Responding to COVID-19: Mental health, learning disabilities and autism

Update 2: 25 March 2020

1. Introduction

This is the second in 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 national mental health and learning disabilities and autism teams, together with the specialised commissioning team 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 are running webinars every Tuesday at 11am. These webinars are the minimum as things stand; if more are needed, including on specific topics, we will respond accordingly.

As an example, we will also be holding a webinar specifically on the forthcoming IAPT guidance on Wednesday 25 March. This will cover:

- advice for IAPT service delivery in the current climate
- digital forms of delivery
- information for treating sub-threshold anxiety or depression
- updates to training, the role of IAPT trainees and higher education institutions; provision during this period.
This month our COVID-19 webinars will take place on:

- Tuesday 24 March – 11am to 11.45am (weekly update)
- Wednesday 25 March - 1.30pm to 2.30pm (IAPT)
- Tuesday 31 March – 11am to 11.45am (weekly update)

Invitations and dial-in details are circulated by the response cell – please contact england.mhldaincidentresponse@nhs.net to be added to our distribution list.

2. New guidance on managing capacity and demand within inpatient and community mental health services

The response cell will be publishing its first guidance document on managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages.

COVID-19, and the national measures being announced to delay the spread of the epidemic, will inevitably have a significant impact on both demand for and capacity to deliver support for people with mental health needs, learning disability, or autism. The impact on people’s mental health will endure beyond the epidemic.

Below are some of the principles that should inform our response as a mental health/learning disability and autism system:

- All mental health trusts must review advice lines to ensure that 24/7 advice is available to people of all ages through a single point of access, including availability for children and young people, and older adults. These may need to be shared across trusts and may require additional funding.
- People with mental health needs, a learning disability or autism should receive the same degree of protection and support with managing COVID-19 as other members of the population. This may mean providing additional support, including making reasonable adjustments.
- In preparing for and responding to COVID-19, staff within mental health/learning disability and autism providers may need to make difficult decisions in the context of reduced capacity and increasing demand. These decisions will need to balance clinical need (both mental and physical), patient safety and risk. Due to the need for rapid decision-making, providers may choose to draw on an existing patient panel or an ethics committee to advise on decisions.
When considering plans, providers should consider not only patients’ vulnerability to physical infection, but also vulnerability stemming from mental health needs, a learning disability or autism too. People will be at risk of mortality through suicide, injury through self-harm and of self-neglect, and therefore any changes to services need to have patient safety as the paramount concern.

Partnership working is crucial, and responses will need to be co-produced where possible. To both maximise the use of community assets and to draw on the insight and expertise of partners, response plans will need to be developed alongside patients, families, carers, voluntary, community and social enterprise (VCSE) sector organisations as well as neighbouring mental health/learning disability and autism providers. This will include, for example, planning within an NHS-led provider collaborative, with children’s and adult social care partners, the criminal justice system, commissioners and education providers for children and young people.

Providers will need to maximise delivery through digital technologies to ensure continuity of care where patients are asked to self-isolate and in response to reduced staff numbers or mobility. Digital technology can also be used to support continuity of social contact for patients, families and carers.

Providers should bear in mind the longer-term impact of the pandemic and associated impacts on the mental health needs of the population, and accordingly should seek to minimise changes that impact on the capacity and capability of the system to respond to these needs in the longer term.

3. New guidance on COVID-19 prioritisation within community health services

Following Simon Stevens and Amanda Pritchard’s letter of 17 March 2020, this letter and annex of 19 March set out how providers of community services can release capacity to support the COVID-19 preparedness and response. These arrangements will apply until 31 July 2020 in the first instance.
The current priorities for providers of community health services during this pandemic are to:

1. Support home discharge today of patients from acute and community beds, as mandated in the new hospital discharge service requirements, and ensure patients cared for at home receive urgent care when they need it.

2. By default, use digital technology to provide advice and support to patients wherever possible.

3. Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks. Further advice on this will be published shortly.

4. Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.

Please see the following link for further information:

4. New advice on PPE

Mental health, autism, and learning disability providers are receiving personal protective equipment (PPE) but we are aware there have been issues with deliveries. The central team is working urgently to ensure access to PPE and communicate to the system. In the meantime, we wanted to share with you updated advice on PPE:

- Guidance on PPE for staff and managers, including a helpline number to request supplies and training resources, is here.
- All clinical mental health, learning disability and autism staff are to be bare below the elbow, with hair tied back, wearing no false nails, jewellery etc.
- For treating a patient with suspected or confirmed COVID-19 symptoms – a fluid resistant surgical mask (FRSM) and apron and gloves must be worn when working in close contact (within 2 metres) of a patient with COVID-19 symptoms.
• Spitting and nasogastric (NG) feeding are not aerosol-generating procedures, so the same as above with additional eye protection if felt necessary.


• All providers have access to their own infection prevention and control (IPC) specialists who will be able to advise on local implementation.

5. Psychosocial and mental health support for healthcare professionals

• Staff from a wide range of services are likely be involved either directly or indirectly during the COVID-19 response and in the aftermath. Public expectations are that staff consistently deliver effective, evidence-based care and interventions sensitively and compassionately, even if the environments in which they work are not optimal. To help healthcare staff provide compassionate, evidence and values-based care to patients, psychological support must be available to staff from their colleagues and organisations.

• Guidance on how to best support healthcare professionals during the COVID-19 response and its aftermath will be circulated shortly.

• Mental health providers should aim to proactively make contact with acute, critical care and primary care providers about the mental health needs of their staff, offering support where appropriate and practical in the context of current operational pressures.

6. Legal guidance

• There are currently no changes to Mental Health Act legislation, and colleagues should continue to adhere to the code of practice as it currently stands until further notice.

• During the COVID-19 outbreak, providers should follow their own policies to ensure the safety of both staff and patients and decide on the appropriate use of the relevant legal framework on a case-by-case basis, with support from medico-legal colleagues as required.
• Further guidance is in development and will be circulated as soon as possible.

7. Sitreps

• Mental health, learning disability and autism sitrep information is being collated centrally.

• The current collection is acute physical health focused, so we are working with the analytical team on how sitreps can reflect mental health, learning disability and autism service and sectoral needs.

• Please include any information that you think is helpful and not captured in the current return in the ‘Other’ and ‘Issues’ boxes.

8. Communications

New FutureNHS collaboration platform page

• We are setting up a new FutureNHS collaboration platform workspace for the mental health, learning disabilities and autism COVID-19 response.

• As well as being a helpful repository for national guidance and resources from other agencies such as the Royal College of Psychiatrists and British Psychological Society, the workspace will allow us to exchange good/emerging/local practice and protocols across the system.

• The area will be open to anyone working in mental health services and will include the VCSE sector.

• The link below will enable you to request access to join the workspace: https://future.nhs.uk/connect.ti/MHLDAcovid19/grouphome.
Annex

Core resources

NHS England’s coronavirus website for clinicians and healthcare professionals: 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 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 or
- a member of staff tests positive.

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

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