

THE INDEPENDENT PUBLIC INQUIRY TO EXAMINE  
THE COVID-19 PANDEMIC IN THE UK

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SUBMISSIONS ON BEHALF OF MIND  
(THE NATIONAL ASSOCIATION FOR MENTAL HEALTH)

for the First Preliminary Hearing of Module 3  
on the 28<sup>th</sup> February 2023

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**Introduction**

1. The Core Participants were invited to make written submissions on the matters on the agenda for the First Preliminary Hearing (1PH). Mind is the largest mental health charity in England and Wales. Mind provides information and support to people who experience mental health problems and is committed to campaigning for accessible, effective and accountable public services across England and Wales. We have approximately 500 staff at our headquarters as well as a network of 110 affiliated local Mind associations across England and Wales. Local Minds provide front-line support to people experiencing mental health problems including counselling, help with employment, benefits advice and advocacy in community and hospital settings.
2. Mind provides a helpline service and in 2021/22, we supported 128,385 people. This is a record amount of contacts that has been rising rapidly since the first lockdown in 2020. There has also been a marked increase in the level of distress displayed by our beneficiaries during contact; many citing that they are unable to access services.
3. Where we have not commented on an agenda item, we have no submissions to make on that matter.

**Scope of Module 3**

4. We note that the scope of Module 3 remains provisional at this stage. We wish to raise that the scope should be amended. Currently there are no mentions of either 'psychiatric' or 'mental health' care in the document outlining the provisional scope of Module 3. We are of

the view that by not explicitly citing mental health care (in all its forms, both in the community and in hospitals and from statutory and non-statutory sources), the Inquiry will not receive all the evidence that it needs to take a view on what happened to mental health care during the pandemic and what lessons we can learn to avoid future suffering.

5. We would suggest that the Covid 19 pandemic created a secondary pandemic of poor mental health. It affected people across the board. Mind's research involving 12,000 people showed that the worst affected were people who already had mental health problems before the pandemic. However large numbers of people experienced poor mental health for the first time, including young people whose pre-pandemic trend towards worsening mental health accelerated during the pandemic disproportionately<sup>1</sup>.
6. Few of those experiencing worse mental health and needing help were hospitalised or referred to secondary care. Many sought counselling or practical support with their mental health but did not get the help they needed. By August 2021 an estimated 8 million people in England with mental health problems could not get specialist help because they are not considered sick enough to qualify, this was on top of the official waiting list for NHS mental health care, which stood at 1.6 million people, including 374,000 under-18s.
7. Many mental health services such as talking therapy or support are provided by the voluntary sector, this includes Mind services which are provided through our 'local' Mind network. Mind and other organisations are also directly commissioned to provide NHS services in the community although these may be under our own brand. As such, the generic reference to healthcare may simply not be recognised by many people as including mental health or psychiatric care.
8. For decades mental health services have been underfunded, patients suffer stigma and there is no parity of funding or esteem for mental health services to such an extent that they are often referred to as 'Cinderella Services'. We are pleased that we have been granted Core Participant status meaning that the Inquiry recognises the unique contribution we can make and the need for a specific voice for people within the Inquiry, which we intend to use. We therefore request that mental health care in all its forms be explicitly set out as within the scope of Module 3.

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<sup>1</sup> <https://www.mind.org.uk/coronavirus-we-are-here-for-you/coronavirus-research/>

## **Evidence Gathering**

9. We understand that the Inquiry will commission research and panels of experts. We ask that mental health experts are considered fully in those appointments. Such experts in our view should not just be those with professional qualifications, such as Psychiatrists, Psychologists and Social Workers but also experts by experience who have been the end users of mental health services.
  
10. It is our position that the mental health system is institutionally racist with the current figures provided by NHS England Digital showing that you are 4.5 times more likely to be sectioned if you are a black patient compared to your white counterparts and 11 times more likely to be put on a Community Treatment order. Any examination of the mental health system, including research must consider how such inequality played out during the pandemic.

## **The listening exercise/Every Story Matters**

11. Mind is committed to working with the Inquiry on the listening exercise. We are pleased that the Inquiry has built in emotional support to the sessions, although it is not clear whether this specifically includes mental health first aid qualifications. We hope that it is recognised that being a first aid mental health training has a subspeciality of dealing with young people and that those deployed should have dual training.
  
12. When designing the engagement, we consider that it is important that the inquiry offers a range of ways to feed into the exercise. A portion of people with mental health problems are digitally excluded and thought is given how to reach those people.
  
13. The note on the listening exercise contains points about withdrawal of your story but does not appear to consider issues of mental capacity. We are not suggesting that a formal capacity assessment is completed on every participant but for example how do we deal with the incidents when obvious issues arise during in-person listening sessions?. Capacity is a thorny issue and even though there might be interventions that arise we do not say those interventions should be one of exclusion from the Listening exercise. In our opinion it is actually vital that the Inquiry provide a way for people that lack capacity to consent to feed in – if the Inquiry does not, this could have disproportionate effect on older and disabled people, and potentially very young people. In these cases we would say that advocacy (which is separate and different from emotional support/mental health first aid) should be utilised at the hearings. There are

many mental health lay advocates (as in not legally trained) who hold specialist experience and qualifications in advocating for and helping those without capacity to express their story.

14. Clear communication about what will be involved in the exercise, what sort of support the inquiry will be able to provide before, during and after the listening exercise, and who the people can have with them when they tell their story. Equally important is to make clear what cannot be provided in terms of support. Further how to apply for reasonable adjustments.
15. There also needs to be clear safeguarding protocols that deal with those who may be vulnerable due to age, mental health or capacity issues. For example the Inquiry may hear from people who have suffered abuse in the psychiatric system, the recent scandals of Edenfield and other psychiatric systems show that such possibilities are far from fanciful.
16. For young people, the Inquiry also needs to:
  - a. consider and lay down a clear protocol on parental consent.
  - b. Collect health information from young or vulnerable people in advance, to give them opportunity to disclose potential triggers or sign of mental distress to be aware of.

**Rheian Davies**

**Head of Legal**



**21<sup>st</sup> February 2023**