Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Ymchwiliad i effaith argyfwng Covid-19 ar blant a phobl ifanc yng Nghymru

COV 98

Ymateb gan: Coleg Brenhinol y Seiciatryddion

Welsh Parliament
Children, Young People and Education Committee

Inquiry into the impact of the Covid-19 outbreak on children and young people in Wales

COV 98
Response from: Royal College of Psychiatrists Wales

The Royal College of Psychiatrists in Wales (The College) is the professional medical body responsible for developing and supporting psychiatrists throughout their careers, and in setting and raising standards of psychiatry throughout Wales.

The College aims to improve outcomes for people with mental disorders and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

The Royal College of Psychiatrists Wales is pleased to respond to this inquiry. In determining a response, we have highlighted 2 initial areas, alongside a comment on recovery planning. The College would be very happy to provide any further evidence to the committee, in writing or virtually. Our areas:

- The impact of the COVID-19 outbreak upon the mental health of children,
- Delivering core child and adolescent NHS services during the pandemic and beyond.

The impact of the COVID-19 outbreak upon the mental health of children

The COVID-19 pandemic is impacting upon the mental health of children and adolescents everywhere, not least in Wales.

Parents and children are under great strain at present. Routines are disrupted and parents may be working from home, with very restricted childcare resources - if any at all. Fears of losing family will be causing anxiety and where families have had to face the tragic loss of a family member to COVID-19, the pandemic is also disrupting the normal bereavement process for families. This may result in adjustment problems for families, PTSD, depression, and self-harm.

The impacts of loss and grief may also be greater for families in poverty, where people living in deprived areas in England were demonstrated to have significantly higher mortality than those living in the least deprived areas[1]. We can't say that this is the case for certain in Wales, but it would appear likely.

Otherwise, parents may be anxious about the pandemic and its financial implications, and its more than likely that their children are picking up on their fears and vice versa. Together this can cause huge psychological distress for family members.

The committee should be aware of how the COVID-19 outbreak has a greater psychosocial impact upon children in poverty, with intellectual disability or Autism Spectrum Disorder (ASD), with previous adverse childhood experiences (ACE's) and with serious mental illness (SMI).

Children in poverty – The committee will be aware of the issues of child poverty that exist in Wales, and the relationship between poverty and poor mental health. This stands to be greater affected by financial losses faced by families in the inevitable economic recession which in turn may result in an increase in mental illness, substance misuse disorders and suicidal behaviours among parents. Mental illness and substance misuse can influence parental-child relations and increase the risk for mental health problems in Wales.

There is also evidence to suggest that domestic abuse and child abuse increases during economic recessions as exposure to perpetrators is increased, and as perpetrators seek ways to regain a sense of control over their situation.

Families in poverty are also less likely to be able to have the resources to engage with telepsychiatry initiatives in a safe and confidential environment. The Welsh Governments announcement, at the end of April, of £3 million to support digitally excluded learners in Wales is welcomed but this could be extended to children who need to access mental health services, too. [2]

Children with Intellectual Disability or Autism Spectrum Disorder – Children and adolescents with chronic disorders are also at greater risk. They may find it hard to understand the situation and the necessity for the restrictions resulting in increased anxiety and agitation, for the parents, too. The loss of day to day routines, activities and schooling is likely to have a more adverse impact on children with ID than those without and as schools re-open, this additional routine change may cause distress.

Children with ASD commonly have co-morbid anxiety disorders, and it is important that parents are supported to manage any anxieties children may have.

The committee may already know that children with disabilities are at greater risk of child abuse, however, this risk increases during the lockdown not only for the financial distress outlined above but also due to children and adolescents with ID having a lack of social control and impaired ability to communicate. There remains a real risk that young people with ID may face dangers and harms in silence.[3]

Children with ACEs – Children and adolescents that have had adverse experience before the pandemic will be especially vulnerable during and after the pandemic. The experience of ACEs is associated with a higher risk of mental health problems, and maltreatment or child abuse has been found to be associated with greater emotional reactivity and decreased emotional regulation. This may suggest that children and adolescents with ACE's are at a high risk of developing COVID-19 related anxieties and

struggling to manage with some of the challenges presented by COVID-19 and the lockdown. [4]

Children with SMI – Most mental illnesses require regular psychotherapy and psychiatric treatment and so maintaining access to services is important, as well as maintaining assessment pathways for new diagnosis. Mental illnesses may worsen if there is not prompt assessment, possible diagnosis and treatment.

Furthermore, children with pre-existing SMI may be at a greater risk of becoming distressed due to what they hear or see on the news. After the world economic crisis in 2008, an increase of self-harm was shown in a number of studies and predominantly among adolescents. [5]

In contrast, it has been anecdotally suggested, that some children and adolescents with eating disorders may be showing improvements out of school, where parents are working from home and have greater oversight of their children's routine.

It should be noted that these groups are not mutually exclusive, and a child may have any combination of these characteristics meaning the impact of COVID-19 is compounded.

Coronavirus and the impact upon people with protected characteristics
It is important to note how people from BAME background are more likely to be exposed to the factors which deteriorate poor mental health. An individual from a Black, Asian or minority ethnic background is more likely to experience poverty, to have poorer educational outcomes, to be unemployed, and to come in contact with the criminal justice system[6]. These, in turn, are risk factors for developing a mental illness.

Emerging data from the COVID-19 pandemic clearly shows that BAME groups are significantly more likely to die from COVID-19[7], the reasons for this are currently not well established, though societal inequalities are likely to play a role.

Delivering core Child and Adolescent Services during the pandemic and beyond

In addition to the impact the virus may have on children and young people, it is clear that the virus is also affecting the mental health and well-being of NHS and social care staff. This may be affecting the ability of staff to deliver services. The ONS has reported a sharp rise in the number of people reporting high levels of anxiety and our survey of psychiatrists has found that there has been an increase in the number of urgent and emergency cases seen by psychiatrists.

Our recent surveys of psychiatrists (15th-17th April and 1st-6th May) have also highlighted significant concerns that psychiatrists are being forced to put themselves and their patients at risk, delivering care without adequate PPE or access to tests for themselves, their families or their patients.

Our recommendations for delivering core services

- *Consistent message sent to the public that if a child has a mental health, parents and carers should still be able to access services*
- *Consistent message sent to social care that referrals should still be made for children if they are at risk*
- *Mental health services must be adequately supported to deal with the increase in urgent and emergency demands*
- *Expand and monitor efforts to ensure all staff working in mental health care get access to the PPE and COVID-19 tests they need, and guidance on which scenarios PPE should be used.*
- *NHS Wales should closely monitor the implementation of the guidance on infection control and offer additional support to those areas that are struggling to follow them.*
- *Provide ongoing support to healthcare staff after the initial peak and give them support to recover before any potential second wave.*
- *Invest in expanded mental health services to cope with the likely rise in demand for services following the initial COVID-19 peak.*
- *Invest in support for the general population in the event of an economic downturn.*

How has demand for Child and Adolescent Mental Health Services changed?

Our survey of psychiatrists working in the NHS has found that the COVID-19 pandemic has led to an overall increase in emergency and urgent

appointments and an overall decrease in the number of patients they have seen for more routine support:

- Emergency interventions/appointments - 13% have seen workload increase, 30% have seen a decrease
- Urgent interventions/appointments - 36% have seen workload increase, 32% decrease
- Appointments/interventions normally conducted within four weeks - 11% have seen an increase, 54% a decrease
- Appointments/interventions normally within three months - only 14% have seen an increase, compared to 39% seeing a decrease
- Appointments/interventions normally after three months - just 5.5% have seen this area of workload increase, compared to 51% who have seen these caseloads decline.

These statistics represent feedback from all specialisms, but psychiatrists are reporting a significant drop off rate in regular referrals to child and adolescent mental health services. Far fewer children are being referred from primary care, from schools (due to closure) and from social care to mental health services. In other cases, patients have been anxious about attending face-to-face appointments for risk of catching the virus or spreading the virus to clinicians. The drop of in referrals is particularly concerning for patients with mental health conditions which have an increased mortality rate such as eating disorders, bipolar disorder and schizophrenia. For these and many other mental illnesses early assessment are diagnosis is essential to recovery.

The decrease in non-urgent cases is as concerning as the rise in urgent and emergency cases expressed by some of our psychiatrists. It is much harder for mental health teams to deliver routine services while managing social distancing, wearing PPE, and dealing with an increase in urgent and emergency cases and supporting patients who may have COVID-19.

Psychiatrists report to us their concern that temporary drop offs in some activity represents a calm before the storm, due to some services being delayed and some patients avoiding contact due to fear of infection or concern that they are being a burden on the NHS. We are also aware that at the start of the crisis some staff were redeployed to manage COVID-19 elsewhere which affected capacity, but they have since returned to their normal roles. It is critical that people are aware that NHS mental health services are still open. Those who fail to get the help they need now, may become more seriously ill further down the line.

Another area where our psychiatrists have expressed significant concerns is within addiction services. Our Addictions Faculty members have told us that some people with alcohol addictions problems are drinking much more and becoming even more chaotic in their lifestyles as a result of the pandemic. We have had reports of a significant number of people relapsing because of the strains of lock down and being cut off from their friends and families. It is especially important that people living with children or adolescents can get help for substance misuse issues in order to reduce the detrimental impact that these issues can have on family relationships and subsequently child mental health.

How mental health services have adapted to the crisis

Many providers of mental health services reacted quickly to change the way services act in response for the crisis. Many psychiatrists are currently working an 'altered timetable' due to reconfiguration of services. Aneurin Bevan Health Board were already piloting the 'CWTCH' project, connecting with tele-health to children in hospitals, before the pandemic began. That work has been rolled out significantly across secondary and primary care since.

During the COVID-19 pandemic, it is essential that those who use mental health services continue to get the care they need. Remote consultations, using telephone calls, audio and video to provide care for patients has already become a fundamental part of the way mental health services provide care. As we move beyond the peak of the crisis, this is likely to become more standard practice and there are concerted efforts to continue to increase capacity.

It is important that families have access to the internet and internet enabled devices to ensure that parents and their children can access mental health services. This is not only important for allowing psychiatrists to see children remotely, but where children are on in-patient wards, these tools also allow them to maintain valuable links with their families. This is especially invaluable if it is decided that a ward be 'locked down' in order to manage the spread of COVID-19 in hospital settings.

Where families don't have video-conferencing tools, the use of telephone consultations may be sufficient for lower risk conversations or to ensure engagement.

The College has published online resources for people with a mental illness and their carers on issues such as medication and how to manage their conditions during the crisis.

Inpatient Accommodation

The majority of mental health units in the UK were never designed to contain a highly contagious illness. Potential environmental risks include aged estates with a significant proportion of dormitory style accommodation, small shared offices, shared computers, shared patient facilities, sitting or dining rooms, shared toilets, poor ventilation and air-conditioning. This is also true for many CAMHS units. Particularly worryingly last year there were 1,176 patients (UK-wide) having to share mixed dormitories[8].

In addition, it is often the case that some patients may be unable to follow advice on containment, isolation and testing, which presents a further clear infection risk to be considered and managed.

We are concerned that some NHS mental health estates are unsuitable, making it very hard to follow guidance. The guidance includes recommendations that all new patients coming into a mental health, learning disability, autism, dementia or specialist inpatient facility are tested for COVID-19, including asymptomatic patients, and kept separate from other patients until they get their results back.

As shown above many of our psychiatrists have expressed significant concerns that they are currently unable to access testing for their patients. To date it has been very difficult to effectively cohort due to lack of adequate access to testing, therefore it is important that effective delivery of this change in testing policy in mental health settings is monitored and not overlooked.

Many sites also lack the space to keep patients separate especially those with mixed dormitories. Consideration is needed on how Health Boards can be supported to undertake the complex task of cohorting effectively within their estates, both in the immediate term and looking to the medium and longer term.

On admission, space is needed for confirmed COVID cases, a second space for patients confirmed via testing to be COVID negative and a third space patients whose COVID status is unconfirmed while test results awaited. In addition, patients who need shielding should be kept away from those with confirmed COVID.

It is important to understand the extent to which local areas are able to follow this guidance, and this is monitored, and additional support is offered to those areas that are struggling to follow them.

How can we support children and adolescents after the initial peak?
Returning to a structured routine will be vital for supporting children going forward. Some children may initially be feeling less stressed without the pressure of school, however, as they return, they may feel pressured to catch up. We know that children tend to reflect their caregiver's emotion and therefore it is important to support teachers and parents as we exit the lockdown.

Teachers need to feel safe in schools, so that their own anxieties about the virus aren't projected on to the children they teach.

Parents, who themselves may feel under significant pressure due to the economic downturn and may need additional support to look after their children.

The increased risk of child maltreatment and household dysfunction may not fall immediately after the pandemic, and any ACEs of children during this time may last a life time.

It seems inevitable that once the pandemic is past its peak, there will be an increase in demand for mental health services and for support for children and adolescents. Although we can't anticipate now, how great that demand will be there are some indicators.

The recent ONS wellbeing survey found that between 20 March and 30 March 2020 almost half of the population of Great Britain (49.6%) reported high levels of anxiety. This compares to 21% of people who said the same last year[9].

A significant economic downturn following the crisis is widely predicted and there is strong evidence of a link between economic difficulties and higher rates of mental health problems and suicide[10]. We have already seen from the recent ONS survey that people who had experienced a reduction in household finances because of COVID-19 reported 16% higher anxiety on average[11].

Mental health services, which are overstretched at the best of times, will come under even more pressure. One of the biggest causes of this is a lack of trained staff.

In March, we released our manifesto for the 2021 Senedd Cymru elections. We highlighted particular areas of focus for developing the workforce in Wales that will support ambition, and it's essential that this is confirmed and commitments are made within the mental health workforce strategies that have been outlined within Welsh Government's 'Together for Mental Health Strategy'.

It is important that these commitments are not forgotten, and that recommendations from our manifesto are brought forward in working towards achieving parity between services; and respective of parity in developing parity for a mental health workforce.

The Emergency Coronavirus Legislation and Mental Health

Schedule 8 of the Coronavirus Act creates the ability for changes to be made to mental health legislation across the UK. These changes have so far not been enacted apart from those related to the Mental Health (Northern Ireland) Order 1986 - in Northern Ireland.

The changes to the Mental Health Act 1983 (England and Wales) (MHA) would allow certain functions relating to the detention and treatment of patients to be carried out with fewer doctors' opinions or certifications. It also temporarily allows for the extension or removal of certain time limits relating to the detention and transfer of patients. Full details of what this would entail can be found on our website[12]

Although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. Where they do come into contact with services, it is disproportionately based on a detention order requiring them to stay in hospital[13].

If this legislation is enacted, it would disproportionately impact these groups. We are extremely conscious that enacting MHA emergency powers would weaken patient safeguards, so it is essential that their use must always be justified. People shouldn't be denied access to the care they need, and potentially left in a situation where their own life is at risk due to a lack of staff. If those needing care don't get it because of a depleted workforce, it will further affect an already disadvantaged group and so on balance.

We have monitored the views of psychiatrists closely in relation to delays that may have been experienced in using the MHA in the last few weeks.

75% of psychiatrists had not reported trouble convening a MHA assessment in Wales, only 7% had (the remaining responders are not convening community MHA assessments during their work)

Presently we do not believe there is an evidence base to justify enforcement of the MHA amendments in Wales, should they be enacted by the UK Government.

Enacting the MHA emergency powers would weaken of patient safeguards. Therefore, their use would need to be justified every single time they are used.

If emergency powers are enacted, they should only be used where necessary and justifiable. It is essential that it is clearly communicated that the powers, if enacted they should not be used nationally, only where the lack of staff caused by the COVID-19 crisis means a patient's safety is being put at risk and where there is no alternative.

We are also very conscious that the MHA is currently applied disproportionately to people from some BAME communities.

RCPsych recognises that racism and racial discrimination is one of many factors which can have a significant, negative impact on a person's life chances and mental health. We are particularly concerned about the disproportionate impact on people from Black, Asian and minority ethnic communities, notably those of Black African and Caribbean heritage. It can lead to substantial disparity in access to and experiences of various areas of psychiatric care, including crisis care, admissions, pathways into care, readmissions, use of seclusion and detentions under MHA. [14]

We have highlighted our cautious position to Welsh Government.

In 2018 the RCPsych paper on racism in mental health[15] highlighted that although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. We repeat our calls that efforts to tackle this should be urgently prioritised by Government, non-governmental organisations and professional bodies.

Following this paper, the National Collaborating Centre for Mental Health based at the RCPsych published a document called Advancing Mental Health Equality (AMHE)[16] which is a resource to support commissioners and providers to tackle mental health inequalities in their local areas[17]. This document should be a key tool for mental health commissioners to plan how they should reshape their services as they adjust following the COVID-19 crisis, including how any use of remote consultations and other digital solutions are appropriately designed.

Additionally, The College has endorsed the Cultural Competency in Mental Health Services initiative that has been developed by Diverse Cymru, working closely in its development and in ensuring that every health board is working towards this standard.

Reducing Restrictive Practices

People with a learning disability and/or autism in inpatient settings are already vulnerable to and disproportionately represented in the use of inappropriate and excessive restraint, seclusion and long-term segregation. Restrictive practices are also used disproportionately on those from ethnic minority communities, women and girls. [18]

During the pandemic services and staff are still required to commit to reducing their use of restraint. The only changes to patient care should be those needed to manage and prevent the spread of COVID-19. At every opportunity, they should consider whether there is a less restrictive option available to them. Any use of restraint must be appropriate, be proportionate to the risks involved and end as soon as possible. Providers should refer to their ethics committees where required and as always it is essential that all staff using restraint techniques are fully trained.

RCPsych has developed the COVID-19 Mental Health Improvement Network to support mental health teams to share and learn from each other to maintain and improve safety in response to the COVID-19 pandemic. It is working to identify areas where improvement packages are needed during this period, one of such areas is restrictive practice. A short "change package" is available, along with a series of webinars in order to support services in this area.

Once the initial crisis is over it is critical that learning from RCPsych's reducing restrictive practice programme is considered for wider roll-out across Wales. The initial pilots from England have demonstrated that with

the right support health boards can significantly reduce how often they use restrictive practices.

Additional Comment

We have closely monitored the views of psychiatrists, patients and services during this time. It is important to recognise how the mental health workforce, alongside patients and carers have adjusted to the pandemic under significant pressure.

It does further highlight that there is not parity between physical and mental health, and that there is need to strategically invest to support some of the most vulnerable people in society.

It is essential that the College has direct contribution in how services will look to recover and prepare for a second phase.

We must all also ensure that planning considers opportunities that can be sustained, post COVID-19 and will continue to have an impact across the health service.

Once such consideration that the College would particularly choose to be highlighted and recognised, is the successful work of Technology Enabled Care Cymru (TEC Cymru). The rollout of telehealth and video consultation was informed from a pilot project 'CWTCH', for CAMHS services in Gwent. The pilot lead, Prof Alka Ahuja was subsequently seconded to Welsh Government as a clinical lead for TEC Cymru.

There are a number of additional innovations that stand to make a significant improvement to services, across the NHS as well as ensuring we work towards a parity between services. These are highlighted in our manifesto and we believe will compliment much of the Committees considerations that will inevitably arise from this inquiry, in considering what the Health & Social Care service could like in recovery and post COVID-19. We would be keen to follow up and give further suggestion to the Committee.

As a final point, in this response.

40% of psychiatrists in Wales have reported that their mental health and wellbeing has suffered or significantly suffered during this time. Alongside

the challenge presented by the nature of the virus; there is more that can be done to support the impact of a pandemic on mental health services, its patients and workforce. The College is well positioned to advise and reflect on the experiences of psychiatrists.

Our additional recommendations

- *That specialist mental health services have a direct voice within the recovery planning from Welsh Government*
- *That the impact upon the wellbeing of Psychiatrists (and its unique determinants as highlighted in this response) as well as the wider NHS and Social Care workforce is further examined by Welsh Government in partnership with the College.*

[1] https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

[2] Challenges and burden of the Coronavirus 2019 pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. J, Fegert. Et al. 2020. *Child and Adolescent Psychiatry and Mental Health 14(20),* Available: Available here

[3] ibid

[4] ibid

[5] ibid

[6] Equality and Human Rights Commission, 2016, *Healing a Divided Britain.*

[7] ONS, Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020,

[8] https://www.hsj.co.uk/finance-and-efficiency/exclusive-hundreds-of-patients-kept-in-distressing-dormitory-style-wards/7025290.article

[9] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personaleconomicwellbeingintheuk/may2020

[10] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty

[11] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personaleconomicwellbeingintheuk/may2020

[12] https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/legal-covid-19-guidance-for-clinicians

[13] NHS Digital (2017) Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics

[14] Royal College of Psychiatry, Racism and Mental Health, 2018 https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf

[15] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_18.pdf?sfvrsn=53b60962_4

[16] https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

[17] https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

[18] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice__reducing_compulsion.pdf