





MAY 2022

COVID-19 SURVEY II REPORT

Are mental health needs being met by treatment services? Patients and clinicians' perspectives



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INTRODUCTION

This report summarises the findings from a second survey carried out between October 2021 to February 2022 by GAMIAN-Europe. The purpose of the survey was to chart the impact of the pandemic on mental health services, the changes in service delivery, pressures arising from an increase in demand and whether these affected the mental health of patients and clinicians.

The online survey was translated into 11 languages[1] and sent to members of GAMIAN-Europe, the European Psychiatric Association and across wider networks and social media platforms to access the general public.

This second survey aimed to capture responses from the perspective of people with a diagnosis of mental illness, including those newly diagnosed in the past year, and mental health professionals. Specific information was collected on access, delivery and quality of mental health services from the perspective of patients and mental health clinicians.

We also asked about the impact of national governments' actions on mental health during the pandemic. A few questions were repeated from the <u>first GAMIAN-Europe survey</u> to identify changes over the past 18 months.

This survey provides another important contribution to other similar surveys on how the Covid-19 pandemic has affected people with a mental health condition and the changes experienced in terms of access to and the delivery of mental health services, and now includes the clinicians' perspective. This helps to ensure the right support is given and delivered in a way that meets the needs of people with a mental health condition and those who work to provide mental health services.

In this report we present the findings of 369 respondents.[2] [3]

FINDINGS AT A GLANCE

63%

of respondents defined themselves as patients in receipt of mental health (MH) services in the past 18 months.

22%

of respondents were mental health professionals; and 7% considered themself as both a mental health professional and someone with mental health problems.[4]

11%

of respondents were diagnosed during the Covid-19 pandemic.

52%

of respondents diagnosed with a mental health condition said their mental health had become worse because of the pandemic.

70%

of those diagnosed were able to access mental health services, all or some of the time, during the pandemic.

68%

reported being able to see their usual mental health professional and 53% received talking therapy.



19%

were not able to access mental health services.

Since the pandemic 42% of respondents reported their outpatient appointments were via the internet or by phone. 25% had fewer or shorter appointments.

69%

reported having their treatment needs met over the past 12 months, but this was not the case for 23% of respondents.

75%

of mental health professionals reported that the demand for their services increased during the pandemic; either because of new referrals (43%) or existing patients had greater needs (32%).

A third of mental health professionals noted that no new staff were employed to meet the additional demand for services; and for a quarter no extra funding was made available.

Just under three quarters (or 73%) of mental health professionals reported that the increased pressure to deliver more mental health services during the pandemic negatively affected their mental health; and for 19% this was all the time.

14%

of professionals reported being diagnosed with a mental health problem at this time; 9% of with depression.

25%

said their mental health impacted on their ability to deliver services during the pandemic.

67%

of professionals were concerned about patients not being able to access mental health services online; and 47% were unable to reach vulnerable patients during the pandemic.

82%

felt more could have been done by the Government of their country to support mental health professionals; and to improve mental health services (77%).

Respondents described different positive practices they had encountered during the pandemic, including:

- Support from people with lived experience and a third sector organisation via forums or walk-in centres
- Support from a health professional which included talking therapy and psycho-education materials
- Digital devices for mental health professionals to continue their rehabilitation and teaching work with patients and trainees

RESPONDENTS' PROFILE

63%

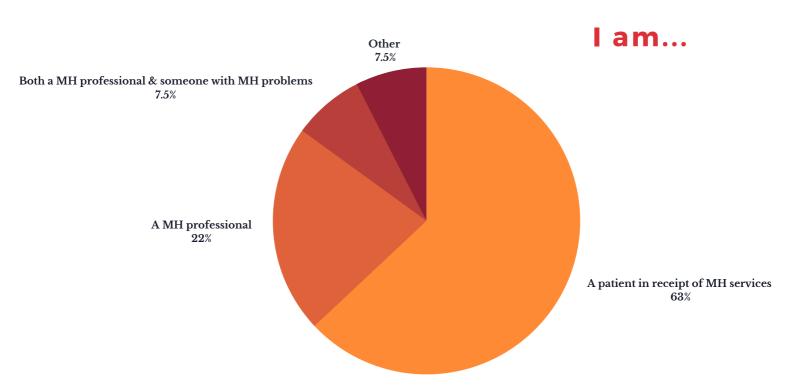
of respondents defined themselves as patients in receipt of mental health (MH) services in the past 18 months.

11%

of patient respondents took part in the first GAMIAN-Europe survey; and 47% said they were members of a patient organisation.

22%

of respondents were mental health professionals; and 7% considered themself as both a professional and someone with mental health problems.



The average age for patients was 44 years; and 47 years for professionals.

Most respondents were female (67%), 32% were male and the remainder were other (1%).

5%

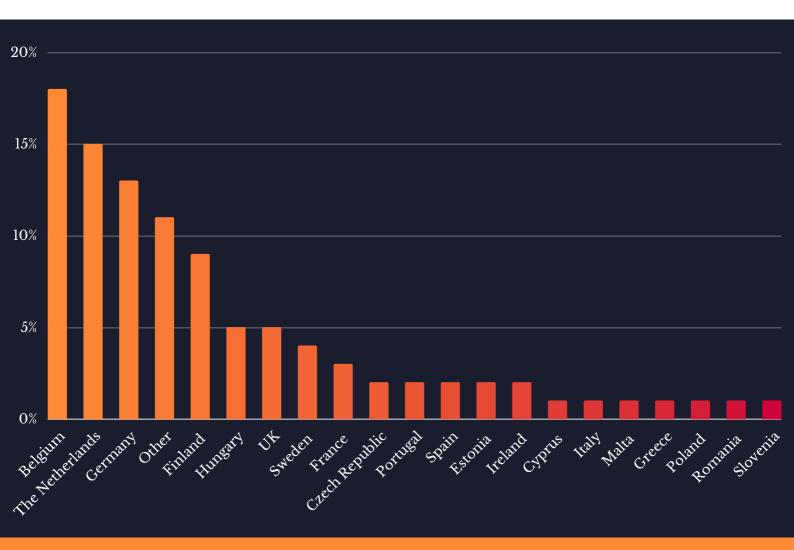
of all respondents reported belonging to a minority ethnic group.

20%

of patients were unemployed for health reasons; 4% of whom said this was because of the Covid-19 pandemic.

Over half of all respondents lived in Belgium (18%), the Netherlands (15%), or Germany (13%).

Country of residence



MENTAL HEALTH OVER THE PAST 12 MONTHS

161

respondents reported being diagnosed with a mental health condition.

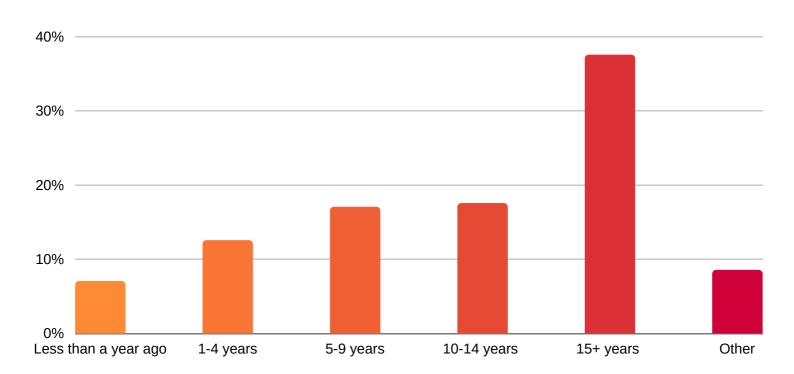
38%

of whom were first diagnosed 15 or more years ago, although 7% had received their diagnosis less than a year ago.

11%

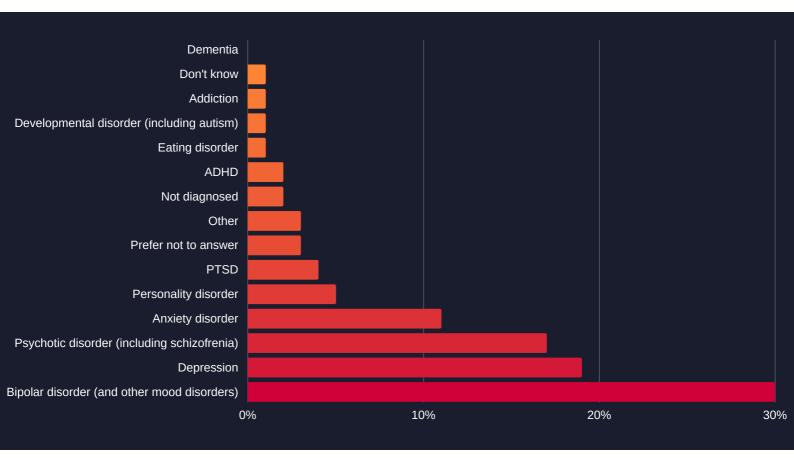
of respondents said they had been diagnosed during the Covid-19 pandemic (within the past 18 months).

Time since being diagnosed



Respondents were diagnosed with a range of different diagnoses; most with bipolar disorder (30%) and depression (19%)

Mental health diagnosis

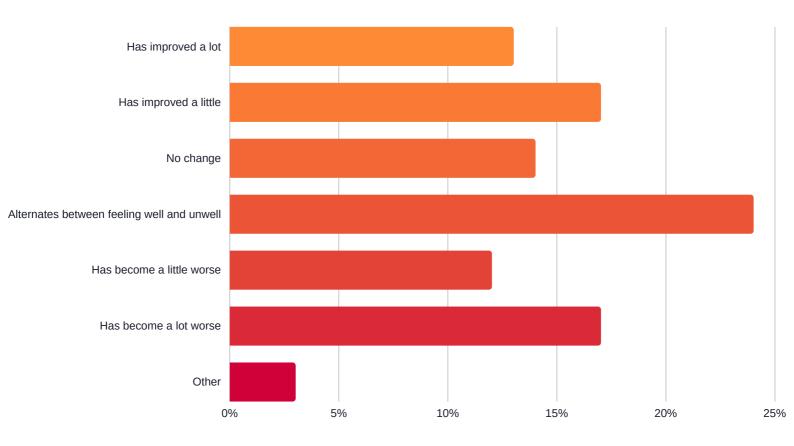


30%

of respondents reported that their mental health had improved in the past 12 months.

However, 24% said their mental health alternated between feeling well and unwell; or for 17% had become a lot worse.

How has your mental health been over the past 12 months?



52%

of respondents diagnosed with a mental health condition said their mental health had become worse because of the pandemic. In the first GAMIAN-Europe Covid-19 survey, this was 51% for respondents.

3%

reported their mental health condition started because of it.

MENTAL HEALTH SERVICES AND TREATMENT

Over 70% of respondents with a mental health diagnosis were able to access mental health services, all (38%) or some of the time (32%) during the pandemic.

85%

of respondents had access to medication.

68%

reported being able to see their usual mental health professional and 53% received talking therapy.

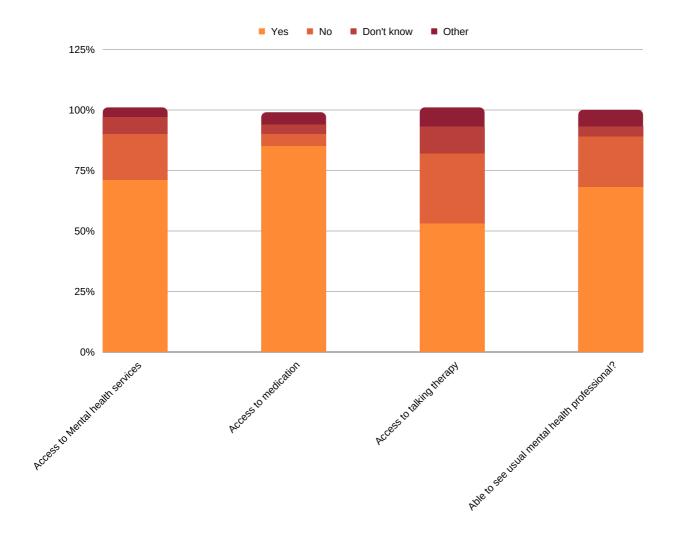
19%

were not able to access mental health services. This is almost the same percentage when compared to the first survey of 18%.

29%

of respondents were not able to access talking therapy; and 21% were unable to see their usual mental health professional.

Access to mental health services & treatment

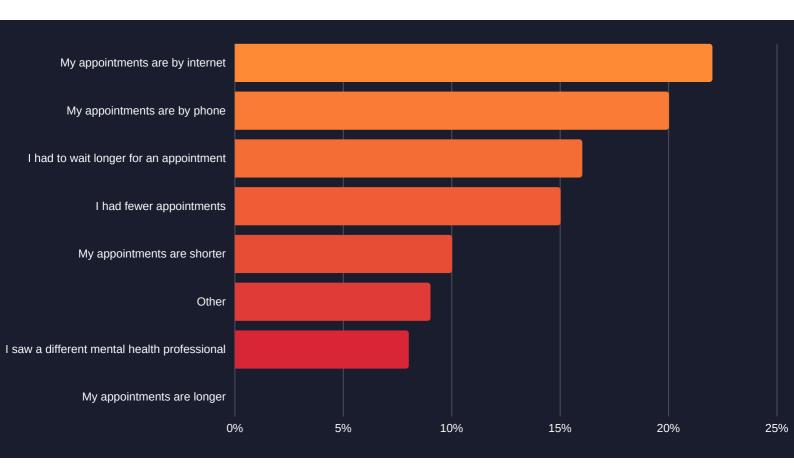


52%

of respondents said that the way they saw their mental health professional had changed during the pandemic, but for 44% this had remained the same.

Since the pandemic, 42% of respondents reported their outpatient appointments were via the internet or by phone. 25% had fewer or shorter appointments.

Changes to seeing a mental health professional



68%

reported having their treatment needs met over the past 12 months; either all the time (41%) or some of the time (28%).

23%

said their treatment needs had not been met; when they needed it most (14%) or not at all (9%). In the first survey, 31% reported that their mental health care was not adequate.

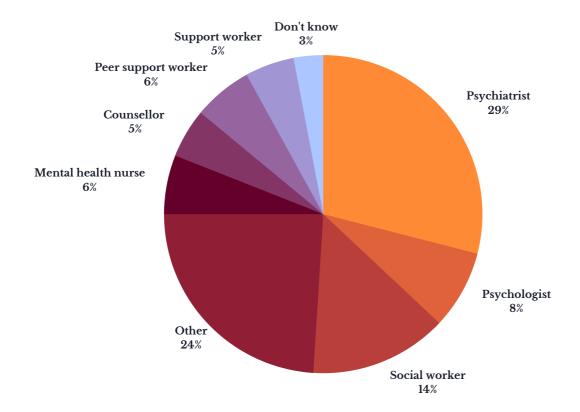
For 8%, changes in access to mental health services were reported to have made their mental health worse.

MENTAL HEALTH PROFESSIONALS

22%

of responses to the survey (or 63 respondents) were mental health professionals. Most of them were psychiatrists (29%) and 14% were social workers.

Type of mental health professional



Equal numbers of mental health professionals performed outpatient and community work (20%)

13%

worked in psychiatric inpatient wards in hospital.

36%

of mental health professionals had been practicing for more than 15 years; and a further 31% between 1-9 years.

Only 2% had been working as a professional for less than a year.

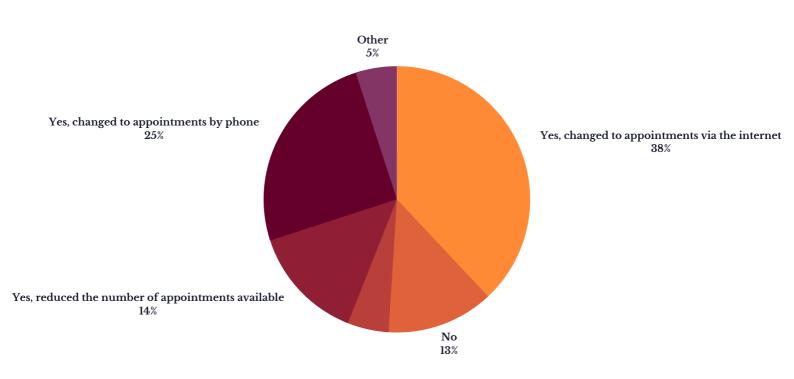
DELIVERY OF MENTAL HEALTH SERVICES DURING THE PANDEMIC

Over half of all mental health professionals reported changes to the way mental health services were delivered during the pandemic by moving to online (36%) or phone appointments (24%).

14%

of mental health professionals reported a reduction in appointments available to patients.

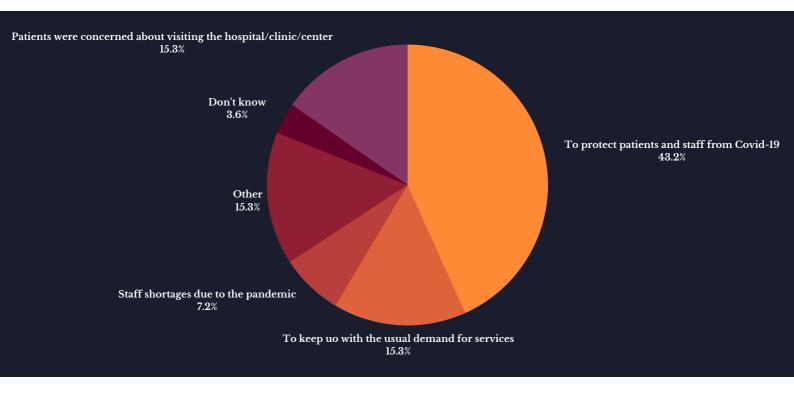
Did your services have to change the way patients could access them?



48%

of mental health professionals reported that changes to services were to protect patients from Covid-19.

Why were changes made to mental health services during the pandemic?

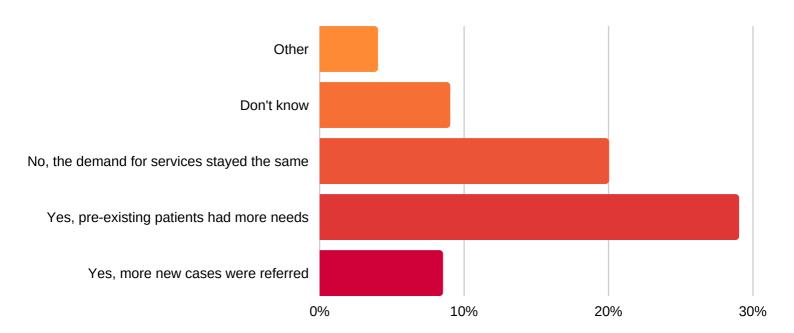


Demand for mental health services

75%

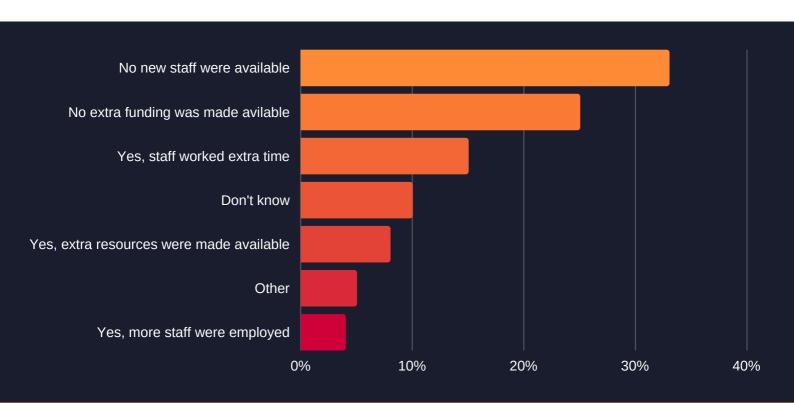
of mental health professionals reported that the demand for their services increased during the pandemic; either because of new referrals (43%) or greater needs in existing patients (32%).

Why were changes made to mental health services during the pandemic?



A third of mental health professionals noted that no new staff were employed to meet the additional demand for services during the pandemic.

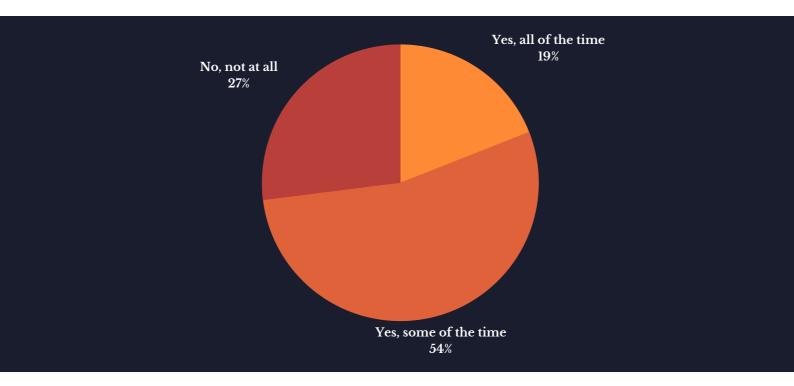
Could mental health services meet the increased demand?



And, for 25% no extra funding was made available either; although for a small number of professionals extra resources (8%) were provided and more staff employed (4%).

Just under three quarters of mental health professionals reported that the increased pressure to deliver more mental health services during the pandemic negatively affected their mental health; and for 19% this was all the time.

Negative impact on mental health because of increased pressure to deliver services?



14%

reported being diagnosed with a mental health problem at this time; 9% of whom with depression.

32%

reported receiving treatment, talking therapy or counselling from a mental health professional.

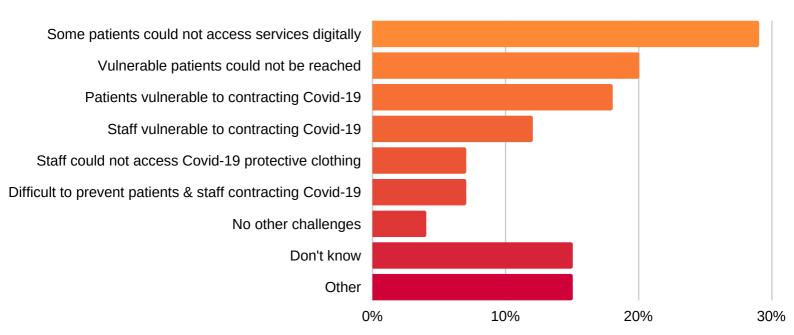
25%

said their mental health impacted on their ability to deliver services during the pandemic.

Other key challenges to delivering services reported by professionals included:

- Patients not being able to access mental health services online or digitally (29%)
- Professionals not able to reach vulnerable patients during the pandemic (20%)
- Patients and staff being vulnerable to contracting Covid-19 (18% and 12% respectively)

Other challenges to delivering services during the pandemic



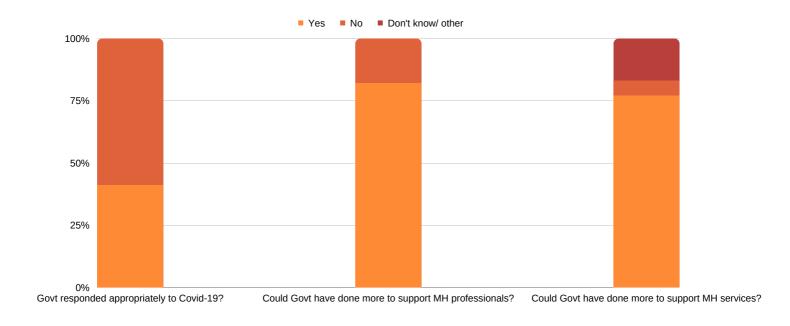
GOVERNMENT RESPONSE

to supporting peoples' mental health during Covid-19

59%

of all respondents reported that the Government in their country had not responded appropriately to the Covid-19 pandemic where mental health services were concerned.

Government response to Covid-19 for mental health services



82%

felt more could have been done to support mental health professionals; and 77% to improve mental health services.

POSITIVE PRACTICES DURING THE PANDEMIC

Respondents described four main types of positive practices and support programmes they found beneficial during the pandemic:

- Support from people with lived experience/peer support offered remotely, usually Zoom forum or through a small group meeting, sometimes a walk-in
- Support from a health professional a GP or psychotherapist using tele-health/tele-medicine which included talking therapy and the dissemination of psycho-education materials
- Technology for health professionals digital devices for health professionals to continue their rehabilitation and teaching work with patients and trainees
- Support from third sector organisations offering continued support, often online, to stay in work and training

WHAT COULD HAVE MADE THINGS BETTER?

Respondents mentioned many different things that with hindsight could have made the situation during the pandemic better. Their comments were targeted both at a governmental level and how politicians could have reacted and at a personal level in terms of the disruption to the mental health care they received.

Respondents felt that, 'better policy information' during the pandemic would have helped. 'Clarity and honesty from politicians' would have also been useful. The rules concerning Covid-19 were confusing and inconsistent, so ensuring these were kept clear and consistent was very important-

'Keep the rules clear and [consistent] and not always a yo-yo effect...'

One comment suggested having easier access to a health professional by,

'lowering thresholds...that act independently of insurance or clinics, where a trained person could connect you to the right specialists and therapists.'

A number of respondents, patients and mental health professionals alike, highlighted that many of the challenges experienced in mental health existed well before the pandemic (e.g. the long-waiting times, staff shortages, lack of funding, etc.). The pandemic often intensified that problems and forced services to change the way they delivered care and treatment to patients.

DISCUSSION

This second survey tapped into a largely different group of people compared to the first, where almost 80% were new respondents. Those that took part were people with a long-term mental health condition, those newly diagnosed in the past 12 months and professionals working to deliver mental health services. Interestingly, 7% of respondents defined themselves as both a mental health professional and someone with mental health problems.

The impact of the pandemic since the first survey, carried out more than 12 months ago (between September to December 2020), is still being felt by many. Worsening mental health was reported by a third of respondents, and for a small minority their mental health condition was reported to be because of the pandemic.

Fortunately, many patients were able to access mental health services. Of the treatment options, medication was the most accessible. Talking therapy and seeing their usual mental health professional was limited for some respondents. Talking therapy is something patients request time and time again as part of their treatment; and yet, it continues to be elusive for the majority of patients. It is clear that many mental health services, especially during the pandemic, were unable to supply this service, largely because of a lack of funding and/or qualified staff.

Delivering outpatient appointments online or by phone appears to have become the norm. Twelve months since the outbreak of Covid-19 nearly half of patient respondents had their outpatient appointment this way. Appointments by phone or online can be convenient and time-saving, but can bypass the benefits of an in-person meeting, particularly the social contact. Something many respondents of the first survey highlighted was important.

Fewer and/or shorter appointments also seem to be the norm for some. And, waiting longer to see a mental health professional is another symptom of a service under pressure and under-resourced; both in terms of staff and funding. Although mental health services experienced these issues well before the pandemic, the lack of resources has greatly intensified since.

Despite this the majority of patient respondents (69%) reported that their treatment needs had been met. This provides some testament to staff going the extra mile by working longer hours, to ensure patients' needs and the increased demand for services were being addressed as far as possible.

However, it is concerning that almost a quarter of patients reported their needs were not being met. The provision of new staff, extra resources and/or funding was noted only by a few professionals.

Also concerning, is the negative impact on professionals' own mental health with the pressure to deliver more services. Some of whom were diagnosed with a mental health problem and many more received treatment or counselling. This in turn affected their ability to deliver services.

Most respondents said their Government could have done more to support mental health professionals and improve mental health services.

With hindsight things could have been done better, for example, more consistency in terms of Covid-19 rules, easier access to specialist mental health services and tackling the deepening crisis within mental health services generally

CONCLUSION

Our findings, as with other surveys, show that much still needs to be done to support the mental health of patients and professionals alike. While Governments across Europe responded to the pandemic and, to some extent, acknowledged its impact on mental health, investments to address mental health needs remain more important than ever. This is a challenge for many Governments but cannot be side-lined.

Respondents listed a number of promising best practices operating during the pandemic and the scaling-up many such practices, particularly peer support programmes offer an important way forward towards meeting the ever increasing demand on mental health services.

RECOMMENDATIONS

We list several main recommendations based on the findings from this survey:

For Governments to:

- Commit to better mental health for all
- Provide additional resources and investment in mental health services, technologies and best practices, especially those that provide direct support to patients and professionals experiencing mental health problems

For mental health services to:

- Widen their service remit to include peer support workers or people with lived experience to offer support to patients
- Consider whether the threshold for accessing specialist services should be lowered slightly to enable people with emerging mental health problems to be seen earlier rather than later
- Better protect the mental health of professionals from the increasing demands made upon them, especially during times of economic and national crises
- Explore suitable technologies that can help professionals better manage their appointments with patients, and identify the best ways to access those who are vulnerable, not computer literate or without access to technology.

FOOTNOTES

- [1] Croatian, Dutch, English, Finnish, French, Greek, German, Hungarian, Italian, Portuguese and Spanish.
- [2] All percentages are based on the number of people responding to each survey question, which varied as not everyone responded to each question.
- [3] Not all figures add up to 100% due to rounding up or down, and omitting missing responses.
- [4] 8% were missing.