

Update from the State Director, 7/30/20

SCDMH Staff Continue To Provide Needed Mental Health Care and Nursing Services, Despite Pandemic

SCDMH clinical and administrative programs continue to provide needed care to patients and residents in spite of the difficult challenges posed by COVID-19. The Department's highest priority remains the safety and wellbeing of its patients, residents and staff.

The SCDMH Administration building still remains closed to almost all visitors, and most meetings are arranged so employees may participate via video platform, even if present in the building. The State Mental Health Commission's monthly meetings have been held via Zoom the past two months, and that is expected to continue during the pandemic.

Hospitals and Nursing Homes

The significant increase in the community spread of the virus in South Carolina, combined with the unique aspect of this novel coronavirus, which enables infected individuals without symptoms to nevertheless be capable of infecting others, has made it an extremely difficult challenge to prevent the inadvertent introduction of the virus in any hospital or nursing home, including SCDMH operated hospitals and nursing homes.

Screening of staff reporting to work, to include temperature checks, prior to entry to the hospitals or nursing homes continues. All staff in SCDMH hospitals and nursing homes are required to wear face masks while working to further reduce the risk of inadvertently spreading the infection from a staff person who may have become infected but who is still showing no symptoms. Management and staff of the hospitals and nursing homes have also been diligent in implementing other recommended precautions to prevent the introduction and spread of the virus within SCDMH facilities, such as eliminating most visitation and increasing the frequency of cleaning and disinfecting common areas.

Nevertheless, the longer the pandemic continues, and the greater the prevalence of the virus in the State, the more difficult it is for SCDMH to prevent the introduction of the virus into its inpatient facilities. In particular, due to the ability of the virus to be spread by staff who are unaware they have become infected and who are showing no symptoms, it is not possible to completely prevent the occurrence of some cases of infection among patients and residents. Almost all SCDMH hospitals and nursing homes have now experienced one or more diagnosed cases among their patients or residents, as well as their staff.

All SCDMH inpatient facilities have created areas within which to isolate and care for patients or residents confirmed or suspected to be infected, and infection control staff additionally respond in such situations by identifying, isolating and testing other patients/residents who may have

been in close contact with that patient/resident to contain any further spread. Staff infected or exposed are placed on leave and not allowed to return to work until it has been determined they are not contagious.

Admissions to SCDMH hospitals have continued, but on a significantly reduced basis. Psychiatric hospitals differ from community hospitals in that patients do not have private rooms, and move about and interact with other patients and staff on their hospital units during the day. Therefore, the risk on a psychiatric hospital unit of the virus spreading rapidly is much greater should an infected patient be admitted. Proposed hospital admissions must undergo prior screening, including requiring testing for COVID-19. Following admission, new patients are treated initially on an isolation unit for a period of time to ensure they do not develop symptoms, before they are moved to one of the regular units. This time consuming process, together with the fact that some patient units have been taken off-line and repurposed as isolation units, means that SCDMH hospitals' capacity to admit new patients has been significantly reduced by the pandemic.

Community Mental Health Centers

SCDMH Community Mental Health Centers (CMHCs) have the majority of their clinical staff, and many of their support staff, equipped to work from home.

The Centers and clinics also continue to remain open to see new patients and walk-ins with urgent/emergent circumstances, with a nurse on-site when needed for those patients who receive injectable medication. Some of the smaller clinics have reduced hours of operation, with many existing patients receiving virtual care. For those patients who are still seen in a Center, the clinical setting is arranged to maintain a safe distance between the patient and therapist.

While providing services virtually is proving to be successful for many patients and clinical staff, there are significant exceptions. A percentage of mental health center patients are not able to be consistently and reliably reached by telephonic or telehealth means, for a variety of reasons. Several weeks into the pandemic, SCDMH Community Mental Health Services management began to focus on how many of the patients which the Mental Health Centers were serving prior to March 13th had still not received any services. Centers were asked to identify those patients and began making concerted efforts to reach them. Over the past 11 weeks, the Agency's lowered the "not seen" percentage from 14.8% in early May to less than 2% this week, which is impressive progress.

Community Support

Studies of past pandemics and natural disasters establish that the incidence of mental health and substance use disorders increases dramatically during an emergency. The same measures urged to prevent the spread of the virus – staying at home, closing schools and businesses, canceling events and transitioning in-person meetings to on-line-only platforms, as well as the advice to

“socially distance” – all increase individuals isolation. Isolation often aggravates underlying behavioral health conditions, and brings about anxiety and depression even in persons who were previously mentally healthy. Individuals being directly affected by the trauma of the virus, such as those sickened by the virus or their families, and healthcare workers treating those who are infected, and who are themselves also having to face their own anxieties and fears of becoming infected, are at increased risk for mental health and substance use disorders.

Because of the general fear of contracting the virus, the numbers of new patients coming in to SCDMH Mental Health Centers is not significant. However, calls to the agency’s mobile crisis program have increased, as have calls to the Suicide Prevention Lifeline. The Department of Alcohol and Other Drug Abuse Services (DAODAS) is reporting dramatic increases in overdoses since March.

A new statewide support line for individuals in need of mental health or substance use services is now up and available to help those struggling and provide guidance on available treatment. The support line is a partnership between SCDMH and DAODAS, is toll-free, and is answered 24/7, at 1 (844) SC-HOPES (724-6737). The individuals answering the calls can connect callers to trained clinicians who can address their specific needs. There is also a companion website, sc-hopes.org, to further assist citizens needing mental health assistance or addictions support. To increase the awareness of this resource, the agencies have begun a digital advertising campaign, and are running a commercial about SC HOPES on NBC and CBS affiliates across South Carolina. You can view the commercial by viewing it on the Department’s YouTube Channel. The agencies have also developed a Healthcare Outreach Team to respond directly to healthcare workers who call and are in need of support or treatment.

Conclusion

The agency’s staff are as impacted as any citizen by the current national crisis brought about by the pandemic. The threat of infection to themselves and their families, the uncertain economic outlook, divisive politics and the ongoing demonstrations and dialog about racial and economic disparities have an effect on everyone’s mental health. But whatever the future holds, the staff of SCDMH, no matter their specific role in the agency, are working to ensure that mental health and nursing care services are provided to those currently in the Department’s care, and are available for those who will need care tomorrow. They are all true professionals, and in addition to supporting their patients, SCDMH staff also support and care for each other, because we all work as a team. Working together, we will get through this crisis.

Sincerely,

Kenneth Rogers, MD

State Director, SCDMH