

# Royal College of Psychiatrists' briefing

## Analysis of third COVID-19 RCPsych member survey

June 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 Monday 18 May until the morning of Tuesday 26 May.



938 completed responses were received from across the UK out of a total available sample of 12,900, which equates to a response rate of 7.3%.

This summary will focus on the results regarding the accessibility of personal protective equipment (PPE), availability of COVID-19 testing, adjustments to normal job plans, time off, increase in crisis presentations, Mental Health Act assessment delays and indirect harms.

### Access to the correct level of personal protective equipment (PPE)

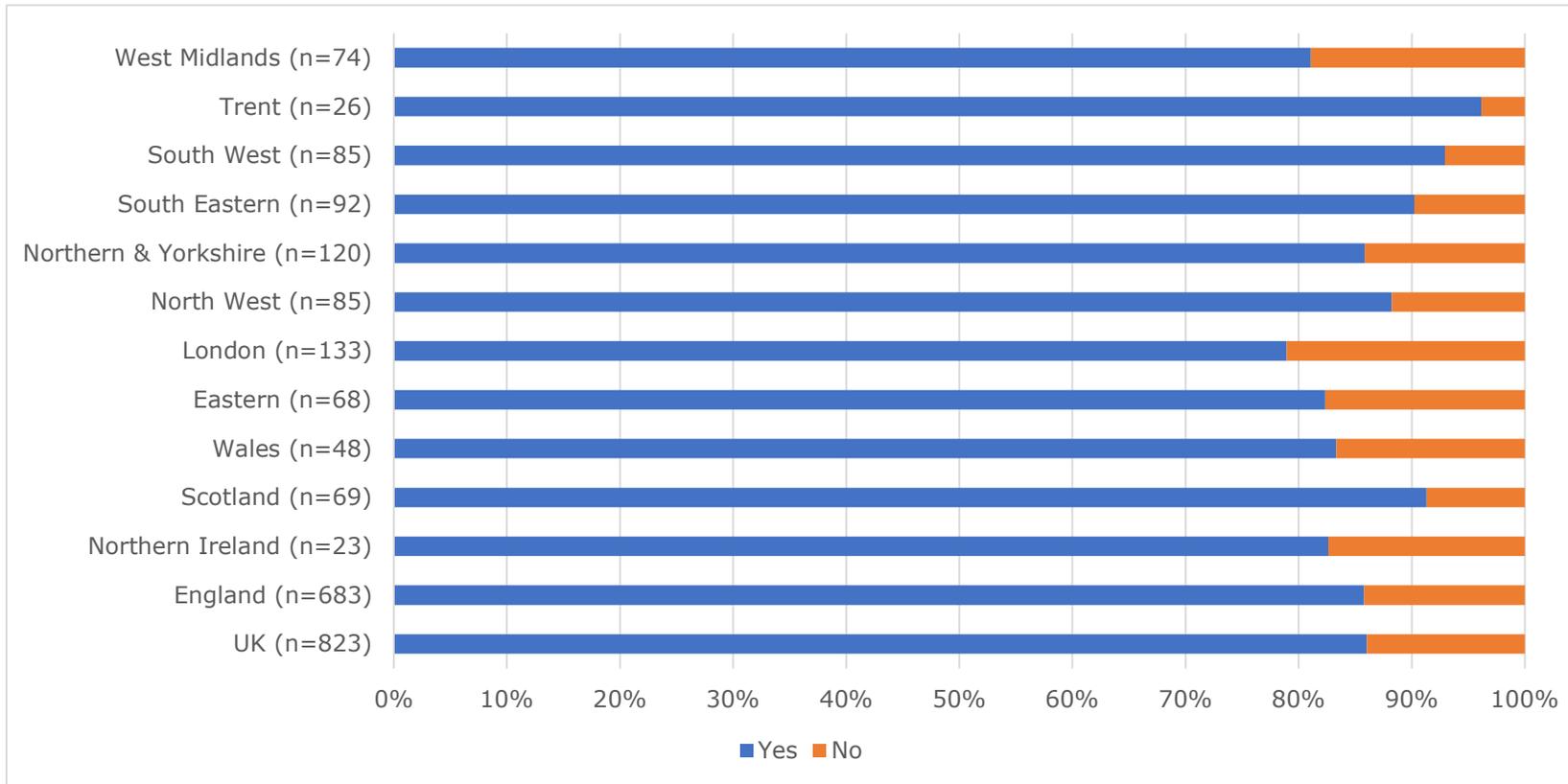
Across the UK, 75.9% of all respondents were able to confirm that they had access to the correct personal protective equipment (PPE), equivalent to 708 of 933 College members that answered the question (three responses were available – 'yes', 'no' or 'don't know'). If 'don't know' responses are excluded from the analysis, the percentage of 'yes' answers increases to 86.0% (708 of 823). These percentages compare to 73.0% and 84.0% respectively in the second survey (1-6 May) and 60.1% and 72.4% respectively in the first survey (15-17 April).

Around one in eight respondents confirmed they did not have access to the correct PPE if 'don't know' responses are included (12.3%, 115 of 933) or almost one in seven if they are excluded (14.0%, 115 of 823). These results however can be compared to 13.9% and 16.0% respectively in the second survey and 22.9% and 27.6% respectively in the first survey.

Data was collected for each of the four nations and eight Royal College of Psychiatrists regions across England (Eastern, London, North West, Northern & Yorkshire, South Eastern, South West, Trent, West Midlands) to also identify whether there were more significant concerns in some areas more than others.

Chart 1 below illustrates the extent of the regional and nationwide variation. The proportion of affirmative responses, when 'don't knows' are excluded, ranged from only 79.0% in London (105 of 133) to 96.2% in the Trent (25 of 26).

**Chart 1 – Can you access the correct level of PPE? All responses from across the UK and each of the RCPsych regions when 'don't know' is excluded**

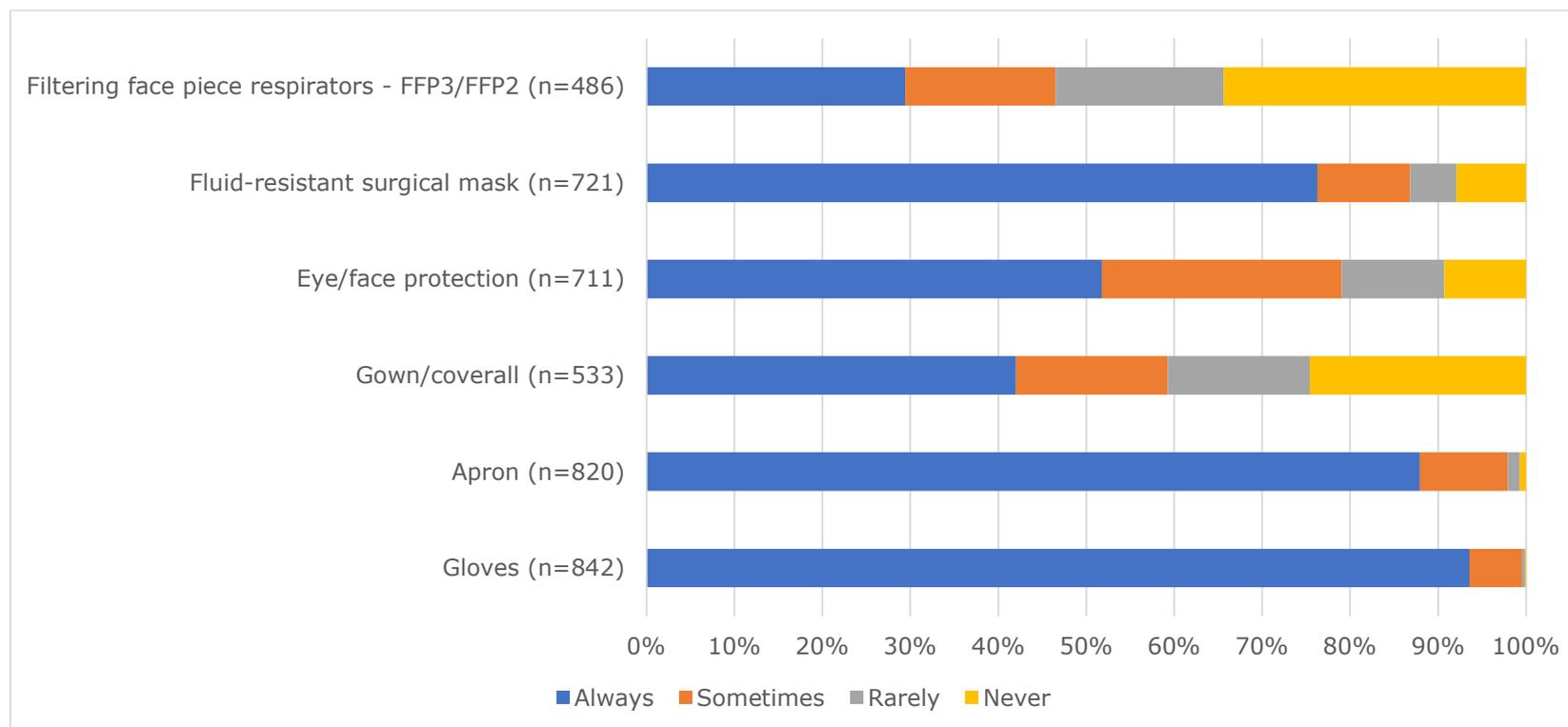


In this survey, members were also asked about the regularity in supply of various items of PPE. There was substantial variation in the answers for this question. After 'not applicable' answers were excluded, 93.6% of members from across the UK (788 of 842) confirmed disposable gloves are 'always' available, as did 87.9% of respondents in relation to disposable plastic aprons (721 of 820), 76.3% in relation to fluid-resistant surgical masks (550 of 721), and 51.8% in relation to eye/face protection (368 of 711).

A minority of members were however able to confirm that the following items are 'always' available: disposable fluid-resistant plastic gown/coverall (42.0%); and filtering face piece respirators (FFP3 or FFP2) (29.4%). The latter was also confirmed to never be available to 34.4% of respondents (167 of 486). The highest percentage of 'always' responses for gloves and aprons

were found in Northern Ireland among the four nations (100% and 81.0% respectively), whereas the lowest were both in Wales (87.2% and 84.4% respectively). Chart 2 below illustrates the UK-wide results for this question across each item of PPE.

**Chart 2 – Are you able to access the following PPE kit when you need it (in line with the latest guidance from your organisation)? Responses from across the UK, with 'not applicable' excluded**

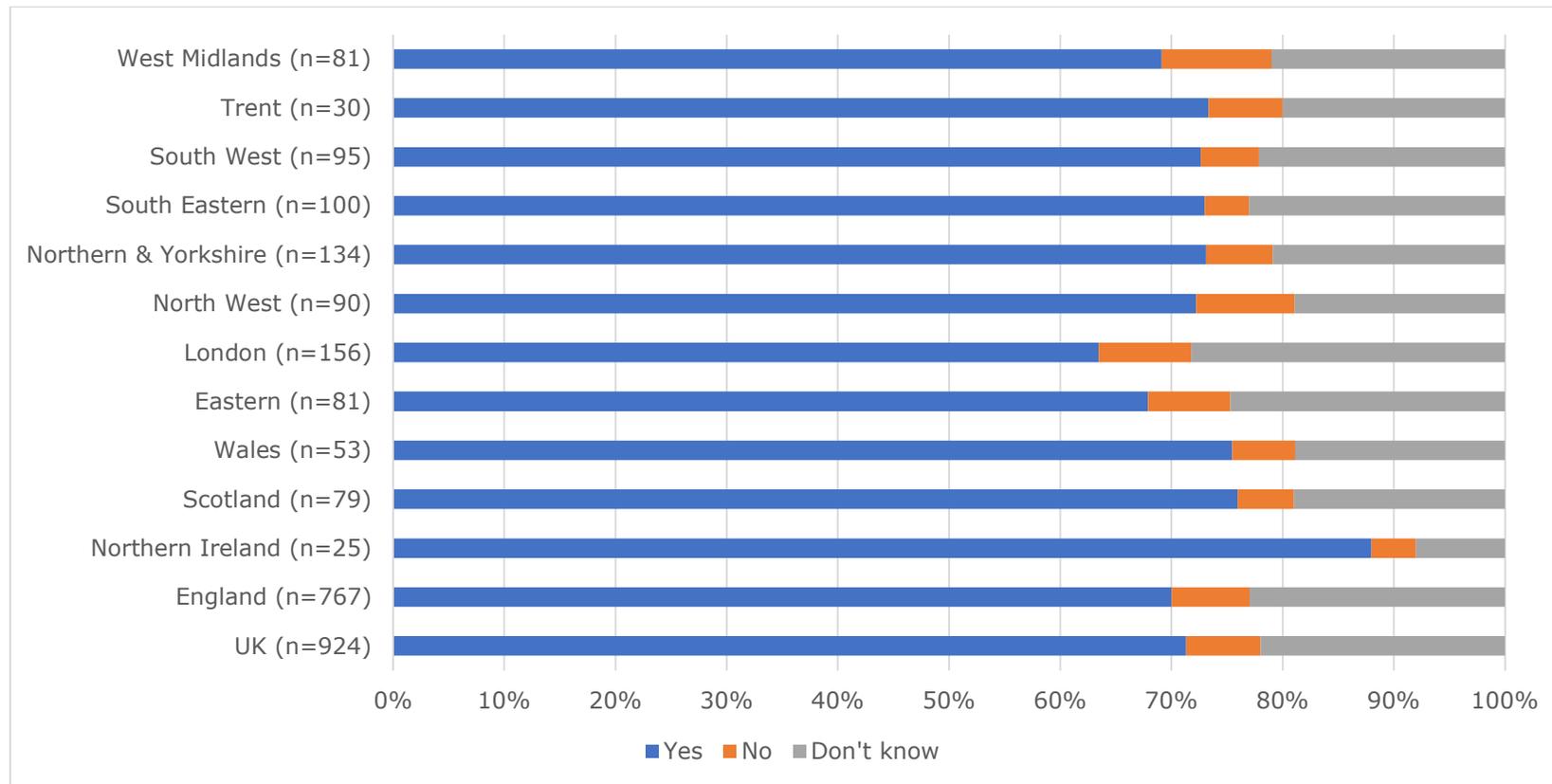


### Access to COVID-19 testing

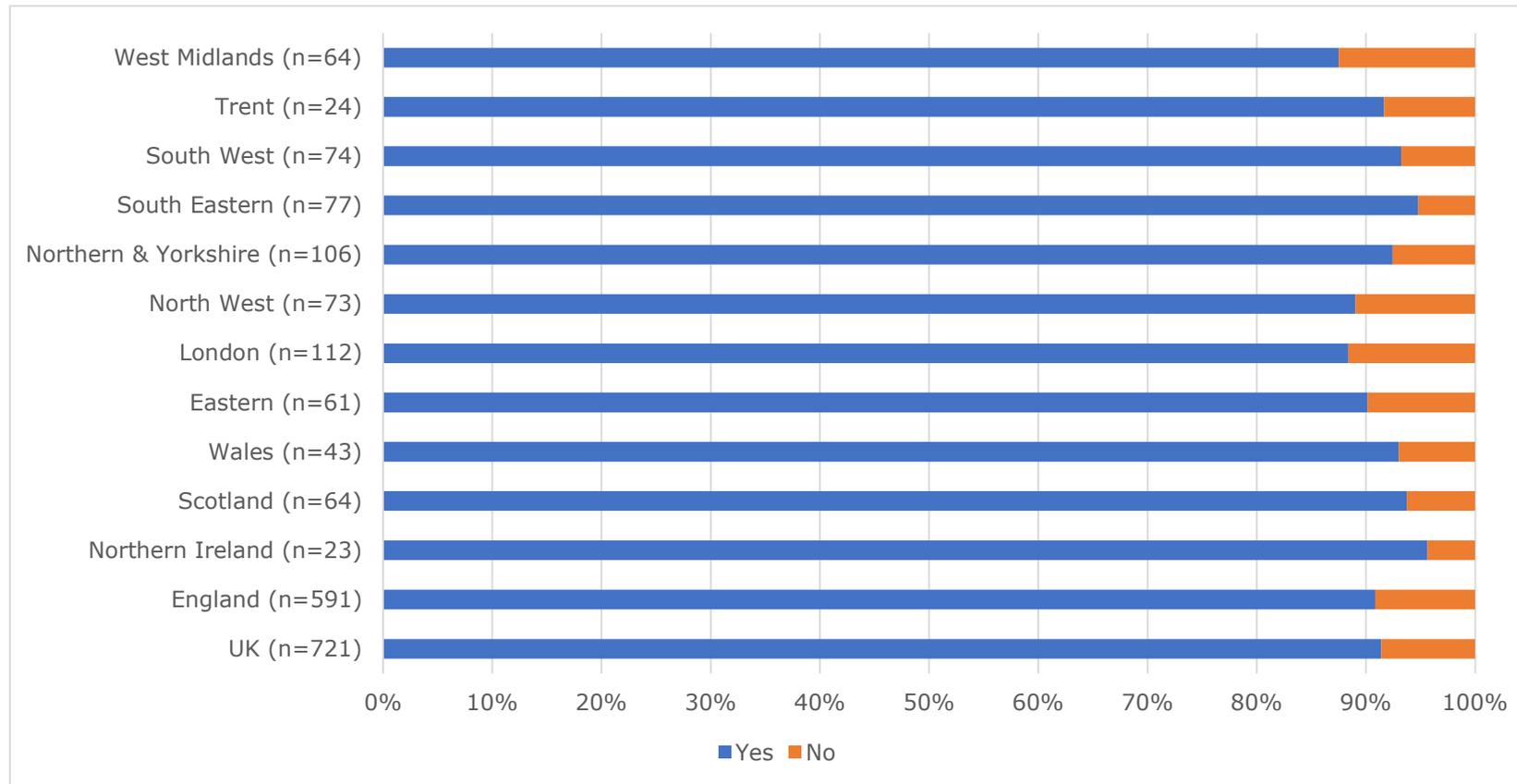
College members were also asked to confirm the availability of testing for three specific groups: patients, as per current testing guidance; members of their household with COVID-19 symptoms; and themselves if they developed COVID-19 symptoms.

With all responses factored in, 71.3% of members (659 of 924) across the UK were able to confirm that their patients could access COVID-19 tests when required, ranging from 63.5% in London (99 of 156) to 88.0% in Northern Ireland (22 of 25). Alternatively, if 'don't knows' are excluded, 91.4% of members (659 of 721) that were able to confirm whether tests for patients were available indicated that they could. Percentages varied from 87.5% in West Midlands (56 of 64) to 95.7% in Northern Ireland (22 of 23). The headline percentages compare to 67.6% and 89.2% respectively in the second survey and 53.6% and 75.2% respectively in the first survey. Full results are illustrated below in Charts 3 and 4.

**Chart 3 – Are you able to access COVID-19 testing that you need for your patients, as per current testing guidance? All responses from across the UK and each of the RCPsych regions**



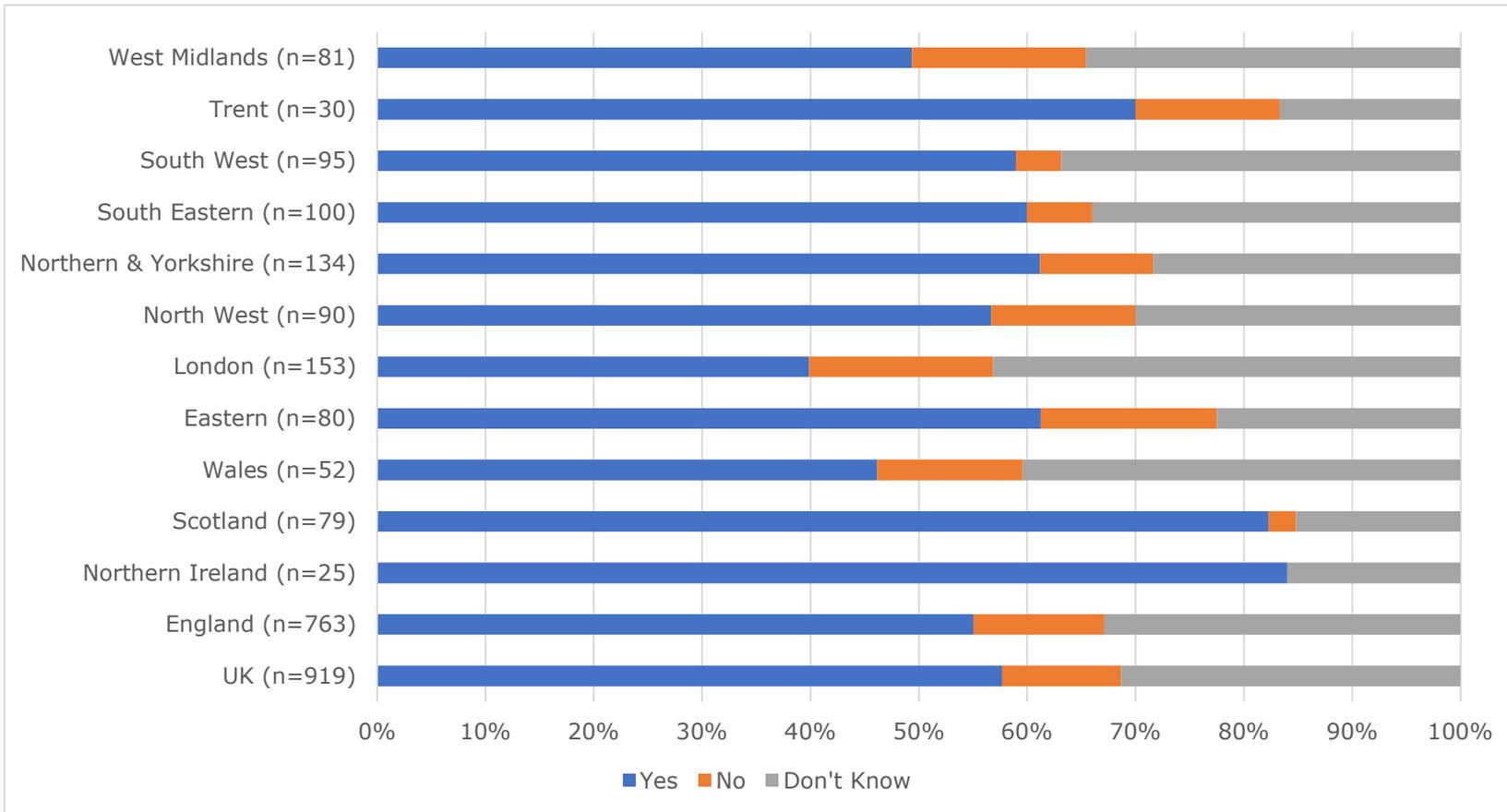
**Chart 4 – Are you able to access COVID-19 testing that you need for your patients, as per current testing guidance? Definitive responses only from across UK and each of the RCPsych regions**



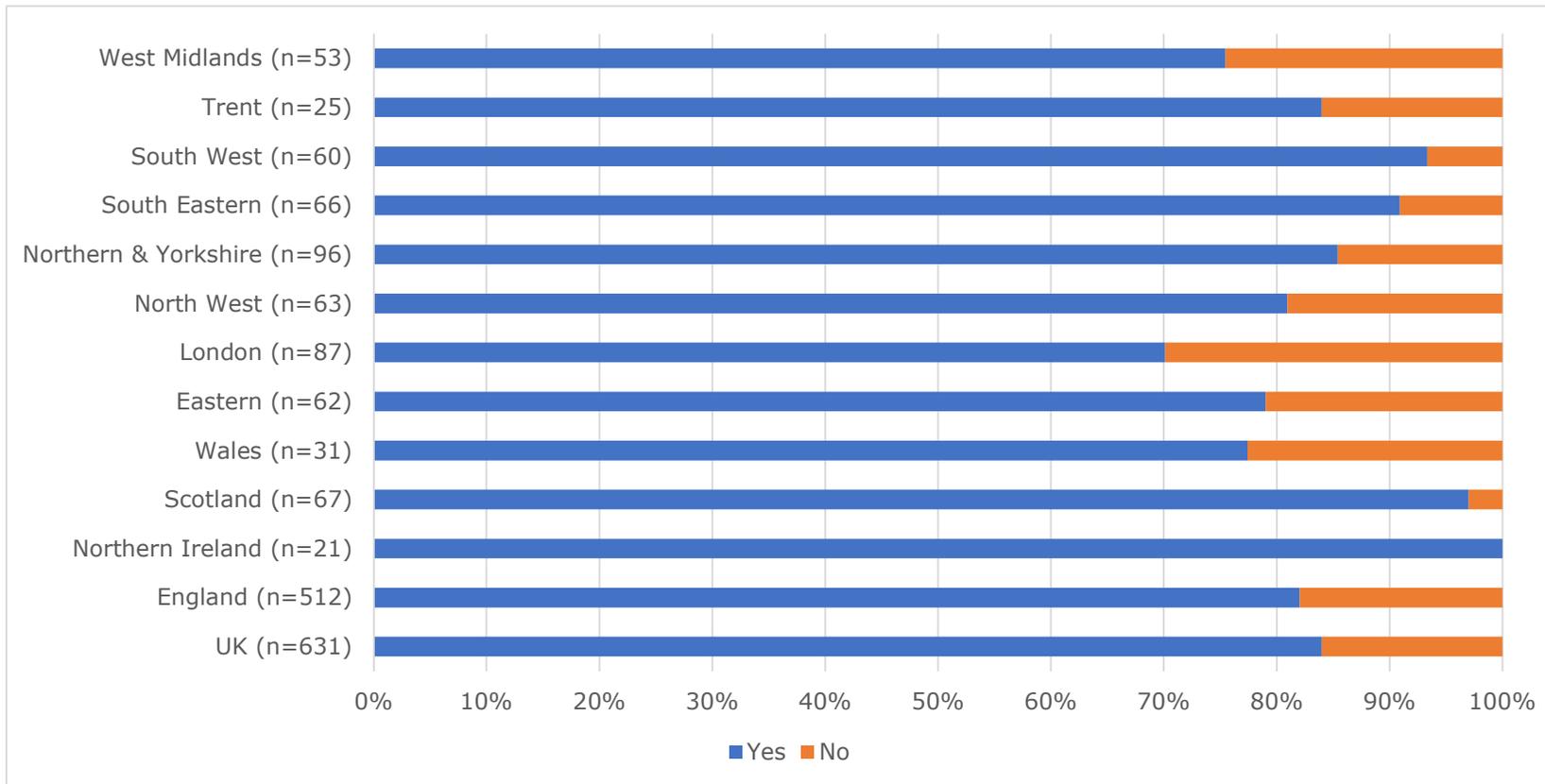
A mere 57.7% of respondents (530 of 919) were able to confirm that members of their own household with symptoms had access to tests, with percentages of 'yes' responses varying from 39.9% in London (61 of 153) to 84.0% in Northern Ireland (21 of 25). When 'don't know' responses are excluded, the overall percentage of positive answers to this question nationwide rose up to 84.0% (530 of 631), ranging from 70.1% in London (61 of 87) to 100% in Northern Ireland (21 of 21). The headline percentages can be compared to 55.9% and 78.9% respectively in the second survey and 30.0% and 44.0% respectively in the first survey

The full set of results are captured in Charts 5 and 6 below.

**Chart 5 – Are you able to access COVID-19 testing that you need for members of your household with symptoms?  
All responses from across the UK and each of the RCPsych regions**

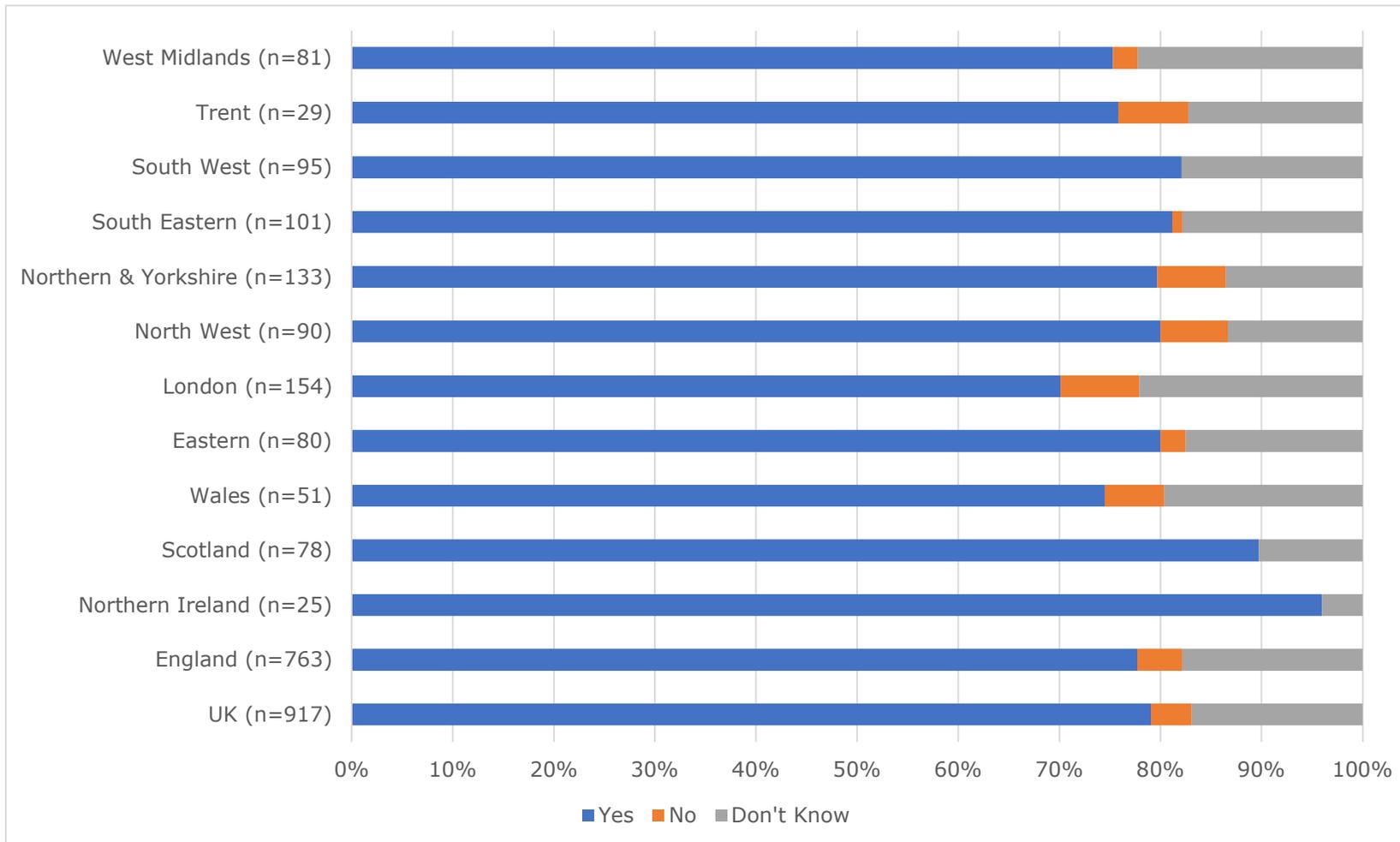


**Chart 6 – Are you able to access COVID-19 testing that you need for members of your household with symptoms? Definitive responses only from across the UK and each of the RCPsych regions**

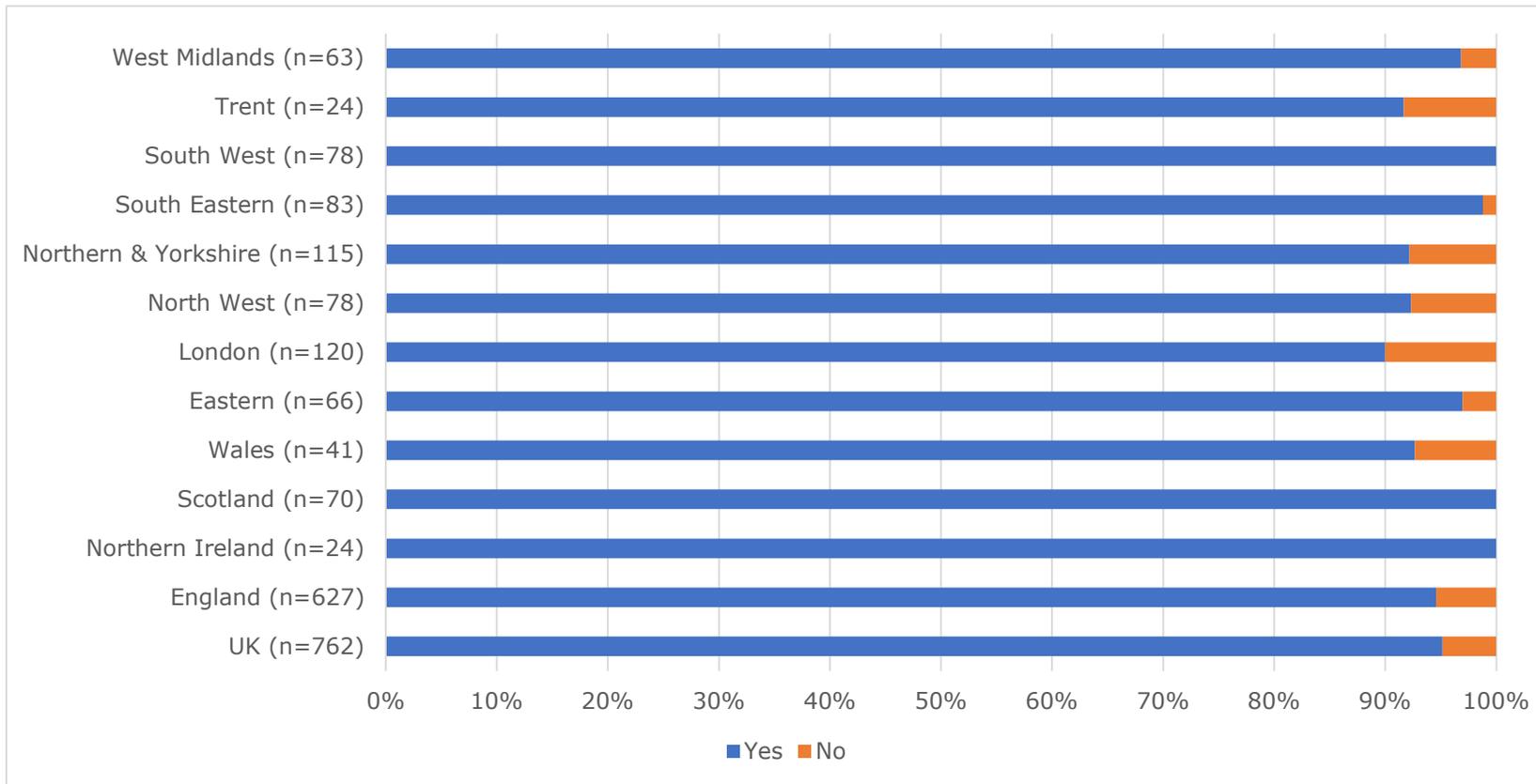


More than three in four members across the UK that responded were able to confirm that they themselves had access to a test if they had symptoms (79.1% or 725 of 917), with regional rates of 'yes' answers varying from 70.1% in London (108 of 154) to 96.0% in Northern Ireland (24 of 25). This question had the smallest number of 'don't know responses', but it remained just over one in six (16.9%). Once these are excluded from the analysis, 95.1% of the members providing definitive responses nationwide confirmed they could access tests in such circumstances (725 of 762), with a small discrepancy found between the region with the lowest percentage of 'yes' responses (London at 90.0%, or 108 of 120) and the highest (Northern Ireland, Scotland and South West at 100% or 24 of 24, 70 of 70 and 78 of 78 respectively). The headline percentages can be compared to 76.2% and 90.7% respectively in the second survey and 50.9% and 67.0% respectively in the first survey. Full results are illustrated in Charts 7 and 8 below.

**Chart 7 – Are you able to access COVID-19 testing that you need for yourself, if you have symptoms? All responses from across the UK and each of the RCPsych regions**



**Chart 8 – Are you able to access COVID-19 testing that you need for yourself, if you have symptoms? Definitive responses only from across the UK and each of the RCPsych regions**



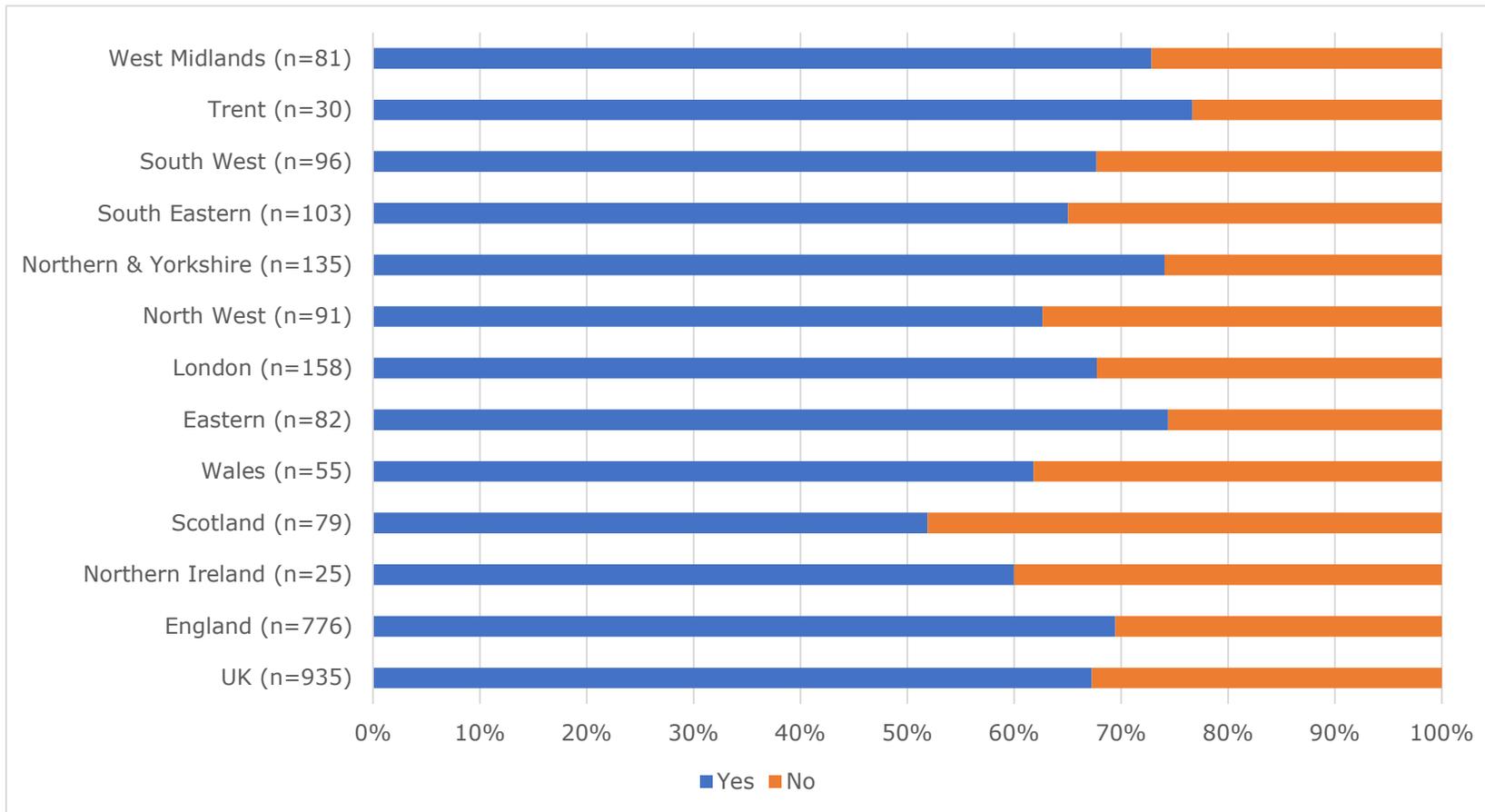
**Adjustments to normal job plans**

Across the UK, the majority of respondents confirm they were working their normal job plan (67.3%, or 629 of 935). The percentages responding 'yes' in the nations were as follows: 69.5% in England (539 of 776), 61.8% in Wales (34 of 55), 60.0% in Northern Ireland (15 of 25) and 51.9% in Scotland (41 of 79). The remainder of this section will analyse the 'no' responses only and therefore it needs to be noted that the percentages are based on just the share of that group:

- The most frequently cited reasons for not currently working normal job plans across the UK were: 'altered timetable due to reconfiguration of services' (44.2%, 134 of 303); and either 'working remotely' or 'self-isolating because of being in a high risk group and working remotely' which have been combined for this analysis (33.3%, or 101 of 303).
- England is the nation with the lowest proportion of respondents selecting 'altered timetable due to reconfiguration of services', at 38.9% (91 of 234), compared to 50.0% in Northern Ireland (5 of 10), 52.4% in Wales (11 of 21) and 71.0% in Scotland (27 of 38). Across the English regions only, the percentages ranged from 31.4% in Northern & Yorkshire (11 of 35) to 57.1% in Trent (4 of 7).
- Remote working across the two choices above combined was selected most frequently in England (37.6% or 88 of 234), followed by Wales (23.8% or 5 of 21), Northern Ireland (20.0% or 2 of 10) and Scotland (15.9% or 6 of 38). The regional percentages range from 28.6% in Trent (2 of 7) to 45.7% in Northern & Yorkshire (16 of 35).
- Across the UK, only 5 respondents confirmed they were off with either suspected or confirmed COVID-19 (1.6%). 2 of those individuals were in England and another 2 in Wales.
- A mere 3 respondents across the UK confirmed to be self-isolating because of symptoms in a member of their household (1.0%).
- 5.6% of UK respondents (17) stated they had been 'Transferred from working in a mental health setting to working in another setting', although analysis of the free text answers here suggests only three of those members have been moved into the acute hospital sector with the majority moved to other parts of mental health care.

The variation between nations and regions in answers to the main questions is laid out in Chart 9.

**Chart 9 – Are you currently working your normal job plan in mental health services? All responses from across the UK and each of the RCPsych regions**



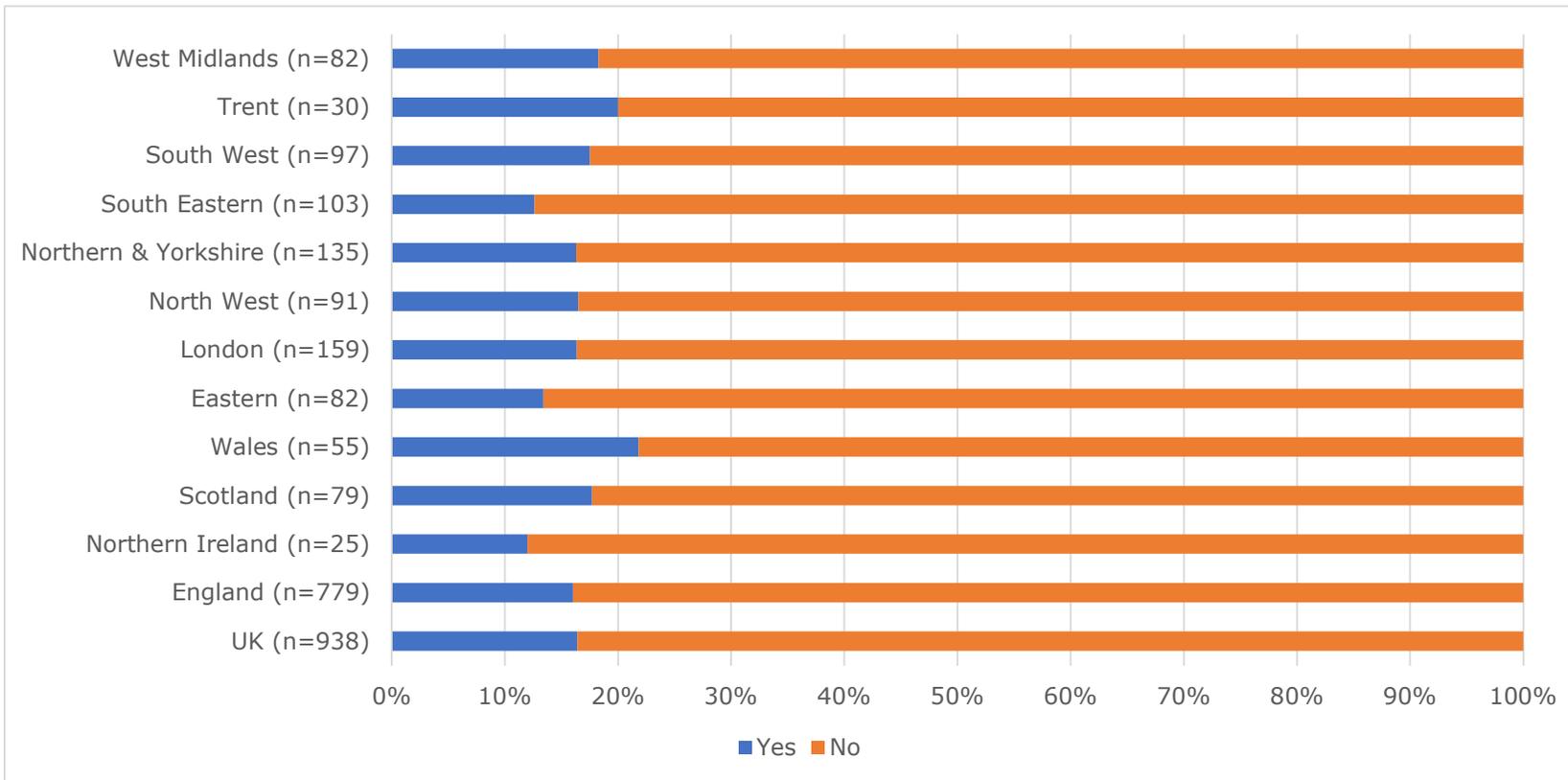
## Time off throughout the COVID-19 pandemic

Wales is the country with the highest proportion of members confirming they had been off in the last two weeks, at 21.8% (12 of 55). This compares to 17.7% in Scotland (14 of 79), 16.0% in England (125 of 779) and 12.0% in Northern Ireland (3 of 25). The remainder of this section considers the **'yes' responses only** to this question and the percentages therefore only relate to that group unless stated.

- 16.5% of UK respondents (25 of 151) that have taken time off stated it was because of either suspected or confirmed COVID-19 symptoms, with percentages across the nations being: England - 15.4%(19 of 123), Wales - 18.2% (2 of 11), Scotland - 21.4% (3 of 14) and Northern Ireland - 33.3% (1 of 3). Regional percentages range from 0.0% in Trent (0 of 6) to 26.7% in North West (4 of 15).
- A further 7.3% (11 of 151) of the UK respondents that have taken time off were off due to self-isolation caused by household members displaying symptoms. Percentages across the nations were as follows: Northern Ireland – 0.0% (0 of 3), Scotland – 0.0% (0 of 14), England – 8.1% (10 of 123) and Wales – 9.1% (1 of 11). Regional percentages range from 14.3% in West Midlands (2 of 14) to 50.0% in Trent (3 of 6).

The variation between nations and regions in answer to the main question is laid out in Chart 10.

**Chart 10 – Have you had to take time off from your normal job plan in mental health services during the COVID-19 pandemic? All responses from across the UK and each of the RCPsych regions**



## Indirect harms – emergency and urgent mental health care

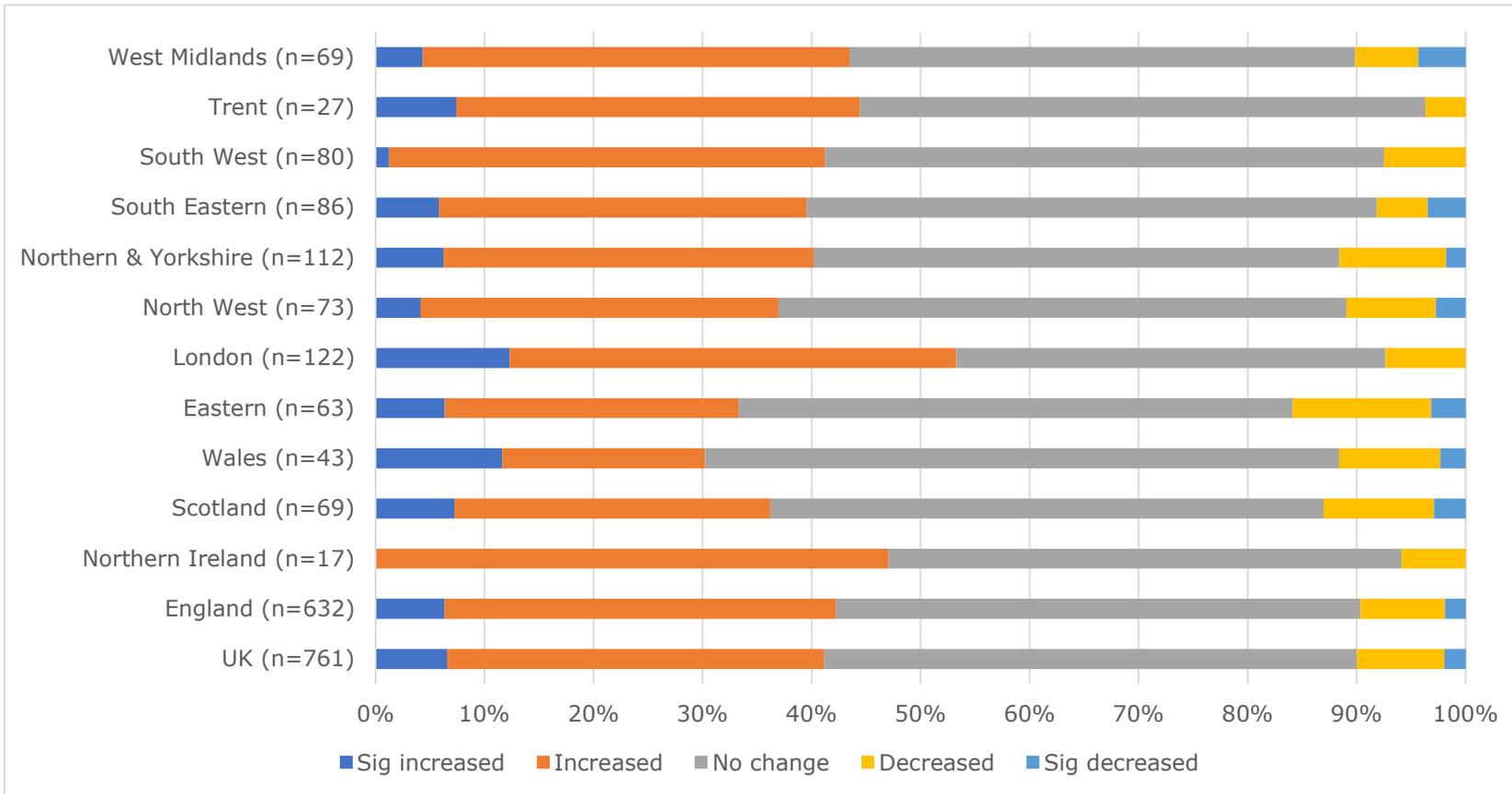
College members were asked to provide an assessment of how the workload in their teams had changed over the past fortnight across five broad categories of interventions or appointments. Examples of each category were provided in the survey, with members able to select 'not applicable' if necessary (such 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.

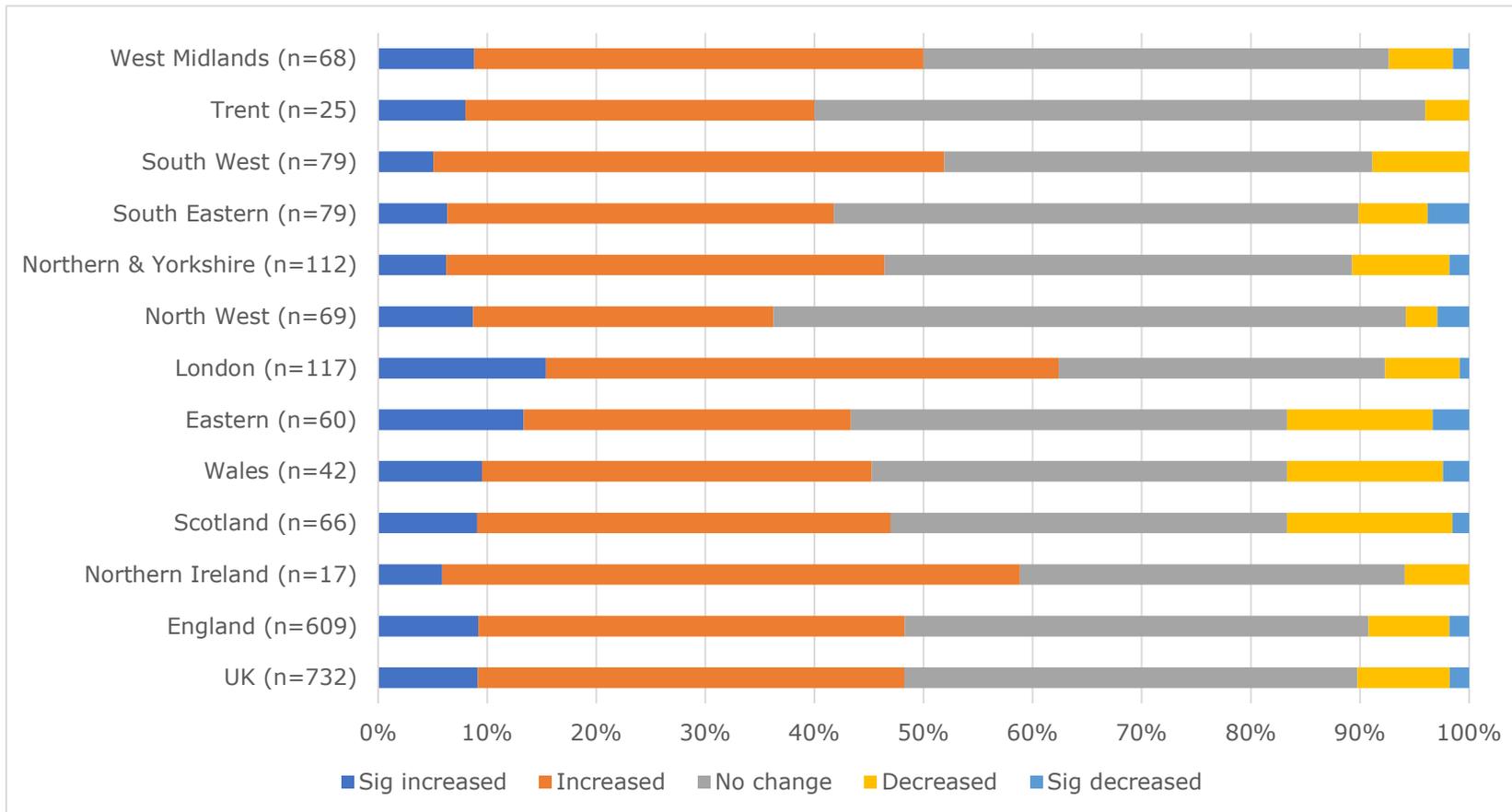
41.1% of respondents from across the UK (313 of 761) confirmed there had been an increase in workload across the emergency interventions and 48.4% across the urgent interventions (354 of 732) in the past fortnight, compared to 10.0% (76 of 761) who confirmed a decrease in the emergency interventions and 10.2% (75 of 732) in the urgent interventions.

Across the nations and RCPsych regions in England, the percentages confirming an increase ranged from 30.2% in Wales to 53.3% in London for emergency interventions and from 36.2% in North West to 62.4% in London for urgent interventions. The full responses are illustrated in Charts 11 and 12.

**Chart 11 – 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**



**Chart 12 – 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**



### 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.

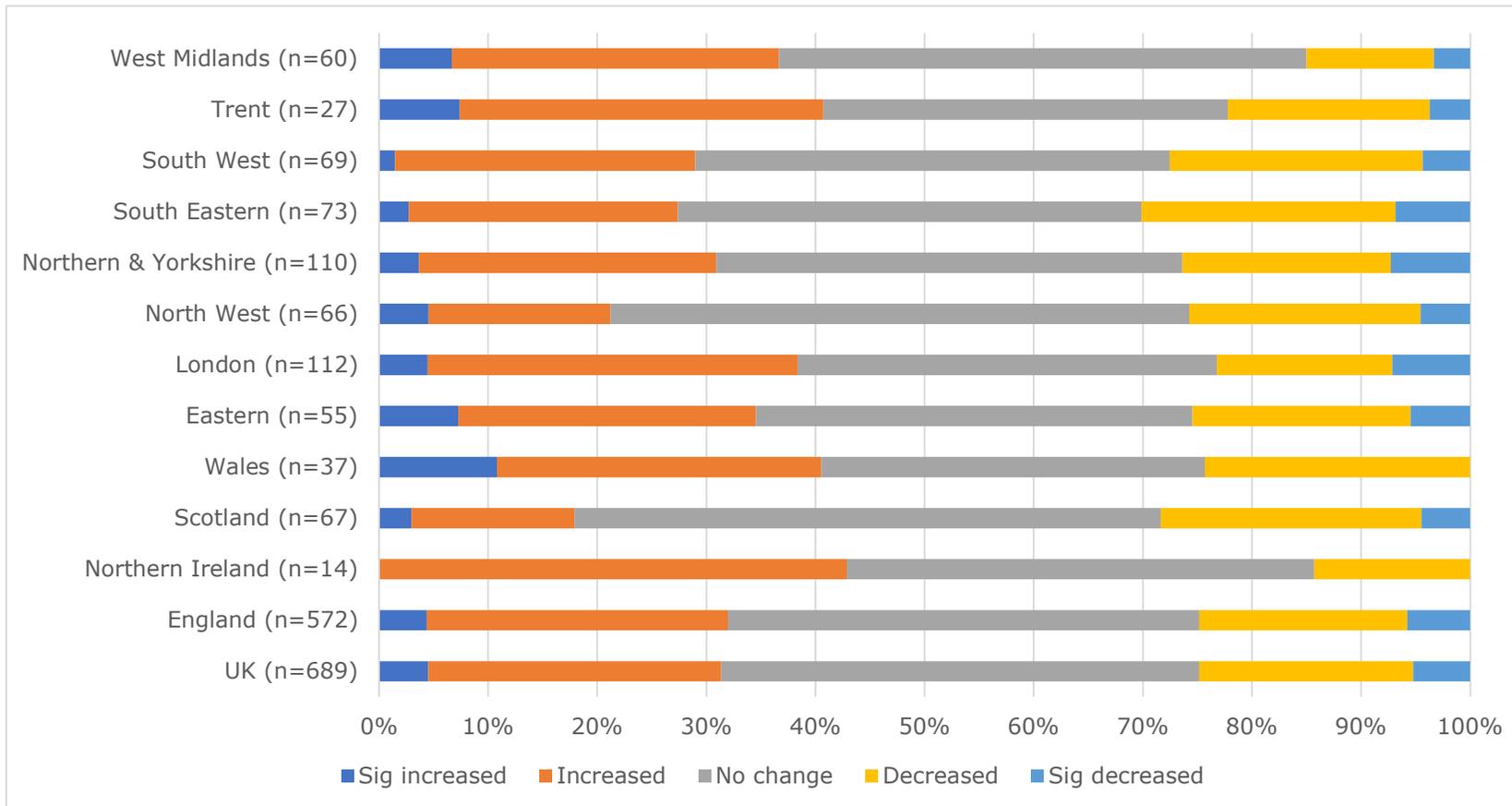
- Appointments/ interventions usually conducted within 3 months, e.g. routine psychiatric referrals that are currently being triaged for a need for face to face assessment, review of lithium level and treatment, delivery of depot antipsychotic treatments and long acting injection treatments, etc.
- Appointments/ 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. health act assessments urgent multidisciplinary assessment and intensive management and contingency planning in the community, etc.

It is within these categories where psychiatrists in greater numbers report decreases in workload over the past fortnight. In relation to appointments and interventions that are normally conducted within a four-week window, 24.8% of members (171 of 689) from across the UK confirmed that workload had decreased in the previous two weeks, compared to 31.3% (216) who reported an increase.

The highest percentage of respondents reporting increases in workload for such interventions were seen in Northern Ireland (42.9% or 6 of 14) and Trent (40.7% or 11 of 27). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in South Eastern (30.1% or 22 of 73) and Scotland (28.4% or 19 of 67).

The full range of responses on appointments and interventions normally undertaken within four week is shown in Chart 13.

**Chart 13 – 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**

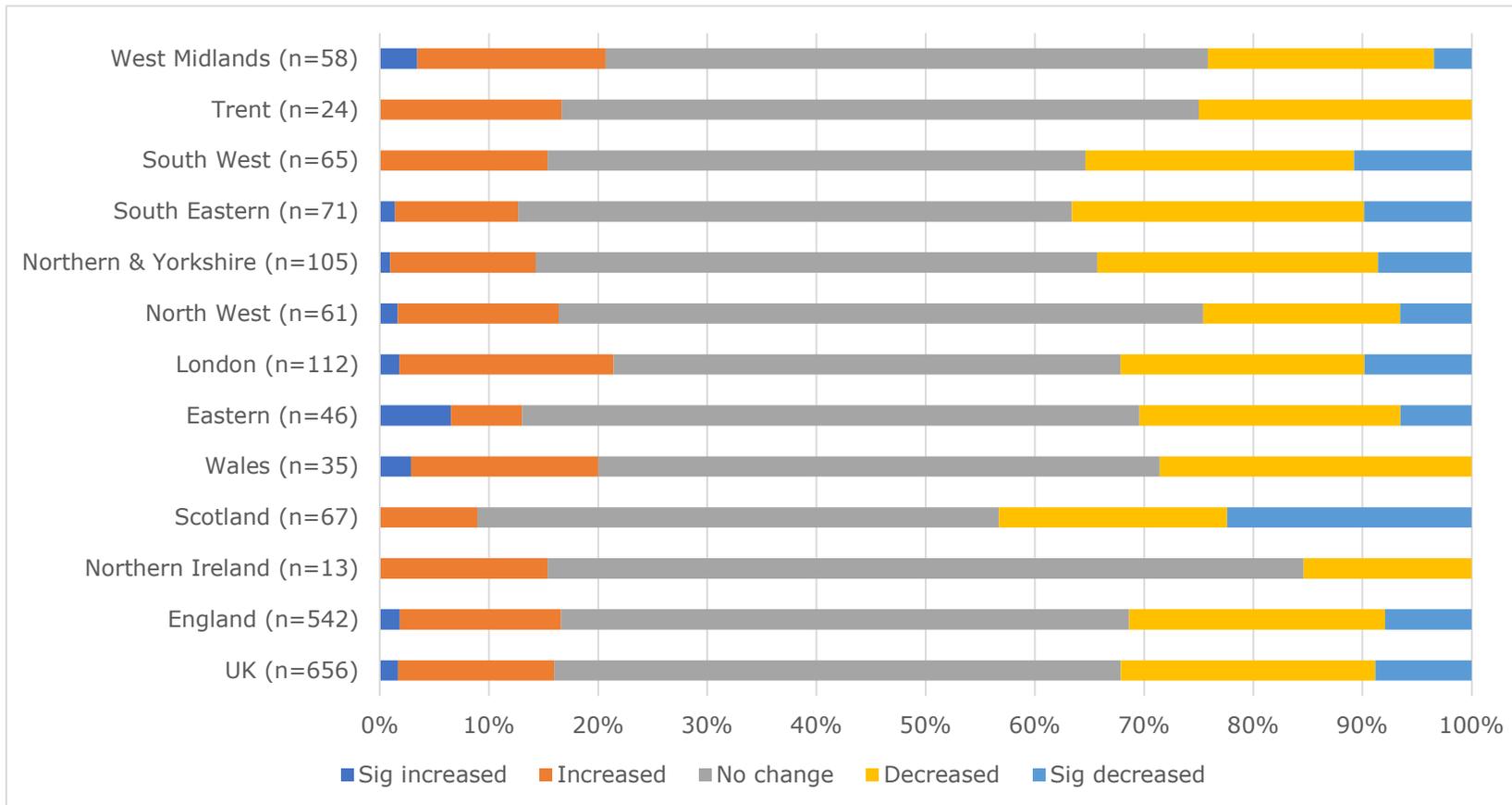


In relation to appointments and interventions that are normally conducted within a three-month window, 32.2% of members (211 of 656) from across the UK confirmed that workload had decreased in the previous two weeks, compared to 16.0% (105) who reported an increase.

The highest percentage of respondents reporting increases in workload for such interventions were seen in London (21.4% or 24 of 112) and West Midlands (20.7% or 12 of 58). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in Scotland (43.3% or 29 of 67) and South Eastern (36.6% or 26 of 71).

The full range of responses on appointments and interventions normally undertaken within three months is shown in Chart 14.

**Chart 14 – 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**



Finally, in relation to appointments and interventions that are normally conducted after three months, 36.4% of members (240 of 659) from across the UK confirmed that workload had decreased in the previous two weeks, compared to 10.9% (72) who reported an increase.

The highest percentage of respondents reporting increases in workload for such interventions were seen in West Midlands (16.9% or 10 of 59) and Trent (16.0% or 4 of 25). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in Scotland (49.2% or 32 of 65) and South West (46.4% or 32 of 69).

The full range of responses on appointments and interventions normally undertaken after three months is shown in Chart 15.

**Chart 15 – 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**

