

# Has COVID-19 impacted young people and families' experience of their care during a presentation to general hospital with a mental health crisis?

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## Background

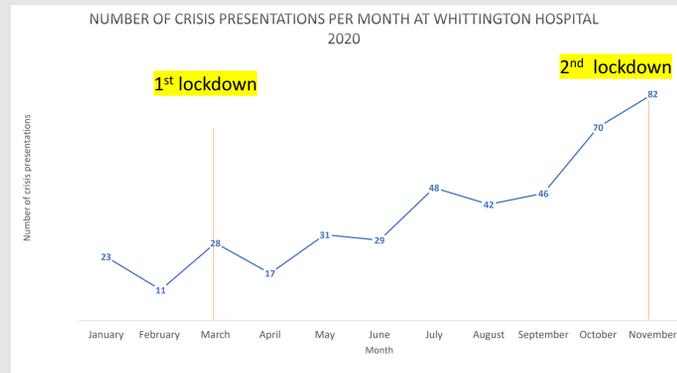
On the 23<sup>rd</sup> March 2020, the UK went into its first national lockdown as the coronavirus became the biggest threat that the country had faced for decades (GOV.UK, 2020).

In a UK survey by Young Minds, 83% of 2111 participants aged under 25 with a history of mental health illness stated that the pandemic made their condition worse (Lee, 2020).

During April-September 2020, the paediatric emergency and acute inpatient departments at the Royal Free and University College London Hospital closed as they became surge sites for COVID-19.

The system aimed to limit mental health crisis work in A&E creating a diversion of paediatric patients to only North Middlesex, Barnet, and Whittington Emergency Departments to try and maintain safe and high-quality paediatric services whilst responding to the pandemic (Goldin and Hudson, 2020).

## INTRODUCTION



## Aims

1. Investigate whether the COVID-19 pandemic impacted the experience patients aged 10-17 and their families had with the paediatric mental health crisis service in the Whittington Hospital by conducting a service evaluation using a validated Experience of Service Questionnaire (ESQ).

2. Draw comparisons before and after the April-September changes by gathering feedback from patients and their families admitted in January-March 2020 to October-November 2020.

## Objectives

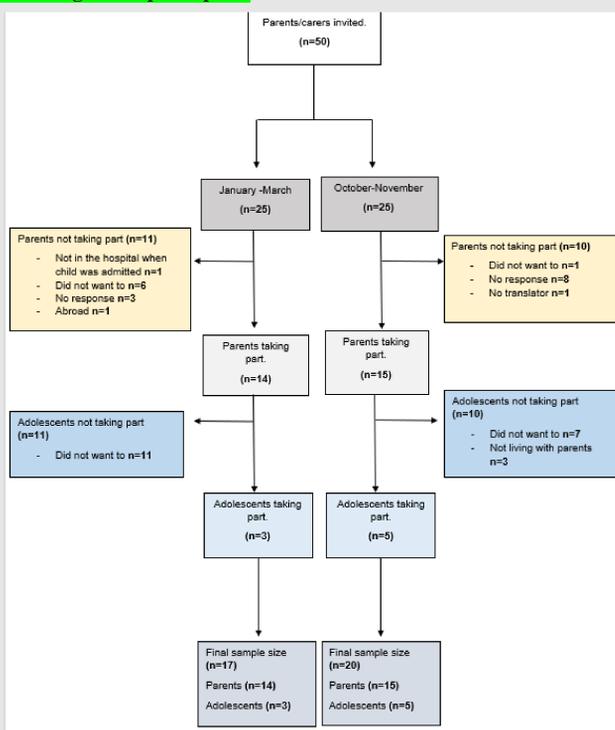
Conduct semi-structured interviews over the phone and send out online questionnaires to evaluate patient and families experience. These respondents will be selected at random.

## Hypothesis

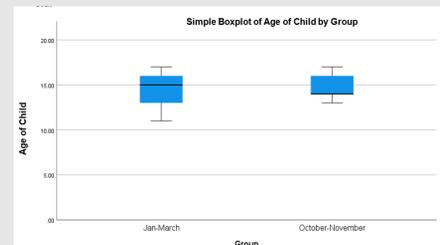
The impact of the pandemic and lockdown will increase the number of mental health crisis presentations (as shown on the graph to the left). Reduced resources to address this will lead to a less satisfactory patient and family experience of care when presenting with a mental health crisis.

## METHODS

### Flow diagram of participants



## RESULTS- Demographic of respondents



Age of adolescents in each sample

	Phone	Online
Jan-March	Parent (n=9 female, n=1 male) Adolescent (n=2 female)	Parent (n=4 female) Adolescent (n=1 female)
October-November	Parent (n=9 female, n=1 male) Adolescent (n=0)	Parent (n=5 female) Child (n=4 female, n=1 male)

How respondents answered the questionnaire

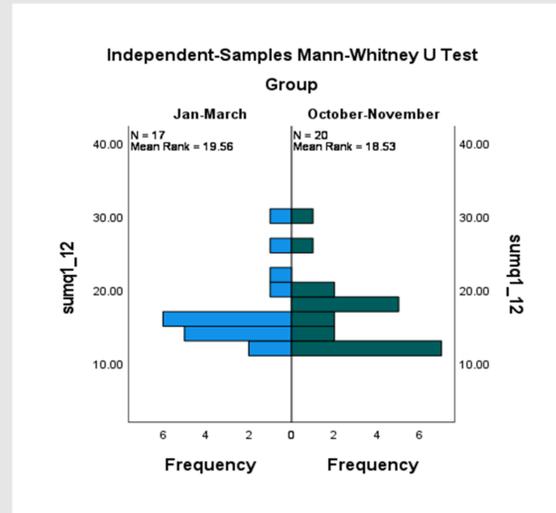
## RESULTS- Quantitative data

A sum was produced for each individuals answer for questions 1-12 of the ESQ.

### The Mann Whitney U test

p-value = 0.775

There was no statistically significant difference across the two samples.



Sum of each respondents answer in each group

## DISCUSSION

### 1. The results do not support the hypothesis:

- Parents may be less inclined to respond negatively knowing how much stress the NHS was under.

### 2. Lack of access to services and waiting times was not as much of an issue in October-November.

- Respondents may have been of higher socio-economic status with greater access to technology to receive support.

### 3. Poor communication has been a common issue within the study.

- Maybe made worse through the use of masks and social distancing.

- Staff were redeployed from other sites contributing to less cohesive teams and concerns regarding safety of discharge.

- More crisis presentations later in the year results in less time to focus on individual cases.

### LIMITATIONS

**Reporting bias**- people may have been less honest on the phone. To limit this, it was emphasised that all information was anonymous and confidential.

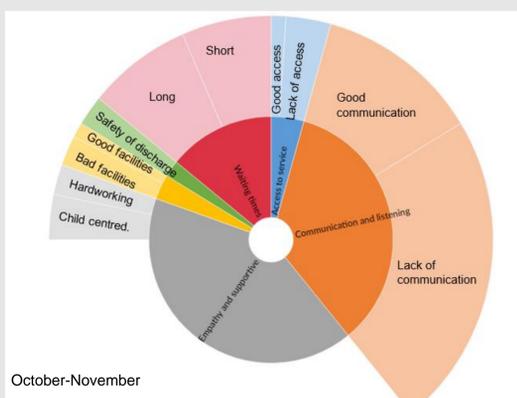
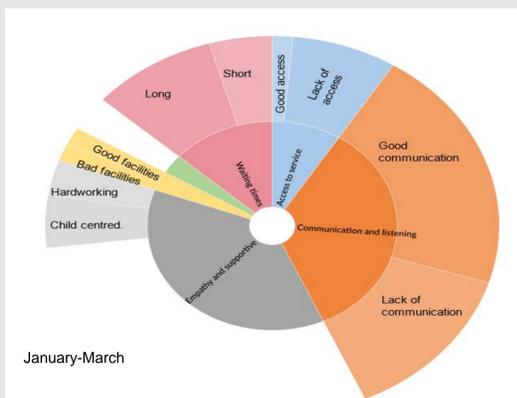
**Generalisability**- 3/37 respondents were males and the study is only based at the Whittington Hospital.

**Language and literacy barriers**- difficult to interview those with poor English when there was no translator at home

**Data saturation**- uncertain if this was reached

## RESULTS- Qualitative data

A thematic analysis was conducted using a semantic, reflexive and inductive approach.



Hierarchy chart identifying how often different themes were mentioned in each sample

## CONCLUSIONS

- Addressing mental health needs is essential, particularly during this unprecedented time when mental health service demand has increased.
- Although there was no significant difference in the time frames, improvements need to be made particularly with communication and integration of services.

### Future research

- More feedback must be gathered from adolescents.
- Further studies must be conducted in different hospitals to see if there is a change in patient and family experience across the UK due to the pandemic.
- Would people be as forgiving now and provide the same feedback a year later about the mental health service? Studies need to be conducted to analyse the service now after 3 lockdowns.

## REFERENCES

- Goldin, J and Hudson, L (2020). "Systemic response to COVID-19 on MCU at GOSH and in North London". *GOSH Conference 2020* London 26-28 October
- GOV.UK. (2020). *Prime Minister's statement on coronavirus (COVID-19): 23 March 2020*. [announcement]. 23 March. Available at: <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020> (Accessed: 27 February 2021).
- Lee, J. (2020). "Mental health effects of school closures during COVID-19." *The Lancet Child & Adolescent Health* 4(6), pp. 421.