



## **COVID-19 Impact on Secondary Mental Healthcare Services in Ireland.**

### **College of Psychiatrists Survey issued to Consultants June 2020**

*“I believe we are now seeing the "aftermath" of the initial Covid response in that people are feeling depressed and anxious and some developing psychotic symptoms as a result of stressors associated with the Covid-19 pandemic”*

#### **Methodology:**

623 consultant psychiatrists (specialists) registered with the College of Psychiatrists completed the online questionnaire between the 29/05 and 10/06 2020. .

#### **Results:**

**195/623 (31%) respondents completed the online questionnaire. The majority of respondents (84%, N=163) were from community healthcare services (HSE CHO Community Health Organisations) with the largest proportions from CHO7 (Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West) (20%, N=39), CHO9 Dublin North, Dublin North Central, Dublin North West (16%,N32) and CHO4 Kerry, North Cork, North Lee, South Lee, West Cork (14%, N=28).**

The majority of respondents were:

- General Adult Psychiatrists (N=96, 49%),
- Child and Adolescent Psychiatrists (N=34, 17%),
- Psychiatrists of Later Life (N=27, 14%),
- Liaison Psychiatrists (N=14, 7%),
- Psychiatrists of Intellectual Disability (N=14, 7%),
- Forensic Psychiatrists (N=2, 1%),
- Psychiatrist of Eating Disorders (N=4, 2%)
- Female 62% (N=121): Male 37% (N=72) and 1% (N=2) preferred not to say.
- The majority (72%) were aged between 40 and 59 years old.

**The survey included 47 questions over several distinct sections.**

#### **On Delivery of Services:**

##### ***Impact on referrals:***

68% of respondents (N=94) experienced a decrease/significant decrease in the number of referrals in the month following the lockdown (March 27<sup>th</sup>). The majority of remaining participants experiencing no difference (24%, N=24) in the number of referrals.

- Consultants attributed this decline in referrals to patients not attending their general practitioners and individuals' cocooning
- Some CAMHS consultants noted an increase in referrals prior to the cancellation of the state exams and in children with co-morbid autism.

- Reduction in community referrals was balanced by steady rate of referrals to the emergency department
- Clinical work remained busy due to adapting emergency pathways due to COVID19, establishing telepsychiatry means and that staff were on leave. Others again noted a reduction in inpatient treatment and more presentation to emergency pathways.

One Psychiatrist of Later Life said:

*“Our memory clinic shut down, we can’t see elderly people face to face unless it is urgent..heavy reliance on telephone reviews has reduced the quality of service ... Home visits had to stop (80% of our work) and nursing homes..closed to professionals”. “less carer support for challenging patients...resulting in increased carer burden...pre covid strategies to defuse a situation were not available (i.e. leaving house, calling neighbour, etc).*

- In the past month of the lockdown compared to the first month, consultant psychiatrists (N=137) reported that the number of new referrals to secondary mental health services in the past month had increased or significantly increased (72%, N=99).
- While this could naturally be expected to occur given the fall off in referrals during the initial month of the lockdown, 35% (N=48) consultants reported the number of new referrals had increased or significantly increased compared to even from before the lockdown.
- In addition to new referrals to services, consultants identified that the number of referrals of patients already attending their services experiencing a **relapse of mental illness had also increased or significantly increased (64%, N=87/134) compared to the first month of the lockdown. While, again, this could be said to be as expected, 50% of consultants (N=66) believed referrals of patients experiencing a relapse in mental illness had increased or significantly increased compared to before the lockdown.**
- Compared to the first month of the lockdown, a large proportion of consultants reported an increase/significant **increase in the number of emergency referrals e.g. requiring action that day/within hours (64%,N=87) or urgently within 3 days (62%, N=82).** In contrast the increase in the number of routine referrals usually seen within 3 months appeared to be less (30%, N=39).
- Compared to the first month of the lockdown, consultants identified that the number of referrals had increased or significantly increased **across a range of presentations including self harm/suicidal ideation (64%, N=84), new onset depression (57%, N=73), relapse of depression (49%, N=32), psychotic depression (35%, N=43), generalised anxiety (79%, N=101), health anxiety (72%, N=90), panic attacks/panic disorder (54%, N=68), eating disorders (21%, N=27), new onset psychotic disorders (23%, N=36), relapse of psychotic disorders (40%, N=49), Intellectual disability/autism (28%, N=35), challenging behaviours (51%, N=66), BPSD (29%, N=35) amongst others.**
- With regards to **suicidal ideation/self harm**, the majority of consultants identified that the number **cases they were seeing in the past month had increased or significantly increased (46%, N=62) compared to before the lockdown.** 14% (N=19) felt more lethal methods were being used in acts of self harm.

**Many consultants stressed the importance of monitoring these rates and that it was difficult to determine, at this stage, if rates are increasing overall or not.** However some concerning reports were described namely ‘a lot of complex and high lethality cases’. ‘Older people particularly impacted and some first presentations of depressed older people presenting following serious self-harm’, ‘more self harm with depression and obsessional ideas either about hand washing or being a vector for covid’.

**35% (N=46) of consultants identified that the number of referrals for new-onset or relapse of psychosis had significantly increased or increased compared to before the lockdown. 21% (N=28) felt these presentations were more severe.**

The effects of COVID19 infection itself or the social change influencing presentations is striking.

For example,

- 18% of consultants (N=24) had seen a Covid19 related neuropsychiatric presentation (delirium/encephalopathy),
- 49% (N=66) had had a patient incorporate COVID19 into delusional belief system,
- 81% (N=109) had had a patient incorporate COVID19 into health anxiety,
- 71% (N=97) into generalised anxiety disorder, 44% (N=59) into panic disorder.

81% (N=109) felt that social isolation was contributing to relapsing or new-onset depressive episodes, 78% (N=105) to experiencing thoughts of self-harm/suicidal ideation. 63% (N=86) to experiences of deliberate self harm.

**59% (N=78/132) of respondents felt demand for inpatient beds had increased in the past month compared to the first month of the lockdown. 23% (N=21/91) consultants had seen an increase in the number of healthcare worker referrals to their service.**

Consultants noted that due to reduction in services provided by community services and admission to nursing homes , that there were delays in discharging patients as a result.

Multiple factors of the lockdown were contributing to emergency mental health presentations- these were primarily believed to be due to

- Increased isolation (81%, N=108),
- Reduced access to face to face secondary mental health supports (79%, N=105),
- Reduced access to local counselling supports (68%, N=91),
- Reduced access to their GP (57%, N=76), increased reliance on drugs/alcohol (47%, N=62),
- Abuse/neglect in home environment (38%, N=51).
- Social media was only felt to be a factor in presentations in 24% (N=32)
- Child and Adolescent psychiatrists specifically highlighted school closure as contributing to stress and emergency presentations.

61% of services (N=81) had created alternate pathways for assessments away from hospital emergency departments or acute hospital sites.

Many consultants commented that while consultant staff and MDT members had adapted rapidly to changes and new referral pathways-pre-existing staffing deficits were exposed.

*'Our Liaison service is now operating over several pathways- COVID/Non-Covid/ED diversion and as a team staffed at 30% (vision for change) we are under severe pressure now that demand is rising'.*

## **Impact on Mental Health Act**

Only 6% of respondents felt that there had been delays in applications for the MHA or for recommendation (11%) under the MHA as a consequence of the pandemic.

## **Impact on working day.**

72% of consultants (N=92) felt that their working day had been affected by the pandemic

These were primarily due to the social distancing procedures and adapting assessments with patients to a mix of telepsychiatry and face to face assessments (77%, N=75) and conducting MDT meetings with telephone/televisual means (80%, N=78). 14% of respondents (N=14) were conducting telepsychiatry assessments only with patients.

Supervision of MDT staff and trainees was also being conducted via telephone/televisual methods as indicated by 45% (N=44).

No consultants had availed of study leave since the pandemic began.

5% (N=9) had been ill with suspected symptoms and only 2% (N=4/195) indicated that they had had confirmed COVID19 infection.

## **IT equipment available to conduct duties:**

**67% of respondents (N=87) felt they were unequipped to conduct some/most or all duties from an IT perspective. Only 31% (N=40) felt they were fully or well equipped to do most tasks via IT.**

- Respondents noted No availability or poor signal availability of Wifi in offices.
- Teams noted delays in getting “attend anywhere” software.
- Consultants described a lack of clarity as to which platforms were safe to use and felt they were receiving mixed messages.
- Particular difficulties were noted in assessing some patients with psychosis or autism or dementia.
- Wifi connections in individuals’ houses was also noted to be a problem.
- Equivocal results were described in terms of patient’s ability to engage in telepsychiatry assessments. 28% (N=36) felt they were successful or very successful. 24% neither successful or unsuccessful and 26% (N=34) felt they were unsuccessful or very unsuccessful.

**Challenges of elderly adapting to telepsychiatry, the Wifi availability in their homes was noted. Patients noted to become frustrated with using some of these platforms which then impacted negatively on the clinical encounter. Cocooning meant that some elderly patients required younger individuals to be present with them to access IT/wifi services.**

## **Well-being of psychiatrists:**

The majority of consultants (61%, N=79) felt that their workload had increased during the lockdown. The remainder predominantly felt that their workload stayed the same (23%, N=30).

- 73% (n=95) felt that their workload would further increase in the coming months. Consultants identified backlogs of caseload.
- 46% (N=60) of consultants felt that their well being had decreased or significantly decreased during the pandemic.
- Consultants ability to avail of annual leave was decreased or significantly decreased (51%, n=67) or had noted no difference (42%, N=55).