

The Covid-19 Pandemic and Mental Health in Liverpool

Executive Summary and Recommendations



Contents

Contents	
Introduction	2
Executive Summary	3
Recommendations	5
Acknowledgements	7
About Healthwatch Liverpool	7

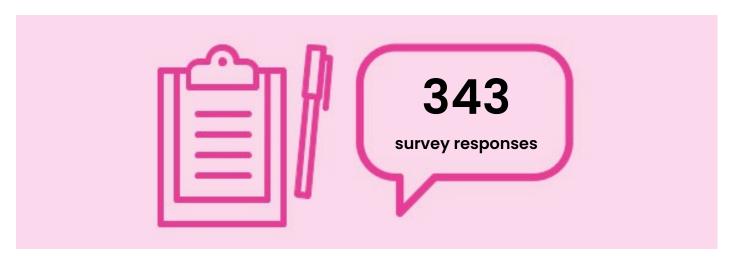
Introduction

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 <u>www.healthwatchliverpool.co.uk/Covid-MH-Report</u>

In this report we set out how we would like the people who commission and provide health and social care services in Liverpool to use what people have told us to improve mental health responses and support in the city in the future, including in any future pandemics. We think it's important that people's experiences and insights are not forgotten but can make a positive contribution to improving services for all.

Executive Summary

This report's aim is to add value to existing work to help Liverpool residents recover from the impact of the Covid-19 pandemic.

The feedback we received from local people indicates that the pandemic has affected them in a range of ways and, in many cases, has not only made existing difficulties worse but has created new problems.

A minority of people found that living a quieter life during lockdown was actually beneficial to their mental health, and these benefits should not be discounted.

Some people who had already felt isolated pre-Covid (because of disabilities, age or other reasons) told us that their situation had not changed very much and that in some cases their access to support services and networks had improved when services went online. It's important to learn lessons from this and to retain a 'blended' approach to providing support for mental health and wellbeing which allows people to pick what works best for them.

However, for most people the last two and a half years have been stressful, anxiety-filled and confusing.

Key themes

The themes that emerged from what people told us highlighted the need for:

- 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.

Recommendations

At the time of writing, the draft 'Liverpool All Age Mental Health Strategic Action Plan 2022-2027' notes a number of strategic challenges, and prioritises four areas for action:

- 1. Prevention and Wellbeing
- 2. Children and Young People
- 3. Adults
- 4. Crisis Services

Most of our key findings fit within more than one of these strategic themes. They also apply across both health and social care, and to both commissioners and providers.

Based on our findings, we therefore recommend the following to Liverpool's health and social care commissioners and providers (including NHS Cheshire & Merseyside, Liverpool City Council, Mersey Care NHS Foundation Trust, GPs, Primary Care Networks and Hospital Trusts):

- 1. Provide a range of immediate and accessible options that offer a real choice of peer, third sector, health and social care support, as appropriate.
- 2. Provide community-based preventative services alongside crisis and specialist support.
- 3. Services, including GPs and counselling, must extend face-to-face support alongside their increased telephone and online options, ensuring a blended approach that meets both need and preference.
- 4. Ensure services are aware of the impact of isolation and reduced services on both physical and mental health experienced during and post-Covid.
- 5. Provide funding to ensure services can respond adequately to the legacy of the increased stress, anxiety and isolation experienced throughout the pandemic, and in the ongoing 'post-Covid' period.
- 6. Ensure additional support is available for specific groups, including key workers and family carers, whose own wellbeing and mental health was neglected whilst caring for others.
- 7. Ensure greater access to parks, green spaces, outdoor and physical activity to improve physical and mental health.
- 8. Ensure increased funding for and access to cultural, creative, social and community-based wellbeing activities alongside more traditional approaches to mental health services.

- 9. Address the widening gap in health inequalities exposed by the pandemic.
- 10. Greater recognition and support is needed for individuals experiencing the effects of Long Covid.
- 11. Ensure more consistent access to primary care services across Liverpool.
- 12. Increase capacity so that individuals can access a range of talking therapies beyond the Cognitive Behavioural Therapy (CBT) approach.
- 13. Give consideration to the need for increased out-of-hours support.
- 14. Improve digital inclusion for those currently excluded, whilst recognising that choice is still needed.
- 15. Support further work to gather the views of those without digital access and/or whose first language is not English (including BSL speakers) on sources of mental health information and support.
- 16. Continue to strengthen collaborative working across the city (including voluntary, community and faith (VCF) groups, patient and service user groups) to support good mental health for all, with a focus on equality, diversity and inclusion.

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.

October 2022

healthwatch Liverpool

Healthwatch Liverpool 151 Dale Street Liverpool L2 2AH

www.healthwatchliverpool.co.uk

t: 0300 77 77 007

e: enquiries@healthwatchliverpool.co.uk

☑ @HW_Lpool

f Facebook.com/HWLpool