

Societal Impact...

FORECASTING THE IMPACT OF COVID-19 ON MENTAL HEALTH SERVICES



CONTENT

1) Everything has changed

2) Things are not always what they seem

3) All forecasts are wrong, some are useful

4) If you (re)build it, they will come



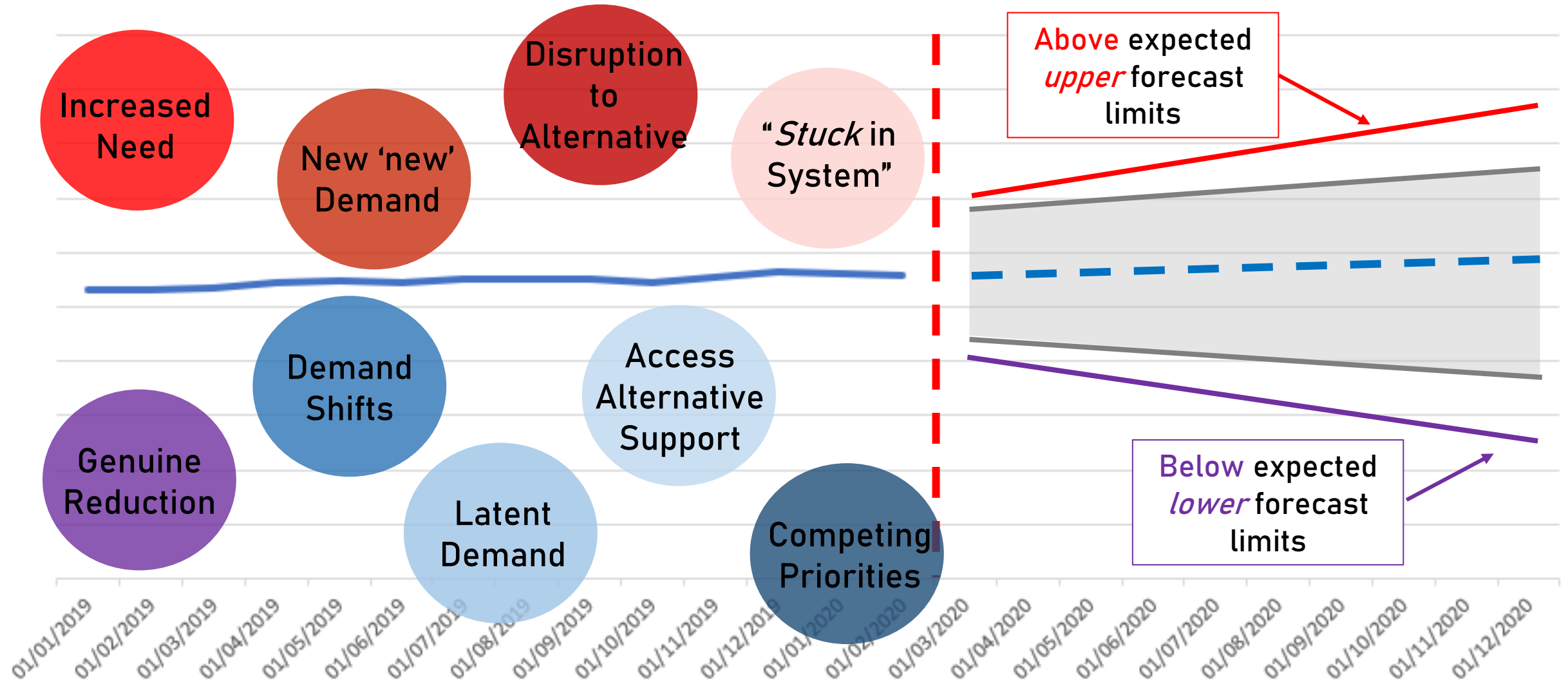
**TAYLOR SWIFT
FEATURING ED SHEERAN
EVERYTHING HAS CHANGED**

Chapter 1: Everything has changed

Be part of the equation

DATA + PEOPLE + ACTION } **ecda**

The abolition of established demand trends



Be part of the equation

Why this has happened, helps us determine what happens next

Chapter 2:

Things
are not
always
what they
seem



“A Tsunami of Psychiatric Illness”

Research indicates that depression may double, and anxiety increase amongst working age adults

18% of people in unemployment will experience mental health conditions

10% relapse in known psychosis patients during first 6 months of pandemic (20% relapse between months 6-12)

43% of psychiatrists reported an increase in urgent and emergency cases

[Multiple drivers of worsening mental health present on large scale](#)

All Age Mental Health

“The Covid-19 pandemic could entrench and exacerbate inequalities in mental health for a generation”

Covid 19: Understanding inequalities in mental health during the pandemic

(Centre for Mental Health)

Be part of the equation

DATA + PEOPLE + ACTION } **ecda**

“A Mental Health Crisis in on the horizon”

Increased rates of stress, anxiety, loneliness, depression, alcohol/drug use, self-harm, & suicidal behaviours amongst young people (*young people MH impacted more than any other cohort*)

Increase in suicide in young people first 56 days of lockdown

Reduction in referrals to child and adolescent mental health services (eg, 50% fewer referrals to NHS CYPMHS Birmingham)

Children with a mental health disorder 13% less likely to receive support during lockdown

CYP Mental Health

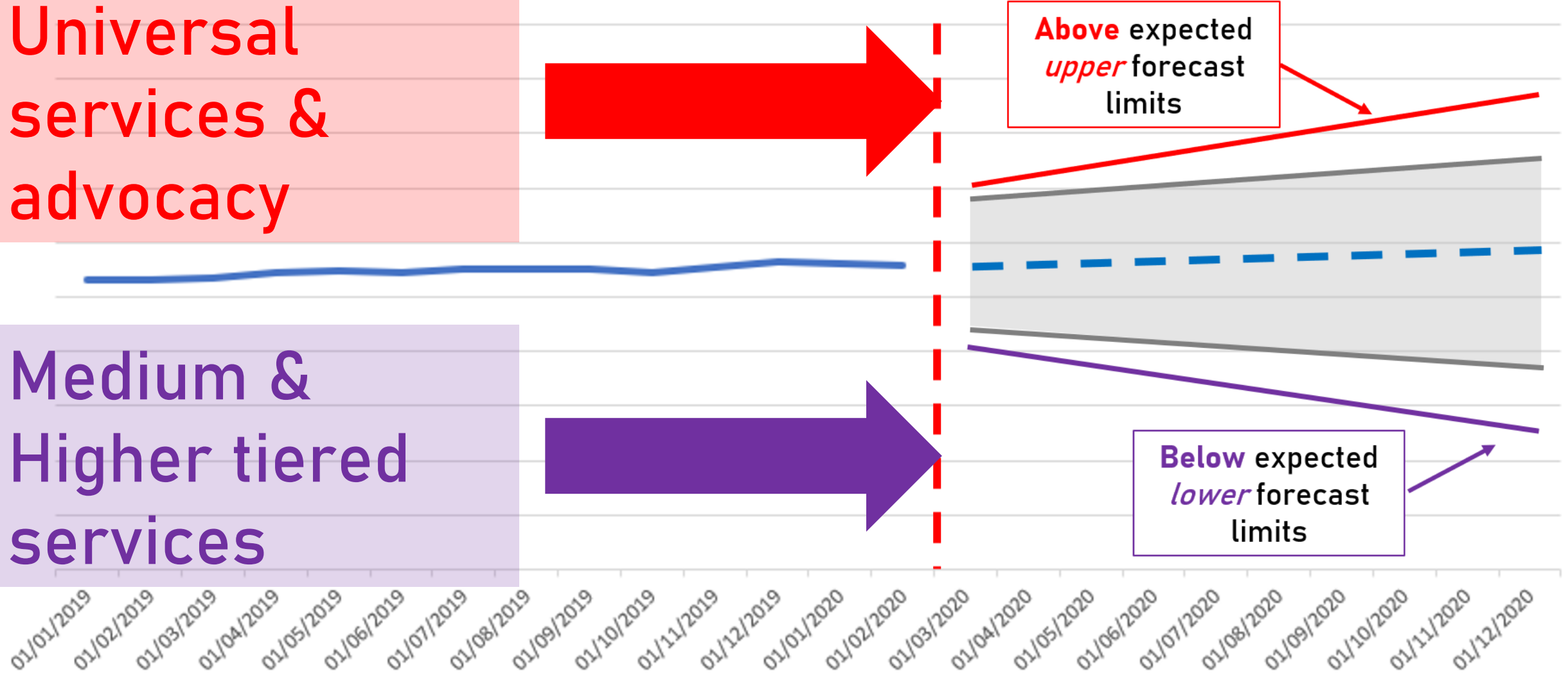
“If we don’t support young people now, the long term impact could be huge”

Emma Thompson: Chief Executive of YoungMinds

The abolition of established demand trends

Universal services & advocacy

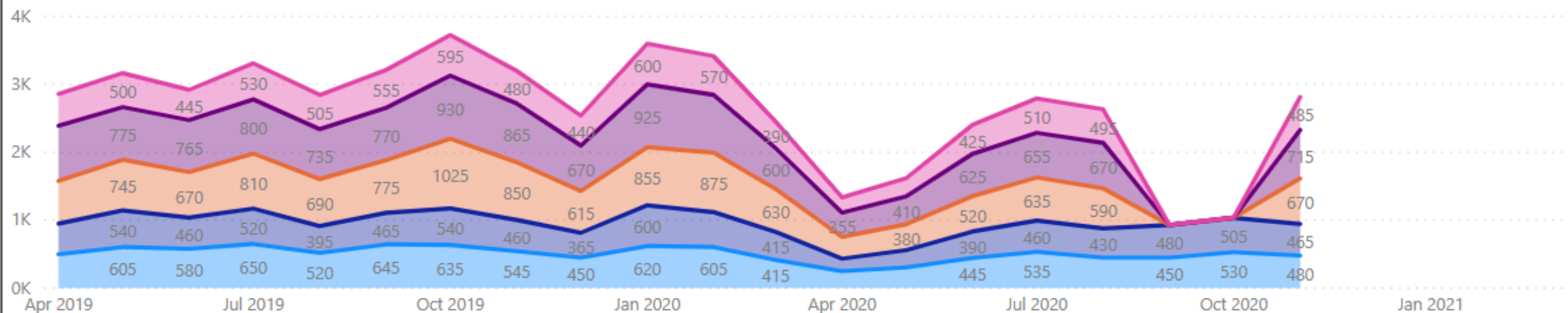
Medium & Higher tiered services



IAPT / EPUT Referrals

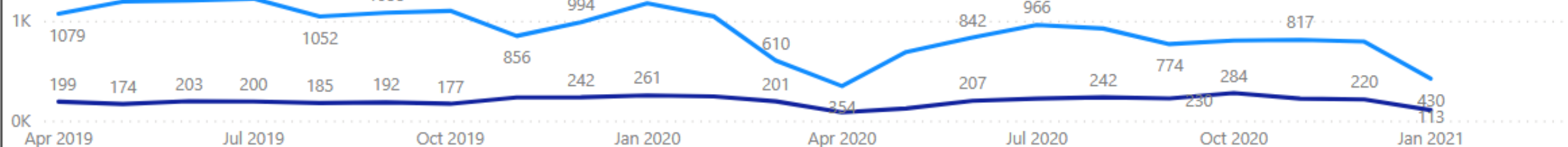
IAPT Contacts/Referrals

CCG ● NHS BASILDON AND BRENTWOOD CCG ● NHS CASTLE POINT AND ROCHFORD CCG ● NHS MID ESSEX CCG ● NHS NORTH EAST ESSEX CCG ● NHS WEST ESSEX CCG



EPUT Contacts/Referrals

Measures ● Number of initial contacts in month aged 18-64 ● Number of initial contacts in month aged 65+



MH Need vs Demand

What are the reasons for this discrepancy?

Some latent demand (*caused by disruption to services*)

Demand shifts (*services operating differently*)

Accessing universal support (*as alternative self-help*)

Some genuine reduction (*reflecting change in environment*)

Competing priorities (*'not top of list'*)

Multitude of reasons for discrepancy in need & demand (*difficult to quantify exactly*)



**“All models are wrong,
but some are useful.”**

George E. P. Box

Chapter 3:

**All
(forecast)
models are
wrong, some
are useful**

Be part of the equation

DATA + PEOPLE + ACTION}ecda

What happens next in Essex?

Future Demand =

A) Expected Normal Demand

(What demand we would have experienced under normal circumstances)

+

B) Latent Demand & Changes in Practice

(Any adjustments as a result of current changes to practice we are experiencing now)

+

C) New Demand

(Any potential new demand as a direct or indirect consequence of Covid-19, Lockdown, and current environment, and future environment)



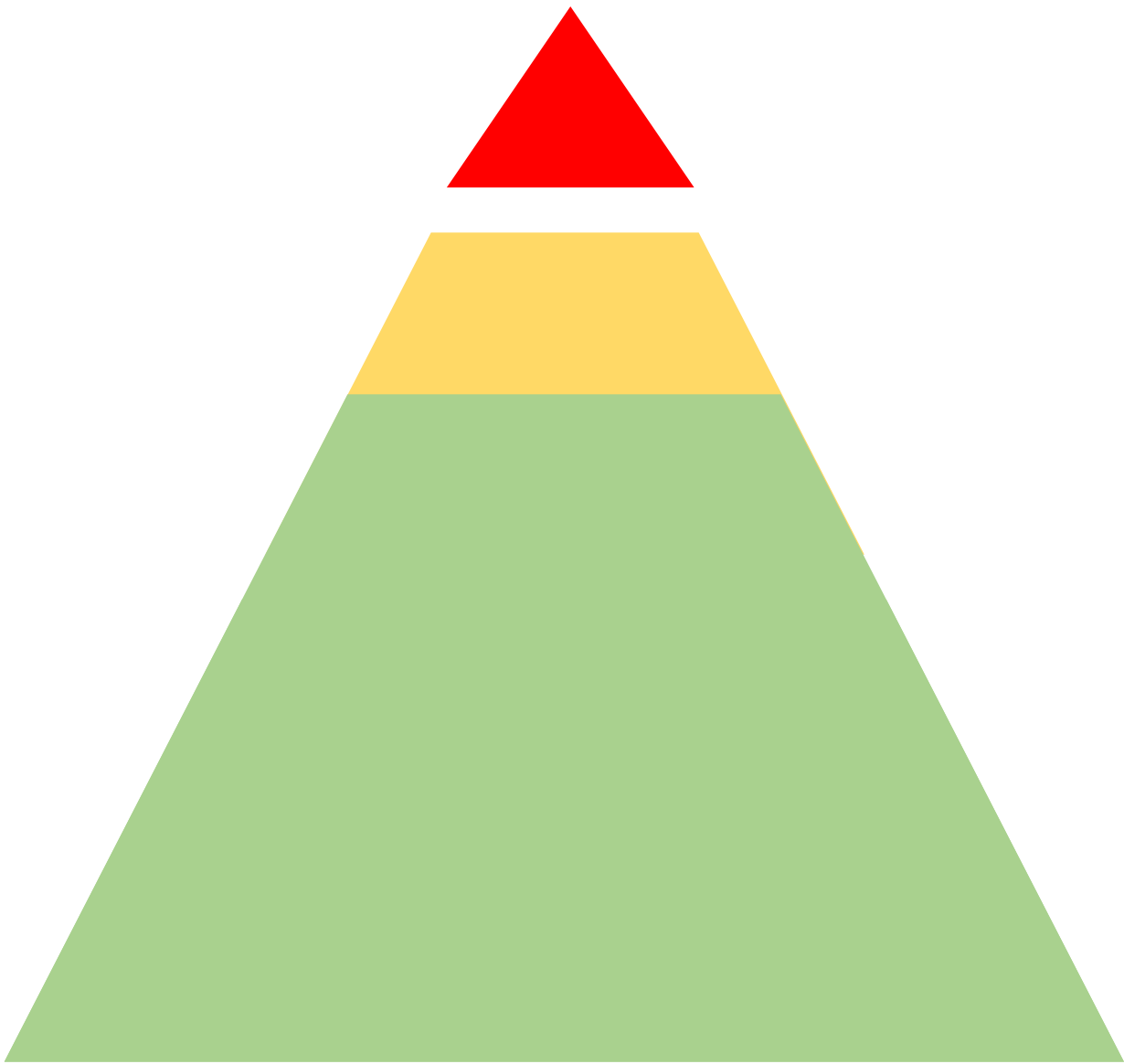
Chapter 4:

If you
(*re*)build
it, they
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Sustained support to prevent long-term MH illness

Intervention to prevent escalation to more serious MH illness

Embedded Advocacy, Universal Services, Community Resilience, Low-level targeted support, Evidence-led preventative support

For more information contact..

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