healthwatch Liverpool

The Covid-19 Pandemic and Mental Health in Liverpool

Four Case Studies

Contents

Introduction

In March 2020, Liverpool, along with most of the world, went into lockdown as a response to the Covid-19 pandemic.

The impact was felt in many ways and will continue to be felt for many years to come – economically, socially, politically, personally, physically and mentally.

As the reality of lockdown became clear, Healthwatch Liverpool decided to ask people about how the changes to their lives were affecting their mental health. And, over several months, we continued to ask people about the longer-term mental health impacts of Covid-19, and their concerns for the future.

We developed an online survey based on feedback from local people of all ages, and we ran it from June 2021 to January 2022. In total we received input from 343 individuals, via the survey and a range of interviews and workshops.

We have grouped what people told us into a series of reports (covering 'Executive Summary and Recommendations', 'Key Findings', 'Children and Young People', 'Disabled People', 'Case Studies' and 'Additional Data') all of which can be found on our website *www.healthwatchliverpool.co.uk/Covid-MH-Report.*

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As part Healthwatch Liverpool's wider survey about the impact of Covid-19 on local people's mental health we wanted to make sure that we listened in more depth to people who indicated that they'd like to talk to us in greater detail. We did this because we wanted to make sure that their opinions were heard by the people who design and provide mental health services in Liverpool.

The following case studies aim to provide more in-depth insights into the impact of the Covid-19 pandemic on individual professionals and service users than we have been able to include elsewhere in our reports on this topic. They are based on interviews conducted via Zoom in September and October 2021 and demonstrate some of the similarities and differences in people's experiences, based on factors such as personal relationships, employment status, need for social interaction and access to support systems. They also touch on the interviewees' thoughts about the future and the types of support they feel should be available as services return to something approaching 'normal'.

Case Study 1

Before the pandemic, Interviewee 1 worked in a face-to-face role as a key worker. They had previously experienced mental ill health and had been linked into mental health support services, but they had recently stopped taking anti-anxiety medication and had been doing well and feeling stronger mentally.

The pandemic and Covid measures had a negative impact on their wellbeing; the uncertainty, not being able to socialise and go out, working from home, and a lack of structure made them feel like they:

"had permission to just lie about in your pyjamas."

This interviewee feared dying from Covid, and said they:

"felt like going on to a Covid ward unmasked, to get it out of the way."

They also felt worried about their young adult children. One child had to move back home, and although Interviewee 1 had found it difficult at times to have everyone there, they said they now missed them. They were also scared about the potential effects of Covid on their parents.

"I didn't see my parents for over a year. I was worried I might carry something over and kill them."

Interviewee 1 also experienced other pressures during the pandemic, including relationship problems and their partner getting very ill, which meant that they had to be their partner's carer. They said that initially they had been reluctant to seek mental health support.

"At first I thought I'd not seek help and put mental health on the back burner. It was all Covid. Nothing else mattered."

Eventually, they had rung the Community Mental Health Team (CMHT):

"There were points when I had to ring up Baird House and had conversations with the Mental Health team when I've not been ok. I've known the rules. I had an appointment with a psychiatrist in April 2020. It was on the phone, not in person, and I didn't like that. Seeing people in person is better."

They found other support online but had mixed experiences with this:

"I did one of Talk Liverpool's counselling things. It was useful but it would've been better to talk in person. The PSS online blog has been nice to follow even though I haven't participated. And Zoom creative writing courses. At the same time, I

couldn't do relaxation on Zoom. It felt too strange. I did a couple of sessions on anxiety management but there was no post-session support. I'd put the phone down and sob on the bed."

Interviewee 1 mentioned feeling suicidal at one point, and attended the Royal's crisis ward, where they said the environment had improved.

"I ended up in hospital over Easter. There's been improvement on the crisis ward in The Royal that I hadn't seen before. I went to the Walk-In at Old Swan – my blood pressure was sky high. The crisis ward felt better. I was in my own alcove with a comfy chair and low light rather than in the waiting room. If you get to that point. It's harder to see a GP and you can miss an appointment if you miss a 'phone call. I've been in a couple of times."

In terms of improving or maintaining their mental wellbeing, going back to work had helped although their hours had been reduced. Making art also helped.

"My mindfulness/anxiety sketchbook would always be a back-up but recently I don't need to use it as much as I used to. I'm living more, drawing less."

More recently they had been feeling better, and more positive about the future.

"With the re-opening it's like I found life again, I'm enjoying the simple pleasures in life. I've got social anxiety, if going to the pub I'd leave after half an hour, but now I think 'it's brilliant'. I appreciate the lovely things in life."

In terms of support services that they would like to see, they suggested:

"Talking therapy but REGULAR. Every 2 weeks, with a psychotherapist. To assess things and work them out. Clarify your own brain regularly."

They also mentioned:

"Someone to come round, get me dressed and take me out. A personal trainer who provides cake as well! Long walks on the beach."

Case Study 2

During the first lockdown period, Interviewee 2, a dementia nurse, was redeployed to care for patients with Covid-19, some of whom died from the virus, which Interviewee 2 found very traumatic.

They stated that the impact of the Covid-19 pandemic, and the changes they had to make in their personal and professional life, had a detrimental effect on their mental health and wellbeing and they had experienced PTSD and depression.

"I had more information than the general public but I was afraid of death and hospital."

Interviewee 2 felt they have not been adequately supported by their employer despite having to move into providing palliative care with no training. They were provided with helpline numbers in order to access counselling but, due to the high volume of calls, they gave up on trying to get through.

"We've had no formal debriefing or counselling. It's not normal circumstances that we've been working in. Not what we were trained for."

Interviewee 2 described feeling anxious in crowded places, experiencing periods of withdrawal and isolation, weight gain and feelings of anger and frustration in relation to the way in which contradictory information was presented to the public. They felt that if this had been done better, it could have reduced the Covid transmission rate.

Interviewee 2 had gained strength through the support of their partner, friends, and family, and had gradually gained enough confidence to participate in some of the hobbies/interests they used to do prior to the pandemic, such as attending concerts and football matches, which are good for their mental wellbeing.

"My partner has been a massive rock. Without her it'd have been a lonely place."

"It's better now things are opening up. I'm a big music fan and I'm going to live music again."

Interviewee 2 said that the redeployment of health care staff to look after Covid patients put additional strain on community-based services and that this resulted in some patients not being seen until they had reached crisis point. Going forward, they would like to see more investment in community-based services so that people can be supported in their own homes.

Case Study 3

Interviewee 3 had experienced periods of mental distress over many years, and over time had developed expertise as a mental health service user and activist. Prior to the pandemic they had not experienced a period of mental distress for three years although they were often stressed, *"My mental health never feels 100%".*

The pandemic had initially provided a period of solace for them in many ways, reducing the sources of everyday anxiety and allowing them to focus on themselves. However, it had also caused considerable anxiety about the impact on other people's lives.

"It's been better. Very positive. Not because of the virus itself – I've been extremely distressed about the suffering, government mismanagement, what happened in care homes. But lockdown, restrictions, social isolation… more and more people are saying they welcomed the break. A wonderful feeling of relaxation washed over me. There were weeks and weeks of unstructured time to do what I wanted. Things I was dreading weren't there. It was like going on retreat. No external pressures. The pubs were shut and there was no noise. I live on my own, but I kept in touch by phone and email with friends and relatives. WhatsApp is too intrusive. I have my own house and garden, and I'm retired with no financial worries. I felt for people in other circumstances. I felt very lucky."

The move to online support and activities was viewed positively by this interviewee, who adapted well to accessing information, attending online church services and support groups, as well as grocery shopping.

"I did some Future Learn courses which were free. I attended AbilityNet webinars. I'm passionate about digital accessibility, things like Mind Zoom groups, Depression UK, NSUN (National Survivor User Network). I've been involved in e-campaigning and activism."

The time also allowed for tackling jobs around the house.

"I did a declutter of 30 years' worth of papers and documents. I labelled everything and threw lots out. 18.5 stone of recycling. I felt a lot better for that."

In terms of self-care and support, this interviewee felt well-prepared due to previous experiences. They also had clear feelings on what helped, or didn't help, them to maintain reasonable levels of wellbeing.

"I've used the mental health self-management strategy that I put together for a GP a few years ago. A locum GP spoke to me about their own therapy, and it encouraged me to put the strategy together. I did it to get medication. Doctors are terrified of giving diazepam, but it's always helped me. The main thing is medication and peer support – reciprocity and mutuality. No hierarchy. I don't want talking therapy. I was in the WHISC women's group. I do fall down on sleeping. I can stay up all night. I do look after my physical health and I look after my diet. I take vitamins D and C. But exercise was a problem during lockdown. Pavement cyclists do injury to mental health and physical health. I fear going out because of verbal abuse and micro-aggressions."

This interviewee had had limited need for primary health support during this period but found the new system as helpful as it could have been in the circumstances. They also recognised that they were in a privileged position compared to others and could afford private care if required.

"It took ages to get through to the GP (30 minutes or more) but the receptionist was helpful, and the GP rang back quickly – within an hour – and I could attend the surgery at a time of my choice. I got nearly an hour with the GP and a student doctor. The GP had a good attitude and asked and discussed everything on my terms as I need to be in control. They didn't just 'do' things. It wasn't patronising. I can get tests done by post, via Medichecks, and I can mix NHS and private care – that's what my savings are for. I got pneumonia and flu injections at the pharmacy, but I worry for people who need urgent care."

Isolation was not a particular problem

"I'm going out more now but for 4 months I didn't go to shops. I haven't seen my best friend for 2 years, but we hope to meet next week. We stayed in touch by phone. I didn't choose to go into a bubble, and time didn't drag."

However, this interviewee did have some concerns about the future.

"I'm taking it as it comes. I always take precautions, which will restrict me. Friends are meeting in restaurants, and it will be nice to meet face-to-face again but I'm not sure whether I feel hopeful. Face masks and some social distancing should have been kept."

Thinking about future priorities for Liverpool, Interviewee 3 favoured a mixture of approaches, although they noted the restrictions imposed by budget constraints. They also emphasised the importance of listening to, and respecting, people's lived experience as being on a par with clinical expertise.

"Liverpool's Primary Mental Health Strategy prioritises severe and enduring mental health, recovery and community-based models but with limited resources. Social prescribing seems to be really good but shouldn't replace medication. The social and biological models are BOTH important. Advocacy is important too. There should be a choice of talking therapies and CBT shouldn't be the dominant model. Evidence-based medicine consists of a hierarchical structure with people's experiences at the bottom, and often dismissed as 'opinion'. Subjective/narrative evidence SHOULD be registered as evidence."

Case Study 4

Interviewee 4 worked as an administrator for a mental health service. Prior to the pandemic their mental health was good. Unlike their clinical colleagues, they were not redeployed when lockdown began and, although their service ceased to operate for some time, they were still expected to answer calls from clients.

Interviewee 4 felt that non-clinical key workers were less valued by management and the public.

"The phones kept ringing – they were never shut off – and I had to answer them. I'm not mental health trained. If we hadn't answered that phone call, the psychologist wouldn't be analysing them now. But WE didn't get clapped."

This perceived hierarchy of importance amongst key workers had been particularly difficult for this interviewee and had a negative impact on their mental health.

"Support was there for staff but firstly it was only there for nursing staff – then everyone. Like with the vaccine. We (Admin) were last as an 'inessential service'. We had to pick who in our team should be prioritised for the vaccine. I've now seen my limit with Covid and been struggling the last few weeks. Why does no one care about Admin? Doctors, nurses and psychotherapists get support. I need a holiday."

"It was essential to get face-to-face services up and running. Those staff got vaccinated first but were still working from home. We were in the office but at the back of the list."

Their anxiety levels had increased during this period as they had only recently moved to Liverpool and felt isolated.

"Working from home was the worst thing ever. This type of setting makes me quite anxious. I only know my partner. I don't know my colleagues and I can't make friends. I had anxiety about meeting the neighbours. I haven't met my partner's friends. Indoors is now a safe space. I've met nobody. But I'm now back in the office."

This interviewee also had concerns about their mother's wellbeing during this period. This was particularly worrying as they were living at a distance from each other.

"Depression hit her and she wouldn't get out of bed or wash. She's a school chef, and she felt useless. There's only so many episodes of 'Judge Judy' you can watch. We were Zooming but she didn't want to be part of it. I had a conversation with her about her mental health, but she said she was fine, just 'not bothered'. She's of an age to do that. Dad's not very patient and shouted at her to 'get a grip' but that made it worse."

Support came mainly from their partner and their manager.

"My direct manager was my backbone. I think we were each other's."

The pandemic has had an impact on their mental wellbeing, and their feelings of personal safety.

"I've struggled more 'post-Covid'. I'm still more cautious, more conscious of crowds, and I look at how many people are in the aisle at Asda and avoid it if it's too busy. It's been pounded into us. 'The News' was horrific for everyone, but I now feel confident that if people are poorly they'll stay at home."

In terms of support from their employer, they felt that they were in the same position as the clients that they were working with, without access to any immediate support.

"Staff had an information system, and information about where to go. But is there any point in getting people on a 2-year waiting list?"

Their hope for the future was that social attitudes to mental health – and mental distress - will continue to improve and that more will be done to help people manage their own mental health support needs as services cannot currently cope with the demands on them.

"What this has highlighted is that an instant response for mental health isn't available to as many people as might need it. Mental health training and support even on a simple level isn't there. I wouldn't necessarily make it a huge subject in schools, but I'd put it alongside the others. Teaching kids how to acknowledge their own mental health and how to support themselves. Give them more tools. You can't support 6 million people, but you can raise awareness. Not just running a marathon for charity. People would ring in sick for asthma but not mental health. It's still frowned upon and judged. We need to de-stigmatise and stop feeling guilty."

Conclusions

These four people's stories cannot hope to include everything that people in Liverpool have experienced since the start of the Covid-19 pandemic. However, they do illustrate many of the themes raised by the 343 people who shared information with us during the course of this project. These highlighted the need for:

We address these issues more fully in our Key Findings report and our Recommendations.

1. A recognition that the pandemic has made existing health inequalities worse.

2. Support for people fearing for their personal safety and the safety of loved ones.

3. Support for people experiencing increased stress and anxiety, including social anxiety and/or fear of contact with other people.

4. A range of easily and quickly accessible support options e.g. from medical professionals, voluntary/community sector organisations, and peer groups.

5. A range of community-based preventative services and crisis/specialist support.

6. A continued blend of online and in-person support. Whilst the introduction of online services was a lifeline or improved inclusion for some, it was stressful or exclusive for others.

7. Greater understanding of the impact of isolation and lack of access to support for people with pre-existing physical and mental health conditions.

8. Targeted support for carers and key workers who are expected to look after others but whose own mental health is sometimes neglected.

9. Regular, ongoing, support tailored to individual need – including for people who are isolated or vulnerable. Additional to crisis or short-term support.

10. Access to paid work/volunteering where this is possible, depending on individual circumstances – and adequate financial and practical support where paid/voluntary work is not possible.

11. Improved communication between employers and staff around mental health support.

12. More mental health support for parents and children, including during the early years.

13. More recognition of, and access to support around, Long Covid.

14. Improved digital inclusion for those who are still excluded.

15. More consistent access to primary care across the city.

16. Improved communication/messaging/signposting from primary and secondary care.

17. Increased capacity to access a range of talking therapies and community-based wellbeing activities.

18. Increased wrap-around/out-of-hours provision of support services for all ages.

19. Greater access to parks and green spaces, to improve social contact and physical activity.

20. Greater access to arts, crafts and creative activities, to improve social contact and wellbeing.

21. Further work to gather the views of people without digital access to sources of mental health information and support.

22. Further work to gather the views of people whose first language is not English (including BSL speakers) about equality of access to mental health support.

Acknowledgements

Thanks to everyone who took the time to share their stories, experiences, and information through surveys, workshops and interviews for this project. Their contributions were anonymous, but very much appreciated.

About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

All our reports about the mental health impact of the Covid-19 pandemic are available online at www.healthwatchliverpool.co.uk/Covid-MH-Report.

If you require a copy of the report in another format or language, please contact us and we will do our best to help.

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