



In the Patients' Best Interest: Visitors Policy and Inpatient Psychiatry Wards in the COVID-19 Era

Anika Maraj, MD, FRCPC^{1,2}  and Manuela Ferrari, PhD^{1,3}

Keywords

COVID-19, healthcare policy, visitors, inpatient psychiatry

As we face another lockdown in response to the second wave of the COVID-19 pandemic, we feel the need to respond and expand on the article written by Vigo and colleagues: “Mental Health of Communities during the COVID-19 Pandemic.”¹ The authors highlight the challenges of caring for individuals with severe mental illness during COVID-19, including the dangers of isolation for psychiatric inpatients. We would like to further explore this issue and offer suggestions to enhance patient care during this difficult time.

To minimize the risk of introducing the SARS-CoV-2 virus to institutions,² the initial policies on visitors to many psychiatry wards in Canada blocked all visitors for an indeterminate amount of time. While this policy made sense in the short term, it is counter-productive when enforced over longer periods of time. As the pandemic has continued, patients and their families have sounded the alarm on the harmful impact of prolonged separation for those with mental illness. Many institutions made exceptions for pediatrics, maternity, and palliative wards but not psychiatry.³

Family support is an essential component of recovery, and family members are important allies in treatment. While psychiatry inpatient wards are particularly vulnerable settings, given the communal spaces, acutely unwell patients, and group-oriented treatment programs, inpatients have identified separation from their family as a significant stressor. Notably, a Danish study demonstrated that residents, family, and staff all reported that the return of visitors to nursing homes positively impacted well-being.⁴ Optimizing well-being during inpatient admissions is especially important in the COVID-19 context as discharges to several community resources have been delayed or blocked.

While simply going back to the previous visitors' policies could pose a risk to the health of patients and staff on psychiatry wards, alternatives are available. Fortunately, health authorities have identified evidence-based measures that have demonstrated COVID-19 transmission risk reduction.²

These measures include screening of visitors, physical distancing, hand hygiene, and use of full personal protective equipment.² Additional measures such as avoiding communal spaces, prebooking visits to avoid crowding, frequently cleaning common spaces, and encouraging outdoor visits can further reduce the risk. While we acknowledge that no single solution will be feasible in all settings, we have observed that prioritizing these measures can enable safe in-person family visits, allowing for a more therapeutic treatment environment. Additionally, technology (e.g., video chats) can be used to enhance communication with family members that are unable to visit.

Psychiatric admissions are often stressful—and sometimes traumatic—experiences for patients.⁵ They are in a vulnerable position and COVID-19 has added greater complexity. To maximize the therapeutic potential of admissions, it is important to acknowledge that family members are part of the recovery team and should not be excluded. Where resources do not allow for the above suggestions, we strongly recommend engaging with patients and families to generate locally relevant solutions. Hospital administrators and policymakers may draw on the expertise of patient/carer advisory committees and caregiver associations (e.g., amiquebec.org, ontariocaregiver.ca) to help navigate the challenges created by COVID-19. The collaboration of all stakeholders is

¹ Department of Psychiatry, McGill University, Montreal, Quebec, Canada

² Mental Health and Addictions Service, Unity Health Toronto—St. Michael's Hospital, Toronto, Ontario, Canada

³ Douglas Mental Health University Institute, Montreal, Quebec, Canada

Corresponding Author:

Anika Maraj, MD, FRCPC, Unity Health Toronto—St. Michael's Hospital, 30 Bond Street, Toronto, Ontario, Canada, M5B 1W8.

Email: anika.maraj@unityhealth.to

necessary to find a sustainable and therapeutic solution and to do what is in the patients' best interest.

ORCID iD

Anika Maraj, MD, FRCPC  <https://orcid.org/0000-0002-3166-5190>

References

1. Vigo D, Patten S, Pajer K, et al. Mental health of communities during the COVID-19 pandemic. *Can J Psychiatry*. 2020;65(10):681-687.
2. Government of Canada. Infection prevention and control for COVID-19: second interim guidance for acute healthcare settings [accessed 2020 July 5]. (2020). <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html/>
3. CIUSSS West-Central Montreal. Caregivers at the JGH [accessed 2020 Dec 7]. (2020). <https://www.ciuisswestcentral.ca/health-alerts/coronavirus-covid-19/caregivers-and-others-who-provide-accompaniment/caregivers-at-the-jgh/>
4. Verbeek H, Gerritsen DL, Backhaus R, et al. Allowing visitors back in the nursing home during the COVID-19 crisis: a Dutch national study into first experiences and impact on well-being. *J Am Med Dir Assoc*. 2020;21(7):900-904.
5. Mind. Ward watch: Mind's campaign to improve hospital conditions for mental health patients. London (England): Mind; 2004.