



Putting residents' well-being at the heart of the fight against COVID-19 in nursing homes. Qualitative research findings from MSF in Belgium

Evidence Brief – 8 September 2020

Background

Managing the COVID-19 pandemic posed major challenges to nursing homes in several European countries. Missing protocols for implementing infection prevention and control measures, a lack of training and support, and insufficient personal protective and medical equipment for staff and residents led to an alarming number of COVID-19 infections and deaths in long-term care facilities. In Belgium, 4.864 residents of nursing homes had reportedly died by the end of June, accounting for more than half of confirmed COVID-19 deaths¹.

In close collaboration with local health authorities, Médecins Sans Frontières (MSF) supported more than 130 nursing homes across Belgium from mid-March, implementing infection prevention and control measures, reorganizing care, and providing psychosocial support for staff. In a survey conducted by MSF in 983 nursing homes all over Belgium in late May, nine out of ten nursing homes reported exacerbated or new psychological symptoms such as sadness, depressive symptoms and deterioration of cognitive abilities amongst residents. Key lessons and recommendations from this survey and MSF's work in nursing homes from March to early June were published in a separate report in July².

To better understand mental health issues and psychosocial support needs of residents, MSF with the support of local health authorities, additionally conducted a qualitative study in June. The qualitative methodology included focus group discussions with personnel in eight different nursing homes in Brussels, and 64 in-depth interviews with residents at the same facilities. The study is currently at an advanced phase of analysis, providing in-depth insights into residents' experiences during the height of the pandemic and actionable evidence to balance infection management with residents' well-being. The study findings are complemented by the operational experience of MSF teams, and by recent scientific publications in similar contexts.³

Analysis & Key Findings

Substantial impact of lockdown measures on the psychosocial wellbeing of residents: Physical isolation, the loss of daily routines, the loss of personal freedom, and deprivation of social and physical contact caused new psychological symptoms and aggravated pre-existing conditions, including distress, sadness, symptoms of depression, and cognitive and physical deterioration. Residents were rarely afraid of contracting COVID-19 but suffered mostly as a result of confinement measures.

¹ Cf. https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_Daily%20report_20200630%20-%20FR.pdf

² Cf. <https://www.msf.org/left-behind-coronavirus-belgium-care-homes-report>

³ Cf. Verbeek H., Gerritsen D.L., Backhaus R. 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;21:900–904; Dichter M, Sander M, Seismann-Peterson S, Köpke S. COVID-19: It is time to balance infection management and person-centered care to maintain mental health of people living in German nursing homes. *Int Psychogeriatr.* 2020:1e4.; Pols J., M'charek A., van Weert J, et al. Effecten van sociale afstand op kwetsbare groepen in Nederland. Juli 2020

Social isolation: Many residents were deprived of essential social and physical contact, including regular physiotherapy and small group activities, and were missing activities and stimulation. Video chat technology was of limited use to residents, who lacked the technological experience or suffered from loss of hearing or visual difficulties. Visits behind a plastic or glass screen were usually limited to one visitor per person and for a short period of time with limited privacy.

Lack of participation and autonomy of residents: Most residents were not consulted during retirement homes' decision-making processes to implement lockdown measures or reorganize care. For many, lockdown measures felt exaggerated and unfair, in particular during the lifting of confinement measures for the general public in Belgium. Residents additionally did not feel adequately informed about the pandemic and health measures implemented in nursing homes, while staff in turn experienced psychological distress when they were confronted with residents' questions and concerns. This caused residents to feel imprisoned, unworthy, and as if they were being robbed of their freedom and autonomy.

Ethical dilemma among caregivers: Caring for residents for months and years, staff develop close relationships with residents in nursing homes⁴. Strict infection prevention and control measures suddenly limited this personal contact and joint activities. Caregivers therefore faced the dilemma of having to abandon and isolate residents in order to protect them from infection.⁵

Recommendations

The research findings emphasize the urgent need to balance infection management and social and mental wellbeing in nursing homes using a more comprehensive approach. Preventive strategies to reduce the mental health impact of imposed lockdown measures need to be prioritized. MSF recommends a series of measures for immediate consideration and implementation in all Belgian nursing homes. In nursing homes where MSF is present and currently offering psychosocial support, these recommendations will be gradually implemented by working together with nursing home management and staff.

1. Maintain safe but meaningful social contact and face-to-face interaction through:

- creating separate groups or bubbles of residents, so contact between residents can continue,
- reconsidering the role of an essential family caregiver who is always allowed access to a resident,
- improving organization and scheduling of external visits in order to increase the quantity and quality of visits in line with infection prevention measures.

2. Continue with individual and group activities while respecting the IPC measures by:

- offering individual activities such as physical exercise or creative activities to residents
- maintaining group-based social activities, where safe distance between the participants can be ensured,
- offering residents regular opportunity to spend time outdoors.

3. Maintain provision of essential healthcare for residents by:

- ensuring continued consultation and treatment by general practitioners, psychologists, and physiotherapists in the nursing home,
- continuing paramedical activities as an essential and invaluable part of primary health care,
- strengthening the referral network for mental health problems

⁴ Cf. similar findings by Gordon et al, Gordon A., Goodman C., Achterberg, W. *et al.* Commentary: COVID in care homes—challenges and dilemmas in healthcare delivery. *Age Ageing* (2020 May 13)

⁵ Cf. Cacchione P Z, Moral Distress in the Midst of the COVID-19 Pandemic, *Clinical Nursing Research*, May 4, 2020

4. **Improve information sharing and transparent communication with residents by:**
 - involving residents in decision-making processes where possible, and
 - providing residents with latest health and Covid-19 information and offering regular opportunities to ask questions or voice concerns.
5. **Offer tailored, up-to-date training and capacity building to medical and paramedical staff in retirement facilities, enabling them:**
 - to detect early warning signs for mental health and psychosocial problems,
 - to better react to, address, and correctly refer mental health issues.
6. **Offer Care for the care givers through proactive psychological support for the staff in nursing homes,** including group-sessions on stress-management, anxiety and self-care

Next Steps & Available Support

In nursing homes where MSF continues to conduct visits with its mobile team, the above recommendations will be refined and implemented jointly with management, caregivers, and residents.

Immediate next steps in MSF-supported facilities include:

- Update training materials and regular coaching of mobile teams
- Discussion of study findings and recommendations with nursing home residents, managers, and caregivers through a short briefing and presentation
- Tailoring recommendations to individual nursing homes' needs and gradual implementation
- Continuous updates to training materials and recommendations for nursing homes.

For **Belgian policy makers, health authorities, nursing homes** looking to adapt these recommendations in their facilities or requiring tailored support, MSF offers on a need-basis:

- Review and exchange of lessons learned on safe and balanced infection management measures and psychosocial support in nursing homes,
- Practical guidelines and training materials for nursing home management and caregivers, and tips and tools for improved communication between residents and staff
- Tailored training and webinars

Submission and publication of the qualitative study is scheduled at the end of September in an independent, peer-reviewed journal.

Contacts

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