

# A Life-Course Approach to Mental Health and Wellbeing Lessons from Covid-19

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# A Life-Course Approach to Mental Health and Wellbeing - Lessons from Covid-19

- C19 has confirmed the essential role of LAs, primarily through their social care duties but also public health and housing roles, in meeting the needs of people of all ages with mental health needs, keeping them safe, preventing future mental ill-health, and in the promotion and maintenance of the mental health, independent living and the wellbeing of local populations.
- LAs are the primary local commissioners and funders of VCSE and independent sector providers of mental health and wellbeing services, who are key local partners in meeting those needs.
- C19 is showing that urgent action required to secure stability and continuity in the social care sector, in order to respond to the mental health and wellbeing needs of people and communities and ensure that services can continue to navigate and deal with the effects of C19, plan for winter 2020/21 and beyond.

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Department of Health and Social Care Covid-19 Social Care Task Force  
Mental Health and Wellbeing Advisory Group

- People with mental health needs and their carers must be protected from the virus.
- All efforts must be made to avoid creating distance between people and their family and/or community of choice.
- People with mental health needs must remain connected to essential services.
- Personalised services must be in place, with a workforce to deliver and all efforts are made to protect that workforce from the virus.
- There is a clear understanding of the essential role of social care and local authorities in the delivery and funding of mental health and wellbeing services.

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- All service users known to mental health services must have the opportunity to review their care plan, to ensure that these plans include provision for ongoing support. This requires clear care co-ordination arrangements and a central point of contact for communication of service availability (e.g. in the light of potential lockdowns), including crisis support.
- All statutory services must be required to ensure they remain in regular contact with service users, that risk is managed with them and any commissioned providers, throughout the pandemic and beyond.
- The continued availability of and investment in crisis support must be a central feature of an effective range of accessible local mental health and wellbeing services.

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- The principles of personalised care and an explicit recognition of inequality as a barrier to access and better mental health outcomes must guide digital and virtual service offers and commissioning. The risks of digital exclusion are particularly pronounced for people with severe mental illness, people from Black, Asian, Minority Ethnic communities and those with lower socio-economic status.
- Access to culturally appropriate advocacy services must be maintained and enhanced, with clearly communicated protocols for continuity of services, that are both readily available and regularly reviewed.
- All services need a targeted focus on prevention (e.g. welfare rights, debt and money advice, housing support), that recognises and responds to the structural determinants of mental illness and inequalities in mental health, particularly for Black, Asian, Minority Ethnic people and communities.

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- Health and social care systems must renew, via Health and Wellbeing Boards, commitments to parity of esteem, to maintain effective access to mental health and wellbeing services. This includes ensuring appropriate personalised care and support for all, particularly BAME people and communities.
- Service continuity, the ability to keep people safe, requires co-production between service users, commissioners and providers. Commissioners must recognise the intelligence that providers possess on individual needs and facilitate sufficient flexibility, particularly in relation to contract management, associated KPI's and allow providers to adapt and blend services accordingly.
- LA social care and services commissioned by them must be proactive in identifying friends and family carers of people with mental health challenges and respond accordingly. This means providing clear messaging and information that carers are entitled to statutory support and where they can access that support.

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- A capable and resilient social care workforce is necessary to provide continuity of care in services for people with mental health challenges and keep them safe. Investing in this workforce is an essential requirement of national guidance, regulatory bodies, inspection and infection control arrangements and local commissioning systems.
- Restoring mental health related adult social care budgets to 2010/11 levels is a priority; in 2018 this was estimated at an additional £1.1 billion pa. Bridging this gap between demand and resources, must also recognise the need for targeted investment in communities most affected by C19.
- Social Care's role in mental health services, in promoting population mental health and wellbeing, requires explicit recognition. Councils and their provider partners must be able to engage with and secure effective input to the NHS C19 cells and NHS mental health related planning and delivery plans e.g. Community Mental Health Framework.

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## Finally...

- Future policy and planning assumptions are not based entirely on the experience of last five months, not least given the dynamics of C19 and relatively limited nature of the incomplete evidence base.
- Vigilance and adaptation, along with ongoing and meaningful engagement with people who use and need services and those organisations who work most closely with them, are key to the effective planning and commissioning of the services and support that keep people *of all ages* their and communities safe and well moving forward.
- A narrative and initiatives been pre-occupied with health and social care integration has not always been mindful of the effects of the separation of social care for CYP and that for adults. In promoting mental health and meeting the needs of people with mental illness through prevention based practise, with local authorities playing a more substantive role, in partnership with the VCSE and NHS, it is important we consider this issue.



# Thank you

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