

## **Mental Healthcare Service at Ban Thammapakorn Long-Term Care Facility During the COVID-19 outbreak**

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### **Key Highlights:**

- Proactive mental health service aimed at preventing recurrence of mental illness in residents of long-term care (LTC) facilities is important.
  - Providing mental healthcare during the pandemic was challenging, and the implementation of telehealth facilitated this process.
  - Mental healthcare teams working in LTC facilities need to provide mental health services and COVID-19 education.
  - Mental healthcare services should be provided to both the residents and staff of LTC facilities.
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### **COVID-19 Outbreak at the “Ban Thammapakorn” Long-Term Care Facility**

In Thailand, nearly 4.4 million people have been infected with the COVID-19 and nearly 30,000 people have died. Although the pandemic situation is much better, older people still have high morbidity and mortality. Since the first few months of the pandemic in 2020, our geriatric mental health team at the Thammapakorn Social Welfare Development Center for Older Persons (BT), telehealth has become the primary method of treatment for the residents. BT has about 120 residents, and about half suffer from mental illnesses, such as depression, bipolar disorders, and neurocognitive disorders.

The news of COVID-19 spreading in BT in late October 2021 caused great concern and panic among Thai people, as it was the first COVID-19 spread in an LTC facility in Thailand. Fortunately, the residents had already received two doses of the COVID-19 vaccine in September 2021.

The first cluster of COVID-19 cases was detected in several residents and a few staff, which later spread to about 90% of the residents and nearly 20 staff within a single week. Over a 30-day period, we had to increase the number of patient visits, establish regular treatment team meetings, and carefully monitor the situation day-by-day. It was an exciting, yet stressful, experience which was great for our learning. The majority of residents received treatment and recovered well; however, two of the cases unfortunately passed away. We summarize the after-action review among team members after the situation had returned back to normal.

### **Suandok-Thammapakorn Telehealth Team**

Since the first year of the pandemic, geriatric mental health team (GMHT) services have been regularly provided using Suandok-Thammapakorn Telehealth operated by the Microsoft (MS) Teams application. The GMHT from Maharaj Nakorn Chiang Mai Hospital, Faculty of Medicine, Chiang Mai University, is comprised of two geriatric psychiatrists, several psychiatry residents, four nurses, one occupational therapist (OT), one psychologist, two pharmacists, and several caregivers.

### **Outbreak Notification at BT**

After the first suspected cases of COVID-19 were confirmed, the geriatric psychiatrist who leads the GMHT was informed by the team health promotion nurse and case manager; this information was then distributed among the team via MS Teams chat.

### **Team leader and Team Manager**

A geriatric psychiatrist is the team leader while the health promotion nurse is a case manager. The case manager communicated with both the GMHT and the Infection Control (IC) team every day. The manager also summarized the daily progression of the residents' physical health and updated the mental health team.

## **Team Member Communication**

Before the outbreak team members met monthly for a case conference. During this outbreak, the mental health team conducted daily reports and evaluated high-risk patients 3 times per week. The managing nurses had a meeting every day and routinely transferred information from the IC team to the mental health team. The LINE software application was also used to connect with the infection control department and among individuals.

## **Mental Health Services During the Outbreak**

### **Plan Phase**

The geriatric psychiatrist called for an urgent meeting which took place using MS Teams chat and lasted about one hour. The plan was about short-term mental health management within one week, and was divided into an ultra-short plan for day-to-day service and weekly team goals.

### **Crisis Intervention Phase**

The geriatric psychiatrist devised a plan to screen for residents at high risk of mental health relapse or recurrence, and they were evaluated by the team within the first week. The mental health service also covered the residents who had not been seen by the GMHT before. Patients were screened with the Fear of COVID-19 and Impact on Quality of Life scales, and consultation was recommended to residents with high scores.

Psychotropic medications and virtual psychosocial interventions were provided by a psychiatrist, OT, and psychologist, either together or separately. Pharmacists were on standby for consultation about any drug-drug interactions, and every infected resident received casirivimab and Imdevimab.

## **Priorities and Objectives in GMHT Service During Outbreak**

The primary aim of the service as established by the geriatric psychiatrist was to: (1) reduce the number of new cases of mental illness to zero, (2) minimize relapse and recurrence of mental illness, (3) achieve zero mortality and zero occurrence of transfer to the inpatient mental healthcare unit. The secondary aim set by the geriatric psychiatrist was to benefit the staff working at BT. The team was working against the clock and had to be proactive to anticipate changes.

## **Roles and Responsibilities of Team Members During Outbreak**

**The geriatric psychiatrist's** primary role was a leading role in diagnosing mental illness and treatment planning with the biopsychosocial approach. **Nurses** screened residents, both infected and non-infected by COVID-19, at high risk of mental health problems and those currently struggling with a mental illness. The **occupational therapist** had a supportive role in providing counseling to residents and staff. **Clinical psychologists provided** Art Therapy through painting and picture immersion to assist with identifying emotions and to promote feelings of wellbeing

## **Mental Health Support for LTC facility staff**

Staff and caregivers were quarantined and treated at BT until the final case completed treatment. The GMHT provided individual supportive psychotherapy for both infected and non-infected persons, and psychological support for staff was important and necessary. Although both staff and residents received treatment for COVID-19, the residents still needed caregiving from the staff.

## **Destigmatization Phase**

After the third week of the outbreak, the team called for a meeting to plan for the destigmatization phase among all residents within the following week. The team evaluated non-infected residents about their attitudes toward the infected residents, and residents were provided with knowledge about COVID-19. Finally, non-infected residents were asked to join the activity, "Welcome back home, Buddy!".

## **Barriers and Challenges**

The psychiatrists shared that the biggest challenge was the busy schedule and the greater responsibility. Nurses added that poor internet connectivity at times disturbed communication between the care team and residents who were already sensory deprived. Some residents who had never been seen by the GMHT were reluctant to meet with the team

which could delay treatment. Also, mobile devices were not suitable for telehealth as the device screen was too small and the speaker volume was too low.

### **Lessons Learned**

Crisis intervention should be a core principle in managing mental health during the outbreak. Nurses report learning new skills like managing care for COVID-19 patients and vaccine management. Also, nurses report learning 'Tolerance' during such a highly demanding and unpredictable situation; they also learned more about the unique community and environment of BT. The occupational therapist appreciated the self-protection measures, because it seemed 'Even though the residents stayed in only, many of them still got infected'. The clinical psychologist emphasized the importance of 'psychological First Aid' to us as well. She also shared the importance of 'Opening yourselves to opportunities by seeking new knowledge about COVID-19, treatments, and preventions.'

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