

The Joint Health Overview and Scrutiny Committee

The impact of COVID on Mental Health

March 2021

Purpose and Contents

Purpose

The purpose of this slide deck is to provide an update to South East London's Joint Health Overview and Scrutiny Committee on the impact of the COVID pandemic on Mental Health.

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Impact of COVID: Adult Mental Health Services (1/3)

Summary

- Generally, the provision of adult mental health services has been maintained during COVID. During Wave 1, some services were restricted whilst services adapted to the new conditions, however, during Wave 2 mental health services remained fully operational.
- There have been challenges to service delivery including:
 - Staff sickness levels in line with rising cases across the Capital.
 - Reduced capacity in some services due to social distancing and new infection control policies and procedures.
- In response to the pandemic, the two mental health providers across SEL:
 - Brought forward the Long Term Plan (LTP) commitment for 24/7 all ages crisis lines across the geography.
 - Piloted Crisis Assessment Units (CAUs) across a discrete number of emergency sites in order to support the flow patients across the system.
 - Moved as much activity as possible to non-face to face. Data from NHS Benchmarking indicates that the two mental health providers in SEL are above the national average for use of digital technologies (see Appendix 1 as example).

Impact of COVID: Adult Mental Health Services (2/3)

Summary Cont.

- During all three national lockdowns, adult mental activity reduced across both inpatient and community settings. This was due to a number of factors including changes to primary care access during COVID and stay at home restrictions resulting in less people presenting to emergency departments (EDs).
- Access to Improving Psychological Therapies also saw a reduction in referrals. During Wave 1, services were able to clear waiting lists and therefore overall activity for IAPT reduced. There was a gradual return to pre-COVID levels for many of SEL's IAPT services by December 2020 but this has been impacted by the latest lockdown.
- Subsequent easing of restrictions has resulted in spikes in activity, particularly through EDs with the proportion of people presenting to EDs who are unknown to mental health services increasing (see Appendix 2). This spike is currently being experienced across all five EDs across SEL.
- In addition, mental health providers across SEL are reporting increased acuity across services with greater numbers of people being detained under the Mental Health Act in comparison to the same time period the previous year.

Impact of COVID: Adult Mental Health Services (3/3)

Recovery Priorities

- Ensuring sufficient capacity to manage any increases post easing of lockdown. Both mental health providers are working with the private sector to flex their inpatient capacity and are focusing on general bed flow. Both providers will also be closely monitoring the impact of the easing of restrictions on other services such as perinatal services.
- CAU models being evaluated, alongside other crisis initiatives for mental health, by partners in SEL to ensure these models are sustainable and appropriately support flow through emergency departments for 2021/22.
- IAPT services being promoted through various national and local campaigns (see further information on the Free Your Mind Campaign, Slide 12).
- Investment in community mental health services as part of both the allocation of the mental health investment standard for 2021/22 and development of the community mental health transformation programme (see Slide 9).
- Continued expansion of Peer Support Worker workforce to support crisis services, inpatient services and community services.

Impact of COVID: Children and Adolescent Mental Health Services (1/2)

Summary

- Unlike adult services, referrals and caseloads for children and adolescent mental health services (CAMHS) have been maintained during COVID, and across SEL we have seen approximately a 30% increase in demand for services during 2020/21 compared to 2019/20.
- Eating Disorder Services for children and young people (CYP) have also seen a significant increase in demand, with referrals doubling from early 2020. Although referrals did flatten in October 2020, a further increase in demand is expected post easing of the current lockdown. This increase in demand has placed significant pressure on waiting times and inpatient capacity. This trend has been seen London wide.
- Similar to adult services, SEL has experienced an increase in CYP presenting in EDs and similar trends are being seen in presentations to EDs with the number of children and young people unknown to mental health services increasing.
- To support the response to the pandemic, SEL established a dedicated CAMHS crisis line to support the 24/7 all ages crisis line during key operating hours.
- Mental Health Support Teams in Schools (MHSTs) are in place across five of our boroughs. In some boroughs, pilot schemes were extended to cover all primary and secondary schools as a result of the pandemic. Services have continued to be operational, however, referrals have fluctuated in line with school closures.

Impact of COVID: Children and Adolescent Mental Health Services (2/2)

Recovery Priorities

- Ongoing investment into CAMHS via the mental health investment standard. Further investment into CAMHS services is also expected in 2021/22 through national transformation funding and dedicated funding for CYP services through the Spending Review.
- As a result of increases in demand, reducing waiting times for all cases is a high priority for services, particularly for face to face appointments. Secondary care services continue to work collaboratively with voluntary and community sector organisations to provide support for individuals on the waiting list, using appropriate risk stratification tools.
- Closer multi-disciplinary team working across different settings including primary care, education and secondary mental health services in order to identify individuals early and work collaboratively to develop appropriate care plans.
- Expansion of Mental Health Support Teams in Schools, in line with national initiatives and funding opportunities.
- Continued focus on inequalities and equitable access to services for all from across different groups across SEL (e.g. people from BAME backgrounds).

Impact of COVID: Focus on Prevention

- Preventing the onset of mental health problems before they occur and supporting people to stay well is an important approach to improving mental health.
- Across SEL, there has been continued investment into services to supporting communities to stay well. This has included:
 - Ongoing investment into the Kooth Platform for CYP across SEL.
 - Local borough based initiatives focused on providing open access to emotional wellbeing services for CYP, such as The Nest in Southwark which opened in May 2020.
 - Piloting of the Qwell platform, an online self-help and counselling platform for adults over the age of 25 years across SEL. This is the sister platform to Kooth.
- Throughout 2020, the mental health providers, in collaboration with their local authorities have held two Urgent Mental Health Prevention Summits to address how services can work together to protect the mental health of local communities as a result of Covid. The summits have attracted 1600 attendees and key themes included a focus on prevention, the need for better community networks and improved integration of voluntary and community sector services.
- This has resulted in the launch of the South London Listens campaign (supported by Citizens UK) to better understand what is important to communities with regards to their mental health. Part of the next steps is a community-led summit in June 2021

Impact of COVID: Transformation Programmes

- Despite COVID pressures, the Integrated Care System has continued to push ahead with its key priority areas for transformation in order to secure national funding pots and ensure implementation plans are in place from 2021/22.
- These priority areas include:

1

Suicide Prevention – circa. £1.2 million for SEL over a three year period, with first tranche of money to be released in April 2021. SEL is part of Wave 4 of this national programme. A new suicide bereavement support service is being rolled out in early 2021/22 as part of this initiative.

2

Crisis Alternatives – circa. £5.4 million for SEL over a three year period. This transformation pot builds on existing monies released in 2019/20 and 2020/21, with funds available from April 2021. Both providers will be establishing Crisis Houses as part of this initiative.

3

Community Mental Health Services (CMHS) – circa. £35 million for SEL over a three year period. This is new transformation monies and if done well, could result in a significant shift in service provision and ways of working across SEL. Place based delivery plans are in development to implement new community MH posts between secondary, primary care and local VCS providers.

Impact of COVID: Staff Resilience Hub

- The COVID pandemic has brought to light the importance of supporting staff health and wellbeing.
- In November 2020, all systems received national monies to develop staff resilience hubs and additional money has been released throughout 2020/21 specifically for staff health and wellbeing. This work has been overseen by the SEL Integrated Care System People Board.
- In the last 6 months, SEL has received circa. £1 million to support NHS and care staff health and wellbeing and the funding has been used to:
 - Test and develop a SEL mental health and wellbeing hub and outreach model. This work has involved developing a digital platform for staff, increasing access to IAPT services and interventions and carrying out focus groups to better understand the needs of different staff groups.
 - Supporting individual acute providers in SEL in providing psychology support to staff working in key front line services.
 - Providing specific support to hospices and social care staff in SEL.
- Additional funding is expected for 2021/22 to further develop and grow services available for staff working across health and social care in SEL.

Impact of COVID: Future Predicted Demand

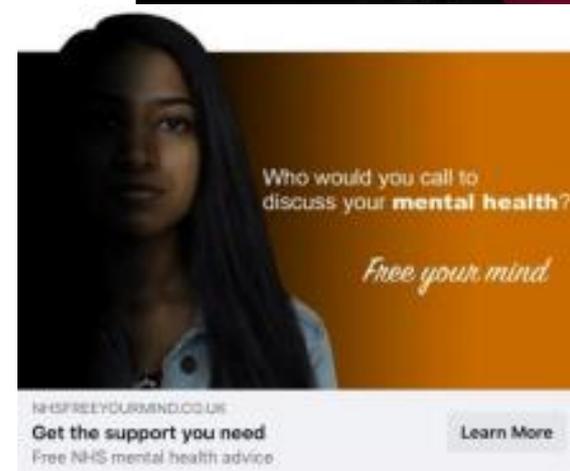
- Different modelling tools across the country are indicating that need for mental health services will increase as a result of the COVID pandemic. This could be due to:
 - **COVID suppressed demand** (people who didn't access services during the pandemic);
 - **COVID-exacerbated demand** (people whose mental health has deteriorated during COVID; or
 - **COVID-induced demand** (additional people needing support due to the impact of the pandemic) (see [Report from NHS Confederation](#) for further definitions).
- The Centre for Mental Health has predicted that up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis. When applied to SEL (by Thrive London), this modelling indicates:
 - **A 25% increase in people without pre-existing mental health conditions requiring access to mental health services** for anxiety and depression.
 - **Approximately 50% of people with pre-existing mental health conditions requiring additional services** for anxiety and depression.
- SEL is yet to see this demand emerge fully for adult mental health services, however, there have been increases in ED presentations over recent weeks. Work is ongoing across system partners to better understand the potential impact of this demand and develop plans to ensure appropriate capacity is in place.

Free Your Mind Campaign (1/2)

Digital behavioural science campaign to 'nudge' people to take action to look after their mental health and wellbeing. Increase take up of self-help resources and signpost to services.

Phase 1 ran from June to August 2020. Results:

- 1.5 million residents reached (total SEL population 1.9 million)
- 5 million+ impressions
- Engagement 3x the average (4.5x the average on Facebook and Instagram)
- 21,000 visitors to the Free Your Mind website
- 54% of visitors took one of the calls to action
- 44% of engagement from BAME residents
- Contributed to increase in uptake of IAPT services



Public Service
Communications
Excellence Awards 2020



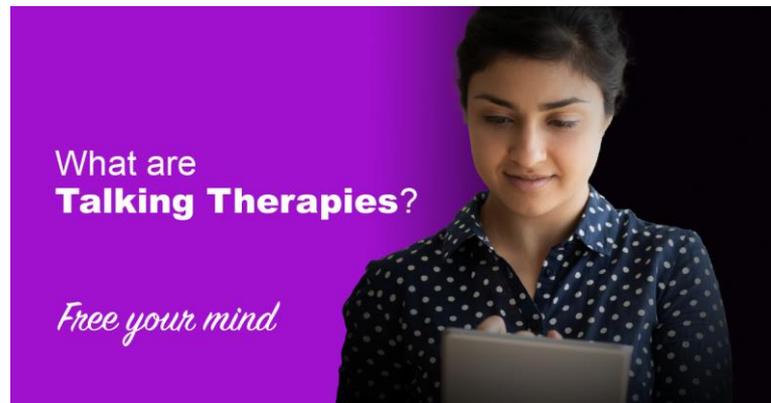
Global Social
Media Awards
FINALIST



Free Your Mind Campaign (2/2)

Phase 2 ran from February to March 2020 with a specific aim of encouraging people to access IAPT services or the online support at Kooth.com (aged 10-25) and Qwell.io (26+).
Results*:

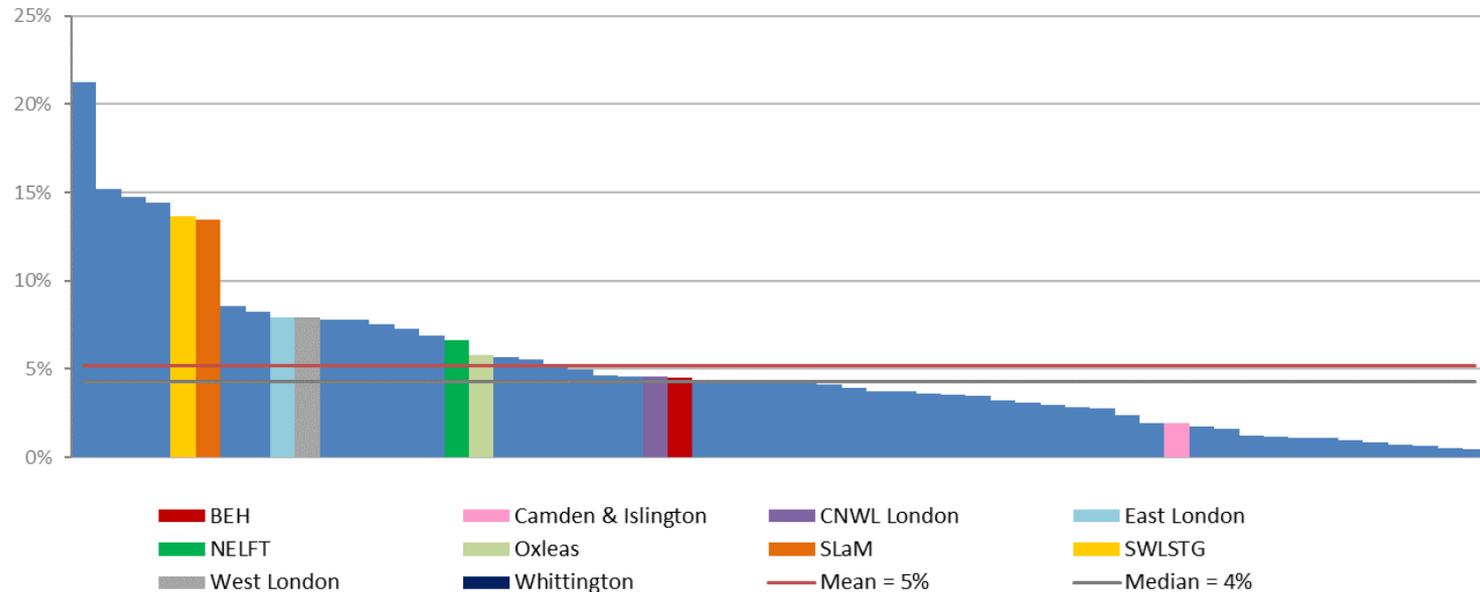
- 350,000 residents reached
- 1 million+ impressions
- Engagement 5x the average
- 13,000 visitors to the Free Your Mind website
- 36% of people who visited the talking therapies page clicked one of the links to a referral form



*Phase 2 has only just completed so these are provisional results. The budget for phase 2 was much smaller than phase 1 as the campaign had a more defined focus.

Appendix 1 – Use of Digital in Community Mental Health Services

Percentage of clinical contacts delivered digitally (e.g. using video) during October 2020 by adult and older adult community mental health services



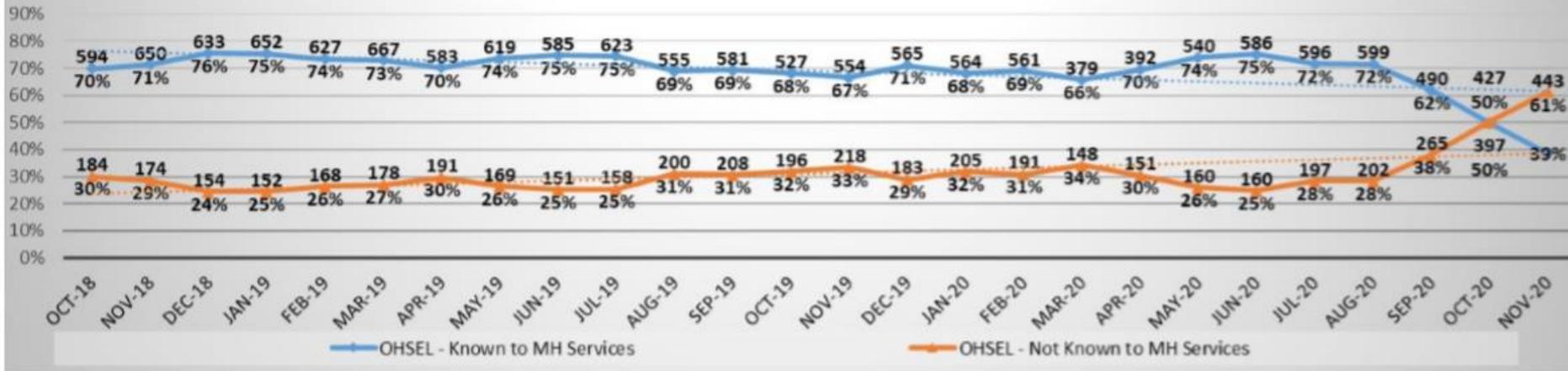
Notes

Data provided by NHS Benchmarking.

In London Trusts where digital contacts were reported, this averaged 7% of the total number of contacts delivered in October by adult and older adult community mental health teams (compared to a national average of 5%). Both SLAM and Oxleas are towards the upper end of use of digital technology.

Appendix 2 – Overview of People Presenting to ED (Known/Unknown)

OHSEL - ED Presentations with a MH Diagnosis - Including % of Known and Unknown to MH Services profile - Adults



Notes

This is preliminary data which is still under review by Healthy London Partnership to verify the known/unknown to mental health services data collection.

Adult mental health presentations at EDs showing split where they are either known or not known to mental health services prior to the ED visit. The orange line is showing new mental health demand. The blue line is an indication that mental health crisis and community services are operating at an optimal level to support patients, with fewer known patients presenting in ED. The convergence and continuation of the known/unknown lines is not only a percentage change but a significant number change.