MINISTRY OF
HEALTH &
WELLNESS

RESPONSE TO COVID-19 - MENTALLY ILL PATIENTS

INTRODUCTION

More than two million infections have been confirmed worldwide in the Coronavirus Disease 2019 (COVID-19) epidemic. Global attention has largely been focused on the infected patients and the frontline responders, with some marginalized populations in society having been overlooked. Concern is mounting as to the effect of the epidemic on people's mental health and especially those individuals living with mental health disorders. Ignorance of the differential impact of the epidemic on these patients will not only hinder any aims to prevent further spread of COVID-19, but will also augment already existing health inequalities.

In Jamaica, approximately 19,000 people are living with mental health disorders who attend our public mental health facilities, and neglect and stigma regarding these conditions still prevail in society.

When epidemics arise, people with mental health disorders are generally more susceptible to infections for several reasons.

Firstly, mental health disorders may increase the risk of infections, including Pneumonia (Lancet, 2020).

Possible explanations include:

(a) cognitive impairment,
(b) little awareness of risk, and
(c) diminished efforts regarding personal protection in patients, as well as confined conditions in psychiatric wards.
(d) Associated smoking drug habit

Secondly, once infected with Severe Acute Respiratory Syndrome Coronavirus 2—which results in COVID-19—people with mental disorders can be exposed to more barriers in accessing timely health services, because of discrimination associated with mental ill-health in health-care settings. Additionally, mental health disorder with COVID-19 comorbidities will make the treatment more challenging and potentially less effective.

Thirdly, the COVID-19 epidemic has caused a parallel epidemic of fear, anxiety, and depression. People with mental health conditions could be more substantially influenced by the emotional responses brought on by the COVID-19 epidemic. This will result in relapses or worsening of an already existing mental health condition because of high susceptibility to stress compared with the general population.

Finally, many people with mental health disorders attend regular outpatient clinics for evaluations and prescriptions. However, nationwide regulations on travel and quarantine may result in these regular visits becoming more difficult and impractical to attend.

Few voices of this large but vulnerable population of people with mental health disorders have been heard during this epidemic. Epidemics never affect all populations equally and inequalities can always drive the spread of infections. As mental health and public health professionals, adequate and necessary attention should be paid to people with mental health disorders during this COVID-19 epidemic (Lancet, 2020).

OPERATION OF THE PRIMARY and SECONDARY MENTAL HEALTH SERVICES DURING THE COVID-19 EPIDEMIC

CLINICS

Preparations begin before the patient attends the clinic.

BEFORE PATIENT COMES TO THE CLINIC

1. Remind patients and their families or caregivers to attend clinic sessions - thereby reducing the number of patients who may relapse and require emergency intervention and possible hospitalization.
2. Conduct a Docket and/ or Schizophrenia Register Review or a review of the Client Register - to ensure compliance - thereby reducing relapses.
3. Telephone the patient ahead of the visit when possible to enquire as to the health of the patient and that of the other occupants in the household to determine whether contact was made with any person who has had a positive travel history or contact with a confirmed COVID-19 patient.
4. Consideration for an emerging service: tele-psychiatry should be made where possible, where sessions could be held on the phone and prescriptions picked up, faxed, called in or emailed thereafter.

5. Capacity for reliable communication must be established by ensuring adequate credit for calls and data; and access to a local telephone directory or register with patient or next of kin contacts

OPERATION OF THE CLINIC
(Community and Hospital Specialist Clinics)

Triage Center

1. At the entrance of the clinic site/hospital, **all** persons should have a temperature check using hand held thermometer by security guard or assigned authorized personnel and observe hand hygiene by using hand sanitizer or wash stations provided.

2. If there's a fever, the person is sent to a designated area for triage. The Health Care Worker conducting triage should wear Personal Protective Equipment.

3. If triage assessment suggests person is a suspected COVID-19, patient provided with a mask, then the necessary public health intervention personnel should be alerted in conjunction with consultation of specialist service e.g. Mental Health Officer/Psychiatrist who would conduct telephone interviews and prescription provided for ongoing mental health care.

4. The public health specialist will conduct sampling, complete forms and provide notification to National Surveillance Unit in accordance with Sampling for COVID-19 Protocol. Mental health team would assist in sampling process if the patient’s psychiatric condition is so unstable that he or she becomes uncooperative.

5. If there is no fever, persons should proceed to the respective clinics e.g. curative, mental health etc.

Clinic

1. At the clinic site, there are pre-assigned spaces for waiting and receiving treatment, identified by using marking tape or pre-arranged seating arrangements to satisfy physical/social distancing requirements.

2. Patients with clear signs of Respiratory symptoms should be redirected/referred to the Medical Officer for screening.

3. Nurses, Doctors and PNAs wear masks and gloves and other protective gear as recommended by guidelines issued by Ministry of Health and Wellness (see appendices 1 & 2)

4. Stable patients should be routinely given three month appointments, unless there is a good reason to do otherwise. Stable patients should be provided with repeat prescriptions for a minimum of three months whenever feasible and advised to call the team if mental health condition changes. Those on monthly injection will still return for injection at monthly intervals.

5. Patients should be given phone numbers for the CMHS Base, MHO on duty that they can call for advice in a situation of concern or they can call the Helpline at 888 639 5433 (888-NEW- LIFE). Also **patients' records should be updated with telephone number or numbers** in the event CMHT need to contact patients regarding changes in mental health service delivery e.g. postponement of clinic, re-scheduling of home visit.

6. Persons for injections can participate in a ' **walk through/prescription & injection** ' clinic. Clients would be engaged in a focused interview with nurse, get their injection, next appointment date and leave.

NB. To mitigate risk of the patient feeling stigmatized there should be sensitivity in applying these new measures, with someone explaining to the patients why these temporary measures are put in place (i.e. to protect themselves and the public from the local transmission of COVID-19).

HOME VISITS, CRISIS CALLS &SECONDARY CARE

SCENARIO 1	**RESPONSE**
Known patient for regular monthly injection and home visit	1. Call prior to visit and enquire as to the health status of all in the household, travel history and contact with confirmed/suspected COVID-19. 2. Inform relative/patient of visit. MOHW issued Consent to Treat forms, emailed requests for help, written applications for involuntary treatment of clients by NOK should be part of the SOP moving forward 3. Ensure that the patient come outside the home enters the mobile treatment unit, to be treated. Team should avoid contact with surfaces around the client's home as much as possible, wear gloves and appropriate PPEs. Mobile hand washing stations must be on-board the CMHS vehicle, along with hand sanitizers. The mental health team should be provided with handheld infrared thermometer to assist in the triage of home visits patients in the midst of community transmission. The team should have adequate call credit and a bus adequately fitted to be appropriately rigorously cleaned daily. With respect to social distancing; the patient with be asked to comply with instructions to turn away from the nurse while administering medications. 4. Collaborate with Community or Parish Agencies e.g., Poor Relief Agencies, Community Health Aides in order to get in contact with patients and ascertain patient's overall health status include symptoms of COVID-19/ Flu. Increased collaboration with JCF is expected/is often necessary, to quickly manage cases within daylight hours, ideally before curfews. 5. CONTACT EOC/MO(H) OR BASE or PSYCHIATRIST ON DUTY; team leader will

	avoid entering into homes if patient suspected COVID-19 case and allow Public Health Team to intervene.
SCENARIO 2 **New patient, out –of-control , possibly psychotic**	1. Enquire before as to fever and/ or respiratory symptoms of occupants of the household, also travel history or contact with suspect or confirmed COVID-19. Screening questions should be in alignment with the updated CMO SOP guidelines. 2. Take past medical history e.g. Diabetes (R/O Medical/ Drug use causes for psychosis) 3. Don PPE and observe IPC- universal precaution. (Team members must get regular training in Donning and Doffing). Both must be observed by public health nurse or Senior Mental Health Nurse. Apply for 4 point or 5 point restraints. (Clean sterilized Pinel restraints should be available and subject to appropriate sanitization schedule). Physical restraints must not be reused on multiple patients per day. 4. Take patient to nearest treatment facility where further evaluation: The CMHS team will not be administering chemical restraints in the community. Chemical restraints should only be administered in a designated mental health treatment facility, with emergency room ventilatory support available, if needed. (Appendix 3-medication guide) 5. Avoid intramuscular sedation prior to being conveyed to hospital especially in this COVID crisis where in a person with COVID-19 the respiratory condition can be worsened by intramuscular sedation. An ambulance is the appropriate vehicle to transport a suspected COVID-19 case, after Public Health Team has been notified, reviewed case and dispatched said ambulance. The mental health team will stay

	onsite until the ambulance team, if deemed safe to do so by the team leader. If found to be COVID positive such patients are to be admitted to the Isolation Ward or Medical Isolation Ward in general hospital. where the patient can be managed by the psychiatric team in collaboration with infectious management medical team. To limit exposure, psychiatric team could utilize videoconferencing or telephone in providing consultation. PNAs are to be **on stand-by** and be engaged to provide support to nursing staff in the event of aggressive or very agitated behavior.
SCENARIO 3 **Hitherto normal patient in quarantine facility or in isolation ward becomes aggressive etc.**	1. Preventive measures recommend that pre-sampling medical counselling and post-test medical counselling be provided routinely to patients. 2. Supportive psychological counselling on entering facility and thereafter as deemed necessary to mitigate the risk of adjustment disorders. Adjustment disorders are to be anticipated, alleviated by allowing access to relatives by the provision of means to access telecommunication. Patients may need call credit and act out in the absence thereof. Avoid making promises that cannot be kept. 3. Medical Counselling prior to each test outlining the possible outcomes. 4. Medical Counselling prior to informing patient of each test result particularly if the result is adverse. 5. Psychological counselling if patient becomes emotionally unstable. Medical front line Staff must be trained and reminded of the value of Psychological first aide and Helpline access. Threshold for referral explained and awareness of counter-transference recognized.

	6. Psychiatric referral if pharmacological intervention becomes necessary. Utilizing the roster for the respective locations. Clear lines of communication should be outlined, to avoid sending mixed and or delayed messaging.	
SCENARIO 4 **Psychiatric patient with suspected COVID-19 in Bellevue Hospital or Psychiatric Unit in General Hospital**	A current patient at BVH/ General Hospital who was exposed to a COVID +ve patient OR New patient at BVH / General Hospital is out of control and has a h/o exposure to COVID-19	1. Admission to Isolation Ward at General Hospital, sample taken, necessary notifications by public health team When isolation ward at Bellevue Hospital becomes available then this becomes another option. 2. If patient is COVID-19 +ve follow medication guidelines to manage Co-morbid COVID-19 and Mental Health disorder.
SCENARIO 5 **Emotional or mental health issues of staff and in patients admitted to quarantine or isolation facilities outside of general hospital settings e.g. public spaces such as National Arena, Transition facilities, hotels**		Community psychiatric team that covers the area where the facilities are located should respond to such issues by providing psychological support to staff, patients and their relatives and other interventions as deemed important observing medication guide

		(Appendix 3) and maintaining IPC measures where face-to face contact is imperative.
State of buses and transportation of patients	In the event of need to transport a suspected COVID-19 +ve psychiatric patients – use hospital ambulance as an option due to poor ventilation in current Psychiatric Outreach buses	
Child Guidance Clinics and their operation during this period.	New patients to be rescheduled depending on outcome of triaging phone call. Longer appointments and prescriptions.	
Personal Protective Equipment (PPE)	Donning and Doffing of PPE training	Guidelines for Use of PPE in Appendices 1 & 2
Emotional Care for persons in self quarantine, in quarantine facility, in isolation facility, in home isolation		• Regional Mental health teams in Quarantine / Isolation Facilities • Use of brochures routinely • Provide access to HELPLINE 888 639 5433 • Provide access to Jam Red Cross Hotline #
EMOTIONAL CARE	JamPsych has made a	Regional Mental Health

CARE OF FRONTLINE HEALTH CARE WORKERS	commitment to organize online sessions to provide support to nurses and doctors. The Jamaica Psychiatric Association is working to improve resource material, directory, reduce stigma on the vehicle of newly constructed website.	Psychosocial Support In tandem with Regional Employee Assistance Programme or Helpline 888 639 5433 with support from members from Jamaica Psychological Association (JamPsych) and Jamaica Psychiatric Associations (see protocol below)
TELEPSYCHIATRY	There is a challenge if the patient is a new patient. Need guideline for best practices Video conferencing is preferable	All files updated at respective clinic in government patient files. Rules of confidentiality & privacy maintained during telehealth and remote counselling sessions. (To be developed further) confidentiality concerns stil not sorted.

Mental Health and Psychological Support for Staff during the COVID-19 Outbreak

The COVID-19 pandemic has caused a high level of concern, anxiety and worry among the general population worldwide. Healthcare workers are particularly concerned because their jobs cause them to possibly be in direct contact with persons who have Covid-19, and so increase their risk of infection.

Some healthcare workers are concerned about the availability and accessibility of adequate and appropriate PPE for themselves and colleagues.

Additionally, there is the concern of taking back Coronavirus to one's home and causing family members to be at risk of infection.

In a recent CNN interview an Emergency Room doctor in the USA, confessed that she no longer sleeps well at nights. She admitted to worrying all the time about herself, her patients, her family and the availability of resources.

Much has been put forward regarding the necessary precautions to prevent infection with the Coronavirus and these recommendations are quite familiar to the health staff. This document will focus on the *'Mental Health and Psychological Support for Health Workers',* and proposes a programme of response.

For clarity, we will recognize two (2) groups:

1. Healthcare workers who have been exposed to the Corona virus through direct contact.
2. Healthcare workers who are working in conditions in which they could be exposed.

<u>Programme of Response for Healthcare workers who have been exposed, and are in quarantine /confirmed to have COVID-19</u>

The aim is to provide for the psychological, social and welfare needs of health workers who are self-quarantined / in National Quarantine Facility/ in Home or Ward Isolation. This is also called Mental Health and Psychosocial Support (MHPSS).

The following steps are recommended:

1. A designated coordinator/ supervisor for the MHPSS to be identified. This could be the Regional Psychiatrist or other person designated by the RTD.
2. All healthcare workers who are being sent on self-quarantine/ facility quarantine/ home or ward isolation, should be provided with information (based on MOH recommendations) regarding the process of quarantine or isolation (including pre-testing and post-testing counselling) and monitoring and process to return to work (action by supervisor and Medical Officer of Health).
3. The names and contact numbers for these healthcare workers should be forwarded by the Medical Officer of Health, to the Regional Epidemiologist, who will share information with HR for referral to the MHPSS coordinator.
4. Within 24 hours, the coordinator should assign a counsellor, from the team of counsellors organized by the Region's EAP programme or from Helpline Counsellors (888-6395433), to the particular health worker.

The counsellor will make contact within 24 hours (ideally soon after the particular measure has been put into effect so initial assessment can be made and appropriate support given) and give feedback to the coordinator. This counsellor is required to follow up this health worker throughout the 14 days of quarantine or during period of isolation, using the following guidelines:

Remote Psychological First Aid

i. The counsellor will take measures to introduce himself/herself to the health worker and state the purpose of the call.
ii. Pay attention and listen actively to the worker (auditory cues), trying to assess emotional reactions, the needs of the person, etc.
iii. The counsellor will offer empathetic support, calming distress, listening to concerns and fears and provide evidence based reassurances.
iv. The counsellor will assist as necessary with:
    - access to credible information

- connecting with supporting persons or agents
- developing practical problems solving skills
- accessing services or help
- strategies for self care, stress management, meaningful activities, etc.

A clear referral pathway will be available for the counsellor to refer for any further specialized service based on any red flag symptoms. Counsellors will report to the coordinator periodically for updates and supervision.

Arrangements should be made to provide appropriate support post –quarantine or post-isolation period as the health care worker seeks to re-integrate into his or her community and place of work amidst potential social stigma in both social settings.