

Fewer people sought help for mental illness during the UK's first lockdown

January 21 2021, by Sarah Steeg



Many peoples' mental health worsened during the pandemic – but many didn't seek support or treatment. Credit: [Dragana Gordic/ Shutterstock](#)

During the first COVID-19 lockdown in the UK, people were encouraged to help control the virus with the message to "[stay at home](#)."

[protect the NHS, save lives](#)". While there was no specific instruction to avoid seeking medical care, the number of people contacting [general practices](#) and visiting [emergency departments](#) fell dramatically. At the same time, [people's mental health was worsening](#) due to the pandemic.

My colleagues and I wanted to know how the COVID-19 pandemic, and the public [health](#) messaging surrounding it, affected the mental health care people received during the pandemic. We studied the [health records of more than 14 million people](#) aged ten years and over who were registered at general practices across the UK. We looked at how many people sought mental health help for the first time, from their general practice or at a hospital A&E department. We discovered that while the UK was in its first lockdown, the number of people seeking help for depression dropped by 43%, anxiety disorders by 48% and self-harm by 38%.

But does this drop in help seeking for mental illness and self-harm simply reflect the public's compliance with government messaging? One possible reason for the drop could be that rates of mental illness and self-harm in the population were lower during this time. There's evidence that some [young people experienced improvements](#) in their mental health during the spring 2020 lockdown.

But most research shows this lockdown had a [negative impact on rates of mental distress](#). Additionally, some mental health charities reported [increases in people asking for help](#), showing there was still a need for mental health and self-harm treatment, but said people weren't seeking it out from clinical settings. This also suggests that the gap between the number of people needing treatment for mental illness and self-harm and the number of people receiving treatment widened considerably during this period.

We found significant reductions in the number of working-aged people

(ages 18 to 64) and people living in the most deprived communities seeking help for anxiety and depression. Reductions in the number of people seeking help for episodes of self-harm were greatest for people under the age of 45 and women. The pandemic has been shown to have a particularly negative impact on the [mental health of these groups](#). Our findings suggest that the groups of people most in need of mental health treatment were least likely to receive help.

There may be a number of reasons for this. [Research shows](#) that the availability and quality of [medical care](#) can often be lower in deprived communities. It may be possible the pandemic has further contributed to existing problems—which might partly explain the drop in help seeking in this group. In addition, the [widening of existing gender inequalities](#) brought about by the pandemic could have affected women's ability to seek support. For example, some may be balancing additional childcare duties on top of work, making it more difficult to reach out for treatment or support.

Although [GPs adapted rapidly](#) during the pandemic to by providing remote appointments, and many hospital-based mental health care units [diverted services away from hospital emergency departments](#) to ensure they were still accessible, our findings show that people still sought help less during the lockdown period. Although some people may not have sought help for fear of contracting the virus, it's clear that public health messaging played an important role in this drop in help seeking.

As the [pandemic](#) continues, [public health](#) messaging should reinforce that help from GPs and hospital mental health services is available. [Delays](#) in treatment for mental illness and self-harm could lead to people suffering with more severe mental illness by the time they receive help—which [mental health services reported](#) was the case following the spring 2020 lockdown. Providing people with prompt mental health support for [mental illness](#) or [self-harm](#) can reduce the risks of ongoing

mental health problems.

Our study showed that, by September 2020, the numbers of people seeking help for both [mental illness](#) and [self-harm](#) were largely back to expected levels. This is likely due to the lifting of restrictions and lower rates of the virus, meaning that people were more willing to use NHS services. But the UK has faced further lockdowns in the autumn and winter of 2020, putting health services under even greater pressure. It's currently unknown how these current restrictions will affect the [number](#) of people seeking help, but based on what we learned from the first [lockdown](#), ensuring people can access [mental health](#) support is an urgent priority.

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