Mental Health Community Listening Project

September 2021 - Report for the West Midlands Combined Authority

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Executive Summary

The West Midlands Combined Authority (WMCA) is planning to convene a Mental Health Commission in late 2022 to learn from the impact of, and response to, the coronavirus (COVID-19) pandemic on mental health and wellbeing. Ultimately, the Commission will identify good practice and innovation and set out recommendations to positively contribute to the pursuit of a mentally healthier region, taking account of the various dimensions of population diversity and existing health inequalities. The Commission will engage with local communities and involve experts by experience as well as leaders from key sectors including local authorities, the NHS, the business sector, sports, the criminal justice system and academia.

Ahead of the Commission being established, WMCA commissioned BVSC Research, the Institute for Community Research & Development at the University of Wolverhampton and the Centre for Trust, Peace and Social Relations at Coventry University to undertake a 'listening exercise' to understand more about the impact of COVID-19 on the mental health and wellbeing of communities across the region and to capture some initial community feedback on potential areas of focus for the Commission. Circumstances dictated a tight timescale, a particular focus on communities who are less often heard, and fieldwork which primarily drew on the knowledge and insights of Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations across the region who have worked directly with individuals and communities throughout the pandemic.

In this qualitative study, a total of 129 participants were engaged through a series of one-to-one interviews, focus groups, a survey and individual cohort case studies of 'forgotten voices'.

Context

The WMCA Health of the Region 2020 report highlighted long-standing inequalities in physical and mental health and identified four key challenges that WMCA and its partners face, namely:

- Challenge 1: Improving outcomes for Black Asian and Minority Ethnic (BAME) communities.
- Challenge 2: Tackling the wider determinants of health.
- Challenge 3: Widening access to health and care.
- Challenge 4: People-powered health.

Executive Summary

Understanding the Impact of COVID-19 on the Mental Wellbeing of Communities in the West Midlands

National and local research on the impact of COVID-19 highlights the following key drivers of worsening mental health:

- Fears of infection and of losing friends and families.
- Housing insecurity and poor-quality housing.
- Employment and financial losses.
- The impact of children being at home.
- Increased isolation and loss of social contact.
- Loss of coping mechanisms, including exercise, work and access to green spaces.
- Reduced access to mental health services.

National evidence suggests (Banks et al 2021) that young adults and women have been particularly hard hit by the pandemic in terms of their mental health, however emerging local and regional research (BVSC 2021; Rees et al 2021) suggests that some additional groups have been disproportionately impacted:

- Black, Asian, and other ethnic minority communities.
- People with pre-existing mental health difficulties.
- Adults with complex support needs.
- Populations that are marginalised.
- Disadvantaged or isolated people living in social housing.
- People living in poverty.
- Disabled people.

This research both reflects the national picture and adds further regional detail.

Findings of the listening exercise suggest the most common reasons for deteriorating mental health were loneliness and isolation, increased anxiety due to the pandemic, increased family and relational tensions, and grief and loss.

The prevalence of loneliness and isolation as a driver for worsening mental health was observed as having increased significantly across the whole population, with many 'new' presentations amongst individuals who had not previously contacted services for support. It was also, however, seen to be more acute amongst certain sub-sections of communities:

- People who lived alone and had previously relied heavily on social networks and support services.
- Children and young people who have had disrupted education and limited access to pastoral and other support.
- Women – especially women who were pregnant or new mums during the pandemic.
- Those experiencing domestic violence.
- People who were financially insecure.
- People whose social networks were centered around their place of worship .
- Those with pre-existing mental health conditions.
- People with learning difficulties and disabilities.
- Older adults who had to shield for extended periods.

Executive Summary

Participants in our research reported general anxiety about the pandemic including fears of the virus itself and wider pandemic impact. They described how anxiety has been exacerbated by perceived mixed messaging from the Government as well as 'information overload' through social media and news channels. Frequent 'bad news' for example, reports of increased unemployment, financial difficulties and the increased number of deaths, have added to increased levels of anxiety, particularly amongst people from 'BAME' communities, young people and people with pre-existing mental health difficulties.

The confinement of families to the home during lockdown placed strain on their relationships which research participants associated with increased complexity of support needs. Many of the people we interviewed spoke of instances of behavioural changes in children alongside higher levels of anxiety.

Parental concerns about their children's education and the additional pressure of emergency home schooling was also a factor in increased anxiety levels, particularly among women who took responsibility for supporting home learning. Organisations working with families have seen a significant rise in domestic abuse driven, in part, by lockdowns. Respondents also revealed the increased pressures on families, especially those trying to juggle family life under lockdown while working to support the mental health and wellbeing of others. People with caring responsibilities, and those working or volunteering in health and social care, were particularly affected by these pressures.

Grief and loss played a significant factor in people's deteriorating mental health. It was not simply that people had lost loved-ones to COVID-19 (and other illnesses during the pandemic), but that people had not been able to grieve properly for their loss due to social distancing restrictions.

The inability to be with loved ones in hospital, the disruption to normal funeral practices, and the inability to grieve as a collective with family and friends have inflicted a heavy toll on people's mental wellbeing.

Executive Summary

Compounding Factors Contributing to Worsening Mental Health

- A lack of access to mental health support, including crisis support, with long waiting lists, perceived high thresholds to access help and limited preventative support. (With systems further impacted by the additional pandemic pressures on health and care service providers).
- A lack of access to places of worship and faith leaders and a lack of culturally sensitive support.
- Cultural stigmas and taboos about mental illness are also prevalent, preventing people from either acknowledging mental health concerns or seeking support.
- Lockdowns resulted in greater confinement, sometimes for long periods in unsuitable, poor quality or overcrowded accommodation. Groups particularly affected by housing factors included: refugees, migrants and those who live within extended families; survivors of modern slavery; domestic violence survivors; international students and offenders released with no fixed abode.
- Financial insecurity due to an increase in debt left individuals feeling overwhelmed; the 'just about managing' pushed into 'not managing' due to a loss of employment or furlough. It was also perceived that the Universal Credit (UC) system and difficulties in accessing benefits were stressors.
- Digital solutions enabled organisations to engage with service users and provided new and innovative ways of working, but individuals and families who did not have ready access to digital devices were disadvantaged throughout.

Supportive, Enabling Factors

- Online communities have been instrumental in supporting mental wellbeing, enabling organisations to engage with socially isolated individuals.
- One of the key findings was the extent to which individuals valued access to green spaces and involvement in outdoor community activities. Access to good quality outdoor spaces was viewed as an integral aspect of good mental wellbeing.
- Volunteering and associated opportunities for self-help provide a strong sense of purpose, reduce isolation, and help to build people's mental health and general wellbeing. People we interviewed saw the levels of community volunteering across the region as a significant enabling factor in combatting worsening mental health.
- Preventative services enabled the maintenance of good mental health and avoided people falling into crisis.
- Youth provision and schools created successful on-line engagement, for example, gaming nights. Schools were perceived to have initially had difficulties establishing online learning and maintaining pastoral support but were able to make good online arrangements to deploy more mental health and emotional support.
- Collaboration between VCFSE and the public sector made a key contribution to effective responses, developing opportunities to share information, and created a 'team ethic'. VCFSE organisations often reached and supported communities effectively whose needs are less often met.

Executive Summary

Potential Areas of Focus for the Mental Health Commission

Drawing on the community feedback, it is felt that the following areas could be helpfully explored by the forthcoming Commission:

- Explore strategies to further destigmatise mental health difficulties and promote wellbeing through open dialogue, particularly for population groups where inequalities exist, for example for ethnic minority communities, working with senior community figures and faith leaders.
- Understand the significant inequalities that have been maintained or exacerbated during the pandemic and identify effective corrective strategies, including a focus on wider, social determinants of health.
- Highlight innovative and effective models of mental health support, drawing on the statutory, VCFSE and private sectors individually or collaboratively, particularly where that support is effective in meeting the needs of poorly-served population groups.
- Explore effective strategies to co-develop more resilient, kinder, compassionate and mutually supportive communities that could prevent poor mental health and enable early intervention. (NB volunteering and self-help is an element to be explored)
- Further explore the potential of digital possibilities to support the positive mental health and wellbeing of residents across diverse ages and economic circumstances.
- Continue to develop a multi-faceted strategy which enables employers to access a range of tools to support the mental health and wellbeing of their diverse workforces, building on WMCA's Thrive programmes.
- Explore the impact of the pandemic on the resilience and wellbeing of key workers, including those in the health and care sector.
- Explore additional means to make the most of green spaces and improve the built environment in support of mental health and wellbeing.
- Consider opportunities, for example a public event or events, to recognise the 'collective grief' caused by pandemic deaths across the region.

Section 1: Introduction

The recent Health of the Region report (WMCA, November 2020), highlights how the COVID-19 pandemic has both exposed and exacerbated longstanding inequalities in mental health in the West Midlands. There is a WMCA commitment to convene a regional Mental Health Commission to contribute to an increased awareness and understanding of mental health needs across the region.

Engaging with representatives from key sectors and interested parties, including the health and care sector organisations (including the NHS and voluntary & community sector), local authorities, local communities, experts by experience, the business sector and criminal justice system, it will inform action for pursuing a mentally healthier region – through 'people-powered' health and healthier lifestyles, amongst other things.

This will be the second Commission of its kind in the West Midlands and will build on the work of the first Mental Health Commission which was convened in 2016/2017. Ahead of this Commission being established, BVSC Research, the Institute for Community Research & Development at the University of Wolverhampton and the Centre for Trust, Peace and Social Relations at Coventry University were commissioned by the WMCA to undertake a community "listening exercise" to understand more about the impact of COVID-19 on the mental health of communities and to capture some initial community feedback on potential areas of focus for the Commission.

Circumstances dictated undertaking research to a tight timescale with a particular focus on communities who are less often heard. Fieldwork drew primarily on the knowledge and insights of Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations across the region who have worked directly with individuals and communities throughout the pandemic.

In total, 129 participants were engaged through a series of interviews, focus groups, a survey and individual cohort case studies of 'forgotten voices' (Appendix 1, Methodology).

Organisations working directly with individuals and communities throughout the pandemic provided insightful observations and reflections. Notwithstanding the limitations to the secondary level nature of this data, the listening exercise was able to identify some of the key challenges people have faced in respect of their mental health and wellbeing, the compounding factors that contribute to widening inequalities in respect of mental health, the supportive or enabling factors that can support or promote mental wellbeing, and suggested key areas of focus for consideration by the Commission.

Feedback is considered within the context of unprecedented strain on many elements of local systems, particularly for health and care organisations.

Section 2: Key Findings - 2 / 2.1

Data from four sources (one-to-one interviews, focus group discussions, survey responses and Citizen Social Science-led peer research projects), were combined and analysed with the key findings grouped into three themes:

- Understanding the impact of COVID-19 on the mental wellbeing of communities in the West Midlands
- The compounding factors which contribute to worsening mental health and widening inequalities
- The supportive/enabling factors that can support better mental wellbeing.

Where relevant, national and local evidence and insights (Appendix 2) have been used to provide more context to the findings.

2.1 Understanding the impact of COVID-19 on the mental wellbeing of communities in the West Midlands

Both international and national-research indicates that the pandemic has had a major impact on mental health and wellbeing. According to this research, key drivers include:

- Direct fears of infection and of losing friends and families
- Financial concerns
- The impact of children being at home
- Increased isolation
- Lack of social contact

The findings of the listening exercise closely mirrored these findings, with four main descriptors emerging as the most common reasons for deteriorating mental health:

1. Loneliness and isolation
2. Increased anxiety due to the pandemic
3. Increased family and relationship tensions
4. Grief and loss

The WMCA Health of the Region Report (2020a) and a number of other reports (Appendix 2) also assert that the pandemic has both exposed and exacerbated existing health inequalities across the region. Again, our research supports these findings and identifies particular groups who have been disproportionately affected.

Section 2: Key Findings - 2.1.1

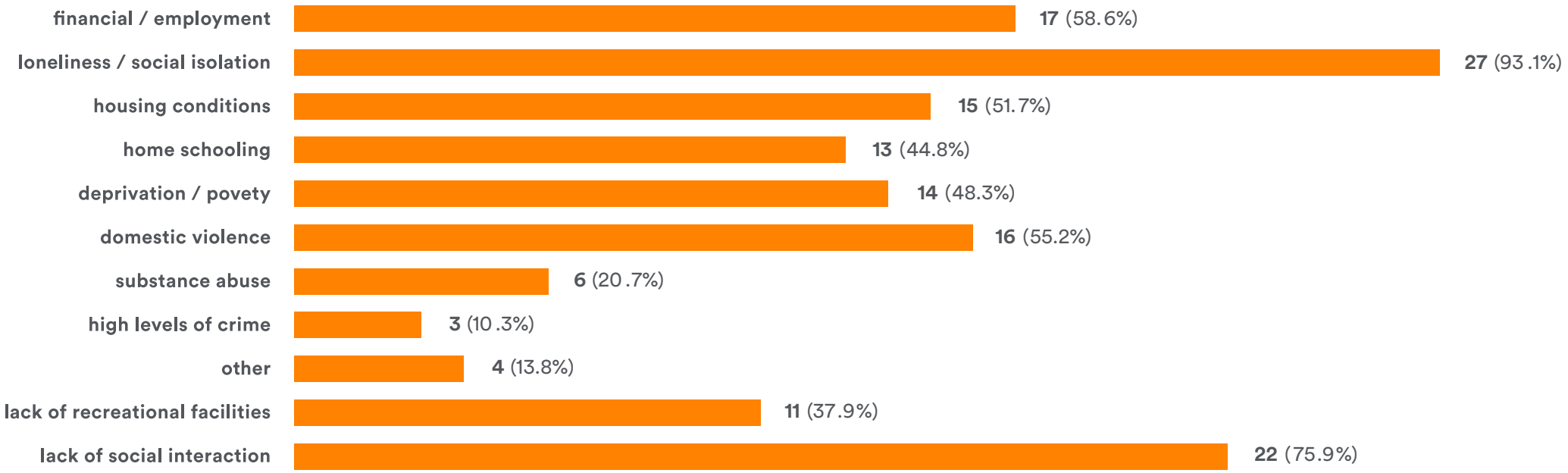
2.1.1 Loneliness and Isolation

The Mental Health Charity, Mind (2020), found that isolation and loneliness resulting from COVID-19 restrictions was a key factor in deteriorating mental health. Our findings were consistent with this. The lack of physical interaction with the wider community was said to have intensified feelings of isolation, reduced social networks and social connection. This created feelings of loneliness and anxiety which were particularly acute amongst those who were heavily reliant on support networks prior to the pandemic, such as those who lived alone or had been receiving in-person support or care.

> **We have seen the fact that most of our clients live alone means that most of our clients have seen a deterioration in their mental health. (Interviewee)**

> **During the pandemic, we saw that people were feeling more anxious, scared, frustrated, caged in, unable to get out. The uncertainty was overwhelming. These were not typical mental health issues like sleeping disorders, these were not easy to pinpoint. People really wanted to talk to someone due to anxiety (Interviewee)**

Figure 1 - Determinants of poor mental health



Multi Answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Section 2: Key Findings - 2.1.1

Findings showed that feelings were intensified for those who had particularly insular experiences as previous trauma resurfaced during extended periods of time without the distractions of normal life. Focus group participants and survey respondents also saw a greater demand for mental health services across all socio-economic groups and a visible increase in those experiencing mental health crises resulting from COVID-19 restrictions and social isolation.

> **Referrals for our befriending service have skyrocketed, and the level of mental health need of the average client has increased dramatically. Our clients are on average now much more complex... The closure of social groups and cut off from social networks has caused poor wellbeing.**
> (Survey Respondent)

Neighbourhood Network Schemes operating in inner city areas also saw an increased number of people in professional occupations engaging with services. This was echoed in survey findings with respondents noting the increased demand from people they would not ordinarily see:

> **We have received many more telephone calls from people seeking support. Many have not experienced mental ill health before but have developed extreme anxiety from the impact of COVID-19** (Survey Respondent)

While this may indicate that there has been a decline in people's ability to cope, it could also indicate that it has become more socially acceptable to ask for support because of the unprecedented nature of the pandemic. The overall increase in demand notwithstanding, several survey respondents also highlighted significant variability in pandemic impact experienced, with comments suggesting that some people were severely affected, while others hardly at all:

> **General negative impact: exacerbation of mental health conditions and trauma responses, although some people have had the space to reassess what they do in their lives more positively.**
> (Survey Respondent)

Groups that were more adversely affected by the impact of social isolation included: children and young people; people (especially women and children) affected by domestic violence; pregnant women or those who gave birth during the lockdown; those who rely on places of worship; disabled people and older adults.

Section 2: Key Findings - 2.1.1

Children and Young People

Interviewees highlighted the pandemic's impact on the mental health of children and young people. For younger, school-age children, the lack of easy access to pastoral support during school closures meant that support was often not available until an issue was raised as a safeguarding concern. Instances were cited of children displaying behavioural changes and high levels of anxiety, struggling with emergency home-schooling and appearing to regress both academically and socially.

> **"Children are also often overlooked when there are material comforts in the home. While they are catered for materially, the emotional and mental impact of COVID-19 on their mental health and wellbeing can go unnoticed. Without the normal support services that can be accessed via school, children can become vulnerable to poor mental health."** (Interviewee)

Survey respondents also noted the impact of social isolation on children because of repeated lockdowns and school closures.

> **"Individual adults and their children have been isolated and unable to support each other with face-to-face contact....this has resulted in reduced developmental opportunities for the children and parents feeling frustration and concern about their children's development or lack of it, as well anxiety about their own positions with the country in lockdown."** (Survey Respondent)

Data from the WMCA Health of the Region Report (2020a), indicated that younger people were more prone to feelings of loneliness during the pandemic. The picture for teenagers seemed to be particularly bleak. One interviewee spoke of 'suicide pacts' made by a group of teens, with three children in their area taking their own lives. Participants highlighted a range of issues linked to isolation. These included an apparent increase in smoking, alcohol and substance use, as well as an increase in anxiety, self-harm and suicide attempts. This was also reflected in other research findings that were reviewed. For example, the Muslim Youth Helpline reporting a significant increase in calls related to suicide / suicidal thoughts (MCB 2020).

Citizen-led social (CSS) research with young people aged 16 and over, and interviews with university students, revealed that despite many young people grasping opportunities for online activity (e.g. courses, employment support, educational programmes and the support provided by charities to meet basic needs), the mental health impact on those in school and college was severe:

> **"Mental health issues during the pandemic have become worse, especially amongst students because students could not write their exams for what they have so long prepared for. Some have gone through so many difficult times during the pandemic than they would have done before. Some have dropped out of college and are now undergoing counselling because they have given up. I am also seeing a counsellor once every month just to be sure I am fine, because I couldn't take the stress during this difficult time."** (CSS Case Study)

Section 2: Key Findings - 2.1.1

People Affected by Domestic Violence

The isolation experienced by people affected by domestic violence and the plight of women enduring lockdown with an abuser unsurprisingly contributed to poor mental health. Previously, women experiencing domestic violence could seek some respite by, for example, attending baby and toddler groups. It was reported that during lockdown they felt trapped, anxious and increasingly isolated. Children who had witnessed domestic violence, and who had been removed from their home environment, were experiencing the additional trauma of isolation from the loss of local social networks and friendships.

Pregnant Women and New Mothers

Positive mental wellbeing during pregnancy and postpartum is essential for the overall health and wellbeing of mothers and their babies. According the Royal College of Psychiatrists (2021), 16,000 pregnant women and new mothers in England missed out on vital mental health support during the course of the pandemic. Disruptions to NHS services also compounded the loneliness and isolation felt by women who were pregnant or who have given birth during the pandemic.

In addition, existing inequalities for women from deprived areas who are recognised as already struggling to access medical information and support were exacerbated:

> **"Being a new parent can be quite an anxious time, and this has been exacerbated by the effects of the pandemic. In particular, the general reduction in services, lack of ability to see medical professionals, worries about being permitted to take a birth partner into hospital, school closures for parents who have other children, disruptions to NHS services in general."** (Interviewee)

Congregations and Faith Communities

Loneliness and isolation were seen to be heightened for people who regularly visit places of worship. It was observed that places of worship often serve as social spaces for many religious communities, and without this, their isolation was increased. This was said to be particularly true for older men who attend faith gatherings not only as a space for prayer but also for social interaction, several times a day, and who suddenly found themselves without this support. This also had a disproportionately adverse impact on people from Black, Asian and ethnic minority communities.

Earlier research by APPG for British Hindus (2020), also found that older adults had been adversely affected by loneliness and isolation caused by the lack of access to communal spaces of support and worship.

Section 2: Key Findings - 2.1.1

Disabled People

One in five people in the West Midlands Metropolitan area has a limiting or long-term illness or disability, which is higher than England overall (ONS Census 2011). We heard that disabled people experienced extremely high levels of social isolation, particularly during the first lockdown.

For example, deaf people who relied on lip reading were increasingly isolated due to public mask wearing. In-person support services were disrupted during the first lockdown, leading to a lack of available personal care, particularly affecting those with sight loss and hearing impairment. Increased pressure on the NHS resulted in the cancellation of routine hospital appointments and reduced interactions with services, which was detrimental for the social wellbeing of many disabled people:

> **For some, pre-existing mental health issues are the debilitating factor, for others mental health is worsened through their disabilities. People with disabilities are also more likely to live in deprivation or poverty. There are serious concerns about the longer-term impact of the pandemic.**
> (Interviewee)

Other Adults

We heard how COVID-19 restrictions have had a disproportionate impact on older adults, primarily because loneliness following shielding. This was compounded by being more restricted in their physical activities. At the same time, older people were often not able to have visits from family members which removed their support networks and led to increased feelings of vulnerability. This also meant that previously manageable frailties became insurmountable.

Section 2: Key Findings - 2.1.2

2.1.2 COVID-19 Related Anxiety

General anxiety about COVID-19 was reportedly exacerbated by mixed messages from Government as well as 'information overload' through social media and news channels. The constant reporting of daily coronavirus cases, hospital admissions and death rates added to increased levels of anxiety alongside rising unemployment and uncertainty about the future.

> **It's not just about the fact they couldn't go and socialise with people, they were scared about what was going on with the world, what was happening; everything changed so there was huge worry and anxiety about what was happening with COVID-19 in general.** (Interviewee)

Our research suggests that this anxiety was felt more acutely within certain groups notably within Black, Asian and other ethnic minority communities. This was due in part to the comparatively high COVID-19 mortality rates within these communities and the associated media reporting. Early in the pandemic, the media reporting that people from ethnic minority communities were disproportionately impacted by COVID-19, was frightening, confusing and often appeared to 'lay the blame' for this disproportionate impact with these communities. It was also observed that despite 'BAME' communities often being more likely to experience serious symptoms of COVID-19, there had been no visible initial attempts to put in place appropriate support to mitigate some of the risks.

> **Another factor is that round about May 2020, there were lots of media reports about Black people being more likely to die. This has created a lot of anxiety. And this is on top of all of the existing inequalities that the Black community already experience.** (Interviewee)

Within the wider Black, Asian and ethnic minority populations, there was felt to be a disproportionate impact on migrants and asylum seekers, with worries around communal living, overcrowding and unequal access to healthcare being compounding factors. Refugees and migrants who attended the CSS led focus group explained their fears about accessing food, GP or hospital services. This was particularly acute for undocumented migrants with no recourse to public funds. Despite the February 2021 amnesty, which allowed undocumented migrants to register with a doctor to receive the COVID-19 vaccine, individuals remained fearful of providing their address and personal information in case this led to deportation.

Feedback from participants also revealed the extent to which COVID-19 related anxiety has adversely affected the mental wellbeing of young people. One respondent who volunteered for a national suicide prevention charity for young people aged up to 35 years spoke of the increase in demand for mental health services amongst young people. Contact with a particular charity increased by 40% within 24 hours of the first lockdown in March 2020. Young people's concerns centred on the lockdown, education, anxiety, depression, trauma, bereavement, relationships, support issues and worries around psychosis.

Section 2: Key Findings - 2.1.2

Interviewees, focus group participants and survey respondents all drew attention to the rising anxiety levels among people with pre-existing mental health difficulties:

> **COVID-19 increased levels of immediate panic and anxiety. Pre-existing mental health and wellbeing collapsed for many within our group. We had five serious self-harm incidents in the first month alone. Many of our group live alone, so lockdown felt terrifying, especially since we were forced to close our group meetings.** (Survey Respondent)

As the vaccination programme has progressed in the UK, the legal restrictions limiting social contact and gatherings have diminished. Nevertheless, respondents working directly with communities across the West Midlands expressed a view that COVID-19 related anxiety would still present challenges to mental wellbeing including:

- Anxieties about the lifting of restrictions, the transition out of lockdown and the return to a 'new normal' even amongst those who have been vaccinated. For example, not wanting to 'hug' but feeling that there is now an expectation to do so.
- Challenges of reintegration, with feedback highlighting increases in panic attacks and agoraphobia.
- Fear amongst those initially told to shield and distress about the uncertainty about what they can and cannot do.
- Ongoing levels of uncertainty about the future and constant change increasing anxiety.
- Mental health consequences of physical health issues being impacted upon due to, for example, delays in operations.

> **I feel that the pace of things is also going to have an impact on those who are coming out of lockdown; the vulnerabilities and sadness as a nation have been challenging for all of us. However, the next stage is going to be even harder.** (CSS Case Study)

As the transition out of lockdown progresses, COVID-19 related anxiety may inhibit people from returning to the social activities and groups which support good mental health and help alleviate feelings of loneliness and isolation.

Section 2: Key Findings - 2.1.3

2.1.3 Family and Relationship Tensions

The confinement of families to the home during lockdown has placed a greater strain on family relationships and generated an increased complexity of need. While it was acknowledged that many people experienced challenges around home working, emergency home-schooling and the confinements of lockdown, feedback highlighted a number of groups as being particularly impacted by growing tension. These included women and children, people affected by domestic violence, front-line staff who had worked throughout the pandemic, carers, people who had family members in prison and people who were involved in family court proceedings.

Women and Children

Parental concerns about their child's education and the additional pressure of emergency home-schooling was also a factor in increased anxiety levels, particularly amongst women who reported feeling responsible for their families' safety while also often shouldering the burden of coordinating home-schooling, home responsibilities and supporting their children's wellbeing.

People Affected by Domestic Violence

As previously noted, focus group participants and interviewees saw a rise in domestic abuse, driven in part by the lockdowns. These findings are consistent with the regional rise in domestic violence reported across the West Midlands region during the pandemic, with a 39 percent rise in the past year (West Midlands OPCC 2021). In response, the West Midlands Office of the Police and Crime Commissioner (WMPCC) is investing a welcomed £1.4 million in a package of support to tackle domestic abuse, particularly amongst those from ethnic minority communities, LGBTQ+ and those aged 55 years and over.

Section 2: Key Findings - 2.1.3

Front-line Staff

Research participants also highlighted the increased pressure on staff and volunteers who juggled family life under lockdown, while also working on the front-line to support the mental health and wellbeing of others. They noted that many staff members working in VCFSE felt ill-equipped to deal with the rise in mental health difficulties they were seeing.

> **What we've seen is a mass exodus as well of people saying I can't do this anymore, or workers have gone off sick because of the pressure and their own mental health, and that's been pretty unprecedented I think because it's a third of the team. So our team has had to shut down multiple times because they couldn't take any more cases. We've had no choice, we've had to get these teams in but it's what then happens when COVID is managed and that extra support and money is withdrawn but the lasting impact on people from the pandemic, I think we are going to see that for years to come.** (Interviewee)

> **My colleagues have been so busy setting up systems to work from home and coping with the extra demand and for some this has impacted on their own mental health and wellbeing. Childcare demands when also trying to work has been a particular strain also for clients and staff. We offered furlough to all of our staff if they wanted it but no-one did as they all preferred to carry on working.** (Survey Respondent)

All these observations add to the sense that there was, and perhaps still is, a real risk of staff burnout, and so long-term sick leave or chronic ill-health across public facing services, including the health and care workforce (statutory sector and VCFSE).

> **Volunteers were providing services that were above their training and skill level because people had severe and/or chronic issues. This caused workers/volunteers themselves to become "triggered" and suffer mental health problems themselves as they were providing support services beyond their remit.** (CSS Case Study)

Section 2: Key Findings - 2.1.3

Carers of People with Disabilities

During lockdown the pressure on families where a family member was experiencing some form of disability also increased.

> **The support that people with learning disabilities have with their mental health is going to look different to others and needs to be more creative, and this group need more and better support with their care issues which also supports their families.** (Survey Respondent)

> **It has caused confusion and anxiety and more behaviours that can be challenging, families who support the individuals are exhausted and also suffering with major anxieties.** (Survey Respondent)

Families with Members in Prison

We heard how COVID-19 restrictions increased mental health difficulties for those with a family member in prison, and for the offenders themselves, as prison visits were restricted:

> **Greater recognition for the families of prisoners and offenders: the COVID-19 restrictions on visits have exacerbated the mental health and wellbeing.** (Survey Respondent)

Family Courts Proceedings

Additional mental health challenges were also the case for parents and children who were engaged in family court proceedings:

> **It has exacerbated and triggered previous abuse and trauma as well as creating further trauma for children and their mothers when they have been expected to participate in court proceedings while children are in the home or unwell with COVID symptoms.** (Survey Respondent)

It was felt that the end of lockdown restrictions in England, and the re-opening of in-person support services, schools and educational institutions, may ease some of the pressures of the pandemic on families who have experienced increased relationship and family tension.

Section 2: Key Findings - 2.1.4

2.1.4 Grief and Loss

While the West Midlands region experienced excess deaths from COVID-19, there was also a marked increase in deaths from other causes as the pandemic progressed (WMCA 2020a). The effects of restrictions on hospital visits, funerals and bereavement have led to greater rates of mental health distress:

> **Bereavement, and being unable to take part in the normal rituals, has left many unable to process their grief.** (Interviewee)

It was acknowledged that grief played a significant role in people's deteriorating mental health, exacerbated by people not being able to grieve for loved ones according to custom due to social distancing restrictions:

> **A lot more people are really suffering because of family bereavement; they did not get to be with loved ones in hospital and were unable to say goodbye, and haven't been able to have a normal funeral service or collectively grieve with family or friends.** (Interviewee)

Grief and loss figured prominently as a driver of deteriorating mental health. The inability to be with loved ones in hospital, the disruption to normal funeral practices, and the inability to grieve as a collective with family and friends has inflicted a heavy toll on people's mental wellbeing. This was particularly acute for people who were unable to repatriate deceased family members to their country of origin, were unable to travel abroad to see family, attend funerals and collectively mourn, and those who struggled to meet the costs of a funeral:

> **It has a huge impact as our communities are from the Asian communities who had suffered huge losses of family deaths and not being able to grieve as part of the culture.** (Survey Respondent)

Research on bereavement during the pandemic undertaken by Coppola et al (2021) made clear that every society affected by COVID-19 has faced challenges around socially shared funeral practices and rituals. Bereavement has 'undoubtedly contributed to compromising essential areas of mental and physical functioning' (Coppola et al 2021: 2). This aspect of bereavement was a main point of focus for research undertaken by The London School of Economics, who in their report explained:

> **There is significant guilt experienced by families who feel they are unable to honour their dead sufficiently or with the correct ritual procedures, leading to poor mental health outcomes.** (Bear et al 2020: 8)

Section 2: Key Findings - 2.1.4

Religious leaders argued that there had been a lack of consultation by central government and that they had been left confused by official government guidance on funeral rituals and practices (APPG for British Hindus 2020). Additionally, Bear et al (2020) made clear that families needed greater psychological and financial support to cope with death and burial costs, as well as greater financial investment in the organisations and charities that counsel bereaved families. Bear et al (2020: 3) suggested that 'UK citizens are experiencing a traumatic moment of collective loss'. Communal memorials and a national day of mourning should be prioritised, as it 'allows for public recognition of the traumatic context of these deaths and generates a sense of belonging which is crucial for long-term mental health management' (Bear et al 2020: 9).

Participants also described wider feelings of loss as women who had children during lockdown, for example, had been unable to celebrate the birth of their child as they would have done ordinarily. Birthdays, milestone events and family gatherings were not being celebrated in the same way, increasing feelings of isolation and loss.

> **"The most significant driver for a decrease in good mental health was a sense of loss, in a broad sense. The disconnection from supportive communities led to feelings of a loss of control, of dignity and hope. The loss of the ability to support others and have a meaningful role in the community was significantly impactful. The second lockdown compounded these feelings and challenged already depleted resilience. Service users did not have sufficient time to 're-fuel' prior to being isolated for a second time.** (Interviewee)

Tony Hisgett

Section 2: Key Findings - 2.2 / 2.2.1

2.2 Compounding Factors Contributing to Worsening Mental Health

Our research indicated five main compounding factors of worsening mental health. These were:

- Lack of access to mental health services
- Cultural factors and stigma surrounding mental health
- Housing factors
- Financial insecurity
- Digital exclusion

2.2.1 Lack of Access to Mental Health Support

Recent literature has highlighted concern about a lack of access to mental health support, and the relatively short-term nature of that support (Crisis and Groundswell, 2021). General access to mental health support was further compounded during the course of the pandemic with health providers, e.g. NHS services, having to take steps to prioritise capacity on immediate COVID response areas. Qualitative research, focusing specifically on the West Midlands, has also highlighted the concern of ethnic minority community leaders about the inadequacy of access to culturally appropriate mental health service providers (Mahmood et al 2021). During the course of the pandemic, steps were taken to put in place additional mental support, for instance NHS England mandated the provision of 24/7 crisis helplines to increase the availability of support for adults, children and young people. However, it was noted in our discussions that this was insufficient to meet increased need.

Across the listening exercise, there was consensus that there is insufficient access to mental health services in the region and that, while some of these issues predate the pandemic, the additional pressure placed on services has exacerbated this considerably. Difficulties in accessing support via Child and Adolescent Mental Health Services (CAMHS), were mentioned frequently, with children reported to be facing long waits for appointments.

Participants described services providing 'early help' and preventative support as being 'stretched to capacity', with the pandemic exacerbating already substantial pressures. The experience of significant gaps in mental health support meant that individuals are often referred [back] to voluntary and community sector (VCS) providers, who end up 'holding a core group of clients who are in need.' (Interviewee)

It was also felt that there was a lack of access to appropriate support for those experiencing mental health crisis. It was noted that, despite past policy efforts (for example the Crisis Care Concordat), a 'first line' crisis response often falls to the police who are not necessarily equipped to deal with the underlying issues that lead to crisis. There was a perceived lack of compassionate care within A&E settings when patients presented in mental health crises (for instance following suicide attempts and self-harm). Participants highlighted a tendency for services to 'medicalise' mental health difficulties rather than address the root cause. It was felt that for many people who were ultimately given medication, a better course of action may have been offering talking therapies when they had lower-level needs which would have prevented them reaching crisis point.

Section 2: Key Findings - 2.2.1

It was suggested by some that the creation of increased activities in the holding space of community and voluntary action would be beneficial. For example, more investment in social prescribing, which helps prevent people reaching crisis point, was felt to be important. Many participants felt that existing social prescribing initiatives continue to be under-valued. Findings highlighted the need for greater preventative action to combat mental ill-health and ensure sustained resources for preventative, therapeutic support. Participants made clear the extent to which they believed green spaces, physical activity and involvement in community and civic spaces improved mental wellbeing.

> **Traditional models of mental health are not good enough; by ignoring all factors that influence good mental health, recovery is impeded. A wraparound service that includes listening, exercise, community involvement and services external to mental health services need to be involved in the care plan. While there has been movement with social prescribing it is insufficient to facilitate meaningful change. While the focus should be on disrupting the trajectory, often intervention is only provided at the point of crisis.** (Interviewee)

Participants called for greater diversity in mental health services. It was felt that some services were not sufficiently inclusive or culturally appropriate for key population groups. It was also noted that men often do not access preventative, early help services and are less likely to ask for support than women before experiencing crisis.

The lack of face-to-face GP appointments during the pandemic has created a further barrier to accessing support for some, and there were concerns about the risk of pre-pandemic services in GP practice not resuming. While participants acknowledged the benefits of a wider range of online services now being available, it was also felt that telephone consultations were not suitable for all. Examples were given of clients having appointments cancelled and difficulties accessing specialist support required for specific psychological difficulties.

Section 2: Key Findings - 2.2.2

2.2.2 Cultural and Faith Factors, and Stigma Surrounding Mental Health

Interviewees highlighted the way in which people from Black, Asian and other ethnic minority communities had experienced different anxieties and challenges throughout the pandemic, and that these had been compounded by existing inequalities. For the people we spoke to, the lack of culturally sensitive support for Black, Asian and ethnic minority communities was already a recognised shortfall in provision, which has been compounded further by the pandemic.

Participants highlighted a lack of confidence and trust often felt by Black, Asian and ethnic minority communities prior to lockdown about accessing services which seemed to worsen during the pandemic. For example, respondents talked about the way in which people with limited English language or literacy skills faced significant communication barriers in services.

Stigma was another aspect of cultural factors which our participants highlighted. Stigma and the idea that mental difficulties are a weakness and something to be hidden can prevent people seeking support. Focus group attendees drew attention to specific cultural sensitivities around concepts of mental health, and felt these were implicated in potentially higher rates of mental illness among 'BAME' communities as the pandemic progressed.

> **"Mental health can still be quite taboo in the Black community, and this is compounded by religious families and there are the other factors which mean some people do not want to come forward – and this is primarily because of a fundamental distrust of agencies due to long term experiences of institutional racism. This is also now being seen around vaccine uptake amongst the community.** (Interviewee)

Cultural stigmas and taboos about mental illness were often compounded by the fact that many communities do not have a term that adequately encompasses the words 'mental health' in their 'native' languages. Stigma can also determine whether someone seeks help and support from their family and community. For example, in some Asian communities the notion of 'izzat' (shame in the community) is a major factor holding back more open conversations about mental health issues. Similarly, from a survivor's perspective there can be very negative connotations attached to mental health difficulties (for example cultural taboos, labelling as 'crazy') which prevent people being open about their experiences.

While participants acknowledged the role of faith in mental health as important, they felt that it was not the only component needed. One participant said:

> **"Although I advocate faith, ... they're not specialists in mental health. It's important that service delivery is by specialists. Faith is great since it gives an individual comfort and culturally everything that's important to them in the way that they've grown up, but actually what we're saying is we need a medicalised model, combined with faith, to get the best possible outcome for the individuals in a community...** (Focus Group Participant)

Section 2: Key Findings - 2.2.2

The West Midlands is one of the most ethnically diverse regions in the UK and a higher proportion of Black, Asian and ethnic minority residents identify with a faith than White British residents. Faith community leaders were seen in our research as having a particularly important role to play as a brokers and role models for health messaging in areas of the conurbation with high levels of religious adherence. Focus group participants highlighted the role that faith leaders can play in breaking down taboos and misinformation about COVID-19 and mental health.

Public health literature underscores the extent to which religious leaders are often 'the primary source of support, comfort, guidance and direct health care and social service, for the communities they serve' (WHO 2020:1). As such, faith and community leaders are in a unique position to help dispel misunderstandings, de-stigmatise mental health and treatment, and facilitate access to treatment for those in need. Promoting strategies that support faith leaders to understand more about mental health, mental health illness and treatment can help to break down stigma and taboos with members of their congregations and their families who are facing mental health challenges. Fostering and further enabling collaborative relationships between mental health professionals and faith community leaders would contribute to addressing the stated need for culturally appropriate services and mental health professionals who have 'cultural competence' and sufficient knowledge of different Black, Asian and ethnic minority and faith communities. This would enable people to seek support at an earlier stage, prevent more people from suffering alone and in silence, and reduce the risk of involuntary psychiatric detention.

Prevention work in this area is critical to help address the disproportionate numbers of Black people (particularly men) being detained under the Mental Health Act 1983 – in the year to March 2020, Black people were more than four times as likely as people from White ethnic groups to be detained under the Mental Health Act (Gov.uk 2021). However, while research participants highlighted the cultural barriers compounding mental health difficulties, it is noted that further consideration of the intersections of issues of difference and mental health is important. It is noted that socioeconomic and wider, social determinants of health combine in complex ways to undermine positive mental well-being. As one interviewee noted:

> **"The health inequalities experienced by Black communities are huge. [We] don't focus on mental health; we have to look at all the other areas (housing, education, finance, family, work, positive activities – because only when we sort out those areas, do we see improvements in mental health."**
> (Interviewee)

Section 2: Key Findings - 2.2.3

2.2.3 Housing Factors

Housing is an important determinant of good physical and mental health. Research participants cited the significant increase in people living in insecure or unsuitable housing as a major factor exacerbating poor mental health. This is unsurprising given that the pandemic has highlighted and intensified existing housing problems in the UK. As lockdowns resulted in greater confinement to the home, they had to serve multiple, unplanned functions beyond being a place to live: as places of work, schooling or exercise. For many, the restrictions presented an opportunity to carry out home improvements, gardening and cooking. However, for others it meant long periods of time in unsuitable, poor quality or overcrowded accommodation. Over the course of the pandemic and the associated lockdowns, specific groups faced greater stressors related to the quality and condition of housing.

Homelessness is both a cause of and a symptom of poor mental wellbeing. Those in precarious; unaffordable or temporary accommodation experience intersectional forms of marginality, not least the experience of poverty. Refugees, migrants and those who live within extended families were in an especially precarious position in terms of access to housing and living in overcrowded/unsuitable accommodation. One respondent who was homeless during the first lockdown talked about how a Pastor had taken him into his home and took care of him after he contracted COVID-19. He was later helped into his own accommodation by a charity supporting refuges and migrants. Interviews carried out with young people going through the asylum process revealed unsuitable accommodation to be a factor compounding mental health difficulties. Focus group participants reported that some survivors of modern slavery had been evicted or moved out of premises, which had resulted in the loss of social support networks. The increase in domestic violence cases has also led to an increase in need for temporary housing. Concerns were expressed that demand for emergency accommodation would increase as restrictions are lifted.

One interviewee raised the issue of housing for people who are in prison with mental health problems and who have no fixed abode on release. Reportedly, offenders were being given tents by resettlement teams because the prison service were aware they have difficulties accessing housing on release. This is not a new problem but is one that contributes significantly to poor mental health. Another interviewee observed that hospital readmissions for mental health crisis are fueled by the lack of stable housing for patients once they have been discharged from secondary care.

Section 2: Key Findings - 2.2.4

2.2.4 Financial Insecurity

Our respondents frequently referenced financial difficulties as a factor exacerbating mental distress. Again, this is unsurprising given the impact of the pandemic on the labour market. Analysis produced to date suggests that the groups that have been most negatively impacted economically by the pandemic are from Black, Asian and ethnic minority communities, young and older workers, low paid and disabled workers (Powell and Francis-Devine 2021). Our research findings echo this national picture, with respondents citing concerns about unemployment for young people causing depression and anxiety due to job loss during the pandemic, and difficulties experienced in accessing welfare benefits.

In addition, because of the number of people who have lost jobs or have been made redundant during the pandemic, more children are living in low-income households. It was felt that the 'just about managing' were pushed into the 'not managing' category as a result of loss of employment or furlough support.

> **"The drivers around increased poor mental health were wide ranging though included fuel, clothing, food and digital poverty. There is a tendency to treat issues in silos, an unhelpful approach that fails to recognise the whole situation an individual is facing. Following Maslow's hierarchy of need, that requires basic human needs to be met, is often ignored when treating mental ill health, yet all factors are important in recovery.** (Interviewee)

Feedback indicated that one of the key inequalities exposed by the pandemic was financial inequality. Financial distress was significant for those who, because of their refugee status, or who might have no recourse to public funds, were unable to access the job market.

Interviews with university students revealed that anxiety linked to financial insecurity was significant for international students. International students perceived anxiety and stress to be less prevalent in home students because they were either able to live with parents, or were seen to be financially secure. Because of the pandemic, international students had reduced or lost remittances from their families oversees, compounding financial stress, and increasing stress about the ability to afford rent payments.

With more employment opportunities set to become available as lockdown restrictions ease it is important to build upon initiatives that are in operation across the WMCA (for example Thrive into Work and Thrive at Work) and other packages of support funded through the devolved Adult Education budget and projects such as MiFriendly Cities which supports refugees and migrants. Respondents felt that this would help to address the widening disparities in wealth resulting from the pandemic, and help to support young people, refugees and those experiencing health difficulties to obtain employment and develop relevant skills.

Our research participants mentioned the inadequacy of the Universal Credit (UC) system and related difficulties in accessing benefits - particularly in connection to mental illness. During the pandemic, UC claimants have benefitted from the £20 per week uplift, however, along with other temporary financial packages of support that were introduced during the pandemic, this is planned to be removed in October 2021. It was felt that plans to cut UC will hit the poorest and the lowest paid the hardest and it is imperative that people are adequately financially supported as the economy recovers from the pandemic.

Section 2: Key Findings 2.2.5

2.2.5 Digital Inclusion and Exclusion

For those without access to computer devices or Wi-Fi access, the closure of libraries during the pandemic had a negative impact on mental wellbeing as people, particularly refugees and migrants and those who are economically disadvantaged, rely heavily on libraries to access online services, reflecting the value of these public spaces for under-served groups.

Many of the people that we interviewed discussed the ways in which online provision has been central to service responses during the pandemic. The benefits of 'going digital' were widely acknowledged. Delivering services to people online, through zoom sessions, Facebook and using WhatsApp groups for example were seen to increase both geographical reach and the number and diversity of clients accessing services, and potentially to have removed barriers of engagement for some people.

> **Some of our elders in the communities have learned how to use zoom and teams (unlike) when we did some physical events at the University, we can now reach a wider audience virtually because then geography has no limitations. I think that it's actually made the world connect better technologically. So that's been really positive.** (Interviewee)

'Going digital' had been embraced by the VCFSE organisations we spoke to, who quickly adapted their delivery with examples of on-line poetry, arts, theatre, social groups, training, befriending and therapeutic support provided. It has also proved, for some people, to be a 'safe' space that has allowed for greater inclusion and expression (Rees et al., 2020) with the expansion of online groups giving more people the opportunity to become involved:

> **Significantly, it was also noted that the organisation was able to connect with new service users who had been experiencing long term difficulties such as social anxiety and agoraphobia. The lockdown and the move to online provision resulted in the wider community entering their world and some powerful connections were made that improved their mental health. One service user who, in a physical environment, had only felt comfortable standing at the door for five minutes before leaving, had become an integral part of online activities.** (Interviewee)

> **This has felt like a revolution to a degree in how we do things to make things more accessible to everyone and more inclusive. Plenty of use of zoom and Facebook live – these have been great ways to keep in touch. Facebook live in particular feels familiar and accessible to citizens – zoom can feel quite daunting and formal.** (Interviewee)

Section 2: Key Findings - 2.2.5

Nevertheless, it was also acknowledged that digital poverty meant that, for some people, the 'digital revolution' led to increased exclusion. The digital divide between people who have access to laptops, computers and smart phones, and the space, skills and confidence to use them, was stark. Interviewees described the way in which children and young people from poorer households were particularly impacted, often being unable to access on-line schooling or any other on-line support services. This was compounded by the lack of equipment being provided to poorer families, despite several initiatives which aimed to do so.

> **The service was told by the local authority that they would provide computers, but these never materialised so these kids fell through the cracks. There is a lot of poverty around.** (Interviewee)

When equipment and support were made available via emergency funding they were valued by participants:

> **The purchase and distribution of laptops/tablets with Wi-Fi, the employment of a Transitions Worker for primary SEND children, training for professionals in suicide prevention and a Transition Worker for children moving to secondary schools were funded under emergency funding. (This was) impactful and came as a result of a consultation with the community. Free access to wellbeing services was also made available.** (Interviewee)

Assumptions that were made at the onset of the pandemic about the universality of Wi-Fi access were inaccurate given with digital exclusion compounded by other factors such as lack of skills and confidence in accessing and using devices. This has led to the potential of increased exclusion for some vulnerable citizens:

> **For those more vulnerable who had to shield, digital based solutions have been marred by lack of digital access/high levels of exclusion amongst disabled people.** (Interviewee)

> **Before the pandemic I always saw support workers visiting, we rarely see anyone now, everything's through zoom, but when you have mental health issues you really need that in-person support. I'm not saying there hasn't been more support provided, I'm just not aware of it, I'm not seeing it.** (Interviewee)

> **Removal of face-to-face support for people had such an impact. However, we doubled the amount of people we support per year by using a blended approach. We used all forms of communication – face-to-face, zoom, telephone, WhatsApp – having a blended model approach ready to go for the needs of the community is key for if it happened again.** (Interviewee)

Section 2: Key Findings - 2.2.5

There were also many concerns raised about the safety of online solutions; with one interviewee explaining that within groups online, boundaries can become blurred and people may over-share; there is less control and support. This can mean that online provision is not a safe place. Another concern reported was a reduction in the quality of provision.

Overall, interviewees felt that while digital solutions have been positive, more work is needed to reduce digital poverty and the digital divide that currently exists. In future, there is considerable scope to offer a 'hybrid' mix of both face-to-face and digital services; capitalising on some of the opportunities digital services have provided understanding that direct personal contact still matters for many people, and is perhaps irreplaceable in supporting good mental wellbeing:

> **We have learnt a lot, we do know how to use digital working, home-working, but the online model has deficits and there does still need to be that backup skeleton service for people who don't access or can't access online. Focus has to be getting back to face-to-face support, which is more effective and more accessible for lots of users. Obviously this has to be done safely.** (Interviewee)

Section 2: Key Findings - 2.3 / 2.3.1

2.3 Supportive, Enabling Factors

The provision of 'early help' and preventative health and wellbeing services, often provided by community organisations with their associated local knowledge, is seen as essential to maintaining good mental health and wider community resilience, as well as preventing people from falling into crisis.

Five main enabling factors, alongside preventative services, were identified as having supported individuals and communities:

- Online communities
- Access to outdoor spaces
- Volunteering and self-help
- Youth provision and the role of schools
- Collaboration across sectors making the most of the unique role of the VCFSE

2.3.1 Online Communities

Online support during the pandemic has been instrumental in underpinning and maintaining mental wellbeing. WhatsApp groups, befriending services, helplines and numerous other online classes/ activities made people feel less isolated and alone. One participant mentioned a Facebook group set up by someone with mental health issues for people with different varying levels of mental health difficulties. People could join anonymously, and it has been very popular – some members have met up and many chat to each other inside and outside the group, creating a real sense of online community.

Our participants talked about other hybrid activities that they suggested successfully helped to mitigate against, and improve mental health difficulties:

- Arts-based online activities – clients producing artwork beyond the immediate activity, clients engaged more in creativity at home.
- Community Street Champions – support available at a neighbourhood level, helping people feel connected
- "Talking Bubble" – friendly phone calls in first languages for people who don't speak English

Survey respondents highlighted the value of communities and activities supporting people to cope mentally during the pandemic:

'We developed soft skills online inclusive programmes to allow people to become socially included, sessions included IT/Digital skills support, learn basic sign language, live 'cooking on a budget' sessions, how to design your own online birthday cards. These sessions built confidence and allowed people to interact while learning and there was great demand for these activities.'

'Online art therapy...it gives a break from the everyday stress. Helps with confidence and supports the development self-esteem. Online mindfulness course. Helps to give managing skills to people with PTSD'.

'Online connection during lockdown had helped many woman keep afloat during COVID and I think would be beneficial long-term'.

'We have supported the blind and visually impaired with counselling; provided zoom counselling to those in need; and quick access in crisis; food parcels to children and families'
'Online communities with shared interests and activities has proved to be a great protective factor for mental health and reduces isolation, depression and apathy. Ladies who would normally not be able to attend due to children or distance have been included. This is a most valuable support beyond COVID.'

Section 2: Key Findings - 2.3.2 / 2.3.3

2.3.2 Outdoor Spaces in the Community

When we asked respondents what things contributed to mental wellbeing during the COVID-19 restrictions, one of the most common responses was access to green spaces and involvement in outdoor community activities. Participants talked consistently about the value of green spaces, 'men's sheds', and litter picking/walking groups, car park coffee and chats, as well as 'walk and chat' church services. Access to local green spaces and opportunities to be with others outdoors, was viewed as an integral aspect of good mental wellbeing as was the planning and quality of built-up areas and the urban environment. More people were involved in local allotments, and a community garden was mentioned, where food could be grown with others, which supports healthy eating and financial inclusion.

There was consensus across the focus groups that in order to guard against threats to mental health in the future, opportunities to engage in outdoor community activities need to be strengthened. It was suggested that the range of relevant partners could expand resources of quality open spaces, including through the re-purposing and reclamation of vacant land, and setting up of community gardens and allotments.

This would be beneficial in numerous ways: providing space for socialising, meeting food needs and bringing communities together in shared activities. Local authorities could incentivise groups to make better use of land for growing food and vacant green spaces. They could encourage people to participate, and run allotment groups using peer volunteers, giving opportunities for peer support: 'our life experiences help us to journey along with other people.' (Focus Group Participant). There are great examples of this working in practice from Birmingham City Council Prevention and Communities grant holders in the east of Birmingham, which could be replicated with the right support.

2.3.3 Self-help and Volunteering

> **The social determinants of good mental health must be recognised, particularly the driver of wellbeing that is achieved in doing for others. As has been demonstrated by the response of communities to the pandemic, individuals supported others which was affirmative for their wellbeing. Making space for individuals to identify ways of impacting on the world, creating social connection over isolation.** (Interviewee)

Participants highlighted that volunteering gives a strong sense of purpose, reduces isolation, and helps to build people's mental health and general wellbeing. Participants felt this could be harnessed and developed, with perhaps toolkits or guidance about volunteering in your local community that help people to see themselves as assets within their community. At the same time, participants highlighted the importance of avoiding approaches that shift responsibility onto individuals and reflected on the impact of austerity on supporting environments before the pandemic.

Section 2: Key Findings - 2.3.4

2.3.4 Youth Provision and the Role of Schools

Participants spoke of the value of youth provision that could successfully engage young people online including one-to-one support. A youth partnership had prioritised supporting young people with tailored online activities such as games nights. They are going to continue some of these new ways of working in future. Participants also reinforced the importance of mentoring; again, there was also recognition that the digital divide had left many disadvantaged young people excluded from services. It was felt that more action was needed to promote opportunities among young people who have been excluded from school in order to prevent them from becoming further marginalised.

> **Mental health capacity in the educational setting is key to preventing poor mental health in adulthood.**
> (Interviewee)

During the first lockdown in March 2020, participants felt that many local authority schools did not move quickly into online learning and there was a lack of provision of pastoral support due to school closures. There has however been important learning about the role of schools in supporting students with mental health difficulties. It was noted that, in some cases, the pandemic has had the effect of initiating more mental health and emotional support programmes within schools to supplement the existing use of emotional wellbeing practices. Children are now receiving greater levels of support, and this is having a positive impact on all children. For example, one interviewee described their primary school's use of the "Zones of Regulation" curriculum which encourages children to identify and self-regulate their emotions.

The same interviewee felt that in many ways the pandemic had enabled them to build better relationships with the parents as they have had to support them with home-schooling during the lockdowns. Some parents were feared bringing their children back to school because of the risk of catching COVID-19 and regular communication with parents has helped allay their fears, for example through using apps such as Class Dojo (Class Dojo is a school communication platform that teachers, students, and families can use to share what's being learned in the classroom home through photos, videos, and messages.).

Section 2: Key Findings - 2.3.5

2.3.5 Cross-sector Collaboration

The power of collaboration within and across the VCFSE and public sector was mentioned by a number of interviewees. Rethink described hosting the bi-monthly Walsall Community Mental Health meeting which brought together statutory and VCFSE organisations, providing an opportunity to highlight gaps in provision, improve responses and share best practice. Rethink also operate a 24/7 helpline in the Black Country, while Birmingham Mind provide a similar service in Birmingham – working collaboratively with the NHS in this endeavour.

Similarly, Birmingham City Council supported much of the work delivered through the Neighbourhood Network Schemes, Prevention and Communities Grants and the Brum C19 partnership. This partnership working was felt to be instrumental to creating effective responses to the pandemic across the West Midlands. These mechanisms created opportunities to share information, generated a feeling of 'being in this together', and the opportunity to share both frustrations and 'small wins'.

However, equally, there wasn't necessarily a consistent picture across the region, with one organisation describing difficulties in establishing contact, support or collaboration with relevant local authorities.

Despite the positive feedback about the collaborative approach adopted in some areas during the pandemic (and in particular during the early stages), the lack of a consistent interface between the VCFSE and statutory provision, low levels of trust between organisations and communication difficulties continue to threaten the positive steps taken in this area. As one interviewee stated:

> **"Black-led organisations need to be around the table, and collaboration needs to be sincere and genuine. There is a lot of talk about engaging with the VCFSE, but in reality there is zero engagement.** (Interviewee)

Section 2: Key Findings - 2.3.5

Numerous participants were keen to highlight the significant role played by the VCFSE Sector in addressing mental health needs at the local level and with communities. The general consensus was that the established VCFSE sector – and newly established Mutual Aid Groups - had 'stepped up' and adapted at an unparalleled pace demonstrating high levels of responsiveness and flexibility (Appendix 3).

> **Where other services retreated, the third sector operated in the community, meeting people where they were... A strengths-based approach that created opportunities around what people could do rather than focusing on what could not be achieved allowed individuals to agree their own methods for safeguarding their wellbeing. There was a recognition that power lies in communities and empowering them creates positive outcomes.** (Interviewee)

This response was enhanced by local knowledge and understanding, the development of strong partnerships across the sector (for example larger organisations supporting newer organisations) and the delivery of online provision (as well as permitted face-to-face support) which, in most cases, were set up with remarkable speed. This demonstrated the power of the sector's organisations working together:

> **The pandemic has highlighted what the sector can do when organisations work together, and this highlights the need for reduced competition and short term funding opportunities that create silo working.** (Interviewee)

> **...and the sector as a whole feels more connected. Somehow, the sector has grown in confidence and in acknowledging the contribution they make to society.** (Interviewee)

Section 2: Key Findings 2.3.5 / 2.4

The sector has been instrumental in providing practical and emotional support. This has included, for example, food distribution, befriending services and check-ins (often delivered by volunteers), on-line drama workshops, digital buddies, walking groups, allotment projects and cooking events, online activities, various WhatsApp groups, on-line yoga groups and social groups, which all played a part in providing coping strategies and building resilience amongst service users.

> **Real strengths were shown by the third sector who provided impactful support at a local level. Hyper-local services that connected individuals to services provided support for those experiencing lower-level poor mental health. Access to services for higher level mental health concerns was less accessible, with access compromised by the pandemic.** (Interviewee)

Despite the well-publicised closure of places of worship during the pandemic, faith organisations also played a crucial role in supporting communities, finding ways to keep in touch with communities, offering bespoke and responsive solutions to meet the local community need. Many places of worship expanded their food bank provision and provision of hot meals, offering emotional and pastoral support as well as activities.

Finally, it was highlighted that some smaller grass roots organisations were not able to operate during lockdown, particularly because their volunteer body may have been older and/or shielding, and there is often now a sense of nervousness about returning to 'business as usual'. Concerns often centre around risk management, social distancing requirements, and insurance. There is therefore a real risk that those small organisations (who often offer potentially valuable community support options) may not return, particularly those that are volunteer-led.

2.4 Wider Reflections

In conducting our fieldwork, issues not necessarily pertinent to the Mental Health Commission were reflected upon. These reflections are outside of scope for the Commission, however, we have included a summary in Appendix 3 of this report.

Section 3: Potential Areas of Focus - 3 / 3.1 / 3.2

Based on our findings we offer the following suggestions for potential areas of focus for the forthcoming WMCA Mental Health Commission:

3.1 Strategies to further promote open dialogue about and de-stigmatisation of mental health and wellbeing, particularly for population groups where inequalities exist (for example for ethnic minority communities, involving senior community figures and faith leaders)

Our study highlighted some of the key drivers for worsening mental health in the region. However, the way in which these areas can best be addressed were less evident. While the ending of COVID-19 restrictions may go some way to alleviating isolation, loneliness and family tensions, the pandemic is not over and people need support to readjust to the changing post-lockdown environment and re-conect with their communities. The Commission could look at ways in which these issues can best be tackled, drawing on evidence elsewhere and learning from best practice.

One of the key areas where participants felt that the Commission could make a difference was in developing conversations around mental health.

The Commission could be an ideal vehicle for these discussions to take place, with a focus on reducing stigma and misunderstanding through a series of 'talking events' and information sharing sessions. This would be particularly beneficial amongst our Black, Asian and ethnic minority communities, where it was felt by our participants that high levels of stigma exist, or there isn't always a shared language to address mental health challenges.

Our study highlighted that faith and community leaders are in a good position to contribute to dispelling misunderstandings, de-stigmatising mental health difficulties as well as facilitating access to support (including treatment) for those in need.

The Commission should ensure that faith and community leaders are involved in its work, to share perspectives about mental health, mental illness and treatment, and to provide leadership of and for their respective congregations as well as wider communities.

Fostering and further facilitating collaborative relationships between mental health professionals and faith community leaders would help to address the stated need for services and mental health professionals who have specific cultural knowledge of different communities.

3.2 Understand the significant inequalities that have been maintained or exacerbated during the pandemic and identify effective corrective strategies, including a focus on wider, social health determinants.

WMCA's research confirms that the pandemic has exacerbated pre-existing inequalities and widened the equality gap for many vulnerable people, which has impacted significantly on mental health. The groups highlighted in our small-scale study include ethnic minority communities (including migrants, refugees and asylum seekers); women; children and young people; disabled people including those with learning difficulties; older adults and those living in poverty.

However, given the limited nature of our data, there is a need for further analysis of data about regional inequalities in the support service offer and the structural and socio-economic factors that impact on mental health and may reduce access to services. It is important to continue to identify creative ways of resourcing targeted, individualised support, in response to those who have been disproportionately affected.

Section 3: Potential Areas of Focus - 3.3

3.3 Highlight innovative and effective models of mental health support, drawing on the statutory, VCFSE and private sectors individually or collaboratively – particularly where that support is effective in meeting the needs of poorly-served population groups.

It is clear from our findings that the pandemic has fostered some new and highly effective collaborations across and between sectors. However, there are still significant gaps in the wider system in which they operate. A task for the Commission could be to work with partners to make current service provision clearer especially in the context of new Integrated Care Systems. Bringing commissioned and non-commissioned services closer together at system-level to work in a multi-disciplinary way could support improved access for citizens and enhance shared knowledge and information sharing. Areas identified for greater clarity include understanding what is currently available in lower-level health and wellbeing services that prevent crisis and contribute to maintaining mental wellbeing.

With early help and prevention in mind, interviewees stressed the importance of supporting communities to build resilience in their populations and so reduce possibilities for poor mental health or provide early intervention if it arises. This means that the Commission needs to work with partners to assess the availability of safe, culturally appropriate, compassionate community spaces that provide opportunities for social interaction and access to support services where needed. This could also reduce the stigma associated with attending healthcare settings for mental health support.

Interviewees suggested a need for an intentional strategy to build confidence amongst citizens to re-engage in local community activities and networks, particularly amongst more vulnerable communities. People need reassurance that activities are safe, but there is also a need to begin to build back face-to-face provision. This may apply particularly for certain demographic groups, for instance for older people who rely on lunch clubs or community cafes to maintain friendships and avoid loneliness.

The integral involvement of people with lived experience of mental health was felt to be a vital component of the Commission's work in developing any future strategy. This needs to be done in a meaningful way that ensures true collaboration and co-design in the development and delivery of services.

The VCFSE sector is an important means for connecting with people with lived experience and supporting them to engage effectively at a strategic level. The sector has unrivalled reach to communities whose voices are often un-heard.

Section 3: Potential Areas of Focus - 3.4 / 3.5

3.4 Explore effective strategies to co-develop more resilient, kinder, more compassionate, mutually- supportive communities that could play a vital role in preventing poor mental health and enable early help.

In order to meet emerging needs, it is important to make any mental health offer inclusive and to empower communities to support themselves with appropriate resources. A sense of belonging and being important in the life of your own community increases resilience, improves wellbeing and provides access to non-statutory support networks that aid prevention of poor mental health. Creating social capital encourages a sense of pride and increases self-worth. Volunteering opportunities could also be important here, and the Commission might want to 'take stock' of where volunteering is working well in the region and any barriers that remain in the context of COVID-19 and recovery.

Volunteering, it is felt, gives a really strong sense of purpose, reduces isolation, and helps to build people's mental health and general wellbeing. The countless examples of individuals supporting others - through the development of Mutual Aid Groups and through local WhatsApp groups, online social networks, food delivery, volunteering and befriending – demonstrated high levels of social capital in some parts of the region and resilience in responding to crisis.

3.5 Explore further opportunities to maximise the potential of digital possibilities to support the positive mental health and wellbeing of residents across diverse ages and economic circumstances.

While by no means the panacea for addressing limitations in mental health support identified by research participants, the creative and often accelerated use of digital solutions featured heavily in our findings. There is much to be learned from how organisations have responded to the pandemic with digital solutions, digital poverty and exclusion notwithstanding.

Section 3: Potential Areas of Focus - 3.6 / 3.7

3.6 Explore opportunities for the continued development of a multi-faceted strategy to enable employers to have access to a range of tools to continue to support the mental health and wellbeing of their diverse workforces, building on the Thrive programmes.

Data from two waves of the Workplace Mental Health and Wellbeing survey (Wishart et al 2021: 3) showed that the pandemic 'has had a marked effect on workplace mental health in Midlands firms'. Illustrating the mental health toll of the pandemic on the region's workforce, the report concluded that COVID-19 related mental health issues had caused greater sickness absences than other physical health difficulties or in-work problems.

Government designation of key workers includes religious staff, and the literature highlights the emotional struggles frontline healthcare (including mental health) providers and religious leaders have experienced during the pandemic. Doehring (2020) reflects on the moral struggles of those working on the frontline. This included healthcare providers working amidst a lack of medical resources and mental health practitioners working with much reduced organisational and peer support early in the pandemic. The mental health impact and 'moral stress' on religious leaders and chaplains who supporting families dealing with sickness and bereavement has also been clear from research.

It is suggested that the Commission will need to liaise closely with employers, particularly of key workers, in the region – to understand good practice in supporting mental wellbeing in the work place and to seek to strengthen organizational arrangements for wellbeing support for the existing respective workforces and employing and supporting new people with mental health or other support needs. This could include the promotion of more flexible ways of working, embedding access to diverse mental wellbeing support arrangements, and harnessing digital capabilities to allow people to recover steadily from the impact of the pandemic.

3.7 Explore the impact on the pandemic on the resilience and wellbeing of key workers, including those in the health and care sector.

The Commission may want to undertake further detailed exploration into the impact that the pandemic has had on the resilience and wellbeing of staff working across health and social care. Certainly, we heard from our partners in the VCFSE that the impact had been significant, with many staff reporting worsening mental health and burn out which would seem to warrant further investigation.

Section 3: Potential Areas of Focus - 3.8 / 3.9

3.8 Explore additional means to make the most of green spaces and the built environment to support mental health and wellbeing.

The importance of the physical environment in which citizens reside was highlighted throughout our study as an area for further inquiry. The importance of green spaces for mental health, and conversely the often poor and restricted environment surrounding some deprived areas of the region featured prominently in our discussions.

Participants made clear they want greater opportunities to enjoy outdoor activities and equality of access to them. Encouragingly, these are activities with the potential for creating greater biodiversity in the West Midlands region in line with the region's agenda for net zero carbon emissions.

3.9 Consider opportunities to recognise the 'collective grief' caused by pandemic deaths across the region.

The concept of 'collective trauma' emerged from our study, and the need to both acknowledge and purposefully 'talk about' the mental health of individuals and communities in the region. It was felt that the Commission could use its influence and networks to initiate a public ceremony/collective event or events in recognition of the extent to which communities across the West Midlands have been affected by the death of people to COVID-19 and losses due to other causes. This could help people process personal loss and collective grief.

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Appendix 1: Methodology

Research Aims and Questions
The aim of the Community Listening Project was to explore:

- The impact of COVID-19 on the mental health of individuals and communities
- Emerging responses or lack of response to new and ongoing needs
- What communities, individuals and local experts think should be the key areas of focus for the forthcoming Mental Health Commission.

In order to maximise our learning, and the breadth and diversity of respondents, we designed a multi-level approach to engagement, drawing on the knowledge, expertise and insights of people working in the Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, as well as holding some small case study focus groups with individuals.

Methodology	Numbers engaged
One to one interviews with VCFSE organisations and stakeholders	31
Focus groups with small grass roots organisations	32
Survey	31 respondents
Citizen Social Researcher led interviews and focus group	35 participants
Total	129

Evidence Review
Drawing on recent and current research conducted across the partnership, the team conducted a rapid evidence review with the aim of drawing out key issues relating to mental health. We divided the task between members of the team, focusing on:

- The national and where relevant international picture of the impact of the pandemic on mental health,
- Evidence on key mental health inequalities, particularly relating to ethnic minority groups and
- A focus on the most geographically and sector-relevant 'grey' policy literature with a focus on mental health, the VCFSE and the West Midlands.

Recognising the short period of time in which there has been to publish research evidence on the impact of COVID-19, the team focused on simple Google searches and 'snowballing' from existing research reports and articles, in order to compile the review.

As a result, the evidence review identified relevant grey and academic literature emerging during and after the first two waves of the pandemic; and this has been summarised in a focused way in Section 3 in order to situate and contextualise the evidence emerging from the Listening Exercise in the sections that follow.

Qualitative Interviews
It was originally planned that between 20-30 interviews would be undertaken, focusing primarily on established VCFSE organisations with a bias toward medium to large organisations and those with a specialist interest in mental health or who were working with vulnerable groups and provided a good geographical spread across the region.

Appendix 1: Methodology

31 interviews were conducted via Zoom and telephone by one of seven interviewers. For all interviews, either verbatim notes were taken as the interviews were being undertaken or the interviews were recorded, and notes were made afterwards.

No.	Organisation description	Area of interest	Geographical Coverage
LE01	Carers support charity	Carers	Birmingham
LE02	Charity supporting women and children affected by Domestic Violence and abuse	Women and children, Domestic Violence	Birmingham, Solihull
LE03	Arts charity supporting women	Women, arts	Birmingham
LE04	Social prescribing provider	Health, mental health, wellbeing	Wolverhampton
LE05	University School of Health and Social Care	Mental health in criminal justice, homelessness	National/West Midlands
LE06	Church centre supporting local community	Families, Information, Advice and Guidance	Bilston
LE07	Diversity in banking	Diversity, Sikh community, women	Birmingham
LE08	County Council – social work team	Social Work	Coventry/Warks
LE09	Primary school	Teaching, children	Coventry/Warks
LE10	Charity working with Young People excluded from school	Young People	Coventry/ Nuneaton
LE11	Charity working with South Asian young people around mental health	Young people, mental health, ethnic minorities	Birmingham
LE12	Regional citizens network	Disability	West Midlands
LE13	Church led community support	Faith, wellbeing, community development	Birmingham
LE14	Church led community support	Faith, wellbeing, mental health, community development	Lichfield
LE15	NHS Mental health facility, providing activities	Mental Health, learning disability	Coventry/Warks
LE16	Charity providing social care community support	Employment, families, children, Young People	Birmingham
LE17	Regional NHS Trust	Mental Health	Coventry/Warks
LE18	Voluntary action	Volunteering, community support	Warwickshire

Appendix 1: Methodology

No.	Organisation description	Area of interest	Geographical Coverage
LE19	Mental Health charity	Mental Health	West Midlands
LE20	Community benefit society	Community development	Birmingham
LE21	Housing support charity	Housing/ homelessness	West Midlands
LE22	Mental Health charity	Mental Health	Walsall
LE23	Housing association	Housing	Birmingham
LE24	Community housing association	Community development, housing	Birmingham
LE25	NHS GP practice	Patient care	Coventry
LE26	Charity supporting those with learning disabilities and additional needs	Learning disability, additional needs	West Midlands
LE27	Healthcare champion	Health, advocacy	Birmingham
LE28	Black-led mental health charity	Black communities, mental health	Sandwell
LE29	Breastfeeding charity	Women, families	West Midlands
LE30	Recovery college, NHS	Mental health	Black Country
LE31	Advocacy	Learning disabilities, mental health	Coventry, Warwickshire and Solihull

The interviews were analysed using a process of thematic analysis. The first step of analysis was familiarisation with the data via transcription of the recordings to a Word document and reading the transcripts thoroughly. Working through the transcripts, the data was coded inductively (i.e. the codes and themes emerged from the data itself rather than applying a pre-existing structure to the data). The iterative process of analysis allowed the coded data to form themes and sub-themes drawn from the data.

Survey

Utilising existing networks, including BVSC's weekly e-bulletin (a distribution list of over 5000 individuals) and through other local VCSFE infrastructure organisations across the region, we developed and distributed a short online survey to capture respondents views about the existing and emerging mental health concerns.

There was a disappointing response to the survey, despite our efforts to promote it to a wide audience, with only 31 respondents. We recognise, of course, that this is a busy time, with many organisations being asked to respond to multiple surveys as well as other forms of consultation devices. Due to the small number of responses we were not able to conduct any cross-tabulation of the data, but nevertheless there were some very interesting 'qualitative' responses to the open-ended questions which we have tabulated and arranged into themes in Section 3, and we provide some guiding commentary for each theme.

Appendix 1: Methodology

Focus Groups: Community Assets and small VCSFE organisations operating in the region

Three focus groups were held in May 2021. Representatives were drawn from three main geographical areas; Birmingham, Wolverhampton and Coventry, with a combined total of 32 attendees. Focus groups 1 and 2 comprised small to medium VCFSE representatives, while focus group 3 was selected primarily to bring together a small group of people active in promoting issues around mental health within the Sikh and Punjabi communities. It was important not to include 'community leaders' in focus group 3 so that participants could talk freely without any hindrance or peer pressure. This is particularly important when discussing issues around mental health within the Sikh and wider Punjabi community because of the sensitivities around addressing it firstly, and secondly the stigmas associated with seeking help and support.

When conducting the focus groups, we adhered to the guidance offered by Dawson (Dawson, C. 2007. A Practical Guide to Research Methods. Oxford: How To Books) in ensuring adequate moderation of the conversation, so that every participant gets the opportunity to share their comments and suggestions.

During the focus groups researchers facilitated discussion around three main questions:

- How have mental health issues in your community/area of expertise changed or emerged during the pandemic?
- What activities/ideas have emerged to help with supporting people's mental health?
- What do you think are the priorities and key learning from recent experience, and what can/should WMCA support to take forward?

Participants in focus groups 1 and 2 were divided into "breakout rooms", each with a member of the research team within as a facilitator and note taker. Feedback was shared with the whole group after each question had been discussed in the breakout room. In addition, a mural board was used to capture thoughts, ideas and experiences at the end of the session. The mural board was left "open" for several days after the focus group, so that participants could continue to add to it after the session if they wished.

'Forgotten Voices'

Five Citizen Social Scientists (CSS), working with Coventry University were deployed to complete five small-scale research projects focusing on individuals from specific demographic groups. Below is a summary of the demographic groups reached through the peer projects.

Case study: 1
Refugees/migrants, people seeking sanctuary in the West Midlands (Focus group, 15 attendees)
Case study: 2
Domestic/international students aged 20-33 years. (5 interviews)
Case study: 3
Young people going through the asylum process aged 16-20 years (5 interviews)
Case study: 4
Women aged 40-65 years. Asian, White British, Mixed Ethnic Background (5 interviews)
Case study: 5
Men, Women, Non-Binary. Mainly White British aged 20-63 years (5 interviews)

Ethics

Ethics approval was granted on 22nd April 2021 by BVSCs Ethics Approval Panel.

Appendix 2: Insights from National and Local Evidence

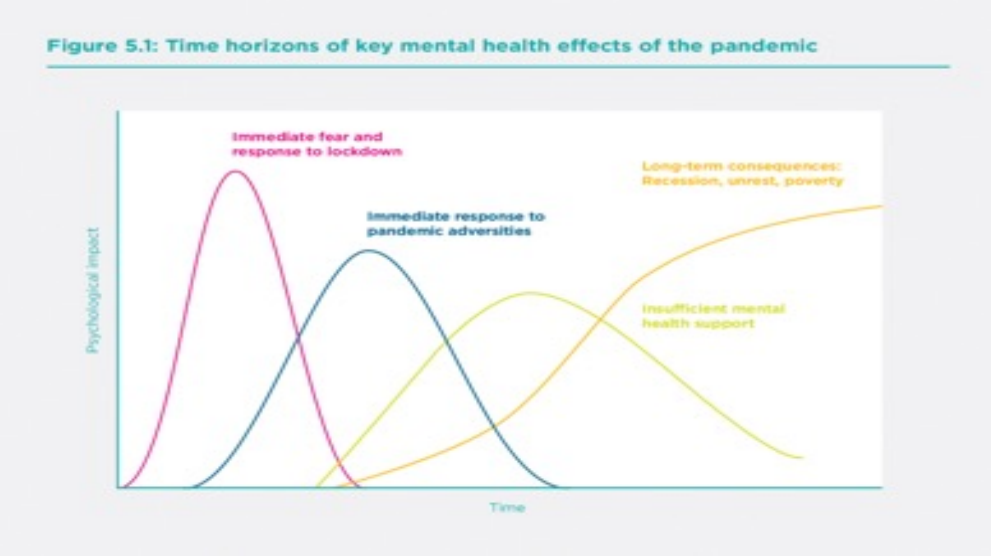
General impact on mental health in the UK and internationally - a brief summary of evidence

Chapter 5 of the World Happiness Report (https://worldhappiness.report) written by Banks, Fancourt and Xu from University of Manchester, UCL and IFS, focuses on the impact of COVID-19 on mental health. It provides an excellent overview of the impact of COVID-19 on mental health across the population. Key findings are that overall it is clear from global evidence that the COVID-19 pandemic, and particularly the associated social restrictions and 'lockdown' policies, has had a substantial impact through a rise in symptoms of mental ill-health. It has also increased inequalities within the population and between demographic groups.

Banks et al. (2021) suggest four main mechanisms (drivers) through which the pandemic has affected broad mental health measures:

- Health-related anxiety directly related to fear of being infected or losing loved ones
- Worries related to the financial and economic impact, over different periods
- Domestic arrangements, including the presence of children, housing conditions
- Loss of fulfilling activities, social contact, and previous lifestyles.

The authors suggest these mechanisms will interact with existing characteristics of the population, and the extent to which people adapt (e.g. going online for social contact and fulfilment); and will play out over different time horizons - summarised in the figure below:



(Reproduced from WHR, 2021, need permission to reproduce)

From a public services perspective, key takeaways from Figure 1 are that a) existing inequalities have been exacerbated and b) there have been disruptions in the provision of services - for example access to mental health services.

However, Banks et al. make it clear that it is not easy to measure the impact on mental health. Generally speaking, various surveys are used to track mental health measures, but to estimate the causal effect of the pandemic it is necessary to model a comparison with the expected non-COVID-19 change, i.e. the counterfactual. Even without the pandemic, rates of change vary between different demographic groups, and there are seasonal effects. For example, young people's mental health had already been deteriorating more than other groups before the pandemic. In their chapter, Banks et al. look broadly at the best available evidence, mostly from large-scale tracking surveys.

Appendix 2: Insights from National and Local Evidence

Taking this into account, and looking at the range of evidence shows that, overall, the pandemic caused a considerable deterioration in mental health. There is also clear evidence that the biggest effects were on women and young people. It is likely that COVID-19 caused similar initial effects to previous pandemics (e.g. SARS) - with quarantining and increased isolation causing depression, anxiety and PTSD (Post-traumatic stress disorder).

However, important evidence is emerging that the trajectory of COVID-19 has been different to previous pandemics, both in the UK and elsewhere:

A number of sources have suggested that during COVID-19, mental health deteriorated prior to lockdown or stay-at-home orders coming in. Once lockdowns were introduced, mental health stabilised and even began to improve. (Banks et al, 2021, Pg. 114)

This is clearly important because it runs somewhat counter to broad public perceptions of the impact of the COVID-19 lockdown and associated policies. To consider this in more detail, in the case of badly affected groups, young women (age 16-34) had by far the worst initial mental health shock, but they were not much worse off than the general population by September 2020. For elderly women, the shock was much more persistent, and by September 2020 they were experiencing the most deterioration relative to the counterfactual.

Overall, by September, because of this 'bouncing back', there was less inequality between the (age and gender) groups compared to April. Banks et al. suggest that this demonstrates that some groups (e.g. the young) were better equipped to adapt, or their health recovered more quickly from the 'unlocking' in 2020, which disproportionately benefitted the young - eg schools, universities, and hospitality venues. However, we next need to consider inequality between groups in more detail.

Mental Health Inequalities in an International Setting
Again, from the World Happiness Report (Banks et al, 2021, pg 122):

"In many ways, the initial impact of COVID-19 has exacerbated pre-existing mental health inequalities between men and women, the old and the young, and between ethnic groups."

The global evidence shows that there was a much bigger impact on women, who already scored worse on mental health measures before the pandemic. Only a small part of this impact can be explained by extra childcare duties arising from school closures etc. It is more likely, according to Etheridge and Spantig (2020), that social factors explain the difference, for example the fact that women have larger social networks and were therefore hit harder by the restrictions. As noted, the early impact on the young was much greater than the rest of the population, but they returned closer to the expected trajectory more quickly.

More recently however, in a UK context, the Office for National Statistics (ONS, 2021) has reported that women's mental wellbeing was more negatively affected in the first year of the pandemic. Women were more likely to be furloughed, to spend more time working from home, and bore the brunt of unpaid household work and childcare. Probably as a result, women reported suffering from higher anxiety, depression and loneliness than men (although, as reported by Banks et al, this was true before the pandemic as well). Again, echoing earlier points, loneliness was the biggest cause of anxiety - and women were more likely than men to feel lonely, suggesting that they suffered more when their social networks were suddenly restricted.

Appendix 2: Insights from National and Local Evidence

The impact on different ethnic groups is much less clear. Research across broad ethnic groups has not shown a statistically significant difference in mental health impacts (Banks et al., 2021). Proto and Quintana-Domeque (2021) found a larger initial effect on men of South Asian heritage in the UK.

Overall the evidence suggests that people who experienced COVID-19 symptoms, lost work or had better friendships beforehand, fared worse, while for those in strong relationships, this was a protective factor (Banks et al, 2021, p 118). There is some evidence that health workers suffered from bad mental health shocks, which like for other groups will have exacerbated existing high rates of mental health problems in this group. On the other hand, other key workers seem to have fared better, probably due to increased esteem from the general population.

Generally, international experience suggests that quarantine, isolation, and social distancing were advocated as central to the response by the World Health Organization (WHO). Lockdowns internationally led to social isolation and economic impacts. The broader drivers of these mental health impacts include:

- Isolation associated with depression, anger, anxiety and suicide (e.g. from SARS outbreak)
- Economic disturbance and job insecurity long associated with psychological distress
- Concerns about increased domestic violence and the impact of extended screen time (e.g. for children)
- Fear of actually contracting COVID-19; and/or stigma of having it
- Fear of losing family/friends to COVID-19; and grief

Additionally, there is some evidence that actually contracting COVID-19 may in itself have an impact on the nervous system and may have “neuropsychiatric manifestations” (Wu et al, 2020). Khan et al. (2020) look at the generalised impact of COVID-19 on mental health/wellbeing of different cohorts. They report other studies showing impacts that include “suffering from elevated anxiety, anger, confusion, and post-traumatic symptoms”. Studies report “spatial distancing, self-isolation, quarantine, social and economic discord, and misinformation (particularly on social media) are among the major contributing factors.” They also noted an increase in domestic violence; as well as an apparently greater impact of anxiety/stress amongst women than men.

Plomecka et al. (2020) conducted a major global study of risk and resilience factors. They screened a large number of individuals worldwide for psychological symptoms related to the COVID-19 pandemic between 29 March and 14 April 2020. Their key finding was that “female gender, pre-existing psychiatric condition, and prior exposure to trauma were identified as notable risk factors, whereas optimism, ability to share concerns with family and friends like usual, positive prediction about COVID-19, and daily exercise predicted fewer psychological symptoms.” Overall, the mental health impacts of COVID-19 seem to be widespread, though increasing age is a protective factor, as is considering oneself optimistic, and having the ability to connect to family and friends.

Appendix 2: Insights from National and Local Evidence

Groups who have been disproportionately impacted by the pandemic

Vulnerable groups including those with multiple and complex needs

There is widespread recognition that the pandemic has illuminated and exacerbated the mental health issues experienced by people who experience multiple disadvantage, including homelessness, domestic violence, substance misuse and involvement in criminal justice (Groundswell, 2020; Crisis and Groundswell 2021; Rees et al, 2021).

A report detailing the experiences of VCFSE organisations in Birmingham (BVSC, 2021) also reflects on the way that the pandemic has compounded entrenched trauma experienced by people who have escaped modern slavery; those in the criminal justice system, and women and girls affected by domestic violence.

Those living in poverty, or in unstable employment have also experienced worsening mental health.

'Those living in social housing were nearly twice as likely to experience worse mental health as a result of housing problems (40% compared to 23% of people who don't live in social housing), and not feeling safe in their homes (27% compared to 13% of others).' (Mind, 2020: 20)

We also know that some people will be experiencing more distress than others, such as those confined to a house with an abusive partner, those who have lost their employment, and those who have a chronic health condition that increases the danger of complications from coronavirus.

Furthermore, the burden of these widely recognised risk factors falls most heavily on groups who are marginalised, disadvantaged or isolated, including people from racial and ethnic minorities, people living in poverty, and people living with physical disabilities and mental illness (Centre for Mental Health, 2020b).

Groups with Pre-existing Health Conditions

Research conducted by Mind (2020) highlighted that people with pre-existing mental health conditions have been disproportionately impacted by the pandemic and have experienced a worsening in their conditions, with 67% of this group seeing their mental health deteriorate. In addition, they found that women, people with disabilities, those living in social housing, people with eating disorders, obsessive-compulsive disorder, or personality disorders were more likely to have experienced a decline in their mental health.

In a presentation to Wolverhampton Voluntary Sector (2021) Lucy Heath, from the Black Country and West Birmingham Healthier Futures Partnership, reported that adults in their study area with a pre-existing mental health condition have a life expectancy of 18 years less than the general population. Although they are dying from long term health conditions such as cancer, cardiovascular and respiratory disease. Therefore, one of their priorities in the coming year is addressing this inequality, and addressing the predicted 25% rise in demand for mental health services in the Black Country since the onset of the pandemic.

This is also reflected in a short film produced by Rethink (2021) which highlights that people with pre-existing mental health issues have struggled with the overwhelming nature of COVID-19 and have been stripped of the coping mechanisms (i.e. friends and families, positive activities) that they would normally use to manage their mental health.

Appendix 2: Insights from National and Local Evidence

Children and Young People

There is considerable concern about the impact of COVID-19 on the mental health of young people (NHS Digital, 2020; BFB Labs, 2020) and on the longer-term impact on young people's prospects and opportunities (Birmingham Chambers of Commerce, 2020) as a result of the economic impact of the pandemic. Public Health England's COVID-19 Mental Health and Wellbeing Surveillance Report (2021) highlighted that:

'some children and young people, especially those with certain characteristics, appear to have experienced greater negative impacts on their mental health and wellbeing. This includes those who are disadvantaged economically, females and those with pre-existing mental health needs.'

National research (BFB Labs, 2020) projects that 1.5 million young people under the age of 18 may need mental health support – including those with pre-existing mental health difficulties and those who will need support for the first time. Research conducted by NHS Digital (2020) reported that young people aged 17 to 22 years were more likely to have received help from services (7.2%) in comparison to those aged 5 to 16 year olds (3.6%). Young people aged 17 to 22 years old were also more likely than younger children to have tried to access support but did not receive the help sought, with 7.4% reporting this (NHS Digital 2020).

BAME Groups

The disproportionate risk of contracting COVID-19 amongst people from a Black, Asian, Minority Ethnic background is highlighted (BVSC, 2021). This is supported by figures provided by Cruse (BVSC, 2021) a bereavement service in Birmingham, which saw an increase of 93% in South Asian residents accessing services and a 142% increase from the Black Community. Cultural taboos and language barriers (Miskin, 2021) have also reportedly led to some young people falling through the cracks of mental health provision.

The closure of mosques was also highlighted as having had a significant impact:

"Not only did daily prayers offer spiritual comfort to people, but our plethora of youth and welfare services also came to an abrupt halt. Our coffee mornings, kickboxing, football, basketball, scouts, school visits, monthly elderly lunches, free legal surgery, refugee advice surgery, monthly joint-pain clinics, Eid in the park and Friday prayers all had to stop. You see, the mosque isn't just a static place that facilitates the religiously devoted and those who want to pray. It's a hub for the entire community. For some, the mosque can be a place to socialise and meet new people. For others, the mosque is a safe haven and a place of refuge." (Green Lane Masjid and Community Centre, BVSC, 2021)

People from ethnic minority communities said problems with housing made their mental health worse during the pandemic, 30 per cent, compared to 23 per cent of White people (Mind, 2020, 20). There are strong links between poverty and mental illness, and between ethnic groups facing the greatest levels of poverty and those experiencing the most restrictive forms of mental health intervention (Bhui et al., 2018).

"This suggests that people from BAME backgrounds experiencing mental distress as a result of coronavirus may be doubly disadvantaged due to economic circumstances and services which fail to respond to their needs in a timely and appropriate fashion" (Centre for Mental Health, 2020).

Appendix 2: Insights from National and Local Evidence

Front Line Staff

A number of the reports detail the impact that the pandemic has had on front line staff (BVSC, 2021; Rees et al, 2020; Mind, 2020, Birmingham Chambers of Commerce, 2020). Rees et al (2020) highlight that frontline staff in the VCFSE sector continued to work throughout the pandemic, and "in extreme circumstances, at considerable pace, over a prolonged period and continue to do so… we have found evidence of the inevitable impact on staff health, wellbeing and resilience" (Rees et al 2020: 73). Similarly, research conducted by Mind (2020) found that front-line workers were more likely to have experienced worsening mental health during the pandemic.

This trend is also reflected in wider statistics from the Birmingham Chambers of Commerce Economic Review (2020: 6) which reported that '26% of West Midlands region businesses had experienced an increase in workforce mental health concerns compared to the same period the previous year'.

Older People

Ambition for Ageing (2021) believes that providing mental health support for older people has always been difficult due to stigma and lack of services available. Even before the pandemic, there were barriers to accessing mental health services such as lack of cultural understanding. The pandemic exacerbated these barriers, as people's mental health problems grew due to isolation and bereavement (Bergen and Wilkinson 2021).

Reasons for Worsening Mental Health

Mind (2020: 5) found the following key reasons for worsening mental health:

'Restrictions on seeing people, being able to go outside and worries about the health of family and friends are the key factors driving poor mental health. Boredom is also a major problem for young people. Loneliness has been a key contributor to poor mental health. Feelings of loneliness have made nearly two thirds of people's mental health worse during the past month, with 18–24 year olds the most likely to see loneliness affect their mental health'.

The varying degrees of impact amongst different groups is also highlighted, with some groups particularly impacted on by restrictions (i.e. people with eating disorders, compulsive disorders) and loneliness (young people) (Mind 2020).

Young people additionally report isolation, loneliness, family arguments, social media and school as the main causes of poor Mental Health from Young People. Those who already class themselves as socially isolated found that the current context exacerbated this feeling (Groundworks Case Study, 2021). In January 2021, Co-Space published data showing that children from households with lower annual incomes were more likely to have possible/probable mental disorders, such as emotion and hyperactivity problems, in comparison to children from households with higher annual incomes (Skripkauskaite et al 2021). NHS Digital (2020) reported that those children with a probable mental health disorder were more likely to live in a household that had fallen behind with payments.

Appendix 2: Insights from National and Local Evidence

Parents of disabled children reported worsening emotional and mental health for both their children and themselves. The Activity Alliance (2021) found the pandemic has created new barriers to staying active for disabled people, including self-isolating, the impact on health, the fear of contracting the virus, and concerns about social distancing. Those experiencing disability are also more affected by a lack of space at home and a lack of support. 31% of disabled people felt that COVID-19 had become a barrier to them using exercise to help them maintain good mental and physical health, as opposed to only 13% of non-disabled people.

Bereaved through COVID-19 is the second most common cause of death for grieving families accessing local bereavement services (Cruse Case Study, BVSC, 2021):

"Bereaved people have struggled with the consequences of lockdown: people have not always been able to see their loved one prior to death, and families have not been able to organise the funeral they would have wished. These issues and the continuing need to restrict social interaction are compounding people's feelings of loss and isolation."

Limited access to outside areas, particularly for those with no gardens, compounded issues relating to mental health. This is combined with limited food choices and poor health literacy, which has had an ongoing negative impact on levels of anxiety and mood (Groundworks Case Study, BVSC, 2021).

The Office for National Statistics (2021) found that between October 2020 and February 2021, areas with more younger people (aged 16-24) and areas with higher rates of unemployment tended to have higher rates of loneliness. Increased concerns about finance and poverty have also compounded mental health issues, with people struggling to get support from advice agencies and feeling ill-equipped and overwhelmed with the situation, and facing increased financial pressures (particularly during school closures) (Groundworks Case study, BVSC, 2021).

Access to Services

The reports reviewed highlight the lack of accessibility of services. Mind (2020) reported that a quarter of adults and young people who tried to access support were unable to do so.

Issues include digital exclusion (Groundswell, 2020) particularly for those facing financial barriers or who are homeless, but interestingly we also found reports of an unwillingness to use technology to access services – particularly amongst young people (Mind, 2021: 31):

'Almost a third of young people (30%) who accessed or tried to access support said that the technology was a barrier to doing so, in comparison to 17% of adults. Concerns about privacy appear to be a particular issue for young people'.

A lack of ability to access services for individuals with no fixed abode, or those who lacked ID (Groundswell, 2020; Crisis and Groundswell, 2021) was highlighted. In addition, there are reports of stigma and discrimination (Groundswell, 2021) particularly amongst people from particular ethnic groups (Miskin, 2021) and a belief that problems were not serious enough to be entitled to support (Mind, 2020: 29) also play a part in individuals not accessing services.

Appendix 2: Insights from National and Local Evidence

"A third (32%) of adults and over a quarter (28%) of young people did not seek mental health support during lockdown as they did not think that their issue was serious enough"
(Mind, 2020: 29).

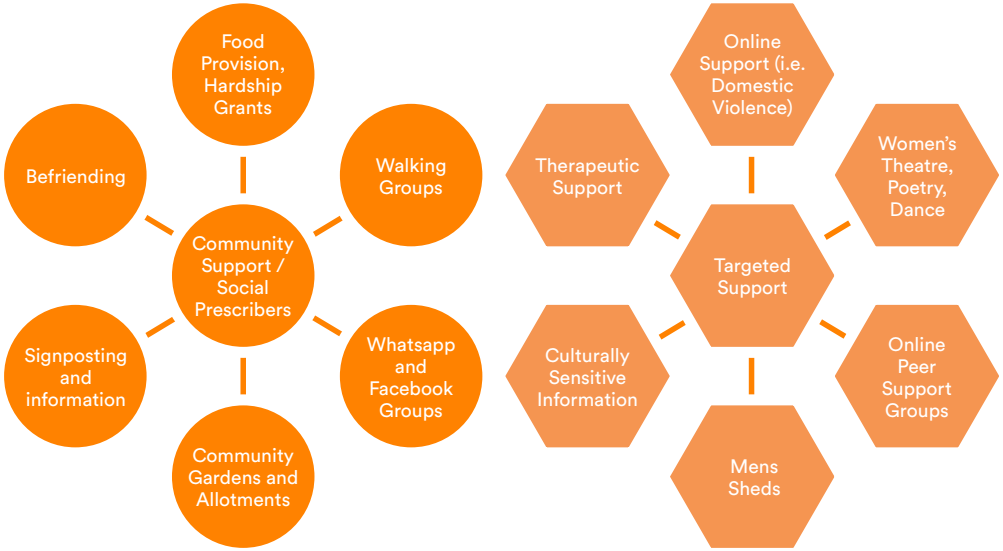
Waiting times for services are also reportedly a considerable barrier to accessing appropriate, timely services. Waiting times were viewed as a significant barrier to young people accessing services. Lack of appropriate services and the relatively short-term nature of mental health support was a concern (Crisis and Groundswell, 2021). Exacerbated by a lack of information and understanding about how support could be accessed (Groundworks Case Study, BVSC, 2021).

Appendix 3: Wider Findings

In conducting our fieldwork, a number of issues not necessarily pertinent to the Mental Health Commission were reflected upon. While recognising that these are outside of scope for the Commission, we felt it was important not to discard the findings. The following section provides a summary of the points raised with us.

Reflection 1: The role of the VCFSE Sector

As reflected in previous research (Rees et al, 2020) the VCFSE has played a significant role in supporting communities throughout the pandemic. Unsurprising given that most participants were from the VCFSE sector, our Listening Exercise similarly highlighted the numerous ways in which solutions were actively sought to address local need and targeted support. The figures below detail just some of the ways in which the sector has responded to emerging mental health needs:



The people that we spoke to told us how they had welcomed the collaboration between the VCFSE and the statutory providers and how organisations had worked effectively together to address the emerging needs of communities. However, they wanted to ensure that there was recognition of the significant role played by the sector during this time and for this to be harnessed, funded, and sustainably supported in the future.

It was felt that the expertise of the VCFSE sector could be better utilised, particularly in engaging with people with lived experience, and supporting them to engage effectively at a strategic level. The sector has a unique reach into communities whose voices are often unheard.

Reflection 2: Collaboration

The power of collaboration both within the VCFSE sector and between the VCFSE and public sector was reflected upon. The pandemic has fostered some new and highly effective collaborations across and between sectors. However, there are still significant gaps in the way that the wider system interacts that need to be addressed. A lack of integration of organisations on a local level needs to be prioritised to better meet need. There needs to be improved links between statutory providers and the VCFSE sector in order to better access the support the sector can offer.

One suggestion is building more connections between services and recognising and valuing the contribution the VCFSE sector can make to the wider eco-system. This could also support the reduction in waiting times for services. It was suggested that longer term funding for local community provision would support this.

Appendix 3: Wider Findings

Reflection 3: Commissioning of services

It was felt that there is a need to think more creatively about how services are funded and commissioned. Short-term funding is seen as a detriment to long term planning and integration and the lack of longer-term funding puts many VCFSE organisations at risk.

> Joint commissioning that encourages multi-disciplinary working and a parity of esteem across all support mechanisms will reduce the competitive nature of funding. Longer term funding strategies that are evidence based and reflect the need for relational service provision, over short termism that interrupts delivery and creates uncertainty. (LE20)

Commissioning should provide for mental health support to be embedded in all commissioned services to meet a demand that is known to exist. In addition, when commissioning services, a need was highlighted to look at the values of smaller providers who may not deliver population scale outcomes, or to facilitate ways to help organisations collaborate to access funds.

Participants wanted to see greater collaboration with funders and commissioners across the West Midlands region to address the massive disparity in terms of commissioning policy and procedure. As one participant stated:

> "The VCFSE sector is good at talking to each other but funders and commissioners aren't. WMCA could strategically organise this so we're not competing and duplicating."

Participants asked for more transparency around how data is used – organisations want to see how their impact is shaping services and policies. Consideration should be given to what data is collected and for what purpose, with equal importance being given to qualitative information that focuses on journey travelled, and case studies rather than tick boxes.

Reflection 4: Workforce support and development

The impact on the mental health of staff working in the VCFSE sector was consistently highlighted by many respondents:

> An important consideration is the impact the pandemic has had on front-line workers, carers, and volunteers. Many of these groups are now entirely burnt out. Many volunteers in particular found themselves entirely unprepared for what they found, and lacking in the right training and support to manage some of the very challenging situations they've faced. (LE18)

It was suggested that several resources could help support the West Midlands' VCSFE workforce and foster increased resilience and wellbeing. These included:

- Mental health first aid training
- The introduction of reflective practice and supervision
- Trauma-informed practice/Psychologically Informed Environment (PIE) training
- Tools and resources to support people with eating disorders/ personality disorders
- Training around cultural awareness, identity, pronouns and gender neutrality
- Facilitated cross-sector learning and development (i.e. work to better understand social work/primary and secondary health care/policing)
- Digital skills and applications
- Safeguarding and exploitation training
- Guidance for small organisations around re-opening and risk management

Appendix 3: Wider Findings

Reflection 5: Creating a "sharing economy"
The theme of collaboration was reiterated in relation to the desire for a more 'sharing economy', where larger organisations in the public and private sector could work with smaller organisations to share expertise and practical know-how. The private sector was felt to be an untapped resource.

Reflection 6: Crisis support that is fit for purpose
Interviewees felt that a key priority is for mental health crisis intervention to be reviewed. Services need to be more holistic and adopt strength-based approaches that are psychologically informed. It is also vital that there is better joined up working for people who have complex and multiple needs – and particularly those with a dual diagnosis of substance misuse and mental health concerns, and those who are homeless or who have a history of involvement in the criminal justice system. The current crisis response is not adequate and many people are being failed by the system.

A shake up of traditional mental health approaches is needed, create a multi-disciplinary wraparound service that allows the service user to explain what good support looks like to them. A menu of options should be available with a strengths-based approach that doesn't infantilise service users and allows them self-determination. Creating connections is a safeguarding measure and support should be primarily 'a crutch in a crisis, not a walking stick for life'. Recognising that some mental ill health will require intensive and at times, inpatient care, we must provide a route back from crisis that ensures service users are not left at a cliff edge or remain in inpatient services unnecessarily due to the lack of community support. (LE20)

Reflection 7: Recognise the financial impact of the pandemic on citizens, and provide support to address this
The significant increase in people living in poverty and struggling to manage financially has created increased stress and anxiety, and there needs to be a focus on providing more support and guidance about debt and financial management.

Looking at an economic recovery that has a focus beyond the next six months is seen to be key to supporting good mental health. Individuals and communities have been negatively impacted by unemployment and furlough. A focus on a longer-term economic recovery should be matched by a long-term plan for mental health support in recognition of poor mental health still being an issue post lockdown.

Financial stress and anxiety is a key driver for mental health issues, and so a focus on how the WMCA can support people from diverse or vulnerable communities back into work will be key. This could include, for example, confidence building workshops that touch on mental health; promoting opportunities on the horizon for things such as Commonwealth Games and HS2.

Reflection 8: Vaccination
There are concerns about the longer-term impact of vaccine uptake across the city. There is a risk of there being a 'two-tier population' based around those who have received the vaccine and those who have not. While work is being done to engage communities and encourage vaccine uptake where there is distrust, this is not always successful and should remain a key priority for the WMCA.

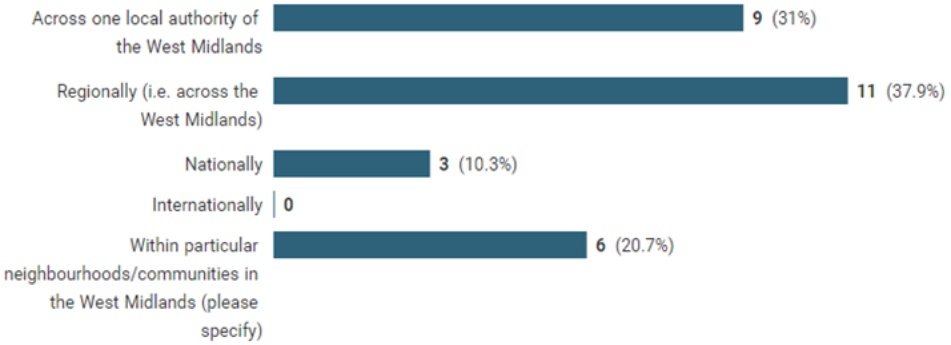
Appendix 4: Key Findings from the Survey

We received 31 responses to the online survey. While disappointing, we suggest that the low response rate probably reflects the extent to which organisations and individuals are currently being asked to contribute to surveys and other consultation mechanisms. We nevertheless received some interesting responses highlighting key issues that resonate strongly with the other sources of information.

Basic Survey Information: Respondent Characteristics

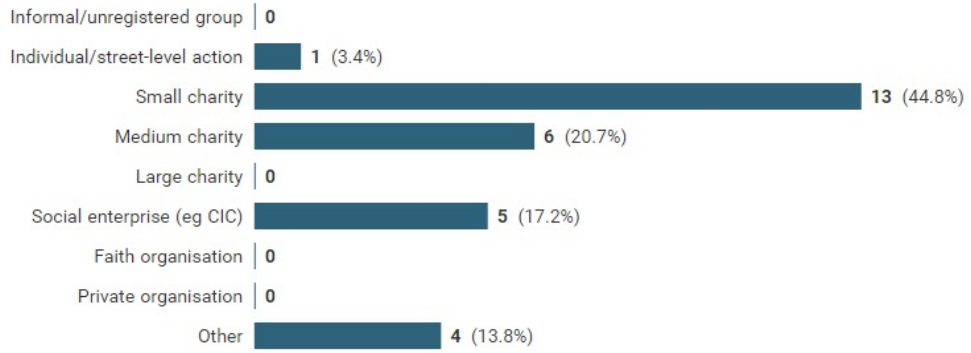
We gathered basic information about the respondents to the survey. Firstly, we asked for their organisation name (not reported here, in order to preserve anonymity), and their area of operation (Figure 1). The majority of respondents focus their work within a West Midlands local authority area or across the region (18 responses). Only a minority reported having a national focus.

Figure 1 - Where do you operate?



Secondly, we asked respondents what type of organisation they worked in. As shown in Figure 2, the majority (19 responses) reported being from a small or medium charity. This perhaps reflects the likely target population of organisations that we reached through the survey, and is worth bearing in mind when looking at the substantive responses.

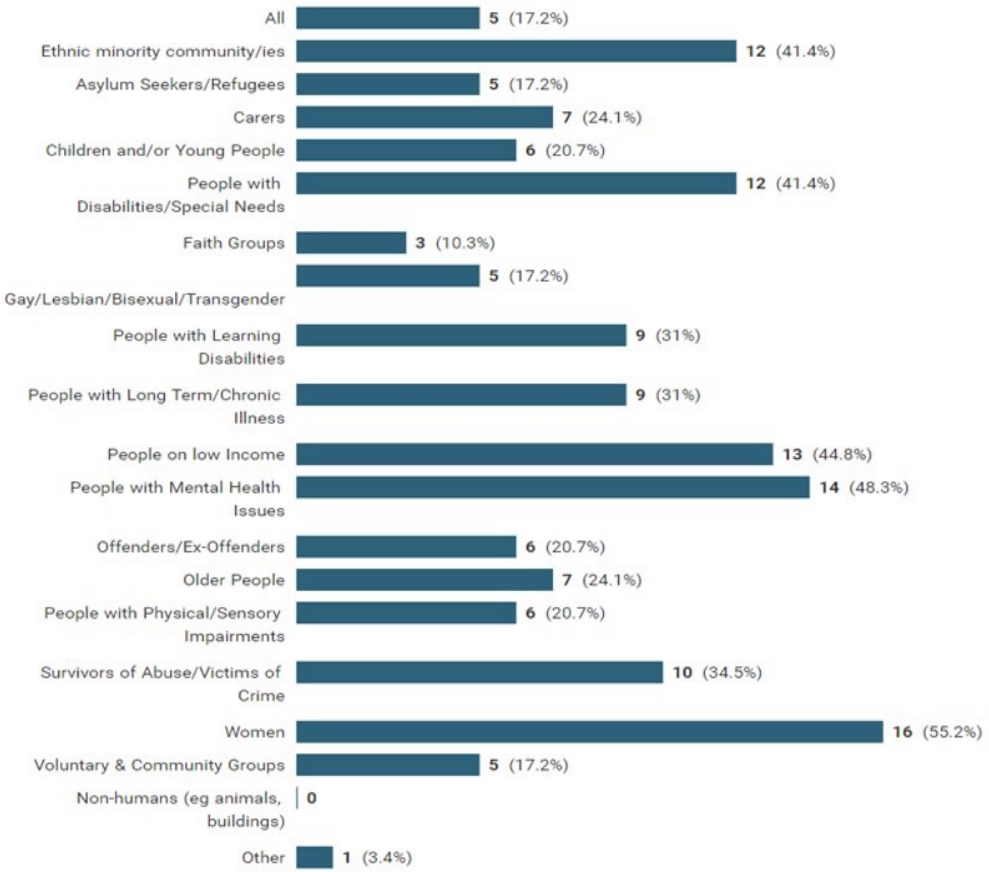
Figure 2 - Types of organisation



Finally, we asked about the beneficiary or service user focus of the organisation (Figure 3). This is a useful gauge of the types of work and thematic focus of the different organisations responding to the survey. It appears that there was quite a broad spread in terms of types/groups of people that organisations are working with. Judging by the broad spread shown - respondents were able to tick as many as applied – we can be assured that respondents were answering from a relatively broad base of experiences with different client groups/service user communities.

Appendix 4: Key Findings from the Survey

Figure 3 - Who do you work with?



The Mental Health Impacts of the Pandemic

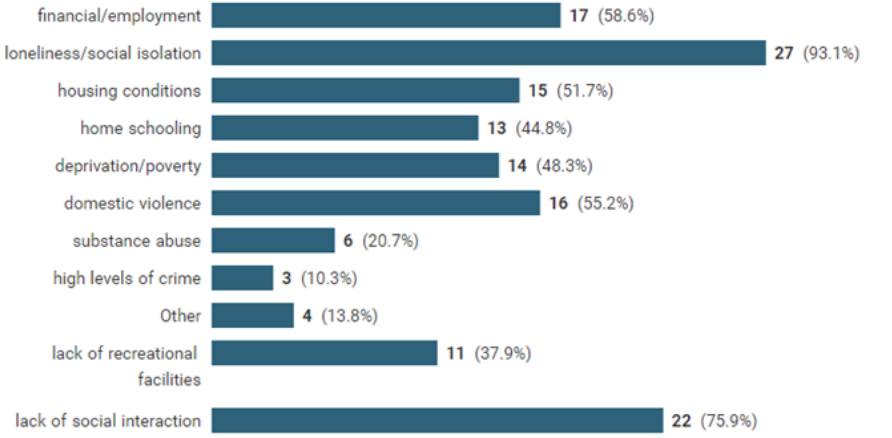
Q1. What are the most important determinants of poor mental health in your area or community?

We wanted to explore, in as concise a manner as possible, respondents' views on what factors they felt were impacting on poor mental health experiences/outcomes in the communities and/or places that organisations worked (Figure 4).

This question was concerned with general environmental drivers, not necessarily ones restricted purely to the circumstances pertaining since the onset of the pandemic.

Respondents were asked to select all of the drivers that they saw as applying. Unsurprisingly, and in common with the findings related throughout the report, loneliness (27 responses) and a lack of social interaction (22 responses) were reported as key drivers. Other drivers that were highlighted were finances, housing conditions, poverty and domestic violence. Substance abuse, crime and lack of recreational facilities featured less prominently.

Figure 4 - Determinants of poor mental health



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Q2. How has the COVID-19 pandemic impacted the mental health and wellbeing of people you work with?

This question aimed to uncover the ways that respondents might have seen mental health issues and needs arising with the people (clients, beneficiaries, and informally perhaps other stakeholders) they worked with in the course of their activity over the last year since the onset of the COVID-19 pandemic.

Appendix 4: Key Findings from the Survey

Several respondents acknowledged variability in impact, with comments suggesting that some people had been severely affected, while others hardly at all. (1). Undoubtedly however a common theme was the reporting of increased demand for their services and general support needs (2).

Secondly, and again resonating with our findings elsewhere in the report, increased isolation was felt to be key to understanding the mental health impacts of the pandemic (3). A third clear negative theme, which has also come out clearly within our interviews and focus groups, has been a strong sense that the pandemic/lockdowns impacted heavily on those already experiencing pre-existing mental health issues (4). Finally, the impact on the workforce was highlighted (5).

Comments from Survey:

(1)

"Some severely, others minimally."

"General negative impact: exacerbation of mental health conditions and trauma responses, although some people have had the space to reassess what they do in their lives more positively."

(2)

"My colleagues support disadvantaged unemployed people. During Covid there has been a massive increase in demand on our services from people suffering mental health issues as a result of loneliness, social isolation."

"Referrals for our befriending service have skyrocketed, and the level of mental health need of the average client has increased dramatically. Our clients are on average now much more complex and needy. The closure of social groups and cut off from social networks has caused poor wellbeing. People are also anxious about going out again."

"It has resulted in an exponential increase in cases and work load, by nature Carers care and feel the burden of not being able to help everyone."

(3)

"Increased feelings of isolation particularly around digital exclusion. Mental health issues have increased and become more difficult to manage."

"Individual adults and their children have been isolated and unable to support each other with face-to-face contact....this has resulted in reduced developmental opportunities for the children and parents feeling frustration and concern about their children's position / development or lack of it, as well anxiety about their own positions with the country in lockdown."

"Service users were already isolated due to health reasons. The charity stepped up and provided extra support through Zoom workshops which really helped especially for those who couldn't come in to the hubs. There was also weekly phone support. However, some were cut off from family members or were unable to meet friend"

Appendix 4: Key Findings from the Survey

(4)

"COVID-19 increased levels of immediate panic and anxiety. Preexisting mental health and wellbeing collapsed for many within our group. We had 5 serious self-harm incidents in the first month alone. Many of our group live alone, so lockdown felt terrifying, especially since we were forced to close our group meetings."

"It has exacerbated and triggered previous abuse and trauma as well as creating further trauma for children and their mothers when they have been expected to participate in court proceedings while children are in the home or unwell with COVID symptoms."

"It has caused confusion and anxiety and more behaviours that can be challenging, families who support the individuals are exhausted and also suffering with major anxieties."

(5)

"My colleagues have been so busy setting up systems to work from home and coping with the extra demand and for some this has impacted on their own mental health and wellbeing. Childcare demands when also trying to work has been a particular strain also for clients and staff. We offered furlough to all of our staff if they wanted it but no-one did as they all preferred to carry on working."

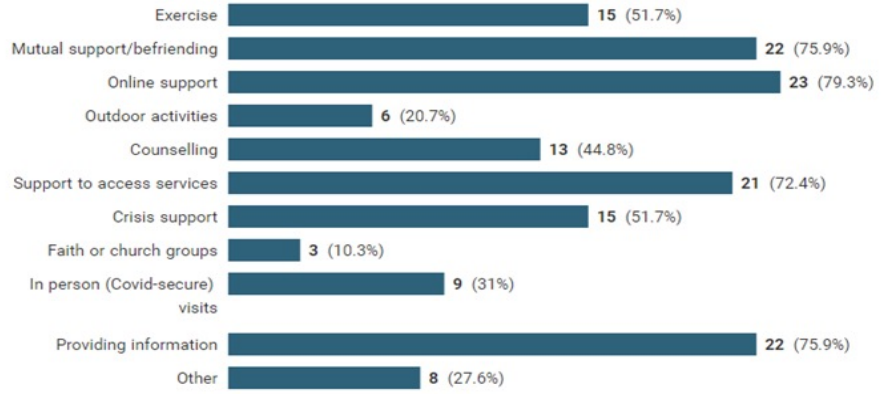
The Mental Health Impacts of the Pandemic

The next part of the questionnaire focused on responses to mental health issues; it was envisaged that it would capture the seeming prevalence of different responses (new services and innovations) to mental health needs provided by the organisation.

Q3. How has your organisation supported the people you work with, in relation to their mental health?

The answers displayed in Figure 5 suggest that four areas stand out: provision of mutual support/befriending, online support services, support to access other services and providing information. It is likely that there is some overlap between these different answers, but we wanted to give respondents the opportunity to select quite specific different approaches, and their prominence does suggest that these have been the most common.

Figure 5 - Areas of support



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Appendix 4: Key Findings from the Survey

Q4. How has the COVID-19 pandemic impacted the mental health and wellbeing of the community or communities you work with?

With this question we were seeking to find out more about how respondents had seen issues emerging that affected the broader community, whether geographical or perhaps a less geographically-based service user or beneficiary community.

Perhaps unsurprisingly, many of the responses echo those given in the previous questions, and speak to the general impact of the pandemic on individuals and communities (6). Respondents also highlighted the differential impact of the pandemic on particular groups, with an emphasis on poverty and social exclusion (7). The lack of accessible services was also highlighted (8).

(6)

"Social isolation, lack of digital skills, loneliness and worry has caused much anxiety and poor mental health and wellbeing. Those we engaged with were less concerned about learning but more about wanting social engagement and group sessions to allow them to feel socially included and have something to look forward to. Losing employment and lack of finance has also has a major impact on those that we support and this has added to individual/family worries."

"We have received many more telephone calls from people seeking support. Many have not experienced mental ill health before but have developed extreme anxiety from the impact of COVID."

"Anxiety, depression, suicide rates domestic violence alcohol issues. Financial stress. Relationship breakdown; children and young people's mental health. Increased isolation for those with disabilities. Lack of support and access to advocacy."

"A lot of communities have been negatively affected in their mental health & wellbeing through COVID due to restrictions, isolation, health fears & insecurities around jobs, income & food."

(7)

"It has a huge impact as our communities are from the Asian communities who had suffered huge losses of family deaths and not being able to grieve as part of the culture."

"It has impacted on mental health in an overwhelming way that cannot be measured. It affected women and children by re-triggering their trauma, there was no available support or access to support or avenues of financial assistance for those already struggling and who are deemed as ineligible for any of the extra funds and assistance that was made available for some community groups."

(8)

"COVID-19 has laid bare some of the funded & commissioned services as being insufficient to meet the needs of individuals with long term mental ill health issues. Retreating to a telephone help line is not always appropriate."

Noticeably less prominent have been the provision of outdoor activities, in person visits, and counselling – almost certainly reflecting a reluctance or inability to provide face-to-face modes of activity in a COVID-secure way, for much of the last year. This again emphasises the importance of online responses, and the need to consider further support for this into the future while also recognising the value of in-person, face-to-face support (9).

(9)

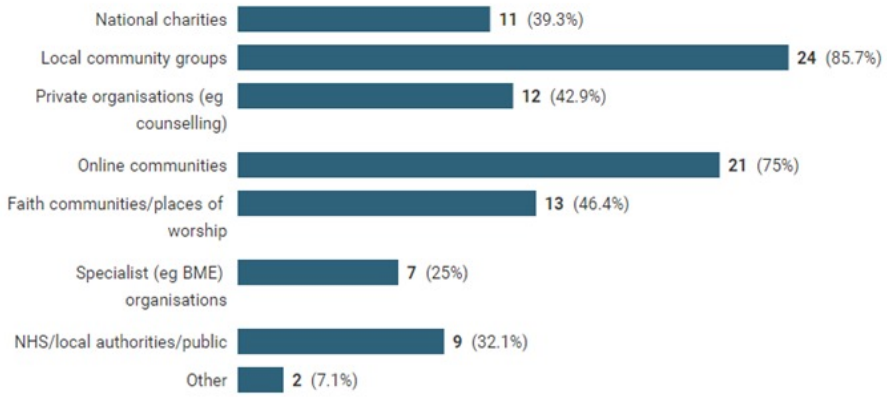
"The pandemic put our communities lives on hold during the lockdowns in particular ..... as soon as we could undertake therapeutic activities (with parental and child involvement in a structured programme) out of doors last summer, we had parents describing an improvement in their own mental health and wellbeing and that of their child's as they started to see an improvement in their child's functionality and learnt techniques to help them cope with their children's needs on a day-to-day basis".

Appendix 4: Key Findings from the Survey

Q5. What type of organisations are providing helpful support to those experiencing poor mental health?

We next asked about the kinds of organisations respondents thought were providing helpful support to individuals with mental health needs. Although it is perhaps more difficult to discern a pattern of responses here, nevertheless it is notable that significant support was felt to be provided by local community groups (see Figure 6). Also notable was the high level of support for online communities, as well as to a lesser extent faith communities, national charities, and the public sector.

Figure 6 - Types of organisations providing support



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Q6. Do you have any examples of good/innovative practice in supporting mental health needs?

We asked respondents to tell us about instances of good practice or interesting innovations that they may have witnessed or indeed been involved with in recent times. This was an open-ended question, allowing respondents to tell us in their own words about things they had seen.

Several themes emerged. First, unsurprisingly in the light of previous answers above, there was considerable focus on online approaches (10). However, 'digital online' was certainly not the only game in town, with 'hybrid' or mixed approaches also being mentioned. This highlights the possibility that flexible and adaptive responses using different modes at different times could mark a new flexibility that is worth fostering in the future (11). Finally, there are also some enduring suggestions about the need to continue to design and plan services in a more general, longer-term sense, with a laser-focus on ensuring that they are fit for purpose (12).

Appendix 4: Key Findings from the Survey

(10)

"We developed soft skills online inclusive programmes to allow people to become socially included, sessions included IT/Digital skills support, learn basic sign language, live 'cooking on a budget' sessions, how to design your own online birthday cards. These sessions built confidence and allowed people to interact while learning and there was great demand for these activities."

"Online art therapy...it gives a break from the everyday stress. Helps with confidence and supports the development self-esteem. Online mindfulness course. Helps to give managing skills to people with PTSD."

(11)

"Zoom sessions, peer to peer support, IT support and training, funding to enable loaning of IT equipment to help with Digital inclusion."

"Online activity groups such as art, dance, poetry, book group."

"Online connection during lockdown had helped many woman keep afloat during COVID and I think would be beneficial long-term."

"The flexibility of staff adapting their practice and moving online."

(12)

"We have supported the blind and visually impaired with counselling; provided zoom counselling to those in need; and quick access in crisis; food parcels to children and families."

"Where most services retreated, we expanded to offering face-to-face support 7 days a week according to the needs and wishes of our group. We didn't close, we were always far more than merely a telephone help line. Our group know us as individuals, so it was personal support, out of hours and every day."

"Mental health first aiders in place of work."

"Peer Support Counselling has been very helpful."

"Our listening and guidance service based in GP practice."

"Face-to-face meetings via MST have been very useful in assisting people access counselling."

"Trauma-informed support. Understanding mental health is underpinned by trauma responses, which are exacerbated by the current global pandemic and its associated stressors."

"Relationship building is key for creating trust. So many people have been let down previously. Not being time-limited is important."

Q7. Have you observed new responses being developed by individuals to support their own mental health needs?

We asked if people were aware of more 'grassroots' bottom-up initiatives that might be emerging from decisions by individuals or groups of people to address their own mental health needs and local conditions, particularly in light of the pandemic. Through this we were keen to get a sense of 'self-help' initiatives, new ideas and innovative responses.

However, the responses were similar to those garnered from the previous question, suggesting that people were either not aware of such truly grassroots responses, or perhaps that we hadn't asked specifically enough for examples of 'citizen-level' or self-help initiatives.

Appendix 4: Key Findings from the Survey

As the following quotes suggest, the flavour of the responses might at first glance seem rather similar to those mentioned above. However, one very important trend noted here is the emergence of peer-to-peer self-help support networks – unsurprisingly the idea of them being mainly online figured prominently (13). The deployment of art activities to bring people together, divert, and heal (and as mentioned elsewhere, this can also involve poetry, literature and music etc.) is also really important (14). Finally, there were reflections on the tension between the promise of online/digital, and the fear that this leaves some behind (15).

(13)

"Yes, the need to engage more online and join sessions that were socially inclusive to enable people to have something to look forward to."

"Peer to peer support. Zoom has enabled people to set up meeting groups, something which previously they wouldn't have done."

"Peer support & peer mentoring is a powerful response. It is effective."

"Online support groups. Peer mentoring. Zoom calls with family."

(14)

"Introduction of mindfulness course, drop in mindfulness session every week, art group zoom sessions (with art supplies sent out prior to sessions). Access to additional support encouraged if needed."

(15)

"People are now more willing to accept online help."

"Everything is now online, which does not suit the majority of our clients."

Key Messages / Recommendations

Finally, we asked for direct recommendations for the future Commission's work. What did people really want the Commission to hear about and act upon?

Q8. What key messages about mental health do you want the Commission to be aware of?

A first theme that emerges is about the need for variety, tailored solutions and support in response to the breadth of need and the specificity of different issues, as well as an awareness of difference in a number of dimensions (16).

(16)

"One size does not fit all. Tailor support to as many needs as is feasible."

"This affects not just the person but family and Carers - support needed for close family to support the person with poor mental health."

"Digital poverty/disadvantaged groups preventing them from accessing online support and social activities. Greater recognition for the families of prisoners and offenders the COVID restrictions on visits have exacerbated the mental health and wellbeing."

"IAPT is definitely not the answer for everyone with mental health needs. There needs to be other options. Space for people to talk and be heard. Other options before people get referred to usual mental health/psychiatric services."

"I feel the needs of women escaping or having escaped domestic abuse are not being seen. They need ongoing support, counselling, socialisation, communication as their self-esteem suffers so badly not just during abuse, but years later. They need guidance in many areas: housing, financial support with understanding bills."

Appendix 4: Key Findings from the Survey

"That the support that people with learning disabilities have with their mental health is going to look different to others and needs to be more creative, and this group need more and better support with their care issues which also supports their families."

"That social engagement is extremely important and sessions where people feel valued and able to contribute will raise confidence and support the further learning and personal development of those taking part. Informal and inclusive learning activities in groups helps to grow friendships and enables peer to peer support."

Secondly, strong support for cross sector working and a commitment to the idea that everyone in the system matters, and the crucial importance of supporting a diverse ecosystem of 'supply' of sources of support, not least through appropriate and well-targeted funding (17). There was also a reminder of the importance of early intervention, and the value this can add to the wider public service system (18) particularly when delivered at the local level. Third, there were recommendations around recognising the strengths and limitations of online (19).

(17)

Providing support to faith and local charities who know the needs better in a local community. To link funding across sectors play therapy for young children which the 'Lighthouse' provides.

It can be the smaller, non-commissioned services that make the most difference to individuals with long term mental ill health and multiple disadvantage rather than short term, rationed support services from behind a telephone.

Funding needs to be available at community level.

More funding for befriending services is necessary. Social prescribers are prescribing to us left, right and centre, but if the prescribed activities or services are not funded, they will close.

(18)

"Early intervention is most successful - people should be able to seek help because they feel a certain way not necessarily have to have proof from a doctor."

"A bit of time spent in the community direct with the client means less time in GP surgeries, hospital admission and maybe just help save a life."

"There is a huge need for services such as WE:ARE programmes, longer term support and the activities that go alongside them to ensure a community of support. Service users such as myself need time to heal and thrive."

(19)

"Online communities with shared interests and activities has proved to be a great protective factor for mental health and reduces isolation, depression and apathy. Ladies who would normally not be able to attend due to children or distance have been included. This is a most valuable support beyond COVID.

To keep some online options available for people to access. Accept that mental health professionals also require support."

Appendix 4: Key Findings from the Survey

Finally, there was strong recognition of structural and systemic challenges, as well as the complexity of the issues that go well beyond mental health alone, and also beyond the ability of any one agency (e.g. with a health and wellbeing focus) to solve on their own. This includes poverty, the impacts of austerity and welfare reform, and the challenges of improving access to and performance of public services, particularly for more marginalised and vulnerable individuals and communities (20).

(20)

"Access to mental health support needs to be made easier and with less waiting time."

"Withdrawing benefits and making it harder to get benefits has a devastating effect on a person's wellbeing and mental health. The system by which benefits are assessed for those with mental health issues needs to change. Those with mental health illnesses like depression and anxiety who are on medication are not in a position to fill in long forms by set deadlines, to be phoned up out of the blue by DWP officials and be on the defensive and 'prove' that they are ill enough for PIP (Personal Independence Payment) and go through appeals etc."

"Mental health challenges can emanate from individual and multiple sources and as such the support needed by individuals will vary... individuals themselves may not understand the source of their mental health challenges and as such may need help to identify the best source of support. The commission needs to recognise the complexity of what they are dealing with, and in particular, for the future, commission training for professionals which will help them to understand this complexity and then deliver appropriate care and support.....we have known families to be disbelieved by professionals when describing their child's challenges, which in itself causes problems resulting in mental health issues for both parents and their children."

With thanks to...

We would like to give special thanks to the organisations who took time out of their day to participate in this Listening Exercise. They are:

Adavu
Al-Aafiya mental health group
Birmingham & Solihull Women's Aid
Bilston People's Centre
Birmingham and Coventry Social Work team members
Birmingham CAB
Birmingham Centre for Arts Therapies
Birmingham Mind
Birmingham Settlement
Black Country and West Birmingham Healthier Futures Partnership
Bournville Village Trust
Breastfeeding Network
British Sikh Nurses
Central England Law Centre
Citizen Housing
Claremont
Compass Support
Coventry and Warwickshire Partnership NHS Trust
Coventry University Enterprises
Diocese of Birmingham
Forward Carers
Gro Organic
Groundwork West Midlands
Healthwatch Birmingham
Hope for the Community CIC
Independent Advocacy
Inini, Coventry
Kings Norton North Councillor
Midland Mencap
Midlands Medical Group
Mothering Women
Murray Hall Community Trust
New Hope Global
NewStarts
Northfield Families
Northfield NNS
Papyrus
Positive participation
Re:Future Collective
Rethink (Walsall)
Sandwell African Caribbean Mental Health Foundation
Shelter
Sikh Women's Action Network
South Asian Young People's Mental Health
Sport 4 Life
Spurgeons
The Active Wellbeing Society
The Recovery College, Quayside
Transforming Communities Together
Warwickshire Community and Voluntary Action
We:ARE (women's empowerment)
WMCA - Citizens Network
Wolverhampton Voluntary Sector Council
Women in Theatre