GUEST EDITORIAL ON MENTAL HEALTH SECTION:
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INTRODUCTION

In January 2020, the World Health Organisation (WHO) declared the outbreak of a new corona virus disease (COVID-19) an International public health emergency. Over the next few weeks it spread globally and in March 2020 U.K. Government passed an emergency legislation, Coronavirus Act 2020 which gave ministers ability to restrict or prohibit events & gatherings during coronavirus outbreak. Lockdown and social distancing measures which were introduced in U.K. in March 2020 have continued for the last 5 months bringing civic life in U.K. to a standstill (now new normal).

COVID positive cases continued to peak throughout April-May 2020 before slowing down in late June 2020. The socio-economic impact of the pandemic is unleashing tsunami of challenges to mental health services in U.K. In order to protect frontline healthcare staff in NHS appropriate personal protective equipment (PPE) was made mandatory. In mental health services as with other medical specialities there were protocols in place to avoid direct patient contact. NHS mental health staff had to adopt working from home (wfh) with use of remote consultations as far as possible and replacing face to face meetings with on-line meetings. However, digital technology has been a saviour in this pandemic and NHS was quick to adapt this technology. Over the last five months U.K. has gone from complete lockdown, social distancing to partial lifting of lockdown measures in England since 4th July 2020.

EPIDEMIOLOGY

It is estimated that one third of World's population estimated to be around 2.6 billion people are in lockdown. At the time of writing this article in the third week of July 2020, there were 295,372 cases of COVID in U.K. and 45,318 deaths in U.K. while globally the numbers are 14,707,451 and 609,986 respectively. In U.K. Office of National Statistics (ONS), U.K. has found that Black, Asian and Ethnic minority (BAME) groups men and women are nearly twice as likely to die with coronavirus compared to white counterparts in England & Wales.

The Office of National Statistics (ONS) provides weekly updates on social impacts on corona virus in Great Britain. We have included the main finding from the report 9th July 2020. Over 50% of those surveyed said that coronavirus was having an impact on their work. The most often reported difficulties were
- Being furloughed
- A decrease in hours worked
- Concern about health and safety at work

COVID-19 AND MENTAL HEALTH

One aspect of daily life which keeps us sane is a structured day. A structured day is also recommended by Royal College of Psychiatrists to promote mental well-being. In lockdown can easily become confinement and lead to loneliness is some. It may not always be possible to have a "normal day" as lack of structure can give rise to developing unhealthy habits. There are various reports in media of excessive use of gaming/online gambling, consumption of alcohol, overeating, lack of exercise and domestic violence.

Secondly, spending more time with family could be positive for some but stressful for others. Employment issues, financial constraints are also likely to exacerbate these problems. It is of concern that there are increasing reports of domestic violence in certain communities. A recent article in U.K. media reported 25% surge in those calling helpline for perpetrators of domestic abuse who wanted to change their behaviour. In U.K. Home Office campaign under twitter hashtag #YouAreNotAlone to encourage public support this initiative.

Lockdown as safety measure, is pivotal in keeping everyone safe but can lead to separation from loved ones, loss of freedom uncertainty over disease status and can potentially be a source of boredom. In Office of National Statistics (ONS) survey, the main concerns which people reported were personal wellbeing (8.5 million), employment/jobs (6.2 million) followed by impact of COVID-19 on finances. 49.6% of survey respondents reported higher levels of anxiety, with other areas found of relevance were impact on education, relationships, and caring responsibility.

Unlike physical illnesses, mental health problems have multi-factorial origins and usually involve an interplay between biological, psychological and social factors. As lockdown is gradually being lifted the social distancing rules are slowly being relaxed. It became mandatory to wear face covering on public transport in England on 15th June 2020.

According to ONS survey of 7th July 2020, of those adults who had used public transport over 80% had used them in the last week. About 7 in 10 people now are very worried or somewhat worried about the impact corona virus was having on their life with 45% saying they were bored, 34% saying that they were spending too much time alone and 21% saying that lockdown was having an

impact on their interpersonal relationship. Also, a larger proportion of people are now finding it difficult to pay their household bills with 11% reporting that they had to borrow more money than before coronavirus pandemic and use credit.

In a cross sectional survey of self-isolating UK adult respondents, Smith et al (2020) concluded that self-isolating/social distancing females, younger age groups, those with lower annual income, current smokers and those with physical multi-morbidity were associated with higher levels of poor mental health.

There is no vaccine against coronavirus yet and the lockdown, social isolation is protracted. Such socio-enviornmental conditions provide a right recipe for developing and perpetuating stress and anxiety. Secondly, there is a fine line between social distancing and isolation, loneliness and sensory deprivation. It is well known that social isolation and sensory deprivation can gives rise to a range of psychological difficulties. Access to mental health care in U.K. is through local General Practitioner (GP). GP Surgeries started to advise patients not to attend GP Surgery during lockdown and community mental health teams have to rely on non-face to face contact. It is possible that some individuals are experiencing delays in accessing services, particularly, vulnerable groups with lack of access to digital technology and those with limited social network. Loneliness is an added stressor to unemployment, financial stress. Mental health services across the country have to cope with additional demand posed by COVID-19.

Rethink,(a mental health charity) undertook a survey in May 2020 as part of mental health awareness which highlighted that 42% of responders, who were living with mental illness were of the view that their mental health had got worse during lockdown. Children and adolescents are at higher risk of anxiety and depression due to social isolation and lockdown as evident in a rapid systematic review undertaken by Loades et al (2020).

Department of Health (DoH) issued national guidelines for all NHS Trusts to provide personal protective equipment such as face masks, visors for front-line clinical staff. There was suspension of visitors to hospital. Each mental health trust also directed staff to work from home as far as possible but ensure that service have critical staff in frontline and strategies to manage COVID positive cases within mental health services.

The Royal College of Psychiatrists, London. U.K. provided mental health awareness videos in 15 International languages and published regular updated guidance to clinicians regarding management of COVID-19. The full guidance is available on RCPsych website www.rcpsych.ac.uk.

COVID-19 pandemic has also raised ethical dilemmas regarding patient care and management in this extraordinary circumstance. While clinicians are working hard to provide the best care for their patients there is a need to ensure that individuals with mental health problems including learning disabilities, autism have equal access to COVID assessment, testing and treatment. Social distancing measures are likely to be restrict individual's freedom and liberty is already restricted if being detained under Mental Health Act 1983 but who retain mental capacity to make decisions for themselves.

General Medical Council (GMC) has laid down guidelines of Good

Medical Practice for doctors and Royal College of Psychiatrists has developed Good Psychiatric Practice guidelines. Even if working remotely through digital technology a qualified doctor is required to deliver safe and ethical care to patients respecting confidentiality and adherence to general data protection rules (GDPR).

COVID-19 AND BLACK, ASIAN & MINORITY ETHNIC GROUPS (BAME)

In U.K. there is widespread discrepancy in deaths following COVID-19 in Black, Asian ethnic Minority (BAME) healthcare staff. Two-thirds of healthcare staff are from BAME background while they compromise of 20% of the healthcare workforce. By April 2020 there was concern that there was higher prevalence of COVID positive cases in front-line clinicians from Black, Asian And Minority Ethnic groups (BAME).

Lassal C et al (2020) studied data of 340,966 adult men and women from UK biobank study which linked ethnicity to hospitalisation due to COVID during the pandemic. There were 640 COVID-19 cases and after controlling for demographic and confounding factors they observed higher risk in hospital admission among Black (odds ratio 1.89) and Asian (odds ratio 1.66) population.

Cook et al (2020) reviewed 106 COVID related deaths of NHS staff until the first week of April 2020. The observed that BAME healthcare workforce accounted for disproportionately high percentage of deaths. For e.g. doctors accounted for 44% of workforce but 94% of deaths and similar figures for nurses and midwives were 20% and 71%.

The Royal College of Psychiatrists (RCPsych) has developed a risk assessment tool for BAME staff which may also be of use in South Asian countries. RCPsych recommends risk assessment for BAME staff should be carried out as a matter of priority and personalised risk mitigation plan be put in place by NHS employers.

CONCLUSION

COVID-19 pandemic has presented enormous challenges to health sector. Mental health services in U.K. are bearing the brunt of the largest global disaster of the century. The excessive deaths in BAME population from COVID in U.K. is a cause of concern. However, disasters offer a unique opportunity to unite people, develop better understanding in communities. More recently there is a hope that an effective vaccine will be developed over the next 6-12 months. In the meantime, staff in mental health service need to remain vigilant and continue to adopt safe working practices to ensure patients are treated with professionalism, kindness and compassion.

I found interesting quote in one of the mental health units "Remember each person is fighting his own battle unknown to you so be kind to others". It's important for us all to be kind and compassionate towards our fellow human beings.

DISCLAIMER:

The author is Associate Registrar (Membership Engagement), Royal College of Psychiatrists, London, U.K. and immediate Past President of British Indian Psychiatric Association (BIPA). However, the views expressed in this article are personal views of the author and do not

represent those of the Organisations of his professional affiliation.

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RESEARCH IN DEVELOPMENTAL NEUROPSYCHIATRY (RADIANT):
A COLLABORATION BETWEEN CLINICIANS, ACADEMICS AND EXPERTS BY EXPERIENCE

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RADiANT (Research in Developmental Neuropsychiatry) is a clinical and research network in the United Kingdom that brings together clinicians from around 20 NHS Trusts along with a similar number of academics. It is currently hosted by Hertfordshire Partnership University NHS Foundation Trust. The network has an advisory group of around 50 people drawn from patients, family members, carers, community leaders and professionals connected to various charities and professional bodies. RADiANT focuses on five developmental conditions namely Intellectual Disability (ID), Autistic Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Epilepsy (EPI) and Acquired Brain Injury (ABI). These conditions are often associated with increased rates of mental health or behavioural difficulties. The network has three over-arching aims- research that directly improves clinical outcomes, staff development and public education.

Research can often be seen as an activity that is far removed from day to day clinical practice. It can also often be equally distant from many of the things that patients, families and the wider community consider important. RADiANT aims to address this gap. As a clinical and research network, any of its members, whether they be patients, family members, community leaders or clinicians, can submit ideas for a project. The vision is that RADiANT's activities will be driven by our diverse members, who will help identify research priorities that affect their daily life and working practice. As a network with a wealth of personal, clinical and academic expertise, we will support them to work with others develop these ideas further into methodologically sound projects and find funding streams.

RADiANT has also been active in furthering staff development and public education. Earlier this year, it responded to the COVID crisis by working collaboratively with a range of stakeholders to produce three widely read guidance documents for health and social care staff and members of the public- (i) People with intellectual disability and mental health/ behavioural problems: guidance on COVID-19 for in-patient psychiatric settings , (ii) People with intellectual disability and mental health/ behavioural problems: guidance on COVID-19 for community settings (iii) People with Intellectual Disability: Guidance on Advances Planning for Treatment Escalation, Ceiling of Care, Palliative Care and End of Life. These guidelines and other resources are available here and have been the subject of presentations at a number of meetings and conferences including those organized by the Royal Society of Medicine and the Royal College of Psychiatrists.

For more information and to get involved, please visit http://radiant.nhs.uk