

17 October 2023

Royal Commission of Inquiry into COVID-19
Attention: Karl Ferguson

By email to: karl.ferguson@dia.govt.nz

Tēnā koe Mr Ferguson,

Re: COVID-19 Lessons Learned

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the topic of COVID-19 Lessons Learned. The RANZCP is the principal organisation representing the medical specialty of psychiatry in Aotearoa/New Zealand and Australia and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP represents more than 8000 members, including more than 5800 qualified psychiatrists and is guided on policy matters by a range of expert committees including Tu Te Akaaka Roa, the New Zealand National Committee.

The COVID-19 pandemic provided the health sector with a chance to reflect on the way we work and consider new approaches to health care. While it provided some unique opportunities to drive positive change, it also exacerbated existing inequities. Our learnings from during the COVID-19 situation in relation to psychiatry and mental health in general are summarised below.

Experiences of what worked well during the COVID-19 pandemic

- Public health messaging included advice about personal and societal well-being that were relevant to the pandemic and would have been great to see continued beyond this period. Prior to the pandemic, most similar messaging had been focussed on physical health issues such as smoking and cervical screening.
- Increased acceptability and use of telehealth (especially Zoom-based) service provision by public services increased access to care for many people with mental health issues and allowed health practitioners to gain improved understanding of people's living situations.
- Creation of telephone helplines for specific groups such as families of autistic children reduced wait times for support and were well-received.
- Modification of immunisation clinics to meet the needs of autistic individuals (e.g., providing extra time, space and sensory supports at the Autism NZ's clinic in Pōneke/Wellington) proved that these models of care are effective.
- Partnership with iwi and community groups increased uptake of immunisation and support for people who might have been afraid to attend public health services.
- Funding of evidence-based online therapies, such as the Triple P Stepping Stones programme for families with anxious children, were also popular and increased equity of care in a very cost-effective manner.

- Technological updates such as the ability to send prescriptions via email improved efficiencies and consumer satisfaction. However, differences in the systems across organisations made coordination difficult. The RANZCP supports the development of a nationwide electronic medical record system and consistent electronic charting solutions across the various parts of the health system.
- There were opportunities to work differently, including the development of community hubs to deal with the increased mental health traffic and demand at the ED. Some services were able to organise additional staff and security arrangements and mental health providers were able to offer both formal and informal supports to hospital staff members experiencing mental distress. Unfortunately, these were temporary arrangements that despite working well, are not able to be resourced sustainably.

Experiences of what did not work so well

- COVID-19 exacerbated existing disparities in our community through social and material disadvantage. Psychiatrists saw an increase in mental distress in some of our most vulnerable members of society, including young people presenting with self-harm and eating disorders, elderly people with addiction issues and those who were isolated from whānau, women giving birth during lockdown, and anyone requiring in-person interventions such as ECT to maintain their wellbeing.
- This increased demand for services resulted in a chronically stretched mental health system becoming acutely overwhelmed, with higher staff dissatisfaction, burnout and turnover rates. A [survey by the RANZCP](#) highlighted our members' concerns about these issues.
- While DHBs had a broad pandemic plan, much day-to-day detail (such as closing the entrance to an outpatient unit and screening patients prior to entry) was absent and caused considerable uncertainty and stress for frontline staff.
- Border restrictions and the Managed Isolation and Quarantine (MIQ) system caused psychological distress which was not treated with the same urgency as physical health concerns. New Zealanders had no certainty about when they would be able to return home and little consideration was given to individual circumstances, or the long-term effects this had on psychological well-being. Some groups experienced lasting distress and trauma due to not being able to come home or leave with certainty of being able to return. Many mental health professionals were locked out of the country, despite urgent workforce shortages, which had secondary effects on mental well-being. Additionally, the health risk, stigma, and stress had detrimental effects on the psychological well-being of those working at MIQ facilities.
- Despite the benefits of telehealth and video-based consultations (stated above), the RANZCP had some concerns about the provision of these services:
 - Cell phone coverage is poor in rural Aotearoa and many towns and cities have very limited connectivity. People living rurally or in areas of high deprivation (where Māori and Pacific populations are over-represented) had difficulties accessing treatment, despite being one of the most vulnerable populations.
 - Consumers who were unable to afford data and/or did not own or have access to smart phones were unable to access comprehensive care via video-enabled consultations.
 - People with learning and language difficulties, intellectual or visual impairment, or people who are deaf or elderly, may have struggled to access technology-based that without appropriate adaptations. After the lockdown

- was lifted a large portion of people in these positions described lockdown as a significantly stressful period contributing to a relapse.
 - The security of telehealth platforms such as Zoom for the communication of sensitive personal information was uncertain.
 - For children, young people and vulnerable adults, there was limited ability to ensure privacy in a home environment.
- While the focus on emergency service provision primarily related to keeping people safe or treating their COVID-19 infections, health providers and support staff working in emergency departments were not adequately trained and equipped to provide appropriate health services for people who were highly disorientated due to psychosis or intoxication. Improved protocols for managing these situations need to be developed.
- Many prisoners were not able to receive visitors or see their whānau. This impacted on their psychological wellbeing, particularly for Māori who rely on their iwi and hapū connections. The mental wellbeing of those in care of the justice system must be more carefully managed and it may be necessary to increase psychological support for prisoners to assist them to manage their social isolation during a pandemic.
- People living with serious mental illness were not adequately prioritised for COVID-vaccinations. People living with a serious mental illness have an increased risk of COVID-19 infection, subsequent rates of hospitalisation, morbidity and mortality. They are also more likely to have diabetes, cardiovascular disease, respiratory disease, be smokers and overweight, which worsens their ability to recover from COVID-19.

Our recommendations for improving the nation's response to future pandemics

- Continue to promote well-being and mental health via public health messaging between pandemics – this will help to improve personal and societal resilience during times of stress.
- Consider the psychological dangers related to biological safety measures (such as lockdowns and quarantine) and ensure there are adequate plans in place to mitigate them.
- Urgently address workforce and resource constraints in the chronically underfunded and stretched mental health system so that there is capacity to meet greater demand during future pandemics.
- Continue to improve digital literacy and access to resources (internet and telephones), especially for people residing in rural areas, as they are most likely to be dependent on online, video and telephone-based support during a future pandemic.
- Provide better guidance for health practitioners regarding the safe and effective use of telehealth and video-based service provision during and between pandemics.
- Continue to fund popular and effective interventions that were temporarily supported during the COVID-19 pandemic such as e-health interventions to support child and adult mental health, telephone support services for families of children with disabilities and autism-friendly immunisation clinics.
- Ensure there are adequate supplies of pharmacological treatments to meet the needs of the population during a future pandemic.
- Prioritise people living with serious mental illness, for future vaccination roll-out plans.

Thank you for an opportunity to provide feedback on our experiences during the COVID-19 situation. If you have any further questions regarding this letter please contact the New Zealand National Office - Tu Te Akaaka Roa.

Ngā mihi nui



Dr Hiran Thabrew
Chair, Tu Te Akaaka Roa - New Zealand National Committee