

COVID-19: addressing inequalities in mental health and wellbeing across the Isle of Wight



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Foreword

I am delighted to introduce my third Annual Report as Director of Public Health for the Isle of Wight.

COVID-19 has shone a necessary spotlight on mental health and wellbeing across the Island. During the pandemic, evidence emerged that the policies to prevent the spread of the virus, such as restricting the interaction and movement of residents, have had a major impact on mental health and wellbeing. This has affected people in different ways. Some of those affected were those who previously experienced good mental health and wellbeing and have quickly recovered. However, for others the impact of COVID-19 will be felt for a long time.

COVID-19 has widened existing inequalities and some of the most vulnerable people have been the most badly affected. For example, we know that those living in areas of deprivation, people with existing physical and mental health conditions and black, Asian and ethnic minorities are more likely to be at risk of worsening mental health outcomes. It will be important to understand the full picture of this as we build towards recovery, plan for the longer term and design services, ensuring that we protect our most vulnerable and reduce inequalities in health outcomes.

The impact on inequalities and mental health for different age groups is explored further throughout my report, including innovations which seek to improve mental health and wellbeing, access to mental health support and necessary services.

Whilst mental health services are essential in supporting early intervention, access to treatment and recovery from mental ill health, this report will focus on prevention and the wider determinants of health that can promote mental and emotional wellbeing. This includes the universal solutions that can protect and promote everyone's mental wellbeing and enable targeted action to support those most at risk.

The COVID-19 pandemic has seen some key achievements in terms of partnership working on the Island, led by the Mental Health and Suicide Prevention Partnership. The Island Mental Health Alliance (MHA) was formed in September 2020 to deliver action based on key priorities, including promoting resilience across communities and coordinating training and communications to enable positive conversations around

mental health and wellbeing and signposting to available services. This work has provided an example of how working together across statutory, voluntary and community sectors can help improve outcomes and reduce inequalities. Building on this work, we look towards producing an adult's Public Mental Health Strategy for the Isle of Wight that recognises the importance of this partnership working.

With the establishment of the MHA, I am keen that the Isle of Wight moves forward with work to implement the Mental Health Prevention Concordat to enable cross-sector action focused on prevention and early intervention. I will lead by example and support partners across the council, health, Town and Parish Councils and the community and voluntary sector to be part of this. Together with our partners we will prioritise and commit to improving mental health and wellbeing across a range of workstreams.

The Director of Public Health's annual report is one of the ways in which I can highlight specific issues to improve the health and wellbeing of the people on the Isle of Wight. With everyone working together, we can accelerate our work to address the wider determinants of mental health and protect those of our residents who are more vulnerable and most at risk. I look forward to taking this forward with you.

Simon Bryant, BSc, MSc, MSc, FFPH

Director of Public Health,
Isle of Wight Council

Acknowledgements

I want to thank my whole team for the work this year which has again put the public health function centre stage. I am grateful for those who have worked on this report especially Sue Cochrane, Sharon Kingsman, Abigail Wilkinson, Alex Anderson and Jenny Bowers, Megan Saunders, Vicky Paris, Amy Milford-Wood, Vikki Hodges.

Executive summary

COVID-19 has had a huge impact on mental health and wellbeing – both as a direct consequence of illness, of working on the frontline, and because of the policy changes designed to protect us from infection. For some people these will be short-lived, but for others they will have a lasting impact.¹

Some communities and people with specific characteristics are at far greater risk of worsening mental health and wellbeing. These are the same groups that are often vulnerable in other ways such as people on low incomes and those from ethnic minorities. COVID-19 has therefore put a spotlight on existing inequalities – and is a necessary trigger for action to protect people who may already be vulnerable across communities on the Island.

COVID-19 has had a disproportionate impact on the mental health and wellbeing of specific groups of the population. It has also uncovered inequalities in mental health and wellbeing that already existed and that will worsen unless we work as system to improve them.²

This report will showcase the impact of COVID-19 on specific groups within the population, highlighting the inequalities in mental health and wellbeing and the actions needed to address them. It will be vital to work across the whole system to improve mental health, wellbeing and reduce inequalities and the following recommendations are made:

- 1.** Work with partners across the Isle of Wight to promote a prevention-focused approach towards improving the public's mental health and wellbeing through adopting the Mental Health Prevention Concordat framework across the Island.
- 2.** Work alongside community, voluntary sector and Town and Parish Councils to identify how we can better support mental health and wellbeing for people on low incomes and other populations who may be vulnerable to poor health outcomes. This will include work with the wider Isle of Wight Council and Healthwatch to listen to communities about their experience of mental and emotional wellbeing to shape plans for improving mental health and wellbeing across the Island.
- 3.** Mobilise community assets to promote mental and physical health and wellbeing and strengthen resilience via the implementation of Community Mental Health Champions and Lions Collaborative Barber Shops programmes. This work will be supported by access to training and targeted communications across communities, to promote available resources, support people's mental health and wellbeing, prevent suicide and tackle stigma towards those with mental ill health.

¹The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

²The Health Foundation (2021) [The unequal mental health toll of the pandemic](#)

- 4.** Strengthen the pathways for people with co-occurring mental health and substance misuse, working with the NHS Transforming Mental Health services programme.
- 5.** Work with the Isle of Wight Trust, the Integrated Care System (ICS) to ensure mental health services are equally accessible for everyone³ through the 'No Wrong Door' programme.
- 6.** Focus on the wider social and economic factors to address inequalities and mental health. For example, through understanding the impact of COVID-19 on people's personal finances and mental health and seeking to address these through targeted resources for residents and bespoke training programmes on debt and anxiety to support front-line staff.
- 7.** Work across the system to build capacity and capability across workforces to prevent mental health problems and promote good mental health within their everyday practice using the [Public Mental Health Leadership and Workforce Development Framework Call to Action](#).
- 8.** Continuing to promote public facing culturally competent mental health and wellbeing resources and targeted communications campaigns, with specific focus on people experiencing inequalities.

³ HCC (2021) (unpublished) Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment: Hampshire, Portsmouth, Southampton and the Isle of Wight

Introduction

Evidence shows that the psychological impact of the pandemic is still emerging and whilst many in the population will not have any lasting negative effects on their mental health and wellbeing, some communities and individuals are at far greater risk of worsening mental health.⁴

These include:

- people living with mental health problems, whose access to services has been interrupted
- people who live with both mental health problems and long-term physical conditions that put them at greater risk of the virus
- older adults who are both susceptible to the virus themselves and much more likely than others to lose partners and peers
- women and children exposed to trauma and violence at home during lockdown
- people from ethnic groups where the prevalence of COVID-19 has been highest, and outcomes have been the worst

Factors driving health and wellbeing outcomes

Actions taken to protect people and communities from the impact of COVID-19 which restricted population movement, reduced social contacts and ultimately infection transmission rates have also impacted on mental health. These have disrupted wider societal and environmental factors which have affected how we interact with each other, work, learn and move about - all of which influence our mental health and wellbeing. This is illustrated in Figure one.

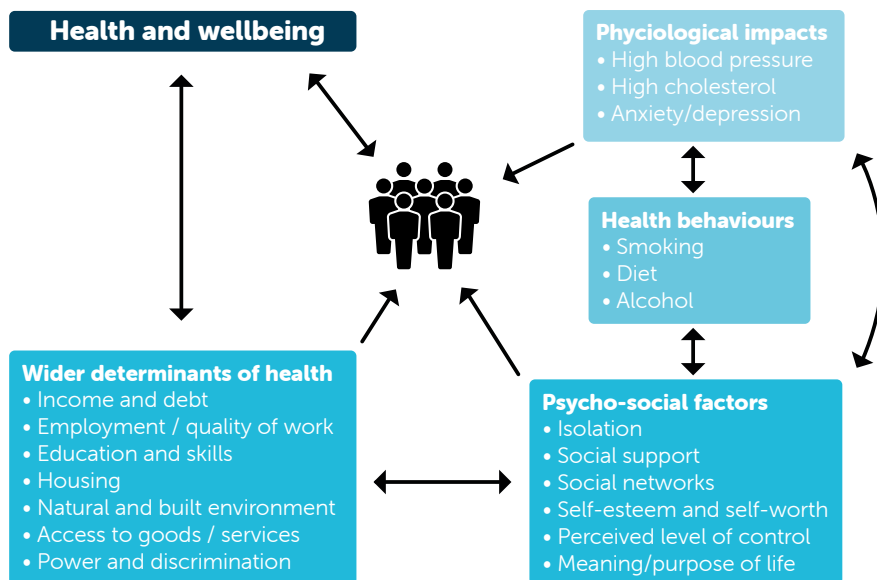


Figure one: Factors driving health and wellbeing outcomes ⁵

⁴ The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

⁵ ADPH (2021) [Living Safely with Covid Moving toward a Strategy for Sustainable Exit from the Pandemic](#)

The impact of these actions include:

- reports of increased loneliness through reduced social connectiveness
- increased anxiety and depression during periods of great uncertainty
- long-term impact of school closures on education, health and wellbeing and re-engagement of pupils
- impacts for those not able to work due to restrictions or changes in how work is organised.

Measuring the Impact of COVID-19 on mental health on the Isle of Wight

Significant work has been undertaken locally through a Health Impact Assessment to understand the impact the pandemic has had on mental health and wellbeing in communities across the Isle of Wight.⁶ This helps us to recognise which populations and neighbourhoods have been disproportionately affected and where we should focus interventions, support and services.

Place

On the Isle of Wight, the pattern of mental wellbeing vulnerability reflects in part the pattern of deprivation found in the 2019 IMD⁷ but with new, emerging areas of vulnerability. Urban populations are more likely to experience poorer mental health and wellbeing than rural populations, partly as a result of the economic and employment repercussions of COVID-19 restrictions. Rural areas on the Island have a slightly older age demographic and have shown to be more affected by the policy impacts on loneliness, isolation and loss of conditioning.

Research also tells us that coastal communities often have poorer health outcomes across a range of physical and mental health conditions, with additional challenges experienced around employment, housing and access to services, all of which will impact on people's health and wellbeing on the Island⁸.

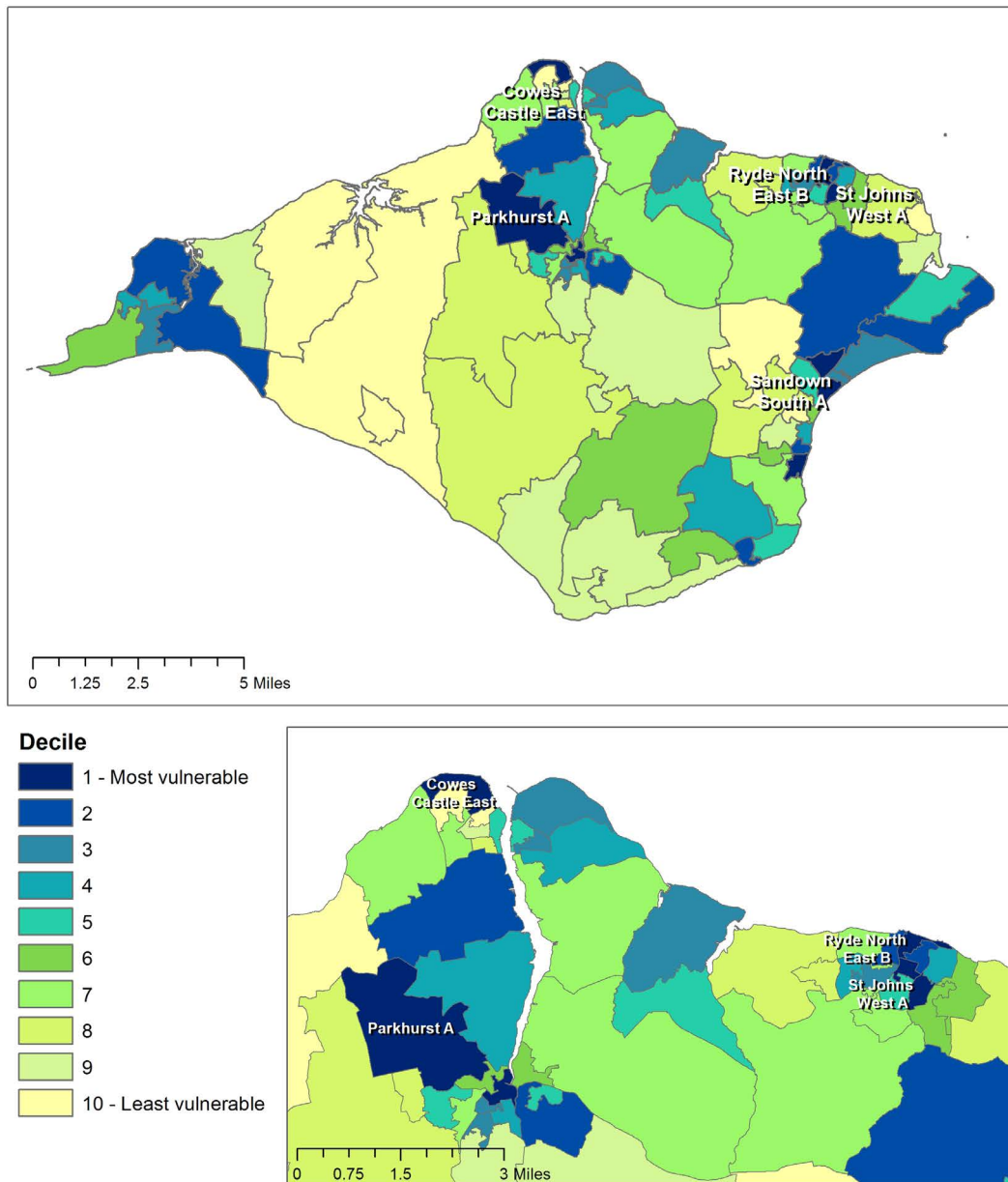
The general pattern of vulnerability on the Island shows that those in the rural South, West and central parts of the Island are less likely to be vulnerable to poorer mental health and wellbeing outcomes as a result of COVID-19 restrictions. Those in the urban areas (e.g., Cowes, Newport, Ryde and the Bay) are more likely to be vulnerable to these poorer outcomes. There is also a pocket of vulnerability in West Wight, in an urban area which is less densely populated than the areas mentioned above.

⁶ IWCC (2021) (unpublished) Health Impact Assessment: COVID-19 Mental Health vulnerabilities

⁷ IWCC (2019) [The 2019 Index of Multiple Deprivation](#)

⁸ CMOs Annual Report (2021) [Health in Coastal Communities](#)

Isle of Wight Mental Wellbeing Vulnerability by LSOA



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Figure two: Mental wellbeing vulnerability index for the Isle of Wight

The patterns of vulnerability shown on the Island follow patterns of deprivation in the 2019 IMD, with areas such as the Bay and Ryde being both vulnerable and deprived⁹. However, some areas such as Cowes Castle East and Freshwater in the West of the Island are vulnerable, but not deprived. This shows that it is not only the deprived areas which have been impacted by restrictions during COVID-19.

⁹ IWCC (2019) [The 2019 Index of Multiple Deprivation](#)

The five most vulnerable LSOA's are labelled on the map, and the populations in these vulnerable areas are all younger, more ethnically diverse and more likely to rent their homes than the average for the Island. Parkhurst A in Newport contains the prison, which increases its vulnerability more than any other indicator. The population of the prison are well known to have severe existing mental health issues¹⁰ and social connectivity has also been impacted due to the visiting restrictions in place during the pandemic.

People

National and local analyses have found that some people have been more likely to experience poor or deteriorating mental and emotional health during the pandemic. This has highlighted those vulnerabilities and inequalities in mental health and wellbeing that are already present in our communities and includes those:

- with pre-existing mental or physical health conditions
- experiencing loss of income or employment
- from deprived neighbourhoods
- from ethnic minority communities¹¹
- from lesbian, gay, bisexual, and transgender communities.¹²



¹⁰ IMD Annual Report (2011) [HMP Isle of Wight](#)

¹¹ Fancourt, D. et al. (2021) [UCL Covid 19 Social Study Results Release 31](#)

¹² PHE (2021) [COVID-19 mental health and wellbeing surveillance: report](#)

Impact of wider determinants on mental health

Figure one on page eight illustrates the influence of the wider determinants of health on mental and emotional and wellbeing. For example, type and quality of work, housing conditions, and access to financial support to self-isolate have all contributed to increased exposure to the virus among working age adults and subsequent mental ill health.¹³ In addition, access to green space will have impacted people very differently during lockdown depending on where they lived and their type of accommodation. Those living in smaller, more crowded homes with less access to private garden space would have experienced greater stress during social distancing restrictions than those with garden and additional living space.



Income and employment

Unemployment has consistently been found to have a negative impact on a person's mental wellbeing. Therefore, the economic repercussions of the pandemic and impact on employment is likely to be a major driver of mental ill health.¹⁴ Evidence has also shown that, nationally, pay or employment reduced more for people living in families with the lowest income. Of those earning less than £10,000, 37% reported depressive symptoms, compared with 11% of those earning more than £50,000¹⁵. In addition, higher levels of depression and anxiety have been found in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children¹⁶.

¹³ The Health Foundation (2021) [Unequal Pandemic, Fairer Recovery - The COVID-19 impact inquiry report](#)

¹⁴ The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

¹⁵ ONS (2021) [Coronavirus and depression in adults, Great Britain: January to March 2021](#)

¹⁶ The Health Foundation (2021) [Unequal Pandemic, Fairer Recovery - The COVID-19 impact inquiry report](#)

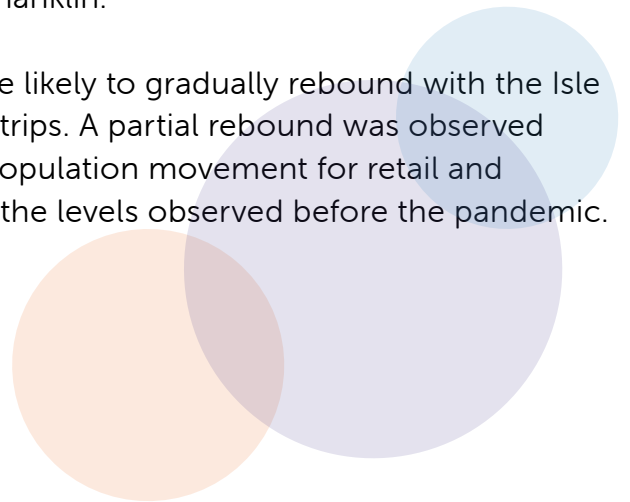
Those disproportionately affected by employment rates during the pandemic have been aged 16 to 24 years, with those aged over 50 most likely to be affected by redundancy¹⁷. Data suggest that young people were more likely to be employed in more vulnerable industries such as accommodation and food service sectors where there has been the highest uptake in furlough¹⁸.

The unemployment rate for people from a minority ethnic background increased by a larger proportion than those from a white background from October to December 2020.¹⁹ This inequality may be in part driven by the types of occupation and industry sector ethnic communities work in. The service and hospitality industries were most affected; on the Island a higher proportion of ethnic minorities work in the caring, leisure and service occupations (3.3%) as compared to all occupations (2.6%)²⁰. These factors have put these groups at a disproportionate risk of experiencing impacts on mental health and wellbeing²¹. Evidence shows that people from ethnic minorities are more likely to work in professions that put them at risk of contracting COVID-19, and were more likely to have poorer health outcomes as a result.

The Isle of Wight population experienced a higher furlough uptake and claimant count rate per month than the South East average. This was due to the large number of businesses in the Isle of Wight which operate in the identified vulnerable sectors, with 20.6% of businesses on the Isle of Wight operating within these sectors compared to only 11% of businesses in the South East. The claimant count for the Isle of Wight was also higher and increased significantly more in the younger working age (18-44 years), peaking at 9.7% in February 2021²².

A correlation was found between the areas where businesses were identified as being in vulnerable sectors and the areas with the greatest increase in people claiming out of work benefits between February 2020 and March 2021. This correlation was typically seen on the East coast around the towns of Ryde, Sandown and Shanklin.

Businesses which operate in the vulnerable sectors are likely to gradually rebound with the Isle of Wight likely to be a popular destination for holiday trips. A partial rebound was observed in the summer of 2020 after the first lockdown with population movement for retail and recreation during August and September 2020 above the levels observed before the pandemic.



¹⁷ ONS (2021) [Employment in the UK](#)

¹⁸ ONS (2021) [Monthly gross domestic product by gross value added](#)

¹⁹ ONS (2020) [Labour market overview, UK: December 2020](#)

²⁰ Nomis, Official Labour Market Statistics, [Occupation by ethnic group](#)

²¹ ONS (2020) [Why have Black and South Asian people been hit hardest by COVID-19?](#)

²² Nomis, [Labour Market Profile – Isle of Wight](#)

Structural racism

When considering these wider socio-economic impacts, evidence shows that structural racism is at the heart of worse living and working conditions for ethnic minority communities, which leads to worse physical and mental health and wellbeing.²³ Ethnic groups face discrimination in different aspects of their lives, such as employment, working conditions and earnings, which leads to lower incomes, higher levels of stress and higher poverty rates than those experienced by White British populations, and higher rates of some health conditions.

Structural racism means that some ethnic groups are more likely to be exposed to adverse social and economic conditions, in addition to their experiences of discrimination, which in turn affects their resilience and health outcomes.^{24, 25}

²³ Marmot, M. et al (2020) [Build Back Fairer: The COVID-19 Marmot Review](#)

²⁴ Marmot, M. et al (2020) [Health Equity In England: The Marmot Review 10 Years On](#)

²⁵ PHE (2020) [Disparities in the risk and outcomes of COVID-19](#)

Chapter one: Improving the mental health of children and young people

Children and young people with good mental health and wellbeing develop more resilience, are more able to learn, have better outcomes and ability to deal with life's challenges. Despite not being clinically vulnerable to COVID-19, children have been particularly affected by the periods of national restrictions, school closures and limited access to outdoor space such as play parks.

All families receive the universal Healthy Child Programme, delivered by the Public Health Nursing Service that supports the wellbeing of every child and family. A range of face-to-face and digital services are available to young people and their parents/carers to provide prevention and early intervention services at a time when they may need it. In addition, for those requiring specialist help; Child, Adolescent Mental Health Services (CAMHS) deliver targeted support.



Social inequality is a key factor in the risk of children and young people developing mental health disorders. Physical health, family situation, community and school environments can all affect the development of mental health disorders. Happy children who have positive relationships with family and friends are more likely to grow into healthy adults, able to make positive contributions to society.

COVID-19 has widened existing inequalities and some of the most vulnerable children have been the most badly affected²⁶. It will be important to understand the full picture as part of recovery, long-term planning and design of services, especially those targeted at populations most likely to experience inequalities. A rapid needs assessment for the Isle of Wight is currently underway, which will consider the impact of COVID-19 on children and young people's mental health in more detail.

Preconception, pregnancy and early years

The pandemic has been a challenging time for the mental wellbeing of women during pregnancy and early motherhood. Informal social support from friends and family has been much reduced due to the national restrictions, the likelihood of experiencing a bereavement in the family has increased and there has been added economic pressure in terms of job insecurity.

Early attachment relationships between babies and their caregivers influence how a baby learns and sets a template for later relationships. Parental depression and anxiety are highest for those parents with younger children - this increased with the implementation of each national lockdowns and was greatest amongst single parents and those on low incomes.²⁷

Early years services support social and emotional development and contribute to school readiness. 68% of parents of 2- to 4-year-olds reported accessing early years and childcare prior to the pandemic, with 83% of these reporting that their children did not return in June 2020. Early years settings are particularly important for more disadvantaged children, helping to prevent gaps opening up in development levels at this early stage. Lower income families and those with children with special educational needs and disabilities were most negatively impacted.²⁸

School age children

Playing with friends contributes to healthy emotion regulation and development of social skills. Parents have reported a negative impact on their child's social and emotional development, and their child's language and physical development as a result of the pandemic²⁹. Among children of primary school age, 14% had a probable mental disorder in 2020, an increase from 9% in 2017.³⁰ This increase was evident in boys, with the rate rising from 12% in 2017 to 18% in 2020.³¹

²⁶ The Health Foundation (2020) [Emerging evidence on health inequalities and COVID-19](#)

²⁷ Creswell, C. et al (2021) [Young people's mental health during the COVID-19 pandemic](#)

²⁸ The Sutton Trust (2020) [COVID-19 and Social Mobility Impact Brief #4: Early Years](#)

²⁹ ISER (2021) [School closures and children's emotional and behavioural difficulties](#)

³⁰ NHS Digital (2018) [Mental Health of Children and Young People in England, 2017 \[PAS\]](#)

³¹ NHS Digital (2020) [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey](#)

Older school age children have expressed concern about the disruption to their education, exams and transition to another phase of education. In April 2020, young people were three times more likely to report not enjoying day-to-day activities than they were in 2017–18. Young people reported decreased ability to concentrate, worse sleep, and loss of confidence. Young women (58%) reported lower moods than men (43%). Among secondary school aged children (11 to 16-year-olds), 18% were identified with a probable mental disorder in 2020, an increase from 13% in 2017.³²

Initial findings from the Isle of Wight Youth Trust Mental Health Census, undertaken in the summer term of 2021 indicate that around a third (33.5%) of secondary school aged young people reported feeling worried a lot, finding it hard to sleep (30.1%), lacking in energy and enthusiasm (29.8%) and feeling angry and losing their temper (27.8%). For primary aged respondents 40% found it hard to sleep with a quarter (25.2%) feeling angry and just under a fifth (19.8%) experiencing many fears and easily scared³³.

Special Educational Needs and Disabilities

National evidence has shown that parents have reported children and young people with SEND being particularly negatively affected by the pandemic.³⁴ Parents of children with SEND have reported not having the specialist skills required to teach their children at home, leading to lack of progress when not attending school. Parents also reported that their own mental health and wellbeing had declined due to the increased pressures of providing full-time care during lockdown periods.³⁵ Parental mental health is known to impact that of children and young people, including siblings of disabled children who may also have experienced an increased care burden.

Across Hampshire and the Isle of Wight, a rapid needs assessment found reports of children with SEND finding it more difficult to settle back into school than their non-SEND peers, displaying more extreme behaviour than prior to the pandemic. Some children who were managing in mainstream school pre- pandemic are now struggling and being referred for special school places or being considered by schools for permanent exclusion.³⁶

³² The Health Foundation (2020) [Generation COVID-19](#)

³³ IOW Youth Trust Census 2021 (unpublished) initial findings

³⁴ PHE (2021) [COVID-19 Mental Health and Wellbeing Surveillance report: Children and Young people](#)

³⁵ Disabled Childrens Partnership (2020) [Left In Lockdown: Parent Carers' experiences of lockdown](#)

³⁶ HCC (2021) (unpublished) Children and Young People aged 0-25, Mental Health and Covid-19. Rapid Needs Assessment Hampshire, Portsmouth, Southampton and the Isle of Wight



Young carers

Due to reduced care provision during the pandemic these young people may have found themselves having to shoulder an increased burden of care alongside the worry of COVID-19 transmission to a clinically vulnerable person. The Aspiration Gap report found that 14% have new or increased caring responsibilities due to the pandemic with this figure rising to 19% for those from poorer homes.³⁷ A survey by the Carers Trust in July 2020 found that young carers were experiencing greater stress, worry about the future and an increased caring burden with 40% of carers aged 12 to 17 and 59% of those aged 18 to 25 reporting a decline in mental health.³⁸

Looked After Children (LAC)

Looked after children are very vulnerable to poor attachment and mental health difficulties. On the Isle of Wight there are 265 children in care.³⁹ Nationally 62% of children are in care due to abuse or neglect which can have negative impacts on their mental health and wellbeing.⁴⁰ Research estimates that approximately 69% of Looked After Children have experienced neglect, 48% physical abuse, 37% emotional abuse and 23% sexual abuse. Many have been looked after by several different foster families and will have had to change school multiple times. Looked After Children have often been subject to traumatic events; evidence has shown that the cumulative effects of frequent traumatic events are associated with poorer mental and emotional outcomes.⁴¹

³⁷ The Prince's Trust (2020) [The Aspiration Gap Report](#)

³⁸ Carer's Trust (2020) [My Future, My Feeling, My Family](#)

³⁹ PHE Fingertips Children in care 2020

⁴⁰ DfE (2018) [Improved mental health support for children in care](#)

⁴¹ CCATS [Adverse Childhood Experiences and Complex Trauma in Looked After Children](#)

Case study one: Educational recovery

The Partnership for Education, Attainment and Children's Health (PEACH) is a whole-school approach aiming to improve the health and wellbeing children and young people and reduce inequalities affecting attainment and aspiration on the Isle of Wight. PEACH focuses on the four domains of Healthy Eating, Physical Activity, PSHE and Emotional Wellbeing and Mental Health. The Public Health PEACH team has worked with key stakeholders from across the Council and wider system to create and deliver a three-phase Educational Recovery plan to sit alongside education settings recovery plans.

Phase 1 and 2 involved mapping local support, skills, and expertise to support educational settings and a survey for Early Years and School Leads was conducted. Seven priority themes emerged, and Phase 3 of the recovery plan involved a programme of delivery against these locally defined priorities.

A series of virtual workshops were held, supported by guest speakers and followed up with sessions themed around mental health, emotional wellbeing and healthy relationships. Topics covered included:

- 1.** How to support parental anxieties and ensure family engagement
- 2.** Pupil emotional regulation
- 3.** A whole-school approach to being Attachment and Trauma aware
- 4.** Relationships, Sex and Health Education (RSHE) needs in context of COVID
- 5.** Transitions



A series of topical factsheets signposting to further support and resources were produced for Schools, services and families on themes including bereavement and loss, managing self-harm and general support. With funding agreed for a further three academic years commencing September 2021, the PEACH team will continue to support education settings around the four domains through awarding, network sessions, newsletters and events.

Case study two: Emotional Wellbeing Practitioners' Forum

The Emotional Wellbeing Practitioners' Forum was established by the Isle of Wight Council Public Health team in 2021 in response to the expressed need of front-line staff to learn more about how best to support children and young people struggling emotionally with the impact of COVID-19 and wider issues.

The forum meets every school term and brings together the wider children's workforce, including Early Years, schools, further education and college staff, youth workers, children's social care and children's mental health practitioners from CAMHS, Barnardo's, the Isle of Wight Youth Trust and the Children's Wellbeing Service. The forum provides the opportunity to discuss and reflect on emerging themes including self-harm and suicidal ideation, Covid-related anxiety in relation to school attendance, bereavement, transition, body image and turbulent family relationships. Mental health practitioners share trusted resources and provide examples of good practice with attendees who are then able to share this learning with wider communities. This has helped to build the capacity and confidence of the children and young people's workforce, enabling positive conversations, support and improved signposting around mental and emotional health.



Chapter two: Improving the mental health of adults

Working age adults

There is evidence nationally that self-reported mental health and wellbeing has worsened during the COVID-19 pandemic. More than two-thirds of adults in the UK (69%) reported feeling somewhat or very worried about the effect COVID-19 is having on their life.⁴²

Whilst some people reported an increase in work flexibility, others have experienced financial strain, longer working hours, poorer work life balance or increased fear of potential exposure to COVID-19.⁴³ Additional caring responsibilities such as home schooling and caring for older relatives have also been experienced by many and data suggests that one in five adults have experienced some form of depression, double that observed before the pandemic.⁴⁴

A combination of factors has influenced the worsening of mental health during COVID-19 in the population:



Social isolation



Job and financial losses



Housing insecurity and quality



Working in a front-line service



Loss of coping mechanisms



Reduced access to mental health services⁴⁵

⁴² ONS (2020) [Coronavirus and the social impacts on Great Britain](#)

⁴³ Fancourt, D. et al (2021) [UCL Covid-19 Social Study Results Release 29](#)

⁴⁴ ONS (2021) [Coronavirus and depression in adults, Great Britain: Jan to March 2021](#)

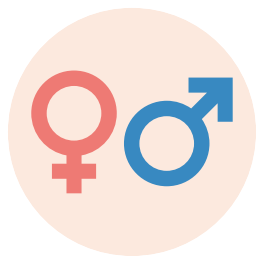
⁴⁵ The Health Foundation (2020) [Emerging evidence on COVID-19's impact on mental health and health inequalities](#)

The following inequalities⁴⁶ have been highlighted since the start of the COVID-19 pandemic:



Age

Younger adults (aged 18 to 34) have been reporting both worse symptoms and a larger deterioration in their mental wellbeing. Young people aged 16 to 24 were most likely to work in furloughed industries. Older adults who were classed as Clinically Extremely Vulnerable (CEV) were more likely to report higher levels of depression, anxiety and loneliness than people of a similar age who were not CEV.



Gender

Women reported worse symptoms and a larger deterioration in mental health after the onset of the pandemic than men. Lone mothers have been shown to be particularly vulnerable. There was also an increase in domestic abuse, especially against women.

For those people living with Long COVID (symptoms that last weeks or months after the infection has gone), the psychological impact can be devastating. Working age women, especially those aged 45 to 64, are most likely to require ongoing support with their health after contracting COVID-19.⁴⁷



Parents and carers

Adults living with children reported a rise in symptoms of anxiety, psychological distress and stress at home. Informal carers have been more likely to report higher and increasing levels of psychological distress, anxiety and depressive symptoms than non-carers throughout the pandemic.^{48, 49}



Pre-existing mental health

There have been worse levels of mental health and wellbeing for those with pre-existing mental health conditions than adults without. Adults with pre-existing mental health conditions have reported higher levels of anxiety, depression and loneliness than adults without pre-existing mental health conditions.^{50, 51}

⁴⁶ PHE (2020) [COVID-19 mental health and wellbeing surveillance: Spotlights](#)

⁴⁷ ONS (2021) [Prevalence of ongoing symptoms following coronavirus infection in the UK: April 2021](#)

⁴⁸ PHE (2021) [COVID-19 mental health and wellbeing surveillance report: important findings](#)

⁴⁹ PHE (2021) [COVID-19 mental health and wellbeing surveillance report: parents and carers](#)

⁵⁰ PHE (2021) [COVID-19 mental health and wellbeing surveillance report: important findings](#)

⁵¹ PHE (2021) [COVID-19 mental health and wellbeing surveillance report: pre-existing mental health conditions](#)



Employment and income

Unemployed adults and adults with lower incomes have reported higher levels of psychological distress, anxiety, depression and loneliness than adults with higher incomes. Specific groups more at risk of furlough and redundancy include people working in retail, hospitality, entertainment and those aged 50 and over. Women in lower paid employment were more likely to be furloughed than people in higher paid professions (including key worker roles) and men in general. Workers on precarious contracts such as zero hours or some self-employed work were at high risk of adverse effects from loss of work and no income, and subsequent mental ill health.

Data shows that the Island has higher than average levels of people working in the most at-risk groups for furlough and redundancy, leading to a higher-than-average furlough rate and claimant count⁵². There are also more people on the Island earning a lower wage than average. These factors all contribute to increased vulnerability to poor mental health and wellbeing and are common across many coastal areas as highlighted in the Chief Medical Officers Annual Report⁵³.



Ethnicity

The 2011 Census remains the most robust source of information about the ethnicity of the resident population for the Isle of Wight, although it should be noted that this data is now a decade old. The population is less diverse than England as a whole, with 97.3% of residents describing themselves as belonging to White ethnic groups compared to the national average of 86%. The diversity of the population is increasing; 2.7% of the population described themselves as of an ethnic background other than White in 2011, up from 1.3% in the previous census conducted in 2001 with the largest increase being in those that identified as 'other Asian'.

⁵² Nomis, [Labour Market Profile – Isle of Wight](#)

⁵³ CMOs Annual Report (2021) [Health in Coastal Communities](#)



National research shows that men of Bangladeshi and Pakistani origin report a larger deterioration in their mental health than white British men. There is a greater proportion of lone parent households in Black, mixed and Pakistani ethnic groups compared with White groups. This increases vulnerability to poor mental health and wellbeing as lone parent families have been shown to experience increased stress and financial pressure. Black ethnic groups have also been found to have less access to private gardens. There has been a higher increase in the unemployment rate for those from a minority ethnic background during the pandemic compared with White ethnic groups.⁵⁴

Inequalities in physical and mental health outcomes are influenced by a wide range of factors and require action across communities and the wider system. Work is underway to complete a mental health needs assessment for adults across the Island, to better understand what these influences are, which groups are most vulnerable and what can be done to improve mental health and wellbeing outcomes for all Island residents. This will build on the existing work taking place with our partners, for example in tackling the impact of employment and economic factors through focused work on debt and mental health.

⁵⁴ PHE (2021) [COVID-19 mental health and wellbeing surveillance spotlight: ethnicity](#)

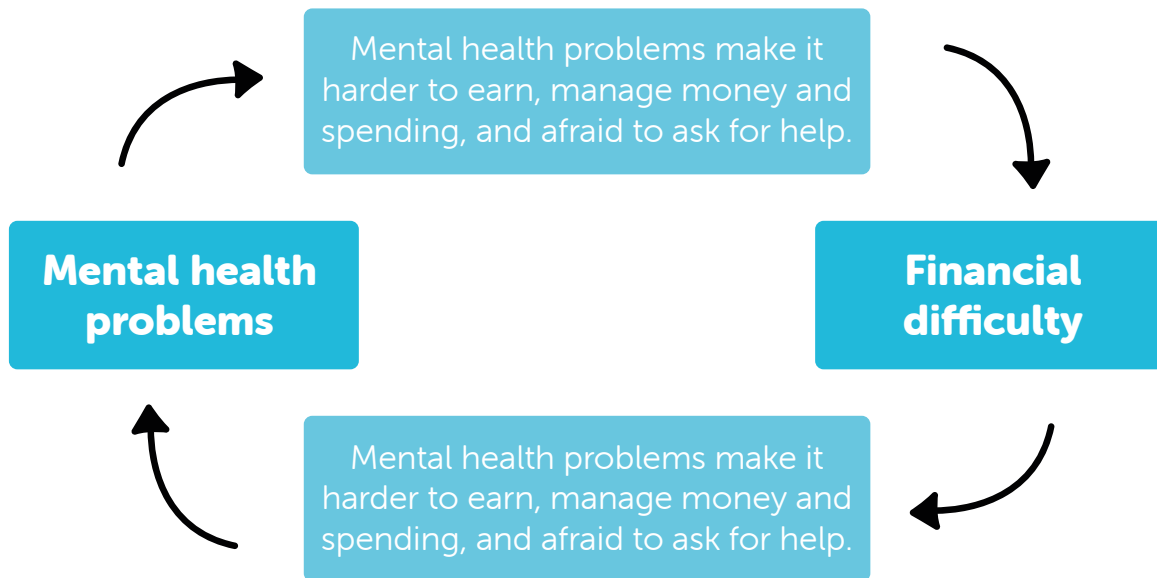


Figure three: source [Money and mental health facts and statistics - A Money and Mental Health Policy Institute factsheet](#)

Debt and mental health are interconnected and can result in a cycle that can become hard to escape. Stigma around financial difficulties can make these issues worse as people often struggle to ask for support or ask for it early enough to prevent crisis. COVID-19 may have worsened both financial concerns and mental health issues, including stress and anxiety around debt and financial management.

In February 2021 a multi-agency Debt and Mental Health workshop was delivered to understand the gaps, barriers and needs of Island residents. The outcome of this informed the content of a training programme around Debt and Mental Health targeted at frontline staff and volunteers in public, voluntary and community sectors.

The aim of the training is to improve awareness around the links between debt and mental health for people on the Isle of Wight who work with those who are vulnerable, such as those on low incomes or with insecure employment. It has been delivered to people working across housing, council tax, recovery teams and those working in food banks to enable them to increase confidence in recognising and discussing debt and mental health concerns and signposting people to the right services should they need further help or support.

This work has added to existing training offers available for frontline professionals on the Island. Connect 5 Mental Health training has been delivered to staff and volunteers working with vulnerable people, aimed at reducing stigma, increasing knowledge about mental health and helping them feel equipped to signpost and support people to access available services. In addition, a comprehensive communications campaign has supported this programme of work, to ensure people know how to access accurate, relevant and local information to support their own mental health and wellbeing and where to go for further support and services where required.

Chapter three: Improving mental health of older people

Mental wellbeing

Older people have not only experienced increased risk of serious illness, hospitalisation and death from COVID-19 but have also been impacted by the policies put in place to reduce the spread of COVID-19.

A much higher proportion of older people, aged 65 years and over, died following a COVID-19 admission compared to younger age bands. On the Isle of Wight, deaths in care homes comprised around 42% of all deaths where COVID-19 was mentioned on the death certificate⁵⁵.

Although the concept of 'shielding' protected people from the ill effects of COVID-19, there will be many unintended consequences from staying at home. This includes reduced physical activity (affecting mobility and balance), increased social isolation or loneliness and loss of confidence or independence. Older adults who were classed as clinically extremely vulnerable reported experiencing poor mental health. However, this was not always in relation to reduced social contact, but also attributed to factors such as higher levels of worry about obtaining food and other essentials and impaired sleep⁵⁶.

Prior to the pandemic it was estimated that 85% of older adults living with depression received no support and were underrepresented in mental health and talking therapy services⁵⁷. Overall, anxiety and depression among older people increased during the pandemic, which can result in self-neglect and loss of confidence⁵⁸.



⁵⁵ Disparities in the risk and outcomes of COVID-19, Public Health England, August 2020

⁵⁶ ELSA (2020) [The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic](#)

⁵⁷ The Centre for Mental Health (2020) [Covid-19: understanding inequalities in mental health during the pandemic](#)

⁵⁸ Age UK (2020) [The impact of COVID-19 to date on older people's mental and physical health](#)

Factors that support good mental health and wellbeing were impacted during the pandemic. For example, the closure of non-essential services decreased social interactions for older people, especially for those who were not digitally connected. Employment rate for all people decreased by 1.4% from the start of lockdown⁵⁹. Those aged 65 years and over were one of the main drivers for the annual decrease in the number of people in employment, whilst people aged 50 years and over were most affected by redundancy.

Social care

Assessing the extent of the impact of COVID-19 on social care is challenging and may not be apparent for several years. Nationally there has been an increase in unpaid carers during the pandemic as people provide informal help for family members; this has increased from 9 million to 13.5 million people as a result of the pandemic⁶⁰. A recent Mental Health and Suicide Prevention workshop highlighted increased levels of stress and anxiety being experienced by carers on the Island.

Evidence has also shown that people with physical disabilities are at particular risk of emotional distress, poor quality of life, and low wellbeing during the COVID-19 pandemic, highlighting the need for additional, targeted support⁶¹. During the period of restrictions, there was a decrease in people attending day care and respite services, impacting people's ability to connect with others and increasing the burden on formal and informal carers. In addition, more people access assistive technology solutions than before the pandemic, which while positive in supporting people to live independently, may have also resulted in reduced physical contact for those requiring care. .

Wider health impacts

Spending months with reduced physical activity is suggested to have an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill), cognitive function and emotional wellbeing. This will increase dependency and reduce life expectancy.⁶² This is supported from national survey evidence which suggests that a quarter of older people have found that their ability to do everyday activities has worsened during the pandemic.⁶³ In the future, this is likely to increase the need for people to receive health and social care services and reduce their independence, with negative impacts on mental health and wellbeing.

⁵⁹ ONS (2021) Employment in the UK

⁶⁰ CarersUK (2020) Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic

⁶¹ Steptoe, A. and Di Gessa, G. (2021) Mental health and social interactions of older people with physical disabilities in England during the COVID-19 pandemic: a longitudinal cohort study

⁶² BMJ (2020) COVID-19 will be followed by a deconditioning pandemic

⁶³ Age UK (2021) New analysis finds the pandemic has significantly increased older people's need for social care

A survey by Age UK has found that one in three older people reported their anxiety as worse or much worse than before the pandemic, with inequalities between different groups. For example, older people without outside space or with financial anxiety reported particular challenges⁶⁴. Whilst some opportunities to utilise green space opened during the pandemic, many public toilets and facilities were not in use. For many older people, the ability to get to the toilet in time can be key factor in deciding whether to leave the home, whether for physical activity or social interactions.

The proportion of people with Dementia and Alzheimer's disease in England prescribed anti-psychotic medication in the preceding 6 weeks (all ages) increased in 2020 when compared to 2019. However, those with a care plan or care plan review has significantly decreased. This is of particular concern as the needs of an individual with dementia changes with time and having a care plan can play a vital role in supporting their care.⁶⁵

⁶⁴ Age UK (2020) [The impact of COVID-19 to date on older people's mental and physical health](#)

⁶⁵ PHE (2021) [Wider Impacts of COVID-19 tool](#)

Case study four - The 'Out and About' project

The Out and About project was initiated as a multi-agency approach to support older people to leave their homes, walk and engage in some meaningful activity to help reduce social isolation, increase connectiveness and encourage physical activity. The project began through the work of the Isle of Wight COVID-19 community and recovery cell, in response to feedback from the community that older people were struggling with isolation, loneliness, anxiety and a loss of confidence in negotiating the environment outside of their homes due to fear of COVID-19.

There are two strands to the project:

- 1.** Communication cards to facilitate going into shops and support people to use public transport. This included Age friendly Island distributed lanyards with key messages for older people to use such as requesting patience, space or showing that they are exempt from wearing a mask.
- 2.** Volunteers to walk with people to provide support in going out and signposting suggestions to community activities or specialist support.

The Public Health team and community hub leaders developed protocols and signposting lists for the volunteer walkers as well as other supporting tools to help with engaging with people they were supporting. Progress reports were regularly sent to the recovery cell.



The scheme is still available; older people can request two short walks with a volunteer to go with them to the park, shops, community centre or another local activity of their choice. After two walks the volunteer, who has local knowledge, suggests community activities the person might want to take part in as well as providing signposting advice for mental health resources and services, financial issues and practical support as appropriate. It has been further developed and continues to run in partnership with AgeUK IOW, Age Friendly Island, community hub leaders with representation from an older person. If people are frail and at risk of falling there are now exercise groups in the community run by community physiotherapists who specialise in preventing people falling. Those involved have reported positive outcomes, as people being supported are enabled to return to shopping for themselves and take part in community activities, continuing to build their confidence and physical activity levels.

Chapter four: Taking a Whole Systems Approach to improve the mental health of those experiencing inequalities

It is vital that we take a whole systems approach to improve the mental health and wellbeing of our population and tackle inequalities experienced across our communities. This means working with communities and across sectors to ensure the people are given the tools and support to improve their own mental and emotional health, that they know where to go to access the right support and services, and that this is available when people need it.

The Isle of Wight Council and its partners are working together to sign up to the Prevention Concordat for Better Mental Health⁶⁶ which aims to:

- facilitate local cross-sector action around preventing mental health problems and promoting good mental health
- support planning for mental health and wellbeing recovery
- make mental health everybody's business
- tackle those wider determinants of mental health such as employment and housing
- build capacity and capability across workforces to prevent mental health problems and promote good mental health.



⁶⁶ PHE (2020) [Prevention Concordat for Better Mental Health](#)

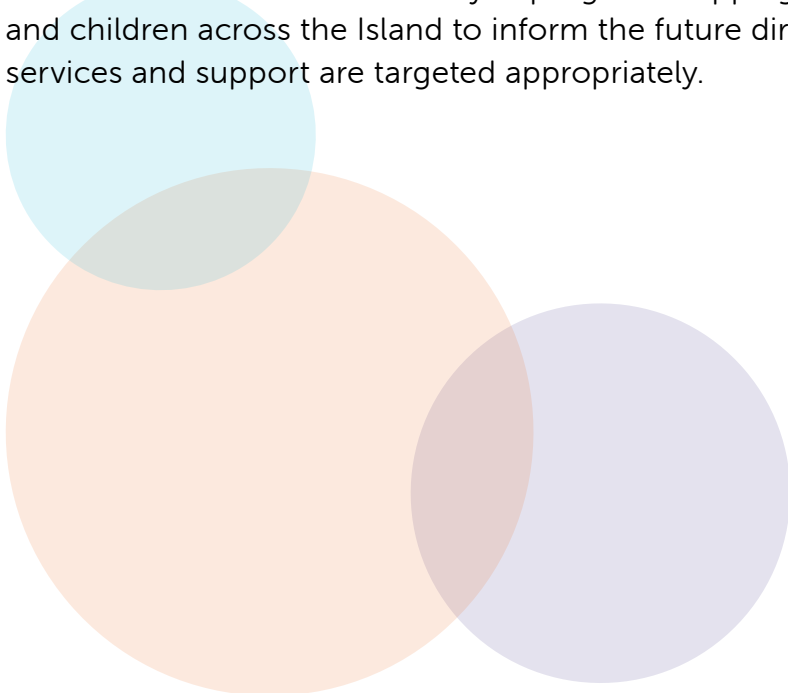
Improving mental health on the Island

A multi-agency Mental Health Alliance has been established to drive forward three priority areas; building community resilience; cohesive communications and publicity and training and upskilling our Island. The aim of the partnership is to develop a holistic prevention focused approach to improve mental and emotional wellbeing and prevent mental ill health for Island residents. The partnership includes a range of key stakeholders who can provide prevention-focused leadership across the wider public, voluntary and community sector and agree joint actions to tackle the wider determinants of health to reduce mental health inequalities.

The Alliance will drive forward the commitments outlined in the Concordat and include priorities such as:

- Work with partners across the Isle of Wight to promote a prevention-focused approach towards improving the public's mental health and wellbeing; adopting the Mental Health Prevention Concordat framework across the Island.
- Mobilise community assets: Continue to build on the strong partnerships made during the pandemic, including the work between community hubs and Isle of Wight Council to support local communities with practical support needs. This approach ensures local support is available for those who need it through meeting practical needs and providing support for emotional and mental health, including stress and anxiety. It continues to be coordinated through voluntary sector organisations such as Age UK IOW, Community Action Isle of Wight, local community hubs and Town and Parish Councils.
- Strengthening the pathways for people with co-occurring mental health and alcohol and drug use conditions by working closely with the IOW NHS Trust, substance misuse services and CCG partners through the NHS Transforming Mental Health services programme.

Needs assessments are currently in progress mapping the mental health needs of both adults and children across the Island to inform the future direction of this work, and make sure that services and support are targeted appropriately.



Case Study five: Promoting mental health and wellbeing through coordinated communications

A communication partnership group was formed in July 2020 by communication and mental health leads from various organisations such as Citizens Advice, Samaritans and the NHS Trust. This group developed and launched a communication and marketing campaign in Autumn 2020 which ran until June 2021 to help support residents' mental health and wellbeing during the pandemic called "It's ok, not to be ok" and "It's ok to ask for help". Adverts were placed in Island newspapers, bus stops, social media and on the radio. The aim was to ensure local communities, families and individuals were more aware of the two main websites and the main phone number (111) they could access to get support for themselves or those they care about. social media.



This work now forms part of a wider communications group under the Mental Health Alliance, which ensures regular, coordinated messages across the Island so that people know where and how to access information and support around mental health and wellbeing. These are often linked to notable events and national awareness days such as World Mental Health day and include targeted messages to groups who may be vulnerable to poor mental health and wellbeing, such as men, young people, families.

Conclusion

The COVID-19 pandemic has brought mental health and wellbeing sharply into focus and shed a light on the inequalities experienced by different groups of people and communities, explored through this report.

On the Island, the Mental Health Alliance will continue to bring partners together to drive forward work to improve mental health and wellbeing. We are committed to adopting the Mental Health Prevention Concordat to provide a framework for action across the Island. This will enable us to use our understanding of where mental health vulnerabilities exist and take a whole systems approach, focusing efforts and resources on those places and people most in need.

Mental health and inequalities are influenced by wider environmental and social factors which includes employment, housing, structural racism and access to services. A rapid health needs assessment is already available regarding ethnic minority groups and COVID-19 across the Island and will also help to inform next steps.⁶⁷

This report has highlighted some excellent work already underway on the Isle of Wight including the use of new technologies to access mental health services, ways to increase community resilience, reduce social isolation and to ensure people know where to access help and support through coordinated communications and mental health prevention campaigns. We have developed strong partnerships across sectors, including with Town and Parish Councils and community hubs. This work will continue through the Mental Health Alliance, which is committed to making sure that partnership work and actions reflect the needs of Island communities and ensure coordinated work across the system to improve mental health and wellbeing.

With the impact of COVID-19 there is greater urgency to address mental health and wellbeing on the Island. We can go further by working collaboratively to support mental health planning and recovery, especially where inequalities exist and where achieving good mental health is a particular challenge. The work already underway must be nurtured and accelerated and new opportunities harnessed to improve the public's health.

⁶⁷HCC (2021) (unpublished) Ethnic Minority Groups and COVID-19 Rapid Health Needs Assessment, Hampshire, Portsmouth, Southampton and the Isle of Wight

