

COVID-19 impact on mental health services – Brief report

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¹ The Public Mental Health Special Interest Group is one of the national, special interest groups established by the Scottish Directors of Public Health, in this case jointly with the Scottish Health Promotion Managers, to address public health issues on their behalf. Its membership includes representation from NHS Boards. It is supported by the Scottish Public Health Network.

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Introduction

The Covid-19 pandemic has alarming implications for individual and collective health and emotional and social functioning, as it is impacting all areas of health in Scotland and is likely to have a long-lasting effects on population. These effects may translate into a range of emotional reactions (such as distress or psychiatric conditions) and unhealthy behaviours (such as excessive substance use) in both people who contract the disease and in the general population. Public health structures must, in the current health crisis, therefore address the impact of Covid-19 on mental health and mental health services. To coordinate this response, a two-part study was conducted (for details and methods, see Appendix I). In the first part, the PMHG sent out a survey in April 2020 to NHS boards in Scotland and third-sector organisations to identify existing and planned activities around mitigating the negative impact of the current crisis on mental health and well-being and to identify any specific gaps in resources or support. The survey's findings were expanded on by qualitative interviews with mental health providers between June 2020 and July 2020.

The survey (for detailed results, see Appendix II) showed that loneliness and isolation are prominently contributing to issues with mental health in their service users, who had also had to deal with changes in normal routines, particularly in terms of accessing health services, support groups and networks (e.g., lack of contact with parents, children or friends), and obtaining prescriptions. Mood disorders, suicidal ideations, OCD and substance abuse were all thought to have been exacerbated in the first few months of Covid-19 imposed restrictions. Staff in mental health services reported to have experienced anxiety due to isolation and higher stress at work, lack of support from the employer in terms of IT and/or PPE, and changes in delivery of services (i.e., all services moved to telephone/online delivery).

To gather more information on the impact of Covid-19 on specific services and both staff and service users' well-being, ScotPHN researcher conducted follow-up qualitative interviews with 12 mental health service providers in June and July 2020.

The participants were based in NHS Tayside, NHS Borders and NHS Greater Glasgow and Clyde, and were either providing mental health care directly (psychologists, mental health nurses), or indirectly supervising mental health provision (managerial positions in the NHS or third-sector organisations).

Separate thematic analyses were conducted to organise the themes found within the survey and the interviews' data (for specific information on methodology, see Appendix I). It is important to remember that the interviews were conducted at a different time point than the initial survey. In the ever-changing landscape of the pandemic, the survey captured the initial response to the pandemic in mental health services, whereas the follow-up interviews focused on the mental health services during the easing off the restrictions. As such, they reflect a different status of services than the initial survey. The answers of the individuals from organisations tended to focus not only on managing the current situation, but also on the future of services. This report aimed to provide an overview of the findings from both studies and integrate the results.

Sustainability of delivering mental health services in Covid-19 world

Practical support

Lack of resources have been reported in the initial survey as a barrier to successfully carrying out work. Participants have been primarily working from home from the beginning of the lockdown restrictions, with the exception of some that have been redeployed for the first 4-8 weeks of the pandemic. This means that the work has been primarily done using IT and telephone. The survey showed some of the staff had issues with getting IT proficient in the new 'working-from-home' environment, but no such issues were highlighted in the interviews, as they might have been potentially overcome due to the time difference between the first and second study. In the interviews, the participants continued to report that IT equipment represented an issue for staff. This suggests that improved IT support is necessary for successful carrying out of services.

‘... getting IT to everyone was challenging because there wasn’t enough for everyone ...’ (Interviewee 2)

‘... yes, some of our staff have been using their own laptops because there wasn’t any equipment and we weren’t sure when we are getting any...’ (Interviewee 9).

Cooperation between services

The results of the survey indicated there is a need for more funding of individual third-sector organisations and other services. In the follow-up interviews, the majority of the interviewees from third-sector organisations suggested that there has been enough funding, but that they have felt disconnected from their usual healthcare and social care partnerships, and were thus not able to carry out their work as before. This suggested that there is potential for better cooperation between organisations in how mental health services operate amidst lockdown restrictions, if the services were to be sustainable.

‘... before the pandemic, we’d get regular updates from our NHS partners and when it started, they suddenly stopped sharing information with us and we have just had a meeting to re-establish working together...’ (Interviewee 2)

‘... I think we are going to be so overwhelmed in the upcoming months and police and social care being more forward in communicating would really help...’ (Interviewee 6).

Mental health support for staff

The majority of boards and organisations in the survey highlighted that both frontline and back office staff are likely to experience trauma and burnout, which will negatively impact their well-being, and increase the necessity of the additional support for staff. The interviewees, when asked about their mental health, have described the experience as lonely and socially-isolating, which was also noticed by managers. However, participants have suggested that organisations have strongly

supported the mental health and well-being of service providers and other staff by providing them with different resources, online support groups and meetings, and regular check-ins with managers.’... socially isolated, you don’t get the chance to just have a chat in the kitchen or to quickly discuss something, we’re getting on well enough with work stuff but there is that social component to work that is so important and I never realised before how much I like working in the office ...’ (Interviewee 8).

‘...I worried the most about those that live alone, I tended to check in on them from the start because you know, for some people, work is the only social contact they have ...’ (Interviewee 12).

‘... we have social chat every Wednesday ...’ (Interviewee 4),

‘... just coffee and a chat over NearMe every week but it feels nice ...’ (Interviewee 1)

‘... I have a chat with my nurses every week to see how they’re coping ...’ (Interviewee 5)

Whilst the majority of the interviewees have reported that they have successfully adapted to the new work approaches, the majority have also noted that they could not provide their services in this manner long-term due to the negative impact on their own well-being. Those that had started to return to the offices have suggested that had positive impact on their mental health.

‘... it just feels so weird, you know, you close the laptop but you’ve not removed yourself from the space where you were working in ... Some of the work that we do is quite grim and before you would clear your head when you were walking home, and now there’s no opportunity for that ...’ (Interviewee 6)

‘...it’s been very effective, of course, we were able to offer almost everything as per usual, but as for the acceptable, I don’t think I could agree with that, it’s been very different from how we usually work...’ (Interviewee 1)

‘... it feels like something has lifted [after returning to the office for 2 days a week]...’ (Interviewee 9).

‘... I just can’t imagine them [staff] being home for really much longer, the moment restrictions started to lift you could see a mood change in people...’ (Interviewee 12)

These results suggest that mental health service staff had been negatively impacted by the changes brought on due to Covid-19 despite organisational and peer support, suggesting that for mental health staff, working from home is not necessarily positive in the long-term.

Impact of the pandemic on workload and work approaches

Both survey and interviews touched on the increase in workload, prominently in mood disorders and mild mental health problems. They have also suggested they are expecting a further increase after the economic consequences of Covid-19 pandemic become more evident.

‘... our nurses had a waiting list of 2 week at the start of the pandemic, now they have a 4-week waiting list and that is only for everyday mental health problems, our service, mild issues that people are dealing with, and they [the nurses] are now getting more GP referrals than before ...’ (Interviewee 5).

‘...we’ve had a lot of people suddenly calling who’d never experienced any kind of mental health issues before, but were now struggling...’ (Interviewee 8)

‘...I mean, I do expect our services will again become overwhelmed after people start to financially struggle...’ (Interviewee 3)

Those providing care directly discussed how effective and feasible the new work approaches were and how they were occasionally detrimental to their work. This suggest that while online and telephone mental health services provision is possible, it is not sustainable for all types of service users or services, especially for those that are experiencing specific/severe mental health problems. This suggest that for some individuals, approaches that do not adhere to social distancing should to be considered if more severe restrictions are re-imposed, as they require that specific type of care.

‘...we were able to continue almost all of our work but we had to stop all face-to-face assessments, with learning disabilities you have to do some cognitive tasks in person ...’ (Interviewee 7)

‘... our service is for with people who have social anxiety and our service functions on peer support, so with the restrictions, you know, it wasn’t really possible to carry this out, and how do you say to someone that they have to go out more when they’re not supposed to go out...’ (Interviewee 2).

‘... a few weeks ago, we had a patient who was having a psychotic episode and there was a risk that they would kill themselves, so we had to see them, it was socially distant and I had PPE and all but we had to do it, there wasn’t any other option ...’ (Interviewee 6).

Increase of mental health issues

The participants have reported that the initial effects were seen in an increase of new service users with mood disorders, particularly anxiety and depression and an exacerbation of existing disorders (mood disorders, personality disorders), which is similar to the results of the survey from the beginning of April. However, the participants suggested that at the time of the interviews (June and July 2020), the return to ‘normality’ was had a positive impact on many service users that were not severely affected by mental health problems.

‘... it was really a lot of calls at the start, we were a bit overwhelmed almost, but now when we are phoning people to arrange for face-to-face appointments if they want them and many of them are saying ‘You know what, actually, I don’t need this anymore’, and I think it because the rules have relaxed and people don’t feel so lonely anymore...’ (Interviewee 3).

For the service users that had pre-existing mental health issues, the interviewees noted they had to change some of their therapeutic approaches or focus on some aspects of treatment more because of the effect of the pandemic. Furthermore, they expected that there will be long-lasting effects of the pandemic and its related economic consequences, which will contribute to worsening of mental health problems, an increased workload and longer waiting lists. The participants seemed either resigned in regard to the increase or found it to be acceptable in the context of going back to work.

‘... we’ve already seen an increase in workload, and there’s only going to be more cases in the upcoming months, especially once the economy and other social factors start to hurt people, but what can you do...’ (Interviewee 6).

‘... I’m not too worried about the caseload, even though I would appreciate having more people on my team, I’m worried about another lockdown...’ (Interviewee 9)

Mental health service providers are expecting further increase in suicidal ideations (which have already had a large increase since the start of lockdown restrictions) and in development of mood disorders, such as anxiety and depression, and primarily in development of PTSD. Some participants believed that additional training in delivering specific support would be crucial for the services to function successfully.

‘...not everyone is trained in treating PTSD, I have a lot of experience and I’m recognising the symptoms quickly when the patients call, but not everyone is like that, and we should be getting trained in this...’ (Interviewee 6)

'... there will definitely be long-term effects of this, people are still struggling and I expect it will only get worse...' (Interviewee 12)

Conclusion and recommendations

Covid-19 pandemic and the restrictions it has imposed on individuals were expected to impact various areas of health. Mental health, due to isolation, loneliness and anxiety, was expected to be particularly affected, together with mental health services. To facilitate the recovery of the services and their provision in the post-Covid-19 world, SIG PMG have conducted two separate qualitative studies. The findings of both studies have looked at how services and individuals are coping with new work approaches and what are the expected effects of the restrictions. As most of the survey and interviews' respondents were working from home, the questions focused on the changes this has brought to the services. The responses showed that mental health of both mental health service providers and users has been affected by the pandemic. This means that in order to assist the recovery that responds to the current needs and strains of mental health services, recommendations arising from this work could be considered.

Together with the survey findings, the information obtained from managers and service providers in NHS boards and third-sector organisations suggests that mental health services will see an increase of mental health disorders, which will create an additional pressure on services that are already under strain. The mental health services have reported that they are able to deal with the increase in workload and were generally optimistic about managing their cases. However, it is important to remember the findings of a qualitative interview study cannot be generalised to the status of all mental health services in Scotland, as they provide limited insight from specific individuals.

Recommendation 1: Increase training and investment in services to mitigate the increase in workload. To prepare for the consequences of the pandemic restrictions, organisations should consider that specific mental health problems will

increase. Particularly expected to be on the rise are suicidal ideations, mood disorders, PTSD, and substance abuse. Future training and investment in services providing support might mitigate the increase in workload, already experienced by staff. However, it is important to note that IT support continues to represent an issue for mental health service staff. Future investment into IT would ensure the basic necessities for carrying out work are met.

Recommendation 2: Consider specific mechanisms to counteract the negative impact of the pandemic on mental health service providers. The findings also show that the isolation and working from home have negatively impacted staff's mental health. Whilst the effectiveness of services is not thought to have been compromised, the new work approaches seem to be detrimental to how staff functions. The negative effect of isolation on their mental health, lack of usual peer support, and an increased workload must be considered to ensure staff is not at the risk of burn-out (which has been suggested via survey). Better cooperation between services might help to redistribute the workload and provide more sustainable support for everyone, suffering from mental health problems.

This suggests mental health services are likely to experience additional pressure in the upcoming months. Whilst it would appear that most of the individuals have adapted to the changes that the pandemic has brought, it is important to consider these findings to help the recovery of mental health services.

Appendix I

Methods

Design

This report aimed to provide insight into the functioning of mental health services during the Covid-19 pandemic, the challenges the services have faced and their responses to the crisis. To gain better understanding, two studies were consecutively carried out, looking at specific effects of Covid-19 pandemic on mental health services. In Study I, carried out in April 2020, a survey was sent out to NHS Boards and relevant third-sector organisations to understand the issues, arising due to the pandemic, and how they were managed. Following the qualitative analysis of the results, PMH SIG suggested to carry out an additional qualitative research project (Study II), in which semi-structured interviews with participants from three health boards were carried out between May and July 2020.

Participants

Study I

Study I was sent out to mental health services in Scottish NHS boards and relevant third-sector organisations via the Public Mental Health (Special Interest) Group (PMHG). Fifty-five responses were received from various NHS boards and third-sector organisations (32 (58%) of all responses were from Tayside region).

Study II

In Study II, 12 participants from three boards (NHS Tayside (6 participants (50.0%)), NHS Borders (4 participants (33.3%)), NHS Greater Glasgow and Clyde (2 participants (16.6%)), and relevant organisations in the same region. The participants were either providing mental health care directly (psychologists, mental health nurses) (7 participants (58.3%)), or indirectly supervising mental health

provision (managerial positions in the NHS or third-sector organisations) (5 participants (41.6%).

Materials

Study I

The survey in Study I was comprised of 8 questions (1 board/organisation identifier question, 1 'permission to share' question, 6 open-ended questions). The open-ended questions sought information on the issues caused by the Covid-19 pandemic in relation to mental health services (i.e., 'What are the pertinent issues relating to mental and emotional health which you are aware of/ dealing with in your area or organisation as a result of COVID 19?') and actions being undertaken by boards/organisations in response (i.e., 'Do you feel able to undertake the action needed/planned in your area/organisation? If not, what might prevent action from being taken and what support might be required (for example, from the PMH SIG or other national partners)?'). The survey was administered online via Limesurvey.

Study II

Study II consisted of semi-structured interviews, lasting between 30-40 minutes, with mental health service providers or service managers. The questions were based on the results of Study I and focused on specific aspects that were highlighted as prominent issues. The participants first described the service they worked in and how the pandemic has affected it. The next 6 questions (which were elaborated on/ followed-up if needed) asked the participants about the effects of the pandemic on mental health of service providers and service users (particularly in terms of anxiety), the changes in services and their opinion about the changes, the impact of restrictions on specific groups that the service works with, and potential for staff support. The questions were eliminated if not applicable (i.e., if the interviewee's organisation/board did not work with any specific groups). The interviews were analysed using NVivo software.

Analysis

The analysis for both studies followed the principles of thematic analysis with predominantly top-down approach (i.e., the analyses were guided by specific research focus) (Braun&Clarke, 2006). To familiarise herself with the data, the responses to survey (Study I)/interview transcripts (Study II) were re-read by the researcher (NJ). Following the close reading, the initial codes were generated.

When generating the initial codes for Study I, the researcher took into consideration the groupings of questions (i.e., were questions asking about actions being taken in response to the pandemic, and were there overlapping codes in them) and whether the answers related to the functioning of services (and their providers) or clients (top-down approach). The initial codes for Study II were generated in NVivo. Nodes and subnodes, coded by the researcher after re-reading and listening to the interviews, were initially grouped into three large categories (top-down approach), looking into organisational changes, providers' well-being and mental health of service users. The transcripts were then re-read by the researcher, after which the sections in categories for Study II were separated and organised into subcategories (themes).

Appendix II

The results of the survey, sent out in April 2020.

Issues experienced service users in relation to Covid-19 crisis (in detail). Results of the April 2020 survey.

- All respondents reported that loneliness and isolation are prominent in contributing to issues with mental health. Some organisations highlighted mixed messages, both 'expectation there is no need to cope' and focus on mental health wellbeing, which can leave individuals confused and unsure where they can find help.
- Access to services (and others): Covid-19 crisis has changed normal routines for individuals, particularly in terms of accessing health services, support groups and networks (e.g., lack of contact with parents, children or friends), and obtaining prescriptions (particular issues if patients are Covid-19 symptomatic). This can have negative long-term effect on mental health (as one board reports, 'Covid-19 is an ongoing trauma').
- Mood disorders and suicide: Increase in mood disorders was seen across boards, particularly in presentations of general anxiety and health anxiety, mainly due to isolation (trigger in itself), information overload in media and on social media (impacting general and health anxiety) and financial worries (impacting general anxiety). Health anxiety seems to negatively affect people with existing OCD, which has potential to escalate (e.g., handwashing behaviour). Management of existing mood disorders is taking more time in some boards, as individuals are experiencing heightened stress and practical problems. It should be highlighted that boards and organisations are reporting an increase in suicidal ideations and feelings. This appeared to be prominent in all areas.
- Substance abuse: There is an increase across Scotland in substance abuse, both in terms of alcohol and drugs. This, combined with lockdown measures,

also suggest an increase in domestic violence. Individuals with ongoing addiction are experiencing worries in some areas of Scotland due to (potential) low supply and lower financial means, both of which negatively impact their access to drugs.

Staff-related issues experienced in response to Covid-19 crisis (in detail). Results of the April 2020 survey.

- Lack of support from employer: some boards and organisations are reporting a lack of equipment (either PPE or IT), which causes anxiety and worries among staff and, in some cases, leads to concerns about infection at workplace (and potentially infecting household). Potential or actual redeployment also has detrimental effects on staff well-being, particularly if staff is not appropriately trained.
- Changes in delivery: there seems to be very little or none face-to-face contact; instead, staff has had to move services online or deliver support via phone. This has been negatively impacting the work of staff in some areas, as they do not have proper access to IT or are not used to the technology.
- Anxiety and stress: staff's focus on work is Covid-19-oriented, which can be detrimental to other work. Furthermore, staff is under increased pressure and stress, which, combined with the lack of usual social interaction with colleagues, can negatively impact their well-being, as their support network is dispersed.

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