

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 Third Preliminary Hearing of Module 3
on the 10th April 2024

Introduction

1. The Core Participants were invited to make written submissions on the matters on the agenda for the third 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.
2. 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. We are the biggest provider of mental health care behind the NHS.
3. 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.

4. Our beneficiaries range from those experiencing a mental health problem for the first time who may be looking for access to talking therapies to those who may experience multiple detentions under the Mental Health Act 1983.
5. Where we have not commented on an agenda item, we have no submissions to make on that matter.

Experts

6. We support the Frontline Migrant Workers submissions on the need to examine the impact of privatisation on healthcare. The Inquiry has noted the weakening of services by more than a decade of austerity. Privatisation has been both the forerunner and partner to austerity, with much of the health sector already privatised by 2020. There is extensive use of the private sector in mental health and it is right that the impact of those shifts is examined.

Disclosure

7. We agree with the Covid-19 Airborne Transmission Alliance (CATA) and the Covid 19 Bereaved Families that disclosure should be brought forward as far as possible in order to manage the information.

Hearing Days

8. There are only 40 days for the substantive hearing of this module. With the planned lived experience evidence, we query whether this is adequate time.

The Scope of Module 3

9. After the last preliminary hearing the Inquiry indicated that they would consider including mental health in module three or possibly module six. Mental health is included in neither module. Module three has an exceptionally narrow focus on the few children and young peoples in-patients beds there are. We are perplexed by this focus. It makes no clinical or operational sense to Mind in the context of this inquiry. We have asked for reasons for this focus, none were available and we were informed in February 2024 that the Inquiry would revert to us with an explanation of the same. So far, this has not been provided.
10. The alternative to mental health being a main part of the inquiry is that there will plenty of coverage of mental health in the Every Story Matters. This will tell us people's individual experiences. It will not examine the decisions that were made or indeed omitted to be

considered all together by those in power that ultimately impacted on the management or the non-management of the nation's mental health.

11. We were told at the last preliminary hearing that the Inquiry could not look into every nook and cranny and that the time pressure was a reason that the inquiry could not look into mental health. We understand fully that the inquiry must cut its cloth and report back to the country at large in a meaningful timescale. However, a core function of this Inquiry is the prevention of future suffering and the inquiry will have simply missed the mark if it fails to consider what happened to the nations mental health and how the UK's healthcare systems to responded to that need. We say that the significance of the UK's poor mental health before and after the pandemic is such that time should be made for it within the Inquiry. We also say that every nook and cranny approach is not needed and that it would take an equivalent time to look at this in terms of identifying the broad issues and responses, as the inexplicable deep dive into Children and Young People's in-patients' beds. If there is to be a separation of CYP issues this could be heard in the future schools and education module, making more time for a broader review in module 3.
12. It is trite to say that none of us are immune from mental health problems. The Covid 19 pandemic triple underlined that in red. Eight million people formally looked for help with their mental health- and were turned away for not being sick enough. Mind heard from many people who experienced not just depression, but serious episodes of psychosis for the first time in their lives. Research has shown a link with stand alone psychotic episodes and intubation in ICU. Young people's mental health which had been deteriorating for decades saw an exponential acceleration of that trend, in particular with eating disorders and anxiety.¹
13. Although there is some population health recovery, it is partial. The number of young people (aged 17-19) with a probable mental disorder has increased from 1 in 10 (10.1%) in 2017 to 1 in 4 (25.7%) in 2022². The Resolution Foundation report³ this year found that one in 20 young people (5%) were economically inactive due to ill health in 2023, more that people in their 40's with this group suffering the worse mental health.
14. An estimated 83.4 million antidepressant drug items were prescribed in 2021/22 – a 5.07% increase from 2020/21. It was also estimated that 8.32million people received a prescription

¹The 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 NHS Digital (2022) [Mental Health of Children and Young People 2022: wave 3 follow up to the 2017 survey](https://www.nhs.uk/press-releases/2022/04/22/nhs-digital-mental-health-of-children-and-young-people-2022-wave-3-follow-up-to-the-2017-survey)

³ <https://www.resolutionfoundation.org/publications/weve-only-just-begun/>

for an antidepressant drug in 2021/22 – 1 5.72% increase from the previous year. Both patient numbers and number of items issued have risen for the 6th consecutive year.⁴ Increasing antidepressant prescriptions in 2020 cost NHS £139m more than 2019.⁵ As anti-depressants went up the availability of therapy went down.⁶

15. The mental health system is endemically racist. 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.
16. People with enduring mental health problems died at approximately 5 times⁷ 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,⁸ and tend to come from the bottom income section of society, wealth being the greatest determiner of health outcomes⁹. 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. What was the planning around these vulnerabilities? Would we just accept for a future pandemic that mentally ill people are just going to die at these enormous rates?
17. There was no public health plan for the mental health effects of the pandemic. Surely there are serious questions to ask about that?
18. 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) Mind's own survey of social workers worker during the pandemic showed that practitioners found

⁴ NHSBSA (2021) Medicines Used in Mental Health – England – 2015/16 to 2021/22

⁵ <https://www.nhsbsa.nhs.uk/statistical-collections/prescription-cost-analysis-england/prescription-cost-analysis-england-202122>

⁶ [Bellinger and Jennings \(2021\) Covid: More antidepressants prescribed but therapy down](#)

⁷ 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/>

⁸ Management of serious cardiac adverse effects of antipsychotic medications, Stoner SC (2018) Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6007733/>

⁹ 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>

guidance about home visits, combined with a lack of PPE, unclear and anxiety provoking. This meant that when the decision was made to empty the psychiatric hospitals, as far as possible with a quarter of mental health inpatients being discharged within weeks of lockdown that there were not the community services there to meet their needs. This surely needs examining.

19. On wards already ill patients found themselves confined to their rooms and sometimes denied showers for days on end. Even those with extensive leave from hospital found it suddenly curtailed, missing even the legally allowed walks of lockdown.
20. Our rule 9 statement has been limited by the Inquiry to that of issues of children and young people, which given our expertise and the extensive gathering of materials from lived experience and the rest of the sector that we have done, we consider this, at present a missed opportunity.
21. We say again that poor mental health could happen to anyone and what happened to our mental health during the pandemic is a matter of national importance. We respectfully submit that the inquiry has not assessed the weight of these problems correctly and the importance to the country of the lessons that could be learnt from reviewing mental health care and that this is a matter of public concern.

Rheian Davies

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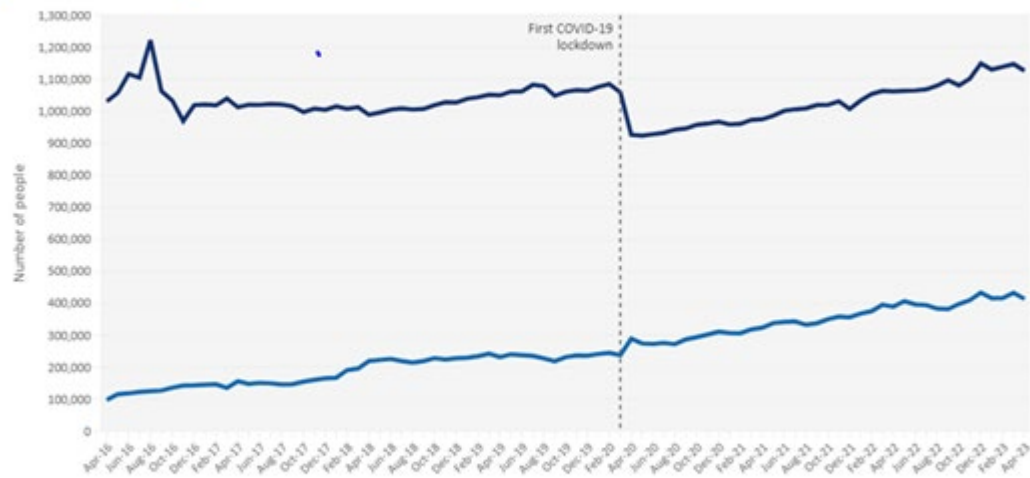
27 March 2024

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 (CYP01) 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.