

# Rising to the challenges of COVID-19: the front line of care and support for people with long-term mental health problems and the response of Northern Healthcare

## Abstract

The COVID-19 crisis has impacted on us all. However, people living with long-term mental health problems will remain vulnerable over the coming months, because of the restrictions that will remain in place until a vaccine has been discovered and used on the wider population. This paper describes how Northern Healthcare, an organisation that has developed a model of enhanced supported living for this population, has responded to the crisis. This response has seen a focus on residents, staff and on measures aimed at alleviating the burden on the wider NHS. Of importance, there are lessons to be learned, as it is entirely possible that the world will need to deal with future, similar pandemics.

**Key words:** Emergency response; Mental health; Supported accommodation

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## Introduction

The current COVID-19 crisis has concentrated the minds of virtually all of the British public on the value of the NHS and, in particular, on the value of doctors and nurses who work on 'the front line.' The front line was originally defined as the intensive care unit, where gravely ill patients are treated with life-sustaining measures. Gradually, as the crisis unfolded, the public came to recognise that the front line meant much more than the intensive care unit. There has been an increasing recognition of the hard work and dedication shown by a range of workers extending to social care. However, not much has been said about the front line of care and support for those with mental health problems; particularly those with a wide range of needs.

### Box 1. Key responses of Northern Healthcare to the COVID-19 pandemic

- Zero use of agency staff.
- Zero breaches of safe staffing levels not being met.
- Zero breaches of staff not having access to personal protective equipment.
- Dedicated personal protective equipment procurement team.
- Supported NHS to facilitate 28 placements into supported living during the COVID-19 pandemic so far.
- Safe transition into supported living either as an alternative to hospital admission or as part of hospital discharge arrangements.
- Provided access to technology across all sites for communication with friends and family.
- Accelerated recruitment of 70 additional support workers.
- Replication of individual resident community programmes to an 'in-house' model, including volunteering, virtual learning and health/fitness activities.

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**Figure 1.** A resident getting a certificate for completing an e-learning module as she was not able to access usual education services during lockdown

A recent article published in *Lancet Psychiatry* (Holmes et al, 2020), authored by an international group of health professionals and those with lived experience, identified the potential impact of COVID-19 on the mental health of the nation and of those who already experience mental health problems such as depression and anxiety. The paper also identified other problems associated with the lockdown, including not only widespread economic and social consequences, but also an increase in alcohol problems, drug use, gambling and domestic violence. However, perhaps insufficient emphasis was placed on the impact on those with long-term mental health issues who have high levels of vulnerability, social isolation and deprivation. Their situation will be made worse by the loss of mental health support from formal and informal carers. Thus, many of those with long-term mental health issues will relapse into a state of crisis. In turn, this will increase the burden on an already overstretched NHS and leave many without the support, care and treatment they need.

A review conducted for the Government (Kirkbride et al, 2012) estimated that, in the UK, there was, at any one time a population of approximately 250 000 people with long-term mental health issues such as schizophrenia and other psychoses. This population has a very wide range of needs and many will require considerable input from mental health services.

This article sets out an example of how a model of enhanced supported living has been adapted to deal with the challenges of the current COVID-19 crisis. Although the lockdown imposed in March 2020 may be eased somewhat over the coming weeks and months, it seems clear that until a vaccine has been developed there will be a need for restrictive conditions, in which social distancing remains the norm. Those with long-term mental health problems includes a very large proportion who have underlying health conditions – thus, making them more vulnerable to infection.

We know that people with schizophrenia have much reduced life expectancy. The reasons for this are complicated, but include, not only poverty and social deprivation, but cardiovascular and metabolic diseases such as diabetes (Scheewe et al, 2019). We also know that people on long-term antipsychotic medication are at considerable risk of developing type 2 diabetes and associated health issues. We now know that both diabetes and cardiovascular issues increase the severity and associated mortality of COVID-19 infection. The article by Holmes et al (2020) emphasises that health services need to learn the lessons from the current pandemic, particularly as the fluidity of populations around the world will increase the risk of future pandemics.

## Enhanced supported living – the Northern Healthcare model

Northern Healthcare was founded in 2013, with the aim of providing bespoke accommodation for people with serious and enduring mental health problems. The model was designed to bridge a gap in specialist service provision for individuals ready for discharge from inpatient services, or for those living in a community setting requiring more enhanced support as an alternative to hospital admission (Gournay et al, 2019).

This population comprises those with lengthy histories of contact with mental health services; many of these individuals forming part of the all too common ‘revolving door’ population who have admissions to hospital where their condition responds to treatment, but then, after discharge into the community quickly relapse. There are a range of reasons for relapse; not least a lack of support to deal with the challenges of activities of daily living, non-adherence to treatment, difficulties with finding suitable accommodation and various levels of social and economic adversity.

Northern Healthcare has now evolved to become a national organisation. The organisation presently has 11 ‘enhanced supported living’ settings nationwide and is supporting 139 residents (age range: 18–71 years). The requirement for placements is increasing week on week and expected to reach 200 by the end of June with a number of other new properties due to open during 2020, creating additional capacity for another 120 individuals.

Each setting contains a number of individual bedrooms or flats and shared or communal gardens, lounges, kitchens and dining areas. Services provide 24-hour support from mental health professionals, including registered mental health nurses, occupational therapists, and support workers.

## Preparation in the wake of the emerging COVID-19 crisis

As the potential severity of this crisis became clear, Northern Healthcare began to make what preparations it could to deal with the inevitable impact on the residents and staff. Ensuring the safety and wellbeing of vulnerable people and the workforce became the primary focus. An early decision was made to ‘over-prepare’ and attempt to plan for any eventuality. Just before lockdown measures were put into place, a project team was set up to meet on a regular, 7-day-a-week basis, to review the latest information concerning the virus and to deal with the various emerging challenges. This project team continues to refine strategy and to deal with challenges as they emerge. Apart from the specific strategies aimed at resident and staff wellbeing discussed further on in this article, it has been essential to ensure a more general continuity of the organisation and to implement rapidly changing government guidance. Northern Healthcare has also had to consider the needs of staff members, usually based in offices and non-front line locations.

### Box 2. Characteristics of the Northern Healthcare model of enhanced supported living

- The person is first and foremost a tenant with all of the legal rights of tenancy.
- There is a recognition that individuals will have, and in all probability will continue to have, a wide range of mental health and social needs.
- Quality accommodation.
- Around-the-clock staffing and professional support.
- Bespoke, comprehensive support plans.
- A specifically designed clinical IT system.
- The use of outcome measures to ensure that needs are being met and that an optimum quality of life is maintained.

As the crisis has unfolded, considerable thought has been given to a wide range of important matters, particularly ensuring that infection prevention measures are in place. These include the need for essential handwashing and cleaning stations to be freely available in communal areas and to address the need for adequate supplies of personal protective equipment (PPE). Very early on, Northern Healthcare mobilised a dedicated procurement team, focused purely on sourcing PPE, to ensure continuous access to PPE for all facilities.

Northern Healthcare has, in addition to government guidance, used both written and video material to ensure that staff have received adequate training in the use of PPE. These matters remain an ongoing challenge, not just nationally but globally. Northern Healthcare are grateful to Public Health England who have provided additional support with PPE supplies. Each of Northern Healthcare's facilities has been provided with a 48-hour emergency PPE pack, in addition to standard supplies to deal with any outbreaks that may occur and where a rapid response is needed.

Testing is now a key issue and, although the care sector – of which Northern Healthcare is a part – previously experienced problems with access, testing for active infection among residents and staff is now freely available. However, there is obviously a long way to go in respect of the development of an antibody test and for the use of the 'Test, Track and Trace' strategy currently being piloted by government.

## What is being done for residents?

These are certainly strange times for all. However, perhaps the single most important set of issues for those with long-term mental health problems is the need to maintain stable living circumstances, a predictable routine, to feel safe and secure and to live in an environment where wellbeing and quality of life are maintained. At the heart of the enhanced supported living model is the embedding of an occupational therapy philosophy in the general culture of the organisation. In 'normal times' the strong focus of work with residents has been activities in the community. Thus, there has been a need for residents to access community resources for leisure, vocational, educational and social networking opportunities; all facilitated by providing residents with accommodation designed to meet their needs. More than that, all residents have all the legal rights of being a tenant.

COVID-19 has, therefore, presented a wide range of challenges. Many residents, in 'normal times', have regular contact with friends and family. Therefore, the loss of this contact because of the social distancing that may be with us for many months to come, may have a huge potential impact on general wellbeing. To mitigate these problems, residents have been using all of the available technologies to ensure that contact, such as via FaceTime and Skype, continues. Some residents have learned, for the first time, to use social media apps on their mobile phones. Some residents have regained the pleasure of writing letters with pen and paper to friends and family. Support staff have been particularly alert to the need for residents to acknowledge milestones such as birthdays. Residents now create their own cards and handmade gifts, rather than buying in shops. For the first time, some residents are learning about online purchasing.

In some ways, the crisis has created not before thought of opportunities for residents. For example, staff members have online training in a range of matters, such as food hygiene, basic first aid, health and safety, fire safety awareness and, importantly, infection prevention. These modules are now available to residents. Such training leads to a sense of achievement and is also a recognised training qualification that could be helpful in future employment. Other residents continue with their college studies online.

Across the various facilities of NHC, staff and residents have developed a wide range of routines and activities that have proved to be both beneficial and enjoyable. An article such as this cannot do justice to such activities and the associated benefits. Activities include, to cite some, but not all examples, online fitness classes, online quizzes, film nights and work in gardens to help residents reconnect with nature. Northern Healthcare has purchased equipment, including a pool table, sports equipment, additional garden furniture and board games. One facility has started a photography club, which has documented life during the lockdown and aims to create a 'life during lockdown' exhibition. This exhibition will





**Figure 2.** Residents and staff outside Montgomery House, Bury

eventually be featured on the NHC website and is potentially an entrant for one of the national mental health awards programmes.

While there is no doubt that there have been positive outcomes for many residents, some have reacted adversely to the situation. Some have required additional one-to-one support. For some there has been a need to adjust medication, particularly for anxiety. Particular attention has been given to the review of individual support plans, including ensuring that the physical health of all residents are carefully monitored and supported. For example, each resident has a support plan that focuses on important matters such as the underlying health issues that are highly prevalent in people with long-term mental ill health. Because some residents will, in 'normal times' access very beneficial levels of exercise, considerable attention has been given to alternative forms of exercise within each facility.

The Chief Executive has communicated with all residents and staff by video and one of our clinical advisors has made a video on the subject of anxiety management and breathing techniques. Currently, further thought is being given to the use of other interventions aimed at increasing levels of wellbeing, such as more widespread use of mindfulness and yoga.

Singing is now used widely across Northern Healthcare to promote a sense of togetherness (follow this link to see more: <https://www.youtube.com/watch?v=h5fm0P-Redw>).

## How has the wellbeing of staff members been addressed?

As COVID-19 became widespread, thought was given to the wellbeing of the workforce with a proactive approach to workforce planning as it quickly became evident that some staff members would need, for a range of reasons, to have periods of isolation or shielding.

Northern Healthcare is proud to have a zero use of agency workers and has always successfully retained a strong workforce. With the implications on the workforce of COVID-19 acceleration of recruitment into support worker roles was prioritised. In conjunction with the Care Quality Commission, Northern Healthcare agreed procedures to speed up the process of employing members of staff. At the time of writing in mid-May, some 70 new support workers have been recruited. These accelerated procedures have included adult care checks as an interim measure until full DBS processes have been completed. Northern Healthcare has reached out to individuals across the country who had become

unemployed as a result of the pandemic and offered opportunities for fixed-term contracts. Induction processes for new staff have been condensed and completed at individual sites. All mandatory training has remained in place, with a greater emphasis on 'on-the-job' training. With the decrease in face-to-face training, additional modules have been added to the online learning platform to enable new employees to gain a foundation understanding of key areas. Further support on practical applications of new skills is then provided by site leaders and more experienced colleagues.

Throughout the pandemic so far, there have been 110 COVID-19 related staff absences due to the need to isolate, or undergo shielding. With the measures taken to over-recruit support workers, Northern Healthcare has been able to not only ensure continuous safe staffing levels throughout, but also to have sufficient flexibility to support the intake of new residents from the NHS.

Northern Healthcare have used the 'furlough' scheme to support individuals to retain up to 80% of their usual pay during this period if they are unable to fulfil their normal roles. Furloughed staff included those identified as being at high risk by the NHS and staff with household members deemed to be high risk and needing shielding. The protection of the health of staff members and their families have been made an organisational priority by Northern Healthcare.

To ensure that infection prevention is addressed, all staff members (including the executive team) have their temperature taken before any period of work. In addition, staff members change from 'outdoor clothing' at the beginning of each shift of work to minimise risk.

## How has enhanced supported living assisted the NHS in dealing with challenges?

Northern Healthcare has worked collaboratively with the NHS and local authorities to offer spare capacity and particularly to assist with the avoidance of admissions.

The Midlands quickly became the second hardest hit area to London for COVID-19 cases and mortality. NHC has worked in collaboration with the Black Country Clinical Commissioning Groups, local authorities and NHS trusts to provide rapid access to supported living placements during the pandemic. Usual assessment protocols were refined to enable a rapid response to referrals and decision making on clinical suitability. A shared agreement on exclusion criteria and minimum information requirements were agreed to ensure that appropriate individuals were identified for referral. Had this arrangement not been in place, the Black Country area would have been faced with inappropriate admissions, potentially serious safeguarding issues and individuals being made homeless.

In terms of compliance, there is a process of daily reporting schedules and providing the CQC with daily updates on COVID-19 cases and PPE requirements. A tracker system is updated daily to capture residents' and staff's data who are symptomatic or require household isolation. This process enables the maintenance of up-to-date management of the situation, 7 days a week.

## Conclusions

This paper has described the response of an organisation specifically developed to meet the needs of a much marginalised section of society; those with long-term mental health problems. One cannot overstate the vulnerability of the residents of Northern Healthcare to the risks that follow from the destabilisation of 'normal life'; this destabilisation being the cause of great uncertainty and stress for the entire population.

Many lessons have been learned during this crisis. Because it is likely that these strange times will continue for months to come, such learning will continue. This article has described the responses of Northern Healthcare to the crisis; such responses aimed at mitigating adverse effects on residents, staff members and the wider NHS.

To finish on a positive note, there is little doubt that the current lockdown has created a stronger sense of community between facilities and enhanced relationships across all staff and residents. Some facilities have received additional support from the local community; local businesses have made and delivered visors, members of the public have been making

scrubs, others have raised money for charities and some staff have had their important roles acknowledged by the receipt of presents and bunches of flowers.

Since the true extent of the COVID-19 crisis became evident in early 2020, more of us now say ‘Hello’ to others, more of us have reconsidered life’s priorities and the spirit of kindness appears to have been engendered across society. One can but hope that some of these benefits endure. Perhaps society will think more of those less fortunate. In particular, will society do more for those with long term mental health problems? One can but hope.

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