



ORIGINAL RESEARCH PAPER

Psychiatry

COVID- 19 AND PSYCHIATRIC REHABILITATION CRISIS

KEY WORDS: Psychiatric Rehabilitation, Pandemic, challenges

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ABSTRACT

The sudden outburst of this universal health calamity caused by the novel corona virus had taken abrupt as well as histrionic changes towards almost all areas of healthcare system particularly in the field of psychiatric rehabilitation services. We can only gamble about the long-term impact of corona virus in preparing alternatives for psychiatric rehabilitation. Major functional as well as recovery goals focussed by this psychiatric rehabilitation practise are assisting them to enrol for a job, motivate to attend school regularly, networking among peers, and recommencing involvement in previously enjoyed/liked leisure activities are not so easy to attain as the usual times even though these reference-based activities are supporting their achievement. This pandemic has induced so many frequent and challenging questions about retrieving the world back in a post pandemic era. It is really strange in assisting individuals to regulate their recovery goals during this context of universal uncertainty? How could we relate community reintegration and inclusion while we are insisted to keep physically as well as social distance? We should think about practicality and pragmatism behind obtaining valued social responsibilities for individuals with psychiatric disabilities. Also, keeping a role such as being an employee, when unemployment rates are at its lifetime highest levels is nearly impossible now. How the sudden shift to virtual communication via telephone and video calls could incline the persons who are in the process of managing social skills deficits and especially for those who lack the essential technology skills? Thus, it is peak hour to assert multi-disciplinary services under one umbrella and, so as to acquaint and anticipate with the challenges face during the rehabilitation process during the pandemic.

INTRODUCTION

COVID -19 is not a late and challenges to the entire world including India and it have devastating impact on the human kinds. The disease spread very quickly and overwhelmed the entire health care capacities. Even most develop countries are struggling to contain the disease. To tackle unprecedented situation, the health care professionals need to get together and pool resources to ensure optimal care during difficult circumstances and continue the health care services without interruption. As up now, different measures have been initiated to contain the disease such as social distancing, lockdown and restrict movement to break the chain of community spread. But this approach cannot continue for long, thus enabling alternative like telemedicine practice is the better option for the medical professional.

In recent years, mental health care and psychiatric treatment provisions had been changed abruptly. The Implementation of antipsychotics had a new way in treating major psychotic disorders. This results in the gradual reduction in the number of institutionalised cases and shifted the mode of treatment from a person centred approach to a community based one (Chaturvedi, 2020). Thus, treatment phase of chronic mental illness had a taken a huge jump from symptom reduction to a much wider goal of attaining functional recovery. Despite the new trends in pharmacology of treating person with chronic illness, it has been unanimously accepted that drugs alone can't bring any magic or it is not adequate enough to attain the premorbid level. The implications and effectiveness of pharmacological treatments is further diminished due to poor drug adherence, which in turn affects the prognosis of patients with severe mental illness. In this milieu, numerous psychosocial interventions have been developed for chronic mental illness wherein that rehabilitation services in purview of psychosocial domains signifies one of the most useful initiative to help person with chronic mental health disorders to achieve functional recovery. (Chaturvedi, 2020)

In this article we are discussing the trials currently facing by the mental health professionals in the treatment of task of

homeless/deprived people with chronic mental illness during this pandemic. People with mental illness had been cleared from the main stream into the wave of homelessness by abrupt socio-economic changes, such as the lack of semi-skilled jobs, and particularly the rapid increase in scarcity of low-income shelter homes. We can infer from the inversely proportional ratio of increased number of homeless mentally ill to the smaller number of patients in mental health centres as a counter product of deinstitutionalization. As we have already discussed, treatment of severe mental illness cannot be restricted to medications and once the symptoms subsided, they should be reintegrated/rehabilitated back so as to strive towards their premorbid level. (McQuiston, Finnerty, Hirschowitz, & Susser, 2003)

Covid 19 and psychiatric rehabilitation- A Reality!

The enduring worries with respect to the increased incidence rate of covid 19 has referred so many alternatives by which this can be prevented or shortened. These may include quarantine measures, social distancing compulsive washing of hands with soap or sanitizer, restricting routine mannerisms like touching face, nose and eyes. Self-isolation may sometimes extend up to quarantine either in house home or hospital, excluding meet ups/joint staying, doing work from home etc. The major mental health problems which have become evident due to these measures are the crowd scare, fears and anxieties. (Drake et al., 2001) These may obviously considered as anxieties over getting affected by encountering a person who had travel history to infected places or emerging symptoms of infection such as sneezing, coughing, fever etc. There will always be a cloud of paranoia or discomfort when any other person seems to be affecting from cough, cold and fever. (Xiang et al., 2020) Even though these uncertainties and worries are probably mild and short lasting, its implications on persons undergoing rehabilitation will be significant. Due to the sudden imposition of the stringent rules on social gatherings and group activities, daily boarding services and rehabilitation homes/half way clinics/shelter homes for mentally ill persons health problems had been shutdown. The public health administration has been insisted to deliver emergency services only and also insisted

public with allied health issues to restrict hospital visits until the prevailing pandemic situation improves.

Henceforth, individuals who have chronic psychiatric problems and need consistent care, both pharmacological and non-pharmacological are deprived, as they have been excluded from an emergency condition. Though many of the psychiatric services are tackling this issue by depending on the emerging telemedicine facilities. But still, the psychiatric rehabilitation being swept into the tide of a non-emergency services has also been suspended its functioning and this will affect persons with severe mental health issues. The work from home challenge can be useful only for persons working in IT field, and other industrial sectors but for persons undergoing psychiatric rehabilitation it is quite an impossible one. (Xiang et al., 2020)

The vocational training efforts had a severe impact by this decision and restarting from the beginning will be a hilarious task. However, this can be rectified to a certain amount by family-based rehabilitation strategies, provided these should be planned well in advance. The idea of mental health rehabilitation focuses on enabling the person to deal with their social skills deficits through various strategies like social skills training in a supported environment. Also, letting them do some activities and encouraging social interactions so as to reduce their apprehensions and worries towards making them self-reliant and independent. (Drake et al., 2001)

How we used to do psychiatric rehabilitation?

As psychiatric social work professional, we will be focussing on short term and long-term goals of psychiatric rehabilitation.

The initial psychosocial assessment will be followed by person centred interventions such as supportive psychotherapy, role play and video demonstrations and self-help trainings. All these structured interventions will be looking towards a person, who will be able to lead an independent living both personally and vocationally.

When they are insisted to stay house bound, that will gradually affect their progress in social skills which may further widen their gap to an independent social as well as occupational life. The main purpose of the half way clinics and rehabilitation homes are to reduce expressed emotions and frictions affecting their family harmony by minimising the direct face to face contact between caregivers and person with mental illness. Being an unproductive member in the family will definitely narrow down one's self-esteem and confidence. Thus, the stringent quarantine measures and sudden closing down of half way clinics is likely to have an undesirable effect on their prognosis with a risk of exacerbation of symptoms and further result in another onset.

In rehabilitation centres patients are actually providing a place where they are not being criticised or insulted rather, they had been moulded through various games and tasks. Being an unproductive member always insisted to be housebound may trigger the expressed emotions and it may likely to worsen again, enhancing the risk of exacerbation of symptoms and chances of relapse. (McQuiston et al., 2003) The day to day routine established through the various psychosocial interventions will be interrupted, which will take so much effort to reinstate. As we know many of the micro gains achieved by the patients will be the result of long-term vigorous trainings and patience.

How this delay in psychiatric rehabilitation will affect the prognosis?

The additional, unforeseen burden on caregivers in the family would boost their stress and quality of life and that will reflect in their journey of caregiving. Restricted activities are

permitted for individuals to be engaged in indoors during this pandemic. Due to the lack of infrastructural facilities many of the houses were overcrowded with all the members and thus, nobody will be in a position to give special attention for patients; this might probably lead to increased screened time so as to make them involved or engaged (Xiang et al., 2020). These lead to behavioural and internet addictions and other repercussions associated to that. These prevailing circumstances of uncertainty and restrictions during the pandemic may implicate the development of other psychiatric disorders such as anxiety spectrum disorders, substance use disorders and life style related disorders. Comparable trials will be anticipated by everyone across all stages of life span. (McQuiston et al., 2003).

Since these sudden enforcements of social distancing and quarantine measures are a new normal thing for many of us and there is not that much unusual in these apprehensions and experiences, as these have affected each of us in a drastic manner. It is also a difficult task for mental health professionals especially rehabilitation trainers to follow all the covid protocols and stick on to the various cautious measures of compulsive hand washing and breaking their long behaviours and mannerisms! Virtual media and other cyber space are alive with pranks, gags and silly humour on people being narrowed to limited space until further notice. Thus, it is a tough time of ethical dilemma. On one hand, it is mandatory to stick on to the safety protocols to fight against the Covid19, on the other hand the impact of these defensive measures on the mental health recovery, and rehabilitation of persons should also take into account. (Drake et al., 2001)

Mental health establishments were not fully equipped for this outburst, rather they were less aware about its impression on psychiatric illness and their quality of life particularly those who were in the beginning stage of functional recovery. Appropriate rehabilitation procedures could be during without compromising the caution and care of infection. In a way it is a both an ethical as well as public health challenge. Frontline workers should be organized and prepared earlier for any probable emergencies. That readiness would ensure smooth management of psychiatric rehabilitation services without negotiating security and medical risks. (Resnick, Roe, & Salyers, 2020)

Recommendations Telecommunication

Rehabilitation professionals can avoid interruption to services during the COVID19 pandemic by accepting telehealth or virtual rehabilitation. Telehealth/telecommunication means the delivery of essential services through electronic media such as phone, internet, video calls. Emergence of sophisticated technology is often interesting to users, which can upsurge adherence and decrease the likelihood of drug default. Frequent maintenance of communication between patient and caregivers and providing a space for constant feedback develops trust, as well as a peace of mind.

Virtual Group Rehabilitation

Using a web portal, it can be providing a virtual group rehabilitation session via laptops/tablets/phones for up to twenty people. All rehabilitation sessions should be pre-scheduled and patients are invited to participate. Sessions include social skill training tasks, occupational therapy, speech and language therapy, cognitive strategies through games and relaxation exercises. There are also options for individual consultations and interventions. The rehabilitation professional should pre-educate the participants to make use of this facility.

Prehabilitation

Prehabilitation emphasizes on making people prepared for facing the upcoming physiological stressors by providing approaches to enhance general healthcare and thus patients

are more likely to have better outcomes.

CONCLUSION

In a nutshell, this novel pandemic has created several challenges for mental health centres in dealing with the rapid increase of patient ratio and from exacerbation and preventing relapse, in addition to the preventive measures taken to avoid pandemic. Considering all of these encounters, future community psychiatry services should undergo some modification so as to rebalance the system by the optimal use of all the resources from an institutional based services to a community based services. One of the best things happened now is that the epidemic has strengthened the power of connection. (Resnick et al., 2020) The power of community to endorse positive change is something that the psychiatric rehabilitation has valued as a field. By definition psychiatric rehabilitation is a community centred care, built on a foundation of support systems. One optimistic side of this crisis may be that we could explore our strengths and opportunities and there by getting a chance to step into others perspective on a deeper empathetic level.

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