

Spotlight

MENTAL HEALTH: WELLBEING IN CRISIS

Ben Spencer MP / Anne Longfield / Barbara Keeley MP / Dainius Puras



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News



Coronavirus causes spike in money worries

Rohan Banerjee

Rates of financial anxiety have soared since the start of the UK's lockdown measures against coronavirus, according to a survey by the Office for National Statistics (ONS). The ONS found that people who had been furloughed, lived in rented accommodation or who were self-employed were the groups most affected by poor mental health.

The ONS is carrying out a weekly opinions and lifestyle study of roughly 1,500 people to understand the impact of Covid-19 on the UK population, and comparing it with the results of a similar survey it normally conducts monthly. The ONS found, on average, that reported anxiety levels rose from 2.97 out of ten at the end of 2019 to 5.18 by the end of March as lockdown measures began. Worries such as inability to pay bills or a lack of savings were among the most common reasons respondents gave for feeling anxious..

Lockdown prompts addiction “tipping crisis”

Rohan Banerjee

The mental pressures caused by the UK's coronavirus lockdown measures could prompt a “tipping crisis” for recreational drug users and problem drinkers, experts have suggested.

Many casual users of cannabis or cocaine may be driven towards taking the drugs more frequently out of boredom or to cope with stress, according to Adam Winstock, the founder and director of the Global Drug Survey. Emily Finch, vice-chair of the addictions faculty at the

One in five NHS staff may leave job

Samir Jeraj

The mental and physical health of the UK's healthcare workers has deteriorated because of the coronavirus pandemic, leading one in five to consider leaving their profession, according to YouGov polling carried out by the Institute for Public Policy Research (IPPR).

Half of respondents reported that their mental health had worsened during the pandemic, rising to over seven in ten among younger members of staff. One in three said their physical health had also suffered. The research found more women (89 per cent) had experienced “detrimental impacts”

on their life during the pandemic than men (83 per cent). Lack of childcare and concerns about job security, particularly for agency and contracted workers, were also highlighted.

The IPPR poll accompanies a report, *Care Fit for Carers*, which calls for a post-pandemic response similar to those deployed following the First and Second World War to ensure “comprehensive support” for health workers. This would guarantee decent housing, access to therapy, pay and childcare, as well as an immediate response to concerns such as the lack of personal protective equipment (PPE).

Royal College of Psychiatrists, has also predicted a surge in alcoholism as a result of support services being suspended.

Beer, wine and spirit sales in the UK were up 30 per cent in March, when lockdown began. Around 9 million people, according to research by the charity Alcohol Change UK, have admitted to drinking more often during quarantine. “If all people hear about on the TV and radio is Covid-19, an inherently terrifying event, that’s not surprising,” Tony Rao, a psychiatrist at the South London and Maudsley hospital group told the *Guardian*.



Cancer patients anxious over disrupted services

Samir Jeraj

The charity Blood Cancer UK surveyed over 3,000 of the 115,000 people in the UK with a variety of blood cancer such as leukaemia. While half of respondents said they were struggling with their mental health, one in ten said the impact had been “significant”.

Seven in ten reported feeling more anxious, just under half were stressed, and four in ten were experiencing “low mood”. A quarter of respondents were also worried about their cancer treatment being affected by the coronavirus pandemic.

Under government guidelines, people

with conditions such as cancer that result in a weakened immune system are required to “shield” from other people for 12 weeks. Respondents to the survey described having to live in separate rooms from spouses and loved ones in the same home.

Those caring for ill relatives and loved ones have also been adversely affected, with four in five saying their levels of stress had gone up. Blood Cancer UK, which has received more calls to its support line in the two months since the start of the coronavirus crisis than in the whole of last year, is calling for more mental health support for those shielding due to long-term conditions.

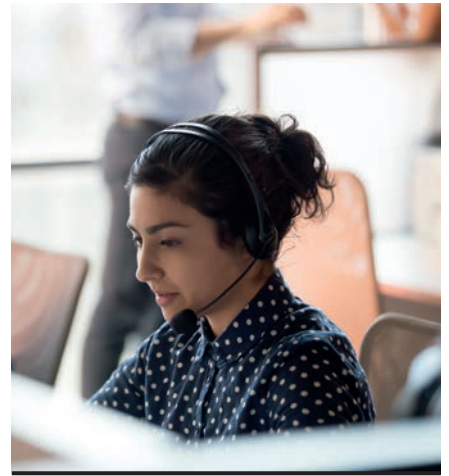
NSPCC reports surge in new parent calls

Rohan Banerjee

The NSPCC, the UK’s leading children’s charity, which intervenes in instances of abuse and helps victims to recover, has reported a 28 per cent increase in calls to its helpline from new parents. The mental pressures of early parenthood are challenging at the best of times, the NSPCC noted, but have been exacerbated by the context of lockdown during the coronavirus pandemic.

In addition to its telephone service, the NSPCC is running some virtual workshops and therapy sessions to support new mothers and fathers, and has urged the government to invest in greater face-to-face provision in this area when lockdown ends.

Andrew Fellowes, public affairs manager at the NSPCC, said in a statement: “We know that if undetected and untreated, perinatal mental health problems can have a devastating impact on women, partners and babies, both immediately but also long after the Covid-19 situation has passed. It is imperative that families continue to have access to the right services.”



Red Cross launches mental health helpline

Samir Jeraj

The British Red Cross has activated a mental health telephone support line as part of its response to the coronavirus pandemic. It is staffed by trained volunteers to provide guidance for people in need of emotional support to cope with issues such as loneliness, depression and anxiety.

The specialist line has previously been activated to support people affected by the Grenfell Tower fire disaster in 2017, as well as individuals involved in the recent contaminated blood inquiry, which launched after many UK haemophilia patients became infected with hepatitis C.

The Red Cross is particularly concerned about people isolating by themselves and people who are shielding for long periods due to a long-term condition. The free-to-call number is: 0808 196 3651, with services available 10am-6pm every day. Local NHS mental health trusts also provide telephone services for people experiencing poor mental health. The Samaritans helpline is open 24 hours a day, seven days a week and can be contacted for free on 116 123 or email jo@samaritans.org.

The coronavirus pandemic has shown how society is vital for the mental health and wellbeing of vulnerable individuals, says **Dr Ben Spencer MP**, vice-chair of the APPG on mental health

A revolution in social care

The domestic response to coronavirus has shown that, in times of crisis, the NHS and its staff can react and adapt in ways that are only possible through a centralised national service. Some changes, like the addition of the new Nightingale hospitals, will be transient. Others, such as video conference consultations, may remain long after this crisis is over. The initial focus has been on front line NHS services, but could the most profound legacy result from the volunteer efforts and wider community response to supporting those most vulnerable?

As a hospital doctor, I look after you only while you are in front of me. Your family, your carers, friends, and your community look after and support you 24-7 when you are back home. Adult social care and community support have a huge impact on improving people's quality of life and reducing the burden of disease. Programmes such as meals on wheels reduce malnutrition and risk of

other illnesses in the elderly, while day centres reduce loneliness and support the mental wellbeing of some of the most vulnerable in society.

During my time working for the NHS, I have looked after many people with severe mental illness, and have seen both extremes of community support provision. Some people live on their own, with little to no community involvement; isolated to the point of becoming what is effectively an asylum of one. At the other end of the spectrum are people supported by charities and community groups working hand-in-hand with statutory services, enabling them to flourish.

To stay well, people need a reason to be well. They need a reason to wake up in the morning and a sense of meaning and belonging. People with mental illness can be particularly at risk of being isolated and in need of community support. But all of us, regardless of health conditions, need to feel and be part of a community.



**To stay well,
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Volunteers at a temporary food bank centre in London set up to provide support during the pandemic

Across our society, we are seeing first hand the many people – often hidden in plain sight – who need a little help: those with limited social capital, without friends or family who can help with collecting their shopping and medication; people whose only social contact may have been going to the shops or seeing their GP, and for whom a chat on the phone once a week is a lifeline; those who, for all sorts of reasons, may be marginalised and living on the fringes of society. The crisis has activated our communities to step up and help like never before. Local support groups have sprung up all over the country and more than 750,000 people have joined the NHS volunteer programme. There is a can-do, action first approach to helping and it is truly inspirational.

The state is also playing a large role, and local authorities and central government have set up wide-ranging support for people including food parcels, medicine deliveries and welfare

checks. It can be easy to focus on front line NHS services, but adult social care and other services provided by local authorities and charities are its backbone. We all know that the challenges around fixing social care services are legion, with no easy answers. But there are signs of change here, too, as carers are finally – rightfully – being recognised as critical workers in our society. Surely there is no better time than now for all politicians to step up to the plate, just like our communities have, and drive through improvement and change that builds on the back of our response to coronavirus.

Many of the care needs that people have now are not going to go away when the pandemic is over. Sadly, as a result of crisis, these may even get worse. There is already some evidence that people may be delaying attending healthcare services when they have suspected cancer symptoms or other serious illnesses, leading to worse outcomes. The impact on mental health

may be even more profound as economic downturn is strongly associated with increasing mental health problems. This is yet another reason, if one was needed, as to why we must ensure the most rapid recovery of our economy as possible once lockdown starts to lift.

How will our community response change when we are on the other side of the pandemic and shielding lifts? Is it conceivable that volunteers, having met and supported people through this time, will abandon them and withdraw? Or could the legacy of coronavirus be a galvanising of all society to support and care for those who need it most? After the unequalled support we have provided to some of the most vulnerable during the pandemic, we must ensure that care from and in the community will be better than ever before. Look outside at the rainbows in windows and volunteers pushing offers of support through doors: our citizens are leading the way to change. ●

Understanding employee needs

Human resources are being tested by the coronavirus pandemic, says **Heather Buckeridge**, clinical nurse consultant at Aviva UK Health and Protection

How might controls against Covid-19, such as social distancing, affect people's mental health?

Each individual is unique and will respond differently to everyday pressures in a home or work environment. Some people really need social interaction in their workplace; others are very comfortable working from home. Working within the confines of home with other family members can challenge our self-worth as we often have two separate identities – a work identity and a personal identity – and you may feel these are merging into one. Finding a balanced daily routine for yourself and other family members can help.

How can people manage anxiety and feelings of isolation?

It is really important to maintain your relationships with family, friends and colleagues during these difficult times. Keep a balanced perspective on the current situation, even though this is obviously hard. Limit your exposure to news about the pandemic, keep up to date without feeling overwhelmed. Try to maintain a regular routine, get up and go to bed as normal, eat a balanced diet and limit alcohol intake. Regular exercise is important, so check if there are virtual classes being offered. Or just take time out to get some fresh air by going for a daily walk or cycle if you can.

Do reach out for help if you need to – talking to family or friends; your manager may also be able to advise you of any health and wellbeing services that are available. Your GP will be able to refer you to treatment services accessible in your community.

How can employers help?

The most important thing for employers is to use listening skills to respond appropriately with help and support to meet individual staff needs. Employees can be referred for help and support as a part of their employer's workplace health and wellbeing toolkit, which may include private healthcare, group income protection or an employee assistance programme. Management should promote easy access to the available help and support for employees. This should be a regular part of team conversations, so that everyone is aware of how and where to access help. You should still have regular virtual coffee or lunch catch-ups, or celebrate birthdays and mark different occasions. Maintaining a normal routine, even remotely, will help maintain good mental health.

What does the future hold?

The immediate priorities will be directed to dealing with and managing the current crisis. Mental health services will most certainly be under pressure to provide for an increased need for treatment, and planning for this is already underway. Some charities and the private sector are also actively involved in support and treatment provision.

There are also potential positives to be taken from this global traumatic event, with perhaps reflection, recognition and understanding of what is of true value and matters most to each of us. The time we are spending with family and loved ones will hopefully strengthen those relationships into the future and promote healthier family units. Neighbourhood communities are stronger – we have seen many examples of people coming together to help those who are more vulnerable. The workplace, too, will perhaps see stronger support systems for all workers, whether remote or office-based. This may develop awareness to ensure flexible working and the ongoing wellbeing of all employees. ●

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Dainius Puras, UN rapporteur on the right to health, speaks to Alona Ferber about how coronavirus is impacting mental health, and why systems need to change

Why mental health is a human right



It wasn't until he was 32 that Dr Dainius Puras first left Lithuania, part of the Soviet Union until 1990. Now 62, with his time as UN special rapporteur on the right to health ending in August, the psychiatrist has made around 30 international trips a year since taking the job.

"I thought only death could stop me," he told me in a recent phone call from his home in Vilnius. "I never imagined it could be some outbreak that would stop me travelling, so it's good news that I stopped travelling but I am still alive."

Growing up in the "closed setting" of the Soviet Union, Puras idealised the West "because the West meant freedom". When he first took on the mandate six years ago, he still idealised mental health systems in the West and in Scandinavia. But then "in these countries

I met the most passionate human rights people who helped me to open my eyes".

Special rapporteurs are independent experts appointed by the UN to monitor and report on human rights issues in member states. Puras, a mental health and children's health specialist, took up his role in 2014.

In his 2017 and 2019 reports on mental health, Puras outlined what he believes are systemic problems across the world: pathologisation, overmedicalisation, an overly dominant disease-oriented "biomedical model", and high levels of coercion in psychiatric care. Puras hammered home his belief that a rights-based approach, which also addresses social determinants of mental health – such as inequality and social exclusion – would be better for the world's wellbeing. "Inequality is a key obstacle

to mental health globally," he wrote in 2019. "Many risk factors for poor mental health are closely associated with inequalities in the conditions of daily life. Many risk factors are also linked to the corrosive impact of seeing life as something unfair."

Beyond the structural, Puras also advocated life-long measures to ease suffering. Alongside steps to reduce inequality and social exclusion, he recommended greater investment in early-years and schools programmes and better social welfare. "As an independent expert I try to avoid terms like mental illness or mental disorder," he told me, later adding, "We should target more not individuals and their brains, but relationships."

His conclusions have been endorsed by some professional mental health



A patient lies on his bed at the Clos Benard psychiatric hospital in Aubervilliers, a northern Paris suburb

“When people feel not well, this is a normal reaction”

GETTY IMAGES / CHRISTOPHER ARCHAMBAULT

bodies and criticised by others who think he overgeneralises in placing too much blame on the “biomedical” model and in downplaying the positive role of medication in treatment. Still others have said he is too negative about psychiatry, depicting it as a coercive field.

“There is a very interesting and painful debate globally: Shall we just invest more in the mental health status quo, or shall we move on into the next shift of paradigm? Because my position is that there is much evidence globally that the status quo does not work.”

Puras is positive about the crisis we are living through. First of all, he says wryly, “some people are not unhappy when times are challenging”. And he doesn’t think self-isolation has to equal loneliness: “I don’t like the term social distancing. It is physical distancing.” But he also believes the pandemic offers a chance to overhaul mental health care. “I see a good opportunity now to rethink if we really have chosen a right path.”

In line with his mandate, Puras will not single out countries for criticism, but he is willing to give praise. New Zealand, which he was due to visit when the country closed its borders in March, is an outlier because of the “wellbeing budget” it unveiled last year. “The message from the prime minister was that these things [mental health, wellbeing, and child poverty] are more important than GDP. So for me it’s a very strong message.”

Since lockdown began, a litany of surveys has tried to catalogue the mental health impact of this mass social experiment, with most drawing worrying conclusions. In the UK, for instance, more than 25 million people reported being affected by high levels of anxiety in late March, when the country went into lockdown, according to Office of National Statistics figures. The number of people over 16 reporting concern and stress were more than double the figure from late 2019.

Puras warns against policymakers and health services treating generalised anxiety and depression as an aberrant reaction to trying circumstances. “When people feel not well, this is a normal

reaction,” he says, “It even maybe works as a protective thing, to be afraid so that you are cautious.”

Economic downturns are linked to spikes in mental health difficulties. Research has uncovered a surge in suicide rates in Europe and the US after the 2008 financial crisis. But even the long-term effects of lockdown itself “can be quite serious”, says Puras, highlighting the situation of women and children in at risk situations. “Now there is a combination of risk factors like stay-at-home [orders], which may be good for family connections, but we know how many children and women are already suffering from violence in these closed home settings.” He notes that abused or neglected children suffer toxic stress – when stress response systems are activated in the brain or body for prolonged periods – and that this “has lasting effects on the body, mind and brain” throughout life.

But he also worries that measures to contain Covid-19 could reverse global advances in mental health treatment. “I urge governments to use this crisis as an opportunity for progressive changes. Less coercion, less locking people up, less medicalisation, moving more from the idea of treatment as fixing a disorder... Instead we can now move to very innovative... I should use the terms support and care, instead of treatment.”

The pandemic having limited his ability to travel, Puras fulfils his UN function from home while running a small human rights NGO and teaching at the University of Vilnius. What does he find most difficult, personally, about the crisis? “To move to other ways of working and socialising,” he says, as well as the lack of predictability, which is “really challenging for mental health”.

But he is “cautiously optimistic”, too, that the crisis will revitalise respect for human rights and multilateralism. Populist nationalists “were happy that everybody now solves problems in their own country, but this does not work, so maybe people or leaders will come back to the idea that only together we can address such challenges”. ●

How crisis management took on new meaning



The best employers are concerned with their staff's mental wellbeing, says **Dr Luke James**, medical director at Bupa Global & UK Insurance

According to research from the Institute of Employment Studies, over 70 per cent of people in the UK have been working from home as a result of the coronavirus pandemic. Nearly a third (30 per cent) of home workers have dependent children, and 17 per cent are caring for older relatives. With so many people juggling their working responsibilities alongside home schooling and caring for others, it has never been more important that we look after our mental health.

At Bupa, we support businesses across the UK – from large corporates or small to medium-sized enterprises. We have seen the impact that Covid-19 has had on their day to day lives and how they have had to adapt. Through our Anytime HealthLine, Mental HealthLine and Employee Assistance Programmes we have an insight into some of the pressures that families across the UK are

facing, from anxiety to depression and stress. We have seen an increase in calls from our professionals and customers about relationship and family problems.

Across our own business, we have also had to adapt our normal ways of working, which gives us first-hand insight into how the virus is affecting different sectors. Our insurance business has had to find new ways to support customers, moving all our staff – including our customer contact centres – to home working.

Meanwhile, colleagues in our care homes and retirement villages continue to work on the front line caring for some of the most vulnerable people in our society during this incredibly challenging time. Much of the routine work for our dental practices has paused, so our teams are supporting patients remotely and working closely with the NHS to set up urgent dental care centres. Similarly, our health clinics have launched remote GP and physiotherapy services to continue to provide support to customers.

Regardless of where you work, the coronavirus has undoubtedly changed lives. We have also seen how important

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it is that as well as taking care of our physical health – not least by observing guidance on social distancing – we also need to take care of our mental health and wellbeing. With so many of us adapting to regular home working for the foreseeable future, I wanted to share some thoughts on what we at Bupa have learnt from our people and our customers about how we can all maintain our mental health and wellbeing in these difficult times.

Have regular check-ins as a team

Conducting normal face-to-face check-ins and everyday conversations with those we work with is not so easy at the moment. Keep in regular contact with your team via phone calls, instant messaging or video conference calls to help maintain a sense of working as a team and to share ideas. Daily calls are a great way to do this.

Remember that during this time, lots of people will be experiencing similar feelings and it helps to talk. It will also help you to identify where team members may be struggling with their workload or not have enough work to keep them busy.

Try holding a session with your team to understand where people sit on the performance energy curve. At one end of the curve is boredom, when colleagues do not have enough to do. At the other, too much pressure and workload can result in burnout. With lines blurred between home and work, it may be easier than usual for colleagues to fall in either direction.

Understand how your team works

With work and home now being the same place for many, it's likely some people may need to work different hours to accommodate their needs. Some people may find they work better earlier in the morning and want to log off a bit earlier. Try to be supportive of this where possible by endorsing flexible hours and avoid scheduling meetings for a time or day that doesn't work for them.

It's also a good idea to avoid sending emails in the evenings or at weekends when the majority of people are trying to switch off from work. If something is urgent, consider picking up the phone instead and have a conversation rather than sending multiple messages.

Show your appreciation

Managing remote employees is made harder when anxiety levels are higher and there's no sense of knowing when lockdown will end. Make sure you check in with different members of your team individually to see how they are doing and reassure them that they are doing a good job. A "thank you" can go a long way towards boosting someone's self-esteem and relieving some of the stress they may be feeling.

Encourage breaks

When working from home it can be easy to carry on working throughout the day, missing a lunch break and continuing working late into the evening. Lockdown may also make employees feel as though they do not want to take time off. One way to support employees is to encourage them to take regular breaks in their working day. Even taking 30 minutes away from the computer can make all the difference to your team's energy levels.

If you suspect a member of your team may be burning out, encourage them to take a day off. The mind and body need to recover, especially during busy periods at work.

Know where to find support for you and your team

Organisations like Mind, the NHS and Bupa all have a wealth of advice freely available online, while charities like Samaritans and CALM both have phonelines for people who need access to urgent support.

Similarly, check to see what's available to you and your team. Many people now receive confidential mental health support as a workplace benefit – make sure you talk to your colleagues and make them aware of what support might be available.

Nearly half (46 per cent) of those who work from home manage people and are working up to five hours longer than contracted to each week. Managing a team can be difficult, so make sure you are looking after your own mental health as well as theirs. ●

If mental health provision for children doesn't get more funding, many will become adults without receiving the treatment they need, says **Anne Longfield**, Children's Commissioner for England

The key to helping every child



Today's children are much more aware of their own mental health, and much more prepared to discuss it, than in past generations. But they are also aware of how hard it can be to get help. The stories I have heard from children over the last few years are remarkably similar: struggling to access support, often being turned away, or given one appointment where they are told they are not "ill enough" to qualify for healthcare services.

The children I meet who have received treatment are generally positive about how they have been helped; it is getting through the front door that remains an ordeal. Too often, I hear about how mental health issues developed, and very often became worse, before a child was given any help at all. These failures in mental health provision can be tragic for children, but they also cascade into costs for wider society.

In January, I published my annual children's mental health briefing. It is important to recognise that children's

mental health services are in a better place than they were three years ago when I published my first briefing on this issue. However, the current system is still far away from adequately meeting the needs of all the estimated 12.8 per cent of children in England with mental health problems, or the many more who fall just below the threshold for clinical diagnosis.

Overall, services are improving, with an extra £60m invested in specialist children's mental health services and an additional 53,000 entering treatment according to the last year's figures. There have been big improvements in eating disorder services: the number of children accessing them has increased by almost 50 per cent since 2016-17.

But these services are still far from where they need to be. Last year, just over 3 per cent of children were referred to mental health services – representing only about one in four of those believed to have a diagnosable mental health condition. On average, children are

waiting just under eight weeks (53 days, down from 57 days a year ago) to enter treatment. Where a waiting time target has been introduced – currently just for eating disorders – waiting times are much shorter: 80 per cent of children accessed such services within four weeks.

Treatment also varies hugely across the country. We have found there are Clinical Commissioning Groups (CCGs) where more than half of children referred to Children and Young Person's Mental Health Services (CYPMHS) do not go on to treatment. This includes Knowsley, where 64 per cent of children referred have their case closed before treatment.

The amount we spend on children's mental health services also falls short. Although children account for 20 per cent of the population, they get only 10 per cent of total mental health spending – on average, the NHS spends £225 for every adult and £92 for every child. Out of 195 CCGs in England, 161 increased spending on CYPMHS (per child) in 2018-19, and on average spending went



Covid-19 is disrupting thousands of childhoods

(PORTRAIT) GUILHEM BAKER; GETTY IMAGES/DAMIEN MEYER

up from £54 to £59 per child in real terms. As a result, an additional £50m (in real terms) was spent on children's mental health across England.

Maintaining the current rate of expansion of services will require significant commitment and resources in the years to come. It is still not clear whether national and local government and the NHS are facing up to the scale of problems in children's mental health services and the devastating impact this has on young people.

Of course, we also do not yet know the impact of the coronavirus lockdown. Last month, we asked another 2,000 children aged 8-17 years old about stress: whether they feel it, and what they feel about it. Some 88 per cent said they themselves had felt stressed, and – unsurprisingly – many children told us the virus was the biggest reason for this.

In March, a survey of children with a history of mental health needs by the charity YoungMinds found 83 per cent of respondents felt the pandemic had

made their mental health worse by some degree. While three quarters said they were able to access support, usually online, a quarter were not receiving any help at all. The figures are especially worrying when taking into account reports from Childline of an increased demand in counselling sessions.

Even before the pandemic, there was no government plan for a comprehensive service in every area – and still no commitment to placing a counsellor in every school. I have long argued that this would make a huge difference by tackling problems before they reach crisis point.

My over-arching recommendation is simple: the government should commit to delivering the services its own modelling has shown are needed. NHS England should be clear what they mean by “all children who require specialist services” and what they will be providing within specialist services. This will make what other agencies need to be providing much clearer. They should also look to speed up the expansion of services by investing in more voluntary and community sector provision.

I would also like to see a basic benchmark for the type of services children should be able to access in their school, their local community and online, alongside a set of clear expectations on each body that collectively meets the needs of children. Greater transparency as to what is currently provided – and by whom – is key. Clear accountability, so that individual decision-makers are held to account for what they do or do not provide to children, is also a must.

None of this can be done without increasing funding. It is important to recognise and welcome the real progress in recent years: more children are receiving the help they need and this positive trajectory is expected to continue into the future. But I would like to see the government commit to providing help for 100 per cent of the children who need it, not 20 per cent. If not, thousands of children will continue to suffer. They will become adults without getting the help they need. ●

Social distancing has meant mental health support has gone virtual. But can video conferencing really replace face-to-face sessions?

By **Samir Jeraj**

On the therapist's screen

Before lockdown started, Hannah saw her therapist every week for anxiety, depression and post-traumatic stress disorder. But since the mandating of social distancing to stop the spread of Covid-19, the face-to-face sessions have become phone calls. Finding a private space for therapy in her north London flat means sending her partner out for a walk. It also means disrupting Hannah's ritual of taking time on the bus to think about what she wants to discuss, and using the journey back to process the session.

"I'm really missing being able to see their face and their reactions," Hannah says of her therapist. "It's hard to read their sympathy in their voice."

Mental health services, particularly talking therapies, have been provided over the phone and online for decades. But the pandemic has forced even the most traditional of services to take the plunge to offer virtual support.

"All my clients wanted to continue working and were prepared to move to online platforms," says Fiona Ballantine-Dykes, a therapist and the deputy chief executive of the British Association of Counselling and Psychotherapy (BACP). While she has done online work before, Ballantine-Dykes says that now

it is "different" because people have not chosen to have their therapy this way, and are often used to face-to-face meetings. The vast majority of BACP members (88 per cent) are also moving their practice to online, or sometimes telephone, therapy.

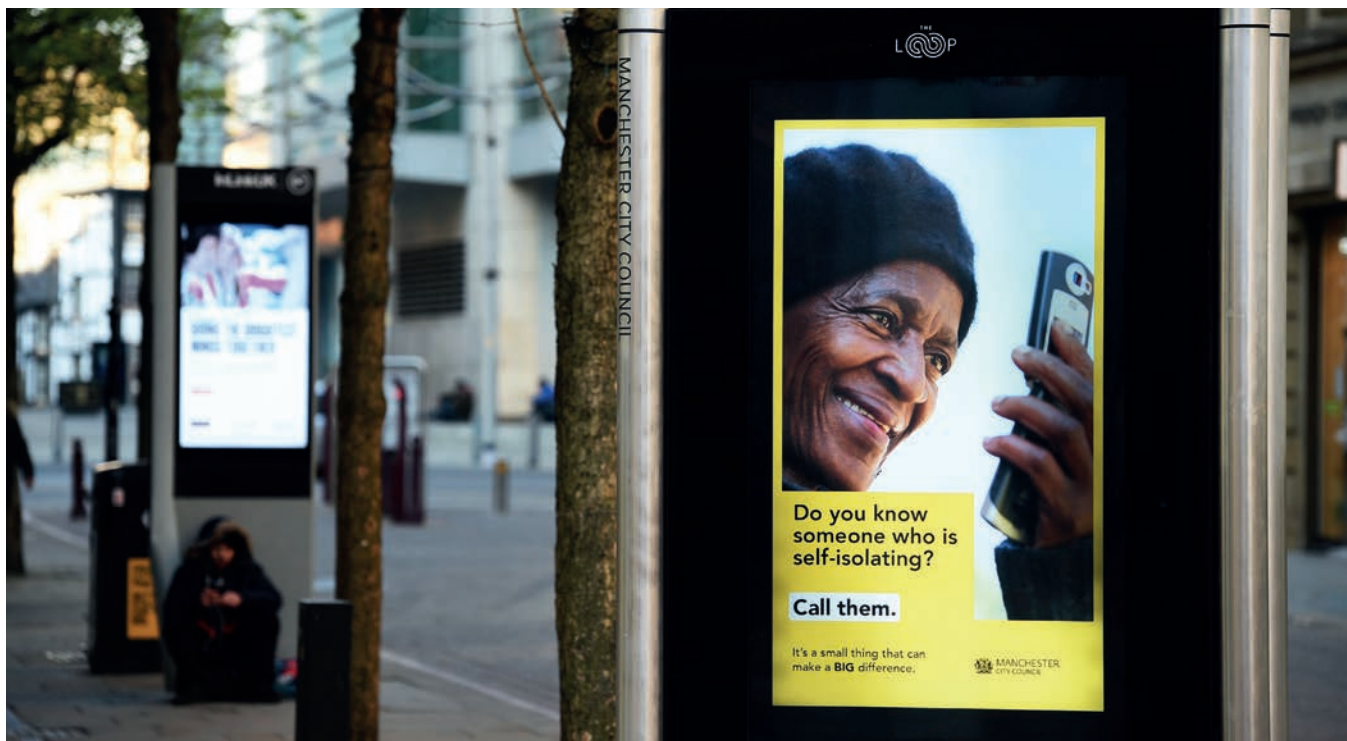
In the NHS, the picture of demand across mental health services throughout the pandemic has been varied. At the end of January, a total of 1,394,378 people were using an NHS mental health service, including 352,081 new referrals. In the past year 163,182 people were referred to talking therapies on the NHS. Of these, 51,225 were getting treatment for depression and anxiety through cognitive behaviour therapy, Interpersonal Psychotherapy, and counselling.

Since lockdown Improving Access to Psychological Therapies (IAPT)

"It's hard to read sympathy in their voice"

services have had to cancel face-to-face appointments, including services covering most of London, as well as others in Manchester, Leeds, Sheffield and Merseyside. Referrals to mental health services have also fallen by 30 to 40 per cent during the pandemic, Claire Murdoch, NHS England's national director for mental health, said when answering questions from MPs on 1 May. Child and Adolescent Mental Health Services have similarly reported a big drop in referrals – as high as 50 per cent in Birmingham. Some professionals fear this means problems are being stored up for once the pandemic ends.

But there has been a dramatic rise in demand for some voluntary sector initiatives. For example, the number of calls to eating disorder services has risen, with charity Beat reporting a 30 per cent increase in people seeking support through their helpline. Eighty-three per cent of children with mental health needs said the pandemic had made their mental health worse, according to a survey by the charity Young Minds. A quarter of those children who had regularly received help were going without it during the lockdown. At the end of March, Murdoch, said in a letter to IAPT services to prepare for



a rise in people needing help with the mental health effects of isolation, bereavement, and trauma as a result of the coronavirus crisis.

An NHS spokesperson said there has been a “significant increase in phone and video consultations and online support” in response and anticipated that these services “will continue to be the right choice for many in the coming months and years”. However, they said that “face-to-face appointments have been and will continue to be available for anyone who needs them.”

The spokesperson also said the NHS is “pulling out all the stops” to respond to the coronavirus while “ensuring people can still safely access the mental health services they need”. They added that anyone experiencing poor mental health should “please help us help you, and come forward for the care you need.”

“A lot of our assessment is about how we relate to other people”, says Dr Billy Boland, chair of the faculty of general adult psychiatry at the Royal College of Psychiatry. Communication and building a rapport is particularly important because many of the tools psychiatrists use to assess someone’s health are about how they interact and even how they move physically.

“You are really starting from the moment you first see them,” he says, “how they look, how they behave, how they might stand up from their chair, how they walk towards me, how we greet each other.” Doing this online can be difficult, but remote consultations mean people who might struggle to access appointments in person because of work, care commitments or physical access can get help.

The BACP has launched an Open University module to help train practising counsellors in delivering therapy online while maintaining ethical and professional standards. “It’s about... helping people make the transition, as well as saying ‘hang on a minute’, there’s also additional learning knowledge and skills that you need to develop to permanently move your practice online”, says Ballantine-Dykes. One of

“Please come forward for the care you need”

the challenges for clients is finding a safe place to have a therapy session, she says, especially in cases where somebody is in lockdown with lots of people, or with the people they need to talk to their therapist about.

Services provided by the voluntary sector have had to adapt quickly, too. Kathy Roberts from the Association of Mental Health Providers, says that a lot of organisations, particularly those with a specific focus such as anxiety, obsessive-compulsive disorder, or phobias, have expanded their helpline support over the weekend and for longer hours to cope with an increase in calls and website hits.

Others are shifting activities such as peer support and group sessions online as much as possible, but not everyone has the technology and equipment to make that happen. There is a great strain on resources, despite an extra £5m of funding released by the government to help charities support mental health. The reality is that parts of the sector, particularly specialist black and minority ethnic mental health providers, were chronically underfunded and financially fragile before the pandemic. In some cases, such groups are drawing on their cash reserves, and in others staff have

been seconded into the NHS, or are suffering directly from the virus or symptoms meaning further pressure on staffing and volunteers.

Those with a pre-existing anxiety disorder have particularly struggled, says Roberts, as isolation may have disrupted activities they have developed to manage their condition. The lack of available care coordinators and community psychiatric nurses means the people who headed into the crisis with existing mental health problems are at risk. This prompted the launch of NHS crisis urgent helplines to be brought forwards by a year to 10 April 2020 in order to cover some of the gaps that had emerged. In mid-March, half of mental health trusts did not have a public-facing 24/7 mental health support crisis telephone line according to a “rapid audit” undertaken by NHS England, which Murdoch mentioned in her letter. The audit found that some of these services were still hard to find on Trust websites, and others directed people to 111, 999 and A&E services.

Additional support for front-line NHS staff has also been in greater demand. In the north-east, two mental health trusts are sending staff to help divert NHS 111 calls for people needing mental health support, leaving 111 operators to focus on people in crisis, and keeping people out of emergency departments. One of the trusts, Cumbria, Northumberland, Tyne and Wear NHS, is using digital to support the mental health of their staff and have set up virtual “wobble rooms” for staff to regularly talk and share their experiences as the work to counter the pandemic.

“It’s going to change things for the good as well,” Ballantine-Dykes says. In the long-term, she is expecting a greater need for counselling and therapy as we move beyond the current crisis and start to address the trauma we have all experienced. Already around a quarter of people referred to counselling or therapy from BACP members say it is because of coronavirus, and the related impacts of social isolation, financial concerns, and bereavement. ●

INSIGHT

The mental health impact of a pandemic

According to the ONS, in April 48 per cent of adults said their wellbeing was affected by the crisis. Of these:

75%

Three-quarters said they were worried about the future

62.7%

Just under two-thirds of people said they were feeling stressed or anxious

36.1%

More than a third are feeling lonely

30.5%

Almost a third said the pandemic was making their mental health worse

10.4%

And more than one in ten said they had no one to talk to about their worries

SOURCE: ONS

Why all businesses must put people first



The world of work has changed. Employers must manage the situation carefully and help staff to adapt, says Emma Mamo, head of workplace wellbeing at Mind

Many employees are facing big challenges both personally and professionally. Whether that is on the frontline delivering vital services and dealing with the immediate emergency on our hands, working remotely to self-isolate from others, finding ourselves temporarily out of work or juggling parenting and employment, there can be no doubt the coronavirus has had a profound impact on the UK workforce.

We are all having to make big changes to our daily lives at relatively short notice, including how we work – whether that is hours, location, or even being able to do our jobs at all, with many people losing work or being furloughed. This requires adjustment, which can stir up a range of emotions. You may well feel particularly anxious at this time, especially if you already have experience of mental health problems. But there are lots of things we can all do to stay as

mentally healthy as possible.

Technology has allowed many of us to work remotely, with fewer depending on coming into an office or other usual place of work. But there's a difference between being contracted to work from home and working from home being forced upon us, which can be a difficult adjustment if it is not something we are used to.

At times like these, it is more important than ever that our employers put additional wellbeing interventions in place to help tackle the work-related causes of poor mental health and stress, promote wellbeing for all staff and support employees already living with a mental health problem. This pandemic will be affecting people in different ways, and it is important, therefore, that employers take stock of staff wellbeing and ensure there is two-way dialogue as everyone adapts.

In recent years, we have seen a growing number of employers recognise the



Regular contact is key to maintaining staff morale

GETTY IMAGES/ALEX PANTLING

need to prioritise staff wellbeing, which is welcome. Organisations offering schemes like flexible working hours, generous annual leave, Employee Assistance Programmes (24-hour, confidential support) and subsidised exercise classes are now common currency, with smart employers reaping the benefit in terms of staff loyalty, retention and productivity.

While the current situation may have changed the way employees access some schemes, it's really important that they are still made available, and that they are adaptable to the situation many of us find ourselves in. Here at Mind, for example, we are continuing to offer subsidised yoga and pilates classes, reflective practice sessions and guided meditation through virtual platforms now that staff are unable to take part face-to-face. We have long emphasised the importance of managers regularly creating space for staff to raise any problems that might arise – may they be personal or professional – and as many employers move to remote working this is all the more important, with frequent check-ins over apps such as Zoom, Skype and Microsoft Teams.

If, like so many employees at the moment, you find yourself working alone, it can make it more challenging for colleagues to notice changes in your mood or behaviour. It might be useful to let partners, people you live with or friends and family know about possible triggers and what stress and poor mental health looks like for you, so they can spot any signs of deterioration. Symptoms can include feelings of isolation, lethargy, lack of self-esteem, restlessness, irritability, or a lack of interest in the things you normally enjoy. Symptoms can be physical as well as emotional; you may be having trouble sleeping, eating more or less than usual, or turning to alcohol or drugs.

There's no "normal" way to emotionally respond to a pandemic; there isn't a rulebook for this situation, and the mental health impact it will have on us all cannot be underestimated. It is vital that we are all taking steps to

look after our own mental health at the moment, as well as keeping an eye out for loved ones. Ignoring warning signs can lead people to become even more unwell and reach crisis point, which not only puts more pressure on the NHS, but endangers lives. If you notice changes to your feelings, thoughts and behaviours that last longer than two weeks – negative feelings that you keep returning to, feelings that are having an impact on your daily life – talk to someone you trust, such as a loved one or a health professional. Most GP surgeries are still able to offer consultations online or on the phone, but check with your practice to find out what they can do.

We might find ourselves with more or less time on our hands. Those of us who are no longer commuting to and from work might find we have more time in the mornings or evenings for things we enjoy, like exercise or relaxation. Conversely, those of us working in areas like healthcare will find our workload is even higher than normal. Most of us enjoy being busy, but there is a fine line between pressure and unmanageable stress, which happens when we can no longer cope with what's being asked of us. Staff who also have parental responsibilities might find that – with the kids out of school and in need of entertainment, education and stimulation during the day – our work keeps on top of us late into the evenings, leaving less time available for important things like exercise, relaxation and sleep. For those people who have been gifted more time, it can feel like a double-edged sword, as we are limited in terms of how to stay occupied within the constraints of self-isolation and social distancing.

Don't forget there are lots of other things you can do, including online courses, learning a new instrument, language or skill, not to mention taking part in volunteering schemes to support the NHS. The fight to tackle coronavirus needs support from all of us coming together at every level of society – including the government, the NHS, charities, businesses, communities, families, and individuals. ●

Wellbeing: Is there really an app for that?

The app-enthusiast Health Secretary wants to ease pressure on the NHS with smartphone technology. What are its limitations? By [Jonny Ball](#)

In 2018, Matt Hancock became the first member of parliament to launch his own smartphone app. The eponymous “Matt Hancock” – still available on Apple’s App Store and rated 3.5 stars – allowed users to communicate on Facebook-like feeds, and promised to keep them up to date with news from the digital minister and his team. Big Brother Watch, a pro-privacy and civil libertarian campaign group, described the app as “a fascinating comedy of errors”; users had to consent to having their contacts, photos and videos harvested from their devices as they signed up.

Now the Health Secretary, Hancock, who began his career working for his family’s software company, has maintained his technophilia in the Department of Health, promoting tech-based solutions for services creaking after ten years of the chronic underinvestment that has become all too visible during the coronavirus pandemic.

Hancock has called for a combination of “the best of healthcare culture and the best of tech culture” to “drive innovation”. In 2019 he set up NHSX, the NHS’s digital technology and big data unit. “The X stands for user experience,” he told the Royal Society of Medicine when it launched.

One area to see such digital innovation is in mental health therapies. The NHS’s Apps Library – an online list of approved health apps – lists 21 for mental health and wellbeing, most of which are available for free. The apps offer a range of online services, from six-week courses to help with sleep deprivation to the child-friendly animated breathing techniques taught in “Chill Panda”.

The NHS lists all of these apps with a disclaimer: “The app developer is solely responsible for their app’s advertisement, compliance and fitness for purpose. Unless stated otherwise, apps are not supplied by the NHS, and the NHS is not liable for their use.”



Nine of the 21 still on the site are currently listed as “under reassessment”. Two are being assessed to check compliance with GDPR rules, but are still listed in the meantime.

Simon Leigh, a health economist who has conducted research into the efficacy of mental health apps, recognises that some are of extremely high quality, and have been proven to be clinically effective. However, in 2015 he published research in the *British Medical Journal* that concluded that such apps had major shortcomings, stemming from a “frequent lack of an underlying evidence base” and “a lack of scientific credibility and subsequent limited clinical effectiveness”.

Leigh describes an “over-reliance” on apps, as well as problems with “equity in access and increased anxiety resulting from self-diagnosis”. The research concluded that, while apps do have the potential to play a useful auxiliary role in mental health therapies, many do



Health Secretary
Matt Hancock
arrives in Downing
Street for the daily
Covid-19 briefing

not meet the standards of scientifically credible, peer-reviewed or evidence-based therapies.

Other apps promoted by Matt Hancock have also stirred controversy. Babylon Health's "GP at Hand", which offers users an AI-powered chatbot service, stands accused of creating a £26m deficit in Hammersmith and Fulham Clinical Commissioning Group, and creaming young, tech-savvy patients from local GP surgeries, who are left with older, more expensive patient lists.

The Matt Hancock app was "a comedy of errors"

GETTY IMAGES / TOLGA AKMEN

The Health Secretary was criticised for appearing to endorse the app in paid-for advertorial content that appeared in the *Evening Standard* in 2018.

Some of those promoting the more widespread adoption of apps in the NHS see them as a cost-saving device. In April last year, the Health Secretary wrote the foreword to a TaxPayers' Alliance (TPA) paper as part of the group's "Automate the State" research series. The TPA is a right-wing libertarian pressure group, set up by Matthew Elliott, the Vote Leave co-founder. Who Funds You?, the campaign for transparency in the lobbying and public affairs industries, gives the organisation an "E" grade to reflect the fact that it does not disclose its income or the sources of its funding.

"This report from the TaxPayers' Alliance is a timely and provocative intervention," Hancock wrote. "Whilst we don't agree on everything, the TPA has a long history of challenging

the status quo. So I welcome the challenge to think even harder about how we can use technology and innovation to save money, time and ultimately lives." The report states: "One area, in particular, where embracing automation and new technology can make a real difference to patient care is in the field of mental health treatment."

But apps cannot make up for cuts to front-line care. The 2012 Health and Social Care Act declared that the health service would deliver "parity of esteem" between mental and physical health. In 2018, however, the Royal College of Psychiatrists reported that although mental health funding had risen in absolute terms, once inflation was taken into account mental health trusts actually received £105m less than in 2011-12. In 2013 there was one mental health doctor for every 186 patients. By 2018 this had fallen to one doctor for every 253. In mental health nursing there have been similar reductions. Since 2009 there has been a 30 per cent reduction in the number of beds available in mental health trusts.

Austerity has also affected mental health service provision indirectly. Research by Professor Ian Cumming, former chief executive of Health Education England, concluded that "the response to individuals in crisis", "the position of the criminal justice system as the default provider of mental health care", and "the personal toll policies such as the work capability assessment have inflicted" had all contributed to a deterioration of the nation's mental wellbeing. The links between poverty, financial stress and poor mental health outcomes are well-established.

Lockdown is likely to accentuate mental health problems, and could lead to a surge in demand for therapies. Hancock may be an app enthusiast, but he would do well to remember that smartphone apps are no substitute for well-funded, properly staffed mental health services, or policies that promote financial security and stability. ●

Better mental health at work

Employers can be empowered to support employees and promote good mental health, says **Vanessa Sallows**, claims and governance director at Legal & General Group Protection



Legal & General's purpose is to improve the lives of our customers and build a better society. That's why we launched our mental health campaign, Not a Red Card. In our role as insurance providers, we see the impact of mental ill health on someone who isn't supported to make positive changes. We wanted to bring this to life and tackle the stigma in an accessible way, so we decided to borrow the language of sport.

Sport is of course a very public workplace, and its professionals face challenges throughout their careers and into retirement. Since the campaign launched, we have seen a groundswell of activities and awareness from across many sectors. For Not A Red Card, our focus is specifically on the workplace because it's what we have expertise in, and because many of us spend the majority of our time at work. People thrive when they have a supportive environment, and that means being able to talk about mental health without fear.

Right now, everyone's resilience is being tested by the coronavirus pandemic and a lot of the stresses people are feeling are becoming very clear.

As with all change initiatives, our campaign is taking us and those involved on a journey. That journey began a year earlier when we attended the inaugural ten round tables event hosted by Beyond Sport. It brought together business, sports people and charities working in this space, and the challenge for delegates was to focus on mental health and determine tangible actions to improve it.

Since then we have held annual forums and created a series of videos to tell stories around mental health, featuring sports personalities who have experienced a mental health condition themselves or who have been a carer. Ex-footballer Robbie Savage, who worked with Gabby Logan on one of our videos, was inspired to be much more open about his mental health as a direct result of working on the campaign.

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Our forums enable delegates to learn from each other, and we ask attendees to commit to taking actions into their workplaces to improve mental health support. Since 2018, that has very much been about using the Thriving at Work standards, as recommended in the 2017 Stephenson Farmer review, *Thriving at Work*. This provides structure and guidance for improvement on both an organisational and team level. The role of line managers and team support is crucial, and it is the tangible outcomes that people and organisations really value. Initiatives such as mental health first aiders and mental health champions are key to creating a supportive workplace. All this should be underpinned by a mental health strategy that is aligned with the organisational strategy and reflecting its culture.

The impact can be transformative on both an organisational level and a personal one. At our first event we had a senior employee who, afterwards, felt able to be open about having bipolar

disorder. That led to them ultimately setting up their own charity with the aim of helping and supporting other people with a mental health condition.

As an insurance company, a core part of our offering for both individuals and companies is income protection. This product is often overlooked in favour of life insurance, but put simply it is a “living insurance” product that can help people who become ill or become injured to return to health and work with the support of experts across a range of disciplines, from counselling to physiotherapy.

Our approach has always been to look for ways to understand and empower the person affected by illness or disability, taking into account all the factors that could help or hinder their recovery. When we look into our claims data, the highest cause of absence since 1999 has been mental ill health. Back then, relatively little was being done to support people in the workplace, so we created our early intervention and rehabilitation services, led by our team of vocational rehabilitation specialists. These experts include occupational health workers, therapists, physiotherapists and registered general nurses. As well as mental health, we also have specialists in cancer, for example.

When someone becomes ill and they or their employer contact us, our rehabilitation team gets to work. A case manager is assigned, and their first task is to get a deep understanding of the root cause of the problem, any treatments the person is getting, and to carry out testing using validated tools. They then partner with multidisciplinary experts, giving the individual access to rehabilitation and support at no cost to them. Prompt action and intervention are critical, and because of this we remove every barrier possible, including the need to wait for a GP referral. At a practical level, this means we can get someone access to talking therapy in two weeks, compared with a waiting time on the NHS of months or even up to a year.

This timely approach, coupled with the root cause analysis and access to

experts brings real benefits: over 82 per cent of people with mental ill health are able to return to work within 26 weeks, and over 85 per cent within a year of first becoming absent.

The financial benefit that’s payable under the policy works alongside the rehabilitation support we provide to take care of any money worries, so that the individual can focus on their recovery. The employer or individual taking out the policy decides what percentage of salary to cover as well as any waiting period before regular payments begin. On a company level, different groups of employees can be given different structures of cover.

As human beings we are complex. The work our teams and expert partners do to create personalised and tailored care pathways for our customers recognises these differences: not everyone with the same diagnosis responds the same way. We also recognise that recovery is often not a finite thing, and therefore once treatment ends we offer an online relapse prevention programme for up to a year to help individuals maintain their mental health.

If Covid-19 is teaching us anything, it is that work can be good for us. We are social creatures and, alongside the financial benefits of a monthly pay packet, most of us want to be working and not to be stuck at home. Our model of compassionate, practical and personalised care helps generate better outcomes for individuals.

In many ways the coronavirus pandemic has brought mental health issues right to the top of the agenda for employers as well as individuals. Sadly, the fear, stress and bereavements we are experiencing individually and as communities will be with us for potentially a long time to come. As we move into a post-pandemic world, we will still be striving to achieve parity of esteem between mental and physical health. Hopefully with increased awareness and recognition we will be better able to take control of our health; we all need to be part of the journey to make that happen. ●

The toll on healthcare workers' mental wellbeing during the Covid-19 pandemic must not be underestimated, says Simon Wessely, professor of Psychological Medicine at King's College London

A crisis within a crisis



In April, a report highlighted the “catastrophic toll” on the mental health of NHS staff as a result of the Covid-19 crisis. It came from the respected Institute of Public Policy Research (IPPR), and was based on a specially commissioned YouGov poll. Not only did half of those sampled have symptoms indicating poor mental health, one in five “could quit after the pandemic”, they said.

Speaking as a clinical psychiatrist with an academic training in epidemiology, the study of disease and populations, I have a few words of caution. Polling data can be fickle, and the questions asked were not sufficient to differentiate between normal emotional reactions and mental health disorders that might require treatment. But given that the NHS workforce is facing unparalleled pressures, findings like this are hardly a surprise. This is not business as usual. We know from SARS and Ebola that

being a healthcare worker in a pandemic comes with risks. As I write, more than 130 healthcare staff have died, of whom about 25 were doctors. General Medical Council data shows that about 50 doctors die in any normal month, but although the final mortality rates for exposed NHS staff will not be known for some time, this figure will be elevated. This among other reasons contributed to the proven increases in mental disorders in staff after SARS and Ebola. Particularly troubling is that those from ethnic minority backgrounds seem already to be experiencing worse outcomes.

If history repeats itself, the mental health pressures on staff may not be confined to familiar conditions such as post-traumatic stress or depressive disorders. Writing in the *British Medical Journal* recently, my colleague Neil Greenberg and I drew attention to another concern: what the military calls “moral injury”. This is emotional

disturbance that results from actions, or the lack of them, which violate someone’s moral or ethical code. In the current situation this might refer to feelings of anger, shame or guilt arising from being unable to deliver the kind of care that would have been possible before the crisis.

That healthcare workers are under pressure is not news. Pressure can be a challenge, and the opposite of pressure for some is boredom. There are few roles in the NHS that do not involve some exposure to stress. Jenny Firth-Cozens, a psychologist who has been studying the mental health of doctors for three decades, wrote in the *BMJ* that when she published her first study in 1987, the “press coverage picked up the high levels of distress in junior hospital doctors of 30-50 per cent” – similar to the IPPR figures. This was during the period in which junior doctors regularly worked punishing hours of 60-80 hours a week,



A “Thank You NHS” logo is seen on an Airbus A340-600 containing 10 million pairs of PPE disposable gloves, as it lands at Bournemouth Airport in May



Long hours and a lack of sleep are huge problems

GETTY IMAGES/BEN STANSALL

sometimes longer. Back then she found that “access to meals and hours of sleep mattered more to young doctors than the number of hours worked”. We see echoes of this in the reactions of health-care workers in Wuhan during the Covid-19 epidemic, whose priority was adequate rest and PPE. They were rather dismissive of interventions from mental health professionals, as research has shown. The issue of PPE was not around when Firth-Cozens started her work, but the principles have not changed – the first mental health interventions involve equipment, training, meals, supervision and sleep. Cohesive teams with good leadership remain vital. Mental health professionals should be in the background for some when needed.

But it is not all bad news. I have spoken to juniors who report that while they have never been as challenged as they are now, they also appreciate that once basics such as PPE and sleep are taken

care of, they take satisfaction from saving lives, receiving levels of supervision that were rare before the current crisis, appreciating the team spirit and *esprit de corps* more familiar to older generations of staff. They are confident that they will emerge from this better professionals. We call this “post-traumatic growth”, just like we found in surveys of the Armed Forces on their return from Iraq or Afghanistan, the results of which were published in 2010. One of the most endorsed items on the list of legacies of their recent deployment was: “I can now handle stress better than before”.

It is too early to know just what will be the long term impacts on the health and wellbeing of NHS staff after this pandemic. It also seems that the unprecedented speed and scale of the NHS response has not, as yet, created a tide of moral injury. In fact, the Practitioner Health Programme, which provides a service for doctors with mental health problems, is seeing more people who feel a sense of moral injury from not being on the front line than those who are. But all this is still anecdotal. In April, my colleagues at King’s College London launched a major long-term study – NHS Check – of 60,000 healthcare staff in three major London trusts and including the new Nightingale hospitals to address that question properly.

The mental health consequences of the current general lockdown, even if it was to end tomorrow, remain uncertain. We can expect an increase in mental health issues in the coming months. We know that the longer and deeper the economic depression, the greater the cracks to the social cohesion, the longer the disruptions to schooling, and much else besides, the greater the cost will be to our future physical and mental health. Some say we will live in a kinder, gentler, greener world. Others predict more dystopian outcomes. Ultimately it is not for boring boffins like me, nor even those who are leading our health response, to decide when, if ever, the cure becomes worse than the disease – that will be the task for our leaders. ●

What needs to change about the world of work



Dr Subashini M, associate medical director at Aviva UK Health & Protection, discusses how the company’s research shows different perspectives amongst employers and employees when it comes to mental health and wellbeing

There is plenty of evidence to suggest that work is good for us. But it can also be a prominent cause of mental health concerns. Aviva’s recent *Health of the Workplace* research*, which was conducted before the current Covid-19 pandemic, sheds some light on this paradox – and the differences between the views of employers and employees when it comes to meeting the challenges it encompasses.

At a time when UK businesses are facing a prolonged period of uncertainty and significant changes in their employees’ workplace environment, key insights from the report demonstrate how employers can better understand and manage mental wellbeing in the workplace – wherever that may be.

Looking after the health of the UK’s workforce is more critical than ever. Ultimately, each company’s workforce is the foundation of its business – without which it can’t operate.

1. Mental health means different things to different people

The strongest influences on mental health – positive or negative – vary considerably from one individual to the next, so taking a personalised approach is key. Your people will react to the current situation in different ways and have different needs. Although it feels obvious, sometimes the personal touch can be lost when employers consider the collective needs of their employees, especially when working remotely. Yes, there’s a place for broad-brush communications but try to make provision for the “I” as part of the collective “we”.

2. Work is the leading contributor to mental health concerns

Even before the current pandemic, our research revealed high levels of mental ill-health amongst the UK workforce. Worryingly, 92 per cent of workers

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reported a mental health symptom – and, for 41 per cent, the most negative impact on mental health was work.

Covid-19 adds increased pressure. Employees are facing a prolonged period of uncertainty while coming to terms with very different working practices. Even employees who are used to home working are likely to be facing the challenge of balancing their working lives with supporting their families.

This is where increased flexibility can play a key role. Our *Health of the Workforce* research showed that even before the current change in working practices, flexible working is a benefit. In fact, 80 per cent of employees deemed it to be an important benefit.

Even for those without flexible working policies the likelihood is that the focus has shifted from the traditional 9-to-5 working pattern to “getting the job done when and how you can”. However, it’s all too easy to fall into the trap of feeling like you need to be constantly available when you’re working from home, particularly in these uncertain times.

It’s therefore important to encourage employees to take regular breaks away

from their screens to recharge their batteries, clear their minds or go outside for a breath of fresh air, while adhering to the current social distancing directive.

Yes, work needs to be done, but it’s important that employees recognise that they need to be kind to themselves and to give themselves permission to focus on their own wellbeing.

3. Workers are feeling lonely or isolated at work

Worryingly, our *Health of the Workplace* research revealed that over a quarter of employees felt isolated or lonely at work. With the significant increase in homeworking this figure could increase considerably if the appropriate support isn’t put in place.

It’s easy to feel alone when you’re working from home, so regular, open and honest communication is essential. Even though we’re socially distancing ourselves from other people, this doesn’t mean that we should be socially isolating ourselves.

Allow time to check in with your colleagues to update them on the current situation and find out how they’re feeling. Social wellbeing is extremely important in times of uncertainty. It’s important that employees understand employers’ expectations, have a purpose and feel part of their organisation.

Modern technology makes it easy to keep in touch with mobile phones, conferencing facilities and messaging. If possible, encourage employees to turn their video cameras on. Sometimes seeing a face can make all the difference.

While technology is an enabler, don’t forget to remind employees about your company’s social media policies and IT and data security measures. You don’t want to inadvertently open yourselves up to reputational risk or cybercrime.

4. There’s more openness about mental health – but not all managers are easily approachable

Our research also showed that perceptions are shifting, in line with the societal change towards more openness around mental health. This drives more

individuals to talk about the issue, with the role of line managers crucial to outcomes achieved as a result of this new openness. 88 per cent of employers agree “it’s OK not to be OK” but only one in ten employees said they would talk to their manager about their mental health.

Moreover, our research highlighted a disconnect where employees say that they want to support mental health in the workplace, but employees don’t feel that they’re receiving it. Seventy-seven per cent of employers said that they’re good at recognising when their colleagues are feeling under pressure. But only 37 per cent of employees agreed.

The disconnect is particularly apparent when tasks asked of employees do not change nor does the workplace culture, despite the acknowledgement of wanting to support mental health in the workplace. Employees should feel that they can be authentic at work, feel able to speak up about their mental health, and be accepted and supported by their line managers and colleagues.

Our experience is that there’s a difference between saying and doing things: you can follow guidelines and protocols, but this needs to be done with connection and authenticity. Everyone can experience triggers and symptoms that impact their mental health and the pandemic is an extreme example.

It’s also about signposting employees to the most appropriate support as mental wellbeing is also linked to financial, physical and social wellbeing. It could mean offering line manager training, resilience training, access to an employee assistance programme, more flexible working or to utilise clinical support and benefits such as group income protection.

The key is to recognise and respond to the needs of your workforce. Once you know what makes your employees tick, you can start offering them the support that they need both now – and when we return to “normality”. ●

***All figures quoted in this article are from Aviva’s Health of the Workplace research conducted by YouGov plc between 1 and 9 November 2019.**

Supporting the UK's invisible army

The rush to get back to normal post-coronavirus is misguided – normal working structures were failing unpaid care givers, says Barbara Keeley MP

In a matter of weeks, people around the world have been forced to reconsider their home and working lives in order to slow the spread of Covid-19. Millions of people in the UK have reconfigured their daily routine to avoid travelling from their home to a workplace every day, and they now make up a nation of home workers. And while some key workers have no choice but to continue going out to their workplaces, millions of people are now balancing their job with caring for their children and home-schooling.

This change has been enormously disruptive and has required a fundamental reimagining of the way we work. Equipment, working hours and communication have all been subject to reorganisation, and these days we are used to the sight of a young child wandering in on a video call or TV interview. The changes needed to facilitate flexible working that once seemed impossible have proven possible in a very short space of time.

There are many silver linings to this crisis; perhaps this flexibility in our work-life routine will prove to be one of them. It will be vital that this is not

lost in the drive to get back to normal – because in life before Covid-19, inflexible work routines meant that millions could not work at all.

Currently, around five million people in the UK balance their job with caring for a family member or friend. This represents one in seven people in employment. It is likely that we all share our workplaces with someone from this army of unpaid and often invisible carers, although we may not always know it.

Unpaid carers are on the front line in the fight against Covid-19. They are fulfilling the same vital role that paid care staff do in keeping vulnerable people safe, healthy and out of hospital. While we have rightly begun to recognise the value of care staff, it has gone almost unnoticed that unpaid carers are providing an average of ten extra hours' care each week during this crisis. This, according to research by Carers UK, has led to more than half of carers saying they are worried about burning out. If they were not taking on this additional work and stress – despite receiving little or no recognition for it – the NHS would be unable to cope.





Almost 75% of carers suffer from poor mental health

GETTY IMAGES/LINSEY PARNABY

When there is a return to usual workplaces – offices, shops, cafes – unpaid carers face a return to trying to balance doing their job alongside the constant worry about whether the person they are caring for can cope while they are away.

Every day, 600 people leave their workplaces in order to undertake caring duties. Almost half a million people have left their job to care for their older, disabled or ill relative or friend in the last two years alone. As for those unpaid carers still in the workforce, one in three say they feel anxious that their caring role will impact on their ability to work in the future.

Taking action to help carers balance a job and caring responsibilities does not always mean major changes. When asked in a survey of carers what would be most beneficial in their workplace, having a supportive manager came out on top. Flexible working and time off for caring responsibilities came in second and third place in the same survey.

The ability to fit your work around your other responsibilities can make all the difference to someone who has to balance a paid job and a caring role. Flexibility in the workplace can provide a safety net when unexpected events happen, such as when paid care staff call in sick or doctors' appointments run late. Flexibility can also mean carers have the time they need to care for themselves. Almost three in four carers have poor mental or physical health. A compassionate employer who supports flexible working can ensure that carers have the time to look after their own health as well as the health of those they care for.

Unfortunately, the reality is that for many carers clear workplace guidance on caring while working is a luxury rather than a basic entitlement. One third of carers say their workplace has no policies in place to support them with their caring responsibilities. Many employers do not take the steps necessary to transform their working environment for the ever-increasing percentage of employees who provide unpaid care.

Creating carer-friendly workplaces should not be the responsibility of employers alone, however. Where employers fall short, it should be the role of government to step in. The current government guidance is a voluntary benchmarking scheme called Carer Confident. It does not hold businesses to account, asserts no compulsion and offers no incentives for employers to accredit themselves to the scheme. And it has certainly not had the impact needed. The scheme was one of two points aimed at supporting carers in employment in the government's Carers Action Plan – which replaced Labour's National Carers Strategy in 2018. We are now 18 months into this lacklustre plan, and the reality is that the government has made little progress towards improving support at work for carers.

Voluntary benchmarking alone will not ensure that carers get the support they need at work. Progress to improve the basic rights of carers in paid employment – the only other substantial point from the Carers Action Plan – has been almost non-existent.

By giving unpaid carers more statutory rights at work, we will ensure that more people are able to fit their caring responsibilities around their employment, if they choose to. Carers would be protected and supported by both their employment contract and the law. While we wait for some employers to implement their own employment policies and recognise the value that carers bring to their workplaces, it is time for the government to step up. As a carer, having basic rights to paid time off, flexible working and time away from your job if you need it can be the protection you need to keep working while providing unpaid care.

Basic rights become a crucial protection for those who juggle paid work with caring responsibilities and the rights of carers need to be improved. By strengthening these rights, we can ensure that the drive to get back to so-called normal after this crisis does not leave carers facing the same struggles as they did before. ●

Pioneering better mental health behind the scenes

We need a drastic culture change in the creative industries to support workers, says **Alex Pumfrey**, chief executive of The Film and TV Charity

The Film and TV Charity supports the 180,000 people working behind the scenes in the UK's film, TV and cinema industry. We have existed for almost 100 years and are uniquely placed to understand the industry's issues. We all rely heavily on film and TV to keep us entertained and informed and, prior to the Covid-19 pandemic, the sector was booming. The industry contributed £16.7bn to the UK economy in 2018.

Away from the glamour of awards and premieres, the industry depends on the creativity, grit and determination of talented individuals in an enormous variety of roles, from writing to directing, visual effects to costumes, and rigging to sports broadcast. There is always a human cost to keeping the cameras rolling – we tend to hear the stories that others do not, about the impact of viewing traumatic footage in a newsroom editing suite; of looking after vulnerable contributors; of a 40-hour shift without sleep.

The industry has been devastated by coronavirus: 97 per cent of freelancers lost their livelihood as production shut down overnight, three-quarters struggled with little to no support from government schemes. We experienced a huge surge in demand for our services.

In 2019, we commissioned groundbreaking research to look at the mental health of our industry's workforce, conducted by the Work

Foundation. An incredible 9,000 people completed the first part of this research, a workforce survey.

The outcomes were worse than we feared. Thousands shared heartbreaking accounts of being belittled and humiliated, afraid to speak up and afraid of losing work – 87 per cent had experienced a mental health problem, well beyond the 65 per cent UK-wide figure. Half of respondents had considered taking their own life, compared with a fifth on average. Issues ranged from a lack of control over long working hours to a worrying prevalence of bullying, social isolation, depression and anxiety. We saw increased risk factors for the freelance workforce, who make up a huge proportion of our industry and are not able to access company support structures.

Now we owe it to the thousands of people who entrusted us with their private stories to instigate culture change across the industry. We shared our research with industry leaders, who committed to an ambitious programme of change – the *Whole Picture Programme* is our two-year response, as part of a ten-year strategy.

This approach mirrors the recommendations of the Stevenson-Farmer review. The *Film and TV Taskforce on Mental Health* will co-design and co-fund the programme with an initial investment of £3m. We will also work alongside Mind and industry bodies. The success of the programme will mean improved productivity, retention of talent and opportunities for genuine diversity.

If we are ready to support one another, we can create a stronger industry, and will be prepared to continue to attract inward investment and maintain our track record as one of the nation's greatest success stories. ●

You can read the full report at:
www.filmtvcharity.org.uk/whole-picture-programme.

Contact us at: mentalhealth@filmtvcharity.org.uk

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Towards true parity of sick leave

The Covid-19 pandemic should lead to employers and staff having a more honest conversation about mental health, says

Rohan Banerjee

The idea of getting “back to normal” after the coronavirus pandemic has eased is a misnomer. While lockdown measures may have tested UK society economically and emotionally, they have at least allowed time for reflection. There must be a new normal now; the old one wasn’t working.

Through mass home-working, the stress and anxiety-inducing culture of presenteeism that pervaded many UK workplaces has been exposed as excessive. And jobs that employees were told would be impossible to do

from home have quickly become possible to do remotely, using technologies that already existed well before social distancing was introduced.

Meanwhile, the universalism of poor mental health, and how easily anyone can be affected by it, has been a constant in the news cycle, with regular ONS figures updating our understanding of the nation’s wellbeing.

Even before the pandemic, the conversation around workplace mental health, whether for employees in the office or at home, required both more

urgency and more honesty.

It is not enough to parrot the line that a happy workforce is a productive workforce if companies are not taking active steps to ensure that this is the case. The answer does not lie in either having an office presence or home-working – there are merits to both – but rather in striking a balance between the two. Positive flexibility can help employees to stay on top of their everyday chores and responsibilities that, when managed alongside a rigid nine to five schedule, can sometimes overwhelm and lead to greater stress.

But where stress, depression, anxiety or any other form of mental health issue does become too much to cope with, organisations should encourage frank conversations. Ostensibly, despite the government’s insistence that mental health problems should have parity with physical ones, public perception has not changed. A survey carried out by *People Management* last year found that 65 per cent of UK workers had pretended to have a cold or headache when they took a day off, rather than admitting that they needed time to look after their mental health. Of the 65 per cent who had lied about why they were off sick, nearly a third (27 per cent) believed that their bosses would not be understanding, or that they could face some sort of disciplinary action for doing so.

In reality, there is no legal difference between a sick day taken for poor mental health and one taken due to a physical ailment. Yet too many employees still shy away from giving themselves the time they need for self-care, while too many companies are clearly still perpetuating a needless stigma.

The British stiff upper lip needs to be replaced with an arm around the shoulder. Rather than getting “back to normal”, the UK’s ambition should be to do things differently, more flexibly, and better. The criteria for what constitutes an acceptable reason for a mental health sick day should be decided personally. Any company worth its salt should understand that. ●



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