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Recommendations for Mental Health Departments pertaining to activities related to containment of the SARS-CoV-2 virus, updated for phase 2

Mental Health Services have remained operational throughout the first phase of the current pandemic, although a series of restrictions and adjustments have been implemented. The majority of recommendations suggested previously still remain valid, while some will be reinforced or modified to adapt to the new scenarios envisaged. Indeed, in the foreseeable future an increase in mental disorders is expected amongst the general population, particularly with regard to anxiety and/or mood disorders, due to a series of factors including prolonged social isolation, forced cohabitation and related increase of family discord. In particular, concerns over the economic situation due to loss of productivity nationwide and consequent rise in unemployment will add to this burden. Uncertainties relating to the duration of the COVID-19 pandemic and associated fears, to the constraints and limits to be complied with, including restrictions to domestic and international travel, should also be taken into account. This change in conditions has already produced a negative effect on a substantial number of staff working in mental health facilities, and a significant increase of burden on the mental health system is expected due to an increased onset of new cases, which will increases the number of incident cases. In this situation, an overall reinforcement of the system should be envisaged, and the hiring of new staff where necessary.

There are as yet no defined time limits for phase 2, during which a gradual normalization of working, social and recreational activities will take place; however, the fundamental regulations imposed to limit the spread of COVID-19 should still be strictly adhered to. These regulations, referred to as the "4 Ds" may be summarized as follows:

1. **Distance**: physical distancing must be adhered to (social contacts are maintained);
2. **Devices**: masks and other Personal Protective Equipment (PPE) of varying degrees should be used according to the risk present;
3. **Digital**: the use of Digital technology should be reinforced to maintain and increase the use of telemedicine;
4. **Diagnosis**: a timely use of swabs should be made available, when appropriate to the situation.

In order to ensure safe working conditions in Mental Health Departments, adequate staff resources must be made available; in line with the standards established for the current crisis, continuous staff training must be guaranteed, telepsychiatry technologies set up and clearly defined procedures implemented to ensure timely diagnosis through swabs, when deemed necessary.

The following recommendations, in line with those issued by the Ministry of Health for phase 1, are an adaptation of the recommendations also envisaged for phase 2. The general indications will be applied more or less stringently over the next few months, depending on the course of the epidemic and the evolution of both national and regional regulatory provisions.

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Community Mental Health Centres (CMHCs)

General indications

Community service activities should be planned considering as a priority the maintaining of therapeutic continuity through telephone contacts, videocalls and other telematic methods whenever possible. Healthcare Authorities should provide facilities with video conference systems in order to facilitate communication between facilities, reducing mobility of staff members and enhancing communication with users as much as possible. Team meetings should continue and psychosocial and rehabilitation activities, initially for small groups, should gradually recommence provided that safety standards can be ensured (Distance, Devices, Diagnosis).

Patient management Instructions

Direct and remote activities

- Direct outpatient activities, namely face-to-face visits and other forms of healthcare, should be scheduled so as to avoid crowding in the facility. Taking into due consideration patient characteristics and preferences, contacts should be made remotely whenever possible. Telephone triage prior to patient access to the facility will continue, and instructions will be provided on how to access this. Temperature measurement at the entrance to the facility is mandatory. Outpatient slots should be organized on the basis of one appointment per hour for each psychiatrist or psychologist on duty, restricting visiting hours to allow the staff present to carry out appropriate sanitization procedures and monitor social distancing in waiting rooms.
- Notification of date and time of appointments should be accompanied by a request to strictly adhere to schedules, to avoid both arriving early and lingering in the waiting room after the appointment, and highlighting the need to use devices placed at the entrance to the facility (hand sanitizers, surgical masks)
- All activities (including phone and video calls) should be registered on medical records and on the national information system.
- Staff members involved in management of group activities should maintain remote contact with users, evaluating the opportunity of recommencing meetings, whilst complying with all safety regulations, solely for those users capable of doing so; users displaying significant behavioural issues should be offered individual activities, even outdoors if deemed appropriate.
- Prescriptions should be provided by telematic means through the national platform whenever possible; as an alternative, traditional paper prescriptions should be issued in a sealed envelope.
- Scheduled drug administrations should continue whilst adopting all necessary precautions and using correct PPE.

Presence of the patient and/or family members in the facility

- During face-to-face activities, staff members must comply with the same hygiene and prophylaxis standards established for phase 1:
  - surgical masks should be worn constantly, even when not in direct contact with facility users, and physical distancing measures adhered to (at least 1 m). If distances need to be reduced in order to provide appropriate healthcare, all due precautions must be taken;
  - hands should be washed as recommended before and after each activity and/or appropriate alcohol-based hand gel used;
  - in the case of the oral/intravenous/intramuscular administration of drugs, gloves and/or other PPE should be worn in line with established procedures;
  - use of landlines should be avoided unless the phone can be used in hands-free mode or is used exclusively by a single operator;
  - newspapers and magazines should be removed from common waiting rooms and relaxation areas for users and family members;
  - one appointment should be scheduled every 60 mins for each professional in order to avoid queues and allow adequate time for sanitization procedures;
  - each service should limit access to the facility, directing the user from the Filter Zone (see below) to waiting areas;
  - people permitted to access waiting areas should not exceed the maximum number allowed in order to ensure appropriate social distancing. Whenever possible, chairs should be placed outside the facility to allow people to wait in the open, once again ensuring social distancing;
  - presence of carers should be limited to those strictly necessary (e.g.: carers of non-self-sufficient people) and their stay in waiting areas kept to a minimum;
  - on accessing the CMHC, all users should wear surgical masks constantly whilst on the premises and comply with social distancing;
  - all people accessing the facility will receive instructions on how to cleanse their hands with antiseptic gel and be asked to follow signage to the Filter Zone or other destined area set up in line with social distancing measures;
  - triage for COVID-19 symptoms for both users and accompanying persons will be carried out in the Filter Area and body temperature will be measured by means of infrared thermometers; the Filter Area will also be used following contact with COVID-positive subjects (epidemiologic positivity);
  - if the user reports contact with a COVID-positive subject, the psychiatric visit will be accompanied by information on the need for the user to self-isolate and to contact his/her GP to discuss what to do next;

– for users displaying fever and/or other potentially COVID-19 related symptoms (symptomatic positivity), their GP should be contacted to activate diagnostic procedures and self-isolation for the user; psychiatric assessment and subsequent monitoring should be guaranteed as soon as possible by telephone or video call, with the exception of urgent cases to be redirected to the emergency system.

Sustainable social reintegration activities (P.A.S.S.)

On recommencement of working activities in which patients were involved, the case manager will evaluate on an individual basis the possibility of the user returning to the workplace, taking into account the guarantee of safety measures, also relating to means of transport.

Home visits

- Home visits may recommence for users unable to visit the facility and for patients who cannot be managed adequately via telematic methods.
- Prior to the home visit (or any other visit), staff members will enquire about the health of both the patient and his/her family members, in order to assess the risk of exposure. In the presence of fever and/or COVID-19 symptoms, the visit should be postponed whenever possible, maintaining telephone contacts to monitor clinical evolution.
- During the home visit, the patient and any family members present should wear a mask or have their nose and mouth covered; staff members should wear a surgical mask. In the case of drug administration or other medical procedures requiring close distance or contact, in addition to the surgical mask, appropriate PPE should be worn.
- In the case of a visit to a patient displaying respiratory symptoms or other highly suggestive indicators of COVID-19 infection, staff members should wear full PPE indicated for these situations (gloves, FFP2/3 filter mask, goggles, disposable gowns, overshoes).
- Home care activities for patients living in supported housing, foster homes, or shared homes, should continue to follow the safety procedures described for home visits, as usual. Monitoring and assistance by staff members is considered essential and should be managed via phone or video contacts only when deemed sufficient.
- Use of the service vehicle should be limited to a maximum of two staff members both wearing surgical masks and seated at a distance. The eventual transportation of a patient, usually performed by two operators, should take place using an appropriate vehicle such as a minibus.

Emergency territorial Interventions

In view of the fact that emergency interventions, including Compulsory Health Evaluations and Compulsory Health Treatment procedures, involve similar conditions to those faced by other emergency workers (118) in which frequently unknown individuals are assisted with staff operating in an unprotected environment (street, patients' home etc.), in situations of potential direct contact with an agitated or behaviourally disorganized person the following general procedures are recommended:

- staff should be equipped with the highest level of full PPE;
- the maximum possible safety distance should be kept;
- only one staff member, generally the psychiatrist, should approach the user for interview, which should take place at a minimum safety distance of at least 1 meter, or greater whenever possible;
- if the intervention takes place in a confined environment (i.e. at home), the interview should be conducted, where possible, in a ventilated room, with open windows or in an outside space;
- in the case of requests for psychiatric visits for confirmed COVID+ patients, the need for urgent intervention should first be discussed with the prescribing GP or the physician in the Special Continuity Care Unit.

Day Centres

General indications

Activities carried out in these semi-residential structures may gradually restart, although a limitation of the number of users simultaneously attending the facility should be observed. In the case of users who are unable to comply with safety rules, an alternative program should be defined (scheduled visits at the CMHC in person or by telephone or video call).

Patient management instructions

- Remote activities set up by services and operators via both individual and group videocalls should be maintained and encouraged.
- Therapeutic continuity and psychosocial interventions should be guaranteed to all patients by means of telephone or videocalls or, whenever possible, face-to-face encounters. Group activities should continue via videocall platforms, with face-to-face activities only being recommenced if all safety regulations (triage, hygiene measures, use of protective equipment and social distancing) can be adhered to.
- All activities conducted should be recorded. Particular care should be taken in monitoring the health and living conditions of users and their families.

Psychiatric residential treatment facilities

General indications

Appropriate strategies should be continued to prevent spread of the virus in residential structures, and protocols

for the management of people who may have contracted the infection should be adopted. Moreover, maintenance of rehabilitation activities and therapeutic and social relationships of users must be guaranteed.

Patient management Instructions

- The presence of users inside these facilities should be permitted only if social distancing can be guaranteed. The admission of new patients should only be reinstated for individuals displaying no symptoms of COVID-19 and receiving negative swab results. These users should be kept isolated from other guests for the first 14 days.
- Group activities, team meetings and any other activities implying the simultaneous presence of several people should be permitted in compliance with safety regulations (only a few patients per meeting, physical distancing, use of surgical masks, use of large and well-ventilated spaces or outdoor areas).
- Residential facilities should continue ongoing individual rehabilitation activities within the limits established by national/regional legislation relating to the current epidemic; where possible, these activities should be rearranged in a participatory manner with the contribution of patients.
- Physical distancing must be guaranteed even during meals, for example by organizing shifts and using disposable cutlery, plates and glasses, or adopting sanitization procedures for cutlery, plates and glasses to make them reusable .
- Exits from the facility should be limited to occasions deemed possible by the manager on the basis of user conditions, and should not be extended to subjects under health surveillance. Patients should be provided with masks, self-certifications (according to the provisions of the current government decree) and certificates of admission to the facility. As a general rule, temporary discharges from the facilities to return home (both for daytime and overnight stays) remain suspended.
- Visitor access to facilities should be limited to cases of effective need and permitted to only one visitor at a time; visitors will undergo triage by an operator on accessing the facility to check for fever and/or other COVID-19 related symptoms and ascertain previous contact with confirmed COVID-positive subjects. Visitors should wear surgical masks and wash their hands or clean them with alcohol-based hand gel prior to contact with users and operators; social distancing should be ensured.
- Users should be continuously supported in compliance with protocols aimed at preventing infection, actively promoting physical distancing from other guests and operators and frequent hand washing;
- Individual outings and physical exercise of residents should be encouraged within the grounds of the structure if courtyards, gardens or external areas are available on the premises.
- Remote contacts (telephone, videocalls etc.) between patients and their friends and family should be maintained.
- The above regulations should be circulated to facility operators, users, and their families, in addition to being displayed at entrance to the facility.
- Daily health surveillance of resident patients should be implemented by measurement of body temperature (once a day) and checking for any COVID-19 symptoms (cough, sore throat, respiratory fatigue, conjunctivitis, anosmia and ageusia). These data should be registered on the nursing records.
- Operators should always use surgical masks and implement hygiene precautions (hand washing or use of gloves, ventilation of rooms). In particular, gloves should be used during the dispensing of meals, administration of therapies and daily distribution of money and cigarettes, where envisaged.
- All newly admitted patients should be carefully checked for signs or symptoms of COVID-19 infection; swabs prior to entry are highly recommended. Moreover, precautionary isolation should be implemented for 14 days during which the subject should wear a surgical mask and have contact only with operators wearing surgical masks and gloves. Admission should be postponed when:
  - the patient has fever and/or respiratory symptoms
  - swab test is positive;
  - the subject has already experienced COVID-19 symptoms and has not since had at least 2 negative swabs in addition to clinical recovery;
  - the subject has had contact with a COVID-positive person in the last 14 days.
- If a resident displays possible signs or symptoms of COVID-19 and has not been swabbed, he should immediately put on a surgical mask, while staff members interacting with him/her should wear full protective equipment, including gloves, surgical mask and disposable gowns. The patient should be placed in isolation in a single room with private bathroom; he/she should remain isolated from others for meals and when receiving treatment. The case should be notified to the facility GP, procedures for suspected COVID-19 cases should be activated as soon as possible and a naso-pharyngeal swab performed.
- In the case of an asymptomatic or mildly symptomatic COVID+ patient displaying a clinical picture that does not require hospitalization but who cannot be discharged home or to another dedicated facility, isolation in a single room should be ensured. The patient should wear gloves and a surgical mask, particularly when interacting with operators. All other indications relating to the isolation of COVID+ subjects with regard to meals, linen, sanitation etc. should be carefully followed. Adhering to procedures employed in

all COVID-19 hospital units, staff members should only have direct contact with the patient inside their room, keeping any contact to a bare minimum and should always wear full PPE (gloves, FFP2/3 filter masks, disposable goggles and gowns). Staff members should be appropriately trained in safety procedures to be applied in these cases. Moreover, careful clinical monitoring should be performed (measurement of body temperature and oxygen saturation "walking test" three times a day). People who may have come into contact with the patient (other users, staff) should receive a swab test and self-isolate for 14 days. If swab test results are negative, staff members may return to work if necessary, taking care to wearing a surgical mask at all times and ensuring they comply with all hygiene regulations. Should the patient display worsening of COVID-19 symptoms, the medical transport service should be contacted to transfer the patient to the emergency room whilst adhering to protective procedures implemented by the operators of this service.

Psychiatric Hospital Wards

General indications

Hospitalizations in PHWs for both voluntary and compulsory treatments are usually limited to patients with urgent conditions. Patients with active psychiatric disorders and COVID+ symptoms must be hospitalized in dedicated rooms in specific COVID-19 Medical Units where the psychiatric team will monitor the evolution of psychopathological status on a daily basis, or as necessary.

Patient management indications

- On approaching a patient displaying agitation and/or aggressive behaviours during hospitalization or in the Emergency Room, a higher level of protection is indicated for operators, who should wear FFP2/3 masks, disposable gowns/disposable aprons, gloves, protective goggles/visors and overshoes.
- Visitor access to patients admitted to Psychiatric Wards should be strictly limited to essential situations, with contact via telephone or videocalls being preferred. No visits should be permitted for self-isolating patients in PHWs (e.g. waiting for swab).
- Information activities focused on compliance with prevention regulations and actively promoting frequent hand washing and physical distancing should be provided to residents.
- Daily health surveillance of inpatients should include measurement of body temperature (twice a day) and checking for symptoms indicating potential COVID-19 infection. Data should be registered on nursing records. All inpatients should wear masks constantly, wash their hands regularly and observe physical distancing from each other and from operators
- The above recommendations should be circulated to all operators on the ward and to inpatients and their families, in addition to being displayed at entrance to the facility.
- Particular care should be taken in the sanitization of rooms and other facility spaces, while constant ventilation should be ensured in areas where patients gather; moreover, physical distancing should be maintained even during meals, which should be served at different times or using several rooms.

Patient management suggestions indicated below at points 1, 2, and 3 all relate to subjects with an acute psychiatric disorder requiring hospitalization who are also affected by COVID-19 infection (COVID+) with or without active symptoms (fever, cough, cold, breathing difficulties, anosmia and ageusia).
The following clinical situations will be taken into account:

- COVID+ patients with an acute psychiatric disorder requiring psychiatric hospitalization or already on a psychiatric ward;
- patients admitted to the Emergency room for an acute psychiatric disorder with suspected COVID-19 infection or confirmed positivity on triage;
- patients hospitalized for active COVID-19 symptoms (fever, cough and respiratory problems) who subsequently display psychiatric symptoms related to manic episodes, acute psychotic episodes or severe personality disorder. In these cases, patient management is largely hampered by the behavioural issues (agitation, aggression, behavioural disorganization). However, it should be underlined that patients with severe physical conditions frequently display an attenuation of psychiatric symptoms, including behavioural symptoms.

The following clinical conditions will not be considered:

- patients with a stabilized psychiatric disorder and comorbid, symptomatic COVID-19 infection. These patients should undergo the same treatment available for non-psychiatric populations in COVID-19 Medical Units.
- patients who develop Delirium during their stay in COVID-19 Medical Units; these patients will be managed in the original units by means of psychiatric consultation.

5. Case of a symptomatic patient admitted to a PHW with fever and/or symptoms indicative of COVID positivity who has not yet been swabbed: the patient should wear a surgical mask and self-isolate in a single room.
6. Case of an asymptomatic or mildly symptomatic COVID-19 patient with no indications for hospitalization in a Medical COVID-19 Unit manifesting an acute psychiatric disorder in the absence of specific alternative facilities (Psychiatric Hospital Wards entirely dedicated to COVID+ patients). Patients

should be hospitalized on a shared PHW only if self-isolation in a dedicated room with oxygen supply and separate bathroom is not available; in these cases staff members should adopt the highest level of protection using FFP2/3 masks, disposable gowns/disposable aprons, gloves, protective goggles/visors and overshoes, in line with measures adopted in COVID-19 Medical Units. Psychiatric staff should undergo specific training in the use of PPE. Close clinical monitoring (measurement of body temperature and oxygen saturation, "walking test" three times a day) should be set up and constant contact maintained with health professionals operating in the COVID-19 Medical Unit. If isolation cannot be guaranteed, the patient should be admitted to the COVID-19 Medical Unit, ensuring psychiatric consultation and all assistance needed is provided. In general, to ensure the safety of other patients in such cases, a reduction in the number of hospitalized patients is recommended to facilitate separation between the "dirty area" and the "clean area", including use of separate pathways. The number of staff members should be reinforced to ensure a constant presence of an adequate number of nurses and a psychiatrist 24/7 in the COVID-19 area.

7. Case of a symptomatic COVID+ psychiatric inpatient displaying a worsening of symptoms (fever, cough, cold, dyspnea): these patients should be admitted to a COVID-19 Medical Unit with a flexible presence of staff members (psychiatrists, nurses) guaranteed by the Psychiatric Unit.