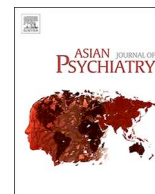




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Letter to the Editor

The COVID-19 outbreak: Crucial role the psychiatrists can play



Sir,

The Corona virus disease 2019 (COVID-19) caused by the novel Coronavirus strain SARS-CoV-2 is currently a pandemic. It has gripped the entire world in threat for the last two months. Starting in end of 2019 at Wuhan, China it has spread fast affecting more than 2,50,000 globally with at least 12,000 confirmed deaths so far in 151 countries (WHO Situation Report). The numbers of those affected are rising and as countries start reporting fresh cases every day, there is widespread panic and anxiety related to an unknown illness. Even though the mortality rate is far lesser than its earlier congeners Sudden Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), this is not enough to allay the fear of getting affected in millions (Velavan and Meyer, 2020). Apart from countries like China, South Korea and Iran suffering huge economic losses, there are burden of strict quarantine measures, restrictions to travel, and heavy screening and monitoring. Added to this is the plethora of misinformation circulating in the social media that add to the anxiety about the illness. Misinfodemics is the term used for misinformation contributing to the spread of illness and that is quite prevalent for COVID-19 (Gyenes and Mina, 2018). In spite of clear guidelines by the World Health Organization (WHO) and Centre for Disease Control and Prevention (CDC), people resort to wrong methods of treatment thus neglecting the precautionary measures, contributing even more to the spread. Added to this is marginalization and stigmatization arising out of this fear of an unknown infection.

As researchers all over toil hard for an effective anti-viral and vaccine against COVID-19, the psychological impact of the illness is largely neglected. Pandemics like this, are not just a medical phenomenon; they tend to affect quality of life in an individual and as a whole, causing social dysfunction. Stigma, xenophobia, mass hysteria and panic are the common offshoots. As the global prevalence increases, people start hoarding medical supplies, isolate themselves physically, restrict social interaction and enter into a constant state of health-anxiety even over mild conditions that can mimic the illness, like common cold (Duan and Zhu, 2020). People with mental illness are especially vulnerable to these effects, as are the health-care workers in hospitals and laboratories, the volunteers and social service personnel and those quarantined for prolonged duration. Recent literature states that even though online and at-site psychological services have been initiated in China, the lack of sensitization and training in mental health often adversely affect the performance and health outcome of the medical staff there (Chen et al., 2020).

In this context, psychiatrists can play pivotal role in supporting the well-being of those affected and their families, the at-risk healthcare staff as well as the public. They are in fact in a unique position to offer a balanced perspective to improve the knowledge, attitude and

practices about the illness as well as addressing the generalized anxiety and apprehension. Similar roles have been shown to improve the overall health-care service utilization and efficacy in similar earlier outbreaks like SARS (Wu et al., 2009). Here are few areas of possible intervention by the psychiatrists:

1. Educating about the Common adverse psychological consequences

Infections can create a range of behavioural and psychological effects. Patients can be informed about common stress responses like insomnia, panic attacks, health-anxiety, fear of illness or increase in substance use. Children and adolescents might show varied emotional responses like irritability, isolation or aggression which can be misinterpreted as 'regressive' behaviours. It is important to inform the public about general measures of countering stress like sleep hygiene, activity scheduling, exercising, social connections, avoiding social media forwards and relaxation techniques. Also, they need to be made aware about the sources and sites of help available.

2. Encouraging health-promoting behaviours

The general public need to be directed to authentic sources of information like the WHO, CDC, etc that can decrease distress. They need to be encouraged to take necessary precautions and plan steps ahead in case of an outbreak. It is also necessary that they know how their work place/school plan to deal with it, as it has a reassuring effect on protecting themselves. It is also recommended that at times of crisis, they limit exposure to media-related misinformation as it contributes significantly to panic. It can be a collective responsibility to verify the credibility of any information related to the outbreak.

3. Integrating the available health-care

Psychiatrists can play an important role in optimizing the standards of care by inter-disciplinary collaboration and education to keep the other medical teams sensitized to the mental health perspectives and provide early interventions at times of distress. Non-infected persons should receive sufficient optimism and hope to cope with their anxiety. Early focus on their mental health can improve their quality of life. Community services can be coordinated to identify health risk and crisis communication. Early identification of the behavioural effects of a pandemic helps to set the community measures and responses to deal with it.

4. Facilitate problem-solving

Uncertainty about the future is one of the major factors affecting

lives in case of new infections. Self-efficacy measures can be encouraged to prevent hopelessness and social isolation. Mass gatherings and unnecessary travel are usually restricted, so alternate forms of social connections can be facilitated. People need to be made aware of the self-relaxation and self-care measures for themselves and their families.

5. Empowerment of the patients, their families and health-care providers

Anxiety, frustration, fear of causing infection, insomnia and irritability are often the effects of isolation and quarantine. These short-term effects can even contribute to adjustment disorders and chronic post-traumatic stress syndrome. Substance use tend to be increased. Ensuring patients in isolation have adequate dignity and supplies is vital. Early supportive interventions and facilitating social connections for them help reducing loneliness. Their families need to be kept well-informed with comprehensive, updated yet relevant facts to reduce their fear of uncertainty.

6. Self-care of the health-care providers

Constant exposure to the infectious agent creates apprehension of getting infected and spreading the infection to loved ones. Chronic anxiety, guilt, helplessness, isolation and insomnia can impair functioning. Having regular meals, sleep and work-breaks are vital. Constructive peer-support, supportive therapy and early mental health interventions go a long way to reduce absenteeism and improve their quality of care, both for themselves and the patients. It is also important for us to stay away from misinformation ourselves and be responsible for what we share on media platforms.

It is imperative to remember that mass mayhem and panic due to uncertainty of an illness can cause more damage than the virus itself. With the scare of COVID-19 pandemic on the rise, it is time that as psychiatrists we try to integrate the health-care services keeping mental

health at the epicentre. Early identification of distress and timely psychological interventions can, not only prevent crisis at times of pandemics but also help in containing its spread (Duan and Zhu, 2020).

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Declaration of Competing Interest

None.

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