

Brothers in Arms: Role of Mental Health Professionals in COVID19 Health Response

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Health professionals across the world find themselves engaged in humanity's war against the COVID 19 virus¹. As frontline soldiers in this war, the doctors, administrators, paramedics, nurses, janitorial staff and sundry, live in a constant state of danger all the while seeing their patients deteriorate, and even die, in spite of their best efforts. The environmental challenges posed by their protective gears, duty hours, paucity or drying up of resources needed to treat patients, weather conditions, and limited opportunities to rest, compound the situation². Seeing a health team member fall prey to COVID 19 generates grief and sometimes inconsolable bereavement. Staying away from family, friends and significant others for days and weeks at end, and then the dread of passing the infection to them, can generate additional alarm and apprehension. The COVID 19 has also given rise to financial stress for the doctors who were supporting their meagre salaries through private practice. The unfounded and uncalled for negative propaganda unleashed by an irresponsible media has added insult to injury. The uncertainty about the length of the COVID 19 crisis, the lack of evidence based interventions to guide a doctor to treat his infected patients, lack of guidance to work through emergency scenarios, lack of or complete non-availability of senior team members from the 'battle front', have all compounded the challenges faced by the frontline health professionals. The ever-increasing workload, as the infection rates continue to surge, lack of adequate nursing staff, the not so rare occurrence of absenteeism, disillusionment and disgruntled attitude of health team members in the middle of the crisis make the health scene of the war arena dicey, and increasingly dangerous. If left unaddressed, these stressors can seriously undermine the clinical acumen, impede judgment and foresight, and even eclipse the cognitive, psychomotor, and affective faculties of health professionals³.

Our first duty as mental health professionals is to rise to the occasion and reach out to our brothers in arms and fight the war against COVID 19, playing our unique role. Amongst the various roles to be played by mental health professionals, is the provision of psychological first aid and ongoing psychological support to frontline health workers, by making ourselves available to them round the clock. A step further would be to reassure them that we and our mental health team members are ready to extend the same service to their families. This single measure of readiness to help, ready availability of care to not only them but to their families can make a huge contribution towards their mental health, even when do not actively use this resource. It is important to not restrict this service to doctors. Paramedics, nurses, support staff and administrators should all be encouraged to count on their mental health team members. Although provision of online mental health support is a model that has shown equal success in such a setting⁴, members of mental health time should remain committed for one on one or face to face interactions as well, after taking necessary

preventive measures.

The major psychological reactions that are likely to appear in health professionals are anxiety, fear, panic, acute stress and burnout. Obsessive washing, repressed sexuality, increased libido with minimal or no access to spouses, the fear of passing the infection to the sexual partner, may result in bursts of anger, conflicts in the wards with patients or even amongst health teams. Some of the key features that need to be shared with health professionals for early detection of members who would require mental health support include experiencing or observing symptoms like disorientation and confusion, short temperedness, clumsiness, difficulty in following simple instructions or make clinical decisions, unnecessary risk taking, refusal to leave the ward or duty once the working hours are over, defiance of clinical orders, and use of drugs, alcohol, or unprescribed sedatives/hypnotics. These signs can be put up as posters, or simple reminders in retiring rooms, dining areas, and recreation settings as signs of burnout, with clear instructions of how to promptly seek help and report them to colleagues and seniors; Running awareness campaigns about these symptoms and states, workshops on how to ensure personal safety, ensuring adequate sleep and rest, learning relaxation training exercises, may all combine to prevent or reduce burnout and enhance resilience.

Most health professionals would only need an uninterrupted flow of their basic needs of hot food, clean water, easy access to internet services, connectivity with their loved ones, reassurance about their health and safety, and that they are being looked after and cared for. Catering for these basic needs may prove enough to boost morale and improve mental health. A small percentage (6-20% based on psychiatric guidelines) of health professionals, however, may develop depression, anxiety, dissociative states, somatization and posttraumatic stress disorder of clinical proportions. An early identification, prompt treatment and their early return to duties is the way to go. Any attempt by psychiatrists to send affected health professionals on long leaves, or admit them in psychiatric facilities is bound to be counterproductive both for the suffering health professionals as well as the health services. Amidst all this, we have to be wary of a 'trigger happy' mental health professional in our ranks. We must warn against inappropriate or purely symptomatic prescription, use or misuse of hypnotics, antidepressants, and tranquilizers.

The ready availability of mental health services for COVID 19 patients admitted in the wards by the frontline health professionals is an indirect way of making them feel supported and cared for. Psychiatrists and postgraduate trainees may opt to stay on-call for provision of liaison consultations for COVID 19 patients developing confusional state or acute psychological reactions.

Psychiatrists, psychiatric nurses, and paramedics may also consider sharing workload of health teams by working in COVID 19 wards. This single step at this hour of need will greatly help destigmatise psychiatry. As a corollary, it will provide opportunities to postgraduate trainees, medical officers, nurses and paramedics to gain invaluable knowledge and skills about medical management and general health care; a skill that will come handy in their subsequent clinical work in handling medical issues in patients in psychiatry wards.

It is also time to preempt the likely scene once the acute / active phase of COVID 19 pandemic gives way to the recovery phase of the crisis. The challenges would include the all familiar fatigue and burnout amongst health professionals, exhaustion of human as well as material resources available to us, the disillusionment that will set in at all tiers amongst health professionals as well as the community. In the aftermath of Covid 19 times, up to one fifth of HPs may develop psychiatric conditions including clinical depression, abnormal bereavement, and PTSD in the months and the year to follow. Mental health professionals are expected to forewarn the policy makers and hospital administrators about these eventualities.

In addition to their duty towards the HPs, the mental health specialists need to assume leadership of provision of mental health and psychosocial support to the community. They need to reach out

to educational institutions from schools to universities laboring under the psychological reactions to the COVID 19 crisis, families experiencing effects of lockdowns, prolonged social isolation, and serious financial challenges. We can reach out to institutions, policy makers, and households through webinars, and social media or even in person with due precautions in place. Appearances by iconic mental health professionals on television, YouTube channels, social and electronic media to promote mental health and immunity; enhance resilience; and provide productive and useful management of time amongst students and grownups working from home, can all help.

Members of Pakistan Psychiatric Society from home and abroad with input from fellow international colleagues got together early in the mental health campaign in the Covid crisis to address the issue of distress and burnout amongst the HPs operating as frontline professionals in the Covid pandemic. Titled 'Distress and Burnout Symptom Checklist for Covid 19 Health Workers' this document is being published for ready use by all JPPS readers to screen for prevalence of burnout amongst HPs. This document can also help us to gain knowledge of the common symptoms and states that Covid related stress can generate in a health professional. This document can be used by mental health professionals for all tiers of HPs engaged in Covid 19 response.

DISTRESS AND BURNOUT SYMPTOM CHECKLIST FOR COVID-19 HEALTHCARE WORKERS

This is a checklist of common symptoms indicative of stress or burnout. While caring for COVID-19 patients, if you experience some of these symptoms, then please consider seeking appropriate specialist help. Some anxiety is normal and it helps us cope with new challenges and makes us more productive. Anxiety is abnormal when it impairs our performance and well-being.

<input type="checkbox"/> Feeling tense, nervous, or shaky	<input type="checkbox"/> Inability to start or engage in important tasks	<input type="checkbox"/> Experiencing vague pain and aches
<input type="checkbox"/> Feeling impatient or irritable or frustrated	<input type="checkbox"/> Thinking you have special powers	<input type="checkbox"/> Experiencing new or unusual gut symptoms
<input type="checkbox"/> Feeling scared or worried out of proportion	<input type="checkbox"/> Blaming yourself for things that are not in your control	<input type="checkbox"/> Experiencing tingling or numbness
<input type="checkbox"/> Having spells of panic	<input type="checkbox"/> Finding it difficult to make routine decisions	<input type="checkbox"/> Having to check things over and over
<input type="checkbox"/> Feeling sad or depressed	<input type="checkbox"/> Preoccupation with negative or emotionally painful thoughts	<input type="checkbox"/> Having thoughts that life is worthless
<input type="checkbox"/> Feeling as if you are losing your mind	<input type="checkbox"/> Noticing deterioration in your concentration or performance	<input type="checkbox"/> Having thoughts of hurting yourself or someone else
<input type="checkbox"/> Being unable to enjoy things you once enjoyed	<input type="checkbox"/> Thinking others can read your thoughts	<input type="checkbox"/> Having difficulty in intimate relationship
<input type="checkbox"/> Feeling less sympathetic than usual	<input type="checkbox"/> Seeing or hearing things that are not there	<input type="checkbox"/> Trouble falling asleep
<input type="checkbox"/> Dreading your job	<input type="checkbox"/> Experiencing headaches	<input type="checkbox"/> Not feeling rested after sleep
<input type="checkbox"/> Being unusually critical or cynical	<input type="checkbox"/> Feeling faint or dizzy	<input type="checkbox"/> Having bad dreams or nightmares
<input type="checkbox"/> Being sensitive to criticism	<input type="checkbox"/> Feeling chest tightness	<input type="checkbox"/> Sleeping too much
<input type="checkbox"/> Finding it difficult to not think about your job when off work	<input type="checkbox"/> Feeling too much energy	<input type="checkbox"/> Feeling as if you are outside your body observing yourself
<input type="checkbox"/> Feeling physically or emotionally overwhelmed at work	<input type="checkbox"/> Indigestion or vague stomach symptoms	<input type="checkbox"/> Feeling as if the world around you is unreal
<input type="checkbox"/> Feeling emotionally detached	<input type="checkbox"/> Experiencing a decrease or increase in appetite	<input type="checkbox"/> Feeling disillusioned about life or job
<input type="checkbox"/> Experiencing memory lapses	<input type="checkbox"/> Having low energy or feeling overly tired or get easily fatigued,	<input type="checkbox"/> Feeling punished or being under a curse or spell

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