

Royal College of Psychiatrists' briefing

Analysis of second COVID-19 RCPsych member survey – indirect harms

May 2020

The Royal College of Psychiatrists issued a survey to its members working in the National Health Service across the United Kingdom. It was in the field from Friday 1 May until the morning of Wednesday 6 May. 1,369 completed responses were received from across the UK out of a total available sample of c12,900, which equates to a response rate of around 11%.

This summary will focus on the initial results of what is intended to be a series of findings to underpin the College's work on the 'indirect harms' of the COVID-19 pandemic. Members are to be asked about the changes of demand for a range of interventions every fortnight to build an evolving picture of trends over time. A separate summary to be produced shortly will explore the other themes covered in the survey including personal protective equipment, access to testing and the wellbeing of psychiatrists.



Indirect harms – emergency and urgent mental health care

College members were asked to provide an assessment of how the workload in their teams had changed over the past fortnight across five broad categories of interventions or appointments. Examples of each category were provided in the survey, with members able to select 'not applicable' if necessary (such responses were excluded from the analysis). The first two categories related to urgent and emergency interventions, which were defined as below:

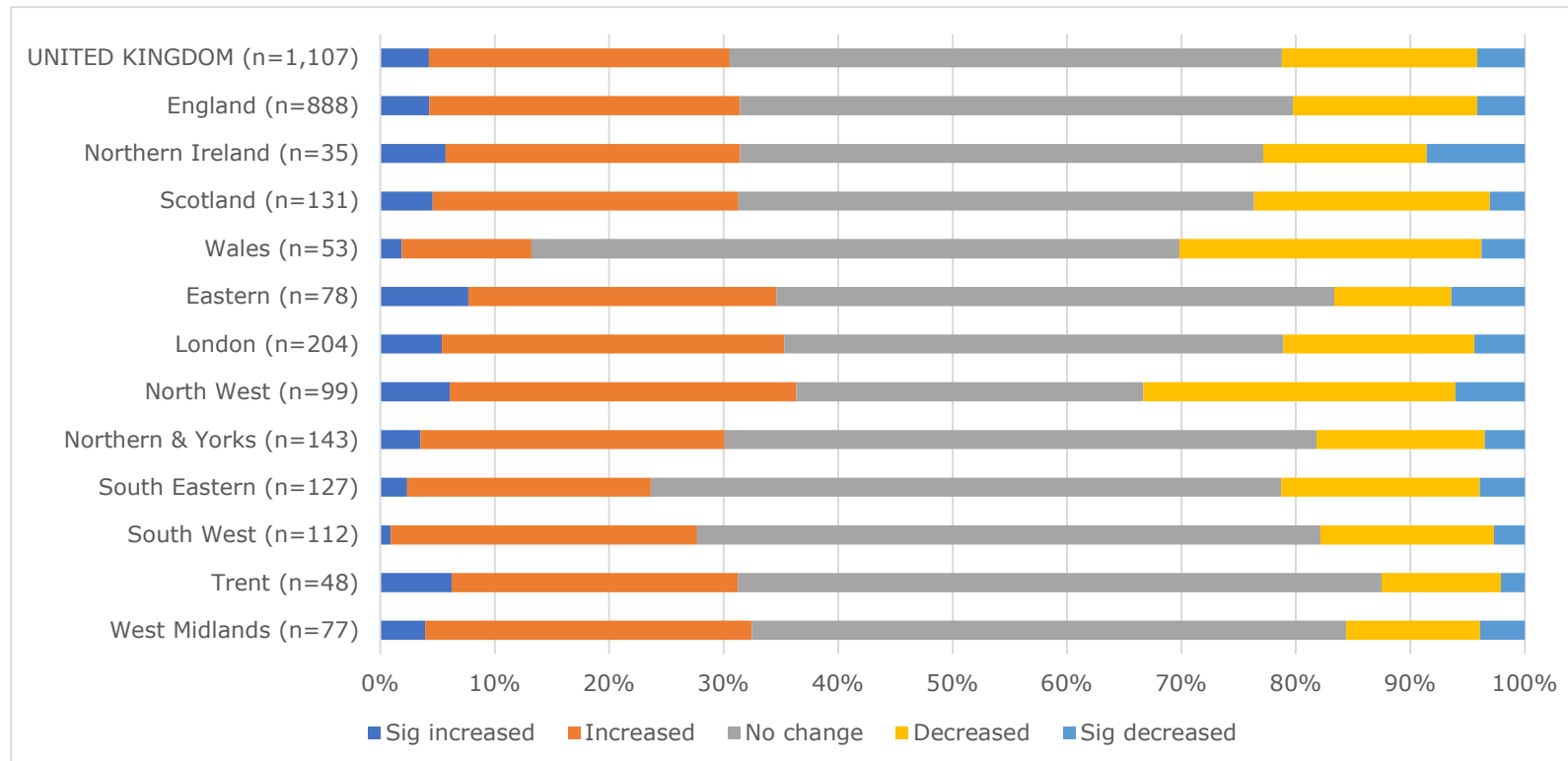
- Emergency interventions or appointments, e.g MHA assessments, CTO recall, urgent safeguarding interventions, interventions following a 'Red' result for clozapine treatment etc.
- Urgent interventions/ appointments (within 72 hours), e.g. follow up in the community following discharge from a Mental Health Hospital, interventions following an 'Amber' result for clozapine treatment, mental capacity and mental health act assessments urgent multidisciplinary assessment and intensive management and contingency planning in the community, etc.

42.6% of respondents from across the UK (501 of 1,177) confirmed there had been an increase in workload across one or both of those categories in the past fortnight (with no decrease in the other if only one increase was noted), compared to 22.2% (261) who confirmed a decrease in one or both and no increase in either over the same period.

Overall, across all UK respondents that provided a definitive response on emergency interventions, 30.5% confirmed there had been an increase in activity. Across the nations and RCPsych regions in England, the percentages confirming an increase ranged from 13.2% in Wales to 36.4% in the North West of England. The latter also saw however the highest percentage of respondents reporting a decrease (33.3%) illustrating a very mixed pattern of demand in that area. 30.2% of respondents in Wales reported a decrease in emergency activity, the nation with the largest proportion of such responses.

The full responses are illustrated in Chart 1.

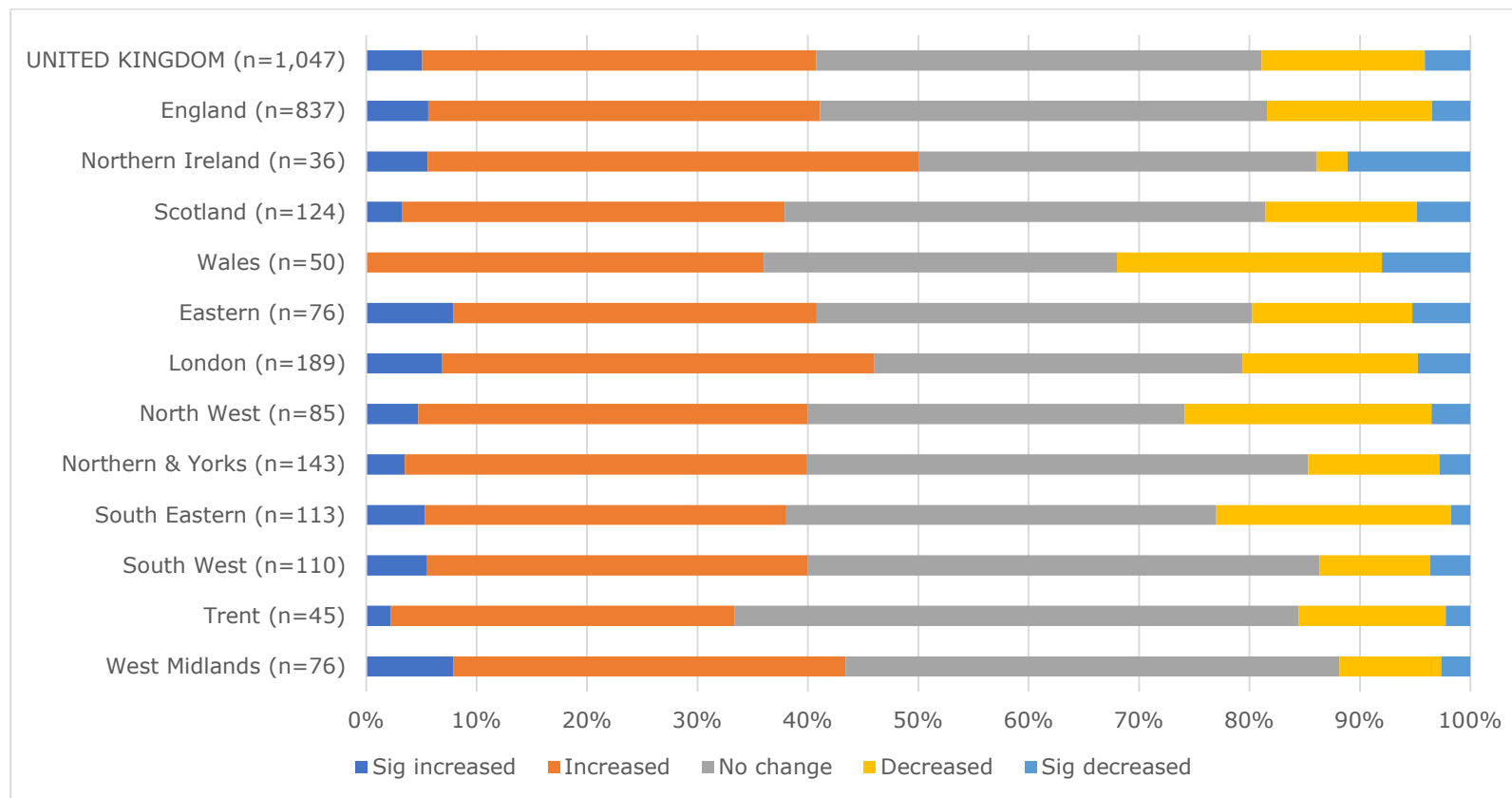
Chart 1 – In the past two weeks, how has the workload in your team changed for emergency interventions or appointments? All definitive responses from across the UK and each of the RCPsych regions, 1-6 May 2020



Meanwhile for urgent interventions or appointments, 40.8% (427 of 1,047) of members across the UK confirmed an increase in this workload over the past two weeks. The highest percentages of such responses were seen in Northern Ireland (50.0%, 18 of 36) and London (46.0%, 87 of 189). 18.9% (198) reported a decrease, with Wales once again showing the largest percentage of responses in this group, at 32.0% (16 of 50) followed by the North West of England (25.9%, 22 of 85).

The full set of responses is shown in Chart 2 below.

Chart 2 – In the past two weeks, how has the workload in your team changed for urgent interventions or appointments? All definitive responses from across the UK and each of the RCPsych regions, 1-6 May 2020



Indirect harms – routine mental health care

The remaining three categories of appointments and interventions covered in the survey are listed below:

- Appointments/ interventions usually conducted within 4 weeks, e.g. titration of psychiatric medications in the community, care co-ordinator interventions in the community, psychological interventions for mental illness in the community for secondary care, referral to psychological therapies etc.
- Appointments/ interventions usually conducted within 3 months, e.g. routine psychiatric referrals that are currently being triaged for a need for face to face assessment, review of lithium level and treatment, delivery of depot antipsychotic treatments and long acting injection treatments, etc.
- Appointments/ interventions usually conducted after 3 months, e.g. Care Programme Approach review, annual physical health check, neurodevelopmental assessments and diagnoses, employment advice and intervention, transfer of care from another Mental Health Service, preconception advice for women on psychotropic medication and a diagnosis of severe and enduring mental illness, etc.

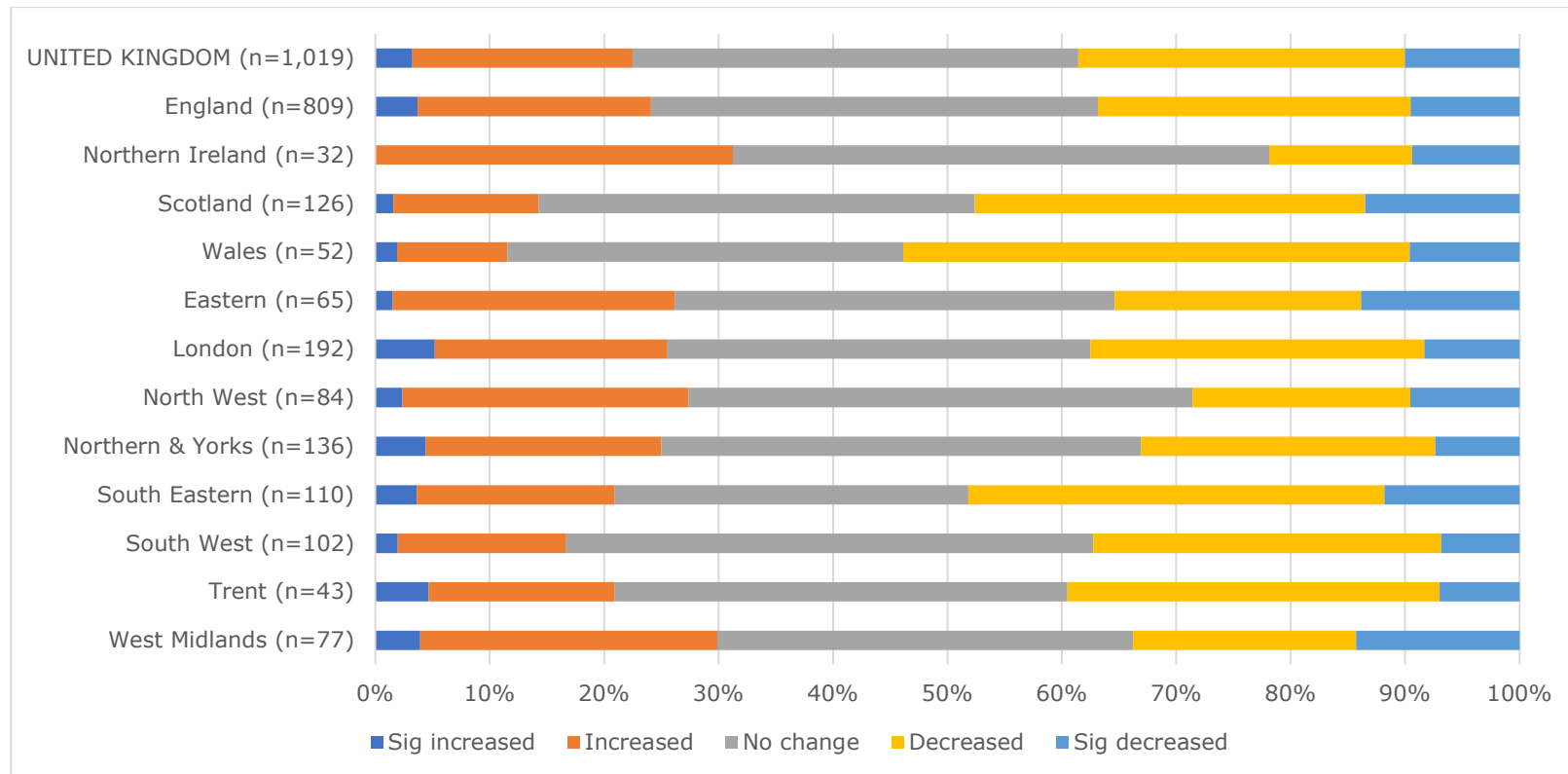
It is within these categories where psychiatrists in greater numbers report decreases in workload over the past fortnight and raises concerns about future demand for services once referrals return to pre-COVID levels again.

In relation to appointments and interventions that are normally conducted within a four-week window, 38.6% of members (393 of 1,019) from across the UK confirmed that workload had decreased in the previous two weeks, compared to 22.5% (229) who reported an increase.

Wales was the only nation or region with a majority reporting a decline (53.9% or 28 of 52), although the South Eastern region of England (48.2% or 53 of 110) and Scotland (47.6% or 60 of 126) were close behind. Meanwhile the highest percentage of respondents reporting increases in workload for such interventions were seen in Northern Ireland (31.3% or 10 of 32) and the West Midlands (29.9% or 23 of 77).

The full range of responses on appointments and interventions normally undertaken within four week is shown in Chart 3 overleaf.

Chart 3 – In the past two weeks, how has the workload in your team changed for appointments/interventions usually conducted within 4 weeks? All definitive responses from across the UK and each of the RCPsych regions, 1-6 May 2020

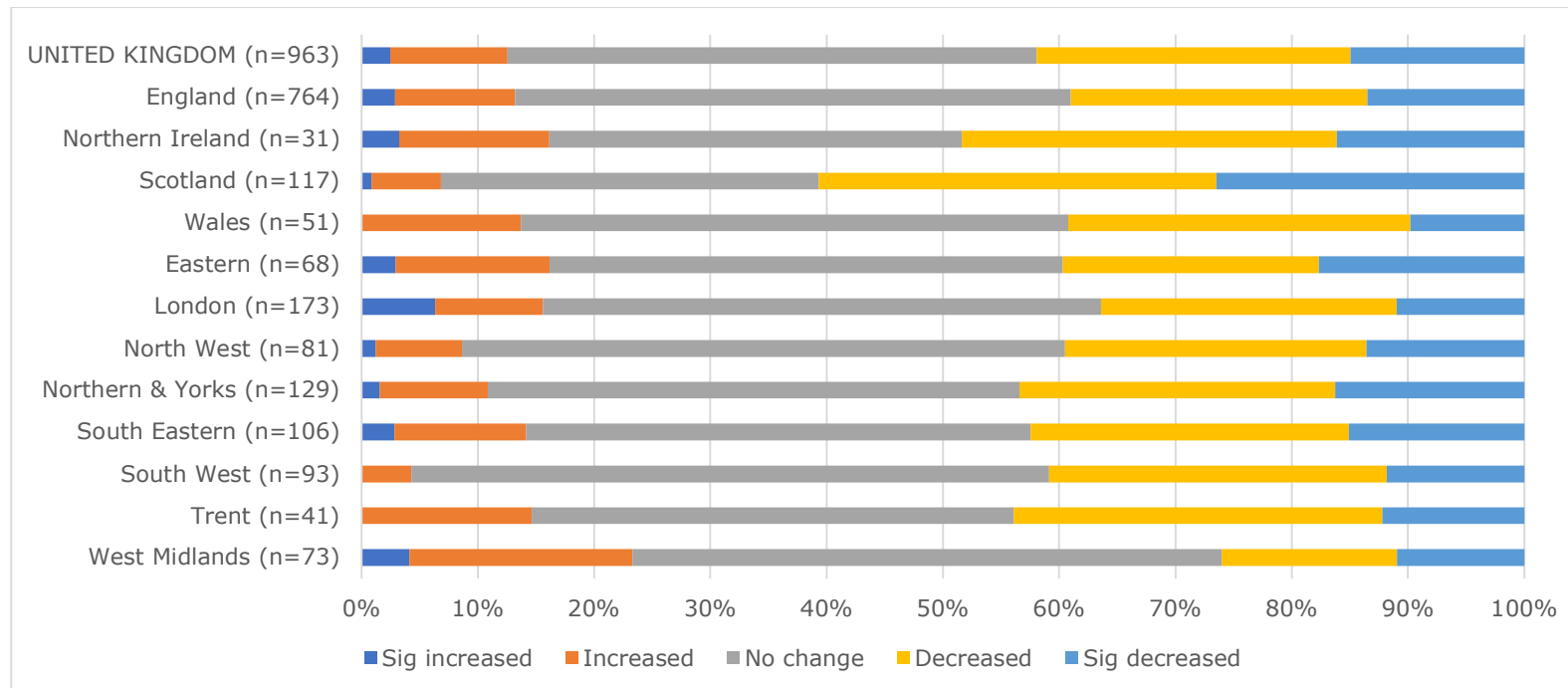


The picture gets starker when considering the results for appointments and interventions normally conducted within a three-month window. 42.0% (404 of 963) of members that work in the relevant service areas for such cases have reported a decrease in workload over the past fortnight, including 15.0% that confirmed a 'significant decrease' (144). This compares to a mere 12.6% that report an increase over the same period (121 of 963).

Wales was the only nation or region that didn't have at least one in ten respondents reporting a 'significant decrease' for this category. In Scotland however, 60.7% (71 of 117) of respondents confirmed a decrease (including 26.5% reporting a 'significant decrease'). Northern Ireland (48.4% or 15 of 31) and the Trent region in England (43.9% of 18 of 41) had the next two highest percentages of decrease or significant decrease responses combined.

The West Midlands appears to be the only region or nation across the UK with a broadly stable picture of demand for such interventions at present, with 23.3% reporting an increase (17 of 73) and 26.0% reporting a decrease (19 of 73). Chart 4 below shows the full range of responses UK-wide.

Chart 4 – In the past two weeks, how has the workload in your team changed for appointments/interventions usually conducted within 3 months? All definitive responses from across the UK and each of the RCPsych regions, 1-6 May 2020



Lastly members were asked about the most routine forms of intervention within their caseloads. 45.3% (438 of 967) confirmed a decrease, including 18.6% reporting a 'significant decrease' (180). More than one in five respondents in two nations and one region of England reported a 'significant decrease': Scotland (44.1% or 52 of 118); Northern Ireland (22.6% or 7 of 31); and Eastern England (21.4% of 15 of 70). All of the three devolved nations had a majority reporting a decrease overall, with the Northern & Yorkshire region having the highest percentage of such responses in England (46.2% or 61 of 132). London had the largest percentage of respondents confirming an increase in workload, albeit just 13.9% (24 of 173). Chart 5 shows the variation between regions and nations

Chart 5 – In the past two weeks, how has the workload in your team changed for appointments/interventions usually conducted after 3 months? All definitive responses from across the UK and each of the RCPsych regions, 1-6 May 2020

