

FOI 0296/2023 Response

Freedom of Information request – Levels of mental health service provision during the Covid-19 pandemic

The purpose of this request is to provide Mind, the mental health charity, with information on the provision of mental health care and services immediately before and during the Covid-19 pandemic under the Freedom of Information Act 2000.

If you have any questions relating to this request, require clarification or if the request is deemed too wide or unclear, I would be grateful if you could contact me in advance of issuing a formal response.

Between March 2020 and July 2021, the UK government implemented national and regional restrictions in an attempt to slow the spread of Covid-19. Please see a brief chronology below:

- ❖ First UK-wide lockdown: March 2020- July 2020. On 23 March 2020, people were ordered to stay at home, and only leave for essential purposes and daily exercise. From May 2020, the laws were slowly relaxed.
- ❖ Between July 4 2020, and September 2020, most lockdown restrictions were lifted. Gatherings of up to thirty people were permitted.
- ❖ Local 'tier system' of restrictions introduced: Sep 2020- Nov 2020.
- ❖ Second national lockdown: 5 Nov 2020- 2 Dec 2020.
- ❖ Tiered system reintroduced: 2 Dec 2020.
- ❖ Third national lockdown: 6 Jan 2021 to March 2021.
- ❖ On 8 March 2021, England began a phased exit from lockdown.

Please see attached a spreadsheet, for you to complete with the information that you hold.

Mental health service contacts

1) Contacts by consultation medium for adults

- a) Please provide the total number of contacts you have had with adults accessing help for their mental health, in the community and in A &E, broken down by the consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for adults"
- b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please refer to the attached spreadsheet.

2) Contacts by consultation medium for children (under 18)

- a) Please provide the total number of contacts you have had with children accessing help for their mental health in the community and in A &E broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for children".

- b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

Please refer to the attached spreadsheet and note the following:

- Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands work together to provide emotional wellbeing and mental health services for children and young people in Solihull within our Child and Adolescent Mental Health Service, Solar.

We provide multi-disciplinary assessment and treatment of children and young people with mental health or severe emotional and behavioural difficulties. The service currently accepts children and young people, until their 19th birthday, who are residents in the borough of Solihull, go to school or college in the Solihull borough, or have a Solihull GP.

For information on children and young people in receipt of CAMHS services in Birmingham, please redirect your request to Forward Thinking Birmingham Service which is hosted by Birmingham Women's and Children's Trust.

3) IAPT contacts by consultation medium for adults

- a) **Please provide the number of contacts you have had with adults accessing Improving Access to Psychological Therapies (IAPT) services broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "IAPT by medium for adults".**
- b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

Please refer to the attached spreadsheet.

4) IAPT contacts by consultation medium for children (under 18)

- a) **Please provide the number of contacts you have had with children (aged under 18) accessing Improving Access to Psychological Therapies (IAPT) services broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "IAPT by medium for children".**
- b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

Please refer to the attached spreadsheet and note the following:

- The data includes CAMHS contacts in the community SOLAR and our Forensic CAMHS Community Team.
- Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands work together to provide emotional wellbeing and mental health services for children and young people in Solihull within our Child and Adolescent Mental Health Service, Solar.

We provide multi-disciplinary assessment and treatment of children and young people with mental health or severe emotional and behavioural difficulties. The service currently accepts children and young people, until their 19th birthday, who are residents in the borough of Solihull, go to school or college in the Solihull borough, or have a Solihull GP.

For information on children and young people in receipt of CAMHS services in Birmingham, please redirect your request to Forward Thinking Birmingham Service which is hosted by Birmingham Women's and Children's Trust.

5) Types of Community Mental Health Team contacts, by team and medium.

- Please provide the number of contacts you have had with patients supported by Community Mental Health Teams broken down by consultation medium and the team they were seen by.**
- Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Types of CMHT contact".**

Please refer to the attached spreadsheet and note the following:

It has been requested of us to group community contacts by Service Type, specifically Forensics, CAMHS, Older Adults, Adult Community Mental Health, and other Specialties. For the purpose of this grouping the:

- Forensic CAMHS Team data is included in the Forensic figures, not the CAMHS figures.
- CAMHS refers only to our specifically commissioned Solar CAMHS Service in Solihull.
- Older Adults refers to our Older Adult CMHTs, Memory Assessment Teams, Care Home Liaison Teams, and our Older Adult Home Treatment Teams.
- Adults includes the generic Adult CMHTs as well as all other Services within our ICCR (Integrated Community Care and Recovery) Division, which includes but is not limited to Psychological Services, Assertive Outreach and Addictions Services.
- We have provided a further categorisation of Urgent Care Community which includes Street Triage, Place of Safety, Psychiatric Decision Unit, Liaison Psychiatry, and Home Treatment.

- All other specialties are specifically named.
- NHS Talking Therapies (formerly known as IAPT) are not included in these figures.

6) Depot Injections given between Jan 2020 and June 2022

- Please provide the number of depot injections given to patients broken down by location. Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Depot injections given".
- If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please refer to the attached spreadsheet and note that Depot Injections are a count of appointments within a depot clinic or contacts recorded where the administration of a depot injection is the recorded activity.

7) Alternative arrangements

- If a patient could not access a remote appointment, what was the Trust's offer to access care?

Integrated Community Care and Recovery/Steps to Recovery Wards:

- We offered face to face appointments utilising masks, social distancing, and screens. Please note that this was deployed on a case by case basis

Specialties Services

- We had several remote offers – video consultation, telephone consultation and we continued with limited home visits. Please note that a Standard Operating Procedure (SOP) was in place which assessed risk to the service user (SU) from non-completion of an appointment/therapy and risk from potential covid exposure.
- Service users were also involved in the decision to complete a home visit.
- At an early stage we assessed the risk from limited and reduced activity in outpatient clinics, and resumed limited and reduced out-patient clinic appointments where this was assessed to be in the best interests of the SU (for example in the case of domestic violence meaning that confidentiality/safety could not be assured at home).
- A very small, limited number of appointments were conducted outside of the home – ie in larger open spaces again in discussion/agreement with service users.

- b) **If home visits or depot clinic were withdrawn for people needing depot injections, what were the alternative arrangements?**

Integrated Community Care and Recovery/Steps to Recovery Ward

- These visits/clinics continued, utilising the safety measures described in question 7a.

Specialities

- Depot clinics were prioritised and as mentioned in question 7a, we assessed the risk from limited and reduced activity in outpatient clinics, and resumed limited and reduced outpatient clinic appointments where this was assessed to be in the best interests of SU.

8) Inpatient Admissions and Discharge Numbers between January 2020 and June 2022

- a) **Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by ethnicity. Kindly complete the spreadsheet attached, on the tab called “Inpatient admission discharge 1”. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

Please refer to the attached spreadsheet and note the following:

- We’ve been asked for discharges grouped by formal and informal. As discharges would have their section closed, informal and formal for discharges refers to the legal status on admission of those inpatient spells discharged in month
- We only have a forensic CAMHS ward, no other CAMHS beds, and as such figures for the under 18 category for admissions and discharges will be very low

- 9) **Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by age group and gender. Kindly complete the spreadsheet attached, on the tab called “Inpatient admission discharge 2”. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead**

Please refer to attached spreadsheet.

Management of Covid in Psychiatric Wards between March 2020 and June 2022

10) Staffing levels

- a) How many mental health staff were redeployed to covid wards or over to the general side between March 2020 and June 2022?

The Trust can confirm a total of 3 staff members were redeployed to support covid wars.

- b) What proportion of shifts or what number were covered by agency staff? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Percentage of shifts covered by agency staff" and/or the row "Number of shifts covered by agency staff per month".

Please see attachment spreadsheets.

- c) How much did your Trust spend on agency workers? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Amount spent on agency workers per month"

Please see attachment spreadsheets.

- d) What were the reasons for any critical incidents reported between March 2020 and June 2022?

***Clarification from Requester: NHS England's Emergency Preparedness, Resilience and Response Framework, which describes a critical incident as "principally an internal escalation response to increased system pressures/disruption to services that are or will have a detrimental impact on the organisation's ability to deliver safe patient care," requiring special measures and support from other agencies to restore normal operating functions.

There were NIL (0) critical incidents

Please note that as many Healthcare organisations, We were obviously in major incident response at varying national levels during the pandemic.

- e) Did you shut any services in whole or in part or stop taking patients into a service or on a waiting list during lockdown. If yes, could you explain the reason that decision was taken.

Secured Care and Offender's Health Service

- None

Urgent and Acute Care

- None

Integrated Community Care and Recovery/Steps to Recovery Wards

- None

Specialities

- Older peoples group intervention programme stopped entirely at the beginning due to the group nature of interventions associated with greater risk of covid exposure.
- Virtual group protocols were then developed and for those service users able to access video calls they had virtual group delivery. Not all service users could access this service.
- There was a Memory Assessment telephone and video assessment protocol designed, but some service users required a face to face assessment/clarification appointment before we were able to deliver a differential diagnosis and this led to a delay in their diagnostic pathway.

11) Managing Covid

- a) Did you have any safeguards in place to seek to prevent isolation creating further deterioration in mental health, and if so, what were they?

Each service area within the Trust developed their own Standard Operating Procedures (SOP).

Please note that each service requirement is different and therefore required a tailored routine of operations to manage Covid-19 and it's subsequent impact on the Trust.

Secure Care and Offenders Health Service:

- Support 1:1 and group sessions were offered.
- Any deterioration in mental wellbeing identified was managed and supported by the staff.
- Friends & Family were able to contact inpatients via Skype/ WhatsApp video calling.

Urgent and Acute Care

- Friends & Family were able to contact inpatients via telephone and service users wellbeing was managed and supported by the staff.

Integrated Community Care and Recovery/Steps to Recovery Wards:

- Appointments were offered, with additional telephone calls between visits to check on service users well being

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Specialties Service

- An isolation/admission suite for each patient to have an isolation period after which time we could be reasonably sure they did not have covid. During this time we had a team of staff to complete regular carers calls with the SU by video or telephone call (SU and carer preference).
- Therapeutic activity was undertaken one to one in patient's room on the isolation/admission suite. This was very successful at mitigating covid but could not completely eradicate staff introduced infection.
- After the isolation period patients moved to a 'ordinary' assessment wards where patients were able to socialise with one another (unless Covid positive) as we had created a 'bubble' with limited/no staff movement between wards.
- At times assessment wards also had to implement separate areas to assist with isolation of positive patients and those not testing positive.
- Carers calls and therapeutic activity continued on the assessment wards.
- We also supported Carers of admitted service users with regular telephone calls to support their mental health during the admission of their loved one.
- In the community we created a bespoke Covid risk assessment with all service users which identified which SU were most at risk of physical health deterioration, carer/support arrangements breaking down and social isolation. A team of staff completed regular support telephone calls in addition to their scheduled appointments to those most at risk of isolation/physical deterioration or care and support breakdown.

b) When patients were in isolation for infection control purposes, where were they isolated? What access was there to bathroom and washing facilities?

Patients were isolated in their bedroom area with the majority of bedrooms having ensuite facilities. Those without ensuite facilities were designated a bathroom for their use.

12) Visits to wards

- a) Did you change your policy to restrict visits from friends and family to patients on the wards during this time (Between March 2020 and June 2022)?
- b) Did any policies or rules for visits vary for different age groups and groups of patients?
- c) If visits were restricted, did you put on additional methods for patients to keep in touch with friends and family such as extra phones for the wards or setting up video calls?
- d) If yes, what date(s) did you provide extra facilities?

Please refer to the attached Visiting Guidance that were implemented during 19 March 2020 and June 2022 and note that appointments were offered, additional telephone calls between visits to check on service users wellbeing.

13) Access to outdoors

- a) Did you have any policies on access to outdoors/ fresh air for patients?

Secured Care and Offender's Health Service

- Patients always had fresh air access in the court yards prior to covid and during covid.

Urgent and Acute Care

- Patients always had fresh air access in the court yards prior to covid and during covid.

Steps to Recovery Wards:

- Patients always had fresh air access in the court yards prior to covid and during covid.

Specialties Services

- Maintained existing (unlimited) access, with the exception of those patients able and willing to self-isolate during the isolation period or an active infection.

- b) Did these policies change during lock down, and if so please specify dates that any fresh air policies changed.

Secured Care and Offender's Health Service

- No

Urgent and Acute Care

- No

Steps to Recovery Wards

- No

Specialties Services

- No

14) S17 Leave

- a) Did you have any updated policies and procedures on s17 leave during this time? For example, was s17 leave routinely cancelled?**

Secured Care and Offender's Health Service;

- Section 17 Leave was granted broadly in line with the national guidelines throughout the different pandemic wave periods.
- However, S17 Leaves were occasionally cancelled but not routinely. This was dependent on a lot of variables such as:
 - Changes in national guidelines and procedures
 - If a ward was in covid outbreak and it was unsafe for patients to leave the ward.
 - Staffing issues or court/emergency hospital taking precedence.
 - Considerations the Responsible Clinician had to take prior to granting S17, for example, during the full lock down:
 - The section 17 leave is necessary for the patients' health and safety
 - Whether the section 17 leave will not put the safety and security of inpatient forensic wards at risk (including infection related risk)
 - Will the public safety be maintained if leave is taken
- The norm would be not to grant section 17 leave outside hospital grounds into the wider community unless: -
 - It is to a clear planned imminent discharge destination, with robust safeguards in place and assurance that the patient will comply with the safeguards.
 - Urgent medical emergency or essential medical appointment.
 - Court leave ordered by the court
 - Specific essential rehabilitation/ therapeutic activity in a covid secure location, for a patient who is fully adherent to infection control measures including PPE.

Urgent and Acute Care

- Section 17 was not routinely cancelled, it was permitted within the government guidance of the time in line with utilising social distancing and masks

Steps to Recovery Wards :

- Section 17 was not routinely cancelled, it was permitted within the government guidance of the time in line with utilising social distancing and masks

Specialties Services

- In the earlier phases of the pandemic, leave was not routinely utilised because of the following point:
 - In most circumstances our patients could not access leave unaccompanied, and the restrictions were affecting those required to facilitate leave
 - Policies were altered to reflect the risk to patients and to others of infection and re-contamination of the ward and other patients.
 - It should be noted that Section 17 leave remained in place for hospital and other healthcare purposes.