

Managing Psychiatric Services in times of COVID-19: Kashmir Experience

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ABSTRACT

Psychiatric institutions with inpatient facilities face a considerable challenge in the coronavirus disease 2019 pandemic because of the close living conditions of the inmates and inability to follow the basic guidelines of social distancing, wearing masks, and regular hand washing as recommended by WHO. In this article, we discuss the adopted strategies in our Institute to prevent the spread of the virus among inmates and maintain a COVID-free status over nine months.

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INTRODUCTION

COVID-19 Pandemic has taken the world by storm, overwhelming even the most advanced healthcare systems. Mental health services have been one of the worst-hit with outpatient and inpatient services getting affected worldwide. Care facilities themselves became a casualty of COVID-19 with antecedent mortality and morbidity. The challenge of running inpatient and outpatient mental health services arose quite early in the Pandemic; the challenges were multifold and ranged from running services and preventing infection from spreading to protect healthcare workers from getting infected themselves. These facilities are potential hotbeds for pandemics due to various factors like crowded wards, uncooperative patients, and suboptimal health status of inmates.^{1,2} It is not surprising that most such facilities have reported the spread of COVID-19 among inmates. Western state hospital in Lakewood reported 34 patients positive in mid-march.³ In New York, at least 30 deaths due to Covid-19 were recorded in the state's system of 23 psychiatric centres.⁴ Similarly, Wuhan mental health centre reported 80 positive patients and staff on

February,⁵ and Daenam Hospital, South Korea, reported 119 such patients in early March.⁶

While most mental health facilities responded in our part of the world by shutting services or going by governmental dictates of changing facilities to COVID-Care centres, we resisted both at the Institute of Mental health and Neurosciences-Kashmir. Institute of Mental Health and Neurosciences is the only mental health care hospital with a long-term residential facility for psychiatric inpatients catering to the whole population of Jammu and Kashmir, and it remained the only functional outpatient facility after all other facilities were changed to COVID-centres in March 2020. Kashmir, as already known, is a mental health crisis zone due to decades of low-intensity conflict.⁷ While the lockdown was put in place and various hospitals across the country shut down their outpatient departments,

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Institute continued to operate, adopting several strategies, learning from the experiences of Wuhan,⁸, to deal with safeguarding and running mental health services in COVID-19 times. Pandemic is now nine months old, and till now, there has been no RT-PCR or Rapid Antigen positive case from the inpatient facility of our hospital. This paper aims to discuss various steps that were taken in multiple areas to achieve zero positive status.

Hospital structure: Institute has three separate buildings: Outpatient and acute care block, residential Inpatient block, and community centre (General Hospital Unit), which houses General Hospital Unit outpatient services, the de-addiction facility, and child and adolescent mental health clinic. The ground floor of the Outpatient block has five well-ventilated rooms for assessment of patients and one emergency management ward for stabilization of patients in crisis. In addition, the first floor has family wards for the admission of patients along with a family member who participates in the treatment process. Residential Inpatient block is mainly for chronic patients who are entirely taken care of by the Institute. There are three wards for male patients and one ward for female patients, housing 40 patients currently. As the Pandemic started spreading, the General Hospital Unit block was declared COVID-center, the General Hospital Psychiatry outpatient department. As a result, the de-addiction and child clinic had to be shifted to the outpatient block, increasing the patient's influx.

Outpatient Department: As the lockdown ensued, the number of patients visiting our hospital increased from 200 to 350 patient visits daily because of the closure of outpatient public and private sector facilities. Hence we decided to continue outpatient services with changed Standard Operating Procedures. Every morning starts with screening all outpatient visitors with a symptom checklist and infrared temperature screening followed by registration at the counter with distancing norms. Those without masks are provided one donated by NGOs or from hospital supply. At the registration counter, every patient is assigned a separate room for consultation. Every effort is made to maintain social distancing norms; open spaces like lawns and solarium are utilized as waiting areas. Inside consultation chambers, doctors wear Personal Protection Equipment (PPE) as advised by WHO, and a minimum of three meters distance is maintained between patient and

doctor. In case the physical examination is warranted or the patient needs the intervention of any form, the patient is shifted to the emergency ward, where another doctor manages the patient. Admissions are restricted to emergency cases only, such as suicidal/homicidal cases, catatonia, or aggression unmanageable at home. The majority of patients are given home-based treatment. Rationing of healthcare workers attending patients is made in such a way that one team doesn't meet another team physically and exchange all patient notes and necessary instructions electronically. Health care workers are tested at regular intervals using RT-PCR, and those testing positive are immediately isolated.

Inpatient Department: As a policy, no new admissions were encouraged in residential inpatient wards. An exception to this was made thrice during the last six months for homeless schizophrenia patients. These patients were tested on the first day using a rapid antigen test which came negative, stayed in an open ward for five days, were subjected to RT-PCR on the sixth day, which in all cases came negative. Then they were shifted to residential inpatient wards. Families were discouraged from meeting residential inpatients against the standard hospital policy, and it was made sure that inpatients had minimal interaction with healthcare workers. Daily checking of vitals was restricted to patients with comorbidities. A representative sample from a residential inpatient facility was tested every three weeks using RT-PCR. The sample would include one from each inpatient ward and one from each group of healthcare workers taking basic care of the inmates. A total of eleven such samples were tested every three weeks.

Electroconvulsive Therapy (ECT): While the ECT services were stopped in most of the centres all over the world, the Institute continued providing services twice a week as was the norm before the Pandemic. However, stringent measures were taken to ensure the safety of patients and healthcare workers providing such services. The theatre staff included four members only (psychiatrist, anaesthetist, psychiatric nurse, and anaesthesia assistant). Adequate ventilation was ensured. WHO guidelines were followed regarding the use of Personal Protective Equipment, and gloves were changed after every session. COVID testing (RT-PCR) was performed two days before the first session of ECT. For the subsequent sessions, testing was repeated

only in symptomatic patients, keeping in view the logistic challenges. Rapid antigen testing was introduced in July and was then done in patients before every session. A total of 112 sessions were administered to 19 patients till July 2020, and it is worthwhile to mention that no patient tested positive during this period.

Tele psychiatry: To minimize the patient influx to the hospital, various platforms were established. Helplines, WhatsApp groups were created; and guidelines specific to mental health were uploaded on the official Facebook page of the Institute. As per hospital records, 2500 telephonic consultations and 800 video consultations have been done till August 2020. Besides, consultations were also provided on messaging services wherever feasible.

Education: Institute of Mental Health and Neurosciences, being part of a medical college, provides training to students pursuing post-graduation. With the onset of the Pandemic, all educational services were disrupted. To overcome this challenge, the Zoom platform was used for case discussions and presentations; and students were directed to discuss all cases with faculty telephonically. Topics were discussed using messaging platforms like WhatsApp regularly.

Consultation-Liaison: Consultations from other departments were sought telephonically for patients in a residential inpatient facility to minimize exposure. For other departments seeking psychiatric consultation, doctors were sent wearing PPE kits following all guidelines by WHO.

Future strategy: After the advent of antibody testing, most of the healthcare staff has been tested, and 15-20% of the staff has been found to have IgG antibodies against COVID-19. Staff having antibodies are being reassigned jobs to serve as frontline workers for the long-stay patients and at other places in the hospital, risking spread. All other strategies discussed above will be followed strictly.

CONCLUSION

From our experience of managing a psychiatric facility successfully over six months of the Pandemic, it is clear if

the strategies are developed and followed strictly, it is possible to contain the spread of infection and decrease mortality and morbidity in a vulnerable population such as those with mental health issues while continuing with providing vital mental health services.

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