The transition of a mental health facility to a COVID-19 isolation ward and unit to deliver remote inpatient mental health care

Abstract

Throughout the COVID-19 pandemic, mental health services were confronted with significant challenges and mental health staff have not only had to provide a continued service for, often distressed, service users but have had to adapt practice and comply with the ever-changing public guidelines for containing the virus. There is a pressing need, therefore, to learn from the challenges that mental health services have faced and continue to face throughout different stages of the pandemic. While uncertainty is inevitable in pandemics, mental health nurses as a community can learn from individual experiences of adaptation.

This article describes the unique and rapid transition of one Irish mental health facility to a COVID-19 isolation ward and unit for delivery of remote admission to a mental health service (home care admission). In order to capture this transitory experience, the areas discussed include preparation of the site, key challenges and the role of nursing staff, mental health service delivery, managing home care packages, the nurse management role and remote ward nursing. This discussion demonstrates how one mental health setting successfully evolved and met the challenges brought by the global pandemic through a combination of adaptability and flexibility in service delivery.

Key words: COVID-19; Mental health nursing; Nurse leadership

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Introduction

Throughout the COVID-19 pandemic, mental health services have been confronted with significant challenges (Duan and Zhu, 2020; Marazziti and Stahl, 2020; Shigemura et al, 2020; Thome et al, 2020). Mental health staff have not only had to provide a continued service for often distressed service users, but have had to adapt practice and comply with ever-changing public guidelines for containing the virus (King et al, 2021; Kirwan et al, 2021). In Ireland, 30% of people reported that their mental health had worsened since the public health restrictions were implemented in March 2020, and 81% of people said that they felt less socially connected as a result of the pandemic (Department of Health, 2021). Another Irish survey reported an increase in mental health referrals and relapse among those with mental illness following the start of the pandemic and the proceeding restrictions (College of Psychiatrists Ireland, 2020).

The World Health Organization (WHO) and the World Psychiatric Association (WPA) have recognised the essential role of mental health services during this crisis (Adhanom Ghebreyesus, 2020; Unutzer et al, 2020) and have issued strategies aimed at strengthening mental health care in countries recovering from crises such as COVID-19 (WHO, 2013). More recently, Kirwan et al (2021) detailed the leadership that nursing staff in mental health settings have demonstrated in service adaptation. This includes, but is not limited to, adjusting practice through novel means, including the delivery of technology-mediated interventions, upskilling on infection control and adapting practice to comply with national guidelines.

There is a pressing need to understand and learn from the challenges that mental health services have faced and continue to face through different stages of the pandemic. While uncertainty is inevitable in pandemics, mental health nurses, as a community, can learn from individual experiences of adaptation.

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Setting

St Patrick's Mental Health Service is the largest independent provider of mental health services in Ireland, consisting of three inpatient approved centres, St Patrick's University Hospital , Willow Grove Adolescent Unit and St Patrick's Hospital Lucan. St Patrick's Hospital Lucan is a modern 52-bed mental health commission approved centre situated in County Dublin, consisting of 49 en-suite rooms on sprawling grounds.

In January 2020, COVID-19 was on the horizon and its arrival in Ireland was almost inevitable. The first case was reported in Ireland on 29 February 2020 (Irish Times, 2020). The organisation decided to convert St Patrick's Hospital Lucan into a COVID-19 isolation unit for suspected, positive and close contact cases within this mental health service (Fearon, 2020). It was an ideal location for an isolation facility away from the main hospital campus. This decision set in motion a radical change of role for mental health nurses working on site in this area. Aside from the comprehensive environmental changes to make this a COVID-19 compliant isolation unit, staff had to also deliver remote care to patients availing of the home care package; a remote inpatient care package. So far, this site has provided care for 518 inpatients with COVID-19 related issues and 1315 home care packages between 1 April 2020 and June 2022 (Table 1).

Ethical approval

All procedures were performed in accordance with the ethical standards of Trinity College Dublin. As this is a service evaluation, this study is not subject to ethical approval.

Preparation of the site

In March 2020, when the first lockdown was announced in Ireland, a meeting was arranged by two clinical nurse managers with the directors of nursing of both St Patrick's University Hospital and St Patrick's Hospital Lucan to ensure the safety, welfare and security of staff and service users in St Patrick's Hospital Lucan. Before the arrival of any service users requiring self-isolation, changes to the physical structure of the ward were necessary.

Provisions were required to ensure that physical and psychological needs could be met to continue to ensure excellent standards of care. The physical structure was adapted to allow for observation while reducing face-to-face contact with staff. Room design was altered to allow for closer observation through newly inserted observation panels on doors, while at the same time, safeguarding service users' dignity and privacy. Separate equipment for monitoring vital signs was placed in each room. Plastic shelving was placed outside each room with adequate supplies of personal protective equipment (PPE). Appropriate disposal methods were also provided. The management of infected linen, clinical waste, showering facilities and appropriate clothing for nursing staff was discussed and provided. In this way, collaboration at a senior management level coordinated the protocols and procedures to facilitate the changes required for St Patrick's Hospital Lucan to become an isolation unit.

The two key challenges faced by nursing staff stemmed from patient fear, for both themselves and their families, as well as concerns raised about the ability to care for service users with deteriorating health, conditions, caused by COVID-19. These challenges were offset by the provision of appropriate occupational health reviews, education and training and procurement of appropriate PPE. Local leadership promoted evidence-based decision-making, building and maintaining good staff relationships through good open communication. This provided staff with a platform to safely raise and manage concerns.

Table 1. Number of service users treated for COVID-19 and number of home care packages managed April 2020–June 2022

Number of mental health service users treated for COVID-19-related issues April 2020–June 2022	518
Number of home care packages managed April 2020–June 2022	1315

Key challenges for nursing staff

The staffing complement for St Patrick's Hospital Lucan was six to seven nursing staff on duty daily; this included one clinical nurse manager and five to six staff nurses. At night, there were three staff nurses on duty. These staffing numbers had to be flexible depending on the complexity of service users need. Overall nursing responsibility is provided by a director of nursing Monday to Friday 9am to 5pm and outside of these hours by the assistant director of nursing on site.

The unprecedented nature of the pandemic led to a hasty change for mental health nurses working in St Patrick's Hospital Lucan, which ranged from providing a mental health service, to caring for mental health service users who required isolation because they also had or were suspected of having COVID-19, as well as close contacts of a confirmed case. The organisational decision to make this significant change understandably resulted in fear and anxiety among nursing staff. One area of anxiety centred around transferring COVID-19 related cases from the acute mental health unit, where service users were experiencing significant mental ill health St Patrick's Hospital Lucan. This anxiety related in the early stages of the pandemic to the fear of contagion and also to the distress of moving very unwell service users from one acute unit to a different site. Nurse leaders within St Patrick's Hospital Lucan liaised with organisational management to manage the risks that this move posed in terms of the resources and physical structure. This leadership resulted in an agreement that service users would be transferred only if their risk and nursing assessment deemed them suitable for care in St Patrick's Hospital Lucan.

Adaption of the nursing role

Nursing staff demonstrated flexibility and adaptability during this difficult transition from a mental health facility to a COVID-19 isolation facility. Most staff nurses were registered psychiatric nurses, and there were a limited number of dual qualified nursing staff (ie psychiatry and general trained). Their role was diverse, caring for services users that were on site for the purpose of isolation and at home, often at the same time. Additional duties included the donning and doffing of PPE, implementing appropriate isolation protocols, managing and recognising the medically deteriorating patient, daily vital observations, which were recorded as per the modified early warning score (MEWS) (Morgan et al, 1997), managing service users' fears and anxieties, providing mental health and psychological support, provision of activities and information, and maintaining communication with the multidisciplinary team and families. The possibility of service users dying while under care was initially feared; however, the use of the MEWS and a quick transfer system via the emergency services to the nearest general hospital allayed these fears. As time went on, a confidence and competence in care delivery was developed. Nursing staff worked within the Nursing and Midwifery Board of Ireland guidelines (2021) and scope of practice to provide a key role in advocating for service users, especially those who found aspects of isolation difficult and challenging.

Mental health service delivery

It has been a steep learning curve managing home care packages and service users on site for isolation purposes. Nursing staff were allocated a caseload daily and the number of service users on site dictated the number of staff required to provide physical care. This was based on the individual care planning and risk assessment of service users, considering their physical and psychological needs. The number of service users physically on site fluctuated from one to 26, based on COVID-19 isolation needs at any time. Responsibility for the service users' care plan remained with the treating team, although the treating team was in a separate approved centre, but accessed via Microsoft Teams. The use of tablets and devices enabled a daily online activity programme for service users that was both therapeutic and recreational in nature. Recreational activities were provided on site, which included jigsaws, craftwork and daily newspapers. Care was provided specific to the service users' COVID-19 needs; this included swabbing regimes, management of symptoms and ongoing monitoring of their period of isolation in conjunction with the infection control team.

No visiting was allowed on site, however, as St Patrick's Hospital Lucan is a one-storey building, window visits were facilitated with nominated family members. Service users communicated with family and friends by using their own personal IT devices or a phone was provided if needed. Service users were encouraged to use the nurse call bell and a laundry service was provided for personal items. Hospital linen was managed by the laundry department using infected linen protocols. Scrubs were requested and provided to nursing staff. A daily menu was given to the service users at night and the order was submitted to the kitchen in the morning. Therapeutic diets and personal requested items were provided where feasible, with most reasonable requests being possible. Individual service users also had the option to order takeaway food from the community as they wished, and refreshments were provided throughout the day by nursing staff.

One–to-one nursing support was provided on a daily basis to service users, while nursing staff remained aware of limiting time spent within the service user's room. When isolation was completed, transport was provided to transfer the service users back to the main campus at St Patrick's University Hospital. The transfer log was updated by the clinical nurse manager to comply with the Mental Health Commission (2009) code of practice on admission, transfer and discharge.

Managing home care packages

Depending on the nursing staff complement and rostering arrangements, a caseload of service users who used home care packages ranged from 6–12 daily. Nursing interaction with service users receiving a home care package varied in intensity and duration depending on their needs. Managing service users remotely was a new phenomenon in mental health nurses and nursing staff at St Patrick's Hospital Lucan had to quickly develop skills to successfully manage this cohort. The challenges faced were varied: in their normal daily practices, mental health nurses use observation and non-verbal communication as a major part of their nursing assessment, but this was not available to mental health nurses as most service users opted for telephone communication. Furthermore, many service users were not previously known to themental health nurses as care was provided to service users from 15 different multidisciplinary teams. Daily phone calls were provided by mental health nurses; the duration and frequency varied from 15 minutes to 2 hours once or multiple times in a 24-hour period, depending on their complexity. Service users were made aware that support was available 24 hours, 7 days a week and that they had a personal responsibility to contact mental health nurses at St Patrick's Hospital Lucan when required. The nursing intervention involves daily risk assessment and management of these risks. Providing psychological support, facilitating interventions such as decider skills (skills designed to enable participants to make effective changes to help manage distress, regulate emotion, increase mindfulness, promote effective communication and help to live a more skilful, less impulsive life), monitoring of mental state, medication management and providing medication prescription as required was done through an orgnaisational risk assessment. As St Patrick's Mental Health Service operates an electronic health record, all communications were recorded in the progress notes and were immediately available to all members of the multidisciplinary team. If nursing staff had any immediate concerns about a service user's wellbeing, telephone or email contact was made with the treating team. Care plans and medication regimen were changed and physical admission was implemented when necessary. Nurses attended multidisciplinary team meetings remotely via Microsoft Teams.

Nurse management role

Local nursing managers helped the nursing staff to talk about their fears and concerns regarding COVID-19 and the complete change of current working environment and practices. Mental health nurses were encouraged to relay concerns and occupational health reviews were organised. This resulted in some mental health nurses requiring redeployment or a change in their role. Training needs were identified and appropriate training was provided. Mental health nurses voiced appropriate concerns and worries for their personal safety and that of their families. Local nursing leadership supported mental health nurses and enabled a smooth transition from the mental health facility to the COVID-19 isolation unit/remote admission unit, while continuing to provide a high standard of care to meet service users'

needs. Nursing management kept abreast of all information regarding COVID-19 national policies and procedures, facilitating the adaptation of management of service users during the COVID-19 pandemic (HSPC, 2022).

The clinical nurse managers were the main link for all communication and information, attending regular meetings with nursing management, and those in infection control and occupational health. These meetings were facilitated via Microsoft Teams with intermittent communication as required. The clinical nurse managers liaised with clinical governance to enable form 10 transfers (where a service user detained under the Mental Health Act is transferred from one approved centre to another) on the rare occasion that an involuntary patient required isolation. This happened twice in 2019. Before COVID-19, St Patrick's Hospital Lucan did not provide ongoing care of involuntary patients. This change in practice was reflected in a policy change. On a daily basis, the clinical nurse manager liaised with the admission department at St Patrick's University Hospital regarding transfers, admissions and discharges of those using home care packages and on-site service users.

Remote ward nurse

Owing to occupational health reviews, some mental health nurses were unable to provide face-to-face nursing care and were able to work remotely. From January 2021, new guidance was issued regarding pregnant staff providing face-to-face care: it was deemed high risk for these nurses to be physically on site and they began to work remotely. These remote ward nurses liaised with ward staff each morning to obtain their caseload, attend multidisciplinary team meetings, provide care to those using home care packages and feed back on the status of their caseload at the end of the day. The remote ward nurses would also attend the handovers via Microsoft Teams and join the nurses that were on site. This ensured that remote ward nurses still felt like valuable members of the team and it also kept effective and clear communication within the nursing team.

Discussion

It is now recognised that infection with COVID-19 also affects mental health. As was the case with severe acute respiratory syndrome (SARS), over 50% of people with COVID-19 experience clinically significant depression and/or anxiety, as well as possible longer-term effects, such as post-traumatic stress and post-viral syndromes (Crowley and Hughes, 2021). This underscores the necessity for specialist mental health services for these patients.

While mental health staff have had to adapt practice to minimise the risk of exposing patients to COVID-19, they have also had to ensure that service users, especially those with serious mental health problems, continued to receive the full range of services. In one early study investigating the impact of the COVID-19 pandemic on mental health care staff in the UK, staff reported that immediate infection control concerns were highly important for inpatient staff and that multiple rapid adaptations and innovations in response to the crisis were essential, especially remote working (Johnson et al, 2021).

The unit discussed in this article is a uniquely situated case. Admissions have changed from no on-site service users and 52 users of home care packages to 26 on-site service users and 26 users of home care packages. The workload has provided great variety each day, posing new challenges, solutions and many positive experiences for both service users, and mental health nurses. Throughout this process, mental health nurses have demonstrated a level of ingenuity and flexibility that has never been expected or performed before. Each mental health nurse travelled their own individual journey with their own unique experiences along a common pathway with the same end goal, providing high-quality, safe and excellent care to service users on site and at home.

Conclusions

The COVID-19 pandemic has demonstrated the profound impact of a severe public health event on mental health and, within this, has highlighted the important function of mental health staff and services during such an event. This article explored the changes and challenges required to change one mental health facility to a COVID-19 isolation unit and

remote admission unit while empowering service users. While changed by this COVID-19 journey, the nursing staff in the setting discussed in this article have developed as a team through their efforts, embracing uncertainty and responding with determination and flexibility.

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Conflicts of interest

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References

Adhanom Ghebreyesus T. Addressing mental health needs: an integral part of COVID-19 response. World Psychiatry. 2020;19(2):129–130. https://doi.org/10.1002/wps.20768

College of Psychiatrists Ireland. COVID-19 impact on secondary mental healthcare services in Ireland. 2020. https://www.irishpsychiatry.ie/wp-content/uploads/2020/06/Full-Report-of-Survey-to-Consultant-Psychiatrists-on-COVID19-impact-on-MHS-17.06.20.pdf (accessed 14 September 2022)

Crowley P, Hughes A. The impact of COVID-19 pandemic and the societal restrictions on the health and wellbeing of the population, and on the health service capacity and delivery: a plan for healthcare and population health recovery. Dublin: National QI Team, Health Service Executive; 2021

Department of Health. Healthy Ireland survey 2021. 2021. https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/ (accessed 14 September 2022)

Duan L, Zhu G. Psychological interventions for people affected by the COVID-19 epidemic. Lancet Psychiatry. 2020;7(4):300–302. https://doi.org/10.1016/S2215-0366(20)30073-0

Fearon P. Opening up while locking down: how an Irish Independent sector mental health service is responding to the COVID-19 crisis. Ir J Psychol Med. 2020;37(3):172–177. https://doi.org/10.1017/ipm.2020.68

Health Protection Surveillance Centre. 2022. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/outbreakmanagementguidance/COVID%20HP%20Outbreak%20Plan.pdf (accessed 14 September 2022)

Irish Times. The arrival of COVID-19 will inevitably ratchet up concern and, for some, fear. 2020. https://www.irishtimes.com/news/health/the-arrival-of-covid-19-will-inevitably-ratchet-up-concern-and-for-some-fear-1.4189723 (accessed 14 September 2022)

Johnson S, Dalton-Locke C, Vera San Juan N et al. Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff. Soc Psychiatry Psychiatr Epidemiol. 2021;56(1):25–37. https://doi.org/10.1007/s00127-020-01927-4

King M, Farrington A, Donohue G, McCann E. Psychological impact of the COVID-19 pandemic on mental health nurses. Issues Ment Health Nurs. 2021;43(4):300–307. https://doi.org/10.1080/01612840.2021.1978598

Kirwan S, Cunningham P, Donohue G, Keogh B, Creedon J. Nursing leadership in response to the COVID-19 crisis in an Irish independent mental health service. British Journal of Mental Health Nursing. 2021;10(2):1–8. https://doi.org/10.12968/bjmh.2020.0044

Marazziti D, Stahl SM. The relevance of COVID-19 pandemic to psychiatry. World Psychiatry. 2020;19(2):261–261. https://doi.org/10.1002/wps.20764

Mental Health Commission. Code of Practice on admission, transfer and discharge to and from an approved centre issued pursuant to Section 33(3)(e) of the Mental Health Act, 2001. 2009. https://www.mhcirl.ie/sites/default/files/2021-01/COP_ATD.pdf

Morgan RJM, Williams F, Wright MM. An early warning scoring system for detecting developing critical illness. Clin Intens Care. 1997;8:100

Nursing Midwifery Board of Ireland. Code of Professional conduct and ethics for registered nurses and registered midwives. 2021. https://www.nmbi.ie/NMBI/media/NMBI/Code-of-Professional-Conduct-and-Ethics.pdf?ext=.pdf (accessed 14 September 2022)

Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M, Benedek DM. Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: mental health consequences and target populations. Psychiatry Clin Neurosci. 2020;74(4):281–282. https://doi.org/10.1111/pcn.12988

Thome J, Coogan A, Fischer M, Tucha O, Faltraco F. Challenges for mental health services during the 2020 COVID-19 outbreak in Germany. Psychiatry Clin Neurosci. 2020;74(7):407–407. https://doi.org/10.1111/pcn.13019

Unutzer J, Kimmel RJ, Snowden M. Psychiatry in the age of COVID-19. World Psychiatry. 2020;19(2):130–131. https://doi.org/10.1002/wps.20766

World Health Organization. Building back better: sustainable mental health care after emergencies. 2013. https://www.who.int/publications/i/item/9789241564571 (accessed 11 October 2022)