Monitoring the Impact of COVID-19 Fortnightly Homelessness Briefing 7: Focus on mental health

Trigger warning: this briefing has references to suicide and many types of mental health experiences including anxiety and OCD. If you need to talk to someone call the Samaritans on 116 123 or email jo@samaritans.org - any time, any day.

Introduction

It is widely recognised that COVID-19 has had a significant impact on people's mental health and emotional wellbeing. In fact, recent figures from the Office for National Statistics (ONS) reported that the wellbeing of 7.4 million adults has been affected by COVID-19. Insight from this project illustrate that this is particularly the case for those who are experiencing homelessness during the pandemic. Throughout this project, a key theme raised by participants has been worsening mental health, at a time when support mechanisms and services have been increasingly harder to access and maintain.

This briefing is the seventh in a series that outlines what we hear through conversations with our staff and volunteers, the #HealthNow network, telephone interviews and from the concerns logged by our network of people with experience of homelessness. This themed briefing reflects insight gathered throughout the project specifically in relation to mental health. Further details of this research project and previous briefings can be found here: 'Monitoring the impact of COVID-19 for people experiencing homelessness'.

What is the policy context?

As the impact of COVID-19 on people's mental health was acknowledged, Public Health England released guidance for the public on mental health and wellbeing which outlines strategies for individuals to support their mental health during the pandemic. Alongside guidance, the Government announced that NHS mental health providers are establishing 24/7 helplines, digitally enabled therapy packages, further resources and guidance from charities such as MIND and Rethink and that leading mental health charities have been given £5 million to expand support services. In June, The Centre for Mental Health released a report highlighting the unequal impact of the virus and lockdown pressure on people with poorer mental health widening mental health inequalities.

During the pandemic, mental health service delivery models have adapted from face-to-face sessions towards remote online support, phone calls and texts. From the 25th March, essential mental health services such as Improving Access to Psychological Therapies (IAPT) were advised to offer a flexible and remote services. However, support being moved online has increased barriers to

accessing services due to the requirement for access to a phone, credit or the internet to get support. A mental health nurse outlined the challenges of individuals changing phone numbers and video platforms being difficult to use with further technological equipment needed. This different service model has provided some benefits in certain cases with individuals opening up more in a less intimate setting.

The Government's 'Everyone In' scheme placed with up to 15,000 people in emergency accommodation across the county. Organisations came up with innovative ways to keep people stimulated and support their wellbeing whilst they were living in emergency hotel accommodation. For example, Accumulate London created creative activities for people in emergency accommodation to help mental health, St Mungo's, Cardboard Citizens, and The Reader created a mobile library.

Key policy responses

23 March Department of Health and Social Care announce £500,000 of funding for technology companies to support people staying at home, access to mental health support and services.

25 March - NHS release Improving Access to Psychological Therapies (IAPT) guide for delivering treatment remotely during the pandemic.

29 March - Department of Health and Social Care release new advice to support mental health during the coronavirus outbreak outlining people will be offered additional online support and practical guidance to help them cope.
- Public Health England release guidance for the public on mental health and wellbeing aspects of COVID-19.

9 April – Department of Health and Social Care release emergency guidance for supporting people who lack mental capacity including temporary changes to the Mental Health Act.

30 April – NHSE release guidance on supporting patients of all ages who are unwell with COVID-19 in mental health, learning disability, autism, dementia and specialist inpatient facilities.

22 May – Department of Health and Social Care announce £22 million in cash grants awarded to mental health, ambulance and other public health charities.

26 May – Rethink release accessible guidance on mental health changes.

29 May – Department of Health and Social Care announce £5 million funding given to mental health community projects.

15 June – Office of National Statistics release results outlining the number of people reporting high levels of anxiety has sharply elevated during the COVID-19 pandemic.

Data collection so far

To reach a range of people, this project utilises several data collection methods. So far, we have received **351 daily diaries** and reflective logs, carried out **65 telephone interviews** with people experiencing homelessness and our **mobile reporters** have been feeding into the project about what they are experiencing and hearing from within their communities. They have reported their own experiences, interviews with people in their area and through audio and video methods.

What are we hearing about the impact of COVID-19 on mental health?

> *"The majority of people I have spoken to are very anxious and scared. Having this to worry about as well as everything else they are going through is extremely difficult and affecting mental health"*

Ongoing support from mental health services

The way in which services have adapted to COVID-19 led to an increased emphasis on remote, digital and online methods of support and treatment. Although this has been necessary to ensure that transmission of the virus is minimised, this has been experienced as not just a change in support model, but also a reduction in the amount of support available from mental health services. We have heard positive and negative experiences from people who have continued to access mental health services as they adapt to new ways of working. However, several people have described instances of appointments or counselling sessions being reduced or cancelled. In the case of cancellations, some people told us that they have not been rescheduled leaving certainty around the future of their care and treatment. This has caused increased distress for people trying to maintain their mental wellbeing during a particularly challenging time where mental health issues have been exacerbated by the pandemic.

> *"Group therapy still cancelled. Nothing put in place as an alternative means of support. Makes lots of plans but has so much going on in her head that unable to achieve any of her goals…Very overwhelmed by coronavirus statistics"*

> *"He is feeling suicidal and told me he has tried to end his life 3 times recently. His appointments have been cancelled and are over the phone rather than face to face. He finds this more difficult"*

> *"COVID-19 has been stressful on my mental health. I was attending group therapy sessions but that has been cancelled for over 2 months now. My counsellor also became unwell with the virus and I was told if I was struggling to call the Samaritans but for me it takes me a while to build up trust with someone so calling a stranger isn't easy for me and I'm not always able to find the courage. I was also being helped by Mind before lockdown, but their facilities also shut down so I've kind of been left to fend for myself for the most part"*

These examples illustrate how people with ongoing mental health issues were left without support and in some instances directed to support from non-health services to manage their wellbeing in its absence. The challenges faced when support and treatment are cancelled is just one example of how people have stopped being able to access and engage with their ongoing mental health support.

As noted in the narrative above, another key factor is trust, especially when support is delivered by someone new, and difficulties with receiving support over the phone. People told us that they struggle to engage with digital methods of mental health support, where available, with a number of people significantly preferring face-to-face methods of support. This digital barriers expressed for mental health support, echoes similar issues people raised about accessing primary care services

during the pandemic. Digital barriers to accessing mental health support for both people already engaged in mental health services or those who are newly trying to access services are compounded by similar challenges to engage with primary care which acts as the gateway to mental health services.

Case Study - Coping with mental health issues and COVID-19

"I am currently housebound due to severe anxiety and panic attacks that have got worse since the coronavirus outbreak. Before lockdown I would get a visit from my support worker every two weeks to see how I was doing but when lockdown happened I was transferred over to another support worker who has called me once in the last two months.

I cannot read or write, I have Obsessive Compulsive Disorder (OCD), I'm an alcoholic and I suffer memory loss so I think I could do with more support than I have been getting. Even if I wanted to stop drinking or get help for it I can't and I've been advised that if I stop drinking I would be putting my life at risk because if I don't have enough drink inside me I get seizures and fits so I just drink every day. I can go days in a complete blackout and when I come around, I haven't got a clue what has been happening for days at a time.

Because I have OCD when I do go out to a shop and someone gets too close to me, I have to turn around and go home. When I get home, I have to take off all my clothes, wash them straight away and disinfect everything I have touched before I can feel at ease again. When you feel that bad why would you want to go out and make yourself feel worse? It might be easy for most people to do normal stuff but even if I had somewhere to go or an appointment to attend I couldn't do it because the way I feel how am I going to cope with a crowd of people never mind sitting on a bus or a train - it just isn't going to happen".

This case study illustrates a stark example of how the reduction in mental health support during COVID and the impact of the pandemic itself have left a person feeling in limbo about their situation and exacerbated and worsened their condition.

People told us that they are facing barriers to accessing prescribed medication, such as anti-depressants, leaving them without their medication for several days which leads to deterioration in mental health.

> **"[I] recently called [my] GP and the receptionist was rude to [me]… [I've] had to go a couple of days without meds due to delays and had to ask twice for someone to collect it for [me] as anxiety meant [I] couldn't leave the house. When [I] go to the chemist, [I] had to wait a long time. [I'm] on a monthly prescription so have to endure the pharmacy at least once a month. [My] GP has doubled [my] meds for anxiety and depression as [I have] deteriorated"**

> **"A call to his GP practice can prove difficult as he has to leave a voice message with his details and they then get back to him. He is on anti-depressants and the delay in them replying has meant he hasn't always got his medication which has created a lot of stress and anxiety for him"**

This also illustrates how difficulties in accessing primary care services can lead to issues accessing medication and managing ongoing mental health conditions.

Accessing mental health services

> *"As the weeks progress I have had an increase in clients needing support with their mental health & have had to raise safeguarding as a client was contemplating suicide. Clients are also asking for more of a conversation around how they are feeling especially as anxiety levels are quite high"*

The increased prevalence of poor mental health and wellbeing throughout the pandemic means more demands on services and barriers to access. It is crucial that people who are experiencing homelessness can newly access mental health support easily and rapidly.

We know that people experiencing homelessness face significantly higher barriers to accessing health services than the general population. Insights from this project, in relation to mental health, show that the COVID-19 pandemic is increasing these barriers whilst need is simultaneously rising. One front-line staff member explained how mental health needs are increasing and the barriers they faced supporting people to get appropriate support:

> *"Unfortunately, I've heard a lot of people are thinking about suicide which is absolutely awful, I've never had so many people tell me that there's no hope and there's no point in going on. So we've had to try and get a lot of help and mental health support for people as well and have had to step in quite a lot where we're trying to find people services that should be responsible in helping these people but because their being moved all around we're not able to get them registered with a GP it's getting very difficult so getting them any help its near impossible at the moment. So, people are really suffering, they're depressed, some of them aren't eating, they're just in a really bad way it's awful. It's like people have just been forgotten you know"*

Furthermore, prior to the pandemic, several people explained that they were currently waiting for support to begin and now they feel uncertain as to when this will be accessible. As lock-down eases more people experiencing mental health issues and increased demands could lead to these waits becoming even longer. One front-line staff member reflected how initial sessions had been changed:

> *"This client spoke of how she was really looking forward to her CBT starting but since COVID it has switched to online and she has only been sent stuff to read and she really wants something face to face. She has been given a tablet by [charity] which is really helpful, and they call her regularly. She spoke of how she thinks after the crisis people will be more socially anxious and isolated and find it even harder to ask for help"*

Further challenges arose when people who had recently begun new treatment had moved into temporary accommodation and then had to be re-referred:

> *"[I have] been diagnosed with PTSD. [I have] recently started psychological therapies and then been moved to [temp accommodation] and have to be re-referred"*

Impact of COVID-19 on mental health

> *"going through hardship and trying to overcome anxiety by going out and keeping busy but Coronavirus has increased my fears and anxiety"*

Overall, COVID-19 and the response to the pandemic has had a significant impact on people facing existing challenges and hardship. Front-line workers have reflected on how people's mental health has gotten progressively worse as the pandemic continues.

"It feels like people's mental health is more of an issue the longer this goes on. The first couple of weeks people were scared but stuff was happening quickly and there wasn't that much time to think. Now everything's slowed down and it's easier to feel overwhelmed"

"We found out he later today that he had hanged himself. He was only 29 years old… It's hard to say whether his mental health deterioration was COVID related but he was schizophrenic and cooped up alone in a room for a significant period of time, which isn't healthy for anyone… I feel sad that he had to do that to himself. I worry that these situations will become commonplace during this COVID lockdown situation"

We know there is a clear interconnection between physical and mental health needs and have also heard about the impact of long-term health issues on people's mental health during the pandemic.

"Lockdown has proved a struggle for them. Chronic back pain and a lack of access to treatment had affected them physically and coupled with COVID 19 rules and regulations had left them feeling depressed for a while. Although feeling better and engaging more the pain still persists"

Insights have also illustrated the interconnection between mental health and unsuitable accommodation.

"I have to get out of that hostel as being there is making me ill. If being in hospital because of a nervous breakdown doesn't show I'm struggling and need support, then I don't know what will"

People living in various types of accommodation, explained how issues still persist as often the impact of isolation perpetuated their mental health issues and feelings of loneliness.

"[I'm] in supported housing but struggling to get any support. All support is done by phone calls. [I have] severe anxiety and depression which has deteriorated due to the lockdown. [I've] struggled to get shopping and don't want to go out. [I'm] stuck in my flat on my own and [don't] have a TV and so [don't] know what was going on which made her anxiety worse. [I have] no family and no support. She's not happy where's she's living there are people smoking drugs and predatory people"

Concerns over unsafe and unsecure accommodation is just one of the many factors that people have described have increased their level of anxiety. People have continued to tell us how the easement of lock-down measures and lack of consistent preventative measures have led to a worsening in their mental health and anxieties throughout the duration of the pandemic. People are particularly concerned about catching COVID-19 from those around them who are not following preventative measures, both in shared accommodation and when they are in public spaces.

"I have mental health issues, lots of anxiety and anger, if someone starts coughing near me, I start to feel anxious and then I just see red and start to feel this rage. Recently I was on a bus and this woman started coughing - my anxiety went through the roof. I was sweating and shaking and panicking. I said to the bus driver let me off the bus, but he carried on driving and it made me lose my mind. This feeling of rage came over me. I felt trapped and needed to get off that bus right away and I started threatening the driver. I tend to keep away from people now and spend as much time as I can on my own and in my room…"

Important considerations for mental health services and support for people experiencing homelessness

- In acknowledgement of the increased barriers to accessing mental health services experienced by people experiencing homelessness, NHSE/I, STPs, CCGs and Local Mental Health Trusts should plan to ensure that:
    - People who will be asked to engage via phone or online methods are provided with equipment, support and credit/data to enable them to access services without incurring a cost.
    - Face-to-face delivery models are considered to enable people to continue with treatment.
    - Peoples preferences and access to equipment are recorded on their records.
    - Cases where cancellation of support may have led to disengagement from services are reviewed and services proactively reach out to assess and review needs.
    - Referral pathways are reviewed to ensure that changes in accommodation status and location do not lead to re-referrals which will likely increase the length of time people are waiting for support. This should include where move of area means transfers between different Trusts.
    - People who are on waiting lists are provided with alternative sources of support, regular updates on the length of wait and information about how to escalate concerns if their health worsens.
    - A proactive approach is taken to the assessment of level of need for mental health services and is incorporated into move on plans from emergency accommodation.
    - Given rising levels of pre-existing and newly emerging need amongst the population of people experiencing homelessness consideration is given to the commissioning of new or additional support services which deliver services through community outreach where people are.

Example responses to COVID-19

Ensuring people have support through welfare calls

Groundswell's Homeless Health Peer Advocacy (HHPA) service in London recruits and trains volunteers with experience of homelessness to support clients who are homeless with their health needs. As a result of COVID-19 the face to face delivery model of this service was limited, to ensure we were able to support the most vulnerable clients we adapted our HHPA service into a telephone welfare service. We found that a supportive telephone call from an advocate is incredibly valued; the advocate can assess any needs not being met and provide information and advice on accessing appropriate support and actively engage where appropriate. In the same way as their face to face advocacy, the benefits of talking to someone who can fully empathise and has a greater understanding of the wider issues relating to homelessness and the challenges around social distancing or social isolation goes a long way to supporting better health and well-being for those experiencing homelessness. Since 24th March 15 staff and volunteers with personal experience of homelessness have completed 603 calls with 77 clients.

Based on the success of this way of working we developed a 'Call and Check' specification and a training package that could be delivered remotely and offered this to our national HHPA and #HealthNow delivery partners and have trained 16 volunteers with lived experience in Dublin, Greater Manchester and Newcastle who will be delivering this support in their local areas. We have training planned to do this in Birmingham in August. If you would like any information about setting up peer-led services in your area please contact rachel.brennan@groundswell.org.uk

Telephone counselling in Southend

Prior to the COVID-19 pandemic Mid and South Essex Sustainability and Transformation Partnership (STP) had commissioned a service offering psychological interventions to people experiencing homelessness through three community providers, one of which is the Southend homeless charity HARP. Prior to COVID-19 the service was delivered by a qualified counsellor who offered face to face pre-treatment interventions such as anxiety management and de-escalation of crisis particularly to people staying in a night shelter or sit-up accommodation in Southend. The restrictions of lockdown meant that this face to face support could no longer be provided.

However, 199 people who had been rough sleeping were accommodated in the emergency COVID-19 accommodation and the priority was to make sure people had access to support. Through the Rough Sleeper Initiative outreach team all people who had been rough sleeping were provided with a phone and supported to use, these contact details were shared with the counsellor who called everyone directly to offer psychological interventions. To date, the counsellor has undertaken 151 interventions since lockdown with the group who were accommodated in B&Bs. This service was supported through the provision of temporary GP registration from a local GP practice who also provided virtual healthcare assessments and consultations and both the counsellor and GP could refer patients to one another for additional support. As part of the local Primary Care Network (PCN) a mental health nurse attached to the practice was also able to offer support to the counsellor and link patients into secondary care.

What next?

We want to hear from you! If you are homeless or working alongside people experiencing homelessness, we would like to hear your views and experiences. We are specifically interested in hearing from people about:

- Experiences of shielding
- Experiences of people who have no recourse to public funds

In partnership with On Our Radar we have recruited a team of 'Mobile Reporters' who are being trained and supported to collect and report information from their local areas. Find out more about getting involved or sharing your views and view our information sheet here.

John Jewitt, one of Groundswell's mobile reporters based in Newcastle has made a short film about mental health, in particular depression. View 'One More Day' here.

If you want to talk to someone about this research, contact Groundswell's Research Manager Jo: jo.brown@groundswell.org.uk. Or, if you want to receive regular updates about this project and other related work, please subscribe to our #HealthNow newsletter here.

Have you found this briefing useful? Our mid-point project evaluation is underway and we would appreciate your feedback about the work we are doing. You can share your feedback through this short survey here.