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Mental Illness “surge” forecast

October 2020

making a difference together

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What drives the mental illness surge?

1. Direct impact of Covid-19 (small no, home igh needs)
   - "survivors" of hospital treatment; "long covid" group
   - The bereaved (lack of normal rituals)
2. The experience of social distancing (large numbers)
   - Isolation (single person households; shielding group etc)
   - Fear of catching the virus
     - *1) Front Line workers (supermarkets, bus drivers and food processing as well as Intensive Care and care home workers)*
     - *2) Vulnerable people with long term conditions*
   - Disruption to social networks (esp 5-25 year olds)
   - Other vulnerable (BAME, disabled, domestic abuse, people already on MH caseload etc)
3. The recession (extent of recession still unclear)

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What will people present with?

- 1: Covid survivors: neurological / psychological / PTSD
- 2) Social Distancing: PTSD, anxiety, depression, eating disorders, dual diagnosis .
  - Research suggests some of this will be delayed by months or years
  - Health and care staff illness may be mislabelled as “burnout”
- 3) Recession linked demand will see an increase of similar presentations to past recessions
- We anticipate that need may be concentrated in some families across the generations

How many will need intervention / support from "the system" ?

- At **system** level an **ADDITIONAL**

- **10%** of CYP every year for 5 years (equivalent of 52% over 5 years)
- **4.6%** of adults every year for 5 years (equivalent of 23% over 5 years)
- **4.3%** of older people every year for 5 years (equivalent of 22% over 5 years)

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What about TEWV's teams?

- **Demands for TEWV services will depend on how well we can support GPs, schools, York City Council and Voluntary sector on early intervention.**
- IAPT predictions 11-33%
- CYP CMHTs – around 60%
- AMH CMHTs – around 40%
- MHSOP CMHTs – around 20%
- Learning Disability – around 10% but levels of complexity will increase

When?

- GPs and local authority services report large volume of relatively low acuity MH issues coming in – if this is the "canary in the coalmine" then some of this demand will escalate to IAPT and then to secondary care later in the year
- TEWV referrals have bounced back to pre Covid levels, and above in some services
- TEWV is seeing admissions to adult and older people beds from people who have become very ill without contact with GPs or any other services over the Lockdown
- CYP position will become clearer in coming weeks

Is the forecast realistic?

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- External Modelling and Policy experts have been impressed by the TEWV model (including Humber Coast and Vale Data Group)
- Other models we have seen produce similar forecasts (e.g Merseycare – 42% AMH demand increase; centre for mental health higher still)
- NHSE is about to peer review 4 models, including TEWV one
- We will run forecasts again in Nov / Dec taking NHSE feedback and new research into account (and use other approved models as well if possible)
- "2nd wave" makes predictions even more credible, due to potential impact of loss of hope and connectedness over the winter

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What is TEWV doing about this

- Opening the new Foss Park hospital + AMPH hub / model + DTOC work with CYC
- Disseminating our forecast locally and regionally
- Identified additional posts needed to deal with the surge directly in TEWV or to help the system develop early intervention capacity
- Supporting Humber, Coast and Vale development of a resilience hub
- Carry on supporting local system redesign such as the Northern Quarter and working with PCNs