Submission to the Mental Health Innovation Network and the Department of Mental Health and Substance Use, WHO:

Mental health experiences and practices at times of service disruption

17 April 2020

St. Patrick's Mental Health Services (SPMHS) is Ireland's largest independent, not-for-profit mental health service provider. St. Patrick's Mental Health Services' vision is a society where all citizens are empowered to live mentally healthy lives. SPMHS works to provide the highest quality mental healthcare, to promote mental wellbeing and mental health awareness, and to advocate for the rights of those experiencing mental health difficulties. SPMHS achieves this through a human rights-based approach, through the enhancement of evidence-based knowledge, and by striving to be at the cutting edge of new initiatives and advances in the field. SPMHS is committed to furthering the development of the competencies of those choosing to work in mental health and of the organisations providing mental health care services, and to enhancing partnership with service users. Our strategic plan for 2018-2022 – 'Changing Minds. Changing Lives', is firmly rooted in these principles and commitments.

SPMHS welcomes the opportunity to contribute to this valuable consultation on mental health experiences and practices at times of service disruption. This submission relates to our experiences in recent weeks in the context of mental healthcare within our inpatient, day and outpatient services.

Consultation questions:

1. **In your experience, what has been the effect on the mental health of the general population (or the people you are treating if a clinician), and of health care and other sector workers delivering care (including you)?**

The Irish Covid-19 Psychological Survey of over 1000 adults, launched 31st March of this year, has yielded initial results indicating high rates of mental health concerns amongst the Irish population. Forty-one percent reported feeling lonely, 23% reported clinically meaningful feelings of depression, 20% reported clinically meaningful levels of anxiety, and 18% reported clinically meaningful levels of post-traumatic stress.[1] The findings further indicated gender difference in reported mental health problems with higher levels of anxiety and depression reported amongst women, and higher levels of post-traumatic stress amongst men.[2]

Anecdotally, from consultation with other mental health organisations in Ireland at present, calls to several helplines have been increasing, in both frequency and duration, and anxiety is being frequently expressed from members of the public in contact with them. While the number of calls to

our organisation's support and information line have not notably increased in recent weeks, the nature of calls has included a trend towards concerns about the coronavirus outbreak.

2. **What are the challenges you are experiencing with regards to delivering mental health care?**

Ensuring continuity of care to existing service users and ensuring continued access to services for those who may need it have been primary challenges requiring attention.

Timely drafting of protocols and policies to guide and govern necessary changes to service delivery, for example concerning social distancing and remote working, were required.

A shift to remote working for many service staff was necessitated which posed challenges. These included technologically enabling staff to work remotely, including provision of devices and necessary software.

Challenges that have arisen for service users to connect from their homes have included technical difficulties getting set-up for remote inputs, and discomfort for some with the nature of remote appointments.

Digital literacy challenges have arisen also with particular cohorts, for example one day-service group for older adults has been adapted to a telephone-based support programme delivered on an individual basis. Other challenges regarding group intervention delivery via video conferencing software has been the limited number of participants that can be seen on screen at a time, and the difficulties this poses for group facilitators to assess group members' wellbeing over the course of a session. The video platform being used for group interventions also precludes the option of 'breakout' work within sessions,

In addition to provision of clinical care, the provision of recreational and other non-therapeutic services within the hospital campus has posed difficulties and significant changes have been required to ensure that these could be provided safely and in line with recommended guidelines.

3. **What are the innovative activities you and others are conducting to address mental health needs and provide support during the outbreak?**

A speedy transition to tele-healthcare for many aspects of our service delivery has been progressed. This includes delivery of various one-to-one

and group therapy sessions via telephone or digital means for both inpatients and those attending our day and outpatient services.

A new IT support helpdesk for service users has been established to provide technical assistance to service users to prepare from home for remote access to services.

While onsite mental health admissions remain available, an innovative Homecare Service has been developed in response to the pandemic. This service is for people who may require a high level of mental health support at present and who can remain at home. Multi-disciplinary team review and meetings, and one-to-one therapeutic interventions are being provided via videocall, and liaison with local pharmacists for any medication needs is being provided. Given demand on primary care services at present and to make the process of accessing support easier at present, referral to the Homecare Service can be facilitated via direct contact with SPMHS by email or phone.

Numerous aspects of our existing service delivery were conducive to a shift to telehealth care, including an established Electronic Health Record system in place, availability of a secure software package to deliver interventions (Microsoft Teams), and an existing Prompt Assessment of Needs service available via telephone or videocall.

SPMHS was fortunate to have an online information portal for in-patient service users – 'Eolas' meaning information in Irish, in situ, that can be accessed through the hospital wi-fi. This has been considerably strengthened during this time to enable service users to access information relevant to their needs and a range of self-directed activities such as mindfulness, meditation and other recreational activities. For those who did not have access to smartphone technology each ward received tablets to allow access to programmes and tele-health to continue.

Extensive communications have been made via our website and social media channels, newsletters and via media outreach. Blogs, articles and podcast sessions have been completed by a variety of clinical staff to share advice and resources to support mental health of children and adults with both pre-existing mental health needs and amongst the general public, at this time. Pertinent information from the national health service – the HSE, and the WHO, have been shared via our communication channels also.

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4. What are you currently doing to continue running your mental health services for people with pre-existing mental health conditions or psychosocial disabilities?

Continued delivery of mental healthcare has been facilitated for service users via remote means, such as via telephone and videocalls. Group-based day programmes have been transferred to videoconferencing formats. One-to-one phone support has been provided for existing service users on one day programme for older adults also.

Proactive outreach to previously discharged service users to advise about current service availability has been carried out via phone-calls, and letters have been sent to all service users discharged since January 2019. Contact via letters and phone calls is also being made with people with pending appointments with the outpatient services. Communication has been made with those signed up to the SPMHS Service User Advisory Network via email and newsletters to provide updates and ascertain what informational needs they may have.

The organisation's service user experience survey is being amended to gather feedback on service users' experiences with the changes to services and variety of innovations in place, and which will inform our assessment of their value and effectiveness.

5. What are the recommendations you would like to provide to other mental health and social care providers during COVID-19 outbreak?

- Tele-health service delivery options have overall worked well thus far in SPMHS, including use of telephone calls, individual and group video calls. It should be noted that this has been facilitated by much work and responsiveness within the IT department, and a degree of pre-existing digital systems being well-established in the service. Buy-in from both clinicians and support staff has been extremely positive, and initial feedback from service users now accessing day service programmes remotely appears to be positive.

- Providing technical and other support for both staff and service users new to remote working is most important, including giving additional time at the start of group interventions to set group conditions necessary to optimal communication.

- Whilst transitioning to video-enabled technologies has facilitated continuity of care, the extent to which a 'digital divide' (i.e., the gap

between those who have ready access to a computer and the internet, and a degree of digital literacy) exists amongst service users', needs to be investigated so we can assess if any technical or other constraints exist which may affect ease or equity of service access.

- Flexibility in both service delivery methods and access to services is important. For example, the demands placed on primary care services – generally the main source of mental health referrals to tertiary services, is great at present and making the process easier for those who may need to access services is vital.

- Regular communications to the public via available and varied media channels are important to support continued access to services, and provide important advice and information.

- Remaining in close contact with both statutory and governing bodies is essential to ensure compliance and continued rights-based service delivery and to support their work where possible, for example in relation to temporary legislative measures.

- Continued contact with other service providers and organisations in the mental health sector is valuable for collaboration and information-sharing purposes.

- Continued efforts to reduce stigma remain important, given the potential reluctance of people to access services for needs other than coronavirus-related at present, and the delay in accessing necessary support and treatment this could result in.

END

Name   Louise O'Leary
Position Advocacy Manager

References

[1] Retrieved 16 April 2020 from https://www.maynoothuniversity.ie/news-events/covid-19-mental-health-survey-maynooth-university-and-trinity-college-finds-high-rates-anxiety
[2] Ibid