

COVID-19 and Mental Health Summer School Webinar Series

8 January 2021

Dr Adrian James, President, Royal College of
Psychiatrists

About me

- **47th President** after winning the Presidential Election at the start of 2020.
- A **Forensic Psychiatrist** and front-line clinician for 36 years, served as the College Registrar for the last 5 years.
- My **priorities** as President are:
 - Equity between physical and mental health
 - Championing diversity
 - Supporting the workforce
 - Sustainability at the heart of all we do

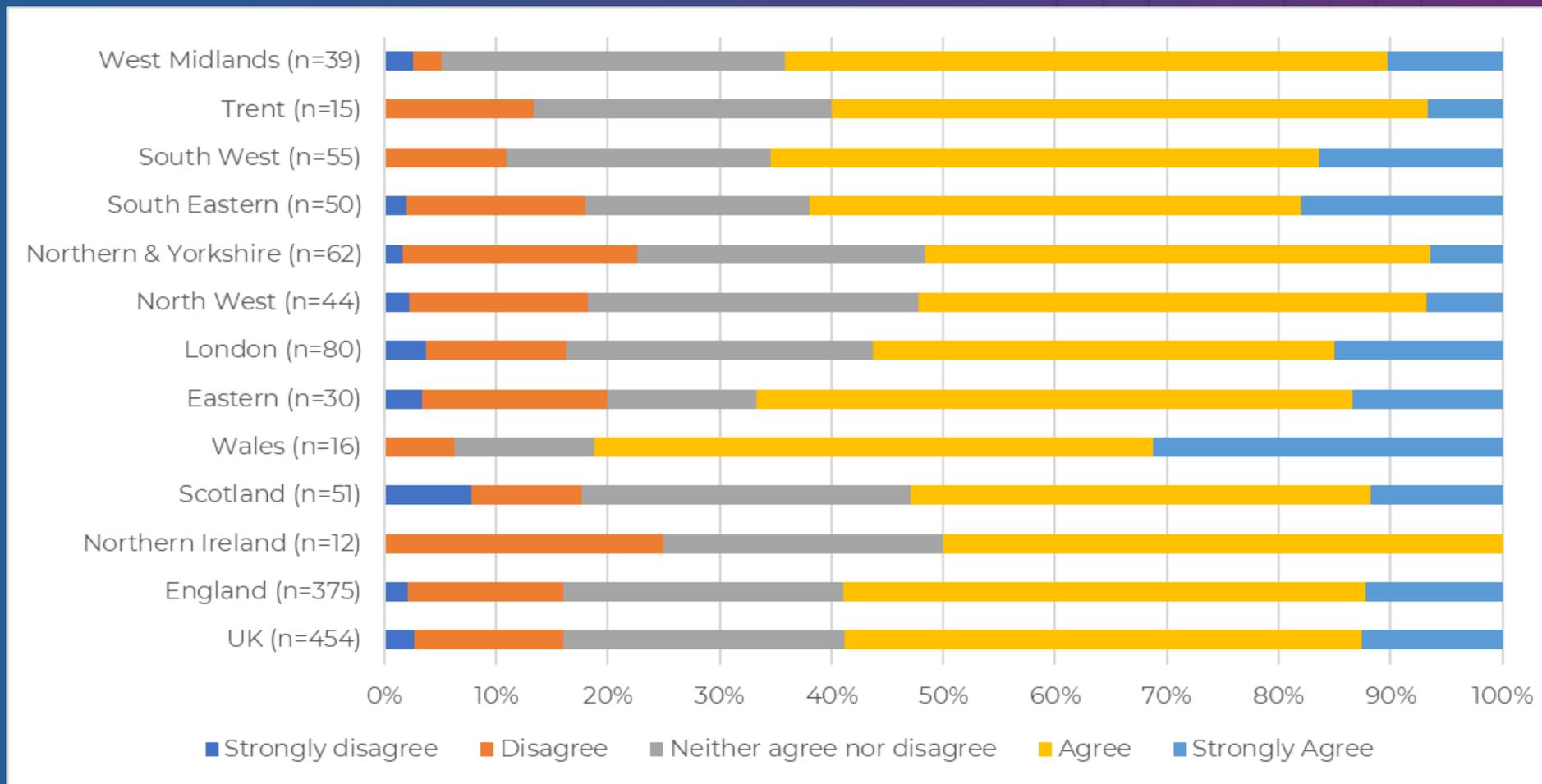
Our member surveys

- We have been running **regular surveys** during the pandemic, which provides our members with the opportunity to share their experiences of many aspects relating to the COVID-19 response locally, including on issues such as PPE, testing and workforce.
- We have also used them to highlight our concerns about a 'tsunami' of mental illness that would likely come.



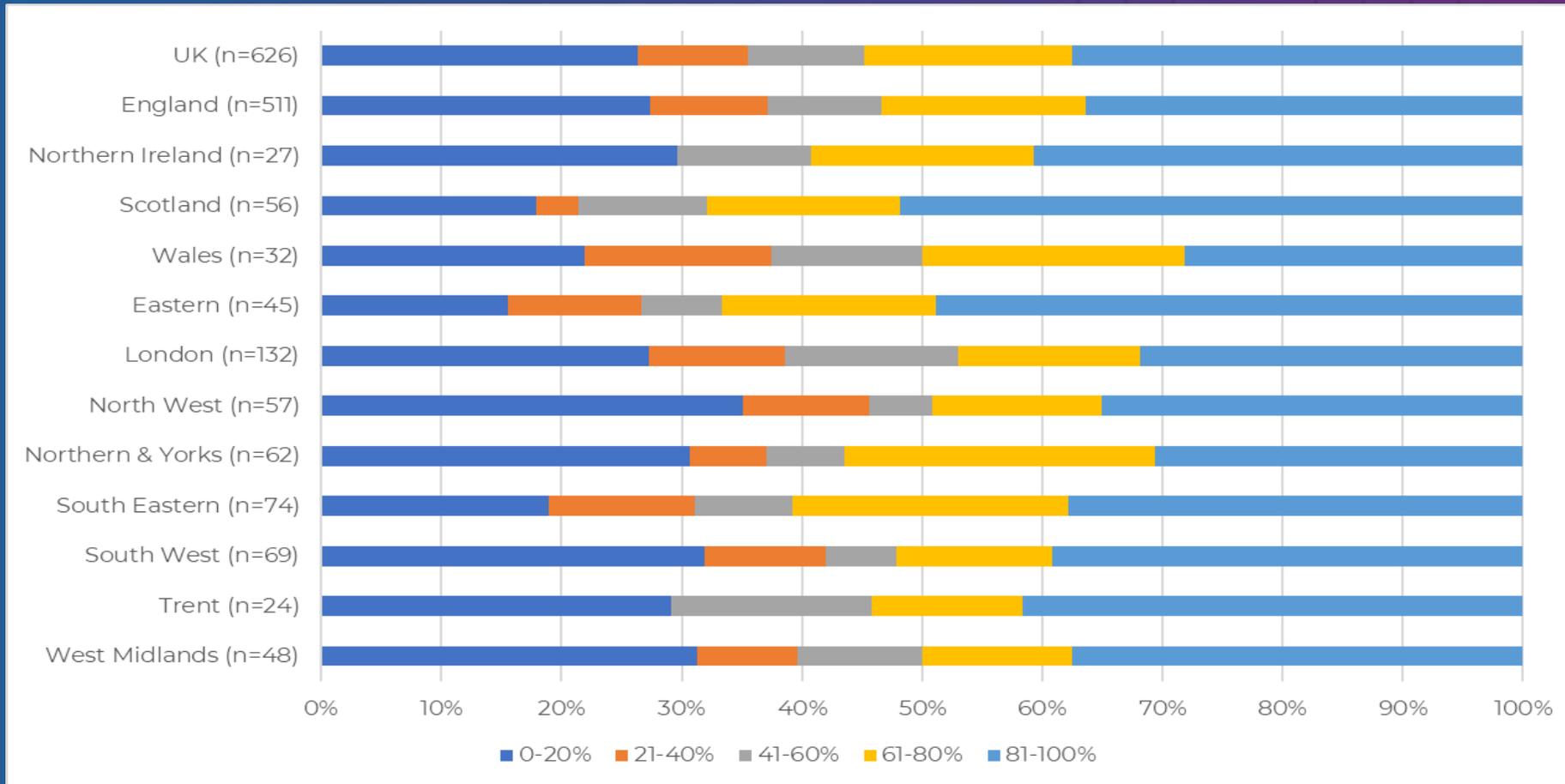
Our member surveys

Do you agree or disagree with the following: remote sessions are clinically appropriate and therapeutic? RCPsych member survey, June



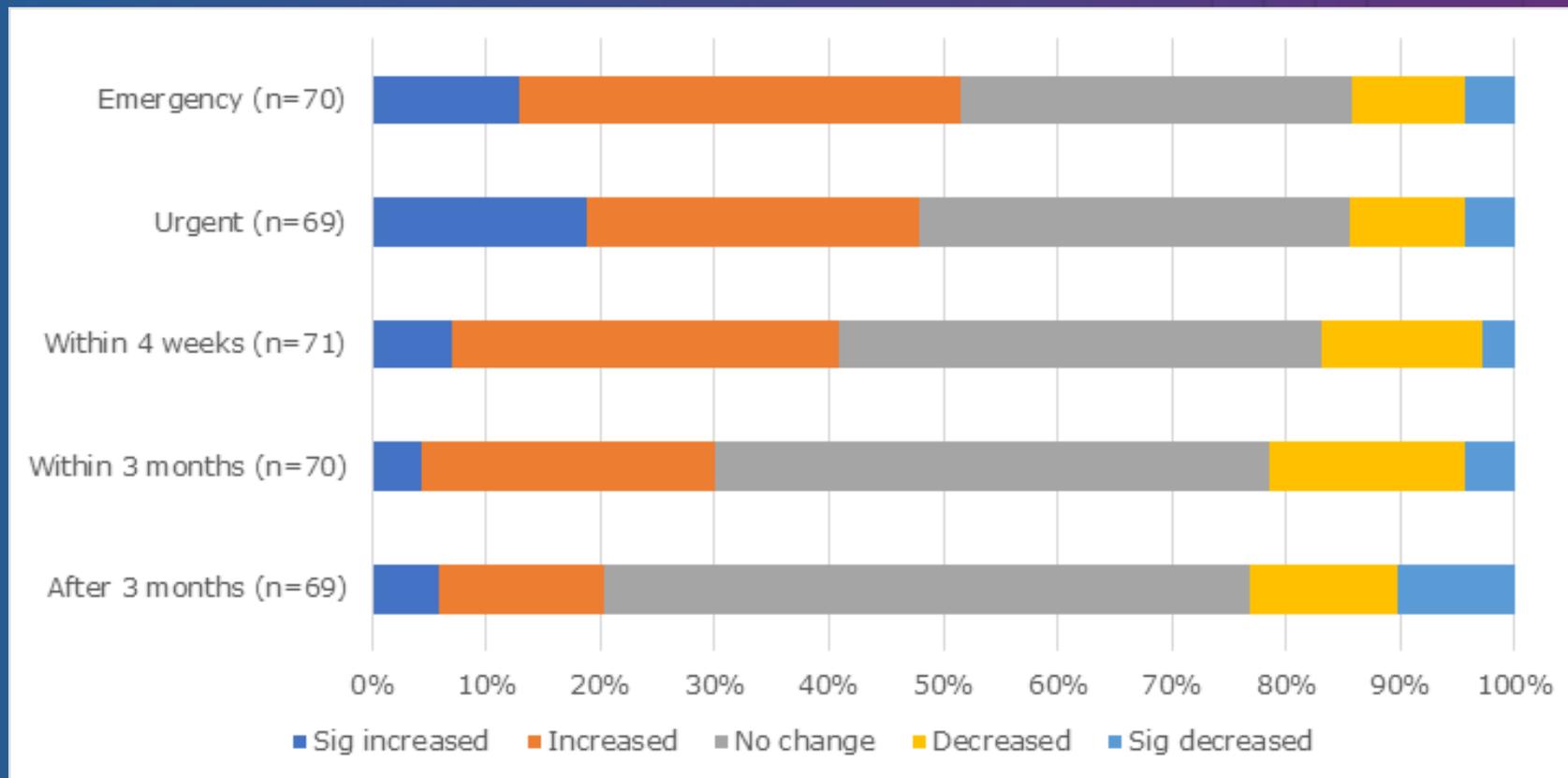
Our member surveys

Currently what proportion of consultations are you doing remotely?
RCPsych member survey, September



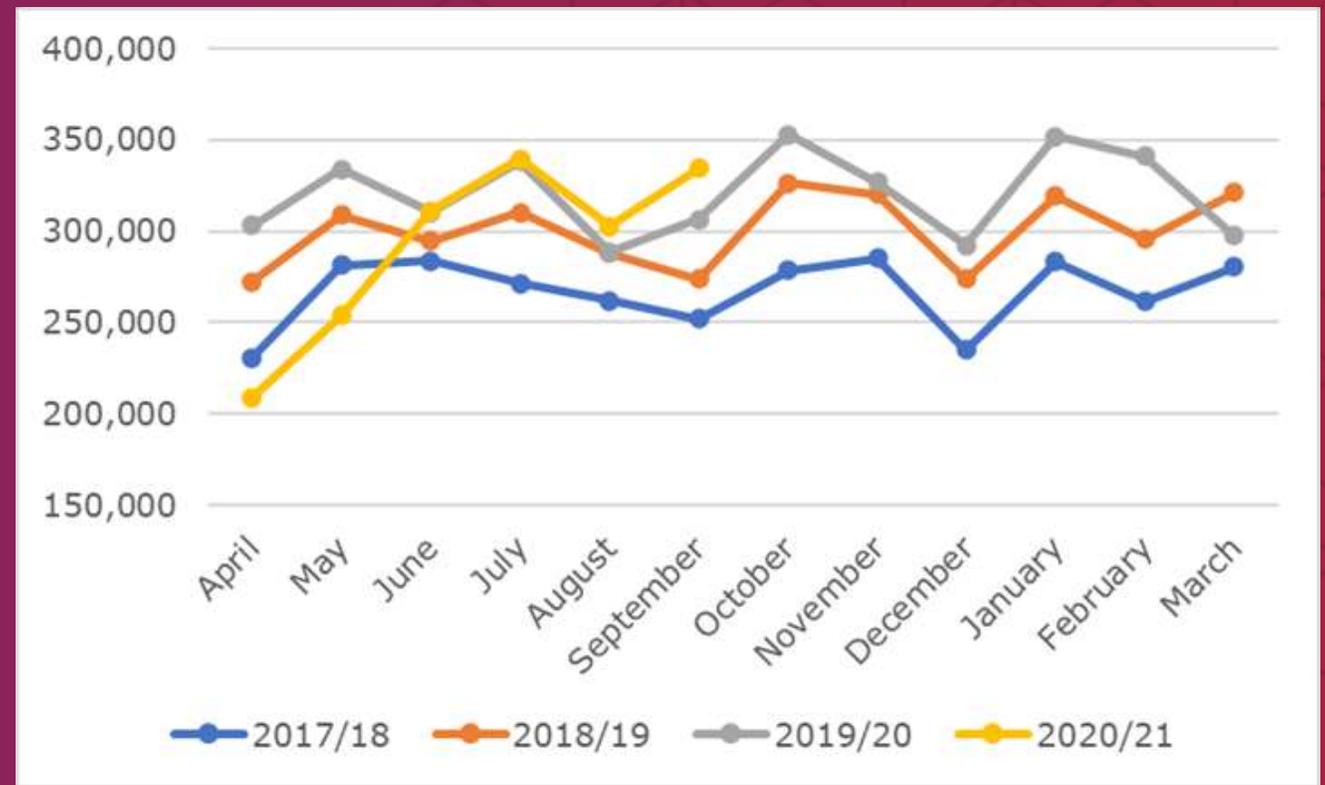
Our member surveys

How has the workload in your team changed for the following compared to the same point last year? Responses from child and adolescent psychiatrists working in England, September 2020

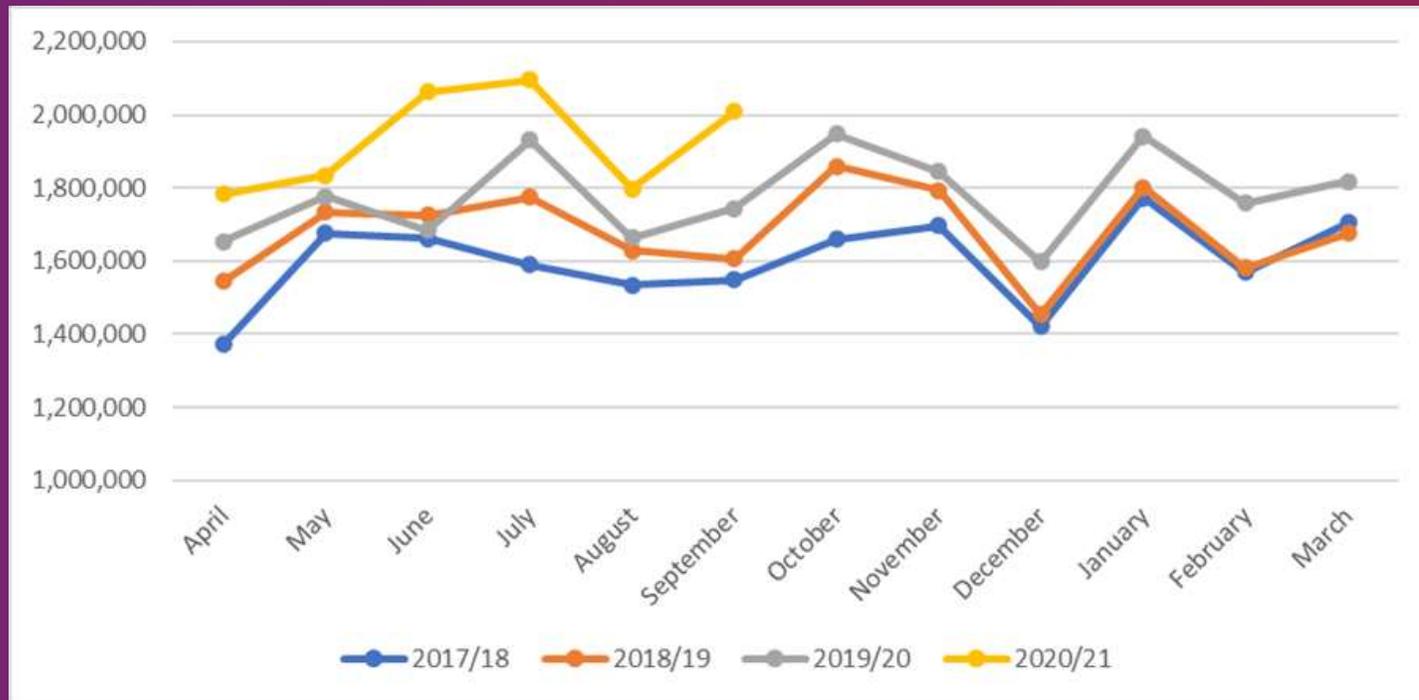


New referrals to mental health services

- Referrals **fell particularly sharply in April** (down 31.1% on the same month in 2019) and May (down 23.9% on May 2019) before rebounding to similar levels to last year.
- The figure for [September 2020](#) (334,406) showed that **new referrals were up 9.0% year-on-year** (306,684).



Care contacts attended



- [NHS Digital data](#) has shown that care contacts attended have exceeded 2 million for three of the past four months; a landmark never previously reached by NHS mental health services.
- A record was attained in July, with 2.096m care contacts attended in that month alone, 8.5% more than the same month in 2019 (1.931m) or 31.8% up on

Children and Young People

625 urgent pathways completed
(up 92.3% on previous year)

July-September 2020/21 we saw a record number of both urgent and routine CYPED pathways completed.

2,001 routine pathways completed
(Up 38.2% on previous year)

Performance against the four week routine case waiting times target was at a record high in this quarter (89.6%).

Performance against the one week urgent target (85.3%) falling slightly from the peak achieved in the previous quarter (87.8%).

Differential impact of COVID-19

Impact on those with SMI

- The living risk prediction algorithm (QCOVID) found:
 - Adjusted hazard ratio for death from COVID-19 with **SMI** is **1.29 for women** and **1.26 for men**, showing an increased risk.
- But we need more data and research
- Physical comorbidities
- Care homes are not dissimilar to mental health/intellectual disability inpatient settings as well as residential settings for those over 65 years in terms of their ability to prevent and control the spread of the virus.

Differential impact of COVID-19

Impact on those with intellectual disability and/or autism

- PHE examined data from the **Learning Disabilities Mortality Review (LeDeR)** programme and **NHS England's COVID-19 Patient Notification System (CPNS)**, which records deaths in hospital settings.
 - the adjusted mortality rate was **4.1 times higher** than the general population, **although this is likely to be an underestimate, putting the real figure closer to 6x.**
 - Among 18-34-year-olds, the mortality rate was **30 times greater** for those with learning disabilities than those without disabilities.
- **Down's syndrome** is a particular concern from recent research.

Differential impact of COVID-19

Impact on BAME groups

- Research and data has found disparities in the risk of contracting COVID-19 among BAME communities.
- PHE review:
 - people of Bangladeshi ethnicity had about **twice the risk of death** compared to people of White British ethnicity.
 - People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between **10 and 50% higher risk of death** when compared to White British.

Differential impact of COVID-19

Key findings:

- By the third quarter of 2020, when compared with pre-pandemic levels, there had been a 7% reduction in the number of graduates doing any hours of paid work in a given week, but a **17% reduction in the number of non-graduates doing any hours of paid work** (these reductions include those on furlough but not working any hours).
- Self-employed people have been especially likely to lose income and hours of work through the crisis, and numbers of self-employed have **fallen nearly 10%**



Differential impact of COVID-19

Key findings:

- Within the state sector, pupils from **better-off homes** were more likely to receive active support from schools and to have a better home learning environment.
- Between March and July, mortality rates from COVID-19 were **twice as high in the most deprived areas** as in the least deprived.
- Through 2020, pensioners have on average reported becoming financially better off, whilst the young have borne the brunt of **rich and income loss**.



Looking to the future

Long-COVID

- There is growing evidence that **COVID-19 can directly affect the brain** leading to mental health difficulties.
 - Post-mortem studies have shown evidence of cerebral inflammation and neuroimaging studies detect leucoencephalopathy and microbleeds in critically ill patients.
- A study recently published in the Lancet looking at 69.8 million patient records in the US showed that:
 - patients diagnosed with COVID were around **twice as likely to develop a psychiatric problem within 14 to 90 days** compared with those with similar conditions such as other respiratory tract infections or with influenza.
 - They found that 90 days after of being diagnosed with COVID and **5.8% of**

Looking to the future

- The ONS has released early experimental results on “long COVID” symptoms and health complications following COVID-19 infection.
- Early next year, a new long COVID question will be added to the COVID-19 Infection Survey, allowing respondents to state the impact long COVID has had on their day-to-day activities, and including an expanded list of

Around 1 in 5 respondents testing positive for COVID-19 exhibit symptoms for a period of 5 weeks or longer.

Around 1 in 10 respondents testing positive for COVID-19 exhibit symptoms for a period of 12 weeks or longer.

Looking to the future

The report highlights that:

- the nation's health should be the highest priority for government as we rebuild from the pandemic.
- the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health.
- reducing health inequalities, including those exacerbated by the pandemic requires long-term



Looking to the future

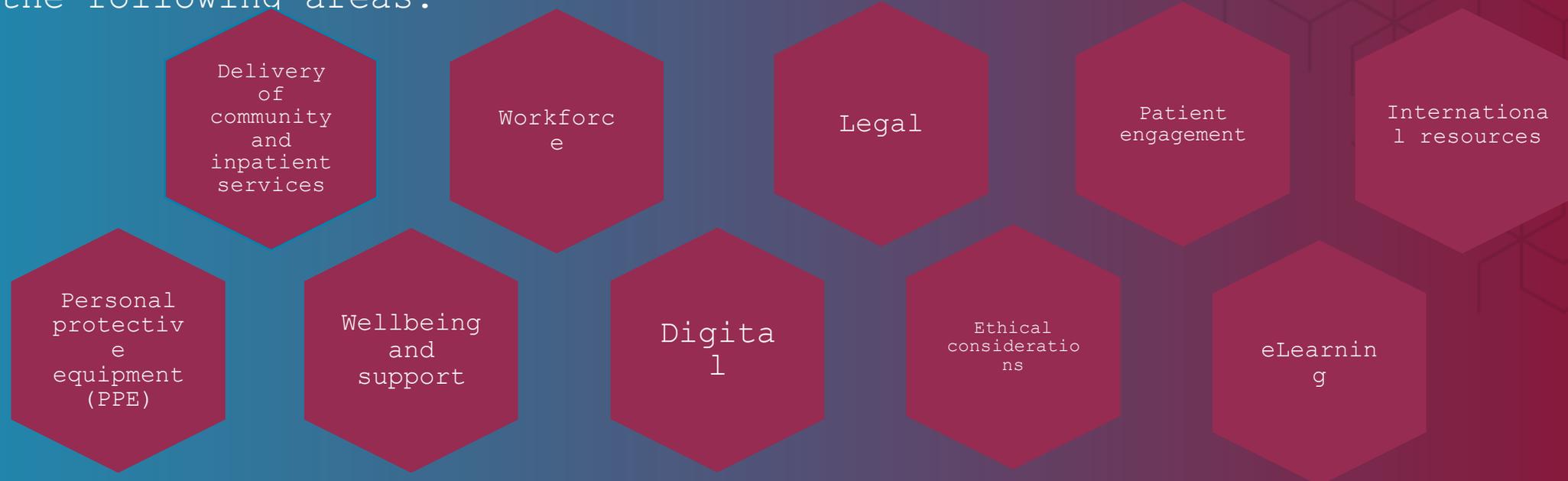
The report highlights that:

- To build back fairer from the pandemic, multi-sector action from all levels of government is needed.
- Investment in public health needs to be increased to mitigate the impact of the pandemic on health and health inequalities, and on the social determinants of health.



How we have supported our members

- By mid-March, we convened a **COVID-19 College Advisory Group**, and established stakeholder relationships and influencing routes with NHS England/Improvement and DHSC. Working at pace, we developed guidance across the following areas:



How we have supported our members

- We've launched a series of **free webinars** to support members and trainees during the pandemic.
- Examples include:
 - Managing mental and physical sequelae of COVID-19 in psychiatry
 - Acute Services in COVID-19- Experiences of General Adult Psychiatrists
 - COVID-19 and people with Intellectual Disability and other developmental disorders
 - Changes to the MRCPsych exam delivery this autumn.
- We have increased our **e-communications** to members which saw unprecedented open rates.

How we have supported our members

- In response to emerging data on the disproportionate impact of COVID-19 on those from Black, Asian and Ethnic Minority (BAME) communities, the College established a **Task & Finish Group**.
 - They published two College reports in 2020 on the impact of COVID-19 and ending racial inequalities exposed by the COVID-19 pandemic.
 - They rapidly produced interim recommendations for mental health providers on how to best support their staff.
- We have promoted the **AMHE tool and upcoming collaborative to support trusts to use it.**

Our ongoing and future work

- We are **continuing to provide further guidance** and enhance our COVID-19 information where needed including on infection control and managing acutely unwell patients in mental health settings.
- Through **member feedback** we continue to highlight the indirect harms of COVID-19 caused by the decline in those accessing mental health services, including via evidence given to Parliament.
- **Re-building for the future** has become a key priority.

Our ongoing and future work

- Providing an ongoing assessment of:
 - expected and current service delivery capacity
 - the impact of COVID-19 on delivery for the **FYFV for Mental Health** and **LTP commitments**
- Developing proposals for:
 - reprofiling the **NHS Long Term Plan** and associated funding and workforce implications
 - identify **new models of care, tools and digital solutions** to support the delivery of critical service
- Develop detailed proposals for:
 - capital investment in **infrastructure**
 - funding for **prevention**
 - investing in **training and workforce**

Prioritisation of the COVID-19 vaccine

- In November, we wrote to the Chair of the JCVI to present the most compelling evidence relating to morbidity and mortality rates of those with SMI, ID and/or dementia as a consequence of COVID-19.

Adults under 65 years of age with SMI, ID (inc Down Syndrome) and/or dementia (inc young-onset dementia) should be on the priority group to be offered the COVID-19 vaccine at the same time as other high-risk adults with underlying physical health conditions that put them at greater risk from a severe disease

Adults aged 65 years and over residing in any MH/ID inpatient or residential social care setting should be included in the priority group to be offered the COVID-19 vaccine alongside care home residents and

Prioritisation of the COVID-19 vaccine

1. Residents in care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals.
5. All those 65 years of age and over
- 6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality**
7. All those 60 years and over
8. All those 55 years of age and over
9. All those 60 years of age and over

Prioritisation of the COVID-19 vaccine

- We have now focused our efforts on ensuring the NHS vaccine deployment strategy takes into consideration those who are eligible for the vaccine in **cohorts 1 and 2** (over 80s) but are inpatients in mental health older adult settings.
 - Meetings with CMO, DCMO, Health Secretary Matt Hancock, Professor Powis, Jonathan Leach and Emily Lawson on this issue.
 - Subsequent communication has gone out from RCPsych and NHSE/I to encourage NHS trust hubs administering the Pfizer/BioNTech vaccine to reach out to those co-located inpatient units.

Prioritisation of the COVID-19 vaccine

- We have given our support to the JCVI's focus on ensuring the vaccination programme makes every effort to get good coverage in:
 - **black, Asian and minority ethnic groups** (including those working in health and social care settings);
 - in areas of **higher socio-economic deprivation**;
 - in areas with **high levels of community transmission**.
- Our priority is to focus on ensuring that the vaccine deployment strategy reaches those with mental ill health, ID or dementia across the prioritisation cohorts regardless of setting.
 - The Oxford/**AstraZeneca vaccine** means that this can be rolled out to patients much easier.

RCPsych in the media

Covid poses 'greatest threat to mental health since second world war'

UK's leading psychiatrist predicts impact will be felt for years after pandemic ends

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)



▲ A patient arrives at Guy's Hospital, London as a new strain appears to be behind the recent upsurge in cases. Photograph: Toiga Akimen/AFP/Getty Images

The coronavirus crisis poses the greatest threat to mental health since the second world war, with the impact to be felt for years after the virus has been brought under control, the country's leading psychiatrist has said.

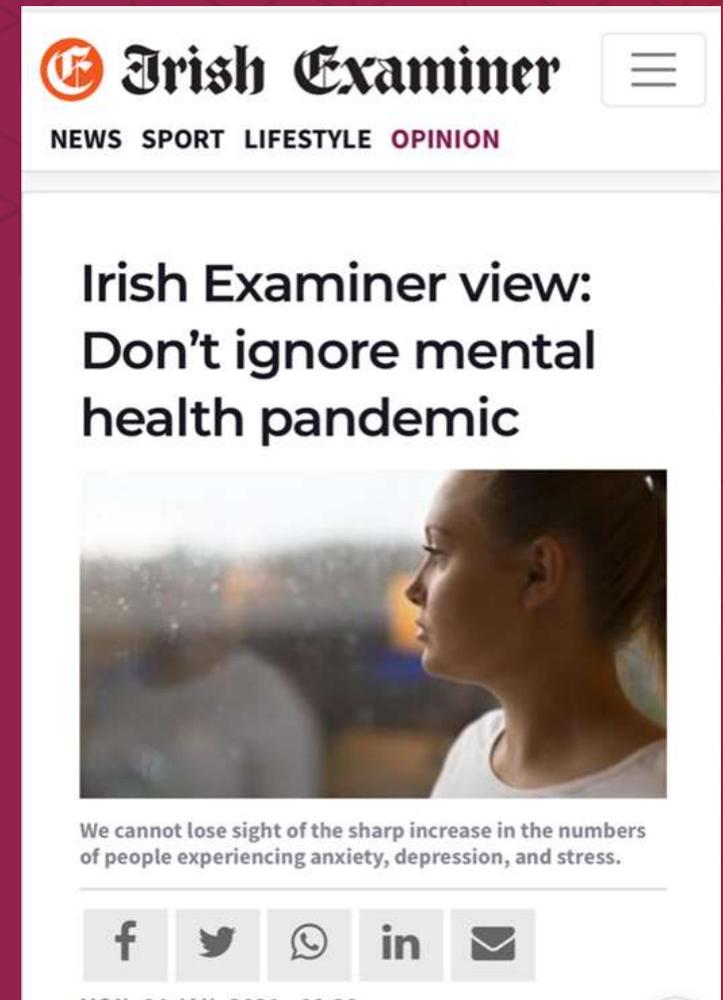
Dr Adrian James, the president of the Royal College of Psychiatrists, said a combination of the disease, its social consequences and the economic fallout

"This is going to have a profound effect on mental health,"

"It is probably the biggest hit to mental health since the second world war. It doesn't stop when the virus is under control and there are few people in hospital. You've got to fund the long-term consequences."

RCPsych in the media

- Over the holidays RCPsych received 1,172 mentions and a total reach of 52.7 million viewers.
- The pandemic has meant that even in China, authorities have been forced to speak more openly about mental health as a third of its population reported mental health issues.



Any questions?

Email: adrian.james@rcpsych.ac.uk

Twitter: [@DrAdrianJames](https://twitter.com/DrAdrianJames)