

The German Experience: Psychiatric Hospitals in Times of Pandemic

Peter Falkai, Kristina Adorjan, Dorothee Streb

دور المستشفيات النفسية خلال جائحة كورونا

بيتر فالكاى، كريستينا ادورجان، دوروثي سترىب

Abstract

Psychiatric patients are considered extremely vulnerable in a pandemic for a multitude of disease-specific, comorbid, and sociodemographic reasons. Based on the experience of the Department of Psychiatry and Psychotherapy of the University Hospital of LMU Munich, psychiatric hospitals/units cannot only substantially contribute to the care of patients with mental disorders suffering from SARS-CoV-2 infection, but also attend to non-psychiatric COVID-19 positive patients in the need of hospitalization but not intensive care. The Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP) offers guidance on how to position psychiatry in such critical and challenging times. In summary, psychiatric services are an essential part of medicine and this does not change during a pandemic; on the contrary, we believe that they are as important as or even more important than during the onslaught of a pandemic like COVID-19.

Key words: psychiatry, pandemic, Covid-19, university hospitals

Declaration of interest: None

Introduction

Psychiatry is facing major challenges during times illustrated by the current COVID-19 pandemic. In the current crisis of uncertain duration and effect on society, rather than a wait-and-see approach, we recommend psychiatry make active use of the opportunities at hand to optimize care for people with and without a history of mental illness. The undoubtedly widespread negative effects of the COVID-19 pandemic on mental health and mental health care challenge psychiatry's actual and perceived role within the medical system, particularly how psychiatric hospitals can maintain their core mission of attending to people who experience mental illness while at the same time providing relief to general medicine.

Psychiatric disorders are doubtless the top leading causes of global burden of disease. However, since the beginning of the crisis we were able to witness mental health care deemphasized in the wake of the massive onslaught of the pandemic, which challenged the maintenance of medical care for patients with mental disorders. Reduced therapy programs, cut back on hospital beds or even closing services entirely as well as quarantine periods and isolation – these measures hinder psychiatric hospitals adequately provide sufficient care for their patients. Moreover, to make room for emergency care, psychiatric wards were downsized, clinics closed, psychiatric support systems discontinued etc. Nobody will deny the need to act decisively and briskly and boost intensive care

readiness. There is, however, no need to shut down our capacities at the expense of psychiatric care.

In the Department of Psychiatry and Psychotherapy at the University Hospital of LMU Munich, we have consequently developed the Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP). Thus, we demonstrate how a psychiatric hospital can contribute to the acute care of a health care system as well as provide support for people who experience mental health difficulties at the same time and develop mid and long-term plans for coping with the aftermath of the pandemic.

Cutbacks in psychiatric services combined with preventive measures and isolation periods can have fatal consequences on patients with mental disorders. Psychiatric patients are extremely vulnerable in the COVID-19 pandemic and may find it hard to appraise and comply with cutback measures. Curfews, quarantine, social isolation, and the uncertainties around the virus may bring about depressive thoughts, despair, anxiety, and loneliness. Consequently, not only may preexisting psychiatric conditions worsen, but also psychiatric symptoms in people without a history of mental health difficulties may emerge. People experiencing mental disorders frequently face chronic illness courses and a reduced median life expectancy. They often deal with poverty. Housing, access to educational institutions and/or activities as well as social contacts are often limited due to their poor capability of communication skills and

interpersonal abilities. Hence, what urgently requires attention is the unknown impact of the COVID-19 pandemic on people with psychiatric disorders as regards symptom severity and/or relapses, as well as an increased frequency and intensity of mental healthcare.

Psychiatric hospitals as an indispensable element of medical care must therefore fully maintain their operability. This is the goal of the Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP), which offers specific recommendations on how to adjust to the present situation. While the MPCPCP was developed and put into action for the Munich University Hospital, incorporating recommendations of the “National Pandemic Plan” (NPP), the guidelines of the “Robert Koch Institute” (RKI) as well as the “Supplement to the

National Pandemic Plan-COVID-19” in Germany, it is designed to serve as an easily adaptable blueprint for psychiatric hospitals around the world.

The overall goal of the MPCPCP is to establish psychiatric care within the framework of a large maximum care center as a fully integrated partner of other disciplines within the scope of its possibilities. In addition, the aim of this pandemic contingency plan is to contain, decelerate, and preferably avoid transmission of COVID-19 in a psychiatric hospital and to enable and maintain medical healthcare for patients with mental disorders. The pandemic plan applies primarily to university clinics or clinics where a cooperation between psychiatry and internal medicine or tertiary care units can be ensured.

Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP)

The MPCPCP covers five phases dictated by the course of the pandemic and a health care system’s overall preparedness to adapt to this course (Fig. 1). The phases will show a high degree of temporal overlap. The course

of action in patients with and without mental disorders and SARS-CoV-2-Infection over all five phases (Table 1) may differ from region to region and from institution to institution.

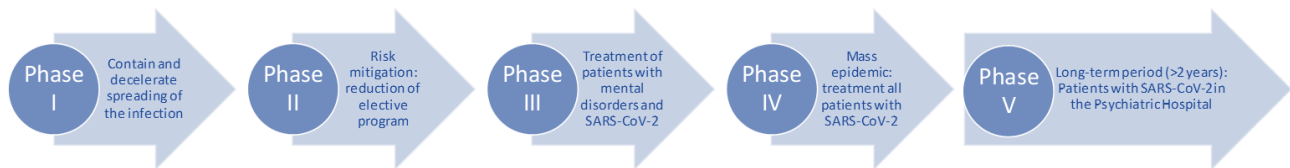


Figure 1. Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP) - Overview

Phase I: Increasing hygienic measures and raising awareness and preparedness with staff and patients are predominant at this stage.

Phase II: Once the infection rate in the population is increasing and general elective medical care is restricted the hospital enters Phase II. Here, the focus lies on a carefully considered reduction of the elective program to free up resources to treat patients with COVID-19.

Phase III: As soon as patients with mental health difficulties plus a SARS-CoV-2 infection arrive for treatment, a psychiatric hospital moves into Phase III. The Phase III of the MPCPCP describes the necessary measures for the treatment of patients with mental disorders and a positive SARS-CoV-2 diagnosis. The Munich University Hospital for Psychiatry and

Psychotherapy has converted one of its regular wards into the “Psychiatric COVID-Ward (Fig. 2).

Phase IV: In case of a mass epidemic (increased incidence of SARS-CoV-2 within a noticeably short time) (Phase IV) an interdisciplinary admission of COVID-19 patients at the psychiatric department is envisaged. Patient admission is independent of psychiatric diagnoses; in phase IV, the clinic is open to all patients and psychiatry is fully integrated into somatic medicine.

Phase V: Phase V is considered a long-term period (more than two years: duration of the pandemic or until availability of a vaccine), in which patients with mental health difficulties and a SARS-CoV-2 infection are expected to be seen continuously in the psychiatric hospital.

Table 1. Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP) – Detailed approach and procedures

<i>Course of action in patients with and without mental disorders and SARS-CoV-2-Infection: Munich Psychiatric COVID-19 Pandemic Contingency Plan (MPCPCP)</i>						
	General measures	Outpatient care	Inpatient care	Therapies	Staff	COVID-Ward
<i>Phase I</i>	<ul style="list-style-type: none"> • Events postponed • Teachings cancelled • EEG/EKG ✓ • ECT ✓ 	<ul style="list-style-type: none"> • Hygienic measures • Separate room / face mask • Screening questions regarding possible SARS-CoV-2 infection at first contact 	<ul style="list-style-type: none"> • Hygienic measures • No therapy restrictions 	<ul style="list-style-type: none"> • Psychotherapy / occupational therapy / physical therapy / social services / addiction treatment / Supervision: fully available 	<ul style="list-style-type: none"> • Hygienic measures • Staff with risk region contacts: 14 days quarantine 	-/-
<i>Phase II</i>	<ul style="list-style-type: none"> • Patient contact restricted • Visiting ban • EEG/EKG ✓ • ECT ✓ 	<ul style="list-style-type: none"> • Emergencies • Cases which prevent inpatient admissions 	<ul style="list-style-type: none"> • Reduction of therapy group size (2 m distance) • Reduction of therapy contents (no sports, cooking, etc.) 	<ul style="list-style-type: none"> • Psychotherapy: Groups across wards cancelled, groups within wards reduced (2m distance), single sessions where possible • Occupational therapy / physical therapy: 1 session/week • Social services: available, 2m distance, hygienic measures, no bodily contact 	<ul style="list-style-type: none"> • Protection mask obligatory • Backup rules for MD • Home office options 	-/-

The Role of Psychiatric Hospitals During the Covid-19 Pandemic

				<ul style="list-style-type: none"> • Addiction therapy reduced to detoxification • Supervision 		
<i>Phase III</i>	<ul style="list-style-type: none"> • Protection mask obligatory • ECT ✓ • PCR testing for staff and patients 	<ul style="list-style-type: none"> • Entry controls, screening 	<ul style="list-style-type: none"> • Isolation measures in suspicious cases • Preparation of COVID-Ward 	<ul style="list-style-type: none"> • Reduced multimodal therapy program, s. Phase II • Telemedical psychotherapy • Crisis management via telephone 	<ul style="list-style-type: none"> • Protective mask obligatory • Team building preparations / emergency • (Team A: direct patient care; Team B: home office) • Mobilization of medical students • Crisis intervention for staff via telephone • Daily conference calls for staff 	<ul style="list-style-type: none"> • Close interaction with internal Ward • Daily testing available • O2 administration available
<i>Phase IV</i>	<ul style="list-style-type: none"> • Consideration of ethical issues • Patient provision, health care proxy • Dealing with fatality/death 	See phase III		<ul style="list-style-type: none"> • Further reduction of multimodal therapy program • Telemedical basic psychotherapy 	<ul style="list-style-type: none"> • Crisis intervention for staff via telephone 	<p>COVID-Ward:</p> <ul style="list-style-type: none"> • Mental disorder plus positive SARS-CoV-2 diagnosis • PCR testing

				<ul style="list-style-type: none"> • Multimodal therapy program cancelled • Preparation for psychosocial rehabilitation ward 	<ul style="list-style-type: none"> • Shifting of staff 	<p>Mass epidemic:</p> <ul style="list-style-type: none"> • Any disorder plus positive SARS-CoV-2 diagnosis • Internal medicine care prioritized
				-/-	<ul style="list-style-type: none"> • Further shifting of staff 	<p>Emergency plan:</p> <ul style="list-style-type: none"> • Coping with high number patients
Phase V	Phase V is considered a long-term period (more than 2 years). Patients with SARS-CoV-2 infection are expected to keep on presenting themselves continuously in the Psychiatric Hospital.					

Preparation of the Psychiatric COVID-Ward

The Psychiatric COVID-Ward is fully pandemic serviceably equipped and employees are extensively trained in hygiene measures. Two permanent teams exclusively treat COVID-19 patients. One team is involved in direct patient care in the first two weeks, the other team works in a home office. Psychiatric patients positive for SARS-CoV-2 and considered for inpatient

treatment at a psychiatric hospital are mainly patients who are in stable medical condition, but mentally too unstable for an outpatient treatment. Specialists in appropriate internal or intensive care units should treat severe cases. (Fig. 2).

Suspected SARS-CoV-2 infection / COVID-19 treatment

Testing + treatment in psychiatric COVID-Ward / internal medicine / ICU

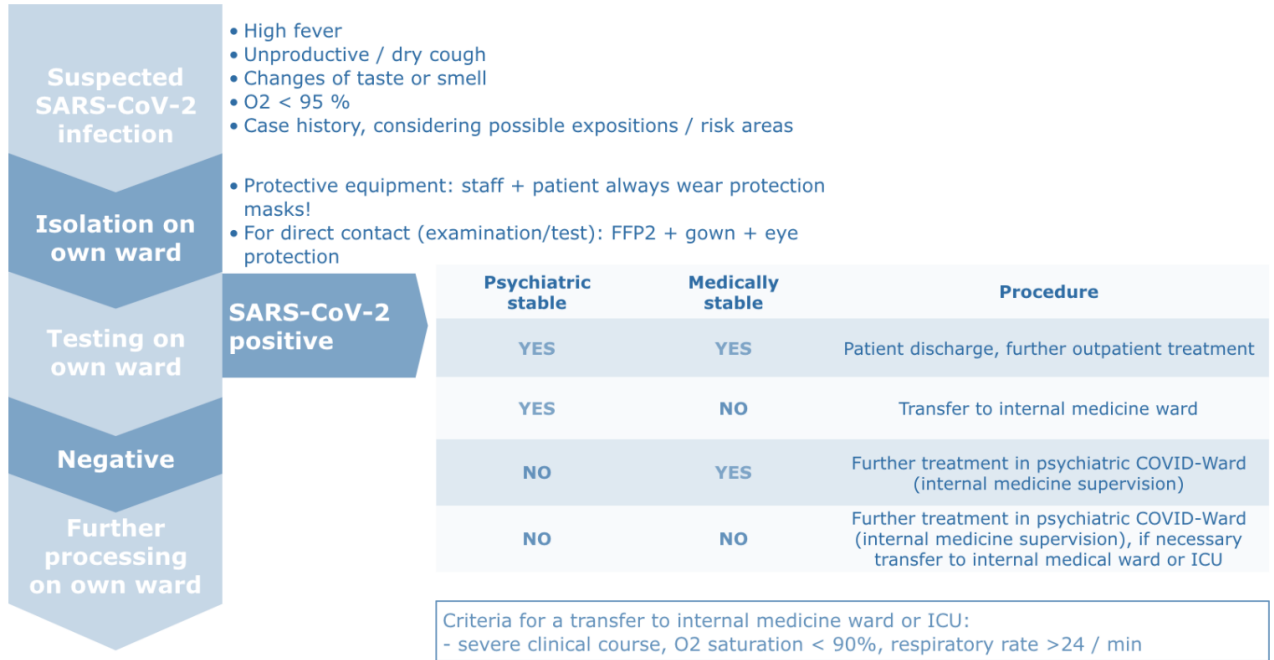


Figure 2. Testing and treatment procedure on a psychiatric COVID-Ward

المخلص

المرضى النفسيين يعتبروا شديدي الهشاشة في الجائحة لأسباب متعددة منها ما يتعلق بالمرض، المرضية المشتركة، والعوامل الاجتماعية السكانية. بناءً على الخبرة في قسم الطب النفسي والعلاج النفسي في المستشفى الجامعي ميونخ، المستشفيات / الوحدات الطب النفسية لا تستطيع فقط ان تساهم بشكل جوهري في رعاية المرضى مع اضطرابات نفسية للذين يعانون من الإصابة بكورونا ولكنها أيضا تقوم برعاية المرضى الغير نفسيين الذين لديهم إصابة نفسية الكورونا والذين بحاجة لتتويج بالمستشفى ولكن ليس بوحدات الرعاية المكثفة.

خطة الطوارئ لجائحة كوفيد-19 للطب النفسي في ميونخ تقدم ارشاد لكيفية تحديد وضع الطب النفسي في هذه الأوقات المتحدية الحرجة. وفي الخلاصة، خدمات الطب النفسي هي جزء مهم في لطب وهذا لا يتغير خلال الجائحة، بل على العكس، نحن نعتقد أنها بنفس الأهمية أو أكثر، خلال المعاناة من جائحة مثل كوفيد-19.

Corresponding author

Prof Peter Falkai MD, Department of Psychiatry and Psychotherapy and University Hospital, LMU - Munich, Germany

Email: peter.falkai@med.uni-muenchen.de

Authors

Prof Peter Falkai, Department of Psychiatry and Psychotherapy, University Hospital, LMU Munich - Munich, Germany

Dr Kristina Adorjan, Department of Psychiatry and Psychotherapy, University Hospital, LMU Munich - Munich, Germany

Institute of Psychiatric Phenomics and Genomics (IPPG), University Hospital, LMU Munich - Munich, Germany

Dorothee Streb, Department of Psychiatry and Psychotherapy, University Hospital, LMU Munich - Munich, Germany