Public Mental Health Response in Greater Glasgow and Clyde during the COVID-19 Pandemic

NHS
Greater Glasgow and Clyde

Prepared by GGCNHS Mental Health Improvement Team

This document draws on multiple sources of local, national and international evidence and inter-disciplinary dialogue, taking stock of the rapidly evolving picture of needs and responses. Proposed here is an approach to coordinating the public mental health response within Greater Glasgow and Clyde. This recognises that there has already been a tremendous response from many individuals, groups and agencies to the current and anticipated mental health needs of our population and seeks to build on this momentum and help shape and coordinate future stages of this work.

The prime audience is Health and Care partners in our Health Board area, but we also trust that the action areas below will also be of assistance to wider community partners in shaping their evolving response, such as voluntary sector partners.

We would encourage lead representatives of each relevant planning entity (including the six Health and Care Partnerships, and wider partners as appropriate) to adopt a proactive response to the public mental health aspects of the pandemic crisis, in line with the elements and action areas set out below. For example, respective children's planning structures (such as resilience groups) ensuring that aspects relating to child and youth mental health and wellbeing are addressed.

The Greater Glasgow and Clyde Mental Health Improvement Team will look to support and enable this wider effort in a range of ways and we would encourage on-going dialogue in progressing this vital agenda, as well as hearing of progress with practical programmes.

Table 1 - Main elements of public mental health response

Element	Summary of Main Required Responses
1. **Building resilience and maintaining mental wellbeing of population**	Many sources demonstrate that during disasters and social upheavals, social networks and community resilience are hugely important. There are already extensive community and multi-partner efforts underway to maintain collective support, provide for physical and emotional needs and maintain positive connection – volunteering is one excellent example. Statutory agencies need to enable the sustaining of this collective effort in a range of ways, and enable a "care for the carers" approach too
2. **Addressing isolation and loneliness, building social connections**	Importance of addressing loneliness and isolation is already well understood[1], as a public health priority and there is a need to provide a range of supports at a population level and for more vulnerable groups that reduce the sense of isolation, both during

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[1] https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/

		the "lockdown" phase and in the period that follows, when many groups may have experienced loss of normal support networks[2]
3.	**Responding to uncertainty, anxiety and distress, including suicidality; loss and bereavement; maintaining help to people with pre-existing mental health and allied conditions**	A range of sources are reporting increasing incidences of anxiety and distress (such as phonelines of various kinds – e.g. reports from Childline Scotland[3]). There are also concerns, based on experiences in other episodes of societal disruption and disasters of potential increases in suicidality and suicides; coping with loss and bereavement presents unique challenges in these unprecedented times, with restrictions on normal funeral and spiritual care arrangements; enforced family separation – targeted support on all these issues will be essential, as will ensuring that appropriate mental health care continues to be provided – in suitably modified form – to people with pre-existing mental health and allied conditions (including substance misuse)
4.	**Responding to underlying causes of mental health threats – unemployment, material hardship (or fears around this for the future), concerns about neglect or risk of harm, complex needs situations**	Understanding and responding to underlying causes of mental health difficulties is central to a comprehensive public mental health approach, and this is even more vital during the pandemic. Many forces are already or can be anticipated to have major impacts on our population's mental health and wellbeing - material hardship, unemployment or other loss of income or role, complications of other complex needs (such as disabilities – where regular support systems may have been disrupted), threat or reality of violence, bullying or neglect. We need major efforts focused on mitigating these factors – both shorter term economic and resource supports tailored to the needs of multiple groups, but also as we move into later phases, responding to emerging future threats – such as longer term damage to certain sectors of the society and the economy (e.g. shielded groups who may need to continue in lockdown, students with disrupted career plans, self-employed groups, unemployed groups)
5.	**Mental wellbeing and morale of workforces in multiple organisations, and volunteers**	There have already been considerable efforts and initiatives put in place to address the mental wellbeing of health and care staff in Greater Glasgow and Clyde, both at Health Board and HSCP levels – such as R&R hubs, info within the COVID sections of websites, enhanced psychological support systems, staff and management briefings, plus grassroots peer support efforts amongst staff groups. These need to be maintained as the situation unfolds with consideration to further strengthening across wider staff groups (e.g. impact of home-working). Also additional work should be progressed to ensure staff in wider partner organisations – such as people operating emergency phone lines, volunteering initiatives and in wider community partners receive the emotional support inputs they require.

Additional elements of response required

(i) <mark>**Intelligence-gathering and synthesis in real time**</mark> – need to devise means of bringing together multiple sources of intelligence (including from contact with communities and partner agencies) to better understand mental health impacts, emerging responses and

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[2] https://www.theguardian.com/society/2020/apr/28/the-extreme-loneliness-of-lockdown-even-though-my-partner-is-here-im-struggling-to-cope

[3] https://thirdforcenews.org.uk/tfn-news/hundreds-contact-childline-about-coronavirus

support needs – recommendations both of sources and effective analysis / collation and collaboration methods and tools are welcome and will help us do this at speed and reduce duplication of effort. Important to continuously learn from wider research and engagement efforts (a number of tracking studies are already underway) – linking with national colleagues who are collating a number of these studies with Scottish implications. See also Annex 1 for a digest of recent sources that have informed this proposal.

(ii)   **Life-course approach and a focus on key population groups**, with an emphasis on inequalities and equalities aspects – there is a need to create more tailored programmes of information and support for specific groups, and sustain this effort for the middle- to longer term. Connections and responsibility-taking for mental health planning are needed across a range of planning structures in each HSCP area to ensure mental wellbeing is being proactively considered and acted upon (early years, child and youth, adult, older people etc)

(iii)   **Communication strategy** – one of the challenges has been an overload of information in the early phases of the crisis and it is necessary to shape and coordinate communication outputs, taking account of the elements in Table 1 (e.g. youth-specific programmes and information for young people) – campaigns-grid type approach might offer one solution, with different people designated as coordinators or leads - could have a regular cycle of themes to focus on (e.g. having specific focused days on issues like sleep; loss and bereavement; distress/anxiety/suicide risk; showcasing positive efforts of our communities and partners to promote positive wellbeing is also important to the overarching task of maintaining community resilience and morale. Needs to be information on each of the elements in Table 1, plus assistance in communicating on availability and means of accessing current clinical mental health services. *Work is underway to consider means of enhancing use of a range of web and social media tools, including the adult-facing Heads Up website at GGC level and a suite of information resources have already been produced and disseminated.*

Note – a separate, brief paper is being prepared that seeks to **summarise public mental health communications efforts** already underway and propose additional steps. The Mental Health Improvement Team can assist in further development of communication responses. See as one specific our ongoing use of the @Ayemind99 Twitter account as a channel to share high quality information on mental health themes – which has seen more than 400 new followers over the last 4 weeks.

(iv)   **Recovery phase - anticipatory planning, middle- to long-term impacts and responses** in terms of population psychological wellbeing, and modelling on the "new status quo", e.g. what is likely to be fundamentally different for a protracted time afterwards – such as elevated levels of unemployment and poverty, other elements of economic and social disruption, longer term trauma impacts (PTSD-like effects), for some the potential positives of strengthened community bonds and transformed modes of help delivery that can be built on

The GGC Mental Health Improvement Team welcome the attention and priority that has been given to public mental health so far during the current crisis by Health Improvement and allied colleagues and look forward to further collaboration in meeting population mental health needs.

National dimension: Trevor Lakey as co-chair of the National Public Mental Health Special Interest (SIG) Group (with Dr Jane Bray of Tayside) will endeavour to keep a connection to emerging national approaches and resources. How do we best coordinate any emerging news / announcements / asks of national policy and development? As co-chairs of the SIG we are in active contact both with Public Health Scotland's mental health function and with Scottish Government, including the coordinators of the *Clear Your Head* social marketing campaign https://clearyourhead.scot/

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Annex 1 - Some key background sources

Rather than provide a detailed literature and sources overview, the links below represent a selection of the background guidance and evidence that is helping inform our Greater Glasgow and Clyde public mental health approach – colleagues are encouraged to engage with the Mental Health Improvement Team in relation to any emerging evidence that could further enhance the collective response. We have prepared a more comprehensive "Public Mental Health in a Time of Crisis" framework paper, providing more extensive evidence links, available on request.

1. Loneliness during coronavirus pandemic – feature from Mental Health Foundation, drawing on their own current survey work https://www.mentalhealth.org.uk/coronavirus/coping-with-loneliness

2. Call for enhanced mental health research, based on piece published in Lancet Psychiatry; MQ mental health research organisation comments: *"Mental health science has a role to play, perhaps especially in bringing together different disciplines and working with people with lived experience to help co-create answers to the challenges identified"* https://www.mqmentalhealth.org/posts/urgent-mental-health-research-response-coronavirus

3. How to reduce the psychological harm of COVID-19 pandemic (30 March 2020) Boston University, USA – http://www.bu.edu/articles/2020/psychological-harm-coronavirus-mental-health-experts/

   Karestan Koenen, Harvard T. H. Chan School of Public Health provides five recommendations for taking on the mental health consequences of COVID-19 – chimes very closely with the approaches advocated in this paper

(i) Identify that there is a problem.
(ii) Broaden the safety net, based on overwhelming evidence that "by buffering people from the economic consequences and the other social consequences of the pandemic, we are also protecting people's mental health."

(iii) Support those most at risk for trauma, including people with existing mental health problems, families in conflict and/or with histories of domestic violence, families with children with special needs, people who were already isolated before the pandemic, and people working in health care. "There are a *lot* of at-risk populations, which again argues for a *population* mental health approach".

(iv) She also recommended building up resilience strategies for individuals and communities.

(v) We need "to be kind to ourselves and to each other, to our families, and to our neighbours, because we are all under so much stress."

4. Mitigating the wider health effects of covid-19 pandemic response – Margaret Douglas et al, BMJ, 27th April 2020 https://www.bmj.com/content/369/bmj.m1557 - need to anticipate and respond to the needs of a range of vulnerable groups in order to mitigate the mental health and wider socioeconomic consequences

5. Cultivating Social Ties in an Age of Social Distancing – Professor Daniel Aldrich and team researches global disasters and the factors that help societies cope and recover – strong social ties and social connection are among the most important factors to long term recovery https://www.preventionweb.net/experts/oped/view/71227 and also see Los Angeles Times article[4] on similar theme, which includes the quote: "The people and communities that fare the worst are the ones with vulnerable populations who have weak social ties and lack trust and cohesion."

6. The youth tracking study #LockdownLowdown coordinated in Scotland by a number of youth agencies is highlighting emerging concerns from a sample of 2500 young people, including that two fifths of correspondents were moderately or extremely concerned about their mental wellbeing https://youngscot.net/news-database/lockdownlowdown-results

7. International resources: the organisation Mental Health Innovation Network has created an evolving suite of support resources to aid responding to mental health and psycho-social dimensions of the pandemic - https://www.mhinnovation.net/collaborations/resources-mental-health-and-psychosocial-support-during-covid-19-pandemic including a growing set of "Stories from the Field"

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[4] https://www.washingtonpost.com/lifestyle/wellness/social-distancing-coronavirus-physical-distancing/2020/03/25/a4d4b8bc-6ecf-11ea-aa80-c2470c6b2034_story.html