



TASK AND FINISH GROUP – TACKLING POTENTIAL MENTAL HEALTH ISSUES POST PANDEMIC

MINUTES OF THE DIGITAL MEETING HELD VIA MICROSOFT TEAMS ON WEDNESDAY 16TH FEBRUARY AT 11.00 A.M.

PRESENT:

Councillor C. Bezzina - Chair

Councillors:

D. Cushing, K. Etheridge

Also Present:

Dr D. Llewellyn (Service Development Lead, Aneurin Bevan Gwent Public Health Team) and Dr C. O'Connor (Divisional Director, Aneurin Bevan University Health Board).

Together with:

M. Jacques (Scrutiny Officer) and K. Morris (Service Manager).

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors C. Bishop and M. Evans.

2. DECLARATIONS OF INTEREST

There were no declarations at the beginning or during the course of the meeting.

3. TO APPROVE AND SIGN THE FOLLOWING MINUTES: - TACKLING POTENTIAL MENTAL HEALTH ISSUES POST PANDEMIC MEETING HELD ON 15TH DECEMBER 2021

RESOLVED that the minutes of the meeting held on 15th December 2021 be approved as a correct record.

4. EVIDENCE GATHERING SESSION WITH DR CHRIS O'CONNOR AND DR DAVID LLEWELLYN.

The Chair welcomed Dr Chris O'Connor, Divisional Director (Psychology) with the Aneurin Bevan University Health Board and Dr David Llewellyn, Service Development Lead for the Integrated Wellbeing Networks of the Gwent Public Health Team. In introduction Dr O'Connor advised Members that he was a Consultant Clinical Psychologist and as Divisional Director with the health board was responsible for the delivery of mental health services across the Gwent region. Dr Llewellyn advised Members that he led the Integrated Wellbeing Networks in the County Borough and that along with partners it sought to address health and wellbeing inequalities in local communities.

Dr O'Connor suggested three areas for discussion: (i) the national and international research in relation to the impact of the pandemic on the mental health of the population, (ii) the impact of the pandemic on referrals to NHS mental health services in Caerphilly, and (iii) what has been done and could be done moving forwards. One Member highlighted the lack of a joined-up approach from those delivering mental health services. Another Member wished to receive greater clarification on the help available for those experiencing mental health issues. The Chair wished to explore the consequences of grief experienced during the pandemic and also the results of feeling isolated due to lockdown measures and different ways of working.

Dr O'Connor highlighted to Group Members that the impact of the pandemic on the mental health of the population had been immense. Dr O'Connor outlined to Group Members how research and studies over the last two years showed that the pandemic has had a significant impact on the mental health and wellbeing of the population. Group Members heard how this was also the conclusion of research Dr O'Connor carried out along with Cardiff University and Swansea University (*The Influence of the Covid-19 Pandemic on Mental Wellbeing and Psychological Distress: A Comparison Across Time – 15th July 2021*). Members heard how growing research showed that key groups within our communities were particularly impacted by the pandemic and were therefore at greater risk of developing mental health difficulties. Examples given by Dr O'Connor were: people who have had a severe Covid illness, those experiencing financial difficulties, people who have experienced significant relationship difficulties, people experiencing domestic abuse, people feeling socially isolated, those with previous mental health difficulties, people working in health and social care and the general impact on the wellbeing of carers. Dr O'Connor advised Members that there was a need to make plans for the whole population and also to establish what needs to be done for those key groups identified within our communities. Dr O'Connor also brought to the attention of Panel Members data and research carried out by the Centre for Mental Health on the future need for Mental Health Support. Modelling throughout the pandemic showed that within the next 3-5 years their prediction is that capacity within NHS Mental Health Services will need to grow between twofold and threefold in order to deal with the increased demand.

On the issue of referrals to mental health services in Caerphilly, Group Members heard from Dr O'Connor that in regard to Specialist Mental Health Services such as the Community Mental Health Teams, during the first lockdown there was a significant reduction in referrals. However, now the number of referrals for people of a working age had returned to pre-pandemic levels. Dr O'Connor then advised that a few specialist services such as perinatal and forensic services had not reached pre-pandemic levels in terms of referrals and that the reasons for this were being investigated. The Group then heard how despite a reduction in referrals initially during the first lockdown, there was now significantly more referrals for older people with functional mental health difficulties such as depression and anxiety than was the case pre-pandemic. Dr O'Connor then highlighted a drop in referrals to memory assessment clinics for people with dementia when compared to pre-pandemic levels. The number of people going to see their GP about mental health difficulties was then raised by Dr O'Connor. The Group heard that demand within the Primary Care arena had gone up massively during the pandemic. One

Member asked about GP timeframes for referring a patient to a consultant, and also raised the issue of the stigma associated with talking about mental health issues amongst the older generation. Dr O'Connor agreed that the issue of not talking about mental health amongst older people required further work and outlined some of the targets associated with Primary Care Mental Health Services. It was highlighted to the Task Group that waiting times for counselling and interventions were now increasing. The Group also heard how Psychological Wellbeing Practitioners had been introduced within GP practices in order to provide a more effective service. Dr Llewellyn advised that there were 12 Psychological Wellbeing Practitioners currently in place across the County Borough and that feedback from patients was very positive. The Group heard the example of work being done with partners around nature-based activities and that this had been an effective 12-week programme. Most of the referrals for this programme came from the Psychological Wellbeing Practitioners. Creative classes held remotely during lockdowns were also highlighted by Dr Llewellyn. Dr Llewellyn outlined the challenge of ensuring that Psychological Wellbeing Practitioners were aware of the full range of services and activities available within the community and gave the example of Bereavement Cafes which were being planned by the Integrated Wellbeing Networks. Dr Llewellyn also agreed with a point made earlier in the meeting about the need for greater connectivity between mental health service providers and stressed that this would ensure activities complimented each other and that users were signposted in the right direction. The Service Manager reiterated that partnership working was taking place and that she attended regular meetings with ABUHB partners and Community Connectors worked hard to ensure that agencies shared a joined-up approach. On the issue of the stigma associated with mental health the Chair highlighted that men in particular struggled to talk about mental health difficulties and was able to illustrate this point from a personal perspective. The Chair suggested that Psychological Wellbeing Practitioners were needed in every surgery but recognised that additional resources would be required to make this a reality. Dr Llewellyn highlighted a community study by the Integrated Wellbeing Networks at the end of 2020 which found that it had exacerbated existing difficulties (*Sustaining and Strengthening Community Wellbeing Together in the Covid Era – August 2020*). Dr Llewellyn also drew the group's attention to the support available via the Melo website and Gwent Connect 5 training.

Dr O'Connor agreed with an earlier point that an early intervention prevention agenda was crucial and that work in this area should continue. The Group then heard about demand and capacity analysis across Gwent in relation to Psychological Wellbeing Practitioners which was taking place across the Gwent region. Dr O'Connor also reflected that community conversations as described by Dr Llewellyn earlier in the meeting were crucial moving forwards. Dr O'Connor reiterated praise for the training provided by Public Health Wales via the Connect 5 programme. This encouraged individuals from as many organisations as possible to undertake training so that they are able to recognise the signs of mental health difficulties and are then able to take appropriate action. Some group members expressed an interest in being trained through the Connect 5 programme. Dr Llewellyn highlighted that in the Caerphilly area that training was facilitated by MIND Cymru, he also advised that in terms of community conversations Talking Cafes were planned through the Integrated Wellbeing Networks. It was agreed that the contributors would distribute further information on Connect 5 training to Members outside of the meeting.

One Member asked what more Caerphilly County Borough Council could do and enquired specifically if lobbying the Welsh Government for additional resources for more Psychological Wellbeing Practitioners would be beneficial. The Member also made enquiries about the benefits of organising activities to develop coping strategies within local communities. Dr Llewellyn agreed with the Member and gave more information about nature prescribing activities and the development of a Green Health Network. The Doctor also advised that it was important to have a broad range of activities as what appealed to one person may not necessarily appeal to others. Dr O'Connor welcomed any lobbying for additional resources as he advised that historically mental health had been underfunded when compared with physical

health services. Dr Llewellyn advised Task Group Members that talks were taking place about the implementation of Participatory Budgeting within Caerphilly County Borough. He outlined how the ambition was to empower communities to implement the services they required themselves and highlighted how Third Sector organisations could bid for funding under this process. Dr Llewellyn also raised plans for an online Wellbeing Index which would accumulate anonymised data at a community level on the key issues and suggested solutions in terms of community mental health and wellbeing. It was suggested that this would then feed into the Participatory Budgeting process and allow the monitoring of impact.

It was agreed that the next meeting of the Task Group would consider the evidence received thus far before deciding on the next course of action.

In thanking Members and Officers for their contributions, the Chair closed the meeting at 12:05 pm.

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 2022, they were signed by the Chair.

CHAIR