

# Rehabilitation During a Pandemic: Psychiatrists as First Responders?

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## SOUTH LONDON COMMUNITY REHABILITATION

The South London and Maudsley High Support Rehabilitation Team serves 120 patients within the densely populated London borough of Southwark. COVID-19 poses a particular challenge to our cohort:

- Living in communal settings they are more likely to contract the virus and with multiple co-morbidities they are more likely to die if they become unwell.
- They require support to seek help, follow national guidelines and organise their medication and meals during isolation.
- For those on clozapine COVID-19 poses a diagnostic challenge with symptoms mimicking complications such as agranulocytosis and myocarditis. Routine white cell count monitoring and urgent blood counts for those unwell pose a transmission risk between staff and other patients.

## OUR RESPONSE TO COVID-19

### AS A TEAM

We have found during the pandemic that unwell patients will contact our service ahead of GP/111/999. In response, we introduced same-day remote assessments structured around a standard operating procedure incorporating the latest primary care guidelines [1].

- A doctor assesses the patient's physical and mental health, provides self-care and isolation advice and triages if required to further primary care input or the emergency services.
- Our care coordinators support the patient with shopping and medication supplies for their isolation period, and swab testing.
- We notify Public Health England if criteria are met for a potential outbreak in a home.
- Recognising the possibility for patients to deteriorate around day 10 of their illness [1], all patients are reassessed the following week.

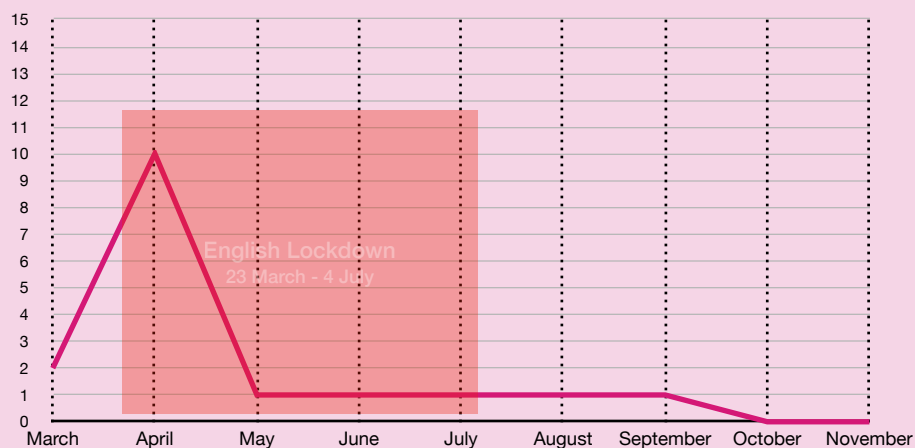
### AS A TRUST

South London and Maudsley guidelines were amended permitting consultant discretion when deciding whether an urgent blood count was required for those unwell and on clozapine [2] and routine blood count monitoring was extended to up to 3 months for eligible patients\* [3].

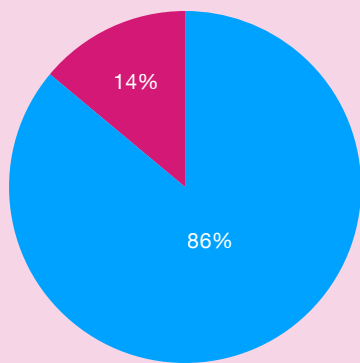
\* broadly, those with a long history without neutropenia or 'amber' results.

## AUDIT OF COVID-19 CASES

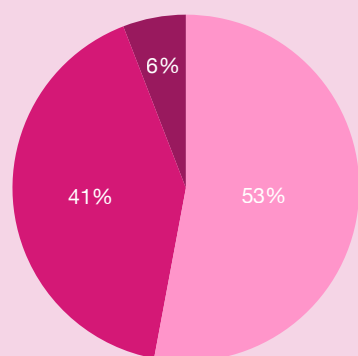
### COVID-19 Assessments



### Pandemic impact on total caseload (120 patients)



### Breakdown of those reviewed (17 patients, 6% = 1)

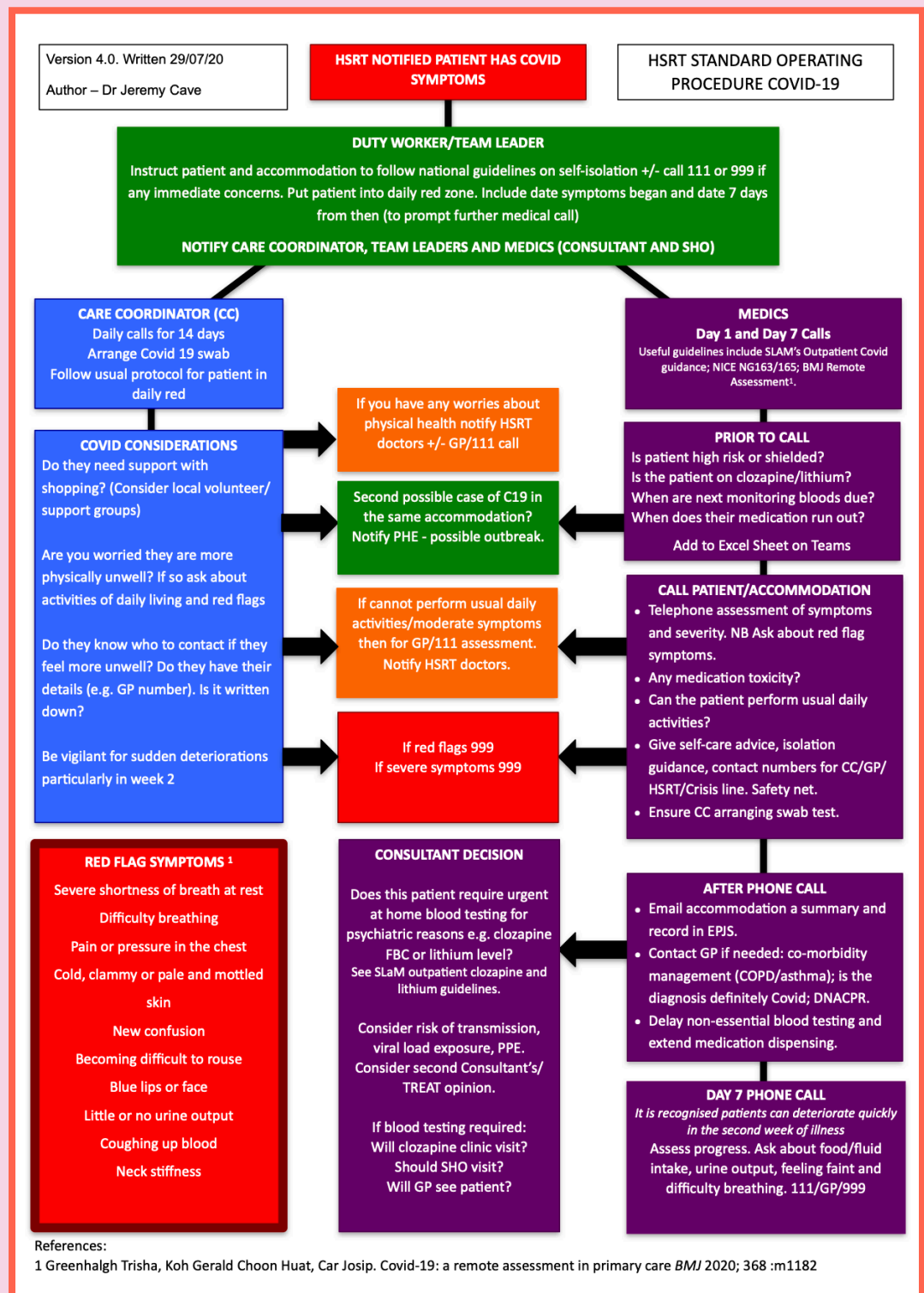


**Possible cases** - Concerns raised but no core symptoms or better alternative diagnosis or unreliable history.  
**Suspected cases** - The patient met one or more of the core criteria (fever, dry cough, anosmia/ageusia)  
**Confirmed cases** - COVID-19 swab positive result

### ADDITIONALLY

- All patients reviewed were judged at 'moderate risk' of death from COVID-19 according to national government and NHS guidance.
- Of the 16 unconfirmed cases, 31% (5) never received a swab, of which 2 of these were suspected cases. The rest returned negative swab results.
- The patient with confirmed COVID-19 was admitted to ITU and intubated for a week before improving and being discharged home. There have been no deaths from COVID-19 in our service.
- The peak in reviews in April reflected a suspected outbreak at a supported living accommodation.

## South London and Maudsley Community Rehabilitation Team's Standard Operating Procedure for COVID-19



## Reflections on Rehabilitation in a Pandemic

### RESILIENCE

We are surprised to have just one confirmed case of COVID-19, despite the vulnerability of our cohort. An initial paucity and delay to testing will have contributed to this figure, but so too has been the attentiveness of our patients and carers to government guidelines. They have shown remarkable resilience.

### CLOZAPINE MONITORING

The trust-wide changes to clozapine monitoring acknowledges both that frequent testing risks further community transmission and that some patients are at no greater risk of agranulocytosis than those on other antipsychotics [4]. By requiring these changes, we hope COVID-19 has prompted a permanently less intensive monitoring regime for some patients on clozapine.

### FIRST RESPONDERS

Notably, we have found that unwell patients have contacted our service for advice ahead of 111, primary care or emergency services. This may reflect the close trust they place in our team to support them through difficulty. It may also reflect the unique role rehabilitation teams play in normal times, sitting between primary and secondary care services and aiming to bring these together in support of their patients' recovery and inclusion.

It is fitting, perhaps, for a service aiming to provide holistic care that our scope should have expanded in this way during the pandemic. Community rehabilitation services are well placed to act as first responders to cases. That this primary care-type role is often performed by core trainees suggests a place for more rigorous primary care training within their Royal College curriculum.

### FOOTNOTES

<sup>1</sup> Dr Cave is a Core Psychiatry Trainee and Dr Crews is a Consultant Rehabilitation Psychiatrist both working at South London and Maudsley NHS Foundation Trust. This poster draws upon a report of their work published in the *Journal of Psychosocial and Rehabilitation Mental Health*. [5]

### REFERENCES

- [1] Greenhalgh T, et al. COVID-19: a remote assessment in primary care. *BMJ*. 2020;368:m1182. <https://doi.org/10.1136/bmj.m1182>.
- [2] Quality Centre of South London and Maudsley NHS Foundation Trust. SLAM Physical Health Guides 2020: COVID-19 infection in serious mental illness special considerations for outpatients on clozapine. London: South London and Maudsley NHS Foundation Trust. 2020 [updated 2020 May; cited 2020 Aug 20]
- [3] Gee S, et al. Management of clozapine treatment during the COVID-19 pandemic. *Ther Adv Psychopharmacol*. 2020;10:2045125320928167. <https://doi.org/10.1177/2045125320928167>.
- [4] Schulte PF. Risk of clozapine-associated agranulocytosis and mandatory white blood cell monitoring. *Ann Pharmacother*. 2006;40:683-8. <https://doi.org/10.1345/aph.1g396>.
- [5] Cave J, Crews M. Rehabilitation During a Pandemic: Psychiatrists as First Responders? *J. Psychosoc. Rehabil. Ment. Health*. 2020. <https://doi.org/10.1007/s40737-020-00200-v>