Contingency plan of the Clinical Management Unit for Psychiatry and Mental Health (CMUPMH) of the Infanta Cristina University Hospital (ICUH) for the COVID-19 pandemic

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Dear Editor,

In recent decades, pandemics and health catastrophes have caused disorders in part of the population with quite diverse consequences (SARS in 2002-2003, Ebola in 2014-2015)[1,2,3] showing a tendency to create generalised fear in the population[4,5], stigmatisation of the sufferers and psychological effects in health-care staff themselves[6].

We are currently going through a public health crisis because of the COVID-19 pandemic, with effects at a global scale on the entire existing political, economic, social and medical set-up.

This situation led the Spanish government to decree a state of alarm in March 2020, including a renewable lockdown which, together with the experiences of stress generated by infection, isolation and grieving, are setting off reactions of anxiety, acute stress or aggravation of existing mental problems[7].

Although it is to be expected that the majority of these responses will take the form of adaptive emotional reactions, it is evident that the public health crisis represents a challenge for health-care management in general, and in particular for mental health units, forcing a reorganisation of levels of care and the modification of habitual procedures, as well as a reallocation of activities and functions to guarantee the best prevention and care for all those who require it in this situation.

RESPONSE TO THE PANDEMIA IN MENTAL HEALTH: DEVELOPMENT OF THE CONTINGENCY PLAN

In the Community of Madrid, the Regional Office for Coordination of Mental Health and Addictions (ROCMHA) has produced a Guide to Actions in Psychiatry, Mental Health and Psychosocial Support during the COVID-19[8] pandemia, which makes the point that actions in Mental Health are a key component of the Public Health[9] response and are part of the integrated strategy recommended by the WHO[10].

Right at the start of the pandemic, the need to develop a Contingency Plan of the Clinical Management Unit for Psychiatry and Mental Health (CMUPMH) was raised, with the aim of minimising the impact and repercussion on the mental health of the population assigned to it.

The Plan, which was drawn up in the early days of March 2020 in a changing scenario, includes the following objetives:

Table 1 Objectives of the Contingency Plan

MAIN OBJECTIVE	Prevent, Treat and Rehabilitate Mental Health problems that may have appeared in the population and / or in ICUH workers because of the COVID-19 pandemic.
SPECIFIC OBJECTIVES	• Prevent or reduce emotional alterations in people coping with deaths due to COVID-19. • Taking care of people isolated by COVID-19, especially with disabilities, elderly people or in situations of risk. • Offer coverage to professionals who face exposure situations. • Avoid aggravation in people with previous mental disorders. • Follow-up of implemented actions, allowing an evaluative investigation for future plans in crisis situations.

Strategic guidelines are planned for three phases: an initial phase during the emergency, a second phase during the reopening, and a final phase of new normality, with different areas of action in each. Those phases could correspond to the different levels of risk established by the Ministry of Health depending on the epidemiological outlook[11].

Table 2 Phases and areas of the Contingency Plan.

PLAN	Initial or deployment phase	De-escalation phase	New normality phase
GENERAL CONSIDERATIONS	• Restructuring the healthcare area, human and material resources. • Modification of common procedures. • Reassignment of functions. • Specific programs.	Once the peak has been reached and passed, previous healthcare and organizational activity with the green red circuit will resume again.	Autonomy law.
ASSITANCE AREA	Outpatient area: decrease in face-to-face consultations (only urgent, ARSUIC and new preferential). Teleworking: permanent contact with the Mental Health Center and VPN . Prioritization Continuity of care program. Hospitalization-interconsultation-emergencies area: March 25 transfer of the UHB to the Alcorcón Foundation Hospital for staff reassignment. Emergencies: relocation to the gym area. 24-hour hotline.	Outpatient area: preventive measures and security. Preferably telematic care is restored according to clinical criteria . E-Consultation with A.P. Hospitalization-interconsultation-emergencies area: April 20 return of UHB. Psychiatric Emergency Protocol according to patients with or without respiratory symptoms in the green-red circuit	Increase of face-to-face appointments and activities (post-discharge program, therapy groups, occupational therapy).
AREA REINFORCEMENT IN COVID WARID	Psychiatrists and nurses reinforce hospital care in COVID teams.	April 29 marks the end of reinforcement in COVID plant; activities previously described resume activity.	----------
EMOTIONAL SUPPORT PROGRAM AREA	We implement: Comprehensive Emotional Care Program for Relatives of Deceased patients or that are in the Palliative Unit, under the direction of clinical psychology.	Restructuring of programs according to new needs of staff, patients, and families. Relaxation techniques for staff.	Maintained according to needs. Groups of emotional ventilation. Individual and therapy groups.
AREA OF INFORMATION FOR FAMILY MEMBERS	The residents of the UDM provide daily information to relatives of those admitted by COVID.	Ends in April 2020, being assumed from that date by the specialists responsible for the patients.	----------

1 Mozer E, Franklin B, Rose J. Psychoterapeutic intervention by telephone. Clinical Intervention in Aging. 2008;3(2):391-396. https://www.researchgate.net/publication/23155638_Psychotherapeutic_intervention_by_telephone

2 Hollander JE, Carr BG. Virtually perfect? Telemedicine for Covid-19. N Engl J Med. 2020; 382(18): 1679-1681. doi: 10.1056/NEJMp2003539 [Epub ahead of print] PubMed PMID: 32160451. https://www.ehidc.org/sites/default/files/resources/files/Virtually%20Perfect%20-%20New%20England%20Journal%20of%20Medicine.pdf

The Plan has followed the indications and strategic guidelines set out in the ROCMHA Guide.

Within the phases and areas of the Contingency Plan (Table 2), we highlight a series of measures taken in the hospital which could be repeated both in our centre and in others in future crises. They include the setting-up in the hospital of a 24-hour phone help line for patients, or the possibility of setting aside some observation beds in order to ease pressure on beds in the emergency area. At the level of the mental health centre, they include the possibility of transferring health professionals to the hospital if required, or continuing with telematic group therapy, as has been done in other activities such as coordination between different networks. Also, having a theoretical document such as the Contingency Plan to be distributed and disseminated among the whole team at the Unit allows measures to be activated quickly in case of any kind of emergency.

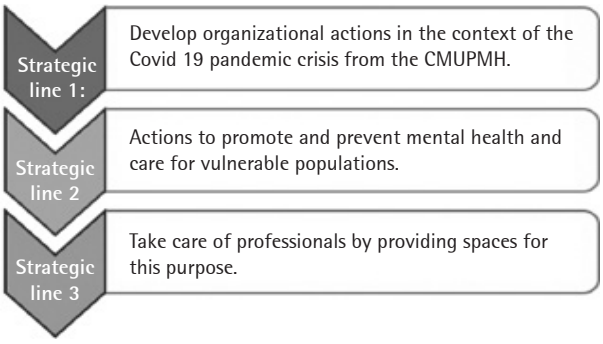

Figure 1 Strategic Guidelines of Contingency Plan

RESULTS

After the first months of the COVID crisis, we revised the data and indicators incorporated in the CMUPMH file corresponding to the interventions carried out by the CSM and the Emotional Support Programmes during the first two phases of the plan.

In order to visualise how both the hospital and the health centre areas had to be adapted because of the Covid situation, we carried out a comparison with the 2019 data. In the hospital, the number of consultations by referral carried out in the months of March and April of the previous year totalled 60 and 39 respectively, including patients, family members and professionals. There were no group sessions that year. Thus we could see that the need for care increased, since the number of consultations by referral tripled during the pandemia (Table 3).

In the health centre (Table 4), there was no telephone support for patients prior to the pandemia. Where there were phone contacts, these were redirected to in-person care. We would also emphasise the reduction in therapeutic accompaniments and home visits in the first months of the pandemia (due to the difficulties in providing care and to the protective measures against contagion), compared to the data presented in the CMUPMH 2019 Annual Report (198 therapeutic accompaniments and home visits).

Table 3 COVID Consultations by Referral in March and April 2020

Interconsultation activity March 10 – April 5, 2020	First	Follow up	Follow up of patients admitted for covid
Number of patients atended	30	25	6
Number of professionals atended	44	7	--
Number of families atended	40	28	--
Collective sessions (Nº)	Sessions 29	Participants/ session 5	--

Table 4 Mental Health Centre (MHC) Care Continuity Programme (CCP) in March and April 2020.

MHC Parla	MHC-CCP Activity		
	Number of patients attended in CCP programs		
	Face to face	Telephone	Home
March-April 2020	120	324	10

Table 5 Emotional Support Programme data for June and July 2020

HUIC	New patients/June	New patients/July	Follow up/ june	Follow up/July
Professionals (Nº)	44	45	9	51
Hospitalized COVID treated by Mental Health (during-after admission)	32	48	18	61
Family members attended by Mental Health	8	10	8	18
ARSUIC	June		July	
	22		11	

DISCUSSION

Changing scenarios make new organisation of health care necessary at all levels of intervention. The CMUPMH has shown itself to be flexible and permeable during the pandemic, by reassigning functions and modifying procedures. Psychiatrists have acted as general practitioners, and Emotional Support Programmes have been set up for professionals and for family members. Homeworking and telemedicine have been introduced.

Having a Contingency Plan for use in emergency situations enables us to prepare for new challenges and to anticipate changes, providing care for the most vulnerable sections of the population under the principles of equity, universality, efficiency and quality.

Drawing up this plan enables us to identify a set of measures and concrete steps in response to any states of emergency that might occur in the future, turning a crisis into an opportunity.

COMPETING INTERESTS

The authors have no competing interests to declare and have not received financial support or sponsorship of any kind.

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