The Royal College of Psychiatrists

COVID and London: Learning from local experience

Thursday 1 October 4-5pm

#RCPsychLive
@rcpsych @rcpsychLDN
COVID: The ‘regular’ experience

Dr Suhana Ahmed

Old Age Consultant Psychiatrist
South West London & St George’s NHS Trust

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COVID
The ‘regular’ experience

Dr Suhana Ahmed
‘Regular’ Setting

- OA inpatient Consultant
- South West London
- 16 bedded ward
- Functional & dementia
- 2 part-time consultants
COVID at work

Pre-conceptions

‘That Sunday’

Mid week

Challenges
- PPE
- Staff – anxiety/sickness
- Consultant
- Increased hours
- visitors
COVID at work

Second wave
- Isolation wing
- Reduction in beds

- Isolation
- Staff
- Visitors
- Family meetings
- EOL

- ipad
COVID at home

Daniel 7y/o
- School vs home
- Anxiety
- Workload

Relationship

Social support

Family illness

Bereavement
What worked...

On the ward
• Visibility
• Structure
• Flexibility
• Boundaries
• Listening
• Advocating
• Being difficult
• Compliments
• Biscuits & handcream
• ACD/CD

At home
• Reassurance
• Honesty
• Expression
• Acceptance
• Hugs
• Support
What didn’t...

• Limitations – decisions, emails
• Boundaries
• Time out
• Leave

• Sustaining crisis mode

• Not grieving

• Basics
Post – covid

• First presentations

• Severe presentations

• Functional – anxiety, psychotic depression, OC behaviours, suicide

• ML, VR, JK

• Difficult to treat +++
My COVID lessons

• Leadership counts the most in a crisis

• Crisis mode is essential but not sustainable

• In a crisis, there is some overlap

• Sometimes you have to be the ‘difficult one’

• Flexibility vs boundaries

• Learning from others – professional & personal

• Kindness

• Lead by example
Now...

COVID free

Admission protocol

Swabs

Impact of lockdown

Normal hours - ‘Dan time’

Using support networks

Future plans
Leadership is......

• Stepping up in a crisis
• Supporting more than just those you directly manage
• Ruffling feathers if needed
• Listening
• Accepting reactions
• Identifying the positives in a crisis & voicing them
• Being kind
• Paying it forward
• Finding your way of leading.
Leadersplus podcast

https://www.leadersplus.org.uk/leaders-with-babies-dr-suhana-ahmed/
It is amazing what you can accomplish if you do not care who gets the credit.

Harry S. Truman
Thank you

Questions/ Feedback
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COVID and Acute Inpatient Psychiatry: The SLAM experience

Dr Anil Kumar

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RCPsych Regional Advisor SE London

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COVID and Acute Inpatient Psychiatry- The SLAM experience

Dr Anantha P P Anil Kumar MBBS FRCPsych
Consultant Psychiatrist and Honorary Clinical Senior Lecturer, SLAM and IoPPN
RCPsych Regional Advisor SE London
COVID crisis

- Difficult period for patients and staff: Mounting death rates, social isolation
- SMI group: higher stress, anxiety, depression and paranoia. Increased suicidality
- General population: Increased anxiety, obsessionality, Insomnia, Adjustment disorder, panic buying and binge-watching television with mood disturbances, sleep disturbances, fatiguability and impairment in self-regulation
- Health care Staff: Health anxiety, Post Traumatic stress (close to 50%)
- Perceived threat, helplessness and passive coping strategies were positively correlated to PTS
- Front-line healthcare workers had a higher risk of anxiety, insomnia burnout and overall psychological problems across the world: up to 64%
The SLAM story—Never let a good crisis go to waste

- Clinician among Academicians and Managers
- Useful Guidelines—more than 15 of them
- Regular weekly meetings between Managers and clinicians focussing on Psychological wellbeing (physical)
- Managers and Junior doctors
- Safety huddles on the ward
- Support for vulnerable and BME staff
- Risk assessments
- Health-care managers can have a profound impact
Inpatient Psychiatry

- Mid March 2020- Coronavirus (COVID-19) Inpatient Decision Guidance
- Increasing staff absences- isolation, shielding, increasing number COVID cases on inpatient wards
- Raise threshold for admission
- Increase discharges by lowering r threshold to include any patient having unescorted leave
- All inpatients to be reviewed every weekday by the ward consultant with the MDT -Physical health
- Consultant self-isolating at home (but not unwell) both the daily MDT planning meeting and individual patient reviews can be done virtually via Teams
The Impact

- Female ward - High incidence EUPD
- Many long stayers
- Supported accommodation, placements identified
- CMHTs working closely and collaboratively
- Tertiary services running virtual clinics
- Led to closure of the wards
- Increased acuity - like a Mini PICU
- Support from other consultant colleagues
- My illness
Covid Testing and management

- Initially symptomatic testing
- Later all patients admitted plus symptomatic
- daily monitoring for Covid symptoms using the National Early Warning Score (NEWS).
- Six patients on my ward were tested positive
- Most of them mild
- Two needed transfer to Gen Hospital
- initially encouraged to self-isolate in their rooms, with care plans
- COVID-19 negative and positive corridors then wards
- Now COVID-19 risk by cohorting into Covid testing wards
- Our FEMALE PICU, three week period in which all of the patient caseload had tested positive for COVID-19 (courtesy Dr Sethi and his teams’ five short articles in Journal of psychiatric Intensive Care)
Patient challenges

- Increase in Psychiatric morbidity and Mortality
- Social isolation - First episode psychosis
- Professional patients - 3 nurses three other health professional
- Challenges - Contact with families
- Refusing covid tests, not complying with isolation
- zoning, segregation and seclusion
- Sec 17 leave - unescorted had to be suspended
- By May, unescorted section 17 leave was at RC’s discretion
Patient challenges - Medications

- Clozapine - an overlap of COVID-19 symptoms and clozapine side-effects
- COVID Leuopenia (?Lympho - rare Neutro), ? Myocarditis, venous Thromboembolism
- Promethazine - thicken lung secretions, impairing expectoration.
- Benzodiazepines - respiratory depression in patients with existing respiratory compromise.
- Rapid tranq-concomitant use of two or more antipsychotics should be avoided if possible due to the risk of QT prolongation
- Inhaled loxapine is contra-indicated in acute respiratory symptoms

- Covid encephalitis - complicating the clinical picture
Staff support

- Testing
- PPE, mask, scrubs
- Risk assessment
- BME staff
- Long Absences
- Psychological support
- Working remotely
- Trainees- ARCP- COVID adjustments
Technology

- Virtual assessment - Patient paranoia
- Virtual ward rounds - better CMHT participation
- Virtual Tribunal - video hearing
- Virtual CASC
- Virtual RCPsych
Organisation

- Policies
- Covid isolation wards - Non covid wards
- Infection Control - Guidance evolved in response to changing evidence
- Research - Number of papers
- webinars
Personal Experience

- Custom made to cope with COVID
- Compulsive hoarder
- Master social isolator - extremely adept at avoiding physical, social or even eye contact
- Still ... got COVID, SURVIVED and got some antibodies (for whatever period)


And other SLAM guidelines
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Forensic CAMHS at the Portman Clinic

Dr Gabrielle Pendlebury

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Medico-legal consultant, Medical Protection

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Forensic CAMHS (FCAMHS) at the Portman Clinic

Community Consultation and Liaison Model
Working with Complexity in the Community
There are 13 FCAMHS across the country; successfully implemented in many of these sites for many years.

London has been divided into North Central & North East London; West London; and South London.

We have the North Central & North East London patch, which consists of 13 boroughs:

- Barking and Dagenham
- Barnet
- Camden
- City and Hackney
- Enfield
- Haringey
- Havering
- Islington
- Newham
- Redbridge
- Tower Hamlets
- Waltham Forest

FCAMHS is a tertiary referral service.
Assessment & Intervention

Formal consultation

Advice only
Remote Consultations

• Practical Considerations
• Consent
• Confidentiality
• Risk Assessment and Safeguarding
• Recording consultations
• Documentation
A wise doctor once wrote ...
Personal Protective Equipment

• Employers ensure staff adequately equipped
• If suitable equipment not available, need to consider:
  - whether treatment can be delayed
  - whether additional steps can be taken to minimise risk
  - whether any doctors at higher risk than colleagues
  - what course of action is likely to result in least harm
Compassionate Leadership

‘….kindness, civility and collaboration are not a distraction from delivering care, they’re an essential part of it’.

Dame Clare Marx
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