

# **PUBLIC MENTAL HEALTH SERVICES AND RESPONSE TO COVID-19 CRISIS**

## **INTERIM REPORT**

**Neza Javornik, Researcher, ScotPHN Team, Public Health Scotland on behalf of the Public Mental Health Group (PMHG)**

**The COVID-19 pandemic is impacting all areas of health in Scotland and is likely to have a long-lasting effect on population. Public Health structures in Scotland should be proactive in responding to the pandemic, at both national and local levels, to minimise its damaging effect. To coordinate this response, the PMHG sent out a survey 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 results describe the activities across Scotland in different organisation and NHS boards in April 2020, when the survey was sent out. As Covid-19 has an ongoing unfolding impact on public health sector, it is important to remember that these results reflect the status of mental health sector response at the time of the survey.**

The questions asked how partners/areas are responding to the crisis, what key issues they are identifying, what actions they are undertaking/planning in the short/ medium term around mental health and wellbeing, possible support requirements (from national partners etc.), any specific groups or settings which are being prioritised, and potential research opportunities or developments.

Responses to eight questions were qualitatively analysed with thematic analysis approach and can be used to support national co-ordination around mental health action in response to COVID 19. While the results are written up in present tense, it is important to remember that Covid-19 is an ongoing event. As such, these results illustrate the situation at the time of the distribution of the survey (April 2020).

## **Pertinent issues, relating to mental and emotional health**

**Pertinent issues relating to mental and emotional health that the boards/organisations were aware of/dealing with in their area or organisation, included: increase in loneliness and isolation, difficulties in access to services, increase in mood disorders, increase in substance abuse, and staff-related issues.** Individual themes are described in detail below (see Tables 1 and 2). In short, isolation is triggering for a number of individuals with pre-existing mental health conditions. This could potentially have negative long-term effect on mental health well-being, as there is an expectation that PTSD and mood disorders will increase long-term. Additionally, loneliness can be detrimental for children, especially those in abusive households. There is an increase in mood disorders, particularly in anxiety, and in suicidal ideations. Substance abuse is also increasing, and individuals are experiencing anxiety due to low supply of substances or financial difficulties in obtaining them. Staff are reporting a lack of support from the employer (either in terms of providing IT equipment or PPE) and changes in the delivery of services (face-to-face contact replaced with online or telephone delivery). Anxiety and stress were reported to be negatively impacting staff and their well-being.

**Short and medium-term actions, undertaken in response to Covid-19 crisis** and impact on mental health, include **changes in working style, sharing resources, and supporting the community and staff.** Organisations in most areas have changed their delivery to online/telephone mode, and are using Zoom, NearMe, social media and other to keep in touch with patients. Boards and organisations are consistently reporting that the national and community resources are shared with both staff and community, including signposting to national and local support. There are also support groups and weekly hubs for staff. Mental health kits, food parcels, emergency housing etc. are being provided to the vulnerable in the community.

Generally, public health structures in Scotland felt confident that they can take action in response to Covid-19 and its impact on mental health services. **Barriers** that were found related to **lack of resources.** Some boards are reporting a lack of capacity, partially due to staff redeployment, which negatively impacts organisations' ability to distribute information and support in the manner they wish to. Some boards are

reporting the lack of IT equipment or resources for it (e.g., Zoom is free for 40 minutes only), which negatively impacts individuals' ability to work from home. Furthermore, the lack of PPE could be problematic in instances where face-to-face contact would be necessary. Boards and organisations are reporting a need for increase resources, which should also be considered in relation to funding third-sector organisations, which are experiencing an increase in demand and could be supported more. A few organisations and boards would benefit from more national support.

**Groups that appear to be particularly vulnerable due to Covid-19 crisis** include individuals with existing mental health issues, those with particularly acute presentations of disorders, people experiencing domestic abuse, substance users, and soon-to-be-released prisoners. Organisations and boards from the majority of areas highlighted that those living in isolation, rural areas, deprived socioeconomic environment, or homeless, are more likely to be disproportionately negatively affected by the adverse effects of Covid-19 crisis. Rural areas are particularly likely to be negatively affected in cases of mass bereavement due to tight-knit communities. Other groups include children with learning disabilities and those that cannot access or use IT. Additionally, people that will be affected by the economic consequences of the pandemic are likely to experience negative impact on their mental health.

Boards and organisations highlighted that both frontline and back office staff are likely to experience burnout, trauma and bereavement, which will negatively impact their well-being, and increase the necessity of the additional support for staff. A few organisations and boards are reporting difficulties in reorganisation and experiencing poor support from the employer. Some boards and organisations are also considering how to support 'mass therapeutic approaches', as the number of people needing mental health support is likely to increase.

The majority of boards and organisations reported they were **not aware or included** in any **research in relation to Covid-19**. The reported ones included research undertaken by Healthy Minds, joint agencies working directorates, research at national level (including NES, NHS 24 and Psychological Services, Health Impact Assessment). Some boards are either intending to or already carrying out research on staff and service users' experiences, tracking studies, reviews of existing tools, or

surveys. Some boards are aware of citizen science research being carried out – mostly through social media.

**Table 1.**

**Issues experienced service users in relation to Covid-19 crisis (in detail).**

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.

**Table 2.**

**Staff-related issues experienced in response to Covid-19 crisis (in detail).**

**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.

## **Future direction**

Currently, public health groups and structures are gathering information and responding to the immediate impact of Covid-19 crisis. In addition to the Public Mental Health Group survey, complementary work has also recently been carried out in other areas of public health. Information obtained through work on gambling-related harm, suicide prevention, alcohol and drugs prevention, and children and young people will be considered and incorporated in the next steps of this project, as those are the areas of public health, likely to be facing similar issues as mental health services.

To further identify how mental health services can be best supported during the pandemic, we wish to undertake follow-up structured interviews with some boards and organisations to identify whether the changes in delivery style of services has impacted the services delivered, what is the existing capacity for supporting mental health issues in their area and how (if) the organisation/board would have to adapt their work to respond to the effects of Covid-19.

Pulling together the information from other areas of public health and further exploring the existing issues in mental health services should allow for identification of areas where mental health and other services are likely to be affected. A detailed report will highlight those areas and therefore provide supporting information on both response to and recovery from Covid-19 of mental health services.