

People's Covid Inquiry February-June 2021

Witness Statement for Rachel Ambrose

Session 8: 2 June 2021

Impact on the population |2| Families, NHS Staff, Mental health

STATEMENT

I Rachel Ambrose

CAMHS – inpatient unit, Nurses of Colour Network and Nurses United Leader

will say as follows:

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 2 June 2021

2. I am able to attend and give evidence. If unable to attend, I agree to my statement being considered by the Inquiry.

3. What is your job/ role/ occupation –

I am a registered mental health nurse and I currently work as a charge nurse for an NHS inpatient CAMHS unit where I have worked for the last 4 years. I have been a nurse for over 15 years and gained experience in inpatient and community CAMHS over that time as well as spending a number of years in early intervention universal services for young people in a public health, school nursing role.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

When the pandemic hit I had just started maternity leave so instead of supporting others; as a new mum I was actually one of those in need of additional support myself. Having a new baby at the start of the pandemic at the same time as homeschooling older children and discovering the increasing body of evidence relating to "People of Colour" being more at risk was very challenging. My maternity leave wasn't as I expected; unable to rely on the support of extended family, services from health visitors, breastfeeding support etc... only happened for the initial new-born visits and one follow up phone call. I was lucky as I lived with a supportive partner but for many mothers their mental health suffered and that would have impacted on their children. Early intervention from the universal health visitor services, lack of access to children's centres and opportunities to engage with others delays

access to vital early intervention referrals for children with developmental concerns which we all know can then lead to further concerns with children and families mental health and resilience.

I have been working as a nurse again since the beginning of the year (2021) when I returned from maternity leave. As a CAMHS nurse I have witnessed the surge of mental health referrals and difficulties our young people have been presenting with following the release of lockdown and the significant increase in self harm and eating disorders; which have thrived during periods of lockdown and isolation as young people often weren't accessing the support they would usually be referred to by professionals linked to their schools.

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism? Why do you feel you would like to give evidence to the Inquiry?

As a mental health CAMHS nurse I believe I could assist the inquiry with evidence to highlight the difficulties both young people and the services are experiencing during these challenging times. I work with young people who are struggling with a variety of mental health problems including eating disorders, ASD, bipolar and self harm who have been admitted to an inpatient ward for the safety of themselves and or others.

We regularly experience days when there are no CAMHS beds available throughout the country (NHS and private provision), as the surge in mental health conditions and the severity of presentations is overwhelming capacity.

6. What in your view were the original vision and principles underpinning the NHS?

The original vision and principles underpinning the NHS included everyone having access to universal health care and services free at the point of delivery based on need as opposed to financial and educational abilities. The pandemic has highlighted how many people in our society experience disadvantage and how their access to health and the related outcomes are negatively impacted.

8.1: After a year, three lockdowns and ongoing uncertainty, what impact has there been on the mental health of the population in general?

There has been a surge in mental health difficulties experienced by all different communities and sections of the population. Access to universal services including education and primary health care has reduced the impact of early intervention and signposting of services to those in need early on; which have then led to increasing numbers of people experiencing mental health crises and requiring admission to inpatient services.

Community services and families are struggling; carry additional risks and challenges in the community as the in-patient provision is straining and regularly patients that would otherwise be admitted to an inpatient service have to remain in the community due to lack of available beds.

Lack of access to gyms, swimming pools and group activities that are helpful in maintaining a person's wellbeing were closed during lockdown, their access to opportunities for engagement and friendship with others significantly reduced leading to surging rates of loneliness across the population.

8.4: Many students have suffered anxiety, isolation and bereavement. What added impact has the cycle of lockdowns and returns to school had on the education and wellbeing of school students and how hard it has been for schools to support students' wellbeing as they returned to school?

It has been a very difficult time for young people and their families during the pandemic; despite educational provision for some young people remaining open during the time, it was often sporadic with schools and local authorities in some areas appearing to have differing levels of support available. As young people were not accessing school in the usual way they found it more difficult to access pastoral provision and ask for help leading to an initial reduction in referrals to CAMHS and other services.

Families and young people already identified as having mental health difficulties experienced a reduced service at a time when anxiety, isolation and bereavements were exacerbating their issues. Community appointments had to be carried out over the phone or on TEAMS which can be beneficial but can also make engagement more difficult especially for those with communication difficulties.

Access to Speech and Language Therapy, Educational Psychology, Occupational Therapy etc... were significantly reduced even when schools were open due to changes to schools visitor policies and infection control. Children and young people identified with significant needs on their Educational Health Care Plans (EHCP) did not receive the support they were entitled to from local authorities and there does not appear to be plans in place to provide catch up for this type of provision.

Young people who were placed in residential schools were unable to have the regular access to family visits they needed more than ever at such a difficult time due to inconsistent rule changes, lack of appropriate PPE and guidance.

8.5: What are the short- and longer-term mental health consequences of Covid-19 and how it has been managed?

Short term

- Significant increases in eating disorders and self-harm both in terms of referral and presentations at A&E. Admissions and referrals to inpatient services are overwhelmed and people do not have access to the services when needed.

Longer term

- Lack of access to early intervention from universal services will have a significant impact on mental health; from maternity and early years provision, through to school-aged, adults and older age groups. By not having timely access to appropriate interventions and signposting

people have suffered in silence with isolation and financial worries exacerbating their mental health conditions.

8.6: What can be said about how mental health services can be supported and developed to meet the needs of NHS staff, families and the population given the rapid rise in mental health conditions in the population?

We need to see a significant increase in funding for services, especially community services to help individuals and their support networks in the community. There are going to be significant upcoming changes to the Mental Health Act leading to more emphasis being placed on community services and local authorities having to fund more appropriate services especially for those with Autism.

Families and their loved ones keep being told that 'Safe Places' will be funded to prevent inappropriate admissions to inpatient units for their loved ones when they are experiencing a crisis. The pandemic has continued to highlight the inconsistencies in the reality of these promises as families have been torn apart with individuals being placed on mental health units or placements miles away from home instead of receiving the necessary care already identified in their own communities.

8.7: What has the impact been on families?

Families have been left exhausted, drained and bruised both emotionally and literally as they are struggling to cope at home with challenging behaviours from the people they love.

Signed

Dated

Rachel Ambrose

1 June 2021