

Management of in-patient and out-patient mental health services during COVID-19 pandemic in Slovakia

The COVID-19 pandemic was confirmed to have spread to Slovakia on 6 March 2020, with first case. On May 21st, 2020 151 778 tests were done for COVID-19, from which 1502 were positive (less than 1%), 28 patients died. In hospitals are placed 74 patients as suspicious and 14 with COVID-19. Three patients are in intensive care units and no one is on artificial ventilation.

Since the first day all medical staff in country is under high stress. As navigation for Slovak psychiatrists, Chief Expert of Ministry of Health Slovak Republic for Psychiatry Lubomira Izakova, MD, PhD. with her team prepared document Management of patients in mental health facilities during first and second phase COVID-19 pandemic in Slovakia (<https://www.health.gov.sk/?covid-19-metodicke-usmernenia>). It was published on April 7th, 2020, when the estimation about incidence of COVID-19 in Slovakia was high. In following days situation has changed and Slovakia became one of the countries with very low incidence of COVID-19. However, we do not recognise the reason for this favourable course, country must stay alert. Dr. Izáková with her team responded to evolution of situation. They created update of the document guided the providing of mental health care for hospital and out-patient care.

Both documents were approved by Ministry of Health of the Slovak Republic and can be found in national language on the following web pages:

<http://standardnepostupy.sk/files/200000480-5f24c5f24e/Štandardný%20postup%20pre%20poskytovanie%20ústavnej%20psychiatrickej%20starostlivosti%20počas%20pandémie%20COVID%20dňa%203.5.2020.pdf>

and

<https://standardnepostupy.sk/files/200000481-b2303b2309/Štandardný%20postup%20pre%20poskytovanie%20zdravotnej%20starostlivosti%20v%20psychiatrickej%20ambulancii%20pre%20dospelých%20počas%20pandémie%20COVID%20-%20verzia%202%20dňa%203.5.2020.pdf>

Current version of the documents is in effect since 5th May 2020.

The aim of the documents was:

1. to lower the risk of COVID-19 infection spreading
2. to provide adequate health care for patients with mental disorders
3. to provide complex approach to patients' health condition – in out-patient care setting to provide worsening the pre-existing health condition
4. to adjust procedures and to effectively manage the needs of patients and their requirements of health care.

Management of patients during COVID-19 pandemic in mental health facilities

1. COVID-19 infection diagnosis is crucial in treatment of patients with comorbid diagnosis of mental disorder and COVID-19 infection, when hospital treatment is required – to lower the risk of COVID-19 infection spread.

2. COVID-19 positive patients with mental illness who do not require in-patient psychiatric treatment are managed by general practitioner according to Standard Clinical Guidelines for the treatment of

COVID-19 patients. Patients should be preferably treated in their home environment with the application of telemedicine (telepsychiatry, telepsychotherapy). Involvement of mobile teams in these cases is also recommended (the mobile teams are not established in Slovak republic to actual date, their establishment will be discussed according to current epidemiological situation).

3. In patients with mental disorders, who require in-patient treatment:

- a) The health care providing staff uses personal protective equipment following the direction of Public Health Authority of the Slovak Republic.
- b) During the hospitalization the patient uses face mask (if the cooperation is possible regarding the mental health state).
- c) In-patient mental health care facilities are required to constitute quarantine rooms/ sub-units, where patients stay until the risk of COVID-19 infection is evaluated or the test result is obtained (in indicated case), to minimize the risk of COVID-19 infection spread to other patients and health care workers.
- d) The health care facility is obliged to provide patient quarantine after hospital admission – if possible – in isolated room. If necessary (exceptionally), it is possible to quarantine more patients in one isolation room. In those cases it is inevitable to distribute patients regarding COVID-19 infection risk extent and the possible worse outcome when acquiring the infection (age over 65, immobility, polymorbidity, severe somatic illness, diabetes mellitus, arterial hypertension, chronic obstructive pulmonary disease, obesity, cancer, dementia, immunocompromised patients, pharmaco-resistant severe mental disorders, non-cooperative patient – not following the epidemiological interventions)
- e) If patient requires in-patient psychiatric care and the patient is not considered suspected of COVID-19 – with no signs of respiratory illness, afebrile, cooperative, able to adhere epidemiological measurements, with verifiable negative anamnesis of COVID-19 – the patient will be admitted to non-infectious *white department*. Testing of COVID-19 is preferred to be performed before patient admission to *white department*, if possible.
- f) If patient requires in-patient psychiatric care and the patient is not considered suspected of COVID-19 infection - with no signs of respiratory illness, afebrile, but with no possibility of epidemiological anamnesis verification related to COVID-19, or with low adherence to epidemiological measurements, or if the patient suffers from psychotic symptoms – COVID-19 testing will be realized as soon as possible after patient admission and after obtaining negative test results the patient will be transferred to *white department*.
- g) If patient requires psychiatric in-patient care and is considered with high risk of COVID-19 infection – without respiratory illness symptoms, afebrile, but with positive epidemiological anamnesis (previous contact with COVID-19 positive person), or with mild respiratory illness symptoms or sub/febrile, the COVID-19 swabs will be performed (after admission and on 6th day of hospitalization). After obtaining negative test results the patient will be transferred to *white department*.
- h) Preferably if the in-patient psychiatric hospitalization of COVID-19 positive patient is required, the treatment is performed in infectious diseases wards, where the special rooms for patients with mental disorders (severe behavioral disturbances) will be established. The continual care of the psychiatry specialist or the accessibility to liaison psychiatry services is required. Liaison services are preferably provided in first step via phone-call or video-conference option, in second step by personal examination (if the first step is not effective) – with adequate use of

personal protective equipment following the direction of Public Health Authority of the Slovak Republic.

- i) If the mental health care facility is adequately materially and technologically equipped to establish “mini-infectious” ward/ department for COVID-19 positive patients, the patients can be admitted to those facilities, if the COVID-19 infection has asymptomatic course or only mild symptoms are present and the accessibility to infectious diseases services is insured.
 - Patients with confirmed COVID-19 infection should be hospitalized in isolated rooms (isolated from other patients), if possible.
 - Treatment regime is required to be adjusted according to severity of symptoms. In asymptomatic cases, if all epidemiological measurements including personal protective equipment are met, it is possible to perform complex treatment with individual selection of psychotherapeutical and rehabilitation activities.
 - Psychosocial support for the medical staff working with COVID-19 positive patients should be available, taking into account individual needs.
- j) After COVID-19 suspected or positive patient release from hospital, if 2 negative tests (with at least 24-hour interval) had not been performed, following quarantine is required. If the quarantine cannot be provided in home setting, the possibilities of state quarantine are to be used. Patient planned to be released to home quarantine must be informed about the obligation of contacting the general practitioner who will further coordinate the management related to COVID-19.
- k) Close cooperation of Regional Chief Expert in Psychiatry with crisis staff and the executive management of particular health care facility is necessary – respecting regional specifics of mental health care in the self-governing regions and limited material-technical equipment in the psychiatric inpatient wards. Respecting the actual COVID-19 pandemic development in Slovak Republic it is advised to choose one facility in particular county with accessible both psychiatry and infectious medicine services, where the in-patient treatment of COVID-19 positive patients with mental disorders will be performed.

4. During in-patient treatment in white departments it is possible to perform complex treatment involving psychotherapeutic interventions and rehabilitation activities while following the epidemiological measurements (area disinfection, 2 metre physical distancing, area ventilation, face mask wearing etc.). Considering the visitors prohibition it is necessary to provide phone access so that the patients’ contact with relatives is possible. The staff of the department is required to inform the patients about current COVID-19 situation in Slovak Republic and in the world with aim to minimize the stress due to pandemic situation.

5. We draw attention to the patients with court-ordered in-patient psychiatric treatment – when the patient is shifted to other department (e.g. intensive care unit, infectious disease ward), the court-ordered treatment will be interrupted and will be necessarily continued after shifting the patient back to the department (patient cannot be dismissed from hospital), where the psychiatric treatment has been ordered to take place.

Management of outpatient mental health care during COVID-19 pandemic

According to this document the health care is provided:

- to patient in psychiatric outpatient clinics (personal consultation, telemedicine)
 - to patient in natural social/ home setting (home visit service, or mobile team)
 - to patient in social care facility (home visit service, or mobile team)
1. Psychiatrist provides health care in the field of psychiatry in standard working hours to a patient with signed informed consent following law regulations.
 2. Outpatient health care is provided by personal consultation or via the tools of telemedicine (telepsychiatry) – phone consultation (including text messages), video-consultation or e-mail consultation. The form of care is in the guidance of the psychiatrist.
 3. First psychiatric examination is realized in first line through personal consultation (due to required short physical examination). In individual cases the tools of telemedicine might be used.
 4. If the control examination is indicated, the psychiatrists chooses the form of control. Controls are advised to be performed in first line via telemedicine tools and after insufficient effect of telemedicine tools (or on patient demand) through personal consultation.
 5. Medical prescriptions of pharmaceuticals are performed by electronic prescribing.
 6. The number of working employees of psychiatric ambulance is reduced to minimum (psychiatrist, psychiatric nurse).
 7. Personal consultation is performed after previous phone or e-mail contact with psychiatrist or psychiatric nurse and after previous phone triage. Phone triage is made on the day of personal consultation.
 8. The extent of health care is coordinated by current epidemiological situation, possibilities to provide anti-epidemiological measurements to prevent COVID-19 infection or other infectious diseases spreading, possibilities to protect the health of medical staff and the threat to health conditions of the patient or accompanying persons. Outpatient clinic provides health care in essential extent for early diagnostics and treatment of severe psychotic states and disorders threatening the health and life of the patients and/or his/her environment. While health care providing through personal consultation the medical staff uses adequate personal protective equipment following the direction of Public Health Authority of the Slovak Republic.
 9. Patients and accompanying persons are not allowed to enter the waiting room without previous phone consultation respecting the operating order of the clinic, hygienic and epidemiological regime and barrier nursing technique. If this cannot be insured, regular check of waiting room area is necessary to direct the patients without proper possibility of phone communication.
 10. If the patients come to personal consultation without previous phone triage, the phone number for further information is advised to be put on visible space before entering the waiting room – to provide triage. Also, the sign informing about the necessity of face mask wearing is required to be put on visible space. The staff provides triage of the patient respecting the epidemiological measurements. Patients suspected of COVID-19 infection must be immediately isolated and the use of proper personal protective equipment is required.
 11. All the recommendation must be re-evaluated if the patient in the waiting room require immediate health care. Because of this possible case, it is necessary the clinic has one set of personal protective equipment reserved which is required for aerosol producing procedures or procedures with high risk exposure to aerosol.

12. After entering the clinic, the nurse ask patient washing his/her hands and ensures that it was done properly. Patient must wear a face mask at least. Patient temperature is measured, ideally by contactless thermometer.
13. If the patient is accompanied by other person, the psychiatrist during triage decides if the person is allowed to enter the space of clinic (need for objective anamnesis, calming the patient, etc.). If the accompanying person enters the ambulance, he/she is ask to properly wash the hands and the face must be covered with face mask minimally.
14. After the psychiatric examination thorough disinfection of surfaces is performed following the procedures in service order. The staff follows during service increased hygiene. Areas and surfaces exposed to repeated contact (phone headset, keybord, PC, doorknobs, arms and backs of seats, etc) are disinfected with viricidal agents. Spaces of the clinic and waiting room must be often ventilated.
15. When the staff lacks proper personal protective equipment, the health care providing is not performed through personal consultation – only telemedicine procedures are used. Responsible county physician must be informed about the situation and the information must be available on the visible place of the clinic (waiting room or webpage).
16. When the medical worker is exposed to COVID-19 positive patient while not using the personal protective gear (high risk exposure) or while using proper personal protective gear (low risk exposure) the measurements according to actual Direction of Public Health Authority of the Slovak Republic are taken.
17. For personal consultation in home environment of the patient (if the home visit service is indicated and if the psychiatrist provides such service) the measurements for out-patient mental health care during COVID-19 pandemic are applied. The consultation is realized only after phone triage of the patient and other members of the patient's household (for example presence of COVID-19 infection or exposure, ordered quarantine). After phone interview evaluation the medical staff decides which personal protective equipment will be used. Personal consultation can be performed by:
 - a. Psychiatrist – in home or other natural environment of the recipient of ambulatory care.
 - b. *Mobile team* – if established in further phases of pandemic (cooperation with Regional or Head Chief Expert of Ministry of Health for Psychiatry is advisable):
 - I. *Mobile team is formed by a psychiatrist and a nurse (collaboration with Agencies of home nursing care is possible).*
 - II. *Material and technological equipment, organisation of mobile team work and duties schedule are provided by the coordinator in needed extent following the current epidemiological situation: voluntarily in the first line, in case of further requirement the obligation to service for psychiatrist and nurses will be discussed (considering the risk groups regarding COVID-19 infection).*
 - III. *The list of mobile team visits is created from notifications from psychiatric outpatient clinics to coordinator, who defines place, form and content of the notification.*
 - IV. *Before the mobile team visit a member from mobile team performs phone triage of the patients regarding the COVID-19 risk.*
 - V. *Most common indication for mobile team visit: acute intervention due to severe disturbance of psychical status, insufficient effect of telemedicine procedures in risk group of patients*

regarding COVID-19 (age above 65, immobility, polymorbidity, severe somatic illness, diabetes mellitus, arterial hypertension, chronic obstructive pulmonary disease, obesity, cancer, dementia, immunocompromised patients, patients with autistic spectrum disorders), parental application of long-acting antipsychotic agents in risk group of patients as mentioned above, patients with pharmacoresistant forms of severe mental disorders, non-cooperative patients – not following the epidemiological measurements).

VI. Personal protective equipment for mobile team is provided by the coordinator.

VII. Competence of patient transportation is not covered by mobile team.

18. In nursing houses and social services facilities the measurements for out-patient mental health care during COVID-19 pandemic are applied.

Nowdays, we are solving the situation with daily psychiatric clinics, which are closed since the first days of pandemia in Slovakia. Dr. Izakova team is working on rules for activating them.

Pool of patients who need psychiatric in-patient treatment is lower than usually. In outpatient facilities is situation similar as used to be in this period of year, but mainly provided by telepsychiatry. Problematic is communication with insurance companies according to payment for new telepsychiatric services.

In Slovakia, 20th May 2020 was first day for loosen coronavirus-related epidemiologic restrictions in society, according progress of the situation with COVID-19 in following two weeks the authorities will create up-date of rules also for psychiatric services.

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