2.Impact of Covid – 19 on mental health and emotional resilience

City Health and Wellbeing Board

Monday 10th August 2020

Purpose

The purpose of this briefing note is to share with the City HWB, from a police perspective, those mental health and emotional resilience issues which could perhaps in part be attributed to COVID - 19, what we are doing to address them and what issues we might foresee arising in the future.

Overview

This briefing note covers the following areas:

1. Assessment of the impact on the mental health and emotional resilience of our workforce from an 'internal' organisational perspective
2. Mental Health Car Demand
3. Missing Persons
4. Adult at Risk Referrals
5. Suspected Suicides

1. Impact on mental health and emotional resilience from an 'internal' organisational perspective

We have sought to identify and mitigate against the most likely issues potentially facing our officers and staff (accepting that the nature of policing means we have a very mixed economy of those staff who have been able to work from home and those who haven't). Namely:

- Anxiety caused by a disruption to routine. Impact of working from home on team moral and feeling of being connected to the organisation.
- Worry about increase risk of infection by attending work.
- Domestic abuse – increased risk for officers and staff where domestic abuse may be present if shielding/locked down/working from home - increased associated risk of anxiety.
- Additional pressure on those responsible for childcare – balancing work, childcare, home schooling commitments.
- Increase in workloads, people working at different times to balance work/home responsibilities.
- Lack of structure and a defined working day.

In order to mitigate these risks we:

- Made wellbeing calls to those identified as high risk and shielding or self-isolating
- Established a testing cell to provide advice and reassurance to those with symptoms and awaiting testing/results
- Where it could be enabled, individuals were advised and supported to work from home.
- PPE was issued, covid checks made by Control room ahead of deploying officers to incidents so they were aware of all available information to protect themselves
- Enabled the ability of continuing to work from the office if concerns presented in the home
- Provided wellbeing support for parents/carers – 'people messages' via intranet and management with focus on work-life balance
- Use of annual leave promoted for rest and recuperation – no annual leave bans put in place
- Birth partners enabled to work from home from 36 weeks of due date to support best possible opportunity for attendance at the birth

Moving forwards we anticipate and are planning for:

- Concerns from those shielding about the prospect of returning to the workplace
- Transition back to the workplace – anxiety about coming back, things not as they expected
- Fear of the unknown, 2nd spikes/lockdowns, people wanting certainty where there is none

In preparation:

- Shielding officers and staff to remain working from home extended until 30th September
- Return to Work principles being developed which consider a full organisational culture change in our approach to working from home
- Workplace risk assessments undertaken to make workplace 'covid secure'.
- Individual risk assessments undertaken for all those identified as high risk
- Virtual Q&A engagement sessions themed on particular matters e.g. returning to work, enabling all to ask questions of those leading/involved in the Force planning and response
- Close monitoring of overall attendance/health data

2. Mental Health Car / PAVE

Demand on the Mental Health car increased by around 15% during March – July 2020 in comparison to the same period last year.

During an average month pre Covid, and taking Dec 2019 and Jan 2020 as an example, we triaged 648 and 673 incidents respectively in comparison to 722 in May 2020 and 765 in June.

Our PAVE team have experienced a real increase from having on average 20 open cases to around 30+ cases from April onwards and this still remained high in July with 28 cases. In addition, telephone contacts increased from 53 in Jan 2020 to 105 in March and then spiked again to 453 in April. This high level of call volume continued until late June with telephone contacts sitting at around 300 by July.

NB the PAVE team (pro-active vulnerability engagement) is a multi-agency partnership approach to target the most vulnerable individuals in the locality.

Through the Covid period we experienced an increase to S136 numbers. Pre Covid we saw on average 12-16 Section 136 per month but at the peak in June 2020 we saw 26 however the majority of people were detained and admitted under a section to the Bradgate Unit.

In response

- We increased our service offer to street Triage (MH car), operating from 0800 – 0200 an increase of 2 hours in the morning.
- We increased our service offer within the PAVE team, operating 0800 – 2000, 7 days a week instead of a Mon-Fri 0900-1700.
- We moved to a one team approach across all Mental Health services ie MH car, PAVE and Custody managed by a single manager to look at where our demand comes from.
- We continue to work closely with other front services ie LRI A&E Mental Health team.
- Our MH manager has been working in partnership with LPT management and EMAS management to ensure a joint approach to manage demand.
- LPT have set up a new 24/7 support line and urgent care hub at the Bradgate
- As the community teams have re commenced home visits this has helped albeit demand is still higher than last year but reducing.

3. Missing Persons

We have experienced a reduction in missing person reports during the COVID outbreak. This reduction has been across all categories of Low, Medium and High-Risk and we have also experienced reductions in missing reports for under 18's and 'in care' reports.

Throughout the period 1st April – 31st July 2020 the total average number of reports for all missing categories per day was 11.16 which is a decrease from 14.57 per day in the same period during 2019 and an overall average reduction of 3.41 reports per day.

In the same period we recorded 1362 missing reports in 2020 in comparison to 1778 reports last year.

In this same period there were 455 'high risk' missing reports linked to 364 separate individuals (some people go missing on multiple occasions) which was a reduction from 498 missing reports relating to 386 individuals last year.

Sadly there were 4 people found deceased in both reporting periods with one report from 2020 which was recorded as a suicide by a business owner thought to be attributed to the collapse of their company during the COVID restrictions.

However there has been a noticeable spike in all missing categories during the latter part of July which appears to corelate with the easing of COVID restrictions.

4. Adult At Risk Referrals

Definition of an 'Adult At Risk' - an adult means a person aged 18 years or over. An adult is 'at risk' if, because of their situation and/or circumstances, they are unable to take care of or protect themselves or others from harm, abuse or exploitation. Both their situation and circumstances should be considered before risk can be assessed. Situation would include environment, employment, family and other relationships, crime and anti-social behaviour levels, and a range of other situational factors. Circumstances would include personal factors such as Mental Ill Health, Learning Disability, Physical disability, Physical Ill Health, Age and Alcohol or Drug dependency.

Based on the above if officers believe a person with whom they interact with meets the definition of an Adult at Risk and or is subject to domestic abuse and therefore are unable to protect themselves from harm they must submit an 'Adult At Risk' Public Protection (PPN).

Adult Safeguarding Hub	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Number of PPN's	**724**	**747**	**673**	**641**	**712**	**659**	**685**	**633**	**577**	**606**	**782**	**840**

An increase in Adult At Risk referrals can clearly be seen during May and June which coincides with periods of lockdown in LLR.

5. Suspected Suicides

We have experienced an increase in recorded suicides during the period 1st January to 31st July 2020 in comparison to the same period last year with the notable increase occurring between 23rd March and 30th May this year in comparison to last.

During the period January – July 2019 there were 45 recorded suicides with a mean age of 48 and an age range 18-83. In that same period between January – June 2019 there was an average of 5.3 suicides per month but in July 2019 this spiked to 13. **NB** Suicide rates tend to peak at 3 points of the year, July (Summer), September/October (for young people in education) and in January (after Christmas for older people).

82% of deaths between January - July 2019 were male and 88% of all deaths were White British.

During the period January – July 2020 there were 54 suicides with a mean age of 41 and an age range 12-78 an increase of 9 recorded suicides. 67% of the suspected suicides were male, representing an increase in females taking their own lives in comparison to the same period last year. 83% were White British individuals which demonstrates an increase in BAME suicides in comparison to last year.

During the period January – June 2020 we experienced an average of 8 suicides a month, with a noticeable rise in the months of March, April and May when the COVID crisis put the UK in lockdown. Of note is that between the 23rd March and 30th May 2020 we attended 24 suicides in compared to 15 in the same period for 2019.

It's difficult to categorically conclude that Covid provides a direct link to suicides, as there are often multiple reasons and I am aware that we have been working with our mental health partners since the outbreak of COVID 19 to consider whether any of these individuals were in receipt of services at the time of their death.

In response during April, the Suicide Audit and Prevention Group began meeting weekly in order to try and mitigate the threat.

- Flyers, regarding the LLR suicide prevention website (www.startaconversation) were distributed within food parcels
- GP representatives were contacted regarding patients who were receiving ongoing care for minor mental health concerns such as depression who had been identified as a high risk category of risk for suicide.
- Social media campaign was ran promoting the use of different activities to stimulate wellbeing.

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