WOKINGHAM
BOROUGH COUNCIL

CHAPTER 8: COVID-19 AND MENTAL HEALTH

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8 COVID-19 AND MENTAL HEALTH

8.1 Introduction and definition

8.1.1 What is COVID-19

COVID-19 is an infectious disease caused by SARS-CoV-2, a strain of coronavirus that was not previously seen in humans. The virus was first discovered in China in December 2019 and the disease evolved into a pandemic that swept across the world at great speed. In late January 2020, the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern. At about the same time, the first case of COVID-19 also emerged in the UK.

The first case of COVID-19 in Wokingham occurred in March 2020. As of November 2021, there have been over 20,000 Wokingham residents among the 9.13 million people in the UK who tested positive for COVID-19.

The main symptoms of COVID-19 include:

- High temperature (≥37.5^{o}C)
- Cough
- Loss of taste and/or smell

Box 8:1 shows the full list of symptoms provided by the NHS. However, a significant proportion of those infected do not have any symptoms.

Box 8:1: COVID-19 symptoms

COVID-19 symptoms

- a high temperature or shivering (chills)
- a new, continuous cough
- a loss or change to your sense of smell and/or taste
- shortness of breath
- feeling tired or exhausted
- an aching body
- a headache
- a sore throat
- a blocked or runny nose
- loss of appetite
- diarrhoea
- feeling sick or being sick

8.2 Mental health outcomes in people with covid-19

The impacts of the COVID-19 pandemic on mental health and wellbeing are a significant public health concern with some being short-term while others are likely to be long-term. Mental health inequalities have been exacerbated by the pandemic (The Parliamentary Office of Science and Technology, 2021).

8.2.1 Direct impacts of COVID-19 infection

Some evidence indicates that people with COVID-19 infection are 46% more likely to have a mental health diagnosis (Xie, Xu, & Al-Aly, 2022). A review by the UK Parliament Post found high numbers of patients reporting symptoms of depression

(23%) and anxiety (16%), even with milder infection. Elevated rates of post-traumatic stress disorder (PTSD) symptoms have also been identified in those requiring higher intensity medical treatment in the UK, such as hospital admission with or without ventilation (The Parliamentary Office of Science and Technology, 2021).

Box 8:2: Neuropsychiatric disorders associated with COVID-19 infection (Xie, Xu, & Al-Aly, 2022)

Anxiety disorders

- Generalized anxiety disorder
- Mixed anxiety disorder
- Panic disorder

Depressive disorders

- Major depressive disorder- single episode
- Major depressive disorder - recurrent
- Suicidal ideation

Stress and adjustment disorders

- Acute stress and adjustment disorder
- PTSD

Neurocognitive decline/Dementia

Sleep

- Sleep disorders

8.2.2 Indirect impacts of the pandemic

The pandemic has exacerbated pre-existing mental health inequalities. A report by the Royal College of GPs highlighted emerging evidence for several negative health impacts, including mental health (The Parliamentary Office of Science and Technology, 2021).

8.2.2.1 Depression and anxiety

Current evidence suggests there has been an initial reduction in the incidence of depression and anxiety during the early part of the pandemic in England which could be attributed to missed opportunities for care. The rates have since recovered to expected levels and there was no increase in the rate of antidepressant prescribing (The Parliamentary Office of Science and Technology, 2021).

8.2.2.2 Self-harm and suicide

Concerns that the pandemic could result in increased suicide or self-harm rates has not been borne out by data from services in the UK so far, but data from Japan reported an increase (Appleby, et al., 2021) (The Parliamentary Office of Science and Technology, 2021). There is a well-documented link between recession and suicide, but this can take place over years and thus requires a prolonged follow-up period. A study has shown that until February 2021 the largest contribution to self-harm thoughts and behaviour during the pandemic was physical or psychological abuse, including domestic violence (The Parliamentary Office of Science and Technology, 2021).

8.2.2.3 Wider population wellbeing

In May 2020, the Office for National Statistics (ONS) reported that wellbeing levels were at their worst since data collection began in 2011 with almost half of people reporting that the pandemic was affecting their wellbeing (The Parliamentary Office of Science and Technology, 2021). In January 2021, the ONS further reported personal well-being scores for life satisfaction, feeling that things done in life are worthwhile and happiness remained at some of the lowest levels recorded since this survey began in March 2020 (Office for National Statistics, 2021). However, others have found that measures of life satisfaction and loneliness have remained relatively stable (The Parliamentary Office of Science and Technology, 2021).

Younger people and those with a history of mental illness expressed the highest levels of loneliness. A 2021 study by the Mental Health Foundation reported loneliness increased from 10% in March 2020 to 26% in February 2021 (The Parliamentary Office of Science and Technology, 2021).

8.2.3 Groups most at risk

Certain factors predisposing to higher risk of adverse mental health outcomes were exacerbated during the pandemic. Reviews suggest that people with the following characteristics were most affected by the pandemic (The Parliamentary Office of Science and Technology, 2021).

8.2.3.1 Young adults

One of the most consistent findings across studies was the negative impact of COVID-19 on young adults' mental health, who experienced higher depression and anxiety. Those with pre-existing mental health conditions, such as disordered eating and self-harm, appeared to be at greater risk of developing symptoms of depression, anxiety and poor mental wellbeing during the pandemic, compared with those without pre-existing conditions (The Parliamentary Office of Science and Technology, 2021).

8.2.3.2 Women

The pandemic has had a disproportionate impact on women who experience socioeconomic and gender inequalities, and domestic violence. Multinational and UK studies found high levels of depression and anxiety symptoms among pregnant and breastfeeding women during the outbreak. Healthcare staff perceived this vulnerability to be mostly associated with the impact of social isolation and domestic violence and abuse (The Parliamentary Office of Science and Technology, 2021).

8.2.3.3 Minority ethnic communities

Those from minority ethnic backgrounds have had higher levels of self-reported depression, anxiety, abuse, self-harm, and thoughts of suicide/self-harm across the pandemic compared to the general population. It is unlikely ethnicity itself causes differences in mental health outcomes, but it may be related to other factors such as occupation, low income, higher likelihood of infection and death, or racism (The Parliamentary Office of Science and Technology, 2021).

8.2.3.4 People living alone or with children

Those living alone or with children under the age of 5 years were found to have more anxiety and psychological distress. Families with younger children, adult caring responsibilities, children with disabilities or special educational needs also struggled and these problems were further compounded by reductions in professional support for their needs during lockdown. In other studies, some parents found being at home was positive for the whole family's mental health and strengthened family bonds (The Parliamentary Office of Science and Technology, 2021).

8.2.3.5 People with pre-existing mental illness

Pre-existing mental health risks make people more likely to report worse mental health and wellbeing than those without, although there is no good evidence of that inequality widening. A US study showed no worsening of mood or psychotic symptoms in the first 2-4 months of the pandemic for people with bipolar disorder or schizophrenia and findings from preliminary UK studies were similar. However, some studies have found that people with bipolar disorder have reported more depression, anxiety, difficulty in managing their mood and more suicidal thoughts (The Parliamentary Office of Science and Technology, 2021).

People with eating disorders found the pandemic difficult and charities reported demand for their support services increased by 98% during March-August 2020, compared to the same period in 2019. There have also been concerns about alcohol use and addictive disorders (The Parliamentary Office of Science and Technology, 2021).

8.2.3.6 People experiencing socioeconomic adversity

People adversely impacted economically by the pandemic have been highlighted as a vulnerable group with those with the lowest incomes and the unemployed being disproportionally affected. Experiencing both a COVID-19 infection and financial worries was associated with self-harm thoughts and behaviours, and depression and anxiety symptoms. Those affected by socio-economic adversity before the pandemic, found coping during the pandemic more difficult (The Parliamentary Office of Science and Technology, 2021).

Generally, people from minority ethnic backgrounds were more likely to experience job loss and other financial hardship during the lockdown (Hu, 2020). Public Health England pointed out that long periods of unemployment can precipitate deteriorations in mental health. Furthermore, periods of mental ill-health can make finding and retaining employment more difficult, and mental disorder is an important reason of why people are on low income (Public Health England, 2020).

In January 2021, a report by the Health Foundation found that 43% of unemployed people had poor mental health compared with 27% of those in employment and 34% on furlough suggesting that furloughing has had a protective effect on mental health. The report further estimated there could be 800,000 unemployed people with poor mental health negatively affected by the end of 2021 (Wilson & Finch, 2021).

8.2.3.7 Health and care workers and unpaid carers

In May 2021, a report estimated that 50% of critical care workers would experience one or more mental health problems and up to 40% would develop PTSD in the next

3 to 5 years. Carers for adults and children with learning disabilities are considered to be at higher risk (O'Shea, 2021).

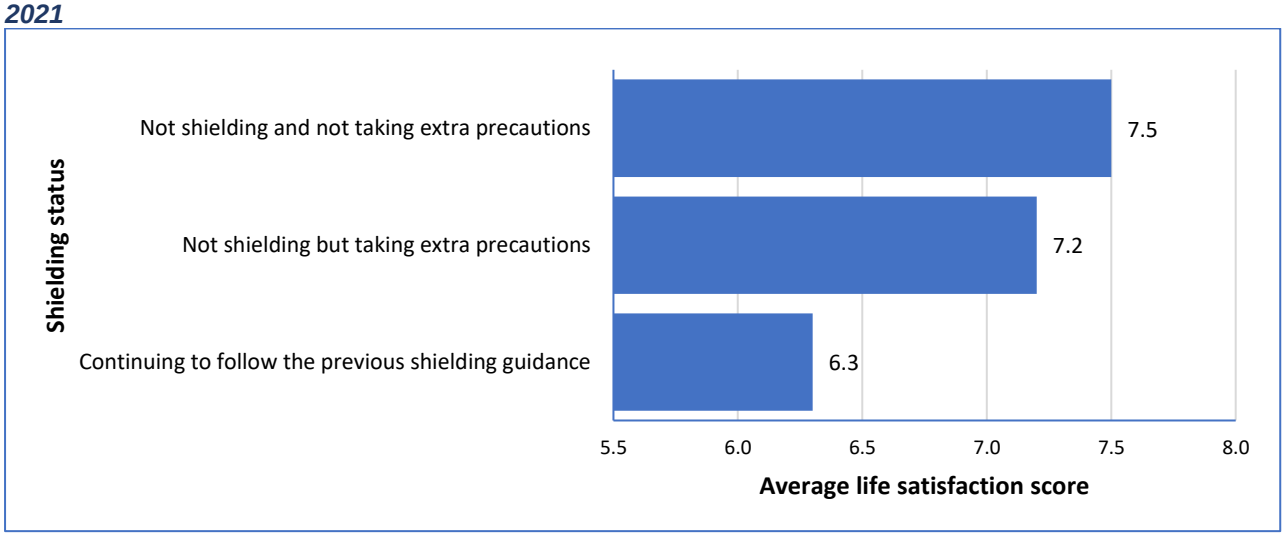
The ONS found that in April 2020, following the first lockdown, reported symptoms of poor mental health increased to 31% among those who provided help or support to others outside their home compared to 21% recorded in 2017-2018 in the same group; for people not providing help or support, the proportion reporting poor mental health also increased from 20% in 2017-2018 to 29% in April 2020 (Office for National Statistics, 2020).

8.2.3.8 Clinically extremely vulnerable (CEV) groups

People deemed to be at high risk of serious illness from COVID-19 were advised to shield. This included people with specific medical conditions, such as cancer and some respiratory diseases. Overall, they were more likely to report higher levels of depression, anxiety and loneliness compared with those of a similar age who were not advised to shield. People with physical disabilities might be at particular risk of emotional distress, poor quality of life, and low wellbeing during the COVID-19 pandemic.

For the CEV population that had to undergo shielding during the pandemic, the ONS found that by October 2021, 68% of CEV people reported they were no longer shielding but were still taking extra precautions, and 22% reported they were continuing to shield. Life satisfaction scores were lower for those who continued to shield (6.3 out of 10) than those not shielding but taking precautions (7.2 out of 10), and those not shielding and not taking extra precautions (7.5 out of 10) (Figure 8.1). A higher proportion of CEV people reported feeling lonely often or always (10%) compared with the general adult population of England (6%). (Office for National Statistics, 2021)

Figure 8.1: Average life satisfaction, by current shielding status, England, 11 to 16 October 2021



Source: Office for National Statistics – COVID High Risk Group Insights Study

8.2.3.9 Other drivers of worsening mental health during the pandemic

The Health Foundation has identified the following as some of the major factors worsening mental health during the pandemic (The Health Foundation, 2021).

Social isolation

Lockdown has brought social isolation to many, particularly people living alone or those who have been shielding. Though the proportion of people reporting they feel lonely often or always during lockdown has been similar to pre-pandemic, at around 5% (2.6 million), some groups have been disproportionately affected by loneliness including working-age adults living alone, those in poor health, and people in rented accommodation.

Social isolation has the potential for detrimental effects other than loneliness. There have been serious concerns about victims of domestic abuse being locked down with perpetrators.

Housing insecurity and quality

Housing conditions and ability to afford housing are strong influences on mental health. People who rent have experienced greater financial impacts during the pandemic than those who own their homes, another example of a driver for poor mental health that is socioeconomically patterned.

During lockdown, people have spent far more time than usual in their homes. Quality of housing and the opportunities it affords – including personal and outdoor space – are highly variable. It is estimated about 12% of households in Great Britain have no access to a private or shared garden, and Black people in England are nearly four times as likely as white people to have no access to outdoor space at home (37% versus 10%).

Loss of coping mechanisms

The pandemic has diminished many of the mechanisms people typically use to cope with stress. The most popular coping mechanisms during lockdown have been staying in touch with friends and family and taking daily outdoor exercise, which has helped nearly half of the adults surveyed. Work has also been important, with the value for mental wellbeing extending beyond the financial benefits.

Many though have lost jobs or been furloughed, exercise and access to outdoor spaces has been limited, and some people have not been able to meet with friends or family. There were inequalities in these deficits: job loss was socioeconomically patterned, some groups could not get outdoors, and some were unable to remain digitally connected to friends and family. All of these increased the likelihood that the pandemic would increase mental health inequalities.

Reduced access to mental health services

While mental health is determined by much broader factors than access to mental health services, these are critical for people experiencing mental illness. Services were already stretched with many providers reporting an inability to meet the rising demand prior to the pandemic; the lockdown had exacerbated this pressure which is likely to increase further in future.

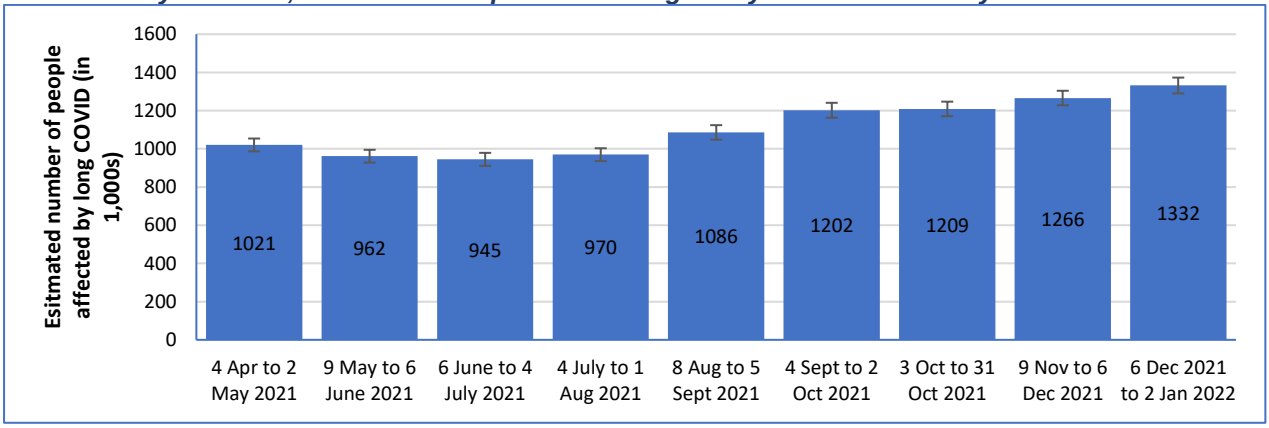
The Royal College of Psychiatrists reported almost half of psychiatrists have seen increases in urgent and emergency cases during lockdown while a similar proportion have seen falls in routine appointments. There were fears people were staying away until they reach crisis point, which would result in a flood of exacerbated and untreated mental illness after the pandemic, and mental health providers were already reporting significant increases in demand and severity of new referrals.

8.2.4 "Long Covid" and mental health

The term "long COVID" is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more) (The National Institute for Health and Care Excellence, 2020).

According to the Office for National Statistics, an estimated 1.3 million people living in private households in the UK (2.1% of the population) were experiencing self-reported long COVID in the four-week periods from 2 May 2021 to 2 January 2022 (Figure 8.2). The prevalence of self-reported long COVID was highest in people aged 35 to 69 years, females, people living in more deprived areas, those working in health care, social care, or teaching and education, and those with activity-limiting health conditions and/or disability (Office for National Statistics, 2022).

Figure 8.2: Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 2 January 2022

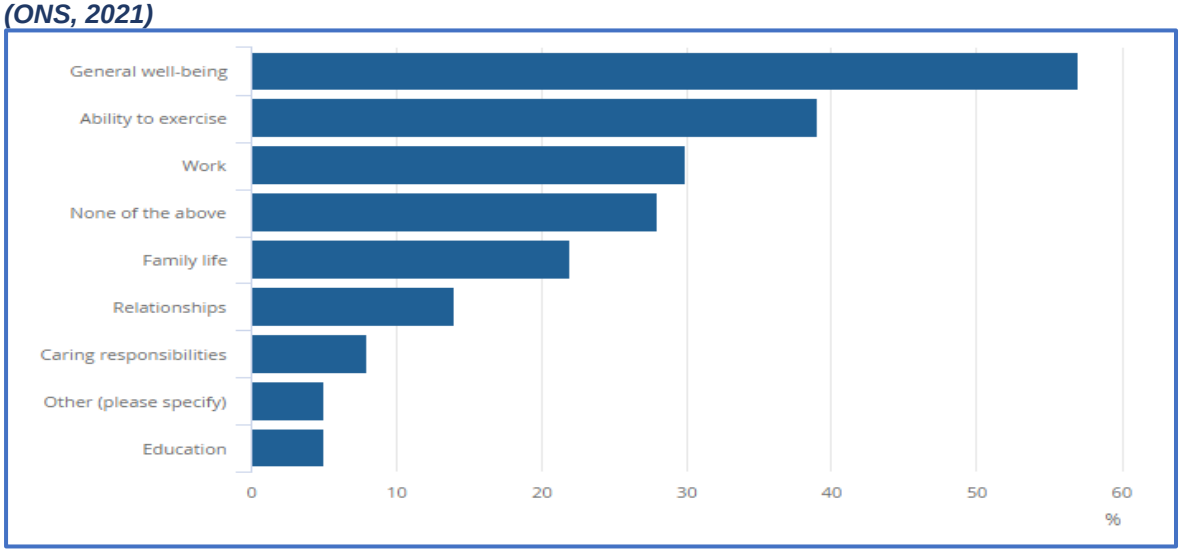


Source: Office for National Statistics - Coronavirus (COVID-19) Infection Survey (CIS)

The evidence on mental health impact associated with long COVID is emerging but does not seem to be different from that associated with immediate post-acute COVID mental health impact. A systematic review assessing the long-term effects of COVID-19 on mental health found that affected individuals experienced no or mild symptoms of long-term anxiety and depression, mild sleep disturbances, and PTSD. The review also found the long-term prevalence of anxiety, depression, PTSD, and sleep disturbances to be comparable to general population levels (Bourmistrova, Solomon, Braude, Strawbridge, & Carter, 2022). This suggests some of the mental health impacts may be transient.

In July 2021 in the UK around 30% with long COVID reported experiencing moderate to severe depressive symptoms in the last 2 weeks compared with 16% of those who have not had coronavirus (COVID-19). 57% of adults who reported to have experienced "Long Covid" said it had negatively affected their general well-being. The next most common way that "Long Covid" was negatively affecting their lives was the ability to exercise (39%) and work (30%) (Figure 8.3) – this may have a consequential impact on job retention, as employment and economic activity are determinants of mental health and wellbeing (Office for National Statistics, 2021).

Figure 8.3: Distribution of adults reporting having "Long Covid" by its impact on daily lives (ONS, 2021)

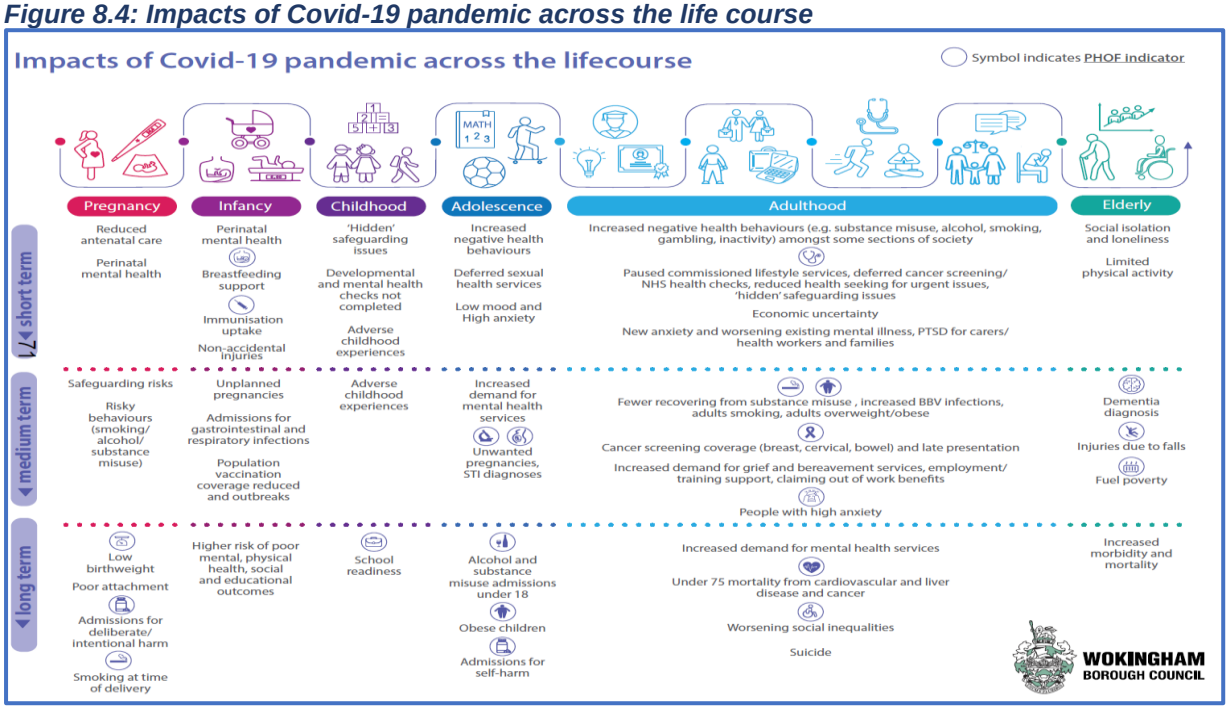


8.3 Mental health impact of COVID-19 in Wokingham

The impact of COVID-19 across the life course, including aspects of mental health, are summarised in Figure 8.4 (Wokingham Borough Council Wellbeing Board, 2020). It shows that individuals in different stages of their life may not have been able to have their mental health needs met. Notable examples include:

- Reduced care in the antenatal process and perinatal mental health
- School-age children not being able to interact with peers in group settings as usual, therefore impacting their social development
- Increased demand for mental health services, as the individual grows from childhood to adolescence
- Social isolation and loneliness especially among the elderly
- Cognitive decline leading to dementia associated with COVID-19

Figure 8.4: Impacts of Covid-19 pandemic across the life course



Wokingham Borough Council (WBC) conducted a residents' survey in August 2020 to understand the impact that COVID-19 has had. Respondents indicated they struggled during lockdown with stress and anxiety (46%), followed by other mental health problems including depression (21%). Going forward, 32% said stress and anxiety was one of their biggest concerns or worries, while 19% said mental health was (Wokingham Borough Council, 2020).

In the UK, 65% of long COVID sufferers said that it adversely limited their daily activities; the prevalence of psychological/psychiatric symptoms included (Office for National Statistics, 2021):

- difficulty concentrating (30%),
- memory loss/confusion (24%),
- low mood/not enjoying anything (23%), and worry/anxiety (23%)

A rough estimate based on these findings and the 20,000 Wokingham residents who have had COVID-19 showed that 2,600 residents may have long COVID, of which 1,690 people consider their daily lives to have been adversely impacted, and around 780 people have related psychological/psychiatric symptoms.

8.3.1 Impact of COVID-19 on people affected by dementia

The impact of COVID-19 on People Affected by Dementia report by Alzheimer's' Society (2020) outlined the effect of lockdown on individuals with symptoms of dementia. In relation to dementia symptoms:

- The most common increased symptoms that people living with dementia (PLWD) reported having increased since lockdown include difficulty concentrating (48%), memory loss (47%), and agitation/restlessness (45%).
- The most common symptoms that carers reported, in their loved one living with dementia, that have increased since lockdown began included memory loss (54%), difficulty concentrating (47%), agitation/restlessness (49%) and stress or depression (46%).
- PLWD living alone were more likely to report an increase in their symptoms during lockdown compared to PLWD living with others. In particular: memory loss (54% v 42%) and difficulty in reading or writing (35% v 24%).
- Only 1 in 5 reported having seen no difference in their dementia since start of lockdown.

In relation to the impact of the pandemic and associated restriction had on the mental wellbeing of PLWD and their carers, the following were found

- 46% of PLWD state the pandemic has had a negative impact on their mental health, and over 1 in 3 reported having lost confidence in going out and conducting daily tasks.
- PLWD living alone reported more negative experiences of the pandemic, with 56% of them stating that they felt lonelier, compared to 23% of PLWD living with others reporting this.
- Several PLWD mentioned they missed taking part in social functions that they attended prior to lockdown (including dementia support groups), and that the restrictions on doing this had diminished their confidence further.

- The pandemic has had a strong negative emotional impact on carers with their mental health (44%), added strain in their relationship with their loved one (42%) and left them struggling with caring for themselves and their loved one (22%).
- Other areas carers were negatively impacted include exhaustion, sadness and missing loved ones.

8.3.2 Indicators of COVID-related mental health impact in Wokingham

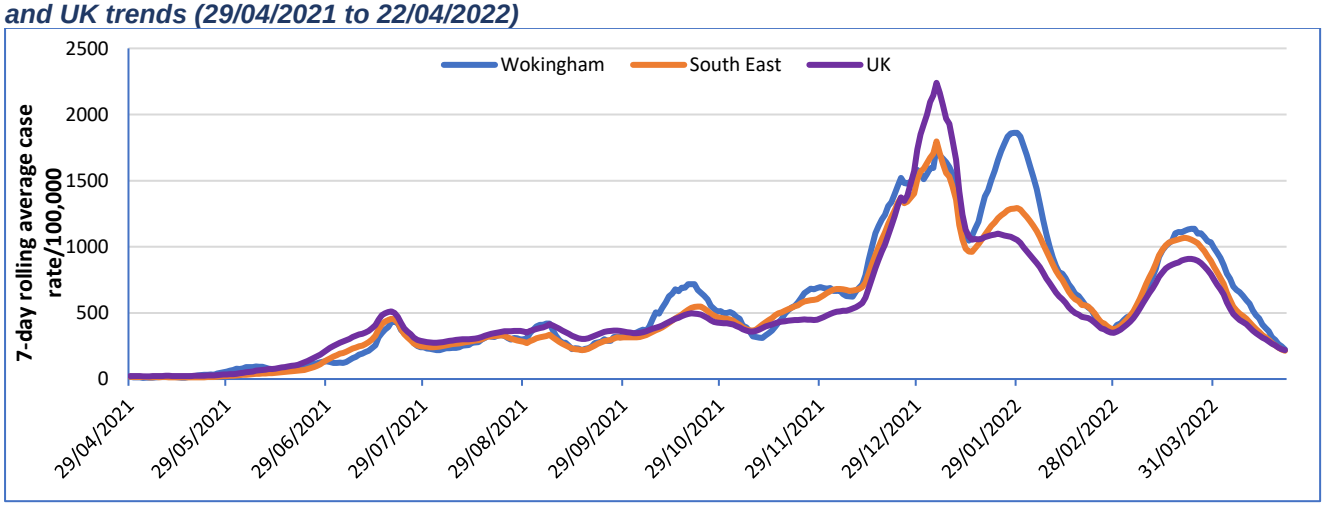
8.3.2.1 COVID Incidence

As of 28/04/2022, there were 59,121 individuals who have tested positive for COVID in Wokingham since the pandemic began. The figures for the South East and the UK were 2,989,703 and 22,025,925 respectively.

Figure 8.5 shows the trend for 7-day rolling average case rate for Wokingham compared with South East and UK trends. The local pattern was broadly in line with national and regional patterns except for three points during the pandemic where the local rates were higher than the national and regional rates.

Evidence on the mental health impact is evolving, but early evidence of the negative impact in people with a Covid-19 diagnosis showed that the estimated incidence of a neurological or psychiatric diagnosis in the following six months an infection was 33.62%. For those receiving their first neurological or psychiatric diagnosis, the incidence was 12.8%. For patients admitted to intensive care units (ICUs), the estimated incidence was 46·42%, with 25·79% of ICU patients receiving their first ever diagnosis of a neurological or psychological diagnosis (Taquet, Geddes, Husain, Luciano, & Harrison, 2021).

Figure 8.5: Trend for 7-day rolling average case rate for Wokingham compared with South East and UK trends (29/04/2021 to 22/04/2022)



Source:** [Coronavirus in the UK](#) **(accessed on 28 April 2022)

Assuming the research evidence cited above was applicable to Wokingham residents with COVID-19 infections, we estimate around 19,877 residents would have had a neurological or psychiatric diagnosis during the pandemic. The numbers would be disproportionately high in those who were admitted to ICUs.

8.3.2.2 Inequality/deprivation

Wokingham is the least deprived upper tier local authority in England based on the 2019 Index of Multiple Deprivation (IMD) score with 66.7% of the population living in the least deprived 10th decile areas based on the 2019 national IMD score ranking.

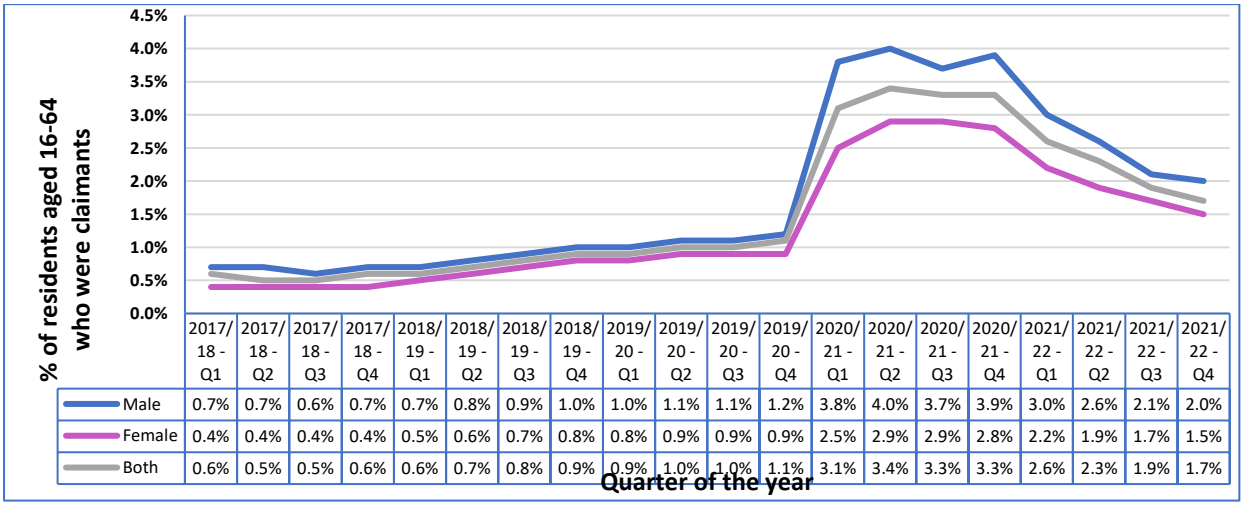
None of the residents live in the 30% most deprived areas in England. However, there are pockets of deprivation which are not easily evidenced using the higher-level population data e.g., rough sleepers, those with long-term conditions (diabetes, respiratory conditions).

8.3.2.3 Employment

In Wokingham, the negative impact of COVID on employment started being noticeable from the 4th quarter of 2019/20, peaked in the 2nd quarter of 2021/22 and had not returned to pre-pandemic level as of the 4th quarter of 2021/22. The impact was significantly higher among males compared to females (Figure 8.6).

At the peak in 2nd quarter of 2021/22, 3,665 residents were claiming unemployment-related benefits in Wokingham. In January 2021, 43% of unemployed people had poor mental health impacted (The Parliamentary Office of Science and Technology, 2021). Assuming this represented the experiences of local unemployed residents, around 10,435of them would have experienced poor mental health at some time during the pandemic and during the 4th quarter 2021/22 the figure would have been 796 based on 1,850 resident claiming employment related benefits. These estimates are likely to underestimate the actual numbers because claimant data excluded the unemployed not making the claims, including migrants who had no recourse to public funds.

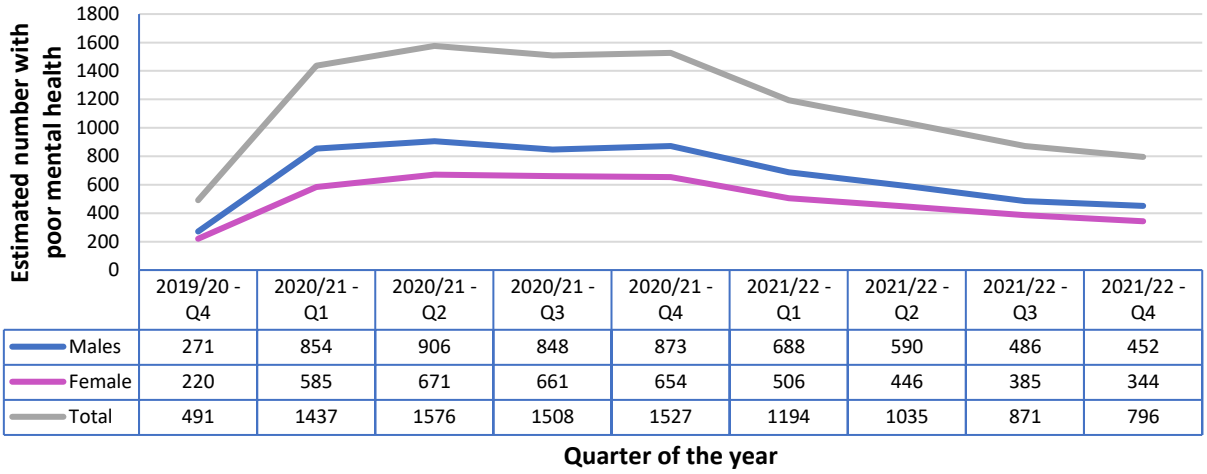
Figure 8.6: Trends for proportion of Wokingham residents aged 16-64 claiming unemployment-related benefits – 2017/18 to 2021/22



	2017/18 - Q1	2017/18 - Q2	2017/18 - Q3	2017/18 - Q4	2018/19 - Q1	2018/19 - Q2	2018/19 - Q3	2018/19 - Q4	2019/20 - Q1	2019/20 - Q2	2019/20 - Q3	2019/20 - Q4	2020/21 - Q1	2020/21 - Q2	2020/21 - Q3	2020/21 - Q4	2021/22 - Q1	2021/22 - Q2	2021/22 - Q3	2021/22 - Q4
Male	0.7%	0.7%	0.6%	0.7%	0.7%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.2%	3.8%	4.0%	3.7%	3.9%	3.0%	2.6%	2.1%	2.0%
Female	0.4%	0.4%	0.4%	0.4%	0.5%	0.6%	0.7%	0.8%	0.8%	0.9%	0.9%	0.9%	2.5%	2.9%	2.9%	2.8%	2.2%	1.9%	1.7%	1.5%
Both	0.6%	0.5%	0.5%	0.6%	0.6%	0.7%	0.8%	0.9%	0.9%	1.0%	1.0%	1.1%	3.1%	3.4%	3.3%	3.3%	2.6%	2.3%	1.9%	1.7%

Data source: ***Nomis (2022)***

Figure 8.7: Trend for estimated number of those claiming unemployment-related benefits with poor mental health (Q4 2019/20 to Q4 2021/22)



	2019/20 - Q4	2020/21 - Q1	2020/21 - Q2	2020/21 - Q3	2020/21 - Q4	2021/22 - Q1	2021/22 - Q2	2021/22 - Q3	2021/22 - Q4
Males	271	854	906	848	873	688	590	486	452
Female	220	585	671	661	654	506	446	385	344
Total	491	1437	1576	1508	1527	1194	1035	871	796

***Data sources:** Nomis (2022) and The Parliamentary Office of Science and Technology, 2021*

In Wokingham, the shutdown of entire sections of the economy at the height of the pandemic significantly affected many individuals and families. This was illustrated by the following indicators as of October 2020:

- increase in claims for out of work benefits by 223% between February and August 2020
- 21,700 jobs or 25% of the eligible workforce furloughed as of August 2020, compared to 30% in the South East and 32% across England
- 120 young people at risk of not being in education, employment or training, significantly, up on previous years' figures
- 300% increase in referrals from the Council's Community Engagement Team through the period between March and July 2020 compared to the same time previous year.
- 220% increase in people accessing the Wokingham Foodbank during March-August 2020, compared to 2019
- 479% increase in children eligible for free school meals between March-August 2020, compared to 2019.
- A 33% increase in Universal Credit applications
- 224 council tax accounts in arrears due to financial difficulties arising from Covid-19
- Increase in 105 households claiming council tax reduction in August 2020 compared with same time last year

8.3.2.4 Unpaid carers

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours because of long-term physical or mental ill health or disability, or problems related to old age.[1],[2]

[1] https://www.scotlandscensus.gov.uk/metadata/provision-of-unpaid-care/

[2] https://post.parliament.uk/research-briefings/post-pn-0582/

There were no up-to-date and accurate data on carers available locally. The 2011 census data indicated there were almost 152,000 carers in Wokingham (Table 8.1). These numbers awee likely to be higher during the pandemic given the increasing life expectancy, the general increases in the local population, and advances in medical technology which meant people with life-limiting conditions are surviving longer with significant disabilities requiring carers' support.

In April 2020 the ONS found that 31% of adults who provided help or support to others outside their home reported symptoms of poor mental health (Office for National Statistics, 2020). Assuming this represented the experiences of unpaid carers in Wokingham, we estimate just over 47,000 residents would have experienced poor mental health during the first lockdown (Table 8.1).

Table 8.1: Number of unpaid carers in Wokingham by sex and estimated number with poor mental health during the pandemic.

Sex	Number of unpaid carers in Wokingham	Estimated number with poor mental health
Males	75,042	23,264
Females	76,698	23,777
All carers	151,740	47,041

Sources: Office for National Statistics (Nomis) 2011 Census data

A survey conducted by Healthwatch Wokingham on unpaid carers in the borough, showed that 78% of respondents said that workload had increased during lockdown, which negatively impacted their mental health (84%), physical health (62%) and family wellbeing (73%). (Healthwatch Wokingham, 2021)

8.4 Service model and data

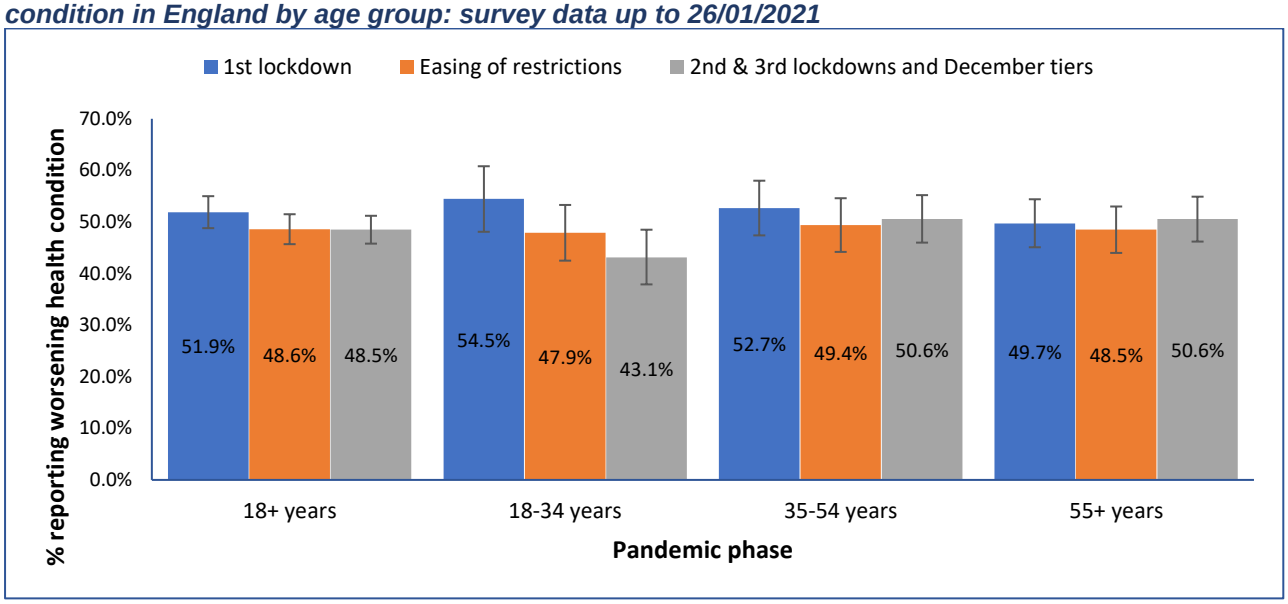
8.4.1 Impact of COVID-19 control measures on health-seeking behaviour

During the COVID-19 pandemic there were concerns that people were not accessing healthcare for non-COVID related health issues and that this may have long-term effects on their health. Figure 8.8 shows that, nationally, during the first lockdown, more younger adults chose not to seek advice for worsening health conditions, but this had decreased in later periods. On the other hand, for older adults, the change might not have been as significant. (Office for Health Improvement and Disparities, n.d.). The changes were not statistically significant suggesting an enduring negative impact of COVID control measures on health seeking behaviour during the 3 main phases of the pandemic in the England.

Though the above findings may not be specific to mental health, evidence suggests that mental health-related health-seeking behaviour would have mirrored this pattern (The Parliamentary Office of Science and Technology, 2021).

There was no data readily available on the impact of COVID control measures on local service utilisation in Wokingham, but a similar pattern to the national pattern was likely to have prevailed.

Figure 8.8: Proportion of respondents who have not sought advice for a worsening health condition in England by age group: survey data up to 26/01/2021



Source: ***Office for Health Improvement and Disparities***

8.4.2 Projected demand for service at national level

In May 2021, a report by the Centre for Mental Health predicted the levels of demand would be two to three times that of prevailing NHS mental health capacity within a 3-5-year window with an estimated 8.52 million of adults seeking mental health support within that time period (O'Shea, 2021).

The following sub-sections highlight the main predicted service demand levels relating to specific groups highlighted in the report.

8.4.2.1 Critical Care Unit staff

There were approximately 13,312 staff who worked in COVID critical care wards. 50% of this group was estimated to experience one or more mental health problems. It was predicted that 40% of them would develop posttraumatic stress disorder (PTSD) over the 3-5-year period.

8.4.2.2 Frontline health and care staff

The expected incidence of depression, anxiety and PTSD in this group would translate into service demand of 692,134 people. This was largely driven by the sheer volume of people who worked in the sector, often on low wages, who found themselves wrapped in PPE, living in care homes or hotels and isolating from family members, as well as having to care for residents or patients in the absence of their relatives.

8.4.2.3 Adults recovering from severe COVID-19 in ICU

Studies of people who survived an ICU admission with COVID-19 showed significant risks of being newly diagnosed with anxiety (9.8%) and mood disorders such as depression (5.8%). The figures for those with existing mental health problems were much greater (see below).

8.4.2.4 Adults hospitalised by COVID-19 but not admitted to ICU

Considering first incidence diagnoses only for those without an existing mental health diagnosis, anxiety (6.9%), mood disorder (4.5%) and psychotic disorder (0.9%) would generate 8,068 people needing mental health care. For those with encephalopathy (damage to or disease of the brain), a further 5,594 people would need mental health services.

8.4.2.5 Adults diagnosed with COVID-19 but not hospitalised

Some 3.3 million people in England were diagnosed with COVID-19 but not needed hospital treatment over the time period covered by the Centre for Mental Health report. Even among this group, 'first incidence' rates of mental ill health were still high at 3.9% for mood disorder and 6.8% for anxiety. This equated to 90,516 people requiring mental health care within the 3-5-year time period.

8.4.2.6 People who are bereaved

Bereaved individuals were likely to experience post-traumatic stress (14%), depressive symptoms (18.4%) and prolonged grief (9.8%) accounting for nearly 50,000 people needing mental health support.

8.4.2.7 Carers for adults and children with learning disabilities

Carers were known to have already high levels of mental health challenges because of isolation, stress, and general endurance. It has been forecast that 21,225 people in this group would need mental health support.

8.4.2.8 People economically impacted by COVID-19

The numbers of people claiming Universal Credit rose by three million people in the 2020. Approximately 2% of Universal Credit recipients translated into additional demand for mental health services in the forecast. An increase of 61,780 adults would need mental health support.

8.4.2.9 General population and people with existing mental health conditions

For the general population, it was estimated that new demand for services would be 1,038,963 for severe anxiety and 1,421,403 for severe depression. For those with existing mental health conditions, the estimate was 2,530,778 for severe anxiety and 2,596,944 for severe depression.

8.4.3 Supporting COVID-19 patients with mental health needs during the pandemic

The Wokingham Borough Community Response "One Front Door" acted as a single point of access since the start of the pandemic (Citizens Advice Wokingham, n.d.). It initially linked local voluntary sector organisations together to deliver a cohesive response to the most vulnerable people in the community, including organisations that had a mental health support offer to local residents, such as Mind in Berkshire. (Mind in Berkshire, n.d.) "One Front Door" later evolved to provide a wider variety of support, including signposting those in need to GPs and WBC services, supporting their practical problems not limited to health and wellbeing, but also in aspects such as welfare benefits, debt, housing, employment law, supporting mental health (such as Talking Therapies), domestic violence, etc. (Wokingham Borough Council

Community and Corporate Overview and Scrutiny Committee Extraordinary meeting, 2020)

According to the impact report on “One Front Door”, between March 2020 and September 2021, “One Front Door” answered 15,983 calls, helping 8,506 residents by making referrals to 151 organisations (Allman, November 2021).

As of November 2021, WBC’s Adult and Community Services referred 3,000 people through “One Front Door” to be supported by The Link Visiting Scheme, a local charity which matches people experiencing loneliness and isolation with a volunteer who provides friendship and support. This was a 757% increase in demand compared to pre-pandemic levels. WBC helped the charity by funding an additional post to manage the influx of people looking for help (Allman, November 2021). During the first lockdown, the Link Visiting Scheme made over 16,000 phone calls to those isolating at home to ensure they had social support and knew where to access food and medication. Those struggling with their mental health were also picked up by these calls. Volunteers making these calls played a key role in providing social support during periods of lockdown, in the absence of the usual networks. Where needed, individuals in need and have been signposted to other more specialist mental health services (The Link Visiting Scheme) .

WBC “One Front Door” also trialled a new initiative in Earley during the pandemic to tackle mental health and its detrimental impact. Under the initiative, WBC worked with Earley Town Council to support people directly, as well as working alongside GPs, Public Health Team and other key partners. An evaluation of the pilot showed that, after a four-week follow up, more service-users reported improvements in their mental health status, with the number of clients reporting low mental health falling by 25% (Allman, November 2021).

8.4.4 Alleviating the deterioration of determinants of mental health during the pandemic

Central and local government launched a variety of measures to support households and individuals to tide over the hardships that COVID-19 pandemic had caused, covering issues such as loss of income during periods of self-isolation, as well as over longer periods. An example is the Test and Trace Support Payment scheme, providing a payment of £500 to those who were on low income and lost earnings by self-isolating from COVID-19. This was expected to positively effect the population’s mental health.

Under the Council’s “All in” policy, which supports rough sleepers into accommodation, 50 most vulnerable homeless/rough sleepers were provided emergency accommodation, which included people aged under 25, people with problems of substance use, as well as rough sleepers who refused accommodation and required continued engagement (Wokingham Borough Council Overview and Scrutiny Management Committee Meeting, 2020).

8.4.5 Support for those with Long COVID

Most people who have ever tested positive for COVID-19 likely self-managed the symptoms and recovered through isolation at home. Their medical needs (including mental health needs) may not have been captured by the medical system even at primary care. The NHS recommended that individuals who were worried about

symptoms four weeks or more after having COVID-19 should contact their GP. (National Health Service, n.d.)

The Royal Berkshire NHS Foundation Trust set up the Berkshire Long COVID Integrated Service ("BLIS") Clinic for patients who were continuing to suffer from "Long COVID". The service started in November 2020 and provided by a multidisciplinary team of GPs, consultants, physiotherapists and psychologists (Royal Berkshire NHS Foundation Trust, n.d.).

As of January 2022, the BLIS Clinic received 1250 referrals from across Berkshire West, nearly 90% come from primary care referrals, suggesting that they were not previously treated in a hospital setting for COVID-19. The majority (74%) of referred patients were female, and most referrals came from least deprived communities. On the other hand, it was observed that 21% of BLIS patients were ethnic minorities, which is higher than the corresponding proportion in the general population and reflective of the higher infection risks that ethnic minorities face. As regards to mental health symptoms, 65% of the referred patients complained of depression, and over 50% of anxiety; other symptoms included, fatigue (95%), shortness of breath (82%) and pain (64%); those who reported concentration problems accounted for 72% (Dr Deepak Ravindran, 2022).

8.5 Conclusions and considerations

Evidence on the mental health impact of COVID-19 is emerging. Though the short-term impact has been consistently reported, some evidence suggested some of these short-term effects may not persist in the longer term (Bourmistrova, Solomon, Braude, Strawbridge, & Carter, 2022). The impact will need to be monitored on an on-going basis at both national and local levels.

Based on the projected impact on mental health service use for the next two to three years starting from 2020, it is recommended local stakeholders and partners consider resource implications of the potential increases in services use and plan to address these anticipated increases in demand.

Even with the uncertainties regarding the long-term mental health impact of COVID-19, it is undeniable that COVID-19 has introduced additional mental health vulnerability factors which will influence the mental health of our population both in the short and long term. Improving access to all levels of mental health support, in a wide range of settings, will help improve mental health outcomes of our residents. Local mental health strategies and plans should take due cognisance of this.

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