

North East Lincolnshire Council

Director of Public Health Annual Report 2021:

The impact of the Covid-19 pandemic
on Mental Health and Wellbeing in
North East Lincolnshire



Stronger Economy: Stronger Communities. **Together we can be stronger.**

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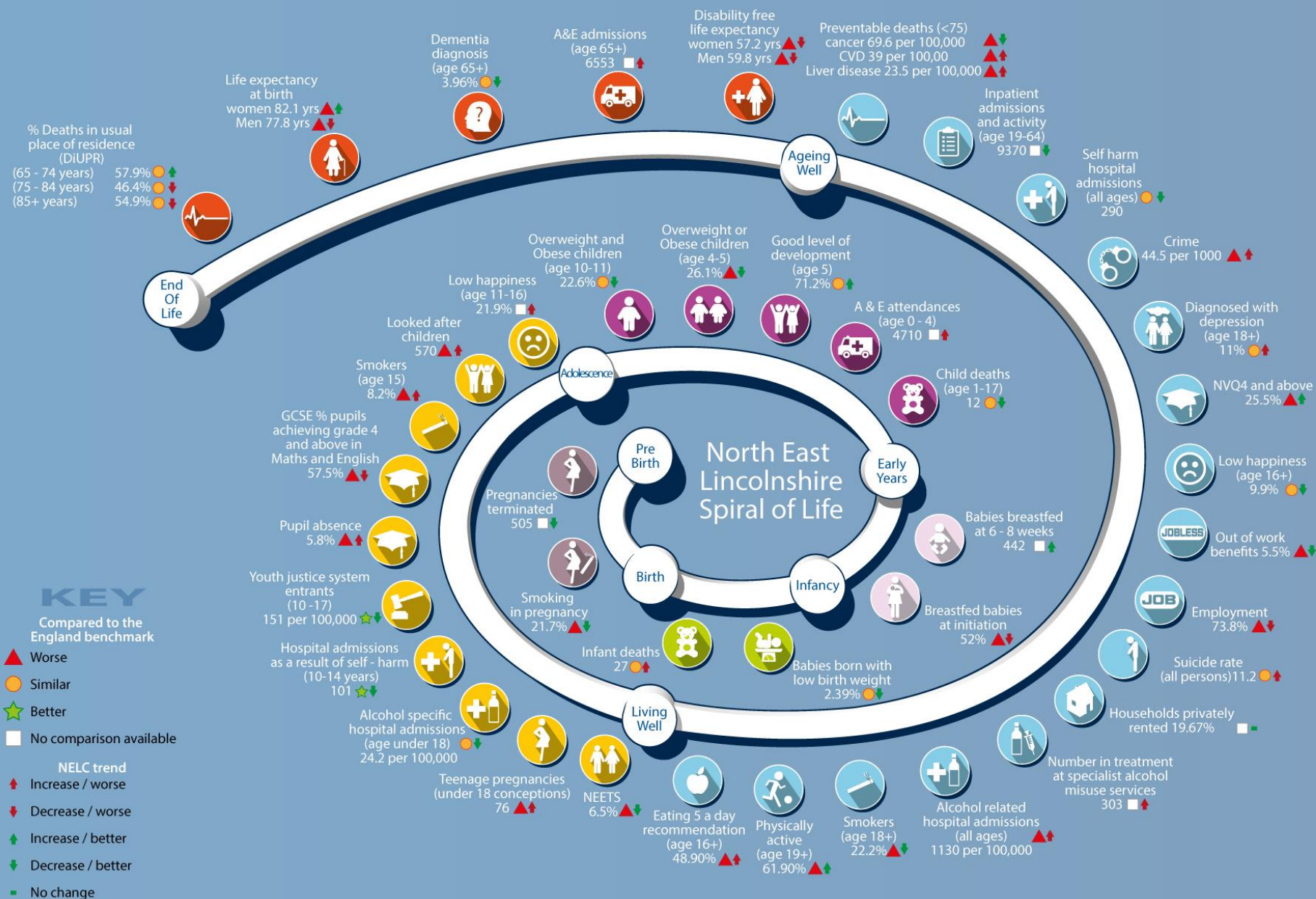
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2. Spiral of Life: The Health and Wellbeing Spiral of Life 2020 – 2021 below, provides an updated snap shot of health and wellbeing outcomes across the life course in North East Lincolnshire, including directions of travel and comparisons with the England average.



3. Glossary Of Terms

A & E	Accident & Emergency
ACE	Adverse Childhood Experience
ALS	Adolescent Lifestyle Survey
ASQ	Ages and Stages Questionnaire
CCG	Clinical Commissioning Group
DNA	Did Not Attend
GPIP	Grimsby Practices in Partnership
IAPT	Improving Access to Psychological Therapies
IVF	In Vitro Fertilisation
LGBT+	Lesbian, Gay, Bisexual, Transgender, and other minority sexual or gender identity
MARAC	Multi-Agency Risk Assessment Conference
NEL	North East Lincolnshire
NELC	North East Lincolnshire Council
OCD	Obsessive – Compulsive Disorder
SEND	Special Educational Needs and Disability
YMM	Young Minds Matter

4. Foreword from Geoffrey Barnes, Acting Director of Public Health

The COVID-19 pandemic has had an enormous impact on the lives of almost everyone in the country and tragically led to the deaths of many thousands of people as a direct result of the infection. Inevitably there is clear and growing evidence of the secondary impacts of the pandemic on health and wellbeing. These include the impact of missed healthcare appointments leading to deterioration of long-term health conditions or delayed diagnosis of serious diseases that respond best to early treatments. It also includes the health impacts associated with reduced physical activity due to spending much more time in the home, especially during lockdown periods and the impacts associated with the adoption of less healthy lifestyles such as increased alcohol consumption, smoking or less healthy diets. All of these will unfortunately negatively impact on public health for years to come, and recovery plans are in development to mitigate the long-term impacts as much as possible.

However, arguably the biggest secondary impact on public health of the pandemic has been and continues to be its impact on mental health and wellbeing. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Good mental health is linked to good physical health, both of which support positive social and economic outcomes for individuals and society. Poor mental health is associated with social and economic circumstances, including living in poverty, low-quality work, unemployment and housing.

The pandemic has brought enormous disruption to our lives which has really shaken people's mental health and undermined coping mechanisms. This has included major impacts on work and education, increased unemployment, and reduced opportunities for social interaction and doing the sort of things that bring us joy and can mitigate the impact of poor mental health. Many people, especially those in more vulnerable social groups have completely withdrawn from social contact during the pandemic and are finding it difficult to return to pre-pandemic forms of behaviour. This in many cases is contributing to significant social isolation. People experiencing difficult home situations have at times, especially during lockdowns, been forced into prolonged contact in the home leading to additional stressors and an increase in domestic violence.

There have been some positives within these difficult times and, going forwards, we need to find ways of capitalising on these positives as part of our recovery. For instance, the first national lockdown, coinciding as it did with a period of abnormally fine weather and substantially reduced traffic levels, led to a big though short term surge in people adopting healthier lifestyles such as enhanced walking or cycling. We also know that there has been a big increase in the number of volunteers coming forward to provide support to people in more difficult circumstances. For many these voluntary activities provided a real sense of purpose that has helped to sustain them through these difficult times. There have also been a few individuals whose commitment to helping people cope has propelled them to super human efforts. Zane Powles, the school teacher who spent his time during lockdown delivering school meals by hand to the pupils of his school to ensure that they continued to get healthy and nutritious food springs to mind but I know there have been many more.

The COVID-19 pandemic has exacerbated many pre-existing health inequalities concerning mental health within North East Lincolnshire. Whilst anyone can experience a mental health problem, the distribution of risk factors and protective factors for mental ill-health is not equal

within society, and hence the risk of poor mental health is greater for some groups than others (Centre for Mental Health: commission for equality in mental health, 2020).

This year's Director of Public Health annual report aims therefore to bring together local insight and data to form a picture around mental health and emotional wellbeing in North East Lincolnshire as we hopefully come towards the end of the pandemic. It has been divided into four sections to look at the impact at different stages of the life course- pregnancy and early years; children and young people; working age adults; and older people. We include several key recommendations that we believe will assist in the recovery journey for mental wellbeing and will help to ensure that resources are allocated most appropriately during this time to support local residents as best as possible.

Geoffrey Barnes FFPH

Acting Director of Public Health

February 2022

5. Executive Summary

The Covid-19 pandemic and its associated control measures are known to have had huge impacts on individuals' mental health, which will likely persist for years to come. Local mental health services have reported a pronounced increase in the acuity and complexity of referrals throughout the pandemic, among individuals from all age groups. Therefore, this year's annual report explores the pandemic's impact on mental health and emotional wellbeing within the NEL population, taking a life course approach to help inform the local recovery and support made available.

Starting with our youngest residents born during the pandemic, many of their mothers experienced increased anxiety during pregnancy due to attending important events alone or with less support (such as during scans, in hospital and during birth), attending midwifery appointments to virtual appointments, and not being able to attend informal support groups.

During the height of the pandemic infants also missed out on visits from extended family, baby groups, and preschool. Some developmental checks for infants were also unable to go ahead. There are now increased concerns around infant social and emotional development, and evidence of a reduction in 2 – 2.5-year-olds achieving expected or above levels in communication skills. Furthermore, there are clear inequalities between infants depending on the quantity and quality of engagement they had received at home.

School children have missed out on months of school and those with Special Educational Needs and Disabilities (SEND) were particularly impacted by the loss of structure and routine. The 2020/21 NEL Adolescent Lifestyle Survey showed the lowest wellbeing among secondary school children since 2007, with self-harm and body image particular concerns. There is also anecdotal evidence of increased safeguarding concerns during the pandemic whilst children could not attend schools and had reduced contact with professionals, which will inevitably impact on their mental health.

Further education colleges also report a definite impact of the pandemic on the mental health and emotional wellbeing of its students, which has occurred following a general decrease in resilience of local young people over the past 10 years. Eating disorders are a particular mental health disorder becoming more pronounced in this age group but also among adults.

In terms of working age adults, the number of suspected suicides occurring in 2020 and 2021 was higher than all previous years since data collection began in 2017. The proportion of suspected suicides occurring among females was high compared to previous years. In an analysis of local individuals attending Accident & Emergency (A & E) for mental health reasons, most occurred among younger age groups and those living in more deprived wards. There has been a dramatic increase in dependent drinking, addiction and associated mental health problems locally during the pandemic, as well as huge concerns around domestic abuse since victims were more isolated and cut off from support.

Finally in terms of some of our more vulnerable residents aged over 65, social isolation and loneliness have been an issue during the pandemic and is likely to have been particularly pronounced for those on the local shielded patient list (which at one point was just under 7000 NEL residents) and is known to have had a substantial impact on unpaid carers. In a telephone survey undertaken by voluntary organisations working with older people in NEL, issues which older people struggled with most included missing their families and friends, loneliness and isolation, and a loss of confidence which will impact their future independence. The dementia diagnosis rate for people over 65+, and the proportion of dementia patients who have had a care plan or care plan review in the last 12 months, have both decreased during the pandemic. This suggests that many local people with dementia are not getting the support they need.

6. Recommendations from this year's report

- 1) There is a good opportunity for assessing the mental health status of young children with the Ages and Stages Questionnaire (ASQ) during health visitor check-ups. It is therefore recommended that health visitors routinely undertake and record the scores for children using this questionnaire, in particular at the two-and-a-half-year check, and that interventions are provided where the children are below recommended levels.
- 2) It is clear from this report that there is a significant gap in specialist mental health support for children under 16 and no service at all for children under five meaning that those with low level mental health needs are often unable to obtain support. Inevitably many of these will deteriorate leading to the need for more complex interventions and poorer outcomes. It is therefore recommended that there is a renewed focus on meeting the low-level mental health needs of children and young people. This should be done by the CCG/ICS through the commissioning of new services or investments within existing services to enhance this type of support.
- 3) There is a lack of coordinated working between mental health services and wellbeing support services provided by a range of organisations in North East Lincolnshire including those provided by the NHS, local authority, schools, primary care, substance misuse services and the voluntary sector. It is therefore recommended that local mental health services are mapped by the Integrated Care Partnership and clear pathways of support are identified for children, adults, and older people, ensuring that all key players can easily identify the sort of services that can be accessed locally.
- 4) Workplaces are an ideal setting to increase wellbeing for people of working age. It is recommended that a partnership group is formed between the public health sector, leisure services and business partners to develop initiatives for improving mental health and wellbeing in workplaces and to provide strategic direction to this agenda in North East Lincolnshire.
- 5) The five ways to wellbeing is a simple tool that should be widely promoted by all partners in North East Lincolnshire to their staff and service users.
- 6) A local mental wellbeing prevention strategy should be developed by Public Health setting out the local partnership approach to the promotion of mental health and wellbeing in North East Lincolnshire.
- 7) A Health in All policies approach should be taken to the promotion of mental health and wellbeing in North East Lincolnshire Council. Services across the council should consider how their interventions can support the promotion of positive mental wellbeing at all stages of the life course.
- 8) The recent Natural Assets Plan adopted by the council provides a good opportunity to increase access to the natural environment for mental wellbeing promotion. Public health and wellbeing services should explore opportunities for developing therapeutic interventions based on access natural resources.
- 9) There is evidence that the mental wellbeing of carers has been impacted particularly hard by the pandemic, including young carers. Wellbeing and leisure services should consider how to increase opportunities for carers to access support that would help them to recover and increase their resilience.
- 10) As a result of the pandemic older people and other clinically vulnerable people are now more at risk than ever of slipping into patterns of social isolation which lead to mental

health problems and a general deterioration in their health. It is therefore recommended that we support and where possible commission the voluntary sector, leisure services and community organisations to increase their offer to our older people and the clinically vulnerable to help them re-establish social connections and active lifestyles.

- 11) Local GPs should ensure appropriate health screens are undertaken to try and catch up on dementia diagnoses as there are undoubtedly many older people experiencing the early effects of dementia who have not yet been diagnosed.

7. Pregnancy and Early Years

The Covid-19 pandemic has impacted on perinatal mental health and wellbeing, the pre – and post- natal experiences of new mothers, as well as on the mental health and wellbeing of infants born and being raised during this time (Venta, 2021).

Infant mental health refers to how well a child develops, both socially and emotionally, during the first three years of life. Good infant mental health surrounds a child's capacity to form close relationships, recognise and express emotions, and explore and learn about their environment (Public Health Agency, 2020). Crucial to positive infant mental health are the relationships formed between babies and their care givers. The way babies are interacted with during their first 3 years will shape their brain development significantly (Public Health Agency, 2020).

Barriers which prevent good infant mental health such as adverse childhood experiences (ACEs) can result in long term health and emotional issues. Abuse, trauma, and neglect all have potential to negatively impact brain development and therefore, result in poor infant mental health (Barnardo's Northern Ireland, 2018).

Perinatal mental illness

Perinatal mental illness is recognised as a major public health issue by the World Health Organisation and affects about 1 in 5 women during the perinatal period (the time from conception up to 1 year after birth) in the UK (NICE, 2014).

Navigo provides a specialist perinatal mental health service for local women experiencing moderate to severe mental health problems during the perinatal period. Overall, between 2019 and 2020, there was a slight increase in the number of referrals to this service, which then decreased again in 2021 as evident from Table 1.

Open Minds, through their Improving Access to Psychological Therapies (IAPT) service, support women experiencing mild to moderate mental health problems during the perinatal period. Referrals to Open Minds for perinatal mental health difficulties decreased very slightly between 2019 and 2020 (from 11 referrals to 10), and again between 2020 and 2021 (from 10 referrals to 7).

It is important to note that these mental health services focus on supporting both mother and baby therefore, women who may need the support of a perinatal mental health team but do not have a child are not eligible for referral. There has been a huge gap for specialised support for all pregnancy outcomes including those associated with loss such as still births, miscarriages, failed IVF, abortions and women who have had children removed by social services. Due to the isolation experienced by many during the pandemic, these experiences are likely to have been particularly difficult during this time. However in May 2022 a new Maternal Mental Health Service will be launched across the Humber Coast and Vale Health and Care Partnership. In year one, this service would not receive referrals for women experiencing trauma following separation from her baby due to court proceedings, as it is recognised that a different pathway of care is needed for this cohort of women. Therefore, a pilot service will be set up and evaluated in North East Lincolnshire specifically to support this cohort of women.

Table 1: Number of referrals to the specialist perinatal mental health service in NEL, 2018-21

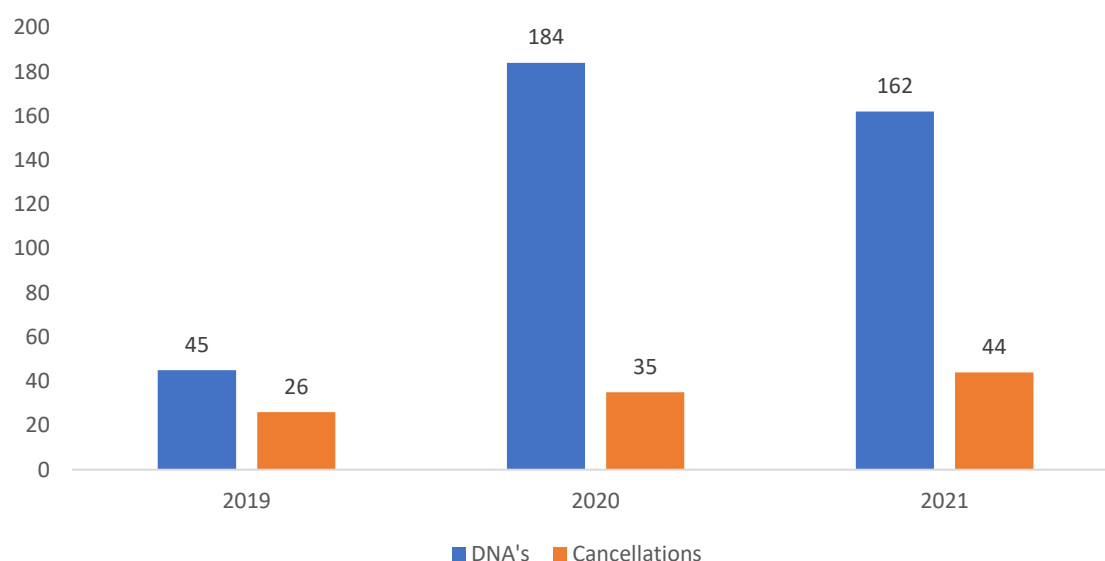
Number of Referrals to the Specialist Perinatal Mental Health Service				
Month	2018	2019	2020	2021
Jan		3	7	6
Feb		3	12	2
Mar		4	8	5
Apr		3	2	2
May		6	6	13
Jun		12	9	7
Jul		14	9	6
Aug		3	7	2
Sept		6	4	3
Oct	2	5	5	8
Nov	2	2	5	4
Dec	4	6	3	
Total number of referrals	8	67	77	58

Although there has been no overall increase in referrals for perinatal mental health issues, both Navigo and Open Minds report a pronounced increase in the acuity and complexity of referrals throughout the pandemic, due to factors such as changes in routines, concerns about vaccinations, and closure of support services.

When lockdown was announced in March 2020, the contact between women and perinatal mental health practitioners changed to being held virtually or over the telephone. However, the Navigo specialist mental health team reported that online video appointments were not conducive to supporting women with high needs. Practitioners had concerns around inequalities, as some women experiencing digital poverty could not attend appointments. Domestic violence and coercion were also a big concern, as practitioners could not always be sure who else was in the room or listening during virtual meetings. During the lockdown period, the specialist perinatal mental health team did continue to support women who were particularly vulnerable in person, and they reverted to face to face appointments in May 2020.

Since the pandemic there have also been concerns of women not attending appointments. The number of 'did not attends' (DNA's) for the specialist mental health service increased significantly from just 45 in 2019 to 184 in 2020 (Figure 1). Overall, between January 2020 and December 2021 there were 425 missed appointments.

Figure 1: Number of Specialist Perinatal Mental Health Service Did Not Attend and Appointment cancellations 2019-2021



Midwifery Services

Changes in the delivery of midwifery appointments and scans during the pandemic also affected many women's mental health. While some women welcomed the ease of telephone and virtual appointments, the Maternity Voices Partnership found that 80% of mothers would prefer to see their midwives face to face. Reasons included feelings of being rushed, unable to stay informed, lack of personalised care, and worries over physical and emotional problems being missed.

Mental health services have also reported increased anxiety among women attending scans on their own, particularly the 20-week anomaly scan, which may have required women to process information, make decisions, and receive bad news without the support of someone close.

In addition, second birth partners are still not permitted unless there are exceptional circumstances, such as for women with severe mental health issues or teenage mothers who require both their partner and parent for support. Whilst in normal circumstances some women may seek the assistance of a doula due to past negative experiences; the lack of this additional support has affected mothers' mental health. For others, deciding on which key person will become their birth partner is causing significant stress. Furthermore, whilst birth partners are now able to stay for 2 – 6 hour visiting slots, without them being there all the time the hospital staff are required to pick up support normally carried out by partners. The support need is significantly higher for women who have had a caesarean, as movement is very restricted and help is needed going to the toilet, passing the baby for feeding, help with general comfort, and even simple things such as grabbing something from the other side of the room.

Isolation in mothers

During the pre- and post-natal period many women rely on the care they receive from support networks such as baby groups, friends, and family. However, since many of these were unavailable throughout most of the pandemic, women found themselves suffering from more

severe feelings of isolation and were also likely to have missed out on informal advice that could help prevent mental health problems worsening (Papworth, et al., 2021).

Volunteer lead groups have seen a rise in the number of women seeking help due to isolation. One such service in NEL is Butterfly Mums. The service offers new mothers peer support via volunteer women with experience of parental roles (such as mothers, grandmothers, and foster carers). Butterfly Mums report that lockdown measures, social distancing and school closures previously led mothers to feeling like they were at 'breaking point'. As of September 2021, 72.2% of the referrals received by Butterfly Mums service were for mothers who required support with coping with feeling isolated, although it must be noted that mothers often had multiple reasons for wanting support. Support services such as Butterfly Mums attempt to reintegrate new mothers into the community at a pace which is comfortable to them.

In addition to increased isolation, Covid-19 has also provided an additional and continued source of anxiety for many pregnant women and new mothers. Some have reported feeling worried about leaving the house due to concerns that public spaces may be too busy, and many experience anxiety around both their own and their child's health. Mothers have reported that they are overly concerned with their children touching things in public spaces and even enquiring about masks for new-born babies.

Health Visiting

The first 1001 days of life from conception to age 2 are crucial for laying the foundations of good mental health and development, as babies' brains are shaped by their interactions during this time (Hogg, 2019). The Health Visiting Service is crucial for identifying any issues in infant development and are key in promoting the supportive and nurturing parent-infant relationships which positively impact on infant development.

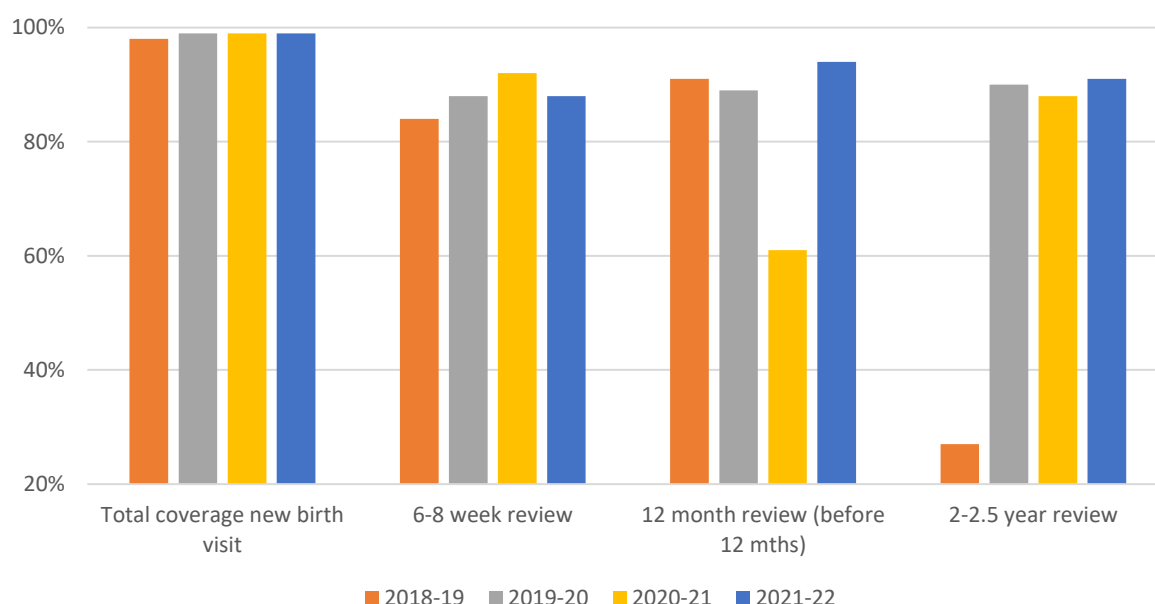
The Health Visiting Service in NEL continued delivery throughout the pandemic with a mix of virtual, telephone and face to face contacts. During this time, the Healthy Child Programme continued to be delivered with little disruption, though to keep in line with national guidance, the 10-month-old check was reduced for a short period of time. Figure 2 demonstrates the performance of the Healthy Child Programme for each calendar year. Health visitors received an increase in requests for home visits and follow up telephone calls, often to provide reassurance that would previously have come from support networks such as friends and family, baby groups, or weighing clinics. Home visits have taken longer as a result.

Since face-to-face appointments have resumed, health visitors have reported an increase in concerns surrounding infant social and emotional development. The Health Visiting Service has not yet implemented the ASQ- emotional screening tool as part of the 2-year check due to staffing capacity. Currently, health visitors only complete the screening if concerns are raised about a child's emotional development. By May 2022, through the training of Family First Practitioners, it is hoped that this screening tool will be implemented for all universal families during the 2-year check.

There is concern however that there are already limited services to refer these infants who have mental health difficulties, as NEL has no dedicated infant mental health services for children under 5 years old. Whilst an early help referral may be made for infants displaying signs of poor mental health, these referrals are tailored more towards safeguarding concerns, which do not underpin all mental health problems.

Currently, the health visiting service are attempting to widen their own pathway for infants who have been identified as having low level mental health concerns, this could include activities such as listening visits, baby massage or baby groups.

Figure 2: The percentage of eligible visits or reviews completed as part of the Healthy Child Programme from 2018/10 until 2021/22 in North East Lincolnshire



Ready to Learn

Children should be ready to learn at age 2.5 years and ready for school at age 5. Getting ready for school is one of the six high impact areas of the Healthy Child Programme, which is delivered by The Health Visiting Service using the Ages and Stages Questionnaire 3 (ASQ-3); a developmental screening tool used during the 2 - 2.5-year review to assess the 5 prime learning areas listed in Table 2. A child is deemed 'ready to learn' if they achieve expected levels in these 5 prime learning areas.

Table 2: Percentage of children in NEL achieving expected levels of development in ASQ-3, by area of development, Quarter 1 2019/20

% children in NEL achieving expected levels of development in ASQ-3, by area of development, Quarter 1 2019/20

Achieved expected level of development	%
Communication skills	88.5%
Gross motor skills	97.3%
Fine motor skills	96.2%
Problem solving skills	97.5%
Personal-social skills	96.6%
All five domains	84.4%

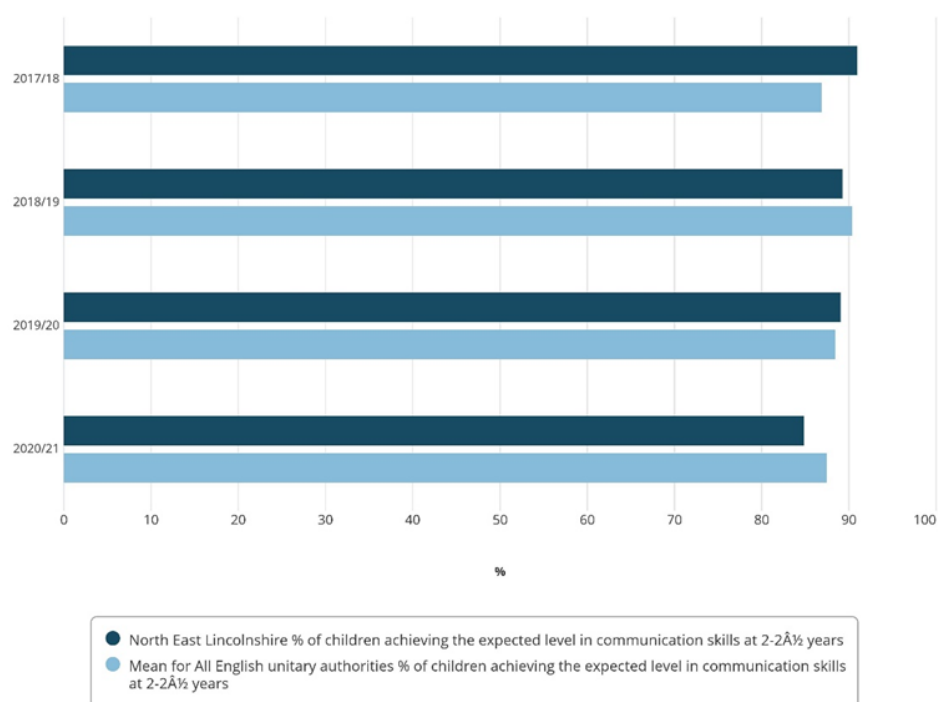
Source: NEL Health Visiting Service

Between 2019/20 and 2020/21 there has been a decrease locally in the percentage of children achieving the expected or above level in communication skills in the 2 – 2.5-year review (Figure 3) and the proportion (84%) is now the lowest in 4 years, falling below the England average. This is likely to be related to the disruptions in children’s lives caused by the pandemic, such as the forced closure of early years settings, which are known to impact positively on child development and attainment as they learn to interact with other children, share, resolve conflict, and form positive relationships.

In addition to the regression in child development, there has been a drop in the number of referrals submitted to speech and language services following school closures. It is therefore likely that many children in NEL did not receive the speech and language support that they needed during the pandemic, and their inability to express themselves has often manifested in challenging behaviour.

For those who were receiving support from local speech and language services during the pandemic, sessions were carried out online with families via video. However not all children responded well to online sessions, and disadvantaged families without access to the internet or a computer may have missed out on receiving support.

Figure 3: Percentage of Children in NEL (dark blue) and on average in England (light blue) who were at or above the expected level in the ASQ-3 Communication Skills in their 2 – 2.5-year review 2017/18 – 2020/21



Source:
Public Health England

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Early language skills not only enable a child to communicate but also impact on many areas of their non-physical development such as the ability to manage emotions, communicate feelings, establish, and maintain relationships, think symbolically, and learn to read and write. Approximately 21% of all special education needs within England’s primary education system

are speech, language, and communication difficulties. Poor communication and language skills in the early years are associated with higher risk of long-term negative outcomes related to social mobility, offending, entering the criminal justice system, and adult mental health problems (Law & Charlton, 2017).

Separation Anxiety

During the lockdown, childcare places at early years settings were only accessible for infants who were vulnerable or whose parents were keyworkers. Although most early years settings opened fully again in June, some waited until later in the term, and some parents chose for their child not to return to the early years setting until the next academic year.

In addition, restrictions also prevented children from seeing family and friends who would normally look after them to relieve stress on families, hence making it impossible for some children to be away from their parents even for a couple of hours. The Health Visiting service report that infant mental health regarding separation anxiety is now a huge issue for both children and their parents, particularly when children were first going back to Early Years settings. Butterfly Mums also report that it is now taking children longer to settle.

Early years settings in NEL reported that once children were allowed to return, due to the lift in restrictions, clear differences emerged between children whose parents had engaged with them at home and those who had not. Toileting and speech had progressed in children whose parents continued consistent engagement with their children compared to those who had less attention.

It is important to note that parents spending more time at home also had positive outcomes regarding parent – infant relationships. Spending more time with mum at home can help build the resilience needed for children to cope with life's adversities.

Initial Support fund

The social, emotional, and physical impact of Covid-19 has led many children to struggle to transition or return to early years settings. To support local children whose learning and development has been impacted by the pandemic, North East Lincolnshire Council (NELC) public health allocated funding in the form of a one-off payment of £750, to ensure a well-planned and personalised transition into early years settings with hopes this will create a positive first experience of being away from home. As of November 2021, funding had been requested for 68 children, most of which included an ASQ score that has raised concerns about the child reaching development milestones. Reasons for applying for the Initial Support Fund have included limited speech, hyperactivity, aggression, sleep problems, and separation anxiety. The support fund aims to help bridge the gaps in equality for those children who have disproportionately suffered because of Covid-19, no matter their background.

8. Children and Young People

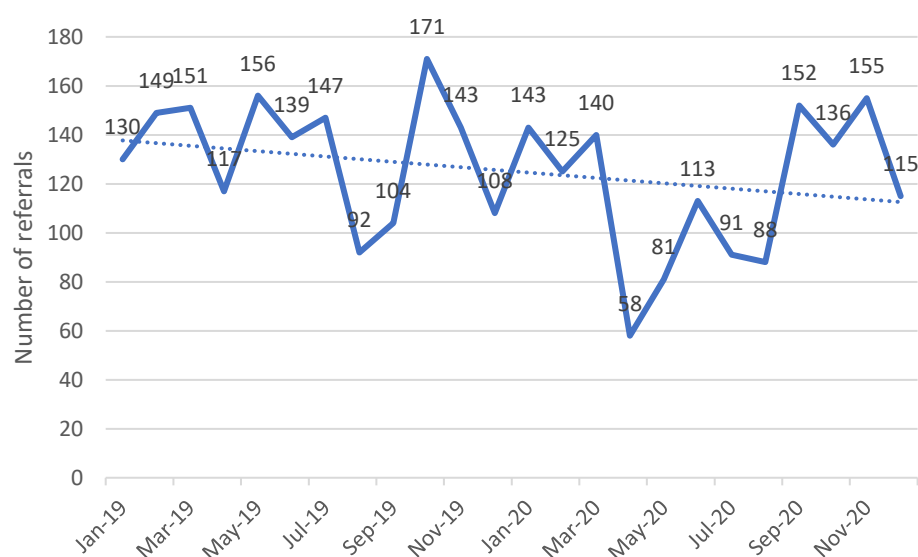
The mental health and wellbeing of children and young people not only matters for their present, but also their future mental health, emotional wellbeing, and ability to reach their future potential (Department for Education, October 2020). Key aspects of children's lives which are important for their wellbeing include feeling loved, having supportive and positive relationships, feeling safe, having a positive school environment, and being involved in decisions that affect them (Department for Education, October 2020).

Mental health service data

Local mental health services report seeing more complex cases and growing waiting lists for children and young people following the pandemic.

Referrals to Young Minds Matter (YMM), who provide specialist mental health support for those under the age of 19, dropped initially during the first lockdown followed by a return to normal later in the year (NELC Update on rapid Covid-19 health needs assessment, 2021). The number of referrals between January 2019 and November 2020 are shown in Figure 4.

Figure 4: Number of referrals to Young Minds Matter between January 2019 and November 2020



Source: Young Minds Matter

YMM report that since the onset of the pandemic young people are now presenting at a much more complex stage requiring intensive support and increased resource, resulting in waiting times for a routine appointment that now reach 20 weeks as opposed to never exceeding 8 weeks pre-pandemic. There has been a worsening of obsessive-compulsive disorder (OCD) symptoms, increased social and health anxiety, and increased eating disorder referrals.

Kooth (an online instant access support service for young people aged 11 – 25) also reports that new local registrations dropped initially during the pandemic but then increased again when schools reopened. In 2020, self-harm and suicidal thoughts became the most common presenting issue among NEL young people for the first time since Kooth's contract began in December 2016. Other common issues included anxiety/ stress, relationship issues, and sadness/ depression.

In October 2020, Compass Go service also began working with a small number of schools in NEL to deliver a lower-level mental health support service to their pupils. Compass Go had 84 active cases by December 2020 and received 117 referrals between January – March 2021. The most common reason for referral overall has been anxiety and difficulty managing emotions, often related to the pandemic (i.e., health anxiety, new routines, transition back to school after long periods at home, and attachment) (NELC Update on rapid Covid-19 health needs assessment, 2021).

The Bereavement Service also report seeing a definite increase in referrals and complexity of referrals for children following the pandemic, with peaks occurring each time children have gone back to schools.

Hospital admissions due to mental ill health

Figure 4 shows the numbers of children aged 5 – 19 admitted to Grimsby hospital for mental ill health between 2016/17 and 2020/21. The proportion of children admitted to the hospital for mental ill health (22 children) was highest in the financial year 2020/21, which may suggest an impact of the pandemic but may also just be general fluctuation so should be interpreted with caution.

Of note since 2017, the numbers of females aged 5 – 19 years admitted to hospital for mental ill health increased overall (Figure 5) whereas the numbers of males have decreased overall.

Figure 5: The number of males and females aged 5 – 19 years old, admitted to hospital for mental health reasons between 2016/17 and 2020/21

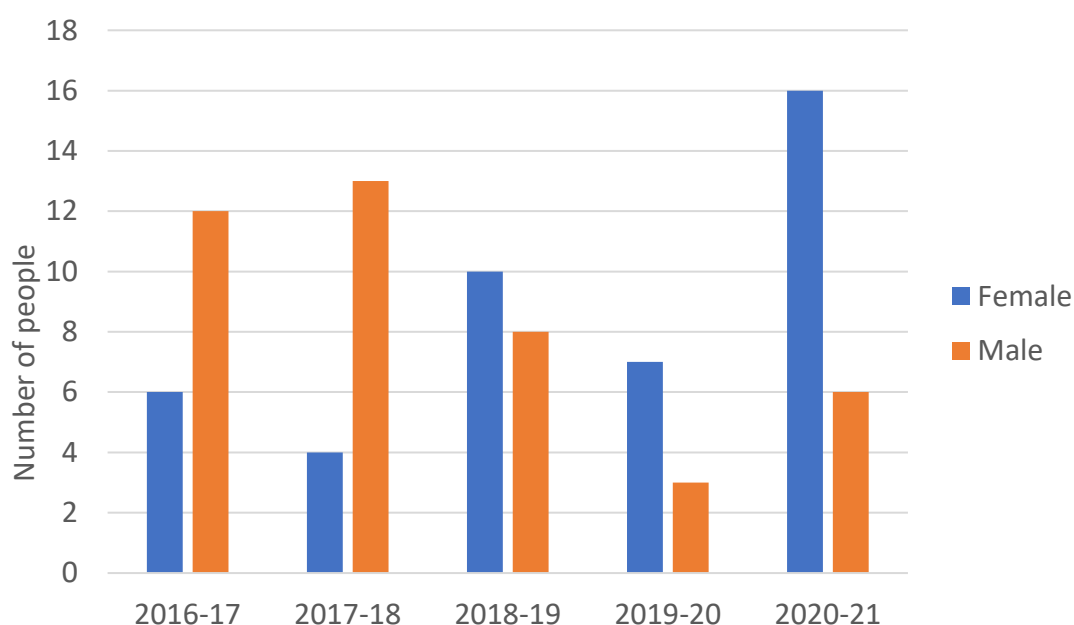
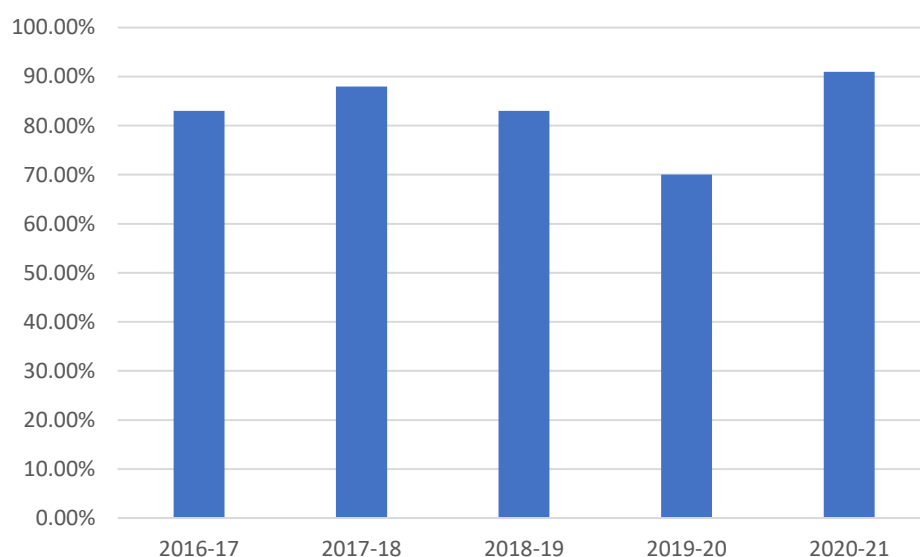


Figure 6 which follows, shows that the proportion which were emergency admissions (91%) in 2020/21 was also the highest since 2016/17 when the data began.

Figure 6: The proportion of mental health hospital admissions which were non-elective, for North East Lincolnshire residents aged 5 – 19 years old between 2016/17 and 2020/21



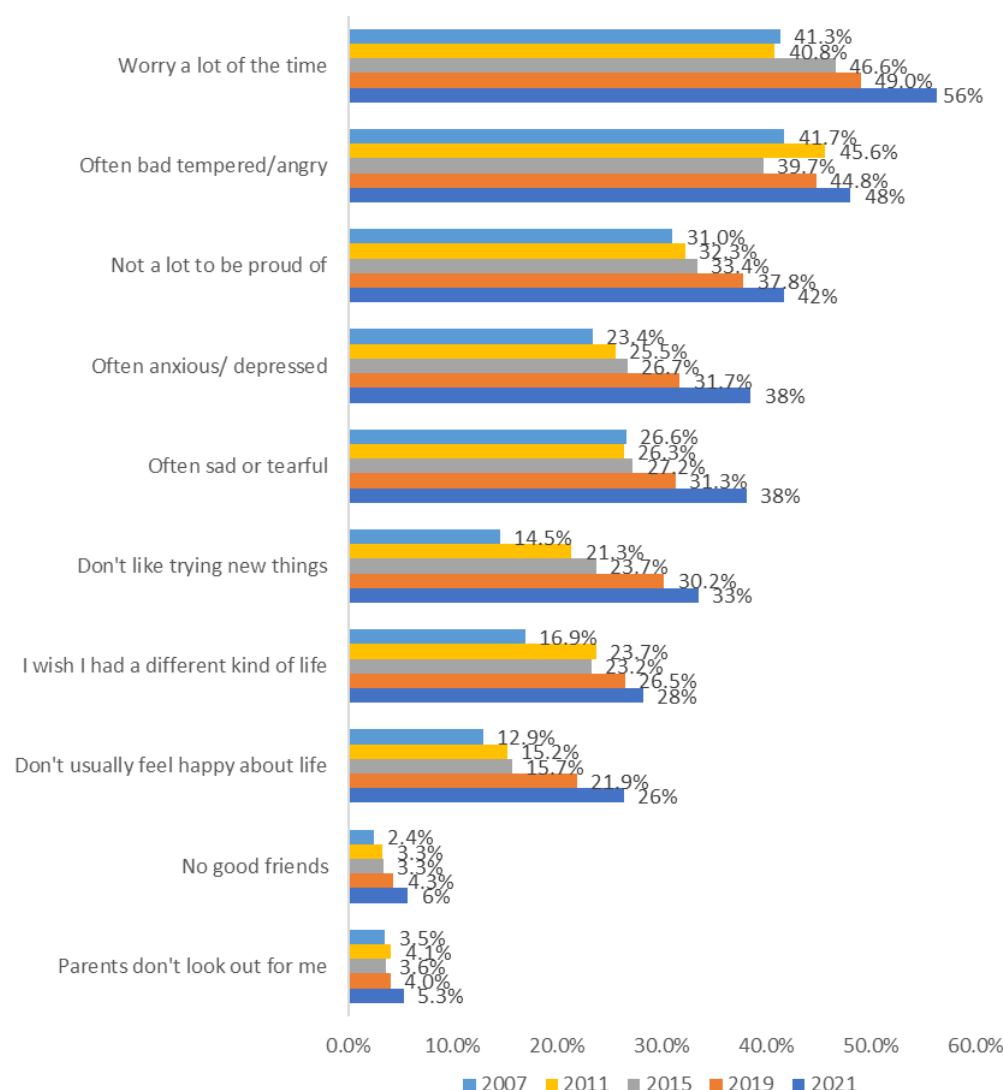
General wellbeing among children and young people

The NEL Adolescent lifestyle survey (ALS) which is carried out every 3 years among secondary school aged children shows a decline locally in many measures of emotional wellbeing and happiness among school children each cycle since 2007 (Figure 7). As can be seen from Figure 7, the largest decrease in wellbeing measures among local secondary school children occurred between 2019 and 2021, which may have been influenced by the pandemic (NELC Adolescent Lifestyle Survey 2021, 2021).

There was worse wellbeing in general among older children than younger children, and among females than males consistent with national insight (NELC Adolescent Lifestyle Survey 2021, 2021). In 2021, the top reasons for 'worrying a lot' among local females were the way they look (52% of females vs 22% males) and their weight (48% females vs 25% males), whereas for males their main worries were getting a job (26% males vs 35% females) and school work/exams (25% males vs 45% females) although females still worried more about these issues than males (NELC Adolescent Lifestyle Survey 2021, 2021).

A local consultation (Your Voice Your Vote) was also recently coordinated during the pandemic the NELC Youth Action group, among 3676 young people across secondary academies, special schools, pupil referral units, colleges, youth groups, and online, during which young people voted on the issues most important to them. The top priority issue for NEL was 'Mental health' (receiving 19% of all votes) followed by 'knife crime', 'life skills', 'LGBT+/gender ID support', and 'more activities for young people'.

Figure 7: Results of the Adolescent Lifestyle Survey, showing the proportion of secondary school children who agree with a range of wellbeing measures. Comparisons over time, from 2007 until 2021.



During the pandemic a further NELC project called 'Creative connections' asked children and young people living in NEL to share their experiences of loneliness and isolation through creative means. For some, the pandemic seemed a positive experience (such as not having to be around lots of people) however it had a negative impact on most who responded. A high proportion of responses came from children and young people who have SEND, who identify as Lesbian, Gay, Bisexual, Transgender or other minority sexuality or gender identity (LGBT+), from Black, Asian, and minority ethnic backgrounds, those who have English as their second language, and children in care including care leavers. This may reflect the increased impact of loneliness and isolation on these groups of young people, and the fact that responding through creative means may be a more accessible way for them to express how they feel.

The local young LGBT community

Insight has also been given by members of a local LGBT+ support group for young people. Although there were exceptions, most of these young people rated their mental health and

emotional wellbeing as 'poor' prior to the pandemic and report a further negative impact of the pandemic. However, the positive impact of the support group on their wellbeing was evident from their responses. To improve the mental health and wellbeing of those in the LGBT community, they would like to see more LGBT social groups and events, more therapeutic support, more information about being LGBT in schools (including more positive information passed on), as well as better training around LGBT issues in all organisations locally.

Self-harm

Of concern in the 2021 ALS (consistent with 2019) was the proportion (20%) of NEL school children who would sometimes (13%), usually (4%) or always (3%) cope with worries or stress by cutting or hurting themselves. Likelihood of self-harm was consistent across year groups, with females more likely to cut or hurt themselves (26%) than males (14%). Nationally an increase of self-harming among pupils has also been observed in both primary and secondary schools according to Ofsted (Ofsted, November 2020).

Franklin College report that there was a trend of self-harm among their students prior to lockdown. Although this has since decreased, during the Autumn term 2021, there have been several suicide attempts by overdose among their students. While the direct cause and possible influence of the pandemic on these overdoses is unknown, it does reflect the amount of young people locally willing to hurt themselves. Franklin College also report that there tend to be more safeguarding cases among females than males, although they recognise that this may reflect gender roles around 'masculinity'.

Eating disorders

The ALS also reflects a high proportion of local secondary school children who worry about their looks and weight. During the pandemic, there has been a national increase in eating disorders (among both girls and boys)(Ofsted, November 2020). Local evidence is consistent. Child mental health commissioners in NEL report a rise in eating disorders locally since the pandemic began. Franklin College also report huge issues around eating disorders and difficult relationships with food among their students, many who are not getting the support they need. Hospital admissions for eating disorders among children (aged ≤ 19) in 2020/21 in NEL was the highest among all years for which data is available (since 2016/17). The area of eating disorders is being addressed by commissioners of specialist mental health services.

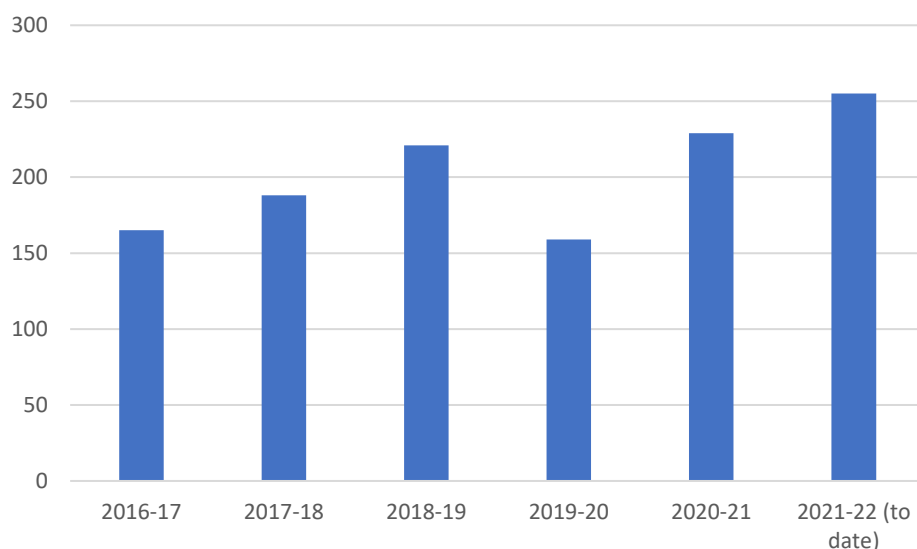
Impact of the pandemic within education

PSHE (Personal, social, health and economic education) coordinators from local schools were asked for insight around the impact of the pandemic on the mental health and emotional wellbeing of the children they support. Responses received included a local vice principal, a pastoral lead, and a safeguarding officer. Although not all had observed a major impact of the pandemic on the mental health of children they support, others reported lots more children talking about death and dying at school, children finding it difficult not to be able to mix with their wider circle of friends outside of their bubbles, pastoral social groups being cancelled, some young people losing their sense of belonging, worth, and purpose, and a rise in mental health concerns such as anxiety, suicidal ideation, self-harm and eating problems. A safeguarding officer also reported that several parents struggled to deal with their child's behaviour in the family home during lockdown.

At the end of the summer term (2019) prior to the pandemic, there were 211 (0.8%) NEL resident children being home educated which was higher than any previous academic year (Figure 8). This was followed by a decrease by the end of the 2020 summer term, however as shown in Figure 8 there has since been a further spike in the number of requests for young

people to be home educated, with around 50% requests stating Covid-19 as the reason and 30% requests stating anxiety.

Figure 8: The number of children living in NEL in elective home education at the end of each academic year since 2016/17 to date.



In terms of students in further education, Grimsby Institute for Further Education noticed 16 – 18-year-old learners withdrawing with emotional issues early during the pandemic, mostly young males (NELC Update on rapid Covid-19 health needs assessment, 2021). Franklin College also saw a definite impact of the pandemic on the mental health and emotional wellbeing of its students in general, with increases in low mood, lack of motivation, and anxiety among their students. Whilst some of their students found being away from college difficult, others experienced anxiety around integrating back into college.

Interviews conducted with the Safeguarding contact and the Head of welfare for Franklin College revealed that poor resilience among their students has been an issue for several years. This in combination with the fact that many students have been knocked back by the pandemic (such as through missing important exams and a large amount of school) is now becoming an issue in terms of mental health and safeguarding, as not being able to cope academically impacts on young people's self-esteem, motivation, and mental and emotional wellbeing.

Vulnerable and disadvantaged children and young people

Children who are disadvantaged are more likely to have worse mental health and emotional wellbeing in general and to have been impacted more negatively by the pandemic, with the pandemic also likely to have substantiated these inequalities (NELC HNA Vulnerability in Children and Young People, 2019)(NELC Director of Public Health annual report, 2020).

A vice principal of a local school reported observations that young people with autism have struggled during the pandemic as their need for structure and routine is imperative within their daily lives, so changes to their structure and routine (such as not being able to socialise or attend schools and activities) had caused them to feel lost. Learning4Life-Gy (a local inclusive educational provider who support SEND learners) also report a rise in the amount of mental

health referrals they have made for children with SEND since the pandemic. Funding has been obtained in NEL for a project called Autism in Schools which will take place in 10 schools in our area, to try to remove some of the vulnerability associated with autism and improve the journey and outcomes for children and families.

Children's social care services in the area continued to hold face to face visits for children and young people at high risk of harm throughout the national lockdowns. However, since other organisations could not continue performing face to face visits, it is thought that some children and young people were at increased risk of harm or further harm because of reduced contact with professionals, and that some safeguarding issues were not picked up (NELC Children's Services Domestic Abuse Analysis , February 2021). Children's social services report that many vulnerable children who were permitted to attend school during the pandemic stayed at home. In addition, a local school pastoral manager reported that children from vulnerable families who do not meet the threshold for a social worker, have been able to use Covid-19 as a reason for absences and are not as visible in school.

A domestic abuse needs assessment is being undertaken by children's services, which currently suggests a greater severity of some domestic abuse cases following the pandemic. This is echoed by crisis lines and voluntary agencies. A vice principal of a local school has also reported increased cases of domestic abuse amongst families, some with no history at all, because of having to be always around each other.

General comments from many local organisations such as Children's social services and the Bereavement Service, reflected that although the pandemic may have increased the amount of hidden harm occurring within families, the root cause of many of the safeguarding concerns is the high level of need in NEL due to the levels of deprivation. It is suggested that we need to gain a better understanding locally about how we can address this, as many families in NEL need more support than families in more affluent areas.

9. Working Age Adults

There will have been a huge variety of experiences during the pandemic among our working age adult population. For example, whilst front line workers may have experienced stress over catching Covid-19 or transmitting it to their families, other working age adults may have become unemployed or furloughed and experienced a loss of purpose, whilst many working from home will have experienced isolation. Adults with families may have worried over balancing their own work with their children's education and entertainment, whilst those living alone may have experienced excruciating loneliness and isolation. Furthermore, the lockdown measures will have had an unequal impact depending on factors such as how much indoor and outdoor space people had access to, the quality of their neighbourhoods for taking exercise each day, and whether they were at risk of violence inside their home. Whilst for some the pandemic may have been beneficial for their mental health and emotional wellbeing, it is evident that for others it has been negative, often resulting in a range of coping mechanisms such as higher levels of substance misuse, unhealthy eating, and domestic violence.

Mental health service data

Navigo Mental Health service expected an increase in referrals for individuals seeking talking therapy due to the pandemic. Although overall this was not seen, there was a rise in acute and more complex cases which will likely require long term treatment. There was also a significant increase in demand for the treatment of eating disorders, as well as a rise in first episode of psychosis presentations (although not all directly because of Covid-19). The need for ward-based therapy has increased whilst discharges have been slower.

Overall, there has been an increase in referrals to Mind, which have mainly been related to anxiety, low mood and depression, and support with managing emotions. There were few calls to the Mind information line from NEL, and steps are now being taken to increase awareness of the line. However, calls received during the pandemic included enquiries around how to manage low mood, access to counselling, and due to social isolation. Mind also offers a Job Retention Service which supports employees who are at risk (real or perceived) of losing their employment because of their mental health. Since the pandemic a greater number of individuals have been accessing the job retention service and reporting they are anxious about returning to work or to the office following a period of absence. It is anticipated that individuals seeking support due to anxiety around returning to work will increase further in the future.

There was also increased attendances at SafeSpace; an out-of-hours open door crisis café offering mental health support.

The NELC Wellbeing Service continued to support people throughout the pandemic. The support ranged from providing time for clients to tell their story, using a coaching approach to support with self-help and coping strategies, to develop a healthy lifestyle and establish routines, and working with the client using tools such as the Wellbeing wheel (and the GROW model) to enable them to break down their concerns and focus upon one thing at a time. Collaborations with other organisations was key to the support provided, including with Centre4, Navigo, churches, spiritual centres, and emergency services.

The time and listening skills provided by the Wellbeing Service was essential to their clients during the pandemic, who sometimes felt overwhelmed and just needed to talk without worrying those close to them. The training which wellbeing workers receive around suicide prevention was a necessity with certain clients, and there was increased contact between the Wellbeing Service and emergency services during the pandemic. The Wellbeing Service also helped dispel a lot of miscommunications around rules whilst in lockdown and afterwards.

Table 3 details how support needs served by the wellbeing service varied between pre - Covid-19, during the peak of Covid-19, and currently.

Table 3: Support Needs Served by the Wellbeing Service

Pre Covid-19	During the peak of Covid-19	Currently
<ul style="list-style-type: none"> • Emotional support for day-to-day living • Loneliness • Anxiety and depression (Very Low Level) • Health anxieties • Confidence building • Weight management • Increasing physical activity • Stop Smoking • Access to food banks • Benefits support • Housing issues • Financial and budgeting support • Debt • Job ready signposting and support • Upskilling signposting and support • Bereavement 	<ul style="list-style-type: none"> • Access to fuel vouchers • Loss of pets • Sexual abuse • Rape victims • Abuse victims • Suicidal Ideation • Suicidal Intent • Self-harm • Panic Attacks • High level anxiety • Depression • Domestic abuse • Childhood/Adult trauma • Drug/alcohol/gambling addiction – Hand holding until clients were able to access support, which could be 3 months plus • Crisis clients • Homelessness • Job loss • Isolation • Covid-19 fears • Relationship breakdowns • Clients feeling lost in the system, not meeting MH service criteria's within NEL to gain access to support although experiencing high levels of varied MH issues • Stop Smoking • Weight management Access to food banks • Benefits support • Financial & budgeting support • Health Anxieties • Loneliness • Housing issues • Debt • Job ready signposting and support • Bereavement 	<ul style="list-style-type: none"> • Hand holding clients between referrals and waiting times for psychological therapies/counselling/recovery programs • Emotional support for day-to-day living • Loneliness • Covid-19 fears • Bereavement • Increasing physical activity • Stop Smoking • Access to food banks • Benefits support • Housing issues • Financial and budgeting support • Debt • Job ready signposting and support • Upskilling signposting and support • Anxiety and depression varying levels • Health anxieties • Confidence building • Weight management

Based on the trend of support being requested from the Wellbeing Service, the following predictions around the future/ongoing impact of Covid-19 can be made:

- Long Covid: The symptoms of long covid will be a long-term detriment to mental health. The symptom of chronic fatigue can increase depression, and impacts people's ability to be active, in turn impacting their physical health.

- Anxiety/ Low Motivation/ Depression: The increased support being provided to support those who do not meet the criteria of clinical mental health services or those on waiting lists to be treated by services will continue.
- Stop Smoking: Continued increase in stop smoking clients.
- Multiple Wellbeing Factors: During Covid-19 and to date there has been an increase in clients whose mental health is being impacted by multiple wellbeing factors, making their needs more complex and this may continue whilst Covid-19 is still present.
- Weight Management: Continuation of the increased number of clients looking for support with regards to weight management, ranging from healthy eating, increased physical activity, support increasing motivation, and general weight loss.

The Mental Health Alliance (previously the Mental Health Working Group) carried out a mental health survey during September – October 2021. This was sent to professionals from a wide range of organisations including council frontline staff, voluntary sector organisations, the police, Grimsby institute, Franklin college, and local businesses. In total 206 people completed the survey. Whilst the survey was originally designed to ask about the clients who these organisations support, a major finding was that over 50% of the professionals themselves did not have 'good' or 'very good' mental health, and a lot of them had never reached out for support.

A whole borough survey is now planned to ask North East Lincolnshire residents in general about their mental health and wellbeing, including reasons for not seeking help, and barriers to getting the support needed. In addition, NEL Covid Grant Award funding has been secured to offer free reflective practice sessions, counselling sessions, and mental health awareness level 2 training to all staff and volunteers working on the frontline in the Voluntary, Community and Social Enterprise (VCSE) sector.

A & E attendances

Between April 2020 and March 2021, there were 355 mental health related A & E attendances at Grimsby Hospital in total, with the numbers for each age group displayed in Figure 9. It can be seen from Figure 9 that in general there were more mental health related A & E attendances among younger age groups than older age groups.

Figure 10 displays the number of attendances from individuals that reside in each ward in NEL. This shows that in general, there were more attendances among individuals who live in wards of greater deprivation. East Marsh, which has the highest levels of deprivation, makes up nearly one fifth (18%) of all attendances, possibly highlighting how those in less secure environments were at greater risk of a negative impact on their mental health because of the pandemic.

The main reasons behind the A & E attendances are listed in Table 4. The most common complaint was deliberate self-harm, followed by bizarre behaviour. Whilst more males attended A & E due to bizarre behaviour (13% males compared to 7% females), more females attended A & E due to self-harm (53% females compared to 43% males).

Figure 9: Mental Health Related A&E Attendances at Grimsby Hospital, by gender and age group (April 2020 to March 2021)

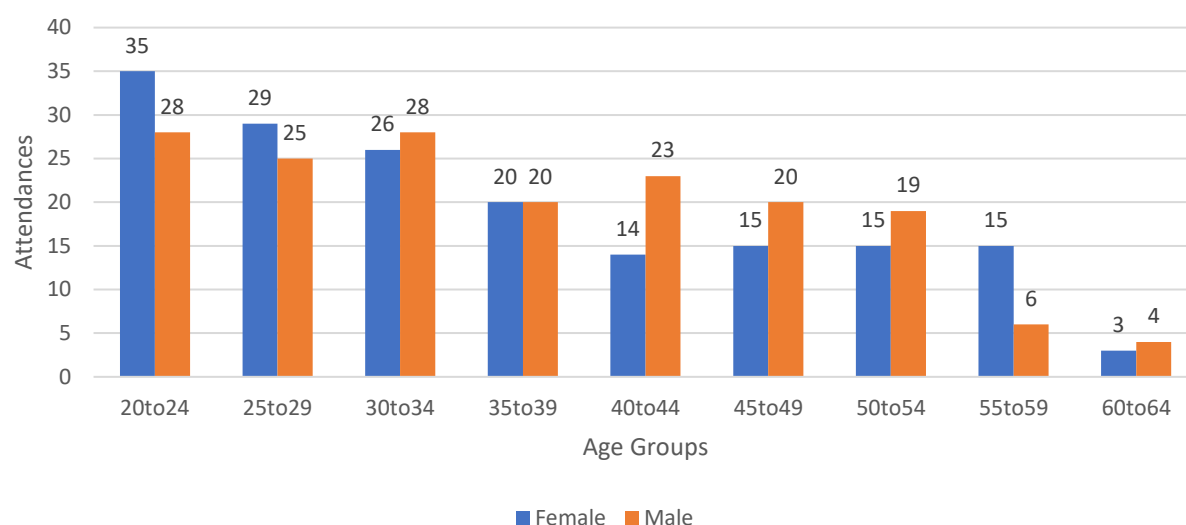
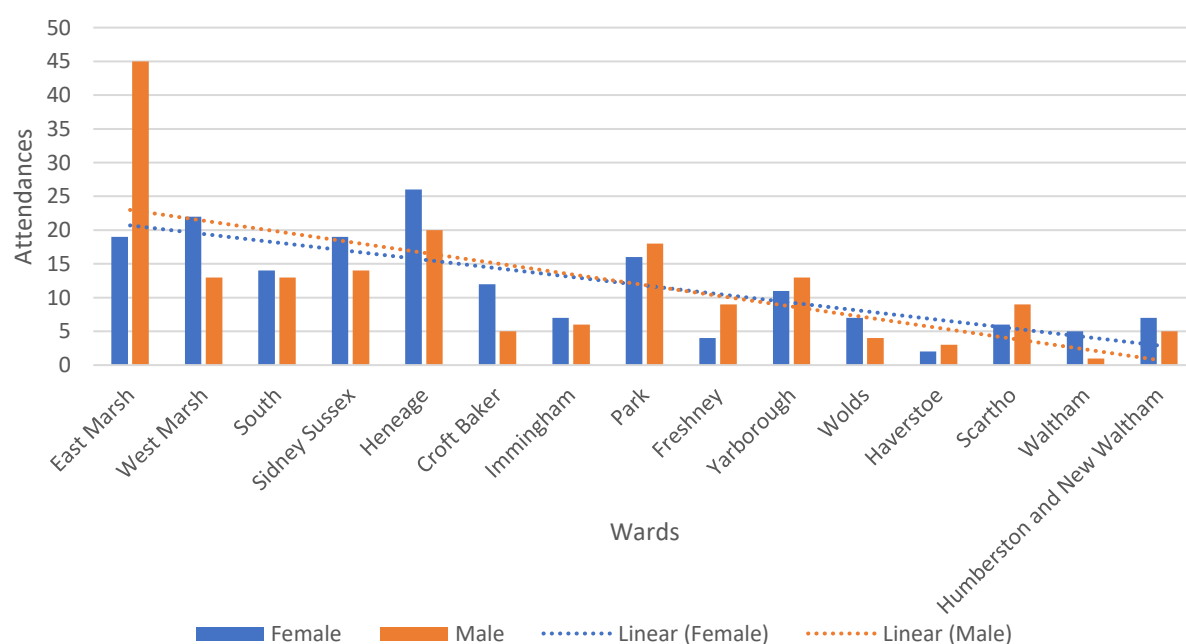


Figure 10: Mental Health Related A&E Attendances at Grimsby Hospital, by gender and ward (ordered by Indices of Multiple Deprivation) (April 2020 to March 2021)



Source: CCG North East Lincolnshire

Table 4: Main complaints as proportions from individuals attending A & E for mental health reasons, by gender (Source: CCG North East Lincolnshire)

Main Complaint	Female	Male	Grand Total
Deliberate Self-harm	53.49%	42.77%	48.12%
Bizarre Behaviour	22.67%	24.28%	23.48%
Anxiety	11.63%	13.29%	12.46%
Violent Behaviour	6.98%	13.29%	10.14%
Hallucinations	5.23%	6.36%	5.80%

Suicide

During 2021, there were 25 suspected suicides in NEL which is higher than the average over the last 5 years, and the highest number since Real Time Surveillance data collection began in 2017, as shown in Table 5.

Table 5: Number of suspected suicides in NEL, 2017 to 2021

Year	Suspected Suicides
2017	< 10
2018 - 19	18
2020 - 21	42

**Includes deaths up to 31st December 2021*

Source: North East Lincolnshire Council PHIU

Of note, in 2020 the proportion of suspected suicides occurring among females (35%) was high compared to previous years (0% in 2019, 7% in 2018, and 25% in 2017). Among female deaths, a high number have had children removed into care or experienced the death of a child. There has also been an increase in suspected suicides in those who have been the victim of domestic abuse and those who have been the perpetrator in abusive relationships.

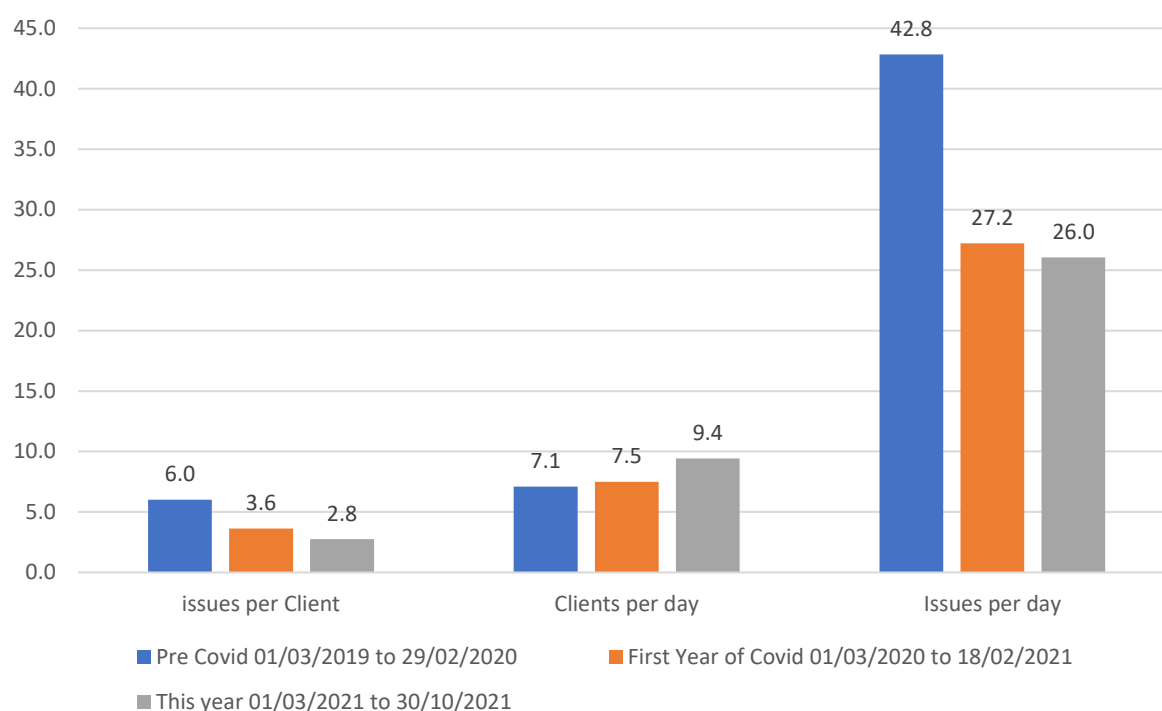
Individuals with Learning Disabilities

NEL Navigo service users with high functioning autism were negatively and positively impacted by Covid-19 and the associated restrictions. Lockdown created opportunities for individuals to create routines in a controlled environment and avoid stressful situations that they may encounter in public environments. The opportunity to have conversations remotely was welcomed and preferred. However, the frequent changes in Covid-19 restrictions reduced control and increased anxiety levels. Established routines that were dependant on external stimuli in public settings such as shops were broken, as Covid-19 restrictions enforced closures of many public settings.

Unemployment and Financial Insecurity

Figure 11 displays the number of individuals supported, and the number of issues dealt with, in NEL by Citizen's Advice Bureau in 2019/20, 2020/21, and 2021 financial year until the end of October 2021. Since the pandemic began, there has been a small increase in the average number of individuals supported by Citizen's Advice each day, although on average each person is presenting with fewer issues.

Figure 11: Citizens Advice: Average Number of Issues and Clients Per Day, And Issues Per Clients During Three Time Periods (Pre Covid, First Year of Covid & This Year) - NEL



Source: NEL Citizens Advice

The most common issue causing people in NEL to seek support from Citizen's Advice, in each financial year, was debt. Other common issues included benefit and tax credits, and universal credit related issues.

Regarding the individuals seeking support in NEL, the greatest proportion were from a white ethnic background, however this proportion decreased from 90% to 84% between the 2020/21 financial year and March - October 2021. Between March – October 2021, individuals from Asian backgrounds in NEL made up the largest proportion of those from ethnic minorities seeking support.

During the multiple lockdowns the Citizen's Advice offices were closed, and they are now only seeing clients in person with pre-arranged appointments. These operational changes led to very low numbers of in person contact and increases in individuals using both phone and email channels. However, this has not led to a decrease in individuals making contact.

Domestic Abuse

NEL Women's Aid reflect their concern regarding the introduction of lockdowns, as they presented nightmarish situations for individuals experiencing abuse, causing them to become more isolated and cut off from support. Some families with children also experienced more stress due to school closures and children being constantly at home.

Women's Aid maintained contact with service users throughout the pandemic by telephone or video link providing it was safe to do so, and online counselling was arranged where possible. However, for those whom this was not safe since their partner was always present, contact was lost, which was a great concern, and, in some cases the police were asked to do welfare checks disguised as leaflet drops or routine door knocks.

Covid-19 led to a reduction in referrals to Women's Aid by agencies and self-referrals but an increase in police referrals. There was an increase in telephone calls for advice from frightened families, many of whom didn't think getting support during Covid-19 was an option in their circumstances but needed to know what was available and how to access this support when it was possible. Coming out of lockdowns led to increases in the numbers asking for support and slowly women are returning to drop ins.

Refuge occupancy was limited during Covid-19 to reduce risk of transmission. The women that lived in refuge during the pandemic experienced increased mental health issues. Collaborative support was provided via the crisis team and counsellors. During this period, staff's mental health was negatively impacted due to fear of contracting or transmitting Covid-19, whilst the inability to participate in usual leisure activities deprived staff of an important strategy for coping with the trauma they are exposed to. Refuge capacity in the area is and has been at full capacity in recent months, however, there is now a waiting list due to the government legislation and Duty of Care put on local authorities to ensure there were no rough sleepers during Covid-19. There are fewer homes/accommodation to move families in to when it is safe to do so. Refuge is an emergency crisis accommodation but has become home for some because of the lack of move-on facilities. This means others now needing emergency accommodation cannot access it quickly and is a concern.

Since 2017/18, the number of referrals and repeat referrals to Blue Door; a specialist service who provides support to individuals who have experienced domestic abuse and/ or sexual violence, have increased annually, however the largest increase was between 2019/20 and 2020/21. During this time, the 26 – 35 age group made up the largest proportion of service users, whereas there was a reduction in those aged 46 – 55. In the 2020/21 financial year, 94% of referrals were from Multi Agency Risk Assessment Meetings (MARAC) and Humberside Police, reflecting that the main agencies involved with victims of domestic abuse during lockdown and the beginning of the pandemic were statutory ones. Between April 2020 and March 2021 there were 769 referrals of high-risk cases processed to MARAC, this is an increase of 40% from the previous year.

Bereavement

Few referrals to the Bereavement partnership have been specifically linked to Covid-19 deaths, but a majority have involved the pandemic's impact on bereavement experiences and the referrals received. For some, prior grief re-emerged during lockdown. Social isolation has led to some local bereaved individuals wishing to take their life. Post and pre bereavement there has been increased extreme anxiety, prevalence of panic attacks and re-emergence of obsessive-compulsive disorder (OCD) symptoms. The Bereavement Service also report that mentions of death in the news, large events (e.g., birthdays and Christmas), loosening of Covid-19 restrictions and emphasis on returning to 'normality' have all been triggers for anxiety. Feelings of unfairness and inequity were reported as restrictions regarding funeral attendance have changed and eased. Being unable to be close to loved ones before they passed was very difficult for some.

Substance Misuse

Creative Start recovery community in NEL transferred their recovery meetings to online very early in the pandemic, and this was an essential form of connection to maintain recovery for many service users.

There was more recovery online support than ever before and that has continued after the lockdowns and has become a normal part of recovery. It has enabled people in recovery to connect across the world and was one of the few positive things to arise from the pandemic.

Although those that were in a recovery programme adapted to the pandemic quite quickly, Creative Start reported that there was also a dramatic increase in dependent drinking, addiction, and associated mental health problems during the pandemic. A lot of calls were received from family members asking for help with a loved one's addiction. Creative Start also witnessed increased domestic abuse among those they support, and associated anxiety and depression. The above observations were presumed to be linked to people being more isolated, having time on their hands, and experiencing a lack of purpose.

Grimsby Practices in Partnership (GPIP) Drug and Alcohol Service report that many of their patients who misuse alcohol alone, consumed large volumes of alcohol during the pandemic, with many reporting loneliness and boredom as the main reason. As well as increased alcohol consumption, patients also reported changes in their mental health due to the pandemic.

Most of the GPIP drug using patient cohort initially reported being stable during the start of the pandemic, however as time went on and patients were brought in for routine tests (as part of their treatment), it became apparent that many of them were not stable.

10. Older People

In addition to being more likely to experience severe Covid-19 infection, hospitalisation, and mortality, the older adult population was identified early in the pandemic as particularly likely to disproportionately experience the wider impacts of Covid-19 (Public Health England, 2021a). These wider impacts are the indirect effects on population health not resulting from an infection itself, but rather from the measures put in place to limit its spread (Douglas, 2020).

Prevalence and activity

Applying the findings from the latest Adult Psychiatric Morbidity Survey to the local 65+ population, the prevalence of common mental disorders (any type of depression or anxiety) in the North East Lincolnshire population, is estimated at around 11% of the 65+ population, which equates to approximately 3,500 people (Public Health England, 2021c). However, it is important to note that both anxiety and depression have increased following the pandemic (Office for National Statistics, 2020).

Table 6 shows the number of referrals to NAViGO of patients aged 65+ years between 2018 and 2021 and points to a big increase in referrals during 2020 and 2021 compared to previous years.

Table 6: Number of referrals to NAViGO of patients aged 65+ years, January 2018 to November 2021

Number of referrals	2018	2019	2020	2021*
Patients aged 65 to 74 year	1,227	1,302	1,484	1,738
Patients aged 75+ years	2,758	3,018	3,512	3,192
Total patients aged 65+ years	3,985	4,320	5,005	4,930

* January to November 2021

Source: NAViGO

Dementia

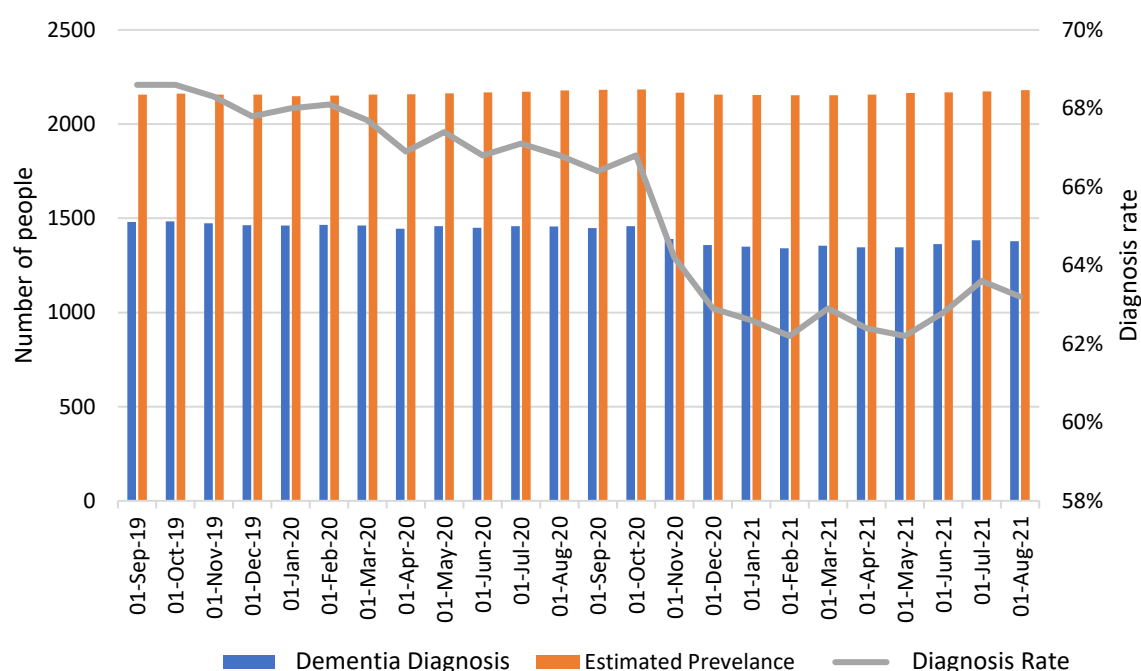
Dementia is an umbrella term that includes Alzheimer's disease, vascular dementia, and other dementias, and may include symptoms such as memory loss, confusion, personality change, loss of empathy and/or hallucinations. There is no cure for dementia but there are medical treatments to ease or delay symptoms. Research suggests that active treatment of hypertension, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity, might have the potential to delay or prevent a third of dementia cases (Livingston, 2017). Many of these mitigation factors have been impacted by the Covid-19 pandemic. During the Covid-19 lockdown, social isolation, and feelings of loneliness in the older population have increased, and they can be a risk factor for dementia, especially in vulnerable older people (Lazzari, 2021). Maintaining social engagement has been very difficult with lockdowns, activities cancelled, and a smaller proportion of older people accessing online activities than other age groups. The management of long-term conditions has also been impacted with fewer face to face health appointments.

Exercise routines have been impacted with people staying in to keep safe, resulting in less physical activity and increased frailty symptoms.

Not everyone with dementia has a formal diagnosis, however a formal diagnosis will be beneficial to ensure patients have access to the appropriate care and support. By comparing the number of people estimated to have dementia with the number of people diagnosed with dementia, a diagnosis rate can be calculated.

Figure 12 shows the number of people with a dementia diagnosis in NEL over the past two years, the total number of people estimated to have dementia, and the diagnosis rate. The total number of people estimated to have dementia is currently around 2,180 people, and this figure has been relatively stable during the time period. The number of people with a diagnosis of dementia has fallen slightly during the time period, from just under 1,500 to just under 1,400, with the diagnosis rate falling, particularly from around October 2020, from 68% to 63%, meaning around two thirds of local people with dementia have a formal diagnosis. This decrease in the dementia diagnostic rate follows the national trend and indicates that an increased number of people will have dementia but are as yet undiagnosed.

Figure 12: The number of people with a dementia diagnosis, the total number estimated to have dementia in the population, and the dementia diagnosis rate, persons 65+, North East Lincolnshire, September 2019 to August 2021



Source: NHS Digital

The majority of formal diagnoses of dementia are provided by specialist clinicians at memory assessment services (memory clinics). A timely diagnosis of dementia relies on business as usual occurring in the health system, in particular access to general practice and other specialist doctors, however the pandemic has impacted on the provision of these business-as-usual health services, which in turn, impacts the quality of life for people living with dementia and their carers (OHID, 2021).

A care plan is how an individual's health and care needs are met through the provision of relevant and timely health services. If a care plan is not current, there could be unmet needs

of the individual that could lead to the deterioration of the dementia condition and/or lead to other health conditions developing. Again, because the pandemic has impacted on the provision of business-as-usual health services, there has been a considerable impact on access to memory assessment services (OHID, 2021). This impact is presented in Table 7 which shows the percentage of those with Dementia / Alzheimer's disease with a care plan or care plan review in the last 12 months for 2020 and 2021, compared to the 2017-2019 baseline average and points to a big fall since the start of the pandemic.

Table 7: Percentage of patients with Dementia / Alzheimer's disease with a care plan or care plan review in the last 12 months, North East Lincolnshire CCG, 2020 and 2021 compared with 2017-2019 baseline

Year / NELCCG	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	67.9	74.2	77.8	74.1	70.6	68.1	64.8	61.4	56.5	53.7	49.4	47.2
2021	43.6	42.6	41.9	39.2	38.6	35.7	34.1	34.2	36.9	41.0	47.1	
2018-2019	73.1	76.3	78.8	76.0	71.8	68.5	65.7	63.5	61.7	61.9	62.4	62.5

Source: OHID

Suicide

Suicide is a potential indicator regarding underlying rates of severe mental ill-health. There has been a higher proportion of suspected suicides in older people over the last year, with 14% of suspected suicides occurring in individuals aged 65+ years in 2021 (up to the 24th of November) compared to an average of 6% over the last 5 years. Since the overall numbers are very small, it is not yet possible to establish whether this is an upward trend because figures tend to fluctuate from year to year. (Note that suspected suicides are deaths identified by Humberside Police or the British Transport Police to be suicide and have not been confirmed at inquest by a Coroner).

Impact of the Covid-19 pandemic on mental health

Social isolation and loneliness negatively impact on mental health in older adults and may predispose to cognitive decline (Manca, 2020). During lockdowns and restrictions in general, it has been difficult for some older people to undertake activities that would improve mental health, lessen social isolation and loneliness, and improve their ability to manage health conditions. A survey undertaken by Age UK revealed that 45% of respondents aged over 70 years said they feel uncomfortable or very uncomfortable leaving their homes because of the pandemic (Age UK, 2020).

Access to healthcare has been reduced during the pandemic, with some services not running, others running at reduced capacity or digitally, and many older people unwilling to seek healthcare, with some figures suggesting that around 50% of older adults with a worsening healthcare condition have not sought medical advice about it during the pandemic (Public Health England, 2021a). Locally, several recipients of Support at Home services were fearful of contracting Covid-19 from staff members, which led them to cancel calls, and there have then been situations which have consequently escalated to crisis and required hospital admission. Whilst many services have been operating virtually, older service users report a desire for a choice of both face to face and virtual support. Many older people do not have

internet access or are less confident in its use, and technology is certainly not suitable for all people, particularly those with dementia.

At one point there were just under 7,000 North East Lincolnshire residents aged 65+ years on the local shielded patient list of clinically extremely vulnerable people. The impact of Covid-19 (both direct and indirect) has been particularly felt by those who were shielding and those with multimorbidity, with levels of loneliness, anxiety and depression being higher among older people from these cohorts (Zaninotto, 2020).

Care home residents have also been severely impacted by the Covid-19 pandemic with close to 200 deaths locally in residential homes during the second wave. Social isolation and loneliness may have been an issue for some care home residents prior to the Covid-19 pandemic, but this is likely to have been exacerbated due to social distancing measures and the cessation of care home visits. In addition, many care homes have cancelled group activities and communal dining, which may further exacerbate isolation and feelings of loneliness (NIHR, 2020). This lack of family visits and general activity provision has led to local concerns over a general deterioration in the wellbeing of local care home residents. Locally, a depleted care workforce and lower numbers of care home residents makes the sustainability of residential homes more difficult.

Coping with bereavement and grief has been a major issue for some older people. Due to Covid-19 restrictions, funeral services were very restricted, and travel restrictions meant that normal family and friend support networks were not necessarily available.

Looking ahead to the recovery phase of the pandemic, poorer mental health, and reduced healthcare access will all make it harder for some older adults to resume activities they engaged in before the pandemic. Since the first lockdown, many older people have reported doing significantly less physical activity than they did before the lockdown, as well as losing confidence in their ability to perform ordinary activities such as leaving the house or engaging with health services (Public Health England, 2021a).

A loss of confidence has also been reported among the elderly by local voluntary services, which will affect independence in the long term, and this could result in increased long-term social isolation and loneliness. Such circumstances could lead to increased frailty in the population, with frailty significantly associated with an increased risk of Covid-19 severity, admission to intensive care, application of invasive mechanical ventilation, and a long-length stay (Yang, 2021).

Locally there has been an increased need for hospital care and ward-based care, along with a slower discharge of older people with community packages. A survey undertaken by Age UK revealed that 25% of people over the age of 70 years, are unclear on when their lives will return to normal, whilst 9% don't believe their lives will ever return to normal, and more than a third of respondents over 60 years reported that they are now less motivated to do the things they used to enjoy (Age UK, 2020). Some older adults may have lost the functional capacity or motivation to perform activities that they were able to perform before the mitigation measures were put in place. This means that for some older adults, addressing the wider impacts of Covid-19 may not be as straightforward as lifting all Covid-19 mitigation measures (Public Health England, 2021b).

Local lockdown impact survey

A telephone survey was undertaken with colleagues from several voluntary organisations who work with older people in North East Lincolnshire. These services were asked about their

understanding of the impact that Covid-19 and the lockdown has had on the older people they support. Key findings regarding the impacts on the mental health of older people were as follows.

- The majority of older people stayed in during lockdown and were very nervous about going out. Families were worried about them going out too.
- The older people most affected by lockdown were those normally very active and independent. They really struggled emotionally and found the imposition of lockdown much harder to manage. Services reported that many people losing their purpose subsequently needed emotional support.
- Older people reported missing their families very much and this was what caused them the most distress.
- Loneliness and isolation were the biggest issues. Older People missed seeing their family and friends and struggled with this.
- Loss of confidence. As people's worlds got smaller, they had limited decision making and choices, so they had started to feel less confident in decision making. Some older people decided to give up the use of their cars, and after lockdown they haven't taken driving up again so this will impact their future independence – this is true of other skills too.

Impact on carers

The North East Lincolnshire Carers Support Centre is a local charity providing support services for carers and have provided the following insight regarding the impact of the pandemic on the mental health of carers.

- The Covid-19 pandemic has had a substantial impact on the mental health of unpaid carers locally.
- The Carers Support Service has seen a considerable increase in carers requesting befriending and counselling support during the pandemic, and both support services are now currently oversubscribed.
- Many carers along with the person they are caring for were co-shielding during lockdown. Many carers felt isolated which affected their mental health.
- Covid-19 was a major worry. Many cut back on care agency support to keep safe. Carers therefore picked up additional caring responsibility. There was little opportunity for respite and often carers were unable to access the things they usually do to have a break anyway.
- Some carers now have financial worries and are struggling with essentials such as food and energy bills. A number of carers are requesting help with increased costs of care for loved ones. This is across the life-course from parent carers to elderly carers.
- Many carers who are struggling to care for their loved ones and have additional caring responsibility are seeing an impact on their own mental health.
- Many carers are feeding back to the Carers Support Service that they are suffering with depression and anxiety.
- Grief has been a major issue following the death of a loved one. Due to Covid-19 restrictions, family members and friends were unable to support each other as they would under normal circumstances. The funeral services themselves were very different and attendance was severely restricted. Carers were left on their own with their grief. This is having a long-term impact, as some carers are still struggling to cope a year on from a funeral, and are unable to move on, with the grief having a serious effect on their own mental health.

11. Update on Last Year's Recommendations

<u>Recommendation</u>	<u>Update</u>
Encourage the use of the Population Health and Outcomes approach in tackling health inequalities across the life course, including the use of Population Health Management tools currently being piloted in the local NHS.	Plans are being developed across the emerging ICS/ICP footprint about the implementation of a Population Health Management approach. High level data packs have also been created for each PCN around their population and wider determinants and all PCNs have since submitted plans to work on specific areas of inequality across their PCN.
Explore a method of measuring equity of access to services, starting with the Public Health commissioned services.	A meeting was held with public health leads for the wellbeing, drug and alcohol, and sexual health services who were all happy to collaborate. A list of desirable demographic information to collect from service users was sent to each service, and a response as to which of this information is already being routinely collected has been received from the wellbeing and drug and alcohol services. We are awaiting a response regarding the sexual health service and will then explore the possibility of collecting extra demographic information from each service. We will also design a survey to measure service user experience/ satisfaction. A report can then be routinely completed to compare service user experience across different demographic characteristics (such as age, gender, ethnicity, sexuality, etc) for each service.
Each Primary Care Network should identify a leadership role with regards to the implementation of the NHS Phase 3 inequalities plan for their population and should explore the potential resourcing of work on health inequalities within the new ICS/NHS organisation.	PCNs are on board with the requirements of this plan. High level data packs have been created for each PCN around their population and wider determinants and all PCNs have since submitted plans to work on specific areas of inequality across their PCN.
Develop a model of outreach in collaboration with Primary Care Networks and other partners to support communities to make use of preventative support. This should include a focus on maximising the uptake of preventative measures, such as vaccinations, by the homeless population.	Multi-agency working between Open Door, NELC Home Options and charities working with the homeless population in North East Lincolnshire (and support from the Homelessness Forum) resulted in the provision of outreach Covid-19 vaccinations to the homeless population in 2021, with some success for vaccination uptake amongst this cohort, although the refusal rate remained quite high.
Develop a partnership investment plan for each area of growing need in light of the Covid-19 pandemic (such as domestic abuse, alcohol and smoking services).	Although partnership investment plans have not been produced, there has been a renewed collaborative approach to topics such as smoking in the past year, including through joint working with the Humber Coast and Vale ICS, the Local Maternity System, and the local hospital trust to provide support for pregnant woman and inpatients who smoke and joint working

	with Health Visitors and Lincolnshire Housing Partnership around smoke free homes, all of which should ease pressure on the local stop smoking service.
Develop and adopt a plan to increase the proportion of people that are living in conditions that meet the Decent Homes Standard and to ensure the stability and security of tenancies post-Covid.	<p>The Council's plans to consult on selective licensing were paused due to COVID19. As things begin to return to normal, the Council will revisit Selective Licensing during the next 12 months. Selective Licensing will help to improve housing in some of the most deprived areas in the borough, where the worst housing can be found.</p> <p>With increasing energy prices threatening to place more households in fuel poverty, the Council is keen to make homes warmer. Recently they were awarded additional funding to help fund works to improve energy efficiency in homes, for both privately rented and owned homes.</p>
Environmental Health teams should advise on areas which suffer from lack of services or 'food deserts' and target support and community activities appropriately so that vulnerable areas can access nutritious food.	This recommendation will be picked up under the Healthy Weight Strategy Group which commenced in December 2021, and which includes a focus on the food environment.
Raise the profile of domestic abuse within healthcare settings.	The Health and Care Partnership identified Domestic Abuse as one of their key priorities in 21/22. This primarily involved a commitment to comprehensive domestic abuse training across the local health and care workforce. In addition, a clinical lead was identified, and a programme of activities undertaken with the purpose of aligning to and supporting the delivery of the overall NEL Domestic Abuse strategy. This work will be ongoing this year and into future years.
Support local schools to prioritise the healthy relationships component of the Personal, Social, & Health Education (PSHE) curriculum, so as to improve young people's self-value and break intergenerational cycles of unhealthy relationships.	An RSE questionnaire to schools was used to engage with schools to understand what support could be provided to enhance the delivery of the healthy relationships component of PSHE.
Continue to build our collaborative work with the Department for Work and Pensions to ensure that residents are connected to support with managing debt and are supported to build their financial capacity.	The Wellbeing Service have continued to work with the Job Centre throughout the Covid pandemic and have secured a final year of funding from the DWP to continue the formal partnership for another 12 months. There are plans to have staff from the Wellbeing Service based back in the Job Centre once this fully opens again.
Build on the work with rough sleepers that has gone well during the Covid-19 pandemic, such as sustaining	The continuation of the Strand Street project has seen 8 entrenched rough sleepers maintain accommodation since 2020. More Rapid Rehousing Pathway properties have also been introduced, and

rough sleepers in their accommodation.	relationships have been strengthened with new and existing services such as My Space, widening availability of accommodation and support for this client base.
Build social connectivity for NEL communities across the life course, from young first-time mums through to older people living alone. Do this by increasing digital skills, sustaining and building on well-used community assets (physical and virtual), and by reviewing the commissioning of the Voluntary and Community Sector (including the use of social prescribing).	There has been survey work with communities in the latter half of 2021 to identify barriers and funding of community-based projects to support skills needs. Short courses are being offered by a range of providers and get strong take up. There are also a range of initiatives in Health and across the business community. The Digital inclusion programme will report at the end of March and address the DPH Annual Report recommendations.
Make every effort to secure external resources, where these become available, to support children most affected by the Covid-19 pandemic.	Additional investment has been secured in 2021/22 through the Contain Outbreak Management Fund (COMF) to help mitigate the impact of the pandemic on the mental health and emotional wellbeing of local children and young people.

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North East Lincolnshire Council

Director of Public Health Annual Report 2021:

The impact of the Covid-19 pandemic
on Mental Health and Wellbeing in
North East Lincolnshire



Stronger Economy: Stronger Communities. **Together we can be stronger.**

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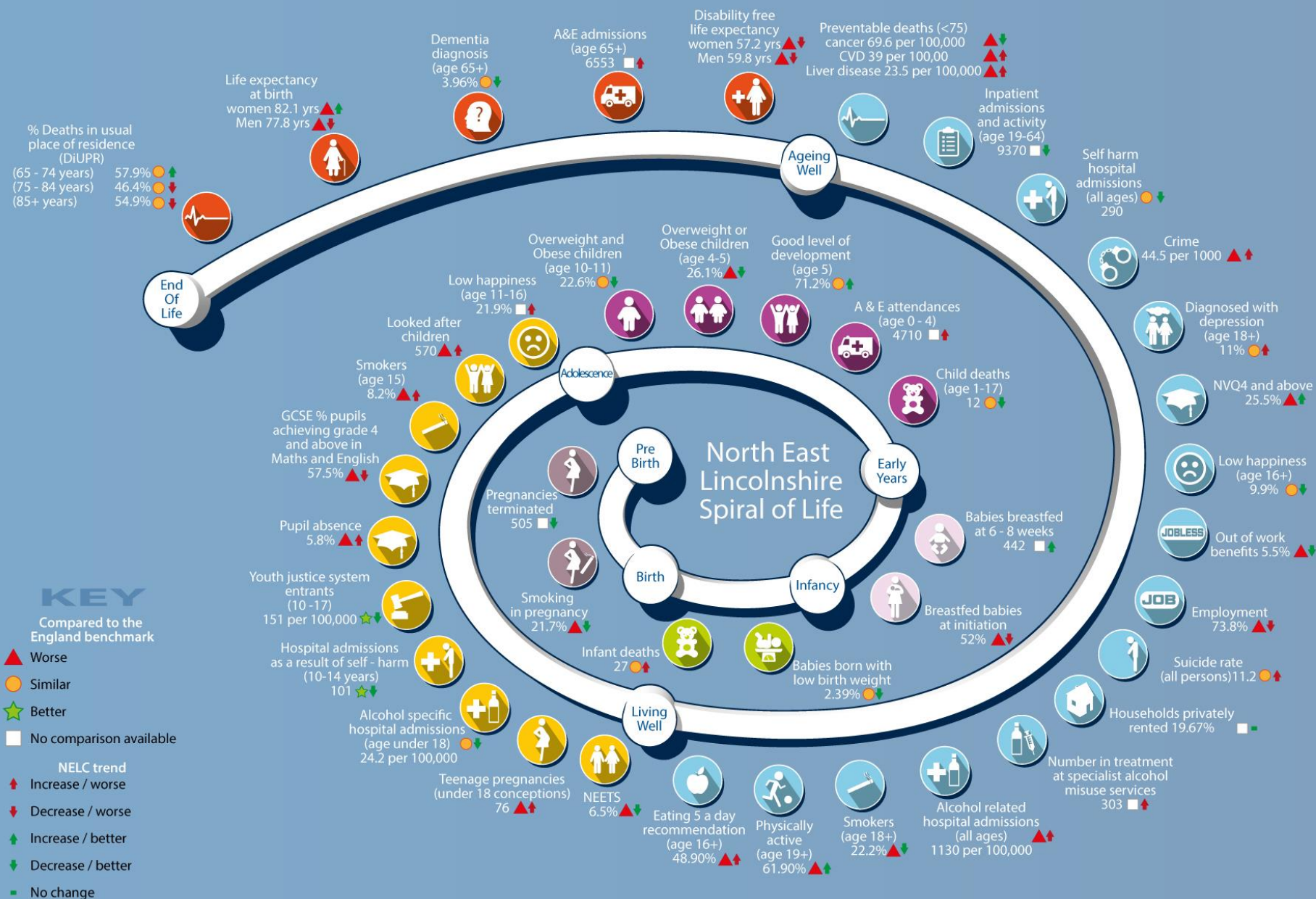
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2. Spiral of Life: The Health and Wellbeing Spiral of Life 2020 – 2021 below, provides an updated snap shot of health and wellbeing outcomes across the life course in North East Lincolnshire, including directions of travel and comparisons with the England average.



3. Glossary Of Terms

A & E	Accident & Emergency
ACE	Adverse Childhood Experience
ALS	Adolescent Lifestyle Survey
ASQ	Ages and Stages Questionnaire
CCG	Clinical Commissioning Group
DNA	Did Not Attend
GPIP	Grimsby Practices in Partnership
IAPT	Improving Access to Psychological Therapies
IVF	In Vitro Fertilisation
LGBT+	Lesbian, Gay, Bisexual, Transgender, and other minority sexual or gender identity
MARAC	Multi-Agency Risk Assessment Conference
NEL	North East Lincolnshire
NELC	North East Lincolnshire Council
OCD	Obsessive – Compulsive Disorder
SEND	Special Educational Needs and Disability
YMM	Young Minds Matter

4. Foreword from Geoffrey Barnes, Acting Director of Public Health

The COVID-19 pandemic has had an enormous impact on the lives of almost everyone in the country and tragically led to the deaths of many thousands of people as a direct result of the infection. Inevitably there is clear and growing evidence of the secondary impacts of the pandemic on health and wellbeing. These include the impact of missed healthcare appointments leading to deterioration of long-term health conditions or delayed diagnosis of serious diseases that respond best to early treatments. It also includes the health impacts associated with reduced physical activity due to spending much more time in the home, especially during lockdown periods and the impacts associated with the adoption of less healthy lifestyles such as increased alcohol consumption, smoking or less healthy diets. All of these will unfortunately negatively impact on public health for years to come, and recovery plans are in development to mitigate the long-term impacts as much as possible.

However, arguably the biggest secondary impact on public health of the pandemic has been and continues to be its impact on mental health and wellbeing. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Good mental health is linked to good physical health, both of which support positive social and economic outcomes for individuals and society. Poor mental health is associated with social and economic circumstances, including living in poverty, low-quality work, unemployment and housing.

The pandemic has brought enormous disruption to our lives which has really shaken people's mental health and undermined coping mechanisms. This has included major impacts on work and education, increased unemployment, and reduced opportunities for social interaction and doing the sort of things that bring us joy and can mitigate the impact of poor mental health. Many people, especially those in more vulnerable social groups have completely withdrawn from social contact during the pandemic and are finding it difficult to return to pre-pandemic forms of behaviour. This in many cases is contributing to significant social isolation. People experiencing difficult home situations have at times, especially during lockdowns, been forced into prolonged contact in the home leading to additional stressors and an increase in domestic violence.

There have been some positives within these difficult times and, going forwards, we need to find ways of capitalising on these positives as part of our recovery. For instance, the first national lockdown, coinciding as it did with a period of abnormally fine weather and substantially reduced traffic levels, led to a big though short term surge in people adopting healthier lifestyles such as enhanced walking or cycling. We also know that there has been a big increase in the number of volunteers coming forward to provide support to people in more difficult circumstances. For many these voluntary activities provided a real sense of purpose that has helped to sustain them through these difficult times. There have also been a few individuals whose commitment to helping people cope has propelled them to super human efforts. Zane Powles, the school teacher who spent his time during lockdown delivering school meals by hand to the pupils of his school to ensure that they continued to get healthy and nutritious food springs to mind but I know there have been many more.

The COVID-19 pandemic has exacerbated many pre-existing health inequalities concerning mental health within North East Lincolnshire. Whilst anyone can experience a mental health problem, the distribution of risk factors and protective factors for mental ill-health is not equal

within society, and hence the risk of poor mental health is greater for some groups than others (Centre for Mental Health: commission for equality in mental health, 2020).

This year's Director of Public Health annual report aims therefore to bring together local insight and data to form a picture around mental health and emotional wellbeing in North East Lincolnshire as we hopefully come towards the end of the pandemic. It has been divided into four sections to look at the impact at different stages of the life course- pregnancy and early years; children and young people; working age adults; and older people. We include several key recommendations that we believe will assist in the recovery journey for mental wellbeing and will help to ensure that resources are allocated most appropriately during this time to support local residents as best as possible.

Geoffrey Barnes FFPH

Acting Director of Public Health

February 2022

5. Executive Summary

The Covid-19 pandemic and its associated control measures are known to have had huge impacts on individuals' mental health, which will likely persist for years to come. Local mental health services have reported a pronounced increase in the acuity and complexity of referrals throughout the pandemic, among individuals from all age groups. Therefore, this year's annual report explores the pandemic's impact on mental health and emotional wellbeing within the NEL population, taking a life course approach to help inform the local recovery and support made available.

Starting with our youngest residents born during the pandemic, many of their mothers experienced increased anxiety during pregnancy due to attending important events alone or with less support (such as during scans, in hospital and during birth), attending midwifery appointments to virtual appointments, and not being able to attend informal support groups.

During the height of the pandemic infants also missed out on visits from extended family, baby groups, and preschool. Some developmental checks for infants were also unable to go ahead. There are now increased concerns around infant social and emotional development, and evidence of a reduction in 2 – 2.5-year-olds achieving expected or above levels in communication skills. Furthermore, there are clear inequalities between infants depending on the quantity and quality of engagement they had received at home.

School children have missed out on months of school and those with Special Educational Needs and Disabilities (SEND) were particularly impacted by the loss of structure and routine. The 2020/21 NEL Adolescent Lifestyle Survey showed the lowest wellbeing among secondary school children since 2007, with self-harm and body image particular concerns. There is also anecdotal evidence of increased safeguarding concerns during the pandemic whilst children could not attend schools and had reduced contact with professionals, which will inevitably impact on their mental health.

Further education colleges also report a definite impact of the pandemic on the mental health and emotional wellbeing of its students, which has occurred following a general decrease in resilience of local young people over the past 10 years. Eating disorders are a particular mental health disorder becoming more pronounced in this age group but also among adults.

In terms of working age adults, the number of suspected suicides occurring in 2020 and 2021 was higher than all previous years since data collection began in 2017. The proportion of suspected suicides occurring among females was high compared to previous years. In an analysis of local individuals attending Accident & Emergency (A & E) for mental health reasons, most occurred among younger age groups and those living in more deprived wards. There has been a dramatic increase in dependent drinking, addiction and associated mental health problems locally during the pandemic, as well as huge concerns around domestic abuse since victims were more isolated and cut off from support.

Finally in terms of some of our more vulnerable residents aged over 65, social isolation and loneliness have been an issue during the pandemic and is likely to have been particularly pronounced for those on the local shielded patient list (which at one point was just under 7000 NEL residents) and is known to have had a substantial impact on unpaid carers. In a telephone survey undertaken by voluntary organisations working with older people in NEL, issues which older people struggled with most included missing their families and friends, loneliness and isolation, and a loss of confidence which will impact their future independence. The dementia diagnosis rate for people over 65+, and the proportion of dementia patients who have had a care plan or care plan review in the last 12 months, have both decreased during the pandemic. This suggests that many local people with dementia are not getting the support they need.

6. Recommendations from this year's report

- 1) There is a good opportunity for assessing the mental health status of young children with the Ages and Stages Questionnaire (ASQ) during health visitor check-ups. It is therefore recommended that health visitors routinely undertake and record the scores for children using this questionnaire, in particular at the two-and-a-half-year check, and that interventions are provided where the children are below recommended levels.
- 2) It is clear from this report that there is a significant gap in specialist mental health support for children under 16 and no service at all for children under five meaning that those with low level mental health needs are often unable to obtain support. Inevitably many of these will deteriorate leading to the need for more complex interventions and poorer outcomes. It is therefore recommended that there is a renewed focus on meeting the low-level mental health needs of children and young people. This should be done by the CCG/ICS through the commissioning of new services or investments within existing services to enhance this type of support.
- 3) There is a lack of coordinated working between mental health services and wellbeing support services provided by a range of organisations in North East Lincolnshire including those provided by the NHS, local authority, schools, primary care, substance misuse services and the voluntary sector. It is therefore recommended that local mental health services are mapped by the Integrated Care Partnership and clear pathways of support are identified for children, adults, and older people, ensuring that all key players can easily identify the sort of services that can be accessed locally.
- 4) Workplaces are an ideal setting to increase wellbeing for people of working age. It is recommended that a partnership group is formed between the public health sector, leisure services and business partners to develop initiatives for improving mental health and wellbeing in workplaces and to provide strategic direction to this agenda in North East Lincolnshire.
- 5) The five ways to wellbeing is a simple tool that should be widely promoted by all partners in North East Lincolnshire to their staff and service users.
- 6) A local mental wellbeing prevention strategy should be developed by Public Health setting out the local partnership approach to the promotion of mental health and wellbeing in North East Lincolnshire.
- 7) A Health in All policies approach should be taken to the promotion of mental health and wellbeing in North East Lincolnshire Council. Services across the council should consider how their interventions can support the promotion of positive mental wellbeing at all stages of the life course.
- 8) The recent Natural Assets Plan adopted by the council provides a good opportunity to increase access to the natural environment for mental wellbeing promotion. Public health and wellbeing services should explore opportunities for developing therapeutic interventions based on access natural resources.
- 9) There is evidence that the mental wellbeing of carers has been impacted particularly hard by the pandemic, including young carers. Wellbeing and leisure services should consider how to increase opportunities for carers to access support that would help them to recover and increase their resilience.
- 10) As a result of the pandemic older people and other clinically vulnerable people are now more at risk than ever of slipping into patterns of social isolation which lead to mental

health problems and a general deterioration in their health. It is therefore recommended that we support and where possible commission the voluntary sector, leisure services and community organisations to increase their offer to our older people and the clinically vulnerable to help them re-establish social connections and active lifestyles.

- 11) Local GPs should ensure appropriate health screens are undertaken to try and catch up on dementia diagnoses as there are undoubtedly many older people experiencing the early effects of dementia who have not yet been diagnosed.

7. Pregnancy and Early Years

The Covid-19 pandemic has impacted on perinatal mental health and wellbeing, the pre – and post- natal experiences of new mothers, as well as on the mental health and wellbeing of infants born and being raised during this time (Venta, 2021).

Infant mental health refers to how well a child develops, both socially and emotionally, during the first three years of life. Good infant mental health surrounds a child's capacity to form close relationships, recognise and express emotions, and explore and learn about their environment (Public Health Agency, 2020). Crucial to positive infant mental health are the relationships formed between babies and their care givers. The way babies are interacted with during their first 3 years will shape their brain development significantly (Public Health Agency, 2020).

Barriers which prevent good infant mental health such as adverse childhood experiences (ACEs) can result in long term health and emotional issues. Abuse, trauma, and neglect all have potential to negatively impact brain development and therefore, result in poor infant mental health (Barnardo's Northern Ireland, 2018).

Perinatal mental illness

Perinatal mental illness is recognised as a major public health issue by the World Health Organisation and affects about 1 in 5 women during the perinatal period (the time from conception up to 1 year after birth) in the UK (NICE, 2014).

Navigo provides a specialist perinatal mental health service for local women experiencing moderate to severe mental health problems during the perinatal period. Overall, between 2019 and 2020, there was a slight increase in the number of referrals to this service, which then decreased again in 2021 as evident from Table 1.

Open Minds, through their Improving Access to Psychological Therapies (IAPT) service, support women experiencing mild to moderate mental health problems during the perinatal period. Referrals to Open Minds for perinatal mental health difficulties decreased very slightly between 2019 and 2020 (from 11 referrals to 10), and again between 2020 and 2021 (from 10 referrals to 7).

It is important to note that these mental health services focus on supporting both mother and baby therefore, women who may need the support of a perinatal mental health team but do not have a child are not eligible for referral. There has been a huge gap for specialised support for all pregnancy outcomes including those associated with loss such as still births, miscarriages, failed IVF, abortions and women who have had children removed by social services. Due to the isolation experienced by many during the pandemic, these experiences are likely to have been particularly difficult during this time. However in May 2022 a new Maternal Mental Health Service will be launched across the Humber Coast and Vale Health and Care Partnership. In year one, this service would not receive referrals for women experiencing trauma following separation from her baby due to court proceedings, as it is recognised that a different pathway of care is needed for this cohort of women. Therefore, a pilot service will be set up and evaluated in North East Lincolnshire specifically to support this cohort of women.

Table 1: Number of referrals to the specialist perinatal mental health service in NEL, 2018-21

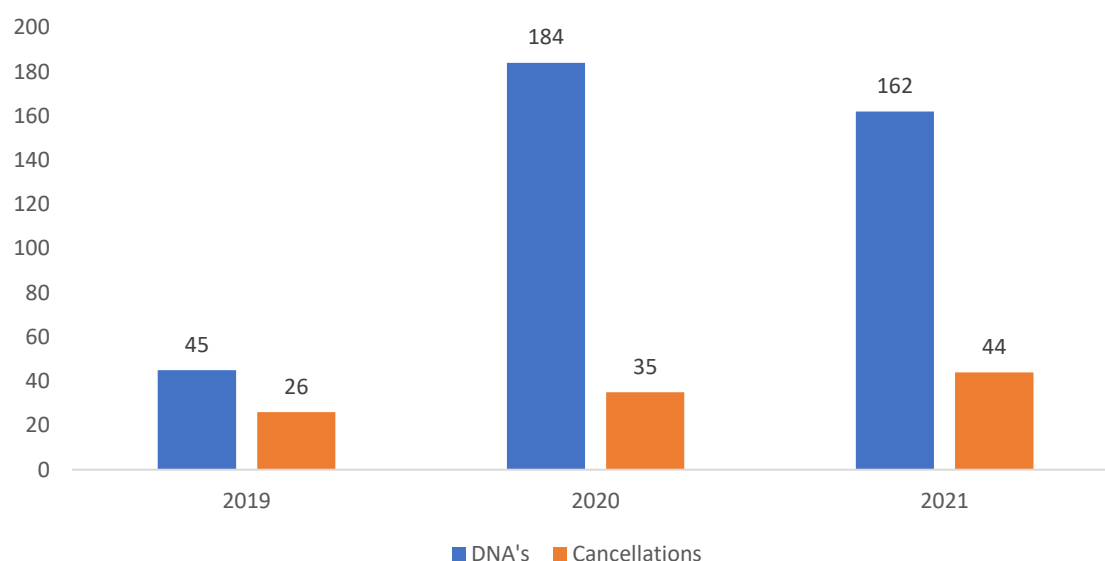
Number of Referrals to the Specialist Perinatal Mental Health Service				
Month	2018	2019	2020	2021
Jan		3	7	6
Feb		3	12	2
Mar		4	8	5
Apr		3	2	2
May		6	6	13
Jun		12	9	7
Jul		14	9	6
Aug		3	7	2
Sept		6	4	3
Oct	2	5	5	8
Nov	2	2	5	4
Dec	4	6	3	
Total number of referrals	8	67	77	58

Although there has been no overall increase in referrals for perinatal mental health issues, both Navigo and Open Minds report a pronounced increase in the acuity and complexity of referrals throughout the pandemic, due to factors such as changes in routines, concerns about vaccinations, and closure of support services.

When lockdown was announced in March 2020, the contact between women and perinatal mental health practitioners changed to being held virtually or over the telephone. However, the Navigo specialist mental health team reported that online video appointments were not conducive to supporting women with high needs. Practitioners had concerns around inequalities, as some women experiencing digital poverty could not attend appointments. Domestic violence and coercion were also a big concern, as practitioners could not always be sure who else was in the room or listening during virtual meetings. During the lockdown period, the specialist perinatal mental health team did continue to support women who were particularly vulnerable in person, and they reverted to face to face appointments in May 2020.

Since the pandemic there have also been concerns of women not attending appointments. The number of 'did not attends' (DNA's) for the specialist mental health service increased significantly from just 45 in 2019 to 184 in 2020 (Figure 1). Overall, between January 2020 and December 2021 there were 425 missed appointments.

Figure 1: Number of Specialist Perinatal Mental Health Service Did Not Attend and Appointment cancellations 2019-2021



Midwifery Services

Changes in the delivery of midwifery appointments and scans during the pandemic also affected many women's mental health. While some women welcomed the ease of telephone and virtual appointments, the Maternity Voices Partnership found that 80% of mothers would prefer to see their midwives face to face. Reasons included feelings of being rushed, unable to stay informed, lack of personalised care, and worries over physical and emotional problems being missed.

Mental health services have also reported increased anxiety among women attending scans on their own, particularly the 20-week anomaly scan, which may have required women to process information, make decisions, and receive bad news without the support of someone close.

In addition, second birth partners are still not permitted unless there are exceptional circumstances, such as for women with severe mental health issues or teenage mothers who require both their partner and parent for support. Whilst in normal circumstances some women may seek the assistance of a doula due to past negative experiences; the lack of this additional support has affected mothers' mental health. For others, deciding on which key person will become their birth partner is causing significant stress. Furthermore, whilst birth partners are now able to stay for 2 – 6 hour visiting slots, without them being there all the time the hospital staff are required to pick up support normally carried out by partners. The support need is significantly higher for women who have had a caesarean, as movement is very restricted and help is needed going to the toilet, passing the baby for feeding, help with general comfort, and even simple things such as grabbing something from the other side of the room.

Isolation in mothers

During the pre- and post-natal period many women rely on the care they receive from support networks such as baby groups, friends, and family. However, since many of these were unavailable throughout most of the pandemic, women found themselves suffering from more

severe feelings of isolation and were also likely to have missed out on informal advice that could help prevent mental health problems worsening (Papworth, et al., 2021).

Volunteer lead groups have seen a rise in the number of women seeking help due to isolation. One such service in NEL is Butterfly Mums. The service offers new mothers peer support via volunteer women with experience of parental roles (such as mothers, grandmothers, and foster carers). Butterfly Mums report that lockdown measures, social distancing and school closures previously led mothers to feeling like they were at 'breaking point'. As of September 2021, 72.2% of the referrals received by Butterfly Mums service were for mothers who required support with coping with feeling isolated, although it must be noted that mothers often had multiple reasons for wanting support. Support services such as Butterfly Mums attempt to reintegrate new mothers into the community at a pace which is comfortable to them.

In addition to increased isolation, Covid-19 has also provided an additional and continued source of anxiety for many pregnant women and new mothers. Some have reported feeling worried about leaving the house due to concerns that public spaces may be too busy, and many experience anxiety around both their own and their child's health. Mothers have reported that they are overly concerned with their children touching things in public spaces and even enquiring about masks for new-born babies.

Health Visiting

The first 1001 days of life from conception to age 2 are crucial for laying the foundations of good mental health and development, as babies' brains are shaped by their interactions during this time (Hogg, 2019). The Health Visiting Service is crucial for identifying any issues in infant development and are key in promoting the supportive and nurturing parent-infant relationships which positively impact on infant development.

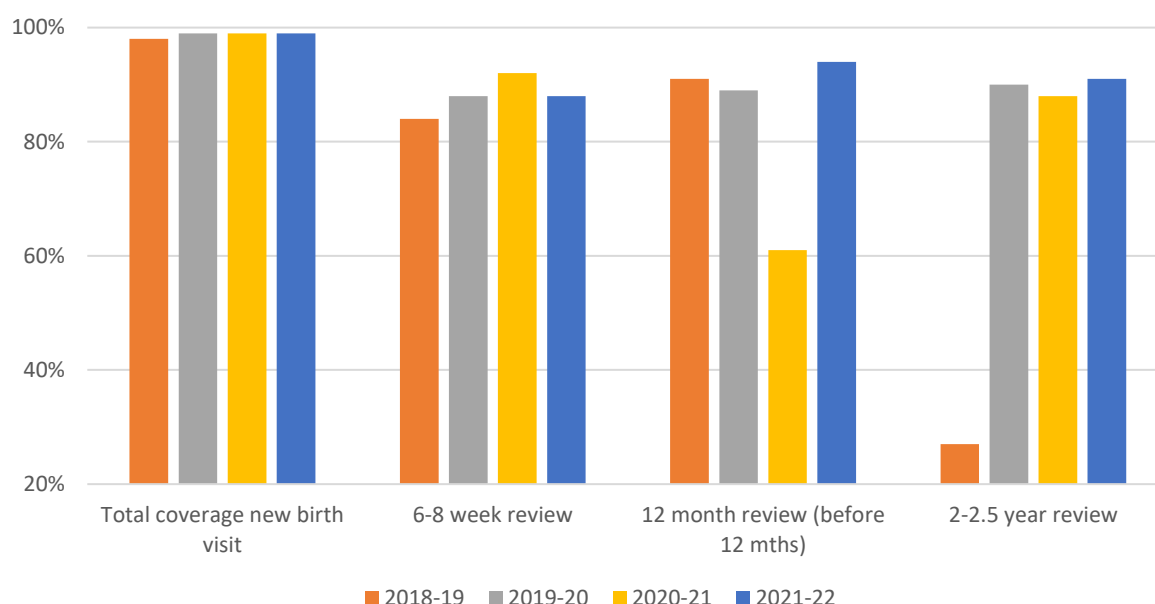
The Health Visiting Service in NEL continued delivery throughout the pandemic with a mix of virtual, telephone and face to face contacts. During this time, the Healthy Child Programme continued to be delivered with little disruption, though to keep in line with national guidance, the 10-month-old check was reduced for a short period of time. Figure 2 demonstrates the performance of the Healthy Child Programme for each calendar year. Health visitors received an increase in requests for home visits and follow up telephone calls, often to provide reassurance that would previously have come from support networks such as friends and family, baby groups, or weighing clinics. Home visits have taken longer as a result.

Since face-to-face appointments have resumed, health visitors have reported an increase in concerns surrounding infant social and emotional development. The Health Visiting Service has not yet implemented the ASQ- emotional screening tool as part of the 2-year check due to staffing capacity. Currently, health visitors only complete the screening if concerns are raised about a child's emotional development. By May 2022, through the training of Family First Practitioners, it is hoped that this screening tool will be implemented for all universal families during the 2-year check.

There is concern however that there are already limited services to refer these infants who have mental health difficulties, as NEL has no dedicated infant mental health services for children under 5 years old. Whilst an early help referral may be made for infants displaying signs of poor mental health, these referrals are tailored more towards safeguarding concerns, which do not underpin all mental health problems.

Currently, the health visiting service are attempting to widen their own pathway for infants who have been identified as having low level mental health concerns, this could include activities such as listening visits, baby massage or baby groups.

Figure 2: The percentage of eligible visits or reviews completed as part of the Healthy Child Programme from 2018/10 until 2021/22 in North East Lincolnshire



Ready to Learn

Children should be ready to learn at age 2.5 years and ready for school at age 5. Getting ready for school is one of the six high impact areas of the Healthy Child Programme, which is delivered by The Health Visiting Service using the Ages and Stages Questionnaire 3 (ASQ-3); a developmental screening tool used during the 2 - 2.5-year review to assess the 5 prime learning areas listed in Table 2. A child is deemed 'ready to learn' if they achieve expected levels in these 5 prime learning areas.

Table 2: Percentage of children in NEL achieving expected levels of development in ASQ-3, by area of development, Quarter 1 2019/20

% children in NEL achieving expected levels of development in ASQ-3, by area of development, Quarter 1 2019/20

Achieved expected level of development	%
Communication skills	88.5%
Gross motor skills	97.3%
Fine motor skills	96.2%
Problem solving skills	97.5%
Personal-social skills	96.6%
All five domains	84.4%

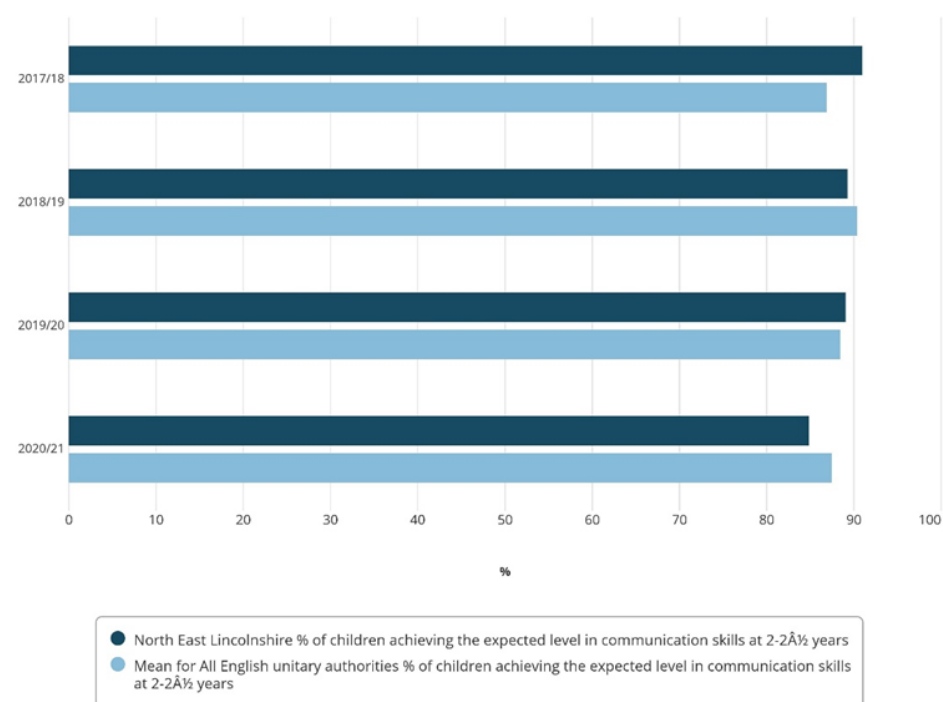
Source: NEL Health Visiting Service

Between 2019/20 and 2020/21 there has been a decrease locally in the percentage of children achieving the expected or above level in communication skills in the 2 – 2.5-year review (Figure 3) and the proportion (84%) is now the lowest in 4 years, falling below the England average. This is likely to be related to the disruptions in children’s lives caused by the pandemic, such as the forced closure of early years settings, which are known to impact positively on child development and attainment as they learn to interact with other children, share, resolve conflict, and form positive relationships.

In addition to the regression in child development, there has been a drop in the number of referrals submitted to speech and language services following school closures. It is therefore likely that many children in NEL did not receive the speech and language support that they needed during the pandemic, and their inability to express themselves has often manifested in challenging behaviour.

For those who were receiving support from local speech and language services during the pandemic, sessions were carried out online with families via video. However not all children responded well to online sessions, and disadvantaged families without access to the internet or a computer may have missed out on receiving support.

Figure 3: Percentage of Children in NEL (dark blue) and on average in England (light blue) who were at or above the expected level in the ASQ-3 Communication Skills in their 2 – 2.5-year review 2017/18 – 2020/21



Source:
Public Health England

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Early language skills not only enable a child to communicate but also impact on many areas of their non-physical development such as the ability to manage emotions, communicate feelings, establish, and maintain relationships, think symbolically, and learn to read and write. Approximately 21% of all special education needs within England’s primary education system

are speech, language, and communication difficulties. Poor communication and language skills in the early years are associated with higher risk of long-term negative outcomes related to social mobility, offending, entering the criminal justice system, and adult mental health problems (Law & Charlton, 2017).

Separation Anxiety

During the lockdown, childcare places at early years settings were only accessible for infants who were vulnerable or whose parents were keyworkers. Although most early years settings opened fully again in June, some waited until later in the term, and some parents chose for their child not to return to the early years setting until the next academic year.

In addition, restrictions also prevented children from seeing family and friends who would normally look after them to relieve stress on families, hence making it impossible for some children to be away from their parents even for a couple of hours. The Health Visiting service report that infant mental health regarding separation anxiety is now a huge issue for both children and their parents, particularly when children were first going back to Early Years settings. Butterfly Mums also report that it is now taking children longer to settle.

Early years settings in NEL reported that once children were allowed to return, due to the lift in restrictions, clear differences emerged between children whose parents had engaged with them at home and those who had not. Toileting and speech had progressed in children whose parents continued consistent engagement with their children compared to those who had less attention.

It is important to note that parents spending more time at home also had positive outcomes regarding parent – infant relationships. Spending more time with mum at home can help build the resilience needed for children to cope with life's adversities.

Initial Support fund

The social, emotional, and physical impact of Covid-19 has led many children to struggle to transition or return to early years settings. To support local children whose learning and development has been impacted by the pandemic, North East Lincolnshire Council (NELC) public health allocated funding in the form of a one-off payment of £750, to ensure a well-planned and personalised transition into early years settings with hopes this will create a positive first experience of being away from home. As of November 2021, funding had been requested for 68 children, most of which included an ASQ score that has raised concerns about the child reaching development milestones. Reasons for applying for the Initial Support Fund have included limited speech, hyperactivity, aggression, sleep problems, and separation anxiety. The support fund aims to help bridge the gaps in equality for those children who have disproportionately suffered because of Covid-19, no matter their background.

8. Children and Young People

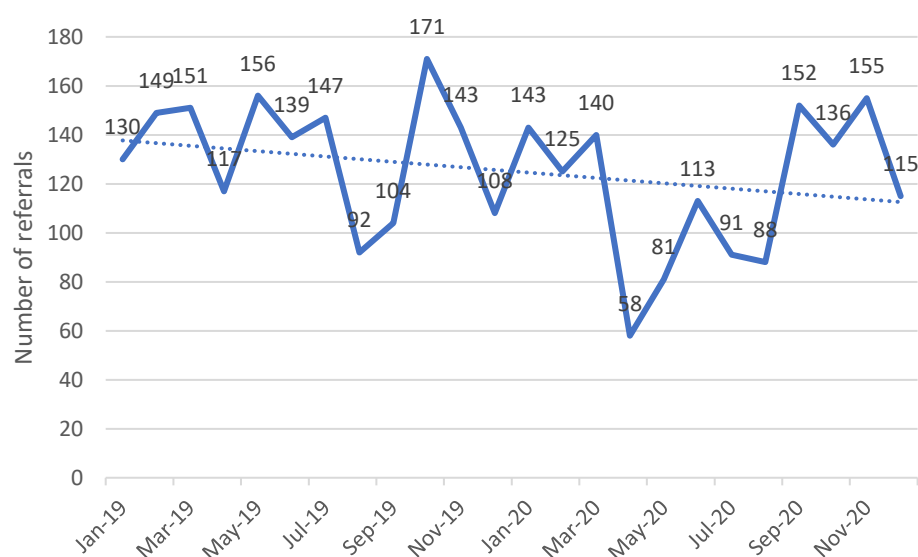
The mental health and wellbeing of children and young people not only matters for their present, but also their future mental health, emotional wellbeing, and ability to reach their future potential (Department for Education, October 2020). Key aspects of children's lives which are important for their wellbeing include feeling loved, having supportive and positive relationships, feeling safe, having a positive school environment, and being involved in decisions that affect them (Department for Education, October 2020).

Mental health service data

Local mental health services report seeing more complex cases and growing waiting lists for children and young people following the pandemic.

Referrals to Young Minds Matter (YMM), who provide specialist mental health support for those under the age of 19, dropped initially during the first lockdown followed by a return to normal later in the year (NELC Update on rapid Covid-19 health needs assessment, 2021). The number of referrals between January 2019 and November 2020 are shown in Figure 4.

Figure 4: Number of referrals to Young Minds Matter between January 2019 and November 2020



Source: Young Minds Matter

YMM report that since the onset of the pandemic young people are now presenting at a much more complex stage requiring intensive support and increased resource, resulting in waiting times for a routine appointment that now reach 20 weeks as opposed to never exceeding 8 weeks pre-pandemic. There has been a worsening of obsessive-compulsive disorder (OCD) symptoms, increased social and health anxiety, and increased eating disorder referrals.

Kooth (an online instant access support service for young people aged 11 – 25) also reports that new local registrations dropped initially during the pandemic but then increased again when schools reopened. In 2020, self-harm and suicidal thoughts became the most common presenting issue among NEL young people for the first time since Kooth's contract began in December 2016. Other common issues included anxiety/ stress, relationship issues, and sadness/ depression.

In October 2020, Compass Go service also began working with a small number of schools in NEL to deliver a lower-level mental health support service to their pupils. Compass Go had 84 active cases by December 2020 and received 117 referrals between January – March 2021. The most common reason for referral overall has been anxiety and difficulty managing emotions, often related to the pandemic (i.e., health anxiety, new routines, transition back to school after long periods at home, and attachment) (NELC Update on rapid Covid-19 health needs assessment, 2021).

The Bereavement Service also report seeing a definite increase in referrals and complexity of referrals for children following the pandemic, with peaks occurring each time children have gone back to schools.

Hospital admissions due to mental ill health

Figure 4 shows the numbers of children aged 5 – 19 admitted to Grimsby hospital for mental ill health between 2016/17 and 2020/21. The proportion of children admitted to the hospital for mental ill health (22 children) was highest in the financial year 2020/21, which may suggest an impact of the pandemic but may also just be general fluctuation so should be interpreted with caution.

Of note since 2017, the numbers of females aged 5 – 19 years admitted to hospital for mental ill health increased overall (Figure 5) whereas the numbers of males have decreased overall.

Figure 5: The number of males and females aged 5 – 19 years old, admitted to hospital for mental health reasons between 2016/17 and 2020/21

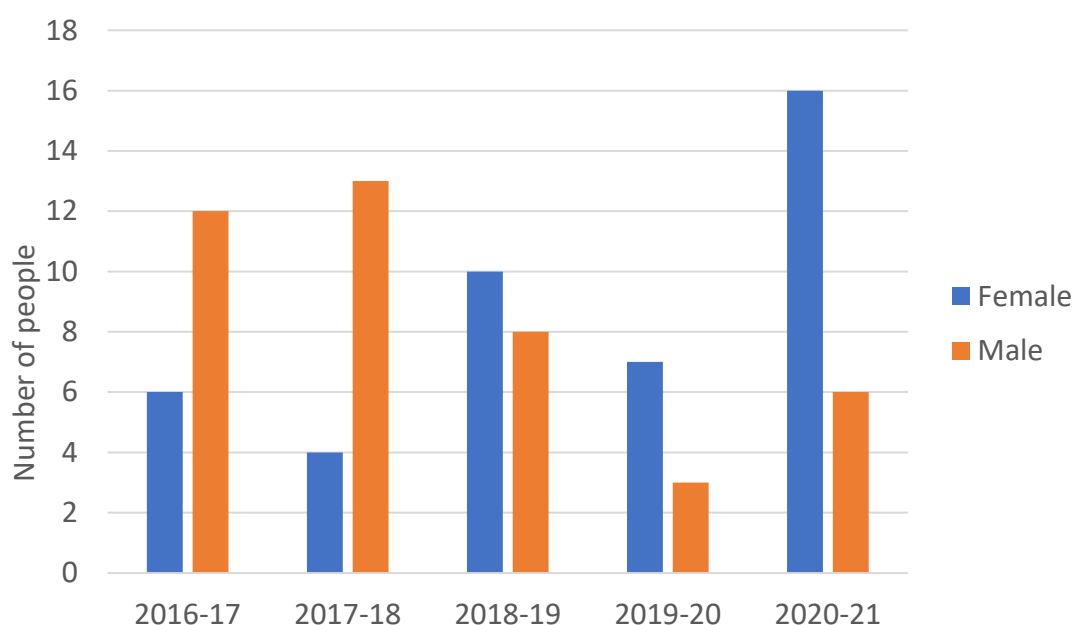
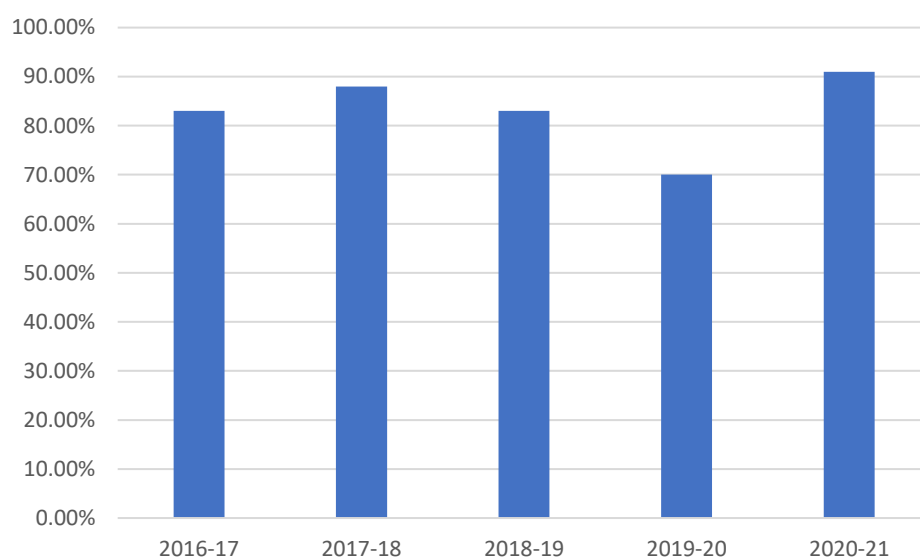


Figure 6 which follows, shows that the proportion which were emergency admissions (91%) in 2020/21 was also the highest since 2016/17 when the data began.

Figure 6: The proportion of mental health hospital admissions which were non-elective, for North East Lincolnshire residents aged 5 – 19 years old between 2016/17 and 2020/21



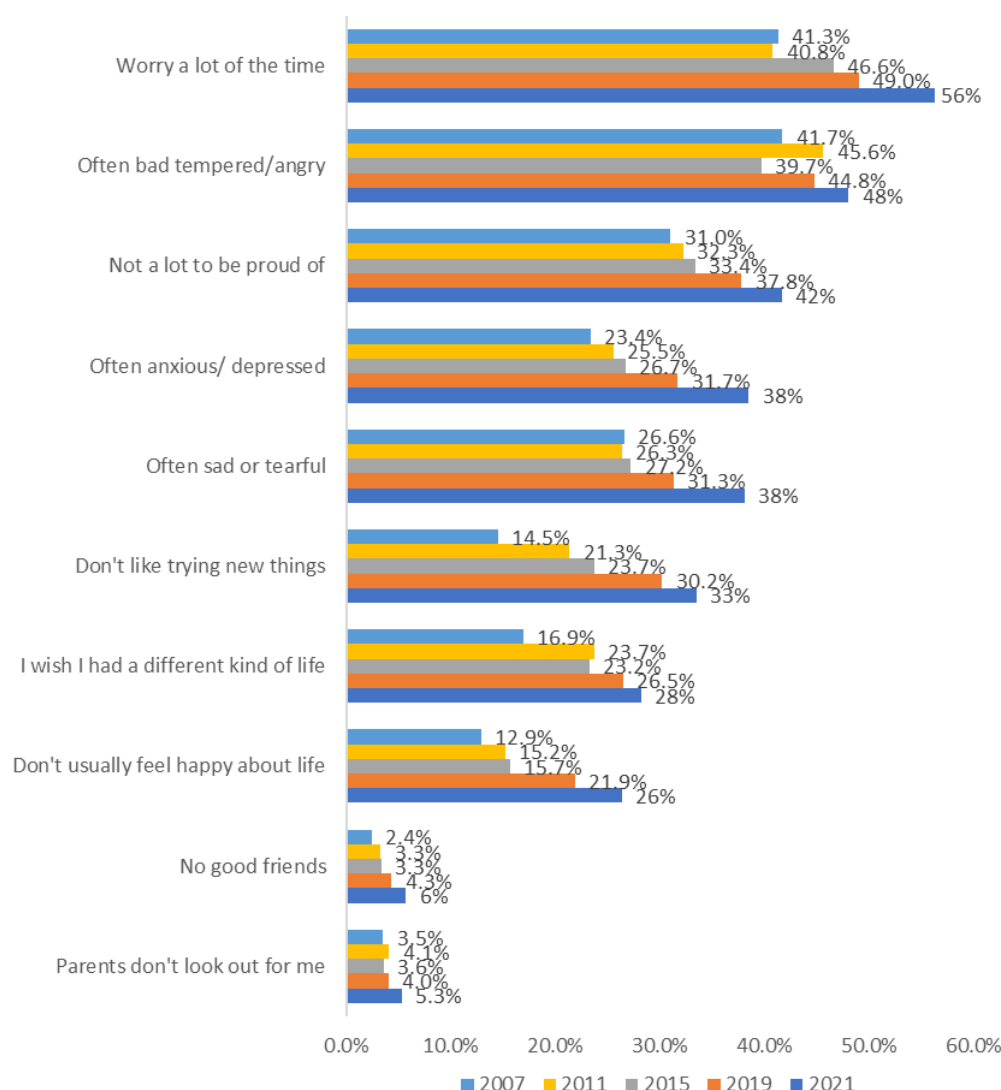
General wellbeing among children and young people

The NEL Adolescent lifestyle survey (ALS) which is carried out every 3 years among secondary school aged children shows a decline locally in many measures of emotional wellbeing and happiness among school children each cycle since 2007 (Figure 7). As can be seen from Figure 7, the largest decrease in wellbeing measures among local secondary school children occurred between 2019 and 2021, which may have been influenced by the pandemic (NELC Adolescent Lifestyle Survey 2021, 2021).

There was worse wellbeing in general among older children than younger children, and among females than males consistent with national insight (NELC Adolescent Lifestyle Survey 2021, 2021). In 2021, the top reasons for 'worrying a lot' among local females were the way they look (52% of females vs 22% males) and their weight (48% females vs 25% males), whereas for males their main worries were getting a job (26% males vs 35% females) and school work/exams (25% males vs 45% females) although females still worried more about these issues than males (NELC Adolescent Lifestyle Survey 2021, 2021).

A local consultation (Your Voice Your Vote) was also recently coordinated during the pandemic the NELC Youth Action group, among 3676 young people across secondary academies, special schools, pupil referral units, colleges, youth groups, and online, during which young people voted on the issues most important to them. The top priority issue for NEL was 'Mental health' (receiving 19% of all votes) followed by 'knife crime', 'life skills', 'LGBT+/gender ID support', and 'more activities for young people'.

Figure 7: Results of the Adolescent Lifestyle Survey, showing the proportion of secondary school children who agree with a range of wellbeing measures. Comparisons over time, from 2007 until 2021.



During the pandemic a further NELC project called 'Creative connections' asked children and young people living in NEL to share their experiences of loneliness and isolation through creative means. For some, the pandemic seemed a positive experience (such as not having to be around lots of people) however it had a negative impact on most who responded. A high proportion of responses came from children and young people who have SEND, who identify as Lesbian, Gay, Bisexual, Transgender or other minority sexuality or gender identity (LGBT+), from Black, Asian, and minority ethnic backgrounds, those who have English as their second language, and children in care including care leavers. This may reflect the increased impact of loneliness and isolation on these groups of young people, and the fact that responding through creative means may be a more accessible way for them to express how they feel.

The local young LGBT community

Insight has also been given by members of a local LGBT+ support group for young people. Although there were exceptions, most of these young people rated their mental health and

emotional wellbeing as 'poor' prior to the pandemic and report a further negative impact of the pandemic. However, the positive impact of the support group on their wellbeing was evident from their responses. To improve the mental health and wellbeing of those in the LGBT community, they would like to see more LGBT social groups and events, more therapeutic support, more information about being LGBT in schools (including more positive information passed on), as well as better training around LGBT issues in all organisations locally.

Self-harm

Of concern in the 2021 ALS (consistent with 2019) was the proportion (20%) of NEL school children who would sometimes (13%), usually (4%) or always (3%) cope with worries or stress by cutting or hurting themselves. Likelihood of self-harm was consistent across year groups, with females more likely to cut or hurt themselves (26%) than males (14%). Nationally an increase of self-harming among pupils has also been observed in both primary and secondary schools according to Ofsted (Ofsted, November 2020).

Franklin College report that there was a trend of self-harm among their students prior to lockdown. Although this has since decreased, during the Autumn term 2021, there have been several suicide attempts by overdose among their students. While the direct cause and possible influence of the pandemic on these overdoses is unknown, it does reflect the amount of young people locally willing to hurt themselves. Franklin College also report that there tend to be more safeguarding cases among females than males, although they recognise that this may reflect gender roles around 'masculinity'.

Eating disorders

The ALS also reflects a high proportion of local secondary school children who worry about their looks and weight. During the pandemic, there has been a national increase in eating disorders (among both girls and boys)(Ofsted, November 2020). Local evidence is consistent. Child mental health commissioners in NEL report a rise in eating disorders locally since the pandemic began. Franklin College also report huge issues around eating disorders and difficult relationships with food among their students, many who are not getting the support they need. Hospital admissions for eating disorders among children (aged ≤ 19) in 2020/21 in NEL was the highest among all years for which data is available (since 2016/17). The area of eating disorders is being addressed by commissioners of specialist mental health services.

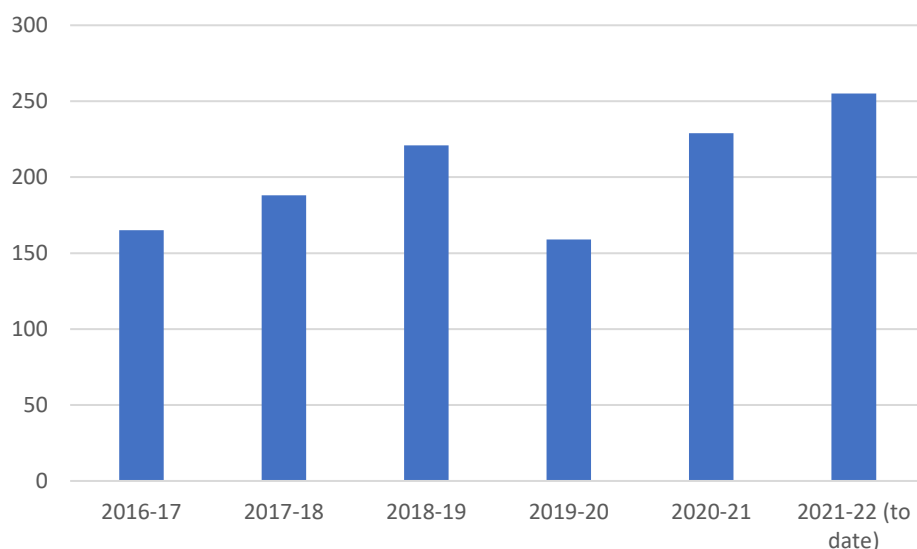
Impact of the pandemic within education

PSHE (Personal, social, health and economic education) coordinators from local schools were asked for insight around the impact of the pandemic on the mental health and emotional wellbeing of the children they support. Responses received included a local vice principal, a pastoral lead, and a safeguarding officer. Although not all had observed a major impact of the pandemic on the mental health of children they support, others reported lots more children talking about death and dying at school, children finding it difficult not to be able to mix with their wider circle of friends outside of their bubbles, pastoral social groups being cancelled, some young people losing their sense of belonging, worth, and purpose, and a rise in mental health concerns such as anxiety, suicidal ideation, self-harm and eating problems. A safeguarding officer also reported that several parents struggled to deal with their child's behaviour in the family home during lockdown.

At the end of the summer term (2019) prior to the pandemic, there were 211 (0.8%) NEL resident children being home educated which was higher than any previous academic year (Figure 8). This was followed by a decrease by the end of the 2020 summer term, however as shown in Figure 8 there has since been a further spike in the number of requests for young

people to be home educated, with around 50% requests stating Covid-19 as the reason and 30% requests stating anxiety.

Figure 8: The number of children living in NEL in elective home education at the end of each academic year since 2016/17 to date.



In terms of students in further education, Grimsby Institute for Further Education noticed 16 – 18-year-old learners withdrawing with emotional issues early during the pandemic, mostly young males (NELC Update on rapid Covid-19 health needs assessment, 2021). Franklin College also saw a definite impact of the pandemic on the mental health and emotional wellbeing of its students in general, with increases in low mood, lack of motivation, and anxiety among their students. Whilst some of their students found being away from college difficult, others experienced anxiety around integrating back into college.

Interviews conducted with the Safeguarding contact and the Head of welfare for Franklin College revealed that poor resilience among their students has been an issue for several years. This in combination with the fact that many students have been knocked back by the pandemic (such as through missing important exams and a large amount of school) is now becoming an issue in terms of mental health and safeguarding, as not being able to cope academically impacts on young people's self-esteem, motivation, and mental and emotional wellbeing.

Vulnerable and disadvantaged children and young people

Children who are disadvantaged are more likely to have worse mental health and emotional wellbeing in general and to have been impacted more negatively by the pandemic, with the pandemic also likely to have substantiated these inequalities (NELC HNA Vulnerability in Children and Young People, 2019)(NELC Director of Public Health annual report, 2020).

A vice principal of a local school reported observations that young people with autism have struggled during the pandemic as their need for structure and routine is imperative within their daily lives, so changes to their structure and routine (such as not being able to socialise or attend schools and activities) had caused them to feel lost. Learning4Life-Gy (a local inclusive educational provider who support SEND learners) also report a rise in the amount of mental

health referrals they have made for children with SEND since the pandemic. Funding has been obtained in NEL for a project called Autism in Schools which will take place in 10 schools in our area, to try to remove some of the vulnerability associated with autism and improve the journey and outcomes for children and families.

Children's social care services in the area continued to hold face to face visits for children and young people at high risk of harm throughout the national lockdowns. However, since other organisations could not continue performing face to face visits, it is thought that some children and young people were at increased risk of harm or further harm because of reduced contact with professionals, and that some safeguarding issues were not picked up (NELC Children's Services Domestic Abuse Analysis , February 2021). Children's social services report that many vulnerable children who were permitted to attend school during the pandemic stayed at home. In addition, a local school pastoral manager reported that children from vulnerable families who do not meet the threshold for a social worker, have been able to use Covid-19 as a reason for absences and are not as visible in school.

A domestic abuse needs assessment is being undertaken by children's services, which currently suggests a greater severity of some domestic abuse cases following the pandemic. This is echoed by crisis lines and voluntary agencies. A vice principal of a local school has also reported increased cases of domestic abuse amongst families, some with no history at all, because of having to be always around each other.

General comments from many local organisations such as Children's social services and the Bereavement Service, reflected that although the pandemic may have increased the amount of hidden harm occurring within families, the root cause of many of the safeguarding concerns is the high level of need in NEL due to the levels of deprivation. It is suggested that we need to gain a better understanding locally about how we can address this, as many families in NEL need more support than families in more affluent areas.

9. Working Age Adults

There will have been a huge variety of experiences during the pandemic among our working age adult population. For example, whilst front line workers may have experienced stress over catching Covid-19 or transmitting it to their families, other working age adults may have become unemployed or furloughed and experienced a loss of purpose, whilst many working from home will have experienced isolation. Adults with families may have worried over balancing their own work with their children's education and entertainment, whilst those living alone may have experienced excruciating loneliness and isolation. Furthermore, the lockdown measures will have had an unequal impact depending on factors such as how much indoor and outdoor space people had access to, the quality of their neighbourhoods for taking exercise each day, and whether they were at risk of violence inside their home. Whilst for some the pandemic may have been beneficial for their mental health and emotional wellbeing, it is evident that for others it has been negative, often resulting in a range of coping mechanisms such as higher levels of substance misuse, unhealthy eating, and domestic violence.

Mental health service data

Navigo Mental Health service expected an increase in referrals for individuals seeking talking therapy due to the pandemic. Although overall this was not seen, there was a rise in acute and more complex cases which will likely require long term treatment. There was also a significant increase in demand for the treatment of eating disorders, as well as a rise in first episode of psychosis presentations (although not all directly because of Covid-19). The need for ward-based therapy has increased whilst discharges have been slower.

Overall, there has been an increase in referrals to Mind, which have mainly been related to anxiety, low mood and depression, and support with managing emotions. There were few calls to the Mind information line from NEL, and steps are now being taken to increase awareness of the line. However, calls received during the pandemic included enquiries around how to manage low mood, access to counselling, and due to social isolation. Mind also offers a Job Retention Service which supports employees who are at risk (real or perceived) of losing their employment because of their mental health. Since the pandemic a greater number of individuals have been accessing the job retention service and reporting they are anxious about returning to work or to the office following a period of absence. It is anticipated that individuals seeking support due to anxiety around returning to work will increase further in the future.

There was also increased attendances at SafeSpace; an out-of-hours open door crisis café offering mental health support.

The NELC Wellbeing Service continued to support people throughout the pandemic. The support ranged from providing time for clients to tell their story, using a coaching approach to support with self-help and coping strategies, to develop a healthy lifestyle and establish routines, and working with the client using tools such as the Wellbeing wheel (and the GROW model) to enable them to break down their concerns and focus upon one thing at a time. Collaborations with other organisations was key to the support provided, including with Centre4, Navigo, churches, spiritual centres, and emergency services.

The time and listening skills provided by the Wellbeing Service was essential to their clients during the pandemic, who sometimes felt overwhelmed and just needed to talk without worrying those close to them. The training which wellbeing workers receive around suicide prevention was a necessity with certain clients, and there was increased contact between the Wellbeing Service and emergency services during the pandemic. The Wellbeing Service also helped dispel a lot of miscommunications around rules whilst in lockdown and afterwards.

Table 3 details how support needs served by the wellbeing service varied between pre - Covid-19, during the peak of Covid-19, and currently.

Table 3: Support Needs Served by the Wellbeing Service

Pre Covid-19	During the peak of Covid-19	Currently
<ul style="list-style-type: none"> • Emotional support for day-to-day living • Loneliness • Anxiety and depression (Very Low Level) • Health anxieties • Confidence building • Weight management • Increasing physical activity • Stop Smoking • Access to food banks • Benefits support • Housing issues • Financial and budgeting support • Debt • Job ready signposting and support • Upskilling signposting and support • Bereavement 	<ul style="list-style-type: none"> • Access to fuel vouchers • Loss of pets • Sexual abuse • Rape victims • Abuse victims • Suicidal Ideation • Suicidal Intent • Self-harm • Panic Attacks • High level anxiety • Depression • Domestic abuse • Childhood/Adult trauma • Drug/alcohol/gambling addiction – Hand holding until clients were able to access support, which could be 3 months plus • Crisis clients • Homelessness • Job loss • Isolation • Covid-19 fears • Relationship breakdowns • Clients feeling lost in the system, not meeting MH service criteria's within NEL to gain access to support although experiencing high levels of varied MH issues • Stop Smoking • Weight management Access to food banks • Benefits support • Financial & budgeting support • Health Anxieties • Loneliness • Housing issues • Debt • Job ready signposting and support • Bereavement 	<ul style="list-style-type: none"> • Hand holding clients between referrals and waiting times for psychological therapies/counselling/recovery programs • Emotional support for day-to-day living • Loneliness • Covid-19 fears • Bereavement • Increasing physical activity • Stop Smoking • Access to food banks • Benefits support • Housing issues • Financial and budgeting support • Debt • Job ready signposting and support • Upskilling signposting and support • Anxiety and depression varying levels • Health anxieties • Confidence building • Weight management

Based on the trend of support being requested from the Wellbeing Service, the following predictions around the future/ongoing impact of Covid-19 can be made:

- Long Covid: The symptoms of long covid will be a long-term detriment to mental health. The symptom of chronic fatigue can increase depression, and impacts people's ability to be active, in turn impacting their physical health.

- Anxiety/ Low Motivation/ Depression: The increased support being provided to support those who do not meet the criteria of clinical mental health services or those on waiting lists to be treated by services will continue.
- Stop Smoking: Continued increase in stop smoking clients.
- Multiple Wellbeing Factors: During Covid-19 and to date there has been an increase in clients whose mental health is being impacted by multiple wellbeing factors, making their needs more complex and this may continue whilst Covid-19 is still present.
- Weight Management: Continuation of the increased number of clients looking for support with regards to weight management, ranging from healthy eating, increased physical activity, support increasing motivation, and general weight loss.

The Mental Health Alliance (previously the Mental Health Working Group) carried out a mental health survey during September – October 2021. This was sent to professionals from a wide range of organisations including council frontline staff, voluntary sector organisations, the police, Grimsby institute, Franklin college, and local businesses. In total 206 people completed the survey. Whilst the survey was originally designed to ask about the clients who these organisations support, a major finding was that over 50% of the professionals themselves did not have 'good' or 'very good' mental health, and a lot of them had never reached out for support.

A whole borough survey is now planned to ask North East Lincolnshire residents in general about their mental health and wellbeing, including reasons for not seeking help, and barriers to getting the support needed. In addition, NEL Covid Grant Award funding has been secured to offer free reflective practice sessions, counselling sessions, and mental health awareness level 2 training to all staff and volunteers working on the frontline in the Voluntary, Community and Social Enterprise (VCSE) sector.

A & E attendances

Between April 2020 and March 2021, there were 355 mental health related A & E attendances at Grimsby Hospital in total, with the numbers for each age group displayed in Figure 9. It can be seen from Figure 9 that in general there were more mental health related A & E attendances among younger age groups than older age groups.

Figure 10 displays the number of attendances from individuals that reside in each ward in NEL. This shows that in general, there were more attendances among individuals who live in wards of greater deprivation. East Marsh, which has the highest levels of deprivation, makes up nearly one fifth (18%) of all attendances, possibly highlighting how those in less secure environments were at greater risk of a negative impact on their mental health because of the pandemic.

The main reasons behind the A & E attendances are listed in Table 4. The most common complaint was deliberate self-harm, followed by bizarre behaviour. Whilst more males attended A & E due to bizarre behaviour (13% males compared to 7% females), more females attended A & E due to self-harm (53% females compared to 43% males).

Figure 9: Mental Health Related A&E Attendances at Grimsby Hospital, by gender and age group (April 2020 to March 2021)

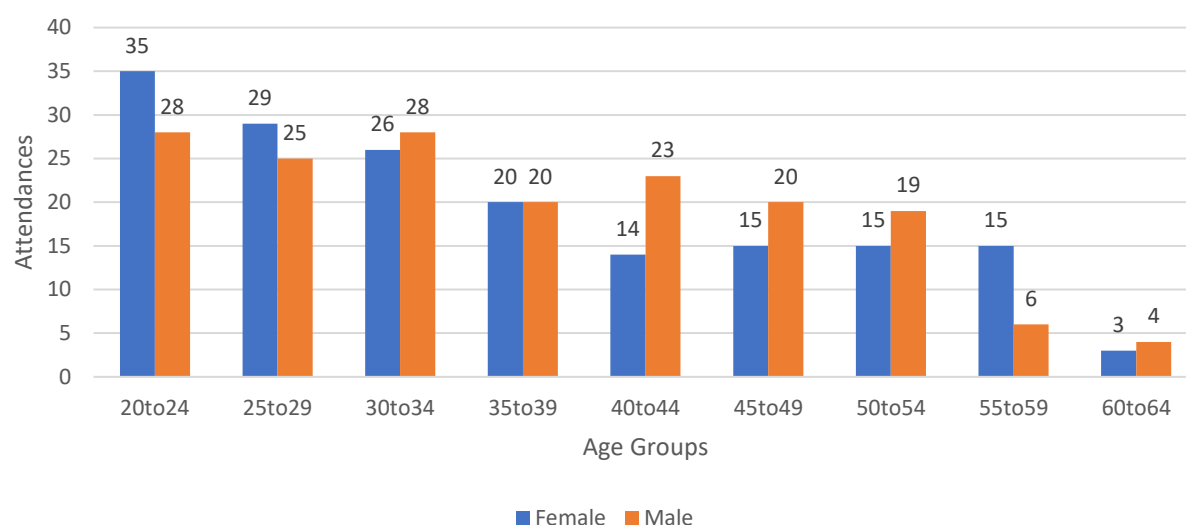
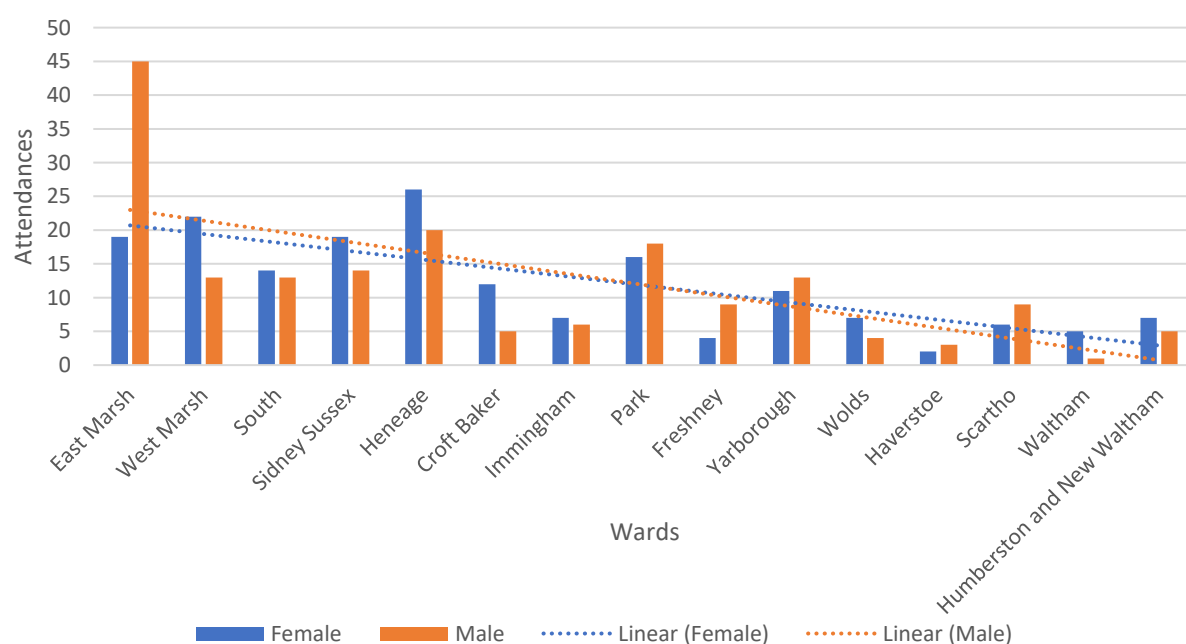


Figure 10: Mental Health Related A&E Attendances at Grimsby Hospital, by gender and ward (ordered by Indices of Multiple Deprivation) (April 2020 to March 2021)



Source: CCG North East Lincolnshire

Table 4: Main complaints as proportions from individuals attending A & E for mental health reasons, by gender (Source: CCG North East Lincolnshire)

Main Complaint	Female	Male	Grand Total
Deliberate Self-harm	53.49%	42.77%	48.12%
Bizarre Behaviour	22.67%	24.28%	23.48%
Anxiety	11.63%	13.29%	12.46%
Violent Behaviour	6.98%	13.29%	10.14%
Hallucinations	5.23%	6.36%	5.80%

Suicide

During 2021, there were 25 suspected suicides in NEL which is higher than the average over the last 5 years, and the highest number since Real Time Surveillance data collection began in 2017, as shown in Table 5.

Table 5: Number of suspected suicides in NEL, 2017 to 2021

Year	Suspected Suicides
2017	< 10
2018 - 19	18
2020 - 21	42

**Includes deaths up to 31st December 2021*

Source: North East Lincolnshire Council PHIU

Of note, in 2020 the proportion of suspected suicides occurring among females (35%) was high compared to previous years (0% in 2019, 7% in 2018, and 25% in 2017). Among female deaths, a high number have had children removed into care or experienced the death of a child. There has also been an increase in suspected suicides in those who have been the victim of domestic abuse and those who have been the perpetrator in abusive relationships.

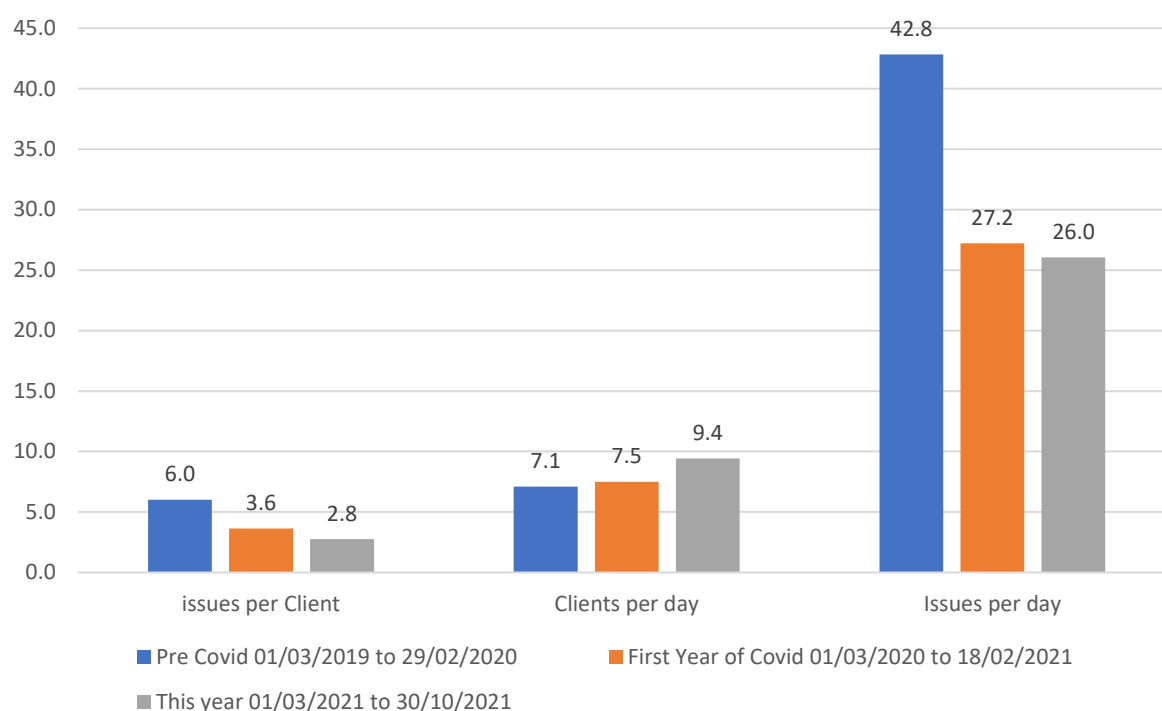
Individuals with Learning Disabilities

NEL Navigo service users with high functioning autism were negatively and positively impacted by Covid-19 and the associated restrictions. Lockdown created opportunities for individuals to create routines in a controlled environment and avoid stressful situations that they may encounter in public environments. The opportunity to have conversations remotely was welcomed and preferred. However, the frequent changes in Covid-19 restrictions reduced control and increased anxiety levels. Established routines that were dependant on external stimuli in public settings such as shops were broken, as Covid-19 restrictions enforced closures of many public settings.

Unemployment and Financial Insecurity

Figure 11 displays the number of individuals supported, and the number of issues dealt with, in NEL by Citizen's Advice Bureau in 2019/20, 2020/21, and 2021 financial year until the end of October 2021. Since the pandemic began, there has been a small increase in the average number of individuals supported by Citizen's Advice each day, although on average each person is presenting with fewer issues.

Figure 11: Citizens Advice: Average Number of Issues and Clients Per Day, And Issues Per Clients During Three Time Periods (Pre Covid, First Year of Covid & This Year) - NEL



Source: NEL Citizens Advice

The most common issue causing people in NEL to seek support from Citizen's Advice, in each financial year, was debt. Other common issues included benefit and tax credits, and universal credit related issues.

Regarding the individuals seeking support in NEL, the greatest proportion were from a white ethnic background, however this proportion decreased from 90% to 84% between the 2020/21 financial year and March - October 2021. Between March – October 2021, individuals from Asian backgrounds in NEL made up the largest proportion of those from ethnic minorities seeking support.

During the multiple lockdowns the Citizen's Advice offices were closed, and they are now only seeing clients in person with pre-arranged appointments. These operational changes led to very low numbers of in person contact and increases in individuals using both phone and email channels. However, this has not led to a decrease in individuals making contact.

Domestic Abuse

NEL Women's Aid reflect their concern regarding the introduction of lockdowns, as they presented nightmarish situations for individuals experiencing abuse, causing them to become more isolated and cut off from support. Some families with children also experienced more stress due to school closures and children being constantly at home.

Women's Aid maintained contact with service users throughout the pandemic by telephone or video link providing it was safe to do so, and online counselling was arranged where possible. However, for those whom this was not safe since their partner was always present, contact was lost, which was a great concern, and, in some cases the police were asked to do welfare checks disguised as leaflet drops or routine door knocks.

Covid-19 led to a reduction in referrals to Women's Aid by agencies and self-referrals but an increase in police referrals. There was an increase in telephone calls for advice from frightened families, many of whom didn't think getting support during Covid-19 was an option in their circumstances but needed to know what was available and how to access this support when it was possible. Coming out of lockdowns led to increases in the numbers asking for support and slowly women are returning to drop ins.

Refuge occupancy was limited during Covid-19 to reduce risk of transmission. The women that lived in refuge during the pandemic experienced increased mental health issues. Collaborative support was provided via the crisis team and counsellors. During this period, staff's mental health was negatively impacted due to fear of contracting or transmitting Covid-19, whilst the inability to participate in usual leisure activities deprived staff of an important strategy for coping with the trauma they are exposed to. Refuge capacity in the area is and has been at full capacity in recent months, however, there is now a waiting list due to the government legislation and Duty of Care put on local authorities to ensure there were no rough sleepers during Covid-19. There are fewer homes/accommodation to move families in to when it is safe to do so. Refuge is an emergency crisis accommodation but has become home for some because of the lack of move-on facilities. This means others now needing emergency accommodation cannot access it quickly and is a concern.

Since 2017/18, the number of referrals and repeat referrals to Blue Door; a specialist service who provides support to individuals who have experienced domestic abuse and/ or sexual violence, have increased annually, however the largest increase was between 2019/20 and 2020/21. During this time, the 26 – 35 age group made up the largest proportion of service users, whereas there was a reduction in those aged 46 – 55. In the 2020/21 financial year, 94% of referrals were from Multi Agency Risk Assessment Meetings (MARAC) and Humberside Police, reflecting that the main agencies involved with victims of domestic abuse during lockdown and the beginning of the pandemic were statutory ones. Between April 2020 and March 2021 there were 769 referrals of high-risk cases processed to MARAC, this is an increase of 40% from the previous year.

Bereavement

Few referrals to the Bereavement partnership have been specifically linked to Covid-19 deaths, but a majority have involved the pandemic's impact on bereavement experiences and the referrals received. For some, prior grief re-emerged during lockdown. Social isolation has led to some local bereaved individuals wishing to take their life. Post and pre bereavement there has been increased extreme anxiety, prevalence of panic attacks and re-emergence of obsessive-compulsive disorder (OCD) symptoms. The Bereavement Service also report that mentions of death in the news, large events (e.g., birthdays and Christmas), loosening of Covid-19 restrictions and emphasis on returning to 'normality' have all been triggers for anxiety. Feelings of unfairness and inequity were reported as restrictions regarding funeral attendance have changed and eased. Being unable to be close to loved ones before they passed was very difficult for some.

Substance Misuse

Creative Start recovery community in NEL transferred their recovery meetings to online very early in the pandemic, and this was an essential form of connection to maintain recovery for many service users.

There was more recovery online support than ever before and that has continued after the lockdowns and has become a normal part of recovery. It has enabled people in recovery to connect across the world and was one of the few positive things to arise from the pandemic.

Although those that were in a recovery programme adapted to the pandemic quite quickly, Creative Start reported that there was also a dramatic increase in dependent drinking, addiction, and associated mental health problems during the pandemic. A lot of calls were received from family members asking for help with a loved one's addiction. Creative Start also witnessed increased domestic abuse among those they support, and associated anxiety and depression. The above observations were presumed to be linked to people being more isolated, having time on their hands, and experiencing a lack of purpose.

Grimsby Practices in Partnership (GPIP) Drug and Alcohol Service report that many of their patients who misuse alcohol alone, consumed large volumes of alcohol during the pandemic, with many reporting loneliness and boredom as the main reason. As well as increased alcohol consumption, patients also reported changes in their mental health due to the pandemic.

Most of the GPIP drug using patient cohort initially reported being stable during the start of the pandemic, however as time went on and patients were brought in for routine tests (as part of their treatment), it became apparent that many of them were not stable.

10. Older People

In addition to being more likely to experience severe Covid-19 infection, hospitalisation, and mortality, the older adult population was identified early in the pandemic as particularly likely to disproportionately experience the wider impacts of Covid-19 (Public Health England, 2021a). These wider impacts are the indirect effects on population health not resulting from an infection itself, but rather from the measures put in place to limit its spread (Douglas, 2020).

Prevalence and activity

Applying the findings from the latest Adult Psychiatric Morbidity Survey to the local 65+ population, the prevalence of common mental disorders (any type of depression or anxiety) in the North East Lincolnshire population, is estimated at around 11% of the 65+ population, which equates to approximately 3,500 people (Public Health England, 2021c). However, it is important to note that both anxiety and depression have increased following the pandemic (Office for National Statistics, 2020).

Table 6 shows the number of referrals to NAViGO of patients aged 65+ years between 2018 and 2021 and points to a big increase in referrals during 2020 and 2021 compared to previous years.

Table 6: Number of referrals to NAViGO of patients aged 65+ years, January 2018 to November 2021

Number of referrals	2018	2019	2020	2021*
Patients aged 65 to 74 year	1,227	1,302	1,484	1,738
Patients aged 75+ years	2,758	3,018	3,512	3,192
Total patients aged 65+ years	3,985	4,320	5,005	4,930

* January to November 2021

Source: NAViGO

Dementia

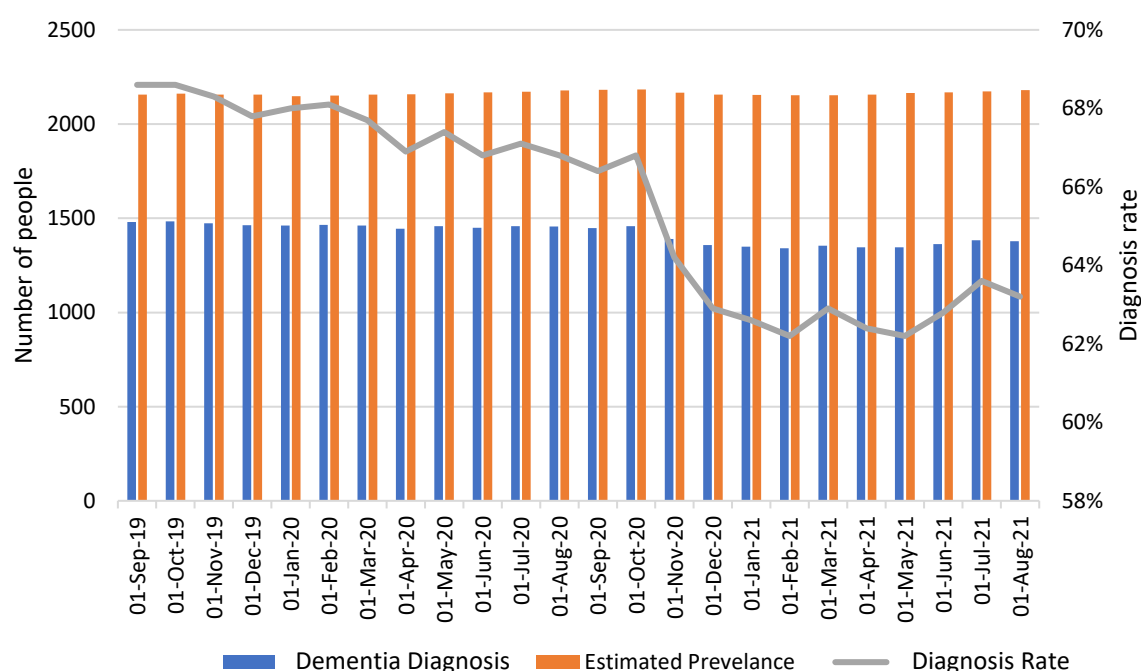
Dementia is an umbrella term that includes Alzheimer's disease, vascular dementia, and other dementias, and may include symptoms such as memory loss, confusion, personality change, loss of empathy and/or hallucinations. There is no cure for dementia but there are medical treatments to ease or delay symptoms. Research suggests that active treatment of hypertension, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity, might have the potential to delay or prevent a third of dementia cases (Livingston, 2017). Many of these mitigation factors have been impacted by the Covid-19 pandemic. During the Covid-19 lockdown, social isolation, and feelings of loneliness in the older population have increased, and they can be a risk factor for dementia, especially in vulnerable older people (Lazzari, 2021). Maintaining social engagement has been very difficult with lockdowns, activities cancelled, and a smaller proportion of older people accessing online activities than other age groups. The management of long-term conditions has also been impacted with fewer face to face health appointments.

Exercise routines have been impacted with people staying in to keep safe, resulting in less physical activity and increased frailty symptoms.

Not everyone with dementia has a formal diagnosis, however a formal diagnosis will be beneficial to ensure patients have access to the appropriate care and support. By comparing the number of people estimated to have dementia with the number of people diagnosed with dementia, a diagnosis rate can be calculated.

Figure 12 shows the number of people with a dementia diagnosis in NEL over the past two years, the total number of people estimated to have dementia, and the diagnosis rate. The total number of people estimated to have dementia is currently around 2,180 people, and this figure has been relatively stable during the time period. The number of people with a diagnosis of dementia has fallen slightly during the time period, from just under 1,500 to just under 1,400, with the diagnosis rate falling, particularly from around October 2020, from 68% to 63%, meaning around two thirds of local people with dementia have a formal diagnosis. This decrease in the dementia diagnostic rate follows the national trend and indicates that an increased number of people will have dementia but are as yet undiagnosed.

Figure 12: The number of people with a dementia diagnosis, the total number estimated to have dementia in the population, and the dementia diagnosis rate, persons 65+, North East Lincolnshire, September 2019 to August 2021



Source: NHS Digital

The majority of formal diagnoses of dementia are provided by specialist clinicians at memory assessment services (memory clinics). A timely diagnosis of dementia relies on business as usual occurring in the health system, in particular access to general practice and other specialist doctors, however the pandemic has impacted on the provision of these business-as-usual health services, which in turn, impacts the quality of life for people living with dementia and their carers (OHID, 2021).

A care plan is how an individual's health and care needs are met through the provision of relevant and timely health services. If a care plan is not current, there could be unmet needs

of the individual that could lead to the deterioration of the dementia condition and/or lead to other health conditions developing. Again, because the pandemic has impacted on the provision of business-as-usual health services, there has been a considerable impact on access to memory assessment services (OHID, 2021). This impact is presented in Table 7 which shows the percentage of those with Dementia / Alzheimer's disease with a care plan or care plan review in the last 12 months for 2020 and 2021, compared to the 2017-2019 baseline average and points to a big fall since the start of the pandemic.

Table 7: Percentage of patients with Dementia / Alzheimer's disease with a care plan or care plan review in the last 12 months, North East Lincolnshire CCG, 2020 and 2021 compared with 2017-2019 baseline

Year / NELCCG	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	67.9	74.2	77.8	74.1	70.6	68.1	64.8	61.4	56.5	53.7	49.4	47.2
2021	43.6	42.6	41.9	39.2	38.6	35.7	34.1	34.2	36.9	41.0	47.1	
2018-2019	73.1	76.3	78.8	76.0	71.8	68.5	65.7	63.5	61.7	61.9	62.4	62.5

Source: OHID

Suicide

Suicide is a potential indicator regarding underlying rates of severe mental ill-health. There has been a higher proportion of suspected suicides in older people over the last year, with 14% of suspected suicides occurring in individuals aged 65+ years in 2021 (up to the 24th of November) compared to an average of 6% over the last 5 years. Since the overall numbers are very small, it is not yet possible to establish whether this is an upward trend because figures tend to fluctuate from year to year. (Note that suspected suicides are deaths identified by Humberside Police or the British Transport Police to be suicide and have not been confirmed at inquest by a Coroner).

Impact of the Covid-19 pandemic on mental health

Social isolation and loneliness negatively impact on mental health in older adults and may predispose to cognitive decline (Manca, 2020). During lockdowns and restrictions in general, it has been difficult for some older people to undertake activities that would improve mental health, lessen social isolation and loneliness, and improve their ability to manage health conditions. A survey undertaken by Age UK revealed that 45% of respondents aged over 70 years said they feel uncomfortable or very uncomfortable leaving their homes because of the pandemic (Age UK, 2020).

Access to healthcare has been reduced during the pandemic, with some services not running, others running at reduced capacity or digitally, and many older people unwilling to seek healthcare, with some figures suggesting that around 50% of older adults with a worsening healthcare condition have not sought medical advice about it during the pandemic (Public Health England, 2021a). Locally, several recipients of Support at Home services were fearful of contracting Covid-19 from staff members, which led them to cancel calls, and there have then been situations which have consequently escalated to crisis and required hospital admission. Whilst many services have been operating virtually, older service users report a desire for a choice of both face to face and virtual support. Many older people do not have

internet access or are less confident in its use, and technology is certainly not suitable for all people, particularly those with dementia.

At one point there were just under 7,000 North East Lincolnshire residents aged 65+ years on the local shielded patient list of clinically extremely vulnerable people. The impact of Covid-19 (both direct and indirect) has been particularly felt by those who were shielding and those with multimorbidity, with levels of loneliness, anxiety and depression being higher among older people from these cohorts (Zaninotto, 2020).

Care home residents have also been severely impacted by the Covid-19 pandemic with close to 200 deaths locally in residential homes during the second wave. Social isolation and loneliness may have been an issue for some care home residents prior to the Covid-19 pandemic, but this is likely to have been exacerbated due to social distancing measures and the cessation of care home visits. In addition, many care homes have cancelled group activities and communal dining, which may further exacerbate isolation and feelings of loneliness (NIHR, 2020). This lack of family visits and general activity provision has led to local concerns over a general deterioration in the wellbeing of local care home residents. Locally, a depleted care workforce and lower numbers of care home residents makes the sustainability of residential homes more difficult.

Coping with bereavement and grief has been a major issue for some older people. Due to Covid-19 restrictions, funeral services were very restricted, and travel restrictions meant that normal family and friend support networks were not necessarily available.

Looking ahead to the recovery phase of the pandemic, poorer mental health, and reduced healthcare access will all make it harder for some older adults to resume activities they engaged in before the pandemic. Since the first lockdown, many older people have reported doing significantly less physical activity than they did before the lockdown, as well as losing confidence in their ability to perform ordinary activities such as leaving the house or engaging with health services (Public Health England, 2021a).

A loss of confidence has also been reported among the elderly by local voluntary services, which will affect independence in the long term, and this could result in increased long-term social isolation and loneliness. Such circumstances could lead to increased frailty in the population, with frailty significantly associated with an increased risk of Covid-19 severity, admission to intensive care, application of invasive mechanical ventilation, and a long-length stay (Yang, 2021).

Locally there has been an increased need for hospital care and ward-based care, along with a slower discharge of older people with community packages. A survey undertaken by Age UK revealed that 25% of people over the age of 70 years, are unclear on when their lives will return to normal, whilst 9% don't believe their lives will ever return to normal, and more than a third of respondents over 60 years reported that they are now less motivated to do the things they used to enjoy (Age UK, 2020). Some older adults may have lost the functional capacity or motivation to perform activities that they were able to perform before the mitigation measures were put in place. This means that for some older adults, addressing the wider impacts of Covid-19 may not be as straightforward as lifting all Covid-19 mitigation measures (Public Health England, 2021b).

Local lockdown impact survey

A telephone survey was undertaken with colleagues from several voluntary organisations who work with older people in North East Lincolnshire. These services were asked about their

understanding of the impact that Covid-19 and the lockdown has had on the older people they support. Key findings regarding the impacts on the mental health of older people were as follows.

- The majority of older people stayed in during lockdown and were very nervous about going out. Families were worried about them going out too.
- The older people most affected by lockdown were those normally very active and independent. They really struggled emotionally and found the imposition of lockdown much harder to manage. Services reported that many people losing their purpose subsequently needed emotional support.
- Older people reported missing their families very much and this was what caused them the most distress.
- Loneliness and isolation were the biggest issues. Older People missed seeing their family and friends and struggled with this.
- Loss of confidence. As people's worlds got smaller, they had limited decision making and choices, so they had started to feel less confident in decision making. Some older people decided to give up the use of their cars, and after lockdown they haven't taken driving up again so this will impact their future independence – this is true of other skills too.

Impact on carers

The North East Lincolnshire Carers Support Centre is a local charity providing support services for carers and have provided the following insight regarding the impact of the pandemic on the mental health of carers.

- The Covid-19 pandemic has had a substantial impact on the mental health of unpaid carers locally.
- The Carers Support Service has seen a considerable increase in carers requesting befriending and counselling support during the pandemic, and both support services are now currently oversubscribed.
- Many carers along with the person they are caring for were co-shielding during lockdown. Many carers felt isolated which affected their mental health.
- Covid-19 was a major worry. Many cut back on care agency support to keep safe. Carers therefore picked up additional caring responsibility. There was little opportunity for respite and often carers were unable to access the things they usually do to have a break anyway.
- Some carers now have financial worries and are struggling with essentials such as food and energy bills. A number of carers are requesting help with increased costs of care for loved ones. This is across the life-course from parent carers to elderly carers.
- Many carers who are struggling to care for their loved ones and have additional caring responsibility are seeing an impact on their own mental health.
- Many carers are feeding back to the Carers Support Service that they are suffering with depression and anxiety.
- Grief has been a major issue following the death of a loved one. Due to Covid-19 restrictions, family members and friends were unable to support each other as they would under normal circumstances. The funeral services themselves were very different and attendance was severely restricted. Carers were left on their own with their grief. This is having a long-term impact, as some carers are still struggling to cope a year on from a funeral, and are unable to move on, with the grief having a serious effect on their own mental health.

11. Update on Last Year's Recommendations

<u>Recommendation</u>	<u>Update</u>
Encourage the use of the Population Health and Outcomes approach in tackling health inequalities across the life course, including the use of Population Health Management tools currently being piloted in the local NHS.	Plans are being developed across the emerging ICS/ICP footprint about the implementation of a Population Health Management approach. High level data packs have also been created for each PCN around their population and wider determinants and all PCNs have since submitted plans to work on specific areas of inequality across their PCN.
Explore a method of measuring equity of access to services, starting with the Public Health commissioned services.	A meeting was held with public health leads for the wellbeing, drug and alcohol, and sexual health services who were all happy to collaborate. A list of desirable demographic information to collect from service users was sent to each service, and a response as to which of this information is already being routinely collected has been received from the wellbeing and drug and alcohol services. We are awaiting a response regarding the sexual health service and will then explore the possibility of collecting extra demographic information from each service. We will also design a survey to measure service user experience/ satisfaction. A report can then be routinely completed to compare service user experience across different demographic characteristics (such as age, gender, ethnicity, sexuality, etc) for each service.
Each Primary Care Network should identify a leadership role with regards to the implementation of the NHS Phase 3 inequalities plan for their population and should explore the potential resourcing of work on health inequalities within the new ICS/NHS organisation.	PCNs are on board with the requirements of this plan. High level data packs have been created for each PCN around their population and wider determinants and all PCNs have since submitted plans to work on specific areas of inequality across their PCN.
Develop a model of outreach in collaboration with Primary Care Networks and other partners to support communities to make use of preventative support. This should include a focus on maximising the uptake of preventative measures, such as vaccinations, by the homeless population.	Multi-agency working between Open Door, NELC Home Options and charities working with the homeless population in North East Lincolnshire (and support from the Homelessness Forum) resulted in the provision of outreach Covid-19 vaccinations to the homeless population in 2021, with some success for vaccination uptake amongst this cohort, although the refusal rate remained quite high.
Develop a partnership investment plan for each area of growing need in light of the Covid-19 pandemic (such as domestic abuse, alcohol and smoking services).	Although partnership investment plans have not been produced, there has been a renewed collaborative approach to topics such as smoking in the past year, including through joint working with the Humber Coast and Vale ICS, the Local Maternity System, and the local hospital trust to provide support for pregnant woman and inpatients who smoke and joint working

	with Health Visitors and Lincolnshire Housing Partnership around smoke free homes, all of which should ease pressure on the local stop smoking service.
Develop and adopt a plan to increase the proportion of people that are living in conditions that meet the Decent Homes Standard and to ensure the stability and security of tenancies post-Covid.	<p>The Council's plans to consult on selective licensing were paused due to COVID19. As things begin to return to normal, the Council will revisit Selective Licensing during the next 12 months. Selective Licensing will help to improve housing in some of the most deprived areas in the borough, where the worst housing can be found.</p> <p>With increasing energy prices threatening to place more households in fuel poverty, the Council is keen to make homes warmer. Recently they were awarded additional funding to help fund works to improve energy efficiency in homes, for both privately rented and owned homes.</p>
Environmental Health teams should advise on areas which suffer from lack of services or 'food deserts' and target support and community activities appropriately so that vulnerable areas can access nutritious food.	This recommendation will be picked up under the Healthy Weight Strategy Group which commenced in December 2021, and which includes a focus on the food environment.
Raise the profile of domestic abuse within healthcare settings.	The Health and Care Partnership identified Domestic Abuse as one of their key priorities in 21/22. This primarily involved a commitment to comprehensive domestic abuse training across the local health and care workforce. In addition, a clinical lead was identified, and a programme of activities undertaken with the purpose of aligning to and supporting the delivery of the overall NEL Domestic Abuse strategy. This work will be ongoing this year and into future years.
Support local schools to prioritise the healthy relationships component of the Personal, Social, & Health Education (PSHE) curriculum, so as to improve young people's self-value and break intergenerational cycles of unhealthy relationships.	An RSE questionnaire to schools was used to engage with schools to understand what support could be provided to enhance the delivery of the healthy relationships component of PSHE.
Continue to build our collaborative work with the Department for Work and Pensions to ensure that residents are connected to support with managing debt and are supported to build their financial capacity.	The Wellbeing Service have continued to work with the Job Centre throughout the Covid pandemic and have secured a final year of funding from the DWP to continue the formal partnership for another 12 months. There are plans to have staff from the Wellbeing Service based back in the Job Centre once this fully opens again.
Build on the work with rough sleepers that has gone well during the Covid-19 pandemic, such as sustaining	The continuation of the Strand Street project has seen 8 entrenched rough sleepers maintain accommodation since 2020. More Rapid Rehousing Pathway properties have also been introduced, and

rough sleepers in their accommodation.	relationships have been strengthened with new and existing services such as My Space, widening availability of accommodation and support for this client base.
Build social connectivity for NEL communities across the life course, from young first-time mums through to older people living alone. Do this by increasing digital skills, sustaining and building on well-used community assets (physical and virtual), and by reviewing the commissioning of the Voluntary and Community Sector (including the use of social prescribing).	There has been survey work with communities in the latter half of 2021 to identify barriers and funding of community-based projects to support skills needs. Short courses are being offered by a range of providers and get strong take up. There are also a range of initiatives in Health and across the business community. The Digital inclusion programme will report at the end of March and address the DPH Annual Report recommendations.
Make every effort to secure external resources, where these become available, to support children most affected by the Covid-19 pandemic.	Additional investment has been secured in 2021/22 through the Contain Outbreak Management Fund (COMF) to help mitigate the impact of the pandemic on the mental health and emotional wellbeing of local children and young people.

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