

Protecting the mental health of groups needing NHS care this winter

The sudden return to [travel bans](#) to protect the UK from the latest “heavily mutated” COVID-19 variant will only add to the trepidation that many have been feeling in the lead-up to winter. As the medical community continues to call for more [action](#) from the government and the NHS buckles under [unsustainable demand](#), the public waits for signs that the winter will bring a return to familiar stay-at-home orders and sudden changes to Christmas plans.

There has been enough research during the pandemic for us to know that mental health will be important to protect in the coming months. NHS triaging, waitlists and slow care will have a direct impact on our lives. Levels of [anxiety and depression](#), which have remained stubbornly stable since the spring, will probably start to rise. But particular groups will be more affected than others by any cancellations or changes in treatment and they need to be prioritised and monitored as we approach this “[hard](#)” time to come.

These include people with mental health conditions, pregnant women, and those managing chronic illnesses who during the peaks of the pandemic were left vulnerable and with few options. What they have in common is a reliance on regular contact with health services. People who were already receiving treatment for mental health issues, suddenly found that their usual care and medications were [halted](#) or that health professionals were slow to continue their support. Telephone or online consultations were considered inferior or even [inappropriate and upsetting](#) for people with deteriorating mental health. Even more worryingly, some health professionals have described an impaired ability to pick up on signs of declining mental health without being able to see patients in person. This was likely exacerbated by the “protect the NHS” messaging, which implied that mental health was not essential and that patients should forgo their usual care. Significant reductions in [presentations to A&E](#) suggested this was the case for people with severe mental illness who most likely found themselves with nowhere to turn for support in an emergency. We can’t let people with mental health issues face the same alarming roadblocks this coming winter.

Similarly, people with chronic illnesses remained at home during the pandemic even while experiencing worrying symptoms. Many felt extremely [vulnerable](#) and were particularly worried about catching COVID-19 and their increased risk of death. At the same time, many were [concerned](#) that without having any physical assessments, their clinicians would miss important health signs. Others were anxious that being locked down at home would [exacerbate](#) their health problems. The mental health impact of these uncertainties surrounding COVID-19 were particularly strong for this group, and continuity of care, not just for their long-term illnesses but for managing the impact of disrupted treatment on their mental health, will be extremely important.

Finally, women who were pregnant during the pandemic faced considerable disruptions to their care. Lockdown exacerbated new mothers’ sense of [isolation](#) and loss of independence. At a time when women are especially reliant on emotional and social support, many found themselves unable to receive that support or guilty when they did seek it out. Guilt also played a role in clinical care. They often felt they couldn’t ask for help from health professionals—even after facing long [wait times](#) for prenatal appointments and substandard care after childbirth. This was exacerbated by rules that [excluded partners](#) from attending healthcare appointments, which was traumatic for women, especially if they had to manage labour by themselves.

Protecting mental health during this uncertain time and building public confidence can be achieved with a more nuanced understanding of the consequences of removing care from vulnerable groups whose trust in the government and the NHS has been shaken during the pandemic. As we brace

ourselves for what may come this season, we should remember to listen to the mental health needs of groups most reliant on consistent mental and physical healthcare.

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