Northumberland
County Council

Mental Health Impact Assessment Scoping Paper – Covid -19

Northumberland

Mental Health and Wellbeing: a public health priority

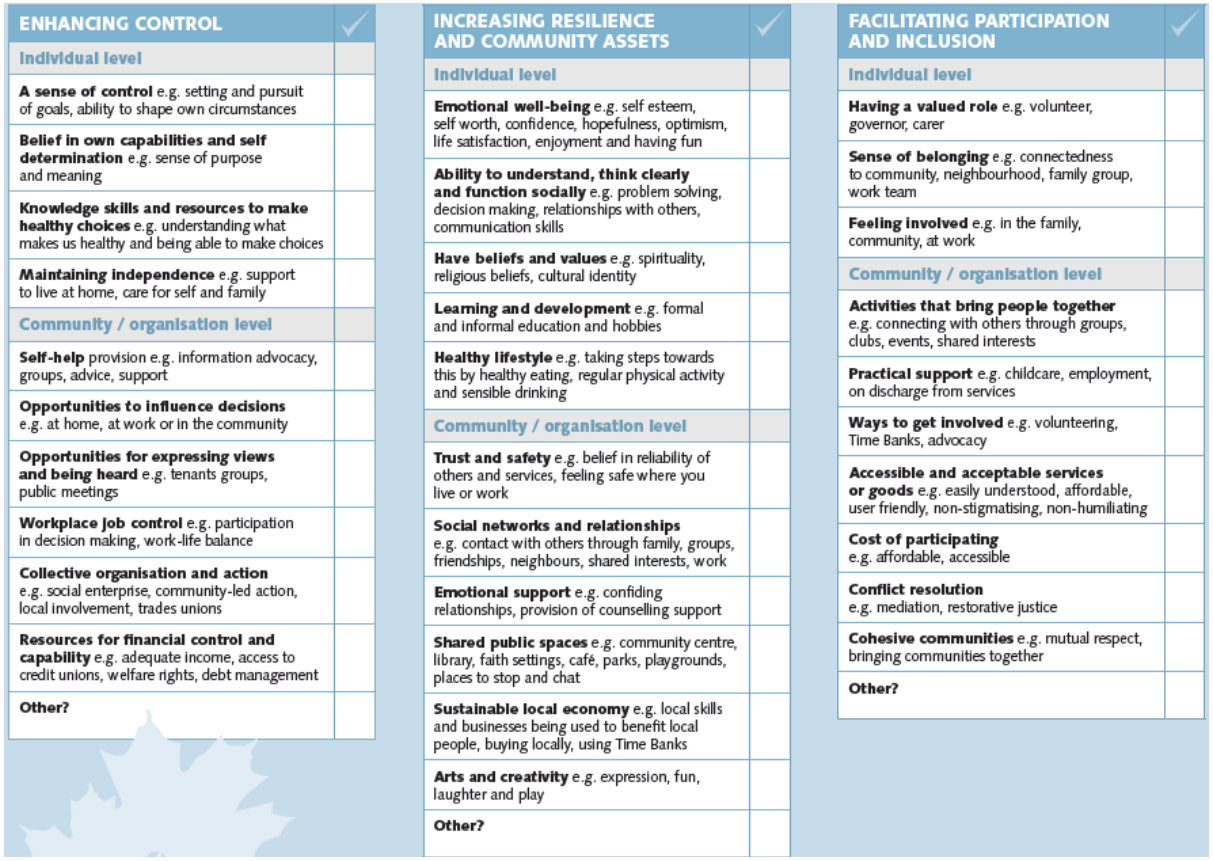
Mental well-being is fundamental to achieving a healthy, resilient and thriving population. Mental health and well-being are inextricably linked as both a cause and a consequence of physical health, educational attainment, employment and productivity, relationships, community safety, community cohesion and quality of life.

1. Protecting mental health and well-being

There are three broad categories of factors which protect mental well-being:

1. Individual control and community ownership
2. Individual resilience and community assets
3. Participation and inclusion

Each of the above have been impacted upon as a result of our national response to COVID-19. This is clear when considering what is encompassed by these factors and what has changed as a result of managing this pandemic:



ENHANCING CONTROL	✓
Individual level	
A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances	
Belief in own capabilities and self determination e.g. sense of purpose and meaning	
Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices	
Maintaining independence e.g. support to live at home, care for self and family	
Community / organisation level	
Self-help provision e.g. information advocacy, groups, advice, support	
Opportunities to influence decisions e.g. at home, at work or in the community	
Opportunities for expressing views and being heard e.g. tenants groups, public meetings	
Workplace job control e.g. participation in decision making, work-life balance	
Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions	
Resources for financial control and capability e.g. adequate income, access to credit unions, welfare rights, debt management	
Other?	

INCREASING RESILIENCE AND COMMUNITY ASSETS	✓
Individual level	
Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun	
Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills	
Have beliefs and values e.g. spirituality, religious beliefs, cultural identity	
Learning and development e.g. formal and informal education and hobbies	
Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking	
Community / organisation level	
Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work	
Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work	
Emotional support e.g. confiding relationships, provision of counselling support	
Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat	
Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks	
Arts and creativity e.g. expression, fun, laughter and play	
Other?	

FACILITATING PARTICIPATION AND INCLUSION	✓
Individual level	
Having a valued role e.g. volunteer, governor, carer	
Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team	
Feeling involved e.g. in the family, community, at work	
Community / organisation level	
Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests	
Practical support e.g. childcare, employment, on discharge from services	
Ways to get involved e.g. volunteering, Time Banks, advocacy	
Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating	
Cost of participating e.g. affordable, accessible	
Conflict resolution e.g. mediation, restorative justice	
Cohesive communities e.g. mutual respect, bringing communities together	
Other?	

(MHDU, 2010)

There is acknowledgement that within some communities there are examples of positive impact from COVID-19 restrictions, e.g., community cohesion as a result of 'clap for carers'; sense of belonging as a result of good neighbours; volunteering. However, we know this is not felt in each of our communities and contributes to the inequalities experienced by our residents.

2. Compounding Inequalities

The mental health impacts of COVID- 19 compound the inequalities within our communities. Mental health impacts are more likely to be felt by our communities already experiencing inequalities. The evidence also tells us that people with mental ill-health are more likely to be experiencing socio-economic inequalities.

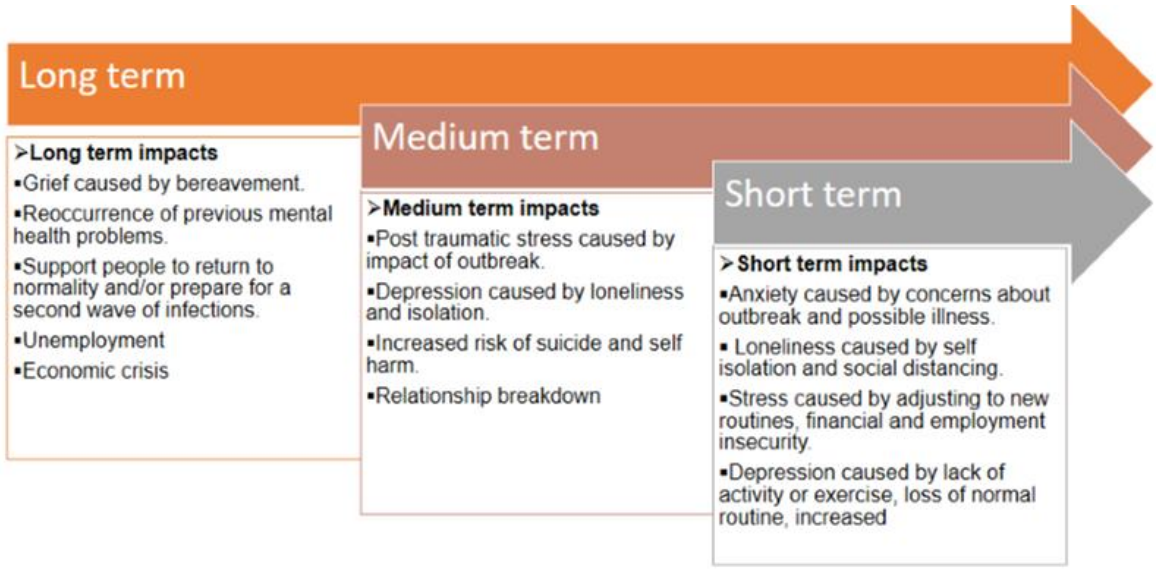
The following are examples of the impacts which will be felt most greatly by our most deprived wards, each of which impacts on mental health negatively.

- **Excluded groups** e.g., shielded households are excluded from many community and day to day activities; households without digital access; stigma associated with contact tracing
- **Lack of access to the outdoors,** garden or greenspace
- **Not feeling safe** at home or within the neighbourhood
- **Financial worries**: reduced earning power, increased expense from being at home

- **Lack of control at work**: fear for personal safety, redeployment and job security
- **Lack of access to services** due to fear or delay to non-COVID related treatment
- **Lack of control, loss and change**: reduced access to social buffers, uncertain future, ability to 'protect' loved ones, change in status/roles/routine
- **Educational support for children and young people**: accessibility to equipment and the internet to support at home, lack of confidence in ability to support academic development, prior negative experience with education, associated anxiety with juggling work, home and education.
- **Key worker distribution**: front line and key workers and those that are unable to work from home, are more likely to reside in the more deprived wards than the most affluent.

3. Term of impacts

We are likely to see an increase in at-risk individuals as well as an increase in prevalence of mental health conditions. Research indicates that large scale disasters and pandemics are almost always accompanied by short, medium and long-term mental health impacts on individuals, families and communities:



Longer term impacts on children and young people specifically include developmental and behavioural issues arising due to COVID-19 isolation/social distancing at key developmental milestones. The stress of this on children and young people is likely to result in the development of mental health disorders.

The impacts to mental health are also likely to be shaped by the environmental and societal changes as a result of COVID-19. In the medium term it would be important to also consider the impact of:

- Furlough ceasing
- Removal of food parcels and other work via the community hub

- Expecting shielding individuals to start to access services, thinking about the loss of confidence, fear of infection, physical de-conditioning and changes to the way services operate
- Changes within household and family structures, e.g., overcrowding, working and school arrangements, family connections
- Anxiety and trauma experienced post– intensive care unit treatment
- Complex grief as a direct result of COVID measures at funerals

4. Responding to mental health impacts: what can we do?

We need a **prompt response** to enhance mental health protective factors and to **mitigate** the impact of COVID-19 and **prevent further harm**

4.1 Provider capacity to address the anticipated increased prevalence

a. Mental health training hub: increase offer to frontline services through online provision to increase awareness, skills and referrals; bespoke offer to priority staff groups
b. Prioritise Social prescribing capacity: promote access to services, increase connectedness for at-risk groups e.g., VCS mental health providers, PCN Link Workers
c. Increase VCSE capacity to respond e.g. MIND, Talking Matters (IAPT Service), CYGNUS
d. Work with providers to ensure that the offer across the VCSE is complementary and organisations work within their core offer, to ensure residents get a high level of good quality support and expertise
e. Additional capacity for bereavement support to respond to increase in demand on bereavement services and the impact of the interruption to established grieving process
f. Understanding the impact of COVID-19 on support services including waiting lists, accessibility and availability of support (due to the reduction/removal of face-to-face support services and a reliance on online/telephone services) across much of the mental health sector.

4.2 Capacity for early intervention

a. Targeted workplace support e.g., through Better Health at Work: mental health policy development; countering workplace pressure and expectations, wellbeing messages and links to national guidance, mental health training
b. Explore opportunities to promote access to employment
c. Financial advice e.g., promote existing capacity within Citizens Advice Bureau (CAB), The Bridge Project
d. Local Domestic Abuse Services, (NDAS)
e. Targeting men's mental health via Barber Shops (promotion of the Barber Talk, The Lions Barber Talk Collective).

4.3 Community assets

a. Build on Community Hub offer to support access to services
b. Build on volunteer support, kindness and neighbourliness e.g., good neighbour project, add more examples
c. Locality Coordinators continued engagement with local community leaders and local communities
d. Promote access to greenspace
e. Promote mental health services and helplines across frontline organisations and to communities to increase awareness and referral opportunities
f. Maximise the opportunities to promote wellbeing through the Mental Health Promotion/Suicide Prevention Steering Group
g. Support community grassroots projects that promote wellbeing e.g., suicide prevention grassroots projects, loneliness projects
h. Promote access to community activities e.g., via NCC Facebook

4.4 Self-help

a. Communications plan: promote service access, mental health and coping strategies. PHE mental health comms/ 5 ways to well-being/Every Mind Matters
b. Promote a culture of 'looking out for each other' and seeking help
c. Build on community social media platforms
d. Build on digital programmes and training
e. Localised Covid-19 Community Information sheets delivered to all households listing national and local helplines and services, particularly aimed at those without digital access and the distribution and promotion of the ICS Covid 19 Wellbeing Booklet

4.5 Collaboration

a. Continue to collaborate with key partners across the system to implement the Northumberland Suicide Prevention & Mental Health Strategy
b. Continue to collaborate with key partners across the system to promote community connectedness and prevent or reduce loneliness.
c. Collaborate with partners to shape the wellbeing offer to schools and contribute to the ongoing expansion of the Trailblazer MHST in Schools Programme, and the Senior Mental Health Leads in School Project.
d. Collaboration with key partners to increase the bereavement offer for individuals, professionals and settings.

5. Who should we be targeting

The response to mitigate and prevent mental health impacts of COVID-19 should be targeted at those at greatest risk. At-risk groups include individuals and families:

- with a pre-existing mental or physical health condition
- directly impacted by COVID-19 as patients, health care workers, key workers
- who are isolated
- who are economically impacted?

- who are disproportionately impacted directly or indirectly (BAME, shielding, survivors of domestic abuse, bereaved)

Mental health problems rarely just impact on a single individual. Within families, poor parental mental health will impact adversely on children, whilst poor mental health in children and young people will adversely impact on parental mental health.

The impact of bereavement is likely to have a significant impact on mental health across the life-course. There has been higher mortality as a result of COVID-19. This has been compounded by interruptions to the grieving process and is likely to result in a greater need for bereavement support and an increase in complexity of client need.

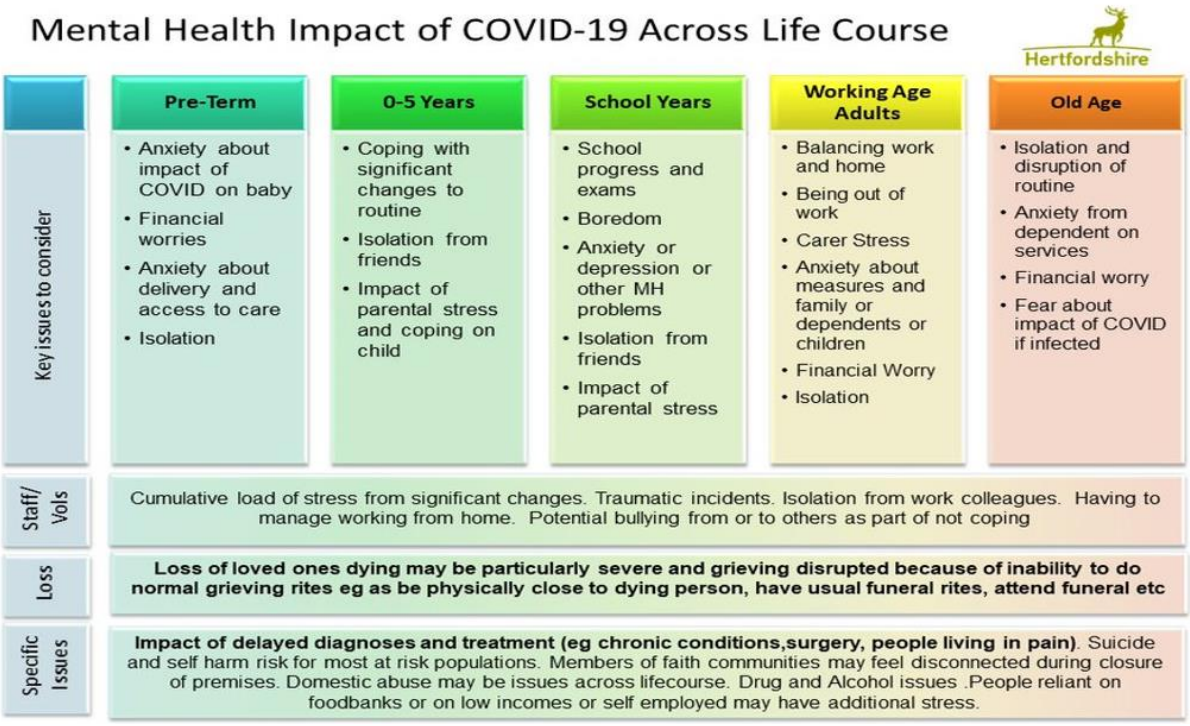
The COVID-19 response has impacted on the way that society naturally signposts and identifies mental health need in those around us, due to changes to workplaces, GP services, schools, family and friends, support groups. This may be compounded by changes to services delivery methods, accessibility and availability.

The need for targeting front line health and care workers is in response to a number of risk factors. Residents that identify as frontline/keyworkers are more likely to have experienced:

- a lack of control at work
- fear for their personal safety
- a change in job role

They are also more likely to have experienced moral injury. This is the impact on mental wellbeing when an individual's moral or ethical code is compromised/violated. This may be linked to making difficult decisions, being unable to provide the level of service/care that is expected due to the virus, lack of PPE, working at capacity. There is evidence that the shame, guilt and negative thoughts associated with moral injury can lead to depression, anxiety and PTSD.

Impacts on mental health will be felt across the life-course (illustrated below). An individual's experience typically impacts on members of the household. Responding to an individual's needs should be considered within the context of their household circumstances e.g., living alone; effects of parental stress on a child, living with an abuser etc



Action to protect and improve mental well-being will contribute to a wide range of positive outcomes for individuals, families and communities, in addition to the prevention of mental health problems.

6. Locality profile/areas of need

Health Summary

The health of people in Northumberland is varied compared with the England average. About 17.2% (8,705) children live-in low-income families. Life expectancy for women is lower than the England average. (PHE Fingertips Health Profile 2019)

Health inequalities

Life expectancy is 10.2 years lower for men and 8.8 years lower for women in the most deprived areas of Northumberland than in the least deprived areas. (PHE Fingertips Health Profile 2019)

Child health

In Year 6, 18.9% (598) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 51, worse than the average for England. This represents 30 admissions per year. Levels of breastfeeding and smoking in pregnancy are worse than the England average. (PHE Fingertips Health Profile 2019)

Adult health

The rate for alcohol-related harm hospital admissions is 955, worse than the average for England. This represents 3,171 admissions per year. The rate for self-harm hospital admissions is 392, worse than the average for England. This represents 1,100 admissions per year. Estimated levels of smoking prevalence in adults (aged 18+) are better than the England average. The rate of killed and seriously injured on roads is worse than the England average. The rate of statutory homelessness is better than the England average. The rates of violent crime (hospital admissions for violence) and employment (aged 16-64) are worse than the England average. (PHE Fingertips Health Profile 2019)

In 2017/18 it is estimated that after housing costs, 31% of children in Northumberland were living in poverty. There is huge variation across the county from 18.9% in some areas to 46% in others. (Northumberland DPH report 2018)

In 2018 there were 387, (66 per 1,000 children under 18) Look after Children (ONS)
In 2017/18 the average attainment 8 score was 46.6% which is similar to the England Average (46.7%) but this varies across the county and between children who are and who are not eligible for free school meals. (Northumberland DPH Report 2018)

Further Fingertips Data:

Indicator	**Date**	**Northumberland**	**England**	**North East**
Estimated Prevalence of common mental health disorders - % of population aged 16+	2017	16.1%	16.9%	18.2%
Estimated prevalence of common mental health disorders - % of population aged 65%	2017	10.3%	10.2%	11.3%
School pupils with social, emotional and mental health needs - % of school age pupils	2018	3.10%	2.39%	2.77%
Hospital admissions for mental health conditions	2018/19	101.7 per 100,000	88.3 per 100,000	105.7 per 100,000
Contact with mental health or learning disability services – rate per 1,000 patients on GP practice list aged 18+	2014/15	39.8 per 1,000	38.7 per 1,000	43.0 per 1,000
Employment of people with mental illness or learning disability - % of those with mental health or LD	2018	26.5%	48.0%	40.9%

Admission episodes for mental & behavioural disorders due to alcohol	2018/19	512 per 100,000	573 per 100,000	412 per 100,000

Indicator	Northumberland Value	Time Period	Trend	Source
School readiness (at the end of reception)	75%	2017/18	Increasing	fingertips.phe.org.uk
Persistent absent rates (Primary School)	7.4%	2017/18	Increasing	fingertips.phe.org.uk
Persistent absent rates (Secondary School)	13.0%	2017/18	Increasing	fingertips.phe.org.uk
Exclusions (fixed term and permanent primary school rate per 100)	0.98	2016/17	Increasing	fingertips.phe.org.uk
Exclusions (fixed term and permanent secondary school rate per 100)	6.2	2016/17	Increasing	fingertips.phe.org.uk
Hospital admissions caused by unintentional and deliberate injuries in children (Crude rate - per 10,000 aged 0-14 years)	111.2	2017/18	Increasing	fingertips.phe.org.uk
Hospital admissions caused by unintentional and deliberate injuries in children (Crude rate - per 10,000aged 0-4 years)	142.1	2017/18	Decreasing	fingertips.phe.org.uk
Hospital admissions caused by unintentional and deliberate injuries in young people (Crude rate - per 10,000 aged 15-24 years)	219.3	2017/18	Increasing	fingertips.phe.org.uk
Under 18 conceptions (rate per 1000)	20.3	2017	Decreasing	fingertips.phe.org.uk
Breastfeeding (at initiation)	65.6%	2016/17	Increasing	fingertips.phe.org.uk
Breastfeeding (at 6-8 weeks)	36.6%	2018/19	Decreasing	fingertips.phe.org.uk
Smoking status at time of delivery	13.6%	2018/19	Increasing	fingertips.phe.org.uk
Reception: Prevalence of obesity (including severe obesity)	8.6%	2018/19	Decreasing	fingertips.phe.org.uk
Year 6: Prevalence of overweight (including obesity)	32.3%	2018/19	Decreasing	fingertips.phe.org.uk
Smoking prevalence in adults	12%	2018	Decreasing	fingertips.phe.org.uk
Rate of hospital admissions for alcohol-related conditions (rate per 100,000)	877	2017/18	Increasing	fingertips.phe.org.uk

Indicator	Northumberland Value	Time Period	Trend	Source
Percentage of physically active adults	65.7%	2017/18	Decreasing	fingertips.phe.org.uk
Percentage of physically inactive adults	23.8%	2017/18	Increasing	fingertips.phe.org.uk
1A - Social care-related quality of life	19.2%	2018/19	Decreasing	ASCOF
1D - Carer-reported quality of life	8.4%	2018/19	Decreasing	ASCOF
Delayed transfer of care from hospital per 100,000 population	3.3	2018/19	Increasing	ASCOF
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	788	2017/18	Increasing	fingertips.phe.org.uk
Self-reported wellbeing (people with a low satisfaction score)	3.8%	2017/18	Decreasing	fingertips.phe.org.uk
People who use services who have control over their daily life	81.8%	2017/18	Increasing	fingertips.phe.org.uk
Fuel poverty	11.1%	2017	Decreasing	fingertips.phe.org.uk
Excess winter deaths	28.8%	Aug 2017 - Jul 2018	Increasing	fingertips.phe.org.uk
Adults with a learning disability who live in stable and appropriate accommodation	83.5%	2017/18	Increasing	fingertips.phe.org.uk
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	52%	2017/18	Increasing	fingertips.phe.org.uk
Gap in the employment rate between those with a long-term health condition and the overall employment rate	12.2%	2018/19	Decreasing	fingertips.phe.org.uk
Overall employment rate	71.5%	Jul 2018 - Jun 2019	Decreasing	nomisweb.co.uk
Percentage of workless households	19.4%	Jul 2018 - Jun 2019	Decreasing	nomisweb.co.uk

(Northumberland Joint Health and Wellbeing Strategy 2018 - 2028)

7.Suspected Suicides

In Northumberland since lockdown there have been 4 x suspected suicides with possible links to the current Covid 19 situation, ranging from being furloughed, financial worries, anxiety/depression due to the restrictions.

7.Current Provision

Children and Young People

- Local Transformation Plan - Emotional Health and Wellbeing of Children and Young People -Multi-agency strategic network and action plan
- Senior Mental Health Lead Coordinator for Schools
- Senior Mental Health Lead per school
- Mental Health Support Teams in Schools (in Targeted Areas)
- 4 Week waiting time
- PSHE support
- Annual Senior Mental Health Leads conference
- Kooth

- Wellbeing for Education Return Training

Adults

Crisis Care, Suicide Prevention & Strategic Mental Health Partnership

Mental Health Promotion and Suicide Prevention Steering Group

- Multi Agency Strategy and Action Plan
- Signatory of the Prevention Concordat for Better Mental Health
- Suicide Early Alert System/Real time alerts
- Grass roots funding supporting a range of VCS projects
- Workforce Development and Training
- Postvention Support Service (If you care Share)
- Trauma/Bereavement Support (Tyneside & Northumberland MIND)
- Qwell – Teacher Support and Counselling

8. Range of Services and providers (not exhaustive list)

NHS
Northumberland
Clinical Commissioning Group

Mental health services in Northumberland

Barnardo's

Services for children and young people:

- Sexual abuse counselling
- Bereavement counselling
- Trailblazer group work

www.barnardos.org.uk
Tel: 0191 212 0237

BPAS

(British Pregnancy Advisory Service)

Pregnancy termination and counselling

www.bpas.org
Tel: 03457 30 40 30

Cygnus

Mental health and wellbeing services

Bereavement and generalised mental health counselling

www.cygnussupport.com
Tel: 01670 853 977

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

24-hour access to mental health care, advice and support

www.cntw.nhs.uk/needhelpnow

Tel: 0303 123 1146 (for all ages in need of an urgent response)

ADAPT

Keeping People Connected

Short-term support service for people who have learning disabilities and /or autism

adapt-ne.org.uk
Tel: 01434 600 599

Northumbria Healthcare NHS Foundation Trust

Children and young persons primary mental health

www.northumbria.nhs.uk/primary-mental-health
Tel: 01661 864 588

Talking Matters Northumberland

Psychological Therapies

www.tmnorthumbeland.org.uk
Tel: 0300 3030 700

Tyneside and Northumberland Mind

Counselling for those affected by suicide or a traumatic death.

www.tynesidemind.org.uk
Tel: 0191 477 4545

Grace Rape Crisis Service

Counselling service for victims of sexual abuse

gracenrc.org.uk
Tel: 0800 035 2794

Harbour

Domestic Violence advice, 24 hour, 7 days a week

www.myharbour.org.uk
Tel: 03000 202 525

If U Care Share

Support for those affected by suicide

www.ifucareshare.co.uk
Tel: 0191 387 5661

9. Mental Health Impacts of the COVID-19 Lockdown on Service Delivery / Access in Northumberland

Talking Matters Northumberland (IAPT)

Talking Matters Northumberland is a primary care service offering psychological therapy for people with low risk anxiety and depression disorders. This support is aimed at people with mental heatlh needs primarily anxiety and depression disorders for people aged 16 and over.

During Covid 19 the majority of treatment is being delivered by telephone and digitally. Face to face is available but needs are carefully risk assessed. The Service is confident that their service users are still able to access support at this time, but are conscious that there are people who live in rural arears and there can be connectivity issues. People with learning disabilities may also have more difficulties with this digital delivery.

Referrals were lower initially than at the same time in 2019, although referrals are now going up. There has also been an increase in complexity with referrals, top level highly specialised need. Less referrals at the mild/moderate level. There is a concern that those at the mild/moderate level needing support are not accessing Services.

Clients are finding the following helpful in protecting their mental health, regular wellbeing sessions and contact groups, supervision and reflection groups, peery buddy system and a wellbeing newsletter.

The Service has been able to continue to attend multi-agency meetings within Northumberland (virtually). This has facilitated services/organisations being able to continue to support each, and importantly the residents of Northumberland. The Service also reported excellent communication/updates from strategic mental health groups and commissioners in Northumberland.

Being Women (Works with BAME communities in Ashington and Blyth) Information was gathered with a grant from HealthWatch Northumberland.

A survey undertaken with users of the Being Women Service . The survey was in the context of mental health and their experiences of accessing the Being Women Service. There were 61 x respondents.

77% did not know you can speak to a GP about low mood, anxiety, depression.

73% did not know you can self -refer to Talking Matters for low mood, anxiety and depression.

83% did not know there is a service to support children and young people's mental health and wellbeing.

82% had not heard of the NHS campaign Every Mind Matters

82% were not aware that Recite could be used to translate information about Mental Health Services.

72% did not know there is online NHS advice and information for mental health and wellbeing.

General Feedback from other Services/Partners

There is a need for self-harm training (separate from Suicide) and Bereavement Support Training.

Service users experiencing a sort of bereavement re: loss of freedom, toxic environments, domestic violence, suicidal ideation.

Staff (DWP) huge rise in calls from staff worrying, experiencing anxiety, worrying about personal safety re: returning to work.

Business on the Better Health at Work Award supporting staff virtually and continuing to submit portfolios of activity demonstrating support for staff.

Increase in referrals to the Health Trainer Service.

Not all clients/patients want to access online support, digital technology has been key and helpful. However, it can also be an issue for older people (who cannot hear, cannot concentrate), and is not suitable or acceptable to all.

There has been a lot of strain on carers.

Areas of deprivation – issues with broadband, do not want to use data on mobile devices.

New psychotic presentations with complexity, with no previous contact with Mental Health Services.

Community Groups re-opened and then closed again.

10. Local Priorities/Recommendations

Continue to utilise the 5 domains of the Prevention Concordat for Better Mental Health Framework.

Needs and Asset assessment – Effective use of data and intelligence

- Rapid Desktop mental health impact assessment (this document)
- Virtual Mental Health JSNA Workshop with relevant partners

Partnership and Alignment

- Consolidate Partnership efforts via regular meetings - Crisis Care, Suicide Prevention, Strategic Mental Health Partnership
- And via - Mental Health Promotion and Suicide Prevention Steering Group

Translating need into deliverable commitments

- Suicide Prevention & Mental Health Action Plan to be re-aligned to reflect local need, examples to include
  - Development of the Lions Barber Shop project to specifically target men
  - Closer working with the CCG GP Lead for Mental Health and Learning Disability
  - Development of the online C & YP MELVA drama project to support C & YP's mental health
  - Access to a wider training offer via the ICP Training Hub.

Defining Success Outcomes

- Outcomes framework to be developed

Leadership and Accountability

- Joint Public Health/CCG Mental Health Paper to go the Health and Wellbeing Board (Dec 2020)

Acknowledgements
Edward Kunonga and Gail Kay's joint presentation to the Integrated Care System's Mental Health Board, May 2020

Local Government Association and Association of Directors of Public Health, Public Mental Health and Wellbeing and Covid-19, 2020

Mental Health Development Unit mental wellbeing check list (excerpt from Mental Health Impact Assessment Toolkit), 2010.

Margaret Douglas *et al* Wider impacts of social distancing, BMJ, May 2020

Mandy McKinnon, Stockton Borough Council, Scoping paper June 2020

Tina Walker, Public Health South Tees, Scoping paper June 2020

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October 2020