

Psychological needs of COVID-19 patients



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Patient experience of severe COVID-19 illness



Patient in hospital: Abdul, treated with CPAP 'mask' ventilation, in ICU for 14 days

“It was like a horror movie. I felt sorry for the nurses, they had no time even to wake us up, they'd just start to take blood. I was dripping with sweat but there was no time to clean us. I still get very tense and upset thinking about the tight mask. I have had nightmares and many upsetting memories. I saw emergencies, dead and dying people, a woman screamed all night” (name and details changed)

Patient at home: Jade, 32, asthma, lives alone, 'long COVID', BBC, September 2020

“I was going hot and cold, and coughing and coughing. I rang for an ambulance. The paramedics told me through the window they couldn't take me to hospital. I was just left. I felt so poorly and was scared to go to sleep at night.” She would start recovering but symptoms would return. “My chest got really bad again. I was struggling to breathe. I've never experienced such fatigue”

Psychosocial impact of COVID-19



- **In hospital**

- Awake patients: Lack of staff, PPE, difficult communication, witnessing suffering and death, separation from family, poor conditions. Acute stress and fear (96%)¹
- Sedated patients: Prolonged ventilation; prolonged deep sedation, deliriogenic sedative agents, proning, paralysis. Confusion, agitation, delirium (>60%)²

- **At home**

Managing breathlessness/delirium without support from healthcare staff
recurrence, loneliness, anxiety, fear of contaminating others, fear of stigma,
societal panic, media

¹Zhang et al. Brain, Behavior, and Immunity 2020;87: 49–50 ²Rogers et al Lancet Psychiatry 2020; 7: 611–27

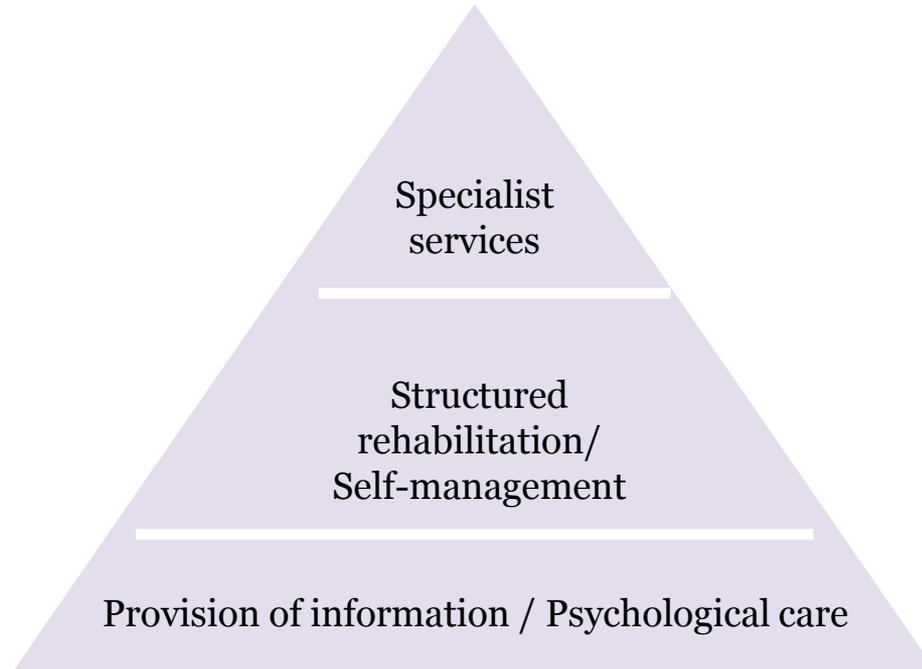
Severe COVID-19 psychological outcomes 2020



- Neurological/cognitive effects reported during hospitalisation (long term unknown)
 - Encephalopathy, stroke, dementia-like state; impairment in memory, concentration, executive function, attention ^{2,3}
- Psychological outcomes (post-hospital)
 - PTSD at 1 month, 28%; Anxiety at 1 month 42%; Depression 31%⁴
 - UK: 38% vs 16% (ICU vs non-ICU) worsened anxiety/depression at 4-8 weeks⁵
 - Other: Obsessive compulsive symptoms 20%, Insomnia 40% health anxiety
- Psychological outcomes (community)
 - ‘Long COVID’ – anxiety, breathlessness, chronic fatigue, cognitive effects, health anxiety
 - Depression – 29% (newly recovered COVID-19 patients), 34% (general public), 10% (quarantine)²
 - Anxiety – 21% (newly recovered COVID-19 patients), 19% (public) 10% (quarantine)
- Socio-demographic risk factors
 - Black and minority ethnic/white – no difference in PTSD rates; Female more PTSD⁵

³Varatharaj et al. Lancet Psychiatry 2020; 7: 875–82 ⁴Mazza et al. Brain, Behavior, and Immunity, <https://doi.org/10.1016/j.bbi.2020.07.037> ⁵Halpin et al J Med Virol. 2020;1–10

Psychological care – stepped needs-led approach



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 e.g. IPADs, radios, relaxation apps, family photos etc



Intensive Care Society 50
PSYCHOLOGY OF COVID-19 CRITICAL CARE PATIENTS: STAFF GUIDE 1

Background
Research shows that many patients may be distressed in the ICU. Severe patients and often vulnerable families. Patients may have unmet needs, such as a need for psychological support. Staff may have a high turnover of staff. Being in ICU during the COVID-19 pandemic may be even more challenging.

The good news
Research suggests that good communication and care can help to improve patient outcomes. Staff may be able to help patients and families understand what is going on and how to cope. This is called Psychological First Aid. This can be done by staff who are trained in this.

Know use the main issues that could arise for COVID-19 patients in ICU

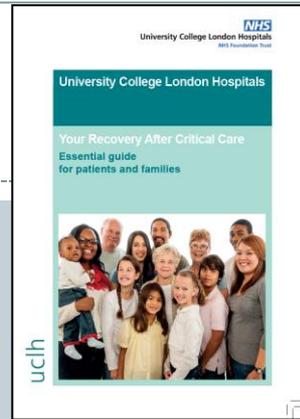
Anxiety and fear Patients may experience anxiety, fear, or distress. They may be unable to relax or sleep. They may be unable to eat or drink. They may be unable to breathe. They may be unable to hear or see. They may be unable to feel or touch. They may be unable to think or remember. They may be unable to move or act. They may be unable to live or die.	Prolonged ventilation, intubation, deep sedation, paralysis Patients may be unable to breathe on their own. They may be unable to move or act. They may be unable to feel or touch. They may be unable to think or remember. They may be unable to live or die.
Effect of anxiety on breathing and recovery Anxiety can make it harder for patients to breathe. It can also make it harder for them to recover. This can lead to a longer stay in ICU and a higher risk of complications.	Delirium Delirium is a sudden change in a patient's mental state. It can be caused by a number of things, including infection, medication, and oxygen deprivation. It can be a sign of a serious problem.
Isolation Patients may feel isolated from their families. They may be unable to see or hear their loved ones. This can be a source of great distress.	For alert patients Staffing other patients or ventilation of other.
Personal protective equipment Patients may be unable to see or hear their loved ones. This can be a source of great distress.	Positive emotions Patients may be able to feel good about their situation. This can help them to cope with their situation. It can also help them to live or die.

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

#C19Recovery

Before hospital 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

Early follow-up appointment



- All patients recovering from severe COVID-19 should be **proactively** followed up after one to two months after discharge
- Either by GP, or hospital-based follow-up clinic, to review psychological, functional and physical needs
- Relatives should be invited
- 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

Brief screening



The early follow-up appointment should include brief screening for the following elements (examples of useful standardised measures 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)

Structured rehabilitation / guided self-management



- For all patients with significant psychological, cognitive, functional or physical difficulties
- Access to a structured, multidisciplinary rehabilitation package
- Integrated service from physios, OTs, psychologists, nurse specialists, doctors and other MDT
- Remote, phone or video
- Peer support and integration with patient-led organisations
- Involvement of relatives



#C19Recovery

Structured rehabilitation / guided self-management



Key **psychosocial** aspects of the multidisciplinary rehabilitation package include:

- Provision of information & education to normalise symptoms and explain causes
- 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

Specialist psychological services



- For clinically significant difficulties with mood, anxiety, post-traumatic stress or other psychological difficulties
- Referral to local psychological therapy services (IAPT) or 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

Resources and acknowledgments



- British Psychological Society guidance/www.bps.org.uk/
- www.yourcovidrecovery.nhs.uk
- Intensive Care Society/FICM guidance
- Outpatient Covid respiratory clinics, critical care follow-up clinics, Long Covid clinics

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The British Psychological Society
promoting excellence in psychology

GUIDANCE

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

This guidance considers the likely psychological needs of people who have been hospitalised with severe coronavirus (Covid-19), and the most effective ways to support their recovery.

Since Covid-19 is caused by a novel virus (SARS-CoV-2), there is limited data on the psychological needs both emotional and cognitive aspects of those affected. However, this guidance is based on emerging knowledge and clinical experience during the current pandemic, as well as published studies on psychological aspects of related illnesses. These include similar infectious outbreaks (severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome-related coronavirus (MERS)) and critical illness, the needs of cardiac and pulmonary rehabilitation are also relevant.

Many people who contract Covid-19 experience only mild, or even no symptoms, but a proportion develop much more serious consequences and require hospitalisation, primarily for breathing problems.

Many of those hospitalised require only simple oxygen therapy on a general ward, but some require admission to critical care units for non-invasive ventilation (NIV) or invasive mechanical ventilation (IMV). Patients who require IMV have a tube inserted via the mouth and trachea into their lung, which is connected to a ventilator, and are often deeply sedated and paralysed with neuromuscular blocking drugs, often for a prolonged period.

The mortality rate of those critically ill ventilated patients is still not certain, but currently appears to be high. Long-term consequences of Covid-19 may include fatigue, persistent changes in heart and lung function, depression, anxiety and post-traumatic stress disorder. Some patients may experience significant cognitive impairment, which in the severe/critical illness includes delirium, loss of consciousness. The guidance focuses on patients who survive critical illness but continue to experience significant physical and psychological symptoms. It should be noted, however, that patients with milder illness following Covid-19 may also experience psychological difficulties.

The psychological, functional and physical aspects of patients recovering from coronavirus infection should be considered together (biopsychosocial model). Looking at any of them in isolation may obscure outcomes and inappropriate treatment. It is well known that psychological factors have an effect on morbidity and mortality outcomes of many health conditions.

GUIDANCE



Coronavirus: Specialist 'long Covid' clinics to be set up in England

www.bbc.co.uk
1 min read

Any questions?



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