

List of Personas

Below is a list of personas or 'priority' cohorts which evidence suggests are experiencing, and are likely to experience, increased mental ill-health as a result of Covid-19.

The proposed 'top tier' priority cohorts, who we think will particularly benefit from joined-up policy thinking across government, are:

- a) Children and young people;
- b) People who are black, Asian or from a minority ethnicity background;
- c) People who are financially insecure;
- d) People living with a severe mental illness; and
- e) People who have been bereaved during pandemic period.

The 'secondary tier' priority cohorts are:

- f) People with common mental health and/or physical health conditions or disabilities, and those with neurological conditions including dementia – particularly those who are clinically extremely vulnerable and have been shielding;
- g) People who are homeless;
- h) People with learning disabilities or neurodevelopmental disorders, and people who have autism;
- i) People who have experienced violence or abuse;
- j) Older adults;
- k) Key/frontline workers; and
- l) People who have recovered from severe Covid-19.

H	Commissioning of voluntary sector services in the context of Covid-19	<p>Access to VCSE-delivered services such as day centres, befriending and drug & alcohol services are beneficial to prevent people from developing mental health problems and in supporting them to recover.</p> <p>Financial concerns remain a key issue for the sustainability of the sector, particularly for smaller organisations and social enterprises which may impact on support available for the population and for those with mental health problems in the medium to long term.</p>	<p>People of all ages who benefit from LA-commissioned VCSE services</p> <p>Relevant priority cohorts: all</p>
I	Support for troubled families in the context of Covid-19	<p>Parent training programmes were equally effective for disadvantaged and non-disadvantaged families immediately post treatment although maintenance of treatment gain is harder for disadvantaged families (meta-analysis).⁴¹</p> <p>Prevention of child maltreatment and abuse can occur through a range of evidence based interventions which require improved implementation including legislation and safeguarding, parenting programmes, parental education, home visiting, psychological therapies for those exposed to trauma, addressing parental alcohol misuse and domestic violence.⁴² The MHCLG Troubled families programme looks at whole family approach and systemic intervention delivered by local authorities— a previous evaluation was inconclusive on impacts of education, crime and work outcomes. The current programme aims to achieve significant and sustained progress with up to 400,000 families with multiple, high-cost problems by</p>	<p>People of all ages who are being supported by the troubled families programme</p> <p>Relevant priority cohorts: a), b), c), d), e), f), g), h), i)</p>

⁴¹ Leijten P, Raaijmakers MA, de Castro BO et al (2013) Does socioeconomic status matter? A meta-analysis on parent training effectiveness for disruptive child behavior. *J Clin Child Adolesc Psychol.* 42(3):384-92

⁴² Campion, J. May 2019, Public mental health: Evidence, practice and commissioning, Royal Society of Public Health

HMT Policy Areas

	Priority policy area	Evidence summary	Groups affected
A	Considering mental health in economic recovery plans	<p>There is clear evidence that the prevalence of mental illness rose between 2009 and 2013, both in the UK and across Europe, during the economic downturn. Most research in this area has shown that gaps in inequality (and consequently in mental wellbeing) between deprived areas and less deprived areas widened significantly in the period. Being economically inactive (including students, and those looking after the home, long term sick or disabled, or retired) is associated with the greatest risk of mental ill health for most conditions.⁵⁴ However, job 'precarity' is also associated with risk of mental ill health.</p> <ul style="list-style-type: none"> • Active labour market programmes reduce suicide risk - Stuckler <i>et al</i> (2009) cited a 0.79% increase in suicides in working age adults with every 1% increase in unemployment, but also found that every \$10 invested in active labour market programmes reduced the effect of unemployment on suicides by 0.038%.⁵⁵ • Suicide risk during recession was higher in countries with less generous unemployment protection⁵⁶ • Welfare-to-work interventions had negligible impacts on the mental and physical health of lone parents and their children (Cochrane systematic review) (Gibson <i>et al</i>, 2017). Furthermore, the programme of reassessing people on disability benefits using the Work Capability Assessment was associated with increased suicides, self-reported mental health problems and antidepressant prescribing (England longitudinal ecological study) (Barr <i>et al</i>, 2016) • A review on welfare policy found⁵⁷: 	<p>Groups most at risk of disadvantage following economic downturns</p> <p>Relevant cohorts: c)</p>

⁵⁴ Data from HSE 2014 – point raised in Stevenson Farmer Review

⁵⁵ Mental Health Impact of the Covid-19 Pandemic in Northern Ireland. The authors are keen to underline that a comprehensive strategy for diminishing suicide risk requires investment for all stakeholders; communities, retailers, and media as well as mental health services.

⁵⁶ Norström T, Grönqvist H (2015) The Great Recession, unemployment and suicide. *J Epidemiol Community Health* 69(2):110-116

⁵⁷ McAllister A, Fritzell S, Almroth M, Harber-Aschan L, Larsson S, Burström B. How do macro-level structural determinants affect inequalities in mental health? – a systematic review of the literature. *Int J Equity Health*. 2018 Dec 6;17(1):180.

		<ul style="list-style-type: none"> • Most evidence suggests that gender inclusive welfare states improve MH outcomes in women but don't necessarily reduce socio-economic inequalities • More generous welfare benefits associated with reduced SES inequalities in MH outcomes. • Only one study – but based on registry data from >2 million people in Denmark suggested that austerity measures are associated with worsened MH outcomes in low SES groups. • Neighbourhood renewals in deprived areas can lead to improved women's mental well-being. 	
B	Action on problem debt	One in twelve adults had problem debts in 2007 (being 'seriously behind' with at least one commitment), and one in two of those adults with problem debt also had a mental health problem. ⁵⁸	<p>Individuals unemployed/in precarious employment</p> <p>Relevant cohorts: c)</p>

⁵⁸ APMS 2007

Home Office Policy Areas

	Priority policy area	Evidence summary	Groups affected
A	Action to tackle domestic abuse in the context of Covid-19	<p>Women and children are disproportionately affected by domestic violence, which has secondary impacts on mental health. Women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives: of those who have, 36% have attempted suicide, 22% have self-harmed and 21% have been homeless⁷⁰. Intimate partner violence, including psychological, physical and sexual abuse, is associated with higher levels of depression and anxiety, and exposure to multiple types of abuse is associated with increased risk of depression⁷¹.</p> <p>The Centre for Global development has summarised the various pathways through which pandemics can lead to increased violence against women and girls: through effects of (on) increased social stressors such as economics, restriction of movement, conflict/instability, exposure to exploitative relationships and reduced access to support.⁷² Current evidence indicates an increase in helpline usage for both domestic abuse and child abuse hotlines in the UK and internationally^{73, 74}.</p> <p>There is evidence to support use of home visiting and counselling for survivors of intimate partner violence^{75, 76} and sexual assault⁷⁷. There is limited evidence for screening by health professionals, which</p>	<p>People who are experiencing or who have experienced domestic abuse, children who have witnessed domestic abuse</p> <p>Relevant cohorts: i)</p>

⁷⁰ Scott S and McManus S (2016) Hidden Hurt: Violence, abuse and disadvantage in the lives of women. London: Agenda <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

⁷¹ Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: A systematic review. *European Journal of Psychotraumatology*, 5

⁷² Peterman, Potts, O'Donnell, Thompson, Shah, Oertelt-Prigione, and van Gelder, 2020. "Pandemics and Violence Against Women and Children." CGD Working Paper 528. Washington, DC: Center for Global Development. <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>

⁷³ NSPCC webpage: <https://www.nspcc.org.uk/what-we-do/news-opinion/childline-coronavirus-counselling/>

⁷⁴ <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

⁷⁵ Van Parys, A. S., Verhamme, A., Temmerman, M., & Verstraelen, H. (2014). Intimate partner violence and pregnancy: a systematic review of interventions. *PloS one*, 9(1), e85084. <https://doi.org/10.1371/journal.pone.0085084>

⁷⁶ Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M. and Wood, D.S., 2017. Short-term interventions for survivors of intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 18(2), pp.155-171.

⁷⁷ Parcesepe, A.M., Martin, S.L., Pollock, M.D. and Garcia-Moreno, C., 2015. The effectiveness of mental health interventions for adult female survivors of sexual assault: A systematic review. *Aggression and violent behavior*, 25, pp.15-25