

Report on SANE calls since the Lockdown



Summary of findings

- Requests for help from SANE rose rapidly since the beginning of the lockdown. There are some worrying differences in the content of calls from those we would normally receive.
- Whilst SANE continues to support people who have regularly used our services over a long period of time, around 85% of those supported since lockdown have been new callers.
- 93% of people accessing our services since 25th March have discussed Covid19 and are experiencing it having an adverse effect on their mental health.
- Around 80% of callers are experiencing loneliness, isolation or feelings of entrapment affecting their mental health.
- Over 30% of callers have felt actively suicidal since the lockdown began. Whilst we hear from high numbers of people who have had suicidal feelings, they do not normally have active plans.
- We note an increase in the numbers of people resorting to self-harm as a means of coping with loneliness and isolation.
- Callers are reporting higher levels of anxiety and depression, leading to panic attacks.
- SANE has spoken to a number of people concerned about grown-up children or parents who have existing mental illness, particularly those with schizophrenia or bipolar disorder, whom they are not able to visit or have visit them. They are feeling considerable helplessness and sometimes acute anxiety when phone calls are not answered or they do not know whether the person is taking essential medication.

A significant number of callers have been affected by the closure or reduction of mental health services, most importantly, the cessation of visits from their community mental health teams. In addition, a number of callers say they are not accessing primary care services because they do not want to “bother” GPs. They are also not going to A&E, both because they assume they would not be seen and because they are afraid they might contract Covid19.

We are concerned that the withdrawal of and reduction in mental health services, coupled with people’s reluctance to use crisis or other medical services, leaves people with nowhere to go, and without any support. This means that large numbers of people are not getting help at a time when their mental health is being adversely affected.

We anticipate that this will lead to more untreated and more severe levels of mental illness in the months to come. SANE is continuing to work to fill the gap in NHS services by providing sustained contact with people who request our help, aiming to prevent them self-harming, attempting suicide and becoming critically unwell.

1. Introduction

Since Monday, 23rd March 2020, SANE has offered a new service in order to support people who would normally contact SANEline, or whose mental health is newly affected by Covid19, or those concerned about others.¹

This report gives a statistical overview of the calls received and how things have changed for people since the start of the lockdown; information about the number of first time callers; and any demographic information we have. It should be noted that SANE's policy is not to ask specific questions of the people who ask us for help, but for the conversation to be guided by our callers. We therefore have limited demographic information, and any details we do get come organically from the conversation.

We have included some examples of what our callers have told us, to illustrate the types of issues which people calling us have raised. Please note that in order to respect confidentiality, any identifying characteristics have been changed.

2. Overview of numbers

Since lockdown, SANE offers five different services to support people who are in need of support around their own or someone else's mental health – offering calls as mentioned above; call backs from more specialist professionals; a 'support' email service; a text message service; and an online support forum.

Existing services have seen a considerable increase in demand (for example, we sent out 54% more texts this month than during the same period last year).

The 'support' email service was newly created to provide support during the Covid19 epidemic, and we have already responded to over 200 emails.

SANE's main way of supporting people is via speaking on the telephone, which has always been the primary way people choose to contact us. We offer a combination of one-off calls and ongoing support, depending on need. During the period of this study, our team made over 350 calls, in some cases providing ongoing support.

¹ We set up an answering machine service where people could leave their name and contact number on the usual SANEline message. Our team of professional staff and trained volunteers (those with at least one year's experience) then call people back as soon as possible. We 'triage' the most urgent people, and also encourage people making contact with SANE to use crisis services where necessary.

As we predicted, the number of people calling us rose very rapidly over the first four weeks of lockdown – with over a 200% rise in calls being made between March 25th and April 20th.

Where we have demographic information, it mostly does not vary significantly from our usual caller profile, although we have noted that we are receiving a higher number of requests for support from people aged over 65, and an increase in people calling concerned for others.

3. Nature of calls

The impact of Covid19

93% of people we have spoken to since March 25th are discussing their mental health in relation to Covid19. Issues that have come up in relation to Covid19 include:

- the impact of the lockdown on their mental health – for example, in terms of increased isolation and loneliness, boredom and lack of distraction, and lack of family visiting
- increased feelings of loss of control over the external situation
- feeling trapped in close proximity to partners or family members, resulting in increased tensions or risk of domestic violence
- coping mechanisms that keep people well are not available – e.g. going to the gym or the cinema; feeling entrapped by a fear of going out or lack of options
- a fear of catching the virus itself, sometimes leading to increased symptoms of OCD or anxiety; obsessive behaviour such as cleaning or repetitive watching of the news
- a reluctance to ask for medical help – either because of wanting to avoid hospitals due to fear of the virus or because of not wanting to “bother” primary care services who people believe are over-loaded or unavailable
- a loss or reduction in existing mental health services – for example, therapy moving from face-to-face to Skype or a similar service; visits from community mental health teams being replaced by a phone call; new counselling or CBT being put on hold until after the lockdown
- difficulty in obtaining necessary medications and advice on medication
- concerns about lack of food, or specific food requirements (e.g. for particular conditions) not being available in local authority provision
- being concerned for family members or friends who are at a distance and therefore can't be practically helped or supported
- callers who are key workers experiencing immense pressure and losing sleep

In the initial days of the lockdown, a common theme of callers was around isolation and loneliness, and concerns over how long things might remain this way. Gradually, over the first few weeks, we had increased numbers of callers experiencing more acute levels of existing or new anxiety disorders, with reports that the effects of the loneliness were becoming more damaging to individuals' health and welfare. The people whom SANE supports do not generally describe their condition as stress.

Loneliness and isolation

Around 80% of people we have spoken to have either explicitly referred to loneliness and/or isolation or it is underlying the conversations we have had. When the second phase of the lockdown was announced, we had a further increase in requests for help, and higher levels of distress caused by depression, anxiety disorders and OCD. Almost one third of callers we have spoken to have felt actively suicidal during the lockdown, and callers reporting self-harm have increased.

Suzanne

Suzanne has told us a lot about her conditions, as she has diagnoses of OCD and Emotionally Unstable Personality Disorder, but she tells us that it is being so isolated, and increasingly feeling lonely, that is resulting in her thinking about suicide in a way that she has not done since she was a teenager. Her main way of managing her mental health is to exercise with a personal trainer in a gym through a 'social prescription' and to meet with friends for meals out or cinema trips. Living on her own has made her feel lonely in a way she has never experienced before, and it makes her scared for her own sanity. She finds the idea of not knowing when she will see her friends and family again unbearable. We will continue to call Suzanne every week.

Paul

Paul talks repeatedly about how his life has become so small and that he can't bear the four walls any more. He normally works in a charity shop that is now closed and attends Mass at least 3 times per week, and he enjoys the social aspects of these things. He didn't realise before the lockdown how overwhelming loneliness would feel. He is unhappy that he is relying on more alcohol and unhealthy snacks – he used to visit a local café near the shop each day for a hot meals, and once a week he was invited to Sunday Lunch with friends from the church. Not being able to do these things is making Paul feel physically and mentally less healthy. He has never had problems with his mental health before, but now he describes falling into a black hole of depression and believes it is being caused by his loneliness.

Rise in anxiety disorders and/or depression

The most common conditions of which people are reporting increased symptoms are anxiety and depression. Over one third of people contacting SANE since the lockdown have talked of increased levels of anxiety and/or depression, and some of these report it escalating to the point of them considering suicide.

Joanna

Joanna has a young daughter and was diagnosed with generalised anxiety disorder in pregnancy. She is extremely worried that she will catch Covid19 and pass it on to her daughter and her mum who both live with her. She spends her day checking her temperature, and has rung NHS 111 a few times for reassurance. She will not contact her GP in case he tells her to go to hospital. The thing she finds most therapeutic and calming is to spend time in the gym, and as she is not able to use this as a distraction at the moment, her anxiety levels are escalating. Joanna finds talking helpful, and SANE is going to keep in regular contact with her during the lockdown.

Naz

Naz thinks he has OCD, although he has never been diagnosed, and is worried that it has got out of control since he first heard of Covid19 in January. He is 52. His hands are raw from cleaning, and it is taking up most of his time – which he doesn't mind, as he has been furloughed from his job. He contacted SANE because he realised he was becoming highly anxious about the possibility of something being contaminated in his home, to the point where it was making him extremely depressed and concerned about whether he was losing his mind. He said he couldn't talk to a doctor about it, as they wouldn't be available. We encouraged Naz to ring his GP surgery and told him that they should be happy to speak to him.

Mandy

Mandy is 31 and has depression and anxiety, with a history of attempts at suicide. She has been hospitalised a number of times, and has a community mental health team who used to visit regularly but haven't been available since the lockdown. In the absence of the team, Mandy sees no one and doesn't go out – she says that the lockdown doesn't feel so very different to her, other than her nurse not coming by. She takes a lot of medication for her physical and mental health problems, but doesn't find anything is helping. SANE will continue to call Mandy during the lockdown period.

Loss or reduction in access to services

30% of people we have spoken to have talked of the effects of reduced or closed services, and the impact this has had on them. This has, in some cases, been a suspension of a treatment completely, a change to online or telephone support which often feels inadequate, or a delay in starting a new treatment (such as CBT). This combined with

people's reluctance to access community mental health services or A&E provision is, in our view, building up increasingly severe mental health problems which will have considerable fallout.

Angela

Angela is 23, and has a diagnosis of PTSD and depression. She has had growing numbers of panic attacks during the lockdown, and is concerned how long it will go on for. She had waited over a year for access to an NHS therapist, but this has now been stopped. She is not clear whether it will resume after the lockdown is over, and this is of great concern. Angela would like SANE to continue ringing her during the lockdown, as she feels reassured knowing that someone will check in on her.

Melinda

Melinda has been off work for a number of years with a physical disability and a diagnosis of psychosis. Just before the lockdown, her benefits were cut. She had access to an advocate via another charity, but this service has been withdrawn during the lockdown. She is not able to make contact with the Department for Work and Pensions by herself, as it makes her angry and she finds it difficult to talk to people over the phone (Melinda emailed SANE first of all, and we encouraged her to accept a call from us, which has worked well.)

Marcus

Marcus is the Dad of a 22 year old man who has psychosis. Normally, he or his wife visits their son each day to check on how he is doing and to ensure that he is taking his medication. The fact that they are no longer able to visit is terrifying to Marcus and his wife – when they can't get hold of their son on the phone, their own anxieties rise, and they are imagining the worst on a daily basis. They say that if their son doesn't take his medication, he will become very unwell very quickly, and they sense from recent conversations that his condition is deteriorating. SANE is providing support to both Marcus and his wife, and has encouraged them to ask their son to contact us, and to access primary care services.

4. Conclusion

In supporting the people who contact us during the lockdown situation, SANE hears directly about the impact of Covid19 on the mental health of individuals UK-wide, and in particular, how it affects those people with existing mental illnesses, and their carers.

We know there are large numbers of people whose mental health is being adversely affected by the situation whose normal support mechanisms are not there in the usual ways, or who are not able to find sources of support. We have spoken to people in the most vulnerable groups who do not have access to the internet or smart phones to get

help (and may have previously used library services for this). As a society, we over-estimate people's digital access, and SANE is concerned about the impact of digital exclusion on people's physical and mental health.

In this report, we have given some case-studies highlighting the things that people have been experiencing in the first month of the lockdown. Whilst of course SANE understands and accepts the need for the measures taken in response to Covid19, we are concerned that the negative impact on people's mental health is increasing over time. Each new period of the lockdown sees higher levels of isolation and loneliness, fewer face-to-face therapies and treatments and people not taking or having access to essential medications.

For people who normally care for others with a mental health condition, and who either cannot visit them or are trapped in homes with unwell people, we believe the lockdown is having a damaging effect on their own mental health. For those who rely on activity and human company to keep healthy, we see that more are using distractions such as increased alcohol use, not exercising or leaving the house at all, and relying on unhealthy snack food.

The impact on *all* of our ability to stay mentally well is being challenged during this period of time – for those people who have mental illnesses, the consequences can be devastating.

The serious nature of the calls, and the long term impact of the lockdown on so many people who may be deteriorating to the point of crisis, make us newly aware of how essential it is for trained people like SANE's team of staff and volunteers to be there – but it is not enough.

What can be done to prevent the mental health fall out of Covid19?

The mental health workforce needs to be able to sustain its existing clients and patients during the lockdown. Mental health wards and nurses that have been diverted to the Covid19 response need to be re-assigned to mental health services, to ensure there are sufficient numbers of crisis beds, psychiatric units and experienced staff to provide treatment for those who need it.

Just as there is a growing worry that people with physical conditions such as heart disease or stroke are delaying treatment and so risking more serious outcomes, SANE is concerned that people with mental health conditions going without support or access to treatment, or delaying seeking help, will lead to more acute crises and long-term damage. The NHS must plan now to reinstate the full range of mental health services as soon as possible, to prevent an epidemic of distress and illness.