

Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales:

Report 2 – Impact on mental health and wellbeing

December 2020



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Report 2 – Impact on mental health and wellbeing

December 2020



About the Committee

The Committee was established on 28 June 2016. Its remit can be found at:
www.senedd.wales/SeneddHealth

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Dai Lloyd MS
Plaid Cymru

Current Committee membership:



Rhun ap Iorwerth MS
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Jayne Bryant MS
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Chair's foreword

Covid-19 has brought many challenges, not just in terms of its physical effects but also its impact on people's emotional and mental wellbeing. Being cut off from family, friends and other support networks for long periods of time has had a profound effect. We know that more than half of adults and three quarters of young people feel their mental health has worsened during the lockdown period.



As well as the need to support those with ongoing mental health conditions, many of whom may not have been able to access their routine services for some time which will have had significant implications for their ongoing health and wellbeing, we also need to recognise the population-level trauma that has occurred. People who have never experienced mental health problems before may now be experiencing feelings of anxiety, sadness, and loss. However, this is not surprising during a global pandemic and should be seen as a normal, even healthy, response to the unprecedented events we are living through rather than signs of a mental health problem

There will also be those who have experienced bereavement during, or as a result, of the pandemic. Losing a loved one is never easy, but to go through it at a time when you can't be with them at the end of their life and don't have access to friends and family for support will no doubt affect people's ability to come to terms with their loss.

The need for parity between physical and mental health has been a recurring theme throughout much of this Committee's work and Covid-19 has brought this into sharp relief. It is simply not acceptable that mental health services are not prioritised in the same way as physical health and this cannot be allowed to continue.

A handwritten signature in black ink that reads "Dai Lloyd MS". The signature is written in a cursive, flowing style.

Dr. Dai Lloyd MS
Chair

Key Conclusion

Our 2018 report on suicide prevention, Everybody's Business clearly identified the actions we believe are needed to improve the mental health and wellbeing of the population in Wales. Our report also supported the recommendations made by the Children, Young People and Education Committee in its Mind over Matter report. It is more important now than ever that the necessary improvements are made.

Recommendations

Recommendation 1. The Welsh Government must make the implementation of the recommendations in the Everybody's Business and Mind over Matter reports a priority during the remainder of this Senedd.Page 14

Recommendation 2. The Welsh Government must provide a written update before the end of this Senedd, detailing the progress made in delivering the recommendations of our Everybody's Business report, and setting out clear timescales for the delivery of any outstanding actions.Page 14

Recommendation 3. The Welsh Government must ensure that both the short and longer term mental health impact of the pandemic is a central consideration in its response to the pandemic and recovery planning, and that its decision-making processes in this area engage all necessary mental health expertise and evidence. We request details of the structures that are in place to support this.Page 14

Recommendation 4. The Welsh Government should, with immediate effect, publish an updated list of ministerial responsibilities for the Minister for Mental Health, Wellbeing and Welsh Language which explicitly includes suicide prevention.Page 19

Recommendation 5. The Welsh Government should work with the National Advisory Group to ensure that any emerging impact on suicide and self-harm rates is closely monitored as we move through the pandemic. The work of the task and finish group on suicide prevention data surveillance, set up by the

Welsh Government, must be progressed as an urgent priority, and the Welsh Government must provide this Committee with further details of the remit of this group and the timescales it is working to..... Page 19

Recommendation 6. The Welsh Government must take urgent steps to understand why there is such a big disconnect between health boards' assurance about the provision of mental health services during the pandemic, and the significant problems accessing services reported by patients and frontline services. The Welsh Government should provide evidence to the Committee of the action it is taking to ensure the robustness of reporting and accountability arrangements between health boards and Welsh Government. Further, it should provide evidence that 24/7 access to age-appropriate crisis care will be available in a consistent way across Wales during the pandemic.Page 26

Recommendation 7. The Welsh Government must ensure that mental health services are not deprioritised during, and in recovery from, the pandemic. As per Recommendation 1, implementation of the actions called for in Everybody's Business and Mind over Matter will drive greater parity between mental and physical health. We particularly draw the Welsh Government's attention to Recommendation 6 in Everybody's Business..... Page 26

Recommendation 8. The Welsh Government must ensure that the standardised, national mental health core dataset is fully rolled out by end 2021.Page 26

Recommendation 9. The Welsh Government and public services must be as proactive as possible in signposting the public to sources of mental health support and resilience-building resources, and relevant advice services (such as financial advice). This is particularly important in the face of potential further lockdown restrictions and a prolonged period of economic uncertainty.Page 26

Recommendation 10. The Welsh Government must rigorously pursue the development of a national framework for bereavement care to ensure services are in place to meet the increasing needs of those bereaved during this pandemic. The Welsh Government should provide the Committee with an update on the work of the group, including timescales and how it will take into account the challenges presented by the pandemic.....Page 28

Recommendation 11. The Welsh Government must ensure that the remote, digitally-supported mental health services introduced as a result of the pandemic are evaluated as a matter of priority to ensure they are fit for purpose and are responsive to the needs of service users. The voices of service users must be central to any such evaluation.....Page 30

Recommendation 12. The Welsh Government’s Budget for 2021-22 must demonstrate a strong commitment to improving public mental health in Wales, with clear evidence of a cross-governmental approach to mental health and wellbeing and how it is addressing the social determinants of mental health and wellbeing..... Page 32

Recommendation 13. The Welsh Government must work with relevant stakeholders to ascertain the needs for mental health and wellbeing support amongst all those who participated in key frontline working, and to ensure appropriate, easily accessible support is in place as a matter of priority. Support for frontline staff must be adequately resourced and available for the longer term..... Page 36

Recommendation 14. The Welsh Government should continue working with partners to develop longer term innovative approaches to facilitate indoor visits to care homes.Page 38

Recommendation 15. The Welsh Government must deliver the improvements identified in ‘Mind over Matter’ at the pace needed to ensure that the foundations of the whole-system approach called for are in place by the end of this Senedd..... Page 40

1. Introduction

- 1.** This is the second in a series of reports looking at the impact of the Covid-19 outbreak, and its management, on health and social care in Wales. In this report we look specifically at issues affecting people's mental health and wellbeing.
- 2.** In our first report we highlighted the need to re-assess the approach to mental health, bringing services in line with those for physical health. We also talked of the need to support those who have experienced trauma as a result of the outbreak, and those with ongoing mental health conditions, many of whom may not have been able to access their routine services for some time. In this report, we explore these issues in greater detail.
- 3.** We received a significant number of responses to our consultation which raised concerns about mental health. While it is not possible to reflect every submission in this report, they have all been considered and have helped to shape our work in this area. A full list of everyone who gave oral and written evidence can be found on the [Committee's website](#).

2. Mental health impact

4. According to a survey published by Mind Cymru¹ in June 2020, more than half of adults and three quarters of young people reported that their mental health had worsened during the lockdown period. Key factors included the restrictions on seeing people and being able to go outside, loneliness, and worries about the health of family and friends.

5. Dr Antonis Kousoulis shared with us findings from the Mental Health Foundation's UK study of the mental health impact of the pandemic²:

“At the start of lockdown, early into lockdown, anxiety, not in the clinical sense of the term but in the kind of ‘feeling worried’ sense of the term, was peaking at around 70 per cent of people reporting that in early April, and then slowly coming down since. So, in our latest survey it has come down to 43 per cent. Other emotions are lower—reports of other emotions like fear and panic are around the 20 per cent figure.”³

6. Dr Kousoulis highlighted that, while the most recent data from the study (late August 2020) showed some improvement in how people are feeling, feelings of hopelessness and loneliness had not significantly decreased.

7. It is, however, a complex picture. Mind Cymru's survey found that around one in eight adults and young people said their mental health improved during the lockdown period. Some of those who coped well during lockdown may have found it more difficult to adjust as restrictions were lifted. This may particularly be the case for children and young people who struggled with school-focused anxiety before the pandemic, and who may have experienced relief from their symptoms while schools were closed.

8. Many of the feelings people may have been experiencing, such as anxiety, sadness, and loss, could be described as a normal (and healthy) response to the

¹ The mental health emergency: [How has the coronavirus pandemic impacted our mental health?](#)

² Mental Health Foundation: [Coronavirus: Mental Health in the pandemic](#)

³ RoP, 14 October 2020, paragraph 163

pandemic rather than sign of a mental health problem and there is a danger of over-medicalising these responses. On this point, the Chair of Hafal said:

“I see a movement towards medicalising normal or reasonable distress in the general public, which I find really uncomfortable. It is okay to grieve for the loss of a loved one, or to feel low when life is throwing its curve balls at you, but to medicalise these normal experiences is to take a person’s agency away.”⁴

9. Similarly, the Royal College of Psychiatrists told us:

“I think that it is very important to distinguish between normal anxiety, which will abate and get better, and some serious and enduring mental health problems. So, I would advise, based on the fact that we have so many risk factors now for severe and enduring mental health problems, that we shouldn’t overmedicalise normal anxiety, but that we do have the resources in place for the increased risk of more severe and enduring mental health problems.”⁵

10. While there are significant concerns about the impact of the pandemic on those with pre-existing mental health conditions, witnesses highlighted the need to recognise the population-level trauma that has occurred. Platform told us:

“there are people who are in the mental health service or who have been in and are trying to get back in, and then there’s the general population who are also experiencing long-term impacts of trauma and uncertainty. I think what we have to start to think about is what’s the long-term impact of this collective trauma on the whole population of Wales.”⁶

11. Professor Ann John highlighted the cumulative effect on wellbeing of uncertainty, particularly financial uncertainty, and described how the context is different now than at the start of the pandemic:

“I think there were financial supports and strong safety nets that we may not be taking into the future. So, the experience over the winter as well, where things like fuel poverty will come into play, makes the context very different this time. And the things that people can do. In the Mental Health

⁴ [Mental Health Wales: Autumn 2020](#)

⁵ RoP, 7 October 2020, paragraph 149

⁶ RoP, 7 October 2020, paragraph 17

Foundation (MHF) survey, one of the top things for coping was walking outdoors, and things like that will be much more limited over the winter.”⁷

12. The mental health impact of the pandemic is predicted to last much longer than the physical health impact, and it is not yet clear how significant the level of need amongst the population for mental health support will be. People who have never experienced mental health problems previously may now be in need of services. However, without a sense of the scale of the likely demand, it is very difficult to plan how to meet that demand.

13. The Royal College of Psychiatrists referenced an analysis by the Centre for Mental Health⁸ which, in relation to England, found that almost 20% of the population would require either new or additional mental health support as a direct consequence of the crisis. This modelling predicts that about two-thirds of people who will need support already have existing mental health needs, including severe mental illness.

Our view

14. The first wave of the pandemic and lockdown measures has affected many people in terms of their mental wellbeing. Some will have new, and in many cases low-level needs for mental health support; some of those with existing mental health conditions may have seen their mental health deteriorate since the start of the pandemic. We are extremely concerned that a second wave, coming during the long winter months and with the likelihood of further restrictions and/or lockdowns, is likely to be even more damaging and will put our already fragile mental health system under even greater pressure.

15. It is understandable that people will have been experiencing increased stress, anxiety and feelings of sadness or loneliness during the pandemic. However, we believe it is important to avoid over-medicalising what, in many cases, are natural responses to a frightening situation.

16. Although we heard from witnesses that it is unhelpful and inaccurate to describe the pandemic as leading to a significant rise in mental disorders, we do not underestimate the impact of the population-level trauma that Wales, as

⁷ RoP, 14 October 2020, paragraph 167

⁸ Centre for Mental Health: [Covid-19 and the nation's mental health](#)

other countries, continues to experience and the impact this has on mental wellbeing.

17. As such, it will be important that appropriate support must be in place for those who need it. This must cover the range of mental health need, from low-level, early intervention support through to more specialist services and crisis care.

18. We remain particularly concerned that people with existing needs for mental health support have been unable to access services during the pandemic, and may have experienced worsening symptoms as a result. Access to services is discussed further in Chapter 3.

19. We are also worried that the disruption to routine healthcare services during the pandemic has had a negative impact on the mental health and wellbeing of many people living with physical health conditions, due to prolonged periods living with painful or debilitating symptoms, and concerns about their physical health deteriorating while waiting to access treatment.

20. Furthermore, we think a clearer understanding is needed of the mental health impact of the Covid-19 infection itself, particularly where people have received intensive treatment or are suffering with longer-term effects of the disease (this has been referred to as 'long-Covid').

21. We are also concerned that the wellbeing of certain groups of people has been disproportionately affected by the pandemic. This is discussed in more detail in Chapter 4.

Key Conclusion

Our 2018 report on suicide prevention, Everybody's Business clearly identified the actions we believe are needed to improve the mental health and wellbeing of the population in Wales. Our report also supported the recommendations made by the Children, Young People and Education Committee in its Mind over Matter report. It is more important now than ever that the necessary improvements are made.

Recommendation 1. The Welsh Government must make the implementation of the recommendations in the Everybody's Business and Mind over Matter reports a priority during the remainder of this Senedd.

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Recommendation 3. The Welsh Government must ensure that both the short and longer term mental health impact of the pandemic is a central consideration in its response to the pandemic and recovery planning, and that its decision-making processes in this area engage all necessary mental health expertise and evidence. We request details of the structures that are in place to support this.

Suicide and self-harm

22. It is difficult to obtain a true picture of the impact of the pandemic on suicide rates at this point in time because there are always delays in registration of deaths by suicide due to the need for a coroner's inquest. Professor Ann John told us:

"What that means is that when the Office for National Statistics produce their bulletins, which is the very reliable data that we have, it's usually a year out of date, which means we can't respond in real time.

So, I think it's really important to set up a real-time suicide surveillance system. It would be about suspected suicides, which means that we can get bereavement support to people in a timely manner, but also know what's happening and who the high-risk groups are. So, Welsh Government have set up a task and finish group."⁹

23. We are aware that some wider work is being done in the UK to understand the effects of the pandemic on suicide. In September 2020, the first iteration of a living systematic review of the impact of the pandemic on self-harm and suicidal behaviour was published¹⁰. This found that, so far, there is no clear evidence of an

⁹ RoP, 14 October 2020, paragraph 174

¹⁰ [The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review](#)

increase in suicide, self-harm, suicidal behaviour, or suicidal thoughts associated with the pandemic. However, it highlights that suicide data are challenging to collect in real time, and also that the economic effects of the pandemic (a contributory factor to suicide risk) continue to evolve.

24. The National Confidential Inquiry into Suicide and Safety in Mental Health examined suicide figures from established ‘real-time surveillance’ systems in parts of England (total population nine million). This compared the months pre-lockdown (January to March 2020) with the period after lockdown (April to August 2020). The report, published in November 2020, found no evidence of the feared, national rise in suicides during the months April to August. However, it cautioned that:

“These are early figures and could change over time or with the inclusion of more areas. We cannot rule out higher rates in some local areas or population subgroups, especially as the effect of COVID-19 itself has varied between communities;

In particular, it is too soon to examine the full long-term impact of economic adversity on mental health and suicide.”¹¹

25. Evidence from the Welsh Ambulance Services NHS Trust¹² showed that Protocol 25 (Psychiatric/Suicide Attempt) demand was higher in January and February 2020 than the previous year (by 13%). This demand was also around 6% higher in July-August 2020 when compared with 2019. Protocol 25 demand was lower in the period March-May 2020.

26. It also showed considerable regional variation within these data. For example, Protocol 25 (Psychiatric/Suicide Attempt) demand has been consistently and considerably higher across the Aneurin Bevan Health Board area in 2020 when compared with 2019, whereas Swansea Bay Health Board area has similar levels of demand across both years in this protocol.

27. However, the Trust warned:

¹¹ [Suicide in England since the COVID-19 pandemic - early figures from real-time surveillance](#)

¹² [HSCS Committee, 25 November 2020, Paper 2](#)

“We must take great caution in interpreting these data, as numbers are small and the medical cause of death ultimately has to be determined at an inquest.

In summary, the Welsh Ambulance Services NHS Trust has seen some significant increases in mental health demand during 2020, but these increases have varied according to protocol, month and health board area.”

28. Witnesses emphasised that suicide is not inevitable, but that the pandemic has exacerbated known risk factors for suicide and self-harm. Samaritans Cymru told us that:

“the pandemic and the response to it is disproportionately affecting the most vulnerable people in our society, and it’s exacerbating factors that we know are related to suicide— so, those include loneliness, isolation, lack of belonging, lack of meaningful occupation, and all sorts of other issues around people with pre-existing mental health problems. There’s evidence emerging that they are disproportionately impacted and struggling as the restrictions continue.”¹³

29. The Royal College of Psychiatrists reported seeing an increase in suicide attempts and self-harm, both in young people and older adults, but suggested the main impact is yet to come.

“I think what we have created is a perfect storm of mental illness. We know that there are three very, very well-known risk factors for both depression and suicide, and, unfortunately, COVID, and the restrictions that have been associated with them, and the outcome of those, have increased those risk factors.

So, I think the three main areas that are both risk factors and factors that, potentially, the Welsh Government has the ability to mitigate in the future, are social isolation, economic hardship and untreated physical illness.”¹⁴

30. Witnesses also reported seeing an increase in self-harm and other, unhealthy coping behaviours. Samaritan’s Cymru said it was “concerned that many people who self-harm may have been left without their usual coping mechanisms and are struggling to access external support.”¹⁵

¹³ RoP, 14 October 2020, paragraph 15

¹⁴ RoP, 7 October 2020, paragraph 136

¹⁵ Written evidence, C70

31. Mind Cymru told us that more young people are reporting self-harm to them as a way of coping with the current situation:

“And we also know that there’s an increase in using things like controlling your eating or drinking too much or— you know, those indicators that should be flashing some real red lights for us.

And I think, particularly with young people and the evidence that’s coming through in terms of self-harm, there’s a real, real urgency in terms of doing something to help support young people’s mental health now.”¹⁶

32. Professor Ann John highlighted that self-harm is a very private behaviour, and there is a lot of stigma attached to it:

“Most people who self-harm do not seek help from services. Three adolescents in a class of 30 will be self-harming, and so there’s work to do about raising awareness with parents and people who work with young people to respond. It’s very stigmatised— self-harm— for young people. It’s very private behaviour; people are very ashamed.”¹⁷

33. She went on to say that studies and surveys from around the world had shown that, particularly in young people where self-harm is much more common, there were increases particularly in the early part of lockdown:

“We don’t know enough, because the data we have is about services. [...] the concern is that a lot of people who might have sought help haven’t, and what’s happening to them? And I guess what that means is that we need to have really clear signposted sources of help and support online and in the community and we have to have clear pathways for those in crisis, of all ages.”¹⁸

34. A key message in the evidence we received was that action is needed now, rather than waiting for official data further down the line to show how the pandemic has affected suicide and self-harm rates. Papyrus highlighted that:

“We do know it’s a fact that, following the global financial crisis of 2008, we saw an increase in self-harm in young people, we saw an increase in suicide

¹⁶ RoP, 7 October 2020, paragraph 29

¹⁷ RoP, 14 October 2020, paragraph 202

¹⁸ RoP, 14 October 2020, paragraph 203

rates. We're likely to have a huge economic impact on our population as a result of COVID, and therefore we must be mitigating the risks."¹⁹

35. We asked the Minister for Mental Health, Wellbeing and Welsh Language about the action being taken by the Welsh Government now to mitigate suicide risk in Wales. She told us:

"We have got a revised delivery plan, 'Talk to me 2', but the key thing to remember here is that it's much broader. It's not just about mental health.

The other thing is to make sure that we give the support to people who've lost people [to suicide]. I think that is fundamental to what we need to do, because the impact of suicide is immense on people around them. The thing I'm absolutely keen to do, in all of this, is not to lose the human. There are people here who are suffering.

So, for me, this has obviously got to be one of the priorities. Every opportunity that has been missed for us to stop people from taking that ultimate step is something that we've got to absolutely focus on."²⁰

Our view

36. One of the clearest messages that emerged during our previous inquiry into suicide prevention was the need to reduce the stigma around suicide and mental health. We therefore welcome the creation of the post of Minister for Mental Health and Wellbeing. We were, however, extremely disappointed that suicide prevention was not specifically included in the list of ministerial responsibilities. While the First Minister has given an undertaking that this will be amended when the ministerial list of portfolios are next updated, we believe this should be done immediately if the Welsh Government is to demonstrate its commitment to suicide prevention in Wales.

37. While we recognise that it is too early for official data to show what effect the pandemic is having on suicide rates, we strongly believe that we should be acting now to mitigate the risks, not waiting for the statistics. We already know the risk factors for suicide, and many of these will be exacerbated by the pandemic.

¹⁹ RoP, 14 October 2020, paragraph 17

²⁰ RoP, 4 November 2020, paragraphs 43-44

38. We welcome the establishment of a task and finish group to look at the development of a real-time suicide surveillance system. This work should be progressed as a matter of urgency so we have a clearer understanding of the impact of the pandemic on suicide risk.

Recommendation 4. The Welsh Government should, with immediate effect, publish an updated list of ministerial responsibilities for the Minister for Mental Health, Wellbeing and Welsh Language which explicitly includes suicide prevention.

Recommendation 5. The Welsh Government should work with the National Advisory Group to ensure that any emerging impact on suicide and self-harm rates is closely monitored as we move through the pandemic. The work of the task and finish group on suicide prevention data surveillance, set up by the Welsh Government, must be progressed as an urgent priority, and the Welsh Government must provide this Committee with further details of the remit of this group and the timescales it is working to.

39. We believe that an early understanding of trends is necessary to enable timely, targeted action where high risk groups are identified and for appropriate postvention support to be put in place, but we emphasise that the Welsh Government does not need to wait for data to take mitigating action. We refer the Welsh Government to our key recommendation, which calls for implementation of our 2018 suicide prevention recommendations.

3. Access to services

40. There is significant concern among stakeholders about the numbers of people who have struggled to access mental health services during the pandemic, and some may have experienced a worsening of symptoms as a result. Mind Cymru found that 18% of adults and 39% of young people who tried to access support have been unable to do so.

41. Barriers to accessing support include feeling unable or uncomfortable using telephone/video call technology; difficulty getting in contact with GP/community mental health team; and cancelled appointments.

42. The survey also found that:

“8% of adults and 15% of young people did not access support because they did not know how to do so;

people do not feel entitled to seek help - 34% of adults and 26% of young people did not access support during lockdown because they did not think that their need was serious enough or that they deserved support.”²¹

43. A survey carried out by Hafal about people’s experiences of mental health services during the pandemic found that, while the mental health of 74% of respondents had been negatively affected by the coronavirus outbreak, nearly two thirds (63%) had been unable to access their GP in the previous two weeks. Also:

“Almost half of respondents (46%) had not been informed about what is happening with mental health services in their area, and 37% had services cancelled within the previous fortnight. 14% had experienced difficulties in getting hold of their Community Mental Health Team, and 44% had not been informed about what they should do or who to contact if their mental health deteriorates or they experience a crisis.”²²

²¹ The mental health emergency: [How has the coronavirus pandemic impacted our mental health?](#)

²² Written evidence, C04

44. Earlier this year, 1694 patients were wrongly discharged from the primary mental health service in North Wales. The Interim Chief Executive Officer at Betsi Cadwaladr University Health Board told us:

“That was a misinterpretation of Welsh Government guidance that was applied by parts of the organisation, by teams working under significant pressure. That was an error that should not have occurred. We are making arrangements to contact all of the patients who were discharged from the service that shouldn’t have been.”²³

45. On 15 April 2020, Dr Andrew Goodall, Director General, Health and Social Services and NHS Wales Chief Executive, wrote to health boards setting out the Welsh Government’s expectations that mental health services should continue to provide ‘safe and sustainable responses’ to individuals who need access to mental health support during this period.

46. On 6 May 2020 the Welsh Government published an NHS Wales COVID-19 operating framework²⁴ (for quarter 1 of 2020/21), and an accompanying Essential health services document²⁵. This confirmed that mental health services are categorised as an ‘essential service’, i.e. one which should be maintained at all times throughout the coronavirus pandemic. In order to take account of social distancing, many services have been delivered remotely rather than face to face.

47. The Essential health services document also highlighted that a ‘mental health COVID-19 monitoring tool’ has been developed to provide assurance about the capacity of services to fulfil their key functions. Health boards are required to complete and return this on a weekly basis.

48. Answering questions in plenary on 13 May 2020, the Minister for Health and Social Services told Members:

“While service models will have adapted during the pandemic, health boards and partners have reported that they’ve continued to meet mental health needs during this period”.²⁶

²³ RoP, 21 May 2020, paragraph 297

²⁴ Welsh Government: [NHS Wales COVID-19 Operating Framework: quarter 1 2020 to 2021](#)

²⁵ Welsh Government: [Essential health services during COVID-19](#)

²⁶ [RoP, 13 May 2020](#)

49. However, this does not seem to reflect the experiences on the ground. Ewan Hilton, Chief Executive of Platform, told us:

“our experience was a massive disconnect. We had a really good response from Welsh Government. We met regularly and we were assured that pathways were open across the service, whilst it was disrupted, so no-one expected things to be normal. People who we support were getting answer phones, were being turned away, were being bounced around services. We’ve had people in accident and emergency for three days. So, there were some really awful experiences. So, yes, absolutely, what Welsh Government was saying was happening was not happening on the ground.”²⁷

50. Kate Heneghan of Papyrus agreed, telling us:

“We had one young person who called us. They were known to mental health services, had a crisis team. They had phoned their crisis team 38 times without a response. So, it feels like maybe crisis teams, even when people are known to them, that they’re putting more boundaries in, and that is proving very difficult, and a lot of people, young people in particular, are struggling.”²⁸

51. Witnesses described a disconnect between the information being given to the Minister by health boards about their provision of mental health services during the pandemic, and what was actually happening on the ground.

52. Alun Thomas, Chief Executive of Hafal, told us:

“A health board [Betsi Cadwaladr] that has been in special measures for five years, we’ve raised concerns about people being turned away from service and services being cut. The Minister was prepared to accept the word of that health board without checking it out, and then all of a sudden we see 1,700 patients discharged from services. Where’s the accountability for that? This is a letter from the Minister saying that he was assured that everything was right. So, I think he’s got to actually answer what he is going to do to make sure this doesn’t happen next time, because as we get into this again, we cannot have those assurances just being thrown out.”²⁹

53. We raised this issue with the Minister for Mental Health, Wellbeing and Welsh Language, who told us:

²⁷ RoP, 7 October 2020, paragraph 76

²⁸ RoP, 14 October 2020, paragraph 80

²⁹ RoP, 7 October 2020, paragraph 83

“I will be interested to hear where they think that disconnect is happening, where we need to make sure that those services are joined up, and, obviously, there must have been a time at the beginning of the crisis where people felt that those services weren’t available.

I know there was a case in north Wales, for example, where there was somebody in Betsi Cadwaladr who suggested that it wasn’t available. That was simply not the case, and we took steps to make sure that they were aware that shouldn’t have been the situation. We made efforts to contact people who were eligible for that service to make sure that they knew that that was not the case. So, I’m very interested to hear where we’re falling down so that we can put some improvements in place in those places.”³⁰

54. We heard concerns about a significant ‘backlog’ of cases – including those who had existing mental health problems, and those with new or increased needs for support. In written evidence, Hywel Dda UHB described a ‘significant reduction in referrals’ across a range of mental health services. Cardiff and Vale UHB highlighted that the demand for mental health services is anticipated to occur later than the demand peaks for physical health.

55. The Royal College of Psychiatrists told us:

“It seems inevitable that once the pandemic is past its peak, there will be an increase in demand for mental health services and for support for the general population. That need will increase more if there is an economic downturn. This may be because of pent up demand caused by the current fall in referrals, the consequences of lockdown, economic uncertainty and the trauma of contracting or losing loved ones to COVID-19.”³¹

56. Dr Jenny Nam, British Psychological Society, told us:

“The services pre-COVID were already overstretched, so we know that, as lockdown happened, they actually reduced in size. A lot of psychology colleagues were being redeployed and leaving just a core cohort to deal with urgent mental health cases. So, of course, there’s a backlog of that happening, and then we know that we’re very likely to get an increased surge of new referrals.”³²

³⁰ RoP, 4 November 2020, paragraph 18

³¹ Written evidence, C31

³² RoP, 7 October 2020, paragraph 155

57. While witnesses recognised the priority that had had to be given to controlling the spread of the virus and ensuring services were equipped to treat those with coronavirus, there was significant concern about the ‘deprioritising’ of mental health. Alun Thomas (Hafal) provided an example:

“So, why do mental health services have to stop delivering face-to-face services? We’ve got staff who are working 10 hours a day in full FFP3 masks, suits, because they’re working with children on ventilators. If we said we’re not going to do face-to-face, what’s going to happen to those children? We have people who need to be washed, fed, supported, helped to get up, helped to go to bed. They had face-to-face throughout this. Have we discriminated against people with mental health problems through this period by simply saying, ‘They’re the easiest ones for us to say we’re not going to provide a face-to-face service to?’”³³

58. Professor Ann John described how mental health services and research had historically been chronically underfunded and she was concerned that this would be exacerbated in light of the focus on the pandemic.³⁴

59. Dr Antonis Kousoulis of the Mental Health Foundation agreed, saying:

“I think it’s important to remember that a very small proportion of overall health service funding goes to mental health services, and an even smaller proportion of overall public health funding goes to public mental health.”³⁵

60. Mind Cymru called for publishing of performance monitoring data on mental health services, which had been paused at the start of the pandemic, to be resumed:

“Whilst we recognised and understood the rationale for initially discontinuing some data collection in order to meet the immediate challenges caused by Covid-19. We believe that, given mental health services are deemed essential and that many of the initial challenges have been overcome, that data collection and publication in relation to the Measure should be recommenced in order to provide assurances that people are able to access these services and allay the concerns outlined above.”³⁶

³³ RoP, 7 October 2020, paragraph 118

³⁴ RoP, 14 October 2020, paragraph 211

³⁵ RoP, 14 October 2020, paragraph 248

³⁶ Written evidence, C59

61. It also raised concerns regarding lack of progress in developing a Mental Health Core Dataset:

“The lack of urgency in taking forward these improvements means that we are now unable to fully understand and learn from how services are being impacted by and are adapting to Covid-19, or indeed the impact this is having on people’s experiences and outcomes of accessing support.”³⁷

Our view

62. The evidence we have received shows that people have struggled to access support across the spectrum of need, including early intervention/primary mental health support services and crisis care services in an emergency.

63. We are extremely concerned about the apparent disparity between what health boards are telling Ministers they are providing in terms of mental health services, and what we are being told is happening on the ground. We are further concerned that there appears to have been no attempt on the part of Welsh Government to verify the information provided by health boards.

64. It is clear that mental health services were under significant pressure prior to Covid-19 and that demand will only increase. Our previous report on suicide prevention ‘Everybody’s Business’, and the Children, Young People and Education Committee’s Mind over Matter report and follow up work, raised significant concerns about the ability of people to access appropriate, timely mental health support, not least in times of crisis. The ongoing effects of the pandemic on people’s mental health and wellbeing makes this even more important. It is essential that mental health services are not de-prioritised during this, and any further waves of Covid-19, and that the mental health workforce is protected from redeployment.

65. As a Committee, we have repeatedly highlighted the need for parity between mental and physical health. It is unacceptable that mental health services are not prioritised in the same way as physical health. Appropriate support must be available when people are in need of help. Our report into suicide prevention called on the Welsh Government to take all necessary steps to ensure parity between mental and physical health services. We are concerned

³⁷ Written evidence, C59

that insufficient progress was being made in implementing this recommendation prior to the pandemic, and that the impact of Covid-19 will only set this back further.

66. There are, of course, wider harms from the pandemic than just the harm from Covid-19 infection itself. We believe that, if we are to achieve true parity between physical and mental health, the impact on mental health must be a key consideration in the Welsh Government's decision-making process and recovery planning.

67. To this end, greater progress is needed on the production of a mental health core dataset. We believe that a nationally standardised core data set would improve consistency, robustness and a focus on outcomes in reporting across all mental health services.

Recommendation 6. The Welsh Government must take urgent steps to understand why there is such a big disconnect between health boards' assurance about the provision of mental health services during the pandemic, and the significant problems accessing services reported by patients and frontline services. The Welsh Government should provide evidence to the Committee of the action it is taking to ensure the robustness of reporting and accountability arrangements between health boards and Welsh Government. Further, it should provide evidence that 24/7 access to age-appropriate crisis care will be available in a consistent way across Wales during the pandemic.

Recommendation 7. The Welsh Government must ensure that mental health services are not deprioritised during, and in recovery from, the pandemic. As per Recommendation 1, implementation of the actions called for in Everybody's Business and Mind over Matter will drive greater parity between mental and physical health. We particularly draw the Welsh Government's attention to [Recommendation 6 in Everybody's Business](#).

Recommendation 8. The Welsh Government must ensure that the standardised, national mental health core dataset is fully rolled out by end 2021.

Recommendation 9. The Welsh Government and public services must be as proactive as possible in signposting the public to sources of mental health support and resilience-building resources, and relevant advice services (such as

financial advice). This is particularly important in the face of potential further lockdown restrictions and a prolonged period of economic uncertainty.

Bereavement support

68. Many people will have suffered loss during the pandemic. For many this will have involved the very traumatic experience of losing a loved one at a time when they have not been able to be with them at the end of their life, or to seek comfort and support from friends and family in the usual way, and this could have long lasting implications for their mental health. On this point, Samaritans Cymru told us:

“Until you’ve been bereaved, you don’t necessarily realise that someone can have a good death, (...). And the features of it, which include being there (...), a lot of those have been impossible under COVID-19 restrictions. And so, we should be really concerned about the lack of the features that you would want when someone is dying, and I think, yes, we should be vigilant for the impact of that on individuals and on communities as well.”³⁸

69. A respondent to our survey of frontline staff told us that they had had to seek private counselling for bereavement as a result of losing their father during the pandemic.

70. Dr Clementine Maddock of the Royal College of Psychiatrists Wales told us:

“Normal grief reactions would not come to the attention of mental health services, but if the normal bereavement reaction is in some way disrupted, which it has been here, there is the potential that there is an abnormal grief reaction that can go on into depression, anxiety and other mental illnesses. So, that is certainly something that is a risk factor for the future.”³⁹

71. In a written statement dated 5 November 2020⁴⁰, the Minister for Mental Health, Wellbeing and the Welsh Language announced that a National Bereavement Steering Group had been set up and a national framework for bereavement care in Wales was being developed to support clear referral

³⁸ RoP, 14 October 2020, paragraph 120

³⁹ RoP, 7 October 2020, paragraph 216

⁴⁰ [Written statement: Update on dementia care in Wales](#)

pathways, risk and needs assessments, training for staff and volunteers and a directory of available bereavement provision.

Our view

72. Losing a loved one is one of the hardest things we will experience in our lives. For many, being with their loved one at the end of their life can provide some comfort. Being denied that opportunity is likely to have long-term implications for people in being able to come to terms with their loss.

73. We are concerned about the impact of having to limit the size and scale of funerals. Many see the funeral service as a celebration of their loved one's life and the last thing they can do for them, so marking it appropriately is an important part of the grieving process. We also think that not having access to friends and family for support at such a difficult time will be massively detrimental.

74. We therefore believe there will be an increased need for bereavement services as a result of the pandemic, for those who have lost someone as a result of Covid-19 and those who were unable to be with their loved one at the end of life.

75. We welcome the development of a national framework for bereavement care and believe this should be implemented at pace to ensure services are in place to meet the increasing needs of those bereaved as a result of and during this pandemic. The framework must also address the complex bereavement resulting from deaths by suicide. It is well-evidenced that people who are bereaved through suicide are at greater risk of suicide themselves.

Recommendation 10. The Welsh Government must rigorously pursue the development of a national framework for bereavement care to ensure services are in place to meet the increasing needs of those bereaved during this pandemic. The Welsh Government should provide the Committee with an update on the work of the group, including timescales and how it will take into account the challenges presented by the pandemic.

New ways of working

76. The NHS Wales COVID-19 operating framework (quarter 1)⁴¹ describes some of the new ways of working that have developed as a result of the pandemic and social distancing guidelines, including the ‘significant shift’ towards digitally-supported services, e.g. virtual clinics, triage processes, and remote consulting. It calls for a focus on embedding these new ways of working so that they become sustainable approaches for the future

77. While online/remote services may be effective at meeting some needs for support, and some people may prefer to access support in this way, one size does not fit all. In their evidence, Mind Cymru highlighted that some people may struggle to access digital services (for example, due to lack of appropriate ICT), while others may find it difficult to engage with support that isn’t face to face. We also heard concerns about people’s ability to access a safe, private space in their home to engage in a phone or video consultation.

78. The Royal College of Psychiatrists highlighted the case of a person who was in an abusive relationship so couldn’t have their psychology session at home and was having to drive to a car park and conduct the session on a mobile device. They also told us about a young person within the family home whose family weren’t fully aware of their mental health problems.

79. Hafal told us that many people had been unable to access face-to-face services when they really needed them. It suggested there could be a role for the third sector, working with patients and their families, in supporting them in the use of technology:

“We’re not going to be able to go back to the point where everyone can have a face-to-face contact every time they need to see somebody, but there needs to be a way so that people don’t get told, ‘You can’t have one at all.’”⁴²

80. The NHS Wales quarter 2 operating framework⁴³ recognises that some changes may not be effective or have a positive impact in the longer term – ‘It is

⁴¹ Welsh Government: [NHS Wales COVID-19 Operating Framework: quarter 1. 2020 to 2021](#)

⁴² RoP, 7 October 2020, paragraph 109

⁴³ Welsh Government: [NHS Wales COVID-19 Operating Framework: quarter 2. 2020 to 2021](#)

important to evaluate the new ways of working to identify which need to be continued, adjusted or stopped’.

81. Professor Ann John also highlighted the importance of evaluation:

“services virtually have had to transform overnight, and are delivering care in very different ways now. There’s lots more telehealth, whether it be phone or video consultations. Some of that transformation happened before the real evidence existed about how effective and how well it works. And I think we have to really strongly push for ensuring that those services are evaluated, particularly with a view to how high-risk populations are engaging with them.”⁴⁴

Our view

82. In principle, we welcome new and innovative ways of working and believe these have been a long time coming. We are, however, concerned that, as a consequence of the pandemic, some people may be offered remote, digitally-supported mental health services which are not necessarily most suitable for their needs. While we understand the necessity of this type of service provision during the early months of the pandemic, it will not replace the need for face to face services. Remote services may not be appropriate for everyone and should not be the default method of service delivery in the longer term. Services need to be responsive to the needs of the individual. This is especially important where people don’t have access to a safe, private space within their home environment in which to engage in virtual or telephone consultations.

83. We also agree with witnesses that the digitally-supported mental health services were developed very quickly in response to the pandemic and should be robustly evaluated to ensure they are effective in meeting the needs of the people accessing them. Robust evaluation will help identify where remote/digital approaches could be rolled out as an effective, sustainable method of service delivery.

Recommendation 11. The Welsh Government must ensure that the remote, digitally-supported mental health services introduced as a result of the pandemic are evaluated as a matter of priority to ensure they are fit for purpose

⁴⁴ RoP, 14 October 2020, paragraph 193

and are responsive to the needs of service users. The voices of service users must be central to any such evaluation.

Public mental health

84. A key message during our evidence gathering was that mental health and wellbeing is not just an issue for the NHS. A public health approach to mental health, concerned with promoting wellbeing, prevention of mental ill health and early intervention, spans government departments and all sectors of society.

85. This is reflected in the recommendations of our 2018 suicide prevention report and the Children, Young People and Education Committee’s Mind over Matter work, which both called for cross-government action and a ‘whole-system’ approach to mental wellbeing.

86. We heard that, because of the pandemic, there is a risk that ‘public health’ will again be seen as mainly about infectious diseases. This potentially undermines years of progress in pushing its much broader role in prevention and early intervention, as well as health protection.

87. Dr Antonis Kousoulis of the Mental Health Foundation told us:

“It took decades to get to this point of thinking about public mental health, public health as prevention across the whole of society, thinking about public health in terms of policies and measures and strategies and several Governments and devolved administrations and things like local communities, and now a lot of the interest again is shifting towards control of infectious diseases. So, that’s a very real risk of reversing years of progress and understanding and training.”⁴⁵

88. He went on to say that while we absolutely do need better mental health services, these won’t be enough on their own:

“We already had big demand for mental health services - and need - before the pandemic, so we do need to understand public mental health and the position of prevention and interventions in the community, and empowering communities and grass-roots organisations to support people around them that they have an intimate knowledge of.”⁴⁶

⁴⁵ RoP, 14 October 2020, paragraph 236

⁴⁶ RoP, 14 October 2020, paragraph 248

89. Ewan Hilton, Platform, called for Wales to become a ‘trauma-aware nation’:

“The understanding of the impact of trauma and the impact of this virus needs to be understood across the whole of our public sector and across the whole of public sector policy making.”⁴⁷

90. Similarly, Alun Thomas of Hafal told us:

“This isn’t a case of focusing on mental health; this should be focusing on the whole gamut of Government.”⁴⁸

91. This was reiterated by the Minister for Mental Health, Wellbeing and Welsh Language, who told us:

“The key thing for us to remember, always, when we’re talking about mental health, is that it’s not just a medical problem— it’s got to be something that is addressed across Government. So, fears of unemployment are going to be something that increase the levels of mental health stresses within our society. Fears of debt— that’s going to increase concerns. This cross-Government approach is absolutely the way that we will continue to go.”⁴⁹

Our view

92. The Covid-19 pandemic has had - and will continue to have - a profound effect on some of the wider determinants of mental health and wellbeing, including economic, societal, environmental, and educational factors. It has exposed and magnified the inequalities in society.

93. To respond to this, we need a truly ‘public health’ approach to mental health with a much greater focus on prevention. Mental health and wellbeing does not just sit within the NHS: we need to see improved joint-working and a clear, shared understanding across government and public services about the importance of public mental health, and a funding model that supports this. We support witnesses’ calls for Wales to become a trauma-aware nation.

Recommendation 12. The Welsh Government’s Budget for 2021-22 must demonstrate a strong commitment to improving public mental health in Wales, with clear evidence of a cross-governmental approach to mental health

⁴⁷ RoP, 7 October 2020, paragraph 214

⁴⁸ RoP, 7 October 2020, paragraph 24

⁴⁹ RoP, 4 November 2020, paragraph 7

and wellbeing and how it is addressing the social determinants of mental health and wellbeing.

4. Impact on certain groups

Frontline staff

94. We heard many concerns about the mental health impact on health, social care and other frontline staff. A statement by the Royal College of Psychiatrists highlighted that healthcare staff working in the pandemic are likely to face a range of stressors including workplace stress, domestic pressures, traumatic exposure, and moral distress:

“The currently unprecedented circumstances also come at a time when NHS staff are already stretched, services are often understaffed and when organisational morale may be far from ideal.”⁵⁰

95. Professor Ann John told us:

“I feel, personally, that key workers— not just health and social care workers, but key workers— bore a lot of the brunt of the pandemic, and it’s a responsibility of us to make sure that they’re supported going forward, because many of them are having to pick themselves up to do it again, potentially.”⁵¹

96. Evidence from a staff nurse, who took part in our survey of frontline staff stated:

“Emotionally, I have on many occasions gone home feeling completely destroyed, with no one to hug me and tell me it will be OK as I my partner lives in a separate house. The anxiety and stress at times were unbearable, particularly at the start.”⁵²

97. Professor Ann John highlighted the need for adequate staffing in order to protect people’s mental health. She said it was often difficult for health and social care workers to seek help:

“There’s a lot of stigma for people in health and social care. They’re meant to be the sorters and the problem solvers. It’s very difficult for them to seek

⁵⁰ [Statement from the Royal College of Psychiatrists on the roles and work of psychiatrists during the Covid-19 pandemic](#)

⁵¹ RoP, 14 October 2020, paragraph 242

⁵² [Final Survey Report](#)

help. So, we need to make sure that they know where to do it in the different ways that they want to do it.”⁵³

98. We also heard about the impact on care workers. Giving evidence to this Committee in May 2020, Care Forum Wales told us:

“We’ve seen staff lose residents they’ve developed a relationship with, we’ve seen them see themselves and other colleagues potentially contract COVID-19 as well. I think there is an enormous amount of trauma in the sector, and I think that’s only going to increase.”⁵⁴

99. Health boards outlined the measures they had put in place to help support staff, and the Minister for Health and Social Services told us about work being undertaken with the Samaritans and others to look at having more support available, not just within secondary and primary care but also in the social care sector. The Minister said:

“We’re going to need to support our workforce for years to come, because not everyone will have a point of realisation or a point of impact from the work they’re doing now in the immediate period, and it’s often the case that that takes some time to manifest itself.

So, the measures now are not just a point about helping staff through and then we can breathe a sigh of relief in a year or two and then say it’s all over; there’s a much longer term support we’re going to need to have in place.”⁵⁵

Our view

100. We are extremely concerned as we move into a second phase of the pandemic about the impact on the wellbeing of **all** frontline staff. We heard of increased workloads, staff shortages, staff dealing with trauma in the workplace, and people so physically and emotionally drained, that they are becoming unwell due to stress and other mental health difficulties.

101. The revised Together for Mental Health Delivery plan sets out that following the publication of the new 10 year health and social care workforce strategy, Health Education Improvement Wales and Social Care Wales will work with

⁵³ RoP, 14 October 2020, paragraph 242

⁵⁴ RoP, 7 May 2020, paragraph 182

⁵⁵ RoP, 16 July 2020, paragraph 239

partners to produce a workforce plan for mental health services. However, we are disappointed that this strategy will not be available until the end of 2021.

102. We welcome the commitment from health boards and the Minister to ensuring support services are in place to support the workforce. It is, however, essential that these services are readily available, easily accessible and must provide for the long term.

Recommendation 13. The Welsh Government must work with relevant stakeholders to ascertain the needs for mental health and wellbeing support amongst all those who participated in key frontline working, and to ensure appropriate, easily accessible support is in place as a matter of priority. Support for frontline staff must be adequately resourced and available for the longer term.

Older people

103. The British Psychological Society (BPS) told us that older adults are likely to be disproportionately affected by loss, ill health and the effects of lockdown, but that this group has the least access to psychological therapies.

“Older adults are a forgotten group because referral rates do not match prevalence rates of mental health challenges. Fundamentally, there is an issue with how mental health issues are seen in older adults – as medical problems or part of ageing rather than as treatable psychological issues.”⁵⁶

104. The Older People’s Commissioner has made clear her concerns about the impact of lockdown restrictions on older people living in care homes, highlighting the importance of face to face contact with loved ones. Evidence shows, for example, that the progress of dementia is slowed down by such contact, whereas a lack of connection can accelerate it. The Commissioner said:

“It is crucial that the risks to residents and staff of potential Covid transmission due to visits are considered against the risk to older people living in care homes if their physical and mental health declines as a result of prolonged separation from those who mean most to them.

It is also important to recognise the wider impact that seeing this decline, which in some cases may be irreversible or result in a resident sadly passing

⁵⁶ Written evidence, C71

away, will have on the mental health and wellbeing of relatives and friends, many of who will be older people themselves.”⁵⁷

105. The Minister for Health and Social Services acknowledged the impact that limiting contact with familiar loved ones could have on people living with dementia but said:

“That has to be balanced against the very real challenge of coronavirus circulating within the community. It can be very difficult to have safe in-person visits, particularly indoors. So, it’s a balance of judgments that need to be made, and they’re made by local authorities and providers.”⁵⁸

106. The Deputy Minister for Health and Social Services told us about work that was being undertaken with local authorities to put arrangements in place for care home visits to be able to take place. The Deputy Director General for the Health and Social Services Group told us:

“I’ve had a number of conversations with local authorities and directors of social services. I have to say that directors of social services are very keen, wherever possible, for visits to continue, and indeed a number of authorities have now put arrangements in place that outdoor visits will continue to take place. What I’ve actively encouraged is a much more dynamic risk assessment for individuals, in individual homes, so that we really take account of the important needs that people have, in terms of contact, in seeing their loved ones.”⁵⁹

Our view

107. We are very concerned about the devastating impact that restrictions on visiting loved-ones in care homes are having, particularly on people with dementia. We recognise the need to maintain the safety of residents and welcome the Deputy Minister for Health and Social Service’s assurance that work is ongoing with local authorities to try to work around this. However, moving into the winter months, outdoor visits will become impossible.

⁵⁷ [Care Home Visiting in Wales](#): Position Statement, September 2020

⁵⁸ RoP, 20 September 2020, paragraph 243

⁵⁹ RoP, 20 September 2020, paragraph 251

108. We believe that the Welsh Government should use the experiences of earlier restrictions to look for ways to encourage and facilitate care home visits that seek to protect residents whilst also enabling vital contact with loved ones.

109. We welcome the announcement of £3 million to provide temporary ‘pods’ for care homes across Wales to better facilitate visits over Christmas and the winter months.⁶⁰ However, this is only a short term measure so we urge the Welsh Government to continue to work with its partners to look for innovative longer term solutions.

110. Further, we are pleased to hear that a pilot programme of rapid lateral flow tests (LFTs) will be introduced in a small number of care home visitors from 30 November and look forward to its wider roll-out, should it prove to be successful.

Recommendation 14. The Welsh Government should continue working with partners to develop longer term innovative approaches to facilitate indoor visits to care homes.

Children and young people

111. It has been widely recognised that the pandemic, and the measures taken in response, have had a significant impact on the wellbeing of children and young people.

112. In written evidence, the British Psychological Society told us that the current crisis is affecting many young people in ways that risk long-term consequences for their mental health:

“The fear of becoming ill or seeing a loved one become ill, the loss of routines, the difficulties of social connection, the impact of loneliness, the disruption to education and the challenges of living in difficult or dangerous situations are creating additional pressure for young people across the country. Young people who belong to groups that are already marginalised or disadvantaged may be particularly at risk.”⁶¹

113. Professor Ann John told us:

⁶⁰ Welsh Government announcement: [Temporary visitor ‘pods’ for care homes to be rolled-out](#)

⁶¹ Written evidence, C71

“What we want to avoid is what we call a cohort effect, where there’s a particular insult dealt to a generation and those vulnerabilities follow them through in the long term. So, it really is about leveraging protections and services and access to care.”⁶²

114. Witnesses highlighted the ‘protective’ effects of education and the school community, and agreed that keeping schools open must be a key priority. Papyrus told us:

“We know that loneliness and isolation, away from their peer groups, are huge things. So it is paramount that schools remain open throughout this.”⁶³

115. Mind Cymru told us there was “overwhelming evidence now that young people are not well served by what is going on”:

“We know that child and adolescent mental health services is not the right place for most children and young people, and they can’t get anywhere near it anyway, unless they’re extremely ill, and that there’s a yawning gap in the middle— there’s this kind of missing middle for young people whose needs can’t be contained within the family and school, but absolutely need support and help through this, and a hopeful path into adulthood.”⁶⁴

116. In its report, ‘Mind over Matter’⁶⁵ published in April 2018, the Children, Young People and Education (CYPE) Committee found that a big change was needed in the emotional and mental health support available for children and young people and called on the Welsh Government to make emotional and mental health a national priority.

117. Its subsequent report ‘Mind over Matter: Two years on’ published in October 2020, however, found that too many children and young people had been unable to access the mental health support they needed and called for more transparent data on children and young people’s access to mental health services during the pandemic and going forward. It highlighted that change was

⁶² RoP, 14 October 2020, paragraph 211

⁶³ RoP, 14 October 2020, paragraph 53

⁶⁴ RoP, 7 October 2020, paragraph 33

⁶⁵ [Mind over matter](#)

not happening quickly enough, that the focus has to be on ‘whole-system’ change, and that the Covid-19 pandemic makes this more necessary than ever.⁶⁶

118. In response to questions about the support being provided for children and young people, the Minister for Mental Health, Wellbeing and Welsh Language told us that a significant amount of extra money had been put into school mental health and wellbeing, including extending school counselling, making sure that teachers are aware of what to look for, and, online support:

“Supporting children and young people’s mental health is one of my top priorities. I and other Ministers will continue to work jointly across health social services and education on our Whole School Approach to emotional wellbeing. Significant additional funding has been announced to support this area and we have also developed the Youth Mental Health Toolkit, which launched in June and is hosted on HwB.”⁶⁷

Our view

119. There is no doubt that, while children and young people are less likely to feel the physical effects of the virus, the measures taken to tackle it will have far reaching consequences for their mental health and wellbeing. Closure of schools impacted not only education but the opportunity to socialise with peers, and for many children, concern about family members contracting the virus was a considerable cause of anxiety.

120. The Children, Young People and Education Committee’s Mind over Matter report and subsequent ‘Two years on’ follow-up report clearly sets out the improvements needed to support the emotional and mental health of children and young people in Wales. We agree that the pandemic situation makes implementing these recommendations more important now than ever.

Recommendation 15. The Welsh Government must deliver the improvements identified in ‘Mind over Matter’ at the pace needed to ensure that the foundations of the whole-system approach called for are in place by the end of this Senedd.

⁶⁶ [Mind over matter: Two years on](#)

⁶⁷ [HSCS Committee, 4 November 2020, Paper 2](#)

Students

121. We have become increasingly concerned about the mental health and wellbeing of university students, many of whom will be away from home for the first time, and may face being isolated from family and friends, and unable to take part in social and other activities which promote wellbeing.

122. Samaritans Cymru told us:

“We’re very concerned about young people with the additional stresses, potentially, of isolating within a flat and being away from home for the first time. I think I would say be proactive about letting young people know about sources of help and be compassionate; have messages given out to students that are respectful, compassionate messages that recognise the challenges that they’re facing.”⁶⁸

123. Papyrus also confirmed that they were seeing an increase in calls from students who were struggling with isolation and from parents who, having sent their children off to university, were now extremely worried about how best to support them.

124. We asked the Minister for Health and Social Services what additional preparations had been put in place to reflect the start of the university term.

125. He told us that each university had its own plans in place for a blended learning approach, where students should have some contact time and other remote learning, and also about the way in which they wanted students to behave on and off campus. Guidance had been given to universities that these plans also needed to set out how they would support students who needed to self-isolate, not just in terms of providing food and drink, but in terms of broader student welfare support:

“... it’s important that they understand the very real health and wellbeing impact that could take place if students are required to self-isolate.”⁶⁹

⁶⁸ RoP, 14 October 2020, paragraph 64

⁶⁹ RoP, 30 September 2020, paragraph 129

126. He also advised there had been direct engagement with the student movement to ensure everyone clearly understood what plans were in place in the event of an outbreak, and what would be expected of them:

“It’s trying to treat students in the same way as the rest of the population. I think there’s a real danger that we could collapse into saying that students are somehow to blame for what is happening across the country, when actually there’s very good evidence that student behaviour is much like other young people who are not students, and that it isn’t just young adults who have some responsibility for the way that we all conduct ourselves.

As I say, unfortunately there are plenty of people who are not being entirely responsible and are much older than the traditional undergraduate student.”⁷⁰

127. The Minister for Mental Health, Wellbeing and Welsh Language subsequently provided an update on the position regarding universities:

“There’s been a £10 million injection since the pandemic to make sure that universities are supporting students during this really difficult time. This is the first time away from home for a lot of people, they may be suffering quietly, not knowing people, in isolation, and we need to make sure that the provision is there for them.

And I hope that that £10 million, which is not an insignificant sum of money, on top of the £2.3 million that was there already, will help to put those support measures in place.”⁷¹

128. The CYPE Committee has written to all Welsh University Vice-Chancellors seeking assurances about the steps being taken to support students studying in Wales. Copies of their responses can be found on the Committee’s website.⁷²

129. In evidence to the Children, Young People and Education Committee on 19 November, Joe Atkinson of NUS Wales said that Wales had been experiencing a student mental health crisis before Covid-19, with student diagnoses of mental health conditions rising year on year:

⁷⁰ RoP, 30 September 2020, paragraph 131

⁷¹ RoP, 4 November 2020, paragraph 53

⁷² Children, Young People and Education Committee: [Arrangements to support students in light of COVID-19](#)

“Students are actually diagnosed with mental health conditions more than the general public.”⁷³

130. He went on to say that the impacts of COVID-19 are going to exacerbate this crisis, and will continue to be felt in years to come:

“We think it’s time for a student-specific mental health strategy to help address this and to ensure that mental health services in universities and also NHS services can work together a lot better to deliver positive outcomes for students, because there’s a lot of good work going on on the ground in universities, and it has been a Government priority over the last few years to put money into mental health services on the ground, but if they’re unable to interact properly with NHS services, then there is a real risk of students falling through the gaps, especially this year.”⁷⁴

Our view

131. Being away from home for the first time can be a confusing and difficult time for many young people. To do so in the midst of a global pandemic, without the support of family and friends and restricted access to social networks, presents an even greater challenge.

132. It is therefore a matter of some concern to hear the evidence from NUS Wales that we were experiencing a student mental health crisis before Covid-19, with student diagnoses of mental health conditions rising year on year.

133. We are aware of the ongoing work of the Children, Young People and Education Committee in this area, and will watch with interest the outcome of that work.

⁷³ CYPE Committee, 19 November 2020, paragraph 151

⁷⁴ CYPE Committee, 19 November 2020, paragraph 151
