

The impact of coronavirus on discharge from mental health hospital

About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary

Discharge from inpatient care is a critical moment in a person's recovery journey when they have been hospitalised because of their mental health. Individuals need the right care and support at this time. Discharge decisions need to be both timely and made in consultation with the person receiving care. Getting it wrong can lead to a deterioration in someone's mental health and increase suicide risk. Once discharged, it is vital that ongoing care is available to people in the community to support their recovery.

In response to the coronavirus pandemic, services were urged to free up bed capacity for the emergency response and to reduce the risk of infection. An **additional 2,441** people were discharged from mental health hospitals in March compared to February.¹ NHS England (NHSE) guidance advised that the reviews to support safe discharge needed to assess risk and be done in partnership with the individual, family and carers, and onward care providers where relevant.² However the volume of additional discharges from mental health hospitals; accounts of individual experiences; and our pre-existing uncertainty about discharge practices mean we're concerned that this wasn't always the case.

The pandemic undoubtedly posed significant challenges for all mental health services in how they can best support the individuals in their care. We don't yet have a complete picture about how the crisis impacted practice around discharge from hospital but we are concerned that any lessons for the future are learned, including for a possible second wave of coronavirus infections. This briefing sets out what we

¹ NHS Digital (2020) Mental Health Services Data set: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

² NHS England (2020) Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages: www.england.nhs.uk/coronavirus/publication/guidance-managing-capacity-and-demand-within-inpatient-and-community-mental-health-learning-disabilities-and-autism-services-for-all-ages/

do know about people's experience of discharge during the coronavirus crisis but also what good discharge practice looks like³.

Our analysis has identified some key questions that require investigation:

- **The decision-making process:**

To what extent did the decision-making meaningfully involve patients and, where appropriate, families.

- **Joint working and integration:**

Getting the right support often entails a range of services and joint working is essential to preventing delays in discharge. Some areas do this well and the pandemic response may have enhanced cooperation in some cases. However we are concerned that in other areas people will have been left without the support they need.

- **Support in the community:**

With staff sickness and redeployment and changes to delivery of services, we are concerned about the level of support able to be provided by community mental health teams.

- **Impact on Black, Asian and Minority Ethnic (BAME) communities:**

There have been stark ethnic inequalities in mental health treatment and access to services for many years. Black people are more likely to be detained under the Mental Health Act and are more likely to be subject to forcible restraint.⁴ Correspondingly, research from Public Health England has identified that coronavirus is disproportionately impacting these groups.⁵ Given the negative experiences that BAME groups have historically received from mental health services it is vital that we get it right this time by understanding how discharge policies in light of coronavirus may be particularly impacting these communities and readapting policies accordingly.

Key recommendations:

- Mental Health Trusts to be demonstrably in active contact with all the patients discharged from March 2020 and to ensure that they are all receiving adequate support from community services in line with the third phase of the NHS COVID-19 response.⁶

³ All quotes imbedded in the text are from people who were in touch with Mind during the pandemic

⁴ NHS Digital (2019): Mental Health Act Statistics, Annual Figures 2018-2019: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2018-19-annual-figures>

⁵ Public Health England (2020): COVID-19: review of disparities in risks and outcomes: www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

⁶ NHS England (2020) Third Phase of NHS response to COVID-19: www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

- NHSE to roll out the community mental health transformation programme to all areas and CCGs/STPs to incorporate lessons learnt from the pandemic into ongoing service planning.
- Through its guidance and support to mental health service providers, NHSE should promote good practice in hospital discharge that includes partnership with the Voluntary, Community and Social Enterprise (VCSE) sector, social care and housing. This should draw on learning from experience during the pandemic and build on good practices that may have been developed.
- The Care Quality Commission (CQC) should assess mental health hospitals' discharge practices at the beginning of the pandemic, with regard to:
 - The appropriateness of initial discharge decision-making
 - The involvement of individuals in that decision
 - The ongoing support package available to individuals
 - Any disproportionate negative impact on any particular grounds under the Equality Act
 - Follow-up after discharge
 - Rates of re-admission / accessing crisis services.

These recommendations should assist NHS Trusts to improve hospital discharge across the board, but to also learn lessons and make appropriate plans if a need for rapid discharge arises again due to a second peak of the coronavirus.

Introduction

This briefing will explore the issues around early hospital discharge during the pandemic and how the healthcare system should support people after leaving hospital using best practice examples. Our insights have been shaped by NHS data on discharge from inpatient care the 2016 NICE hospital discharge guidance⁷ as well as our recent work surveying people's mental health since the beginning of the coronavirus pandemic and testimonies from individuals.

The importance of getting discharge from hospital right

Discharge from inpatient care is a critical moment in a person's recovery journey when they have been hospitalised because of their mental health. Individuals need the right care and support at this time. Discharge decisions need to be both timely and made in consultation with the person receiving care. Getting it wrong can lead to a deterioration in someone's mental health and increase suicide risk. We know in England, that sadly there were 2,178 suicides within three months of discharge from in-patient care between 2007 and 2017, with 16 per cent of these occurring in the first weeks of leaving hospital.⁸ Once discharged, it is vital that ongoing care is available to people in the community to support their recovery.

Hospital discharge therefore requires close partnership working between hospitals, community mental health teams and social services to promptly arrange the required packages of social support and care for people to be discharged and to stay well in the community. Continuity of care after leaving hospital is important because of the increased risk of suicide immediately after being discharged, and the NHS Standard Contract (as of 2020/21) includes a standard for people to be followed up within 72 hours of leaving hospital.⁹ This is a new measure that NHS Digital have collected from the Mental Health Services Data Set since April 2020.

As Mind highlighted in its December 2017 briefing 'Leaving hospital'¹⁰ there are many examples of excellent practice that show what can be done. However we also know that in too many cases this isn't always the reality.

"I wish the discharge process was slower. It's weird because I miss hospital and all the staff and that's the hardest bit as well as the hospital and community not talking to each

⁷ NICE (2016) Transition between inpatient mental health settings and community or care home settings NICE guideline [NG53]: www.nice.org.uk/guidance/ng53/chapter/Recommendations#hospital-discharge

⁸ NCISH (2019) National Confidential Inquiry into Suicide and Safety in Mental Health, Annual Report 2019: <http://documents.manchester.ac.uk/display.aspx?DocID=46558>

⁹ NHS England (2020) NHS Standard Contract 2020/21: www.england.nhs.uk/nhs-standard-contract/20-21/

¹⁰ Mind (2017) Leaving Hospital: Briefing on discharge from mental health inpatient services: www.mind.org.uk/media-a/4376/leaving-hospital-minds-good-practice-briefing.pdf

other which was hard. I also went from having 24-hour support to none till my next appointment."

March 2020: national guidance encourages services to discharge patients

On 17 March, Simon Stevens wrote to all NHS Trusts to set out urgent instructions for tackling the coronavirus, including to 'Free-up the maximum possible inpatient and critical care capacity'.¹¹ Two days later NHSE issued hospital discharge requirements¹² instructing acute and community hospitals 'to discharge all patients as soon as they are clinically safe to do so'.

Further guidance specifically for mental health hospitals followed from NHSE on 25 March.¹³ This told services to 'review all current inpatients to support safe discharge where feasible'. This was to be done on a case by case basis, in partnership with the person and relevant others, and with close working with social care and other partners to achieve quicker agreement on funding and provision of care.

The Mental Health Services Data Set published in June evidenced that the response to national guidance was rapid; there was a 26 per cent increase in the number of discharges from hospital in the month of March 2020 compared to the previous month. Following this, the number of discharges restored to pre-March levels in April 2020 and decreased again by 7.2 per cent in May (from 8,426 to 7,835)¹⁴, which is the lowest figure in over a year. One of several possible explanations for this is that some of the people who would have normally been discharged in this period were discharged early in March.

Additionally, the number of people in adult acute mental health care who were detained under the Mental Health Act fell from 5,724 in February to 4,688 in April, a reduction of 18 per cent. (Over the same period the total number of people detained under the Act fell from 15,602 to 13,890, a reduction of 11 per cent). In May, adult acute mental health care detentions slightly rose to 5,216 but this still remains lower than pre-February figures. Considering there have been no changes in the detention criteria for the Mental Health Act, the sharp reduction in the number of people in

¹¹ NHS England, letter to NHS Trusts and CCGs, 17 March 2020 www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf

¹² NHS England (2020) Covid-19 Hospital Discharge Service Requirements: www.england.nhs.uk/coronavirus/publication/covid-19-hospital-discharge-service-requirements/

¹³ NHS England (2020) Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages: www.england.nhs.uk/coronavirus/publication/guidance-managing-capacity-and-demand-within-inpatient-and-community-mental-health-learning-disabilities-and-autism-services-for-all-ages/

¹⁴ NHS Digital (2020) Mental Health Services Data set: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

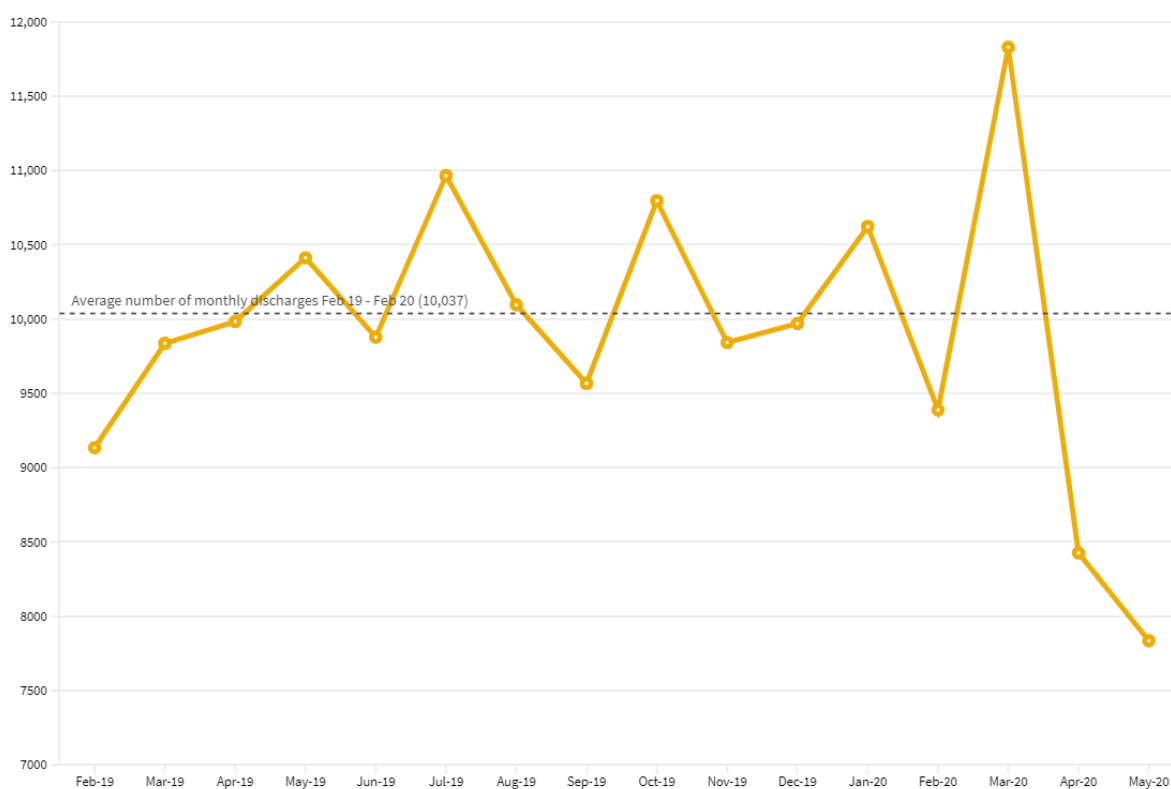
hospital on a section between February and April 2020 raises questions around the discharge decision-making process.

"Dad recently discharged from hospital after 15 months being really ill with mental health. Was not ready so a lot more worry."

It is also concerning that, many people were not followed up within the first few days of leaving hospital; in April 2020, only 4,030 discharges from adult acute beds were followed up within 72 hours. This is out of the 5,571 discharged during this time who were 'eligible'¹⁵ to be followed up (out of 8,426 altogether).

Number of discharges from mental health hospitals

Shown monthly, February 2019 to May 2020



Source: [NHS Digital Mental Health Services Monthly Statistics](#), [About the data](#)

¹⁵ Eligible - "The total number of hospital spells with a discharge date within the reporting period. Due to the follow up period needed, this measure takes the last 3 days from the previous months' data, and excludes the last 3 days from the current months' data."

Spotlight on the issues

As the coronavirus pandemic was escalating, it was becoming clear that being in hospital could increase people's risk of being exposed to the coronavirus. As those in a mental health setting are also more likely to have underlying physical health issues,¹⁶ this put this group of people at further risk. Being in familiar surroundings with support from loved ones, friends and family can also provide an environment more conducive to recovery.

However, we are concerned that people may have been discharged when it was not safe to do so, or without adequate support. This can risk people's mental health declining and a return to hospital. Given the difficulty in accessing community mental health services and social care before the pandemic, staying well at home would be even more challenging for many.

These issues also increase the risk that people may feel let down by services, in cases where their appointments have been cancelled or they have been put on long waiting lists – which could affect their future service engagement.

Unsafe hospital discharge

It has been identified for some time that there has been concerns about the way some people have been discharged from mental health hospitals. A 2016 report by the Parliamentary and Health Service Ombudsman into unsafe hospital discharge found major issues with patients being discharged before they are clinically ready to leave hospital and patients not being assessed or consulted properly before their discharge.¹⁷

"I did not feel ready to be discharged from hospital and had to essentially beg a senior psychologist to persuade the consultant psychiatrist to allow me to stay in hospital a day longer"

Patients who are considered medically fit to leave hospital by Trusts may find it difficult to cope at home without support. Research shows the damaging impact of hospitals sending people home when their ongoing mental health needs have not

¹⁶Marc DE Hert et al., (2011) "Physical Illness in Patients with Severe Mental Disorders. I. Prevalence, Impact of Medications and Disparities in Health Care," : www.ncbi.nlm.nih.gov/pmc/articles/PMC3048500/

¹⁷ Parliamentary and Health Services Ombudsman (2016) A report of investigations into unsafe discharge from hospital: www.ombudsman.org.uk/sites/default/files/page/A%20report%20of%20investigations%20into%20unsafe%20discharge%20from%20hospital.pdf

been properly assessed and supported,¹⁸ which could lead to suicide in worst case scenarios.¹⁹ In our 2017 survey on leaving hospital²⁰:

- Over a third of people said they were discharged from hospital sooner than they should have been
- One in five were given no notice that they were being discharged
- Two out of five people told us that staff did not plan for their ongoing care and support
- One in four people said they did not receive any support at all when they left hospital

These issues have been further exacerbated by the coronavirus outbreak. There was much uncertainty about the patient journey through hospital discharge as things changed rapidly. Concerns have been raised that some patients were discharged immediately, often with unsafe or incomplete follow-up support plans due to aftercare planning meetings being called with minimal notice. This has been detailed in a case study by The British Association of Social Workers (BASW), which described someone who had been discharged from a mental health ward after five weeks with no documented support plan for herself or for her carer, and then was assessed 3 days later under the Mental Health Act for a possible re-admission.²¹ Such cases highlight the importance of comprehensive and personalised support plans being developed before someone leaves hospital to help facilitate sustainable recovery at home.

"Due to the coronavirus outbreak it was assumed that returning home would be the safest option for me, but sometimes mental health safety is more compromised at home"

Inadequate support in the community

After leaving hospital, continuity of care through support from community mental health services and other partner organisations is vital. Community mental health

¹⁸Parliamentary and Health Services Ombudsman (2016) A report of investigations into unsafe discharge from hospital:

www.ombudsman.org.uk/sites/default/files/page/A%20report%20of%20investigations%20into%20unsafe%20discharge%20from%20hospital.pdf

¹⁹ Chung, D. T et al., (2017) Suicide Rates After Discharge From Psychiatric Facilities: A Systematic Review and Meta-analysis. JAMA psychiatry, 74(7), 694–702. <https://doi.org/10.1001/jamapsychiatry.2017.1044>

²⁰ Mind (2017) Leaving Hospital: Briefing on discharge from mental health inpatient services:

www.mind.org.uk/media-a/4376/leaving-hospital-minds-good-practice-briefing.pdf

²¹ British Association of Social Workers (2020) In face of pressure to discharge from hospital during pandemic, social work's role is vital: www.basw.co.uk/resources/psw-magazine/psw-online/face-pressure-discharge-hospital-during-pandemic-social-works-role

services have been under strain prior to the pandemic and would have been put under even greater pressure as more people were rapidly discharged. 58 per cent of respondents to Rethink Mental Illness' survey of people living with serious mental illness said support had worsened overall during the pandemic.²² Likewise, in our recent survey, when asked whether mental health services were accessible since the start of lockdown, one in four people told us they were unable to do so and nearly 60 per cent of people concerningly said their mental health had either got 'a bit or much worse'.²³

We have also heard from Local Mind services that only people with the highest need are being prioritised for support from community mental health teams; while others remain on long waiting lists. We are aware that the NHS has struggled to resource community mental health teams, with many staff off sick and others being redeployed to crisis response teams which has made it harder for psychiatrists to offer routine appointments.²⁴

"Community mental health services are overstretched, underfunded and thus woefully inadequate. To wait 6 weeks for what I was told was a 'straightforward transfer' and then to be told the waiting list for therapy under the NHS is up to six months is shocking."

Where support has been available during the pandemic, the scaling back of services to comply with Government lockdown regulations means that this support is now largely provided by telephone or online platforms. Digital methods of care have had varying degrees of effectiveness; some people enjoy the flexibility that remote appointments bring while others struggle to engage with services in this format, a more detailed analysis of this can be found in our digital mental health provision policy briefing.²⁵

Prior to the coronavirus pandemic support in the community had already been identified as needing improvements by NHSE. New Long Term Plan funding promising an additional £1 billion per year by 2023/24 had been committed to transform the provision of community mental health care for adults and older adults

²² Rethink Mental Illness (2020) Rethink Mental Illness COVID-19 Briefings:

www.rethink.org/media/3793/access-to-mh-services-final-040220.pdf

²³ Mind (2020) The mental health emergency: www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf

²⁴ Royal College of Psychiatrists (2020) Royal College Of Psychiatrists' Briefing Analysis Of Third COVID-19 Rcpsych Member Survey: www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/third-rcpsych-covid-19-survey-summary---other-key-themes.pdf?sfvrsn=7d899f82_6

²⁵ Mind (2020) Digital Mental Health Provision briefing: www.mind.org.uk/media-a/6163/briefing-digital-mental-health-provision-final.pdf

with severe mental illnesses through its Community Mental Health Transformation Programme. This programme was in its first phase of implementation but was temporarily paused due to the coronavirus outbreak. Now that this work has restarted, it is important that transformation funding is rolled out to all geographical areas, to effectively respond to the sharply rising mental health need caused by the pandemic.

The unequal impact of the coronavirus

There is not currently any national data available on the demographics of people who were discharged early from hospital during the coronavirus pandemic and the possible disproportionate impact on certain groups. Given we are already aware that Black people are more likely to be detained under the Mental Health Act,²⁶ and the coronavirus pandemic has also impacted certain groups more than others,²⁷ disproportionality in hospital discharge is something that needs further investigation and research. Any preparations for a possible second wave of coronavirus will also need to consider this issue.

What does good look like?

Best practice of safe hospital discharge is widely understood and key elements are set out in the NICE guidance.²⁸ It should be planned with the person, with enough notice followed by complete packages of care tailored to individual need and readily prepared for when a patient leaves hospital. Examples of good practice from our 2017 briefing on leaving hospital²⁹ include:

- Voluntary sector information and support workers acting as a bridge to the community
- A voluntary sector partnership helping people with different specialist advice needs to navigate community support
- A diverse cultures team working to meet the needs of BAME communities
- A day treatment service providing therapeutic continuity following discharge.

"There needs to be more time to sit down and write a plan with patients who are getting ready to leave hospital"

We understand that the coronavirus pandemic presented services with new challenges and extremely difficult decisions but people should never be discharged

²⁶ NHS Digital (2019): Mental Health Act Statistics, Annual Figures 2018-2019: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2018-19-annual-figures>

²⁷ Public Health England (2020): COVID-19: review of disparities in risks and outcomes: www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

²⁸ NICE (2016) Transition between inpatient mental health settings and community or care home settings NICE guideline [NG53]: www.nice.org.uk/guidance/ng53/chapter/Recommendations#hospital-discharge

²⁹ Mind (2017) Leaving Hospital: Briefing on discharge from mental health inpatient settings: www.mind.org.uk/media-a/4376/leaving-hospital-minds-good-practice-briefing.pdf

from hospital without adequate community support being available – this is critical given the already increased risk of someone taking their own life during the first days after discharge. Looking to strengthening practice in future, we would want to see a focus on co-production, joint working and commissioning from the VCSE sector:

- Discharge planning should be meaningfully coproduced with the patient. NICE guidance says to start discharge planning at admission or as early as possible when in crisis and to do it collaboratively ensuring that planning is person-centred and suitably paced so the person does not feel their discharge is sudden or premature.³⁰ Coproduced planning will give the person more confidence about leaving hospital and mean that the care plan meets their needs and wishes better.³¹ Discharge plans need to also reflect the risks in relation to coronavirus for individuals.
- Joint working is integral to good discharge planning, this includes health services working collaboratively with local authorities and the VCSE sector. Elements of discharge planning and practice such as housing and benefits advice should be mandated to facilitate a smooth transition from an inpatient setting back into the community.
- The VCSE sector make a valuable contribution to safe hospital discharge and there needs to be an increase in the commissioning of VCSE services including an increase in the amount of funding given and length of commission. It's important to recognise the value of grassroots organisations particularly, in terms of being able to offer culturally-informed and meaningful support to people from BAME communities.

Minds recommendations

- Mental health trusts to be demonstrably in active contact with all the patients discharged from March 2020 and to ensure that they are all receiving adequate support from community services in line with the third phase of the NHS response to COVID-19³².
- NHS England to roll out the community mental health transformation programme to all areas and CCGs/STPs to incorporate lessons learnt from the pandemic into ongoing service planning and designs.

³⁰ NICE (2016) Transition between inpatient mental health settings and community or care home settings NICE guideline [NG53]: www.nice.org.uk/guidance/ng53/chapter/Recommendations#hospital-discharge

³¹ Mind (2017) Leaving Hospital: Briefing on discharge from mental health inpatient services: www.mind.org.uk/media-a/4376/leaving-hospital-minds-good-practice-briefing.pdf

³² NHS England (2020) Third Phase of NHS response to COVID-19: www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

- Through its guidance and support to mental health service providers, NHS England should promote good practice in hospital discharge that includes partnership with the VCSE sector, social care and housing. This should draw on learning from experience during the pandemic and build on good practices that may have been developed
- The CQC should assess mental health hospitals' discharge practices at the beginning of the pandemic, with regard to:
 - The appropriateness of initial discharge decision-making
 - The involvement of individuals in that decision
 - The ongoing support package available to individuals
 - Any disproportionate negative impact on any particular grounds under the Equality Act
 - Follow-up after discharge
 - Rates of re-admission / accessing crisis services.

Mental health services now have an opportunity to review health and social care in a holistic and population-based way to prepare for a post-coronavirus world. It is important that when preparing for life after coronavirus, mental health trusts acknowledge the differential impacts of the coronavirus and how this might have been intensified by early hospital discharge. Furthermore, investments in community mental health services, involving patients in their care and meaningful partnerships across the health and social care sector are imperative parts of recovery if we are to move forwards.³³

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³³¹ Beck and Wykes (2020) What can pandemic teach us about Mental Health Act admissions?: <https://blogs.bmj.com/bmj/2020/05/15/what-can-pandemics-teach-us-about-mental-health-act-admissions/>

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