

# Real life impact: the information contained in the data

A challenge for commissioners,  
clinicians and wider healthcare  
systems

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# We have heard...

**As at January 2020:**

**19000 beds**

**CMHT caseload: 693,000**

**IAPT caseload: 1,170,000**

**How many people, family, friends, community?**

## **During the period of the pandemic we know that:**

### **In-patient Settings:**

- Bed numbers, bed occupancy rates, admission rates reduced (accentuating previous trend)
- Detention rates increased

### **Community Mental Health Teams:**

- Case loads decreased (10% = 69,000 people more people left services than came in, May 2020 compared to Jan 2020)
- Face to face contact with people receiving care decreased
- Digital/on-line contact increased

### **Social care support:**

- Face to face 'stopped'. Some moved to digital delivery, patchy

# The Paradox of COVID 19 and ‘extreme vulnerability’

- “I am getting special attention because of COVID 19; but also NO attention because of COVID 19. Appointments for treatment and support for my many ‘underlying conditions’ have dissolved into a COVID sea. Some have been replaced by phone calls (physiotherapy?) but most have been cancelled with no news of when normal service might resume.
- Of course, I know that it is right that all medical staff should focus on the pandemic, although it would be rather odd to die of something which is being assiduously protected so that you don’t die of the ‘other’ thing.”
- *Diana Rose, published at: <https://www.nsun.org.uk/the-paradox-of-covid-19-and-extreme-vulnerability>*

# As we enter 'recovery phase', what does the future look like?

- **“Psychiatrists are warning of a "tsunami" of mental illness from problems stored up during lockdown.**
- They are particularly concerned that children and older adults are not getting the support they need because of school closures, self-isolation and fear of hospitals”

<https://www.bbc.co.uk/news/health-52676981> (20/5/2020))

“Pharmacy should brace itself for a “tsunami” of patients with mental health issues in the tail of the Covid-19 pandemic, says the president of the College of Mental Health Pharmacy.”

<https://www.pharmacymagazine.co.uk/expect-a-tsunami-of-mental-health-problems> (13/11/2020))

# Will telepsychiatry ‘save the day’?

- Significant uptake in some areas – esp CAMHS
- Scope to form part of a suite of interventions
- Need to avoid a rush to **\*mandatory\*** digital as a way of reducing either costs or waiting lists. Retain person centred approach

# Derbyshire Healthcare NHS FT: retaining a person centred approach

- ***“In adult, old age, learning disability and substance misuse community teams***
- Our services remain under pressure to recover, and we know that returning to a completely face-to-face provision of care will lead to extended waiting time and additional pressure for colleagues.
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- For routine appointments, we advise a mixture of virtual and telephone appointments, with face-to-face appointments only taking place where clinically indicated or where a family states they do not benefit from virtual appointments (although in these circumstances we would recommend discussing alternating virtual and face-to-face appointments as part of a mixed approach).
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- Open and honest conversations will need to take place with service users to clarify that there may be a delay in being seen if their preference is face to face, as the capacity for COVID-secure appointments is greatly reduced in our bases.
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- When a person is digitally excluded or has safeguarding concerns, face-to-face appointments must be routinely offered. For individuals where there is elevated risk or a context of care such as living in poverty, domestic violence, risks to or from carers or where we have concerns regarding parenting, please make sure regular face-to-face appointments are taking place, supplemented by an additional mixture of virtual and telephone based appointments.
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- Where face-to-face appointments are taking place, please plan your appointments to reduce the impact of travelling as much as possible. Offer outdoor appointments in gardens, go for a walk, or if you do undertake a home visit, please request that the windows are open.
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- **Clinical practice – outpatient services offering routine appointments**
- For these services, Attend Anywhere or telephone-based appointments will need to continue to be in place for the majority of the care being provided.
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- Face-to-face appointments should only be offered where clinically indicated and where there is a compelling clinical, social or technological reason to do so. If face-to-face appointments are considered necessary, they should be held in a clinical setting unless one of the team’s doctors agrees an alternative location. “

# Lessons

- Difficult to balance staff safety v patient safety v covid risk v mental health risks
- However:
- Interactions between services and patients are not neutral in mental health. Causes something to happen...
- 'Getting it wrong' can cause harm.

# Thank you

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