COVID-19 – Mental Health Position Statement

Mental health service closures

Guidance from NHS England[1] outlines principles for managing capacity and demand within inpatient and community mental health (MH), and learning disability (LD) and autism services, although service provision priorities are made at the local level based on need. In Scotland, National Clinical Guidance outlines what community services should be prioritised and recommends the suspension of key mental health and learning disability services, including new CAMHS and community mental health referrals which are deemed low level. The guidance is not replicated across all areas of the UK.

Members report that services are being suspended or undergoing ad hoc redesign in many places across the UK. As a result of redeployment of staff due to the COVID-19 pandemic, in certain areas staff are being redeployed to cover shortages in physical health or specific Covid-19 based services. This potentially leaves these vulnerable groups without routine planned support at a time in which it is anticipated that anxiety over COVID-19 and restrictions on family support networks will cause an increased need for mental health provision. The COVID-19 outbreak has the potential to result in a severe health impact for recipients of MH, LD and autism services. There will be a need to monitor the impact of services being reduced. As a member of the National Suicide Prevention Strategy Advisory Group, with Public Health England the RCN will be monitoring suicide data and circumstances around these deaths and any links to the COVID-19 situation.

The novel coronavirus (COVID-19) outbreak will have major implications for all health and care services in the UK, not least for mental health, learning disability and autism services which were already dramatically under-resourced prior to the pandemic. Planning for and responding to COVID-19 will require difficult decisions to be taken around prioritisation and resource allocation in these services in the context of reduced capacity and increased demand.

Making the difficult decisions around prioritisation of service and resource allocation, should be based on professional judgement, legal and policy frameworks, relevant guidance and evidence, and statutory duties. It is critical that decisions are made with transparency and are free from unlawful discrimination and bias, commensurate with the spirit of the Human Rights Act 1998 and Equality provisions operating across the UK.

The RCN advocate for parity of esteem between mental health and physical health[2]; as such mental health and learning disability services need to be considered in the same way. Before the COVID-19 situation it was already clear that people with mental health and learning disabilities were dying 15 -20 years before the general population.[3] This as a result of health inequalities and access to services. It is essential that we don't allow this to become worse as a result of the pandemic.

The RCN recognises the trauma the pandemic is having on society as a whole, and that our overstretched services will not have any capacity to support the population once the immediate crisis passes. There will be a need for a dramatically increased funding arrangement for these typically underfunded services, with a priority on retaining and recruiting registered nurses with expertise in supporting those with mental ill health and learning disabilities. There will also be a need for funding infrastructure for service delivery.

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The RCN is clear that:

- The right to life should be preserved;
- Decisions taken on how services are delivered and offered must be based on pre-pandemic care plans, assessment of clinical need and risk to the patient;
- Decisions on care and treatment should be taken in consultation and discussion with the patient, their families and informal carers during this pandemic,
- Health and care workers working in mental health, learning disability and autism services must be supported through statutory safeguarding requirements, governance and adequate guidance and resources to provide the best possible care in the context of this emergency;
- De-prioritised and suspended services must be reinstated as soon as possible to ensure that vulnerable people have access to the services they need and to mitigate any harm caused by the temporary de-prioritisation of these services;
- To ensure nurses are part of decision making process we recommend Ethics Committee membership should include Senior Nurses and Clinical Ethics Consultation is provided by nurses in current clinical practice

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[1]NHS England and NHS Improvement (25 March 2020) Managing Capacity and Demand within Inpatient and Community Mental Health and Learning Disabilities and Autism Services for all ages https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Managing-demand-and-capacity-across-MH-LDA-services_25-March-final.pdf

[2] https://www.rcn.org.uk/clinical-topics/mental-health/parity-of-esteem

[3] See for example, Rethink (2013) Lethal Discrimination available at: https://www.rethink.org/media/2627/rethink-mental-illness-lethal-discrimination.pdf and Mencap (2016) Death by Indifference https://www.mencap.org.uk/sites/default/files/2016-06/DBIreport.pdf

COVID-19 – Mental Health Position Statement

Civil liberties – detention under mental health legislation

Changes were made to mental health legislation in the UK, early in the presentation of the Covid19 epidemic, this was in part because of a recognition that nurses and psychiatrists particularly would be removed from mental health services to meet demand elsewhere. The RCN wishes to highlight the fact that in a significant number of areas across the UK there have been substantial human resources removed from mental health services, and that in these circumstances this will lead to significant disruption of care.

In order to give health and care workers the flexibility needed to continue treating patients,

In England and Wales; the Coronavirus Act 2020

- Requires fewer health care professionals to undertake certain functions and extends or removes time limits relating to the detention and transfer of patients. Including:

- Period for which a patient can be detained following report by a medical practitioner increased from 72 to 120 hours
- Period for which a patient can be detained pending report by a registered clinician or practitioner increased from 6 to 12 hours
- Removal of 12-week maximum period of remand to hospital for report on mental condition.
- Period for which a patient can be detained in a place of safety increased from 24 hours to 36 hours.
- Modification in time limits and reduction in number of doctor's opinions relating to the movements of defendants and prisoners between court, prison and hospitals (from 2 to 1)

In Scotland the Coronavirus Act (Scotland) ;

- The maximum period of an emergency detention order has been increased from 72 to 120 hours.

- A second 28 day short term detention certificate can be granted on expiry of the first.
- The nurses' power of detention has been increased from 3 hours to 6 hours.
- Emergency legislation passed by the Scottish Parliament also removes the requirement of local authorities to take into account the views of adults with incapacity and their guardians when placing them in a care service.

In Northern Ireland; The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020

Some timeframes for completion of certain powers have been extended and specific roles adjusted, including:

- The doctor's holding power is extended from 48 to 120 hours.
- The nurse's holding power is extended from 6 to 12 hours.
- An application for assessment can be made by a relevant social worker if an approved social worker is not available and the application cannot wait

These measures may reduce the pressure on existing workforce, whilst still ensuring that patients are moved to a health-based place of safety as swiftly and smoothly as possible. However, given the human rights implications of increased powers to detain individuals and deprivation of liberty, we recommend the Government in consultation with the Chair and members of the Independent Review of MHA review this legislation three months after being brought into force.

Increased periods of detention will undoubtedly have an impact on approved mental health staffing capacity; this workforce is already considerably overstretched and will no doubt see a decrease in staff numbers as sickness increases. They are an essential part of the process of ensuring that patients get the care they need swiftly. We recommend measures should be put in place to support mental health staff to meet this increased demand.

We recommend that a range of professionals should undertake the role of approved mental health professional[1], with increased opportunities for registered mental health nurses. The additional training and professional responsibilities should be recognised and rewarded in nurses' pay and banding.

A reduction in professional support will increase the burden on informal carers who are a critical component of the care system. We recommend that Trust's assess whether there are alternative provisions of support for carers and informal carers before redeploying staff to focus on other aspects of health care

[1] RCN (2018) Response to the Independent Review of the Mental Health Act https://www.rcn.org.uk/news-and-events/press-releases/independent-review-of-the-mental-health-act