

# What can we learn about mental health services from the Covid-19 pandemic?

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In response to the Covid-19 pandemic, mental health services in England were substantially reduced, but at the same time demand for these services was increasing. Our research investigated the way in which mental health services in hospitals were used at this time and also provided insights into how services can respond to rising demand.

Many changes were made to hospital care such as shifting away from face-to-face to virtual care, arranging services to restrict the spread of COVID-19, as well as freeing up services to allow for social distancing and the expectation of treating large numbers of patients with COVID-19.

Our research compared the use of services in mental health hospitals during the initial thirteen months of the COVID-19 pandemic (from March 2020 to March 2021) to the use that might have been expected based on patterns observed before the pandemic. We measured several types of utilisation: number of hospital admissions, number of discharges, net admissions, length of hospital stay, bed occupancy, bed days, occupied beds, number of patients with outpatient appointments within 30 days of discharge, and outpatient attendances within 30 days of discharge.

Our first key finding gives a picture of quicker and sicker. We find that during the first national lockdown and also in the full pandemic period, both admissions and discharges are substantially higher than predicted based on pre-pandemic trends. As the length of hospital stay was also shorter, this suggests a more rapid turnover of patients during the pandemic period. Second, we find there were attempts to catch-up with demand after the initial reductions in activity. Indeed around the end of the first lockdown, we find that there are greater numbers of admissions than discharges on a monthly basis, which may signal a return to pre-pandemic levels of care or even a need to catch up with delayed care. Last, we find that there may have been a substitution between inpatient and outpatient care, reflected in a substantial increase in the number of outpatient appointments following discharge from inpatient care. This may have been because it was possible to arrange more care virtually or as a way to keep contact with patients who may otherwise have been inpatients. Patients themselves may also have been keen to reduce the chance of infection from being a hospital inpatient.

We can draw lessons from our findings for the financing, organisation, and management of mental health services when pressure on these services is high. In particular, we can see there is the potential to substitute between services, for example from inpatient to outpatient care. This may require changes in organisation and investment (e.g. in technology and skills), changes in care pathways, and an understanding of the right thresholds for hospital admissions.

Further research into this topic should investigate whether the shifts in care affect the health outcomes for patients. If the changes lead to worse health outcomes then greater capacity in mental health services may be needed to manage spikes in demand in future. Our results can help with planning for services, both in the context of the sharply rising demand for mental healthcare seen in recent years, as well as for any future pandemics.

**Read the full article in [SSM-Mental Health](#).**

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