



Covid-19 Impact on Secondary Mental Healthcare Services in Ireland

Part 2 of a College of Psychiatrists Survey of Specialist Consultants - January 2021

Selected Comments from Survey Participants:

“Tired of 'talk about your mental health' line from Gov/HSE - we're talking too and answering that mental health in Ireland needs significant investment but who is listening or acting on what we are calling for?”

“Most stressful time since I began working in this job in 2016 due to the constantly changing landscape, and managing my own anxiety and that of others. Increased workload and decreased effective annual leave has led to feelings of burnout. For the first time since I took this job, I began to wonder about early retirement. I am usually energised by my job, but this past 7 months has made it feel very different. Due to the constraints imposed by COVID, I believe that my patients have been less well cared for. I find that really difficult”.

“Our Liaison service is now operating over several pathways - Covid/Non-Covid/ED diversion and as a team staffed at 30% (A Vision for Change) we are under severe pressure now that demand is rising”.

“Everyone in my team has been able to do some working from home except me. The role of the consultant in holding the team together, coordinating, problem solving, crisis management and the additional workload in terms of paperwork and work at home created in order to try and manage the workload and well-being of the team has been stressful”.

“So many admissions under the Mental Health Act as I have had in the last few weeks. The service cannot cope. A significant issue has been GP referrals of patients that the GP has not seen face to face, and sometimes not even spoken to on the phone. The number of referrals marked 'urgent' has also increased”.

“The normal team well-being maintenance structures are difficult to do during the pandemic - by Christmas 2020 the entire team was exhausted”.

“While our service works with teens, they have been unenthusiastic about televisual options, preferring face to face sessions”.

“All my leave was cancelled due to staff shortages between March and December except for 2 days to start my daughter in school. It has been an exhausting and upsetting year for us at work and at home. Hopefully never again”.

Methodology:

The survey was issued to the College of Psychiatrists' 635 specialist consultant psychiatrist members in January 2021, as a follow-on to a survey conducted in June 2020 on the impact of Covid-19 on Mental Health Services. 180 completed this 2nd anonymous online questionnaire via the surveymonkey.com platform, reflecting the impact of Covid-19 on secondary mental health services over a seven-month period from May to December 2020 and including questions on further lockdown periods.

Results:

Note: Not every question was answered by all 180 respondents. N is the number who answered each question and a percentage given is for the number who answered that question not a percentage of 180 each time.

180 psychiatrists 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; 16%, N=29), CHO9 Dublin North, Dublin North Central, Dublin North West ; 15%,N=27) and CHO4 (Kerry, North Cork, North Lee, South Lee, West Cork; 11%, N=19).

Respondents [Female (N= 116, 64%) and Male (N=63, 35%)] consisted of:

- General Adult Psychiatrists (N=68, 38%),
- Child and Adolescent Psychiatrists (N=42, 23%),
- Psychiatrists of Later Life (N=24, 13%),
- Liaison Psychiatrists (N=15, 8%),
- Psychiatrists of Intellectual Disability (N=17, 9%),
- Forensic Psychiatrists (N=5, 3%),
- Psychiatrists of Eating Disorders (N=4, 2%)

Some notable differences when compared with the original survey from June 2020

- A lower percentage of respondents (38% N=68) in this survey were general adult psychiatrists as compared with the first survey (49% N=96).
- More Child and adolescent Psychiatrists (23% N=42) participated on this occasion as compared with in June 2020 (17%, N=34).
- Slightly more Liaison Psychiatrists (8%; N=15 in Dec 2020 vrs 7%; N=14 in June 2020), Intellectual Disability Psychiatrists (9%; N=17 in Dec 2020 vrs 7%; N=14 June 2020), and Forensic Psychiatrists (3%; N=5 Dec 2020 vrs 1%; N=2 June 2020), participated on this occasion.
- Slightly less older adult psychiatrists participated on this occasion (13%; N=24 Dec 2020 vrs 14%; N=27 June 2020).
- The proportion of Eating disorder psychiatrists remained the same (2%; N=4).
- 64% of respondents were female (N=116) compared to the previous study (62%; N=121). 35% (N=63) were male compared to previous study where 37% (N=72) were male. 1% (N=2) identified as non-binary.
- The majority (70%) were aged between 40 and 59 years old.

The survey included 47 questions over several distinct sections.

On Delivery of Services:

Impact on referrals

72% of respondents (N=107/149) noted a significant increase or increase in the number of referrals for secondary mental health services since the 22nd of May - the end of the first lockdown.

When the nature of referrals was surveyed in more detail, it was found that over the 7 months from 22nd May to 22nd December 2020:

- 87 consultants (68%; N=87/144) noted that emergency interventions or appointments that needed to be actioned immediately had increased/significantly increased.
- 109 consultants (76%; N=109/144) reported an increase/significant increase in urgent interventions that needed a response in 72 hours.

- Consultants described how the number of **new** referrals had increased/significantly increased in the past 7 months (72%; N=106/148) or that they had seen no difference in the number of referrals (18%; N=26/148).
- 95 consultants (66%; N=95/143) reported an increase/significant increase in appointments/interventions conducted within 4 weeks.
- Appointments/interventions conducted within 3 months (49%; N=70/142) and after 3 months (33%; N=47/143) saw *less* of an increase/significant increase.
- Only 7% (N=10/148) reported a decrease in new referrals.
- Similarly, 80% (N=113/141) reported that the number of patients already attending services experiencing a relapse of illness had increased or significantly increased.
- Remaining consultants reported no difference in the number of referrals (19%; N=27/141).
- 77% of consultants (N=114/148) noted an increase/significant increase in the number of individuals attending MHS experiencing a relapse of illness as compared to *before* the first lockdown.

Consultants identified that the number of referrals had increased or significantly increased across a range of presentations compared to the first survey, included presentations of self-harm/suicidal ideation, where 78% (N=110/141) of respondents felt this to be the case. This compares to our last survey where 64% (N=84) of consultants felt the number of referrals were increasing in the second month of the lockdown compared to the first month. 21% (N=30/141) noted no difference in new referrals or relapses.

Other consultant perceptions of increased referral rates included:

- *New onset depression* (75%; N=106/140) compared to 57% (N=74/129) in the previous study
- *Relapse of depressive disorder* (65%; N=93/141 compared to 49%, N=62/127).
- Reports regarding *psychotic depression* were similar to our last survey (38%; N=52/137 vs 34%; N=43 in first survey), as were *generalised anxiety* (83%; N=117/141 vs 79%; N=102 in first survey).
- There was a slight increase in the percentages of psychiatrists reporting increased/significantly increased presentations of *health anxiety* (76%; N=107 vrs 71%; N=91 in the first survey).
- Percentages for *referrals / relapses of panic attacks/panic disorder* increased in our second survey (64%; N=90 vrs 54%; N=69 in the first survey).

A noticeably higher proportion of consultants (38%; N=53), reported an increase in eating disorder referrals/relapses in the December survey as compared with the June 2020 survey (21%; N=27).

New onset psychotic disorders

Another notable increase was in the proportion of psychiatrists reporting new onset psychotic disorders (38%; N=53 vrs 29%; N=36) in our first survey. Relapse of psychotic disorders (37%; N=54) remained largely unchanged.

Intellectual disability/autism presentations were reported to have increased (41%; N=55 vrs 28%; N=35 in first survey), as were reports for increased challenging behaviours (63%; N=89 vrs 51%; N=67 in first survey) and BPSD's (33%; N=44 vrs 29%; N=35 in first survey) amongst others.

Suicidal ideation/self-harm

- The majority of consultants identified that the number cases they were seeing in the past 7 month had increased or significantly increased (70%; N=103) compared to before the lockdown.
- 23% (N=34) felt more lethal methods were being used as compared with just 14% (N=19) felt more lethal methods were being used in acts of self-harm.
- It was identified in the initial survey in June 2020 that consultants were indeed concerned at this point that lethality was increasing and these results suggest that this trend has continued in the following 7 months.
- 37% (N=54) reported an increase in complexity of self-harm cases but the majority (53%; N=78) reported no change in complexity.

New-onset or relapse of psychosis

- 41% (N=62) 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. This compared with 35% (N=46) reporting similar increase in our first survey in June 2020.
- 27% (N=40) felt these presentations were more severe as compared with 21% (N=28) in our June 2020 survey.
- 60% (N=88) reported no change in the level of complexity of these cases.

Direct effects of Covid-19 infection along with the social consequences of Covid-19

e.g. social distancing continues to be reported as impacting on psychiatric presentations.

For example:

- 18% of consultants (N=26) had seen a Covid-19 related neuropsychiatric presentation (delirium/encephalopathy).
- 44% (N=64) had had a patient incorporate Covid-19 into delusional belief system.
- 86% (N=124) had had a patient incorporate Covid-19 into health anxiety.
- 76% (N=109) had had a patient incorporate Covid-19 into generalised anxiety disorder.
- 57% (N=81) had had a patient incorporate Covid-19 into panic disorder.

Social isolation

- ❖ 90% (N=130) felt that social isolation was contributing to relapsing or new-onset depressive episodes.
- ❖ 86% (N=124) to experiencing thoughts of self-harm/suicidal ideation.
- ❖ 79% (N=113) to acts of deliberate self-harm.

When compared with the same figures from the June 2020 survey where 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 and 63% (N=86) to acts of deliberate self-harm, it is highly suggestive that consultants are encountering greater levels of depression and suicidality as a result of social isolation caused by Covid-19.

Demand for inpatient beds

- 📊 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 referrals to their service.

Emergency mental health presentations

Multiple factors of the lockdown were contributing to emergency mental health presentations and 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)

Staffing and alternate pathways

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 - staffing deficits were exposed. 76 Consultants commented on the effects of Covid-19/lockdown on the demand on services.

Comments:

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

“Assertive Outreach Service has been difficult to manage due to restrictions on domiciliary orientated work due to infection control concerns. Leads to more crisis presentations”.

“Huge increase in serious anorexia nervosa and challenging behaviour in ASD”.

“Increase in referrals and admissions. V difficult at times to get GPs to examine patients before referring”.

“Referrals in July Increased x2, in November sharp increase x 4 times compared to 2019. More severe presentations, more medically unwell, more extremes of weight loss not seen before, more referrals from acute hospitals, more referrals made to inpatient unit. Returning to school after lengthy period in vulnerable kids exacerbated anxiety and led to acute onset of Eating Disorders”.

“So many admissions under the Mental Health Act as I have had in the last few weeks. The service cannot cope. A significant issue has been GP referrals of patients that the GP has not seen face to face, and sometimes not even spoken to on the phone. The number of referrals marked 'urgent' has also increased”.

IT equipment available to conduct duties:

50% of consultants (N=71/143) felt they were unequipped to conduct some/most or all duties from an IT perspective. This is a decrease from 67% (N=87) in the last study (June 2020). Similarly, an increased number of consultants [46% (N=66/143) Jan 2021 vs 31% (N=40/131) June 2020] felt they were fully or well equipped to do most tasks via IT.

Telemedicine

Equivocal results in terms of patients’ ability to engage in telepsychiatry assessments.

- 32% (N=37/121) felt they were successful or very successful
- 24% (N=29/121) neither successful or unsuccessful
- 39% (N=47/121) felt they were unsuccessful or very unsuccessful.

Comments:

“While our service works with teens, they have been unenthusiastic about televisual options, preferring face to face sessions”.

“Some patients don't have the technology, some don't like giving consent to the use of the apps, some just refuse due to anxiety or paranoia. It is very difficult to assess someone with less overt symptoms unless F2F”.

“People have gotten better as have we. It can work for stable, articulate patients in community but not good for acute assessments/ urgent need. Also I have had difficult interviews with relatives speaking over patient or taking phone-call over - hard to control that as patient cannot be easily separated remotely as often dependent on carer”.

Impact on assessments/involuntary hospitalisation under the Mental Health Act 2006:

Slightly more consultants in this study (11%; N=17/146) identified that there were delays in the assessment for detention under the Mental Health Act compared to 6% (N=8/130) in previous study. 56% of respondents to this question (N=10/18) stated that difficulty in securing beds was the main reason for this.

20 respondents out of 91 consultants (22%) had witnessed delays in patients being recommended for detention under the Mental Health Act in the past 7 months. The main reasons for this were the availability of their own general practitioner (55%; N=11/20) and difficulty in securing beds (45%; N=9/20).

Impact on working day:

66 out of 142 (46%) consultants felt that they were working the same working day as prior to the pandemic. For those who were not working the same working day (54%; N=76/142), these were primarily due to the social distancing procedures and adapting assessments with patients to a mix of telepsychiatry and face-to-face assessments (88%; N=68/77) and conducting MDT meetings with telephone/televisual means (84%; N=65/77). Supervision of MDT staff and trainees was also being conducted via telephone/televisual methods as indicated by 31% (N=24/77). 8% of respondents (N=6/77) were conducting telepsychiatry assessments only. Almost one in three consultants (29%; N=22/77) were working remotely.

26% of consultants (N=37/141) stated that they had to take time off their normal job plan in the last seven months. These were predominantly annual leave 51% (N=19/37). 48 consultants commented on working normal job plans during the pandemic.

Comments:

“Work remained as busy if not busier. Clinical job dominated my day - all extras I do -research, teaching, admin- much of which related to COVID being done on my own time at home. Really brings home how much we do on top of clinical work- Issues such as no protected time/ funding for tutors and lack of pay parity for 'new entrant' consultants really bites at times like this”.

“My experience is that I am working longer hours to provide roughly the same level of care that I provided pre-pandemic”.

“All my leave was cancelled due to staff shortages between March and December except for 2 days to start my daughter in school. It has been an exhausting and upsetting year for us at work and at home. Hopefully never again”.

Well-being of psychiatrists:

Following the 1st wave of pandemic, the majority respondent consultant psychiatrists felt that their workload had increased (79%; N=113/143). This is an increase compared to the last survey when the majority of consultants (61%, N=79/130) felt that their workload had increased.

The remainder predominantly felt that their workload stayed the same (14%; N=20/143).

79% (N=113/143) felt that their workload would further increase in the coming months. This compares to 73% (N=95/130) in the last survey (June 2020).

Specialist/Consultant psychiatrists' wellbeing deteriorated in the past 7 months since the last survey (June 2020). A higher number of the total respondents (180) filled this section in compared to the first survey.

At the time of this most recent survey (Jan 2021): **107 out of 142 who answered this section (65%) identified that their well-being had decreased/significantly decreased.** This is an increase from the last survey (June 2020) when 46% of 60 consultants felt that their well-being had decreased or significantly decreased during the first wave of the pandemic.

There was no difference in consultants' ability to avail of annual leave compared to the last survey. One in two consultants [49%; N=71/143 (Jan 2021) vs 51%; N=67/130 (June 2020)] felt that their ability to avail of annual leave was decreased or significantly decreased.

64 consultants reported comments on the effects of Covid-19/lockdown on the well-being of psychiatrists.

Comments:

"Stressful trying to manage the team's stress".

"Community psychiatry is not being given any plan regarding vaccination. The role out of tele-health is awful, slow access to Telehealth platforms and access...the lack nationwide of an electronic patient clinical note system is a huge failing that's come home to roost'.

"Mental Health workers feel undervalued and under supported nationally as evidenced by no plan or schedule for roll out for vaccine of Community Mental Health Staff".

"Lack of contact with peers is very difficult".

"At least we get to go to work every day, and to meaningful, rewarding work".

"I think more colleagues are burning out. I think that was already a problem before for a variety of reasons- pay inequality, sense that 'new entrants' should 'do more' ... for nil extra except 'goodwill'. As evidenced by disrespect to public health colleagues by government there is a sense that only so much can be tolerated without reverting to industrial action. I really feel COVID19 is becoming a straw to break our backs. I think more consultants would try and provide more care if they had access to full MDT e.g. long covid follow up. However, sense from Department of Health funding is always 'do more with less'".

"Tired of 'talk about your mental health' line from Gov/HSE - we're talking too and answering that mental health in Ireland needs significant investment but who is listening or acting on what we are calling for?"

"The normal team well-being maintenance structures are difficult to do during the pandemic - by Christmas 2020 the entire team was exhausted".

"Worked about 300 extra hours since Covid started (unpaid) - think the colleges and unions need to act on this!"

"Toxic combination of increase in workload and unable to take annual leave due to lack of cover".

"I can only state that the current situation at work is untenable. I have never experienced such an increase in workload and as stated, an increase of those detained under the Mental Health Act with the added stress of decreased resources".

"I found the period very stressful looking after vulnerable patients in hostels and having the fear of an outbreak occurring in one of them resulting in deaths".

"Everyone in my team has been able to do some working from home except me. The role of the consultant in holding the team together, coordinating, problem solving, crisis management and the additional workload in terms of paperwork and work at home created in order to try and manage the workload and well-being of the team has been stressful".