

How does it feel for me during COVID-19?

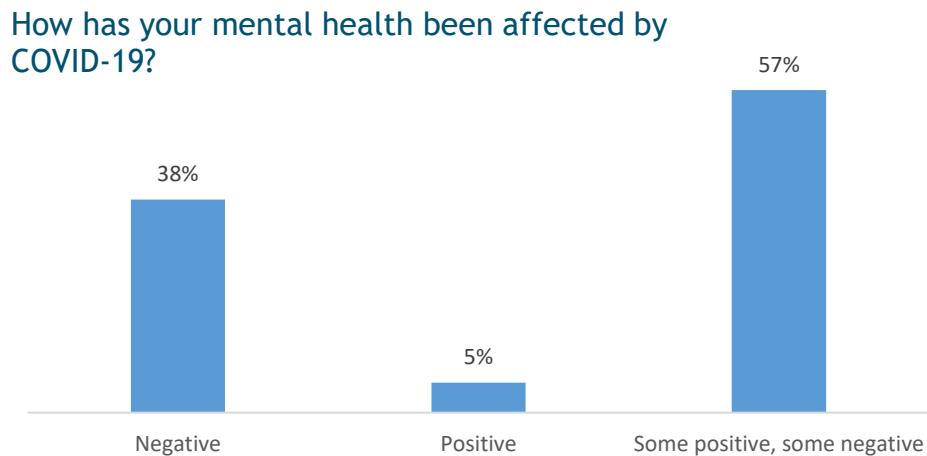
Week Commencing 8th January 2021

Public Voices: Mental health in Leeds

From 19th January, we asked people in Leeds how the pandemic has been affecting their mental health. Over the next three weeks, 677 people responded to our online survey. We present the results below, followed by a series of observations from a selection of organisations working with communities.

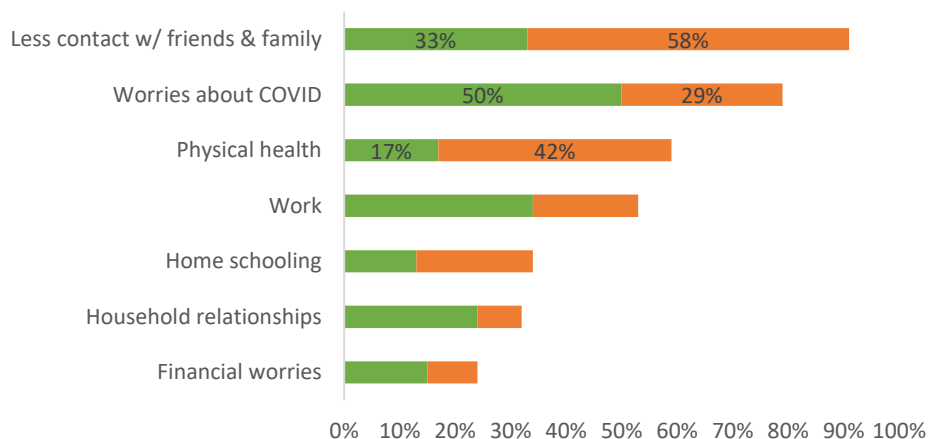
The overall picture

Finding 1: Most people told us that the pandemic has had at least some negative effects on their mental health.



Finding 2: 91% of people said that having less contact with family and friends has had a negative or somewhat negative effect on their mental health.

How different factors have had a **somewhat negative** or **negative** impact on mental health

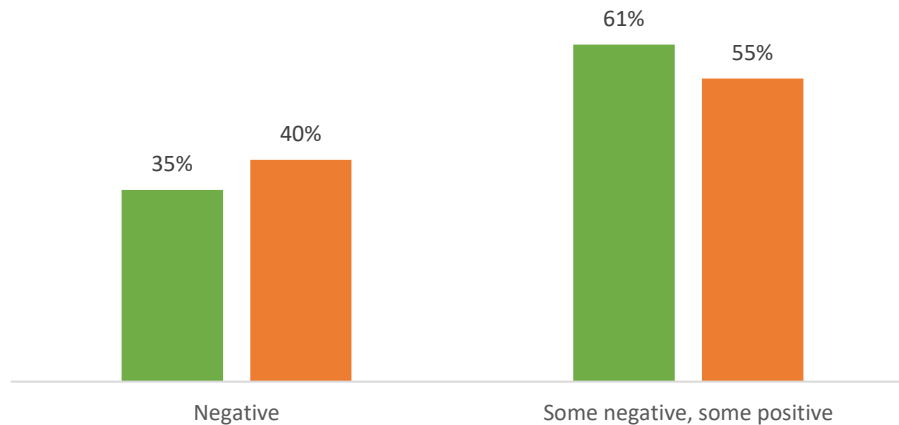


Gender and mental health

Finding 3: Compared to men, a larger proportion of women said that the pandemic has had a purely negative effect.

Men were more likely than women to say that the pandemic had had some negative and some positive effects.

The impact on **men's** mental health vs the impact on **women's** mental health

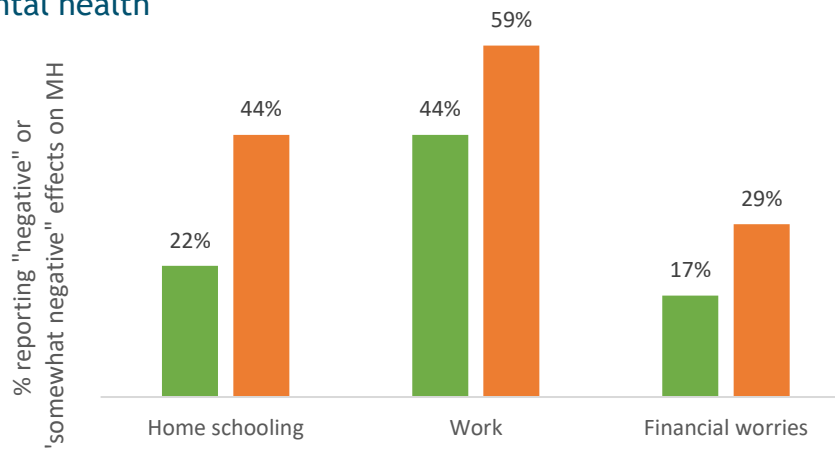


Finding 4: Home schooling, work and finance are affecting women's mental health more negatively than men's.

We asked respondents how seven different factors had affected their mental health. These were home schooling, physical health, work, less contact with family and friends, worries about COVID, financial worries and household relationships.

While women said all seven factors were impacting on their mental health more negatively than men, the disparity between men and women's negative responses was particularly high for home schooling, work and financial worries.

Three areas where the gap is widest between the numbers of **women** and the numbers of **men** reporting negative/somewhat negative effects on mental health

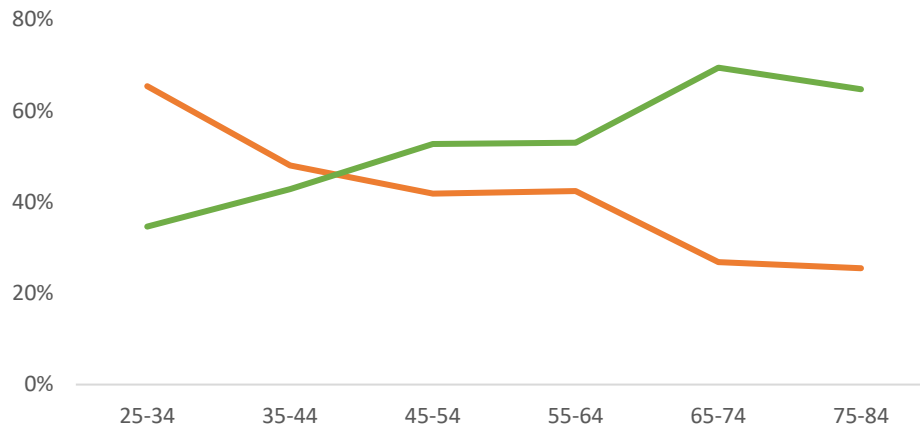


Age and mental health

Finding 5: The younger a respondent was, the more likely they were to say the pandemic has had a purely negative impact.

The older they were, the more likely they were to say it has had a mixture of positive and negative effects.¹

The proportion of people who say COVID-19 has had a **negative effect** vs proportion who say it has had a **mixed effect** by age group



It is important to note that our younger respondents were more likely to report having a mental health condition than older respondents. For example, 23% of respondents aged 25-34 and 16% of respondents aged 35-44 said they have a mental health condition, compared with 3% of respondents aged 65-74 and 0% of those aged 75+.

However, it should also be borne in mind that, among people aged under 45, the numbers reporting a negative impact remain very similar whether a person has a mental health condition or not. 55% of younger people with a mental health condition say the pandemic has had a negative impact, compared with 53% of people of the same age without a mental health condition.

Conversely, in older age categories, having a mental health condition made our respondents significantly more likely to say the pandemic has had a negative impact. 53% of people aged 45+ with a mental health condition report a negative impact, compared with 33% of those without.

The general correlation between age and mental health is broadly mirrored in the way individual factors have affected our respondents' mental health. Here are a few details from their responses:

- People aged between 35 and 54 are most likely to say that household relationships have had a negative effect on their mental health.

¹ Please note that responses from people aged 18-24 and 85+ have been excluded from these findings as they were not numerous enough to be representative. Please refer to the sections below from Leeds Older People's Forum and Young Lives Leeds for further age-specific information.

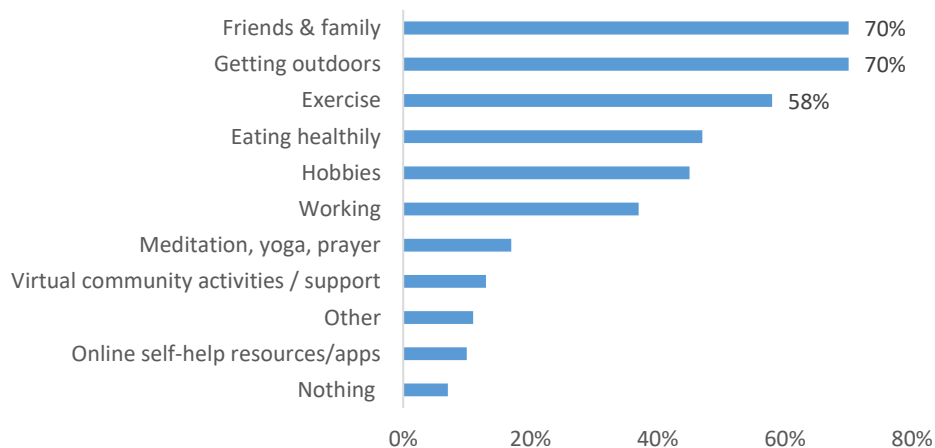
- While people aged between 25 and 44 are, unsurprisingly, the most likely to say that home schooling has negatively affected their mental health, it should be noted that 12% of people aged 55 to 74 also report a negative impact. This suggests that grandparents are stepping in to support families while children are out of school and that this can be harmful to their wellbeing in some cases.
- People aged 25 to 44 were most likely to say their physical health has had a negative impact on their mental health, despite being less likely than older respondents to say they have a long-term (non-mental health related) condition
- People aged 25-34 reported the impact of work on mental health in the most sharply negative terms. However, people aged 55-64 were least likely to report work having had a positive impact on their mental health, suggesting that older workers may not have enjoyed the same mental health boost from work as some of their younger counterparts.
- Younger age groups described the mental health effects of worrying about COVID and financial concerns in more negative terms than older people.

Please also refer to the section on community organisations’ observations, below, for another perspective on younger and older people’s experiences.

How have people been looking after their mental wellbeing?

Finding 6: Over half our respondents have been taking care of themselves by staying in touch with friends and family, getting outdoors and exercising.

How our respondents have been taking care of themselves



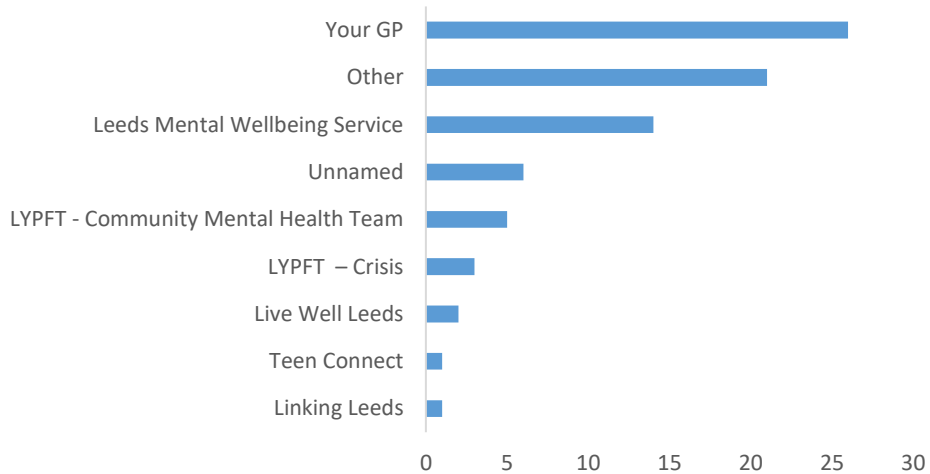
Accessing Mental Health Support

79 of our respondents told us they had tried to access mental health support over the last 3 months.

People most commonly told us about their GP. 26 people said they had approached this service.

The second most common service was labelled as “other”. People specified a variety of services here. Some were third-sector organisations, such as Leeds Mind, Turning Point or St Anne’s; some were private therapy or counselling; and many were employment-related services.

Which service did you approach?

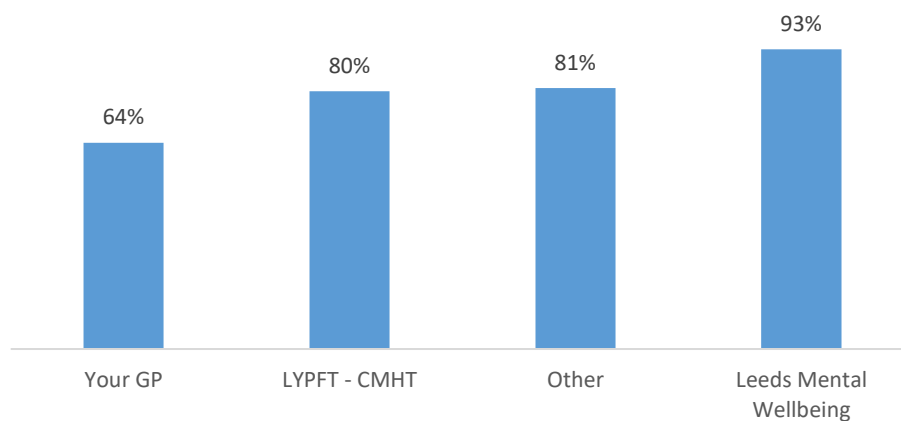


Finding 7: Most people were able to get support from the service they approached, but there was variation between services.

52 out of 79 people told us they had been able to get support from the service they approached.

Although GPs were the most commonly approached service, they had the lowest success rate in terms of offering support.

Percentage of people who said they successfully got support from the 4 most commonly approached services



Finding 8: Over a third of people reported a positive experience of getting mental health support, while just under a third reported a negative experience 61 respondents told us what they thought of the care they got from the service. 38% reported a positive experience. Sometimes people specified that the service’s responsiveness was particularly helpful:

- *“Got in touch almost straight away after consult with gp and have arranged a consultation in a weeks time.”*
- *“I used the OPCMHS. Service was excellent. Quick response and triaged to the right clinician”*
- *“GP was sympathetic and prescribed the antidepressant that had worked for me in the past”*

31% reported a negative experience. One of the key issues was general inaccessibility:

- *“Negative, getting to see GP extremely difficult, when i eventually saw him for a physical problem he told me in advance he would not be able to discuss my mental health needs.”*
- *“Was unable to attend appointments after 1st online group”*

Another was that the service felt too brief to be truly helpful:

- *“I only had 2 phone calls, so it didnt help and I got a lot worse after”*
- *“Poor and rushed”*

Remote services were a barrier for some:

- *“Negative due to not feeling I could communicate my feelings as well over phone”*
- *“Difficult to get support as the team I was seeing before COVID has changed due to staff leaving and staff being redeployed. Hard to access support over the phone”*
- *“I thought I'd be able to access face to face.”*

Sometimes, people felt the service was impersonal:

- *“I’m on a waiting list. I should be seen soon but I don’t know when. That’s not helpful”*
- *“I was referred to a social prescriber who knew less than me about the options, as I have had mental health for many years and been through the systems previously.”*
- *“Not good i got called a different name”*

31% reported a mixture of positive and negative experiences.

Finding 9: Most commonly, people accessed support by telephone, except when they approached “other” services, where video calling was more prevalent

- GPs were most commonly accessed by phone (20 people); 5 people spoke to their GP face-to-face; no one used video call.
- When people contacted “other” services (such as third sector and work-related support), they most commonly did this by video call (7 people). 5 people used the phone and 2 people got face-to-face support.
- 8 people contacted the Leeds Mental Wellbeing Service by phone; 5 used video call; and no one got face-to-face support.

- 4 people contacted LYPFT's Community Mental Health Team by phone; 1 by video call; and no one accessed face-to-face support.

Community organisations' perspectives

Young Lives Leeds

The strategic forum for third sector organisations working to improve the lives of children, young people and their families in Leeds

Young people are feeling quite "Zoomed out", and those who decided in previous lockdowns to wait for face-to-face services to resume are now finding that they are having to wait too long. Some are breaking lockdown guidelines for the good of their mental health. It should be noted that young people don't always see low mood as a "mental health" issue.

Providers who work in schools previously saw an increase in referrals, particularly from young boys. Now that most children are home schooling again, this has stopped. The biggest issue for boys is knowing how to access support services.

Young children use play, drawing and so on as ways of talking through their experiences, but this can happen far less often at present.

Young people are worried about exams and how their future will be impacted by disruptions to schooling. Younger children in particular have suffered from the lack of social interaction, and will have to rebuild relationships. When schools check in with children while they are home schooling, that can make it easier for them to reconnect with people when they go back to class. This year has been a tough year for children to make the transition to high school.

When children are home schooling and parents have to work, there can be a real lack of structure in their day. Schools are all taking different approaches to contact between teachers and students. Parents are under pressure and often feel that they're letting down their children.

Services for young people with additional needs or disabilities can't make new referrals because these typically entail home visits, so some children will likely not have been able to access services. Parents' worries about exposing their family to the virus through contact with outside agencies is another barrier. It's very challenging for parents to home school children when they are also caring for a sibling with additional needs 24/7. Family environments can become very pressurised, and this has very occasionally led to violence from children.

Organisations haven't always known where to signpost people who need mental health support. Sometimes there isn't an appropriate service in their local area. There remains a reluctance to refer young people who are in their late teens to children's mental health services because waiting lists are such that they may need to be transferred to adult services before they are assessed. CAMHS are trying to triage, but this is difficult when patient numbers are so high.

On the plus side, organisations have switched impressively quickly to offering remote services for young people who want it. That said, they are concerned that they are already at capacity, given that there will likely be an increase in the numbers of children needing support as we emerge out of lockdown. For instance, one organisation that works in schools to prevent self-harm has not been able to engage with students and is worried that it will be low in the list of priorities for schools when they resume.

Leeds Older People’s Forum

A citywide membership of over 100 voluntary sector organisations working with older people across Leeds

The fact that this is a third lockdown has impacted greatly on people’s mental health, and dark winter nights have made things worse. People are still experiencing trauma from previous lockdowns.

Networks had seen a steep rise in mental health referrals. Many have been from people who had not experienced mental health issues before.

People have reported having panic attacks in shops and not being able to get home. There have also been panic attacks on buses even when they are not busy.

Current stress factors include:

- Not seeing family and lack of face-to-face contact
- Being physically ‘deconditioned’
- Loss of independence
- Bereavement and changes in rituals, e.g. limited numbers at funerals/not being able to say goodbye.

Shielding has made older people more reliant on others, and they can’t always get online because they don’t have digital skills or devices.

Some people have struggled to access medical care. Not all older people can do video calls with their GP (for instance, it can be physically

Women’s Lives Leeds

An alliance of twelve women and girls’ organisations from across Leeds

As in previous lockdowns, women report stresses around juggling multiple roles (home-schooling, childcare, work, caring for others, carrying the emotional burdens of supporting others and so on).

Women have raised concerns around employability due to managing those multiple roles and may be more likely to be furloughed.

Mental health is the biggest concern expressed at Women’s Hub and Girls Hub (Vocal Girls) meetings.

For the main part, women want to be able to access support for “low level” (but actually very impactful) issues such as feelings of isolation, stress and worry. They tend to look for more informal routes of getting support, as opposed to GPs, medication and so on. Some women don’t fully recognise their issues as “mental ill health”, they express it more in terms of “being stressed”. As a result, strictly mental health-oriented communications may not be meaningful to them.

Three of the four groups identified as being particularly vulnerable to mental health issues at present are particularly relevant to women:

- Healthcare workers
- Long COVID (women are more likely than men to suffer from long COVID)

<p>impossible for people with Parkinson's.) When systems aren't user-friendly and older-person friendly, this makes it even harder. As a result, people are increasingly reliant on the third sector.</p> <p>People with sensory impairment are having a particularly bad time accessing services and are very isolated.</p>	<ul style="list-style-type: none"> • People financially affected by COVID (many women brought this issue up in Women's Lives Leeds' COVID-19 survey, with women being particularly worried about what happens when the furlough scheme ends, due to the sorts of jobs they may have).
<p style="text-align: center;">Let's Talk</p> <p style="text-align: center;">A group run by People in Action for people with learning disabilities and mental health problems</p> <p>Let's Talk have seen a rise in mental health and anxiety issues among service users and their relatives. This third lockdown has impacted greatly on people's mental health, with people still dealing with issues caused by previous lockdowns.</p> <p>People who had anxiety before now have much more severe symptoms, particularly autistic people and people with learning difficulties. Many service users are autistic and do not respond easily to the new routines, finding change frightening and unsettling. Ordinarily, hugging is one way of reassuring them in new situations, but this can't be done with social distancing.</p> <p>Let's Talk is contacting the many older people who do not like Zoom through weekly phone calls.</p> <p>New strains of COVID have caused a lot of anxiety and stress. Other stressors include:</p> <ul style="list-style-type: none"> • Not seeing family, isolation • Negative news about vaccines, death and infection rates; autistic people and people with Asperger's can become fixated on the news • Loss of independence • Emotional distress; people can become angry and violent when they don't understand, which is 	<p style="text-align: center;">Sisterhood</p> <p style="text-align: center;">A group for Black and Minority Ethnic women aged 16+, run by Leeds Survivor Led Crisis Service and Leeds Mind</p> <p>Mental health issues have become more prevalent among Sisterhood's members, with anxieties escalating and people dealing with the impact of previous lockdowns. Service users who suffered lower-level anxiety are now experiencing much stronger symptoms, including panic attacks in public places.</p> <p>Before COVID, Sisterhood's service users tended to be older, but they now tend to be much younger as services have switched online. This is despite the fact that Sisterhood still offers to contact people by phone instead.</p> <p>Isolation and a loss of independence have weighed down on people, and those with phobias related to crowds and germs are suffering much more than before.</p> <p>Some of Sisterhood's members have accessed mental health support (including Connect and various mental health helplines). They are mainly young black women and have been able to find everything they need online. However, older people who don't go online may be missing out.</p> <p>Sisterhood would like to see more local campaigns in Leeds or Yorkshire around mental health, on the radio or TV.</p>

<p>particularly difficult for staff to deal with</p> <p>Some Let's Talk members have accessed mental health support. Some have done this quite easily, young people especially. (Younger people have become much more competent with social media/Zoom than older people.) Others have relied on Let's Talk to help them find that support from other networks. Let's Talk has observed that the older age group are sometimes being missed, as they don't go online.</p>	<p>Could the same kind of campaigns that have been done for the vaccine be done for mental health?</p>
<p style="text-align: center;">Carers Leeds</p> <p style="text-align: center;">Specialist and tailored support, advice and information to unpaid carers aged over 16</p> <p>Carers are experiencing high levels of stress and increased feelings of isolation as they carry the weight of caring for loved ones 24/7. With many of the services carers and cared for people rely on being closed, there is little respite. For some, even going out for a walk is an impossibility.</p> <p>The vaccine has provided hope for some, but concerns remain when carers are significantly younger than their cared for person and can't get vaccinated at the same time. Vaccination can be inaccessible when people are housebound (and the situation isn't helped by bad weather). Many carers don't feel taxis are sufficiently COVID-secure.</p> <p>Carers worry about what would happen to their cared for person if they became ill. They can also be frightened to get outside agencies involved in their loved one's care because of the risk of COVID.</p> <p>Worries about employment and money affect some carers. Some are trying to work from home and care at the same time, which is a huge challenge. When carers are faced with financial struggles (for instance if they can't afford respite), Carers Leeds offers funds wherever possible.</p> <p>Realising that they need to put their own needs first is a barrier to accessing mental health support that many carers face. This can represent a real change of mindset.</p> <p>When they do access services, they sometimes feel they are pushed through the system quite quickly. They might also be put off by negative previous experiences of the mental health system.</p> <p>Even though they are at "breaking point", carers don't necessarily know where to turn.</p>	

It would be helpful if there were downloadable resources that could be distributed to people who can't or don't want to go online. This might include ideas for things to do at home.

Carers Leeds also notes that it is unclear whether people will feel safe to go out in public again when restrictions finally ease. **Is there a strategy in place for supporting people to feel at ease post-pandemic?**

Thank you very much to everyone who shared their experiences and insights with us for this report.

If you would like to share your observations with us, we would love to hear from you.

These reports are designed to support decision makers during this time. If you find them useful, we would love to hear from you! Please do drop us a line at info@healthwatchleeds.co.uk to tell us what you have found most useful.