

UHL briefing note on mental health and emotional resilience

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Executive Summary

Context

On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. By the end of March, several organisations had made available resources to tackle population stress and to minimise the negative effects of the pandemic on mental health. Specialised publications issued warnings about the possible effects of COVID-19 on suicidal behaviours. As WHO states, “mental health is an indivisible part of public health and significantly affects countries and their human, social and economic capital,”

On 18 March, the WHO noted that the COVID-19 crisis was generating stress throughout populations and published “Mental health and psychosocial considerations during the COVID-19 outbreak” in order to “support mental and psychosocial well-being in different target groups during the outbreak”

According to Gunnell et al. (2020), “mental health consequences are likely to be present for longer and peak later than the actual pandemic” Furthermore, “suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups”.

In April 2020 the Guardian published an article outlining the possible impact of COVID on the healthcare workforce citing a recent survey from YouGov, an international journal, involving 996 healthcare workers in the UK, for the Institute for Public Policy Research (IPPR), this saw 50% of respondents saying their mental health had deteriorated.

Recognising the anticipated emotional and psychological impact of COVID-19 early in the University Hospitals of Leicester NHS Trust enabled us to shape the support put in place, moving swiftly to ensure the right level of ongoing staff support for all groups of healthcare workers.

Briefing note for information

What issues have you identified in relation to mental health and emotional resilience due to COVID-19?

COVID-19 social isolation measures have had a profound impact on the psychological and mental well-being of individuals across society. Many of the anticipated consequences of isolation measures are themselves key risk factors for mental health issues including suicide, self-harm, substance misuse, and domestic and child abuse. Social interaction has been widely linked with psychological well-being, social opportunities and employment; thereby isolation in and of itself is an issue.

Identified patient issues

The feeling from staff in ED was that they have seen fewer patients with MH problems during COVID, but they are seeing an increasing proportion of very unwell patients and also people not known previously to services (or not seen for some time); patients are presenting with exacerbated MH conditions and increasing substance misuse and alcohol abuse.

Initially Mental health attendances at the Emergency Department reduced dramatically, falling to 401 presentations in April, average presentations are circa 760 per month, however this has now started to increase with July seeing 679 presentations.

Patients that are presenting with mental health issues are now older, historically the highest presenting age group has been 16-24, from April 2020 that has shifted to 45 -54 with the top 3 reasons for attending being; depressive disorder, delirium and alcohol intoxication disorder.

It should be noted that the acute care pathway has changed, as per the NHSE mandate to set up diversion schemes, with the opening of the Mental Health Urgent Care Hub (MHUCH) – this is viewed very positively. The MHUCH at the Bradgate Unit sees patients with mental health problems- from EMAS, GP's and also patients from ED (screened by the mental health team and sent there)

The impact of the number of temporary service changes, both at UHL and LPT, with some services being restricted, some closed and some being delivered in different ways, in line with government recommendations as a result of COVID, has for some patients been challenging, potentially widening accessibility gaps.

Identified staff issues

There has been a marked impact on presentations of staff to the Amica Staff Counselling and Psychological support service, as well as access to Headspace, a meditation app and Silvercloud, a digital mental health platform

Amica provides confidential telephone and face to face counselling services to more than 60,000 public sector employees and some private sector organisations.

Staff are presenting to Amica with higher levels of distress and anxiety coupled with a heightened sense of vulnerability.

The top five issues identified by our Mental Health First Aiders and Peer 2 Peer Supporters:

Anxiety

Stress

Fear

PPE issues

Fatigue

What are you currently doing to address these issues and support the local community?

To support the community

We are continuing to work as part of the Mental Health Partnership Board, with the aim of influencing developments in the city which will make a difference to people with mental health problems and their family or carers, supporting plans being worked up in relation to the Mental Health Investment Standard, ensuring the consistent increases in mental health spend.

Working with system partners to support the Mental Health Urgent Care Hub, and the changes to the acute mental health pathway which has diverted patients away from the ED.

The implementation of the urgent care mental health 'CORE24' pathway, (Which recognises that when a hospital has a 24/7 ED, it should also have a 24/7 mental health service offer) has had the management of change paused due to COVID – we will continue to work with system partners to drive this forward. Our corporate strategy team are actively engaged in system wide discussions, offering support as required, with a specific focus on population health management, and how we can best work together to minimise the widened mental health inequalities.

To support the workforce

The UHL COVID-19 Health and Wellbeing group was established in March 2020. This has had flexible membership based on support that needed to be enhanced or put in place.

Amica have expanded the staff services and support they provide to include;

- 'reach out support' visiting front line areas with regularity to run support groups
- a referral pathway for staff requiring long term support
- online support and self-referral services: Resilience training, self-care, mental health education and signposting – online resources are available to staff and their families.

Additional staff support includes:

- Individual high level psychological support being accessed and available from LPT colleagues
- Multi faith 'Chaplains' are supporting ward 'huddles' where staff can share their feelings in a safe space
- Peer 2 Peer Supporters set up in each Clinical Management Group
- Schwartz Round Facilitators were trained by the Point of Care Foundation to deliver online support (Team Time) - Schwartz rounds are an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. Where the aim is to offer staff a safe environment in which to share their stories and offer support to one another
- COVID-19 Health and Wellbeing sessions delivered to new Registered Nurses and Health Care Assistants and part of Trust Induction
- Dedicated BAME health and wellbeing online session via MS Teams and one planned for our Differently Abled Voice network
- Mental Health First Aiders trained across the Trust
- Wellbeing (Wobble) Rooms set up around the Trust with support from Leicester Hospitals Charity
- Health and Wellbeing emails containing supportive guidance and signposting, initially daily, now weekly (over 60 produced)
- Dedicated Health and Wellbeing INsite pages updated, including local and National support
- Lanyard/wallet cards have been printed with local and National help and support information

Health and Wellbeing support

University Hospitals of Leicester NHS Trust

Amica Staff Counselling and Psychological Support Services
Support for your mental wellbeing.
Call: 0116 254 4388 or visit: <http://www.amica-counselling.uk/>

Health and Wellbeing INsite
Information including physical & mental health, sleep & fatigue, healthy eating.
Go to: <http://insite.uhl-tr.nhs.uk/>

Chaplaincy Listening Ear
A confidential listening ear to staff.
Call: 01509 564218 or email: chaplaincy@uhl-tr.nhs.uk

Freedom to Speak Up Guardian
Here to provide support to all staff across the trust.
Call: 07950 839130 or email: freedom2speakup@uhl-tr.nhs.uk

#OurNHSPeople Wellbeing support

for all our NHS people, we are here for you whenever you need us

- Call 0300 131 7000
7am - 11pm seven days a week support, for mental health, financial help, bereavement care and coaching
- 24/7 text support
Text 'frontline' to 85258
- Free access to mental health and wellbeing apps
Unmind, Headspace, Sleepio and Daylight for all NHS staff
- people.nhs.uk
Helping you manage your own health and wellbeing whilst looking after others

What issues do you foresee arising in the future in relation to mental health and emotional resilience?

The community / patients

For survivors of severe COVID-19 disease, having defeated the virus is just the beginning of an uncharted recovery path, we know that a period in intensive care will negatively affect patients' long term physical, cognitive and psychiatric health, in what is known as post-intensive care syndrome. After being treated for a critical illness in the ICU, anxiety, depression and PTSD are very common and often complex when they occur. (It is recognised that 20% of ICU survivors get PTSD)

Professor Sally Singh with a team from the Hospitals and University of Leicester has been working with national clinical leaders to build a new service, 'Your COVID Recovery', meaning that Covid-19 patients who have long-term problems with breathing, mental health or other complications from the virus will be able to access an online, on-demand rehabilitation service, rolled out nationally and originating in Leicester.

Nurses and physiotherapists will reply to patients' queries either online or over the phone as part of the service. There will also be exercise tutorials that people can do from home to help them regain muscle strength and lung function in particular, and access to an online peer-support community for survivors – particularly helpful for those who may be recovering at home alone.

Mental health support includes a psychologist within the online hub or referral into NHS mental health services along with information on what to expect post-Covid.

Following this initial assessment, those who need the service will be offered a personalised package of online-based aftercare lasting up to 12 weeks.

Aside from mental health issues during the COVID-19 pandemic, ED visits have drastically decreased for non-COVID conditions such as appendicitis, heart attack, and stroke. Patients may be avoiding seeking medical attention for fear of catching the virus or as an unintended consequence of stay-at-home orders. This delay in seeking care can lead to increased morbidity and mortality, which is likely to have a negative impact on both mental health and emotional resilience of patients and carers / family members etc.

As a consequence we anticipate;

- An increased demand and acuity of patients through ED.
- A widening of mental health inequalities, with the groups that had the poorest mental health pre-crisis also having had the largest deterioration in mental health during lockdown.
- Patients presenting with increased substance misuse and mental health problems.
- An increase in Safeguarding work and domestic abuse cases.
- To see an increase in the numbers of younger people (18-24) / students requiring support.
- A higher risk of harm – especially in younger adults.

For Staff

With the gradual easing of lockdown there has been a consistent increase in service demand from staff for emotional and psychological support. Staff are presenting with higher levels of distress and anxiety coupled with a heightened sense of vulnerability.

As teams are now working towards restoration and recovery of services they are reporting fatigue and the requests for team support are increasing. Essentially our staff have shown enormous resilience and stamina through the 'crisis' and first peak but have had little or no time to recover before the job of restoring services, addressing backlogs and preparing for winter begins in earnest.

In the future the Amica services are anticipating:

- A continuing increase in numbers of staff requiring emotional and psychological support.
- A heightened probability of staff presenting with increased risk of anxiety and depression.

What plans do you have to tackle these issues?

The workforce plans

The UHL COVID-19 Health and Wellbeing group is reforming and representation has been broadened to ensure that the CMGs and corporate areas all have a seat and a voice at the meetings, along with Staff-Side representation.

Plans to be put in place include:

- Amica and the Freedom to Speak Up Guardian are running groups with front line staff to explore their experience of the 'Covid-19 journey' and highlight what needs to be done to better care for them through another wave
- Further roll out of Team Time to support teams with their emotional wellbeing
- Re-introduction of live Schwartz Rounds but to a restricted, socially distanced audience
- Commencement of Pop-up Schwartz Rounds for teams – held locally
- Invested in Silver Cloud, an NHS established Online Mental Health package that allows increased support for staff with anxiety and depression symptomology, this will assist with service demand, act as an adjunct to 1-2-1 counselling/therapy and 24/7 remote access for staff
- We are increasing staff counselling resources
- We will be introducing Trauma Risk Management (TRiM) support, initially training 64 TRiM practitioners in our first phase

Community support plans

We will continue to work with system partners, ensuring we build on the extremely positive working relations with LPT that have been seen throughout COVID-19, to implement new initiatives and support the continuation of initiatives that were implemented as part of the management of the pandemic, recognising that this is a plan that requires a system wide community response.

Summary:

The pandemic has affected and continues to affect all parts of our local community and as a major employer, anchor institution and focal point for those who need the highest levels of care we are acutely aware of the toll that the COVID has taken on citizens and staff. Now that we are past the first peak it would not be unreasonable to think that the NHS could take a collective 'breather' but of course there is no time for that when we consider that winter is but weeks away and that there are significant numbers of patients who have had their procedures postponed whilst we managed the peak. As such we recognise that though the first battle might be over the war is not won and we therefore have to maintain the heightened levels of emotional and psychological support for our staff in order that they can continue to care for our patients.