



# **Covid-19 and Mental health: Impact & Response in the North-East**

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## **Introduction**

In this report we will be researching the impact of Covid-19 in the Northeast, with our particular focus being on mental health and the Blaydon Constituency.

When we first met up to discuss the road ahead in the research project, it seemed a daunting task. Despite the significant progress in recent years, society's willingness to discuss mental health openly is unfortunately still limited, especially for men.

Covid-19 changed this, for better and for worse. The Office of National Statistics found that 1 out of 5 adults experienced depressive symptoms in June 2020, twice the number before the pandemic (Westgate, 2022), whilst fewer people sought out mental health support (Carr et al, 2021). This paints a troubling image, which from the outset suggests that, in general, public mental health worsened during the pandemic.

First, we will discuss the wellbeing of young adults and children over the pandemic. In doing so we will specifically look at how lockdowns impacted the mental health of the younger generation, then moving onto discuss the possible link between mental health illness and Covid-19 infections.

The next piece of our research looks at how local government responded to Covid, if the region is recovering, and the role that mental health has played. We also spoke to a political advisor of the North of Tyne Mayor about how the city coped with the pandemic and their plans.

Finally, we had the opportunity to interview a representative from the Samaritans. This enabled us to see how a leading mental health charity coped with the pandemic. We chose the Samaritans because Liz Twist has a personal relationship with the organisation, as she has volunteered for them as a listener. She has also chaired the Party Parliamentary Group on Suicide and Self-Harm Prevention, which produced a variety of reports with many recommendations, and has completed several inquiry's including into the support available for young people who self-harm (2020).

This is not a definitive report, rather an attempt of two students to understand and highlight these difficult issues, and hopefully, show some new, or at least highlight interesting, solutions.

## Mental Health and Covid

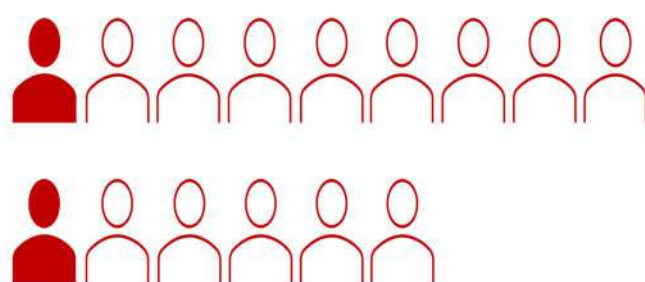
The connection between Covid-19 and mental health is thought by many to go both ways, with research exploring Covid's effect on mental health, and whether having a mental illness is a risk factor for contracting and being adversely affected by Covid. This section of our report will focus on the wellbeing of young adults and children over the pandemic, specifically how lockdowns impacted mental health of the younger generation, before moving on to discuss the possible link between mental health conditions and Covid-19 infection.

Coronavirus can impact people's mental wellbeing in many ways. It can be direct through infection and any resulting symptoms, which may hamper a person's ability to live a good and fulfilling life post-infection. Wellbeing can also be worsened for those who have lost someone they know to the disease, causing grief or loss of income if the person was someone they depended on- e.g., a parent. Covid can also influence mental health in more indirect ways than infection or death. For example, lockdowns and isolation periods meant that people couldn't see their friends or family- weakening their support network.

Covid does not affect all people's mental health equally, it follows the cleavages of society impacting individuals differently based on race, class, and gender. This can be seen in Bunn and Lewis' report into 'Children's Mental Health and the Covid-19 Pandemic' published by the Parliamentary Office of Science and Technology in September 2021. Here Bunn and Lewis discuss impact of the Covid-19 pandemic, drawing on recent research into the effects on children's mental health. Their work shows how Covid worsened multiple 'known risk factors' for child mental wellbeing issues like bereavement, socioeconomic problems, and isolation. This occurred alongside children losing access to support networks including sports clubs, education, and friends.

The effect of the pandemic on young people can be seen in the changes to statistics on mental health disorder in children before and during the pandemic. As illustrated in Figure One, the proportion of English children aged 5-15 with a probable mental health disorder increased from one in every nine to one in six once the pandemic began (Bunn and Lewis, 2021).

The first lockdown negatively affected the wellbeing of older students more than younger age groups, with those in secondary school more likely to report decrease in happiness and other wellbeing factors than those in primary (Bunn and Lewis, 2021; Mansfield et al, 2021). This negative impact is even more apparent in sixth form students, with a majority of those in year 12 and 13 saying that they felt lonelier during lockdowns (Mansfield et al, 2021). Furthermore, 52% of year 12s and 47% of year 13s reported that their general happiness had decreased since the pandemic began (Mansfield et al, 2021). This data shows that older students were a particularly vulnerable group to mental health problems during lockdown.



**Figure One:** 1 in every 9 children in England had a mental health disorder pre-pandemic, with this figure rising to 1 in 6 as of July 2020 (Bunn and Lewis, 2021)

One reason for this may be anxieties around their studies and overall grades- with being behind on schoolwork being one of the main worries of students (Mansfield et al, 2021). Preoccupation over grades was amplified as lockdown meant that GCSE and A-Level papers were cancelled, and grades would instead be calculated using teacher predictions and an algorithm. However, the government later U-turned on this decision, meaning that for most grades no code was needed and only teacher assessments were used (Ofqual, 2020: Quinn, 2020). The poor handling of exam results in the summer of 2020 of by the Government will not have eased student's anxieties about grades and their futures after sixth form.

There are variables other than age which also appear to have affected how badly children's wellbeing was affected by Covid-19 lockdowns. Bunn and Lewis (2021) identify the following other vulnerability factors for degrading mental health during the pandemic:

- Gender
  - In line with broader trends in mental health issues, during the pandemic boys were more likely to have behavioural difficulties whilst girls had more emotional troubles.
  - Boys were generally less likely than girls to report worsened wellbeing over the course of the pandemic.
- Socioeconomic circumstances
  - Students from disadvantaged backgrounds may have limited access to the technology (as well as space for a suitable, quiet work environment) which became crucial for children to complete their schoolwork, meaning children from poorer backgrounds may fall behind at school.
  - Lack of technology also meant fewer way for kids to communicate with their friends as online calls and gaming became a more important mode of communication without the ability to meet in person due to lockdown.
  - Family stresses around money can also have a negative impact on the wellbeing of the children of the households. This was shown in Vizard et al's study (2020:42-43) which found that 'Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments'.
- Ethnicity
  - Ethnic minorities were identified as a potentially more vulnerable group to mental health issues during the pandemic.
  - Here, it is important to acknowledge that the risk factors identified by Bunn and Lewis (2020) are not mutually exclusive, with those from minority ethnic backgrounds are more likely to experience socioeconomic disadvantage.
- Individuals having a pre-existing mental condition(s) or learning disabilities
  - Those with a history of mental health struggles Were likely to have these exacerbated during the pandemic. This is shown in YoungMinds' (2020) survey of 2036 thirteen to twenty-five-year-olds from June-July 2020, where 81% of young adults stated that the pandemic had made their mental health worse.
  - Loss of routine can have a larger impact, especially for those with severe learning difficulties who may struggle to understand why they couldn't see friends and family during lockdowns.

Based on this evidence, one recommendation we- and Bunn and Lewis (2021)- have for dealing with mental health for any future lockdowns/pandemics is that the re-opening of schools and other educational institutions should be prioritised, more so than it was in 2020. As this would be the easiest way to tackle many of the worries which negatively impact this country's younger population- e.g., falling behind on schoolwork.

The possible link between having mental health diagnosis and increased risk of infection is explored by Wang et al (2021) who compare the hospitalisation and death rates due to Covid infection for people with a mental disorder to those without. Their definition of mental illness includes 'attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, depression, and schizophrenia' (2021:124)- with depression being the most relevant to this report. The data shows that those with a recent diagnosis for a mental illness have an increased risk of Covid infection, this correlation was greatest for those with schizophrenia and depression. In Wang et al's sample, Covid death rates for those with a mental illness (8.5%) were almost double that of those without a diagnosed mental issue (4.7%). A similar difference was seen in hospitalisation rates for those with (27.4%) and without mental illnesses (18.6%), again those with mental wellbeing problems were affected more greatly (Wang et al, 2021:124, 127-128). This evidence shows that there might be a link between mental illness and Covid related hospitalisation and/or death, however more research is needed on this subject with larger samples to be sure.

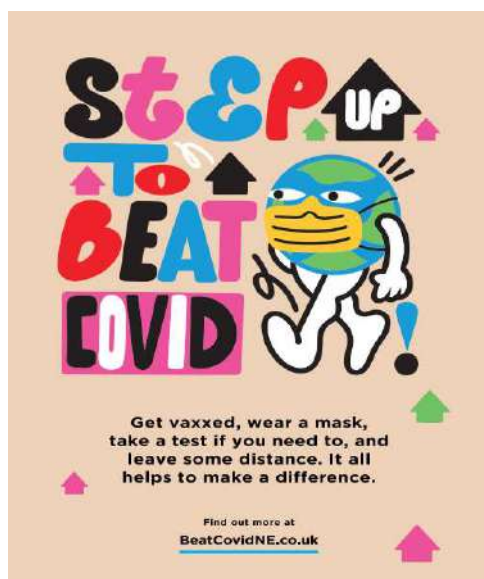
The relationship between mental wellbeing and immune response is a widely recognised phenomenon (See: Barak, 2006; Rosenkranz et al, 2003; Ryff et al, 2004), with happiness thought to increase the immune system's ability to respond to illness. Similarly, depression has been seen to reduce immune response in multiple other studies, including Eyre and Baune (2012) and Miller, Maletic, and Raison (2009).

## **Regional recovery from Covid-19**

This section of our report will focus on how local government have responded to Covid, how the region is recovering and what role mental health has played in all this. The Northeast's reaction to Covid has been multifaceted, with involvement from both the Local Area 7 (LA7) and the North of Tyne Combined Authority (NTCA). We had the opportunity to conduct an interview with a political advisor to the North of Tyne Mayor about how they've dealt with the pandemic and their plans for future.

The LA7 founded BeatCovidNE, a joint campaign with the aim of fighting Covid in the Northeast through the dissemination of information on vaccines and other good Covid practices- e.g., wearing masks and keeping your distance from others. To achieve this goal, they created the [beatcovidne.co.uk](https://beatcovidne.co.uk) website, which included information and guidance on Covid vaccination, mainly in the form a 'vaccination QnA' where common questions are answered simply and succinctly- each answer could be expanded if you wanted to read further, with some also having a video attached. The website also displayed up-to-date statistics of Covid cases in the North East, allowing you to view case levels over the past 20 days for the whole of the North East or for individual areas of the LA7. This has, however, now stopped as Government Covid advice has changed and tests are no longer free, meaning the number of people testing and reporting the result has decreased greatly. The website also has an emphasis on kindness, with the 'Covid Act of Kindness Award' given out to one member from each of the 7 Local Authority areas in late 2021. In addition to this there is a focus on how local businesses have been affected during the pandemic, with part of the website dedicated to showcasing the stories of local businesses with the aim of encouraging people to return to them as restrictions were lifted.

BeatCovidNE also produced ads which appeared across the region and on social media, especially on the Tyne and Wear Metro system. These ads spread the message of keeping the North East 'open', wearing masks and getting vaccinated. Examples of recent posters produced by them can be seen in image 1 and 2 below.



**Image 1 (Left):** BeatCovidNE ad encouraging vaccination, mask wearing, social distancing, and testing. As seen across social media, in magazines /newspapers and in buildings/public transport



**Image 2 (Right):** BeatCovidNE ad pictured on the Metro March 2022



## **Interview with a Political advisor at the North of Tyne Combined Authority:**

### **Governance during the pandemic and plans for recovery:**

The North of Tyne Combined Authority (NTCA) provided an emergency financial response to help local businesses following drops in their income due to lockdowns. This included a £5 million emergency fund of financial support for Small and medium-sized enterprises in the region, as they were hit particularly hard by the Pandemic. Furthermore, the NTCA provided an additional £15 million of financial support for communities and businesses to help them tackle the Covid-19 effectively, as reported in the NTCA's 'Jobs, Skills and a Post- Covid Economy' recovery plan published in June 2021.

### **Wellbeing and the NTCA:**

Unlike some other combined authorities, e.g., London and Greater Manchester, the NTCA's remit does not include health and social care- this means they do not have any direct powers or funding for these services, only for economic development and adult education. Despite this, the organisation is still conscious of the indirect impact they can and do have on people's wellbeing. They are therefore increasing approaches to measure their impact on overall wellbeing. This includes identifying 4 primary areas of wellbeing intervention that they conduct in the region: economic, social, environmental, and democratic wellbeing. The NTCA are doing the following to address these four key areas:

#### **Economic wellbeing-**

- The organisation is trying to address poverty in the area, with one of the "most important ways" of doing this being the "good work agenda"- which is "making sure people have access to well paid, secure, stable employment". They have created an "employment charter" called the "good work pledge" to "drive forward the good work agenda", which aims to end "employment practices like fire and rehire, zero-hours contracts." The NTCA "supports the implementation of the *real* living wage, not just the governments living wage".
- They have specific poverty relief programs, including help for families in poverty "through intervention in school." They aim to use their powers in adult education to help "skill up" adults in the region with "the aim of everyone being able to access good well-paid jobs" through their qualifications and skills.

#### **Environmental wellbeing-**

- The NTCA have a "strong commitment to the green economy", especially from the mayor himself.
- They provide funding and grants relating to this, "for companies wanting to develop low-carbon/zero-carbon technologies and interventions." They also have a fund aimed at the transition to green economy, to "provide people with the skills so they can go from carbon intensive industries to green industries."
- Are supporters of off-shore wind and other zero-carbon technologies.



### Democratic wellbeing-

- The organisation “Work in collaboration with whole range of partners, including community partners and organisations”.
- Held a “people’s assembly on climate change” in February 2021, with its recommendations now being implemented. This was conducted with “direct participation with citizens, to get their views on what were practical measures to move towards a green economy”.
- “Developing a poverty truth commission” for people who have “lived experience of poverty can come together and work up interventions to address that situation”.
- This all shows that the organisation “puts into practice real, meaningful collaboration at the grassroots level together with communities”

### Social wellbeing-

- have a policy on “developing community hubs, which can be focal points in communities to bring people together where there will be a range of services and resources, and opportunities for social interaction”, with a fund to support this in each of the three local authorities.

The interventions for these four dimensions of wellbeing are long term processes but the NTCA are confident they are “starting to make a real difference to people’s lives.”

### **Post-Covid positives from the perspective of the NTCA:**

Everyone at the NTCA had to work from home during lockdown as they were not classed as key workers. This has led to an increased flexibility for working from home post-pandemic, as lockdown periods demonstrated that the Combined Authority’s tasks could be completed out of the office. This greater flexibility allows employees of the NTCA to form a better work life balance, hopefully helping to improve their overall wellbeing.

There was a very strong communal response to the pandemic, with mutual aid groups being formed across the region. If this community spirit continues it will be positive for the people of the North East, as community life will have a friendlier feel. Furthermore, the friendships made over the course of the pandemic will hopefully endure into the future, making people feel happier and more welcome within their local community.

The pandemic helped to highlight the stark degree of pre-existing inequalities present in the North East, with people in social and retail sectors, typically low paid jobs, being hit to a greater extent than most of society. Furthermore, the pandemic has badly affected many already at risk and unfairly treated groups in society. Although these inequalities aren’t themselves a positive, the pandemic bringing them to people’s attention could be a positive force for change. The UK Government may be forced to address these issues now more people have become aware of them.

## **Suicidality and Self-Harm**

Through an in-depth interview with a representative from the Samaritans, we gained a useful insight into how a leading mental health charity coped and changed with the pandemic. We chose the Samaritans as foci for this report for several reasons. First, our MP, Liz Twist has a personal and professional relationship with this organisation meaning we did gain a good level of access to this organisation, but also, and more importantly, we felt it was necessary to link the report to the work of the MP. Also, during the first year of the pandemic alone (March 2020 – 2021), 2.3 million contacts were made. The Samaritans is a national leader in mental health support, which meant that we could gain valuable information from them.

The following section will be made up of information learnt through the interview, and additional information supplemented from further research.

### **How did the Samaritans adapt?**

A vital decision the government made at the outset of the pandemic was to label the Samaritans volunteers as key workers. This meant that they could continue working in a safe and controlled environment, and it really showed the important work they do within their communities. Fundamentally, they kept the helpline open.

### **The groups in society which are at risk for self-harm and suicide, and has the pandemic changed this**

It is important not to conflate suicide and self-harm together. They might share some characteristics and have similar risk factors; others will be different. For example, self-harm is not part of suicidality for some people. This in research is known as ‘non-suicidal self-injury’ (Klonsky, Victor, Saffer, 2014).

The most common to die by suicide is the 34 – 54 age group, and men are at a far higher risk than women. It is the leading cause of death for men under the age of 50. In the UK and Ireland men are three to four times more likely to die by suicide than women. (Simms et al, 2019, cited by the Samaritans, 2020).

Other groups at risk:

- The Suicide rate of people living in the most deprived 10% areas in 2017 – 2019 is double, 14.1 per 100,000, then the 10% least deprived areas, 7.4 per 100,000 (Baker, 2021). Suicidality is an economic issue, for example there is a noticeable shame surrounding not being able to provide for your family.
- Lower skilled occupations are more at risk because of the prevalence of low security and low pay in their jobs (Milner et al, 2013).
- There are groups that are less recognised at having a higher risk of suicide. For example, LGBT groups are more at risk, but there is a lack of national data.
- Rates of suicide among young women has doubled between 2010 - 2020
- Experiences of addiction link to the likelihood of self-harm.
- Prevalence of self-harm is growing, especially among young women. Not only as a sign of suicide, but also showing emotional distress.

The best available evidence shows that suicide rates did not increase during the pandemic (Appleby, 2021). In addition, self-harm rates did not increase over this period (Kapur et al, 2021).

It is important to caveat that because of the way the suicide data is published, this conclusion is based on 2020-21 data, rather than 21 to 22. Also, the pandemic influenced late registrations, which might have influenced the dataset.

It is fair to say it is too soon to say. Suicide and self-harm are complex and develop over time. Suicide rates were rising before the pandemic, starting from 2017, despite the government pledging to reduce suicide rates by 10% (Mental Health Taskforce, 2016, p.77).

But it is important not to be complacent, because a lot of the things which happened during the pandemic are associated with suicidality such as loneliness, difficulty in accessing support and economic turbulence.

### **The key worries individuals held during the pandemic**

Contacts surrounding concerns surrounding mental health, whilst being a typical topic for people to call in for pre-pandemic, became more common. One million contacts were specifically about mental health, which is a lot. 30% of callers specifically talked about loneliness and isolation, something that you would expect during a pandemic and national lockdown. Also, a third of callers called in about family. Some would say they benefited from the increased closeness, whilst others found it harder as they saw it increase their distress and made it harder to access certain services.

25% of callers were specifically worried about Covid, but it is fair to assume that a large amount of people was affected in other ways but did not specifically talk about it. A general theme did emerge. Powerlessness. People felt they did not have control, especially as the situation could rapidly change.

Peoples' worries and concerns tracked with the national lockdowns. At the beginning serious concern surrounded the uncertainty about what the rules would be. This would subside when restrictions were lifted, but later remerged during later lockdowns, regional tiered restrictions, or other measures.

Callers were more likely to talk about loneliness during the beginning of the lockdown, but discussions did change during period of less restrictions. For example, callers talked about the overall effect that lockdown had, and how they were still recovering or even not really remembering how to properly socialise.

Worries surrounding finances and jobs remained stable throughout the pandemic. But the type of concern altered depending on the current situation. For instance, job losses and getting access to government schemes such as furlough were topics of conversation.

## **The Northeast**

The Northeast has the highest suicide rate for England and Wales, with 13.3 deaths from suicide per 100,000 people, well above the national average of 10 per 100,000 (ONS, 2021a). In 2020 there were 306 registered suicides in the Northeast out of the 4,912 registered across the whole of the England and Wales. 6.2% of suicides occur the Northeast, but the population of this region only makes up 4.8% of England and Wales. Statistically this means people from the Northeast are disproportionately more likely to die from suicide than the rest of the country (ONS, 2021b).

This is of course troubling, but it can be explained.

The Northeast is one of the poorest regions in the UK. As we have learnt economic factors play a significant role in suicidality rates. Recent figures from the Office of National Statistics show that the North East's unemployment rate in the three months leading up to the December 2021 was 5.6%, a fall of 0.1% but well above the national average of 4.1% (Whitfield, 2022).

As also noted above lower skilled occupation groups are at a greater risk of suicide. Research from the Northeast Evidence Hub showed that 41% of the jobs in the Northeast are classified as the better job occupation, a smaller proportion than the 47% in the rest of England excluding London.

Addiction rates in the North of England are higher generally than in the South. This is true for opiate and crack prevalence rates, but also alcohol dependence (Office for Health Improvement and Disparities, 2021). This is all linked to higher rates of suicidality, as people are more likely to express suicidal feelings in calls related to alcohol or drugs. 23% of this cohort would mention a previous suicide attempt, much higher than other callers (The Samaritans and the Suicide Prevention Consortium, 2022, p.2).

## **Looking forward**

Much of the government policy surrounding suicide prevention stems from its 2012 strategy, which is up for review this year. Whilst it was a generally good policy, it did have holes. The Samaritans are keen that the revisited policy ensures a good basis for the local levels of suicide prevention. This is an important issue because whilst the NHS long term plan has set money aside for suicide prevention, it is winding down and has not been properly renewed. £57 million is going to disappear, something that will have noticeable and damaging effect on local suicide prevention (Powell et al, 2022).

One of the positives that has come from this pandemic is that mental health is discussed more widely. However, there is still a lot of stigmata surrounding suicide and self-harm, and it does not always help when wider mental health issues are used as the basis of discussion of suicide and self-harm.

Increased attention has been drawn to how different social economic groups are affected by Covid-19. Hopefully this will lead to a wider discussion surrounding what causes health outcomes, with suicidality being one of them.

In relation to the economy, it has been a mixed bag. Government policies have staved off some of the worst effects, but there is more that should be done. For example, managing the significant rise in the cost of living is a vital part of suicide prevention, at the cut of universal credit, in particular the removal of the £20 uplift, is a key worry. The government has implemented a restart scheme (2022) to help individuals whose employment has been heavily affected by the pandemic, but it is too soon to say if this will work. The Samaritans are keen for some funding to be ring fenced for middle-aged men so they can retrain. They are also keen for money to be put aside for job centres, as they play a vital role for those who might be in crisis because they can be signposted for further support.

The Samaritans (2022) has recently released a new organisational strategy for their organisation. They have highlighted 5 main priorities for the next five years, which are:

- Access – Making sure that everyone who needs them can get the necessary support
- Reach – Become more visible and relevant to a diverse range of people
- Impact – Ensure that their voice is heard at the national, local, and regional level
- Capacity – Recruit more individuals, and give them better support so they will stay with them longer
- Sustainability – Build secure relationships with these supporters

In future research we would delve into this report in greater detail, but as it was released when we finalised this project, we decided to leave it.

The three key factors the government should implement are:

- Proper funding
- Implement strategies that are suggested by organisations such as the Samaritans
- Wider the understanding of the factors that can lead to suicidality

## **Closing thoughts**

We have the following thoughts after reflecting on what we have learnt from our research for this project:

We would like to see greater devolution for the NTCA authority, as this would allow the local government to do more for local people's wellbeing. A recurring issue in the interview with the NTCA political advisor was the organisation's remit, they have no power or funding over health and social care for the region; this curtails the positive impact they can have on local wellbeing. Further devolution of these and other powers would give the NTCA, and possibly a new or combined organisation covering the South of the Tyne (areas such as Blaydon), greater influence over local mental health provision hopefully leading to an improvement in these services and overall wellbeing in the North East.

As mentioned on page 6 of this report, we would recommend that, if a similar pandemic/lockdown situation were to occur again in the future, the re-opening of schools in the North East should be a greater priority than it was for Covid-19. This is because, as demonstrated by Bunn and Lewis (2021), restoring schools is a simple and effective way to combat worsening mental health in the younger generation. We do however stress that this resumption of school attendance should only be done once it is safe for students and staff to return.

Suicide is always preventable and public policy has a tangible effect, either at a local and national level. Furthermore, economic measures are suicide prevention measures. We must listen to the experts within this field and implement the strategies put forward by them. This means that even though suicide and self-harm levels did not increase during the pandemic, we must not be complacent.

Finally, we would urge both National and Local Government to do all they can to combat the inequalities that have been highlighted in this country over the course of the pandemic, as although the effects of Covid-19 may be subsiding, these inequalities persist.

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