

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

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

for the Second Preliminary Hearing of Module 3
on the 27th of September 2023

Introduction

1. The Core Participants were invited to make written submissions on the matters on the agenda for the Second Preliminary Hearing (2PH). Mind is the largest mental health charity in England and Wales. Our mission is to work towards everyone experiencing a mental health problem getting support and respect. 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 109 affiliated local Mind associations across England and Wales. We also operate 161 Mind shops which employ many people of lived experience, as well as volunteers. Sixty local Minds operate in the top 3% of charities and fifteen local Minds are considered nationally significant charities by the Charity Commission. 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. Many of those services innovate and provide new models of care to those in need to mental health support.
2. Mind provides a number of different helpline service for people with mental health problems and in 2022/23, we supported just over 130,000 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. In response to this we have set up a new helpline to provide emotional support to the many people who now need it.
3. Where we have not commented on an agenda item, we have no submissions to make on that matter.

The Scope of Module 3

4. We have made the point previously that the UK suffered a secondary pandemic of poor mental health. This applies to population health as well as those already using secondary mental health services. There was no mental health plan for the effects of the pandemic generally or that of lockdown. The chair has emphasised this inquiry is to mark those who have suffered and to prevent future suffering for others. Our own research shows that people with protected characteristics all fared disproportionately badly in the deterioration of their mental health during the pandemic but those who suffered most of all were those people with pre-existing mental health conditions.¹

5. People with mental health problems died at approximately 5 times² the rate of those without mental health problems during the pandemic. It has long been known that people on long term anti-psychotic medications develop cardio-thoracic vulnerabilities,³ and tend to come from the bottom income section of society, wealth being the greatest determiner of health outcomes⁴. Care and treatment of physical ailments are traditionally poor on psychiatric wards, with staff not having the skills to often even triage physical problems leading to avoidable deaths, even pre pandemic. Despite these vulnerabilities psychiatric wards were a low priority for PPE for staff and patients.

6. We at Mind are therefore dismayed that there is so little in the latest iteration of the scope of Module Three about mental health services. It is welcome that children and young people's mental health care is mentioned as a non-covid condition which will receive focus. However, we submit it is misconceived to only focus on 'CYP inpatient services' when so much went wrong for community services. Numerous coroners have recorded that the 'explosion of needs' for CAMHS and the difficulty obtaining specialist support and a CAMHS referral have contributed to young people's tragic deaths. There is also the extra complication of the extra

¹ The mental health emergency: How has the coronavirus pandemic impacted our mental health, Mind (2020) available at https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf; Coronavirus: the consequences for mental health, Mind (2021) Available at <https://www.mind.org.uk/media/8962/the-consequences-of-coronavirus-for-mental-health-final-report.pdf>

² Severe mental illnesses and mortality following COVID-19 infection: Data linkage study using the Clinical Practice Research Database (CPRD), J. Das-Munshi et al.(2022) Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9645088/>

³ Management of serious cardiac adverse effects of antipsychotic medications, Stoner SC (2018) Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007733/>

⁴ Time to think differently: Broader Determinants of health: future trends, The Kings Fund (2016) Available at <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>; Fair Society healthy lives: Strategic review of health inequalities in England post 2010, Marmot MG, Allen J, Goldblatt P and others (2010) available at <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>

statutory tier 4 assessment service operating within CYP care. This service conducts their own assessment, without seeing the child) as to whether a child needs an inpatient bed, even after those given explicit and exclusive powers under the Mental Health Act 1983 to make 'sectioning decisions' (two medical practitioners and an Approved Mental Health Professional, usually a social worker) have made a decision that the child needs care in hospital, thus stopping some young patients ever getting to in-patient bed.

7. Significant events of the pandemic had a severe knock-on effect on Childrens and Adolescent Mental Health Service (CAHMS) in the community. Schools are a significant source of CAHMS referrals, and the closure of schools meant that referrals simply dropped off a shelf with no plans in place to manage what was a foreseeable state of affairs.
8. Referrals then exploded to 4-5 times what they had previously been with no services there to meet them. A situation that has sadly been analysed by coroners investigating the deaths of young people with mental health problems.
9. The sector did raise the growing problems with governments but were greeted by tweets from the Minister for Mental Health that the sector was 'scaremongering'.
10. Although the nation's mental health became worse, for a number of reasons, contact with mental health services for adults actually fell during the pandemic. (see appendix 1)
11. In the provisional list of issues for module 3 it cites at 2a. '*Decisions relating to the discharge of patients from hospital to free up in-patient and critical care capacity.*' This does not apply to psychiatric in-patients as the wards themselves are impractical to convert to either ICU or general physical wards nor do psychiatric staff have the skills and training to work on such wards. Yet psychiatric wards were emptied and community services were not there to receive them. Guidelines were given by the government about home visits that professionals have told us were confusing. Many existing community patients were simply not visited by their allocated mental health professional, never mind the extra layer of patients that had been discharged early. This occurred in some situations when patients needed nursing staff to administer their long-acting depot injections.
12. People who were detained under the Mental Health Act 1983 found that they suddenly lost their leave in its entirety, visitors were banned, and the wards were not equipped to facilitate video calls or even ordinary telephone calls. This left patients queuing up for example, where there was one ward pay phone, as on many wards patients' mobile phones were banned.

13. Those detained under the Mental Health Act 1983 have a right to apply to a Mental Health Tribunal for discharge. Lawyers were also banned as visitors and had to take instructions over the phone and move to video hearings in England, in Wales telephone hearings, already poor discharge rates plummeted.
14. Those that were offered remote appointments⁵ have told our researchers that the appointments were and remain inadequate to meet their needs, with young people disliking them the most. Digital exclusion heavily affects those with severe mental illness and so those most in need had the most difficulty in accessing care.
15. Those needing mental health care in prisons and immigration removal centres, which has never been adequate, found themselves subject to more solitary confinement and more coercive care sending many prisoners and detainees deeper into mental health crisis.
16. People who had never suffered poor mental health before found themselves not just stressed, depressed or anxious but developed serious psychotic episodes that have had life changing consequences during the pandemic and beyond. Such new patients have told us of their shock at the state of the mental health estate and the treatment they received being as difficult to cope with as the illness itself.
17. By August 2021 an estimated 8 million people in England with mental health problems could not get specialist help because they were 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. This is not just regrettable, but a wholesale system failure.
18. We have long been told by successive governments that mental health will have parity of esteem with physical health. In fact, since the introduction of the Health and Social Care Act 2012 NHS England has been mandated to deliver such parity of care; it has not delivered such parity. Mental ill health accounts for 23% of the 'burden' of disease in the UK whilst receiving 13% of funding. Mental Health in-patient beds account for 18-20% of all inpatient beds. Public polling has found that 80% of the public think that mental health services should get more funding.
19. There are in our view shocking events that happened in the mental health sector during the course of the pandemic, that caused great suffering to patients and their loved ones. Some

⁵ Trying to Connect: The importance of choice in remote mental health services, Mind (2022)

avoidable and some where there are lessons are to be learnt for the future after more detailed consideration.

20. Mental health services are something that the Covid 19 Public Inquiry should more properly concern itself with. We have a number of suggestions as to how that can be achieved. We are of the view that an expert in mental Health Services should be appointed to assist the Inquiry to look at the impact of the pandemic and to review in particular the effects of years of underfunding of mental health services (both absolute and relative). We also think great thought should be given to the impact of the endemic racism that pervades services both in access to care and outcome of treatment. Currently you are 4.5 times more likely to be detained under the Mental Health Act if you are black compared to your white counterparts and over 11 times more likely to be placed on a restrictive Community Treatment Order⁶.
21. We are the only mental health charity who are core participants in this module, yet it is the Disability Charities Consortium who have been asked to provide a statement on Mental Health, which they appropriately declined to provide. It is our view that Mind should have been asked for a rule 9 statement to assist the inquiry and should be asked now to provide that evidence to the Inquiry.
22. The nation's mental health has not recovered fully but that has been met by a de-prioritisation of mental health by the government both in funding and the legislative programme it is undertaking. The Liberty Protection Safeguards have passed through parliament but now are not being implemented. Further the long-awaited reform of the Mental Health Act that had been introduced by Savid Javid and had completed the pre-legislative scrutiny committee stage in the House of Commons has now been shelved. We say this is the wrong direction of travel for the seismic events that have impacted the nation's mental health during the pandemic. This Inquiry is ably led and equipped to learn lessons to prevent future suffering in the field of mental health and we ask it considers our submissions on behalf of our beneficiaries with equal concern as for those with physical health.

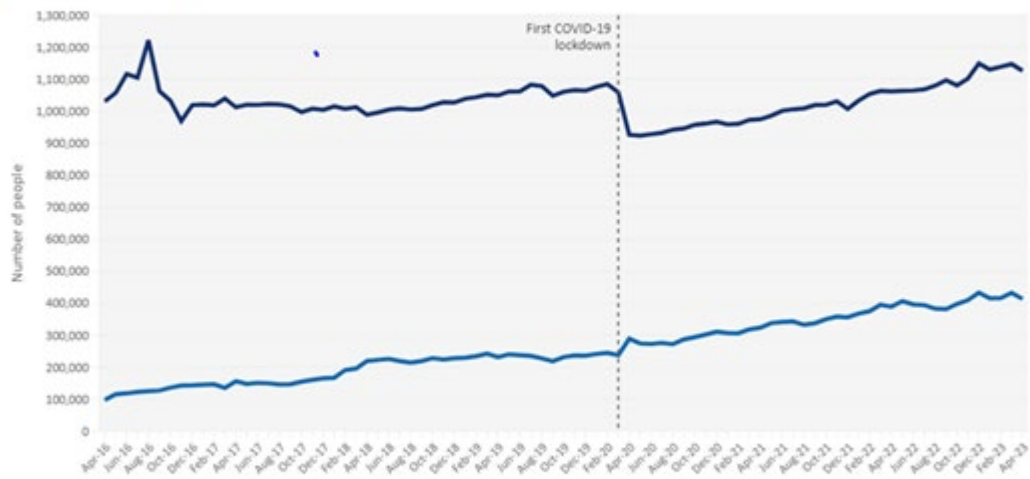
Rheian Davies
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⁶ Mental Health Act Statistics, Annual Figures 2021-22, NHS Digital, published 27 October 2022

Appendix 1.

The number of people in contact with mental health services April 2016 - March 2023

■ Adult mental health services ■ Children and young people's mental health services



Source: [NHS Digital Mental Health Services Monthly Statistics](#) • Data shows the number of people in contact with adult mental health services (AMH01) and children and young people's mental health services (CYPO1) at the end of the month. Due to a cyber incident affecting a number of mental health providers, data from August 2022 is estimated by NHS England.

