



Mental health services and Covid-19: Policy briefing

September 2020

Summary

The Covid-19 pandemic has had a major impact on the lives of people with mental health difficulties and on mental health services. This briefing identifies key themes from a survey of mental health service staff in the UK and a review of studies across the world.

People using mental health services have faced significant disruption to social networks and forms of informal support during the lockdown. While many have found innovative ways to maintain social connections, loneliness and isolation have been a major challenge for some. Peer support, mutual aid and self-management resources can be helpful to enable people to mitigate these difficulties.

Some inpatient and residential services have reported difficulties in keeping service users and staff safe from the virus. Isolation, boredom and a lack of therapeutic activity were major challenges in hospitals. Safety has also been a challenge for community services staff. Equipment and processes to keep people safe need to be available in all settings.

Mental health services have managed to extend their digital offer and remote working quickly during the crisis. For some people this provides a useful (and preferable) alternative to face-to-face services. But it does not work for everyone, and often excludes those who are already the most marginalised and disadvantaged. This means that services need to explore ways of offering a mixture of approaches, and potentially to enhance digital inclusion among service users.

Mental health services have adapted quickly and put in places new ways of working that may have longer term benefits (for example in crisis services). But they have also placed additional demands on staff, working longer hours and covering colleagues' sickness. These, plus the pressure of having to adapt quickly to new ways of working, worrying about an expected post-pandemic 'surge' in demand for mental health support, and living with the fear of getting the virus at work create a heightened risk of burnout. Navigating this safely will be important to support, retain and expand the workforce.

So far, emergency powers to reduce Mental Health Act safeguards have not been implemented in England and Wales. But there are some concerns about restrictive practices in inpatient services. Balancing safety and a therapeutic environment is a challenge in inpatient services in 'normal' times, and especially so now. Identifying and sharing good practice may help services to manage these tensions during future local or national lockdowns.

These findings give rise to the following recommendations:

1. Mental health service commissioners and providers should support peer-led groups and ensure they have the resources to work remotely in the event of future emergencies.
2. NHS England/Improvement should assess where digital services have been applied successfully during the pandemic and support wider uptake and longer term use of effective approaches.
3. The Government and local authorities should identify groups facing high levels of digital exclusion and seek to address the gaps and barriers they face.
4. NHS England/Improvement should issue guidance to mental health service providers drawing on the lessons from Covid-19 about how to maintain safety in both inpatient and community settings.
5. Mental health service providers should seek feedback from staff members about what has been helpful and unhelpful during the pandemic and take action to support staff wellbeing.
6. The Government should maintain Mental Health Act safeguards and repeal the relevant sections of the Coronavirus Act (2020) as soon as it is safe to do so.
7. The Care Quality Commission should investigate the use of restrictive practices during the pandemic and identify examples of good practice in balancing people's safety and human rights.

Introduction

The NIHR Mental Health Policy Research Unit (MHPRU) at University College London and King's College London was established in 2017. Its aim is to help the Department of Health and Social Care and others involved in making nationwide plans for mental health services to make decisions based on good evidence. It makes expert views and evidence available to policymakers in a timely way and carries out research that is directly useful for policy. The MHPRU is managed by academics at UCL and KCL in partnership with collaborators from City University and University of Birmingham. Centre for Mental Health and The Mental Elf work alongside the Unit to ensure its work is accessible and relevant to policymakers, practitioners and the public.

The Policy Research Unit has carried out two major studies into the impact of Covid-19 on mental health services and the people they support, both internationally and in the UK. These crucial studies aim to gather early evidence of the impacts not just of the virus but of the changes that have taken place during the pandemic on the lives of people with long-term mental health needs and the services that support them.

The first study was a survey of staff working in mental health services in the UK. The survey was answered by more than 2,000 people working across a wide range of settings and sectors. It is now published at <https://www.medrxiv.org/content/10.1101/2020.06.12.20129494v3>.

The second was a summary of narratives and observations from clinicians, people with lived experience, policy makers and researchers around the world in the early stages of the pandemic. It can be found at <https://www.medrxiv.org/content/10.1101/2020.06.15.20129411v1>.

Together they have significant repercussions for health and care policy, both nationally and locally across the UK. This short paper summarises the headline findings from the two studies and their implications for policymakers.

The impact of Covid-19 on people with mental health difficulties

There are many narratives describing a negative impact of the pandemic on people with pre-existing mental health conditions. This may be due to increased anxiety and fear of illness and death; impacts of “lockdowns” and social distancing policies; interactions between symptoms of mental health problems and current public events and concerns; loss of support from health and other services; and higher levels of adversities, such as domestic abuse, family conflict or loss of employment.

Key themes included:

Loneliness and isolation

Many people with mental health problems rely on the stability of routines and social contacts to manage their mental health condition, feel connected, and detect signs of deterioration. These have been disrupted for many people through restrictions on activities and contacts and the sudden closure of services, including therapeutic sessions and groups, which had been sources of highly valued contacts. Patients in inpatient settings have been particularly affected by suspension of visits and leave, sometimes leading to extreme isolation and loneliness, especially when compounded by requirements to stay in hospital rooms and cancellation of ward activities.

In the UK staff survey, the loss of social networks and lack of contact with family and friends were rated as the biggest challenges for service users.

Lack of access to essential services & resources

In many countries, the pandemic led to abrupt termination or cancellation of treatment, or a shift from face-to-face to online appointments. While some people may have found remote contact helpful (or even preferable), others have had difficulties getting access (for example because they do not have internet access or data) or find it difficult to use (for example because they do not have a private space at home). Overall, the impact of such changes has been most difficult for those facing the greatest adversities and inequalities, for example those on the lowest incomes and from the most marginalised communities.

Family and social adversities

The withdrawal or reduction of services has been described as resulting in substantially more pressure for families and carers. Some families with caring responsibilities have reported feeling abandoned by services, especially in the context of the stresses and greater isolation associated with the “lockdown”. Others, in contrast, have reported enhanced relationships with family and friends during this period, especially by keeping in touch more online or by phone, and some had moved in with family and become closer as a result.

The greatest adversities, however, are once again faced by those living in unsafe circumstances where they are exposed to violence and aggression at home.

Strategies people with mental health problems use to cope with the pandemic

People with mental health conditions have described using a range of strategies to manage their mental health and social stresses during the pandemic. These include descriptions of engaging in purposeful, creative or relaxing activities, such as cooking or painting, or keeping journals to record worries or positive experiences. Use of therapeutic and self-help techniques, such as mindfulness, exposure therapy or meditation, was widely reported, though some found these of limited usefulness given current challenges. Others have sometimes found helpful self-management tools and resources, including helplines, online therapy services, websites, podcasts and apps.

Looking after your physical health, such as taking regular exercise and healthy eating, maintaining a daily routine, and keeping in contact with trusted friends and family members, was emphasised by many. A number of people, particularly those with anxiety, reported attempting to avoid or substantially reduce their consumption of potentially stressful or triggering media coverage of the pandemic, relying instead on official or other trusted sources.

Peer and community support has also been important for many people during this time. This includes mutual support and practical help, such as collecting medication, and sharing experiences of mental health management, coping strategies and positive adaptations. Digital and online approaches to delivering support had been proactively and creatively deployed in some peer networks to facilitate one-to-one, group and community connections and activities (including recreation and socialising). Communicating and connecting were considered vital for reducing social isolation in lockdown, managing mental health, and maintaining relationships with friends, family and peer support networks.

Service challenges and adaptations

Inpatient and residential settings

In inpatient settings and supported housing where people live together, immediate concerns were with preventing the spread of infection while attempting to maintain a therapeutic environment. Reports from several countries described a lack of protective equipment, difficulties with distancing due to ward and office layouts and a lack of realistic guidance specific to mental health settings. In the UK staff survey, the biggest challenge for staff in inpatient and residential services was keeping people safe from the virus. More than half of staff in these settings reported they could not consistently follow the rules set on infection control.

A common adaptation to meet these challenges was the creation of Covid-19 specific units for psychiatric patients with confirmed or suspected illness, often with support from physical health care professionals and protocols in place for transfer to intensive care if needed. Other infection control measures included quarantine following admission, early discharge and initiatives to reduce admissions, staggered mealtimes, reduced use of communal spaces and enhanced use of technology to enable remote contact with healthcare professionals and families.

Community settings

The biggest challenge for community services was the need to reduce face-to-face contact and to cope with working during a lockdown and with social distancing requirements. Staff in UK community services reported having to change their ways of working very quickly and cope with

fewer resources in their wider communities. For crisis services, this meant they had fewer options to refer people to in an emergency. Community service staff also reported difficulties in being able to use PPE (for example working in unsuitable buildings and not having facilities to put on and take off protective equipment when visiting people at home).

Technology now appears to be much more extensively used in community mental health services across the globe, allowing care to continue at least to some extent. Video calls are used both for staff meetings and patient contacts, with some innovative use for group and activity programmes. In some cases in the UK staff survey, community services extended their opening times (for example to the weekends) and crisis services in particular continued with at least some home visits while also setting up new helplines and, in some places, separate crisis assessment centres to divert people from A&E units. Other reported changes in the types of help offered included community services arranging practical help, such as food deliveries for service users, and providing resource packs to help people to be active at home.

A more general and widely welcomed shift was towards a more flexible approach, reducing bureaucracy and removing barriers to change, leading to a more agile way of working and a more responsive service. Many staff also valued the many benefits to their wellbeing, productivity and efficiency in being able to conduct some of their client contact or administrative tasks away from the office. Two-thirds of the UK survey respondents said they hoped that some of these innovations would be retained after the emergency.

Ethical and human rights issues

There are concerns that mental health care may become less ethical during the pandemic, with clinicians and service users in various countries reporting beliefs that medication doses and the use of sedation have increased, or that coercive and restrictive practices may be rising, especially in wards with compromised therapeutic environments and access to advocates. Though they have not as yet been put into practice, the provisions in the emergency Coronavirus Act 2020 in England and Wales were reported to have caused great concern by potentially allowing involuntary admission decisions to involve fewer healthcare professionals, extending time limits on detention and facilitating the use of treatment without consent. Reduced access to legal representation and advocacy was also reported.

Looking to the future

A major concern in the UK staff survey centred on fears that shortages and burnout in the mental health workforce would coincide with a rise in demand for mental health care as a result of the pandemic. Anticipated drivers of increased future need included traumas, bereavement and complex grief; gaps in support during the pandemic; increased levels of domestic abuse and family conflict; and the effects of wider societal disruption and increased inequalities due, for example, to unemployment and homelessness. Fears were also expressed that reduced levels of service might persist inappropriately after the current emergency period, that changes made in response to the crisis might be used to justify reduced funding in future, or that staff would be expected to continue with working patterns that they had agreed to only because of the crisis.

Policy and practice implications

These studies have significant implications for policy, both nationally and locally. As most countries begin to ease lockdown restrictions, the recovery process can build on what has been

learned so far internationally. And in the event of further waves of the virus, crucial lessons need to be learned to ensure mental health services are prepared to meet people's needs if restrictions need to be brought back or continue for a prolonged period.

1. Social connection and contact are crucial for mental health

People using mental health services have faced significant disruption to social networks and forms of informal support during the lockdown. While many have found innovative ways to maintain social connections, loneliness and isolation have been a major challenge for some, especially in inpatient wards. Peer support, mutual aid and self-management resources are crucial to enable people to mitigate these difficulties.

Recommendation: Mental health service commissioners and providers should support peer-led groups and ensure they have the resources to work remotely in the event of future emergencies.

2. Digital innovation can be helpful, but is not a panacea

Mental health services have managed to extend their digital offer and remote working quickly during the crisis. For some people this provides a useful (and acceptable) alternative to face-to-face services. But it does not work for everyone: for some people it is either inaccessible or unsafe. This means that services need to explore ways of offering a mixture of approaches. And it has highlighted a need to boost digital inclusion among mental health service users.

Recommendation: NHS England/Improvement should assess where digital services have been applied successfully during the pandemic and support wider uptake of effective approaches, but without compromising on non-digital services where these continue to be more appropriate and effective..

Recommendation: The Government and local authorities should identify groups facing high levels of digital exclusion and seek to address the gaps and barriers they face.

3. It is important to sustain therapeutic activity

Staff in inpatient services in particular have struggled to continue to offer therapeutic interventions during the pandemic. This is an especial concern where people are in hospital involuntarily, subject the Mental Health Act, but relevant to all inpatients. Interruptions to therapeutic activity may delay discharges for some inpatients, leading to prolonged use of compulsory powers.

Recommendation: NHS England/Improvement and the Care Quality Commission should explore how inpatient services can safely continue therapeutic activities during future restrictions.

4. Safety in community, inpatient and residential services is paramount

Reports of difficulties in keeping service users and staff safe from the virus are a reminder that mental health services need to be as much of a priority as other health and care services when it comes to protection from the virus. This is especially challenging in inpatient and residential services. Staff in both inpatient and community services reported struggling to meet infection control guidelines in the contexts they were working in. Equipment and processes to keep people safe need to be available in and relevant to all settings.

Recommendation: NHS England/Improvement should issue guidance to mental health service providers drawing on the lessons from Covid-19 about how to maintain safety in both inpatient and community settings.

5. Balancing innovation and a return to 'normal' will be critical

Mental health services have adapted quickly and put in places new ways of working that will have longer term benefits (for example in crisis services). But they have also placed additional demands on staff, creating a heightened risk of burnout at the same time as many are predicting an increase in demand for mental health support. Navigating this safely will be important to support, retain and expand the workforce in line with the principles of the NHS People Plan.

Recommendation: Mental health service providers should seek feedback from staff members about what has been helpful and unhelpful during the pandemic and take action to support staff wellbeing.

6. Safeguarding human rights in a crisis

So far, emergency powers to reduce Mental Health Act safeguards have not been implemented in England and Wales. But there are some concerns about restrictive practices in inpatient services. Balancing safety and a therapeutic environment is a challenge in inpatient services in 'normal' times, and especially so now. Identifying and sharing good practice may help services to manage these tensions during future local or national lockdowns.

Recommendation: The Government should maintain Mental Health Act safeguards and repeal the relevant sections of the Coronavirus Act (2020) as soon as it is safe to do so.

Recommendation: The Care Quality Commission should investigate the use of restrictive practices during the pandemic and identify examples of good practice in balancing people's safety and human rights.