Briefing - Covid19 Mental Health Pandemic Response

1. Avoiding/reducing Covid19 Pandemic mortality & morbidity

- To date there has been no infection event among populations with high risk of infection including those in inpatient units, prisons and congregate living settings, remote aboriginal communities, the homeless and those with cognitive and communication difficulties. This is a commendable outcome of the collaborative effort of the organisations, groups and individuals that support and protect these populations.
- Mental Health inpatient units restricted visiting and leave and some older adult units closed to social visitors entirely as an infection management response. Visitors from essential services such as the Mental Health Advocacy Service (MHAS) have been screened for COVID 19 and social virtual visiting options including tele video and telephone contact developed. MHAS has been active in ensuring that patients' and residents rights and input by family and external providers into the persons care have been maintained.
- WA has not experienced the transmission and death rates of other countries however, health, community and front-line workers are experiencing high levels of stress during the crisis, likely related to disruptive change and the anticipation of high rates of contagion. Initiatives such as relaxation rooms, mindfulness podcasts and psychological counselling have been put in place by some services to address this.
- This work has however largely been done "on the run" and points to the need to gather the learnings from this experience to inform proactive future mental health pandemic planning.

2. Sustain & adapt mental health supports & services through the emergency

- The number of people waiting in EDs has fallen markedly – except for the under 18's – though there is evidence that those that do present have higher acuity. Alternative pathways to access crisis care are required for people with mental health emergencies during periods of Covid19 restriction. Some services have already restructured crisis care pathways (e.g. NMHS) and these approaches should be evaluated and lessons learnt implemented across the system.
- Some Inpatient wards have been closed in anticipation of Covid19 which has reduced access to beds notably for youth, particularly 16/17 year-olds, while there has been an increase in demand for youth inpatient beds.
- Community mental health clinical services have continued to provide face to face assessment and contact where it has been possible to utilise safe social distancing guidelines. Many mental health clinical services have not had access to telehealth and have been reliant on telephone contact instead, which has significant limitations
- Some mental health services report that staff and resources have been redirected to the expected surge in Covid19 patients, with an impact on the continuity of mental health services
- The move to telehealth services has worked well for some consumers and families but exposed gaps in access to devices, data and skills for the digitally disadvantaged. A comprehensive digital mental health action plan to address these gaps and capture the benefits of digital mental health and take these forward is needed.
- There is an ongoing gap in the availability of a suitable online platform for use within health services to undertake group therapy, which is impacting access to community treatment services and needs immediate attention.
- The collapse of commercial flights has had a massive impact on people in rural and regional areas being transported for care and the availability of staff. There is a need to develop alternative models of support in regions.

- Accommodation support pathways have been interrupted as some accommodation service providers have not accepted new referrals due to the pandemic response. While efforts have been made for a co-ordinated response to this issue it points to the need for stronger sector wide system governance at health service level .
- There are significant limitations in the Primary Care Better Access Program's capacity to respond to the Covid19 situation. There is no bulk-billing incentive for private therapy practitioners which restricts access to those who can pay, and the 10-session model is not fit for purpose for those with moderate to serious mental health issues. Many private providers of mental health care (including Psychiatrists and Psychologists) have switched to telehealth which can potentially improve accessibility to private mental health care. However, clinical processes and referral pathways have also been disrupted and these new options have not been fully utilised. There is a need to strengthen the connection between public clinical mental health services as well as private providers of mental health services, community care and primary health care so that those with serious mental health issues are more effectively supported in the community.

3. Respond to mental health impact of pandemic suppression

- Preparation is needed for the possibility of a rapid increase in demand on emerging from the Covid19 shut down. For example, for youth and adults with eating disorders the pathway to treatment is often through presentation at ED and inpatient medical admission. This pathway has been interrupted by Covid 19 response and will likely result in presentations with higher levels of acuity coming out of the shutdown. Alternative responses such as community and day programs could be stood up in short time and would provide an ongoing alternative to inpatient treatment for many.
- Some mental health services have increased Hospital in the Home (HitH) services as an alternative to inpatient care and as a strategy to cope with any surge for mental health care that may occur in later phases of the COVID-19 crisis. These models require further evaluation and consideration for more widespread implementation.
- Aboriginal communities have been particularly concerned about the restriction in numbers being allowed to attend funerals due to social distancing.
- People from culturally and linguistically diverse backgrounds have been affected by the restriction on face to face interpreting and translation services during the emergency.
- Carers are currently unable to access respite because of social distancing, are isolated more than usual and vulnerable to abuse. People on Carer payments are not eligible for the top-up payments like people on Job Seeker payments. Carer stress and burnout are predictors of physical and mental ill health and carers will require targeted support coming out of the emergency.
- Restrictions around birth and labour have created a lot of anxiety for pregnant women and the absence of social supports from people during hospitalisation and birth, and the social distancing for new families points to the need for planned and directed support for COvid19 birth families.
- Older adults will be disproportionately impacted due to the greater level of social isolation they have experienced through the emergency period and the increased risks associated with Covid-19 infection and associated anxiety. It is likely that there will be an increase demand for mental health services as restrictions ease. Innovative responses (online 'visiting", visiting windows etc) that have been initiated during the emergency should be curated and designed into future interventions.

4. Respond to long term mental health impacts of pandemic

- There are widespread reports of increased calls to mental health crisis and emergency lines, and the systematic collection of data about these calls, including the social impact of Covid19 that are associated with distress and/or deterioration in mental health, the severity of the distress

and the numbers of callers who required referral on to community or clinical services is an important source of intelligence for future planning. The imminent release of the state suicide action plan presents an opportunity to respond proactively.

- The risk of suicide will be affected differently in different cohorts and those who have been disproportionately affected by social isolation, financial, interpersonal, cultural and accommodation issues. This needs to be considered when developing suicide prevention plans. There should be specific suicide prevention planning for vulnerable cohorts such as Youth, the Elderly and those from an Aboriginal or CALD background
- It is likely that there will be a greater vulnerability to homelessness due to the economic and social impact of Covid19 and that people with mental health issues will be especially at risk. It is crucial that mental health accommodation initiatives such as the WA MHC's Safe Place initiative are taken forward. It is welcome that there is promotion of investment in social housing as an economic recovery initiative, this would need to be accompanied with an investment in community mental health support services to ensure people with mental health needs can access this opportunity.
- The lack of social activities such as education, sport and large social gatherings impacts particularly on young people and their psychological development and mental health. Young people have also been disproportionately impacted by unemployment in casual and hospitality jobs resulting from the Covid19 response and young people with mental health problems are especially vulnerable. This requires a gearing up of programs targeting employment education and social support for young people with mental health issues.
- The elderly are also at increased risk of suicide, and elder abuse related to social isolation, loneliness, and perception of being a burden. Specific support is needed for vulnerable older adults and those with mental health issues

5. Address systemic issues arising from the pandemic

The following systemic responses are recommended:

- To conduct a post Covid-19 review of the state's mental health system wide response to the pandemic that gathers the learnings from this experience and informs a mental health pandemic response plan for the state that protects vulnerable populations and sustains mental health supports through future emergencies.
- To identify those elements of weakness in the state's mental health service provision that have been exposed by the emergency and the high value services that can be expanded or developed as alternatives.
- To modify the mental health emergency response system with a much stronger tele mental health component, that is integrated with mobile outreach teams, clinical services and Emergency Departments, community care and Drug and Alcohol services.
- To support the development of stronger integrated system wide and place based mental health governance and collaboration structures encompassing inpatient, community treatment, primary care, community support, lived experience
- To strengthen the connection between public clinical mental health services, GPs, private providers of mental health, primary mental health care and community services, so that those with serious mental health issues are more effectively supported in the community.
- To develop a comprehensive digital mental health action plan to address current gaps, evaluate and capture the benefits of digital mental health and ensure these services continue post COVID-19.