

Mental Health - The COVID Effect

with David Crepaz-Keay

5th August 2020

TRANSCRIPT

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Steven Bruce

Dr. David Crepaz-Keay from the Mental Health Foundation is joining us at relatively short notice. David, it's great to have you with us again.

David Crepaz-Keay

Lovely to be here.

Steven Bruce

David it must be about six months ago that you were in the studio before, wasn't it? Certainly, well before the COVID outbreak.

David Crepaz-Keay

It feels like a lifetime ago. It really does.

Steven Bruce

Well, it's great to have you back. I've made a bit of an error on our emails going out because in the emails I advertised you as being the head of empowerment and social inclusion, which is of course something we discussed last time you were in and your job title has changed. You're now the head of allied healthcare?

David Crepaz-Keay

Applied learning.

Steven Bruce

Applied learning. Where did I get that from? Can you just explain what the head of applied learning does?

David Crepaz-Keay

What I try to do is look at evidence and make it usable in practice, and look at practice and how to turn what we do into evidence-based practice. Mental health, because it's been bound up with psychiatry historically, evidence has always meant things like randomised controlled trials of drugs and really most of what we do today in terms of improving our mental health and reducing our risk of poor mental health is much more psychosocial. So, we have to think of new ways of understanding what's good and bad practice. And so, part of my role at the Mental Health Foundation is to build the new evidence base for a public health approach to mental health.

Steven Bruce

Tell me, was mental health plagued with the obsession with randomised controlled trials as well. I thought that was something which was more than physical medical professionals.

David Crepaz-Keay

Absolutely. And not particularly good randomised control trials either because randomised control trials are very good for measuring an active ingredient against a single problem and almost nothing in life is quite like that. And certainly, as soon as you move away from a simple chemical ingredient in a simple laboratory situation, it becomes very difficult to draw too many conclusions from that. But yeah, even now, if you try and get a treatment for any recognised psychiatric condition through NICE guidelines, you will do it much more effectively if you've got randomised control trials up your sleeves.

Steven Bruce

They are moving a little bit, if very gently, they're moving a little bit away from the obsession with RCTs. But as you say, that is their gold standard still, isn't it?

David Crepaz-Keay

Absolutely. And the other thing that's really important when it comes to evidence is model fidelity. So, if you have something that you know works under certain circumstances, it only works under those circumstances. So mental health has been plagued with seeing a really good idea, seeing that it works in a particular place in a particular set of circumstances and then applying it completely differently. When I was much younger, the thing that was in vogue was assertive outreach and that was based on what was a very good evidence base in Australia for nurses working closely with patients in their own homes with caseloads of six to eight people. And we did it on a massive scale with caseloads of 30 to 40 people and still called it evidence-based medicine. That's the equivalent of you taking something that is known to work on an elbow and applying it to another part of the body, which I won't mention.

Steven Bruce

Just before we move on, am I right in thinking that Mental Health Foundation is the largest, the best known and the most influential of all mental health organisations in the UK?

David Crepaz-Keay

We like to think so, very much so. One of the things that marks us out is that we are fiercely independent. So, we don't have a membership, we don't have government contracts, we don't provide services. So, when we investigate, when we explore, when we build evidence, it's genuinely what we think. It's not because we're trying to demonstrate our services are the best. It's not because we're trying to please the government or a funder to prove that what they're doing is right. What we do when we investigate, when we research, when we try and build an evidence base, it's genuinely by talking to everybody who has a stake in it. Whether that's professionals, patients, family members, you name it. And we use a whole range of research and we publish and we subject ourselves to peer review, but it's our independence that I think marks us out most particularly amongst mental health charities.

Steven Bruce

Which of course means that when the big wheels want an opinion, they turn to you. And I mean other big wheels than ourselves, you were on Sky News yesterday, weren't you?

David Crepaz-Keay

I was indeed, yeah.

Steven Bruce

What was your six minutes of fame there about?

David Crepaz-Keay

Well, this has been a very unusual biochemical crisis, because it's the first one of its type when mental health has had such a large profile. I mean, I've been around long enough to remember avian flu, SARS, and a whole range of other things, not quite Spanish flu. But this is the first time we've had something on this scale where mental health has been taken seriously as part of the things that we should be thinking about. And so, we've actually spent a lot of time, I've spent quite a bit of time in the broader public arena, talking about how you can manage mental health under incredibly difficult circumstances.

Steven Bruce

Yeah. In fairness, I think mental health was becoming more recognised as a serious issue for quite a while, but it was a gentle trajectory, wasn't it? I imagine that COVID Coronavirus has given you that sort of spike almost like the disease itself.

David Crepaz-Keay

Yeah. I mean, the interest in mental health and its relationship to physical health has never been stronger. So, you're absolutely right, the interest in mental health has been increasing quite reassuringly. When I first started at the Mental Health Foundation, 13 or 14 years ago, we couldn't get people to talk about mental health, we had to use a whole range of euphemisms. Now it's almost impossible to stop people talking about mental health. And if anything, we have to kind of focus on getting people to see mental health as part of a broader picture, not just in its own right.

Steven Bruce

I seem to remember last time when you came in, we talked about the fact that you describe yourself as mad.

David Crepaz-Keay

Yep, that hasn't changed!

Steven Bruce

With a degree of pride, it seems.

David Crepaz-Keay

Oh, absolutely. Yeah, I know. I have to say current circumstances haven't made me any more sane.

Steven Bruce

But you're serious about it, aren't you? It's not just the description.

David Crepaz-Keay

No, and I think one of the things that historically, mental health has and certainly mental illness has been used to describe a whole range of things. So, until the 1959 Mental Health Act. The language of mental health legislation included phrases like moral imbecile and people were treated for mental illnesses like: having children if they weren't married, having a relationship with someone of the same gender, and in fact homosexuality only left some diagnostic handbooks in 1973. So, there is nothing truly objective about mental illness, it is about judgments being made about how sane somebody is. And some of us do like to subvert that sometimes by rebranding ourselves as mad. And people have a whole range of experiences and the current situation exemplifies this. So, before this, stress and anxiety are caught, we're constantly treated as bad things. You know, stress and anxiety are the enemy. They're just not there. They're perfectly sensible human responses that have evolved in us and many other creatures. Over millions and millions of years to alert us to danger and to prepare our body and mind to respond to threats. So, anxiety is a really good thing in the right kind of dose. And one of the challenges that's been coming up in recent times, is keeping the levels of anxiety about right. And looking at how people are responding to this gives you a really good example of just how complicated that is. So, I'm going to go through some really crude generalisations: men aren't anxious enough about Coronavirus and certainly not anxious enough to actually go around doing things like washing their hands for long enough. Women are too anxious about Coronavirus. And that's to some extent disabling them from doing some of the things they should and could be safely doing. So, and again, really broad sweeping generalisations, just to

underline this point that anxiety isn't a bad thing. It's a human response to perceived threat. And if we're not perceiving threat at the moment, then actually, there probably is something wrong with us.

Steven Bruce

This isn't necessarily particularly germane to this evening's discussion, but may I ask, what are your credentials by which you justify calling yourself mad?

David Crepaz-Keay

They're long standing. So, we're going back to a time that historians would refer to as the 70s and I started off just simply hearing and seeing things that other people couldn't hear and see, classically called hallucinations. And for me, it could be all senses. So, I would often smell things that nobody else could smell and that would make me anxious, I would see things that other people couldn't see and that would frighten me, I would hear things that other people couldn't hear and so on and so forth. And yeah, to some extent, I still do, although the real difficulty I have now is that it is increasingly difficult for me to work out what is and isn't the real world and therefore to work out what I am and am not deviating from. I think the other thing that characterised, what I do think of as, my madness was probably paranoia. So, I am borderline very paranoid. Now, I happen to think and will justify this as a very good thing, I think we have every right to be suspicious of everyone. And it is my generally held view but until proven otherwise, people's motives should be treated suspiciously. And that's fine and again, much like anxiety, paranoia is a human trait. That we've evolved into and if you're a pack or herd of people, if that's the right collective noun, a group of people, then having some of them who are paranoid is really, really useful. Because they're the people who are constantly looking over their shoulder and trying to identify threats and seeing them. Now what you really need if you're a good healthy community is a number of people who are paranoid and a number of people who are completely relaxed and mechanisms to allow people with those diverse views and readings of the outside world to reach some kind of sensible conclusion about how threatening the real world out there is and how you should most sensibly respond to that. So, in much the same way that we have evolved to really like fatty foods and sweet foods, because in millennia gone by the difference between life or death was how many calories you got on board and how quickly you could do it. What we need to do now is adjust how we respond to those stimuli in 21st century UK and we haven't yet got that right with a whole range of things. And I think it's fair to say, I don't always get it right with paranoia. So, it's a really interesting time. And one of the reasons why this is highlighting is because there are so many things that are on that cusp of human feelings and madness, like anxiety, mood, paranoia, and this is a kind of shove. And for some people, it's shoving you into a safer place, so if you have the right kind of anxiety, you're probably behaving better than average. And for some people, it's shoving them too far, so if you're prone to social anxiety, and what you should be really doing is going out and mixing more, then this is a real serious knock back. So, I've strayed a little away from your original question.

Steven Bruce

My reason for asking the question was I think it is actually quite important, because it must be very useful having a person like yourself- you are a very prolific and eloquent speaker and ambassador for good mental health- but it must be very useful for people who are questioning their own sanity, to have someone say, well, it's okay to address yourself like this. And here's a bit of a tangent, I don't know if you've seen it, one of my favourite films is a film called Pride. And in it the group of gay and lesbian activists who are supporting the miners during the 1970s, I think they're called perverts or something like that and one of them gets upset and the others say, well, no hang on, when somebody gives you a title like that, don't react badly just grab it and use it as your own. And actually, if you can say, Well, actually, it's perfectly okay to be mad, then that must be a bit of a relief for the people who are suffering.

David Crepaz-Keay

It absolutely is. It divides the crowd somewhat. I think in much the same way that a lot of people reclaiming language around race and sexuality, it is not uniformly welcomed, even within those movements. But it's important to me. I mean, it is so much part of my identity and one of the reasons why I love working at the Mental Health Foundation is that I don't have to hide it, I don't have to pretend I'm something that I'm not. And actually, it's much easier these days, as you say, it's so many more people talking in so much more detail about mental health and mental ill health and that's a really good thing. Whether they're members of the royal family, members of the Cabinet, members of the House of Lords or just your milkman it doesn't kind of matter. The culture that allows more people to talk openly about it is a really good thing. And I think coming back to the current circumstances, the fact that we are able to talk about the psychological impact and the mental health impact of something that is just this kind of minute virus and not talk about it in purely antiviral terms, not talking about it purely in terms of infection control, although that's really, really important that we do. We're recognising that that is not the only issue that this is raising for people.

Steven Bruce

Well, let's talk more specifically about coronavirus because that must have brought a whole lot more people, all the statistics that I've seen say a lot more people who perhaps were coping perfectly well before the virus struck, are now suffering mentally. And of course, the newspaper reports which are probably not helpful in this regard are telling us that there is worse to come with more unemployment and so on and so forth. What is the actual state of play as seen from your perspective of the MHF?

David Crepaz-Keay

We've been doing a regular opinion polling of a representative sample of UK citizens, of the order of about 4000 people.

Steven Bruce

Is this the four waves that I see on your website?

David Crepaz-Keay

Absolutely. The data we have now is up to wave six. And we've been doing this since mid-March. In fact, I think the first wave of research we did was just before lockdown. So, we've been trying to understand how people are feeling, what their mental health is like, what they're doing to manage their mental health under current circumstances, the kind of things that they're worried about and how worried they are. And we've done that now six times over the last, where are we? So March? Good heavens, March, April- excuse me using my fingers here- March, April, May, June, July. God, it's nearly six months now. And it is giving us a really interesting picture. And because it's a representative sample across the UK, we can break it down by age, by gender, by social class and regionally as well.

Steven Bruce

Has this been structured within the MHF, or has it been produced for you by one of the opinion poll specialists?

David Crepaz-Keay

Yes, it's YouGov polling. So, the polling itself has been done by YouGov and we've been jointly running the analysis with Swansea University, Cambridge University, Strathclyde and Queen Mary Belfast.

Steven Bruce

So, we can be reasonably confident then that the questions themselves were good and they were framed in the right way to get realistic answers?

David Crepaz-Keay

Absolutely right, yes. My understanding of the way it's done is that YouGov have an enormous panel of members of the public who sign up to answer questions and they just pull samples from that to match your specification. So, if you went to YouGov and said we'd like a sample of 1000 people in the Lincolnshire area, who are in this kind of income bracket, and two thirds women, one third men, then they don't go out and do that there and then. What they do is they apply that filter to their enormous database of people, they send out questionnaires to presumably three or four times as many of them as they want to get the answers and then, when they've reached the limit of this many people aged 18 to 25, they stop asking, they don't process any more results. So, it's done really well and for every question we want to ask, there is an iterative process with YouGov, they won't just allow us to ask any questions at all. Then of course, it goes through an ethics committee, led by one of our university partners, and I think in this case, it's Cambridge, it may be Swansea for some of the research.

Steven Bruce

It says Cambridge on your website, I think.

David Crepaz-Keay

Yeah. So, in terms of the making sure that we're doing it well, statistically we are getting statistical drawings in the first instance from sampling via YouGov, ethically via our universities and making ethical approvals, getting ethical approval from ethics committees before we do anything with the data. We then have to go back to YouGov, with any kind of interpretation we use, so that we make sure that they are happy for us to draw this conclusion from their data, because not only do we get just raw data, but we have to put confidence intervals around it. So, I'm looking at the table now that's telling me what percentage of so and so is answering this question over those six waves. And to me, the difference might look big, but that doesn't necessarily mean statistically significant.

Steven Bruce

And is your personal background in statistics?

David Crepaz-Keay

My first degree was in economics and statistics. So, I know a bit but I also wrote economic models for the Treasury. So, I obviously know how to use statistics in a wide and interesting variety of ways. And I'll say no more about that.

Steven Bruce

Your telling me that actually the statistical analysis if not done by YouGov, is checked by them?

David Crepaz-Keay

Yeah, absolutely. So, the proper number crunching is being done by some brilliant people down in Swansea University. So, we look at it, we see what's interesting, we try and pick some things and then we ask colleagues to do some much more detailed quantitative analysis before we say that. You'll notice that we've done some particular work around inequalities and that was because we noticed that particularly as levels of anxiety and concern were dropping in the population as a whole, they weren't dropping uniformly. And I suppose it's not surprising, but you know, how you are able to cope psychologically with something like this really does highlight some of the inequalities that we all face.

And even just things like, from my point of view for example, working from home was no problem for me. So that didn't make my life more difficult, actually not spending three hours a day on the Metropolitan line into London was a benefit. I could comfortably work from home, my job wasn't put at risk and my wife's job wasn't put at risk. Therefore, our income wasn't put at risk, therefore our housing wasn't put at risk. So, a whole range of the things that people are worried about isn't just "Am I going to get ill or no?" actually looking at the data that's really low down on things that people are anxious about. People are worried about getting ill, but actually, some of them aren't quite worried enough about getting ill, but they're very worried about other things. And that is unequally distributed. So that's where we've tried to learn from the data.

Steven Bruce

We've had an observation come in, and possibly a question, I haven't reading all the way through, from Katie. She says she's noticed people talking about their anxiety as a noun rather than describing feeling anxious as a normal response to a source of stress. And she asked what your thoughts on this are in terms of feelings of worry worth versus generalised anxiety disorder?

David Crepaz-Keay

Yeah, that's a very good question. Anxiety is a perfectly normal human response. So, you'll be familiar with the sort of fight or flight response we have to threat. And that is driven by a whole range of biochemical changes that take place in your brain and body when you perceive threat and anxiety is very much part of that. And so, it's actually quite helpful if you can identify a cause of anxiety. And perhaps one of the risks of something like generalised anxiety disorder is that you may start to treat anxiety rather than the underlying cause of anxiety. And that's kind of a bit like treating back pain without treating the underlying cause of back pain. So, you can do it, in fact, if you stick your hand into a pot of boiling water, you can take painkillers and the pain will go away. But you might be just that little bit better advised to remove your hand from the pan before you do that. And I think anxiety is a little bit like that, and of course, I'm oversimplifying.

Steven Bruce

By treating a general anxiety disorder, do you mean that a GP might prescribe drugs to do that rather than worrying about what actually produced the anxiety?

David Crepaz-Keay

Yeah, or even psychological therapies. One of the things that's interesting, and we can perhaps come back to, is you might expect that there would be an increased demand for psychological therapies. In England we have a really open and accessible service called IAPT, Increased Access to Psychological Therapies, and any individual can self-refer to that, you don't even need to go to your GP to refer to it. It's statutory, it's an NHS service. If it's useful I can send you a link to distribute.

David Crepaz-Keay

Really useful. You can put in your postcode on the government website and they will tell you how to refer yourself if you're worried. Now, that doesn't mean you'll get the therapy, but it means that you don't have to go to your GP and they decide, you go direct to them. Referrals, including self-referrals, have dropped over the last three months and that's weird because I would have expected, if someone had asked me in advance that something that has clearly elevated the levels of self-reported anxiety, so people are definitely feeling more anxious and there is a service that can help manage anxiety and it has a reasonably good evidence base that it does that, it works better for some people than

others, you would just expect a lot of people to suddenly be saying "I'd really like to try that. I think it might really help."

Steven Bruce

Yes, please. I will certainly put it up on the web page with the recording.

Steven Bruce

Is there a danger that actually people generally get more anxious because everyone's telling them they should be anxious because of Coronavirus?

David Crepaz-Keay

I think we saw a lot of that early on. We definitely saw that in the first month or so. I think it was a little slow to kick in. So, we noticed a distinct increase in anxiety. I'm just looking at the numbers now. It really picked up in that kind of period between it becoming newsworthy, mid-March and early April after lockdown. That anxiety kind of did spike and then it trailed off but not across everybody. And we looked at things that were more extreme than anxiety, so we looked at things like panic and so on, and they all kind of started trailing off much more quickly than you would think. One of the things about anxiety like many biochemical responses, the body gets used to it quite quickly. And for most people, even if the perceived threat stays the same, your anxiety just eases off because you get used to those feelings that it's prompted and it becomes your steady state. Now that's a mixed blessing. As I say, for some people, you probably want them to be a little bit more anxious. And some people, you'd probably want them to be a little bit more relaxed. But actually, if you're the government and you're responsible for getting that nuanced message, those different messages to different people, it's quite difficult to do well. It's not impossible because if you have the money and you go to Google or Amazon and say, I want to target this demographic with this message, they'll do it for you. And they're remarkably good at it. So, if you see that, for example, middle aged men in social group ABC1 have responded to this by drinking more, which they have and you want to get some drink sensibly messages, then technically that's really quite easy to do these days. We're not talking about marketing being all billboards that everybody walks past, we're talking about what pops up on your phone in your browser when you're looking at stuff. So, again, I've gone on for so long, but I forgotten what your question is.

Steven Bruce

So have I.

David Crepaz-Keay

Excellent!

Steven Bruce

Just before we go on with some more questions, because there are quite a few coming in, I wanted to ask, I assume the questions were the same in each of the six waves of polling that YouGov did for you? What were the key questions that were asked of their, I think you said, 4000 respondents?

David Crepaz-Keay

Yep, we asked 20 to 30 questions across a whole range of things. There's a whole block on how people were feeling and we covered things like afraid, panicked, anxious or worried. We asked people, if they were particular things, worrying them. We asked them if they were worried about catching the disease. We asked them if they worried about losing their job. We were asking them if they were worried about being able to put food on the table. We were asking

if they were worried about being able to pay their bills. Then we asked around, being able to cope with things like self-isolation, being able to continue to care for other people if they were responsible for caring for other people. We asked about coping strategies, so we asked people what they were doing to help manage their mental health. And we would have liked to ask them that in a neutral way, but we kind of had to ask them, the positive things and negative things. In an ideal world, I'd have just asked people a whole range of questions without kind of grouping them as obviously good and bad ways to respond, but we, and I can't remember why, I think that was it was either the ethics committee or YouGov, but we had to ask them in a particular way. So we've asked people the kind of positive, healthy things that they're doing and we've also asked them if they're drinking more, smoking more, eating more. And we've also asked them specific questions about the impact on any preexisting medical conditions, psychological conditions and so on. So, a really broad range of questions.

Steven Bruce

Interesting some answers might be skewed, of course by people whose income is affected, are you eating more or drinking more, that could be affected if you're not earning any money?

David Crepaz-Keay

Yeah, I don't know whether it is about money, but ABC1 people were definitely doing more of the drinking more than the C2DE social groups. However, the C2DEs were doing more smoking which clearly has financial implications as well. In terms of the eating too much, not a huge difference by different social groups, definitely women were doing more of the eating more and the drinking was pretty much even.

Steven Bruce

How many different groups did you break this down by? Obviously, you've broken it down by gender, by male and female.

David Crepaz-Keay

By age groups 18 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 69, 70 plus

Steven Bruce

I sorry, you were probably gonna go more.

David Crepaz-Keay

Well, no, I'll leave it at that. But we did it by region of the UK as well.

Steven Bruce

I think you did black and ethnic minority groups as well?

David Crepaz-Keay

Yeah. We did.

Steven Bruce

Did you do trans groups as well?

David Crepaz-Keay

We did. One of the difficulties we've had is with different sexuality groups, we haven't always got the numbers to draw statistical significance. And with black and ethnic minority communities, we did some boosted sampling. So we initially didn't have sufficient numbers to draw conclusions, but where there is a significant variation we do have the numbers to, well, where they look like a big difference now we can test the statistical significance by ethnicity, but the difficulty that we do have is we then can't really break that down into specific ethnic groups and certainly if you wanted to look at black men from Afro-Caribbean community aged 18 to 24, we don't have the numbers to draw statistical significance.

Steven Bruce

Okay, so first of all, then it's easy to assume this but is it a fair assumption to say that mental health has been very adversely affected by the coronavirus pandemic?

David Crepaz-Keay

Definitely. It is something that has had a significant impact on a lot of people. But as I say, it's not necessarily just about contracting the condition. It is very much bound up with financial concerns, with general uncertainty, with impact on relationships, caring relationships. We also know, whether people are parents or not and how old their children are as well, so we've been able to pick out where there are particular concerns. If you have teenage children or if you have young children and again, those tell quite different stories.

Steven Bruce

We have got a significantly adverse effect on mental health, are you able to give us any general guidance on which groups/ages/sexes were most affected?

David Crepaz-Keay

Yep, I'm gonna have to flip screens here. Deprivation is clearly one of the big ones. Age has had quite a differential impact. So younger people definitely more worried about career and job issues. Debt has been uniformly worried about, but obviously much more so for people who are less well off. If we're looking at some of the more particular issues like people expressing suicidal thoughts, that's been something that has been particularly acute amongst younger people. So that kind of 18 to 24 range has been particularly affected by some of the more significant psychological impact, so they're definitely they felt the isolation more, particularly earlier on, they were more worried about their job and their income, definitely more worried about their education, but then more of them are going to be thinking about education in that age group so that's clearly going to be the case. So yeah, we really did notice that for that kind of age group, there was a lot of worry and they were the group who were then most likely for that to feed through to more serious concerns, things like people thinking about suicide is then getting into the very serious end.

Steven Bruce

I suppose from the perspective of our viewers this evening, we're talking obviously chiropractors, physiotherapists, mainly, but some other physical therapists as well. What they will be interested to know is what inferences they need to draw from this data, how does it affect them in assessing their own patients? Now, I'm very fond of telling people when we do our first aid training, it doesn't really matter whether there are different statistics regarding women's heart attacks, because you can't dismiss the symptoms or the signs just because somebody is male or female. And just because there are more women affected, more young people affected mentally by the Coronavirus, I guess we have to treat them all fairly equally until we know better?

David Crepaz-Keay

Well, I think you make a very good point. And actually, because this is based on how people are self-reporting, we think there may be a self-report bias. And I think that's quite likely for two particular groups. I think older people are going to be less comfortable with the language of mental health and psychology and these kinds of psychological difficulties. And we also know from other data that they've been underreporting their own health issues to the NHS in recent months because they don't want to be a burden. So, there's that kind of thing that you need to bear in mind rather than just looking at self-report and we also just know that men are much less good at both reporting and seeking help for psychological issues. So, the fact that women are reporting as more anxious tells us two things, it may tell us that they are feeling it more but it may also tell us that they're articulating it more and again, that's a mixed thing. So, if you've got someone in front of you and they're a man, they're just gonna be less likely to talk about it because they're a man, not necessarily because they're feeling it less.

Steven Bruce

Which again, is a very, very important question for us as physical therapy practitioners, because mental health is a touchy subject to broach with somebody or with many people, isn't it? So, I think it will be very useful if you can help us with the sort of language that we should use in approaching the subject and the sort of gentle questioning which we might use in order to explore whether there is a problem?

David Crepaz-Keay

The things that we found very helpful are, sleep is brilliant. Everyone will talk about sleep. And it's a really good gateway conversation into mental health. And asking people how they're sleeping, firstly, it's perfectly natural for you in your business to ask people how they're sleeping. That wouldn't feel to me odd. But it's a really good way of starting to unlock why people might be not sleeping well or over sleeping and that might be able to prompt other discussion. So, asking about sleep is a really good way. Now, one of the things that I know my chiropractor is very good at is, as soon as I walk into the room, she knows how I'm holding myself and how people if some people really hold their stress in their shoulders and their kind of neck. And so, it's a perfectly reasonable. That kind of stress there, and again, stress is definitely a word that is much less stigmatised than it would have been, if we'd been having this conversation five years ago, I'd have said sleep and I probably wouldn't have said stress. But now, I think, I think stress is fair game. So, you know, I think it would be perfectly reasonable for someone to say, here are you holding your stress? And that's kind of neutral enough. It gives a little bit of an in, if someone backs off from that, then that's a clear signal. You know, they don't like that word.

Steven Bruce

David, last time you were on the show, we gave your chiropractor a bit of a shout out. What's her name?

David Crepaz-Keay

Katie Chimes.

Steven Bruce

Well, I hope Katie's watching and if she is: Thank you for keeping David healthy so he can come on the show for a second time. So, in terms of language then, having perhaps broached the subject gently that way, should we be asking the sorts of questions which were in your survey? Are you drinking more, eating more, feeling more anxious, feeling more panic?

David Crepaz-Keay

Yeah, I'd throw in the exercise ones as well, because I think now it's a really good time to ask people how are you coping with either being in lockdown or even coming out of lockdown, because both of them are things that you need to cope with. And both of them are things that have a psychological impact. We're picking up a lot of interesting issues around anxiety that I think are coming as a result of the end of lockdown

Steven Bruce

For what reason, may I ask?

David Crepaz-Keay

Yeah, I think for the people who've got used to not spending that much time with people, if you're remotely prone to any kind of social anxiety or just being slightly anti-social by nature, like I am. I've absolutely adored quite a lot of being in my own home, not having to commute into London and so on. And obviously I spend an awful lot of time reading stuff about infection control and so on, if you do that and all of a sudden you're getting back on, you know, the first time I stepped onto that platform to catch the Metropolitan line from Chesham station in what, I'm sure, will be a depleted rush hour but rush hour nonetheless, I am going to feel anxious. And as that train moves through from Chesham right through, it goes underground at Finchley road by which time, two stops in, typically it's standing room only, then when I'm packed face to less agreeable part of someone's anatomy for an hour and a half, is it surprising that you're anxious about that, when you've been told for the last few months to keep your distance, that you know two metres is this magic number? That you shouldn't you shouldn't go out unless you think it's absolutely necessary. So, to suddenly then be confronted with going into London for the first time, it would be odd if that wasn't making you a little bit anxious. So, there's gonna be a lot of that. Then on top of that, you've got people who don't know how secure their job is going to be. For people like me who are probably going to be doing more work from home, that will be created creating anxiety for the coffee shop I used to go into every morning and spend a small amount of money with hundreds of other people that turned into quite a few people's wages. And so, there's going to be a whole group of people who are going to be anxious and worried about, are they going to be going back to a job at all? And how long are they going to be going back to that job for? People tend to get most anxious and worried about change, and particularly change they don't have control over. And we've had so much of that and there hasn't been a clear, simple message that we can follow. There hasn't been a simple narrative that we can adhere to and that's the kind of thing that makes people anxious.

Steven Bruce

Well I think back to my days in the military and one of the things that was drummed into us was the need for good clear communication because the one thing that annoys people most is not knowing what's going on. While one can probably find all sorts of fault in what the government has or hasn't done over the last few months, actually, it's very difficult for them isn't it? Because the facts and figures surrounding Coronavirus are not certain and there are plenty of people who would say, well, actually the graphs that we're seeing are kind of meaningless because the actual excess deaths are lower than they normally are for this time of the year based on previous experience. So, telling us that there are lots of extra COVID cases is not necessarily helpful.

David Crepaz-Keay

Yeah, and you are balancing a whole range of things. And we heard today a lot about the importance of getting children back to school because we know that there could be lifelong problems with losing a year's worth of education. And again, that will be very unequally distributed. So, some people I'm sure, I have a colleague who I would imagine has run the best homeschooling, that would be way more educational than anything you get at nine out

of ten schools and she's brilliant at it. I mean, I've seen some of the photos of some of the stuff she's done with her children. Brilliant. And there'll be other people who've spent their time sat in front of a screen or playing games on a mobile or just bored rigid or just arguing nonstop, who are just really losing out, and again it's going to increase those inequalities.

Steven Bruce

And people will, of course, also be concerned now that they can be effectively ordered back to work.

David Crepaz-Keay

Yeah, exactly. And so if you're the government, what you've got to do is balance infection control, looking after the economy, employment levels, unemployment levels, you've got education issues, you've got to really start grappling with this boundary between health and social care, that government after government, for as long as I've been around, has known that there's an issue, but has kicked it into the long grass. It's come back to bite us and we're going to have to grapple with it. I think I mentioned ages ago, I started my career as an economist at the Treasury writing economic models, when I did that, we had interest rates of 25% and inflation was 25%. So, we are at least in a position where the government may be racking up enormous debt, but it's not paying any interest on them. But it has to manage its way out of that. I'm not one that pities governments lightly but I'm glad I'm sitting here having conversation with you not running the country and having a conversation with the select committee.

Steven Bruce

So, in terms of dealing with our own patients, two things occur to me: Have you been able to determine any particular pattern in the physical symptoms that people might report as a result of mental health stress?

David Crepaz-Keay

Yeah, and again, two very different stories. There have been people who've just absolutely embraced exercise, sometimes I suspect to their detriment.

Steven Bruce

Well, just a moment ago, I had a question come up about a Joe Wick's workout and whether we'd been talking about that, but I have no idea what the point of the question was, perhaps you're now going to tell me.

David Crepaz-Keay

We found two groups. So, we found one group of people who have been enthusiastically embracing exercise. Now for some of them it's been great and for others of them I suspect they'll be turning up in your treatment rooms all around the country having discovered entirely new ways to injure themselves. So, there's that and then there's other people who've just not gone out at all. Who will be working from home who will have been adopting really bad posture practices? I've been working on my sofa, I've tried to make it as ergonomic as possible but it's taken its toll on my posture. I think there's going to be an awful lot of people who are, because your stress and your anxiety does hold itself in your body, in the way you walk, in the way you sit, the way you lie. And you know, where we're more stressed and more anxious, that will be putting a strain on our body. And of course, if we're starting to develop pain, then that's going to have a psychological impact. And so, the two things are closely tied up and I think part of your job is to break that circle of body making mind worse and mind making body worse.

Steven Bruce

I don't imagine you're suggesting that just because people have embraced exercise and Joe wicks and all the rest of it, that means that they have a mental health problem?

David Crepaz-Keay

Oh, not at all, no, there are people who get addicted to exercise, but they're very few and far between. And if I have to list all the problems facing the country at the moment, addiction to exercise would be quite a long way down my list. So, no, I think, you know, the key thing about it is to not suddenly think you're going to look like that if you just follow a few YouTube videos. So, there is a lot of psychological issues around body image. And there may be people whose body image will really suffer as a result of maybe being confronted by lots of exercise videos with really fit people. either doing them and like failures because they can't do what these people can do, or not being able to do them because they're not necessarily well suited to all of us. I have to say I don't know anything about Joe wicks but all the reports I hear is that his stuff has been very good inappropriate so I'm definitely not singling that out as a bad thing but I've seen and you know, and started exercise videos that I've just stopped doing because I know this is just not for me. Definitely no. So, there's issues around that and there are psychological issues around body image, they may also be compounded by people who are comfort eating, who are you know, who are not exercising perhaps as much as they should do? Who are kind of worried about suddenly going out and facing being seen by other people? I mean, honestly, if you've seen how my hair was, before my wife finally lost patience and we got a set of clippers from Amazon. Yeah, you wouldn't want to been seen out with me. So, there's whole lots of again, this relationship between mind and body is a complicated one. And I think one of the things that may be an issue is that people will be too slow to come and seek help from you with genuine issues that you won't be able to help with and that they're too slow coming out because they're worried about coming out either for the kind of infection and messaging and social distancing reasons, or just because they've got out of the habit of being able to come out.

Steven Bruce

How about the fact that we've been told throughout this, almost from day one of the crisis, that if you are overweight, then you are more likely to suffer diabetes or cardiovascular problems and that in turn as a comorbidity makes you more vulnerable to COVID-19. Obviously, the obesity and cardiovascular disease goes back way before this, but now it's also linked to death from COVID-19. Do you see that as being a mental health problem?

David Crepaz-Keay

It certainly has a very strong psychological aspect. And again, I broadly welcome the remarkable conversion of Boris Johnson from nanny state to active engagement with challenging obesity. Genuinely I'm shocked and pleasantly surprised because you know, that is definitely a change of policy. But weight loss is a mind and body thing and doing like weight loss well is a mind and body thing and it's absolutely right to reduce those temptations and reduce the kind of child lead pester power of pre-watershed adverts and bargain offers by tills. Yeah, excellent. But if you want young people to start, who are already overweight, to start losing weight, you need to approach that as a mind body thing. But it's great if this is another stimulus to get us doing that, because that will genuinely it will improve your mental health, it will improve your physical health, but you shouldn't again, we need to be just a little bit careful about fat shaming, if you like and the kind of psychological impact of that. So yeah, just approach it sensibly and with caution and make sure you take a whole system approach to this.

Steven Bruce

I've got a question for you from Emily, David. Emily says everybody seems to be saying that there are huge ups and downs with COVID and anxiety, great times and absolutely horrific times, especially going into lockdown but then also coming out. Are you one of those people who say that is the case?

David Crepaz-Keay

I would say that, I'd say again, that it's had a very unequal effect. Like so many things that happen. Some people have come out of, you know, have thrived under the circumstances. And some people have really, really suffered, both physically and mentally, I think. It's also I think, true to say that many individuals have gone through rapid swings in how they feel about, you know, I don't know about you, but I have good days and bad days. I have days when, you know, it's just nice to be able to do things at my own pace and not go into the office. I have other days where I really miss sitting down with colleagues, you know, the foundation's got a brilliant new head of research, I've never seen her, you know, I've only ever seen her kind of postage stamp sized picture on the screen. And it'd be lovely to meet and catch up with people. So, you know, it really, you know, it affects people differently but it affects the same people differently over time and that can be you know, over hours and as well as over days.

Steven Bruce

So, your good and bad days, are they different good and bad days to the good and bad days you would have had pre COVID?

David Crepaz-Keay

Yes, yes, I mean, I every now and then go through a phase where I simply stop looking at the news because if there's one thing that's going to drive me mad in a bad way it's too much news. So, I went through a kind of a deliberate cutting myself off from any kind of news programme, apart from the stuff that I have to do for my job, which is, you know, enough, I would not watch listen to or anything a news programme. And I do understand certainly amongst some social groups, there's been a real spike in people listening to radio three. And I'm definitely one of the people whose boosted the radio three listening figures. So, you know, some of the things driving my bad days have been that kind of concentration of stuff that just makes me sometimes anxious, sometimes just cross because things are so badly reported. Sometimes cross because they're so badly handled, sometimes cross because, you know, I genuinely can't work out which of the two opposing views that have just been beautifully and eloquently stated, I agree with or disagree with. So, you know, one of the ways I've coped with that is just I cut off, I'll stop consuming that. I'm gradually easing my way back into that. So, you know that has been, you know, that has really driven my kind of highs and lows.

Steven Bruce

There's some good statistical evidence to back up what you're saying there. I think it's a book called Humankind. I don't know if you've come across it, but the author of that book, and if it's not the right one, I'll correct this in on the web page. But he reports of course, the news only wants to show the extremes whether they have to be extremely good to make the news but in fact they don't have to be particularly horrific to make the news, but they don't deal very well with the realities of statistics. And that can that can be very stressful because you grow up thinking that, I don't know, all poor people are thieves or you think that, you know, the world is going to hell in a handcart when actually statistics don't back up those theories. But of course, that's what the press reinforces every time you listen to the news.

David Crepaz-Keay

Yeah, I think that definitely does. Yeah, that has a psychological impact and it affects how people feel about themselves. Because, you know, if you come from one of those, and one of the things we've we picked up, and we've worked really hard to try and not fall into this trap of young people blaming old people, or old people blaming young people, and we've seen quite a lot of that, you know, it's really unhelpful, because actually-

Steven Bruce

Well I think young people to blame for that, don't you?

David Crepaz-Keay

Always, obviously, yeah. And when they get to our age, they'll learn they'll know. And then there'll be blaming their own young people, and vice versa. So again, in terms of the getting it right, what would be really good would be for some of the older people to have some more of that kind of energy and desire to get on and do stuff that is absolutely clearly expressed amongst all groups of young people, and some of the younger people to have a little bit more of that caution and greater risk averseness that that comes naturally with age. And I think this is just another example of how that would be really nice, but how it won't happen. Not in my lifetime anyway.

Steven Bruce

Another question also from Emily, I don't know if it's the same Emily, because I don't get that detail of information on my screen. I think it probably is. She says that alcohol consumption has hugely increased exclamation mark! I think that probably is true, but I don't have the figures at my fingertips. She says couldn't that actually be making a big difference in anxiety and sleep etc. In addition, or perhaps as an alternative to mental health issues? Does that distort your statistics, I guess is one of the questions there?

David Crepaz-Keay

Okay, well, just looking, what we're picking up, this is people who have self-reported which is notoriously unreliable on alcohol, that between, the number of people who've self-reported that they've drunk more alcohol as a way of coping with coronavirus. It peaked at 27% and for some segments of the population 30% were reporting having drunk you know significantly more alcohol as a result of Coronavirus. So certainly, our data would support Emily in that. And absolutely we know that in terms of anxiety, it definitely does elevate anxiety. In terms of sleep it may get you off to sleep quicker but it reduces the quality of your sleep. You need someone who is better on sleep than I am. But certainly, it's not a good thing for overall quality of sleep.

Steven Bruce

I guess the important thing though, David, is it doesn't matter whether it's the corona virus that makes people more anxious or sleep less or whether the fact they've got more time on their hands on them to have more drinks, and that makes them more anxious or sleep less, what we're dealing with is an increase in stress or psychological problems of one sort or another. And it doesn't really matter what the cause is specifically.

David Crepaz-Keay

No and that isn't a healthy way to deal with it. You know exercising more, being in contact with nature, keeping up a good routine. Those are good ways of managing your anxiety in uncertain terms. Drinking more, smoking more and eating too much are not good ways of managing your anxiety in any times. So yeah, just looking at the eating too much, in the age group 25 to 34 we were getting 49% were reporting they were eating too much as a way of coping with lockdown. I mean, that's a lot of people. That's nearly half!

Steven Bruce

I've got two interesting things for you, David. First of all, Katie is watching and she says stop slouching. I made that last bit up. I made that up. But she would have said it, I'm sure. And the other thing is Lucy's watching and she's one of the people who's been taking part in the YouGov survey, but she hasn't admitted to whether she's actually drinking more or sleeping less or any of those other things. But she said it's fascinating to see one of the researchers on the programme.

David Crepaz-Keay

Yeah, okay, right. Well, I can take that up with her later.

Steven Bruce

I've got one here from an anonymous who says for any practitioners who are feeling anxious about going back to work and of course many will be, particularly if the schools open as is planned in September. Where do we get help and support if we're not comfortable talking to our GP?

David Crepaz-Keay

I definitely will send you the link for the IAPT self-referral. I mean that's a little bit more than just anxious. Just talking to anyone you trust is a really good place to start. A lot of companies, a lot of good companies have confidential employee assistance programmes. So if your employer has one of those, that's not a bad place to start. And there is always Samaritans, they're not just if you're feeling suicidal, they offer brilliant support for a whole range of people. Again, I'm sure you've got the contact details, those, if not I can send them through. If there are particular issues that you're worried about, then you if you're worried about debt, then there are good debt counselling services. And it's really good. Again, back to the point I've made earlier. Usually you are feeling anxious about something and the kind of the first thing will be talking to someone to talk maybe to tease out what it is that's making you, you know, is it a reasonable anxiety? And is it a reasonable anxiety that's just going to make you behave a little bit more sensibly in that first commute back to work? Is it going to mean that you are that little bit better at washing your hands more often? And if so, that's just a really good thing. If you know, is it meaning that you really don't feel you can go back to work, despite the fact that your boss is telling you that you have to, and now that the government advice has clearly changed that that's what's expected, then this is going to mark out better or less good employers in how they respond to that. I did a brilliant conference call with Network Rail, Eastern Region. I mean, a massive, I think they had 700 people on that call. They are taking the mental health of their staff really seriously. And they're doing amazing work to try and make sure yeah, and yeah, they're absolutely a key infrastructure provider. And they're working to try and do everything they can, you know, to manage the anxiety that their staff had, but also that their passengers have. So, there are lots of really good organisations, the first thing to do is hope that you're working for one of them, identify what supports and mechanisms that your organisation does have in place and take advantage of them. You know, that one of the, you know, I know someone who works for an organisation that has a really good employee assistance programme, hardly anyone uses it. And that's a real shame. So, you know, I would encourage people to look at the kind of range of support mechanisms there are. I will if it's useful, Steven, send you some bits and bobs through.

Steven Bruce

That would be very helpful. Actually David, I've just been given a bollocking by one of our viewers, and I don't know which one, but they said they can't believe that I've just told a person with paranoia that someone is watching him and has told him to stop slouching. I have a feeling that you already knew that people who are watching you this evening.

David Crepaz-Keay

Yeah, yeah, no, I kind of when you sent me that 40-page contract and disclaimer, me signing my rights away to everything. I kind of knew there was something going on. What was funniest was the instant way I instantly sat up and stopped slouching as soon as you said it. Yeah, that kind of guilt responses.

Steven Bruce

A sort of Pavlovan reaction.

David Crepaz-Keay

Yeah, the fear of my chiropractor is embedded.

Steven Bruce

We have a comment from Jamie who says he's had a few patients who were very active always on the go, they spent very little time at home indoors pre lockdown, lockdown seemed to bring up some old traumas from being forced to stay in. Several patients were quite unstable and upset. And this active group seemed more anxious about catching the virus. Apparently, Jamie lives in Spain where the lockdown was much stricter.

David Crepaz-Keay

Yeah. This is where we get into slightly complicated territory. One of the things that, one of the things about trauma and even if you're getting into the world of post-traumatic stress disorder, is that one of the things that can actually make that worse is safety behaviours where you don't confront the things that you worry about. And one of the biggest problems that we've had recently is with people who have a diagnosis of obsessive-compulsive disorder around cleanliness and who've had years and years of support and therapy that has been about them doing more and more without feeling they have to instantly wash their hands. And that's now just become genuinely difficult. And I've got a friend who is one of the country's leading experts on OCD. And she has been almost literally pulling her hair out with how does she support those kinds of people. So, the flip side of that is if people are, people who have been, who have been active and have been managing trauma by avoiding something and now they have to confront it, then it's really important that they get the support to make sure that when they confront those fears and those triggers, they realise that that doesn't necessarily instantly mean the same bad thing is going to happen. So, it undoubtedly can be a trigger. But it may sound odd but it may be a useful trigger to help address some of these maybe unhealthy avoidance or safety behaviours, habits that people have gotten into as coping mechanisms that haven't actually dealt with issues that they need to be dealing with. In other cases, it is just genuinely difficult to work out how do we find the new ways of sensibly actively managing things that are not currently open to us. So, we know a lot of people who used to get a lot of support through face to face peer support groups haven't had that option available to them for what you know, is frighteningly close to six months now. Some have found other ways of doing that digitally and other, some of them have really struggled in the absence of that and are finding it quite difficult to get back out to doing what they found really quite straightforward six months ago, so I think there is going to be a whole load of relearning stuff. Again, one of the things that we found useful is constructive self-observation. So, kind of writing or jotting down how you're feeling about stuff, what these triggers are, how you're responding to that. And again, some good basic reframing of negative thoughts. So just challenging those negative thoughts. Because, to be honest, most of the negative thoughts we're being exposed to at the moment are exaggerated and again, not at risk of wanting to encourage reckless behaviour, but certainly I think the people your correspondent, your question is talking about our people who may have erred too much on the side of being cautious and can probably just draw on the things that they've previously learned about going out and challenging those fears constructively. And just, it may be, you know, they've had a few

steps back in what was a very long process of building that confidence. But you know, they've demonstrated that they can build that confidence and do that before and it's drawing on that experience and those resources to do it again.

Steven Bruce

I'm gonna I'm going to come back, we've only got a little while left at the moment, David, so I'm going to come back to that in just a second. There's one more comment from Emily I wanted to read. She says mental health for us as practitioners too, coming out of lockdown she was getting such emotional patients very scared to come and see her but also the patients who came were desperate, either horrible autoimmune disease issues causing horrible symptoms, or very acute injuries in terrified patients. And she really had to hold herself together, she says in order to take care of them, which is I suppose a reminder that it isn't just the patients who are suffering, it is also we need to look after ourselves. As practice managers, as clinic directors, we need to look after our associates and so on.

David Crepaz-Keay

Yeah, absolutely. And I think, probably if I had any regrets about our discussion last time, it was that we didn't spend enough time talking about that. I think we're going to, we're going to do it again this time, not spending enough time about talking about our own mental health.

Steven Bruce

Well, you just booked yourself for another show. Thank you.

David Crepaz-Keay

Yeah. Well, I'm hoping next time it can be done with the trip out to the pub afterwards, because I'm gonna miss that bit of it for sure. So yeah, absolutely. And this is, you know, one of the things that keeps people going is being able to do stuff for other people. And one of the things that has been a really positive and I know we're constantly trying to balance these positive and negatives. But one of the constant positive things we've had coming through is people who feel like they've been doing something constructive and useful, that has boosted their mental health. So, Emily and others, you know, and, Katie hugely improved my mental health by, it was just it was a joy to see her. Probably she was the first person not of my close social contact that I'd actually physically met. And that was just nice. So, you're practicing practitioners will be definitely finding it hard, and they will be exposed to a whole range of traumatic things, you know, both physically and psychologically traumatic things. And that trauma is contagious, you know, literally that is contagious, that spreads from people to people so it is important that you manage your mental health. But you know, one of the ways that you can do that is to appreciate the value that you are contributing to other people's, both physical and mental health. And you will be doing stuff that is genuinely lifesaving. And it may be that you are the first people doing that for someone who hasn't had that for months and months and months. So, hold on to that as well. But just do the sensible things, you know, eat sensibly, drink sensibly, sleep as well as you can, you know, the none of this stuff will come as a surprise to any of your people and it isn't any easier or more difficult than it's ever been, but it's just as true and it's just as important. You will be a rubbish osteopath or chiropractor if you're not in a decent in a fit state to practice.

Steven Bruce

Lucy's asked what you would advise us to do to support those with social anxiety who've been very happy excluding society in lockdown, but now have to get back into the real world. And you said you were going to share some resources with us. But also, that leads into my question, because you mentioned earlier on that there are a lot of things which have been overblown. And I wonder if perhaps you can give us a little bit of advice before we close on how we communicate with those patients under our hands. What is it we say to them? Because obviously, we can't just, we

don't wanna say anything that's too glib and just say, oh stop worrying, you know, it's not as bad as everyone says. We need to have our facts in order. So perhaps what are the key things that you believe are provoking anxiety that we should be able to address? And what sort of language should we be using in order to put people's minds at rest as far as we can before signposting them where necessary? Sorry, that was a long rambling question.

David Crepaz-Keay

Yeah, I think it's a good question. It's not an easy one to answer I mean, specifically on social anxiety people will need to you need to work hard against that, because we absolutely it is the case that a lot of people will have adopted unhelpful safety behaviours, unhelpful coping strategies and used site self-isolation as the perfect rationale for doing that, you just have to get back into that mindset that says actually, social anxiety is a genuine problem as well which needs you know, which needs fixing which, you know, if I have a if I have a problem with my back that needs fixing if I have a problem with social anxiety and by that I mean it is something that is disabling you and stopping you from getting on with your day to day life as you would like it to be, then that is something that you should address and that you can address. There are good evidence-based interventions. They have been difficult at the moment, you know, in recent times, because the kind of things you'd want to be doing will have been against government advice to do it. Although actually, even throughout the most strict of lockdowns, you have always been able to do certain things for your health and that would be include for your mental health. So again, one of the things it probably is worth your practitioners being at least moderately familiar with is what is the current state of government guidance, so that I am at least able to say, Well, actually, no, it's no longer the case that you can't do this. Or, do you know that now you are allowed to do this. Now clearly, that not only changes from time to time, but it changes from place to place. So, I have read, I can tell you I have read every single piece of guidance that has been issued by the UK Government since March. And it is over 4000 pieces now. So, I'm not saying to anyone that they should, you know, they should be up to date with all of that, but do a quick scan, again I can send you the direct links. A lot of it is genuinely useful and sensible advice. It's not always as easy to find as it as it gets. And I don't think our politicians are always as good at articulating it as they could be, but there is a lot of really good, useful information. A lot of it is in easy read sections. A lot of it is with how to speak to children about this. We have all of our tips available in Welsh, Arabic, French, Farsi, Urdu, Somali and two other languages I can't even pronounce. So, you know, there are lots of ranges of resources that are out there that should be accessible to people regardless of their skills and literacy. And part of what you may be able to do, as articulated educated practitioners is do a little bit of that kind of, this is the stuff you can trust and this is the stuff you might be suspicious of. But again, just be realistic about what you can do. You don't have magic wands. So again, don't feel like everything sits on your shoulders.

Steven Bruce

Does the MHF produce leaflets for example, which we could download and have available to people which might help them address their own problems?

David Crepaz-Keay

We do. We've got most of our specific Coronavirus stuff is online because we have to keep it up to date and as soon as something hits paper, it's at risk of going out of date. But our broader stuff on mental health, yes, of course we have. We have that in, in a whole range of forms. And the work I've done with Public Health England, the Every Mind Matters mental health campaign, again, that's really accessible. There's lots of downloadable stuff, there are videos to watch.

Steven Bruce

It might be more useful for us to be able to say to people go to the MHF website, here's the address to go to, and see what their current advice is on very various problems.

David Crepaz-Keay

Yeah, I would imagine most of the people you're working with have reasonable internet access. It's not heavy-duty stuff. It's not large bandwidth download. So, it shouldn't, it's optimised for mobile devices as well. So, if someone wants to look at it privately on their own smartphone, rather than on the Family Computer, for privacy reasons, then that's absolutely fine as well.

Steven Bruce

Emily's actually sent in a rather good question. Which has turned my question to you just now the other way around. Rather than what is it we should be saying to people, are things that you can recommend that we should not say to them? And we're presupposing here we have a patient who we think has a mental health problem at the moment at once.

David Crepaz-Keay

I think, to be honest, it would be quite a challenge, I mean, I'm not throwing this down as a challenge, but generally, you're not gonna make things worse. Probably not describing people as mad to them. Yeah, I wouldn't recommend that just because I choose to describe myself in that way. Please don't take that as kind of generic way of using the language. That would probably be wrong. One of the most important things that is absolutely explicit to say if someone, if worst case scenario you come across someone who you think is suicidal and that is probably as bad as it's going to get. All the evidence is absolutely clear talking about is not going to make that more likely, it's almost certainly going to make it less likely, it definitely won't make it more likely. And, and for the vast majority of people talking about it, it's going to make it less likely. So even in the worst-case scenario, someone comes in and they actually talk about wanting to take their own life. You are going to be better, it is not gonna be comfortable, but you're going to be better off talking about it than not talking about it. Genuinely.

Steven Bruce

Emily specifically cited suicidal and self-harming young girls, which I gather is quite a hot topic on various forums at the moment.

David Crepaz-Keay

Yeah, and it's not surprising. It's highly prevalent. It's also fair to say it's hugely under identified in young men, there are good studies that suggests there's an awful lot more of self-harm going on with young men than ever gets into clinical data. So, again, as you said, right at the beginning, don't assume a or b because of someone's presentation, but certainly with suicide, it's absolutely clear that the things that you can do that will help is, well firstly talking about it is better than not talking about it. Definitely. Every time you make an appointment to see someone again in x weeks' time, that is getting people to think into a future they can see that's a good thing that we know and again, I spent a lot of time doing some work with debt counsellors, and it's one that comes up a lot with them, and people come in and they genuinely are expressing that and what we found effective is making that subsequent appointment is really good because that gives someone something to focus on. If they also have tasks to do before that and that's not about what's making them suicidal, that's about what's brought them to you as a professional. You're giving them homework, giving them tasks, that's a good thing. That's a purpose. And we know purpose and meaning, and particularly having control over something that you thought was out of your control, that's the positive stuff that will

make a difference. So, you know, whether it's debt in the case of them or pain in the case of you, you giving people something constructive that they can do in a point in the future at which you can review it. That's a really, really positive thing.

Steven Bruce

And very, very quickly, does that advice about talking about the problem also apply to self-harming patients?

David Crepaz-Keay

It would do yes. I mean, certainly there are fora in which the way it's talked about is competitive and unhealthy. And there are some really dangerous sites for particularly self-harm. I mean, one of the things that we found when we've been working with, for example, A&E nurses is it is perfectly reasonable to have a discussion about safer self-harm and wound management. So, you know, and it may sound quite counter intuitive, and it's more counterintuitive to a nurse than it would be even to your people. But it is genuinely healthier to talk about safer self-harm and wound management than to not talk about self-harm at all because the chances are, what we know is, if you do something if you have a conversation or a non-conversation that lowers self-esteem, that will make things worse, if you have a conversation that builds self-esteem, that will make something better. And again, it's about control and agency. So if someone is harming themselves, and there is a way that they can do it that is going to damage them less, reduce their risk of infection, reduce their risk of terminal blood loss, reduce their risk of all sorts of things, then it's perfectly sensible to discuss that and unfortunately, not all of our health practitioners have quite gotten that message and it is counterintuitive, but it is absolutely the way you should be doing it. It's difficult and hopefully it's rare. I do hope it's rare, but it's gonna happen, but we must be on the lookout for it.

Steven Bruce

David, I've had loads of very lovely comments about the discussion this evening, I'm only going to read one because it kind of sums them up. It just says, this has been brilliant, thank you. And of course, I'd like to echo that. It's fantastic to have someone as knowledgeable and as eloquent and as eminent as yourself on the show to talk about something which is still a slightly taboo subject and which must pass through our treatment rooms on a regular basis. So, thank you very much for that. I really hope we can get you back in on the show at some future date so that we can discuss things in the pub afterwards as well.

David Crepaz-Keay

Oh, it's been an absolute joy. It's always a pleasure. And thank you very much for inviting me back.