Briefing Paper to the Health and Social Care Committee of the Senedd

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Key messages

- We are a team of academics and clinicians in Swansea University, Cardiff University, and the seven Health Boards in Wales.

- The research is in collaboration with the Divisional Directors of Mental Health and Learning Disability of all seven Health Boards in Wales, and the initiation of the research was at their request.

- The research explores the impact of the Covid-19 pandemic and emerging issues on the mental health and well-being of the population.

- We have completed two surveys to date and have just opened our third survey.

- The first survey spanned the time period of the first lock-down in Wales (9th June 2020 to 13th July 2020). 12,989 people participated in this survey from across all regions of Wales.

- We ensured that we had a minimum of 250 participants from each Local Authority in Wales in order to allow for a granular level of analysis. Our data is structured so that specific Health Boards, or specific Local Authorities, can access their data and ask questions about regional variation in well-being needs. We can drill down to specific communities, either geographically defined or defined on other criteria (such as age, or level of deprivation, or people who have experienced domestic abuse, etc).

- 37% of the sample reported moderate or severe levels of psychological distress, with 20% reporting severe levels of distress.

- There were key variations in levels of psychological distress across separate sectors of the community. For example:
  - The youngest age group (16-24 years) being 5.54 times more likely to be distressed compared to the oldest age group (75+).
  - Those with a previous mental health difficulty were 4.03 times more likely to be distressed compared to those without a previous mental health difficulty.

- o Those with the highest levels of deprivation were 1.76 times more likely to experience psychological distress compared to those with lower levels of deprivation.

- The second survey followed approximately 6 months after the first. It adopted the same methodology as the first survey and spanned the period of 18th January 2021 to 7th March 2021. 10,428 people participated in this survey from across all regions in Wales.

- Levels of distress in the population had deteriorated further, with 40.4% of the sample reporting moderate or severe levels of psychological distress, and 23% reporting severe levels of distress.

- The pattern of variation across different sectors of the community was similar to the first survey, but became more pronounced for some groups. For example:
  - o The youngest age group were now 10 times more likely to be distressed compared to the oldest age group.
  - o Those with a previous mental health difficulty were 3.2 times more likely to be distressed compared to those without a previous mental health difficulty
  - o Those with the highest levels of deprivation were 2.18 times more likely to experience psychological distress compared to those with lower levels of deprivation.

- The research also highlighted the broader psychosocial determinants that we already know are associated with decreased mental health and well-being. These include experiencing food insecurity, domestic abuse, social isolation, and financial problems. We need ongoing prevention strategies to support people who experience these stressors and issues.

- Within the second survey we now investigated **protective factors** associated with reduced levels of psychological distress and enhanced well-being. Here we found:
  - o People with high levels of hope for the future were 7.8 times less likely to experience moderate or severe levels of psychological distress.
  - o People with high social connectedness were 5.7 times less likely to experience moderate or severe levels of psychological distress.
  - o People with high levels of psychological resilience were 4.8 times less likely to experience moderate or severe levels of psychological distress.

Conclusions

- We conclude that our research exploring the impact of the Covid-19 pandemic in Wales is showing a **significant and continuing impact** on the mental health and wellbeing of the population.

- We need to continue monitoring these effects within our communities over the longer term.

- Our results are commensurate with other research projects across the world indicating a deterioration in mental health that has been sustained since the start of the pandemic. Hence, this is not a brief reaction to a natural disaster causing a 'blip' in poor mental health, as some have argued, and strategic planning for the future mental health and well-being of the population is required.

- Importantly, there are specific groups that have been particularly impacted by the Covid pandemic. These groups need special attention in terms of continued monitoring and intervention. A key group of concern are adolescents and young adults.

Recommendations

- We need a strategy that encompasses a whole population approach to the management and intervention of wellbeing issues in our communities. This needs to focus on how we can bolster and promote protective factors (such as hope, resilience, and social connectedness) and address psychosocial stressors associated with poor mental health.

- The well-being needs of the population needs to be at the forefront of our thinking right from the beginning and early intervention is key to recovery.

- Research following other natural disasters and public health emergencies has also indicated that early intervention at a population level is critical to prevent further deterioration in mental health over time. This is needed to reduce the number of people presenting to specialist mental health services in the future, with the risk that these services become overwhelmed.

- A focus on the mental health and well-being needs of the population needs to be at the heart of our Covid recovery programme, and should not be viewed as an 'add on' or optional extra.

- We require a whole system approach, with a focus on early intervention, to address these issues, involving both statutory agencies and third sector organisations, working

together with their communities. Specialist mental health services will not be able to cope with this dramatic and sustained decrease in mental health and wellbeing across the board and only a whole system approach of collaborative working, led by policy, will be effective.

- We need to work collaboratively with our communities, enabling local ownership, and co-producing solutions. There is a role for local multi-agency strategic planning forums, such as Public Service Boards, who understand the needs of their local communities and can engender and facilitate local ownership of strategic priorities.

- The protective factors identified by our research (hope, resilience, and social connectedness) are important pointers to future recovery strategies. For example, we need to consider how we communicate hope to our population via central messaging from our political leaders and communication strategies from Health Boards and Local Authorities. How can we act to promote hope and resilience?

- Whole population interventions on engendering resilience and promoting social connectedness are also possible intervention strategies for the future.

Further information

- A summary of the findings of our two mental health and well-being surveys, and the two NHS reports of these, can be accessed via our web-site:
- http//www.wales-wellbeing.co.uk, under the tab 'Our Findings'.