

## Mental Health update – December 2020

### 1. Context

- 1.1. This report provides an update on Mental Health Services describing the pressure and demand that has been caused by the pandemic, actions taken and an outline of plans that are in development to manage the pressure on services in supporting the emotional wellbeing and mental health of our residents.
- 1.2. All service areas reported a reduction in referrals at the start of the national lockdown in March 2020, with all areas now reporting a recovery to usual referral levels. Further individual service details are provided in the report.
- 1.3. There have been a number of additional services that have been commissioned to support emotional wellbeing and mental health during the pandemic and these have been summarised below:

Location	Service/Initiative	Expected Outcomes
Hampshire & Isle of Wight wide	Additional capacity for Domestic Violence and Rape Crisis Services	Reduce waiting lists currently affecting the services ability to meet growing need
Hampshire & Isle of Wight wide	Solent Mind Wellbeing app adapted specifically for Social Care/NHS Staff and students	Support staff wellbeing and resilience
Hampshire & Isle of Wight wide	Togetherall (Formerly Big White Wall) expansion to support Health and Social Care staff	Support staff wellbeing and resilience
Hampshire and Southampton	IT project for digitally excluded	Improved access to social contact and use of online services, including online health services to reduce loneliness and social isolation
Southampton	Increased peer support to enable hybrid model of face to face and virtual model developed as a result of Covid restrictions	Improved patient outcomes, reduced presentations to ED, S136 and admission

- 1.4. The Covid-19 emergency had an impact on the usual health planning cycle and there have been changes to how services and financial flows work which have resulted in delays in finalising investment decisions. Working collaboratively with local partners the following progress has been made in delivering the

2020/21 LTP ambitions with NHSE transformation funding and CCG baseline investments now in place.

Summary of the ambitions	Investment 2020/21 (full year effect values)
<b>Perinatal mental health (single provision across HIOW)</b>	
<ol style="list-style-type: none"> <li>1. Increase access to specialist community care and evidenced based psychological therapies</li> <li>2. Partner assessment for their mental health and signposting to support</li> <li>3. Maternity outreach clinics</li> </ol>	<p>NHSE perinatal transformation funding in place and is delivering:</p> <ul style="list-style-type: none"> <li>• Increased access for women meeting the 7.2% target</li> <li>• Extension from preconception until 24 months after the birth</li> <li>• Expansion of work with women on the personality disorder and trauma pathway</li> <li>• Expanding evidence based therapies</li> <li>• Assessments of partners of women</li> </ul>
<b>Adult common mental illness</b>	
<ol style="list-style-type: none"> <li>4. Access to Psychological Therapies (IAPT) services will be expanded</li> <li>5. Will maintain referral to treatment time and recovery standards</li> <li>6. Will offer access to IAPT-Long Term Conditions (IAPT-LTC) services</li> </ol>	<p>CCG funding £372k in place delivering 2019/20 expansion.</p> <p>Current pathways developed; Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Pain and Musculoskeletal (MSK) conditions, Persistent Physical Symptoms and Myalgic Encephalomyelitis (ME).</p> <p>Investment will see an additional 950 people accessing psychological therapy (rising from 6,493 to 7,447 people) and will now include access for people with Cardiovascular Disease and Gastroenterology conditions</p>
<b>Adult severe mental illnesses (SMI) community care</b>	
<ol style="list-style-type: none"> <li>7. Begin to deliver a new model of integrated primary and community care for adults and older adults</li> <li>8. More people with SMI will receive a physical health check</li> <li>9. More people with SMI will have access to Individuals Placement Support services (IPS)</li> <li>10. Referral to treatment access and standards for Early Intervention in Psychosis (EIP) and will achieve Level 3</li> </ol>	<ul style="list-style-type: none"> <li>• CCG funding £350k in place for new roles aligning to new community mental health transformation model (as set out in more detail in the next section)</li> <li>• CCG funding in place to support improvement plan to increase uptake of annual physical health check from 26% (904 people) to 60% (2079 people)</li> </ul>

<p>NICE concordance</p>	<ul style="list-style-type: none"> <li>• NHSE Individuals Placement Support services (IPS) transformation funding £56k in place that will see an additional 47 people accessing support (an increase from 158 to 205 people)</li> <li>• CCG funding £50k in place for dedicated IPS in Early Intervention in Psychosis (EIP)</li> <li>• CCG funding £85k in place to support EIP service development to achieve Level 3 (performing well) to national standards. This includes assessment against; investment per patient, waiting time, access to NICE recommended interventions, employment and education support, physical health, carer education and expansion to an ageless service</li> <li>• CCG funding £97k in place for therapy pathway (collaboration between IAPT and secondary care) for people who currently fall between service eligibility criteria</li> </ul>
<p><b>Mental health crisis care and liaison</b></p>	
<ol style="list-style-type: none"> <li>11. 24/7 Crisis Resolution Home Treatment (CRHT) operating in line with best practice</li> <li>12. A complementary and alternative crisis service to A&amp;E</li> <li>13. University Hospital Southampton will have a mental health liaison service meeting the 'core 24' standard</li> <li>14. Eliminate all inappropriate adult acute Out of Area Placements</li> </ol>	<ul style="list-style-type: none"> <li>• NHSE CRHT transformation funding £232k in place for an additional 5WTE nurses to provide intensive crisis resolution and home treatment aligned to national workforce to patient ratio standard</li> <li>• CCG funding £180k in place to support CRHT service development following self-assessment, to fund additional pharmacy, nursing, and dedicated carer worker roles</li> <li>• CCG funding in place for The Lighthouse providing open access to support an individual in periods of self-defined crisis</li> <li>• NHSE liaison transformation funding £277k in place to increase workforce by 7.78WTE to deliver triage model with 75% of patients now receiving initial contact within 1 hour compliance</li> </ul>

	time, an increase from 37%
<b>Rough sleeping mental health support</b>	
15. Access to mental health services for rough sleepers	<ul style="list-style-type: none"> <li>NHSE transformation funding decision awaited, Southampton identified as hot spot area</li> </ul>

## 2. Improving Access to Psychological Therapies (IAPT) Southampton Steps to Wellbeing (provided by Dorset Healthcare NHS Foundation Trust)

### 2.1. Context

The Southampton Steps to Wellbeing (SSTW) service is commissioned to provide a range of evidence-based talking psychological therapies for people in primary care in Southampton city.

3.1.1. In line with the implementation of The Five Year Forward View for Mental Health, the SSTW's Body and Mind service has been extended to support people with comorbid long term health conditions (LTHCs) in the context of depression and anxiety disorders. Clinicians with specialist top-up training have been co-located, where possible, alongside physical healthcare teams so that closer ways of working can be achieved. The following LTHCs are current the focus of SSTW's Body & Mind service (with the last two having been developed since April 2020):

- diabetes e.g. Type 1 and Type 2
- respiratory e.g. COPD
- pain e.g. spinal compression
- medically unexplained symptoms (sometimes called persistent physical symptoms) e.g. chronic fatigue syndromes
- cardiology e.g. arrhythmias
- gastroenterology e.g. Irritable bowel syndrome

### 2.2. Pressure and demand caused by the pandemic

3.2.1. The main impact of the COVID-19 emergency, on the service was the cessation of the usual face to face delivery of therapies. This change meant that from 23 March 2020 all face to face appointments were transferred to remote delivery (telephone or video conference).

3.2.2. Other issues experienced as a result of the pandemic include:

- Adapting the whole service to remote ways of working and managing the associated IT challenges. Managing existing wait lists for face-to-face therapies and patient's expectations
- Increasing the service capacity to manage with the expected increase of patients

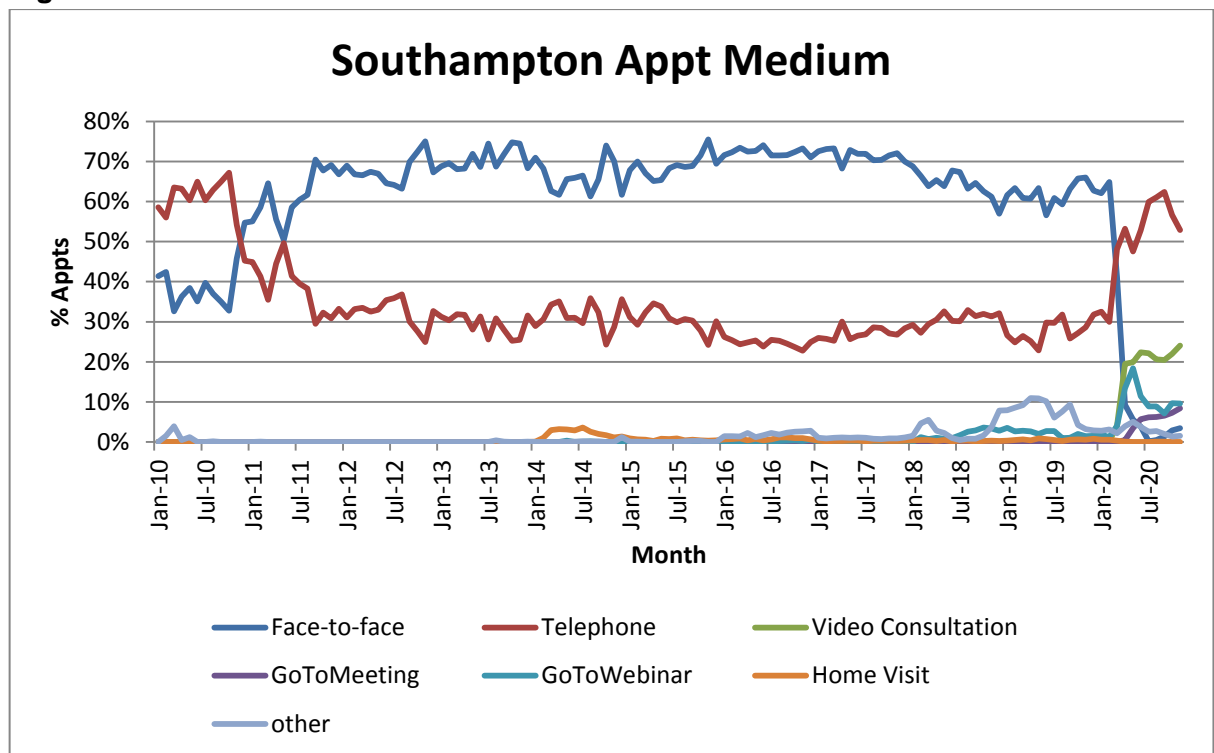
- Ensuring therapeutic efficacy and quality when offered remotely
- Identifying and responding to the specific mental health needs created by the coronavirus and those directly affected by it.
- Networking with other services, particularly the physical healthcare teams with whom the SSTW Body and Mind service work closely.  
Supporting staff wellbeing

### 3.3. Actions taken

#### 3.3.1. Remote ways of working:

The service responded rapidly to various remote ways of working. A range of appointment medium had been developed since the service first begun. Telephone work has always been an effective therapeutic option for Steps to Wellbeing however, as illustrated in Figure 1. As can be seen in Figure 1 the uptake for the online options (GoToWebinar and Video Conferencing) was relatively small prior to the pandemic; with the major preference being face-to-face (individual and groups).

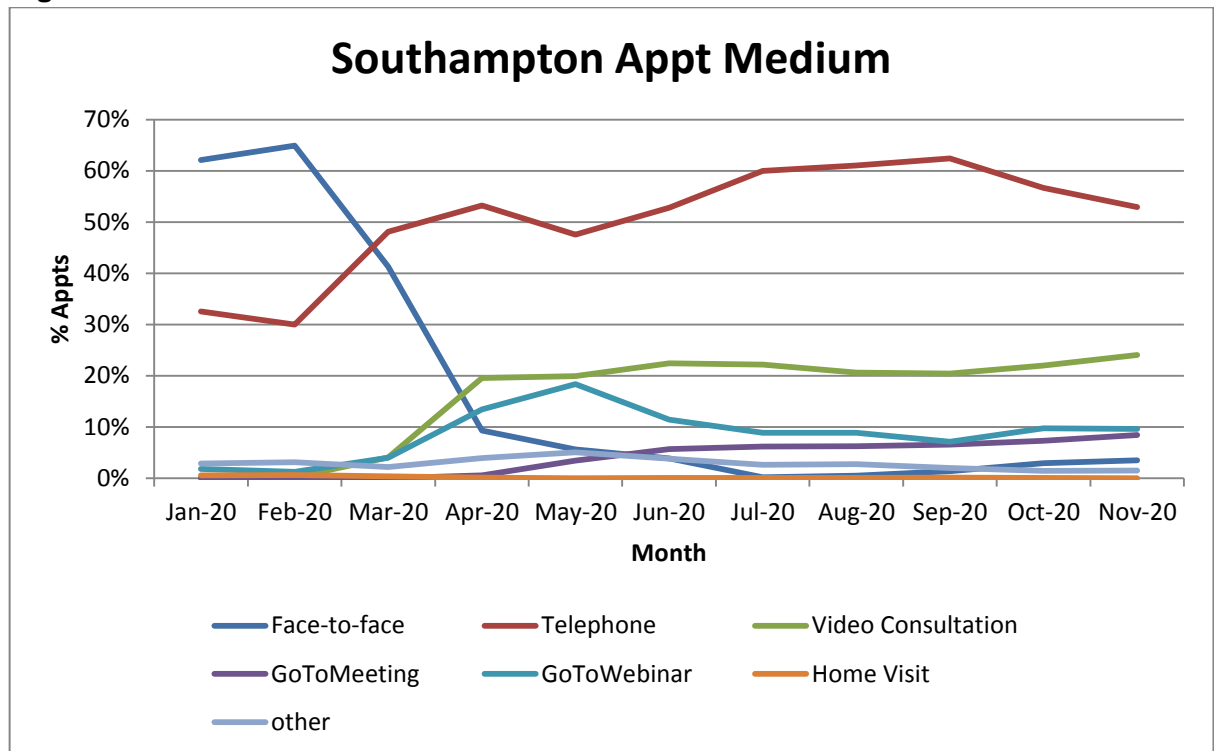
**Figure 1**



3.3.2. In February 2020, the month prior to lockdown there were 1883 face to face appointments\* (individual and groups) which represents 65% of the total; 870 telephone appointments which represent 30% of the total; and 5 were accessing video consultations which represented 1%. By comparison, in April, the first full month of lockdown, the service provided 1604 telephone appointments which represents 53% of the total; 589 Video consultations

which represents 20%; and 539 other online (webinars, email and computerised CBT) which represents 18% of the total (see Figure 2).

**Figure 2**



*\* Note statistical errors are evident in that some clinicians continued to enter their sessions as if “face-to-face” after lockdown instead of entering them, as directed, to the appropriate appointment medium. No face-to-face appointments were delivered from 23rd March through to 10<sup>th</sup> August. The figures showing as face-to-face between these dates should be showing as either telephone or video conference appointments.*

**3.3.3. Managing Face-to-face Wait Lists and Increasing Service Capacity:**

In March 2020 there was a total of 446 patients on the waiting lists for face-to-face treatments. The service contacted all affected patients to let them know that the service was still operational and to expect a phone call to discuss alternative treatment options for them. All patients were called by appropriately trained clinicians to discuss their individual needs and offer them a choice of appropriate alternative treatments options. Where patients declined these options they were informed that they would be discharged from the service but could return if their situation changed and they were able to access the remote options. When lockdown was lifted and Covid-secure measures were in place face-to-face individual treatments were resumed..

**3.3.4. Ensuring Therapeutic Efficacy and Quality:**

In order to address the challenges of delivering therapy via remote means a service priority was upskilling clinicians in these ways of working. A

programme of training in IT skills was operationalised and time was given in supervision, reflective clinical meetings and management meetings to sharing learning and cascading information/training from professional organisations.

### **3.4. Plans in development to manage the pressure on services and support the mental health of our residents**

#### **3.4.1. Responding to Coronavirus-specific Mental Health needs:**

The service has responded rapidly to provide additional information and therapies that help support those affected by Covid19. Initially resources were put on the service website <https://www.steps2wellbeing.co.uk/> and a single session webinar, called "Coping with Covid" was made available to all patients accessing the service. In keeping with the national IAPT webinar series all therapies have been adapted as appropriate to meet the specific impact of the pandemic on all, with some conditions having more relevance than others e.g. the impact of the Covid19 'handwashing guidance' has impacted those with 'handwashing' Obsessive Compulsive disorder issues.

#### **3.4.2. Networking:**

Networking with other services in Southampton has been particularly challenging throughout the pandemic as the usual face-to-face means of contact and closer integration have been disrupted. Concerted efforts are being made to establish effective, meaningful communication between services via emails, telephone conversations and MS Teams meetings.

#### **3.4.3. Staff Wellbeing:**

The service recognises that Staff Wellbeing is of prime importance in order to ensure ongoing high standards. The staff have been encouraged to discuss any wellbeing concerns they have that would ultimately affect patient care - including difficulties with home internet use; privacy issues when working from home; childcare and flexible working arrangements.

### **3. Secondary care mental health services (provided by Southern Health NHS Foundation Trust)**

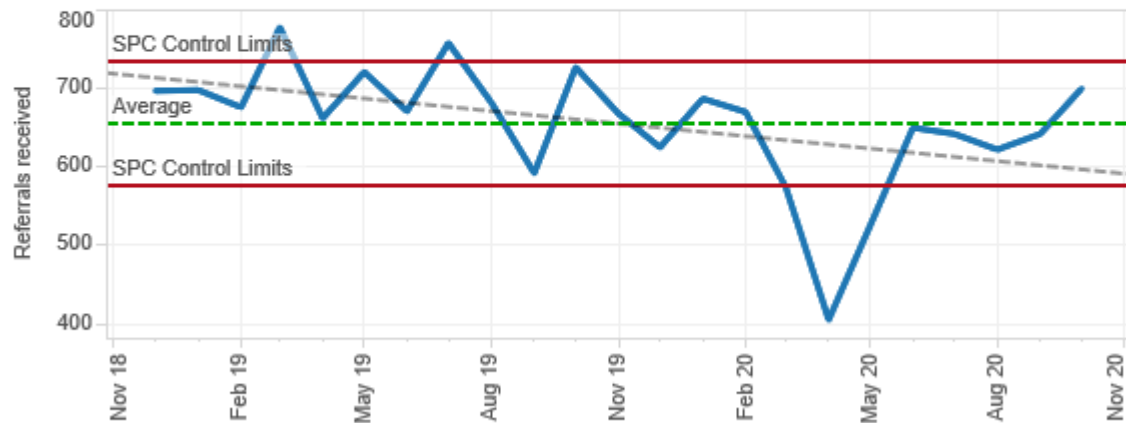
#### **3.1. Pressure and demand caused by the pandemic**

4.1.1. One of the first noticeable changes of the pandemic was the sudden drop in referrals into mental health services.

## Referral analysis - CCG and GP Practice

Select a division: 
 Select an area(s): 
 Select a team(s): 
 Select a Referra:

### Trend analysis of referrals received



### CCG and GP Practice benchmarking - Click on a CCG to update all graphs or click on a GP Practice

- 4.1.2. Following on from this period we noted increase referrals in all teams, but most notably in our liaison team based at UHS, who have continued to have unprecedented levels of demand, with October being the highest to date.
- 4.1.3. The other immediate effect of the pandemic was the aim to reduce contacts face to face as well as group work, due to the risk of infections – as such this placed great demand on services to look at alternative ways in which these services could be delivered, particularly of note is the Lighthouse which was only open at the start of March 2020 as a drop in service providing emotional and practical help to individuals experiencing mental health crisis in a safe and calm environment.

### 3.2. Actions taken

- 4.2.1. With the increasing demand on services and the need to socially distance the trust invested in improved IT infrastructure to deliver care to people we look after. There was a clear direction to have some staff working from home to allow more effective and safer use of the estate.
- 4.2.2. Psychological services adapted particularly well both in the community and inpatients due to the challenges of running groups and doing so in an appropriately distanced way –groups continue to run virtually following positive feedback from people who have taken part.



4.2.3. The impact of remote working and also the anxiety was also recognised and wellbeing hubs were set up in Southampton to support staff though this and allow them to work sustainably through this period.

#### 4.3. Liaison

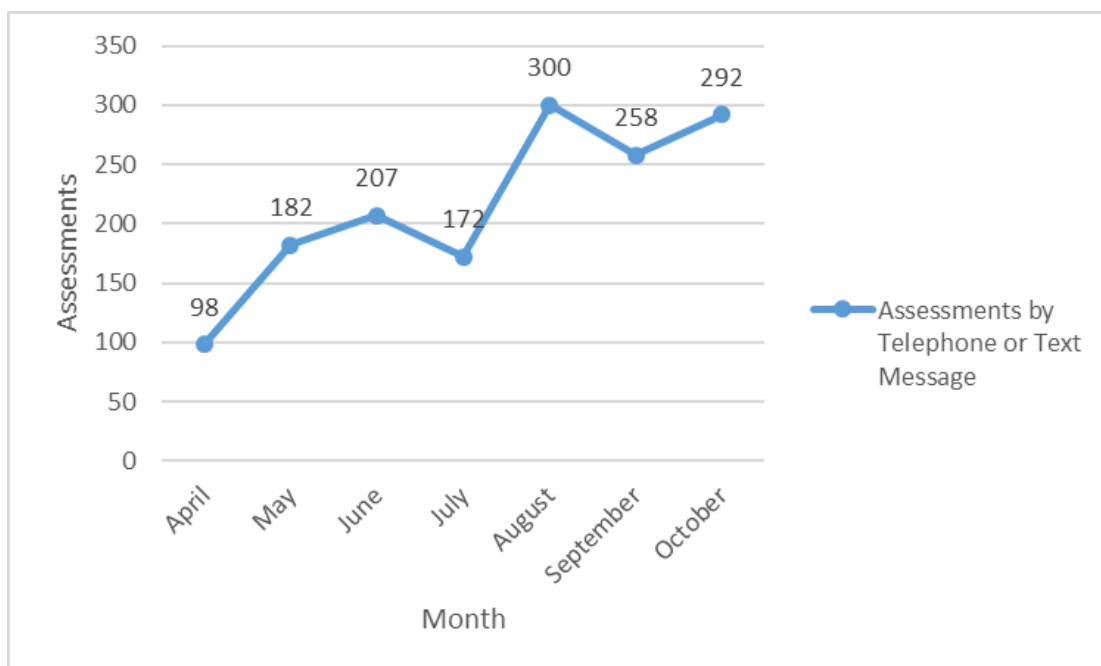
To support the need to increase capacity at UHS’s Emergency Department due to increased social distancing, the liaison team set up a temporary local diversion service to see people without any physical health needs at Antelope House. This did not divert significant numbers of people (the highest was 8 in one week) and it also did not lead to significant changes in patient outcomes, and as a result we have since returned to the usual pathways of offering care and support for these people. The trust is working with UHS to look at alternative ways to either move people though the hospital faster or divert prior to attendance in ED.

#### 4.4. Inpatient management

With the need to manage people closer to home due to infection risk, the trust increased deployment of staff from services such as research and development to boost teams such as the AMHT – this has allowed the service to more assertively and intensively manage people at home – ensuring more people have had care in their community and support the admissions for the most unwell more proactively.

#### 4.5. Lighthouse

4.5.1. In partnership with Solent Mind a virtual Lighthouse was opened to support people in the city offering contact via text and phone.



4.5.2. It has also been reported with a positive impact with 58% of people attending finding it has reduced their levels of self harm and 22% reporting it has kept them from needing to attend ED or contact 111.

**4.6. Plans in development to manage the pressure on services and support the mental health of our residents**

4.6.1. Our ongoing plans continue to focus on our aim to support people as close to home as possible, whilst delivering high quality care in an appropriately socially distanced way.

4.6.2. The trust is working with the Primary Care Networks (PCNs) in the city around having mental health workers associated with them.. This is the first step in a more comprehensive piece of work where we are working to achieve the ambitions set out in the NHS Long Term Plan on mental health and our community transformation.

4.6.3. Southern Health has worked closely with NHS 111 to set up a service where people in crisis can contact them out of hours, this has allowed the AMHT to focus on delivering care to people who are on their caseload later and more intensively whilst also developing a streamlined pathway to hand over care from 111 to out services as needed. This service has also supported other agencies such as police and SCAS to access mental health advice as well when working with people who are mentally unwell.

4.6.4. The trust is also in the early stages of developing a more robust out of hours service for people in our older persons mental health services.

4.6.5. The trust is moving the Lighthouse to a more 'hybrid model' now with the ongoing virtual work, but also some face to face appointments as the estate allows.

4.6.6. They are looking as a trust to remedy the need for out of area beds, by building more acute beds for the trust in the north of Hampshire as well as look to develop a Female Psychiatric intensive Care unit in Southampton.

4.6.7. They are also working with commissioners and UHS to help the liaison service achieve 'core 24' standard to ensure people attending UHS in psychiatric crisis or developing needs on the wards also have prompt assessment and ideally shorter and more successful inpatient stays.

## 5. **Child Adolescent Mental Health Services (CAMHS) (provided by Solent NHS Trust)**

### 5.1. **Pressure and demand caused by the pandemic**

- 5.1.1. Feedback from the UK Youth Movement in April 2020 predicted that the impact on young people will include the following, ranked by order of importance (based on number of responses).
1. Increased mental health or wellbeing concerns
  2. Increased loneliness and isolation
  3. Lack of safe space – including not being able to access their youth club/ service and lack of safe spaces at home
  4. Challenging family relationships
  5. Lack of trusted relationships or someone to turn to
  6. Increased social media or online pressure
  7. Higher risk for engaging in gangs, substance misuse, carrying weapons or other harmful practices Higher risk for sexual exploitation or grooming
- 5.1.2. The evidence base is still emerging around the impact of Children and Young People (CYP) emotional and mental health. A paper summarising key literature and findings in relation to the psychological/mental health impact of the COVID-19 pandemic and associated safety measures on CYP has been written by Dr Gavin Lockhart, Consultant Clinical Psychologist: Clinical Lead CYP Mental Health and Victoria Sopp, Research Assistant, University of Sussex/Sussex Partnership Foundation Trust.
- 5.1.3. The key findings include:
- **Increase in demand for mental health services.**
  - **However a reduction in CAMHS Referrals Post Lockdown:** Emerging data showed a significant reduction in referrals to CAMHS at the start of lockdown in March 2020 - within Southampton CAMHS referrals decreased from 147 in January 2020 to 55 in April. However referrals are now increasing (details below).
  - **Family functioning:** There is emerging evidence that incidents of family/parental stress during the lockdown period may have increased along with reductions in family income. Evidence from previous studies has suggested that family functioning reduces risk of CYP developing MH difficulties following a disaster; post-traumatic stress disorder (PTSD) following trauma or loss; and suicide risk during social isolation. Parents in UK surveys are requesting support and advice via online mediums despite this already being available.
  - **Anxiety:** There is evidence that social isolation can increase concurrent anxiety. Emerging evidence indicates that anxiety in CYP is elevated at present (e. COVID related, somatic, health separation anxiety) and may be particularly high in children of keyworkers However, there is less clear evidence this will be long lasting from either current or previous studies.

- **Depression:** Evidence from prior studies of social isolation, quarantine and bereavement all suggest a likely increase in depression that will be longer lasting.

5.1.4. No Limits (<https://nolimitshelp.org.uk/>) carried out a survey on the Impact of Coronavirus on local Children and Young People's mental health at the start of lockdown. The survey found that, during the peak of the lockdown, 65% of CYP reported that their mental health had worsened as a result of lockdown. This reduced to 54% when lockdown restrictions started to lift. It indicated that CYP have struggled with the restrictions placed on their lives with over half of those surveyed reporting a negative impact on their mental health. Many of the CYP have been concerned about their education, the amount of work set and the stress of not knowing what implications the lockdown restrictions would have on their future or education. CYP reported that for some their education settings are not offering the frequency and types of support they would like, and they are feeling isolated from other support networks.

## 5.2. Current local demand

- 5.2.1. The number of overall crisis presentations across Southampton and South West Hampshire presenting to our community and acute providers has increased since April 2020. They were averaging 27 per month (Jan-Feb) before lockdown but this has increased to 56 per month from April (Apr-Sep). These will include children and young people from Southampton City as well as those living in the neighbouring areas of Hampshire (Totton and Waterside, the New Forest, Eastleigh Southern Parishes, Test Valley).
- 5.2.2. Referrals to our Single Point of Referral (Sp) CAMHS team have showed an increase since lockdown measures were lifted, and schools reopened. There was an initial decrease in referrals at the start of lockdown and this has since been steadily increasing and the service is currently receiving a higher number of referrals when compared to peak periods pre COVID.

## 5.3. Actions taken

- 5.3.1. Crisis Presentations including Interim Self-Harm Pathway:  
In partnership with other NHS provider organisations, an interim self-harm pathway, for the delivery of urgent assessments (within 24 hours), was introduced in April 2020 in order to divert as many young people as is appropriate away from acute hospitals to support our colleagues manage the COVID-19 response within the acute sector. This was a change in the community service model to a 7 day a week service (business as usual is 5 day a week with an out of hours on-call self-harm rota).
- 5.3.2. Group intervention programmes were suspended in order to comply with social distancing requirements. The service has since explored how this can be re-introduced, and with material now being adapted for virtual delivery,

group intervention programmes resumed from July 2020. From January 2021 the service plans to re-introduce some face to face groups with reduced numbers.

5.3.3. ADHD assessments are ongoing, but there has been a pause of accepting low risk referrals for new ADHD assessments while the service works through a waiting list initiative to reduce waiting times for CAMHS. This is in part being supported with funding from additional investment this year and agrees the best next steps for this pathway.

5.3.4. CBT: The waiting list has reduced from 121 at the beginning of April to 45 as at end of October due to a drive to review children and young people on the CBT list and identify if they will be more suitable for a group (e.g. anxiety, low mood or parent led anxiety group). The Service has been able to identify some cases for the Mental Health Support Teams (MHST) who needed low intensity CBT cases.

#### 5.4. **Plans in development to manage the pressure on services and support the mental health of our residents**

##### 5.4.1. Acute Paediatric Psychiatric Liaison Service

The interim self-harm pathway introduced during the first Covid wave was resourced through diverting staff from routine CAMHS. This ceased at the end of July 2020 and a business case was made for additional investment to establish a dedicated Acute Paediatric Psychiatric Liaison Service for 7 days a week to meet the increasing demand within the emergency department delivered by Solent NHS Trust Community Health Services in reaching into the hospital. This investment was agreed by the CCGs in October 2020.

##### 5.4.2. Trauma Informed Approach

Moving forward, Southampton City CCG continues to work in partnership with the Council Children's Services, NHS providers and key stakeholders including schools, the Voluntary and Community Sector and Children, young people and their families, to respond to the increased needs of children and young people impacted by COVID. It recognises the need for a whole system approach informed by trauma informed practice.

##### 5.4.3. I-Thrive Framework

The THRIVE Model provides a framework as to how the system wide response to COVID-19 in restoring services and supporting young people and families going forward can be developed. It is a helpful framework to identify which interventions/activities should be health led and which should be led by other elements as part of the community response. The framework is:

- A national programme using an evidence-based approach
- It aims to talk about mental health and mental health support in a common language that everyone understands.

- It is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.