

## COVID - 19

**MENTAL HEALTH SUPPORT FOR PATIENTS AND PROFESSIONALS****\*Jayanthini V**  
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**Abstract :** Covid-19 has created an unprecedented health and economic crisis worldwide. Issues compounding the crises are - ongoing uncertainty about duration of the pandemic, challenges for health care workers in handling patients and personal lives and the enormous economic and social costs for the public at large. All these have led to enormous impact on the mental health of the community, patients and health care professionals. This article aims to highlight the extent of the impact of COVID on mental health and the support required for patients and professionals.

**Keywords:** Covid induced stress, Mental health, Emotional, Stress, Medical resilience, COVID -19.

A survey conducted in India indicated that more than 80% of Indian adults surveyed online, were preoccupied with COVID-19 with higher levels of anxiety, sleep disturbances, paranoia about getting infected with COVID-19 and distress about social media.<sup>1</sup> Similarly in China, over 75% were worried about family members contracting COVID-19, 53.8 % had moderate to severe psychological impact, 28.8% and 16.5% had moderate and severe levels of anxiety and depression respectively.<sup>2</sup>

The reasons for the above mentioned psychological disturbances include

- Fear of contracting the virus and being quarantined.
- Anxiety about the wellbeing of family members, especially for the frontline workers or those living in severely affected areas and countries.

- Concern over economic slowdown and fear of losing livelihood including losing jobs, pay cuts, lockouts, financial stress and possible life style changes.
- Increase in domestic violence and marital discord.
- Living alone with no social support or inability to go back to their native places/not being allowed to enter their villages resulting in social stigma.
- Non-availability of liquor and other addictive drugs.
- Extreme work pressure and burnout in the case of frontline workers.

**Elderly:** These people have enormous health anxiety due to their chronic medical illness, fear of death or becoming a burden to the family, needing the help of paid caregivers who are unavailable due to COVID and being alone with or without the spouse as the family members live elsewhere.<sup>3</sup> They also worry about the well-being of their stranded/locked out quarantined family members. In addition, many of them develop a fear of being neglected due to financial crunch or worry that their children may not be able to come for their last rites in case of death. Contact with family, relevant information, phone counselling, general medical and psychological needs, personal space and respect of dignity were important components in enhancing mental care in elderly during SARS epidemic.<sup>4</sup>

**Victims of domestic violence:** A recent report from WHO says that there is a 60% rise in domestic violence calls in Europe. UN WOMEN also has reported increased violence against women and children including physical, emotional or sexual abuse. Special helplines in India reavailable for women in distress and they can get free counselling and help (Ph: 1091).WHO has released a fact sheet about domestic violence and what women can do protect themselves.<sup>5</sup>

**Home and institutionally quarantined:** Those quarantined go through anxiety, depression, low mood, fear, nervousness, irritability, boredom, frustration and sleep disturbances which can lead on to acute stress reaction or exacerbation of preexisting psychiatric conditions.<sup>6</sup> Providing them with necessary information to allay their fears, adequate supplies to meet their needs, options to

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occupy themselves and communication have been recommended. We need to reinforce that quarantining is helping their family to remain safe. They should be provided a free helpline or point of contact to address their concerns.

**Children and adolescents:** Managing children across all ages within the confines of the home without access to school, outdoor play, peer group and extracurricular activities can be very challenging. Some parents are unsure how to discuss the COVID situation to their children in a way they can understand. Centre for the study of traumatic stress (CSTS) has provided a fact sheet with different strategies to discuss this across different age groups and can be accessed in the link provided below.<sup>7</sup> Their energy needs to be channelized by continuing their extracurricular classes like dance, or music online and free remote learning of activities like using [www.Pschool.in](http://www.Pschool.in). Those who cannot afford these should be told/read stories, entertained with board games or our traditional, indoor play activities. Each family needs to devise their own practical and simple ways. NalandaWay an NGO has created 'Art for Wellbeing - A Parent's Guide' which has age-specific art activities for children to manage emotions during this time. It can be accessed via <https://www.nalandaway.org/covid.php>.

The plight of children who are quarantined away from parents because either the parent tested positive and was taken away or the child is hospitalized. Those who were separated from parents in such situations were more likely to suffer from acute stress disorder, adjustment disorder and grief. Nearly 30% fulfilled criteria for post traumatic Stress disorder.<sup>8</sup> As far as possible it is important not to separate children from their parents. In the unlikely eventuality, other forms of support such as relatives, known family friends, nurses and counselling psychological supports have been recommended.<sup>9</sup>

Those with developmental disorders like autism spectrum disorders, cannot get accustomed to a change of routine and staying within the confinement of their homes for weeks together, resulting in acute behavioral changes including assaultive and destructive behavior, in which case family should contact their mental health provider.

**Healthcare professionals:** They witness extreme suffering, deaths and do not have time to mourn. Hence, they can have disturbed sleep, nightmares, frustration but have to maintain an outward calmness and empathetic outlook, and some of them develop post-traumatic stress disorder (PTSD) later.<sup>10</sup> Professionals and health care workers' problems are further enhanced because of continuous and direct exposure, extended hours of work

with little or no incentives, non-availability of expensive personal protective equipment (PPE), inability to eat/ sleep properly, not visit toilets for 8 hours or more, disheartening social ostracism, harassment and at times assaults. In addition, they are unable to complain or quit as it is politically and ethically incorrect. The workers also face burn outs and are unable to visit their families. Hence their physical, psychological wellbeing is of utmost importance during this time. While the COVID patients and those quarantined get counselling, it is important that we provide this to the frontline professionals as well.

### **Simple and practical interventional strategies**

The professional's duty at this juncture is to cure sometimes, to relieve often and to comfort always to quote the 16<sup>th</sup> Century aphorism. Hence, empathetic listening and skilled counselling are to be practiced to address the emotional, social and spiritual needs which include the teaching of practical skills to cope with the situation which differs from person to person

1. Accept their emotional stress non judgmentally and ensure confidentiality.
2. Create an environment of acceptance and taking positive action - encourage them to ventilate their feelings and ask for help as necessary.
3. Learn to break bad news and handle grief reaction.
4. Help sort out problems by effective communication with significant others.
5. Give simple reliable information from neutral sources such as WHO, ICMR, Indian Academy of Pediatrics and reputed journals.
6. Check for overestimating the problem and avoid negative contagion - reduce the infodemic through rumors and fake news - social media distancing.
7. Maintain a routine of daily activities (adequate sleep, healthy eating, exercise, meditation, yoga, time for hobbies) and regular social contacts.
8. Ensure adequate family time for interactions, discussions and to prepare the children for life style changes as normalcy will be redefined.
9. Never hesitate to ask them to get in touch with mental health professionals, especially if they have suicidal ideation, worsening of symptoms inspite of adequate intervention and when they are aggressive, sleepless, experience severe health anxiety or indulge in self injurious behavior.

10. Provide contact details for free online counselling offered by NGOs, Indian Psychiatric Society and other helplines like Therapists Collective.

Those who are interested in practical strategies to enhance their resilience can access the 3 session video course on resilience training for health workers by Massachusetts General Hospital by clicking on this link <https://www.resilienceandprevention.com/healthcare-providers>.

## Conclusion

COVID-19 like other pandemics causes enormous strain on the mental health of people in the community, patients and health workers. It is important to organise adequate support to mitigate the severity of its impact. Early identification of worsening mental health and prompt response to address the same can prevent things from worsening. Let's remember not to be consumed by negative contagion, provide accurate information where required and maintain focus on what is within our influence.

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## CLIPPINGS

### *Aerosol emission and super emission during human speech increase with voice loudness.*

It is well known that coughing and sneezing are dramatic expiratory events that yield both easily visible droplets and invisible aerosols. Nonetheless, it has long been known that normal speech also yields large quantities of particles that are too small to see by eye, but are large enough to carry a variety of communicable respiratory pathogens. Here, the authors show that the rate of particle emission during normal human speech is positively correlated with the loudness (amplitude) of vocalization, ranging from approximately 1 to 50 particles per second (0.06 to 3 particles per cm<sup>3</sup>) for low to high amplitudes, regardless of the language spoken (English, Spanish, Mandarin or Arabic). Furthermore, a small fraction of individuals behave as "speech super emitters," consistently releasing an order of magnitude more particles than their peers. Our data demonstrate that the phenomenon of speech super emission cannot be fully explained either by the phonic structures or the amplitude of the speech. These results suggest that other unknown physiological factors, varying dramatically among individuals, could affect the probability of respiratory infectious disease transmission and also help explain the existence of super spreaders who are disproportionately responsible for outbreaks of airborne infectious disease.

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