

# Towards Happier, Healthier Lives

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ThriveLDN 

Ideas and actions  
for how London can  
recover and thrive



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## Executive Summary

For many of us, the COVID-19 pandemic has been the most challenging period of our lives, taking a heavy toll on our mental health and wellbeing. In acknowledgment of this, in May 2021, the London Health and Care Leaders' Group commissioned the Thrive LDN Advisory Group to undertake a comprehensive review of regional public mental health across three main areas:

- Review available public mental health research and insights to determine how the pandemic has impacted Londoners' mental health and wellbeing, and what the long-term impact might be.
- Review the strategic and policy landscape to identify opportunities and levers for collective action around public mental health.
- Review the public mental health literature to define how we can collectively approach and achieve change.

Most importantly, in response to the above, develop a series of actions where opportunities could be maximised in the short, medium and long term, with a focus on identifying actions to improve the mental health and wellbeing of Londoners and London's communities, and actions for the health and social care system to consider strengthening the sustainability and longevity of regional public mental health offers.

The process has been supported by broad engagement from across health and social care, wider sectors with an interest in mental health, and with Londoners themselves. Thank you to everyone who has contributed to the development of this report.

In this report we summarise findings from the review. We begin this summary (see Chapter 3) by drawing on Thrive LDN's research and community insights work, and that of our partners, to assess how the pandemic has impacted Londoners' mental health and wellbeing. We expand further upon this in Chapter 5 with community insights, all of which highlight:

- Overall, trends in population mental health appear to broadly follow trends of the virus and restrictions in place to control it. This is likely to continue, but challenges for mental health may remain invisible for some time.

- The impact of COVID-19 on mental health has not been the same for everyone. Public Health England's Beyond the Data report provides clear evidence that Londoners who were already experiencing poorer social, economic and health outcomes, have been disproportionately affected by the pandemic.
- Demand for specialist services and more complex cases, such as young people with eating disorders, and self-harm, has increased.
- COVID-19 itself has a direct impact on mental health both for survivors of the illness, and those bereaved by it.
- The economic impact of the pandemic has affected Londoners' mental health and wellbeing, and will continue to do so.
- More Londoners are vulnerable to suicide. Although the official statistics on suicide rates during the pandemic have yet to be released, there is a recognition that due to the extreme challenges posed by the pandemic more Londoners will be considered vulnerable to suicide, leading to an increased risk of suicides across the city.

The pandemic has exposed, exacerbated and solidified existing inequalities in society. It has also made some individuals and communities even more vulnerable than before. In Chapter 4 we highlight the long-term impact of this, which includes:

- The prevalence of poor mental health is expected to increase.
- The mental health impacts are falling unequally across society. Some groups, including front-line workers, young people and Londoners with pre-existing mental health conditions, have been experiencing more critical mental health concerns, with the effects more likely to persist.
- The people experiencing poor mental health, and the frequency they are seeking support, has changed.
- The easing of restrictions has had a positive impact on most Londoners, but health and social anxiety remain an issue.
- Coping with uncertainty is now the norm. The lives of the clinically vulnerable, those who shielded in the first and second waves, frontline workers, those whose resilience has been worn down over time, have changed profoundly since the start of pandemic.



In Chapter 6 we look at the current landscape, provide case studies of initiatives that have worked to address a range of mental health and wellbeing issues, and set out how this could work at different levels of responsibility in the system, including:

- Londoners' awareness of mental health has increased. The current moment offers an opportunity to shift the narrative and the public's perception of mental health and wellbeing and the structural factors which influence it.
- The creation of the Office for Health Improvement and Disparities (OHID) provides an opportunity to bring together partners to commit and invest in levelling up the health of the population and address the root causes of health inequalities.
- There is also huge potential for Integrated Care Systems (ICSs) and provider collaboratives to take a system leadership role to coordinate support for public mental health in the coming years. This work will need to involve people and communities, and focus on approaches that support good mental health and wellbeing through cultivating communities and networks that sustain health.
- Regionally there is a strong commitment for public mental health, but a strengthened focus on the wider determinants would be beneficial. Only when there is collective and sustainable effort to drive equity, enable and sustain active participation, and improve the factors which shape the conditions in which we live, work and grow, will it be possible to achieve improved opportunity for good mental health and wellbeing.

Additionally, there is a need to anticipate potential changes to regional health strategies and where the strategic opportunities and levers are to progress collective action around public mental health. To support this, we have collated a summary of regional policy (see Table 2).

In Chapters 7 and 8 we outline how we can collectively approach and achieve change, and actions for the future. In short, and most importantly, by acknowledging the experiences of communities and supporting Londoners to help each other, we can shift perception of poor mental health and disrupt the pervasive emphasis on individual action to overcome structural and systemic inequalities.

The pandemic has significantly enhanced a citywide conversation about the mental health of the capital, including the wider factors that influence wellbeing and how outcomes are experienced unequally by different groups. The concept of resilience is not only relevant across all different levels (individuals, communities and systems) but is an essential factor to enable London to keep going and ensure the sustainability and longevity of the London health and social care system. However, it is important to acknowledge that the level of systemic change required is not easy.

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This report concludes on actions around system ownership and governance arrangements in London. The current scale of distress and the increased public mental health challenges expected over the coming years requires a greater need to integrate and unify regional public mental health offers in London to ensure sustainability and longevity. Some of this work is already underway, as regional leads are currently considering the integration the Good Thinking Advisory Board within the Thrive LDN Advisory Group, and consolidating the Thrive LDN Advisory Group as the key governing body for regional public mental health work across the partnership, reporting directly to the London Health Board. This report also champions the important system leadership for Integrated Care Systems, cross-sector working and implementing mental health in all policy initiatives at regional, sub-regional and local level, to take action to influence the wider determinants of mental health.



## Actions for the future in summary



### Individuals

The ways in which Londoners are seeking and engaging with support for their mental health and wellbeing is changing. There is an overall need to rebalance our collective public mental health offer and establish a clearer continuum into primary care and early intervention. Within this, we must recognise the complexity of different forms of engagement and support required and, through enhanced communications, make it easier for Londoners to navigate and access different offers.

1. Continue to coordinate, scale, and deepen public mental health communications activities across London to communicate clear, consistent and culturally competent messages.
2. Utilise opportunities through the Mental Health and Wellbeing Recovery Mission to build on existing digital mental health infrastructure to create a distinct, public-facing hub for mental wellbeing promotion, digital mental health training offers, and to act as a single point of access for mental health support.
3. Strengthen champion programmes to address the digital divide, by mapping the provision of existing or planned champion programmes in London to enable better coordination across networks and clarify where and how regional offers can add value.



### Communities

London must become a city where the power of community spirit is experienced universally. Communities provide a foundation to meet people where they are, build each other up and advocate for each other to not only adapt to and withstand adversity, but to thrive and reach their full potential.

4. Identify and implement mechanisms to strengthen resilience across all aspects of life, including settings and places, by continuing to offer additional support, training, peer support and development opportunities to grassroots and faith groups, and by creating opportunities for local people and grassroots groups to work together to build and strengthen partnerships and neighbourhood assets.
5. Continue to accelerate resilience-building programmes and preventative programmes for groups disproportionately impacted by the pandemic.
6. Further expand place-based programmes in schools through working with established programmes and networks, local voluntary organisations and the community to strengthen provision and the different types of support available.
7. Take our regional partnership further to develop suicide-safer communities through developing partnerships with general practice, social prescribing link workers and people working in communities to facilitate safer hospital discharge and longer-term mental health and wellbeing support within the community.



### Systems

Systems of power (economic, social, health) can and must enable and promote a pluralistic, multi-dimensional approach to engagement. We will succeed in giving every Londoner equal opportunity for good mental health and wellbeing when all systems use their power to improve people's health and harness a multitude of opportunities to overcome the big health challenges for mental health and wellbeing.

8. Strengthen ownership and governance arrangements around public mental health by integrating and unifying regional public mental health offers in London to ensure sustainability and longevity.
9. Establish a mutually supportive relationship between the regional public mental health approach and London ICSs. As part of this, utilise the collective strategic levers of the Prevention Concordat for Better Mental Health, Advancing Mental Health Equalities Strategy and Patient and Carer Race Equality Framework to focus coordinated action.
10. Develop additional tools, resources and training to support the wide adoption of mental health in all policies across different levels of responsibility and across sectors.



## Introduction

For many of us, the COVID-19 pandemic has been the most challenging period of our lives, taking a heavy toll on our mental health and wellbeing. Recent events in our city have emphasised how important it is to continue to prioritise public mental health. The pandemic has highlighted the need for wider action to advance equality and to strengthen resilience across all levels (individuals, communities and systems), helping us ensure that in times of trouble we can support each other to maintain mental wellbeing and collectively cope with and overcome crisis.

In acknowledgement of this, in May 2021, the London Health and Care Leaders' Group commissioned the Thrive LDN Advisory Group to undertake a review of regional public mental health challenges and opportunities (see Box 1: Terms of Reference for the public mental health review), with a particular focus on developing a series of actions where opportunities could be maximised in the short, medium and long term to improve the mental health and wellbeing of Londoners and London's communities, and to strengthen the sustainability and longevity of regional public mental health offers.

The review has run alongside and complements wider work to implement the London Recovery Board's Recovery Missions and Cross-Cutting Principles, refresh the London Vision and update the Mayor's Health Inequality Strategy Implementation Plan.

### Box 1: Terms of Reference for the public mental health review

#### Scope

- The scope of the review is public mental health in London over the next three years (2021/22 to 2023/24). The work will have a focus on advancing equity and reducing inequalities in the mental health and wellbeing of Londoners.

#### Aim

- Determine collective challenges and opportunities for public mental health in London for the next three years.
- Define a change model and develop proposals for how the health and social care system could organise itself to respond over the next three years.
- Engage with the health and social care system at different spatial levels to refine outputs and secure buy-in.

#### Deliverables

- Undertake a theoretical review of the foundations for public mental health to determine the right balance between mental wellbeing promotion and prevention of poor mental health.
- Undertake a comprehensive overview of available public mental health research and insights to determine the current and anticipated level of need.
- Undertake a strategic and policy review to identify strategic opportunities and levers at different spatial levels for collective action around public mental health.
- In response to the above, define a change model to respond to challenges and priorities identified, and develop proposals for how all spatial levels in London could organise themselves to respond.
- Produce a summary public mental health review and future strategy report.
- Undertake broad engagement with the health and social care system at different spatial levels to refine outputs and secure buy-in.



## How has the pandemic impacted Londoners' mental health and wellbeing?

The following intelligence outlines the evidence, research and insights captured across a range of areas through Thrive LDN's research and community insights' function. Information has been synthesised and summarised to give a current view of public mental health in London and anticipate what lies ahead. For a more detailed and comprehensive view of mental health and wellbeing in the capital, please see our series of briefings across a range of topics.<sup>1</sup>

### **1. Overall, trends in population mental health appear to broadly follow trends of the virus and restrictions in place to control it. This is likely to continue, but challenges for mental health may remain invisible for some time.**

The uncertain nature of COVID-19 and the restrictions which have been in place have impeded Londoners' natural and usual resources for wellbeing, their coping mechanisms and opportunities for social interaction. Overall, negative trends in population mental health appear to improve as restrictions ease, and vice versa. An example of this can be seen in the COVID-19 Social Study,<sup>2</sup> which shows that generally life satisfaction has been increasing since the ending of restrictions in July 2020. This correlates with a general continued decrease in depression and anxiety symptoms since the end of February 2021, which are now similar to what they were in the summer of 2020.

While the initial declines in mental health felt by many have now improved, it is important to note significant cohorts of the population continue to experience a reduction in mental health. Furthermore, the long-term effects of trauma, loss and disruption may deteriorate individuals and communities' capacity to cope with everyday challenges.

### **2. The impacts on mental health have not been felt uniformly and disparities increased.**

Many Londoners entered the pandemic from positions of disadvantage and Public Health England's (PHE) Beyond the Data report<sup>3</sup> and refresh<sup>4</sup> provides clear evidence that COVID-19 has not affected all population groups equally. Londoners with lived experiences of marginalisation and social disadvantage, who were already experiencing poorer social, economic and health outcomes, have been disproportionately affected by the pandemic. This is apparent both across the life-course (but particularly young people) and for population groups impacted by inequality, discrimination, and oppression. Several demographic groups have been identified as disproportionately affected by worsening mental health. These include, but are not limited to, the following:

#### **Asylum seekers**

For some, COVID-19 has just been one factor in a series of crises and active conflict events. Healthcare professionals and non-governmental organisations (NGOs) have raised serious concerns that the mental health needs of asylum seekers are not being met and the risk of mental health deterioration and crisis is high.

#### **COVID-19 survivors and patients**

The health and wellbeing trajectory for those recovering from and who have survived COVID-19 is not uniform and can have serious implications for both physical and mental health on a longer-term basis. Long-COVID has been defined as signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis<sup>5</sup>. The literature on longer-term consequences is still maturing<sup>6</sup> but indicates a particularly high frequency of insomnia, fatigue, cognitive impairment and anxiety disorders in the first six months after infection.

<sup>1</sup><https://thrivedn.co.uk/resources/the-impact-of-covid-19-on-londoners-mental-health-and-wellbeing/>

<sup>2</sup>University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

<sup>3</sup>Public Health England (2020) Beyond the data: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

<sup>4</sup>Public Health England (2020) Beyond the data refresh: TBC

<sup>5</sup>NICE (2020) COVID-19 guideline scope: <https://www.nice.org.uk/guidance/ng188/documents/final-scope>

<sup>6</sup>NIHR (2021) News: £18.5 million awarded to new research projects to understand and treat long COVID





## Deaf and disabled Londoners

Disabled people have been among those worst affected in terms of mental health outcomes, physical health outcomes and risk of dying when compared with the general population. The pandemic has amplified the long-standing structural inequalities and discrimination that deaf and disabled people experience. The pandemic has also increased stress and uncertainty for carers, who face increased worry around their financial situation as spending on food and bills increases as a result of lockdowns.

### Ethnic minority communities

The COVID-19 Social Study<sup>7</sup> shows people from ethnic minority backgrounds have had consistently higher levels of anxiety and depression throughout the pandemic in comparison to their white counterparts. Findings from this research have also shown a rise in self-reported thoughts of death or self-harm (Patient Health Questionnaire-9 measure) amongst individuals in minority ethnic groups, with levels only recently beginning to decline to levels similar to those in the White British population.

Londoners from ethnic minority communities have carried the unequal burden of some of the worst outcomes experienced internationally, including a significantly higher risk of mortality during the first year of the pandemic – 3.7 times greater for Black African men than their white counterparts during the first wave and Bangladeshi men more than five times more likely to die during the second wave.<sup>8</sup> The implications and impact of this inequality have been a traumatic experience for a large proportion of London's diverse population.

### Families with children and single parents

Parents/carers from single adult households and low-income families, as well as those who have children with special educational needs and disabilities (SEND), have reported higher levels of stress, depression, and anxiety.

### Frontline and public sector workers

COVID-19 has made many of the challenges faced by frontline workers and the public sector workforce worse. The pandemic has had a profound impact on all public services, with adverse effects on the social care workforce, frontline health workers and wider essential services such as education and the police force. This has the potential to impact recruitment and retention of staff and thus the level of care that can be offered to the public.<sup>9</sup>

<sup>7</sup>University College London (2021) Covid-19 Social Study: <https://www.covidsocialstudy.org/results>

<sup>8</sup>Health Foundation (2021) Unequal pandemic, Fairer Recovery: <https://health.org.uk/publications/reports/unequal-pandemic-fairer-recovery>

<sup>9</sup>Bermingham (2020), 'Health and social care system and COVID-19'; See also Chapter 3 section 3.3.2, particularly on perceptions of unity and solidarity amongst keyworkers.





### **LGBTQ+ Londoners**

Findings from the Queerantime Study<sup>10</sup> have shown high levels of stress and depressive symptoms, particularly among younger transgender and gender diverse respondents. Stress has been higher for those who had experienced homophobic or transphobic harassment, compared to respondents who had not. Furthermore, there are high levels of depressive symptoms (61%) and perceived stress among the LGBTQ+ community living in London.

### **Older Londoners**

Older people have been more likely to be clinically shielding and experience long periods of isolation, leading to widespread concern for this group as social isolation among older people is already a well-recognised and serious public health issue. This group were also disproportionately likely to experience digital exclusion, reducing opportunities for social interaction.

### **People with pre-existing mental health problems**

We know Londoners with mental health conditions experienced unfair and unwarranted variation in outcomes before COVID-19, and the pandemic has replicated and exacerbated this. The Mental Health in the Pandemic study<sup>11</sup> has found that people who entered the pandemic with a prior experience of mental health problems have been far more likely to experience feelings of anxiety, panic, and hopelessness. Throughout the pandemic, people with pre-existing mental health problems experienced increased morbidity and mortality rates as well as stress and an inability to cope due to the disruption of support systems and services.

### **Women**

The Mental Health in the Pandemic study<sup>12</sup> found that across the lifetime of the survey women have been more likely than men to report feeling anxious, lonely, and hopeless due to the pandemic, as well as being more worried about finances.

### **Young Londoners**

The opportunities and challenges related to young people's mental health were a significant public health matter before the pandemic, particularly the mental health of older teenagers and young adults (16–25 years old) and certain sub-groups of young people more vulnerable to poor mental health. Children and young people with existing mental health disorders, from a minority ethnic background, young carers, young care leavers, young LGBTQ+ people, and young people with disabilities are most impacted. This unequal starting point is likely to further erode their ability to cope with the negative impacts of the pandemic on their mental health and wellbeing. This is even more so where young people fall into intersectional identities and groups, accumulating more risk and stress.

Since the start of the pandemic, higher than usual levels of stress, anxiety, depressive symptoms and fear have been found in children and young people.<sup>13</sup>

In all aspects of the crisis and its adverse impacts those who were already living in disadvantaged circumstances were worse off. Like adults, children and young people from low-income households have been more likely to experience poor mental health, struggle with home learning, and be more vulnerable to the more serious impacts of the pandemic on their mental health and wellbeing.<sup>14</sup>

<sup>10</sup>University College London (2020) Queerantime Study: <https://queerantimestudy.wixsite.com/mysite>

<sup>11</sup>B Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

<sup>12</sup>Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

<sup>13</sup>Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/>

<sup>14</sup>Public Health England (2021) COVID-19 mental health and wellbeing surveillance report <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>



### 3. Increased demand for specialist services and complex cases.

The pandemic and various measures taken to address the impact have increased differential mental health outcomes, resulting in rising acuity of certain needs and increased demand for specialised services.<sup>15</sup> This includes, but is not limited to, an increase in numbers and complexity of young people with eating disorders and incidents of self-harm.

During the COVID-19 pandemic, the voluntary and community sector (VCS) played a critical role in supporting mental health within communities and lessening the strain on the NHS.<sup>16</sup> It did this not only by providing extra capacity but also by providing skills and expertise that were complementary to and distinct from those of statutory services. Greater London Authority (GLA) commissioned A lifeline for London<sup>17</sup> which shows how the VCS provided extra capacity, skills and expertise which complement and add distinct value to statutory services, including:

- The ability to form trusting and equitable relationships with their service users.
- The ability to adapt quickly and creatively to changing circumstances in consultation with their service users.
- Experience addressing the social determinants of mental health (for example, job insecurity, poverty and isolation).
- Experience working with marginalised communities that are often underserved by statutory services.

### 4. COVID-19 itself has a direct impact on mental health.

Current evidence suggests there is a direct mental health impact of COVID-19,<sup>18</sup> both for survivors of COVID-19 and those bereaved due to COVID-19. The health and wellbeing trajectory for those recovering from COVID-19 is not uniform and has serious implications for both physical and mental health. Nationally, an estimated 1 million people in the UK (1 in 5 people who tested positive for COVID-19) reported experiencing long COVID by March 2021. Learnings from previous infectious disease epidemics have shown that exposure can have direct links to psychological trauma, for those who experience and suffer from symptoms and traumatic treatment (for example, respiratory failure, threatening of death), those who witness patients who suffer from, struggle against and die of the infectious disease, and those who experience the realistic or unrealistic fear of infection, social isolation, exclusion, and stigmatisation.

Similarly, a review of complicated grief confirms the pandemic has increased the prevalence of risk factors associated with complicated grief, for example, sudden or unexpected death and low levels of appropriate social support.<sup>19</sup>

<sup>15</sup>The Health Foundation (2021) Longer waits, missing patients and catching up. <https://www.health.org.uk/news-and-comment/charts-and-infographics/how-is-elective-care-coping-with-the-continuing-impact-of-covid-19>

<sup>16</sup>CQC (2021) The state of health care and adult social care in England 2019/20. [https://www.cqc.org.uk/sites/default/files/20201016\\_stateofcare1920\\_fullreport.pdf](https://www.cqc.org.uk/sites/default/files/20201016_stateofcare1920_fullreport.pdf)

<sup>17</sup>Centre for Mental Health (2021) A lifeline for London: <https://www.centreformentalhealth.org.uk/publications/lifeline-london#:~:text=28%20October%202021&text=A%20lifeline%20for%20London%2C%20commissioned,ve%20learned%20from%20the%20experience.>

<sup>18</sup>UK Parliament (2021) Mental health impacts of the COVID-19 pandemic on adults <https://researchbriefings.files.parliament.uk/documents/POST-PN-0648/POST-PN-0648.pdf>

<sup>19</sup>Burke L.A., Neimeyer R.A. Prospective risk factors for complicated grief: a review of the empirical literature. In: Stroebe M., Schut H., van den Bout J., editors. Complicated grief: Scientific foundations for health care professionals. Routledge/Taylor & Francis Group; 2013. pp. 145-161



## 5. The economic impact of the pandemic has and will continue to impact Londoners' mental health and wellbeing.

Income and employment are intrinsically linked to health and wellbeing. The pandemic has compounded mental health and economic hardship<sup>20</sup> and the accelerating pace of social, financial, and geographic inequalities has widened the gap in mental wellbeing and future health outcomes for Londoners.

London's economic recovery from the pandemic will have a big impact on the mental health and wellbeing of Londoners. Evidence is showing different groups in society will require different support for both mental and physical health during the remainder of the COVID-19 crisis and throughout recovery from the pandemic. Pre-existing inequalities, which intersect with each other in many cases, will complicate this response, but understanding these complexities is essential if we are to avoid a persistent widening of health inequalities.

## 6. More Londoners are vulnerable to suicide.

Although the official statistics on suicide rates during the pandemic have yet to be released, currently there is no published evidence from available data to suggest that there is a rise in suicides nationally due to COVID-19.<sup>21</sup> In terms of children and young people, there is some limited data by the National Child Mortality Database<sup>22</sup> to suggest about half of the suicides after the first lockdown may have been related to disruption caused by the pandemic and lockdown.

Despite the lack of evidence to support an increase in suicides, there is a recognition that due to the extreme challenges posed by the COVID-19 pandemic, more Londoners will be considered vulnerable to suicide, leading to an increased risk of suicides across the city. This risk is related to several factors, including isolation, health anxiety, economic impacts, and increased stress.

Insights based on evidence and intelligence captured through London's Real-Time Surveillance System on Suspected Suicides have indicated many irregular and concerning patterns for suspected suicides since May 2021. Data from the Emergency Care dataset (ECDS) provided by NHS London suggests an increase in Accident and Emergency presentations for self-inflicted self-injury from January to May 2021. Self-harm is a strong risk factor for suicide, with the risk particularly heightened in the first year after self-harm, especially the first month.

People in particular groups are at higher risk of suicide, including young people who may have been in care, people who have been the victims of sexual or physical violence, people coming out of the armed forces, LGBTQ+ communities, and those who have come into contact with the criminal justice system. Social and economic factors also have a significant impact on the risk of suicide.

<sup>20</sup>Health Foundation (2021) Unequal pandemic, Fairer Recover: <https://health.org.uk/publications/reports/unequal-pandemic-fairer-recovery>

<sup>21</sup>Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance –The Lancet Regional Health – Europe

<sup>22</sup>National Child Mortality Database (2020) Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance : <https://www.ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf>



## What might the long-term impact be?

COVID-19 has generated a series of social, economic and cultural effects which will have long-term impacts. In particular, the pandemic has exposed, exacerbated and solidified existing inequalities in society. It has also made some individuals and groups living in particular places and communities even more vulnerable than before.

It is important to note that synthesising evidence and capturing insights is an ongoing and developing function of Thrive LDN and partners, so as time passes it is likely that these findings will evolve, change direction and become more nuanced.

### 1. The prevalence and incidence of poor mental health is set to increase.

The detrimental impact on mental health is likely to last much longer than the physical health impacts. Various forecasting models indicate that the prevalence of poor mental health is expected to increase and that this could impact on demand for mental health services over the next three years. Research from the King's Fund<sup>23</sup> suggests that up to 75% of the population will experience distress that should resolve with the right support but could escalate if left unaddressed. The research goes on to suggest that 15–20% of the population will experience mild to moderate disorder and 3–4% severe disorder. A systematic review<sup>24</sup> of the psychological consequences of infectious disease outbreaks has identified an increased risk for health professionals, particularly exposed healthcare workers and survivors.

Research from the King's Fund suggests that up to 75% of the population will experience distress that should resolve with the right support but could escalate if left unaddressed.

Furthermore, modelling carried out by the Strategy Unit<sup>25</sup> suggests there will be around a 33% increase in demand for mental health services over the next three years across the UK, which equates to an extra £1 billion a year or around 8% of annual NHS expenditure on mental health services. The Centre for Mental Health has developed a forecasting tool<sup>26</sup> that can be used to calculate local increases in mental health needs that will result from the COVID-19 pandemic to help providers, boroughs and ICSs to think through the specific demographics of their communities and determine the services that may be required.

<sup>23</sup>The King's Fund (2021) Covid-19 recovery and resilience: what can health and care learn from other disasters? <https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/>

<sup>24</sup>Vyas KJ, Delaney EM, Jennifer A, et al. Psychological impact of deploying in support of the U.S. response to Ebola: a systematic review and meta-analysis of past outbreaks. *Mil Med.* 2016;181(11):1515–31.

<sup>25</sup>The Strategy Unit (2021) Estimating the impacts of COVID-19 on mental health services in England [https://www.strategyunitwm.nhs.uk/sites/default/files/2020-11/Modelling%20covid-19%20%20MH%20services%20in%20England\\_20201109\\_v2.pdf](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-11/Modelling%20covid-19%20%20MH%20services%20in%20England_20201109_v2.pdf)

<sup>26</sup>The Strategy Unit (2021) Estimating the impacts of COVID-19 on mental health services in England [https://www.strategyunitwm.nhs.uk/sites/default/files/2020-11/Modelling%20covid-19%20%20MH%20services%20in%20England\\_20201109\\_v2.pdf](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-11/Modelling%20covid-19%20%20MH%20services%20in%20England_20201109_v2.pdf)



## 2. The mental health impacts are falling unequally across society, with people in some social groups disproportionately and recurrently affected.

The psychological toll of COVID-19 is already apparent in the general population; however specific groups have been experiencing more critical mental health concerns, with the effects more likely to persist. Londoners with pre-existing mental health conditions, front-line workers and young people have reported increased symptoms of depression, anxiety, and stress related to COVID-19, as a result of psychosocial stressors such as isolation, life disruption, stress, or fear of negative economic effects.

Concerns in terms of stress and burnout, depression, anxiety and even post-traumatic stress disorder (PTSD) for frontline workers and the public sector workforce<sup>27</sup> are now being realised against a backdrop of pre-existing problems, such as chronic underfunding, workforce issues and system fragmentation. In particular, the extent of distress and concern about shortages of personal protective equipment (PPE) and levels of protection in clinical settings was greater for black and minority ethnic backgrounds compared to white counterparts.<sup>28</sup>

The previous decade of disinvestment in public services meant that the levels of resilience within systems and the Londoners who carry out these roles were already low. Over time, recovery from this crisis has the potential to either boost or erode resilience for essential workers. Public services will require investment and to be redesigned to put prevention first, protect workers' health and create stronger communities.

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In the short to medium term, it is likely that communities will experience collective psychological reactions as a result of targeted discrimination and stigma. As recovery from the pandemic progresses the unfair outcomes experienced by certain groups disproportionately affected by COVID-19, such as care home residents, disabled people, and racialised and minoritised groups will feel the collective memory of trauma. Collective memory can persist beyond the lives of the direct survivors of the events, and is remembered by group members,<sup>29</sup> compromising future generations opportunities for good mental health and wellbeing.

Furthermore, as noted previously, the prevalence of poor mental health is often disproportionately higher in communities facing other inequalities and the disparities in the risks and outcomes for COVID-19 are replicated in disparities in risks and outcomes of poor mental health. Therefore, if wider action to tackle health inequalities and improve health equity is not taken, the evidence indicates these disparities will widen further over the next three years.

<sup>27</sup>Birmingham, R. (2020), 'Health and social care system and COVID-19: What are experts concerned about?', POST Horizon Scanning, published 14 May 2020.

<sup>28</sup>Gillieen, J., Santaolalla, A., Valdearenas, L. and Fusté, M. (2020), 'The Impact of the COVID-19 Pandemic on the Mental Health and Wellbeing of UK Healthcare Workers', The Lancet preprint, available at SSRN; Moorthy, A., and Sankar, T.K. (2020), 'Emerging public health challenge in the UK: perception and belief on increased COVID19 death among BAME healthcare workers', Journal of Public Health, 42(3), pp. 486-492.

<sup>29</sup>Hirschberger G. Collective Trauma and the Social Construction of Meaning. Front Psychol. 2018;9:1441. Published 2018 Aug 10. doi:10.3389/fpsyg.2018.01441



### 3. The people experiencing poor mental health and the frequency they are seeking support has changed.

The psychological effects of COVID-19 together with the adaptations of mental health services has created a significant shift in the characteristics and experiences of people with poor mental health. The frequency of those experiencing distress that does not meet the threshold for accessing specialist mental health services has increased, with more people seeking support from friends, faith leaders, and school and further education services. In other cases, where the risk is more severe, multiple stressors have escalated experiences of distress into more serious situations requiring specialist support and significantly increased demand for mental health services.

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Triangulation of findings from mental health services, the voluntary and community sector, and insights from Londoners indicate that Londoners are not presenting with poor mental health in a manner consistent with patterns pre-pandemic or as anticipated during the COVID-19 response. Evidence of this can be seen in the largely consistent number of referrals to Improving Access to Psychological Therapy (IAPT) services, contrary to initial forecasting anticipating an influx or, conversely, schools, colleges and universities reporting a higher prevalence of suicidal ideation.

For many, the use of unhealthy coping strategies to deal with this psychological impact of the pandemic, including alcohol and drug misuse, and online gambling, have been and will continue to be detrimental to mental health.

At this crucial juncture, if we want different outcomes and advancement for mental health and parity of esteem, we need to think and work differently. As demand increases, we must develop a more inclusive knowledge base across the spectrum of mental health, actively engage with and empower those experiencing poor mental health, and build capacity to support all Londoners and ensure their voices are heard.

### 4. The easing of restrictions has had a positive impact on the majority of Londoners' mental health; however, health and social anxiety remain an issue.

Largely, the easing of lockdown restrictions has had a positive impact on Londoners' mental health, particularly those experiencing reduced social interaction, changing work conditions, and loss of work and income. Population mental health indicators, such as depression and anxiety symptoms, have continued to decrease but for many, feelings of anxiety, stress or worry remain common. These feelings are normal reactions to difficult and unpredictable circumstances we are still living in, particularly as the need for contingency plans remains uncertain and dependant on future challenges and pressure on the NHS. We must be careful not to over-pathologise the natural process of how people adapt and cope with change and encourage and support healthy coping mechanisms to improve mental and emotional wellbeing.

However, as the pandemic continues a significant proportion of people will continue to live with the trauma of the pandemic, exacerbated mental health conditions and cumulative feelings of stress and worry which manifest as poor or deteriorating mental and physical health. The consequences and long-term implications will differ and fluctuate across communities, with disproportionate hardship and poorer outcomes anticipated from those worst affected, such as racialised and minoritised communities or health and social care workers working in high-pressure environments.





## 5. Coping with uncertainty is now the norm.

On 14 September 2021, the government released the Autumn and Winter Plan 2021, denoting a shift in political tone to contingency planning and mitigations for public instability in the future. As the government develops capabilities to deal with uncertainty, Londoners must also strengthen their capacity to deal with complex and nuanced experiences and challenges. A full return to face-to-face education, employment and other activities, combined with messages of public responsibility and strategic planning to reduce harm and risk, will be extremely difficult for some people.

The lives of the clinically vulnerable, those who shielded in the first and second wave, frontline workers and those whose resilience has been worn down over time have changed profoundly since the onset of COVID-19. This alters the trajectory for healthy and happy lives and complicates access to opportunities to cope or thrive. For these groups, there is likely to be a delay before behaviours and practices return to pre-pandemic levels, as people process their experiences and rebuild their lives, routines, and coping and caring mechanisms, particularly as we are still living with an elevated level of risk and threat to normal life.

Furthermore, as well as lagging damage to the mental health and wellbeing of Londoners, the pandemic will also have changed the cultural fabric of constituent communities. Some organisations and institutions will not have survived the current economic climate, and their subsequent absence from the lives of Londoners will reinforce the stickiness of any negative mental health outcomes.

More broadly, for many communities across London, the coronavirus pandemic is seen as one crisis event in a crisis trend – a steadily worsening series of situations disadvantaged communities across London face. This is against a backdrop of vital conditions for wellbeing and resilience being eroded over time and a noticeable worry for what is to come – be that the possibility of future restrictions, winter challenges, cost of living or climate change. We need to understand more about the intersectional nature of issues communities face, the impact of cumulative stressors over time and the systemic action needed to address them.

For many communities across London, the coronavirus pandemic is seen as one crisis event in a crisis trend.

Our collective ability to respond to future challenges is directly related to our collective ability to cope with them. If we are to overcome challenges ahead, the wellbeing of Londoners and the resilience of London's communities will be critical. For example, the pursuit of better mental health and equality for all is inextricably linked to the fight for environmental sustainability.<sup>30</sup> Our public mental health infrastructure needs to continue to develop capabilities to understand how social, economic and environmental factors impacting Londoners' mental health may change over time, and iteratively develop strategy that enables us to balance being responsive to the latest situation, with anticipating what might be on the horizon, whilst planning actions for the longer-term.

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<sup>30</sup>The climate emergency and mental health: a position statement from Centre for Mental Health: <https://www.centreformentalhealth.org.uk/news/climate-emergency-and-mental-health-position-statement-centre-mental-health>



## Londoners' insights, narratives, and stories

At its core, Thrive LDN is a participation-driven partnership that engages with and responds to the needs and insights of Londoners. Learnings and reflections since the onset of the pandemic have highlighted that, although many Londoners entered the pandemic from positions of disadvantage and evidence is increasing that the pandemic has widened mental health inequalities, there is a lack of representativeness and granular information available on the lived experiences and needs of disadvantaged communities in London. This is a significant barrier to understanding the action required to create positive change.

To help overcome this barrier and ensure that decisions are made based on inclusive processes to capturing evidence and intelligence, Thrive LDN and partners have created an iterative and agile framework for community engagement and community participatory research to gather stories, narratives and real-life experiences from those often less heard and use a deductive thematic analysis approach to identify common and differential themes. The following insights and themes aim to provide a better understanding of Londoners' mental health and the complex systems and factors which influence their opportunity for wellbeing, based on three standalone participatory action research and learning projects: Never Alone LDN, Pandemic Stories and Thrive Together.

### 1. Never Alone LDN<sup>31</sup>

Never Alone LDN, delivered in partnership with the Mayor of London's Peer Outreach Team, brought young people across London together to mark World Mental Health Day 2021. The series of events focused on young Londoners and the challenges they face and reflected on their experiences during the pandemic narrated through the theme of Never Alone LDN.

Lived experiences and insights were shared through live performances, interactive workshops, arts-based engagement activities and vox pop interviews, providing a valuable, fresh perspective of the lived experiences of young Londoners through powerful forms of communication and expression. The following themes were identified, supported by extracts and quotations from performances and narratives shared:

#### Tolerance and discrimination

“

A lot of people around are just using certain words like tolerance and like acceptance or equality when actually what we want is equity... We should throw words like equality in a bin if it just means that people aren't going to be held to account in order to you know make places safe for all of us.

”

“

It's all a cycle and I feel that if we're really going to aid each other for the better then we need to ensure that not we're not just helping our community but we're helping everybody in general. Not looking at colour or looking at gender first but thinking how am I going to be a positive beacon for society, because the world's unfortunately not in the best state right now.

”

<sup>31</sup>Never Alone London (2021) Thrive LDN World Mental Health Day Festival <https://thrivelndn.co.uk/campaigns/neveraloneldn/>



### Loneliness & isolation

“

See he was fine yesterday.  
But today he just wants to hide  
and he can't figure out why. So  
he's in his bedroom and he's  
shut his blinds, but it's still light  
outside. Not that he'd know,  
because see he didn't sleep all  
night and he just, don't feel right  
and he just don't know why.

”

Noor

“

If the best things in life are  
free, then how much does  
freedom cost?

”

Woodzy

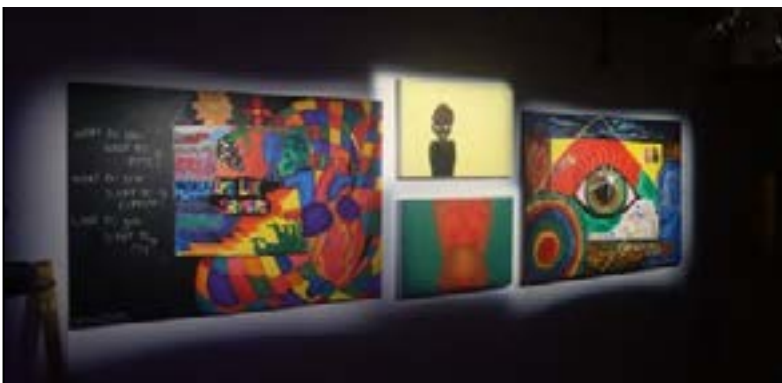
“

Keep your mind aligned  
with your emotions in time and  
give yourself breaks, so you  
can create the future you want  
to mandate.

”

Blissen

Figure 2: Visual art installation from Never Alone LDN



### Hope for the future

“

I do also feel like there are a lot  
of opportunities living in London  
because a lot of the people that  
I know who were not born in this  
country or who have different  
journeys to me. Some of them  
had to leave because there  
was a lack of opportunities and  
there was no way out, so there  
is privilege living in London and  
being a young person because  
there are things out there for us.  
But along with those privileges,  
depending on who you are and  
your demographic there are  
challenges that you face as well.

”

### Pressure

“

The education system, housing,  
and also just a lot of peer  
pressure in many different areas,  
especially socially there's a lot  
of peer pressure to do things  
or act a certain way or look a  
certain way.

”



## 2. Pandemic Stories<sup>32</sup>

Pandemic Stories, delivered in partnership with Toynbee Hall, is a participatory action research project led by people with lived experience of surviving the pandemic in the hardest of circumstances. The project explored the experiences of Londoners disproportionately affected by the COVID-19 crisis and co-produced policy recommendations for a fairer future.

### Financial health and employment

“To take back some control, I think I could potentially look for another job and work two jobs instead of just one, for the extra income. And for me to be able to do this, I think there needs to be some sort of support for finding work during the current situation.”

Some people from Black, Caribbean and Bangladeshi backgrounds told us that they were providing financial support to worse-off family members or friends, either in their local communities or to relatives who were struggling abroad. As friends and families lost income, people with no recourse to public funds found their community could no longer support them and they faced hunger or destitution without access to the welfare safety net.

### Advice and information

“I think I’m headed for a nervous breakdown! This is exacerbated by the fact that there are no agencies open due to the virus that could have helped me.”

The historic lack of trust in mainstream health services has affected Black people’s willingness to seek help and follow the guidance. Our community insights suggest that culturally specific services for the Bangladeshi community generally could be of lower quality than mainstream services.

### Community support and collective voice

“The power of community isn’t just lending a cup of sugar to your neighbour. It’s, you know, letting them know that you’re there if they do need anything.”

People wanted more opportunities to get involved in community initiatives, and to be able to carry forward a sense of community beyond COVID-19.

<sup>32</sup>Toynbee Hall (2021) Pandemic Stories:  
<https://www.toynbeehall.org.uk/wp-content/uploads/2021/08/Pandemic-Stories-Full-Report-August-2021.pdf>



## Mental health

“

I just try to use the internet – like sometimes I video call my friends and my family and sometimes I go on YouTube and search many things like some gardening stuff.

”

The internet has played an important role in maintaining good mental health, providing connection, learning and access to support. However, Pandemic Stories also highlighted that digital poverty was exacerbated during the pandemic.

### 3. Thrive Together<sup>33</sup>

Thrive Together was the first thematic analysis output of Thrive LDN based on a series of community engagement events and participatory action learning activities with Londoners, communities, grassroots organisations and partners in 2020. The following findings and actions have been generated from this work.

#### Address discrimination

“

On top of Covid, for a Black person, it was even more draining. It's not really what's needed right now, for the simple fact that Black people should (be) like all people... no matter what colour you are, your life should matter.

”

Beyond the risk of contracting the virus, evidence is available from Londoners representing each of the protected characteristics for whom structural and everyday racism, ageism, homophobia, transphobia and discrimination are a central component of their lives, threatening their right as Londoners to an equal opportunity for good mental health and wellbeing.

#### Balance uncertainty for the future

“

Initially positive because the stress of exams was lifted and I was able to slow down and enjoy life, but I've started really missing my friends and the freedom of 'normal' life.

”

Particular groups have less control over the factors which affect their livelihoods, such as income, employment, caring responsibilities and security.

<sup>33</sup>Thrive LDN (2020) Thrive Together: <https://thrivelndn.co.uk/wp-content/uploads/2020/11/Thrive-Together-report.pdf>



#### **Value family and support structures**

“

It's so nice to be able to spend some quality time with my parents. We've all got such busy schedules that we usually can't.

”

Family and support structures were a common feature in the insights gathered and stories shared, as both a protective factor for improved, positive outcomes and in some cases a risk factor for increased anxiety, stress and unfair treatment.

#### **Promote digital inclusion**

“

As a parent, I have to decide who gets to use a shared laptop to do work that has been set.

”

The implications of a widening digital divide continue to affect those who need information, connectivity, and support. These go beyond daily practicalities and are closely related to the social inequalities which exist across London.

#### **Commit to delivering change with Black, racialised and minoritised communities**

“

We've had households where whole families have been wiped out.

”

Communities have been coping with unusually high levels of grief alongside the added financial pressures and familial pressures of the crisis. Furthermore, while Black Lives Matter has been a long-awaited moment of recognition of structural racism for some, it has also been an emotional and traumatising experience for Black Londoners.





## Current status and landscape

### 1. People's awareness of mental health appears to have increased, but perceptions need to be balanced.

The pandemic has significantly enhanced a citywide conversation about the mental health of the capital, including the wider factors that influence wellbeing and how outcomes are experienced unequally by different groups. It is impossible to say with certainty, but the pandemic seems to have increased people's awareness of mental health, the importance of focusing on supporting the mental health of Londoners, and the public appetite for action. However, there is some concern that the pandemic has resulted in the overreliance on personal responsibility and what individuals can do for themselves at the expense of an adequate acknowledgment of the structural interventions and reforms needed to enable the conditions for good mental health.<sup>34</sup> Ultimately, progress for mental health is limited by our collective capacity and commitment to systematically attend to entrenched inequities.

Communities are resilient, where individuals join together by common interests, backgrounds, or experiences and develop mechanisms to withstand, adapt to, and recover from adversity. However, huge inequalities exist between more and less advantaged social groups. By acknowledging the experiences of communities and supporting Londoners to help each other, we can shift the perception of poor mental health and disrupt the pervasive emphasis on individual action to overcome structural and systemic inequities.

<sup>34</sup>The long term mental health impact of covid-19 must not be ignored: <https://blogs.bmj.com/bmj/2020/05/05/the-long-term-mental-health-impact-of-covid-19-must-not-be-ignored/>

## Case study: Suicide prevention in action

Through the #ZeroSuicideLDN campaign, free, online training developed by the Zero Suicide Alliance has now been completed over 250,000 times, a five-fold increase in Londoners accessing suicide prevention training since the onset of the pandemic. The training takes around 20 minutes to complete and is designed to show how to have a direct and honest conversation about suicide and mental health with friends and family. The success of the campaign is also being attributed to the collective support given to it by London partners including, London Councils, London's police forces, Transport for London, and other emergency services, such as London Fire Brigade and the Maritime and Coastguard Agency, alongside voluntary and community groups and many others.

All London ICSs have been awarded transformation funding from NHS England to develop and implement suicide prevention and reduction strategies. This includes the implementation of Suicide Bereavement Services, which largely receive referrals through London's Real-Time Surveillance System.

As part of the multi-agency Barnet Suicide Prevention Partnership 2021–25, Barnet London Borough is piloting the first phase of a campaign focused on preventing mental ill-health and suicidality amongst men, the largest single group who lose their lives to suicide. The aim is to encourage men to talk

about their mental health problems, seek help and where possible to support other men, friends and family. The campaign focuses on three areas:

- Awareness building and asking residents to download the Stay Alive app, developed by suicide prevention charity Grassroots, packed full of useful information and resources to help you stay safe.
- Training and upskilling those in male-dominated industries and encouraging the public to do #ZSA training with outreach by Barnet Wellbeing Service.
- Launch of a local Andy's Man Club offering peer to peer support for men, where men can speak openly about their mental health in a judgment-free, non-clinical confidential environment.

Practice Hope, developed by the charity Olly's Future, is a primary care initiative for 10–25 year olds who are thinking of suicide or self-harming. It is currently being rolled out across South West London GP practices. The aim is for all practice staff, from receptionists and admin staff to nurses and GPs to feel competent and confident when engaging with children and young people experiencing these difficulties and that the school children, teenagers and young people themselves play a part in creating the help and support they want to receive.

### Case study: Ubele and the Good Grief Festival

For too long, death and grief have been taboo subjects in our society leaving many people feeling alone and unsupported in their darkest hours. The Good Grief Festival aims to normalise the conversation around grief and show that it is a natural and even transformative part of life instead of something to be feared and locked away.

The Ubele Initiative, an African diaspora led, intergenerational social enterprise joined the streamed festival in October exploring the process of grief in African and Caribbean cultures. #UGiveHope was an inclusive evening of live entertainment celebrating the lives of those loved and lost.

It is important to acknowledge that the level of systemic change required is not easy. Whilst we must focus on ensuring that Londoners who need help and support receive it, we must also be careful not to over-pathologise the natural process of how people adapt and cope with change. Medicalising normal and understandable responses to the pandemic could perpetuate the stigma of both mental health and the wider determinants of mental health such as insecure finances, employment, or housing. Furthermore, research indicates that the general population do not typically respond to mental health narratives in the recovery phase has of responses to major incidents. Rather, we need to encourage conversations about people's experiences of the pandemic.<sup>35</sup>

Mental wellbeing promotion can help people to focus on the strength of their communities and the positive processes already achieving change, and therefore support them to give meaning to the pandemic, take stock, process and move forward. Working with partners to promote mental wellbeing and a sense of coherence at an individual and community level, and tackling the structural factors that deplete wellbeing, will have a positive long-term impact on London's recovery.

### 2. There is a renewed ambition for public health and prevention nationally, but further consideration is needed about alignment with wider reforms to health and social care.

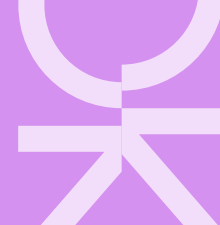
Following the creation of the Office for Health Improvement and Disparities (OHID) to drive the improvement of the nation's health from 1 October 2021, there is a renewed ambition for the role of public health across the political agenda. OHID will inform a new cross-government agenda that will look to track the wider determinants of health and reduce disparities. Furthermore, in September 2021, the Government published *Build Back Better: Our plan for health and social care*.<sup>36</sup> The Plan sets out several Government initiatives designed to strengthen the NHS and social care as we move forward and recover from the pandemic and its consequences. Included in the plan is a renewed focus on prevention, acknowledging that, while the Government's immediate priorities for the NHS must be dealing with COVID-19 and recovering the elective backlog, its long-term priority remains to shift the NHS toward prevention.

<sup>35</sup>The King's Fund (2021) Covid-19 recovery and resilience: what can health and care learn from other disasters? <https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/>

<sup>36</sup>Build Back Better: Our Plan for Health and Social Care: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1015736/Build\\_Back\\_Better\\_-\\_Our\\_Plan\\_for\\_Health\\_and\\_Social\\_Care.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better_-_Our_Plan_for_Health_and_Social_Care.pdf)

### Case study: Good Thinking

London's 24/7 digital mental well-being service, providing a range of resources to help Londoners improve their mental well-being, including free NHS-approved apps, articles, blogs, podcasts, self-assessments, videos and workbooks. Good Thinking continues to be agile and responsive to needs through COVID-19 and in partnership with London's local authorities. Good Thinking is co-producing culturally competent resources on wellbeing and bereavement with faith and belief communities to meet diverse needs and address inequalities. It has also worked with specialist clinicians to develop workbooks on sleep and trauma.



OHID provides an opportunity to bring together partners to commit to and invest in levelling up the health of the population and addressing the root causes of health inequalities. The development of health in all policies must be a powerful lever, backed by strong political leadership, to ensure that the progress made by health and social care is not undermined by the consequences of wider socio-economic policy.

Health in all policies is a key plank of local public health teams and Health and Wellbeing Boards (HWBs) in all 32 London boroughs and the City of London. These boards bring together key local leaders to improve the health and wellbeing of their population. They play a significant role in population mental health in London through their shared understanding of the needs of their communities, system leadership to secure collaboration to meet these needs more effectively, strategic influence over commissioning decisions across health, and buy-in of councillors and patient representatives.

Regarding the provision and commissioning of mental health services, the NHS Long Term Plan (LTP) for mental health is ambitious and seeks to address the significant treatment gap by transforming care to enable the delivery of local, community-based services in the least restrictive environment, close to people's homes. Devolving mental health commissioning to provider collaboratives is currently being considered as the vehicle for delivering the mental health commitments in the LTP and achieving clinical transformation.

As London's ICSs develop, it is essential to ensure that HWBs are anchored into system architecture and are equal partners in the development of sub-regional plans. Furthermore, there is huge potential for ICSs to take a system leadership role to coordinate support for public mental health in the coming years, as summarised in the below table, and in turn realise the prevention priority set out in *Build Back Better: Our plan for health and social care*; a priority supported across all areas of the health and social care system as a collective long-term ambition.

### Case study: Prevention Concordat for Better Mental Health for All in action

The Prevention Concordat is underpinned by an understanding that taking a prevention-focused approach to improve the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society. It is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across health partnerships. Thrive LDN has been as signatory since January 2020.

The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach are enhanced by the inclusion of action that impacts the wider determinants of mental health and wellbeing. The Concordat and suite of support resources focuses on increasing the shift towards prevention-focused leadership and action throughout the mental health system, and into the wider system. This includes releasing benefits to the NHS and social care system by enabling early help through the use of upstream interventions.

The London Borough of Hackney is committed to ensuring all residents will enjoy good mental health with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible. As a long-term signatory of

the Prevention Concordat for Better Mental Health, the borough has been working with local partners, to embed a positive mental health approach within their existing systems and culture, to improve prevention and early intervention in many different areas, reflecting the wide range of factors that can influence mental health and wellbeing. Public Health England's Prevention and Promotion funding, supplemented by local investment, has enabled the council to develop community-based interventions for underserved communities, engage with the community to understand local needs and assets, continue to develop suicide prevention planning and develop wellbeing networks to drive equitable access of support, targeting LGBTQ+ groups and young Black men.

Through Public Health England's Prevention and Promotion fund for better mental health 2021-22, Haringey Council's Public Health team have commissioned seven prevention and promotion interventions, under the 'Great Mental Health in Haringey' umbrella, each designed to mitigate mental health impacts arising from the COVID-19 pandemic and reduce widening mental health inequalities. The London borough of Haringey illustrates how the domains of the Prevention Concordat for Better Mental Health can be used to structure a local mental health response following COVID-19.



**Table 1: Integrated Care Systems and Public Mental Health**

Different levels of responsibility in the system	Fundamental principles for ICSs	Inclusive, transparent and collaborative roles for partners
1. Arm's Length Bodies	1. Improving population health and healthcare	1. Understand and identify people and families at risk and organise proactive support for them.
2. Integrated Care Systems	2. Tackling unequal outcomes and access	2. Support and develop Primary Care Networks at neighbourhood level
3. Provider collaboratives	3. Enhancing productivity and value for money	3. Simplify, modernise and join up health and care
4. Place-based – place-based leaders a mix of primary and secondary care, and clinical and non-clinical	4. Helping the NHS to support broader social and economic development	4. Coordinate local contribution to health, social and economic development to prevent future risks to ill-health in different population groups

	Clear public health role
	Partial public health role

To drive change and support the public mental health ecosystem at this juncture, ICSs need to prioritise activities that impact the wider determinants for mental health and wellbeing, and their relationship to primary care, social prescribing and early intervention services. This work will need to involve people and communities, including workplaces, and be focused on asset-based approaches that promote the factors that support good mental health and wellbeing through cultivating communities and networks that sustain health.<sup>37</sup>

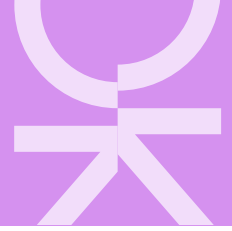
Presently, we have an important opportunity for public mental health partners to build on experiences both before and during the pandemic, as a basis for accelerating progress through regional, sub-regional and local systems and partnerships. Work is ongoing to identify new ways of working, provider collaboratives, and borough-based partnerships in many areas of London, providing a foundation to build on and accelerate place-based and system working in line with regional policies.

<sup>37</sup>The Health Foundation, 2015: <https://www.health.org.uk/sites/default/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf>

## Case study: London's Five Ps for Integration

The 5 Ps (Purpose, Priorities, Place, Pounds and Providers) is a conceptual framework arising from discussions at the London Health & Social Care Partnership Integration Task & Finish Group, reflecting on the feedback from broader engagement and past experiences and lessons of integration in London and joint working during the pandemic. The Five Ps provide organising principles that help us to articulate London's next steps to increasing integration in a meaningful way. Intrinsic to all of these is the Sixth P of People. Frontline professionals, patients and service users, families and carers, elected members, organisational and system leaders, and London's diverse communities are critical to the success of integration and core to each of the Five Ps.





### 3. Regionally, there is a strong commitment for public mental health, but a strengthened focus on the wider determinants would be beneficial.

Mental health has been a long-standing commitment of the Mayor of London and Sadiq Khan's recent Mayoral manifesto indicates a strong commitment to mental health over the next three years.<sup>38</sup> The London Recovery Board, co-chaired by the Mayor of London and the Chair of London Councils, is taking a missions-based approach to London's recovery and a key tenet of the programme is to support and improve Londoners' mental health and wellbeing, both as a recovery mission and as a cross-cutting principle. Across all of the recovery missions, there is a drive to utilise opportunities to impact the wider determinants for mental health and wellbeing by working collaboratively to identify links and cross-cutting themes to progress towards making London a happier and healthier city.

In addition, mental health has been recognised as a key priority through the London Vision<sup>39</sup> and the Mayor's Health Inequality Strategy.<sup>40</sup> (See figure 3) Since the London Vision launched in 2019, there has been much progress across the mental health aims, with a focus on improving the emotional wellbeing of children and young Londoners and improving mental health and progressing towards zero suicides. There is a need to anticipate potential changes to regional health strategies and how these intersect with the London Recovery Board's commitment to mental health to identify where the strategic opportunities and levers are to progress collective action around public mental health. Below is a summary of regional policies, mapped across different themes, and opportunities for collective action.

<sup>38</sup><https://sadiq.london/wp-content/uploads/2021/04/Sadiq-for-London-Manifesto-.pdf>

<sup>39</sup><https://www.healthylondon.org/vision/>

<sup>40</sup><https://www.london.gov.uk/what-we-do/health/london-health-inequalities-strategy>

#### Case study: Debt Free London

Debt Free London is a unique partnership of charities led by Toynbee Hall and funded by the Money and Pensions Service, that provides free, expert advice to Londoners with problem debt. Their trained and accredited advisors support Londoners with all types of money worries – from rent and council tax arrears to credit card and catalogue debt. Debt Free London work with clients to prioritise their bills & debts, helping them to write letters and advocating on their behalf.



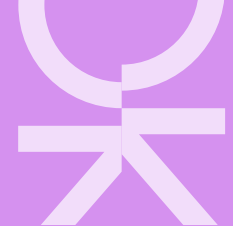


Figure 3: Summary of regional policy programmes<sup>41</sup>

### Setting priorities for London's wellbeing, health and healthcare

Neighbourhoods and places				
Local Authorities		Primary Care Networks		Voluntary sector organisations
<b>Health and wellbeing strategies (x33)</b> Priorities and plans created by the local Health and Wellbeing board, underpinned by a joint strategic needs assesment (JSNA)				
Systems				
Integrated Care Sytems				
<b>Emerging ICS Partner Priortrities (x5)</b> These may form ‘integrated care strategies’ to improve healthcare, social care and public health across the whole population, built bottom up from local assessments of needs and assets identified at place level and focusing on reducing inequalities.				
City				
London Councils	ADPH London	Office for Health Improvement and Disparities London	NHSE/I London	Greater London Authority
<b>The London Health and care vision</b> A shared ambition across PHE, the GLA, the NHS and the local government to make London the healthiest global city, articulated in 10 priority aims and 4 foundational enablers.		<b>The London Health Inequalities Strategy</b> The Mayors statutory strategy and implementation plan that provides a framework for health inequalities activity across the lifecourse in London, with particular focus on the wider determinants of health. Showcase Mayoral and partner work, committing to action across the partnership.		<b>London Recovery Programme</b> A missions based approach that will bring together the public, private and voluntary sectors to support an equitable succesful recovery from the pandemic.
	Decision Makers			
	Plans and strategies			

<sup>41</sup>Taken from GLA and PHE's 'London's strategic landscape: Outline of the Health and Care Vision / Health Inequalities Strategy' presentation



Table 2: Summary of regional policy

## Healthy Children – Key objectives

London Recovery Board Missions	Health Inequalities Strategy	Health and Care Vision	Opportunities
<ul style="list-style-type: none"><li>• A New Deal for Young People – by 2024 all young people in need are entitled to a personal mentor and all young Londoners have access to quality local youth activities.</li></ul>	<ul style="list-style-type: none"><li>• Parents and carers are supported to give all London's children the best possible start in life.</li><li>• Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable.</li><li>• Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with the highest rates of child obesity.</li><li>• All of London's children and young people have the support they need to grow into healthy, resilient adults.</li></ul>	<ul style="list-style-type: none"><li>• Improve the wellbeing of young Londoners.</li><li>• Reduce childhood obesity.</li></ul>	<ul style="list-style-type: none"><li>• Continue to deliver and scale up young Londoners' mental health projects, namely Youth Mental Health First Aid training, and CYP Psychological First Aid, and scope new Parental Mental Health programme.</li><li>• Support partnerships with Empowering Parents and Empowering Communities to deliver a more intensive support package for parents and families in areas of London with higher levels of social disadvantage and exclusion that are not already funding activity.</li><li>• Continue to work with Papyrus in schools and colleges to engage with, and support, the work of London's higher education student population.</li><li>• Continue to support the mental health and wellbeing of young Londoners by engaging with them in creative ways and finding co-produced solutions with partners, such as the co-production of a World Mental Health Day festival in October.</li></ul>



## Healthy Minds – Key objectives

London Recovery Board Missions	Health Inequalities Strategy	Health and Care Vision	Opportunities
<ul style="list-style-type: none"><li>• Mental Health and Wellbeing – by 2025 London will have a quarter of a million change agents, supporting Londoners where they live, work and play.</li></ul>	<ul style="list-style-type: none"><li>• Mental health becomes everybody's business. Londoners act to maintain good mental wellbeing, and support their families, communities and colleagues to do the same.</li><li>• Londoners' mental health and physical health are equally valued and supported.</li><li>• No Londoners experience stigma linked to mental ill-health, with awareness and understanding about mental health increasing city-wide.</li><li>• London's workplaces support good mental health.</li><li>• Action is taken across London to prevent suicide, and all Londoners know where to get help when they need it.</li></ul>	<ul style="list-style-type: none"><li>• Improve the wellbeing of young Londoners.</li><li>• Progressing towards zero suicides.</li></ul>	<ul style="list-style-type: none"><li>• Continue to support local and regional Thrive LDN's partnerships, projects and activities to take action on inequality to minimise the impact on Londoners' mental health and wellbeing in the short, medium and long-term.</li><li>• Enhance promotion of the #ZeroSuicideLDN campaign to increase suicide awareness amongst Londoners and provide them with the skills to approach someone who may be struggling.</li><li>• Continue to work with partners to regularly develop and distribute a Public Mental Health Communications Toolkit and to develop targeted, culturally competent communications projects to support disproportionately at-risk groups.</li></ul>



## Healthy Places – Key objectives

London Recovery Board Missions	Health Inequalities Strategy	Health and Care Vision	Opportunities
<ul style="list-style-type: none"><li>• Helping Londoners into Good Work – support Londoners into good jobs with a focus on sectors key to London’s recovery.</li><li>• A Green New Deal – to tackle the climate and ecological emergencies and improve air quality by doubling the size of London’s green economy by 2030 to accelerate job creation for all.</li><li>• Digital Access for all – every Londoner to have access to good connectivity, basic digital skills and the device or support they need to be online by 2025.</li><li>• A Robust Safety Net – by 2025, every Londoner can access the support they need to avoid financial hardship.</li></ul>	<ul style="list-style-type: none"><li>• The impact of poverty and income inequality on health is reduced.</li><li>• More working Londoners have health-promoting, well paid and secure jobs.</li><li>• Housing availability, quality and affordability improves.</li><li>• Homelessness and rough sleeping in London are addressed.</li></ul>	<ul style="list-style-type: none"><li>• Improving air quality.</li><li>• Improving homeless health.</li></ul>	<ul style="list-style-type: none"><li>• Development and promotion of additional support for those bereaved by suicide, expand the Suicide Prevention Information Sharing Hub and deliver Suicide Prevention Education Training for schools, colleges and universities online.</li><li>• Continue to expand Thrive LDN’s Right to Thrive programme and work with the Active Londoners grants programme.</li><li>• Promotion of Thrive LDN Economic Support Group coordination and activity.</li><li>• Support the GLA-led engagement collaborative on digital exclusion bringing together diverse stakeholders to develop solutions on a once for London basis.</li><li>• Tailored support for at-risk economic groups such as night-time economy workers, trade unions and the small business sector.</li><li>• Develop awareness campaigns that highlight the link between poor mental health and climate change and signpost to wellbeing support to those who are struggling with the issue.</li></ul>



## Healthy Communities – Key objectives

London Recovery Board Missions	Health Inequalities Strategy	Health and Care Vision	Opportunities
<ul style="list-style-type: none"><li>• Building Strong Communities – by 2025 all Londoners will have access to a community hub ensuring they can volunteer, get support and build strong networks.</li><li>• High Streets for all – deliver enhanced public spaces and exciting new uses for under-used high street buildings in every Borough by 2025, working with London's diverse communities.</li></ul>	<ul style="list-style-type: none"><li>• There are more opportunities for all Londoners to take part in community life.</li><li>• Londoners are empowered to improve their own and their communities' health and wellbeing.</li><li>• Social prescribing becomes a routine part of community support across London.</li><li>• People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them.</li><li>• London's communities feel safe and are united against all forms of hatred in whatever form it takes.</li></ul>	<ul style="list-style-type: none"><li>• Reducing violence.</li><li>• Better support for people who have dementia.</li><li>• Better care and support at the end of life.</li><li>• Preventing HIV and STIs.</li></ul>	<ul style="list-style-type: none"><li>• Continue to expand Thrive LDN's Right to Thrive programme to offer additional support, training and development opportunities to grassroots groups and take further action to advance equality.</li><li>• Support the GLA with the Active Londoners grants programme and London community-led action schemes to build capacity and resilience across the VCS sector.</li><li>• Set the right conditions for boroughs and ICSs to come together with regional leads to set clear goals for a hub of engagement and prototype digital services which meet both the needs of Londoners and the organisations and services involved.</li></ul>



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## Healthy Living – Key objectives

London Recovery Board Missions	Health Inequalities Strategy	Health and Care Vision	Opportunities
<ul style="list-style-type: none"><li>• Healthy Food, Healthy Weight – by 2025 every Londoner will live in a healthy food neighbourhood.</li></ul>	<ul style="list-style-type: none"><li>• All Londoners achieve at least the minimum level of daily activity needed to maintain good health.</li><li>• All Londoners have access to healthy food.</li><li>• Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling.</li></ul>	<ul style="list-style-type: none"><li>• Tobacco control and reducing smoking.</li><li>• Reducing childhood obesity.</li></ul>	<ul style="list-style-type: none"><li>• Work with partners to strengthen assets and resources which already exist and act as protective factors for Londoners' health and wellbeing, such as access to green space and taking part in sport to support people to develop strength and resilience and improve physical health.</li></ul>

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## Case study: Black Thrive Global

Black Thrive Global evolved from the work of the Black Thrive Lambeth partnership, which was established in 2016 to address the inequalities that negatively impact the mental health and wellbeing of Black people in Lambeth. The Black Thrive Partnership brings together individuals, local communities, statutory agencies and voluntary organisations to address the structural barriers that prevent Black people from thriving. Black people's cumulative exposure to negative experiences

and poor outcomes are not unique to Lambeth, as demonstrated by the Race Disparity Audit and global data. Intuitively Black Thrive Global was founded upon the common understanding that wherever Black people of African and Caribbean descent are located, detrimental outcomes persist. Focused Black Leadership which facilitates systems change will transform the Black experience from surviving into thriving.

### 4. Utilise strategic drivers to accelerate equality and equity for all Londoners

Before the pandemic, the overwhelming focus of public health and public mental health was on tackling inequalities and the unequal distribution of health and social outcomes. However, this approach was not enough to buffer the impact of COVID-19.

London must move attention to the main systematic and institutionalised drivers and processes generating and perpetuating racial and ethnic inequities. Furthermore, we know from the evidence base that proportionate universalism and participatory approaches directly address the marginalisation and powerlessness caused by entrenched health inequalities and, as a diverse and vibrant global city, London must lead the way by empowering those affected by health inequities to influence change through participation and involvement.

The formation of the London Health Equity Group, which has overseen the development of surveillance indicators for the monitoring and evaluation of health inequalities associated with the impact of COVID-19 and supported action within London's ICSs, provides an additional mechanism through which to do this. Additionally, with regards to mental health, ICSs and providers are playing a fundamental role in the implementation of the Advancing Mental Health Equalities Strategy,<sup>42</sup> which summarises the core actions needed to bridge the gaps for communities faring worse than others in mental health services, as well as the Patient and Carer Race Equality Framework (PCREF), which was a recommendation from the National Mental Health Act Review<sup>43</sup> to eliminate the unacceptable racial disparity mental health providers see in access, experience and outcomes and to significantly improve the trust and confidence of Black communities. One of the three key areas of work in the Advancing Mental Health Equalities Strategy and PCREF is supporting local health systems, working in partnership with communities, voluntary sector and local authorities, and again provides the basis for a collective long-term ambition supported across all areas of the health and social care system.

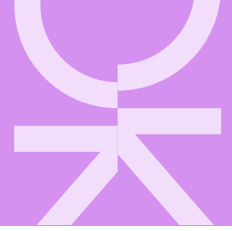
<sup>42</sup>NHS England (2020) Advancing Mental Health Equalities Strategy: <https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/>

<sup>43</sup>Department of Health and Social Care (2019) Modernising the Mental Health Act – final report from the independent review: <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

## Case study: South West London's pledge to Reduce Ethnic Inequalities in Mental Health Systems

The Synergie Collaborative Centre have developed UK's first national pledge calling on senior leaders in NHS mental health trusts, public bodies and commissioning to declare their commitment to reduce ethnic inequalities in mental health care systems. SWL CCG and St George's Mental Health NHS Trust, in collaboration with Wandsworth Community Empowerment Network, is implementing an

Ethnicity and Mental Health Improvement Project, in a co-produced partnership with local stakeholders, including a range of diverse and multicultural community and faith networks. Funded by Lankelly Chase, the Synergie Collaborative Centre take a collaborative approach to create and deliver a vision to help eradicate ethnic inequalities in severe mental illness and their fundamental causes.



Across the life-course, childhood, adolescence and early adulthood are critical and sensitive periods for development, during which adverse events and opportunities can have a lifelong impact. Nearly a third of Londoners are under the age of 25, with 1 in 4 Londoners under the age of 18, demonstrating the urgency to give young people the best start in life, by addressing the risks exacerbated and created by the pandemic. In particular children, young people and families with existing mental health disorders, those from ethnic minority backgrounds, young carers, young care leavers, young LGBTQ+ people, and young people with disabilities are all vulnerable. This unequal starting point is likely to further erode their ability to cope with the negative impacts of the pandemic on their mental health and wellbeing.

### Case study: South London Listens Action Plan

South London Listens is a unique partnership between the NHS, local authorities, and community organisations. Launched in 2020 by South London and Maudsley NHS Foundation Trust with the two other mental health Trusts in south London, and in partnership with local authorities, South London Listens heard from more than 6,000 people about how the pandemic had impacted their mental health and what they needed to support their recovery. In June 2021, community leaders called on the mental health Trusts, as well as

local authorities and other public bodies to support their recovery from the pandemic by pledging their support for a series of asks. This October South London Listens launched their action plan to respond to the impact of the COVID-19 pandemic on the mental health and wellbeing of our communities. The plan covers 22 pledges across four priority areas; loneliness, social isolation and digital exclusion; work and wages; children, young people and parental mental health and access to services.



## How to approach and achieve change

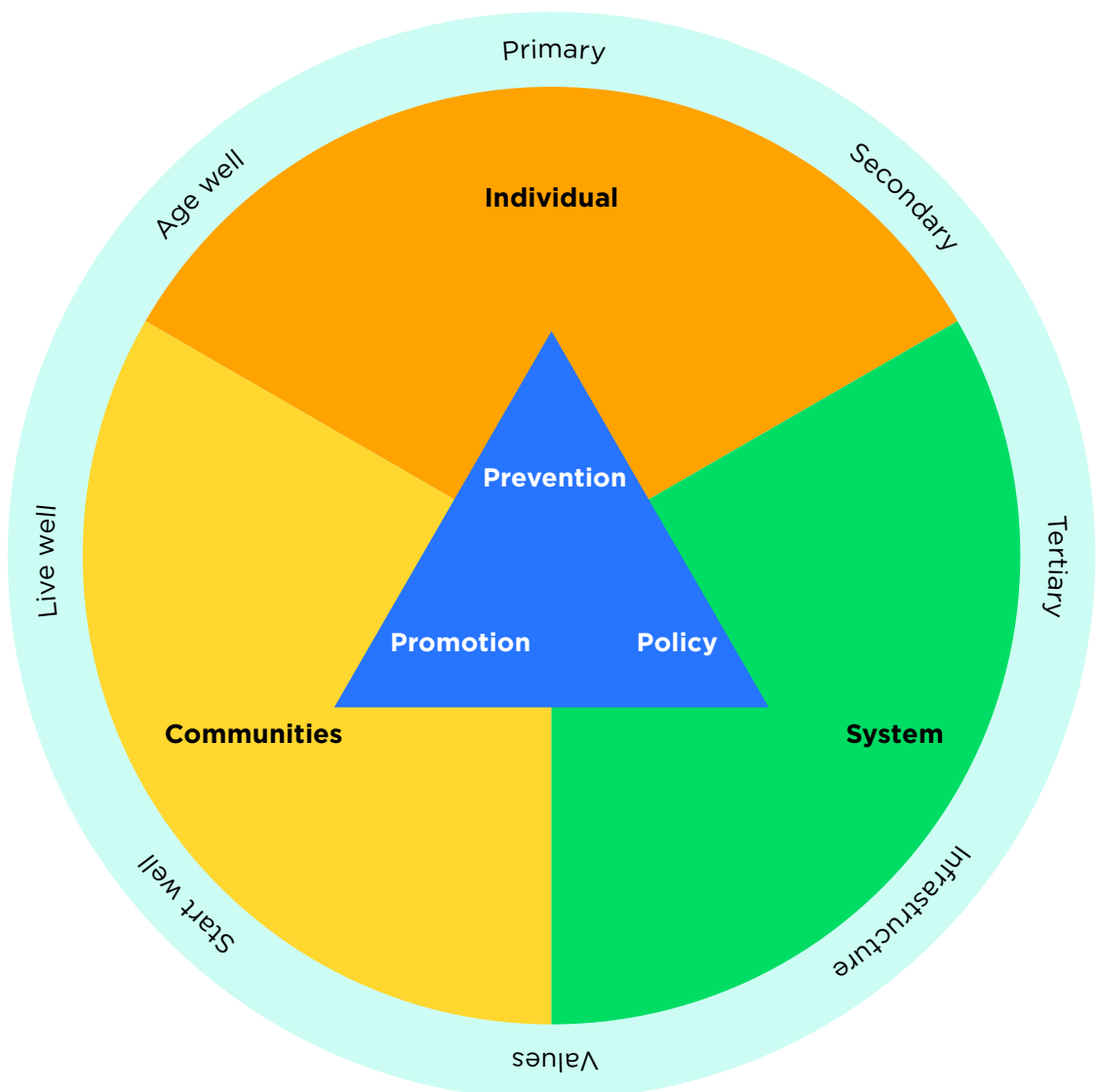
### 1. Establishing an approach to public mental health in London.

Public mental health is the act of supporting population-wide mental health through the promotion of mental wellbeing, prevention of mental illness, and policy infrastructure that aims to influence the wider determinants of mental health and reduce mental health inequities in society. It concerns its efforts with the public domain of society, often through the lens of the life-course, recognising the socio-economic and political factors that contribute to human suffering and distress, moving away from the individualisation of mental health.

### Promotion of mental wellbeing

When thinking about health promotion, we seek to foster individual capabilities, resources, and psychological strengths, and to strengthen community assets to prevent mental disorders, enhance well-being and quality of life for people and communities. This must then be supported by societal values recognising the importance of mental health, and a system that seeks to promote mental wellbeing for all through policy and infrastructure. This emphasises the importance of communication and synergy between the individual, their community, and the over-arching system.

Figure 4: The factors involved in public mental health





### **Life-course approach**

Public mental health is inextricably linked to all measures of overall wellbeing across a life course, and it has a pivotal impact on the ability of a society to function, develop and thrive. This means that public mental health must concern itself throughout the entire life span, ensuring Londoners start, live, and age well and with positive mental health.

This also surrounds itself with the wider political and social landscape such as supportive policies, environments, and norms that can help to influence positive mental health and wellbeing from preconception through to older age.

### **Levels of Promotion and Prevention**

Mental health promotion and prevention can be addressed at primary, secondary, and tertiary levels. For promotion, at a primary level, this involves the promotion of protective factors for mental wellbeing; at a secondary level this is the early promotion of mental wellbeing for those who have recently experienced poor mental health; and at tertiary level, mental health promotion involves the promotion of quality of life in those with long-term poor mental wellbeing.

When considering prevention, primary levels seek to stop problems before they emerge in a universal sense, whereas secondary levels take a more targeted approach for those with increased risk factors. Tertiary levels of prevention then seek to improve self-management, stigmatisation and prevent relapse for those with a mental health diagnosis.

It is important when considering public mental health, action is taken at all three levels to best ensure change.

### **Primary care**

While public mental health seeks to reduce the pressure on mental health services, it is important to understand the pathway into the system. Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS and often social care services. Providing high-quality mental health care in primary care is an important attribute of public mental health, as it addresses the secondary and tertiary levels of promotion and prevention. This also emphasises the importance of collective responsibility within the system to support and promote positive mental health in all care.

Whilst recognising the distinction between public mental health and primary care mental health, it is critical that the overall approach to mental health regionally establishes a clear continuum between public mental health into primary care and early intervention, ensuring a resilient, collective and organised movement which promotes good wellbeing, prevents poor mental health, and protects infrastructure that enables these efforts across society.

## **2. Achieving change for public mental health in London**

Public mental health emphasises the collective responsibility of all people to champion mental health and wellbeing in their daily lives, and a system that supports and promotes this change. This involves cross-collaborative action between individuals, communities, and systems, encompassing all ideologies that advocate equality, equity, intersectionality, and the dismantling of oppressive power structures.

Public mental health emphasises the collective responsibility of all people to champion mental health and wellbeing in their daily lives, and a system that supports and promotes this change.

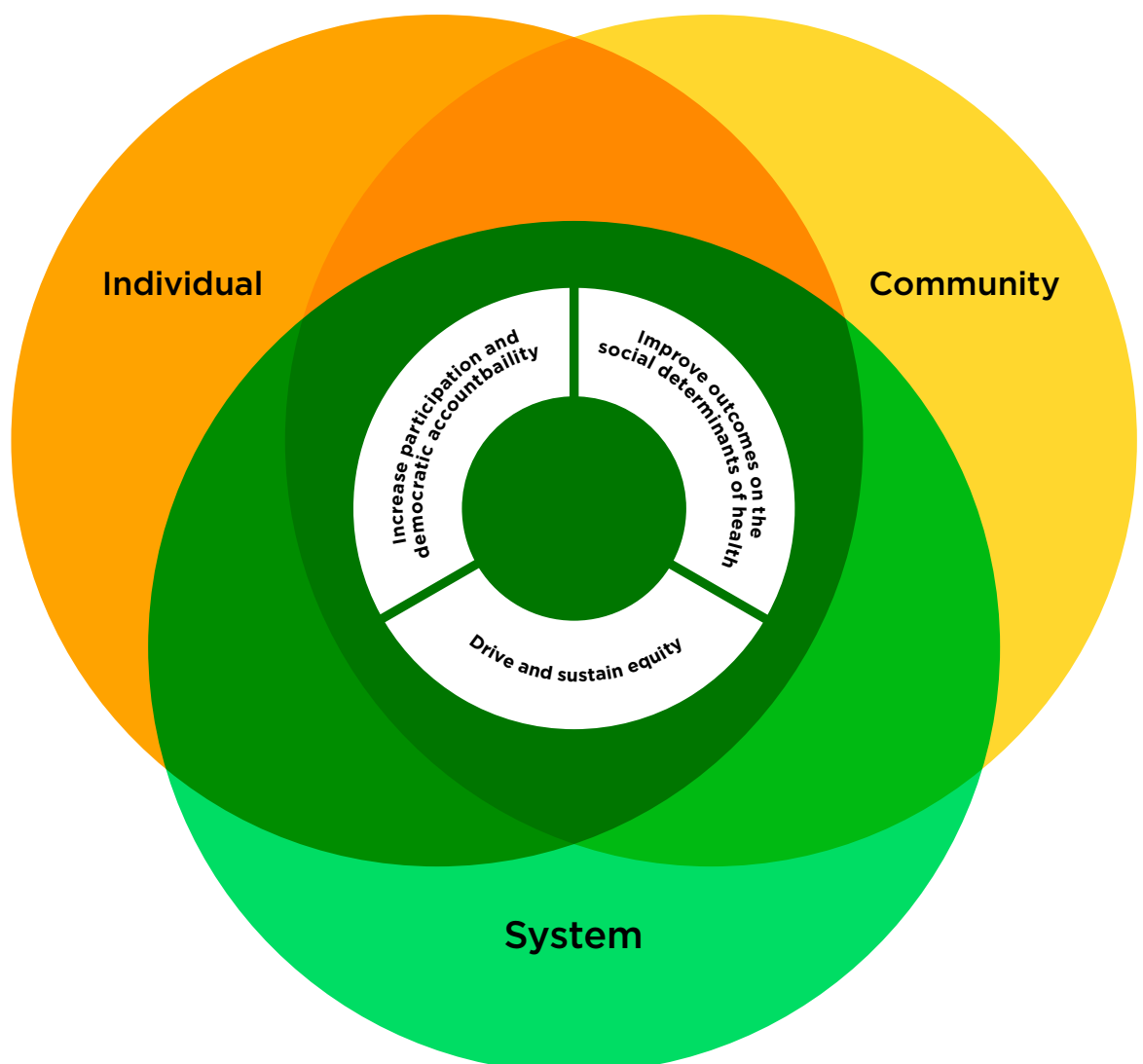


Like all forms of change management, it is necessary to have a structured approach to implementation. When considering the actions necessary to influence change for public mental health and the support required to move from current states to the future, we must look at: (1) Interrelated enablers that create the conditions for improvements in Londoners' mental health and (2) Direct action that drives outcomes to improve the mental health of Londoners.

#### Enablers

Only when there is collective and sustainable effort and funding to drive equity, enable and sustain active participation, and improve the factors which shape the conditions in which we live, work and grow will it be possible to achieve improved opportunity for good mental health and wellbeing.

**Figure 5: Achieving change for public mental health in London**





- **Equity:** Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other stratifiers. Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and wellbeing.
- **Participation:** Community or citizen participation is the active involvement of people in formal or informal activities, programmes and/or discussions to bring about planned change or improvements in community life, services and/or resources.<sup>44</sup> It has long been a central tenet of public health and health promotion.<sup>45</sup> Participation directly addresses the marginalisation and powerlessness caused by entrenched health inequalities.<sup>46</sup>
- **Wider determinants of health:** The greatest influences on health are the factors that shape the conditions in which we are born, grow, live, work and age and the forces and systems which shape the conditions of daily life.<sup>47</sup> Quality of work, housing, education, communities and family all impact on health and wellbeing. These forces include economic policies and systems, development agendas, social norms, social policies and political systems.

#### Driving outcomes across all spatial levels

There are three broad levels Londoners exist in and identify with. Driving outcomes across these levels would improve Londoners' opportunity for good mental health and wellbeing.

Londoners need to be motivated, able and prompted to take action, and at the centre of all action.

- **Individuals:** Londoners need to be motivated, able and prompted to take action, and at the centre of all action in order to improve mental health and wellbeing across the city. To effectively advance social change, it is necessary to constantly engage and work with individual Londoners and channel participatory energy through a balance of bottom-up and top-down approaches. All power

structures (social, economic, political) must move towards being accountable to the people they serve.

An equitable future for London will be realised when proportionate universalism and intersectionality underpin all action.

- **Communities:** We are privileged to be part of the most diverse and multicultural city in the world, with vibrant communities of people who join together by common interests, backgrounds or experiences. These communities, social networks and resources are the foundations across London from which we can build healthy, happy and safe neighbourhoods. An equitable future for London will be realised when proportionate universalism and intersectionality underpin all action. Building on the potential of communities as partners is integral to sustained, collective action for mental health and wellbeing and ensuring London has the resilience to cope with and recover from adversity.

To withstand future shocks and have the capacity to address current and future patterns of mental health and promote wellbeing, London must be a dynamic, networked system.

- **Systems:** London has a complex health and social care system. 33 Local Authorities, five Integrated Care Systems, hundreds of Primary Care Networks and thousands of community and voluntary organisations make up the high-level landscape which serves the needs of over nine million Londoners. To withstand future shocks and have the capacity to address current and future patterns of mental health and promote wellbeing, London must be a dynamic, networked system which enhances and builds on the wider work happening across the health and social care system and generates scalable and sustainable change for Londoners.

<sup>44</sup>Bracht N, Tsouros A. Principles and strategies of effective participation. *Health Promotion International*. 1990;5(3):199-208.

<sup>45</sup>World Health Organization. *Milestones in health promotion: Statements from global conferences*. Geneva: 2009.

<sup>46</sup>Public Health England. *A guide to community-centred approaches for health and wellbeing*. London PHE, 2015.

<sup>47</sup>Health Foundation. *Healthy lives for people in the UK*. Health Foundation; 2017 ([www.health.org.uk/sites/default/files/HealthyLivesForPeopleInTheUK.pdf](http://www.health.org.uk/sites/default/files/HealthyLivesForPeopleInTheUK.pdf))



## Moving forward – actions for the future

This report presents a comprehensive and collective view of how the pandemic has impacted Londoners' mental health and wellbeing, the potential long-term impacts, insights and narratives of Londoners, a pan-London view of the status and landscape of the health, social care and political system, and a change model for public mental health. The scale of the burden on public mental health demands that we must take collaborative and integrated action now.

Framed through individuals, communities and systems, the following actions for the future are the next steps in the journey to recovery and to supporting all Londoners to have happier and healthier lives. The intention is not to be prescriptive or exhaustive, nor to duplicate efforts, but identify where opportunities could be maximised in the short, medium and long-term to improve the mental health and wellbeing of Londoners and London's communities, and identify how the health and social care system could strengthen the sustainability and longevity of regional public mental health offers.

### 1. Individuals

The ways in which Londoners are seeking and engaging with support for their mental health and wellbeing is changing. There is an overall need to rebalance our collective public mental health offer and establish a clearer continuum into primary care and early intervention. Within this, we must recognise the complexity of different forms of engagement and support required and, through enhanced communications, make it easier for Londoners to navigate and access different offers.

#### **Clear, consistent and culturally competent public mental health messages**

Continue to coordinate, scale and deepen public mental health communications activities across London to communicate clear and consistent messages that:

- Acknowledge the feelings of uncertainty people are experiencing
- Directly speak to the concerns people have
- Normalise feeling stressed, promote empathy and mitigate stigma
- Promote healthy behaviours to protect good mental health and build resilience

- Encourage help-seeking behaviour
- Signpost people to a diverse variety of support

Particular attention should be paid to ensuring public mental health communications activity respects the diversity of London and acknowledges cultural factors that can affect health and health care, as well as acknowledging that a spectrum of mental health literacy exists in London.

#### **A hub of engagement for Londoners**

Londoners need a safe and trusted space to access support to improve wellbeing and to learn how to help themselves, help others and take action to influence the wider determinants. As London recovers from the pandemic this need will only increase and diversify. The Mental Health and Wellbeing Recovery Mission provides a fresh opportunity to build on existing digital mental health infrastructure to create a distinct, public-facing hub for mental wellbeing promotion and to act as a single point of access for mental health support. Insights captured from across community and professional networks have demonstrated a demand for:

- Mapping the current digital mental health offers to understand what is available to Londoners, how people are interacting with the digital offers available, and to assess the need for a universal, regional single point of access for self-referrals to help Londoners more easily access the mental health support they need.
- Collating, diversifying and scaling digital mental health training offers, and creating an accessible wellbeing training hub for Londoners. Particular attention should be paid to increasing digital training offers that improve understanding of the social, economic and environmental factors that influence wellbeing, and how Londoners can take action.





### **Strengthen champion programmes to address the digital divide**

Throughout the pandemic we have seen the value of community organising and local action, through the voluntary and community sector's proactive approach to supporting Londoners, building and bridging of both informal and formal social support structures and lessening the strain on the NHS. The current moment offers an opportunity to revolutionise public health's approach to community organising and bring together people who feel powerless or frustrated with the system, or worried about the direction the country is going.

The pandemic has changed the way we interact, relying on a virtual space for communication and learning. We must address the digital divide as part of recovery and ensure there are safe spaces for Londoners to come together and maintain good social connections, as well as collectivise and share common experiences of mental health to help each other.

Many health and social care partners in London, along with other sectors, support some form of health, mental health and/or community champion programme. There are opportunities to strengthen regional infrastructure to support and build on existing champions programme in London to go further to address the digital divide and embed the principles of equity, prevention and representation. Insights captured from across community and professional networks have indicated:

- There is a need to map the provision of existing or planned champion programmes and community organising networks and movements in London to enable better coordination across networks and clarify where and how regional offers can add value.
- Creation of additional citywide networks for Londoners with common interest to build on the collaboration developed during the pandemic. This would support working together on areas of joint interest, sharing ideas, insights and expertise across the region, and help make the most of increasingly limited resources.

- Set the right conditions as part of the Mental Health and Wellbeing Recovery Mission for individuals and groups engaged on political or cultural conflicts or share collective identities are supported and mobilised as part of the movement.

## **2. Communities**

London must become a city where the power of community spirit is experienced universally. Communities provide a resilient foundation to meet people where they are and build each other up to not only adapt to and withstand adversity but to thrive and reach their full potential.

**London must become a city where the power of community spirit is experienced universally.**

### **Community resilience as the foundation for public mental health**

Resilient individuals, families, and communities are more able to deal with difficulties and adversities than those with less resilience.<sup>48</sup> At the community level, there are multiple layers of increasing resilience, through formal education, services, and public health approaches that tackle the wider determinants of health.<sup>49</sup> As we look forward, we must identify and implement mechanisms to strengthen resilience across all aspects of life:

- Develop capabilities to catalyse change through the integration of feedback loops from community-led networks with established power to both political and health and social care system networks. Creating space within systems for the active participation of communities will help tackle the imbalance of power from decision-makers and the public and influence the equitable distribution of resources to those who need them most.

<sup>48</sup>UCL Centre of Equity, 2014

<sup>49</sup>Mental Health Foundation, 2013. Building Resilient Communities. : <https://www.mentalhealth.org.uk/sites/default/files/building-resilient-communities.pdf>



- Continue to offer additional support, training and development opportunities to grassroots and faith groups. Support the creation of peer-to-peer groups through training and ongoing support.
- Use place-based, neighbourhood and community assets to improve social cohesion and develop more safe places for social connection and interaction via community and peer support.
- Bring together partners to set clear goals for a framework to support communities in crisis, for example the Afghan humanitarian response, based on culturally competent principles to develop a standardised approach to stabilisation and ongoing support.

#### **Enhanced support for disproportionately impacted groups**

Particular groups in London are still very much dealing with the stress, trauma and distress of the past 18 months. Whilst we must be careful to not over-pathologise individual and community responses to COVID-19, there is a distinct need to continue to accelerate preventative programmes for groups at disproportionately greater risk of poor mental health. The following groups<sup>50</sup> have been identified as needing targeted or selective support:

- Bereaved Londoners
- Children and young people, particularly early years, older young people (those aged 18–25), LGBTQ+ young people, young people not in education, employment or training (NEET), and young people with Special Education Needs and Disabilities (SEND).
- Deaf and disabled Londoners
- Health and social care professionals, frontline workers, particularly those exposed to the virus itself and associated outcomes; staff shortages, lack of testing, difficulties in obtaining PPE Londoners living with HIV
- Migrants, refugees and asylum seekers
- People who are unemployed, struggling with debt and/or at risk of eviction
- Single parents and those in caring roles

- Those at risk of suicide and self-harm, particularly providing additional suicide awareness and prevention training across various sectors and working with Integrated Care Systems and acute trusts to review self-harm pathways following discharge from Emergency Departments, to improve assessment and follow-up procedures.

#### **Expansion of place-based programmes in educational institutions and workplaces**

The consistent and comprehensive implementation of the whole school, college and university approaches to promoting mental health and wellbeing will help contribute towards protecting and promoting children and young people's mental health and wellbeing.

Mental Health Support Teams (MHST) are a government initiative to help increase access to mental health support for children and young people, and an early evaluation<sup>51</sup> has demonstrated positive outcomes. Further consideration should be given to expanding place-based programmes in schools through working with local voluntary organisations and the community to strengthen provision and the different types of support available.

Work matters for mental health and wellbeing directly, as well as underpinning other factors that influence health such as income or social networks. Workplaces must consider the relationship between the quality of work and mental health and take a place-based approach to promote mental health and wellbeing, whilst reducing job insecurity and precarious employment.

<sup>50</sup>Note the need for enhanced support is not limited to these groups. Targeted engagement must meet all communities from a place of intersectionality.

<sup>51</sup><https://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/brace/trailblazer.pdf>



### Developing suicide-safer communities

In September 2021, the multi-agency Thrive LDN Suicide Prevention Group considered and agreed regional priorities for the coming years, including:

- Develop partnerships with general practice, social prescribing link workers and people working in communities to reduce access to medications as a means of suicide, facilitate safer hospital discharge and longer-term mental health and wellbeing support within the community.
- Build on partnerships with universities, colleges, schools, hospitals and training organisations to promote a culture of help-seeking behaviour and suicide prevention awareness among their students and trainees.
- Engage regionally, sub-regionally and locally with the Coroners Service to help prevent further suicide and provide bereavement services to those affected by suicide.
- Build on the success of the #ZeroSuicideLDN campaign, launched by the Mayor of London, to work towards 500,000 Londoners completing the free 20-minute Zero Suicide Alliance training by the end of this Mayoral term.
- Support the introduction of measures to increase online safety and prevent online access to lethal means, by fostering supportive online communities, developing diversified and proactive signposting offers, and promoting guidance for the safe sharing of personal experiences of self-harm and suicide online.

### 3. Systems

Systems are cohesive groups of interrelated, interdependent parts which exist in many forms across London. The systems of power (economic, political, social, health) with which we are familiar are more than just the sum of their parts and have a substantial impact on public mental health. Systems of power can and must enable and promote a pluralistic, multi-dimensional approach to engagement. Changing one part of a system may affect other parts or the whole system. We must ensure that the values of systems are grounded in equity and prevention of poor mental health.

### System ownership and governance arrangements

The current scale of distress and the increased public mental health challenges expected over the coming years requires a greater need to integrate and unify regional public mental health offers in London to ensure sustainability and longevity. As part of the coordination of resources and activities, regional leads are currently considering the integration of the Good Thinking Advisory Board within the Thrive LDN Advisory Group and consolidating the Thrive LDN Advisory Group as the key governing body, reporting directly to the London Health Board, for regional public mental health work across the partnership, tasked with determining the regional public mental health strategy, and maintaining oversight and accountability.

### Supporting ICS development

It is imperative that ICSs not only support but prioritise and show leadership on public mental health over the coming years. There is a need to establish a mutually supportive relationship between the regional public mental health approach and ICSs that is mindful and supportive of immediate mental health priorities for ICSs, including waiting list times and barriers to accessing services, and, longer-term, aligns with and supports the delivery of population health management and prevention ambitions, including LTP commitments and locally determined priorities. The Prevention Concordat for Better Mental Health, Advancing Mental Health Equalities Strategy and Patient and Carer Race Equality Framework can be used to provide a focus for coordinated action across the health and social care system to deliver a tangible increase in the adoption of public mental health approaches.

There is a need to establish a mutually supportive relationship between the regional public mental health approach and ICSs.



### **Cross-sector working and mental health in all policies**

Large scale systems change requires cross-sector working. Learning from the development of London's five ICS's enabling closer collaboration between NHS services, local authorities, VCS and other organisations, there is a need for structural integration for public mental health across statutory services and the private sector. Tools based on the enablers for public mental health; equity, participation and the wider determinants of health are required for cross-sector integration and broader partnerships.

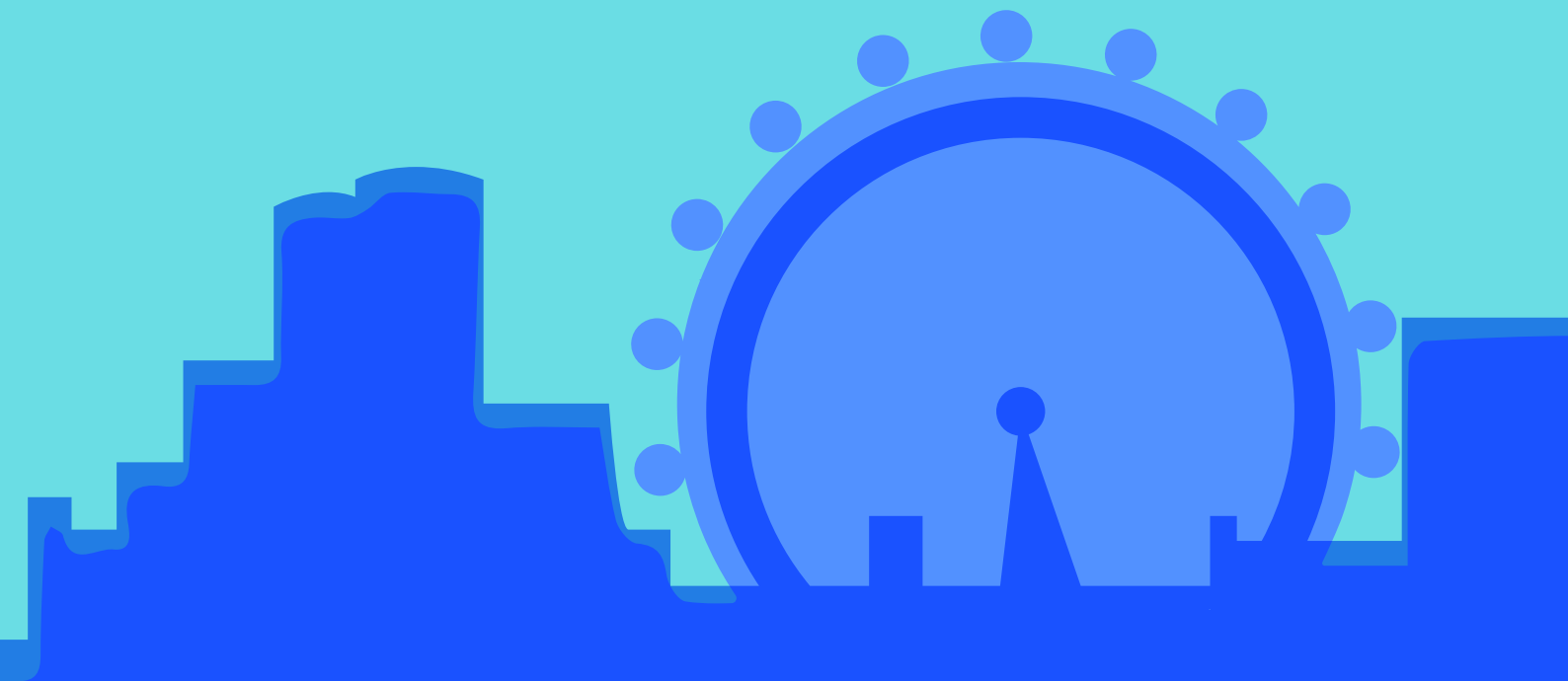
**Mental health in all policy initiatives can be implemented at regional, sub-regional and local levels to take action to influence the wider determinants of mental health.**

Mental health in all policy initiatives can be implemented at regional, sub-regional and local levels to take action to influence the wider determinants of mental health. This review suggests developing additional tools, resources and training and making them available to support different spatial levels to implement mental health in all policy initiatives.

The Economic Recovery Framework<sup>52</sup> for London builds on London's Recovery Programme and its mission-based approach by driving new and innovative collaboration on joint challenges. The five pillars of the Economic Recovery Framework; Jobs, Business, Thriving Neighbourhoods, Connected City and Global London and the crosscutting themes of Net Zero Green Economy and narrowing inequalities are dependent on cross-sector working and must be underpinned by a mental health in all policies approach. Partners in recovery across London and Central Government need to collaborate to work with a wider range of major institutions in all their forms on a wider range of policy areas and to work constructively with local businesses to achieve a true 'full system response' that the current crisis demands.

Working with national and regional partners on a framework for London-wide implementation and the development of additional tools and resources and training and making them available to support different spatial levels to implement mental health in all policy initiatives.

<sup>52</sup>Mayor of London (2021) The Economic Recovery Framework for London: [https://www.london.gov.uk/sites/default/files/mayor\\_of\\_london\\_economic\\_recovery\\_framework.pdf](https://www.london.gov.uk/sites/default/files/mayor_of_london_economic_recovery_framework.pdf)



Thrive LDN is supported by the Mayor of London and London Health Board partners

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**Towards Happier, Healthier Lives**

Ideas and actions for how London can recover and **thrive**

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