

Coronavirus policy brief: People with pre-existing mental health conditions

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Introduction

There are around 7.5 million people in England with common mental health conditions such as depression, obsessive-compulsive disorder, and anxiety.¹ People diagnosed with these conditions are eight times more likely to take their own life than the general population.² Approximately one per cent of the population have a severe mental illness,³ such as schizophrenia or bipolar affective disorder, and their suicide risk is greater still.⁴

Centre for Mental Health modelling suggests that up to ten million people will require new or additional mental health support as a result of the pandemic – a third of them with new conditions.⁵ The majority are expected to have moderate to severe anxiety or depression, with many also experiencing trauma-related symptoms, all of which are prominent risk factors for suicide.⁶ In recent years, the Government has taken steps to prevent suicide among people with pre-existing mental health conditions including through commitments in its 2019 NHS Mental Health Implementation Plan.⁷ However, with the pandemic increasing both the prevalence and severity of mental health conditions, there is an urgent need to ensure that people get appropriate care and support to reduce the risk of an increase in suicide.

What do we know from Samaritans' callers?

Our helpline gives us a unique perspective on how the pandemic has impacted people with mental health conditions. Over half a million people discussed concerns about their mental health with our volunteers during the last six months.⁸ Many of them reported being unable to access mental health support and services that they had previously used and expressed confusion or helplessness around new forms of support. NHS organisations have worked hard to maintain support services during the pandemic, but some of our callers said that the mental health support available to them has been inadequate. They also told us about having lost informal networks of community support and about how these changes have exacerbated their conditions. Concerns about benefits and finances were also higher among people with pre-existing mental health conditions than other callers.

Access to mental health support and services

People who called Samaritans' helpline spoke about mental health and crisis teams being unavailable, appointments being cancelled, and difficulties in accessing treatment. Even before the pandemic, services were struggling to cope. The number of people with a severe mental health condition grew by over 50,000 between 2014 and 2018.⁹ Inpatient services have been regularly exceeding safe bed occupancy levels for years,¹⁰ and some patients are asked to travel hundreds of miles for treatment in inappropriate out of area placements.¹¹ The Government set a national ambition to end these inappropriate placements in mental health services for adults in acute inpatient care by 2020-21, though evidence shows over 1,000 such placements were active in England at the end of September 2020.¹²

For people who need support, Coronavirus has meant reduced access to these already-strained mental health services, combined with termination or interruption of ongoing treatment and

disruption to face-to-face contacts.¹³ The uncertainty around when care will resume to 'normal' and feelings of abandonment have been major concerns among people with mental health conditions.¹⁴ Some mental health services are expecting an increase of 20 per cent in patients, but are struggling to adapt with their capacity reduced by up to 30 per cent.¹⁵

During the first lockdown, nearly half of psychiatrists saw a rise in urgent cases, but a fall in their most routine appointments.¹⁶ Some practitioners are concerned that there could be increasing demands on services as new patients arrive along with old patients returning with more severe mental health conditions, having delayed seeking help during the pandemic.¹⁷ Since the start of the pandemic, services have seen patients arriving with more severe needs, a higher proportion of first-time patients, and an increase in Mental Health Act presentations.¹⁸

Financial insecurity

While anyone can develop a mental health condition, there is a strong and persistent connection between poor mental health and financial insecurity.¹⁹ Research consistently shows that people in the lowest socioeconomic groups are at an increased risk of having a mental health condition, including severe conditions, and this, in turn, increases suicide risk.²⁰

Socioeconomic disadvantage has many elements, but there is a particularly strong relationship between mental health and unemployment, which negatively affects quality of life, perceived social status, and self-esteem.²¹ Research suggests that this relationship is 'bi-directional', with ill mental health increasing an individual's chances of unemployment, and vice versa.²² People who are unemployed are twice as likely to experience mental health distress compared to those in employment,²³ and job loss can have an increasingly negative impact on mental health the longer it lasts.²⁴ Coronavirus is projected to lead to higher unemployment for years to come,²⁵ and those with chronic mental health conditions are more likely to lose their jobs than those without mental health problems or people with physical conditions.²⁶

The relationship between unemployment, mental health, and suicide is complex, but we do know that unemployment is a risk factor for suicide,²⁷ that people with long-term mental health conditions are more likely to become unemployed, and that this can increase the severity of their conditions.²⁸ A study of male mental health inpatients during the last recession found significant rises in suicide, strongly associated with unemployment.²⁹ People with severe conditions may be at increased risk, as they may already be exposed to other risk factors for suicide such as social exclusion.³⁰ Among those with pre-existing mental health conditions, people from certain ethnic minorities may be at further risk still as they are more likely to have experienced a mental health condition in the last year,³¹ to struggle to access services,³² and to receive more coercive mental health care.³³

Social security services

Increases in unemployment and financial insecurity are likely to lead more people into contact with social security. Before Coronavirus, people with mental health conditions were more likely to be in receipt of certain social security payments, and some evidence suggests that this contact may put further stress on their mental wellbeing.³⁴ People with mental health conditions report finding social security applications and meetings stressful, confusing, and anxiety-inducing.³⁵ Changes to the social security system, such as disability reassessments combined with the threat of sanctions, have been linked to increases in psychological distress and even suicidal thoughts amongst unemployed people.^{36 37}

Many people with mental health conditions who come into contact with social security services during Coronavirus will already have experienced risk factors for suicide, such as financial insecurity and additional emotional distress. It is crucial that these services put the wellbeing of the people using them first, with a strong foundation of equality, respect, and dignity, so that they can best contribute to reducing suicide risk.

Recommendations

- The Government must urgently work with the third sector to establish a Mental Health Renewal Plan, with financial and political backing at the highest level. It will take urgent, cross-government action to prevent the pandemic negatively affecting the nation's mental health for years to come.
- The additional £500m set aside for mental health services in the Spending Review is a step in the right direction, and further investment in the NHS workforce must create extra capacity to meet additional mental health needs among the population, and to avoid staff burnout and attrition. This involves striking the right balance between accessible digital solutions and effective in-person care.
- The Mental Health Winter Plan sets aside £50 million to boost capacity and support good-quality discharge for in-patients. This should be used to promote best practice in hospital discharge which includes addressing social needs such as housing, employment, and income to help weaken the link between financial insecurity and suicide.
- The temporary £20 per week increase to Universal Credit has been a vital lifeline to many vulnerable people during the pandemic. Alongside measures to make the social security system fairer and easier to navigate for people with mental health conditions, this lifeline should be made permanent and extended to cover Employment and Support Allowance.

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