

## Mental health and wellbeing

The quarantine service has a duty of care to provide a structured approach to facilitate the mental health and wellbeing of the residents in quarantine and isolation. A core resource which has been used to inform these resources is accessible via the Australian Government, Department of Health, Coronavirus (COVID-19) – Advice on mental health screening, assessment and support during COVID-19 quarantine.<sup>1</sup>

### Resident mental health and wellbeing

The following points should inform the mental health and wellness approach for residents in quarantine or isolation::

- Quarantine, whether in a hotel, camp, or other environment is a health response, not a custodial response. People need to retain as much choice and agency as possible.
- Regular and timely information is crucial – before departure, during travel, on arrival and throughout the period of quarantine. It needs to be provided in an easily accessible way – written, by video, in person.
- Service providers to quarantine accommodation need to ‘know their cohort’ and plan accordingly. For example, if there are family groups with dependent children, international students who may be socially isolated, older people at risk of developing physical illness, people who regularly consume drugs and/or alcohol.
- Every person undergoing quarantine will have trouble. The focus of psychosocial support is to enhance and maintain wellbeing. Key to this is the provision of a structured day, with meaningful activity and opportunities for social connection. From day one there needs to be active engagement and provision of a range of individual and group activities from which to choose. Group activities need to be provided in a disease/transmission safe manner, using virtual means if necessary
- Amenity is important. Every person in quarantine should ideally have access to fresh air through windows or a balcony, space to exercise, and healthy and culturally appropriate food options. Family groups that include dependent children should have separate but connected spaces.
- Engagement of people in activity, wellbeing checks, and information should be active and assertive, although responsive to a person’s request, not passive.
- General health and mental health services need to be available and able to escalate when a person struggles to cope with quarantine, has a pre-existing or emerging illness, or needs a higher level of support and intervention. People in quarantine accommodation need to know when and how to access support and assistance. As much as possible this should be on-site, or at least for office hours.
- Effective governance means that all providers involved in supporting those in quarantine need to have clear lines of reporting, information sharing and complaints management.
- For those who develop disease or return a positive viral screen result, there needs to be a clear protocol for whether this affects the duration of quarantine and how a person transitions from quarantine.

- Staff need support. This includes hotel/camp staff, security staff, and health and welfare staff. Service providers or lead agencies need to have means of replacing or supporting staff, and ensuring ongoing support in relation to infection control and prevention.

Quarantine presents unique challenges to accessing mental health care. Those who have been overseas often do not have a current Mental Health Plan or may not previously have accessed mental health care in Australia. The quarantine Medical Team need to have experience in caring for people with mental health concerns and have pathways for referral to local acute and primary mental health services in addition to the resources available on-site.

### **Mental health recommendations and findings from the National Review of Hotel Quarantine (COVID-19) (Halton report)<sup>2</sup>**

Recognition and appropriate response to the psychological impact of quarantine, and of underlying psychosocial vulnerabilities, are important to minimise the negative impact of quarantine.

Being in quarantine is associated with isolation, loneliness, loss of control, stress, frustration, anger, boredom and inadequate information, with some evidence suggesting there may be long-lasting psychological effects if these stressors are not minimised. Deeper and long-term effects can occur in people already living with mental illness as well as people with no prior history. There may also be economic and employment impacts, increased consumption of drugs and alcohol, poorer family relationships, and experiences of trauma, loss and grief.

Mental health supports need to both maintain mental health and wellbeing during quarantine, as well as to identify and address any more serious mental health challenges that may emerge.

Good practice operations of mental health support in hotel quarantine is demonstrated by the presence of assertive mental health screening and treatment available to hotel quarantine guests, particularly with evidence of the use of validated mental health assessment tools. The importance of these supports are also reiterated by the National Health and Medical Research Council COVID-19 Health and Research Advisory Committee.

The Halton report observes that good practice includes assertive in-reach and assessment that does not rely on the traveller seeking out support.<sup>2</sup> Ideally this is undertaken on day one of hotel quarantine to identify immediate concerns, with daily follow up to identify emerging or escalating psychological distress, until guests decline further contact and/or support.

Other important elements for mental health and wellbeing include:

- Provide a clear rationale for quarantine and information about protocols;
- Appropriate clinical oversight, including access to specialists and treatment; and
- Daily entertainment, activities, and structure that starts from day one

**Sourced from National Review of Hotel Quarantine. Halton. J, October 2020**



### **Mental health and wellbeing checks**

In alignment with the resident centred model of care and foundation of primary health care, communication with residents will remain a priority for the quarantine site from the pre-arrival process when possible (such as with organised repatriation flights) through the resident management to their site departure. Residents should have access to in-house TV channels with health and wellbeing information and group SMS messages throughout their stay highlighting important information for the group. On arrival, residents are provided with a resident handbook which highlights mental health and wellbeing contacts both internal and external to the facility as well as activities to facilitate good mental health. The Tele Wellbeing Team will be making a minimum of three calls or points of contact with residents and they will receive a daily health check from registered nurses, enrolled nurses or student nurses.

The residents will receive daily health screens face to face by registered health professionals, and any residents who are deemed vulnerable or high risk will be flagged by teams for additional Tele Wellbeing calls or face to face checks.

One aim of the health and wellness checks (in addition to screening of disease signs and symptoms) is to identify any residents who may be exhibiting signs or symptoms of mental health or emotional issues. They can then be followed up with the opportunity to access services to maximise their mental and emotional wellbeing.

The quarantine service needs to be aware of cultural issues when conducting mental health screening and be aware of creating a culturally safe space. This needs to involve additional cultural training and education for working with specific resident cohorts (for example working with Aboriginal and Torres Strait Islander resident cohorts).

Other aspects to consider when working to assess or assist mental health and wellness includes:

- Use of wording which is appropriate and understandable for the resident.
- The confidence and experience of the health team working with residents.
- Potential lack of privacy and distractions in the quarantine environment.

Common mental health conditions or issues experienced in the quarantine environment are identified as:

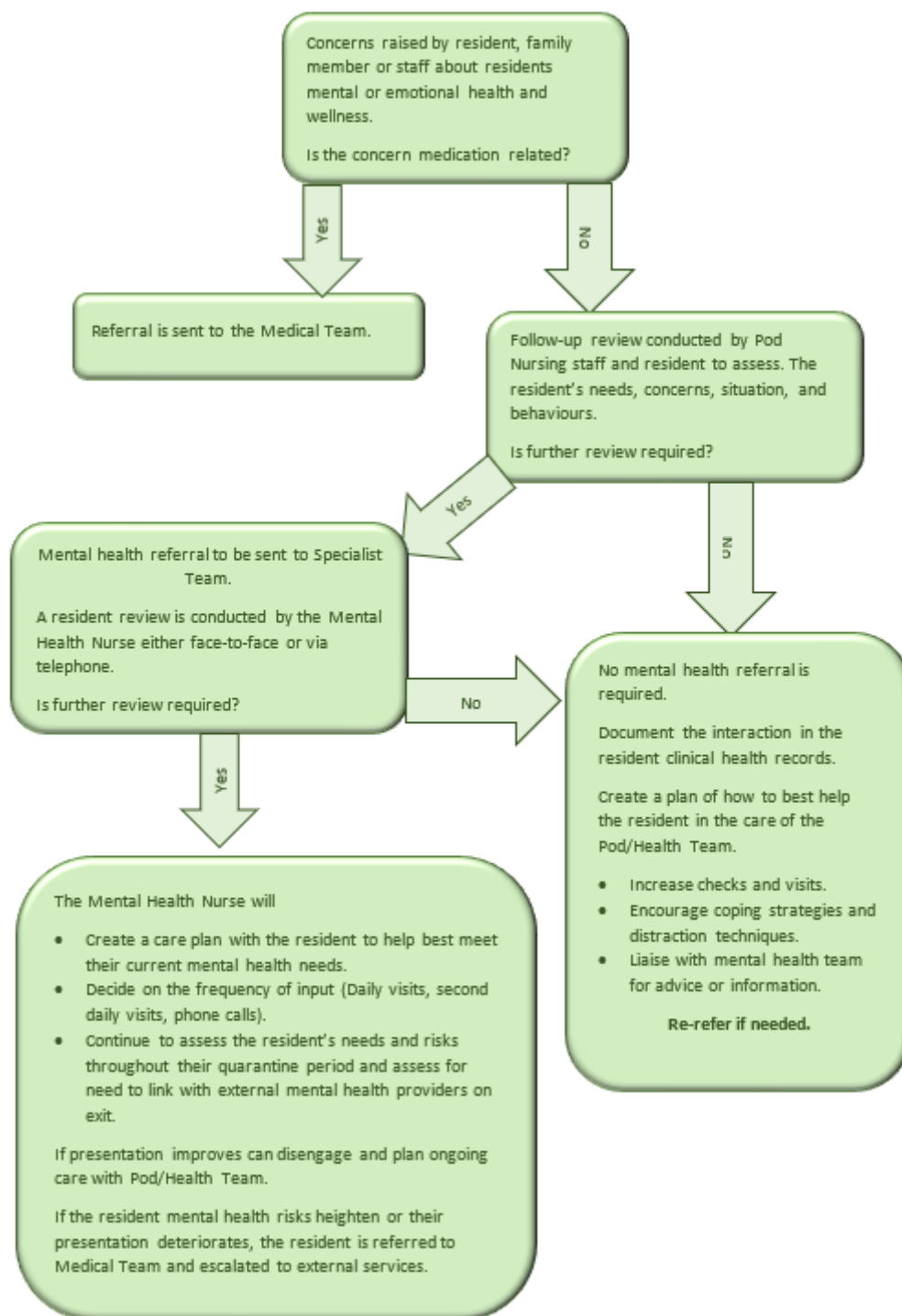
- Anxiety
- Depression
- Post traumatic stress disorder
- Claustrophobia
- Increases in stress and lessened ability to manage this
- Grief and loss
- Drug and alcohol misuse (and withdrawal)
- Suicidal thoughts
- Self harm

### Referral of residents for mental health review

The Health Team who is concerned with a resident's mental health and wellbeing should first discuss this with the Pod Team Leader and determine if there is any known history of mental illness (if accessible by checking the resident pre-arrival and online health records). Depending on the severity of their concern they may complete a referral directly to the Medical Team or may refer to the Specialist Team Mental Health Nurse.

Note: The Specialist Team referral has been presented in the information for the Specialist Team.

## Mental Health Specialist Team Referral



Section 5: Figure 5: Process of mental health referrals for the Specialist team in quarantine.

An example of a Specialist Team referral for mental health has been provided here with a guide on the information required for each section.

**Section 5: Table 1: Guide for completing a mental health referral form.**

**Relevant Past Medical/Social/Mental Health History (if known):**

- Any current or previous mental health diagnosis
  - What conditions/diagnosis (use medical terminology)
  - Any hospitalisation
  - Dates (recency is important)
- Any related or potentially related physical health conditions.
- Any current social stressors
  - Bereavement or ill health, financial, relationship difficulties, large changes to their life, lack of supports or communication with others.
- Any medications, prescribed or other.
- Any drug or alcohol use.

**Nursing Assessment:**

**Tell us what you are most concerned about for our resident?**

- What is impacting their current mental health?
  - What has the resident disclosed,
  - what has been observed.
- How much of an impact is this having on the person?
- What is the resident perspective of it all?

**Tell us about how our resident presents in how they talk and/or present emotionally?**

- Put the perspective/nursing assessment of the person here.
  - Do they look upset, irritable or agitated, and is that in line with the concerns they are expressing?
  - How do they physically present?
  - Has there been any noted deterioration or significant changes from previous interactions with the team?

**Tell us how we could assist the resident?**

- Further assessment and possible mental health care planning.
  - Has there been any assistance or plan commenced by the Pod/Health Team.
  - Has the Medical Team been involved.

**Have you discussed this referral with our resident?**

- Are they aware of the options available to them?
- Would they like to meet with the Mental Health/Specialist team?

**Is there something we can help you/or your team with in working with, or understanding our resident?**

- Are there any questions?



Section 5: Table 2: Example of a mental health referral.

Discuss all Specialist Service Referrals with Pod Team Leader first

<b>Name:</b> Paul Allan	<b>HRN (if known):</b> 111111111
<b>Room #:</b> K456	<b>Pod #:</b> 8

**Referral for :**  **Mental health**  **Physiotherapy**  **Social Worker**  
 **Occupational Therapist**  **Alcohol and Other Drugs Services**

**Relevant Past Medical/Social/Mental Health History (if known):**

Resident stated they have had trouble with depression in the past, for roughly 10 years. Currently experiencing increased worries regarding finances. COVID-19 restrictions have affecting their access to work and income.

**Nursing Assessment:**

**Tell us what you are most concerned about for our resident?**

Described significant worries around their finances, mainly in relation to quarantine payment and having to establish themselves in Australia after been stuck overseas for roughly a year and a half. They are currently managing with this okay, but appear to be getting more and more worried on interactions. They have stated they feel "fine" but have also expressed a slight reduction in their mood.

**Tell us about how our resident presents in how they talk and/or present emotionally?**

Mood appeared flatter than usual and has mentioned this subject more to staff during the checks in the last two days. Visibly upset during one period when talking about the time stuck outside of the country.  
 Reported heart palpitations. Physical observations and review were taken and all within normal range. They reported this happens more when thinking about returning to Sydney and needing to find a job and long term accommodation.

**Tell us how we could assist the resident?**

Further assessment of mental health and any potential care plans moving forward.

**Have you discussed this referral with our resident?**

Yes, they are happy to meet with a mental health nurse.

**Is there something we can help you/or your team with in working with, or understanding our resident?**

Any management or care plans to help them with their current presentation.

## Staff mental health and wellbeing

The COVID-19 pandemic affected the resilience of many health workers due to the ongoing stress created within front-line environments. Staff who have lower resilience are likely to experience depression, feel demoralised, hopeless, disconnected, tired and fatigued. This can all affect their ability to safely carry out their role.

There should also be provision to support staff to maintain a healthy work-life balance. There should also be provision to support staff to maintain a healthy work-life balance. This might include monitoring shift work and overtime staff are completing, providing healthy onsite meal options, presenting positive health promotion messaging and encouraging healthy behaviours. Depending on the layout of the site and IPC restrictions in place, it may be possible to have health and wellbeing sessions focused on resilience, mindfulness, yoga (it can be done on chairs and not on the floor), manual handling stretching exercises.





The site is recommended to provide staff access to an external professional and confidential counselling service as well as links to mental health and wellness organisation and resources. This can be available for support required due to stress directly associated with the pandemic response as well as:

- personal and workplace relationships
- health
- depression
- anxiety disorder
- family disintegration
- marital problems
- alcohol and substance misuse
- gambling and other addictions.

Health and wellbeing sessions can be offered to staff onsite in different forms. Taking transmission safety and social distancing requirements into consideration, sessions in mindfulness, development of resilience and team building can be run.

Note: Staff mental health and wellbeing is covered in detail in *Section 3: Health Workforce*.

## Resilience strategy building session

This session can be run by the Medical or Health Team Leaders to facilitate conversation, and opportunity to share experiences between staff.

In pairs:

- Think of a stressful event?
- How did it affect you?
- What did you do to manage this?
- What did you learn about yourself and others?
- Would you be better prepared to deal with this again?

### Things that you can do to develop resilience

Get connected.

Building strong, positive relationships with loved ones and friends can provide you with needed support and acceptance in good and bad times.

Make every day meaningful.

Do something that gives you a sense of accomplishment and purpose every day.  
Set goals to help you look toward the future with meaning.

Learn from experience.

Think of how you've coped with hardships in the past. Consider the skills and strategies that helped you through difficult times. You might even write about past experiences in a journal to help you identify positive and negative behaviour patterns — and guide your future behaviour.

Remain hopeful.

You can't change the past, but you can always look toward the future. Accepting and even anticipating change makes it easier to adapt and view new challenges with less anxiety.  
Encourage positive self talk.

Take care of yourself.

Tend to your own needs and feelings. Participate in activities and hobbies you enjoy. Include physical activity in your daily routine. Get plenty of sleep. Eat a healthy diet. Practice stress management and relaxation techniques, such as yoga, meditation, guided imagery, deep breathing or prayer. Spirituality can play a big part in this.

Be proactive.

Don't ignore your problems. Instead, figure out what needs to be done, make a plan, and take action. Although it can take time to recover from a major setback, traumatic event or loss, know that your situation can improve if you work at it.

- ▶ Avoid seeing crises as insurmountable problems. You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events.
- ▶ Accept that change is a part of living. Accepting some circumstances cannot be changed can help you focus on circumstances that you can alter.

## References

1. Australian Government, Department of Health and Aged Care. (2020, Dec). Coronavirus (COVID-19) – Advice on mental health screening, assessment and support during COVID-19 quarantine. <https://www.health.gov.au/resources/publications/coronavirus-covid-19-advice-on-mental-health-screening-assessment-and-support-during-covid-19-quarantine>
2. Halton. J, October 2020. National Review of Hotel Quarantine. Australian Government, Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/national-review-of-hotel-quarantine?language=en>

## Content Acknowledgement

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