Lack of access to physical and social care and reduced contact with friends and families represent big challenges for patients, according to a new study examining the impact of COVID-19 on older staff from the perspective of mental health staff in the United Kingdom. The study was published in the *International Journal of Geriatric Psychiatry*.

Researchers said they set out to explore staff perspective on key challenges and innovations in order to help inform the delivery of older adults’ mental health care “in subsequent waves” of the pandemic.

People over 70 were categorized as high-risk by the U.K. government and encouraged to maintain rigorous social distancing, leading to risks of loneliness, which, in turn, can lead to depression and anxiety. Additionally, functional and cognitive impairments experienced by older people with severe enduring mental illness or dementia are likely to further exacerbate the impacts of COVID-19 and social isolation, the study indicated.

The pandemic also presents significant challenges for the delivery of mental health care in older adult services. For example, infection control may be particularly difficult to implement in psychiatric inpatient services due to patients’ inability to adhere to infection control guidelines, the researchers stated.

In the community, challenges may arise in managing the needs of vulnerable older patients with little face-to-face contact. These additional challenges have emerged against the backdrop of an already underfunded and under-resourced mental health care system in which older adults are disproportionately disadvantaged, said the researchers.

**Mixed-methods study**

A mixed-methods online questionnaire developed by the National Institute for Health Research (NIHR) Mental Health Policy Research Unit was used to gather staff perspectives on their challenges at work, problems faced by service users and their carers, and sources of help and support. Descriptive statistics were used for quantitative analysis and descriptive content analysis for qualitative analysis. The study involved 158 participants, working in either community or inpatient settings, and from a range of professional disciplines.

Researchers indicated that to their knowledge, a mixed-methods study conducted in the United Kingdom by the NIHR is the only research to date that captures the views and experiences of people working at the forefront of mental health services during the pandemic.

The study noted concerns have been raised about the impacts of the pandemic on the mental health of staff and their well-being. Staff have been redeployed at short notice and have increased risk of contracting the infection. These risks have been compounded by inconsistent guidance on the use of personal protective equipment (PPE) and, at times, the inaccessibility of testing. In response to these challenges, U.K. mental health services have introduced new initiatives and undergone rapid reconfigurations to reduce the risk of infection and the impacts of staff sickness while supporting staff and managing the needs of patients.

The research was co-authored by Rohan Bhome of the Queen Square Institute of Neurology at the University College London.

**Results**

In community mental health teams, challenges such as the risk of transmitting COVID-19 to family and friends and having to adapt to new ways of working, including having to learn to use new technologies without adequate support, were identified. Participants who responded to the section of the survey specifically designed for those working in community settings highlighted the challenge of providing sufficient support with reduced staffing and face-to-face contact.

Inpatient staff also found support from managers and the wider public support for key workers to be helpful. In community settings, staff thought the resilience and resourcefulness of patients and carers were important.

Flexibility in working patterns (for staff) and facilitating contact with family and friends using video calls (for patients) were among the innovations and resources found helpful during COVID-19.

Reduced traveling time, which allows more patients to be assessed; the opportunity to work from home; and having patients in rural areas that could be accessed more readily were identified as innovations and resources in community mental health teams.

Researchers say they found several similarities between the experiences of staff working in older adult settings and those of staff working across the range of mental health
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services. Infection control in inpatient settings was seen as a significant concern, while remote working was positively received. Staff working in older adult community settings had greater concern about the physical health care that their patients would have access to and their patients’ abilities to use technology compared to staff working throughout all mental health settings, the study indicated.

**Language from page 1**

“One of the major drivers of interest in this is the fact that we have a serious problem with measurement in psychiatry,” said Sunny X. Tang, M.D., assistant professor of psychiatry in the Institute of Behavioral Science at the Feinstein Institutes for Medical Research. Use of subjective measures results in substantial variation from physician to physician and rater to rater, Tang said.

**Details of study**

The study, titled “Natural language processing methods are sensitive to sub-clinical linguistic differences in schizophrenia spectrum disorders,” involved cohorts made up of stable outpatients with a schizophrenia spectrum disorder and healthy controls. No individuals with intellectual disabilities were included in the cohorts.

Tang explained that the participants provided recorded speech samples from open-ended interviews lasting around five to 10 minutes. The questions encouraged participants to talk about themselves or to recount positive or neutral memories. Participant speech was then analyzed using computerized natural language processing and comparing those results to those derived from the TLC, a tool that has been considered the clinical gold standard. Individual words, parts of speech and sentences as a whole were analyzed.

Distinct patterns of speech were detected in the two groups. Words associated with the schizophrenia group included first-person singular pronouns (“I,” etc.), the filler word “uh” and incomplete words. Words associated with the healthy controls group included first-person plural pronouns (“we,” etc.) and the filler word “um.” Laughter also was prominent in the healthy controls’ group’s speech, the researchers reported.

Inpatient settings, clear protocols for infection control and access to appropriate PPE will be important in subsequent waves of COVID-19, the researchers noted. In the community, the impact of the loss of patients’ usual support networks may be mitigated through the help provided by third-sector organizations, as well as remote care from statutory services. To facilitate this, there needs to be close liaison between mental health, social care and voluntary services, they stated.

A greater emphasis on training staff to help patients and families in end-of-life decisions may help patients have a better end of life given the high risk of mortality from COVID-19 among older patients, the researchers concluded.

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There have been several theories as to why these differing word patterns exist. Some have speculated that an intensified self-focus among patients with schizophrenia, due to the manifestations of their illness, explains the more prevalent use of the first-person singular in this group.

The researchers stated that they are the first to document an increase in incomplete spoken words among individuals with schizophrenia. “It is likely that this finding has not been replicated because these partial words were often considered meaningless and therefore not transcribed or discarded from the analysis,” they wrote. “In live conversations, there is also a cognitive propensity not to notice these disfluencies.”

Analysis of parts of speech found that the schizophrenia group produced fewer adjectives and adverbs and more pronouns than the healthy controls. Use of an artificial intelligence algorithm developed by Google (the Bidirectional Encoder Representations from Transformers, or BERT) found that sentences from the schizophrenia group diverged significantly from interviewer prompts, while those of healthy controls did not.

The computerized natural language processing measures were better able overall to discriminate between the two groups than the clinical TLC ratings, the researchers reported. Tang said that although observers should not over-interpret the results from this pilot study, it was at least encouraging to see the overall advantage in performance from the natural language processing measures.

The researchers wrote in conclusion that their results “prompt further inquiry into [natural language processing] methods for characterizing language disturbance in [schizophrenia spectrum disorders] and suggest that [natural language processing] measures as a whole may yield clinically relevant and