

Summary of the Minutes of Derby Medical Society meeting

Tuesday 9th February 20201

The Mental Health aspects of CoVid

Held on Zoom due to CoVid pandemic.

Speakers

Carolyn Green and Dr Mark Broadhurst.

Introduction and welcome given by Mr Ian Scott.

Carolyn and Mark wished to donate their speaker fee to the patient fund for the Radbourne and Hartington Units.

Summary of presentation.

Carolyn summarised the changes that were made to in-patient settings as the CoVid pandemic started.

Bed capacity reduced as CoVid safe distancing had to take place. Many of the bed spaces are in dormitory style rooms so this had to change.

Patients were discharged as soon as possible. Bed occupancy has been consistently under 75% through the pandemic.

Pressures on Mental Health since CoVid:

7% surge in psychological therapy service referrals.

Increase in relapse of existing conditions.

Increase in first episode psychosis noted

CoVid delirium is a new entity with different symptoms to typical delirium. Patients tend to have more hypoactive symptoms. Interestingly the psychiatric presentation can come before the onset of physical CoVid symptoms.

Increase in adult mental health referrals with a particular increase in those related to domestic violence.

Suicide rates have not increased but there is prediction that these rates will increase from the end of February 2021 when furlough ends, more people are out of work and we are still in Winter.

What the Mental Health Trust has implemented.

The mortality rates from CoVid in the Mental Health Trust are low as CoVid measures have been undertaken.

There is a 24 hour, 7 days a week Mental Health helpline which professionals and public can access.

There is an increase of people with Autistic Spectrum Disorder seeking help.

The Older Adult teams have provided more Care Home input for dealing with mental health crises.

There has been a fast roll out of video consultations and patients are still seen face to face

Move to reduce the numbers of beds in dormitory style rooms.

Twice weekly testing of patients and staff with split wards depending on duration of stay.

Ward visiting has continued as far as is safe to do so.

Staff morale has been monitored closely with support available.