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## **Community Mental Health Services and Their Clients During the Corona Lockdown in Austria**

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### **Abstract English**

A few decades ago, persons suffering from severe and persistent mental disorders spent long periods of their lives in mental hospitals in dismal conditions. Due to advancements in treatment and the professional assistance by community mental health services this “vulnerable group” can today lead a largely satisfactory life “in the community”. In Austria, a wide array of welfare-funded non-profit psychosocial organisations (PSOs) provide social psychiatric therapy with employed multi-professional teams in ambulatory and mobile services, day structures, occupational projects and small-scale residential facilities. Since these services are essentially based on face-to-face contacts and movement in the community, the PSOs were hit at their core by the corona lockdown. In the present project 70 PSOs in three Austrian provinces, caring for persons with severe mental disorders (e.g. schizophrenia; excluded were dementia, substance abuse and intellectual disability), were invited to take part in an anonymous online survey. The 243 replies received from managerial and operational staff showed that a large proportion of PSOs received only unclear information and assistance from their funding bodies, whether and how to adapt their services and how funding would continue. Despite this insecurity, the lack of protective gear and problems with home office and human resources, staff of PSOs continued with high commitment to assist their clients, whose condition tended to worsen the longer the LD lasted. Health policy should be aware that PSOs are an essential component of mental health care, whose financing cannot be left to the arbitrariness of the welfare system putting them in a precarious situation. The multi-professional staff of PSOs with their focus on work “out there” in the community are a group as vulnerable as their clients. They serve a more severely ill group of patients than the “indoor” private mental health professionals working in single-handed offices and funded by social insurance. This should be considered by health policy as a topic of reform of the Austrian mental health care system.

### **Abstract Deutsch**

Noch vor wenigen Jahrzehnten verbrachten Personen mit schweren psychischen Erkrankungen große Strecken ihres Leben unter menschenunwürdigen Bedingungen in psychiatrischen Anstalten. Durch Fortschritte der Therapie und mit der professionellen Unterstützung durch gemeinnützige psychosoziale Organisationen (PSOs) können diese Personen heute „in der Gemeinde“ leben. In ambulanten und mobilen Diensten, Tagesstruktureinrichtungen, und betreuten Wohnformen erhalten diese Personen durch multi-professionelle Teams vielfältige sozialpsychiatrische Therapien. Da die Aktivitäten der PSOs essenziell auf face-to-face Kontakten beruhen, traf der Corona Lockdown die PSOs und ihre KlientInnen besonders hart. Im aktuellen Projekt wurden 70 PSOs in drei Bundesländern zu einer Online-Befragung eingeladen. In den 243 Antworten von Führungskräften und MitarbeiterInnen zeigte sich, dass die aus Sozialbudgets finanzierten PSOs vielfach von ihren Fördergebern nur unklare Informationen darüber erhielten, unter welchen Bedingungen die Finanzierung weiter erfolgen würde. Trotz dieser ökonomischen Unsicherheit, dem Mangel an Schutzausrüstung, Schwierigkeiten mit Homeoffice und komplizierten Personalproblemen führten die PSOs die Betreuung ihrer KlientInnen mit großem Engagement weiter. Durch die Corona-Krise wurde deutlich, dass die PSOs ein essenzieller Teil der psychiatrischen Versorgung sind, sich aber in einer prekären Situation befinden, da ihre Finanzierung, wie im Sozialbereich üblich, ermessensabhängig ist und es keine einheitlichen Regeln dafür gibt. Die MitarbeiterInnen der PSOs, die „draußen in der Gemeinde“ arbeiten, sind eine genauso vulnerable Gruppe wie ihre KlientInnen. Die Gesundheitspolitik darf sich im Bereich außerstationärer Behandlung psychischer Erkrankungen nicht auf den kassenfinanzierten niedergelassenen Bereich in Einzelpraxen beschränken, in dem in der Regel weniger komplex kranke Personen behandelt werden als in gemeindepsychiatrischen Diensten und Einrichtungen.

## Project description and results

When in March 2020 the corona lockdown (LD) struck Austria, it was immediately clear that community mental health care for the severely mentally ill would be especially hard hit, since “community” care involves by its very nature face-to-face contacts and movement in public spaces. In addition, it was evident for those working in the field that the non-profit psychosocial organisations (PSOs) providing this community mental health care with their employed multi-professional staff could run into economic problems, while it was out of the question not to continue with the care for these extremely vulnerable group of clients. It was a situation, which did not affect in a similar way any other societal sector struck by the LD. In this context the idea for the present research project arose in order to find out how the PSOs and their clients fared over the first couple of weeks of the LD. The PSOs deal with patients, who, a few decades ago spent long periods of their lives in dismal conditions in large mental hospitals, and who are now in need of complex professional assistance to lead a more satisfying life in the community. In contrast to private mental health professionals working in single-handed offices and being paid by health insurance, the PSOs in Austria are nearly exclusively funded from non-health, mostly welfare budgets and not from health insurance, but they deal with mentally ill patients needing more complex social psychiatric therapy and assistance “out there in the community”.

There was a need to immediately start the project before the first experiences were superseded by later ones when the LD might have been over and memory distorted. 70 PSOs in three Austrian provinces (covering altogether over 50% of the Austrian population and all types of urban and rural environments), whose email addresses were publicly available, were invited to take part in an anonymous expert online survey, addressing managers and operational staff (i.e. staff caring directly for clients). Inclusion criteria were that the PSO cared for adult persons (age 18+ years) with a diagnosis of schizophrenia, affective disorder, neurotic or personality disorders (ICD-10 F2-F6), excluding organic dementia (F0), substance abuse (F1) and intellectual disability (F7). Using the SoSci survey online tool, separate online questionnaires were developed and pilot tested for managers and operational staff with an emphasis on text answers to be analysed with text-analytic methods. Links to the questionnaires were sent out 6 weeks into the LD. A second, shorter survey for managers only, was carried out at week 20. In addition, six weeks into the LD four self-help/advocacy organisations were invited to anonymously answer separate questionnaires as experts by experience and family experts respectively. As an anonymous and voluntary expert survey the study did not require approval by an ethical committee. The survey was anonymous, in order to lower the threshold for participation.

78 questionnaires were received from PSO managers and 165 from staff working directly with clients. Over 70.000 words had to be analysed by text analytic methods and 6 main interrelated topics were identified: (1) Information deficit and economic insecurity, (2) preventing infection, (3) home office issues, (4) human resource problems, (5) effect of the LD on clients and (6) relationship with the medical sector. (1) Many PSOs found themselves in extreme insecurity. Most funding bodies (FBs), on whom PSOs are dependent, tried to be helpful with information, but they were themselves stressed by the unexpected situation, and insufficient or confusing information arrived at many PSOs on how to adapt services and how payment would function. In the beginning of the LD, this created considerable uncertainty about responsibility for actions taken and economic issues (e.g. job security). (2) Face-to-face contacts with clients were impeded by the lack of protective gear and corona tests, as well as by delays in receiving test results, but were nevertheless required in some instances, and the feelings of staff “oscillated between fear of infection and fear of losing the job”, as one respondent put it. (3) Home office was an imperfect alternative to face-to-face contacts and data protection issues caused concern. (4) Sick leave and quarantines of staff increased the burden on those who continued working, rosters

had to be changed quickly and frequently. In the case of reduced workload applying for short-time work created problems. (5) Many clients became depressed the longer the LD lasted. Paranoid reactions and psychotic relapses were reported. In clients with disease related problems of inactivity the therapeutic progress was feared to be lost. With increased efforts by staff, though, many clients remained in a stable condition. In some clients even unexpected skills surfaced. (6) Cooperation with medical services was arduous.

Attending to the complex needs of persons with severe and persistent mental disorders living in the community is an essential component of the Austrian mental health care system, but it is undervalued by being relegated to the arbitrariness of the welfare system. Health policy should be aware that, as the corona crisis has made especially visible, the welfare-funded PSOs are in a precarious situation, and that their multi-professional staff are as vulnerable a group as their clients. PSOs serve, “out there in the community”, a group of patients with more severe and complex disorders than the “indoor” private mental health professionals working in their single-handed offices and funded by social insurance. This should be considered by health policy as a topic of reform of the Austrian mental health care system, which is extremely fragmented in terms of planning and financing, as the “Austrian Audit Office” (Rechnungshof) has repeatedly criticised.

### **Long-term perspective**

The type of complex multi-professional community mental health care provided by PSOs for severely mentally ill persons with complex needs, who can live in the community today thanks to the care by PSOs, is an essential component of the Austrian care system for persons suffering from a mental illness. It developed in an uncoordinated way in the welfare, and not in the health care system, after the traditional large mental hospitals were abolished or reduced in size.

The present study gives a voice to the PSOs and their staff, carrying out their demanding work which is not as visible as other sectors of the health care system. Health policy should become aware through the results of this study that the welfare-funded PSOs are in a precarious situation, that their multi-professional staff are as vulnerable a group as their clients, and that health insurance-funded single-handed office-based mental health professionals are unable to carry out the complex tasks performed by PSOs.

As a basis for the next step of mental health care reform, it is suggested to carry out an in-depth and comprehensive analysis of the PSOs’ role within the Austrian mental health care system, including financing mechanisms and their inbuilt (potentially wrong) incentives and disincentives in all sectors of mental health care (hospital, office-based primary and specialised care, rehabilitation, PSOs, etc.). The aim should be to create a system, where high-quality continuity of care is guaranteed for all persons suffering from a psychiatric disorder. The reports of the Austrian Audit Office (Rechnungshof) can serve as a basis for further analyses and actions.

A manuscript with more detailed results for publication in a professional journal is nearly finished. A lengthy project report containing verbatim statements by respondents in German is being prepared. It is also planned to inform the media in due course about the results of the study and the suggestions for mental health policy reform.