

# Parliamentary Briefing: Impact of the COVID-19 pandemic on mental health

## House of Lords oral questions, 1 July 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £87bn of annual expenditure and employing more than one million staff.

### Key points

- Mental health providers are reporting significant changes in the pattern of demand and source of referrals for mental health support since the start of the pandemic. The level of 'pent up demand' for mental health services over the last 10 weeks as GP referrals and patient presentations have dropped is a real concern, with trust leaders fearing that many who need care and support are not always accessing services until they reach a crisis point. These delays may give rise to more complex and advanced needs which will emerge as lockdown eases.
- Given the predicted surge in demand for mental health care as lockdown eases, it is vital that the government and national policy makers take account of the pressure mental health services will continue to face in the weeks and months ahead.
- Despite the significant challenges presented by COVID-19, trusts have been quick to adapt in order to effectively prepare services to deal with coronavirus patients, whilst also ensuring their services are best able to meet people's non-covid needs during the pandemic. As outlined in our recent report, '[The Impact of COVID-19 on mental health trusts in the NHS](#)', this has included the provision of intermediate care wards for those recovering from the virus, setting up mental health A&Es and 24/7 emergency service access lines, accelerating discharge in partnership with community services, reducing avoidable admissions with enhanced crisis care, and moving many home treatment models and clinical services online.

## Current challenges

### Demand for and access to care

Since the start of the pandemic, trusts have seen significant changes in the pattern of demand, and source of referrals, for mental health support. There have been falls in the number of referrals, particularly from GPs, for services such as child and adolescent mental health services (CAMHS) and improving access to psychological therapies (IAPT). However, many trusts have seen an increase in self-referrals and a rise in the number of people presenting in crisis.

The level of 'pent up demand' for mental health services over the last 10 weeks as GP referrals and patient presentations have dropped is a real concern. Trust leaders fear many who need care and support are not always accessing services until they reach a crisis point. These delays may give rise to more complex and advanced needs which will emerge as lockdown eases.

The Royal College of Psychiatrists have **reported** increased numbers of people needing urgent and emergency mental health care, alongside a reduction in routine care, especially for older adults, for children and young people, and within general hospitals. Trusts are also starting to report significant **additional new demand** for mental health services from those affected by the economic, social and loss of life factors associated with COVID-19, and from health and care staff coping with the consequences of having to provide frontline COVID-19 care in extremely difficult circumstances.

### Demand for mental health care as lockdown eases

This is particularly important as mental health trusts take on the complex, difficult and challenging task of navigating the next phase of their response to the pandemic. Mental health services will **continue** to face pressures in the weeks and months ahead, given a predicted surge in demand for mental health care as lockdown eases. Most recently, the Institute for Fiscal Studies **reported** that the scale of deterioration in people's mental health during the first two months of the pandemic and the associated lockdown is of a magnitude unlike anything seen in recent years.

Indeed, mental health providers are already beginning to report a significant increase in demand and the severity of new referrals. The **first forecast** from Centre for Mental Health is that at least half a million more people in UK may experience mental ill health as a result of COVID-19 with mental health issues likely to be exacerbated by the wider socio-economic impacts of lockdown including unemployment, housing issues and social isolation. The pandemic has also exacerbated the significant workforce challenges mental health trusts were already facing.

## How trusts have prepared and responded so far

Despite the significant challenges presented by COVID-19, trusts have been quick to adapt in order to effectively prepare services to deal with coronavirus patients, whilst also ensuring their services are best able to meet people's non-covid needs during the pandemic. This has involved delivering some radical service transformations and fast-tracking reforms that many believe would have taken years under the traditional approaches to commissioning and service change. Innovations include:

### 24/7 mental health emergency service access lines

24/7 mental health emergency service access lines have been rapidly established to cover all areas of the country to support children and adults in crisis. With some variation in how these services are resourced and set up, these lines are accessible through one phone number and operated by trained mental health professionals who can offer help, advice, mental health assessments, referrals and access to a trust's wider mental health services. Numerous trusts are working with other partners, from ambulance trusts to the voluntary sector and local authorities, to enhance the NHS offer and ensure a joined-up approach can be taken, particularly for frequent callers. In many areas, staff who are home self-isolating but not unwell themselves are being utilised to help deliver the service in the current period.

### Mental health A&Es

Mental health trusts have also rapidly set up mental health A&Es to ensure people in crisis are still able to access the support that they need in a setting that feels safe, and also help ease pressures on emergency departments. This has involved trusts identifying locations across their estates with suitable spaces for assessments and triage to be carried out, agreeing and deploying staff to support these new services, and planning with local partners how diversion and transportation should work. These facilities are supporting people who have a mental health need and no physical health issues: service users who do have a physical health issue remain in A&E to receive the care they need. Feedback from a number of trusts we have heard from has been positive, but trust leaders are conscious these models will need to be properly evaluated and a more sustainable and standardised approach taken if they are to be kept in the longer term.