

## THE MENTAL HEALTH POLICY GROUP

### **Mental health winter support package for people with severe mental health problems**

The coronavirus crisis is also a mental health crisis. As the second wave arrives, it is essential that we learn the lessons of the first wave of the epidemic and make sure people with severe mental health problems are adequately protected and supported in the coming months.

As a critical part of its coronavirus response, the Government must deliver a 'mental health winter support package' that includes:

1. A commitment to ensure that people needing Covid-safe face-to-face health and social care support are able to access it, even in Tier 3 lockdown areas or during national lockdown.
2. National guidance to protect mental health inpatient beds and not to sacrifice capacity to meet needs of acute hospitals
3. Free flu vaccinations for people with serious mental illness and increase uptake of physical health checks
4. Supported access to all essential items for people with serious mental illness alongside those people shielding as a 'highly vulnerable' group
5. Switching off reassessments for disability benefits and removing the threat of benefits sanctions.

Delivered together this package of support will provide additional protection for people with severe mental health problems and help them survive the difficult winter months.

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### **1. Covid-safe face-to-face health and social care support are able to do so, even in Tier 3 lockdown areas or during national lockdown**

The scale of the challenge the NHS faced during the first months of the coronavirus crisis was unprecedented, and decision-makers rightly focused on ensuring that hospitals could cope with the extra pressure. But, as a result, many people with mental health problems were left without support during the first wave of the epidemic.

Unsurprisingly, reduced levels of support for people with existing mental health problems will have meant that many people's mental health will have worsened. This is particularly concerning for people with severe mental health problems relying on community-based support to keep them well. Newly available data shows record numbers of people being referred as an emergency to crisis care teams in England by July.<sup>1</sup>

A key success of the initial NHS response was the speed at which many areas have adopted digital alternatives to face-to-face support across a wide range of services, whilst the rapid expansion of 24/7 crisis lines across England is to be applauded. However, we know that face-to-face contact can be lifesaving and prevent people with severe mental health problems

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<sup>1</sup> NHS Digital, Mental Health Services Dataset, Mental Health Services Monthly Statistics Performance July <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-july-provisional-august-2020>

relapsing, so it is vital that Covid-safe face-to-face contact remains available to people who need it, even during lockdown, alongside digital access.

NHS data shows that the number of face-to-face contacts dropped dramatically even amongst emergency crisis care referrals and has yet to return to pre-Covid levels.<sup>2</sup> **We therefore need a national commitment to ensure that people needing COVID-safe face-to-face health and social care support are able to access it, even in Tier 3 lockdown areas or during national lockdown.**

We would also like the Government to consider exemptions within national and local rules to ensure face-to-face contact is still available to people as part of their treatment and support. **This should include allowing the continuation of Covid-safe group work as well as flexibility within household mixing rules for people under the care of secondary services who currently rely on both clinical and voluntary support networks.**

## **2. National guidance to protect mental health inpatient beds and not to sacrifice capacity to meet needs of acute hospitals**

At the beginning of the outbreak, national guidance advised local services to discharge all patients who did not need to be in hospital, meaning many people were rapidly sent home as the crisis hit. We know that this was done to reduce the risk of people catching coronavirus in hospital, but it is crucial that discharge from hospital is done correctly and safely. The Mental Health Network have reported that mental health hospitals are facing a 10-30 per cent reduction in how many patients they can care for at once because of the required infection control and social distancing measures.<sup>3</sup> With the expected increase in demand on services, we cannot allow capacity and resources to be redeployed away from the services.

During the first wave, we heard too many accounts of people not being able to access community mental health support or social care to manage this transition, leaving them at risk of relapse and readmission. It is concerning that whilst guidance has been published and funding made available to support effective discharge and community support for people leaving acute hospitals, people with mental health problems are excluded from this. This means there is a risk that people with mental health problems will not be able to have their social care support needs funded at home until an assessment can be carried out.

**The Government needs urgently to publish guidance on discharge from mental health services with appropriate funding attached to ensure community mental health, crisis, social care and supported housing is available, alongside a national commitment to protect existing mental health hospital capacity.**

## **3. Free flu vaccinations for people with serious mental illness alongside physical health checks**

People living with a severe mental illness have a 15-20 year shorter life expectancy than average in the UK. This is largely due to having poorer physical health, including a three times higher rate of diabetes than the general population and twice the rate of asthma, chronic lung disease and heart disease.

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<sup>2</sup> NHS Digital, Mental Health Services Dataset, Mental Health Services Monthly Statistics Performance July

<sup>3</sup> <https://www.nhsconfed.org/news/2020/08/mental-health-reset>

People with long-term mental health problems do not always get the help they need for their physical health, including access to preventive care. NHS England committed in the Five Year Forward View for Mental Health for 60% of people with a severe mental illness to receive an annual physical health check by 2020/21. Yet in the 12 months to the end of 2019/20, only 36% of people on GP severe mental illness (SMI) registers had received all six elements of the health checks<sup>4</sup>, with progress further interrupted by Covid-19. **Physical health checks are not a 'nice to have' – they can be life saving – and must be continued and uptake increased throughout the pandemic.**

Living with multiple conditions, which may be unlikely to be identified early due to low take up of physical health checks, makes people with a mental illness especially vulnerable to seasonal flu. **Given the increased urgency caused by Covid-19, this should be brought forward to protect people with SMI this winter.** This group represents less than 1% of the practice population, some but not all of whom may already get priority as a result of other factors.

**Efforts to communicate eligibility as well as the importance of flu vaccination need to be significantly increased.** Services must proactively reach out to people with severe mental illness to ensure they are offered immunisation.

#### **4. People with serious mental illness supported access to all essential items alongside those people shielding as a 'highly vulnerable' group**

Many people with mental health problems may not be required to shield but nevertheless face considerable barriers to both affording and accessing essential items.

During the first wave of coronavirus, schemes such as NHS Volunteer Responders and the priority supermarket delivery slots scheme, were opened to people with mental health problems. This support must continue. However, people with mental health problems have been unable to benefit from support available to the shielded population, such as food boxes funded by the Government. Schemes, such as food boxes, which address issues around food affordability are particularly beneficial to people with mental health problems. The Money and Mental Health Policy Institute found that people with mental health problems were three times more likely to run out of funds during the coronavirus outbreak, with many being forced to cut back on essential spending on food and heating.<sup>5</sup>

**It is essential that these and other schemes developed for the shielding population are made available to people with serious mental illness (SMI).**

The £63m investment through the Emergency Assistance Grant for Food and Essential Supplies provided a lifeline to enable local authorities to keep delivering their essential services to those hardest hit by the crisis. As levels of serious financial hardship show few signs of reducing, this is not the time to discontinue this welcome investment in emergency assistance – but rather to build on it and make sure the positive impact is amplified over the months ahead. **DEFRA should extend the Emergency Assistance Grant until the end of the financial year 2020/2021 to ensure people with mental health problems are not forced into poverty this winter. The Government should also work with NHS**

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<sup>4</sup> NHS (May 2020) [NHS Physical Health Checks for People with Severe Mental Illness May 2020, Q4 2019/20](#)

<sup>5</sup> <https://www.moneyandmentalhealth.org/income/>

## **England and local authorities to promote awareness of local welfare schemes amongst mental health trusts.**

In the longer term, only guaranteed sustainable funding can give local authorities the security to integrate their local welfare schemes with a range of local services to provide effective 'wrap-around' support through financial crises. This something advocated by a range of organisations including the Local Government Association.<sup>6</sup> An investment of £250m per year would bring England closer in line with the median spend on local welfare assistance across the rest of the UK.<sup>7</sup>

The Food and Other Essential Supplies to the Vulnerable Ministerial Task Force played a key role in developing the £63 million Emergency Assistance Grant, before being discontinued in the summer. Now that we are clearly in the second phase of the crisis with demand for food banks forecast to remain very high, it remains vital to ensure alignment between DWP, MHCLG and DEFRA on issues related to destitution and the need for essentials. **The Government should reconvene the Food and Other Essential Supplies to the Vulnerable Ministerial Task Force to ensure a joined-up cross-government approach to local welfare this winter.**

### **5. Switching off reassessments for disability benefits and removing the threat of benefits sanctions.**

In March the UK Government suspended all award reviews for disability benefits so that no-one with a long-term health problem faced seeing their income cut off during the height of the pandemic. For the same reason it suspended benefit sanctions. It also made provisions for telephone assessments in order to allow people making new claims to do so without needing to travel or leave the house.

Heightened restrictions in many parts of the UK are once again making it harder for people who are very unwell to get support with their benefits claims including from the Department for Work and Pensions and from local advice services. Research from the Money and Mental Health Policy Institute has found that over half of people with mental health problems find engaging over the phone difficult or impossible. The same proportion say they cannot engage with benefits agencies over the phone without support. People in this situation face the prospect of being locked out of their benefit awards.

**As many parts of the nation enter into winter restrictions these, the UK Government should once again switch-off all award reviews and benefits sanctions in order to protect the incomes of people who are most at risk.** It should continue to use paper-based assessments wherever possible for people making new claims, requiring people to go through telephone assessments only when absolutely necessary.

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<sup>6</sup> The LGA have argued that the Comprehensive Spending Review presents an ideal opportunity to fully restore core, separately identified funding for local welfare schemes set as a minimum £176 million per annum, the value of funding when aspects of the social fund were devolved to councils from the DWP in 2013/14; Comprehensive Spending Review submission (2020), LGA, <https://www.local.gov.uk/publications/re-thinking-public-finances>

<sup>7</sup> Data from before the onset of Covid-19 shows that spending per capita on comparable emergency financial support schemes in Scotland (£6.49), Wales (£3.37) and Northern Ireland (£7.31) exceed spending per capita in England, which stood at £0.73 per capita.