

Mental Health Considerations for Patients in Isolation

Robin Zagurski, LCSW

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Nebraska Behavioral Health Guidelines for Medical Isolation

- Assist Nebraska hospitals in meeting the behavioral health needs of patients
- Background information related to stress
- Guidelines for services to patients, families, staff, and the community
- Appendices include an adaptable template policy and other resources

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**“I want you to prepare a dynamic, intense, powerful,
energy-charged Relaxation Workshop!”**

Patients Admitted to Isolation

- Higher rates:
 - anxiety
 - depression
- Lower ratings:
 - self-esteem
 - sense of control

(Gammon, 1998; Davies & Rees, 2000).

Patients

- May regress to lower levels of functioning
- May become “annoyingly assertive”, demanding, or fussy with outbursts of temper (Denton, 1986)
- Can feel out of control
 - Control number of visitors
 - Reassess over time

Communication

- People under stress often do not completely understand directions or information
- Statement of empathy within the first 30 seconds (B. Reynolds, Centers for Disease Control and Prevention, personal communication, January 23, 2007)
- Directions and information may need to be repeated
 - Present directions in more than one form
 - verbal and written

Non-native speakers

- Language skills decrease under stress
 - Utilize a professional interpreter
 - Provide information in a culturally and developmentally appropriate manner
- Use listening skills



Gowning and Gloving

- Decreases time available for patient interaction
- Cuts down on impromptu visits
 - Perceived as "a reluctance of some staff members to enter the room" (Kelly-Rossini, Perlman, & Mason, 1996)
- "Isolate the organism, not the patient"
(Denton 1986)

Guidelines Format

- Patients
- Families
- Hospital
Staff/Volunteers
- Community
- Triage
- Inform
- Support
- Treat

Patient - Triage

- Assess mental status
 - Admission
 - Periodically throughout isolation

Patients - Inform

- Common responses to isolation
- Native language
 - Professional interpreter
- Multiple modes of communication

Patients - Support

- Immediately (30 seconds) use pleasantries; make eye contact
- Build a relationship with the patient
- Psychological first aid
 - SOLER
- Periodically assess visitor restrictions

Patient Support

- Allow and encourage reminders of home
- Provide access to communication means
- Respond promptly to call lights
- Encourage exercise; visits; favorite foods

Patient - Treat

- Refer to psychiatrist or licensed mental health practitioner for further assessment or treatment
- Employ suicide precautions as applicable

Families

- Have their own “particular isolation and experience feelings of guilt, pity and role strain”
(Wu, Mu, Tsay, & Chiou, 2005).
- May avoid typical social interactions with friends and family
- Unique stressors include:
 - concern about transmissibility
 - restrictions on contact
 - possible use of personal protective equipment by family members
 - potential stigmatization by community members

Families - Triage

Monitor:

- Stress
- Expressions of distress

Families - Inform

- Obtain release of information from patient
- Provide information:
 - Isolation precautions
 - Illness
 - Risks to patient and others
 - Common responses to isolation

Families - Inform

- Inform family prior to releasing information to media
- Suggest internet pages as a way to keep friends and others informed of patient progress
- Keep family informed while they are away from the hospital
 - Pagers
 - Cell phones

Families - Support

- Inquire about spiritual needs
- Encourage frequent breaks from hospital setting
- Encourage accepting help from others
- Create a space to gather away from media
- Encourage adequate sleep and nutrition

Families - Treat

- Provide referral information (for community or hospital resources prn)

“Non-essential Staff”

“Nonessential staff reported feeling isolated and ineffective in contributing meaningfully to the crisis. The term nonessential may have contributed to this sense. Some were called back to work in re-deployed roles and indicated that it was psychologically more satisfying to work than to stay home.” (Maunder et al, 2003)

“Non-essential Staff”

Pre-identify roles for staff in this category:

- Allow them to contribute to the resolution of the emergency
- Stay connected to the hospital
- Provide support for co-workers who remain in service
 - Child care
 - Shopping services
 - Transportation
 - Lodging
 - Possible economic support
 - Centers for Disease Control (2004)

Hospital Staff/Volunteers - Triage

Supervisors regularly assess staff:

- Stress levels
- Coping
- Fitness for duty

Hospital Staff/Volunteers - Inform

- Provide information about risks of working with patients
- Frequent updates to staff on upcoming media reports or press releases
- Praise and thank workers
- Hold daily multidisciplinary staff meetings
- Control rumors by dispensing regular, accurate information to all staff

Hospital Staff/Volunteers - Support

- Provide break area away from isolation unit for respite
 - Include trained peers or BH staff
 - Food and drink in a peaceful setting
 - Massage
 - Private space for confidential phone conversations
 - Space to rest comfortably
- Consider mandatory breaks

Hospital Staff/Volunteers - Support

- Maunder and associates (2003) noted that senior staff "acted as role models" by appropriately taking breaks in the designated break areas during the SARS outbreak in Canada

Hospital Staff/Volunteers - Support

- Hold regular staff meetings
 - Include mental health support
- Access Nebraska's CISM resources
 - <http://www.cism.nebraska.edu/>
- Encourage contact with own family via phone
- Consider enlisting confidential phone support from in-house or community mental health professionals

Hospital Staff/Volunteers - Treat

- Provide referral information for in-house or community resources (e.g., Employee Assistance Program)

Community

- In large-scale infections (such as SARS) or a bioterrorism event, it is likely that the community will be interested and affected indirectly by hospital isolation precautions
- Psychological Casualties

Community

High stress/low trust conditions:

- Easing the community's fears of contagion decreases stigma to staff and their families and may lessen psychological casualties in the community

Community Members - Triage

- Utilize outreach to the community
- Consider providing intervention/referral training to community members in a position to detect stress/distress in others (e.g., teachers, clinic nurses, faith leaders)

Community Members - Inform

- Provide frequent updates to media
- Follow good risk communication practices
- Release:
 - Technical information to community health professionals and hotlines
 - Translations of media information to non-English speaking populations
 - Information to public on how they can be most helpful to those affected by isolation precautions

Community Members - Support

- Arrange for location outside of hospital for community members to gather if needed or desired
 - Arrange for behavioral health support on site

Community Members - Treat

Provide to media:

- List of potential referral sources
- Information on when to seek help

Psychological First Aid

The Nebraska Psychological First Aid curriculum
(2004)

In-person training:

Nebraska Regional Behavioral Health Authorities
(<http://www.disastermh.nebraska.edu/regional.html>)

on-line:

(<http://www.bordersalertandready.com/catalog/module.php?subjectid=11>)

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