



## **Covid19: Interim Considerations for State Psychiatric Hospitals**

*Updated: May 8, 2020*

Individuals with serious mental illness, particularly those who are older or who have chronic medical conditions, can be at higher risk for illness with Covid-19. It is important that mental health facilities be prepared for Covid-19 to keep both patients as well as healthcare staff safe, and this may include proactive measures to reduce the psychiatric disease burden caused by the COVID-19 pandemic. While SAMHSA has preferentially recommended outpatient treatment during the COVID-19 crisis as telehealth technology and social distancing can be more effectively implemented, inpatient psychiatric care will inevitably be required for a number of patients. Psychiatric care on an inpatient service is typically reserved for the most severe conditions, and inpatient care at state psychiatric hospitals is typically reserved for the most refractory cases.

State psychiatric hospitals have typically developed Disaster Plans that require the establishment of protocols and relationships with other local government and healthcare entities. Each accredited facility should have existing infection control plans that are designed to address scenarios such as for MRSA, HIV, Hepatitis, and infectious diseases. Plans to manage COVID-19 at the facility should now be in place at all of these sites. However, in contrast to general healthcare settings, psychiatric facilities may experience unique challenges in prevention and infection control.

In addition to consideration of infection control guidelines with the goal of minimizing spread, described below, it is also important to be aware of the psychological impact of quarantine and major disruptions to everyday life. Healthcare workers already support the mental health of their patients, but they also need to attend to their own needs and those of their families.<sup>i</sup> It is important to provide access to accurate information sources such as the Centers for Disease Control and Prevention (CDC).<sup>ii</sup> The American Psychiatric Association has resources on the mental health impacts of Covid-19.<sup>iii</sup> Others also have studied and reported on the adverse effects of quarantine on individuals.<sup>iv</sup> Patients at mental health facilities are vulnerable both to the infection itself, but also to worsening anxiety, mood, or psychosis during this time. Given the uncertainty and rapid change associated with the virus, anxiety and distress should be anticipated.<sup>v</sup>

In response to the CDC recommendations for all healthcare facilities, SAMHSA offers further considerations specific to psychiatric hospitals.

- 1) Reduce morbidity and mortality:
  - a. Many patients admitted to state psychiatric facilities have a number of health comorbidities that increase their risk of developing severe symptoms from COVID-19 infection. These include the very high incidence of tobacco use with resultant COPD and lung disease or metabolic syndrome with diabetes, hypertension, and heart disease. In addition to intake screening and testing when appropriate, these patients should be informed of their elevated risk and frequent follow up COVID-19 screening should be performed. These patients should be segregated from new or symptomatic patients due to their higher stratified risk.
  - b. SAMHSA recommends that when possible all new admissions be segregated until COVID-19 testing results are available for review. For new and existing patients, all suspected and

- symptomatic cases should be immediately segregated and transferred, if necessary, to appropriate healthcare facilities with capabilities of treating more severely ill patients. Advanced directives should be updated on all existing patients and should be completed for new patients upon admission. Psychiatric hospitals may not have the capacity to respond to severe respiratory infections.
- c. Symptoms associated with psychotic illness, such as paranoia or anxiety disorders such as OCD may worsen during the COVID-19 crisis, and patients with these conditions may require additional redirection as they are exposed to more negative news about the pandemic.
- 2) Considerations when attempting to minimize disease transmission:
- a. Limit the movement of COVID-19 patients (e.g., have them remain in their room)
    1. Capacity of informed consent may be lacking for those admitted involuntarily. Individuals with serious mental illnesses may have varying degrees of capacity to follow appropriate infection control procedures, therefore it is important to establish the patient's capacity or lack of capacity when developing the modified COVID-19 treatment plan. Those who lack capacity may not fully appreciate the dangers of exposure. The nature of the therapeutic milieu may make minimal contact rules more challenging. Patients without capacity may require more frequent reorientation to the rules, more activities one on one with staff, and an individual room. While restrictions of movement outside of their room will be implemented for some patients, the presence of mental illness does not mean an individual is incapable of practicing safe hygiene and social distancing practices. Staff should make the assessment based on the patient's capacity and behavior and carefully avoid stigmatizing those with mental illness.
    2. Take steps to prevent known or suspected COVID-19 patients from exposing other patients.
      - a. It is advisable when possible to segregate the areas or individual floors as non-COVID-19 and COVID-19. This may require further restrictions in movement and accommodations should be explored. For instance, the dayroom is often the location where patients congregate and receive the therapeutic benefits of the milieu. Having an alternate dayroom location, when possible, could help to reduce a patient's anxiety about exposure and maintain continuity. Also, those patients with severe anxiety disorder or paranoia may feel some relief in segregation as their risk of exposure is reduced.
      - b. Identify dedicated staff to care for COVID-19 patients.
      - c. Psychosocial group treatment sessions may have to be suspended if these sessions cannot be safely modified with fewer individuals reliably practicing social distancing or with video technology available. One on one psychosocial counseling sessions with social distancing can be considered.
  - b. Another important consideration is that most psychiatric facilities have restricted access with limited visitation. This is stigmatizing in itself as these units are locked for the security of the patients and staff. During the COVID-19 crisis, visitation by friends, family, and various stakeholders may be curtailed. This necessary step to reduce exposure risk can leave the patients feeling more isolated. When visitation is restricted staff of all levels should be aware of this and take steps to reach out and check on patients more often.

- c. Often family members and community support are vital components of the patients' recovery. These individuals are heavily involved in the patient's lives and have traditionally participated in family meetings and therapy. When safely implemented, this important part of treatment should continue. Continuing these meetings by confirmed appointment in designated area, frequently sanitized between visits, can facilitate disposition planning, reduce recidivism rates, and improve patient satisfaction. Such dedicated spaces could also be used for visitation with a schedule and protocol for safe interaction including social distancing and sanitizing after each use. Alternative steps depending on resources could include setting up a computer with a webcam and microphone in another area within the facility that can be cleaned between uses. This would allow patients and family members to communicate visually as well as via audio.
- d. Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. For patients with limited capacity frequent reorientation to these is required.
- e. Observe newly arriving patients/residents for development of respiratory symptoms in an area designated for new patient evaluation.
- f. Confirm or obtain psychiatric advance directives to facilitate medication and treatment compliance in the event of change of capacity for informed consent.

### 3) Protect healthcare personnel

- a. Ensure that staff are aware of sick leave policies, and staff should be encouraged to stay home if they are not feeling well.
- b. Limit visitors to the facility and perform screening on all who enter the facility.
- c. Ensure cleaning and disinfectant supplies are available as well as tissues, waste receptacles, and alcohol-based hand sanitizer.
- d. Ensure housekeeping and dietary personnel frequently sanitize and disinfect all areas where staff and patients can be found.
- e. Healthcare workers may also develop symptoms of anxiety during this crisis, therefore supervisors and managers should perform more frequent meetings and checks with frontline staff. Flexibilities when possible should be accommodated. Occupational health departments should now be actively engaging staff and implementing plans for staff that are experiencing greater stress and anxiety. Resources should be made available for staff experiencing increased stress, depression, or substance use disorder relapse.

### 4) Preserve healthcare system functioning

- a. As staffing shortages may become more common as healthcare workers also become infected and are quarantined, it is important that supervisors and managers establish contact with outside staffing sources to ensure continuity of care. More flexibility in task assignment may be an option, for instance, the ability to "buddy team" with paraprofessional staff if regular staff ratios are limited due to staff illness.
- b. As the anxiety and fear from COVID-19 can preclude improvement in the patient's psychiatric condition, providers should instruct staff to engage patients in more one to one activities and

should be mindful of this consideration when ordering prn medications to keep the patient as comfortable as possible. It is important to note that these measures should be implemented in conjunction with the utilization of clear clinical indications and, when applicable, validated psychiatric screening instruments. For example increased screening for worsening symptoms may prompt detection earlier and inform changes to the treatment plan. These measures may prevent escalation of symptoms of agitation, psychosis, or loss of control and thereby avoid seclusion and restraints. Additionally staff should be mindful that overcrowding and restrictions can be potential triggers for behavioral instability. These seclusion events are stressful for staff and traumatic for both the patients and to those patients who observe such incidents. The significant negativity following such events can, in some instances, temporarily transform the nature of the psychiatric unit. Therefore, identifying and addressing issues prior to the outburst should be the goal.

- c. Discharge planning may be more difficult. As many step down residential facilities and outpatient facilities are limiting intakes, social workers may find it more difficult to plan disposition of patients. This may result in longer lengths of stay. The treatment team as well as utilization review staff should adjust with this expectation. Also, questions may arise about the risk of the patient's exposure to those at the receiving facility. Repeat testing for COVID-19 should ideally be completed prior to discharge as further reassurance for receiving facilities. More resources from varied sources should be mobilized such as family, friends, assisted living, county resources, and local charity.

There are a number of steps that healthcare facilities can take to be prepared should an individual become infected with Covid-19.<sup>vi</sup> Psychiatric hospitals should follow all infection control guidelines as stipulated by the CDC. For general infection control guidelines, see <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>.<sup>vii</sup>

During this rapidly changing situation, mental health providers should refer to the CDC website for the most updated information. Individuals with serious mental illness are at particular risk related to co-occurring medical conditions as well as challenges with accessing healthcare. Attention to proper prevention and infection control procedures as well as attention to the psychological impacts of the virus are important in reducing morbidity and mortality for this vulnerable population.

---

<sup>i</sup> Sustaining the Well-Being of Healthcare Personnel during Coronavirus and other Infectious Disease Outbreaks

[https://www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Sustaining\\_Well\\_Being\\_Healthcare\\_Personnel\\_during.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf) Accessed March 17, 2020

<sup>ii</sup> Centers for Disease Control, Coronavirus [https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html) Accessed March 17, 2020

<sup>iii</sup> Covid-19 Mental Health Impacts Resources for Psychiatrist <https://www.psychiatry.org/news-room/apablogs/apa-blog/2020/03/covid-19-mental-health-impacts-resources-for-psychiatrists> Accessed March 17, 2020

<sup>iv</sup> The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence. *Lancet* 2020; 395: pgs. 912-20. Brooks, Samantha K. and Webster, Rebecca K. and Smith, Louise E. and Woodland, Lisa and Wessely, Simon and Greenberg, Neil and Rubin, G. James

---

<sup>v</sup> Caring for patient mental well-being during coronavirus

[https://www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Caring\\_for\\_Patients\\_Mental\\_WellBeing\\_during\\_Coronavirus.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Caring_for_Patients_Mental_WellBeing_during_Coronavirus.pdf) Accessed March 17, 2020

<sup>vi</sup> Ibid

<sup>vii</sup> Infection control guidelines <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>. Accessed March 17, 2020