Written evidence submitted by Mental Health Foundation (COR0091)

The Mental Health Foundation

1. **Changing minds, changing lives**

   Our vision is good mental health for all.

   The Mental Health Foundation works to prevent mental health problems.

   We will drive change towards a mentally healthy society for all, and support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. The Foundation is the home of Mental Health Awareness Week.

   The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

2. The Mental Health Foundation (MHF) is pleased to have the opportunity to submit evidence to this Home Affairs Committee inquiry into Home Office preparedness for COVID-19 (coronavirus). As a public mental health organisation centred on preventing mental ill health, our submission is focussed on the prevention of poor mental health within the scope of the Home Office's remit and the topics for this inquiry.

3. The Mental Health Foundation – in collaboration with the Universities of Cambridge, Swansea, Belfast and Strathclyde – are conducting a large-scale study to monitor the mental health and wellbeing of the UK and how this may change during the period of this current crisis and beyond. The study will involve regular surveys with a representative sample of the UK population, a citizens' jury, and policy briefings. This will allow us to understand what current and future mental health needs of the population will be; who is most affected; and what interventions and policies can be developed to help them. Interim results from the study will be released in order to inform policymakers and service providers.

How police and fire and rescue service business continuity plans are being designed to best safeguard the public and emergency service workers.

4. Public and emergency service workers face an increased risk of traumatisation from direct exposure to traumatic experiences arising from the pandemic. They are also likely to encounter individuals who have experienced trauma as a consequence of the pandemic.

5. Trauma refers to events or circumstances that are experienced as harmful or life-threatening and that have lasting impacts on mental, physical, emotional and/or social well-being.[1] Not all persons with a history of trauma exhibit symptoms of post-traumatic stress disorder, however many people who have a history of trauma experience symptoms and display behaviours related to toxic stress.[2] Common symptoms of PTSD include re-experiencing the

[1] Substance Abuse, Administration MHS. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884 [Internet]. U.S. Department of Health and Human Services. Rockville, MD; 2014. Available from: https://store.samhsa.gov/system/files/sma14-4884.pdf

event in nightmares or flashbacks, avoiding things or places associated with the event, panic attacks, sleep disturbance and poor concentration. Depression, emotional numbing, drug or alcohol misuse and anger are also common.

6. Experts have suggested that occupations such as healthcare providers, fire-fighters, police and those working in search-and-rescue or body recovery are at risk of a wide range of post-traumatic reactions ranging from sub-clinical emotional symptoms, such as fear, to severe post-traumatic stress disorder (PTSD).[3] However, having access to appropriate support can mitigate the risk of developing PTSD and other post-pandemic mental health problems. A review of the literature on the effects of trauma on disaster-exposed occupations has concluded that:

    a. "Evidence strongly suggests that managers should be educated to understand the symptoms of, and risk factors for, the more common mental health problems post-disaster (such as depression, anxiety and PTSD). This will allow them to identify and support more vulnerable staff and recognise those who may be suffering. Managers should encourage positive coping mechanisms such as confrontive coping and exercise rather than negative coping mechanisms such as denial and avoidance. Furthermore, personnel who experience persistent psychological difficulties should be helped to access professional support. This may be best achieved through provision of appropriate education, reduction of stigma and provision of timely access to evidence-based care provided in accordance with the NICE guidelines."[4]

7. **The Mental Health Foundation makes the following recommendations to mitigate the risk that police, fire and emergency services personnel will develop mental health problems arising from the COVID-19 pandemic, or re-traumatise individuals they come in contact with during their service provision:**

- **Implement a trauma-informed approach in police, fire and emergency services.** The Mental Health Foundation/Centre for Mental Health's briefing paper 'Engaging with Complexity: providing effective trauma-informed care for women'[5] contains a framework for trauma-informed services encompassing four processes: listening, understanding, responding and checking. The briefing paper's checklist for these four processes details the actions services can take to implement them.
- **Ensure that managers in police, fire and emergency services are educated to understand the symptoms of, and risk factors for, the more common mental health problems post-disaster (such as depression, anxiety and PTSD), how to promote positive coping skills and how to support individuals to seek professional mental health interventions, should they need them.**
- **Ensure that staff have links to advice on positive coping skills and access to professional mental health support.**

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[2] Ibid.

[3] Brooks, S. K., Rubin, G. J., & Greenberg, N. (2019, March 1). Traumatic stress within disaster-exposed occupations: Overview of the literature and suggestions for the management of traumatic stress in the workplace. British Medical Bulletin. Oxford University Press. https://doi.org/10.1093/bmb/ldy040

[4] Ibid.

[5] Wilton J, Williams A. Engaging with complexity: Providing effective trauma-informed care for women. London: Mental Health Foundation/Centre for Mental Health; 2019.

8. It is also important that the voices of asylum-seekers and refugees are present in Home Office decision-making about the pandemic and the follow-on recovery. The Foundation's Refugee Health Policy and Strategy Action Group is a project focused on increasing awareness and subsequent engagement of refugees with the wider health and social care policy landscape. Through a programme of training, the Mental Health Foundation is engaging volunteers from refugee backgrounds to enable them to consider their own lived experience and place it in a wider policy context where their personal experience can be harnessed to advocate for informed policies reflecting the lived experience of refugees. Evolving from this are opportunities for volunteers to engage with national health and social policy forums as well as refugee specific groups within statutory agencies. The Refugee Health Policy and Strategy Action Group is connected to the New Scots Strategy, a national framework designed to support refugee integration in Scotland. The Foundation co-chairs the Health and Wellbeing Subgroup of the New Scots Strategy. The work of the Refugee Health Policy and Strategy Action Group is placed in the context of these structures and supports the implementation of the actions associated with the subgroup. The volunteer team are now delivering local projects in Fife, Dundee, Glasgow, North Lanarkshire, North Ayrshire and West Dunbartonshire.

9. **MHF recommends that the Home Office provides financial and policy support for the involvement of asylum-seekers and refugees in COVID-19 continuity and recovery planning at local and national level.**

How the Home Office and its major contractors are working together to ensure the safe and effective operation of contracted services is maintained, particularly where these services affect vulnerable people.

10. Refugees and asylum-seekers are more likely to experience mental health problems than the general population, including higher rates of depression, post-traumatic stress disorder (PTSD) and other anxiety disorders.[6,7] Research in Leeds indicated that asylum-seekers are five times more likely to have mental health problems than the general population and more than 61% will experience severe mental distress.[8] Refugees who have resettled in Western countries are 10 times more likely to have post-traumatic stress than the general population.[9] The increased vulnerability to mental health problems that refugees and asylum-seekers face is linked to pre-migration experiences, such as war trauma, and post-migration conditions, such as separation from family, difficulties with asylum procedures and poor housing.[10,11] In spite of such high prevalence rates, secondary healthcare data

[6] Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. Lancet. 2005 Apr;365(9467):1309–14.
[7] Tempany M. What Research tells us about the Mental Health and Psychosocial Wellbeing of Sudanese Refugees: A Literature Review. Transcult Psychiatry. 2009;46(2):300–15.
[8] Eaton V, Ward C, Womack J, Taylor A. Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. Leeds; 2011.
[9] [9] Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. Lancet. 2005 Apr;365(9467):1309–14.
[10] Steel Z, Chey T, Silove D, Marnane C, Bryant RA, Van Ommeren M. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. JAMA - J Am Med Assoc. 2009 Aug;302(5):537–49.
[11] Porter M, Haslam N. Predisplacement and postdisplacement factors associated with mental health of

indicates that refugees and asylum-seekers have been significantly less likely to receive mental health support than the general population.[12]

11. Similarly to other Black, Asian and minority ethnic (BAME) communities, refugees report mental health related stigma within their own communities.[13] The experience of stigma associated with mental health problems can lead to feelings of shame and reluctance to access support. For some refugees and asylum-seekers, the western individualised concept of mental health does not fit with their own existing cultural views. Mental health literacy, including awareness of where and how to access sources of support, can be low among refugees. This in turn can lead to resistance both to offering help to others and to seeking help for themselves.[14]

12. It is vital that the Home Office's contracted services for asylum-seekers and refugees ensure that this vulnerable population can readily access culturally appropriate mental health support during and after the pandemic.

13. **MHF recommends that the Home Office ensures contracted services for asylum-seekers and refugees facilitate links for their residents and clients to culturally appropriate mental health supports that are accessible during and after the pandemic.**

Domestic abuse and risks of harm within the home during the crisis and particularly, any measures needed to reduce harm and support victims during the crisis.

14. Across Europe, women are more likely to experience intimate partner violence than men, and such violence is known to increase the risk of emotional distress and suicidal ideation.[15] I n the 2019 Crime Survey for England and Wales, as in prior years, women were also more likely than men to have experienced domestic abuse. In terms of sexual assault, women were around six times as likely as men to have experienced sexual assault by a partner in the last year.[16]
15. Women are more likely than men to experience psychological harm from trauma, and they are more likely to develop internalising disorders following trauma. Self-harm, eating

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refugees and internally displaced persons: A meta-analysis. J Am Med Assoc. 2005 Aug;294(5):602–12.

[12] Aspinall PJ, Watters C. Refugees and asylum-seekers : a review from an equality and human rights perspective [Internet]. Manchester; 2010. Available from: https://www.equalityhumanrights.com/sites/default/files/research-report-52-refugees-and-asylum-seeker-research.pdf

[13] Quinn N, Shirjeel S, Siebelt L, Donnelly R, Pietka E. An evaluation of the Sanctuary Community Conversation Programme to address mental health stigma with asylum-seekers and refugees in Glasgow Mental Health Foundation. Glasgow; 2011.

[14] Mental Health Foundation. Amaan [Internet]. Available from: https://www.mentalhealth.org.uk/scotland/improving-mental-wellbeing-asylum-seekers-and-refugees

[15] Ellsberg M, Jansen HAFM, Heise L, Watts CH, Garcia-Moreno C. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. Lancet [Internet]. 2008 Apr;371(9619):1165–72. Available from: https://www.sciencedirect.com/science/article/pii/S014067360860522X

[16] Office for National Statistics. Domestic abuse victim characteristics, England and Wales: year ending March 2019 [Internet]. 2019. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019#sex

disorders and emotionally unstable personality disorder, which are more common among women than men, have all been associated with experiences of violence and abuse.[17]

16. Domestic abuse can also adversely affect children. Adversity in childhood is directly responsible for 29.8% of adult mental health problems, with evidence showing that the more severe and prolonged the exposure to adversity, the greater the risk of developing a mental health problem.[18] Adverse childhood experiences (ACEs) have been defined as "stressful experiences occurring during childhood that directly hurt a child (e.g. maltreatment) or affect them through the environment in which they live (e.g. growing up in a house with domestic violence)".[19] Typical ACEs include experiencing physical, sexual or verbal abuse, violence, parental separation, and being in a household with mental illness, alcohol or substance misuse, or where a household member has been imprisoned.

17. For the reasons above, a greater focus on prevention of gender-based violence, domestic violence and sexual abuse may prevent mental health problems from arising by preventing traumatic experiences that can result in mental or emotional distress.[20] MHF also supports trauma-informed care in order to provide early intervention to women at risk of developing a mental health problem in the context of domestic violence services.[21] The Women's Mental Health Taskforce report contains a set of statements developed with women on what matters to them in providing services, and detailed principles for providing trauma- and gender-informed care, which the Foundation supports.[22]

18. MHF welcomes the Government's recent announcement of a campaign to increase public awareness of the availability of domestic violence supports, along with £2 million in funding for helplines and online services. However, given that Women's Aid has asked for £48 million to be able to provide the follow-on domestic abuse services such as refuges and community supports, we are concerned that the existing funding commitment does not go far enough. It is also important to ensure that support is available to women living in rural areas where it can be more difficult to access services.

19. **MHF recommends that the Home Office substantially increase funding to domestic abuse services beyond the £2 million already announced in order to respond to the increased need for support that has been identified in the context of the pandemic.**

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[17] Wilton J, Williams A. Engaging with complexity: Providing effective trauma-informed care for women. London: Mental Health Foundation/Centre for Mental Health; 2019.

[18] Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, et al. Childhood adversities and adult psychopathology in the WHO world mental health surveys. Br J Psychiatry. 2010;197(5):378–85.

[19] Bellis MA, Ashton K, Hughes K, Ford K, Bishop J, Paranjothy S. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population: Alcohol use, drug use, violence, sexual behaviour, incarceration, smoking and poor diet. 2015.

[20] Campion J. Public mental health: Evidence, practice and commissioning. [Internet]. London; 2019. Available from: https://3ba346de-fde6-473f-b1da-536498661f9c.filesusr.com/ugd/e172f3_2a4c76743be94502b9e30b3a3c49136f.pdf

[21] Wilton J, Williams A. Engaging with complexity: Providing effective trauma-informed care for women. London: Mental Health Foundation/Centre for Mental Health; 2019.

[22] Department of Health & Social Care. The Women's Mental Health Taskforce: Final report. [Internet]. London; 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765821/The_Womens_Mental_Health_Taskforce_-_final_report1.pdf%0D

20. **MHF recommends that police, fire and other emergency workers who may be handling emergency calls be guided on how to triage calls and be alert to any signs that a caller might be experiencing domestic abuse, as callers are likely to be more constrained in what they are able to say in the context of the lockdown situation.**

April 2020