypsy, and Traveller communities to generate lessons and opportunities for service development. *(Recommendation from Covid-19 Impact Assessment – Mental health)*
19. 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). *(Recommendation from Covid-19 Impact Assessment – Mental health)*

Glossary of services

Service	Description	Ages covered
NottAlone	A website with local mental health advice and help for young people in Nottingham and Nottinghamshire, all in one place.	Under 25
KOOTH	Online Mental Health wellbeing community support platform available to all CYP	10-24
Base 51	Base 51 is a charity that supports young people aged 11-25in Nottingham and the surrounding areas. Recognising that young peoples' wellbeing is more than just addressing their physical health needs but is about their whole person. This includes their emotional health, having settled accommodation, healthy relationships and ultimately making a positive transition to adulthood.	11-25
All Age Self-Harm Service (Harmless)	If you are experiencing a suicide crisis, our team at The Tomorrow Project aims to respond to your needs sensitively and empathically.	All Age
Community Child and Adolescent Mental Health Services (CAMHS), (Nottinghamshire Healthcare NHS Foundation Trust)	CAMHS provision is 'tier-less' in Nottinghamshire and allows self-referrals for all CAMHS services, including specialist services. Nottinghamshire Child and Adolescent Mental Health Services are for people up to 18 years old.	0-18
CAMHS Single point of access (SPA)	Advice in advance of submitting a referral can be obtained from a single point of access (SPA)	0-18
CAMHS -Hospital Liaison service teams	CAMHS Liaison – Kingsmill hospital CAMHS Hospital Liaison - NUH	0-18
CAMHS -eating disorders	Eating Disorders service for adults and adolescents aged 14+ who are suffering from Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.	14+
CAMHS Crisis Resolution, Home Treatment and Liaison (Nottinghamshire Healthcare NHS Foundation Trust)	This service is for young people who are experiencing a mental health crisis.	0-18
Mental health hospital bed days for children and young people	Bed days for children and young people in CAMHS expressed as a rate per 100,000 population aged 0-17, an indicator of rates of admission to CAMHS.	0-17
Emergency admissions for Intentional self-harm	Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages. This indicator is a measure of intentional self-harm as it has not been possible to include a suitable indicator representing all aspects of mental health and well-being. Self-harm results	All ages

	in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self-harm. These are self-harm events severe enough to warrant hospital admission. These hospital admissions are being used as a proxy of the prevalence of severe self-harm, these are only the tip of the iceberg in relation to the health and well-being burden of self-harm.	

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