

Early impact of COVID-19 on mental health care: an international synthesis of reports and UK staff survey

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Background

- The WHO declared COVID-19 as a worldwide pandemic on 11 March 2020
- There were concerns and uncertainties about **how the pandemic may affect mental health services and people with pre-existing mental health problems**
- However, most of the focus was of the impact on the general population and their wellbeing

Background

The Mental Health Policy Research Unit therefore carried out **two studies** to investigate the early impact of COVID-19 on mental health care

Social Psychiatry and Psychiatric Epidemiology
<https://doi.org/10.1007/s00127-020-01924-7>

ORIGINAL PAPER



Early impacts of the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses

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Social Psychiatry and Psychiatric Epidemiology
<https://doi.org/10.1007/s00127-020-01927-4>

ORIGINAL PAPER



Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff

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Methods – International synthesis of reports

- **Searched** for first-person accounts, media articles, scientific journals, and publications by governments, charities and professional associations, published prior to **30 April 2020**
- Search **languages** were English, French, German, Italian, Spanish, and Mandarin Chinese
- We included **872 articles from 28 countries**
- Most of these articles were based on observations or experiences rather than data
- These articles were then synthesised by a group of researchers including those with lived experience and clinicians

Methods - UK survey of mental health care staff

- Developed an **online questionnaire** to collect cross-sectional data
- The survey included open ended and structured questions
- There were three main **sections**:
 - Current work challenges
 - Problems currently faced by mental health service users and family carers (from a staff perspective)
 - Sources of help at work
- **Recruitment** was via professional networks, social media (Twitter), and relevant mental health focused bodies
- Data was collected between **22nd April and 12th May 2020**

Methods - UK survey of mental health care staff

Participant demographics (n= 2,180)		n	%*
Sector (n=2,177)	NHS	1,935	88.9
	Social care or other local government	93	4.3
	Voluntary	113	5.2
	Community or user-led organisation	33	1.5
	Private	86	4.0
Current work setting (n=2,174)	Inpatient	623	28.7
	Crisis house	31	1.4
	Residential service	79	3.6
	Crisis assessment service	308	14.2
	Community teams and psych. services	1,268	58.3
	Community groups	155	7.1
	Other	249	11.5

Methods - UK survey of mental health care staff

Participant demographics (n= 2,180)		n	%
Country (n=2,175)	England	1,814	83.4
	N Ireland	22	1.0
	Scotland	228	10.5
	Wales	98	4.5
	Other	13	0.6
Gender (n=1,723)	Female	1,378	80.0
	Male	341	19.8
	Other	4	0.2
Ethnicity (n=1,647)	White	1,433	87.0
	Asian	92	5.6
	Black	61	3.7
	Mixed/Multiple ethnics groups	51	3.1
	Other	10	0.6

Clinician perspectives – inpatient and residential care

- Reductions in admissions and referrals, increased use of voluntary sector mental health and suicide prevention hotlines
- Challenges included infection control, isolation and inequitable pressures to treat COVID-19
- Adaptations and innovations, such as re-purposing wards
- Difficulty discharging people because community services are closed or less available
- Concerns about not being able to support patients adequately or provide enough leave

Clinician perspectives – community care

- Concerns about infection amongst clinicians and lower staffing levels than normal. Some services shut entirely.
- Rapid & widespread implementation of tele-health
 - Some services had poor technology resources.
 - Some service users lacked technological access and expertise, or privacy for calls.
 - Potential negative impacts on rapport and therapeutic relationships
- Unable to signpost or refer to other services and could not provide adequate care

Service user perspectives – Impact on MH

- Deterioration in mental health, especially depression & anxiety, OCD, eating disorders: fears of illness and death, loneliness & isolation from usual supports, withdrawal or reduction in services, societal & economic impacts of pandemic
- The pandemic has disrupted the routines, activities and relationships that allow people to manage their mental health day-to-day

Service user perspectives – Positive impact

- Some feel better connected, better understood by others, that stresses have reduced, that they have become aware of reserves of resilience
- Some service users reporting benefiting from new and/or improved self-management strategies & effective peer support
- Innovations in remote and digital forms of care were a significant benefit for some service users, such as those who find it hard to physically attend services due to distance or social anxieties

Results – Overall

- Clinicians reported challenges related to controlling infection and rapidly adapt to new ways of working
- Clinicians reported ethical challenges and concerns for the future
- Service users reported deteriorations in symptoms, of impacts of loneliness and social isolation, and of lack of access to services and resources
- Also found reports of resilience, effective self-management, and peer support

Discussion of findings

- Inpatient and residential services were of most concern during periods of peak infection rates
- Combining infection control and adequate therapeutic environment in inpatient
- Telehealth implementation in the community health services
- Service users and service providers coping with multiple changes and stressors – training and help to navigate
- Resilience factors and caution against assumptions
- Innovations and adaptations that can be kept

Strengths and limitations

Our work considered a variety of sources (scientific and grey literature) and diverse stakeholder perspectives, however:

- Day-to-day management of research was mainly driven by academic researchers.
- A large amount of material had to be analysed in a rapid manner and compressed into a small word limit
- Unheard voices: Literature review identified few reports from low- or middle-income countries, and survey had a small representation of people from black, Asian and other ethnic minority groups.
- People that participate in surveys or publish about a topic are more likely to have stronger views.

Lived experience commentary – systematic review

- Limited evidence about the perspectives and disproportionate impact of the pandemic on Black, Asian and Ethnic Minority (BAME) groups.
- Concerning deprivation of rights of people with mental health problems.
- Inequalities of treatment for those with mental health problems who have COVID
- Attention should be directed towards ward design to minimize contagion without the unethical use of sedation and solitary confinement.
- People's ability to self-managed should not be reframed as “resilience” in circumstances with few other alternatives.
- Digital exclusion is real and complex.

Lived experience commentary - survey

- Staff share service users' **concerns**: premature discharges, isolation, difficulties with infection control and accessing care.
- **MadCovid** project <https://madcovid.com/>
- Difficulty to adhere to infection control guidance should not lead to blaming patients for viral spread. Renew efforts to reduce the factors that can lead to the **use of restraint**.
- Services have **implemented changes** at an unprecedented speed; changes that service users have long campaigned for should be implemented with the same urgency.

Lived experience commentary - survey

Special concerns about having **therapy from home**:

- Not everyone has a private space at home
- It may be important for distressing conversations to take place outside of home
- Video calls may feel invasive, the clinician is in your bedroom
- Need for considering safety implications of remote healthcare

Implications for the future

- Opportunity to establish new ways of working – rethinking conventional approaches to service planning by:
 - Collaborating with service users, carers and third sector organisations
 - Implementation of effective technologies
- Implications for clinician training and strategies
- Rapid research methods not limiting coproduction

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