

COVID-19

Operational Considerations for Psychiatric Hospitals, Inpatient Units, and Other Psychiatric Institutions during the COVID-19 Pandemic, July 2020

Mental health conditions include a range of mental, neurological, and substance use (MNS) disorders and their associated psychosocial, cognitive, and intellectual disabilities. The direct and indirect consequences of the pandemic impact these conditions in many ways (1-4). People living in psychiatric hospitals, inpatient units, and other psychiatric institutions are likely to need special attention during disease outbreaks such as COVID-19. SARS-CoV-2 can spread rapidly within congregate residential settings, especially complex residential settings such as psychiatric hospitals.

Congregate care facilities can increase the risk of COVID-19 transmission. In addition, people with mental health conditions often have medical comorbidities some of which may increase the risk of developing severe illness following COVID-19 infection.

Mental health services in general hospitals and crisis intervention units provide care for acute cases. All treatment facilities for people with mental disorders need to adhere to the prevailing procedures for other inpatient units in hospitals, following national and international guidelines (2).

General considerations

- Conduct advocacy for inpatient units for mental health conditions to be fully included in hospital plans for COVID-19 prevention and mitigation, and for the rights of people with mental health conditions, including their right to health and their right to make decisions about their care, to be protected. This advocacy must include users, caregivers, and family members.
- Take measures to prevent infection and its spread in hospital wards, especially in psychiatric hospitals and residential facilities (e.g., education on infection prevention and control (IPC), use of personal protective equipment (PPE) by personnel according to current regulations, access to water and soap, possibilities for physical distancing, restricting visitors).
- Prepare plans and protocols for what to do when COVID-19 infections occur in service users on mental health wards and ensure the personnel is briefed on them.
- Contact service users and their families to assess possibilities and safety of discharge.
- When people with mental health conditions require hospital admission due to COVID-19 symptoms, they should get the same or similar medical care as any other person with the disease:
 - ✓ COVID-19 patients with mild and moderate/stable mental health conditions can usually be placed on general medical units with other patients.
 - ✓ If this is not possible, consider alternative arrangements for COVID-19 patients with acute mental health conditions (e.g., isolation within a psychiatric facility or psychiatric ward), ensuring that they can still access good physical health care on an equal basis with any other.

COVID-19

Modifications for safe delivery of services: care provided in specialized inpatient or residential facilities (e.g., mental hospitals, homes for people with dementia, alcohol and drug rehabilitation centers)

- Limit admissions to urgent cases. Perform COVID-19 testing prior to admission, ensuring that recommended quarantine protocols are followed with full IPC used for positive cases.
- Establish and enhance monitoring of complaint mechanisms for neglect or human rights violations.
- Enable remote family and social support if visiting is suspended.
- Consider whether people with mental health conditions are well enough to be discharged to their families if such discharge would provide a safer setting and if the family can meet the user's needs.
- Use accessible formats and familiar communication channels to deliver information about IPC measures for people with psychosocial, intellectual, or cognitive disabilities.
- Ensure that access to high-quality treatment and criteria for isolation are the same for people with MNS conditions as they are for others.

Adaptation of specific MHPSS interventions in different COVID-19 scenarios: management of mental health conditions in hospitals and institutions

Scenarios 1 and 2 (No cases/sporadic cases)	Scenario 3 (Local transmission)	Scenario 4 (Community transmission)
<ul style="list-style-type: none"> • Review safety and hygiene on unit. Assess how basic needs are met (for food and other items). • Advocate to authorities to shield the unit from COVID-19. • Educate staff and patients on safe behavior. 	<p>If no COVID-19 cases in unit:</p> <ul style="list-style-type: none"> • Continue essential services with proper safety measures.* • Facilitate that hospitalized service users can remain connected with their social networks (if in-person visits with proper safety measures are not possible, find other ways for contact). <p>If COVID-19 cases in unit:</p> <ul style="list-style-type: none"> • Follow medical advice from health authorities, which may include placing the whole unit in quarantine with a separate isolation area/ward and staff for infected patients. 	<ul style="list-style-type: none"> • Similar to scenarios 1, 2, and 3.
<p>*See: Operational considerations for multisectoral mental health and psychosocial support programs during the COVID-19 pandemic, IASC, section 2.5 Available at: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/operational</p>		

During the pandemic, it is extremely important also to address the mental and neurological conditions due to COVID-19, according to WHO management guidelines (3).

COVID-19

References

- (1) World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context, Interim guidance 1 June 2020. Available at: <https://www.who.int/publications/i/item/10665-332240>
- (2) Interagency Standing Committee. Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic. Available at: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/operational>
- (3) World Health Organization. COVID-19 clinical management guidelines updated with a chapter on management of mental and neurological manifestations. Available at: <https://www.who.int/publications-detail/clinical-management-of-covid-19>
- (4) United States Centers for Disease Control. Screening for SARS-CoV-2 infection within a psychiatric hospital and considerations for limiting transmission within residential psychiatric facilities – Wyoming, 2020. MMWR, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6926a4.htm>

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