



Briefing – June 2020

COVID-19: What does it mean for the implementation of Connecting for Life?

This briefing, from HSE Strategy & Planning and the HSE National Office for Suicide Prevention (NOSP), looks at the implications of COVID-19 for the implementation of Ireland's National Strategy to reduce deaths by suicide – Connecting for Life - over the next two years. The paper identifies some key challenges and opportunities for strategy leads.

Sinead Hardiman (HSE Mental Health Strategy & Planning), Gemma Cox (HSE NOSP) & CfL's Evaluation Advisory Group¹

A review of research and available evidence suggests key overarching themes which are likely to have implications for the implementation of Connecting for Life (CfL) 2020-2022, including:

- the potential exacerbation of pre-existing mental health problems
- the highlighting of existing identified priority groups within the strategy and the potential for emerging groups at risk of suicide and self-harm
- the role social economic impacts will play arising as a result of the pandemic on the mental health and wellbeing of the general population and priority groups and
- the structural changes required to the delivery of services and supports to reflect the changing environment within which services will be delivered.

As we move into the second phase of CfL implementation, the cross-sectoral approach, evidenced as significant in the first phase of strategy implementation, will become increasingly important over the lifecycle of the second implementation plan. Given progress to date in the implementation of the national strategy, there are strong foundations in place to address the associated implications arising from COVID-19.

June 2020

¹ Membership of CfL's EAG includes; Professor Steve Platt (Emeritus Professor, University of Edinburgh Professor Ella Arensman, University College Cork) Professor Paul Corcoran (University College Cork), Professor Barbara Dooley (University College Dublin) Professor Agnes Higgins (Trinity College Dublin)

1 - Introduction

Background

Evidence and experience from disaster management acknowledges the significant long-term implications associated with the recovery processes required to support individuals, families and communities in the months and years thereafter. Thus, COVID-19 is likely to have consequences for the mental health and wellbeing of people in Ireland for some time to come. While it is believed that the majority of people will adapt and bounce back from the effects of the pandemic, the available evidence indicates that the implications of COVID-19 and the subsequent public health responses will still be broad-ranging and considerable. There is general consensus that the consequences for mental health will go beyond that of the population with pre-existing mental health conditions², and will be present for longer than the pandemic itself³.

Context for CfL

Connecting for Life (CfL) is Ireland's National Strategy to Reduce Suicide 2015-2020. It has 69 actions under seven strategic goals; 22 government departments/agencies have made commitments, as leads and/or supporting partners, to deliver on these actions. In addition, approximately 23 NGO partners are funded by the HSE to deliver on work aligned with CfL's strategic objectives. A CfL Interim Strategy Review⁴ conducted in the latter half of 2018 clearly showed that progress was being made, but that consistent implementation beyond 2020 would be required in order to achieve a sustainable, coordinated, cross sectoral-approach to suicide prevention. To this end the Review recommended an extension of the timeframe for, and funding of, CfL to 2024.

In response, earlier this year the HSE NOSP commenced a stakeholder engagement process which included a series of planning meeting with strategy leads, all of which informed the drafting of the CfL Implementation Plan 2020-22. The emerging impact of COVID-19 on CfL's statutory and NGO partners' ability to deliver on their planned work is becoming more apparent, as is the likely impact on suicide prevention in Ireland. As CfL begins the next iteration of implementation, on-going attention to the impact of COVID-19 will be important.

Gunnell et al (2020)⁵ indicate that particular interventions and approaches will be required in the field of suicide prevention, building on and adapting existing work. This includes:

- **Selective and indicated interventions** targeting individuals who are at heightened risk of suicide or are actively suicidal, including those experiencing mental illness and those with experience of suicidal crisis. Suggested priorities include delivery of care in different ways through the provision of digital modalities, clear assessment and care pathways for those who are suicidal, guidelines for remote assessment and digital resources to train expanded workforce and further investment in evidence-based online interventions and applications will also be required.
- **Universal interventions** targeting the whole population and with a focus on particular risk factors, including financial stressors, domestic violence, alcohol consumption, isolation, entrapment, loneliness, and bereavement, access to means and irresponsible media reporting.

Figure 1 present the evidence informed public health responses presented in Gunnell et al (2020) necessary to mitigating suicide risk associated with the COVID-19 pandemic. These were identified based on consensus among 44 researchers in suicide prevention globally.

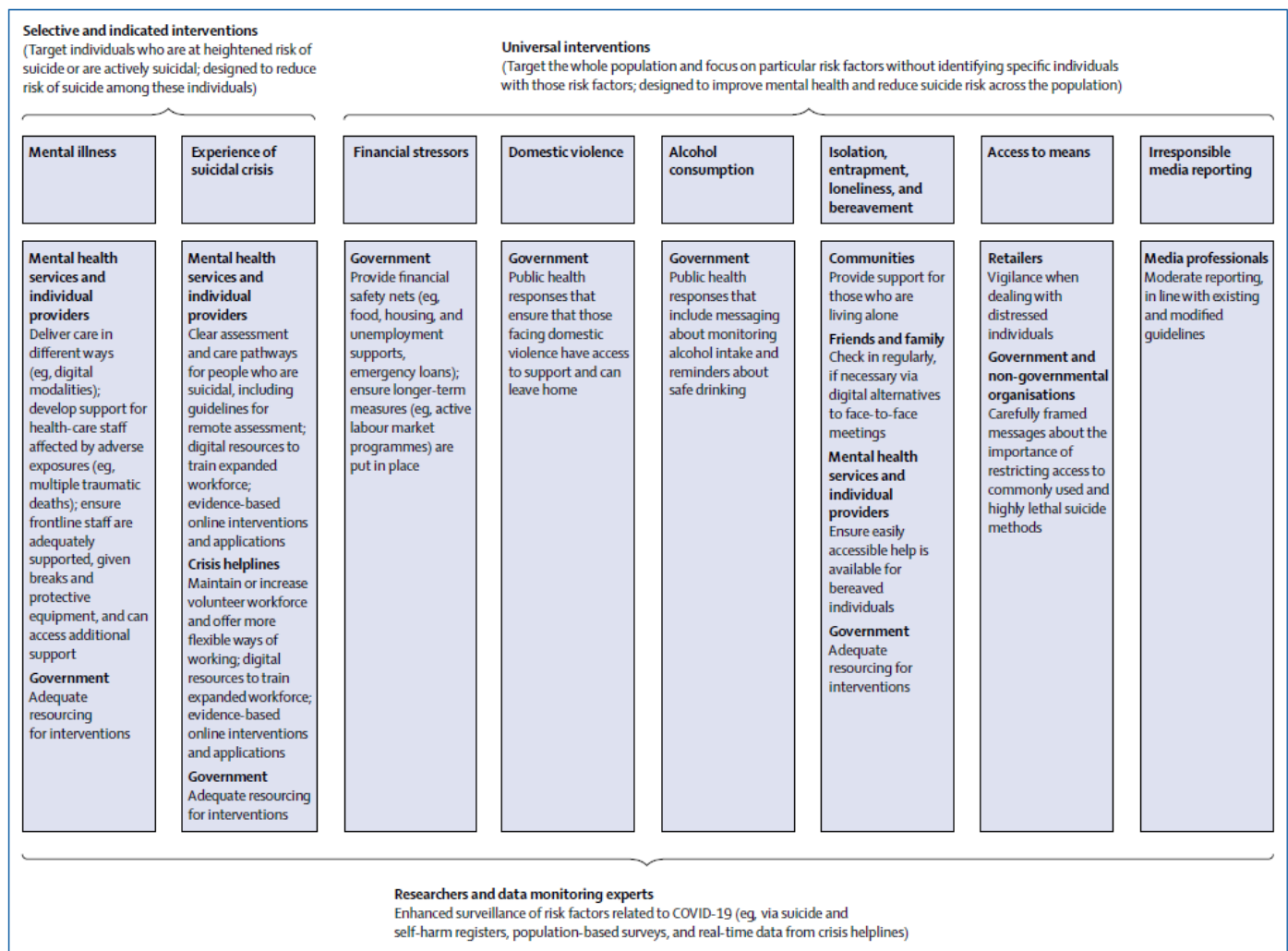
² Holmes *et al.*, (2020) Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. Online July, 2020.

³ Gunnell *et al* (2020) Suicide risk and prevention during the COVID-19 pandemic *Lancet Psychiatry* Published Online April 21, 2020

⁴ Connecting for Life Interim Strategy Review: An Independent Review of Implementation Progress by Strategy Leads. January 2019

⁵ Gunnell *et al* (2020) *Ibid*.

Figure 1: Selective, Indicated and Universal Interventions required mitigating suicide risk.



Source: Gunnell *et al* (2020)

In this paper we give further consideration to the implications of COVID-19 on the implementation of the national strategy over the next two years, including: the indirect impacts of lockdown on social isolation and loneliness, lack of exercise, poor diet, and alcohol and drug misuse, increased levels of domestic violence, unemployment and poverty.

The implementation of the national strategy also occurs within the context of two new developments in recent months:

- The launch of Sharing the Vision: A National Mental Health Policy for Everyone
- The initiation of a COVID-19 Health Sector National Psychosocial Response Project

Sharing the Vision is underpinned by population-based planning, incorporating ‘stepped care’ approaches to ensure that each person can access a range of options of varying intensity to match their needs. In much the same way as CfL, the policy proposes a whole of government approach to implementation, with key actions outlined over the lifecycle of the strategy. The policy reflects the priorities of CfL. Progress made in the implementation of Sharing the Vision will support and drive the implementation of CfL further over the coming years.

In response to Covid-19, the HSE recognised that there was a requirement to have in place a psychosocial response commensurate with the overall emergency effort and its (future) impact. A Project Team under the aegis of the Chief Operations Officers’ Integrated National Operations Hub (INOH) are engaged in a process

to design, implement and monitor psycho-social responses to the Covid-19. The work of the Project Team includes setting out key actions and recommendations, building on previous guidance plans produced by the HSE and other key health and social care authorities as well as international peer expert networks. This plan will encompass psychosocial measures and actions to respond to the needs of 3 overarching target groups, the public, service providers and staff.

2 - Likely impact of COVID-19 on specific population groups

Some population groups may be more vulnerable than others to the mental health effects of COVID-19. A systematic review of the impact of infectious disease-related public health emergencies on suicide, suicidal behaviour and suicidal thoughts, provides an indication of the potential impact on particular population groups, most notably older adults, people who are or become unemployed or under-employed, people with pre-existing mental health and/or substance misuse problems and frontline health and social care staff ⁶. The review highlighted the possible impact of the SARS epidemic in Hong Kong on older adult suicide deaths, as the suicide rates among older adults (particularly women) increased both during and following the epidemic. Table 2 summarises the population groups identified in the literature as being at greatest risk of adverse mental health outcomes during (and in the aftermath of) the COVID-19 outbreak.

Table 2: Population groups vulnerable to the mental health impact of the COVID-19

Older adults	Mental Health Service Users
Those at risk due to weakened immune systems because of chronic illness or medications	Those with substance misuse (i.e. drug and/or alcohol related) issues
COVID specific - those who have had it and immediate family	People living in homeless ⁷
Those bereaved by COVID	Residential Care settings
The unemployed /under-employed	Frontline healthcare staff and service providers
Individuals with pre-existing mental health disorders	

Implications on CfL Strategy Implementation

In the development of the CfL strategy, there was acknowledgement of the needs of key CfL priority groups (i.e. those at increased risk of suicidal behaviour⁸), as identified through key targeted actions across Goals 1, 3 and 4. More specifically, Goal 3 of CfL focuses on the development of targeted interventions and supports for these groups. The CfL Interim Strategy Review recognised the good progress that has been made in relation to the provision by the HSE of early intervention and psychological services for young people and/or specialist services (eating disorders), and the provision of evidence-informed interventions across priority areas (drugs, alcohol, mental health), such as SAOR, MECC, MINDOUT. However, the Review specifically recommended ‘*the immediate development of a strategic plan to inform CfL activity intended to prevent suicidal behaviour among priority groups*’.

⁶ Zortea *et al* (2020). Understanding and managing suicide risk. *British Medical Bulletin*, 134:1:73–84,

⁷ Tsai J., Wilson M. (2020) COVID-19: a potential public health problem for homeless populations. *Lancet Public Health* Mar.;11 S2468-2667.

⁸ CfL’s priority groups fall under four broad population groupings; health/mental health related groups (i.e. people with mental health problems of all ages, those who have engaged in repeated acts of self-harm, people with alcohol and drug problems, and people with chronic physical health conditions); minority groups (i.e. member of the LGBT community, members of the Traveller community, the homeless, those in Contact with the criminal justice system (e.g. prisoners), those with experience of domestic violence, clerical, institution, sexual or physical abuse, asylum seekers, refugees, migrant and sex workers); demographic cohorts (i.e. middle aged men and women, young people, economically disadvantaged people); suicide related (i.e. people bereaved by suicide) and occupational groups (i.e. health care professionals, professionals working in isolations (e.g. farmers).

While there are notable overlaps in the COVID-19/CfL priority group identification, it is acknowledged that further consideration will need to be given in the development of a strategic plan for priority groups, to reflect priority groups identified through COVID-19, in particular older adults, those affected by bereavement during the pandemic and frontline workers.

Further priority and integration of actions, with particular regard to the roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care (CfL Action 3.2.1), will be required, given the likely increase in alcohol and drug misuse during the pandemic. Additionally, the delivery of early psychological interventions to support young people at both primary and secondary care level will require increased emphasis, in order to address existing challenges and prevent further increases in waiting list numbers.

The COVID-19 pandemic has disrupted key transition points for children and young people particularly in relation to everyday school life and learning, the completion of state exams and the particular milestones of transition from primary to secondary and third level education. Within Goal 3 and Goal 5, particular focus is placed on the implementation of key actions to support young people within the school and higher education environments. As CfL moves into a new phase of implementation, consideration to the impact of such a significant interruption to the lives of children and young people must be reflected in mental health and wellbeing programmes and guidelines, and also in shaping new policies and the National Student Mental Health and Suicide Prevention Framework.

3 - Likely impact of COVID-19 on mental health presentations, referral processes, pathways of care and provision of appropriate interventions, including evidence based psychotherapeutic treatments (i.e. Talk Therapies)

Previous evidence of the impact of natural disasters, emergency crises and epidemics suggests that public health needs to plan for increased rates of presentation of mental health problems, in particular anxiety and depression. There is also evidence that quarantine measures that were put into place during past outbreaks (for example during SARS, Ebola, novel influenza A, Middle East Respiratory Syndrome and equine influenza) resulted in negative mental health outcomes, including higher levels of depression, anxiety, post-traumatic stress symptoms, anger, and fear⁹.

Early indications from COVID-19-specific research across three countries provide evidence on the initial psychological impact of the pandemic:

- Research from China shows elevated rates of anxiety and depression¹⁰
- Research from Italy shows high rates of negative mental health outcomes in the general population, including post-traumatic stress symptoms (PTSS) ; having a loved one deceased by COVID-19 was associated with PTSS¹¹

⁹ Brooks *et al* (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020;395:912–20.

¹⁰Wang *et al.*, (2020) Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health* 17:1729. This was study carried out across 194 cities in China, with 1210 respondents found that 54% of respondents rated the psychological impact of the COVID-19 out-break as moderate or severe; 29% reported moderate to severe anxiety symptoms; and 17% reported moderate to severe depressive symptoms

- US research amongst young adults¹² found an association between COVID-19-related experiences and past-month suicidal thoughts and behaviours.

According to the first wave of the Irish COVID-19 Psychological Survey¹³, a multi-wave study running throughout the COVID-19 outbreak (n=1000), launched 19 days post lockdown, 41% of people reported feeling lonely, 23% reported clinically meaningful levels of depression, 20% reported clinically meaningful levels of anxiety, and 18% reported clinically meaningful levels of post-traumatic stress. Table 3 summarises the potential mental health impacts, both directly and indirectly associated with COVID-19, informed by the available literature. Possible increases in presentation may become evident during the recovery period and in the life-cycle of CfL.

Table 3: Potential mental health impact of COVID-19

Increased anxiety	First episode psychosis Suicidal Ideation/Self Harm – due to the indirect effects of COVID-19 on; financial stressors; domestic violence; alcohol consumption; isolation, entrapment, loneliness and bereavement; irresponsible media reporting.
Increased depression	
Increased stress	
Exacerbation of existing mental health problems	
Trauma	
Neuropsychiatric manifestation of COVID-19 ¹⁴	

Implications for CfL Strategy Implementation

Goal 4 of the CfL strategy seeks to increase accessible interventions through the development of uniform assessment processes for those who have self-harmed or at risk of suicide (CfL Action 4.1.4) and referral and pathways from primary to secondary mental health services (CfL Action 4.1.1.), the provision of increased service delivery and evidence-based psychological interventions. The Interim Strategy Review noted that limited progress had been made in relation to: developing a coordinated, uniformed, quality-assured service and care pathway for those with co-morbid addiction and mental health difficulties; advancing delivery of effective therapeutic interventions for people vulnerable to suicide; and the roll-out of a rapid access, stepped care service for adults with mild-to-moderate mental health problems. The Interim Strategy Review specifically recommended ‘continuing *the roll out of evidence-based psychological interventions (counselling, Dialectical Behaviour Therapy (DBT) and Cognitive-Behavioural Therapy (CBT)), while prioritising the development of a model of care for talking therapies*’.

Given the potential for increases in presentations, and the recognised importance of early intervention in the management of, mental ill-health, the completion of a model of care for talk therapies and the ongoing provision of evidence-based psychological interventions will be required throughout the period of recovery.

Further priority will also need to be placed on the development and implementation of uniform assessment processes and clear referral pathways from primary to secondary care services, to ensure increased

¹¹ Rossi *et al.*, (2020) COVID-19 pandemic and lockdown measures impact on mental health among the general population in Italy. MedRxiv The Preprint Service for Health Scientist. This Italian web-based study assessing mental health outcomes and associated risk factors from 18147 respondents, approximately three to four weeks into lockdown, reported prevalence of post-traumatic stress symptoms (37%), depression (17.3%), anxiety (20.8%), insomnia (7.3%), high perceived stress (21.8%) and adjustment disorder (22.9%).

¹² Ammerman *et al* (2020) Preliminary Investigation of the Association Between COVID-19 and Suicidal Thoughts and Behaviors in the U.S.

¹³ Hyland *et al*- (2020) Anxiety and depression in the Republic of Ireland during COVID-19 pandemic. Draft manuscript.

¹⁴ Nalleballe *et al* (2020) ‘Spectrum of neuropsychiatric manifestations in COVID-19’ Brain, Behaviour, and Immunity. Krishna, <https://doi.org/10.1016/j.bbi.2020.06.020>

accessibility to meet need. In the context of COVID-19, it will also be important for service providers to have clear pathways and referral options available, in order to effectively support the general public and those with specific mental health needs arising. In addition, as acute health risks and social problems due to alcohol and drug use may be magnified during public health emergencies, health-care providers will need to plan how to manage harmful substance misuse as well as life-threatening withdrawal.

4 - Social issues as emerging risk factors underpinning suicide prevention

The indirect effects of the COVID-19 pandemic on the population’s mental health and on service provision are likely to be profound. The various public health strategies mobilised in response to COVID-19, such as isolation of infected and/or at-risk persons, reduction of social contact and ultimately ‘lockdown’, have implications for mental health. While isolation helps in achieving the goal of reducing infections, reduced access to family, friends and other social support systems will increase social isolation, in turn increasing mental health problems such as anxiety and depression. A report by the Department of An Taoiseach on the Social Implications of COVID-19 in Ireland highlights some of the indirect effects on the population including evidence of;

- increase in alcohol and tobacco consumption
- closure of centre based day services for people with disabilities
- financial stresses experienced as a result of COVID-19 resulting in more children becoming at risk of poverty and those already experiencing poverty becoming more vulnerable
- increases in domestic violence incidents on the same period last year
- impact of the crisis on the needs of vulnerable populations, in particular Travellers and Roma, vulnerable migrants, homeless and refugees.

Table 4 reflects some of the anticipated indirect impacts of Covid-19 particularly of relevance to CfL.

Table 4: Indirect social impact of COVID-19

Bereavement	Finance/unemployment stressors
Substance misuse (alcohol and drugs)	Social isolation/loneliness
Domestic violence	

Implications for strategy implementation

Goal 1 seeks to improve the nation’s understanding of and attitudes to suicide, mental health and wellbeing. Targeted interventions and campaigns must take account of the underlying challenges facing those who may be at risk of suicide and self-harm, further exacerbated by the pandemic. Messaging reflective of the associated socio-economic impacts and subsequent impact on mental health and wellbeing as a result of COVID-19, clear signposting to cross-sectoral supports and clear communication pathways will become increasingly important going forward.

Goal 2 of CfL seeks to support local communities’ capacity to prevent and respond to suicide, through the design and implementation of local suicide prevention action plan to enhance local responses, and through increased availability of relevant training and education programmes for community organisations. Local implementation plans will have to adapt to emerging need over time. The Interim Strategy Review noted that limited progress had been made in relation to the strategic and coordinated delivery of suicide prevention training, i.e. safeTALK (suicide alertness for everyone), ASIST (Applied Suicide Intervention Skills Training in suicide first-aid), and STORM (skills-based suicide prevention training) and in supporting the provision of

community-based guidelines and protocols on effective suicide prevention. As we move into the second phase of implementation, localised community responses to emerging needs and appropriate national guidance and protocols to inform consistency in approach will be increasingly important.

It must be noted however, challenges will impact on the delivery of training programmes given social-distancing requirements, time allowed in congregated settings etc. Under Goal 5 of the strategy, which seeks to enhance safe and high quality services for people vulnerable to suicide and self-harm, the Interim Strategy Review recommended: '*assessing and meeting the implementation support needs of lead agents and stakeholders to facilitate their delivery on key actions across CfL*'. Ongoing engagement with cross-sectoral partners will be fundamental to implementation in an effort to ensure suicide prevention efforts are responsive to need, and reflective of emerging social issues arising in the aftermath of COVID-19.

5 - Impact of COVID-19 on mental health service delivery

The potential implications of COVID-19 for mental health and mental health service delivery are considerable. The pandemic has created additional barriers for patients accessing essential care, including restrictions on movement, transportation restrictions, stigma, impoverishment from loss of livelihoods, or avoidance of care due to concerns over contracting the virus. Existing services will require adaptation in order to ensure they are equipped to deal with a potential increase in demand. Structural changes in service provision in a post-COVID-19 environment have the potential to cause disruption.

Current challenges pre-COVID-19 across mental health services include:

- Increases in referrals and waiting lists¹⁵ across services
- Workforce shortages (clinical staffing levels below requirement)¹⁶
- Operational service delivery pressures across mental health service nationally, including the provision of specialist complex care continuing to increase significantly in recent years due to more complex presentations as well as significantly increased costs per placement arising from regulatory based requirements¹⁷.
- Offering effective alternative treatments to people with severe mental health conditions¹⁸

COVID-19 will present significant challenges in planning for healthcare services, particularly the mental health impact beyond the initial response to the disease. Risks to service delivery include:

- Staff redeployment
- Cancellation/reduction in certain services due to concerns regarding patient and staff exposure and the need to ensure protection
- Lack of presentation to services due to fear of infection and exposure amongst patients and service users

¹⁵ Mental Health performance data at end of 2018 indicated CAMHs services held a 2,526 waiting list, and a 24% increase in referrals accepted between 2012 and 2018, with 9.7% not attending appointment. General Adult Mental Health Services, while noting a decrease nationally in the number of referrals accepted (-3.9%), a 22.5% non-attendance rate was noted. Psychiatry of Later Life noted a 3.8% increase in referrals in 2018, an increase of 7.7% nationally in referrals accepted between 2014-2018, and a 2.9% non attendance for first appointment (The Delivering Specialist Mental Health Report 2018)

¹⁶ In December 2018 there was a total of 704 staff in the Child and Adolescent Community Mental Health Teams nationally (608 Clinical) representing 58.1% of the clinical staffing levels recommended in A Vision for Change, while a total of 1,687 staff in the General Adult Community Mental Health Service (1,495 Clinical), represented 74.8% of the clinical staffing levels recommended in A Vision for Change. Psychiatry of Later Life service teams held 60% of the clinical staffing levels required under A Vision for Change with 355 staff of which 314 were clinical.

¹⁷ The cost of existing private places is increasing due to increased regulatory and compliance requirements on external providers. Added to this, the numbers of new private places has been increasing year on year due to a combination of increasing acuity and an ageing population.

¹⁸ Gunnell *et al* (2020) Ibid.

- Prioritisation of resourcing and funding for ongoing COVID-19 response may impact the implementation of mental health initiatives
- Operational pressures to address increased demand for mental health services will impact capacity to deliver reform initiatives.

Implications for strategy implementation

Alternatives to inpatient and day services including day hospitals across the service: Implementation of alternatives to acute inpatient care and congregated care settings will be an ongoing priority in mental health services over the next two years. The provision of integrated care through day hospitals, home-based care treatment teams and crisis resolution teams not only supports the development of high quality and responsive mental health systems, but also works to address both capacity and service delivery pressures evidenced within mental health services nationally pre COVID-19. The integration of these alternative services will offer additional options to acute inpatient care and assist with patient flow from hospital wards to alternative suitable settings. However, this will require service restructuring and new models of care.

Prevention and early intervention at primary care: The majority of mental health problems can be supported in primary care. In light of the pandemic mental health services will need to prioritise access to a range of counselling supports and therapies at primary care level. This intervention has the potential to increase the opportunity to identify, support and treat those with mild to moderate mental health difficulties at the earliest opportunity, thus enhancing the potential for recovery and reducing the burden on secondary care services.

Digital interventions to support service delivery: In order to address potential need and adapt to changing service delivery methods, the development and delivery of evidence-based digital interventions nationally should be prioritised. Digital services offer an opportunity to support and enhance existing delivery methods, thereby removing barriers to access and addressing capacity issues. Virtual engagement of people with services is to become the norm. A focus on the integration and utilisation of digital interventions in mental health will further increase accessibility and reduce referrals to specialist services.

Evidence informed interventions - Clinical Care Programmes: In order to meet potential increase in acuity of presentations within the mental health system, and the known importance of early intervention in the management of mental ill-health, the ongoing provision of evidence-based psychological interventions will need to be prioritised. The introduction of clinical programmes within the mental health service to date has supported the provision of evidence based interventions.

6 – Conclusion

The likely impacts on the population as a result of the pandemic may not be fully known for some time to come. Existing evidence from previous health risks, and emerging evidence suggest the restrictions placed during the course of the pandemic (including quarantine/physical distancing/self-isolation, restrictions on movement, travel and social interaction etc) has placed a strain on the mental health and wellbeing of the population as a whole, and has had significant impact on particular population groups. While it is expected the majority will adjust and recover, the ongoing implications or exacerbation of existing challenges for some must be recognized.

Over the next phase of Connecting for Life, the ability to adapt and respond to emerging need will be important. While actions and psychosocial planning efforts already in place will support and respond to need, it is likely further consideration will be required as new evidence and data emerges. Furthermore, the ongoing implications of the pandemic will continue to impact on the ability to implement as planned. While we continue to adapt to the changing environment, there is a requirement to remain cognisant of the ongoing disruption the virus may have on the systems and structures within which Connecting for Life is delivered.