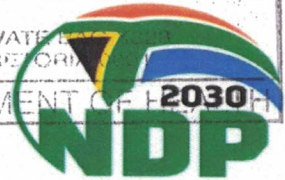




health

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To: Heads of Health Departments; Heads of Health Establishments (HHE) and/or Facility Managers of designated in Terms of the Mental Health Care Act, 2002 as Psychiatric Hospitals, Care and Rehabilitation Centres, Residential Mental Health Facilities run by Non-Governmental Organizations, Private Psychiatric Hospitals and Contracted Mental Health Facilities; Health District Chief Directors; Health care Providers (public and private); and Mental Health Review Boards (MHRBs).

GUIDELINES ON MENTAL HEALTH INTERVENTIONS DURING THE COVID-19 DISASTER

1. INTRODUCTION AND BACKGROUND

The COVID-19 pandemic poses a challenge to psychological resilience in the general population and is more likely to result in mental distress and an increase in psychiatric morbidity (Wang et al, 2020)¹. Prevalent mental health problems amongst the affected individuals include depression, anxiety, mood disorders, psychological distress,

¹ Wang C, Pan R; Wan X; Tan Y; Xu L, Ho CS and Ho RC 2020. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. International Journal of Environmental Research and Public Health 17:1729' service reform. International Journal of Biological Science2020; 16(10): 1741-1744. doi: 10.7150/ijbs.45072.

posttraumatic stress disorders, insomnia, fear, stigmatization, low self-esteem, lack of self-control and other adverse mental health outcomes (Hossain et al 2020)².

Health professionals, especially those working in facilities caring for people with confirmed or suspected COVID-19, are vulnerable to both high risk of infection and mental health problems. They may also experience fear or contagion and spreading the virus to their families, friends, or colleagues (Xiang et al 2020)³.

Studies suggest that those living with severe psychiatric disorders may be more susceptible to severe viral outbreaks compared to patients in other health facilities.

Mental health services have been categorized as an essential service in the Regulations as amended issued in terms of Section 27 (2) of the Disaster Management Act, 2002 (Act No.57 of 2002). Mental Health Review Boards are a critical institution in the provision of mental health services especially with regards to their powers and functions as prescribed in Section 19 of the Mental Health Care Act, 2002 (Act No.17 of 2002).

2. PURPOSE OF THE GUIDE

To provide guidance on mental health interventions that should be implemented during the COVID-19 disaster.

3. OBJECTIVES

- 3.1 To provide information to promote and protect the mental well-being of the population and to raise awareness about mental disorders and mental health problems that may arise due to the COVID-19 outbreak.

² Hossain,, MM, Sultana, A and Purohit ,N. 2020. Mental health outcomes of quarantine and isolation for infection prevention: A systematic umbrella review of the global evidence.

³Xiang Y, Yang Y, Li W, Zhang L, Zhang Q, Cheung T and Ng CH.2020. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed.www.thelancet.com/psychiatry. 78. Published online February 4.2020.; Xiang,Y; Zhao,Y ; Liu, Z; Li,X; Zhao, N; Cheung,T and Ng, C. 2020. The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental Health service reform. *International Journal of Biological Science*2020; 16(10): 1741-1744. doi: 10.7150/ijbs.45072.

- 3.2 To direct HHEs, facility managers, health care providers, multidisciplinary mental health specialist teams and informal caregivers on actions to be taken to identify and manage mental health problems and mental disorders arising out of the COVID-19 disaster.
- 3.3 To ensure that psychiatric facilities comply with measures that have already been prescribed to manage the COVID-19 outbreak
4. The attached annexures provide directives for MHRBs, inpatient mental health care, treatment and rehabilitation services, outpatient mental health services and primary health care services.

ANNEXURE A: OUTPATIENT AND PRIMARY MENTAL HEALTH SERVICES

1. There is no change in Policy with regards to screening and management of persons presenting at Primary Health Care Services with mental health problems.
2. There is no change in Policy with regards to management of mental health care users that presents themselves or are brought to a primary health care facility.
3. There is no change in Policy with regards to children referred in terms Child Justice Act, 2008 (Act 75 of 2008), victims of crime referred by the Court in terms of the Sexual Offences Act, 2007 (Act No.32 of 2007) and the accused referred in terms of the Section 77, 78 & 79 of the Criminal Procedures Act 1977 (Act No.51 of 1977).
4. Mental health care users who are under investigation for COVID-19 should be managed in terms of the NICD Guidelines on Clinical Management of Suspected or Confirmed COVID-19 Disease.
5. The HHE or Facility Manager must provide up to date and accurate health information including treatment, available services and resources in the district, local outbreak situation, and precautionary measures regarding COVID-19 pandemic to patients, families and staff.
6. The HHE or Facility Manager must ensure that the Care for the Carer's Programme is in place in line with the DPISA Employee Health and Wellness Strategic Framework for the Public Service (2019) and the planning guidance issued by the Department of Employment and Labour on "Workplace Preparedness: COVID-19 (SARS-CoV-19 virus)".
7. The facility must provide basic emotional and practical support to affected individuals, families and staff in need.
8. The Multi-Disciplinary Mental Health Specialists Teams must provide support to the primary health care workers.

ANNEXURE B: MENTAL HEALTH FACILITIES PROVIDING INPATIENT CARE, TREATMENT AND REHABILITATION (DESIGNATED PSYCHIATRIC HOSPITALS, CARE AND REHABILITATION CENTRES, CONTRACTED CARE FACILITIES; PRIVATE PSYCHIATRIC FACILITIES AND RESIDENTIAL CARE MENTAL HEALTH FACILITIES RUN BY NON-GOVERNMENTAL ORGANIZATIONS)

1. Roles and responsibilities

- 1.1 The HHE or Facility Manager must develop a COVID-19 Disaster Management Plan in line with this National directive as well as Regulations issued in terms of Section 27(2) of the Disaster Management Act, 2002 published on 18 March 2020 by Government Gazette Notice No. 318.
- 1.2 The HHE or Facility Manager must establish and chair a COVID-19 Committee that shall meet as necessary to assess risks, share information, discuss the local, national and international situational reports and make necessary recommendations to enable timeous and effective response (refer to the protocol prescribed in the Regulations issued in terms of Section 27(2) of the Disaster Management Act, 2002 published on 18 March 2020 by Government Gazette Notice No. 318).
- 1.3 The HHE or Facility Manager must manage the availability and efficient use of beds during the COVID-19 outbreak.
- 1.4 The HHE or Facility Manager must designate an Infection Prevention and Control (IPC) Coordinator to oversee the implementation of this directive along with its related procedures and report on its implementation to the facility manager (refer to the Guidelines for Clinical Management of Suspected or Confirmed COVID-19 Disease).
- 1.5 The HHE or Facility Manager must provide up to date and accurate health information including treatment, local outbreak situation, and precautionary measures regarding COVID-19 pandemic to patients and staff.

- 1.6 The IPC Coordinator shall be responsible for the provision of COVID-19 related orientation using the IPC guidelines to all employees and persons on site and also for keeping a register indicating who has attended the training.
- 1.7 The HHE or Facility Manager must designate personnel to ensure that all persons entering the facility are screened. The designated personnel shall ensure that all persons entering the facility fill in the COVID-19 screening tool and are checked for hyperthermia (refer to the screening SOP).
- 1.8 The Operational Manager/Unit manager/ Supervisor shall ensure that all staff, who are likely to be exposed and or are working in the designated isolation room/area, wears appropriate Protective Equipment (PPE) when necessary and maintain a record of such monitoring.
- 1.9 The Operational Manager/Unit Manager/Supervisor shall ensure that each patient assessed for COVID-19 is reported to the IPC Coordinator.
- 1.10 The professional nurse and/or medical officer handling a Person Under Investigation (PUI) shall be responsible for educating the PUI on respiratory protection and cough etiquette (refer to the SOP for Coronavirus disease 2019 (COVID-19): Guidelines for case-finding, diagnosis, management and public health response in South Africa).
- 1.11 All employees shall comply with all elements of the COVID-19 plan by using relevant SOPs and PPEs.
- 1.12 All Operational Managers/Unit Managers/Supervisors and health care providers shall provide health education on hand hygiene, signs and symptoms of acute respiratory infections, and cough and sneeze hygiene, and respiratory protection at contact point.
- 1.13 Each registered medical practitioner requesting lab testing shall ensure that a pathology form is correctly and completely filled, and that the form indicates the correct

investigation. (Please refer to the Patient Under Investigation (PUI) Form: Request for 2019-nCoV Testing.

- 1.14 The HHE or Facility Manager must ensure that the Care for the Carers' Programme is in place in line with the DPSA Employee Health and Wellness Strategic Framework for the Public Service (2019).

2. Procedures

- 2.1 There must be early identification, separation, referral of employees and patients fitting the case definition (refer to NICD case definition guidelines).
- 2.2 All clinical staff should maintain a high suspicion index for COVID-19 (be on the lookout for signs and symptoms).
- 2.3 All persons entering the facility gate must be hand sanitized, screened using the COVID-19 screening tool and temperature checked.
- 2.4 Mental health care users should undergo temperature checking on a daily basis and more frequently if indicated.
- 2.5 The IPCC must immediately be notified of all persons that screened positive to ensure the appropriate management of such a case.
- 2.6 Any staff member or patient who has been in contact with a confirmed case, and presents with symptoms of COVID-19, shall be handled as a PUI until proven otherwise.
- 2.7 The staff member identified as a PUI shall be handled according to the recommendations as contained in the DPSA Circular No.7 of 2020: State of disaster: Guidelines for the containment/ management of the Coronavirus (COVID-19) in the public service.
- 2.8 All Confirmed COVID-19 cases will be immediately quarantined in a suitable facility in the hospital or transferred to a designated facility in the province.

- 2.9 The Transport Manager must be informed ahead, telephonically when arrangements are made for transporting a confirmed case, to enable the Manager to make necessary arrangements to protect the staff. The transport form must clearly indicate that a confirmed COVID -19 will be transported.
- 2.10 The facility must provide emotional and practical support to affected individuals or families in need.
- 2.11 A line listing of all close contacts will be made when specimen forms are filled in for requesting COVID -19 testing. The line listing shall be scanned and sent to NICD for contact tracing.

3. Designated isolation area/room

- 3.1 The HHE or Facility Manager must designate an isolation area/room for management of COVID-19 cases.
- 3.2 The mental health care users who have been confirmed with COVID-19 infection must be treated according to the treatment guidelines (refer to NICD treatment guidelines).
- 3.3 The isolation area/room must be well ventilated and identified as such.
- 3.4 Terminal disinfection shall be performed in the rooms/area, equipment, material, utensils and linen that have been used for isolation/separation of confirmed cases.

4. Personal Protective Equipment

- 4.1 Each Health Care Worker (HCW) must wear appropriate PPE when handling COVID-19 cases to prevent contact, droplet and airborne transmission. i.e. a disposable gown, disposable gloves, N95 respirator and eye protection (goggles, face shield, or mask with visor attachment), when attending to or examining PUIs, performing an aerosol

generating procedure, or anticipating to be within two metres of a PUI or confirmed COVID-19 case.

- 4.2 Each PUI or confirmed case shall be given a surgical mask to use to reduce the spread of respiratory droplets. N95 respirators are not to be used by health care users.
- 4.3 Only HCWs that are involved in direct care may be allowed to enter the rooms or isolation area of COVID-19, to minimize use of PPE. All staff using PPE, shall follow the correct procedure for donning and doffing.
- 4.4 Every ward must have a hand sanitizer that must be frequently used and monitored.
- 4.5 PPEs must be disposed off according to the Waste Management Procedures.

5. Admissions

- 5.1 There is no change in admission policy for all categories of mental health care users (voluntary, assisted, involuntary, State patients and Mentally Ill Prisoners) based on need from the clinical assessment and Court Orders in case the of State patients and Mentally Ill Prisoners.
- 5.2 There is no change in policy with regards to children referred in terms Child Justice Act, 2008 (Act No.75 of 2008) victims of crime referred by the Court in terms of the Sexual Offences Act, 2007 (Act No.32 of 2007) and the accused referred in terms of the Section 77. 78&79 of the Criminal Procedures Act,1977 (Act No.51 of 1977).
- 5.3 The referring persons or facility e.g. general hospital, correctional centres, etc. must screen the user for COVID-19 infection.
- 5.4 Mental health care users that are symptomatic to COVID-19 must be assessed, investigated and be initiated on treatment for COVID-19 before transfer to the mental health facility.

5.5 The symptomatic mental health care user must be admitted to the designated isolation room/area in the hospital for further management.

6. Cleaning (intensified hygiene)

6.1 Facilities must comply to the most up to date infection control processes and procedures.

6.2 Terminal disinfection will also be performed on cars used for transporting confirmed PUIs.

7. Meetings, gatherings & events

7.1 Facilities must comply with the directives contained in the Regulations issued in terms of Section 27(2) of the Disaster Management Act, 2002 published on 18 March 2020 by Government Gazette Notice No. 318 as amended.

7.2 Internal meetings must be managed according to DPSA Circular No.7 of 2020.

ANNEXURE C: MENTAL HEALTH REVIEW BOARDS

1. Mental Health Review Boards remain an essential service in the provision of mental health services especially with regards to their powers and functions as prescribed in Section 19 of the Mental Health Care Act, 2002 (Act No.17 of 2002).
2. MHRBs must observe the Department of Public Service and Administration (DPSA) Circular No.7 of 2020.
3. Should any interruption in the execution of responsibilities of the MHRBs, these should be reported to the MEC responsible for health services in the respective province.
4. Section 24 of the Mental Health Care Act empowers the MHRB to determine its own procedures, in this regard procedures may include working remotely should that need arise in order to comply with the directives in terms of Regulations issued in terms of Section 27(2) of the Disaster Management Act, 2002 published on 18 March 2020 by Government Gazette Notice No. 318.



DR T PILLAY
ACTING DIRECTOR-GENERAL: HEALTH

DATE:

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