

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository:<https://orca.cardiff.ac.uk/id/eprint/146503/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Rea, Sara and Davies, Andrea 2021. Learning from practice: a locality mental health service response to the covid-19 pandemic. *Clinical Psychology Forum* 345

Publishers page: <https://shop.bps.org.uk/clinical-psychology-forum-...>

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See <http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



Learning from Practice: A Locality Mental Health Service Response to the Covid-19 Pandemic.

Sara Rea (Trainee Clinical Psychologist) & Andrea Davies (Consultant Clinical Psychologist)

Summary

This paper outlines a process of utilising data themes from a small-scale study to create a context for learning and reflection on the adaptations and challenges encountered across locality mental health services during the first wave of the 2020 pandemic.

Introduction

During the initial weeks of the first UK lockdown, the guidance to mental health services on how to best support and protect existing mental health service users from the impact of the pandemic was limited. The literature mainly focused on the psychological impact of quarantine; the impact on healthcare staff working with infected patients; the mental health needs of infected patients; and the impact on the mental health of the general population. Very little research focused on the impact of global disasters on people with existing mental health difficulties. During the ‘first wave’, the specific needs of mental health services were not addressed in general healthcare guidance to provide mental health service managers specific clarity around: the management of Covid19 positive patients with acute mental health deterioration; the interface between the Human Rights Act and the Mental Health Act in the face of a physical health condition; infection control and restraint; maintaining the provision of therapeutic work via digital technology; ensuring staff have access to devices to support this work; maintaining infection control procedures for community mental health service that take place in the home of the service user (Foye, Dalton-Locke, Harju-Seppanen & Lane; 2021).

Healthcare as a learning context requires learning from practice to be ‘designed in’, that is to say, opportunities for learning need to be created proactively (Bohmer, 2009). Quality improvement methodology supports a closed feedback loop between practice, learning and implementation of learning, and the locality service that participated in this study has been engaged in a commitment to continuous improvement and practice-based learning since 2017 (see Davies, James & Lloyd, 2020).

Aims

This article outlines a qualitative study where thematic analysis was used to explore adaptations made, and challenges encountered, during the first wave of the pandemic by locality mental health services (inpatient, community and third sector). Themes were utilised to inform a reflective learning event for clinical and service managers to identify and collaborate on further adaptations required to meet the needs of service users and staff in the face of the continued public health crisis.

Method

Design and Procedure

Qualitative methodology was selected to ensure a deep appreciation of service response from a management perspective. One-to-one interviews were carried out via Zoom, lasting approximately forty-five minutes. Interviews were recorded and transcribed verbatim. The study was approved by the NHS health board Research and Development Department as a service evaluation.

The reflective learning event was undertaken via Microsoft Teams and facilitated by the authors. Following a presentation of the qualitative research themes, a virtual adaptation of a fish-bowl reflection method was used. Discussions were facilitated between half the group, with their cameras on, and the other participants observing. The observing group then reflected back, and further discussion was facilitated. This enabled three participants at a time to share their thoughts, in the presence of the larger group.

Participants

All mental health service managers within the locality were invited to participate in both the interviews and the learning event; ward managers, community team managers

(primary and secondary care) clinical service managers, and third sector managers (n=10). Five participants completed interviews between August and September 2020. Informed consent was gained prior to interviews. The learning event was held in October 2020. Of the six managers who attended, three had also participated in the research interviews.

Data Analysis

Data were analysed using thematic analysis from a critical realist perspective (Braun & Clarke, 2006). Thematic analysis was selected for its theoretical flexibility and accessibility of the approach. Following familiarisation with the data, inductive coding was completed. Codes were reviewed, condensed and organised into initial themes, which were further reviewed and defined. Codes and themes were checked throughout the analytic process through consultation and discussion to encourage reflexivity.

The facilitators took process notes during and immediately after the learning event. Summaries of themes and identified action points were sent to the attendees for verification of accuracy.

Results

Three **main themes** and eight *subthemes* were constructed from analysis of the transcripts:

i) Doing it differently

This theme encapsulated ways services were working differently, including describing new ways of working and the implications of these changes. Participants discussed practicalities of *dealing with the virus*, including reducing the risk of contamination, use of Personal Protective Equipment (PPE), modifying work environments and the additional time required

to attend to infection control. Services had to balance the risk of Covid19 transmission against the potential risks associated with a service users' mental health needs. This involved *narrowing focus vs. widening access* as a way of establishing who required ongoing face-to-face contact and who would be suitable for remote contact:

"We were just visiting essential people... and over that time we've had to risk assess [...] who should be seen and when they should be seen" (P3).

"some patients don't want us to come around there, because they don't want us possibly infecting them" (P2).

For services that initially moved entirely onto remote methods, capacity increased, and the focus was on reaching more people:

"We also reached out to clients who we've worked with previously [...]. So what we tried to do is, is reach as many people in need as possible" (P5).

Services being closed or modified resulted in reduced care options and a number of standard care practices were lost during the initial lockdown including physical health clinics, medical reviews and Care and Treatment plan reviews. Participants reflected that services were *missing out* on multidisciplinary perspectives due to limited remote access options:

"all these people have really good opinions about different things that are going on with clients, different areas of skill. And because we're having meetings without those people in it, we miss that part of it." (P3)

Some participants reported that reduced face-to-face contact negatively impacted on the quality of engagement with service users, whilst others highlighted the challenges in noticing early relapse indicators and subsequent increased risk of reaching a mental health crisis. For the majority of participants *technology enabling care* took the form of telephone contact with service users and video conferencing with colleagues. There were some examples of video conferencing with service users, particularly for group interventions. Access to adequate technology and platforms varied across clinical teams in the locality. Whilst many service users engaged with virtual formats, participants highlighted that some did not, due to their confidence in using digital means or because of their mental health. However, participants were positive about the scope of new methods of working and spoke about retaining some adaptations for the future. *It's a keeper* included advocating for a combination of remote and face-to-face care to increase options available to service users:

“we tend to screen people a little bit more by telephone [...] because that’s worked well, we will use that as an option now in the [team] to try a telephone assessment first and then it will be followed up by face-to-face when we need it.” (P1)

ii) Living in it

The second theme captured the wider shared experience of living and working in the pandemic as it unfolded across the UK. Participants reflected on the challenges of simultaneously providing support to colleagues, making service provision decisions in the face of constant change and uncertainty, and being personally affected by the pandemic, risks and restrictions, all in real time. An early priority was checking in with colleagues: *how are*

we? There were concerns about staff wellbeing and building a sense of team comradery, participants expressed pride in their teams.

“It was more about staff anxieties than anything else. Because, this is totally unknown to any of us [...] how do you deal with something you’ve never seen?” (P2)

Some participants felt that there had been a lack of direction and that existing mental health service users were *not a priority* in the early stages of the pandemic. The perceived lack of wider recognition of the importance of mental health services worried participants:

“For me a concern would be the finance and the support that mental health services have. [...] I think it’s fair to say that mental health services can get forgotten about.” (P5)

All participants spoke about the challenges of not having sufficient resources, including staffing levels, funding or digital access. Subsequently, the decreased clinical contact was described as difficult for both service users and staff. The ongoing *changing nature* and uncertainty of the global situation, particularly during the first few weeks of the UK lockdown, gave rise to the additional challenge of keeping up to date:

“some days [...] in the morning one adaptation, [...] by the afternoon policy change, guidelines change. [...] So we’ve got to constantly review” (P5).

iii) Burden of the pandemic on the community we serve: It’s not just the virus

The final main theme was notable concern about the negative impact of the pandemic and lockdown on wider social issues within the community. Consequences of increased time at

home due to lockdown were discussed, including the impact of children being home, domestic violence and financial problems. Social care issues were highlighted as reasons for individuals reaching crisis point in regard to their mental health:

“people at points of crisis from finance, from accommodation, from wellbeing, right through to just general emotional support. Some people really needed a weekly basis, especially those that are isolated, to have got them through” (P5).

Facilitated Learning Event

Following a presentation of the thematic analysis, attendees were invited into reflective conversations using the ‘fishbowl’ method described above to facilitate collaborations around edges of service interface:

- i) Learning from the Primary Care Mental Health and Third Sector Interface:
 - *Concerns* were shared that future planning had not been given enough consideration; it was felt that population social care needs were not being addressed and questions about the capacity of services to meet an increase in service demand as a result of unmet need.
 - *Recommendations* were made for strategic planning as the psychosocial determinants of mental health will ‘outlast the virus’. However, it was felt that mental health services were being ‘forgotten about’. It was highlighted that unrealistic time frames were set for funding bids, which has resulted in missed opportunities for further funding, again emphasising the importance of joined up strategic planning.

- *Actions* identified included enhancing the interface between primary care and third sector by creating a forum for specific strategic planning and monitoring the needs of new service users. Staff well-being was also noted, and encouragement to all staff to take annual leave and ensure breaks between virtual meetings.
- *Reflections* were shared that the learning event had facilitated contact between services, identifying shared agendas and possibilities in evidencing new ways of working that had arisen through the response to the first wave (e.g., direct referrals from third sector to primary mental health service).

ii) Learning from the inpatient and community mental health interface:

- *Concerns* that demand on mental health services will likely start in primary care and ripple through to acute settings. Again, recognition that Covid19 and implications are going to be present for a long time. The need for staff resourcing was highlighted, along with difficulties of staff being re-deployed. Discussion was had about staff wellbeing, including personal safety and burnout.
- *Recommendations* were made for adequate digital technology.
- *Actions* suggested included providing staff with daily briefings to update them on Covid19 position specific to their area of working, rather than depending on staff to look this up themselves from the health board more generally. It was suggested that putting some audit paperwork on hold would relieve some of the burden on staff.
- *Reflections* about sharing resources and collaborative working was helpful, and the learning event itself facilitated introductions between health and third sector services. Offers to share materials (e.g., resource pack) were made.

Discussion

This study explored experiences of mental health service managers working through the pandemic and designed a learning event for reflection and service collaboration. Themes from interviews and reflective discussions highlighted a progression of concern as the pandemic unfolded: from practicalities, staff wellbeing and safety, to service users with mental health problems and the wider community, to predictions for the future. Early priorities were related to infection control and adapting to use of technologies. Participants felt guidance was not always applicable to mental health settings, and an overall feeling of being ‘forgotten’ was expressed. A major concern was the future of mental health care provision for what is predicted to be an increased demand, by services that are already under-resourced.

The limited research focusing on mental health services during 2020 have reported findings consistent with the themes outlined above (Faye et al., 2020; Johnson et al., 2020). Limitations of the study include the broad areas of analysis and that not all locality mental health services were represented. Additional experiences may have been reported with a larger sample and inclusion of other mental health professionals. Future studies should also include perspectives of service users and carers. Our study was based on the ‘first wave’ of the pandemic, therefore the longer-term impact on service change and the implementation of practice-based learning will need to be evaluated.

Latest predictions suggest a two to three times increase in demand for mental health services over the next five years, which will require radical service transformation in order to accommodate service capacity and to meet the needs of those impacted by the economic impact of the pandemic (O’Shea, 2021). As recommended by Bender and Wainwright (2021) clinical psychologists, backed by the British Psychological Society’s commitment to working to ensure a fairer society, are in a strong position to advocate for an evidence-

informed shift in mental health services that places the psychosocial determinants of mental health at the heart of service response. Locality-based services, such as the one described in our article, can then be encouraged to work across traditional boundaries in a way that maximises support informed by local population need. We recommend that systemic learning events can offer a methodology to ensure adaptive, creative and sensitive responses to post-Covid19 circumstances as they unfold.

References

- Bender, M. & Wainwright, T. (2021) Emerging into the daylight after Covid: How can clinical psychology be effective? *Clinical Psychology Forum*, 324 24- 31.
- Bohmer, R.M.J (2009). *Designing Care*. Harvard Business Press. Massachusetts.
- Davies, A., James, W. & Griffiths, L (2020). Implementing a quality improvement programme in a locality mental health service. *Nursing Management (Harrow)*, 27(1):27-32.
- Foye, U., Dalton-Locke, C., Harju-Seppänen, J., Lane, R., Beames, L., Vera San Juan, N., Johnson, S., & Simpson, A. (2021). How has COVID-19 affected mental health nurses and the delivery of mental health nursing care in the UK? Results of a mixed-methods study. *Journal of Psychiatric and Mental Health Nursing*, 28(2):126-137.
- Johnson, S., Dalton-Locke, C., Vera San Juan, N., Foye, U., Oram, S., Papamichail, A., Landau, S., Rowan Olive, R., Jeynes, T., Shah, P., Sheridan Rains, L., Lloyd-Evans, B., Carr, S., Killaspy, H., Gillard, S., & Simpson, A. (2020). Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff. *Social Psychiatry and Psychiatric Epidemiology*, 56(1):25–37.

O'Shea, N. (2021). Covid-19 and the nation's mental health: Forecasting needs and risks in the UK. Centre for Mental Health.

https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting4_May21.pdf

Sheridan Rains, L., Johnson, S., Barnett, P., Steare, T., Needle, J. J., Carr, S., Lever Taylor, B., Bentivegna, F., Edbrooke-Childs, J., Scott, H. R., Rees, J., Shah, P., Lomani, J., Chipp, B., Barber, N., Dedat, Z., Oram, S., Morant, N., & Simpson, A. (2020). Early impacts of the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses. *Social Psychiatry and Psychiatric Epidemiology*, 56(1):13–24.

Word count: 2649

Correspondence:

Sara Rea, Reas1@cardiff.ac.uk

School of Psychology, Tower Building, 70 Park Place Cardiff CF10 3AT

Andrea Davies, Andrea.Davies@wales.nhs.uk

Coity Clinic, Princess of Wales Hospital, Coity Rd, Bridgend CF31 1RQ