

COVID-19 has more people seeking help for addiction and mental health. But treatment centers struggle with outbreaks

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In July, Erica Rodriguez, 20, checked herself into the Renfrew Center, a residential center for eating-disorder treatment in the Philadelphia area. Rodriguez, who has been struggling with disordered eating since she was 12, had relapsed in quarantine.

"It had gotten to the point that I was feeling a bad physical toll," she said. "The day before I decided to go, it was getting hard to breathe. I would stand up and feel super dizzy and faint. It felt like I was having a panic attack because my heart was beating so fast all the time."

After five days at the Renfrew Center, staff members recommended she complete eight weeks of inpatient treatment.

But that changed the very next day. Rodriguez was told that she had to leave the center immediately because a staff member she had been in contact with had tested positive for COVID-19. She was told that she could come back in two weeks if she tested negative but that the facility could not guarantee her a bed.

"They discharged me with a new medication," Rodriguez said. "I was left with no help."

The many stressors brought on by the coronavirus pandemic have led to increased substance use, mental health issues, and disordered eating behaviors. Experts predict that the pandemic may lead to an increase in deaths of despair, a term for early deaths among young and midlife Americans, from suicide, drug overdoses and alcoholism. Overdoses in Philadelphia are expected to hit an all-time high in 2020; nationwide, the Centers for Disease Control and Prevention recently reported the highest-ever number of fatal overdoses nationally in a 12-month period.

Many residential treatment centers around the country have experienced more demand for their services during the pandemic—and serious struggles with containing the virus.

In Cape Cod, Massachusetts, a detox center weathered criticisms for having lax COVID-19 policies after seven [patients](#) and six staff members tested positive this month. In New Hampshire, patients

complained about a lack of social distancing and mask-wearing at one of the state's biggest residential substance-use disorder treatment facilities, which battled an outbreak that affected at least 50 people.

In October, about 80 patients at the 270-bed Kirkbride Center in West Philadelphia tested positive for [coronavirus](#)—the addiction treatment center's second outbreak since the beginning of the pandemic. Public health experts who worked with the facility to contain the spread said they "did everything right," taking dramatic measures to contain it—but because the virus can often spread without symptoms, it was difficult to detect early.

Residential treatment centers have long included in-person therapy sessions, support groups, and family visits in their programs. Part of the challenge now is delivering those treatments virtually, said Gina Marchando, CEO of Seabrook House, an addiction treatment facility in New Jersey owned by Summit BHC.

"Research shows addiction is a family disease to some degree," Marchando said. "So although we've been able to include family virtually, you still miss out on that family dynamic. There's something so critical about getting that family system together in one room with a skilled clinician to be able to really understand, gauge and assess those dynamics."

Marchando said the facility requires all residents to be tested for COVID-19, and quarantines those waiting for results.

A former employee, though, said staff and residents who had come into contact with people who tested positive for COVID hadn't been notified of their exposure, even though some had shared rooms.

The former employee, who asked that their name be withheld for fear of

reprisals, also noted that a [nurse manager](#) at the facility told staffers that even if they were exposed to the virus, they weren't required to quarantine while they awaited COVID-19 test results. The manager encouraged staff to take vitamins to boost their immune systems, and said that testing had to be approved by the facility's human resources division and would be provided only for staffers who had a "true exposure" to the virus.

Seabrook did not respond to a follow-up request to comment on the employee's claims.

Renfrew requires patients to submit a negative COVID-19 test result that is not older than 14 days before they are admitted. After taking the test, Renfrew expects patients to self-quarantine until they enter the treatment center. Patients who are at higher risk, such as those who live on college campuses or have been in large gatherings, are required to provide two negative results. At the facility, all staff and patients are required to wear face masks and no visitors are allowed inside, said Franci Kraman, a physician at Renfrew, in a written statement.

"Any patient who tests positive for COVID is immediately discharged and supported through our virtual programming," Kraman said. "Out of an abundance of caution, we also discharge patients who are defined as close contact. During the quarantine period, the discharged individuals are able to attend our virtual services. After the quarantine period, our admissions department works closely with the patient to ensure a seamless transition back to campus."

Rodriguez opted not to participate in virtual programming and hasn't returned to Renfrew to continue her treatment, partially because she needed to return to work.

Any interruption to inpatient treatment can be detrimental to a patient's

overall recovery, said Bruce Zahn, a professor in the department of clinical psychology at the Philadelphia College of Osteopathic Medicine.

"The general principle is that the longer one stays engaged in treatment, the better the outcome," he said. "One of the main things with COVID is that there's increased stress. If a patient is in treatment for mental illness and substance misuse, they are already not doing so well to begin with. You're taking vulnerable people and taking away their treatment, which makes them even more vulnerable."

At Eagleville Hospital, a large treatment center in Montgomery County that takes some of the region's most vulnerable addicted patients, staff have been on edge as COVID-19 cases spiked last month—from one to 30 in a single week, one nurse said. The facility was not testing patients at admission—just requiring them to present a negative COVID test. Some patients would show up with test results from some time ago and get admitted anyway, said the nurse, who also asked that her name be withheld for fear of reprisals.

Management at the hospital told staff there aren't enough tests for the patient population—but the nurse said she's unsure why Eagleville doesn't have enough tests when other rehabs have instituted universal testing programs.

"We were told we weren't able to get tests, period, back in the spring," the nurse said. "Now, my facility is acting like we haven't been going through a pandemic."

Eagleville officials did not respond to a request for comment.

Social distancing was difficult to practice, with four patients to a room, the nurse said, and staffing was at an "all-time low." In some units, 40 patients were assigned to a single nurse and a technician.

At Brookdale Premier Addiction Recovery in Scotrun, Monroe County, COVID-19 protocols have evolved as the CDC has released more detailed information on containing the virus. Temperature checks were implemented in March for staff members and patients, said Joe Mattioli IV, chief operating officer and executive director at the center. Social distancing measures were also implemented for patients.

"We still maintained the ability for them to have interaction," Mattioli said. "Keeping everybody separated worked very well for close to seven, eight months. We had only one patient case and two staff cases."

But those cases were enough for the center to take a closer look at its own protocols, Mattioli said. They moved all group activities to open-air spaces. Staff members, who are tested if they are exposed or show symptoms, have their temperatures taken every day when they report to work. Every patient admitted to Brookdale is tested for the virus before entering the facility, and even if they test negative, they must be isolated for 72 hours and present another negative test before they're allowed to participate in group activities. While patients are isolated, they're treated via telehealth, said Mattioli.

When a patient or staff member tests positive, other patients and staff members are notified and the treatment center conducts comprehensive contact tracing, Mattioli said. Staff members have also begun their vaccinations—as of mid-January, 72% of the facility's [staff](#) has received their first round.

"I'm always very sensitive to the mortality rate of COVID," Mattioli said. "It's nothing to scoff at and it's terrible. This is killing people. But the disease of addiction has been killing much greater numbers of people for a much greater period of time, and we've got to make sure our quality of care isn't compromised by one disease."

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