

STILL FORGOTTEN?

**Mental Health Care and
Treatment During the
Coronavirus Pandemic**

Phase Two 2021/22 Report

“[I hope for] Less judgemental attitudes from GP services, more face-to-face contact. More genuine understanding of mental illness from professionals & to feel heard. To feel like we matter”

(2021 Survey respondent)





Foreword

The last two years of the pandemic have challenged everyone in ways we could not have imagined.

Even as we move on from the legal restrictions placed on how we lived our lives, we know that the pandemic has had and will continue to have long lasting impact. Not least on people living with mental health problems.

We know from our Forgotten? report published in 2021 that the pandemic resulted in huge changes to the ways people could access and receive mental health support. We found that these changes, particularly the move away from face to face support, were challenging and at times distressing for people trying to get help for their mental health. As we moved through 2021 into 2022, pandemic related restrictions changed and the NHS began to remobilise. We commissioned this second phase of research to better understand how the delivery and experience of mental health care and treatment changed as restrictions eased.

What we have learned from this research will be crucial in helping inform how mental health care is delivered into the future as we tackle the short and long term legacy of the pandemic. The research is timely, coming as the Scottish Government is preparing a new mental health and wellbeing strategy and new suicide prevention strategy. We hope our findings will help shape these important national plans and ensure people living with mental health problems can access and receive the care and support that they need in a way that works for them.

We are grateful to everyone who took part in this research for sharing their experiences at this uniquely difficult time; they will help everyone involved in mental health understand what must now be done. As set out in our own strategy – We Won't Wait – SAMH are committed to empowering people with lived experience of mental health problems and campaigning for meaningful change. Despite many promises to improve mental health support – before and in the wake of the pandemic – thousands of people are still being left behind. The time for action is now.

Billy Watson
Chief Executive

Total number of participants

[after exclusion due to survey criteria/very early attrition]

Survey 1 September 2021

1478

Survey 2 February 2022

582

SUMMARY OF FINDINGS AND CONCLUSIONS

The coronavirus (COVID-19) pandemic has had long-lasting negative impacts on the treatment and care of people living with mental health problems, which have persisted during the second year of the pandemic.

This report builds on our 2020 and early 2021 research 'Forgotten?', and examines the experience of mental health care and treatment in year two of the pandemic. The findings highlight that structural changes to the delivery of mental health care and treatment – particularly the move away from face-to-face support – remain a significant challenge and cause of distress. Despite recent moves to remobilise the NHS, people taking part in this research overwhelmingly told us that support, both from GPs and specialist mental health services, is still mostly delivered remotely. This is despite the clear desire for a return to face-to-face support from people taking part in the research.

Importantly, the research shows us that longer exposure to phone or online treatment and/or care does not necessarily enhance acceptance or satisfaction with these modes of delivery. While they may be perceived as more acceptable by some when mixed with face-to-face delivery; nearly a third of participants told us nothing would make them more comfortable with telephone or online service delivery.

This is a crucial time for mental health services in Scotland, with the Scottish Government preparing a new Mental Health and Wellbeing Strategy due by the end of 2022.

We are clear that as part of the new strategy there must be a commitment to a return to face-to-face delivery of mental health services at all levels, including primary care, for all who want it. While we believe digital mental health services have an important role to play in supporting people, there should not be a digital by default approach to mental health service delivery as we recover from the pandemic.

Other findings from this phase of the research highlight that there has been little perceived improvement during the pandemic period to people's experience of mental health care and treatment. Across indicators such as ease of accessing services, continuity in care, and length and frequency of appointments, people told us there had been limited change from year one to year two of the pandemic, highlighting ongoing structural difficulties accessing and navigating Scotland's mental health services.

Despite these challenges, those taking part were more likely to be satisfied than dissatisfied with the mental health care they received. This is welcome and echoes findings from our 2021 report, 'Forgotten?'; highlighting that high quality mental health support is being delivered despite the ongoing challenges in accessing it.

Interestingly, our findings showed consistently higher levels of satisfaction with support delivered by specialist mental health services (including the third sector) compared to mental health support via primary care. While we cannot make clear conclusions for the reasons for this from our data alone, this greater satisfaction may be in part due to the higher likelihood of consistency of practitioner, length of appointment, tailoring of support and more face-to-face delivery. As we move forward from the pandemic it is important we gather and learn from areas of good practice and replicate these across all aspects of our mental health services.

Finally, looking forward. People taking part in the research shared with us their hopes for the future of mental health service delivery. The most popular choices were that 'treatment and care will be/return to being face-to-face' with just over half choosing this; followed by 'mental health funding and services become more of a priority'. Again, just over half chose this option. Disappointingly, hopes for the future were not matched with confidence; with over half of people taking part sharing a general anxiety about the future, and half not feeling confident they would receive the treatment and care they believed they'd need.

KEY FINDINGS

- ➔ Structural changes to mental health care and treatment, such as a move away from face-to-face care and treatment, which were introduced due to COVID-19 persisting into year two of the pandemic
- ➔ As COVID-19 restrictions eased over 2021-22 and the NHS began remobilising we would have expected to see a return of face to face support, this has not happened for the vast majority of participants
- ➔ GPs remain the predominant point of access and deliverer of mental health care and treatment before and throughout the pandemic
- ➔ There continues to be higher levels of satisfaction than dissatisfaction with mental health care and treatment across a range of indicators such as treatment quality and the ability to discuss treatment options. The lowest levels of satisfaction – both for treatment from GPs and specialist services – was with crisis care.
- ➔ Slightly higher levels of satisfaction with specialist services than with GPs were found, and may in part be due to more consistency of practitioner, length of appointment, tailoring of support and more face-to-face delivery
- ➔ Exposure to phone or online treatment and/or care does not necessarily enhance acceptance or satisfaction with these modes of delivery. They may be perceived as more acceptable by some, if mixed with face-to-face delivery
- ➔ In the second year of the pandemic, as found in our Autumn 2021 survey, there continues to be persistent high levels of anxiety and a lack of confidence from participants that they will receive the mental health care and treatment they need when they need it
- ➔ There has been limited change in the impact of mental health care and treatment from year one to year two, though a significant minority stated their resilience had improved in year two
- ➔ Across a wide range of factors such as access to treatment, consistency of practitioner, and appointment frequency, there has been limited change in year two compared to year one of the pandemic

ABOUT THE RESEARCH AND DEMOGRAPHICS

This report summarises key findings from the latest stage of a research project exploring people’s experiences of mental health care and treatment during the COVID-19 pandemic. It builds on findings from SAMH’s ‘Forgotten?’ report published in March 2021, which reported on surveys and interviews conducted between August and December 2020.

Specifically, this current report summarises findings from two surveys carried out in September - October 2021 and February-March 2022. This final phase of the research was undertaken by Avril Blamey on behalf of SAMH. The research questions were:

- **Have the ways in which the treatment and/or care that people in Scotland receive for their mental health changed during various stages of the pandemic?**
- **How have these changes been experienced by people who have been in receipt of some form of treatment and/or care for any period of time since January 2019?**

Over 1500 people took part in the research. Those who took part in the 2020/21 research, who had given consent for future contact in regards to the research were invited to take part in 2021 and 2022 surveys. Additionally, both the September/October 2021 and February/March 2022 surveys were open to new participants. Note circa 363 participants in the 2022 survey were also participants in the late 2021 survey.

To be eligible to take part in the research participants needed to: have received, or attempted to receive treatment and/or care for their mental health at some point since January 2019; be 16 or over; and currently live in Scotland. The research was self-selecting so is not representative of the wider population.

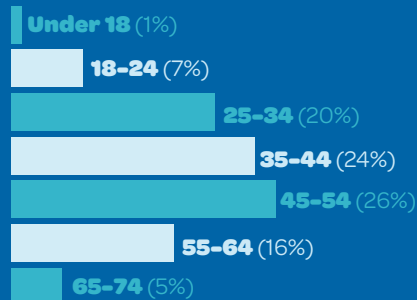
Each survey included ‘routing’ meaning that depending on a respondent’s answer to a particular question, they may bypass another. Participants could also choose not to answer a number of questions in the surveys.

As such, total respondents to each question vary. Where percentages are given, they are a percentage of the number of people who answered that particular question, rather than a percentage of people taking part in the survey.¹

DEMOGRAPHICS

Over 80% of people who took part in the research were female. This represents a significant selection bias and is similar to the gender breakdown for phase one of the research.

The age breakdown was as follows:



Nearly all participants were white.

People from across all Scotland’s health board areas took part in the research, with the largest numbers coming from the most populated areas.

People taking part in the research were asked what mental health conditions they were seeking, or in receipt of, care and treatment for. Participants reported experiencing a variety of mental health conditions with nearly three quarters in both surveys reporting they had anxiety and panic disorder (77% 2021 survey, 70% 2022 survey) and similar numbers having depression (71% 2021 survey, 68% 2022 survey). These findings are similar to those reported during phase one of the research.²

1 Greater care should therefore be taken in drawing learning from the 2022 survey alone. It should also be noted that whilst some questions were intentionally consistent across surveys, some were changed slightly to address timeframes or seek more nuanced learning, and some were new. As such, care should be taken to note that apparent changes in responses between surveys may have been impacted by these nuanced changes in questions or question formats.
 2 SAMH *Forgotten* 2021

RECEIPT OF CARE AND TREATMENT

Findings from both surveys highlight that GPs remained the predominant point of access and deliverer of mental health care and treatment before and throughout the pandemic. In the 2021 survey nearly three quarters (71%) of respondents reported being in receipt of care and/or treatment from a GP, with over half (55%) in the 2022 survey receiving current treatment and/or care from GPs.

As with phase one of the research a high proportion of people taking part were, or had been, in receipt of care and treatment from specialist mental health services, including Community Mental Health Teams (CMHTs). This suggests that they were likely to be living with severe and enduring mental health problems. 42% in the 2021 survey, and 27% in 2022 stated they had received or were receiving respectively specialist mental health support. The 2022 survey asked for “current” treatment, while the 2021 survey asked about treatment across the duration of the pandemic, which may in part explain the lower figure for 2022.

Mental health care and treatment delivered by the third sector was also reported, with just under a third of people in the 2021 survey reporting they had received third sector support during the pandemic, and just under a fifth reporting in 2022 that their current mental health support was delivered by the third sector.

A very small number of participants reported receiving inpatient mental health care or support from social services.

The researchers asked participants when during the pandemic they received mental health care and treatment. The 2021 survey showed that respondents were more likely to report being in receipt of treatment and/or care in both years of the pandemic (47%) than only in year one (15%) or only in year two (18%). Just over a tenth (12%) had received mental health care and treatment prior to but not during the pandemic.



Main Body of report

CHANGES AND CONTINUITIES – ABSENCE OF FACE-TO-FACE SUPPORT

Findings from our 2021 ‘Forgotten?’ report underscored the significant challenges felt by people living with mental health problems arising from the systematic move away from face-to-face mental health care and treatment during the COVID-19 pandemic.³ Despite changes to COVID-19 related restrictions across 2021, the ongoing remobilisation of the NHS,⁴ and the lifting of restrictions in 2022 respondents in this new phase of the research reported very limited return to face-to-face mental health care and treatment.

When asked how their mental health care and treatment had changed *during* the pandemic, over half of respondents to the 2021 survey stated there was no change. Just under a fifth (18%) suggested where there had been change was in the direction towards phone or online. Just over one in 10 (13%) suggested a move to some or all face-to-face care and treatment.

By far the most common way care and treatment was delivered to respondents since March 2021 was by telephone. Among those receiving treatment and, or care in year two or both years of the pandemic from each of the professional groups⁵, 69% of GP and 45% of specialist treatment and, or care was reported as being delivered ‘only’ or ‘mainly’ by phone.

As with findings from year one of the pandemic in our ‘Forgotten?’ report, online support was less common than telephone support during the second year of the pandemic.

While this was the case for all providers – GPs, specialist mental health services, and third sector providers – online care and treatment was most commonly reported by people receiving support from the third sector and specialist mental health services. Less than a quarter of people who took part in the surveys received online mental health support from their GPs while over two fifths (39%) receiving support from specialist services and the third sector did so.

When looking at differences by type of treatment between GPs and specialist mental health services, only 5% of respondents reported receiving ‘mainly face-to-face’ for GPs compared to 12% for specialists. These figures rise to just under a quarter (23%) for GPs and just over a quarter (28%) for specialists, when participants stated that “some” care and treatment had been delivered face-to-face. This indicates that even as COVID-19 related restrictions eased, the vast majority of people seeking or receiving support for their mental health were not able to see medical practitioners face-to-face.

Importantly, findings from this phase of the research confirm that despite longer engagement and exposure to remote service delivery, people with mental health problems who took part in the research are clear that they want to see their treatment return to face-to-face delivery. Over three quarters (77%) of respondents to the 2021 survey agreed or strongly agreed that face-to-face support is ‘far better than phone support’ and similar proportions (76%) thought it ‘far better than video consulting or virtual support’.

"Video calls are difficult for me- it's not the same as being in a room with a person. They make me anxious. I sit in my bed under my covers to try to feel safe, but my doctor is judgemental and assumes I've been sleeping all day and just woke up. Also, there's been no monitoring of my blood pressure due to my medication. I feel dizzy standing up and think I have low blood pressure. The doctor never even asks me how I'm feeling physically during appointments "

(2021 Survey respondent).

Indeed, just under a third (31%) of people taking part in the 2022 survey stated that they ‘feel more satisfied with telephone support now than I did earlier in the pandemic’. Nearly two fifths (38%) disagreed, with the remainder (31%) ambivalent. Similarly, only about three in 10 (29%) respondents agreed that they ‘feel more satisfied with online support now than earlier in the pandemic’.

3 SAMH [Forgotten?](#) 2021

4 Health Improvement Scotland [From Emergency to Recovery Remobilisation 2021-22: Plan 4](#) 2021

5 Please note that the percentage figures in this page from this point down are based on denominators of those who received treatment and, or care in year two or both years of the pandemic from each of the professional groups n= 567 for GPs n=419 for specialists. These are taken from the 2021 survey.

HYBRID SUPPORT

To gain a deeper understanding of the challenges and attitudes to telephone and online mental health service delivery we asked participants in the 2022 survey what, if anything, would help them to feel more comfortable with telephone or online support. Importantly these findings can help inform future mental health service development as we fully move on from the pandemic.

When asked what would make you more comfortable with phone or online support, the predominant factor chosen by participants was ‘If telephone or online treatment and/or care was mixed with face-to-face support’. Over two thirds of respondents to this question (69%) expressed agreement with this statement. Just under one in 10 (11%) expressed disagreement and 21% ambivalence.

Importantly just under a third (30%) of people in the 2022 survey told us that ‘nothing would make me comfortable with telephone/online treatment/care for my mental health’.

This discomfort with non-face-to-face support does not seem to be specific to mental health problems, but a more general discomfort with remote care and treatment. When asked if they would be more comfortable with telephone or online treatment and/or care for physical problems/conditions rather than mental health ones only a quarter of participants agreed. Just over half (52%) disagreed and just under a quarter (23%) were ambivalent.

Barriers to comfortable telephone or online engagement such as a lack of privacy or access to technology are likely to be persistent and difficult to adequately address without a return – at least in part – to face-to-face service delivery.

Looking to the future of mental health care and treatment delivery as we move out of the pandemic it is clear from those who took part in our research that flexibility in delivery, with the opportunity for at least some face-to-face engagement is urgently required.

“[I hope for] Less judgemental attitudes from GP services, more face-to-face contact. More genuine understanding of mental illness from professionals & to feel heard. To feel like we matter”

(2021 Survey respondent)

“It has mostly been over the phone, but after telling my CPN that I was really struggling with no face-to-face contact, she now sees me face-to-face every other appointment. I was seen at my health centre in crisis in February 2021 and admitted to hospital. Thereafter I have seen my CPN every other appointment face-to-face since March 2021”

(2021 Survey respondent)

Support for suggested options to increase comfort in telephone and online support are outlined below

	Agree	Disagree	Ambivalent
If telephone or online treatment and/or care was mixed with face-to-face support	69%	11%	21%
If my GP/specialist was better at delivering online and/or telephone support [e.g. ‘Near You’, Zoom or similar platforms]	41%	19%	41%
If I had more privacy in my home	39%	25%	39%
If I had better access to technology	22%	29%	50%
If I was better at using technology	20%	33%	46%

EXPERIENCES OF TREATMENT AND SUPPORT

HOW HAS THE IMPACT OF MENTAL HEALTH CARE AND TREATMENT CHANGED DURING THE PANDEMIC?

Participants were asked what, if any, improvements to their mental health care they had experienced across the duration of the pandemic. The results were stark, highlighting persistent challenges and little improvement as we moved into the second year of the pandemic.

We asked in the 2021 survey how the impact of their treatment had changed from year one to year two of the pandemic. Across all areas the most frequent option was no change, with a small minority suggesting things had actually got worse in year two of the pandemic. It is very concerning that over half of participants said there had been no change to the progress in their recovery in year two of the pandemic. There were encouraging improvements in self-reported resilience and recovery for around two-fifths of participants:

	Better in year two	No change	Better in year one
Benefit from treatment/care	25%	61%	14%
The progress and recovery I am making	37%	51%	11%
My resilience and ability to manage challenges myself	40%	45%	14%

The 2022 survey explored further aspects of care and support and how these had changed across the pandemic, specifically looking at differences between 2021 and 2022. This aimed to explore factors such as access and consistency of care which were highlighted as key challenges in our earlier 2021 ‘Forgotten?’ report.⁶ Again, the most common response from participants was that there had been no change in year two of the pandemic compared to year one, with a fifth to two-fifths reporting things had actually got worse in the second year of the pandemic:

	Better in 2022	No Change	Worse in 2022
Ease/speed of getting an appointment to speak about your mental health	13%	50%	36%
Being able to speak to the same GP each time	11%	50%	39%
Being able to speak to the same specialist each time	11%	59%	30%
Frequency of appointments/support sessions	12%	49%	39%
The length of individual sessions/appointments for my needs	11%	60%	29%
Being prescribed the medication I need (when I need it)	16%	64%	20%

6 SAMH [Forgotten](#) 2021

SATISFACTION WITH CARE

As with phase one of the research reported in our ‘Forgotten?’ report, people were asked about satisfaction in regards to their care. Results showed a great deal of consistency with those of phase one, with people generally more satisfied than dissatisfied across aspects of their support. The highest levels of satisfaction (across both professionals) were in relation to ‘quality of treatment’. Greatest dissatisfaction, for both GP and specialist support, was in relation to crisis care. The full results from the 2021 survey are outlined below:

There seemed to be an influx of people ‘needing’ this and made the services scarcer to get and for much shorter times than before as well as less providers being available even on a remote accessibility.
(2021 Survey)

I’ve felt rushed to be “better” or “recovered”, and subsequently, felt the frustrations of the GP practice for still needing help regarding my health
(2021 Survey)

As can be seen in the table above, satisfaction across all factors was higher for specialist support compared to support from GPs for 2 out of 3 issues. The issue of greater satisfaction with specialist support was explored in the 2022 survey. Nearly half (46%) of participants agreed that care and treatment from specialist mental health services was more satisfactory than that of GPs. A fifth (21%) disagreed with this. The most common reasons given for greater satisfaction with specialist support were in relation to consistency and tailoring of support:

	Satisfied	Dissatisfied	Mixed Feelings
Having opportunities to discuss my treatment/ treatment options			
GP	42%	22%	34%
Specialist	52%	25%	23%
The quality of my treatment/care			
GP	48%	21%	30%
Specialist	53%	23%	24%
How supported I have been			
GP	41%	32%	27%
Specialist	52%	26%	23%
Responding when I am in crisis			
GP	43%	32%	24%
Specialist	44%	31%	25%

I feel like a number rather than a person only getting a 15 min call instead of up to an hour face-to-face appointment.

(2021 Survey)

54%
receiving treatment and/or care from the same person each time

47%
more tailored support

40%
specialist care including face-to-face support

38%
sessions/appointments were an appropriate length for my needs

While we cannot be definitive from the survey data, this greater level of satisfaction for specialist services compared to GPs may in part be expected due to the nature of specialist care, with a greater likelihood of ongoing care with a consistent practitioner or team allowing for a more stable and therapeutic relationship.



ACCESS TO SUPPORT

Challenges in accessing support was a key theme reported in our earlier 'Forgotten?' report.⁷ Despite changes to COVID-19 related restrictions and the remobilisation of the NHS this phase of the research again found significant challenges when trying to access mental health care and treatment.

Of those who had tried to access their GP and/or specialist since March 2021, six out of 10 reported facing challenges. A range of challenges were reported, with the most frequent being about access, poor experiences with telephone consultations, inability to see the same GP consistently, or lack of or limitations in support. Similar numbers experienced challenges trying to access/receive treatment and/or care from specialist services since March 2021. Again, more than half reported facing challenges.

Examples of challenges accessing GP support included: (all quotes are from the 2021 survey)

Having to explain problems to unsympathetic admin staff gatekeeping the service

My GP accessed the mental health team as they said they aren't qualified to deal with me as I'm complex

No access to face-to-face appointments. The surgery being closed at short notice on the only day I can make appointments

Examples of challenges accessing specialist support included: (all quotes are from the 2021 survey)

I had no support for three months while my case worker was sick with covid and I was not told she was off sick. I was abandoned.

Was referred by my GP to my local mental health team, a year after losing my husband to suicide. They were not interested and told me "It's just grief, you have to deal with it"

Sometimes my consultant called out of the blue, I had poor reception and couldn't hear or couldn't find a private space to talk. He did refer me to SAMH for peer support which was helpful, but it was time limited and I wasn't well enough to fully engage

I was unable to access the crisis team as they refused to provide increased support during a stressful time which resulted in self-harming and requiring the assistance of the police, A&E Department, psychiatry liaison team, Social Work Department under adult support & protection and the acute medical unit for a consultant physician to oversee my care whilst in hospital after self-harming

I was referred for further psychological therapy in February 2021 and I'm still on the waiting list. I have been waiting now for 29 weeks. I am really struggling and need that psychological input to heal and move forward. I feel very frustrated that I have had such a lengthy wait for treatment and am still waiting.

It is important to note, that while many people taking part in the research reported negative experiences when trying to access mental health care and support, there were positive examples of care and treatment (quotes from Autumn 2021 survey):

My CPN has been brilliant and I can contact her outwith our fortnightly appointments times when I need her support. I have spoken to her consistently and to her supervisor in crisis over the weekend. I can call desk duty if I'm struggling.

I can't ask for better care, never felt so supported by my CPN and Psychiatrist

My treatment hasn't become poorer during the pandemic, my GP practice was brilliant during the pandemic when it came to my mental health

IMPACT OF CHALLENGES

Participants confidence that they can receive the support needed for their mental health has been negatively affected throughout the course of the pandemic. It is clear that this lack of confidence has not reduced during the second year of the pandemic. Results from the Autumn 2021 survey found that a sizable proportion [40%] of respondents have not 'felt confident in asking for mental health treatment and care' since March 2021 and a greater proportion [53%] report 'not feeling confident that they would receive the treatment and care they believe they need'. These findings echo those reported during the first year of the pandemic in our 'Forgotten?' report and highlight that despite relaxation in COVID-19 restrictions there is longstanding anxiety that people won't be able to access the mental health support they need, when they need it.

LOOKING FORWARD – THE FUTURE OF MENTAL HEALTH CARE AND TREATMENT

The COVID-19 pandemic and associated significant changes to how mental health care and treatment is organised and delivered are likely to have long lasting effects, even as we move out of the immediate pandemic and related restrictions.

Reflecting on the likely long term structural changes to how mental health care and treatment will be delivered, we asked people taking part in the research to tell us their hopes for the future in regard to mental health care. From a list of nine options, participants could choose three.

Unsurprisingly the most popular choices were that ‘treatment and care will be/return to being face-to-face’ with just over half choosing this (54%), followed by ‘mental health funding and services become more of a priority’. Again, just over half (54%) chose this option. The least favoured option was for services to retain telephone and online options, with less than one in ten (9%) choosing this as one of their three options.

People taking part in the Autumn 2021 survey were also invited to share their hopes for the future in their own words.

Themes echoed the findings above, and highlighted the desire for easier access to support; more consistent support; empathetic non-judgemental responses from services and a return to face-to-face delivery. A selection of hopes from people include:

Firstly, getting access to appropriate care. Shorter waiting time. Face-to-face.

(2021 Survey)

Hope for Future	Proportion of Participants Choosing This Option
Treatment and care will be/return to being face to face	54%
Mental health funding and services become more of a priority	54%
Waiting lists are reduced	39%
Services become easier to access	34%
Health care professionals can dedicate more time to mental health	26%
Mental health issues achieve greater awareness and empathy from the wider public	25%
Services can offer more time to those seeking support	23%
Some telephone and online services will remain in place	13%
All services will retain telephone and online options	9%

Less judgemental attitudes from GP services, more face-to-face contact. More genuine understanding of mental illness from professionals & to feel heard. To feel like we matter.

(2021 Survey)

Stop ticking boxes and cutting budgets and start listening to patients. Actually listening, not pretendy listening. Join up care and make it appropriate for the person receiving it. All adequate resources to see treatment through. If that means ongoing, make it ongoing. Caregivers telling patients they need to curtail treatment due to lack of resources is not a good use of the time available.

(2021 Survey)

Other responses highlighted both positives and inadequacies in their current care, resulting in anxiety about what they can expect from future support:

My GP is very supportive and because a relationship has developed I'm happy for phone consultation to continue. I am disappointed by the waiting lists to help get further support alongside my medication. I cannot afford to go private and because I don't hit a high threshold e.g. self-harm or suicide I have no idea how long I will be on a waiting list for.

(2021 Survey)

That they would continue to support me the way I was promised pre pandemic but now face being without a CPN for the first time in a long time as they say they don't have the staff to continually support me and need to dedicate time to others. All good CPNs I've had seem to have left for other jobs. I've had 9 different CPNs with no continuity of service. There is something wrong in local community mental health teams that make staff leave.

(2021 Survey)

CONFIDENCE ABOUT COPING IN THE FUTURE

To gain a greater understanding of people’s confidence about the future, two years into the pandemic, we asked the 2022 survey participants how confident they felt about various social and work-related activities. More than half of respondents were anxious or very anxious about their ‘future in general’ and about ‘engaging in social activities outside of the home’. Just under half felt anxious or very anxious that they would not be able to ‘cope returning to the office/work environment’ for those facing this possibility.

	Confident	Anxious	Ambivalent
Returning to the office/work environment	37%	48%	14%
Engaging in social activities outside of the home	32%	57%	11%
Coping with engaging in specific hobbies and pastimes to improve their mental health	47%	38%	15%
The future in general	30%	57%	13%

These findings highlight that the impact of the pandemic on people’s resilience may be long-lasting, with many anxious about their future and lacking confidence in their ability to cope with engaging in activities outside the home.

MENTAL HEALTH AND SUICIDE DURING YEAR TWO OF THE PANDEMIC

We asked participants for their self-reflections on their mental health over the second year of the pandemic. This echoed questions we asked and reported on earlier in the pandemic in our ‘Forgotten?’ report.

MENTAL HEALTH

As with findings from the ‘Forgotten?’ report,⁸ both surveys from this phase of the research found significant numbers of participants felt their mental health was poor or very poor.

The 2022 survey participants described their recent mental health as:



As the criteria for inclusion in the research included having experienced recent care or treatment for mental health, this high level of poor mental health may not be surprising. But what is striking is the lack of clear improvement in mental health, reported by people taking part in the research, as restrictions eased, even accounting for the reinstatement of many restrictions in Winter 2021 due to the Omicron variant.

When asked in the Spring 2022 survey to reflect on how their mental health had changed at the end of year two of the pandemic compared to year one, 9% said it was a lot better, 27% a bit better, 22% said no change, 28% said a bit worse, and 14% a lot worse.

SUICIDE

Findings from the 2022 survey showed that over half (55%) of respondents had ‘thoughts of suicide’ in the last three months, over a fifth (22%) had ‘harmed themselves (without trying to end their life)’, 5% had ‘tried to end their life’. These findings are broadly consistent with those reported during surveys undertaken for our 2021 ‘Forgotten?’ report.⁹ It should be noted that as all the participants of the research had prior experience of mental health problems, some of them severe and enduring, it could be expected that they may experience higher levels of suicidal thoughts than the general population.

When asked to consider how the frequency of thoughts of suicide had changed as restrictions changed, there was not a clear consensus, with only a fifth (20%) reporting a reduction in thoughts of suicide as restrictions eased. The full results were: 13% thought about suicide more often than they did during tighter restrictions, 27% said no change, 19% hadn’t thought about suicide during the pandemic. 20% had thought of suicide less frequently than during tighter restrictions, 18% said they were unsure.

8 SAMH [Forgotten](#) 2021

9 SAMH [Forgotten](#) 2021

About SAMH

SAMH (Scottish Association for Mental Health) is Scotland's mental health charity. We're here for your mental health and wellbeing providing local mental health support and always accessible information. We listen to what matters in each local community, and campaign nationally for the changes that make the big and little differences in life. Now more than ever, we need to make change happen.

We're standing up for Scotland's mental health.

If you need information about mental health

SAMH is committed to supporting Scotland's mental health, especially during this difficult time. We've created a dedicated online information hub, providing for advice and information on protecting your mental health during these developments. Visit www.samh.org.uk/coronavirus.

If you have a general question about mental health, we can help. The SAMH Information Service provides information and support on mental health. Whether you're seeking support, are looking for more information for you or someone you love, or just want to have chat about mental health, we're here.

Tel: **0344 800 0550**

Email: info@samh.org.uk

Web: www.samh.org.uk/info

