Covid-19- patient brief psychological assessment

Context of this assessment: This tool is intended for use by Clinical Psychologists/Mental Health practitioners to aid at assessments with patients who have been referred for outpatient support regarding their experience of Covid-19 (hospital admission severity). This tool should not be used before 4 weeks post-hospital discharge.

Please refer to the **Rapid Guidance created by the Covid Trauma Response Working Group (2020)** for more information regarding screen and treatment of Covid-19 patients. The present tool is an additional aid to support stages 3 and 4 of the Screen and Treat model.

Background: Gennaro Mazza et al. (2020) suggests over 50% of severe Covid-19 patients could experience some sort of psychological difficulties (post 1 month recovery from Covid-19). Initial data predicts patients could experience delirium, insomnia, depression, anxiety, OCD and PTSD. Worry regarding becoming ill again, feeling uncertain about the future, social isolation, traumatic memories from being ill and potential stigma from others, could all interact/influence mental health difficulties (Gennaro Mazza et al., 2020). Women were significantly more likely to present with these difficulties after experiencing Covid-19, however, this may mean distress presents in a different way across genders. Those who have experienced previous mental health difficulties are more likely to have difficulties after being ill with Covid-19.

Patient's name:	
NHS no:	
DOB/Age:	
Staff member's name:	
Date:	

Explain about purpose of assessment and confidentiality.

Understanding of the patient's experience of Covid-19

You do not need to ask for specific details regarding events that have happened to them whilst in hospital, rather having an overall idea of their treatment within hospital will be useful.

- How long were they in hospital for?
- Do they remember everything from being in hospital or are there large gaps in their memory?
- Did they need to be restrained at any point (perhaps check medical notes)?
- Did they have any delusions/acute psychosis?
- Were they on invasive equipment such as the ventilator? Were they able to communicate whilst receiving this treatment?
- Were they able to communicate with their support network whilst in hospital?
- How much use of sedatives in treatment?
- Any pain/symptoms they still experience; 'what do you worry might be causing your chest pain?'; 'what do you worry might happen next when you experience breathlessness?'; 'what do you do, or stop doing, when you experience fatigue?'.

PTSD symptoms (with most of the questions below, it is good to gage how things are different now compared to before Covid-19). In general, a quarter of patients treated in ICU experience PTSD symptoms 1-6 months after discharge. After the SARS outbreak around 30% of survivors experienced PTSD symptoms. It is therefore predicted that there may be an increased rate for Covid-19 patients who have had severe symptoms (Murray et al., 2020; Rogers et al., 2020).

- Have they experienced nightmares?
- Have they experienced flashbacks 'have you had unwanted memories that feel as if they are happening in the here and now?' How often are they occurring and how distressing are they to the patient?
- Have they had intrusive thoughts or images about their experience in hospital? Have they tried to block any memories of their experience of Covid-19? Is there anything that they are avoiding as a result of trying to stop memories? How is this impacting their day to day life? How do they feel when they experience images of the ICU?
- How is their trust in health professionals? Are they attending appointments and taking part in all rehabilitation activities?
- Have they noticed themselves becoming more irritable with those around them? Perhaps ask for examples of irritability, or check with family members (with patient's permission). Is this different to before their treatment of Covid-19? Do they have anger outbursts? What sense does the patient make of this?
- Have they been sleeping? Have they noticed changes to their sleeping habits since their hospital stay what sense do they make of this? Are they able to fall asleep and stay asleep? Are they refreshed when they wake up?

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- Are they constantly on guard/hypervigilant/jumpy? Is it small things that may be triggering anxiety, such as hearing a loud noise/others touching them/body sensations/smells such as disinfectant? How distressing is this to them and how often is it happening?
- Have they had difficulty concentrating? Have they experienced large gaps in their memory more recently/outer body experiences? How is this impacting their life day to day?

If you believe the patient may have PTSD, you can use measures such as PCL-5

Mood/anxiety /sleep

- Have they noticed any changes to their mood? Rate their mood. Have they been tearful? Feel weighed down by body?
- Felt numb or detached from people, activities, or their surroundings?
- Have they had any sleep difficulties and how does this compare to before they became ill?
- Have they had difficulty concentrating? Have they experienced large gaps in their memory more recently/outer body experiences? How is this impacting their life day to day?
- Felt guilty or unable to stop blaming themselves or others for the event(s) or any problems the event(s) may have caused?
- Have they been engaged with previous interests/activities?
- Have they experienced physical symptoms of anxiety, such as; pains in chest, trembling, heart racing? Panic attacks? How often is this happening and how distressing is it? What beliefs do they have regarding their safety now?
- Do they display any checking behaviours, for example, constantly checking their thermometer to make sure they don't have a temperature, disinfecting/cleaning more than necessary due to worries of contamination?

**If you believe the may be experiencing anxiety difficulties or low mood, you can use measures such as; GAD-7 (for anxiety) or PHQ-9 (low mood). **

Cognitive difficulties (significant enough to impact day-to-day functioning) – change since Covid-19.

- Memory difficulties?
- Difficulties maintaining concentration?
- Slowed thinking speed?
- Problems with problem-solving?
- Problems with Multi-tasking?

Previous difficulties – with each question, you do not need detailed accounts, rather an overview, as we know they are risk factors for requiring psychological support after Covid-19

- Previous support for mental health difficulties?
- Pre-existing health anxiety?
- Recent bereavement or illness of family members?
- Previous trauma experience?
- Prior experience of critical illness?
- Any pre-existing cognitive impairment, including dementia/stroke?

Additional Context

- Who do they live with? What support are they receiving at home?
- Contact with other social supports?
- Self-care/coping strategies?
- Are they employed? Have they returned to work?
- Financial difficulties?
- What does their current daily routine look like? Is there some 'normality' back in their activities?

Risk issues

- Coping through alcohol/drug use?
- Self-harm?
- Suicidal ideation?

^{*}It is important to not press anyone to talk about anything they do not feel comfortable with*

References

Aratharan, V., Michael, B., Solomon, T. & Ellul, M. (n.d.). (2020). Neurological and neuropsychiatric complications of COVID-19 in 153 patients; a UK-wide surveillance study. *Lancet Psychiatry*, 0, 1-8. DOI: https://doi.org/10.1016/S2215-0366(20)30287-X

British Psychological Society (2020). Meeting the psychological needs of people recovering from severe coronavirus (Covid-19). Retrieved from https://www.bps.org.uk/coronavirus-resources/professional/psychological-needs-recovering-severe-coronavirus

Covid Trauma Response Working Group (2020). Guidance on Screening and active monitoring for post-traumatic stress disorder (PTSD) and other mental health consequences in people recovering from severe COVID-19 illness. Retrieved from https://232fe0d6-f8f4-43eb-bc5d-

6aa50ee47dc5.filesusr.com/ugd/6b474f_733283bf71ce4295b915dffa86886280.pdf

Gennaro Mazza, M., De Lorenzo, R., Conte, C., Poletti, S., Vai, B., Bollettini, I., Maria Teresa Melloni, E., Furlan, R., Ciceri, F., Rovere-Querini, P., Benedetti, F. (2020). Anxiety and depression in COVID-19 survivors: role of inflammatory and clinical predictors, *Brain, Behavior, and Immunity*. DOI: https://doi.org/10.1016/j.bbi.2020.07.037

Murray, H., Grey, N., Wild, J., Warnock-Parkes, E., Kerr, A., Clark, D.M. & Ehlers, A. (2020). Cognitive therapy for post-traumatic stress disorder following critical illness and intensive care unit admission. *The Cognitive Behaviour Therapist*, *13*, 1-17.

Rogers, J.P., Chesney, E., Oliver, D., Pollak, T.A., McGuire, P., Fusar-Poli, P., Zandi, M.S., Lewis, G. & David, A.S. (2020). Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systemic review and meta-analysis with comparison to the Covid-19 pandemic. *Lancet Psychiatry*, *0*, 1-17. DOI: https://doi.org/10.1016/ S2215-0366(20)30203-0