<u>All-Party Group on Coronavirus - Oral Evidence Session 7</u>

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Dan Poulter MP

Thank you, well good morning everybody and welcome to the APPG on Coronavirus on our televised or live sessions looking this week at mental health. We've got two panels today, the first panel we have Andy Bell from the Centre for Mental Health, we've got Louise Rubin from Mind and Dr Daisy Fancourt from UCL. What we'll do is a number of the members of the APPG will be asking questions at different points over the next hour before we move onto our next group of witnesses and obviously all of you have different expertise and experience in mental health. I should declare an interest I suppose as this is a Parliamentary procedure as a practising Psychiatrist, although I'm sure that many of the witnesses will have much more expert and direct testimony to help us through with our questions. So, if we're happy what I was going to do was to initially ask each of the witnesses to just give us a, if you like just some opening comments really about the impact of Covid on the mental health of either the people that you look after or work with or just more generally on the population's mental health. So, I don't know if we want to start first of all with Andy Bell?

Andy Bell

Morning, thank you for the chance to be part of this today. So the Centre for Mental Health we're a research organisation and our work is very much about looking at the evidence, scanning evidence that's coming from a range of different places, but also linking that with the real world and what we've been trying to do over this period is understand both from the academic evidence that's coming internationally and also from the experience of people we work with across the country, what's been going on and what some of the issues are. I think it's fair to say that overall the surveys that have been produced and some of the academic evidence points to a sharp deterioration in mental health, particularly around the time of lockdown, that doesn't necessarily mean more mental illness of course, it's really important to be quite clear about that. We've seen a reduction in wellbeing and we know that for some people that can translate into poor mental health. And I think what we're seeing is a number of different ways in which that can happen, particularly economic effects, we know that unemployment, we know that economic insecurity are incredibly toxic to mental health and we know indeed that poverty and inequality have very negative effects on wellbeing and I think one of the things that we're seeing with kind of greater or sharply shown inequalities are a huge important part of this, but there are also from research both coming out of other parts of the world and increasingly here there are some concerns about particular groups of people, so those who have been treated for the virus in hospital, family members, people working in services experiencing burn-out, people who are in home environments that haven't been safe and indeed particularly young people facing unemployment at that crucial time in their lives when they're going out in the world. These are things that can have quite a lasting effect and the mental health effects of that may not be immediate, they may take a while to manifest, but nonetheless I think we're seeing a quite serious range of issues, all of which will need to be dealt with separately and in ways that are relevant to the people concerned.

Dan Poulter MP

Thank you, and Louise Rubin.

Louise Rubin

Thanks, so Mind conducted a survey in April and May to track the impact of the pandemic on people's mental health and we had over 16,000 responses, primarily adults but some young people as well. What we found in brief is that two thirds of people with existing mental health problems told us that their mental health had deteriorated, but we also found that one in five people who had never experienced a mental health problem before now said that their health was poor or very poor. So, this combined with lots of other evidence, anecdotal and datasets from the Department of Health and elsewhere does show that I think we can anticipate quite a surge in mental health problems over the next few months and years. We pulled together the evidence that we got from that research into a report called 'Five Tests for Government' and we set out the five areas that we think the Government needs to focus on when its setting out its recovery plans and I can go into those in a bit more detail as we go forward but very briefly those priorities for us are about investing in community services, making sure that those services are there for people when they need them in the community, providing targeted support for those who are most at risk and we identified several groups that included people who had suffered a bereavement, people from BAME communities, women, disabled people and people who are working on the frontline who had seen quite traumatic scenes. The third one is around reforming the Mental Health Act which is really an archaic piece of legislation, it's no longer appropriate for this time and the pandemic really highlighted some of the failings in that Act. The fourth one was around providing a financial safety net, so some of the biggest areas of concern that people reported to us were not about the illness, the pandemic itself, but about the impact on their finances, being out of work, not being able to access the benefit system. And finally, we had a recommendation around supporting children and young people who inevitably have suffered as we all have, and being out of school has meant that there's been a real lack of referrals into the CAMHS system so lots of work to do there.

Dan Poulter MP

That's great, thank you. And Dr Fancourt.

Dr Daisy Fancourt

Thank you, I'm an Associate Professor of Epidemiology at University College London, I've been leading the UK's largest study into the psychological and social impact of the pandemic and I've also been leading the international Covid Minds Network, which is bringing together the findings from 130 longitudinal mental health studies from 69 different countries. So, I think the main pattern has been as you've already heard that mental health has got worse, in the UK the estimates are that the number of people experiencing mental distress levels above clinical thresholds has gone up from 19% prior to the pandemic to around 27% during the pandemic, so that's around a 50% increase. And if we look at some of those groups that you've already heard from Louise and Andy that are vulnerable like younger people for example cases of probable anxiety disorder have nearly doubled in young people in their 20's across lockdown, other groups who've been particularly adversely affected as you've heard include women, but also people living alone, people with young children and in particular people from lower socio-economic position households. I think looking forwards there are four things that are concerning about mental health that we need to be thinking about now, one of which is that mental health particularly got worse in the lead-up to lockdown coming in in the UK, once lockdown came in it actually started to improve and particularly as lockdown easing was announced we got further improvements, but it feels like the uncertainty and the concerns about the virus really spreading were what was triggering that earlier increase. Now as we're facing future lockdowns we have to therefore

consider how the same worries about uncertainty could have effects and if we look at literature on other kinds of enforced behaviours like incarceration, repeat incarcerations are associated with worse mental health each time. A second concern is that mental health appears to have been made worse by adversities during the pandemic, so particularly job losses, financial hardship, challenges accessing support including things like the rush on supermarkets early on, but I think what's particularly concerning here is that mental health has been made equally worse by worrying about these things as well as experiencing these things so I think perhaps some of people's concerns for example around the end of furlough schemes, people's uncertainties about what's going to happen, those uncertainties alone are actually causing psychological damage, so we have to be thinking about planning ahead and letting people know and reassuring people so that we're not inadvertently causing more problems. The third thing is that people have often not been able to access the kind of support they normally have available, whether that's professional mental health support or whether it's the kind of community support, whether it's support from friends and family or from community leisure or community groups and programmes, so for many people they don't have the same kinds of resources to help them to cope at this time. And finally, as we're heading into the winter it's not just going to be about a second wave potentially being bad for mental health, it's also going to be about a recession and Brexit and we know that these two activities are also going to have detrimental psychological effects so we could be looking at a kind of double/triple jeopardy type scenario.

Dan Poulter MP

Great thank you, if I can respond a very quick follow up question from me before I then ask the members of the panel to come onto their questions. When you were talking about the increased levels of anxiety or distress in young people or in other groups are those self-reported or are they using rating scales for example at GHQ or other rating scales or both?

Dr Daisy Fancourt

These have generally been through validated measures, rating scales, and these have been data that have been collected from representative cohort studies that were running before the pandemic and who have conducted additional sweeps of data collection during the pandemic.

Dan Poulter MP

That's very helpful, thank you. Now Lord Russell, I think you have a couple of questions.

Lord Russell

Yes, right well you've answered between the three of you quite a few of the questions when you were starting off so, and I think you've already talked a bit about some of the different groups that seem to be particularly suffering so I'm going to ask two questions of each of you in turn, so the first is are there particular groups that cause you particular concern that you would like to highlight, and secondly in the context of access to the services which normally should be there to support people with mental health issues, are they all equally problematic, are some performing better than others, can you just give us a feel for what is semi-working and what doesn't seem to be working at all. So, Andy if I could ask you first?

Andy Bell

Thank you, yeah I mean I think what's very clear is that many groups who are experiencing adversity anyway and social and economic adversity is really at the heart of inequality and mental health across society and I think we increasingly understand that those social and economic determinants to mental health are incredibly important and in many ways the groups that were experiencing poorer mental health and poorer life chances that's probably just got a bit worse and in some cases substantially worse, so I think there are a number of groups that we've identified and I think particularly people from black communities that have experienced particular discrimination and indeed systemic racism which I think we're now beginning to have a proper conversation about for the first time in a very, very long time and I think what's very notable is the very same groups of people and in some ways the same reasons particular groups of people are more likely to be affected by the virus are very similar to the reasons those same groups of people are more likely to experience poor mental health, being in overcrowded houses, being poor, experiencing daily aggression in their lives, these are the things that really chip away at your mental health and I think there's a really important lesson there about the links between physical and mental health and social adversity. I do think young people we should be particularly concerned about and indeed people who have experienced both poor mental health in the past and also traumas. One of the things that I think has really come out of this is we're experiencing a collective trauma and we know traumatic events and experiences again they really underpin our mental health and often they're the things that can take us into places of very high risk to our mental health, but this collective trauma isn't being experienced equally, so again people who've had traumatic experiences before, this may be particularly triggering. A colleague we work with closely who described seeing all the pictures of intensive care on the television during the height of the pandemic reminded her of her own experience of being in intensive care and that was very traumatic for her particularly. And I think again young people we've talked about but particularly that sense of what's going to be my future, I think there's really good evidence now that youth unemployment has a lifelong scarring effect on young adults' mental health and life chances and really being very mindful of that. There are lots of other groups but I'll let other people speak, otherwise it'll be too much.

Lord Russell

And the second part of the question, access to services, I mean are some of them working better than others or is it all pretty bleak?

Andy Bell

I think it's really difficult and I think we're hearing two different things. Certainly, we're hearing from services, we've been open all the time, we never closed and that's undoubtedly right, you know mental health services have made huge amounts of effort to stay open and that is mental health services of all kinds, so specialist services, talking therapy services, support in general practice and voluntary and community organisations, many have had to adapt. I think what we're hearing from people who've been trying to get support though is quite a different story, a sense of frustration, a sense that support isn't there, a sense particularly for those who are digitally excluded which can be a whole range of people from older people who find it hard to use devices for various reasons to children and young people who either can't get a private space in their home or don't have the right kind of technology to engage with services. So, I think it's a really mixed and complex picture at the moment but I think we can say with some certainty that NHS organisations and local councils and voluntary and community groups have really worked very, very hard to make themselves available but there are a number of groups of people that are not benefiting from that.

Lord Russell

Thank you Andy, Louise could I ask you the same question, I'm just conscious of time and we've got a lot to get through in the last 45 minutes, if each of you could be very succinct in your answers I think we'd really appreciate that.

Louise Rubin

I'll be brief, so on your first question of particular groups that we're worried about our research highlighted the following groups, women, people with disabilities, people living in social housing and people with the following mental health problems; eating disorders, obsessive compulsive disorders and personality disorders. I think it kind of speak for itself and is fairly self-explanatory so we don't have all of the answers as to why those groups have come forward but we can certainly take an estimated guess. When it comes to women I think the case for many women is that they were dealing with work and childcare, we've seen that up and down the country and that's quite a difficult situation. People with disabilities who were perhaps more vulnerable than most of us to start with, lots of concerns there about the impact of the pandemic on their health and also difficulties in accessing the support that they would usually rely on. People living in social housing again fairly self-explanatory, if you're living in a space that doesn't have a lot of outside space or quite cramped conditions of course lockdown is going to affect you in a different way to perhaps other people and those conditions that are highlighted, we heard, actually some of you might have been there, we did an evidence session a few weeks ago where we heard from people with lived experience and there was a lady who has an eating disorder who spoke really passionately and really clearly about what her experience had been and she spoke about the fact that she over the years had built herself a routine that enabled her to cope with her eating disorder and it was a very set routine, she did certain things at certain times in the day to distract herself from negative thoughts essentially, when we were all thrown into lockdown all of that went out of the window and she spoke about being stuck in her home as if it were a prison, where she was trapped with her negative thoughts and she couldn't get away from them, there was nothing to distract her, she lived on her own. And that combined with all of the media focus on food, there was a lot of media focus on food and getting food, getting to supermarkets, people couldn't get deliveries, just reinforced all of those concerns that she had about food and eating. So, we heard lots of similar examples like that of people that were really affected by lockdown and by food as well.

And I'll move really quickly onto your second question about access to services, so our research found some really interesting things about why people couldn't access services, I can't answer your question on whether that is across the board with all services but what we found was that there were a number of reasons why people were not getting the support that they needed, for some people it was about not wanting to bother the NHS when there was a pandemic going on, people felt that their particular problem wasn't important enough and they shouldn't bother the NHS at this point. For others, for quite a high proportion of people appointments were cancelled, so again as Andy said quite mixed messages coming out from NHS England compared to what we've heard from our evidence, anecdotally admittedly, of appointments being cancelled. We know also that referrals just stopped, I mentioned earlier that for children and young people a lot of those referrals happen because they're going to school and their problems are picked up that way. They weren't going to school and referrals weren't happening. But equally for adults, adults weren't getting to the GP to start that referral process. And then the final thing that our evidence picked up was around people not being comfortable using video calls or telephone consultations, people for various reasons didn't want to do it so they simply didn't access support at all during that period.

Lord Russell

Thank you Louise. Daisy if you have anything over and above to add on either of those points that's great, if you think you'd be repeating them that's fine too.

Dr Daisy Fancourt

I don't have anything on the more groups which are vulnerable to mental health but I can just give you a couple of statistics on that that might be helpful, so if we look at 16-24 year olds it was 37% of this age group were experiencing significant levels of mental distress during lockdown, compared to just 18% of over-70's, that gives you a sense of the difference by age. Similarly, 33% of women compared to 20% of men and 32% of people from lower households, income backgrounds, compared to 26% in higher household income backgrounds.

And with regards to your question on the adequate support, we found from our research that 32% of people with mental health problems said they were unable to speak to a GP about their mental health during lockdown because of things like appointments not being available or cancellation and not being able to get through. But a further 28% said that they didn't speak to a professional about their mental health because they were worried about adding burden to the service, and this was 28% of people with a diagnosed mental illness before, so people weren't coming forward when they normally would and in fact if we look at particular problems, for example people self-harming, we found that one in two people self-harming were getting no formal support at all during lockdown and of people who were feeling suicidal only 40% managed to reach out to anybody, whether that was a telephone line like Samaritans or a health professional. And if we look at people who were experiencing abuse, whether that's psychological or physical it was only 30-40% of this group who were able to access any kind of formal or informal support during lockdown. And I think my final point is that we've already spoken a lot about how mental health has been socially graded, people who are from lower socio-economic backgrounds have been worst affected and it was exactly the same with support, so people from lower socio-economic backgrounds were also the ones who were less likely to get support. So, I think the big concern here is around widening the inequalities in mental health.

Lord Russell

Thank you very much all three of you.

Dan Poulter MP

Thank you and I think now Barbara Keeley MP has a few questions to the witnesses. I think you're on mute Barbara.

Barbara Keeley MP

Yes, sorry … let me go back to a question which Louise has already touched on, we're interested in how much an increase in demand for mental health support has been driven by those needing help for the first time and you have touched on that but if I could draw you on, you know has there been a particular impact around for instance health staff and care staff, are there a lot of people who are shielding, people who are pregnant or are new mothers, are any … you know could you tell us more about that increase coming from people needing help for the first time. So perhaps Louise and Daisy if we could start with you?

Louise Rubin

Yes, so as I mentioned the evidence that we've got is that one in five people who hadn't experienced a mental health problem before were now saying that their mental health was poor. All of the groups that you touched on are included in that and I think nobody was excluded from the anxiety and the sense of unease that we all felt during that time, I don't know if this answers your question directly but what we have seen over the last few weeks is a kind of a new set of enquiries coming through to our information lines, so we run various telephone information services for people looking for support and there are all sorts of new issues coming through, perhaps as you'd expect. Issues around wearing masks, so people who perhaps have panic attacks asking us do I have to wear a mask, am I exempt from this, it's going to trigger my mental health problems. Issues around the easing of lockdown restrictions, people asking us questions about whether they have to go back to work, they don't feel ready, they feel vulnerable. So yes, I think perhaps that's not a direct answer but what we do know is that there are all sorts of new issues coming through that we as an organisation have to get to grips with and others will have to get to grips with as well.

Barbara Keeley MP

OK thank you, thanks, and Daisy?

Dr Daisy Fancourt

The only thing I have to add to that is that in general we saw that people on average were experiencing higher levels of mental distress, anxiety, depression and stress levels during lockdown. We've generally seen an improvement in these symptoms since, so we think that many people will have recovered, in other words they might even have gone above clinical thresholds for these conditions but they might now have gone back to lower levels. So, however I think we're still seeing that there are these inequalities particularly amongst people with existing mental illness and there is research that's on-going at the moment to try and identify which groups are still at heightened levels, but the data from this are still coming through now and of course it remains to be seen this Autumn whether people on average do tend to start going up again in terms of levels of mental distress.

Barbara Keeley MP

Can I just ask you specifically, will you be looking at areas of local lockdown to see what impact local lockdowns are having, I'm speaking from Greater Manchester where we've been in local lockdown for quite a time now.

Dr Daisy Fancourt

We've been tracking that in our study yes, and there are also other studies that have got postcode level data, so they'll be able to identify which people were in and out of lockdowns when data were collected.

Barbara Keeley MP

Because presumably you'd expect the lockdown effects to be repeated, you mentioned repeated incarcerations.

Dr Daisy Fancourt

You would and actually if we look back on the literature from previous epidemics as well, so things like SARS, MERS, H1N1, people who had to go into quarantine then, one of the things that made it psychologically difficult was the fear of missing out, so the concerns that people were having that they were locked down or quarantined but others weren't. Now we didn't have that with the first lockdown because it was pretty much global, but I think it's something that we need to be aware of now. And the other thing is that for people who are going into local lockdowns, we're already seeing from our data heightened concerns about things like financial worries and keeping their jobs, so I think there's probably going to be an issue here around whether there's adequate financial and logistical support for people in local lockdowns, so to try and mitigate against those additional stresses.

Barbara Keeley MP

Yeah, OK thank you. And Andy, I don't know if there's anything you can add about the policy response to this increased demand, are we going to be able to support all these extra layers of people coming to mental health services for the first time?

Andy Bell

Yeah, I think this is a really important point isn't it and I mean one of the things that's probably worth saying is when we talk about people shielding it's worth remembering people who are shielding are people that have long-term conditions who are already twice as likely to have a mental health problem as the general population anyway. So again, you're looking at a group of people who already have quite poor mental health on average and generally don't get help and those needs are as a whole ignored and side-lined because they're primarily seen as someone with a physical illness, so diabetes, asthma for example. I think the really crucial thing here is we need to be proactive, there's almost a sense that we're kind of waiting for a so-called tidal wave to come and some people have used that phrase and I think that's incredibly unhelpful because actually the evidence suggests that most people with poor mental health don't seek help or don't seek help early, or they do seek help early but they don't get it because they're told you're not unwell enough yet. And I think particularly where we can identify groups of people, for example, who've been treated for the virus, family members of people who've been in hospital, people that have sadly been bereaved during this time, we need a policy response that tries to prevent problems where possible, so looking at approaches such as being trauma informed in schools, so that schools create a psychologically safe as well as physically safe environment for children and indeed staff and parents too, which can actually prevent problems morphing from being low wellbeing to actually serious illness. But also, where we go out and meet people's needs quickly and early because need and demand are not … you can need mental health support but not necessarily ask for it or know how to ask for it, or you do ask for it but it doesn't get identified in quite the right way, so I think one of the worst things we can do is stop and wait for people to come.

Barbara Keeley MP

OK thank you, thanks. And my second question to the panel members is around the point that you've just touched on Andy, the impact that having coronavirus or a close family member having Covid has on an individual's mental health. I guess we include those lost to Covid and the bereaved by Covid, so can … while we're focusing on you Andy, so you want to kick off on that one, what impact is seen among that group of people, either people who've had it themselves or a family member has had it or are bereaved by it? Andy, we can't hear you.

Andy Bell

Apologies, my internet decided to go unstable just at the moment you were asking the question, I really apologise.

Barbara Keeley MP

Did you hear it? Shall I repeat it?

Andy Bell

I didn't hear it properly but if you could briefly say and I'll try and answer and I apologise for that.

Barbara Keeley MP

We're interested in what impact having coronavirus themselves or a close family member having Covid has on an individual's mental health, including clearly those lost to Covid, people who are bereaved by it, so what impact is coronavirus having on the mental health of people who have it or as family members have it?

Andy Bell

Yeah and I think our learning here is very, very early days for obvious reasons and I know there is some research on neurological and physiological effects which I shan't even try to say the thing about because that's way beyond my knowledge but I think that sense of the trauma, the fear, actually that is definitely going to have some impact on mental health. For some people it will be very short-lived, it will be a horrible experience but it won't necessarily have longer-term effects, but again particularly for people that have experienced previous traumas, people that are in adverse social and economic situations and indeed just the very bad luck of having a very unpleasant experience, we certainly know that traumas like this can affect people, as I say the physiological and neurological stuff we'll have to leave to people who know more about the kind of clinical end, but I think even from what we know from other pieces of research we can expect that having this virus seriously being in hospital, being in intensive care, being a family member of someone going through it can be an extremely stressful experience that could lead to future traumas and could lead to traumas at any time, it won't necessarily be straight away.

Barbara Keeley MP

No, OK thank you. And Daisy and then I'll come to Louise, Daisy so that question is what impact having coronavirus or a family member having it is on an individual's mental health and also the question about people who are bereaved by Covid, is that different from you know other medical situations?

Dr Daisy Fancourt

So, we've looked specifically at people worrying about catching Covid or actually having it and we've found that worrying about Covid is associated with some higher levels of depressive symptoms, but in particular higher levels of anxiety. For people who've actually had Covid we see temporarily heightened levels of depressive symptoms in the weeks following and this is commensurate with previous research which has shown a relationship between inflammatory conditions and infectious conditions and a temporary increase in depressive symptoms, there are inflammatory pathways that we think are responsible for that. When we look at people who've actually had severe Covid we've also got a lot of data coming through now suggesting that they've got a heightened risk of developing new neuro-psychiatric disorders, this includes things like new-onset psychosis, neuro-cognitive syndrome which is the kind of dementia like syndrome and effective or mood disorders and these have been occurring in older adults but also in some younger adults as well, so I think we've got these two issues here, the general relatively low or moderate symptoms of Covid being associated with depression following but then actually severe Covid potentially having these higher levels of neuro-psychiatric problems for some patients.

Barbara Keeley MP

Thank you, thanks, and Louise do you have anything to add to that, the impact that having coronavirus has on people's mental health and bereavement, if we can touch on that.

Louise Rubin

Yeah, so not huge amounts of evidence to add and I think as Andy said it's too early to provide that evidence, but I think what we do have is lessons we can learn from different but comparable traumas in the past, so Mind as an organisation sometimes nationally, sometimes locally, has provided support after traumas, after for example Grenfell, the Manchester bombings and other examples and I think you know what we know is that providing a bespoke service that deals with those particular issues really helps, getting in there early. We for example also provided a bespoke service to Blue Light Services funded by the Department of Health actually so that's really a service that's aimed at Police Officers, Fire Officers and so on who are dealing with quite unique traumatic experiences and their experiences won't be picked up in the kind of general mental health services that are on offer to people if you like, so providing that bespoke service that really taps into what people have gone through can make all of the difference and we're calling on the Government to do some of that.

Barbara Keeley MP

Yeah, and bereavement what's the difference between bereavement following a Covid diagnosis, are you finding that the bereaved people have got a different experience too?

Louise Rubin

That's not something that we can talk about no, not yet.

Barbara Keeley MP

OK, alright, thank you.

Dan Poulter MP

Thank you Barbara, so I think now Dr Philippa Whitford MP has some further questions for our panellists, it may be that I don't know whether Munira Wilson wants to jump in on anything but if you do Munira just let me know.

Philippa Whitford MP

OK thanks very much Dan, some of what I was going to ask has been touched on, so my questions don't match together very well, so one is around the issue of providing services digitally, I mean that's what's had to happen within the physical health sides of the NHS and you did talk about all of you a little bit, the limitations of that but if I could just hear from each of you more specifically what you think works and doesn't. And coming back to Daisy's comment about 20% of people who had no problem in the past actually reporting symptoms, I'm often conscious that we talk a lot about how to protect your own physical good health but we don't educate people about their mental good health and therefore particularly with digital exclusion should we be looking at, as we go into winter, having a public health campaign, I mean there's lots on the telly about losing weight, but there's not a lot on the telly about protecting mental health. So, if I could start with you Andy and then Daisy and then Louise, so the kind of weaknesses or limitations of the digital but if we can just touch on that briefly because you've talked about it, but what you think about the idea of a public health campaign around protecting our own mental health.

Andy Bell

OK thank you. I mean on digital services I think we're seeing a really mixed picture, so for some people actually digital engagement with mental health is great because you don't have to go to a building marked mental health, it may feel easier and more user-friendly and so I think some people have really found it really positive, for other people it just doesn't work for a variety of reasons, so particularly people that don't have private space at home where they can speak to a therapist for example, that might be particularly challenging. Particularly someone who isn't safe at home of course but also people who for various reasons find it hard to engage with technology. So I think there's a really mixed picture and I think in a sense clearly this has fast forwarded some developments in the digital space in mental health and we need to look at how we can kind of broaden that out, and particularly for people in rural and coastal areas where again digital connectivity is poorer, the Government said it wants to act on that and we think that's incredibly important because access to mental health support, particularly for young people in rural areas is not great at the moment and major, major problems there that we can potentially solve.

In terms of a public health campaign, Public Health England, one of the things that it's done that's been really important is it's got a campaign called 'Every Mind Matters' and that was set up prior to

the pandemic, they have added some really useful material and they've added some specific material for young people as well. So, I think there are some efforts around this.

Philippa Whitford MP

Is that on broadcast medias? Is that on television, because I've not seen a mental health advert in the way I've seen the one about 'get your weight down'.

Andy Bell

Yeah and I think that may be about levels of resource or whatever but I think, you know, that they have got a campaign and that potentially is something that maybe it's just the level of priority we afford it, that it hasn't been quite so visible. But it's also really important that while we support people individually with their mental health, those messages ring cold if people for example are in a situation where they're losing their jobs, where they're having negative experiences with the benefits system, where they're in environments they don't feel safe, messages about look after your mental health are not gonna be very easy to kind of swallow … so I think we really need to look at a whole system approach to this and public education, and particularly educating children, and again one positive thing that's happening is that schools now have to include mental health on the curriculum which is a huge, huge move forward for the first time that we really need to kind of support and see happen much more.

Philippa Whitford MP

I mean that's very welcome but obviously having public health information that's only digital if you go looking for it isn't the same as having it popping up in among your favourite programmes.

Andy Bell

Absolutely agree.

Philippa Whitford MP

Can I come to you Daisy because you raised the issue of people with no history, not in touch with services and the increase in mental health issues among them, so in particular from the point of view do you think that a public health campaign as we go into a long, dark, wet, Brexity, recession, Covidy winter would help people? You're muted Daisy.

Dr Daisy Fancourt

Sorry, I think it could but I think we have to remember that these are events that have been happening to people rather than events within people's own control that have spiralled, so whilst many people might be able to apply coping strategies slightly better or be aware of certain types of support that are available, that's not going to be a substitute for there being more mental health resource. So, for example the people who are currently on very long waiting lists waiting to get treatment, I think trying to shorten those waiting lists would probably be a higher priority, so that the people who need the mental health support can get it. I think there might be a slight concern that telling people that

perhaps they could be doing more themselves might not be sufficient for tackling some of the levels of depression and anxiety and other problems that we're seeing at the moment, particularly because many of people's existing coping resources as I mentioned earlier, whether that's things like community groups, whether that's things like friends and family, those are not going to be available in the same kind of way as normal. Just to quickly pick up on the digital point as well …

Philippa Whitford MP

Before you move on Daisy, before you move to the digital though, is it not an issue as we see in CAMHS and other things that if you have a huge amount of people with relatively low level need and no past history they end up making that waiting list longer because they have no resilience, they don't know any tools or techniques that they could use to feel less anxious or not get into that situation in the first place?

Dr Daisy Fancourt

It's possible, but I think because of the data we're seeing that one in three people were not approaching professional mental health support because they were worried about adding burden, I think my only concern here would be that by placing that emphasis on people self-helping that we might be adding more barriers to the people who really do need some professional support. So, I think it would have to be very carefully handled to strike that balance correctly and also just to let people know, because there has been a perception amongst the public that mental health support isn't available at the moment because of Covid, so I think we wouldn't want to perpetuate that myth.

Philippa Whitford MP

I mean I think that applies to all health services, I mean the Chief Medical Officers across the UK have had to come out in briefings and say you know if you've got chest pain, if you find a lump, for goodness sake get in touch with your GP, so I think that's been a general perception, it's just I don't know anyone, myself included, who hasn't felt anxiety or you know disruption in some way but you don't want all of us actually in a big queue keeping someone out whose need is much greater, so I just wondered if you know people like me could learn resilience.

Dr Daisy Fancourt

It's definitely something that could be learnt and could be promoted but I just think we'd need to have that nuance there reminding people that they could still get professional support if people felt like it was beyond their own coping capabilities.

Philippa Whitford MP

For sure, and on the digital side?

Dr Daisy Fancourt

Just a very brief point that I know we've spoken about things like digital barriers and digital poverty I guess would be another issue there, but the only thing, something I'm hearing very strongly from

clinical colleagues at the moment is a concern that if we're doing more face to face GP appointments we're still facing the problems with testing at the moment so is this actually going to end up becoming a really major problem if we don't have sufficient tests yet we have more people coming in for face to face contact. So, I think the testing really has to be the focus there if we've going to be doing that face to face contact.

Philippa Whitford MP

I don't think you're gonna get any argument from us. Louise have you anything you want to add to what Andy and Daisy have said?

Louise Rubin

Yeah, so on the digital service provision I think we would say that actually that's one of the sort of success stories of the pandemic as it were, so not only were digital services rolled out really quite rapidly but also 24/7 phone lines were rolled out across the country quite rapidly and that is absolutely to be welcomed. But we do know that disabled people are more likely to be digitally excluded than the general population, so there's data from ONS that shows that 22% of disabled people have never been on the internet, compared with 9% of the general population, so we can't get complacent about this, we do need to make sure that there's a sort of blended approach here and that not everything is done digitally, that people can still have that face to face service if they needed it. And in mental health in particular building up trust with the person that you're speaking to is really critical, lots of people told us, 20% of people told us that they found it much harder to do through a digital service, to build up that trust that would enable them to be really open about what they were dealing with.

And on your other question about public health campaigns, I mean I think it's worth just reflecting that this debate that we were just having has been raging for quite a long time, before all of this started, so we at Mind together with our colleagues at Rethink run the 'Time to Change' campaign which is all about tackling stigma and taboos, that's been going on for, I don't know, 12-13 years now. Really successfully, we've done huge amounts to shift public awareness, to make it OK to talk about mental health, but every time there is a World Mental Health Day or a big event on social media where people come forward and talk about mental health you get that other section of society saying I don't want to do a selfie, I don't want to do some meaningless activity about my mental health, I want services, so this is not a new problem and I think this debate will probably rage on way beyond the pandemic.

Philippa Whitford MP

Thanks very much, thank you Dan.

Dan Poulter MP

Yeah Paul has a follow up question on digital use of technology during the pandemic which I think would probably be best addressed initially to Louise Rubin and then I think Paul has some substantive questions before I come to Munira.

Lord Strasburger

Yes, on digital this move to virtual working, do you see that persisting beyond the Covid crisis?

Louise Rubin

I do, I don't think we have any particular expertise in that area as an organisation but certainly general consensus is that lots of organisations are now going through that process of considering how we make that move. What I can say is that we would urge some caution when it comes to reviewing kind of workplace practices and not just about remote working but also about flexible working, about redundancies, there are a whole host of issues that need proper investigating, we're actually urging the Department for Business to do a lot more work here in providing guidance for employers because there are huge concerns from people about what's going to happen, so last time we had a big financial crash back in 2008, we know that people with disabilities and people with mental health problems were affected disproportionately, they were in the frontline for redundancies and in fact there's evidence emerging now I think from Citizen's Advice that that looks to be the case again, so people with disabilities or mental health problems are … how do I say, an easier target for redundancies and employers are not always too concerned about what's written in the Equalities Act and other pieces of legislation, so there's lots of work that needs to be done to protect employers as we move forward into this new way of working, both around recession and redundancies but also around new practices.

Lord Strasburger

Yes, I'm sure you're right that the non-physical health impacts of Covid, we've hardly seen the start of it yet, there's a lot more to come. I wanted to change the subject to Covid testing which is very much in the news at the moment, what do you see as the impact of the testing shortages that we're seeing across the UK, will this affect the ability to provide mental health support services and keeping up with demand for them? Would you like to go first Louise?

Louise Rubin

Yes, I think it's too soon to say with any sort of certainty but what we do know is that the first time around members of staff across mental health services were pulled away from their normal, from their usual frontline duties into fighting the pandemic and that's completely understandable, it was a pandemic, we understand that, but it did have a knock-on impact in people being able to access services. So, for example, we know that far more people are discharged from mental health hospitals in March of this year than were in February, and unusually high number of people, I think an extra 2,500 people were discharged from mental health services and that's because we needed to free up bed capacity but also because we needed to free up staff time to move across and fight the pandemic. Now as I said it's a bit too soon to say whether that will be repeated, but I think we can extrapolate that if there is a crisis in providing those tests and people, bodies, are needed elsewhere then there might be similar risks going forward next time around. So yes, I think you're right to be concerned but we certainly don't have any data to back that up at this point, it's just sort of best guess on what went before.

Lord Strasburger

And is there a need for those working in mental health care and support to have priority for testing?

Louise Rubin

I think people across the frontline yeah, across frontline services would certainly be the case. I think one of the unique problems that we face in mental health is that obviously people who are sectioned under the Mental Health Act are stuck essentially in inpatient care, in wards, and we know that there were real problems of the pandemic, of the virus spreading across inpatient wards at quite an alarming rate in the early days and those wards were not prepared to deal with the pandemic, they are in many cases dilapidated and crumbling at best and when faced with the pandemic they just were not equipped to deal with that situation, so yes, certainly for staff working in those environments, having that extra precaution would be sensible.

Lord Strasburger

Andy, do you have anything to add to that?

Andy Bell

I completely agree, I think we have to regard mental health services as being essential services, they save lives, they meet urgent needs and I think priority for all of the provisions, testing, protective equipment, adaptations, they all need to be there. I guess the only other place I would add to this is prisons, I think I'm really concerned about the psychological impact of, again the prison system took a very rightful decision to want to preserve life within the system but it's meant that folk have spent 23 hours in cells a day, the impact of that on mental health of people already locked in a custodian environment would be very considerable, so again when we're thinking about mental health we have to think about the broader places where people are experiencing poor mental health and the prison system is one that we really need to be very mindful of how we protect people there both physically and psychologically.

Lord Strasburger

Is there any evidence of changes of the incidence of self-harm and suicide in prisons?

Andy Bell

So, during the lockdown because people were in their cells for 23 hours a day levels of suicide and self-harm reduced, but that's undoubtedly down to, well partly reduced access to means but also what we have seen ironically is a reduction in bullying incidents and violence as well, again for the very same reasons. But the psychological impact longer term of being in incarceration, of being very, very quarantined for very long periods without kind of much reprieve I think we have to be very mindful of the longer term impact that may have.

Lord Strasburger

Thank you, and Daisy any views from you on the shortage of testing and its impact on …

Dr Daisy Fancourt

Just one point from me which is that when we're talking about the prioritisation and making sure that mental health services are prioritised for testing, I think we need to include social prescribing within that as well, across the lockdown social prescribing services had a massive boom in activity, I think they were picking up a lot of the slack where staff had been moved from mental health services over to other aspects of clinical care and so I think if we … unless we have this kind of support for those social prescribing link workers then I think we're going to face an even greater problem in second waves of people not being able to access enough mental health support.

Lord Strasburger

Thank you, thank you Chair.

Dan Poulter MP

Just one very quick question before we come to Munira Wilson to ask some questions, Andy Bell, you made the point about seeing mental health services as essential services, during the height of the pandemic there was considerable talk of medical professionals and indeed professionals across the healthcare spectrum being moved out of mental health services and onto acute wards at Nightingale or other hospitals or onto the acute wards. What is your … how do you looking back on that and thinking ahead to the winter, what are your thoughts about the need if you like for the whole health system to focus on those people who are directly infected with Covid and looking after that group, as opposed to the sort of broader duties that many mental healthcare professionals may have?

Andy Bell

Yeah, I mean it's a really tricky one isn't it? We know workforce is the biggest problem the NHS has got in terms of its capacity to meet need, it always has been and it will continue to be. And inevitably you've got a limited number of people but you've got levels of staff sickness. Levels of staff sickness in mental health services weren't great before and so again you're starting from in some ways a bit of a deficit where shortages of staff, particularly in inpatient services, have always been a problem if you're then taking people away to meet other needs, obviously that has a kind of knock-on effect. In some ways I think in the Springtime because referrals went down it was probably manageable because fewer people were coming and asking for help. Obviously that's not great because it's then suppressing demand but I think again the system managed and in a lot of cases voluntary and community organisations and helplines stepped in where there were gaps or people found it impossible to get help. So again, there are really difficult choices ahead aren't there, if during the Winter that combination of factors that could make things really, really very difficult again, if we're losing people from mental health services to go and work in other parts, that may be essential to save lives but there will be a knock-on effect and that could be very, very serious.

Dan Poulter MP

Thank you. Munira.

Munira Wilson MP

Thank you, you've all touched on the disproportionate impact on people's mental health of particular groups, especially those who are particularly impacted by health inequalities, there was three groups I just wanted to briefly touch on to understand what evidence if any you've collected because certainly anecdotally I think we've all picked up these groups have been particularly impacted in terms of their mental health and what support they've been able to access. Louise, you talked about Blue Light Services, but I was thinking more broadly across the health and social care sector in terms of the workforce, particularly social care where a lot of staff end up building up a relationship with the residents they're supporting and obviously there's been a huge amount of bereavement in that sector, but also in hospitals for instance, I'm thinking of porters who've been having to deal with bodies, you know cleaners, all the other services, not just those who are treating on the frontline. The other group going back to social care was actually within care homes we heard very movingly a few weeks ago about residents in care homes, their mental health is suffering disproportionately because of the restrictions and descriptions of prison-like conditions. And thirdly you've all touched on the economic impacts sort of slightly more being a real impact in the future, but we know there are many, well there are several million people who have been left out of Government support who've really suffered in terms of their mental health and again just wondering how much any of you have picked up evidence of these issues and what support people are getting?

Dan Poulter MP

OK does someone want to start? I don't know whether Dr Fancourt wants to start perhaps in answering that?

Dr Daisy Fancourt

Sure, I think we don't have the granularity of detail from the data I've been working with to look at different subsets of key group workers, but we have seen key workers have had higher levels of mental distress than the rest of the population, so the percentage of key workers who are having significant levels of mental distress during lockdown was 30% compared to 26% of people who are not key workers. I'm afraid I don't have the details on the more specific aspects of things like people who work in more particular aspects of health and social care. There's just one other thing that I thought was worth mentioning to you which is that identifying the prevalence of very specific mental illness is something that we don't yet have the very official prevalence data on, but there is something called the 'Adult Psychiatric Morbidity Study' and this last ran in 2014 and it estimates the levels of very specific mental illnesses across the UK and there's been an announcement that this is going to run again in 2021-22, so I know we're all focusing at the moment on what the acute problems are, but this will give us a very good sense of what the levels of mental illness are, hopefully as we're coming down from this pandemic and it'll also give us a sense of the percentage of people who've experienced problems that have then continued beyond the end of this pandemic. So, the kind of enduring symptoms of mental illness that might have been triggered by this.

Dan Poulter MP

OK, Louise Rubin do you want to make a couple of comments on that?

Louise Rubin

Yeah, I mean I think the only thing I'd want to highlight here is it's worth drawing attention to our frontline resource that's available, so this is a partnership between Mind and The Samaritans, Hospice UK and others and this was set up especially to support those groups that you mentioned, so key workers, essential workers across health, across social care, also across education actually because they have been dealing with children and young people in quite difficult scenarios, so it's a service that's available to people to really give that bespoke support that I was talking about earlier. There's a 24/7 number on there, you can get support through calls or text messages. But the point is that this is really in recognition of the fact that there are some people as you said who have witnessed really traumatic scenes and are going to need a different level of support, a really detailed level of support, so yeah I think you're right to be concerned. Can I ask you what your third point was because I missed it slightly?

Munira Wilson MP

It was those who were excluded from economic support, we've had some harrowing stories there too.

Louise Rubin

Yeah, absolutely, I think there is so much that the Government needs to learn from this first wave and take forward if inevitably we face a second wave, but perhaps regardless of whether we do, in the way that it has supported people financially. So, demand on the benefit system has gone up exponentially as you would expect with lots of people out of work and being made redundant and the benefits system, Universal Credit in particular, has struggled to cope. I think there have been some positive policy changes, particularly around allowing people to make remote, to have remote access to making a claim which is something that for people with mental health problems was really appreciated, that face to face process, that face to face assessment can be really daunting. So, that's certainly welcome but what we saw is that there was a sort of brief reprieve from some of the more Draconian measures in the benefit system so conditionality and sanctions were paused, reassessments were paused, but it didn't last very long and they're all back in place now leaving people to essentially look for work, you know with really diminishing chances of finding any and to face all of the sanctions and conditions that come with that if you don't. So, we know that the recession is going to get deeper, it's going to get a lot worse before it gets better, we need a benefit system that can cope with that and support people in a much more humane way than it has done historically.

Dan Poulter MP

That's great and just finally, and this will be our … before we move onto the next panel, Andy Bell if you could address that question please?

Andy Bell

Sure, so on … I think it's really noticeable that the NHS workforce has had probably more attention than the social care or voluntary and community sector workforce and I think there's a real gap there in terms of attention to people's wellbeing, but it's also worth saying that with all the help in the world, if you're in a workplace which is characterised by inflexibility, bullying, poor management then as some parts of the NHS have been noted to be historically, having wellbeing initiatives isn't going to get you very far and I think we need to look at how we create safe environments for people to work

in those places and attend to people's wellbeing longer term. In terms of care home residents this is a really crucial point, I think we know that bereavement among older people and particularly older people that have had caring responsibilities for example does very often lead to kind of complicated grief and poor mental health and unfortunately older people's mental health has always been seen as inevitable and inherent, that because people are older and particularly very old and in care homes, it's not regarded as something that's worth intervening with and I think we really have to shift that thinking and start to think about how we offer help and support and see depression, particularly among older people, as being worthy of treatment which sadly the NHS hasn't historically.

And in terms of, I think again credit where it's due, we may in time see things like the furlough scheme and sadly temporary relaxing of benefit sanctions as one of the most important mental health interventions this Government has put in place. I think as those things end there is clearly a greater vulnerability and as you say not everyone has been protected by those things, but again we have I think seen during this time real evidence of phenomena such as food poverty among people living with mental health difficulties and a relationship between food poverty and poor mental health which I think we really need to attend to and think about how are we going to take this on longer term. Again, the stay on evictions is terribly important for mental health because housing insecurity is toxic to adult and particularly child mental health, so again these are all mental health measures. If we had an approach where we put mental health at the centre of Government thinking and policies across the whole range of things actually we might really think differently about where our priorities lie and what decisions we'd make about some of those broader issues.

Dan Poulter MP

That's great, thank you very much Andy. So can I just take the opportunity to thank our first group of witnesses, Andy Bell, Deputy Chief Executive for the Centre for Mental Health, Louise Rubin, Parliamentary Campaigns Manager from Mind and Dr Daisy Fancourt the Associate Professor of Psychology and Epidemiology from University College London, thank you very much, you're very welcome to join us for our next panel session if you'd like to stay muted quietly in the background to listen, but if not I know you are busy people thank you very much for joining us and sharing your experiences, knowledge and the experiences of people that you care for with the APPG today.

So, moving on now to our second panel and we have I believe everyone is with us, we have Tom Quinn who is the Director of External Affairs for Beat which is the UK's eating disorders charity, we also have Dr David Crepaz-Keay who is the Head of Empowerment and Social Inclusion at the Mental Health Foundation and Professor Sir Graham Thornicroft from the Institute of Psychiatry, Psychology and Neuroscience at King's College, London who will all be joining us to give evidence, so welcome to our three new panellists and thank you for joining us today. I think it would be helpful some of our Parliamentary colleagues, some new colleagues have joined us, some colleagues who were with us for the previous session have other duties to attend to, so thank you to Parliamentary colleagues who've contributed. But to start the second panel session I think it would be very helpful first of all if perhaps each of the three, our three panellists could just outline for us just in general terms what your key concerns are regarding mental health and the Covid-19 pandemic. Professor Thornicroft would you like to start?

Professor Graham Thornicroft

Yes, thank you very much Dan and good afternoon to everyone. Just to introduce myself to you, as you heard I am Professor of Community Psychiatry at King's College, London so I bring a research perspective to these issues. I also work as a Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust where I work in a community mental health team in Lambeth where we treat

people with first episodes of psychosis, so I'm going to bring briefly our research and a clinical perspective to my remarks. And a few introductory key issues, we could I think see the situation where mental health is the hidden Covid crisis which your committee is now bringing to light and we have the opportunity if we can reimagine how mental health services should be, not just during this pandemic but in the future, we could reimagine how to build back better. Indeed, some people, colleagues in China, have called the current situation of Covid a parallel epidemic where we have mental and physical running parallel and of course in interactions. So, a couple of brief contextual remarks, the situation before Covid started is dire in every country, including in our countries, whereby each year about a quarter of all people, young or old, have a diagnosable, you know needing treatment, severe enough mental illness and of that quarter, one quarter actually get help. This is sometimes called the 'mental health gap' and we have seen deteriorating trends which Dr Harcourt mentioned, of increasing rates of mental illness in the last five to ten years, especially among young people for example the increase of one third in anxiety in the last five years, published in the British Journal of Psychiatry this month and further since Covid started, further deterioration, another paper by Gia just published a couple of days ago in the BMJ Open shows that anxiety and depression during lockdown got worse, especially for younger people and for women and lonely people.

One other key point to highlight I think at this initial stage is the longer term impact of economic recession in terms of self-harm and suicide risk and a recently published paper suggests that modelling shows up to 10,000 extra suicides completed worldwide per year, including in this country, and indeed this has been described in the headline again that 'recessions can hurt, but austerity kills'.

Dan Poulter MP

Great, thank you. Does … I don't know whether Tom Quinn, if you want to make a few opening comments and then Dr Crepaz-Keay.

Tom Quinn

Yes of course, good afternoon everyone. So yes, at Beat we support people with eating disorders and we have seen a significant increase in the demand for our service which alongside sort of other evidence is suggesting that the virus and the impacts of lockdown is having a severe and significant impact on people with eating disorders and also the development of eating disorders within people otherwise previously unaffected. So, we are seeing for example we've had a 98% increase in people over the last six months accessing our support services compared to the equivalent period last year, so really quite a significant increase. At the same time we are aware that people accessing services has reduced, so for example the data of adult services for eating disorders is not available publicly but for children and young people's services there was in the quarter one of this year, so that's April to June, there was a 10% reduction in people receiving support from eating disorder services UK-wide and a 30% reduction in the South-West, so it varied between different regions but up to 30% in one region. So, what appears to be happening is that I think probably a combination of things, one is that actually the prevalence of eating disorders is increasing, so we are hearing comments about people experiencing eating disorder symptoms for the first time, but also people who are concerned about relapse where they previously considered themselves recovered. But also, we believe that people are not necessarily seeking professional help as often as they would otherwise, for a variety of reasons, and that when they are seeking help they're not always able to receive that help. So, a variety of issues that I'm obviously happy to go into more detail with further questioning.

Dan Poulter MP

Thank you and Dr Crepaz-Keay.

Dr David Crepaz-Keay

Thank you, the Mental Health Foundation I suppose has been doing two things really, one is we've been tracking the psychological impact on the UK population since about March to see how that has been affected by the coronavirus pandemic. But also we are as an organisation interested in public mental health and the broader mental health work beyond mental health services, so whilst I would absolutely support everything Sir Graham has said we would want to see that, we would want to see an equal if not more significant focus on the broader social determinants of mental health and a strong focus on prevention and making sure that that isn't forgotten in our response to coronavirus, so we know that a number of groups are disproportionately affected by both coronavirus and the psychological impact of coronavirus. We also note the proposed changes to how England delivers public health and with the changing structures that have been proposed around that, we would want to make absolutely sure that public mental health isn't lost and that that any interventions that follow our approach to improving mental health during and post-pandemic give equal weight to things like social determinants and prevention as well as simply dealing with the crisis for people directly and currently affected by mental health problems.

Dan Poulter MP

That's great, thank you, I have one very quick follow-up question before coming to Baroness Finlay and with just some commentators, not commentators today, but some commentators in the national press seem to be suggesting that there is … it is that because of concerns about the mental health impact of lockdown and other measures that have been introduced during the Covid pandemic, that we should perhaps not be introducing some of those measures like local lockdowns, like you know and social distancing or perhaps encouraging home working. How would you address that commentary that has been emerging in some, from some commentators and in the press? Graham do you want to take that first if that's …

Professor Graham Thornicroft

Thanks Dan, these are clearly complicated decisions and with many balancing factors, so for example people who are extremely clinically vulnerable who may have been more lonely and isolated and therefore more at risk of depression coming out of the quarantine and lockdown period may actually feel anxiety if they don't feel it's a safe time when they can go out again or be visited again. So, one has got to make a sort of proportionate response to this, certainly I think local lockdowns depending upon the incidence rate is a much more realistic approach at the moment than the sort of global lockdown, but these are extraordinarily difficult balancing judgements to make.

Dan Poulter MP

Thank you, Tom Quinn?

Tom Quinn

I think all I'd add to that is … and I don't know if this is a problem that's sort of unique to our community of people affected by eating disorders, but what we've seen is a particular challenge around access to food, so for example … and this has I think slightly subsided and hopefully supermarkets are now more attuned to this, but what we did find early on is that individuals, so individuals with eating disorders, particularly those in recovery, often find it very helpful to have identified so-called safe foods, foods that they feel comfortable eating that are part of the sort of daily routine, and what we were finding is that because of food shortages, particularly at the start of the period, people were unable to access those safe foods and that was contributing to the development of their eating disorder behaviours. Actually, on the contrary those individuals that were more likely to binge, so suffering from binge eating disorder actually the stockpiling of foods in households potentially also had a negative impact. I think it's harder probably for public intervention to tackle the latter, but I think interventions to encourage perhaps supermarkets and other retailers to ensure that people with perhaps identified issues for example eating disorders, where they might need preferential treatment to certain foodstuffs, I think that's certainly something that we would advocate and so I don't know if that applies to other conditions or illnesses but I think sort of smart thinking about how to adapt the need, you know combining the need for local lockdown with ensuring that people who have particular needs still have those needs addressed.

Dan Poulter MP

Thank you, and Dr Crepaz-Keay?

Dr David Crepaz-Keay

I think one of the things that we've noticed is that some people have found lockdown comfortable and that they have experienced more anxiety coming out of lockdown than they did going into lockdown, after the initial kind of shock and the anxiety that that caused. The trouble with relaxing and reimposing and relaxing and reimposing restrictions is that it makes the already difficult process of getting back to interacting with the outside world more difficult than a kind of single uniform journey would be. And there are some particular conditions where lockdown has almost reinforced the safety behaviours and interrupted the kind of therapeutic interventions that people need to continue to interact healthily with the outside world, that has been interrupted by lockdown and I'm thinking particularly people who are extremely disabled by social anxiety or obsessive compulsive disorder, once lockdown eases it's a really challenging long, slow journey to get back to normal life with those experiences and if that becomes interrupted by increased restrictions and then reduced restrictions that really, really hurts some people. So, although it's clearly necessary it is very important to balance the psychological as well as the purely viral implications of all these policies. In the same way that it's perfectly reasonable to try and balance the socio-economic with the purely viral, it's important to balance the psychological with the purely viral decisions as Government makes them, Governments make them.

Dan Poulter MP

Thank you, Baroness Finlay?

Baroness Finlay

Thank you very much, I would like to ask you really about those who've got a pre-existing condition or disorder and the impact that Covid has had and what data you've got to show the changes that have occurred because we get a lot of stories coming through in different directions, for example that by using remote devices, Zoom calls and so on, some people find that an easier consultation to have and it would be helpful to be able to quantify that in both directions and I have a specific interest in the problems of alcohol and I should declare I've been chairing a Commission we launch later on today on alcohol harms, but we've had a big concern over the increased consumption of alcohol and how that will have aggravated mental health. But also, I do wonder specifically in relation to eating disorders how the story of obesity being a very poor prognostic factor and the clear evidence in the numbers coming out of the ITU data that it's a problem, how that has impacted on eating disorders, so really getting away from the food side of it but more to that really public health message about obesity altogether. But, accessing hard data of numbers in each direction seems to be quite difficult to do. I don't know who would like to take that first? Graham, thank you.

Professor Graham Thornicroft

Thank you very much, well first of all thank you for your question, in relation to alcohol, I've just seen actually today data from Professor Winstock from the Global Drug Survey who is reporting an increase of that 48% of British drinkers have increased their consumption since March and that 30% of British drinkers have said that alcohol consumption had worsened their mental health and again of drinkers 47% disclosed that their physical health had deteriorated. So substantial deteriorations in all those respects and of course the mental and physical here as usual are intertwined. With respect to your earlier question about people with pre-existing disorder again briefly, of course most people with pre-existing disorders actually aren't getting service which I mentioned in my opening remarks, so I think one of the factors that we've seen from my clinical perspective is that people are even more reluctant than usual to come to services, previously it was because of stigma quite often, now it's stigma plus avoidance of possible infection, so therefore we've seen people more often waiting to a crisis point and then going to casualty and then being subject to the Mental Health Act. In fact, my own trust has seen an increase in the numbers of people waiting Mental Health Act assessments and having been assessed and being detainable still waiting for beds to be available. We've also seen an increase of people coming forward with acute psychotic reactions and of course again this interaction here, because at least in the cities it's more often people from BAME groups who are having psychotic difficulties and they are therefore being sectioned quite often and being detained with the sort of ethnic dimension to that.

With respect to people already in care, just one other point, which is the problems of discontinuity of care, having regular staff and regular pattern of care is very important for many people with mental health difficulties and what we've seen is as we've heard from Dr Poulter, redeployment of staff both within the mental health trusts but also to physical health trusts, we've seen closure or at least temporary closure of mental health wards to be repurposed for Covid wards and we've also seen people who are for example psychologists either in specialist teams going into general roles or people in IAPT, the Increasing Access to Psychological Therapy teams, some of those being redeployed away and actually a reduced access to psychological care and support at exactly the time we need an increased access.

Baroness Finlay

Thank you, Tom would you like to comment on the obesity side?

Tom Quinn

Yes, of course, just briefly before I do, one piece of research that I'll point to regarding eating disorders where we've supported the University of Northumbria, they found that almost nine out of ten, so they did a large survey of people with eating disorders and they have found that 87% of those spoken to said that their symptoms had worsened as a result of the crisis and over 30% said that they felt their symptoms were much worse. Regarding obesity I think that the clearest message I'd like to give is that unfortunately what we've seen is a particular response from our community in relation to some of the public health messaging that has been put out by the Government. That was existing throughout this process because of course there's been quite a lot of, even in the early months, there was quite a lot of talk of importance of exercise and so on and I think for our community, particularly those that use exercise as a means to control their weight in a dangerous way and they've found that potentially quite triggering, however the severity of the concern that we're hearing from our community has significantly increased in the last month or so and that we believe is unfortunately a direct response to the strategy on obesity and the Government's language around it. So, for example, in the weeks following the announcement of the strategy we saw 165% increase of people calling our helpline specifically referencing some of the language around obesity and some of the particular measures that were being proposed, for example the extension of calorie labelling going now onto menus. I should say we are engaging with Public Health England and the Department of Health and Social Care on these issues and we are finding them, you know, broadly responsive and of course we are not in any way denying the importance of public health activity to encourage the population where needed to address obesity, but unfortunately for our community both I should say for people who are more likely to restrict, but also those who may be suffering from obesity because of a binge eating disorder, in both areas they have found the public health messaging very triggering.

Baroness Finlay

David, do you have anything to add to those Dr Crepaz-Keay?

Dr David Crepaz-Keay

Yes, from the research that we've done if we look at the difference between population responses and responses of people who have a pre-existing mental health condition there are some stark differences that are probably worth highlighting in data terms. When we … and this is our most recent survey data so from the end of August, general population were reporting levels of being afraid at 18% people with a pre-existing mental health condition were reporting 29%, for panic we have 11% in the general population and 22% amongst people with a pre-existing diagnosis. And for anxiety and worry we have 45% in the general population compared to 62% in people with a pre-existing psychiatric diagnosis, so you know in terms of the psychological impact it is somewhat greater. Specifically around alcohol and food we have got … I mean we have asked people about using food and alcohol as ways of managing the stress that they're feeling as a result of coronavirus, the alcohol is not hugely different between the general population and people with a pre-existing diagnosis, eating too much is, eating too much in the general population we have 34% and in people with a pre-existing mental health condition we have 42%. So that's somewhat more. And again, as Tom says eating less we have 9% in the general population and 16% in people with a pre-existing conditions. What I would also highlight is that when it comes to thoughts of suicide, these are much higher in people with a pre-existing psychiatric condition.

Baroness Finlay

OK and that data would be really helpful if you could send that and particularly that thoughts of suicide data, that becomes very important.

Dr David Crepaz-Keay

Of course.

Baroness Finlay

I'd like to ask if I may Dan one follow up which is just one sentence from each of you is given the size of the problem you've outlined, what should we now be doing about it in the short-term while we've still got all the Covid problems around or haven't got used to them because they may become chronic. I don't know who wants to take that first, Graham, do you want to go first and Tom's scratching his chin.

Professor Graham Thornicroft

Thank you very much. Well, you invite me to make one comment it's this, we've seen since 2010 while the NHS has had largely flat funding considerable disinvestment in the mental health sector, certainly in the NHS down by perhaps 8-10%, in the social care centre perhaps 30-40% and we're now seeing that we're not well prepared to deal with the crisis from the mental health point of view. And there's no getting away from the fact that the response that's necessary because of all the evidence you are taking at the moment is a very substantial increase in investment in mental health care.

Baroness Finlay

Fine, thank you, Tom?

Tom Quinn

Sorry, I'm just taking myself off mute. I'm afraid I think I need to echo that, for eating disorders there has been to the Government's credit, quite a significant investment in children and young people's services for eating disorders over the last five years, we have not seen an equivalent investment in adult services and so I think we're particularly concerned about adults with eating disorders not receiving the treatment and support they need.

Baroness Finlay

OK and David, one point? I don't want to hog the session.

Dr David Crepaz-Keay

No, not at all. Above and beyond mental health services really we also need to be investing resources in things like dealing with poor housing, dealing with debt, dealing with those social determinants that

are the things that are adding to the stress and strain and are multiplied by coronavirus, so I'm not gonna argue against mental health services but their life would be a lot easier if they had to deal with fewer people with housing crises, debt crises, relationship crises and so on, so things to support people in their day to day life to prevent that need for more explicit services.

Baroness Finlay

Right, thank you.

Dan Poulter MP

Thank you, Baroness Finlay, Munira do you have some questions?

Munira Wilson MP

Thanks Dan, so clearly there's been an increased demand for mental health services and Tom you in particular touched on that with regards to Beat, but could you tell us to what extent that increase has been driven by those seeking help for the first time? I mean that's to all of you but Tom do you want to kick off?

Tom Quinn

Yes, we believe it's both, we only have sort of circumstantial evidence but of those people contacting our helpline over the last six months 28% have contacted us for the first time, so that is a high proportion but as I said earlier we are also hearing from a lot of individuals that are talking about the crisis in like it's causing a relapse essentially in their symptoms, so I think we have probably equal concern I think actually about both those individuals that are developing an eating disorder perhaps in part as a result of the crisis and I should say what's been reported is a reduction in feeling in control, a reduction in the support from friends and family they might otherwise receive, we know that people with eating disorders often rely on routine and so clearly that has been hugely disrupted. So, I think yeah, I think we are seeing an increase in people developing the illness but actually we're also seeing people who considered themselves recovered for perhaps even many, many years and actually this situation has now caused a relapse and you know we think both obviously are deserving of support.

Munira Wilson MP

Dr Crepaz-Keay did you want to add to that, do you have any evidence of how many are first time …

Dr David Crepaz-Keay

No, we're not really picking that up in terms of evidence just as I say highlighting the difference between the effect on people with a pre-existing condition and general population, there are significant differences. That doesn't really help you with your question I'm afraid, sorry.

Munira Wilson MP

And Sir Graham, is there anything you wanted to add?

Professor Graham Thornicroft

Thank you so briefly in general terms the number coming forward seeking help in this case for the first time is often this balance between those who have got a true condition which are increasing as we heard, but it's a reluctance and barriers factors including expectation of maybe being infected if you go to a physical in-person site, so we're seeing, I don't have national numbers, I've seen locally in South London as I mentioned an increase in people with psychosis coming forward and it looks like an increase in the acuity or the severity of people coming forward in their first presentation, but I don't have access to national numbers I'm afraid.

Tom Quinn

Sorry if I may can I just add to that, yes we are hearing also from clinicians around the country treating people with eating disorders that presentations seem to have on average become more severe than they would have expected six months previously and we also know actually from many services around the country they are actually receiving fewer referrals than they would have expected perhaps in equivalent period last year. So what we believe is part of what's happening is that, and I don't know if this is true for other mental health conditions, but certainly for eating disorders there's a great tendency for people to feel that they're not deserving of treatment actually and so when they see in stories in papers about, you know, thousands of people dying then often people with eating disorders will think well I'm not worthy of treatment, I don't want to burden the NHS, that's definitely a language we hear. I'm sure it's also about people being reluctant to go to their GP or whatever, so we think part of the reason why we are seeing such an increase in people contacting our support is partly because there is a genuine increase in the prevalence of the illness but also because people are coming to us in lieu of contacting professional services.

Munira Wilson MP

In terms of people's mental health worsening you've touched on some of the wider factors and the general anxiety and the financial situation, I just wondered between you if you had much evidence about that being driven particularly by those who've either had coronavirus themselves or had a close family member who has been impacted by it, in terms of the impact on their mental health.

Tom Quinn

I'm not aware of much evidence on that, I know there is a specific study that's being undertaken out of Swansea University looking at the impact of people with eating disorders where there has been coronavirus in the family, I believe that research is underway but if it's of interest to APPG I'd be happy afterwards to sort of forward on contact details on that.

Munira Wilson MP

Does anyone else have anything to add?

Dr David Crepaz-Keay

Yeah just I haven't got that instantly to hand but I can try and extract it from the survey data we have, we do record people's coronavirus test status. I simply don't have that abstraction to hand but I can see if we can get that done from the data for you if that would be useful.

Munira Wilson MP

Thank you.

Professor Graham Thornicroft

So, what we know from data from before Covid is that the mental health of carers is much worse than the general population and for example rates of anxiety and depression are about twice as high as in the general population and we know that the pressures upon carers with respect to being housebound together, having additional family responsibilities, having uncertainty about the continuity of care, having less respite care would be likely to add to the mental health pressures on family members, but I don't have data, I haven't seen data published on that in the last few months.

Dan Poulter MP

Thank you and I'll now come to Dr Philippa Whitford for some questions and then to Lord Strasburger.

Philippa Whitford MP

Yeah, thanks very much Dan, obviously we've covered quite a lot of different aspects and you touched on the other drivers of poor mental health such as you know austerity, housing, etc which is you know contributes to poor physical health as well. I mean one of the issues, are you expecting it to be worse if we are going into a second wave in that in Spring Brexit still seemed a little way off, Covid replaced it in the news, we had good bright weather and we are now looking at going into a dark, wet winter with Brexit, with Covid, with a recession and that just seems to me a perfect storm, so are there ways we can help improve the resilience of everyone because I don't know anybody who is not affected in some way mentally by this, so we don't clutter up, whether it's services like Tom's or formal NHS services, how we can be more resilient. If we start with you Tom and then Graham and then David.

Tom Quinn

I don't have any you know specific research or indications to point to, I think what I would reflect on is as I said earlier over the last six months we've seen a almost doubling of people contacting our support services compared to an equivalent period last year. That increase started to be seen once lockdown was announced, so March, April, May all saw steady increases. We expected perhaps the demand to tail off perhaps in July, August with you know warmer weather, perhaps the initial impact of the lockdown and measures being introduced perhaps would subside slightly, that's not what we've seen. So, what we've seen is that the levels have continued up to sort of July being a maximum and August has been at that same level and actually we were talking about suicide earlier, in terms of people calling us in crisis actually August was our busiest month ever. So, I appreciate that I'm not

really answering the question. I think I guess what seems to have happened is that there's been a, I don't know like a genie or something let out the bottle and by the last few months we're not seeing any subsidence at least in terms of people contacting us, so I'm not sure whether that will increase further if there was a second lockdown or a second wave or whether it would just continue but at the moment we are not seeing any signs of any drop off.

Philippa Whitford MP

I mean that almost matches the kind of worst pattern my MP office is seeing which is as the former panel suggested, the uncertainty seems to be worse, I mean so the early phase was terrible for us then it stabilised and now because of ending of job retention and redundancies it's going through the roof again, so obviously you may see that. I mean clearly particularly with eating disorders the need for nuance around you know personal resilience or self-supporting techniques or you know family support is very difficult, you mentioned the kind of anti-obesity campaign, but do you think there is any role for public health campaigns to help people to be more resilient in themselves without ending up looking like that old fashioned oh pull yourself together kind of approach which would be disastrous.

Tom Quinn

I think it's very important that public health messages are evidence based and properly informed by people with expertise in the area, so I think that's one of the concerns we've had with the anti-obesity messaging that it hasn't properly sort of taken into account you know quite a sizeable proportion of the population, so I think public health messaging around that could work, but I think it would need to be properly influenced by people with lived experience, in our case of eating disorders, and I would suggest perhaps I'm biased but I would suggest that actually some of those public health messaging, I think those campaigns can be most effective when they are working with partners, including in the food sector.

Philippa Whitford MP

If I could come to yourself Graham, what your feeling is both about what we're likely to see as we go into what's going to be a very difficult winter and whether there's anything we can do if you like to encourage everyone to have better, to look after their own mental health a little bit better than we tend to.

Professor Graham Thornicroft

Thank you, so I don't think we need to imagine and speculate too much because we know from the last recession ten or 12 years ago what happened and one of the best sources is by Professor Keith Horton in Oxford who is a suicide expert because I think suicide is the big issue here, which saw an increase, especially for men and for young people during and after that recession, and this isn't just for people who are unemployed, another big risk factor is insecure employment as well, so whether this be from Covid, whether it be from the end of furlough and I think that's a big step change risk time then, or from Brexit or a combination of the three, I think that's the big challenge we face in mental health terms at the if you like the very worst end of the spectrum.

In terms of what to do one could think I think of three tiers of response and preparedness. The first is at the level of the community which is to reinforce charitable sector, not for profit NGO sector in providing self-help and informal support, but also have forms of resilience building and social contacts

as well as counselling, often by not necessarily professionally trained people but people with emerging or if you like more common but not, or not yet [inaudible 1:51:12.2]. The second is to further reinforce the capacity of primary care as a point of referral and assessment treatment, especially relaying people off to the IAPT psychological treatment services and then it's to strengthen the specialist services as David Crepaz-Keay's said this is for minority people with the most severe difficulties. And in terms of messaging we already have actually one of the strongest systems in the world in terms of for example stigma reduction, from the Time to Change campaign, from the Heads Together and Every Mind Matters. What we need now is a concerted integrated approach to recognise that health isn't just physical, health is physical and mental as an integrated approach that these are so closely interconnected for the reasons we've heard and it means actually putting together a very thoughtful and not just the next three or six months, this is actually a long-term plan to address the mental health needs of this peri-pandemic but also the post-pandemic period as well.

Philippa Whitford MP

I mean we have an odd approach in that we have a tendency to use the term mental health to mean completely the opposite and therefore you know we don't openly talk about, we all have mental health, sometimes it's good, sometimes it's not so good but you know it's a very reverse language that we use. If we talk about physical health we mean it as health, not unwellness which it seems to be how we use the term in the mental health setting.

Professor Graham Thornicroft

I fully agree, it's a controversial area.

Philippa Whitford MP

David if I can ask if you've anything you want to add to the comments so far on those two issues.

Dr David Crepaz-Keay

Absolutely, yes of course. Firstly, I think Sir Graham is absolutely right to say that the third sector and the informal sector has an enormous role to play in helping people to support themselves and each other. I've been privileged to be directly involved with the Every Mind Matters campaign over the last three years at Public Health England and we worked really, really hard to generate evidence based approaches that people can safely use to support their own and each other's mental health. That's absolutely vital for any kind of sustainable mental health service because we can't just leave it to people getting into crisis and then services like Graham's picking up the pieces afterwards.

Philippa Whitford MP

And do you think we're prepared enough David, do you think you know the person who was bumbling along not having any problems but then their whole world has been turned upside down, do you think that these kind of approaches to personal resilience get enough input, get enough sharing, publicity.

Dr David Crepaz-Keay

I think what's really clear is that things like this highlight the inequalities in our preparedness, so I'm really fortunate, I have a secure job, I'm working from home in an environment that has a garden, enough space for two of us to work from home safely, you know for me it's not been … it's been stressful in a number of ways but it hasn't really exceeded my ability to cope which has been developed over many years to quite a high level for a whole range of reasons. Specific to the changing seasons just basic stuff like the less sunlight there is the lower people's mood is, the colder it is the less likely you are to go out and exercise, the more you're likely to eat and drink unhealthily, so you're absolutely right there are key components that are going to make this worse. Then I'm not even going to mention the C word, Christmas, because you know that's problematic. We've got debt, we've got the end of furlough that you've mentioned. I think there are two really strong messages that I would like to see us as a society doing better, one is avoiding some of the divisive messages that sometimes come out, this pitying, inadvertently or sometimes perniciously older against younger people, different regions, classes or ethnicities or even genders against each other, one of the things that was almost warming about our early response to the coronavirus was the kind of pulling together and the sort of collective spirit that was shown. The small levels of kindness and bravery and courage within individual communities and it really saddens, I mean it saddens me to see that replaced by snitch on your neighbours because for everybody's mental health we genuinely need to be supporting each other through this, which means that privileged people like me give that little bit more and understand that little bit more, particularly the impact I would say on younger people. And don't demonise younger people for wanting to still have a social life, yeah imagine from your point of view if a year ago you were really looking forward to getting your exams out of the way and going off to University and starting your adult journey, that's been viciously ripped from under your feet and the psychological impact of that will take years to recover and why would we want to compound that by saying you know you are evil if you want to go out and go to a club and enjoy yourself, but actually providing you're going out to shoot grouse you can gather in as many number, as many people as you want to. So, we need to avoid these divisive messages and we need to work really, really hard because they won't do any of us any favours whether you're privileged or disadvantaged, divisiveness hurts us all.

And I do think the public health messages are really important, I think as we work towards whatever replaces Public Health England we want to make sure that we don't lose the huge benefits of things like Every Mind Matters and the genuine amazing step forwards that there have been in things like suicide prevention. Moving that from thinking solely as a mental health service issue to a public health issue has made the biggest single contribution to thinking sensibly about suicide prevention that I've known in my lifetime of involvement. And we need to make sure that we don't lose that, and when we talk about our new approach to public mental health it's not just about fighting infections, it's about you know creating healthier and mentally healthier societies with a particular emphasis on those that are most at risk of not getting that.

Philippa Whitford MP

I mean obviously people talk about Building Back Better, so what you're talking about is physical and mental and environmental wellbeing and obviously that's a huge challenge to all of us to achieve.

Dr David Crepaz-Keay

Absolutely, and I think you know let's also not forget the last six months have been the best in terms of reducing our carbon footprint, you know for probably since the Industrial Revolution so you know

there have been positive things that incidentally have come along that we could grasp and learn and not just take a purely pessimistic purely divisive view.

Philippa Whitford MP

Thank you very much.

Dan Poulter MP

Thank you, Lord Strasburger I think you have some questions.

Lord Strasburger

Thank you Chair and thank you to our three witnesses. I've got two very different questions for you. The first concerns our world-beating testing system which is struggling at the moment to live up to its billing. Do you think there should be more priority for those working in mental healthcare and support? Perhaps let's start with you Graham.

Professor Graham Thornicroft

Thank you very much, so actually every morning the clinical team where I work has a so-called red zone meeting where we discuss the few patients on our books who are actually very unwell at the moment and one of the staff members called the Care Coordinator said that she wasn't able to go out to see a patient today because she has had a cough and a cold and she's not able to get a test at the moment and she'd been trying very hard. So, I think we do have a real problem with the care workers getting access, but I wouldn't specifically focus on mental health, nor on physical and mental health but bringing up the wider range of first responders including care home workers as well across the priority groups.

Lord Strasburger

Anyone want to add to that, if not I'll move onto my second question which is … I've forgotten what it was about now, oh yes, working from home. There's an interesting debate going on at the moment about whether those people who've been working from home should go back to their workplace, a lot of people are perfectly happy to do without the commute but others are missing the gathering around the water cooler and so on. Is there any evidence or do you have any opinion about the impacts of prolonged working from home either positive or negative? Perhaps I'll start with you first again Graham.

Professor Graham Thornicroft

Thank you, I'm afraid I don't have data on that so I can give you a brief personal view which is that one can't generalise and there are those who are actually finding, as David said it's actually fairly quieter but comfortable to be working at home. Many of my colleagues are feeling it desperately lonely and it's the informal contacts which they miss very much. And one could distinguish between if you like the transactional part of the work which is the business being done and the relational part of the work

which is the human relationships and the transactional parts are getting done by and large for people who can do remote working, the relational parts are taking a big hit at the moment.

Lord Strasburger

Thank you, Tom have you a view on this?

Tom Quinn

Yes, again I'm not aware of any data perhaps I could just reflect the experience in our organisation which is fairly small but we I think like many employers are actually now exploring whether home working as a choice, you know more flexible working in general should be something that we consider with a view in part to increasing wellbeing. Our staff as you can imagine, many of our staff do have their own personal experience of eating disorders and other mental illness, they have overwhelmingly supported the ability to work more from home, of course that doesn't answer your question about any sort of long-term risks that might be associated with that, certainly as an organisation we're going to be working very hard to maintain those sort of informal networks and socialisation that you can lose by everyone just looking as we are now at their screens, but I think my own personal view is that if this leads to greater flexibility in terms of employees being able to work with their employers to find a working solution that enables them to have a good sort of balance between home and work life that feels like something good and something, yes there may be some consequences that we need to be conscious of but in general it feels like a good thing.

Lord Strasburger

Thank you, David?

Dr David Crepaz-Keay

Yeah, we've put this precise question to some of the focus groups we've been doing to complement our larger scale survey research. Certainly, some of the key workers that we've spoken to, it has been their job that has kept them going through this, so that kind of, that physical contact, that keeping up with colleagues, the situations that Graham describes with his team being able to meet. Those kind of things have been described as really important to those that still have them and I think they would really worry about that being taken away from them. There have been plenty of people and I would certainly include myself in it and I don't know whether you would as well who love not spending three hours a day commuting to their place of work and we have plenty of people who also reported a much better work-life balance as a result of it. But, a lot of them also found it more difficult to create the boundary between work and home life when they're working from home, so actually end up ironically working longer hours working from home than they would, you and me both, so you know it's clearly not a straightforward simple answer to that.

I think yeah, I remember the closing down of the Victorian asylums which everybody would quite rightly think was largely a very progressive sensible thing, but we lost some stuff when we did that and I would say closing down the mass open plan office would be a great thing, because I think they're very, very damaging for mental health for a lot of people, but I think what you need to do is make sure you don't lose some of the benefits that we get from office based working in the move to what will definitely be a much more blended approach to working. Our organisation and pretty much every organisation I've spoken to whether they're city banks, transport infrastructure organisations or

whatever, they're talking about a blended approach to working in future and I think what we need to do is make sure that we create something that compliments the pure work focus of that with the sort of social support that comes, you don't even notice in an office until you're not allowed to have it, until it's gone and taken from you and it's one of those classic things. I've taken to a couple of colleagues I have regular meetings with, I've taken to spending 20 minutes after the meetings just continuing to chat with them because that's what we'd do in an office and that's been lovely, that's been genuinely nice and actually they're people I'm not even in the same city with and often aren't in the same country with, so Scotland and Wales, and it's been genuinely nice to start forcing ourselves to have that social interaction that we would normally have over a cup of coffee after a meeting, but still do it anyway, it's not quite the same, I'd love it to be face to face, but you don't have to automatically just do the business and log off, you could still have that chat afterwards.

Lord Strasburger

I think you've given us quite a good clue as to where this is going actually with your talk of a blended approach or a hybrid approach. I think that that's probably where we're going to end up, but it does sound as if there's value in quite a lot more research on this issue in terms of mental health. Thank you Chair.

Dan Poulter MP

That's great thank you Paul and so time is coming, you know has caught up with us and we are coming to a close but I'd just, if the panellists are happy to take one final very quick question from Baroness Finlay then …

Baroness Finlay

Thank you Dan and we really do have to be quick, we all have to be elsewhere but I've been really worried about the screen time that young people spend and the effect of that on their mood and mental health particularly the pressure of engaging in different types of screen games or just watching videos and some of the stuff that's getting out to young people particularly kids who've been off school and students in that sort of adolescent age group, so just a quick one-liner comment from each of you would be really helpful.

Professor Graham Thornicroft

Shall I start? So I think you're right to be worried about this and I was very much struck by the data just coming out the last day or two about the rate of anxiety and depression increasing over ten years three times among young people not increasing on people 55 and over and one of the key factors mentioned in this report is the screen time, the effect of social media and so on so I think this needs to be looked at very, very carefully.

Dan Poulter MP

Dr Crepaz-Keay.

Dr David Crepaz-Keay

Yeah, staying connected is important and these digital devices have played a really useful role in that for young people, but just don't let it interrupt your sleep particularly, if you're not … if you don't sleep well none of the rest of your mental health or indeed physical health is going to be anything like up to scratch, the most important thing you can do for your mental health I think is get a good night's sleep, so put … use those devices to stay socially connected but put them to one side an hour before bedtime.

Baroness Finlay

My worry is that they are being used to exploit these young people, so that they're actually being hooked into gaming and this kind of thing and that it's not about connectivity and Zoom calls with friends benignly but it's difficult to peel them off their devices, they have an addictive quality I think. Tom?

Tom Quinn

We are certainly conscious of the impact that social media can have on people in the development of their eating disorder. Now, I can't go into detail but certainly it's not a sole cause but we do find that some people in the development of their eating disorder being exposed to certain imagery or content online can be instrumental in the development of an eating disorder and so that risk probably is increased at the moment. I should say that actually we have found that social media companies, the big ones in particular, have been very open to engagement at this current time in terms of minimising harmful content on their platforms and directing people to sources of support. I should actually say though that people contacting our support services through social media has seen the biggest increase of all of the channels that we operate and so you know I do think it continues to be a very important platform for people both to connect with each other but also actually to often find sources of support.

Baroness Finlay

Thank you, I was thinking about the antecedents really to disorder and whether we're storing up problems for the future. Anyway, thank you very much I'm afraid like others I have to go, thanks Dan.

Dan Poulter MP

Thanks, great, so thank you all very much for participating today, thank you to all my Parliamentary colleagues and thank you to our second panel of Tom Quinn who is the Director of External Affairs from Beat, from Dr David Crepaz-Keay, Head of Empowerment and Social Inclusion at the Mental Health Foundation and Professor Sir Graham Thornicroft who as we know is a frontline clinician but is also a Professor of the Institute of Psychiatry at King's College, London. Thank you all very much for participating and thank you for Movement to Change and everyone in the secretariat for making today's event possible and we'll have our next evidence session I believe in about a week's time. Thank you all.