COVID & People with Intellectual Disability: Clinical Guidance

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About 1.2 million people with Intellectual Disability

For every 1 person in the general population who dies from a potentially avoidable physical health cause, 3 people with Intellectual Disability do. 41% from respiratory causes.
Mental health, learning disabilities and autism: Guidance

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Summary
This document provides mental health, learning disabilities and autism, and specialised commissioning workforce guidance and considerations for systems, providers, NHS commissioned services and staff, to ensure safety in the workplace is maintained during the COVID-19 outbreak.

Document
Workforce guidance for mental health, learning disabilities and autism, and specialised commissioning services during the coronavirus pandemic: 8 April 2020
PDF 180 KB 9 pages

Summary
This guidance concerns the impact of COVID-19 on the use of the Mental Health Act and supporting systems to safeguard the legal rights of people receiving mental health, learning disabilities and specialised commissioned mental health services. It will be regularly updated to reflect the rapidly changing context and...
News, reports and resources

COVID-19 resources
View the main College resources on COVID-19.
COVID-19 and people with intellectual disability statement from the Faculty, 27 March 2020 (PDF)
MENCAP COVID-19 information (easy read), March 2020 (PDF)
DNAR notices on people with ID and Autism: Letter from NHSEI, 3 April 2020 (PDF)
COVID-19 and Intellectual Disability: RADIANT Guidance for Community & In Patient settings
PEOPLE WITH INTELLECTUAL DISABILITY AND MENTAL HEALTH/BEHAVIOURAL PROBLEMS: GUIDANCE ON COVID-19 FOR COMMUNITY SETTINGS

PEOPLE WITH INTELLECTUAL DISABILITY AND MENTAL HEALTH/BEHAVIOURAL PROBLEMS: GUIDANCE ON COVID-19 FOR INPATIENT SETTINGS

COVID-19 AND PEOPLE WITH INTELLECTUAL DISABILITY: GUIDANCE ON ADVANCE PLANNING FOR TREATMENT ESCALATION, CEILING OF CARE, PALLIATIVE CARE AND END OF LIFE

http://radiant.nhs.uk
1. What are the consequences of things being different?

2. What can you do to alleviate these consequences?
Legal aspects:
- from family contact to community trips
- shielding and social distancing
- fears about the Mental Health Act

Mental illnesses and its relapses

Challenging Behaviour and its interpretations

Aggravation of Distress

Structure & Routines
In times of COVID 19

1.

2.

3. How do I ensure adequate treatment for a physically unwell patient?
**Table 1a:** Group at risk of severe illness due to COVID-19 infection who need particularly stringent social distancing measures.

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
  - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), intellectual disabilities or cerebral palsy
  - diabetes
  - problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
  - a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
  - those who are pregnant
  - being seriously overweight (a body mass index (BMI) of 40 or above)
Box 2: Extremely Vulnerable group at very high risk of severe illness from COVID-19 who need shielding measures

People falling into this extremely vulnerable group include:
1. Solid organ transplant recipients.
2. People with specific cancers:
   • people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
   • people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
   • people having immunotherapy or other continuing antibody treatments for cancer
   • people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
   • people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
THE COVID CARE PLAN

1. Full clinical diagnosis, medication, functioning
2. Risk/ vulnerability rating
3. Advice on social distancing, structure, isolation (using social stories/ other resources?)
4. Family contact
5. Issues of capacity
6. HOSPITAL PASSPORT
7. Communication passport
8. ACP related issues

Patient name, Gender, Date of Birth: AB, male, 01/01/1965

1. Mr. AB is a 55-year-old Caucasian male who is an in-patient in a psychiatric unit for people with intellectual disability.
2. Diagnosis (mental health): Mild Intellectual Disability, Autistic Spectrum Disorder, Paranoid Schizophrenia
3. Diagnosis (physical health): Bronchial Asthma and early COPD, no hospitalizations for that, not on regular inhalers. He is an ex-smoker who is off cigarettes for over 5 years. He has obesity with a BMI of 31 (he is not morbidly obese).
4. His current medication is depot olanzapine xerox and Tab Procydine xerox. He is on PRN salbutamol inhalers that he usually does not like taking.
5. Prior to this admission, he was living in the community in supported accommodation and was healthy. At present, though not keen on exercise he has no active physical health symptoms. He carries out his daily activities with little help from others. (Can mention ONOS LD or equivalent scores, if appropriate).

Actions
1. To rate risk/vulnerability level (Action: Doctor and MDT). Done. Mr. AB is rated as a high risk/vulnerable patient (RAG rating: Red). This is firstly because he has a mild learning disability, bronchial asthma and early COPD, all conditions that come within the category of the group at risk of severe illness from COVID-19. Secondly, he is also considered to be vulnerable to having mental health distress and relapse of his mental illness.
2. To give advice on social distancing and other COVID related precautions within the unit (Action: Nursing team). Done and is compliant.
3. To offer a structured timetable of activities on the ward (Action: Nursing & Day Services). Done and attends about 60% of the time.
4. To give advice on personal hygiene (Action: Doctor). Done and on current evidence, done have the capacity to consent.
5. To give advice on procedures for isolation should that be needed (Action: Nursing team). Done and appears to understand, but insists it is fine.
6. To complete hospital passport (Action: Nursing & Doctor). Done
7. Communication passport (Action: Speech & Language Therapist). Done. Mr. AB is capable of expressing his views clearly. He can be concrete in his understanding and needs reasonable adjustments in the way information is given to him.
8. To offer contact and support with the family (Action: Hospital social worker, Nursing). Is estranged from the family and hence has no direct contact with them. Does not want to see an advocate. Has a social worker who is in contact for care planning.
9. Mental Health (Action: Psychologist, Doctor, Nursing). Updated formulation and associated additional treatments where practical to address any likely exacerbation of mental health symptoms and/or challenging behaviour (e.g. increase in compulsive checking, handwashing or rituals, increasing demand avoidance and associated aggression).
10. Mr. AB does not have an ADRT (Advance Directive to Refuse Treatment). Discussed about ACP (Advance Care Planning) in the event of suspected COVID. While Mr. AB has a learning disability, he has been living a fulfilling life and would like to be treated as any other member of the general public, a view that the treating team strongly supports. This is discussed in the weekly MDTs which has family/external professional participation. Mr. AB does not have a condition that brings him in the shielding group. Mr. AB is not a candidate for DNACPR in the current circumstances.
COVID-19 RED FLAGS FOR PEOPLE WITH INTELLECTUAL DISABILITIES

Adapted from Greenhalgh et al. (2020). The DISDAT tool (Regnard et al., 2007) can be completed as part of the COVID care plan and then be used to monitor pain and distress. Use of an instrument like NEWS (Royal College of Physicians, 2017) is recommended to monitor physical health.

1. Severe shortness of breath at rest
2. Difficulty breathing
3. Pain or pressure in the chest (may clench at the chest or show obvious signs of distress)
4. Onset of new confusion or worsening of challenging behaviour
5. Becoming difficult to rouse
6. Not eating or drinking
7. Little or no urine output
8. Cold clammy or pale mottled skin
9. Blue lips
10. Coughing up blood
11. Neck stiffness
12. Non blanching skin rash
13. Heart rate >100 with new confusion/ challenging behaviour
14. Respiratory rate > 20
15. Oxygen SATS ≤94%
16. Temperature >38°

If in doubt discuss with a physician as per local arrangements.
BOX 2: POINTS TO BE COVERED IN A REFERRAL DISCUSSION TO A GENERAL HOSPITAL

1. Patient’s name, age, gender
2. Full diagnosis including physical and mental health (mention any conditions from Box 1 and Box 2)
3. Nature and duration
4. Functional ability, plan and health plan with an intellectual disability, denied care because
5. If there are questions aware that NICE intellectual disability codes apply to others existing intellectual or developmental and that is what the referrer should help to provide.
In times of COVID 19

1. What are the consequences of things being different?

2. What can you do to alleviate these consequences?

3. How do I ensure adequate treatment for an unwell patient?

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