# Meeting the psychological needs of people recovering from severe coronavirus disease (Covid-19)

#C19Recovery

1

## Welcome

Angola
Australia
Bangladesh
Belgium
Canada
Croatia
Cyprus
France
Ghana
Greece
India
Indonesia
Ireland
Italy
Japan
Jersey
Lebanon

Maldives
Mauritius
Montenegro
New Zealand
Nigeria
Peru
Philippines
Poland
Saudi Arabia
Spain
Trinidad and Tobago
Turkey
United Arab Emirates
United Kingdom
United States
Uzbekistan

Twitter Hashtag - #C19Recovery

2

2

**David Murphy**
President 2019–2020
British Psychological Society
@ClinPsychDavid

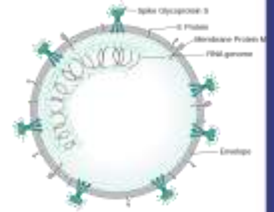
**Dorothy Wade**
Principal Health Psychologist,
Critical Care, UCLH NHS Trust
@dwadepsych

**#C19Recovery**

3

3

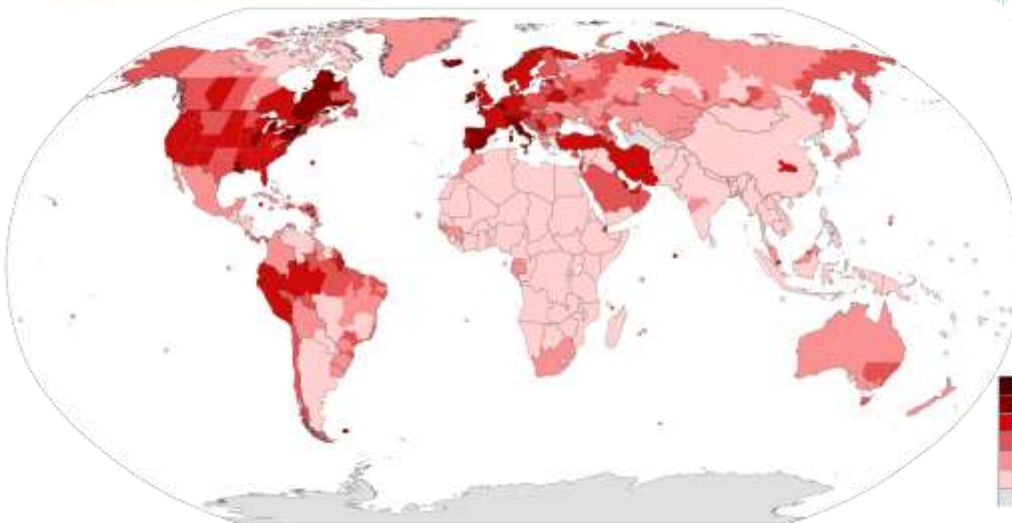
# Coronavirus disease (COVID-19)

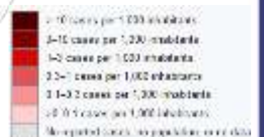


SARS-CoV-2
SPQR10Binte altaf CC BY-SA

3,747,504 confirmed cases

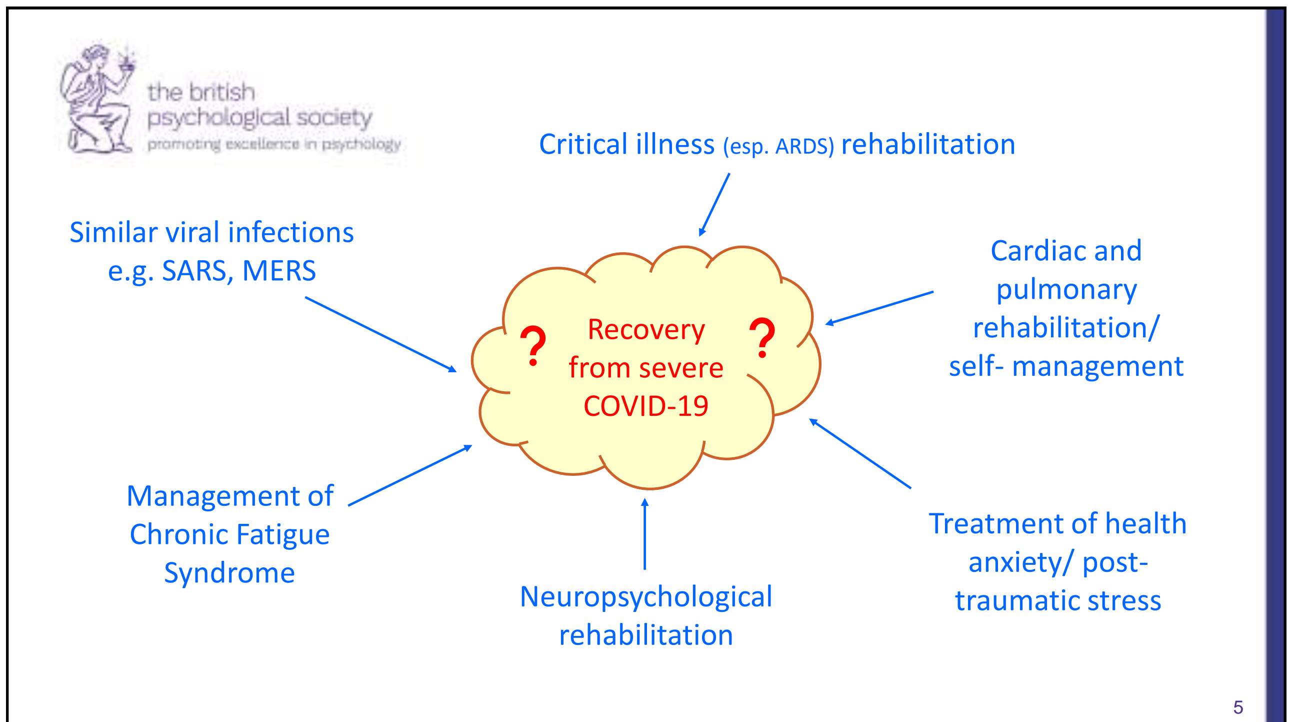
259,392 confirmed deaths





Raphaël Dunant - Own work, data from 2019–20 coronavirus pandemic data and List of countries and dependencies by population, CC BY 4.0, https://commons.wikimedia.org/w/index.php?curid=88208245

4




5

the british psychological society
promoting excellence in psychology

# Guidance development group

David Murphy (Co-lead), President 2019–2020, British Psychological Society
Dr Dorothy Wade (Co-lead), Principal Health Psychologist, Critical Care, UCLH NHS Trust
Professor Martin Bunnage, Head of Neuropsychology, North Bristol NHS Trust
Dr Anne-Marie Doyle, Consultant Clinical Psychologist Critical Care, Royal Brompton Hospital
Dr Simon Dupont, Head of Clinical Health Psychology, Hillingdon Hospital
Dr Jessica Fish, Lecturer in Clinical Psychology, University of Glasgow
Penelope Firshman, Clinical Lead Critical Care Occupational Therapist, Kings College Hospital
Dr Dorothy Frizelle, ACP-UK Director and Head of Psychology, Mid Yorkshire Hospital Trust
Professor Valerie Morrison, Professor of Health Psychology, Bangor University
Professor Rona Moss-Morris, Professor of Psychology as Applied to Medicine, Kings College London
Dr Hannah Murray, Research Clinical Psychologist, Oxford Centre for Anxiety Disorders and Trauma
Paul Twose, Critical Care Physiotherapist, Cardiff and Vale University Health Board

With invaluable input from ICUsteps

6

6

the british
psychological society
promoting excellence in psychology

www.bps.org.uk/responding-coronavirus

Meeting the psychological needs of people recovering from severe coronavirus (Covid-19)

GUIDANCE

#C19Recovery

7

7

the british
psychological society
promoting excellence in psychology

# Clinical features of coronavirus disease (COVID-19)

- While most people with COVID-19 develop mild or uncomplicated illness, approximately 14% develop severe disease requiring hospitalisation and oxygen support and 5% require admission to an intensive care unit.
- In severe cases, COVID-19 can be complicated by acute respiratory disease syndrome (ARDS), sepsis and septic shock, multiorgan failure, including acute kidney injury and cardiac injury.
- There is also an increased prevalence of venous thromboembolic events in COVID-19, especially in patients with more severe disease.

Source: WHO (2020) Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2.

8

8

## Common psychological aspects of recovery from Covid-19 likely to include:

- Anxiety
- Low mood
- Positive emotions – happy to survive, gratitude, appreciating life, growth
- Nightmares or flashbacks
- Poor sleep
- Effects on memory, attention, mental processing speed, executive function
- Fear of further illness and hyper-vigilance to bodily symptoms
- Fear of stigma or of contaminating others

**#C19Recovery** 9

9

## In-hospital risk factors (clinical) for later psychological problems include

- Duration of mechanical ventilation
- Intubation – leading to inability to communicate, and not understanding why
- Duration of sedation and choice of agent
- Increased number of treatments for organ support

**#C19Recovery** 10

10

the british psychological society
promoting excellence in psychology

# In-hospital risk factors (psychological) for psychological problems include:

- In-hospital stress, fear and low mood
- Confusion and delirium, hallucinations and delusions, difficulty knowing what is real or not
- Perceived lack of control and autonomy
- Fewer 'factual' memories; more intrusive or 'delusional' memories

**#C19Recovery** 11

11

the british psychological society
promoting excellence in psychology

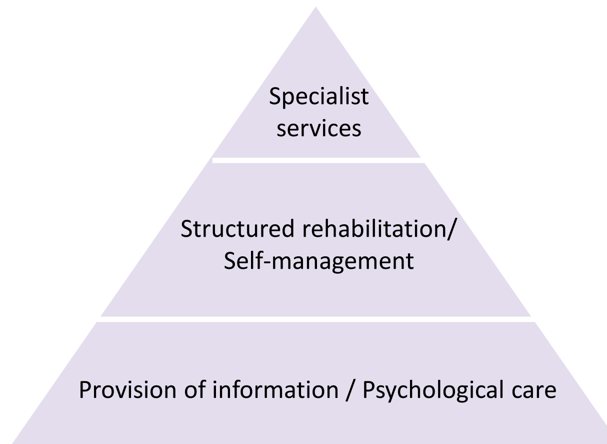
# During the COVID-19 pandemic, issues that could exacerbate this include:

- Physical barriers to seeing and communicating with staff due to PPE
- Social isolation – loved ones prohibited from visiting
- Common ICU stressors exacerbated by ward conditions during the crisis
- Unusually prolonged ventilation, proning and paralysing agents
- Prolonged and deep sedation including higher use of benzodiazepines
- Witnessing other patients on ventilators and/or deaths
- Concerns about effect of lack of staffing and equipment on care.

**#C19Recovery** 12

12

## A stepped, needs-led approach to psychological care




#C19Recovery 13

13

## In-hospital psychological care

- All patients with severe COVID-19 should receive psychological care* as well as patient-friendly information
- All healthcare staff working in COVID areas should receive training
  - In Psychological First Aid ‘safe, calm, connected, confident, hopeful’
  - To relieve fear and help patients understand emotional reactions such as anxiety, panic, low mood as well as delirium and other clinical conditions
  - To manage critical care patients with agitation, distress, hallucinations
- Psychologist referral for more complex cases
- Resources: IPADs, radios, relaxation materials, family photos etc

*Guidance for staff is available via the Intensive Care Society www.ics.ac.uk)

#C19Recovery 14

14

# 1a. Before discharge

- Patients should receive both **verbal and written** information from the MDT about
  - their hospital journey, and their individualised rehabilitation and recovery plan (rehab folder)
  - the causes of any remaining symptoms, informing them that symptoms often improve with time (but what to do if they don't improve)
  - common difficulties with physical, psychological or functional recovery that can arise following hospitalisation and what to do about them (booklet)
- Patients should be encouraged to ask questions about
  - any symptoms or aspects of their hospital experience that worry them or that they can't recall
  - their rehabilitation and recovery plan, and who to contact for help

**#C19Recovery** 15

15

# 1b. Early follow-up appointment

- All patients recovering from severe COVID-19 should be **proactively** followed up (in person or by phone/video call) between one to two months after discharge either by their general practitioner (GP), or by a hospital-based critical care follow-up clinic, in order to review their psychological, functional and physical needs.
- It is usually helpful to **invite relatives** to take part in these follow-up sessions. Patients and relatives should be given the chance to speak and ask questions about any aspects of their experience in hospital, including unusual memories or gaps in their memory, with healthcare professionals with a good understanding of the experience of severe COVID-19.

**#C19Recovery** 16

16

It is recommended that the early follow-up appointment includes brief screening for the following elements (the use of brief standardised measures can be helpful, examples are given below).

- Daily routines including sleep/wake routine
- Evidence of returning to normal activities
- Impact on family or other social relationships
- Anxiety issues (e.g. GAD-7)
- Low mood (e.g. PHQ-9)
- Post-traumatic stress symptoms (e.g. Trauma Screening Questionnaire, TSQ)
- Cognitive difficulties (e.g. MOCA)

#C19Recovery 17

17

The **personal meaning** of any troubling physical symptoms for the patient should be checked out using questions such as:

- ‘What do you worry might be causing your chest pain?’;
- ‘What do you worry might happen next when you experience breathlessness?’;
- ‘What do you do, or stop doing, when you experience fatigue?
- What do your family members do when you experience breathlessness?

#C19Recovery 18

18

the british psychological society
promoting excellence in psychology

## 2. Structured rehabilitation / guided self-management

- All patients with significant psychological, cognitive, functional or physical difficulties following hospitalisation for severe Covid-19, should be provided access to a structured, multidisciplinary rehabilitation package.
- This could be provided remotely (including contact with other patients/relatives) but should be in an integrated way by physios, OTs, practitioner psychologists, nurse specialists, doctors and other multidisciplinary team (MDT) members.

#C19Recovery 19

19

the british psychological society
promoting excellence in psychology

## 2. Structured rehabilitation / guided self-management

**Key psychosocial aspects of the Multidisciplinary rehabilitation package would include:**

- Provision of information & education to normalise symptoms and explain causes
- Peer support and integration with patient and family-led organisations (such as ICUsteps)
- Involvement of relatives

#C19Recovery 20

20

the british
psychological society
promoting excellence in psychology

## 2. Structured rehabilitation / guided self-management contd.

- Cognitive-behavioural approaches to recovery & managing emotions
- Interventions to increase confidence in, and overcome fear of, resuming normal activities
- Advice on compensating for cognitive problems

**#C19Recovery** 21

21

the british
psychological society
promoting excellence in psychology

## 3. Specialist Psychological Services

- Those with clinically significant difficulties with mood, anxiety, post-traumatic stress or other psychological difficulties, should be referred to local psychological therapy services (IAPT) or specialist psychological services in physical health, critical care or traumatic stress, where available.
- Those with significant cognitive difficulties should be referred to specialist neuro-rehabilitation and/or neuropsychology services

**#C19Recovery** 22

22

## Resources

- NICE Guideline Rehabilitation after critical illness in adults
- NICE Quality Standard Rehabilitation after critical illness in adults.
- ICUsteps guide - icusteps.org/guide
- Intensive Care Society - www.ics.ac.uk/

#C19Recovery 23

23

**Dr Debra Malpass**
BPS Director of Knowledge & Insight

**Dr Michael Skene**
GP Partner / A&E Doctor Exeter

**Peter Gibb**
CEO ICUsteps

24

24

# Questions?

Close shared screen

#C19Recovery

25

25