

## **Faculty of Psychiatry of Intellectual Disability**

### **Covid-19 and People with Intellectual Disability**

The current pandemic of Covid-19 presents challenges in the delivery of care to people with intellectual disabilities (ID). People with ID are a vulnerable group of people because of the prevalence of co-morbid physical disorders and long-term conditions that they experience. In addition, they are likely to have frequent contact with family members, carers, support staff, and people in the community that will increase their risk of contact with infected people. Many live in care settings with close proximity to other people and may not have control over their social contacts on account of the level of support they require.

Psychiatrists working with people with intellectual disability need to support their patients, colleagues, families and carers, and the systems they are working in. We are well-placed to offer support, advocate for people with ID, and to manage clinical care in an environment where unexpected and rapid changes are likely. We must consider the risks of infection to patients, carers and staff while maintaining their support and to avoid extra stresses on general health services and on people with ID.

The Faculty offers this guidance to colleagues working in ID services that may be useful to share in clinical teams. The members of the Faculty Executive Committee have considered possible issues that are likely to be important and relevant to colleagues in delivering clinical services and suggest measures that could be implemented in caring for people with ID. It is not an exhaustive description of the challenges to services.

We welcome feedback from colleagues on issues arising and innovative methods in care that you are developing.

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## 1. Infection with Covid-19

People with intellectual disabilities are at greater risk of infection because of the higher prevalence of comorbid health problems and personal habits. They often live in communal settings in the community or in in-patient services. For these reasons it is important that families and carers are aware of the risks to the person and reduce them as much as possible.

- Follow local and national guidance on reducing the risk of infection
  - Encourage carers and family members to engage in regular hand-washing
  - Encourage families and carers to teach and support people with ID to wash their hands regularly
  - Engage in social distancing while supporting the person
  - Engage in telephone contact and use technology to maintain contact with people
  - Use easy read information for people on preventing spread of infection
- (<https://booksbeyondwords.co.uk/downloads-shop/beating-the-virus>)

## 2. Clinical Practice

The practice of reducing social contact will have a direct effect on the delivery of clinical care by psychiatrists where clinical reviews often require the psychiatrist and patient to meet in person. To implement social distancing effectively, we need to consider what contacts are necessary to the tasks and to achieve specific clinical outcomes. Clinicians need to consider alternatives to meeting in person in order to reduce face-to-face contact as part of clinical assessment or review.

- Consider development of a register of people most at risk of infection or placement breakdown
- Use telephone contact with patients, families and carers
- Avail of video conferencing technology with families, carers and patients, and colleagues where possible
- Be familiar with advice on using video conferencing safely
- Use technology to review written records and prescription sheets
- Reduce face-to-face contact with patients and carers to less than fifteen minutes
- Maintain social distancing when meeting with patients, families, and carers
- Co-operate with MDT colleagues on clinical and mental state reviews to reduce duplication of work and limit in-person contact
- Reduce the number of professionals attending multi-disciplinary meetings such as clinical reviews and CPA meeting by looking at alternative ways of sharing information, such as written feedback or teleconferencing
- Support other carers/professionals who have direct contact to deliver the support and skilling them up to do so where required and appropriate
- Maintain good liaison with colleagues in Social Care Services to support vulnerable people
- Develop Covid-19 risk as part of clinical care plans

### 3. In-patient Services

People with ID in in-patient care services are among the most vulnerable because of their need for high-level clinical care. Supporting people in in-patient units to engage with treatment and recovery when restrictions on social contact are in place is challenging to in-patient staff. Services will have to support patients and staff who develop the infection in order to reduce the risk of spread.

Conducting ward rounds and professional meetings are likely to increase the risk of infection to patients, staff, and visitors. New ways of conducting clinical meetings should be explored to avoid such risks.

- Adhere to local and national policies on managing cases of Covid-19 in in-patient services
- Consider carefully if admission to an ATU is needed and the impact of admissions on services
- Psychiatrists should support safe nursing environments when staffing is under strain
- Support clinical staff in gaining relevant skills in managing people with infection
- Maintain regular communication with ward managers and senior team members
- Explore the use of technology when convening clinical meetings such as CPA and professional meetings
- Explore using telephone and video conferencing between patients and carers
- Reduce the number of contacts at meetings and visits to wards
- Be alert to a rise in the number of episodes of restraint and seclusion
- Engage in active discharge planning to manage capacity in services

#### 4. Forensic Intellectual Disability Services

Covid-19 poses additional pressures to services for offenders with ID in supporting people in in-patient settings. The risk of infection is likely to be higher in congregated settings. Restrictions on leave from wards may be difficult for patients to comprehend and to tolerate. Visits by family members and external agencies are likely to be curtailed. The necessity for assessments of prisoners will have to be considered carefully because of the risk of transmission. Transfers between secure settings may be affected and have an impact on patients receiving the right treatment in the right place. Alternative methods to support need to be considered.

- Consider managing leave with a view to limiting person to person contact, for example consider leave to parks and open places rather than crowded town centres
- Be aware of current government advice regarding social distancing when considering leave arrangements
- Encourage use of technology, for example Skype, to maintain family contact
- Review the need for visits from family or friends
- Manage contact with external professionals and solicitors by telephone or emails
- Obtain Covid-19 status of service/prison from where the person is being admitted
- Consider risk rating the Covid-19 status (for example using RAG rating) of the in-patient service, so that persons coming into the service are aware of the risk status
- Consider increasing activities in hospital to replace discontinued activities such as voluntary work and community based activities

## 5. Mental Health Legislation

The Government has introduced emergency legislation to support the implementation of the Mental Health Act in England and Wales that will apply in Scotland and Northern Ireland. The legislation may provide for practitioners to adopt alternative processes in assessment, detention and review of people detained under the MHA that may include conducting reviews by telephone.

- Be familiar with guidance on the temporary changes to the MHA in your jurisdiction
  - Where possible, apply current good practice for new assessments and reviews and renewals of current detentions
  - Document alternative processes in practice when assessing a person under the MHA
  - Make patients aware of changes in Mental Health Review Tribunals and Hospital Manager's review hearings
- (<https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do/what-the-coronavirus-bill-will-do>)

## 6. Prescribing Medication

We know that people with ID use psychotropic medication and the STOMP/STAMP initiatives seek to rationalise the use of medication. It is important that we adhere to these principles wherever practicable.

It is understandable that carers and families may seek drug therapy to help them support the person to distress secondary to Covid-19 restrictions. Clinicians should carefully review requests for additional medication by considering the context in which the person is living and the changes that may have occurred in their support plans because of the impact of Covid-19 on their environment. Where additional medication is offered, ensure it is

reviewed regularly by the authorising psychiatrist. Close liaison with prescribing general practitioners is essential.

- Support non-pharmacological interventions as part of the person's Positive Behaviour Support plan
- Support families and carers to maintain their current drug regimens
- Pay attention to the delivery of depot injections and monitoring for blood levels of Lithium and Clozapine that could raise the risk of person-to-person transmission
- Liaise with family doctors and pharmacists to avoid disruption to medication supply
- Use technology to monitor MARS sheets
- Avoid overuse of medication where possible
- Apply best interests framework where practicable
- Consider how to safely administer depot injections and the frequency of dosing

## 7. Community Support Services

Residential and Supported Living environments are likely to be under pressure on account of staff shortages due to illness or the need to self-isolate. Staffing levels will be stressed with the potential for whole group placements to break down at short notice. Psychiatrists should work with colleagues and support staff to maintain people in their home environments where the risk to their care can be managed effectively.

Many local authorities have closed day services. This inevitably adds pressure on support staff and families when supporting people with ID. They are likely to require extra support for an indefinite period of time.

- Maintain contact with families and carers by telephone
- Support to community support staff by telephone or video calls to discuss clinical work and review patients
- Maintain contact with GPs by sharing information securely using electronic communication
- Work with the clinical MDT to support paid and family carers
- Liaise with Commissioners of services on people who are risk of placement breakdown

## 8. Children's Services

Children and young people with ID are especially vulnerable to infection and to changes in their care. Specialist Schools should remain open as per government guidance. The rapidly changing national picture is resulting in delays and confusion for families and schools and hence young people themselves. Illness and isolation among education professionals will carry their own risks in delivering safe education.

Disruption to the routines of children and young people with intellectual disability and/or autism spectrum disorder can lead to significant increases in distressed behaviours. Changes in routines are inevitable at this time and may come from changes in the education setting, children being at home for prolonged periods, parent/carer health problems, and changes in other support services secondary to illness.

Anxiety related to coronavirus and an increase in health-related anxiety in young people and their families/carers is likely.



- Consider creating a register of children and families most at risk
- Maintain regular telephone contact with families
- Be familiar with the schools that are open
- Support children and young people with information on Covid-19
- Be aware of children who are returning to the parental home from residential schools

#### 9. Care (Education) and Treatment Reviews (C(E)TR)

The Care and Treatment Reviews framework operates in England to assist services in supporting people who are at risk of hospital admission and to review admissions that have taken place. NHS England expects CTRs to continue advising services to consider creative ways to conduct the reviews. CTRs are likely to be helpful at this time to understand people's immediate support needs and what resources are available to meet them. We encourage colleagues to engage with CTRs and to develop innovative ways to conduct them that will not raise the risks of infection while ensuring that clinical care to patients is reviewed effectively.

- Engage with commissioners and care staff on implementing Care and Treatment Reviews
- Consider innovative methods using technology to involve families, carers and patients in the process

#### 10. Mental Health Support

The impact of the pandemic on the mental health of people with ID and their families and carers is uncertain at present. Restriction in activities and the concerns of carers could impact upon the mental health of people leading to evidence of mental disorders and

changes in behaviour. For these reasons, it will be necessary for us to be alert to the signs of distress in patients and in carers, and families. More frequent contact by the MDT members may be required to help people to remain well along with clinical interventions.

- Offer direct support to patients
- Offer focused support to families and carers that will support the patient
- Enlist support from colleagues in the multi-disciplinary team to work directly with patients and their carers

#### 11. Access to critical care for patients with ID

Where admission to a general hospital or critical care is required, support may be required for that person and their family to understand and manage the process.

NICE guidelines on critical care suggests frailty as a metric to guide access to treatment. People with intellectual disabilities are more likely to have a higher Clinical Frailty Scale (CFS) score than people without an intellectual disability. It is important that a frailty scale developed for use in older adults does not result in disadvantage for people with intellectual disabilities who may have a greater stability in their presentation than is envisaged by the CFS.

- All patients should have a health action plan and hospital passport with details of underlying health issues that increase vulnerability to COVID-19 complications
- Clinical staff in ID services to support the person and their carers during a hospital admission
- Clinical staff to collaborate with Liaison ID nursing colleagues in acute hospitals

- Advocate on behalf of people with ID for equal access to health interventions

## 12. Personal Well-being

Working in the current environment with so many uncertainties and as a clinician with contact with families and patients at risk, can cause great pressure on your well-being. Signs of anxiety and burnout are likely. It is important that we are sensitive to the changes our work will have on us and on our colleagues in teams. Availing of and providing support to colleagues will help to sustain clinical teams under pressure. Confidential resources are available where clinicians can receive personal support.

- Maintain contact with colleagues especially where in-person contact is restricted
- Be alert to the signs of stress in colleagues
- Offer to assist colleagues when they are under pressure

## Resources

- Coronavirus

<https://www.england.nhs.uk/coronavirus/>

<https://www.gov.uk/coronavirus>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/covid-19-mh-lh-autism-cell-update-number-1-15-march-2020.pdf>

[https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Managing-demand-and-capacity-across-MH-LDA-services\\_25-March-final.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Managing-demand-and-capacity-across-MH-LDA-services_25-March-final.pdf)

<https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>

<https://publications.parliament.uk/pa/bills/cbill/58-01/0122/en/20122en.pdf>

- Accessible information

<https://booksbeyondwords.co.uk/downloads-shop/beating-the-virus>

<https://www.mencap.org.uk/sites/default/files/2020-03/Information%20about%20Coronavirus%20SrS1.pdf>

<http://theconversation.com/how-coronavirus-could-affect-the-wellbeing-of-people-with-intellectual-disabilities-133540>

- Professional Medical Practice

<https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/our-guidance-for-doctors>

- Psychiatric Practice

<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/guidance-for-clinicians>

- Telepsychiatry

<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/learning-telemental-health>

- Mental Health Legislation

<https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do/what-the-coronavirus-bill-will-do>

<https://www.forensicnetwork.scot.nhs.uk/important-changes-to-procedure-for-restricted-patients/>

<https://www.cqc.org.uk/news/stories/impact-covid-19-restraint-segregation-seclusion-review-right-support-right-care-right>

- NICE Guidance

<https://www.nice.org.uk/news/article/nice-publishes-first-rapid-covid-19-guidelines>

<https://www.nice.org.uk/guidance/ng159>

- Children and Families

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>

<https://www.challengingbehaviour.org.uk/contact/>

<https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf>

<https://youngminds.org.uk/blog/what-to-do-if-you-re-anxious-about-coronavirus/>

Hand washing video rap <https://vimeo.com/134952598>

<https://www.mindheart.co/descargables?fbclid=IwAR0KlrEOy4hv3rD6e875upiy1F3GwYtn7NXMXS3BerMZDT-xbJpL8rAnMi8>

<https://www.camhsnorthderbyshire.nhs.uk/>

- Personal Well-being

<https://www.practitionerhealth.nhs.uk/covid-19-frontline-wellbeing>

<https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>