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WPA Standing Committee on Ethics and Review

PSYCHIATRY AND THE COVID-19 PANDEMIC: WPA Standing Committee on Ethics and Review

As COVID-19 (caused by the virus SARS-CoV-2) sweeps the globe causing high morbidity and mortality; psychiatrists, their patients, families, caregivers and healthcare workers face unprecedented rapidly evolving challenges. The WPA Standing Committee on Ethics and Review was asked by the WPA President Helen Herrman to provide guidance on ethical and clinical issues regarding the roles of psychiatrists and the protection of individuals with mental disorders arising from the pandemic. The WPA Standing Committee on Ethics and Review met virtually on April 23, 2020 chaired by Professor Sam Tyano, with cochair Paul Appelbaum and members Silvana Galderisi and Donna Stewart.

The Committee recognized that national/regional differences in circumstances and responses to COVID19 exist dependent on prevalence and resources; however, many commonalities are clear and are discussed by topic below.

A. THE ROLES OF PSYCHIATRISTS DURING THE PANDEMIC

A1. The primary duty of the psychiatrist is the prevention, diagnosis, treatment and safety of individuals with mental disorders. The safety of the psychiatrist's family, other healthcare

professionals and workers, patients' families, caregivers and other patients must also be guarded during the pandemic. Despite the understandable fear that this deadly pandemic inspires in everyone, psychiatrists must not abandon their patients and during this time should continue to take care of them by all possible means (e.g. virtual visits, online psychotherapy, rehabilitation programs). Psychiatrists should be aware of accurate current information on COVID-19.

A2. As psychiatrists are physicians, during the pandemic they may volunteer or be redeployed to assume other duties in their institutions or communities. These may include, among others, working in primary care, emergency departments, internal medicine, critical care, long-term care units or supporting medically ill patients and their families during the illness or following bereavement.

A3. Psychiatrists must preserve their own health by physical distancing (2 metres), washing their hands frequently, wearing appropriate personal protective equipment (including masks) and taking care to eat, sleep, rest, and exercise to maintain their health. If a psychiatrist becomes physically or mentally unwell, they should promptly obtain professional help.

A4. Some healthcare workers may develop mental disorders under the stress of working long hours in life-threatening conditions often without appropriate personal protective equipment and with the knowledge of the high rates of COVID-19 among healthcare providers. They may also fear for their families. Psychiatrists and other mental health care workers should assist in developing self-help, group or individual supports or treatments for distressed colleagues and their families.

A5. Psychiatrists as leaders in their hospitals or communities may be asked or volunteer to participate in COVID-19 decision-making committees (including triage) or educational activities for persons with mental health disorders, healthcare workers or the public about the pandemic and safety measures.

A6. As physical distancing, home quarantine or shelter-in-place orders, and loss of work and income cause mental distress for many people, psychiatrists should advocate for interventions by governments and others to reduce distress and death by suicide in the general population.

B. PROTECTION OF INDIVIDUALS WITH MENTAL DISORDERS

Individuals with mental disorders may be at higher risk for COVID-19 due to their social disadvantages (e.g., poor nutrition, overcrowding, stigma, poverty, homelessness) or inability to follow public health protective advice (hand hygiene, physical distancing, self-isolating, avoiding touching the face, use of personal protective equipment, avoidance of other individuals with symptoms or who have travelled or seeking health care for COVID -19 symptoms). Others may be unable or unwilling to comply due to apathy, depression or psychotic symptoms. Some individuals with mental disorders will find their ongoing treatment and social supports disrupted by the pandemic which may include early discharge from hospitals. While stay-at-home quarantines decrease viral transmission, they also increase the risks of excessive alcohol use, family violence and suicidality. Education on the pandemic safety measures may be lacking and should be provided by authorities and reinforced by psychiatrists.

B1. Inpatient Treatment Units

Individuals who require admission to a psychiatric unit should be appropriately screened for COVID-19 risk factors and symptoms before admission and monitored at least daily for symptoms including fever. Frequent handwashing (20 seconds with soap and water or sanitizer), physical distancing (2 metres) and masking or other protective protocols must be observed.

Mentally ill patients who are unable to follow safety protocols should be isolated to safeguard themselves, staff and others. Symptomatic patients must be immediately tested for COVID-19 and promptly isolated either in an infection-controlled area or special unit for infected psychiatric patients or within an intensive care unit. The need for isolation should never imply neglect of human rights and abuse of coercive measures. Psychiatric patients should receive

appropriate COVID-19 treatment without discrimination. Visitors should be precluded but virtual visiting should be encouraged.

During the pandemic, authorities may reallocate psychiatric beds to the care of COVID-19 patients. If this occurs, psychiatrists should advocate for other appropriate space for mentally ill patients. Psychiatrists should further advocate for the return of beds to psychiatry after the pandemic.

B2. Ambulatory Care

Ambulatory patients who require assessment or ongoing treatment for mental disorders should be seen virtually by electronic means or telephone where possible to avoid cross-infection. When patients must be assessed in person, physical distancing, masking and handwashing protocols must be observed.

Based on past epidemics (including SARS) and current information, large numbers of the population may experience depression, anxiety, stigma, PTSD or other neuropsychiatric disorders during and following COVID-19, whether or not they were infected. Future planning should consider this increased demand.

B3. Triage/Prioritization of Resources

Triage of resources during pandemics becomes necessary when healthcare capacity is outstripped by demand. The aim of triage is to use scarce resources for individuals who are most likely to benefit (survive). Triage may occur in the Emergency Departments or any clinical unit. Mental disorders should never be factors in establishing eligibility for admission to hospitals, medical or intensive care units or access to ventilators.

Comprehensive triage guidance (protocols) should be established by multidisciplinary experts from medicine (including psychiatry), bioethics, law, and local health administrative officials who rank medical co-morbidities without reference to social position, disability, age, cultural or religious affiliations. A committee of these individuals should also review any person being triaged to ensure adherence to the protocol and avoidance of improper influence.

CONCLUSION

In conclusion, while variations across countries will exist in responding to the COVID-19 pandemic, the human rights of individuals with mental disorders must be protected and appropriate and safe services provided for their treatment. Moreover, the negative impact of the pandemic on government budgets should not be used as an excuse to reduce essential services for people with mental illness during or after the pandemic. Psychiatrists can play important roles in advocating for these measures and in supporting their patients, colleagues and the healthcare system's response to the pandemic.