

A psychiatrist's report from the frontlines of the corona pandemic

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The Corona virus or the COVID 19 pandemic originated in Wuhan in China in December 2019.¹ The first case in India was reported on 30th January and has since rapidly spread across the country.² It has not only caused a cluster of acute respiratory illnesses, but has left plenty of mental health issues in its wake. The stress of uncertainty and the lack of any known treatment has precipitated anxiety and other mental health disorders, bringing the need for mental health support into sharp focus.

Various studies done in general public,³ health care workers,⁴ the people in isolation and patients diagnosed as COVID positive have shown various degrees of psychological suffering.

How to provide such care is a challenging task in a rapid changing world.

I would attempt to address this issue based on my experience of working in the Department of Psychiatry, in an exclusive COVID nodal center catering currently to over 500 COVID positive patients.

The role of a psychiatrist in any pandemic is manifold. To name a few. screening patients for mental health disorders, attending to psychiatric referrals from various departments, providing ongoing psychological support to the health care workers and managing patients of severe mental illness now diagnosed with COVID 19

The means to screen a large population of patients and to provide them with ongoing support is best done by audiovisual aids.

It ensures not only that a large size of the patient population is reached, but also avoids unnecessary exposure of the psychiatrist. Rapport also can be established with ease as the psychiatrist is the only doctor who would be talking to the patient without the barrier of the Personal Protective Equipment (PPE). The World Health Organization (WHO) has come up with various measures for providing mental health support.⁵ How these are implemented depends to a large extent on the sensitivity of the establishment towards mental health issues and the convincing power of the psychiatrist. The flip side however is the misuse of such aids by the patients for non-psychiatric related issues.

The absence of audio-visual aids should not act as a deterrent to the psychiatrist. Mental health support can be given even while donning a PPE. Our experience while screening for mental health issues in hospitalized COVID 19 positive patients even with the PPE on, has shown positive results, with many patients expressing relief at their mental health issues being addressed.

Limited knowledge about the treatment and discharge protocol has been a major cause of stress for most patients.

When will I go home? has been the frequently asked question, till the guidelines were revised to discharge all minimally symptomatic patients by 10 days.⁶

Lack of information is not only stressful to the patients and general public at large but would give rise to stigma against the sufferers.⁷ This can be addressed by putting up posters in prominent places in the wards and handing out pamphlets having relevant information to the patients. The WHO website can be used as a source of such information. Information about hand hygiene, social distancing, symptoms to watch for, mode of transmission and sources of help should be displayed prominently.⁵

A continuous video streaming of similar information would help people who are not literate. It will be good to accept that most psychological distress may not actually translate into mental illness and that simple measures like readily available information would mitigate any unnecessary suffering.

Attending psychiatry referrals from other departments is also another major task of the psychiatrist. A good working knowledge about the safest psychotropics and the drug interactions is mandatory. A reliable source of such information is the guidelines released by NIMHANS⁸. Previous studies have shown that the referral rate to psychiatry is low, mostly attributed to the lack of knowledge about psychiatric disorders.⁹ So, expecting a sudden increase in awareness and therefore an increased referral rate is unrealistic. In such a scenario screening by the psychiatrists of all patients becomes a necessity. In addition, one should also gear up to tackle referrals for counselling for disruptive behavior unrelated to mental illness, like not getting reports on time or alleged poor quality of food. Who better than a psychiatrist to counsel?

A bigger challenge for the psychiatrist posted in an exclusive COVID 19 hospital is the need to treat severely mentally ill patients also tested positive for COVID 19. Agitated patients trying to leave the ward and aggressive behavior towards the staff is a common sight in psychiatric hospitals but is especially difficult to manage in an exclusive COVID hospital where such patients are clubbed with other non- mentally ill COVID patients. People with severe mental illness would lack the ability to understand or properly appreciate the risks of the disease, and the necessary behavioral modifications to stay well, e.g. physical distancing, frequent effective handwashing.¹⁰ Providing separate isolation wards with trained staff in attendance could be one possible solution, however the feasibility of such a proposal has to be weighed against the limited resources and overburdened staff.

The health care workers including the doctors, nurses and sanitation workers are all under tremendous pressure to cater to an ever-increasing number of patients in this pandemic.¹¹ Their mental health needs also need to be adequately addressed. We have found running a helpline for them to contact in case of need to be helpful.

Research should be given equal preference as clinical work.¹² Mental health status of the health care workers, people in isolation, patients diagnosed as COVID positive, their family members and the general population should be studied to generate data so that we are better equipped for such calamities in future.

A lot more could possibly be done, but being an unprecedented situation, we are learning and adapting and innovating each day.

It is for the psychiatrist to stand up and be counted among the frontline workers.

Afterall aren't we the ones who know and vehemently assert that mental health is on par with physical health?

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Conflict of Interest

None.

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