TE POU

Addiction services during COVID-19

Results of brief online survey of experiences during lockdown levels 3 and 4, May 2020

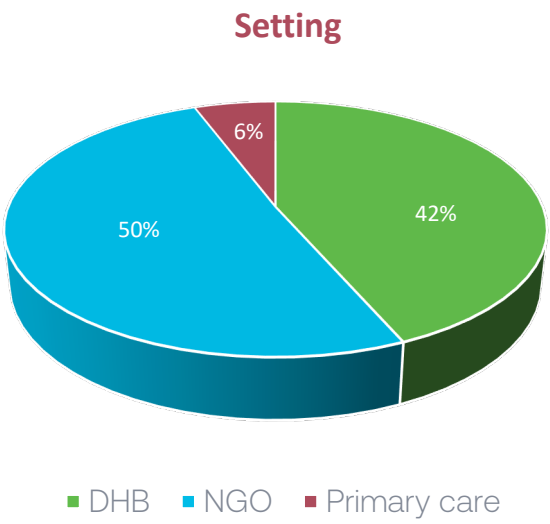
Background

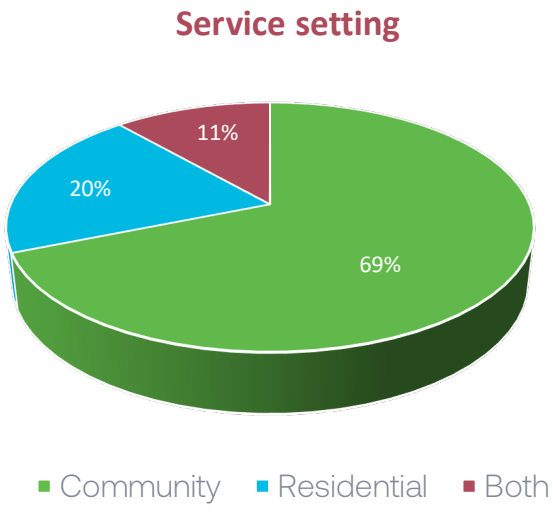
Te Pou and Te Rau Ora hosted two virtual addiction sector hui in May 2020. During the hui leaders and workers from a range of services described what they did and how they adapted during COVID-19 "lockdown" at alert levels 3 and 4, and the challenges they experienced. The Ministry of Health (MoH), Te Rau Ora and Te Pou were keen to understand how common these experiences were, identify which adaptations and innovations the workforce and services want to carry forward, and what actions and resources would help enable these changes. The identified challenges and benefits will serve as a resource for future service and workforce enhancement.

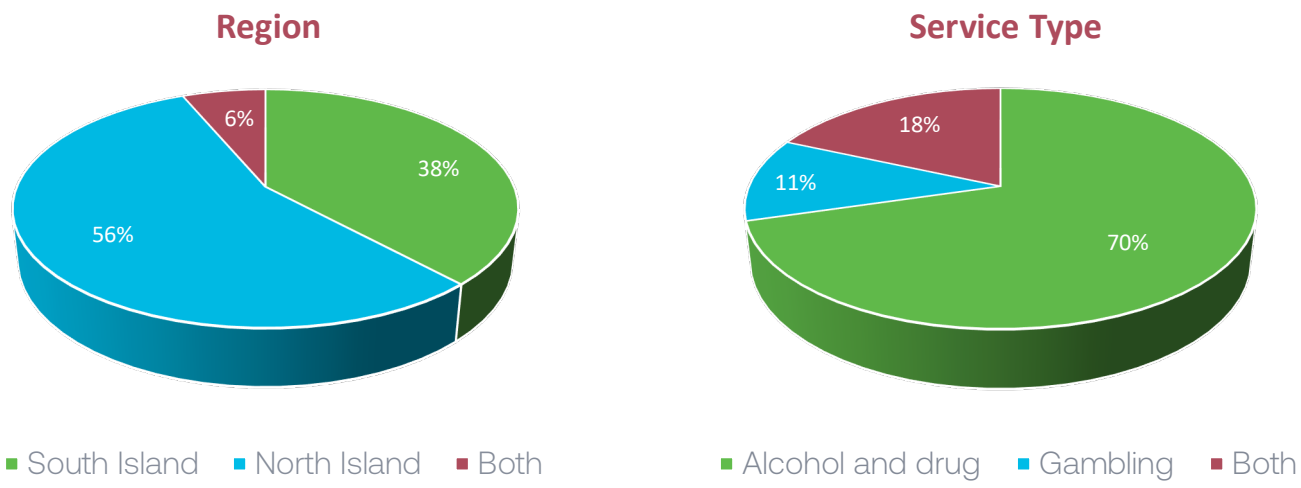
In addition to the hui, Te Pou and the MoH carried out an online survey between 18 and 25 May 2020. The survey was distributed to all hui attendees and previous Matua Raki newsletter subscribers. People working in alcohol and drug and gambling services were invited to participate. Recipients were also encouraged to share the survey with their networks.

Key findings

Overall, 149 people completed the online survey. People who responded to the survey broadly reflected the composition of the addiction workforce, where they are located and their service setting, including primary care. A small proportion (2%) work across multiple services, eg, DHB and NGO or NGO and primary care. The charts below describe survey respondents (due to rounding not all charts add up to 100%).







Challenges

Participants were asked to identify any service delivery challenges they experienced during levels 3 and 4. Figure 1 shows the most significant challenges were related to:

- technology, including familiarity, access and data allowances for both people accessing services and the workforce
- communication, including how COVID-19 responses were communicated to services by the MoH and other government agencies and to the workforce by senior management
- increased need to focus on meeting people's basic needs for food and shelter, in priority to providing support for specific addiction issues.

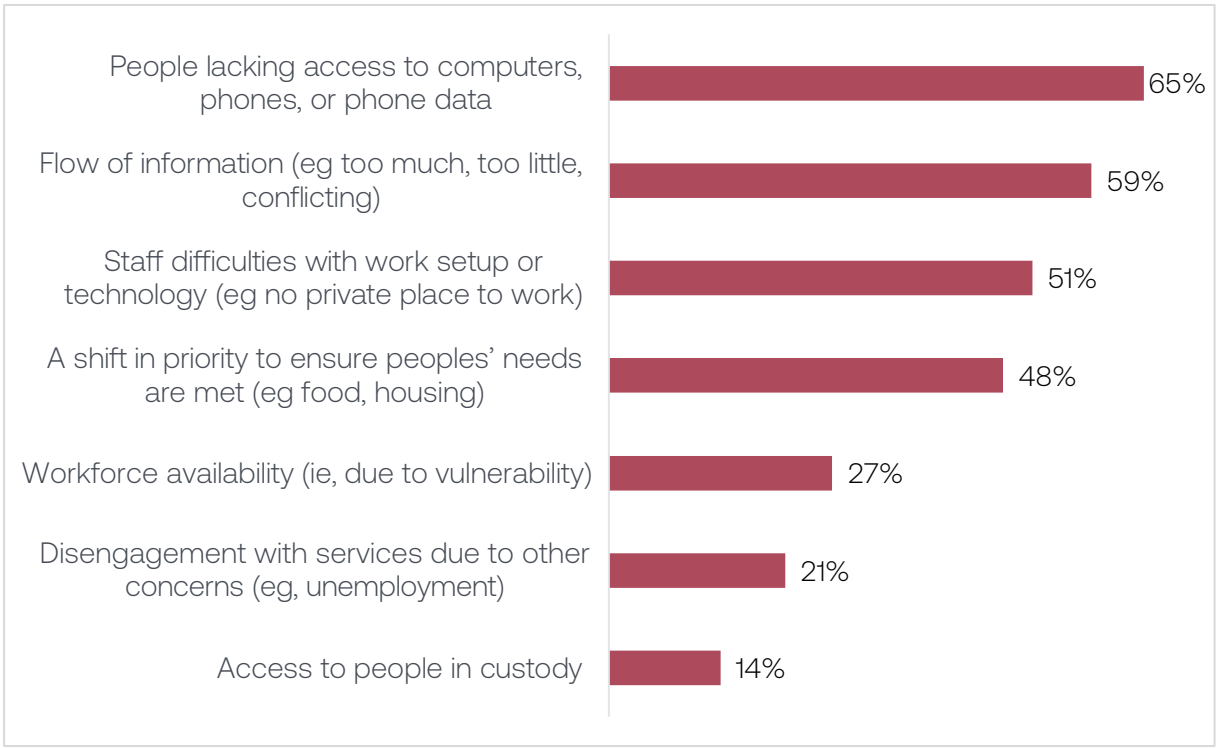


Figure 1. Challenges experienced by alcohol and drug, and gambling services during Level 3 and 4.

Benefits

Participants were also asked to identify any benefits they experienced and if they wished to maintain these in the future. Figure 2 shows the most common benefits related to:

- adapted and improved service delivery through telehealth
- increased work flexibility
- reduced travel burden
- improved collaboration with other services
- improved person-centred care
- improved service accessibility.

Interestingly, people who responded from NGOs were 2-3 times more likely to indicate they experienced improved collaboration with other services and improved service availability, eg, reaching people rurally.

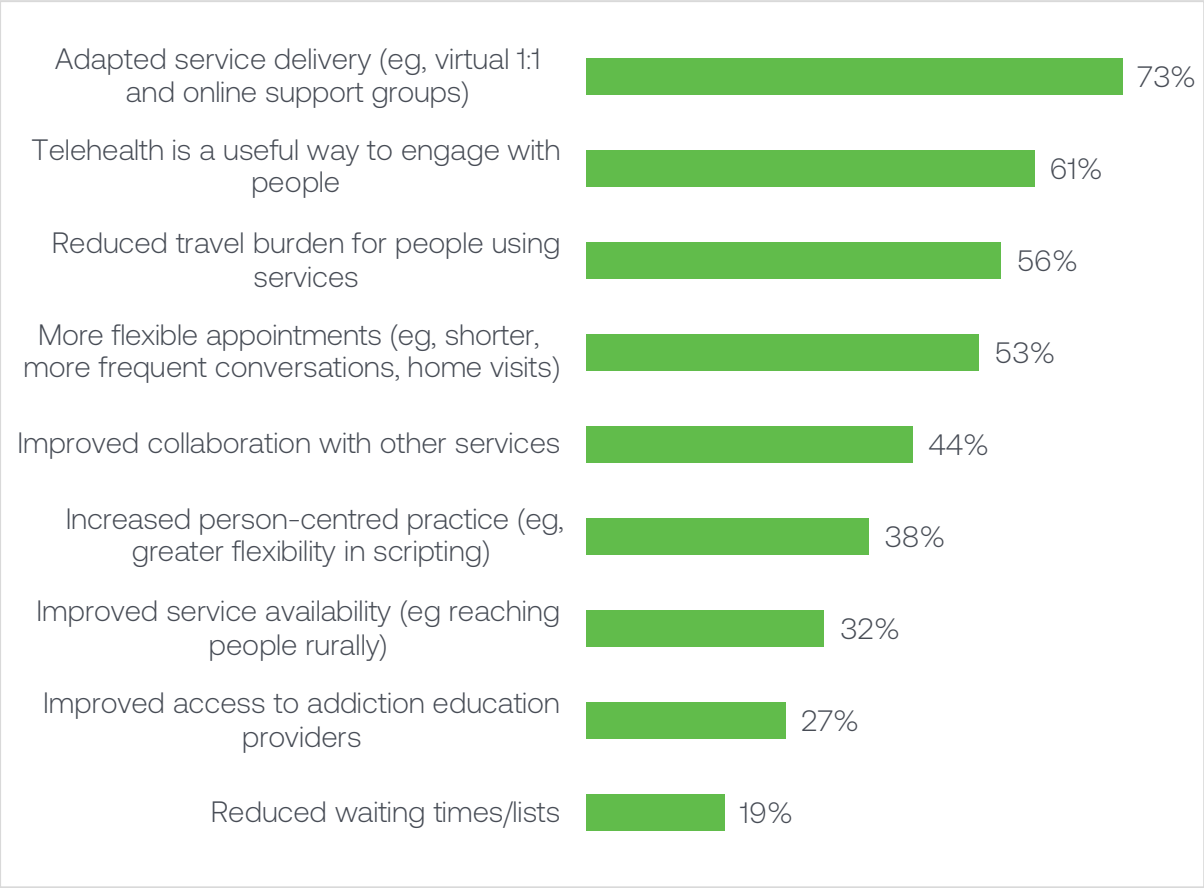


Figure 2: Benefits experienced by alcohol and drug, and gambling services during Level 3 and 4.

Overall, people wish to maintain the most common benefits observed during levels 3 and 4 of the lockdown. Additionally, a proportion of people responding identified both improved service availability and reduced waiting times as benefits they wish to build on in the future.

Open-ended feedback

People responding to the survey highlighted distinct differences between services across the country and how they were supported to continue working. Key themes are summarised below, relating to organisational support, workforce attitudes, service delivery and people accessing services.

Organisational support

A substantial proportion of respondents indicated they were well supported by their management and organisations during levels 3 and 4. Many said their teams had become closer through the process of remote and virtual working. This was enhanced by regular brief catchups with their team and managers, such as having morning karakia. Several respondents noted this often had a broad wellbeing and self-care focus.

Conversely, a similar number of people referred to poor and/or confusing communication from senior managers about how they needed to continue working. This criticism also applied to communication coming from the MoH and other government ministries.

Other respondents felt let down by their organisation and managers, at the most extreme several people reported experiencing the impact of both favouritism and bullying.

Of note, one organisation continued with restructuring the addiction service through the lockdown. Several people commented on how this undermined how the workforce felt about belonging to a team and management in general.

While many people reported adequate technological support (eg phones, laptops, and other equipment to support working from home), some indicated they had to use old equipment not suited to the needs of telehealth and virtual working. Some reported using their own equipment out of frustration. Several respondents mentioned having to use their own internet data allowance.

A large group stated improved access to technology and/or training on how to use new technology and approaches, eg, virtual/remote counselling, would be very helpful. Improved communication from organisational leaders was also identified as a need when similar events occur in the future.

Workforce attitudes

The issue of negative workforce attitudes towards people receiving opioid substitution medication through the lockdown was also raised by several respondents as a concern. Some people questioned the appropriateness of these attitudes in addiction practitioners.

Service delivery

In some areas, closure and/or reduced access to the normally available range of services affected continuity of care. In many areas, hospital beds were not available for managed withdrawal and some residential services stopped accepting referrals.

For some services, the workspace was too small for workers to operate in while maintaining physical distancing. Some workers struggled with how to engage with people remotely as they were missing the normal non-verbal cues that support engagement and relationship building and maintenance.

While many people said referrals reduced, others experienced higher demand, often to support people to access basic daily living requirements.

A group of respondents, including community pharmacists, identified it was difficult to ensure continued access to medication by people with vulnerabilities. The cost of delivering medication and ongoing partial prescription costs to people were identified as barriers to equitable access.

Overall, respondents considered that addressing these challenges would require changes in the way services are provided. Equitable service access could be supported by removing prescription costs and providing funding for emergency measures such as delivering medication and to support equity of access to technology and data.

People accessing services

Although the perspectives of people accessing services were not directly canvassed, some survey respondents noted that social isolation appeared to benefit some people, with reduced use of alcohol, more whānau engagement and reduced levels of anxiety.

The majority of people appeared to find virtual contact helpful, and in fact preferred it as they did not need to travel and could access support at times that suited them. However, some people withdrew from services, preferring to wait for face to face contact. The problems caused by people not having access to phones, computers or adequate data allowances were reinforced by many respondents.

Actions to take forward

The major benefits respondents would like to take forward are:

- improved engagement with some people due to reduced need to travel to appointments, especially for people living rurally
- better relationships within their own teams with more regular brief virtual catch ups
- the reduced stress, travel and financial costs that working from home and working flexible hours provided.

Many respondents indicated they would like the choice to continue flexible working arrangements into the future. To support this, improved funding and an investment in appropriate technology and equipment was identified as necessary by a large proportion of respondents.

Summary

While it is clear the addiction sector and people accessing services faced significant challenges, such as lack of access to appropriate technology and data, and clear guidance, many also experienced significant benefits from the new ways of working. This includes improved engagement, flexible working and better relationships within teams. The majority of respondents indicated they wish to maintain, build on or develop these particular benefits in the future. This information can be used to explore how to build on these benefits to better meet the needs of people with addiction issues and the addiction workforce.