Framework and guidance for mental health care during COVID-19

Updated: 5 May 2020

Contents

Background

Coronavirus (COVID-19) is a respiratory illness caused by a novel (new) coronavirus. Reported symptoms include fever, sore throat, cough and shortness of breath. The World Health Organisation (WHO) has confirmed that the main source of transmission is from symptomatic patients coughing and sneezing. Good hygiene and physical distancing can prevent infection for most people.

People with mental illness often have other health conditions or are living in shared living situations or are homeless and therefore may be at increased risk of contracting Coronavirus (COVID-19). Infection is also likely to spread rapidly in bed-based services such as acute, subacute and residential facilities if not managed effectively. Provision of care to consumers and their families via mental health community clinics and outreach services when indicated will be critical in continuing to support and provide treatment. The safety of everyone - consumers, families and our workforce - is paramount. **It is vital that service providers are prepared and supported to respond to Coronavirus (COVID-19).**

Purpose of this document

The purpose of this document is to provide guidance to the clinical public mental health sector to support the safe provision of care in both bed-based and community-based settings during the COVID-19 pandemic. The guidance takes account of advice from the Department of Health and Human Services (the department) regarding infection prevention standards and requirements in order to minimise risk of infection for consumers, families and the workforce. The scope of the document is regarding mental health service delivery; all general advice about COVID-19 is via www.dhhs.vic.gov.au/coronavirus

The document outlines a high-level framework for care, identifies points of guidance provided and includes some suggestions from services. This guidance is correct as at 5 May 2020 and will be updated as required and notification to the mental health sector will occur.

Each mental health service is different, and this guidance should be interpreted and applied consistent with local Health Service contingency planning and local epidemiology that informs decision making.

Principles of care

People with mental illness and their families are among **the most vulnerable members** of the community and will be at **heightened risk** during the coronavirus (COVID-19) pandemic. They are entitled to **the same level of care** of their mental and physical health as the general population, and will require **enhanced support of their social, cultural and emotional needs** in the context of rising unemployment, physical distancing and the risk of social isolation and loneliness.

The following principles are recommended for the consideration of all services along with the Mental Health Act (2014) in decision making regarding local service delivery.

1. The response of Victoria's mental health services (VMHS) to the COVID-19 pandemic will be managed by the health service's organisational governance processes and informed by the 'State Health Emergency Response Plan' and the 'COVID-19 pandemic plan for the Victorian Health Sector' (2020).
2. Victorian mental health services will strive to maintain essential clinical and psychosocial care that is equitable, accessible, appropriate and effective.
3. Partnership (with services, persons with lived experience, systems and with industrial relations bodies) and collaboration will underpin mental health services provided to consumers, carers and families.
4. Difficult decisions about access, treatment and safety will need to be made by service providers in VMHS, working with consumers and their families during the coronavirus (COVID-19) pandemic.
5. Innovation in the delivery of mental health services will be required to ensure business continuity, implementation of alternative models of care, and the maintenance of safety for consumers, carers and clinicians.
6. Changes in the delivery of mental health services should reflect the principles underpinning the recommendations of the Interim Report of the Royal Commission (2019).

Responsibilities

All service providers have a responsibility to:

(a) ensure staff are trained in infection prevention and control as appropriate to their scope of practice

(b) respond to requirements for self-quarantine, self-isolation or coronavirus (COVID-19) illness among service recipients or staff in accordance with Victorian and Commonwealth guidelines and instructions as issued from time to time

(c) develop and implement business continuity plans to ensure critical supports and services continue to be provided, while reducing risk of exposure to coronavirus (COVID-19) of both consumers and staff

(d) ensure that all consumers are supported to access relevant and up-to-date information in a format they can understand

(e) ensure families and carers receive information about any changed practices or service delivery to respond to coronavirus (COVID-19).

Office of the Chief Psychiatrist remains available for advice and support

Clinical situations will continue to arise that present unusual clinical, ethical and medico legal complexities. Clinicians should raise issues with their supervisors in the first instance. The Office of the Chief Psychiatrist is available to discuss difficulties that cannot be resolved locally (Ph. 9096-7571; email: ocp@dhhs.vic.gov.au). There will be weekly teleconferences to help share experiences and learnings with sector leaders and authorised psychiatrists. Chief Psychiatrist advisory notices will be published as required.

Stages of Pandemic Response

The table below outlines the four stages of pandemic response in the COVID-19 Pandemic Plan for the Victorian Health Sector with the broad corresponding actions expected across mental health services. These pandemic stages are operational stages aimed at guiding your practice and **do not** correspond to the
number of physical distancing stages communicated to the general public. Please refer to the COVID-19 Pandemic Plan for the Victorian Health Sector and the COVID-19 link: COVID-19 Pandemic plan for the Victorian Health Sector

Stage	Mental Health Services action	Are we at this stage?
Stage 1 Initial containment stage preparedness and planning	Mental Health services adapt existing business continuity plans to prepare the specific requirements of COVID-19 as per local health service planning requirements. Communicate with all consumers, families and workforce to implement exposure prevention protocols, for example hygiene protocols and physical distancing. Review of care plans and needs of each current consumer and family with the consumer and their family to identify mental health care and treatment during coming months.	✅ Now
Stage 2 Targeted Action - containment in response to confirmed cases of COVID-19 in Victoria	Identify contingencies for bed-based mental health services and increased provision of community-based mental health services in light of: - - Expected reduction in workforce - Reduced bed capacity - The aim of reducing risk of infection through unavoidable bed-based admissions and emergency department presentations	✅ Now

	• Protocols to support safe provision of community care for consumers, families and staff. Identify essential services in line with above.	
Stage 3 Peak Action stage – a severe and sustained outbreak of COVID-19	Mental health services implement contingencies in line with their business continuity plan to maintain the delivery of essential services. This may involve redirection of available resources to essential services for example to community-based mental health care and closure of beds to provide appropriate infection control measures to manage the cohorting of COVID-19 suspected and positive infected people.	☒ Not yet Victoria's Chief Health Officer will advise if/when Victoria moves into this stage.
Stage 4 Stand-down and recovery stage. The number of confirmed cases is declining	Mental health services evaluate, with all stakeholders, current service delivery and in collaboration with the department agree on plan and priorities for future service delivery.	☒ Not yet Victoria's Chief Health Officer will advise if/when Victoria moves into this stage.

Table 1. Stages of Pandemic Response

High Level framework

Modifications to Mental Health service delivery

Service providers should consider mitigation strategies in the context of each method of service delivery. Some considerations for the broad areas of service delivery may include those outlined below.

Method of Service delivery	**Expected modifications/changes to reduce COVID-19 infection risk and planning to support continued mental health service delivery**
Bed-based Mental Health services – acute, subacute, residential and specialist	• Screening to occur prior to admission in relation to current health • Require all consumers and staff to wash hands upon entering the building. • Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities including soap, paper towels, and alcohol-based hand sanitiser. • Increase the frequency of health monitoring such as taking temperature. • Limit visitors and screen necessary visitors. • Reduce any activities where social distance cannot be implemented, that is where 1.5 metres between people or 1 person per 4 square metres cannot be maintained. • Implement physical distancing of consumers at mealtimes and in communal areas. • Implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards and phones. • Implement plans for the care of consumers who are vulnerable due to age or health status, prepared in conjunction with their family and medical practitioner. • Implement plans to cohort COVID-19 suspected and confirmed cases, treat symptoms and monitor for clinical deterioration • For the latest advice, information and resources, go to https://www.dhhs.vic.gov.au/coronavirus

Community Mental health Services - Home-based outreach	• For essential home visits, consumers should be contacted prior to visiting to screen in relation to their health (whether they, or anyone in their household, has a confirmed case of COVID-19 or is unwell) and travel status (whether they or anyone in their household has travelled outside Australia in the last 14 days) • Provide information on coronavirus and prevention – including respiratory and hand hygiene. • See Advice regarding personal protective equipment (PPE) use for depot medication administration and home visiting.
Community Mental health Services (Office-based service delivery)	• Screen consumers in relation to current health (whether they or anyone in their household is a confirmed case of COVID-19 or is unwell) and travel status (whether they have travelled outside Australia in the last 14 days) by telephone before they attend the service if this is possible. • Require all attendees at the service to wash their hands upon entering the service and monitor their temperature • Make available hand sanitiser and tissues • Implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards and phones. • Where possible use alternative modes of contact (that is phone, videoconferencing or email) to reduce person-to-person contact. • Reduce periods of face-to-face contact where possible. • Implement recommended physical distancing between people. • See advice re PPE use for depot medication administration in community clinics.

Table 2. Broad changes to mental health service delivery

Mental health – Planning for consumer needs

Guidance available and ideas shared from the sector

Care needs for consumer	Service delivery options	DHHS Guidance provided	Ideas/options identified by the sector
Consumers in bed-based care either a Mental Health unit or another unit within the health service for consumers with acute mental health needs and COVID-19	If positive for COVID-19 isolate and treat symptoms – may require transfer to a dedicated unit or if physically stable, consider if Intensive Community Mental Health treatment with monitoring of physical health. Suggest: • No transfers between units unless clinical deterioration requires • Admit to closest unit • DHHS to provide direction if required • Recommend the COVID positive consumer be isolated in a single room and appropriate cohorting occur. Consider embedding	*Guidance re PPE for depot medication* Refer to: https://www.dhhs.vic.gov.au/coronavirus *CMI Bulletin re COVID-19 and data collection*	Infection control principles apply. Identification of locally designated units/areas for this use – specialist MH units or aged units with respiration supports initially. Likely be in phases with consideration of transfer to medical setting if there are no behaviours of concern or clinical deterioration requires, or cohorting consumers in areas on mental health units on or identifying units if numbers of COVID positive infections identified. Management of behaviours of concern in the context of infection risk is underpinned by the usual level of clinical considerations and compassion. This includes the use of the MHA and the importance of the current practice of

	specialist respiratory nurse on the Mental Health Inpatient Unit (MH IPU)		using restrictive interventions being kept to the minimum necessary
Acute MH care for consumers who are being tested for COVID-19	Consumers need to be isolated in a MH IPU and monitored		Implement isolation and infection control practices such as use PPE – as above
Acute bed based mental health care but no COVID risks identified	Acute MH IPU, suggest: Consumer care to occur whilst practicing: Universal infection control practices and physical distancing. Daily or BD monitoring of temperature. Physical distancing with activities and meals implemented •		Universal infection control practices and physical distancing. Daily monitoring of temperature. Physical distancing with activities and meals implemented
Subacute	PARC services provided with NGO partner – collaborative care planning in some areas to meet needs of local consumer groups		PARCs have been Identified as potential transition to low dependency unit if limited access to acute beds in stage 3 of Pandemic Plan (Benefit that most PARC's distant from general hospital to limit infection risk)
Forensic mental health care	Specialist/Thomas Embling Hospital (TEH) • Leave for patients at TEH cancelled to prevent transmission of COVID back into facility. • Visitors restricted • Preparation underway to create area for isolation of anyone being tested for/positive COVID 19		• Occupational Therapy Team is actively working on alternative activities to support patients. • Scaling up screening of staff, including temperature checks • Exploring distance learning through TAFE, team sports cancelled – moved to one on one programs
Community-based care for mental health consumers	**Consumers who have high needs at home** • Video conference • Potential to need home visits/clinic for medication and review • Video contact family/carers • Accommodation options may be required to support consumer and family • Emergency Relief **Ongoing care** • Proactive connections being made with consumer and families • Program reduce social isolation	*Guidance regarding overall community provision of care please refer to https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19* *Other mental health resources including: - Intensive in-home Community*	• Home visits options if necessary (refer to advice re when PPE required) • Door stop • Window visit • Community walk • Depot provision • Video conference call – clinician with recommended frequency • May attend ED/Clinic -direct contact using physical distancing in clinic's (smaller number of clinics) • Emergency Response and follow up to provide food, data packs, phone/iPads, support to use • Daily general support/social call (try to keep callers consistent, to support establishment of relationship) • Range of wellbeing and social isolation programs • Role for lived experience peer workers to be proactively in contact with consumers and families

		Care Approach and Guidance regarding use of PPE for provision of depot	• Identify broader workforce – nursing, allied health students – who could join general support role • Establish Social Isolation Program • Wellbeing Program with range of activities/intervention – scheduling, social connection (group video connection), psychotherapy by video conference, solution focused care, volunteers running skill/hobby development groups, book clubs, crafting groups, etc • Family Wellbeing Program
HOPE/Suicide prevention	Options for HOPE teams to align focus and response to COVID-19		Noted as crucial point of service delivery to support population in suicide prevention and responding to persons identified with suicidal ideation and harm

Table 3. Planning for mental health consumer needs

Stage 1: Initial containment stage - preparedness and planning

Mental Health services must abide by directions issued by the Victorian or Commonwealth Governments regarding prevention, including physical distancing.

All service providers must implement recommended hygiene practices in all settings including for consumer facing services, staff and contractors.

Promotional materials are available in community languages, and where possible should be communicated to staff, consumers and carers as directly as possible. This may include mail outs, posters in accessible areas and discussions with clients.

Posters and other documentation supporting good hygiene practice are available for downloading at: https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19

As part of broader Health Services, all clinical mental health services should have a Business Continuity Plan (BCP) that addresses the potential impact of COVID-19 on their service delivery. Business Continuity Plans need to cover potential staff absenteeism and incorporate the impact of dependencies on other services or systems which may or may not be available.

Mental Health services should implement protocols and update them as additional information is published:

- protocols for infection prevention and control procedures in your Health Service, including updates and staff education and audits
- protocols for quarantine
- protocols for outbreak management in your setting and reporting of cases
- protocol for responding to situations where a client has a confirmed or suspected case of COVID-19 or is required to self-isolate
- staff absenteeism/leave
- consumable planning.

Stage 2: Targeted Action

Minimising transmission of coronavirus (COVID-19) must continue to be a priority in this stage. While this is being tackled by the health care system it is a shared responsibility. The focus of Stage 2 initiatives is to:

- continue to prevent the further exposure and transmission of coronavirus (COVID-19)
- support persons who have been exposed and/or have contracted coronavirus (COVID-19) to access appropriate health care, whilst focusing on obtaining or maintaining appropriate accommodation and mental health treatment options
- ensure the workforce is safe and continue to maintain essential service delivery (as per agency business continuity plans)
- in accordance with the current advice of Victoria's Chief Health Officer, anyone who has been in close contact* with a confirmed case of coronavirus (COVID-19) should remain at home for fourteen days following exposure.

*Close contact is defined as face to face contact for at least 15 minutes with someone who has tested positive to coronavirus (COVID-19) or has been in the same space for at least 2 hours when that person was potentially infectious (that is within 48 hours of the point at which they began showing symptoms or while they are showing symptoms). Workers and other contacts who have taken recommended infection control precautions, including the use of recommended PPE, while caring for a confirmed case of coronavirus (COVID –19) are not considered to be close contacts. However, they should be advised to self-monitor and if they develop symptoms consistent with coronavirus (COVID –19) they should isolate themselves and be managed as a suspected case.

Service delivery

In addition to the initiatives in Stage 1: Prevention and Planning, mental health services must implement the following actions in relation to service delivery during Stage 2:

- Provision of general coronavirus (COVID-19) information and education for the workforce, consumers and families. Identify and plan for additional protective and mental health care initiatives to meet the needs of groups identified as particularly high risk for coronavirus (COVID-19) including, but not limited to: homeless consumers; older persons; Aboriginal and Torres Strait Islander consumers and consumers with existing physical health conditions which would increase their vulnerability It should be noted that older people and people with pre-existing medical conditions such as heart and lung disease or a weakened immune system are more at risk of experiencing severe symptoms if they contract the coronavirus. Prevention practices and more frequent monitoring will be required to enable early detection of symptoms.
- Prioritisation of essential services, that is, what is critical and needs to be maintained and what can be delayed or stopped
- Implementing alternative to usual modes of service delivery for all services where practicable to ensure the ongoing delivery of mental health services to consumers and their families, for example – telephone contact rather than face to face contact, where possible.

Advice about transmission reduction in a number of settings can be found at:
https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures

Infection Control

Measures to prevent coronavirus (COVID-19) deploy the same infection prevention control strategies used to prevent the spread of other respiratory viruses like influenza. Preventive measures should be undertaken now to minimise risk of exposure.

Staff should be provided with information about infection control and appropriate equipment to enable effective infection control and hygiene practice.

Staff identified as requiring self-isolation need to remain away from the workplace for the required period.

The principles of standard infection prevention and control precautions should be applied in all services. These include:

- hand hygiene
- respiratory hygiene and cough etiquette

- appropriate use of PPE
- reprocessing of reusable medical equipment and instruments
- aseptic technique
- routine environmental cleaning
- safe use and disposal of sharps
- waste management
- appropriate handling of linen.

Further information about standard and transmission-based precautions can be found in the Australian Government's *Australian guidelines for the prevention and control of infection in healthcare* (2019) <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>.

Further information can be found at https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces.

Promotional material about hygiene and preventative actions including printable resources are available at: https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19

Cleaning

Routine cleaning and disinfection

Workplaces, services delivery settings and residential facilities should routinely (at least daily) clean frequently touched surfaces (for example, tabletops, door handles, light switches, desks, toilets, taps, TV remotes, kitchen surfaces and cupboard handles). Also, clean surfaces and fittings when visibly soiled and immediately after any spillage. Where available, a disinfectant may be used following thorough cleaning.

Transporting clients

Services should consider the necessity of transport and avoid where possible. If transport is required, the consumer should sit in the rear passenger seat as far from the driver as possible. The driver should be a worker that has already had contact with the consumer (that is, not expose a new contact). If a consumer, staff member or carer requires emergency medical treatment, an ambulance should be called.

Stage 3: Peak Action stage

If the scale and severity of COVID-19 worsens, the department may advise community service providers to implement Stage 3 measures.

This document will be updated with guidelines as they become available. In addition to the steps outlined in Stage 1 and Stage 2, focus on:

- ensuring regular communication and information sharing
- workforce safety and business continuity
- managing surge on service due to demand led by pandemic events
- consumer and carer safety and wellbeing procedures

In Stage 3 there are likely to be significant disruptions to society and challenges to social cohesion. Physical distancing may have wide-ranging effects on business, the economy and public sentiment. Vulnerable community members may be significantly impacted by the effects of coronavirus (COVID-19) and the community's various responses to it.

Supporting consumers after the infection phase

Information is provided in the guidelines for health services about criteria for hospital discharge. This is subject to change and the most recent advice should be checked at: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

Links to key documents

- *CMI Bulletin re COVID-19 and data collection*
- *Guidance regarding use of PPE for provision of depot*
- Guidance regarding Community mental health intensive care during COVID-19

Resources

Mental Health Resources
Coronavirus.beyondblue.com
Dhhs.coronavirus.com

Important Telephone numbers:
Coronavirus hotline: 1800 675 398
Health or health advice: National Coronavirus helpline – 1800 020 080
All questions about relief assistance packages – Vic Emergency Hotline – 1800 226 226
All questions about reducing transmission including mass gatherings and physical distancing – DHHS hotline – OR visit dhhs.vic.gov.au/coronavirus
Any other queries – National Coronavirus helpline – 1800 020 080

Chief Health Officer
Follow the Chief Health Officer on Twitter
Check the daily Chief Health Officer updates and alerts on the department's website <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

National
National Disability Insurance Agency: https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndis-and-disaster-response#coronavirus-information
National Disability Insurance Scheme Quality and Safeguards Commission https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information
https://www.ndiscommission.gov.au/document/1976
Smart Traveller website, Department of Foreign Affairs & Trade: http://www.smartraveller.gov.au
Australian health sector emergency report plan for novel coronavirus (COVID-19) guides the Australian health sector response:https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19
Australian Government Department of Health, Coronavirus (COVID-19) resources
https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources

Victorian
Victorian and national information on COVID-19 resources (includes links to other sites) https://www.dhhs.vic.gov.au/coronavirus

Employers
WorkSafe Victoria, Preparing for a pandemic: a guide for employers https://www.worksafe.vic.gov.au/resources/preparing-pandemic-guide-employers

Commonwealth of Australia, Emergency management for business https://www.business.gov.au/Risk-management/Emergency-management

WorkSafe Victoria, An alert about the risks associated with potential exposure to novel (new) coronavirus (2019-nCoV) in workplaces
https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces

 Australian Fair Work Ombudsman, Coronavirus and Australian workplace laws
https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws