



Complex Needs & Dual Diagnosis

ALL PARTY PARLIAMENTARY GROUP

**Minutes from the 44th All Party Parliamentary Group on Complex Needs and Dual
Diagnosis meeting on 'COVID-19, Unemployment and Mental Health'
Tuesday 3rd November, 1pm-2pm
Virtual Meeting**

Chair – Lord Victor Adebowale CBE

Lord Victor Adebowale (VOA) opened by welcoming everyone to this virtual meeting of the APPG. He thanked everyone for their attendance and looked forward to this important discussion.

'COVID-19, Unemployment and Mental Health'

VOA provided some background for the upcoming discussion which was going to be had:

- Unemployment, a drop in income, housing problems and social deprivation is known lead to lower well-being and resilience, more mental health needs and alcohol misuse, higher suicide rates, greater social isolation and worsened physical health
- One in five people in a survey – and more than one third (34.01%) in full-time work – are concerned about losing their job.
- Mental health services have adapted quickly and put in places new ways of working that may have longer term benefits (for example in crisis services). But they have also placed additional demands on staff, working longer hours and covering colleagues' sickness.

VOA then introduced the guest speaker:

- **Nick O'Shea (NO)** - Chief Economist at the Centre for Mental Health
- Nick leads on the Centre's work to provide economic analysis for mental health at the highest quality. He is a macro-economist specialising in financial analysis, economic evaluation and investment cases for health and social care interventions.
- He has worked for a range of Government Departments, including the Department of Health and Home Office, and led the Cabinet Office's 'Adult's Facing Chronic Exclusion Programme'.

NO began his presentation outlining the work the Centre for Mental Health had done in April 2020 on COVID-19 and the mental health of the nation. The report looked at:

- The health of the economy effects the health of the nation
- The UK and the World are experiencing one of the biggest economic shocks in history
- Early predictions of impact suggest a sudden and steep decline, followed by a recovery
- Economic recovery is entirely dependent on the severity and length of the pandemic

NO then presented a Venn diagram outlining the overlapping future consequences that will arise from the pandemic,

- Pandemic – duration is the key. OECD forecasting an -11.5% hit
- Flu – although signs are hopeful here
- End of furlough and public sector borrowing now greater than GDP
- Brexit: Laminating the economy

NO outlined that the result of the pandemic is that we are all in the same storm, but not the same boats. The likely Impact on for the old will be to their health and on the young it will likely be on their wealth. There is a huge difference and scarring effect that happens when you lose your job at 20 as opposed to 50.

He compared the potential scale of the impact to that seen in mining towns in the 1980's. This will be structural unemployment. Similarly we have seen impacts like this in Greece during the great recession.

NO explained the process of working out the scale of the impact on the nation's mental health. Typically there would be a large data set and they would run a regression and analyse it. However because we haven't had a pandemic for 100 years we have no baseline. They reviewed literature on what typically happens to certain types of groups and used this to predict what would happen due to COVID-19.

The model suggested that there would be 8.5 Million people requiring mental health support due to the pandemic. **NO** used the analogy of adding up the items on a receipt, the numbers alone seem small but add up eventually. **NO** also explained that this model could be used locally to predict impacts.

NO further outlined the impact on people out of work such as those on zero hour's contracts who have nothing to fall back on. For now the furlough has cushioned these impacts but once that is phased out, it will get worse.

NO presented another Venn diagram which highlighted the likely overlap of physical, mental and economic health and what can we do to tackle all 3. The scale of these issues are so huge that we are going to have to tackle them in a new and unique way. The problem is that Traditional services will take brunt – police, emergency care and primary care.

The Challenge for 2021 is how to balance competing demands

- Scale – many millions of people with mental health problems
- Disproportionate impact – virus goes for the weak
- Take this seriously

VOA thanked **NO** for his presentation. He raised the point about the link between mental health and acute care demand and how when the impending crisis strikes this is where the impact will be felt.

NO agreed and raised the difficulty of how to identify people coming through the system.

Jennifer Harrison (JH) outlined the work of Changing Lives who provide services across the country. She questioned how we capture the experiences of people in already vulnerable positions. People at the back of the queue are getting even further behind.

NO agreed and lamented the fact that trauma as an issue that is never tackled properly. He also said that long term unemployment will be a major issue and retraining is going to be an important factor over the next couple of years.

VOA highlighted the work of Dr Sharon Lambert and the need for free training for young people.

Gemma Bruce (GB) highlighted that people with dual diagnosis aren't able to access mental health services because they utilise drug and alcohol services.

NO agreed that these groups were hard to get into services hence why the model takes number of people in population, then looks at people that have mental health need and then the number of people that make it through to mental health services. This accounts for the high discount rate.

Robert Walker (RW) raised concerns about workers contracts and how some people are being let go without any support. Therefore this amounts to a lack of rights for volunteers.

NO agreed on the value of volunteers and said that experts by experience have an awful lot to give. He would love to see people challenge policy makers armed with the facts – more valuable than bureaucrats.

VOA mentioned that volunteers are not completely devoid of employment law (e.g. discrimination)

VOA then asked the group what are we going to do about all these issues?

Jane Stevenson (JS) inputted that this is a terrifying period for people without employment; she worked in music where mental health support is often required – very precarious.

She discussed these issues with her youth MP's who if they do not attend university will be unemployed. This is going to get bigger over a few years and affect more people. **JS's** concern is while the crisis goes on people can get stuck out of employment and their mental health will be impacted.

VOA noted that most effective way to solve depression is through CBT. This is done through the IAPT programme and can work with job centres.

Ivan Olbrechts (IO) highlighted the necessity of trauma informed care throughout services; commissioners are introducing it into their specs, where it was as previously only used in homelessness contracts.

RW questioned where IAPT has actually 'improved access' – he advocates a more community based approach. He highlighted his work in Cheshire on the Rusty Road to Recovery.

VOA agreed and notes an SEUK report which finds that social enterprises are more likely to employ people who are disabled.

JH noted that the narratives around trauma pathways are being developed. She highlighted their work on a scheme called 'Sewing through the pandemic'. Getting through to women who are being sexually exploited and. They expected 10-15 people and now they have 100's – these interventions allow them to engage in other forms of help.

David Stephenson (DS) said that the government has promised they'll commission a new unemployment programme. That should focus on mental health and learn from where other work programmes didn't have good outcomes for disabled people.

He described the need for Individual placement and support. Working between secondary mental health teams and employers is essential.

John Graham (JG) suggested that one of the consequences of his situation in Bournemouth was that many of his clients in addictions services present with extreme anxiety. He suggested a way out of this could be volunteering.

VOA agrees and said that some of the roots out of this can be volunteering – in lieu of that the ability to volunteer digitally.

NO agrees with many of the points and makes 2 further points:

- 1) The government can't solve everything, there's isn't unlimited money – we need to respond to this and lobby for the right things. He runs an enterprise that's a brewery, this is a good way to provide purpose.
- 2) We need 'Evidence Evidence Evidence' – more data to shape hearts and minds

JS sums up the meeting, she knows the scale of this crisis and we must take these ideas to government.

She also thinks referral times are something that needs to be addressed as a matter of urgency as people don't have time to find the right support.

JS agrees on the value of enterprise and allowing people to flourish. However notes the difficulty of access due to pandemic, how quickly we can get back to normal means how quickly this can be done.

VOA thanks Jane for her final thoughts and thanks everyone in attendance. He then closes the meeting.

Attendees:

Name	Role	Organisation
Carole Beard	Dual Diagnosis Campaigner	
David Stephenson	Senior Policy and Campaigns Officer	Mind
Eleanor Goldberg	Parliamentary Assistant - Anne Marie Morris MP	House of Commons

Emily Hindmarch	Policy and Public Affairs	Changing Lives
Gemma Bruce	Head of External Affairs	Turning Point
Gill Arukpe	Social Interest Group	CEO
Henry Ealing		Speech and Language Therapists
Ivan Olbrechts	Quality and Contracts Manager	Turning Point
Jane Stevenson MP	MP for Wolverhampton North East	House of Commons
Jeniffer Harrison	Head of Policy	Changing Lives
Jill Williams	Shared Care Public Health	London Borough of Barking and Dagenham
John George Graham	Therapeutic Counsellor	
Justine Trippier	Consultant Nurse - Adult Mental Health	Oxleas NHS Foundation Trust
Lee Wilson	Director of Leeds	Humankind
Lisa Brooks-Lewis	Duty Assessment and Inclusivity (DAI) Manager	Loughborough University
Lord Victor Adebowale CBE	Chair	NHS Confederation
Lynn Emslie	Head of offender health development	NHS South West
Nick O'Shea	Chief Economist	Centre for Mental Health
Peter Lloyd	External Affairs Advisor	Turning Point
Robert Walker	CEO	Changes Plus Ltd
Samantha Dorney Smith	Nursing Fellow	UCL NHSFT
Sarah Kennedy	Director of External Affairs and Marketing	Turning Point
Tim Kendall	Consultant in Mental Health and Criminal Justice	
Tony Rao	MHOA and Dementia Clinical Academic Group Lead for Dual Diagnosis	SLaM
Tracy Hammond	Research and Innovation Director,	KeyRing Living Support Networks