

An adaptive culture in the midst of a pandemic: how voluntary mental health organisations have remained resilient.

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Aims and Hypothesis

- To investigate the impact of COVID-19 on local, voluntary mental health organisations in the Northern Health and Social Care Trust, NI.
- It was anticipated that there would be an adverse impact on such organisations with a reduced ability to execute their roles, reduced contact with patients and longer waiting list times.

Background

- The management of mental health frequently involves voluntary organisations in the recovery and maintenance of mental wellbeing.
- Without their input many patients would be exposed to unnecessary suffering.

Methods

- Retrospective, qualitative study involving contact with 16 frequently signposted, voluntary organisations. These were identified from the Trust's directory of services and medical professionals with experience of community, liaison and acute inpatient services.
- Organisations contacted included: urgent support helplines for suicide and self-harm prevention, alcohol and drug misuse, sexual abuse counselling, bereavement counselling, sexual orientation and gender identity support, Northern Ireland related trauma counselling, carer support services, support for older people services, homelessness support, advocacy services and general support services for those recovering from mental illness.
- There were 3 areas of focus - is there a substantial change in the service available to patients compared to pre-COVID-19, has there been a change in the contact-options for patients, and has there been a change to waiting list times?

Results

27%

of organisations noted a substantial change in their ability to fully offer their service. Reasons included inability to deliver social-outlets and resistance of patients to utilise technology.

55%

of organisations had adapted their contact-options with patients. Some organisations incorporated telephone, online-chat functions and online video-calling or a blend of same with face-to-face contacts.

22%

of the 9 organisations with waiting lists noted a change in wait times. The primary reason for an increase was cited as patient hesitancy to use online platforms for counselling compared to face-to-face support.

Responding organisations n=11/16

Conclusions

- Local organisations have shown flexibility to execute their services in a full manner whilst continuing to communicate with patients and ensure timely access to help.
- An adaptive culture is evident but there remains room for innovation and to develop methods to facilitate patients less enthusiastic for non face-to-face supports.