

Management of patients in mental health facilities during COVID-19 pandemic in Slovakia

1. **COVID-19 infection diagnosis is superior** in treatment of patients with comorbid diagnosis of mental disorder and COVID-19 infection, **when hospital treatment is required**.
2. If the in-patient care is necessary, patients with COVID-19 infection **should be admitted to infectious diseases wards**. The psychiatric treatment is to be provided by **liaison psychiatry services** (depending on the severity of the case) – in first step via phone-call or video-conference option, in second step by personal examination (if the first step is not effective).
3. The treatment of **COVID-19 negative patients with mental illness is preferred to be conducted in home environment** (especially in risk groups - over 65 years of age, comorbidities such as diabetes, arterial hypertension, chronic obstructive pulmonary disease, asthma, etc.). **The available possibilities of telemedicine** (telepsychiatry, telepsychoterapeutical interventions) **should be used widely**. As an optimal solution we propose to create mobile teams to provide intervention for those patients – application of long-acting injectable antipsychotics, acute crisis intervention. The purpose of the mobile teams should be prevention of possible exacerbation of the clinical state of patients and assessment of the in-patient treatment requirement.
4. **COVID-19 positive patients with mental illness, who do not require in-patient psychiatric treatment**, should **preferably be treated in their home environment** (especially in risk groups as mentioned above) with the application of telemedicine (telepsychiatry, telepsychotherapy). Involvement of mobile teams in these cases is also recommended.
5. **In patients** with acute mental disorder and **suspicion of COVID-19 infection, who cannot be admitted to infectious diseases wards** due to severe behavioral disturbances, the priority testing for presence of COVID-19 infection must be provided to obtain results as soon as possible (further phone consultation with regional public health office must be available). The most suitable is to use the hospital entry filter for patients before entering the psychiatric department – this arrangement might

replace quarantine needs and will significantly reduce the risk of the infection spread in psychiatric wards.

- a. **Until obtaining the test results the patient will be placed in the quarantine/ isolation room in psychiatric ward** to minimise the risk of infection spreading to other patients and healthcare professionals.
 - i. When the **COVID-19 test is negative**, the treatment will continue in **psychiatric ward**.
 - ii. When the **COVID-19 test is positive, the patient will be placed to infectious diseases ward**, where the **special rooms** for patients with mental disorders (severe behavioral disturbances) will be established. Liaison psychiatric care will be preferred (via phone in first step, if insufficient, in personal consultation with patient)
 - b. **Close cooperation of Regional Chief Expert in Psychiatry with crisis staff and the executive management of particular health care facility is necessary** – respecting regional specifics of mental health care in the self-governing regions and limited material-technical equipment in the psychiatric inpatient wards.
6. We draw attention to the patients with **court-ordered in-patient psychiatric treatment** – when the patient is shifted to other department (e.g. intensive care unit, infectious disease ward), the court-ordered treatment will be interrupted and will be necessarily continued after shifting the patient back to the department (patient cannot be dismissed from hospital), where the psychiatric treatment has been ordered to take place.
7. In view of the current situation, **the changes of health insurance payments** for in-patient and out-patient mental health care are must be revised (need to reduce/minimize the number of patients due to establishment of quarantine rooms and to minimize the risk of infection spread). Refunding the services of telemedicine is necessary.

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