

REPORT TO: Health and Wellbeing Board

DATE: 7th October 2020

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health and Wellbeing

SUBJECT: Initial report on the impact of the coronavirus on Halton's Adult Social Care Mental Health Services

WARD(S) Borough-wide

1.0 PURPOSE OF REPORT

1.1 This Report provides an early account of the mental health and wellbeing impact of the coronavirus on people known to the adult social care mental health services in Halton, and also describes some of the adjustments to service delivery that have had to be made.

2.0 RECOMMENDATION

It is **RECOMMENDED** that

- a) The Board note the contents of this report and
- b) Consider the recommendations in paragraph 3.7

3.0 SUPPORTING INFORMATION

3.1 Introduction:

3.1.1 In a very short time, the coronavirus pandemic has had a profound impact, not just on individual physical health, but also on much wider social and economic factors. More recently, increasing attention is being paid to the impact on individuals' mental health arising (in the case of health and social care keyworkers) from the massive pressures placed on the health and social care systems, but also on people who have been directly bereaved by the virus, those whose employment has been reduced or lost as a direct result of the virus, and those whose mental health has suffered because of the restrictions placed on them and the changes to the society around them.

3.1.2 This Report attempts to capture some early impressions and data about the ways in which the coronavirus have affected people who have been referred to the council's mental health social care services. It covers two periods: Quarter 4 of 2019/ 20 (January to March) and Quarter 1 of 2021/ 21 (April to June). Quarter 1 202/ 21, of course, largely covers the entire period of the lockdown across the country. In terms of the statistics that are presented, it is very likely that the next, as yet unreported Quarter, will show a considerable increase in social care mental

health activity, if the currently anecdotal information is accurate.

3.1.3 The Council's mental health services cover three areas:

Statutory work under the Mental Health Act: this work which requires an Approved Mental Health Professional (AMHP) (which in Halton, as in most other areas, is always a social worker with a highly enhanced level of training). It involves assessing individuals with high levels of mental health need and risk for detention in hospital under the Act, with a strong emphasis on prevention of admission if appropriate.

Mental Health Social Work: the social work service in Halton for people with mental health needs covers two main areas: services for people who have complex mental illnesses which require support from the secondary mental health services provided by the North West Boroughs, and services for those people, usually older, who have memory problems most commonly associated with dementia. The social work services are closely aligned to inpatient services and the community mental health teams within the North West Boroughs. The majority of the AMHPs are also social workers within the mental health social work teams. In addition to this more complex work, the social work service also supports people with mental health issues who are only known to primary care services; their needs may be less complex but can still have significant implications for the individuals and their families.

Mental Health Outreach Team: this service provides direct support to people with less complex mental health needs, and is also responsible for managing and delivering services from the Halton Women's Centre. The large majority of referrals are from either primary care services, or from the North West Boroughs, where secondary care support has been deemed to be unnecessary. The focus of the service is to prevent further mental health deterioration by providing support targeted to an individual's needs, at a time when they most need it.

3.2 The regional picture:

3.2.1 The potential impact of the coronavirus pandemic was discussed at a meeting of North West Mental Health leads for social care in July 2020, there was not a consistent picture at that stage of the impact of the coronavirus on Mental Health Act assessments. A number of issues were identified, however:

- Most areas reported that there had been a quieter than expected period for Mental Health Act assessments at the start of lockdown, but as time progressed this rate had increased considerably
- There appeared to be an increase in the numbers of people admitted to hospital who had not previously been known to services

3.3 Mental Health Act assessments:

3.3.1 Overall, the numbers of people assessed for compulsory admission to hospital under the Mental Health Act were relatively stable across the two quarters: 64

were admitted in Quarter 4, and 71 in Quarter 1. Although this is a 10% increase, there is nothing to say that this is in itself significant; small variations in admission rates are not uncommon. However, the very fact of an increase in Quarter 1 may be a prelude to a greater increase in subsequent reporting periods; this will need to be the subject of a future report.

3.3.2 The data relating to the outcomes of the assessments is seen in the table below. This shows whether the person concerned was admitted at all (the “no admission” category below), and if they were admitted, whether they agreed to be admitted (the “informal admission” category) or, if not, which Section of the Mental Health Act applied.

Count of Category	Qtr 4-2019/20	Qtr 1-2020/21	(blank)	Grand Total
	Informal Admission	5	5	
MH 1983 135 Warrant to Search & Remove		1		1
MH 1983 136 Removal to Place of Safety	2	4		6
MH 1983 2 Admission for Assessment	24	26		50
MH 1983 3 Admission for Treatment	17	17		34
MH 1983 4 Emergency Admission	1			1
MH 1983 5 Doctors Holding Power		2		2
MH 1983 7 Guardianship Local Authority	1	4		5
MH AMHP Community treatment order	8	9		17
MH AMHP No Admis - Alter care - assess comp	6	2		8
Other Acts - Emergency protection - other legis		1		1
(blank)				
Grand Total	64	71		135

3.3.3 There is relatively little variation in the admissions over the two quarters. The same number of people were admitted informally each quarter (5 in each case), as were the numbers of people detained under Section 2 (for assessment) or Section 3 (for treatment). The only slight changes relate to the use of Section 136 (the police powers to detain people found in a public place, who are thought to be suffering from mental illness and may be a danger to themselves and others) and Section 7, relating to people placed into the Guardianship of the local authority. In terms of the latter category, this is not related to the coronavirus, as it is almost entirely due to annual renewals of existing Orders. At this stage, it has not been possible to do a more detailed interrogation of each admission to hospital, to establish whether issues relating to the coronavirus contributed to the person’s mental health decline.

3.3.4 The admission process itself was more significantly impacted upon by the presence of the coronavirus. Firstly, the number of AMHPs available to do the assessments was reduced, from around 10 under normal circumstances to 6, mainly because a number of AMHPs were shielding during the lockdown period. This inevitably led to an increased burden of work on the few AMHPs who were

available to do the work. There was however some redistribution of work because those people who were shielding were able, by working remotely, to gather information about the referrals as they came in.

3.3.5 All the AMHPs were working from home, and in some cases live some distance from Halton, which potentially built a delay into the assessment process, but this was eased somewhat by the fact that ambulances and doctors were more readily available to do the assessments than they would have been under “normal” circumstances. There is no evidence of any harm arising from these changes in process.

3.3.6 There were some concerns from the AMHPs that their arrival in full PPE could make things worse for the person experiencing complex mental health problems. No evidence has been gathered either way about this, but it is clear that the AMHPs did everything possible to make the process as easy as possible for the patient concerned.

3.4 Mental health social work:

3.4.1 Anecdotal information from the mental health social work services suggests that the presence of the coronavirus has indeed impacted significantly on some people with complex mental health problems. Isolation during lockdown has resulted in some cases (including people assessed for admission under the Mental Health Act) in increased paranoia, anxiety and low mood. The closure of community resources and activities, and restrictions on social gatherings, have added to this, and there is some evidence that personal relationships have been affected, with some increase in substance misuse. The need to provide home schooling has also contributed to individual stresses.

3.4.2 Direct visits by social workers essentially ended during the lockdown period, except in situations of the greatest need, when full protective equipment was used. This in itself was another potential source of distress for patients, particularly those (such as some people with dementia) who had less understanding of the reasons why people were dressed in such a way. There was a substantial increase, however, in the use of phone contacts and video technology to keep in touch with people, and this seems to have provided some comfort to individuals. There has been a small increase in the numbers of direct payments made to people to provide them with a personal assistant, which is most likely associated with increased loneliness and isolation because the usual supports were unavailable.

3.5 Mental Health Outreach Team:

3.5.1 As with the social work service, direct contact with individuals by the Outreach team staff was much reduced, although some such contacts did take place, whilst ensuring safe social distancing and using protective measures. During the period from 23rd March to 30th August, the team was in contact with 266 clients, more than doubling the usual activity rates. Around two-thirds of contacts were by telephone; the team carried out regular welfare calls to all those people who were

currently open to workers and to those who were on the waiting list for their services. These welfare support calls would last for a minimum of 15 minutes, but could take as long as 1½ hours, according to need. Since the easing of lockdown, the team have gradually increased their face to face contacts with people, and on average each member of staff is now seeing three people each day.

- 3.5.2 Almost 40% of the new referrals to the team during the period identified above (there were 61 cases in total referred during the period) were specifically triggered by the coronavirus. A significant number arose because people were struggling with anxiety, depression, additional personal stressors and problems with actually coping during the lockdown period; others were seriously concerned about contracting the virus and restarting their lives. Three referrals arose because of low mood arising from family bereavement because of the virus. It should be added that most of the other referrals to the team, whilst not specifically related to the coronavirus, indicated that the presence of the virus has negatively impacted on their mental health.
- 3.5.3 As described earlier, the Outreach Team is also responsible for the delivery of the work of the Women's Centre in Runcorn. The Centre itself was closed during the lockdown period, but has more recently gradually moved to reopening, following a detailed Covid risk assessment. The referral rate to the service was relatively low during this period, which may be because people thought that, as the Centre was not open for public access, then it was not open at all. In fact, direct contact with individuals continued throughout the period: 26 new referrals were received and 55 women received at least weekly telephone support during the lockdown period, for ongoing mental health and wellbeing issues. Of this latter group, the majority of issues related to increased anxiety around the coronavirus, with additional stressors arising from increased isolation, relationship difficulties and family issues, lack of respite from child care responsibilities, financial concerns and general feelings of not coping.

3.6 Discussion:

- 3.6.1 The early indications are that the impact of the coronavirus on people's mental health and wellbeing in Halton has been quite considerable, although it will take at least another quarter before this is more fully understood. At this stage, there is no direct information about this impact on the delivery of the North West Boroughs' specialist mental health services, or on the services and supports delivered by primary care mental health services. There is also no local information available which describes the effects on different age groups, and particularly people with dementia. These may be further fruitful avenues for the Board to explore.
- 3.6.2 Across the mental health social work community in the North West, there has been some discussion about whether mental health services are always the right response to the issues that individuals have felt as a result of the coronavirus. Clearly some people have experienced considerable levels of distress, and have quite rightly been referred to primary or secondary mental health services, depending on their levels of need. Some will also have needed direct input from adult social care provision. For others, however, there are many existing services and supports available within the voluntary sector and public health services, and

as the impact of the coronavirus is more fully understood, so there may be a need to be more careful about the types of support that people need, and indeed further provision may be needed.

3.7 Discussion:

3.7.1 Summary and Recommendations: this has been a snapshot which has focused on a particular service area (adult social care mental health services) and a particular time frame. The board may wish to consider:

- Seeking a further report in three months, which will give more detailed information about referral rates and mental health outcomes in the subsequent Quarter
- Seeking information from the North West Boroughs and primary care services about any impact of the coronavirus on the delivery of their services

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications arising from this Report.

5.0 OTHER/ FINANCIAL IMPLICATIONS

5.1 There are no financial implications arising from this Report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

At this stage, there is no clear local information about the effects of the coronavirus on the mental health and wellbeing of local children and young people.

6.2 Employment, Learning and Skills in Halton

There are no direct implications for employment, Learning and Skills in Halton arising from this Report. However it must be noted that, for many people in the borough, their employment and any training opportunities may have been significantly impacted by the presence of the virus, and this may in turn have additional knock-on implications for the mental health and wellbeing of local residents.

6.3 A Healthy Halton

This Report focuses on the mental health and wellbeing impacts of the presence of the coronavirus in Halton. These impacts may have long-term implications for the overall health and wellbeing of the borough, but it is not possible at this stage to give a clear picture of what these implications may be.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this Report.

6.5 **Halton's Urban Renewal**

There are no implications for Halton's Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 At this stage, any long-term risks are difficult to quantify. It is likely that some, perhaps many, individuals may experience lasting mental health effects as a result of the presence of the pandemic, and local care and health staff may be similarly impacted.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no specific equality and diversity issues that have been identified as part of this Report. However it should be noted that there is increasing national evidence that the coronavirus may have a more powerful impact on those communities which are most subject to poverty and deprivation. For Halton, this may mean that some areas may experience more impact on local mental health and wellbeing than in other areas.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers relevant to this Report.