

**WA State DOC COVID-19
Mental Health/Psychiatry Response Guideline
Version 2 (March 26, 2020)**

In conjunction with the Guideline for a medical response, the plan below will provide support for the emotional well-being of incarcerated individuals during various levels of quarantine/isolation, if required. This plan will be implemented as part of any quarantine/isolation Guideline at any specific facility. These services include traditional mental health services as well as support activities to reduce boredom which can be problematic during a lengthy quarantine/isolation. As the COVID-19 exposure in the community may affect staffing levels, frequent teleconferences between MH facility leadership and HQ MH Leadership will allow for the evaluation of any need for the redistribution of MH staff. This may include the deployment of HQ MH Leadership or redeployment of staff from one facility to another. The current plan below assumes full staffing at any facility.

While the primary focus of this plan is meeting the needs of the incarcerated population, the MH staff will also be available to assist in the support of DOC staff as directed by the Staff Psychologist Program Administrator, Dr. Phil Gibson.

The primary focus of this plan is to direct mental health services to those in need. It is important to keep in mind that we, as Mental Health Professional play a role in helping to maintain a calm, reassuring atmosphere with both individuals and staff. Please remember that people are watching you and taking cues from how you are managing the situation. If you are struggling and would like support please contact your Chief of Psychology, Chief of Psychiatry, Director of Mental Health, local CISM team or other support people.

1. GP/Outpatient Individuals/Tiers/Pods/Units under quarantine
 - a. MH staff will follow appropriate health precautions as dictated by the COVID-19 Guideline.
 - b. Staff on the units and nurses providing checks will be alert for changes in baseline and follow policy to refer individuals for a mental health assessment by submitting a 13-420
 - c. If there is an emergent situation (i.e. someone expressing self-harm/suicide ideation) or significantly decompensated they will call health services for a more immediate response.
 - d. Individuals can kite for MH services and response will be triaged based on assessed need and available resources.
2. GP/Outpatient Individuals on Isolation
 - a. Rounds by MH staff 3 times a week
 - i. MH staff will follow appropriate health precautions as dictated by the COVID-19 Guideline.
 - ii. Upon arrival to the Unit, MH staff will check in with CUS, CCs and

- Sgt. regarding the people on the unit
 - iii. MH Staff will ask about anyone who seems to be having a difficult time
 - iv. MH Staff will ask about any cellie combinations who seem to be having difficulty getting along with one another.
 - v. MH Staff may need to meet with individuals in a confidential setting on the Unit. Unit staff will make that space available.
 - vi. MH Staff will debrief after their rounds with CUS, CCs or Sgts regarding any concerns or recommendations
 - vii. MH Staff conducting rounds will debrief with the Supervising Psychologist.
 - b. MH staff will provide materials to reduce boredom and distract from situation
 - i. Journaling- what is going well, what you are looking forward to
 - ii. Write down what they would have been doing and think through anticipated disruptions in their lives
 - iii. Books, magazines and puzzles should be made available in the Unit for distribution by any staff
 - c. Staff in the Unit will send a 13-420 to alert MH staff of any concerns, between rounds. Phone calls will be made to MH Staff per the facilities' crisis protocol for an emergent referral.
 - d. Individuals can kite MH if they have any concerns and want to speak with MH.
- 3. RTU Units under quarantine/isolation
 - a. Rounds by MH staff daily
 - i. MH staff will follow appropriate health precautions as dictated by the COVID-19 Guideline.
 - ii. MH staff will check in with Unit Team regarding the people on the unit and identifying anyone with particular needs or poor response to the situation.
 - iii. MH Staff will ask about any cellie combinations who seem to be having difficulty getting along with one another.
 - iv. MH Staff may need to meet with individuals in a confidential setting on the Unit. Unit staff will make that space available.
 - v. MH Staff will debrief after their rounds with CUS, CCs or Sgt. regarding any concerns or recommendations
 - vi. MH Staff conducting rounds will debrief with the Supervising Psychologist.
 - b. MH Staff will have an increased presence on the Unit by being available in their offices in case there is a need for services. Unit Staff will alert MH Staff if there is a need for assessment of an individual.

- c. MH staff will provide materials to reduce boredom and distract from situation
 - i. Journaling- what is going well, what you are looking forward to
 - ii. Write down what they would have been doing and think through anticipated disruptions in their lives
 - iii. Books, magazines and puzzles should be made available in the Unit for distribution by any staff
 - d. Individuals can kite MH if they have any concerns and want to speak with MH.
 - e. Involuntary Medication hearings
 - i. For those patients in quarantine/isolation
 - 1. For those 2nd+ 180 day hearings, continuances will be granted for up to 90 days. Per policy, those no longer meeting standards must have involuntary medications discontinued.
 - 2. For those 14 day and first 180 day hearings: hold the hearing with a Lay advisor representing the patient.
 - ii. For any patient when there are staff absences
 - 1. The treating providers may participate telephonically , if needed
 - 2. One provider's 13-329 may be entered into the record by a covering provider. If both providers are absent, a continuance will be granted. During the continuance, a covering provider should be assigned to review the case and provide testimony.
 - 3. The Committee Chair needs to participate in the hearing visually. This may be accomplished in person or through a Skype (or other platform) call in order to be able to observe the patient interaction. Other committee members may participate telephonically or by Skype.
 - 4. The patient will participate in the hearing if they choose.
 - 5. Should the patient choose not to participate, all staff participation may be telephonic.
6. Crisis Services
- a. If there is a crisis with an individual on quarantine/isolation status, MH Staff will respond to the unit rather than having the individual report to the HS clinic.
 - b. The Unit will provide space for a confidential assessment.
 - i. This may occur in a staff office or a mobile sound barrier may be placed around the door, allowing for a semi-private interview through the cell door.
 - ii. If Wi-Fi is available in a unit, staff may provide the patient with a tablet

- and skype remotely to conduct the suicide risk assessment.
 - iii. If these alternatives are not available, the risk assessment will be conducted at cell-front. Please encourage the person to respond to questions honestly, recognizing that they may be hesitant to speak candidly. This may require that the rest of the unit be returned to cells if the noise in the dayroom interferes with the ability of the MH staff to hear the individual.
 - iv. Decisions about placement on watch should take into account the method of the assessment. For example, if a cell front assessment was completed, err of the side of caution when making decisions about placement on watch.
 - v. Any level of suicide watch (1:1 or 15 minute checks) will be managed in the cell in which the person is isolated.
 - c. If a crisis occurs after hours, Unit Staff will notify HS Nursing Staff who will respond to the Unit to conduct an assessment.
7. If the Clinics are closed (facility-wide quarantine/isolation)
- a. MH Staff will be assigned to a specific living unit
 - b. Rounds will be made twice daily during the business week
 - c. Services described above will be provided
8. Support for MH Staff
- a. For any facility experiencing any level of quarantine/isolation there will be a teleconference with HQ MH Leadership at the beginning and end of each week.
 - b. MH Staff at the facility is welcome to contact MQ MH Leadership at any time in between
 - c. HQ MH Leadership may be deployed to facilities to provide services as needed.
9. Staff
- a. Staff Psychologists may be in high demand to help staff manage anxiety and other responses to the quarantine/isolation.
 - b. To the extent possible the MH Staff at facilities will also be available for this support service.
 - c. The primary focus of these services will be to respond to immediate situation and provide referrals for indicated services.
10. General recommendations for EOC regarding supporting emotional well-being during the quarantine/isolation
- a. Improve communication channels
 - b. Maintain a sense of community
 - i. Provide accurate information
 - 1. "What to expect during the quarantine/isolation" factsheet
 - ii. Give frequent status updates
 - iii. Talk to cellies and others

- iv. Maintain open day room if possible
- c. Create a new routine within the structure of the quarantine/isolation
 - i. Reinforce healthy habits- hygiene, proper nutrition
 - ii. Sleep hygiene
 - iii. Take medication as prescribed

Coping with Stress During an Infectious Disease Outbreak

When you hear about a disease outbreak like coronavirus, it is normal to feel anxious or have stress responses. These reactions can take a toll on you emotionally, physically, mentally, and spiritually. It's important to recognize the impact of these reactions in yourself and others, and to be intentional about coping with stress in a constructive way and know how to get support.

Common Signs of Stress

Behaviors: Changes in energy and activity level Increase use of substances (alcohol or other drugs) Trouble relaxing or sleeping Wanting to be alone Difficulty listening or communicating Difficulty giving or accepting help Decreased pleasure in things that brought you joy	Emotions: Excessive worry, anxiety, or fear Increased irritability or anger Feeling depressed Feeling guilty Feeling overwhelmed Helplessness Apathy (not caring about anything)
Physical Responses: Physical numbness Tightness in Chest Stomachaches or diarrhea Headaches, muscle or joint pain Loss of appetite or overeating, eating poorly Being jumpy or easily startled Fatigue or lethargy	Thoughts: Difficulty with memory Confusion Having trouble concentrating or thinking clearly Difficulty making decisions Racing or flooding thoughts, rumination Blaming others for things out of their control Feeling heroic or invulnerable

Know How to Relieve Stressⁱ

Keep things in perspective:

Set limits on how much time you spend reading or watching news about the outbreak. You will want to stay up to date on news of the outbreak, particularly if you have loved ones in places where many people have gotten sick. But make sure to take time away from the news to focus on things in your life that are going well and that you can control.

Get the facts:

Find people and resources you can depend on for accurate health information. Learn from them about the outbreak and how you can protect yourself against illness, if you are at risk. Turn to credible resources such as the Washington Department of Health [coronavirus webpage](#) and [information on outbreak preparedness](#), and the CDC's [coronavirus website](#).

Keep yourself healthy:

- Eat healthy foods, and drink water.
- Avoid excessive amounts of caffeine and alcohol.
- Do not use tobacco or illegal drugs.
- Get enough sleep and rest.
- Get physical exercise.

Use practical ways to relax:

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate, wash your face and hands, or engage in pleasurable hobbies.
- Pace yourself between stressful activities, and do a fun thing after a hard task.
- Use time off to relax—eat a good meal, read, listen to music, take a bath, or talk to family.
- Talk about your feelings to loved ones and friends often.

Pay attention to your body, feelings, and spirit:

- Recognize and heed early warning signs of stress.
- Recognize how your own past experiences affect your way of thinking and feeling about this event, and think of how you handled your thoughts, emotions, and behavior around past events.
- Know that feeling stressed, depressed, guilty, or angry is common after an event like an infectious disease outbreak, even when it does not directly threaten you.
- Connect with others who may be experiencing stress about the outbreak. Talk about your feelings about the outbreak, share reliable health information, and enjoy conversation unrelated to the outbreak, to remind yourself of the many important and positive things in your lives.
- Take time to renew your spirit through meditation, prayer, or helping others in need.

Focus on What You *Can* Do

During uncertain times, it is common to feel overwhelmed or helpless. Focus on the things you can do to be prepared and protect yourself:

- Wash your hands frequently, with soap and water, for at least 20 seconds. If this is not available, use a hand sanitizer with at least 60% alcohol.
- Cover coughs and sneezes with a tissue, then throw it away and wash your hands. If tissues aren't available, cough or sneeze into your elbow, not into your hands.
- Routinely clean all frequently-touched surfaces at home and work.
- Please, stay home if you are sick.

When to Get Help

Professional assistance from a counselor can be helpful if you or a loved one are having difficulty coping with stress and its getting in the way of your daily life. Help from EAP can be particularly valuable if stress is impacting your functioning at work or is disrupting your work team. Call the EAP to get started with support—don't wait until you are in crisis to learn ways to cope.

ⁱ Substance Abuse and Mental Health Services Administration. [Coping With Stress During Infectious Disease Outbreaks.](https://store.samhsa.gov/system/files/sma14-4885.pdf)
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