

Pandemic in a Low Secure Unit

by

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The pandemic hit the world unexpectedly earlier this year. All our plans and hopes for 2020 vanished in a matter of days; holidays, family visits, home moves... all gone!

The whole of the UK stopped on March 23rd 2020. With anxiety levels on the rise and conflicting information, we worked through the pandemic in more stringent rules than we had before.

I work in a Low Secure Unit. We have 28 patients spread out over 3 wards. As expected they are at various points on their rehab and discharge pathways. Most of our patients are on restricted orders (mainly S37/41 MHA) and have some level of leave – escorted or unescorted community leave is common. Many of them have been in hospital for a lengthy period and are now keen to move on to community placements. They have routines, plans, hopes, timetables and arranged assessments or visits to placements and/or families.

However, life stopped! And then, it got worse.

On the 24th March 2020 we had our first symptomatic patient. Panic stricken staff and patients quickly tried to learn new rules. The ward was on lockdown and it took a few days to fully understand the right or wrong ways of helping. The PPE (personal protective equipment) arrived, but initial information was not forthcoming. The index case was isolated rapidly in their bedroom and the rest of patients were under lockdown for 14 days. Then we had another case, then another, then another.... And the lockdown kept growing in length. The dreaded spread hit the other male ward and the worry continued.

In the meantime the team had to unite and work through the worry of cross-infection. There were times when nursing staff avoided their colleagues from the “infected ward”. As well as not welcoming them in the staff room at break time, some were more outspoken than others at voicing their unhappiness with “mingling” of staff.

With knowledge comes power! The more we learnt about the virus, PPE, observations and treatment, the more relaxed we all became. We adapted and changed our old ways of working: no more handover meetings in a

small crowded room, no more ward rounds where patients walk through the unit to meet a full MDT (multi-disciplinary team) in a small meeting room, no more visits from community teams or families. We quickly learnt how to use remote systems to communicate – Skype for business was a first favourite. Ward rounds continued to take place with a reduced size MDT wearing PPE and seeing patients on the ward. This allowed patients to have some sense of containment and continuity. It also alleviated some of their concerns such as “you will all leave us locked up in here”. We were present and visible!

All leave was suspended and then gradually introduced in line with the government recommendations – 1hr per day for exercise. Other concessions had to be warranted to avoid a riot and complete breach of our patients’ human rights. Most patients smoke or use various forms of nicotine replacement (NRT). Although as a Trust we have a “no smoking policy” we had to consider the bigger picture and allow patients some access to NRT. So, once isolated in their bedrooms we were able to provide eBurns free of charge. Otherwise, the patients were allowed to use their vaping equipment within specific times in the hospital internal courtyard. Each ward was considered a household and they were able to use hospital grounds leave within their ward’s pre-agreed time slots.

We were all delighted to realise that crisis does bring people together. Although some of our patients continue to be mentally unwell and have different opinions about the pandemic, they all worked with the team during these difficult times. There have been no untoward incidents due to increased restrictions on their movements. Although, as expected, there have been disappointed patients at the lack of progress on their discharge pathway, or postponed Tribunal hearings, or lack of extra snacks and ability to smoke in the community, they have all pleasantly surprised us. I was impressed by their resilience, understanding and willingness to help the nursing and medical team navigate the new imposed restrictions and rules. Their support and kindness towards the peers that were ill with COVID-19 also warmed my heart.

It has been a strange and defining time to work in forensics.