



## COVID-19 Pandemic Guidance Document

# PSYCHIATRISTS RETURNING TO CLINICAL SERVICE

*Prepared by the APA Committee on the Psychiatric Dimensions of Disaster and COVID-19*

*The findings, opinions, and conclusions of this guidance document do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. This document is intended to provide information that local entities may find helpful in making decisions during a pandemic.*

## PSYCHIATRISTS RETURNING TO CLINICAL SERVICE

**Bottom line up front: The current crisis requires an “all hands on deck” approach in which retired and other non-practicing psychiatrists may be called upon to return to service. The capacity in which psychiatrists return to service should: 1) ideally align with the type of work with which they have had the most experience; and 2) make the best use of psychiatry’s unique abilities to contribute to the pandemic response.**

During this time of COVID-19 national crisis, psychiatrists who have not been in recent clinical practice (e.g., retired, research, and administrative psychiatrists) may consider or receive requests to return to clinical service. Due to the uneven distribution of this pandemic, there will be different phases of this disaster across communities with different types of requests for different needs. A “systems of care” understanding of specific needs will be important when considering a response.

A public health perspective on this population-based effort means that an “all hands on deck” approach is necessary. We will all be dealing with a highly distressed population during and after this pandemic. Therefore, we should assume that retired and other non-practicing psychiatrists can—their health, safety, and circumstances taken into account—make a contribution in the current crisis.

The decision about whether to return to clinical or other types of service will depend on various factors, including the following:

1. There are many possible roles and levels of involvement by psychiatrists seeking to assist with the coronavirus pandemic, such as:
  - a. Returning to direct clinical care in psychiatry, including in inpatient, outpatient, consultation-liaison, and other settings.
  - b. Returning to direct clinical care outside of psychiatry, such as in some ongoing instances where psychiatrists are being asked to practice outside of their scope of licensure and competency (e.g., as ICU staff providing non-psychiatric medical care)—see #5 below.
  - c. Providing mental health support to front line workers, including being a part of staff support rounds to “check in” on workers’ wellbeing, moderating virtual support groups, volunteering for support hotlines, and mentoring for or supervising these efforts. **As psychiatrists are uniquely positioned to both provide and supervise mental health support for front line workers, this should be considered a primary and unique way in which psychiatrists can respond.**
  - d. Providing educational and supervisory support for psychiatric trainees, as many supervisors are being pulled into clinical service. If there is no billing involved, this can be done electronically across state lines.
  - e. Becoming engaged with organized disaster response efforts, such as a state’s medical reserve corps or the American Red Cross.

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- f. Providing organizational or leadership consulting on the mental health ramifications of the pandemic.
- g. Assuming administrative and leadership roles, such as within APA district branches and at healthcare institutions where one previously practiced.
- h. Teaching holistic approaches to maintaining wellbeing for both front line workers and the general public (e.g., self-regulation skills and meditation, which can be done through online platforms).

***The best pathway for a non-practicing psychiatrist to return to service will depend on their prior expertise and on their personal continuing physical and mental health***, especially if there is an opportunity to augment their previous roles with additional pandemic-related knowledge and skills. Psychiatrists should be ready to think “outside the box” when considering how they can best be helpful.

2. The “learning curve” for returning to service will vary widely depending on various factors, including how long one has been out of practice and what setting and what role one is moving into. For example, two clinical areas likely to create challenges for retired psychiatrists are: 1) becoming up-to-date on current clinical knowledge and decision-making; and 2) the various new forms of electronic communication (e.g., telehealth or telemedicine) and documentation (e.g., electronic medical records).

3. Before onboarding at a clinical site, consider how much time licensing, privileging, obtaining malpractice insurance, and other processes are expected to take. Determine whether this is worthwhile in comparison with other ways in which a psychiatrist may serve. While official, paid duties may require psychiatrists to observe licensing and credentialing requirements as well as obtain malpractice insurance, volunteer efforts may be exempt from these requirements under current emergency provisions. Psychiatrists may wish to consult with their malpractice carriers or legal counsel to further clarify these questions before returning to service.

***4. As psychiatry is a specialty ideally suited for telemedicine, psychiatrists should maximize the use of telehealth*** in order to both expand our reach and do so while keeping our own workforce as safe as possible.

5. Because many psychiatric residents have been and may continue to be pulled away from psychiatric training in order to act as non-psychiatric medical staff, the APA should monitor the extent to which this may compromise the quality of psychiatric education. In addition, virtually any psychiatrist may feel compromised by requests to perform outside their normal scope of practice and/or credentialing, especially upon returning to clinical practice after a long hiatus/retirement. APA should provide appropriate guidance in order to preserve the pipeline of psychiatrists who stand ready to respond to the psychiatric needs of the population.