

## Responding to COVID-19: Mental Health, Learning Disabilities and Autism

**Update 1: 15 March 2020**

### 1. Planned work at national level

This is the first of a series of updates to share information on COVID-19 with chief executives of mental health trusts and other mental health service providers, including the independent and third sectors, as well as regional teams and local colleagues. The main framework for our advice will be the same as the core national guidance for all patient cohorts. However, we do need to take particular issues into account so that the sector can meet the needs of those using mental health services, and people with a learning disability, autism or both. We are grateful for the expert input and questions from colleagues that have informed our work.

The national mental health and learning disability and autism teams at NHS England and NHS Improvement have set up a bespoke COVID-19 response cell in charge of identifying key areas where support is needed and developing national guidance.

We held our first webinar with the sector on Tuesday 10 March, and intend to hold them every Tuesday at 8.30am as a minimum throughout the outbreak. If more are needed, we will respond accordingly.

This month our COVID-19 webinars will take place on:

Tuesday 17 March – 8.30am to 9.30am

Tuesday 24 March – 8.30am to 9.30am

Tuesday 31 March – 8.30am to 9.30am

**Invitations and dial-in details are circulated by the response cell – please contact [england.mhldaincidentresponse@nhs.net](mailto:england.mhldaincidentresponse@nhs.net) to be added to our distribution list.**

**Paul Fegan** leads the COVID-19 response cell; he is a Programme Manager in both the Learning Disabilities and Autism, and Mental Health Programmes. **Emma Wadey**, Head of Mental Health Nursing, is the clinical lead supporting this work and **Sarah Warmington** is providing support from Specialised Commissioning.

Please note the regional and national Incident Management Team (IMT) remains the main channel for managing our overall response to COVID-19. Similarly, the response cell will provide advice through the IMT, so the webinar and generic email address are mainly to gather information.

Following the first webinar, we have identified six key areas where bespoke national guidance will be developed to help the sector prepare for the spread of coronavirus:

## **1. Patient engagement:**

- Identification of vulnerable groups
- Discharge planning and patient advice
- Strategies for patient engagement and communication

## **2. Inpatient and community services:**

- Cohorting, particularly physically vulnerable cohorts
- Discharging patients to manage capacity
- Use of acute hospital campus sites
- Standing down clinics and non-essential activity
- Working with the independent and third sectors
- Contact with known patients or those who need NHS review and input
- Medication supplies
- 24/7 help lines

## **3. Workforce:**

- Plan for a scenario with 20% fewer staff
- Prepare staff to work flexibly in different settings and with different patient cohorts
- Keeping the workplace safe for our people
- Managing impact of mandatory training
- Personal protective equipment (PPE) orders and advice/training on use
- Clear lines of communication and advice

## **4. Digital:**

- Digital solutions for remote working and to support self-isolated patients (ex: WhatsApp)
- Digital, telephone and other enablers to care, eg easy read materials
- Mental health of the whole population

## **5. Legal:**

- Ways of working with the Ministry of Justice
- Crisis response, including detention under the Act
- Issues around detention of patients
- Managing patients who do not comply with treatment
- Reasonable restraint
- Implications of legislative changes

## **6. Regulatory**

- Managing regulatory responsibilities.

The response cell will work on developing guidance for these areas as a priority. Let us know if there are other topics you would like to see more guidance on and please use the weekly webinars to flag up new issues.

## **2. Actions to take at local level**

We have an opportunity now, while still in the early stages of the outbreak of COVID-19, to put in place the basic principles and procedures for how we engage with and manage our patients, whether in community or inpatient settings. Patient engagement is simply recognising the needs of patients and how best to reach them and meet their needs if they or their families and carers are self-isolated.

We also encourage you to do what works best for your organisation and patient groups, so this is intended to be guidance, rather than prescriptive instructions.

### **A. Identification of vulnerable patients**

We encourage you to start identifying vulnerable patients now. NHS England and NHS Improvement are currently working on developing clinical guidance to identify the most vulnerable patient groups. Until that guidance is ready, you can think in terms of three broad groups:

- People whose vulnerability stems from a susceptibility to the virus, perhaps because of age or a chronic respiratory condition.
- People whose vulnerability stems from their mental health, such as people with an eating disorder, people with underlying conditions and frail older people, or people with a learning disability, autism or both who are dependent on carers.
- People whose vulnerability stems from both of the above.

For example, a young person with an eating disorder could be vulnerable because of their mental health and physical frailty. Patients who take clozapine are also potentially vulnerable because they need frequent blood tests, access to which may be compromised if patients are self-isolated or unable to access the usual setting where tests are undertaken, with consequences for their mental and physical health. People with a learning disability may also be vulnerable due to having a higher risk of respiratory issues.

You can think about how your services could be configured under different scenarios to meet patient needs, acknowledging the best local solutions for your patients could include working with primary care, community health and acute trusts.

### **B. Contingency plans**

It is imperative for trusts to model their contingency plans on the local context. Please share any learning from modelling, table-top exercises, etc with the response cell to help shape guidance and identify good practice.

National clinical guidance published by the government and the national IMT, including this response cell, should be used to inform the development of your COVID-19 patient management plans.

This guidance is still under development, but your plans need to include:

- transport and isolation solutions for patients suspected of being infected
- person-centred care planning to support patients with the virus to adhere to the isolation pathway and ensure use of the least restrictive option

- ensuring each patient has a current safety and crisis plan which considers COVID-19 and access to care
- testing and sampling arrangements
- inpatient estate that will support the care of inpatients with the virus (mild cases)
- maintenance of medication supplies to patients, eg prescription and administration of clozapine and lithium monitoring
- lines of reporting and communication, including testing phone numbers and increasing capacity of 24/7 response lines
- training for mental health and learning disability staff on PPE, physical health care, use of National Early Warning Signs, access to and administration of oxygen, vital signs and when to escalate
- digital technologies to support patients and staff in isolation.

We also encourage you to keep your social care and charity partners informed of your plans, sharing information with them in advance so they can make recommendations and offer support when appropriate.

### **C. Patient engagement**

Please use the materials provided in the Campaign Resource Centre to display information in your premises, especially in your reception and waiting areas. Public Health England (PHE) is leading on clinical advice on COVID-19, and regularly publishes new advice for clinicians on management of potential cases, patient information and advice. You can find links to this on our coronavirus website:

[england.nhs.uk/coronavirus/](https://england.nhs.uk/coronavirus/)

Please make sure patients, families and carers receive up-to-date information on COVID-19 and know what to do in case of suspected infection. We also encourage you to include information on COVID-19 in discharge plans and patient crisis or safety plans. Please keep following the Accessible Information Standard to ensure your messages to patients are clear and easy to understand.

In discussion with patients, families and carers, make sure they have:

- up-to-date details of emergency contacts and key care co-ordinators
- access to information on coronavirus and advice on how to avoid catching or spreading the virus
- information on what to do in case of suspected infection: use the [NHS 111 online coronavirus service](#). Only call 111 if you cannot get help online.

It is a good idea to ask patients and families now if they have a preference for how you reach them, especially if later guidance enables you to use other channels like social media. Make it clear this isn't a commitment to use any particular app or tool, but simply finding out what our options are.

## Appendix A

### Core resources

NHS England's coronavirus website for clinicians and healthcare professionals:  
[england.nhs.uk/coronavirus/](https://www.england.nhs.uk/coronavirus/)

We recommend that you consult in particular the COVID-19: [investigation and initial clinical management of possible cases guidance](#) which was updated on 10 March 2020

Public information and advice: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

NHS 111 online: <https://111.nhs.uk/>

### Communications resources

The NHS website provides verified information on symptoms, where to find help and advice to travellers: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

The Campaign Resource Centre, available to all providers to download resources and use on their own channels:

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5016>

A new [video](#) giving official advice on commonly asked questions and should be shared widely by NHS organisations.

Staff-facing communications: trusts should use the templates from the national team, available on CommsLink where:

- a positive case is announced at the trust
- a member of staff tests positive.

Key public lines are circulated daily by the NHS England and NHS Improvement central comms team to regional teams.

Please make sure all your communications follow the Accessible Information Standard:  
<https://www.england.nhs.uk/ourwork/accessibleinfo/>