The Cassel Hospital Charitable Trust

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NHS SERVICE EVALUATION

The impact of the COVID-19 pandemic on patients and staff at a specialist personality disorder service: investigating remote working.

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COVID-19

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22,528,231

Total reported cases in the UK

179,057

Deaths reported in the UK

- The WHO declared the COVID-19 outbreak as a pandemic on 11th March 2020.
- Measures were introduced to curb the COVID-19 health crisis and prevent deaths.
- Warning of a growing mental health crisis in the UK particularly concerning those burdened by existing inequalities have been disproportionately affected as a result of the pandemic (ONS, 2021).
- Government restrictions have had wide-ranging consequences for individuals: unmet health needs, mental health problems lost employment, and financial insecurity (Suleman et al., 2021).

RATIONALE

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- The Cassel Hospital was required to close its premises to patients for the first time in its one-hundred-year history.

- The therapeutic community and its psychodynamic work were temporarily provided online via virtual platforms.

- Following the first lockdown, patients were allowed to enter the premises again as inpatients, under strict guidelines to cohort and not leave the hospital.

PRESENTATION OUTLINE

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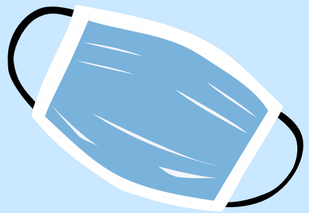
RESEARCH OBJECTIVES:

1. What was the overall impact on patients and staff's mental health and well-being during the outbreak of COVID-19?

2. Was the Specialist personality disorder hospital (SPDH) as a therapeutic community and psychotherapeutic hospital affected by working remotely due to the COVID-19 outbreak?

3. How effective has the use of telepsychology been in delivering treatment to patients?

4. What has the pandemic meant for notions of the 'Enabling Environment' principles, for both staff and patients?



METHODS

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- In-depth qualitative methodology, using purposeful sampling
- The qualitative methods involved the use of **4** focus groups and **6** semi-structured interviews with participants.
- Study included 33 participants across both the inpatient and outreach services (staff and service users)

CO-PRODUCTION:

- Based on principles of co-production
- **2** service user researchers who have lived experience of being diagnosed with mental health conditions were involved in the **data collection** and **data analysis** process of the research.
- Lived experience researchers cofacilitated the focus groups, and semi-structured interviews, as well as the data analysis stages

1. WHAT WAS THE OVERALL IMPACT ON PATIENTS AND STAFF'S MENTAL HEALTH AND WELL-BEING DURING THE OUTBREAK OF COVID-19?

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GENERAL THEMES & SUBTHEMES:

Appraisals of the virus

- Social distancing
- Being infected
- Duration of the virus
- Food insecurity
- Hygiene rules
- Lockdown
- Masks
- Quarantine/isolation
- Normality
- Others not following the rules

Emotional responses

- Fear
- Anxiety/worry
- Entrapment
- Jealousy/ indignation
- Anger
- Hopelessness
- Helplessness
- Panic
- Uncertainty
- Frustration

Impact on relationships

- Relationships with staff/patients
- Relationships with peers
- Connection/disconnection
- Relatability
- Role reversal

Organisation & Services

- Communication from higher NHS Trust (Gold Command, Bronze Command, etc)
- Staff inadequacy/ CMHT care

Impact on therapeutic elements

- Impact on treatment (positive or negative)
- Impact on TC (atmosphere, and way of working)
- Risk/ danger in the community
- Loss of weekend leave
- Psychosocial work
- Transitional spaces
- Dropouts

Behaviours

- Increase in self-destructive behaviours

Relapse of certain behaviours

- Post-pandemic growth

Other contextual categories

- Living situation (when sent home)
- Collective trauma
- Weekend leave

APPRAISALS OF THE VIRUS

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"Some people like to read people's faces because it makes them feel more comfortable, but they couldn't." (Outreach patient C)

"We look for social cues... and then when you've got personality disorder, you probably rely on... detecting something." (Outreach patient F)

"The masks triggered well one person to the point that she was having dissociative seizures." (Inpatient C)

"It also started a three-week period of pure crazy! Because we had to cohort, so couldn't even leave here at all." (Inpatient C)

"I think at that point we realised how much we relied on physicality to actually comfort each other when words didn't work." (Outreach patient B)

RELATIONSHIPS

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“It definitely feels: us, them.” (Inpatient C)

“Staff were really trying their best, but it was a situation where their best still didn’t make a difference.” (Inpatient B)

My colleagues felt like my family. I got to know them more than ever before. (Nurse B)

“[lockdown] broke down relationships pretty catastrophically… took a long, long time for things to build up with each other and with staff” (Nurse D)

“It's bound us together but I feel like there's more distrust, anxiety, and fear, and worry for our friends here than there ever was.” (Inpatient C)

MANIFESTATIONS OF PERSONALITY DIFFICULTIES HEIGHTENED DUE TO THE VIRUS

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GENERAL THEMES

- ABANDONMENT
- IMPULSIVITY & DISINHIBITION
- ATTACHMENT DIFFICULTIES
- REJECTION SENSITIVITY
- SELF-DESTRUCTION & SUICIDALITY
- PHYSICAL HEALTH COMORBIDITIES
- AGORAPHOBIA
- TRAUMA
- LONELINESS
- OCD

“I could behead the government, because it feels like everyone has forgotten us.” (Outreach patient A)

“I felt really unsafe and very split off from the Cassel, even though I was desperately holding onto that connection.” (Outreach patient F)

“This place holds enough trauma as it is!” (Inpatient C)

I would definitely say it felt like reckless abandonment when it came to telling us to all kind of go home. (Inpatient D)

“It seemed like the entire government did not care about our treatment. Did not care if we died actually, to some extent.” (Outreach patient C)

“For some patients, I think the dissociation has been worse, but for some it's been better” (Nurse B)

2. HOW WAS THE SPDH AFFECTED AS A THERAPEUTIC COMMUNITY AND PSYCHOTHERAPEUTIC HOSPITAL?

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"When we came back, it was very hard to develop the community over time... I don't really feel as if... there was a proper understanding as to what the community was supposed to be." (Staff member 4)

"Community is such an important part of the treatment you don't realise just how important it is, until that's taken away from you." (Inpatient E)

"The rules had then condensed to a sense that it didn't feel like Cassel anymore, it felt more like we were on an acute ward." (Inpatient D)

"There wasn't that kind of community aspect of things because things still didn't feel like they went back to normal." (Inpatient A)

"So maybe before we would talk about trauma or relationship problems, and now it feels like crisis management, all the time." (Nurse C)

"I think the first thing on people's minds in the morning, is 'who self-harmed in the building?'" (Inpatient C)

STAFF: OVERALL BENEFITS AND CONCERNS

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BENEFITS:

- Staff relationships were deemed to have grown even more robust than before.
- Staff found a new appreciation for patients; noted how much they valued them through this experience
- Learning new ways of working and creating structure.
- COVID created space for reflection, questioned whether things are fit for purpose
- There was a real sense of ‘pulling together’
- The virtual programme that was developed was devised rapidly
- 'Sharedness' became vital

CONCERNS

- Feelings of suffocation, desire for the ‘old normality’
- Helplessness, and exhaustion: feeling they had to fight for resources, retain staff, and meet patients’ needs
- Feelings of a deep-seated anxiety that pervaded all their work
- Guilt from nurses who had not been redeployed
- Risking patients' institutionalisation: not being able to send patients home, and loss of weekend leave
- Lack of separation did not allow for balanced attachment
- Fear of catching COVID

3. HOW EFFECTIVE HAS THE USE OF TELEPSYCHOLOGY BEEN IN DELIVERING TREATMENT TO PATIENTS?

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BENEFITS:

- Virtual platforms created new opportunities for relationships and collaboration within the Trust and between clinicians
- Night-time duty phone was introduced
- More versatility and flexibility from online working, benefiting well-being and energy levels of staff
- Staff were picking up more online when conducting therapy (more facial recognition)
- Use of technology promoted patient confidence and development
- Patient attendance increased due to the use of remote means and not having to travel to groups or sessions

DISADVANTAGES

- Treating patients remotely led to some dropouts
- Online therapy felt too exposing and 'close'
- Difficulty containing patients online
- Difficulty assessing patient safety virtually (physical illnesses could also be missed)
- Lack of transitional spaces
- Perceived lack of ‘groupness’ and ‘socialness’ in online meetings
- Video technologies for those with more severe mental difficulties increased their risk and compromised quality of care.

4. WHAT HAS THE PANDEMIC MEANT FOR NOTIONS OF THE ‘ENABLING ENVIRONMENT’ PRINCIPLES, FOR BOTH STAFF AND PATIENTS?

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ENABLING ENVIRONMENT PRINCIPLES

"The screen can make you feel really removed, we're just black squares! You kind lose the feeling of belonging." (Inpatient B)

"It became a lot about staff safety... ‘what about our f*cking safety?’ People are getting worse, people are getting more acute!" (Inpatient C)

"In terms of their safety, and their risk, we didn't have our usual structures to contain their risks...it was a real challenge...that was really upsetting for all of us." (Staff member 1)

- BELONGING
- BOUNDARIES
- COMMUNICATION
- DEVELOPMENT
- EMPOWERMENT
- INVOLVEMENT
- LEADERSHIP
- OPENNESS
- SAFETY
- STRUCTURE

"We had a week to implement a virtual programme and I saw qualities in nurses of leadership, I've never seen before, autonomy I've never seen before" (Nurse F)

"There's always sort of, always this battle, the bit between what’s sort of being done with them, and almost what’s being done to them." (Staff member 3)

"The usual sort of boundaried, daily programme was, you know, completely changed." (Nurse A)

STRENGTHS

- This research was co-facilitated & co-produced by service user researchers.
- Focus groups allowed a full explorative experience, acting as a reflective opportunity for some participants
- Findings of this study provide a formulation, through a structured, and systematic framework, portraying the richness and varied nature of the individual, and collective accounts.
- Results support a basis for conducting larger quantitative research which will help to measure, and test hypothesises generated through the experiences of service users

LIMITATIONS

- The qualitative method of using focus groups perhaps posed a limitation, specifically for staff members.
- Using video-conferencing platforms, caused difficulty in communication, and felt limited in exploration
- Qualitative study, therefore it is not possible to draw causal inferences.
- Sample size was small, restrictions to who was in it. Thus, the findings may not be fully representative
- Less likely to understand the possible positive impact which the pandemic may have bought

FUTURE DIRECTIONS

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- Research should also consider the influence of further factors such as gender, ethnicity, age, or location (geographical or local).
- Researchers should consider conducting longitudinal studies to look at this (to fully evaluate the unrevealed impacts).
- Future research should aim to determine protective factors of well-being in case of another natural disaster.
- Future research should attempt to explain the factors that determine whether an individual is able to cope or adapt with challenges which a virus or pandemic may bring.