Counseling patients with COVID-19: An experience at dedicated COVID-19 hospital

ABSTRACT

COVID-19 pandemic is generating considerable stress in the population. Uncertain prognosis, looming severe shortages of resources for testing and treatment, imposition of unfamiliar public health measures (infringing on personal freedoms), large and growing financial losses, and conflicting messages from authorities are few of the major stressors due to COVID-19. The effect due to COVID varies from individual to individual. Healthcare providers are more vulnerable as there is increased risk of exposure to coronavirus, concern about infecting and caring for loved ones, shortages of personal protective equipment, and longer working hours. Yashwantrao Chavan Memorial Hospital started functioning as Dedicated COVID-19 hospital since April 2020. Psychiatric services were also active and were delivered by means of telepsychiatry outpatient services, consultation-liaison psychiatry for COVID-19 patients, group counseling, supportive counseling, and psychosocial counseling center for relatives. Our experience is briefly described.

Keywords: COVID-19, pandemic, telepsychiatry

COVID-19 is an infectious disease caused by the recently discovered coronavirus-SARS COV-2. In March 2020, the WHO made the assessment that COVID-19 can be characterized as a pandemic and the public health authorities worldwide were acting to contain the COVID-19 outbreak. However, this time of crisis was generating stress in the population. Uncertain prognosis, looming severe shortages of resources for testing and treatment, imposition of unfamiliar public health measures (infringing on personal freedoms), large and growing financial losses, and conflicting messages from authorities are few of the major stressors due to COVID-19. The effect due to COVID varies from individual to individual.

Various individual effects include insecurity, confusion, emotional isolation, stigma and in communities include work and school closures, economic loss, inadequate resources for medical response, deficient distribution of necessities, problems of workers, and migrant workers. All these factors contribute to the heightened anxiety symptoms.

Normal response to stressful events has three components namely, an emotional response (with somatic accompaniments, anxiety-threatening event and/or
depressive responses—separation/loss), a coping strategy, and a defense mechanism. Among the coping strategies, adaptive strategies are of two types—problem-solving and emotion-reducing strategies. Former consists of seeking help from another person, obtaining information or advice, solving problems, confrontation while the latter includes ventilation of emotion, evaluation of the problem, positive appraisal, or avoidance of the problem. Some individuals cope using maladaptive strategies such as abuse of alcohol or unprescribed drugs, unrestrained display of feeling, aggressive behavior, and deliberate self-harm (relief from tension/withdrawing from situation/need for help).

**HEALTH CARE PROFESSIONALS AND THEIR MENTAL HEALTH**

Healthcare providers are more vulnerable as there is increased risk of exposure to coronavirus, concern about infecting and caring for loved ones, shortages of personal protective equipment, longer working hours, and involvement in emotionally and ethically fraught resource allocation decisions. Therefore, ensuring sufficient rest, eating sufficient and healthy food, engaging in physical activity, staying in contact with family and friends, minimizing watching news that causes one to feel anxious or distressed, turning to other trusted persons for social support as your colleagues may be having similar experiences, and avoiding using coping strategies such as tobacco, alcohol, or other drugs will help to cope with the stress. A study conducted by the psychiatry department at a DCH Hospital revealed that of 136 participants, 43.4% had at least one of the symptoms among stress, anxiety, or depression on the Depression, Anxiety and Stress Scale-21 scale. Resident doctors and nurses had a higher incidence of psychological symptoms.[4,5]

Interventions carried out at our hospital include orientation sessions for resident doctors and other health care workers, teleservices for HCWS while working in COVID wards, and booster sessions. In health care workers other than residents and doctors, the nursing staff, helper staff, paramedical staff, technical staff, a discussion in Hindi and Marathi was carried out. As a result, many were taught ways to ward off the stigma, empowering them to use effective communication methods during these times to change the public attitude toward health care workers working in COVID wards.[4,5]

**PSYCHIATRIC SERVICES**

YCM Hospital started functioning as a Dedicated COVID-19 hospital since April 2020. Psychiatric Services were also active and were delivered in the form of the telepsychiatry outpatient department, C. L. psychiatry for COVID-19 patients, public announcement-group Counseling, fever clinic–supportive counseling, psychosocial counseling center for relatives. A research project on “A study of psychological impact and coping strategies in healthcare providers during COVID-19 pandemic at a Dedicated COVID-19 Hospital” was also undertaken.[9]

**Counseling services**

In fever clinic with supportive counseling, total patients screened (March 19, 2020 to August 31, 2020) was 11,131 and among those who received both Upper respiratory tract infection (URTI) treatment and counseling were 3098 and counseling only was 1501 patients. In consultation-liaison psychiatry, of the COVID-positive cases (60), there were cases of anxiety with panic symptoms (20), and of the COVID-negative cases (20), there were known cases of psychosis on treatment and well maintained (15), ADS with withdrawal (20), major depressive disorder on treatment (15) and those with anxiety symptoms (10), psychosocial counseling center for relatives was started consisting of a team of psychiatric and medical social workers under the guidance of the Head of the Department of Psychiatry from 9 a.m. to 5 p.m. Around 16,000 (April 2020-September 2020) relatives were counseled.

**Group counseling**

Group counseling using the public announcement system was done twice daily (11 a.m. and 8 p.m.) by faculty or residents, with duration of 7–8 min. It covered basic information about coronavirus, COVID testing, hospital procedures, adopting protective measures, normal psychological reactions, activities for stress reduction, social stigma, contact tracing, and patients’ motivation using positive psychology principles. Group counseling was also carried out for migrant workers with underlying principles such as listening to them, communicating to them in their language, organizing the available resources, giving them a clear role, and gathering alternative resources.

**Referrals**

A holistic approach by examining the mental status, physical condition, and laboratory investigations was carried out when referrals were attended. Alongside this process, patients were counseled about the illness, usual reactions with COVID-19 diagnosis, coping mechanisms—cognitive and behavioral strategies to employ when extreme reactions of fear and anxiety cropped up. All these activities were covered on various news platforms. Mental health professionals play an important role in initial crisis counseling before and after testing, supportive counseling in isolation wards, group counseling through audio-visual aids, psychiatric evaluation
immediate or urgent (SOS), screening of Health care professionals (HCPs) for stress/burnout, and administrative role in team building.

**SOCIAL STIGMA**

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. The level of stigma associated with COVID-19 is based on three main factors namely, it is a disease that’s new and for which there are still many unknowns, often one is afraid of the unknown, and it is easy to associate that fear with ‘others’ and to reduce the stigma one important step is to talk positively and emphasize the effectiveness of prevention and treatment measures.

**COMBATING THE INFODEMIC**

An “infodemic” of misinformation and rumors was spreading more quickly than the current outbreak of the new coronavirus. Correcting the misconceptions, at the same time as acknowledging that people’s feelings and subsequent behavior are very real, even if the underlying assumption is false, promoting the importance of prevention, lifesaving actions, early screening and treatment, sharing sympathetic narratives, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19), and communicating support and encouragement for those who are on the frontlines of response to this outbreak, for instance, the health care workers, volunteers, and community leaders might help to alleviate the anxiety associated with this infodemic.[6]

**CONCLUSIONS**

The pandemic is causing great distress in society and this is translating into increasing rates of depression, anxiety, and other psychiatric disorders. This will necessitate close collaboration with primary care physicians and those in other specialties as well as renewed support and investment from society. Furthermore, coping strategies must be optimized to support frontline health and social care staff to mitigate symptoms of stress.

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**Conflicts of interest**

There are no conflicts of interest.

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