Clinics in Medicine

ISSN: 2688-6731

Short Communication

Observation and Lesson from Psychiatry Help-Line of a Teaching Hospital in Eastern Nepal during COVID-19 Pandemic Lockdown

*Dhana Ratna Shakya**

Department of Psychiatry, B P Koirala Institute of Health Sciences, Dharan, Nepal

Abstract

Rapid worldwide spread of COVID-19 pandemic compelled soon to adopt many additional strategies including lockdown, and telephone help-line for health services. Here, we intend to review the observations made during 1 week psychiatry help-line service in a Teaching Hospital in eastern Nepal in lockdown period, and to reflect on remarkable findings with some lessons.

It is an institute based period observation noted for all the psychiatry help-line calls during 1 week of lockdown days of COVID-19. Basic information was noted down in a semi-structured proforma to record certain socio-demographic, clinical information and reason for call, advice provided etc. Confidentiality was maintained.

There were 102 help-line calls of 60 clients for psychiatry in 1 week, from 14 districts including 2 Indian residents. More callers were self (16/60), fathers (11/60) and brothers (8/60) of patients. More patients, being discussed, were males (35/60), of age groups of 20 to 49 years, average age being 34.15 (15 to 70). Out of them, 18/60 were new clients, 18/60 regular follow-ups and 24/60 old with some new issues. Most common mental problems were Bipolar Affective Disorder, Psychosis, Anxiety and Depression and advices included: Antipsychotics, Benzodiazepines, Antidepressants, along with some Psycho-education. Many had exacerbated symptoms in the wake of COVID-19 as: disturbed sleep, worry/anxiety, service issues and changed routines. Most common concerns were OPD service, worsening symptoms and local unavailability of medicines. Many had simple issues amenable to help-line advice whereas many others (13/60) needed to be called in emergency service.

Keywords: BPKIHS; Corona; COVID-19; Psychiatry; Mental illness; Psychosocial problems

Introduction of COVID-19

A new Corona virus, Novel Coronavirus 2019-nCoV was first identified in December 31, 2019 in Wuhan city of Hubei in China, and soon the disease called Coronavirus disease (COVID-19) rapidly spread round the world to be declared by WHO as Public Health Emergency of International Concern in January 30, 2020 and as worldwide pandemic in March 11, 2020. It affected almost all countries with a great morbidity and death toll. Though majority of the infected people manifest with simple symptoms of fever, cough and shortness of breath; some develop severe pneumonia, renal and multi-organ failure requiring ICU management [1,2]. The pandemic has wide range of effects including mental and warranted for many strategies including modification in health service delivery [3].

Nepalese Context and Situation

In less than a month of its identification (January 23, 2020), the first positive test was detected in Nepal in a person who had returned home from Hubei of China [4]. Amidst the havoc of the pandemic affecting both China and India, the neighboring countries and all other SAARC countries along almost all of the nations, this country with one of the poorest development index status has been panic stricken due to certain challenges. Though the number of positive cases was increasing, it was slow and the facility for test was a challenge. It apparently took certain steps though slow and amidst resource deficiencies, e.g., Isolation, Quarantine, hospital facility, Ventilators, PPE, masks, sanitation measures. Many Nepalese working abroad had returned home and they are apparently less health literate [5], making them a threat for other people. Immediately following India, Nepal government also declared for nationwide lockdown in March 24, 2020 which was later extended in phased manner.

Lockdown: A Strategy

During lockdown; boarders were sealed, all public and other vehicles were prohibited, offices and facilities were closed except the 18 listed essential emergency services and people were made to stay in home. It was necessary strategy many public health experts pointed out to have been late considering the nature of the pandemic. It needs to be backed up with other strategies of WHO recommendation [6]. Though there have been some meager efforts in some places by local government, the government support packages were disgustingly insufficient in such a havoc situation. Even health service providers were panic stricken due to grossly inadequate safety measures and facilities to provide essential health care.

Efforts to Face Situation and to Maintain Health Services

Health sector is a sensitive field, both exposed, in risk and the one

Citation: Shakya DR. Observation and Lesson from Psychiatry Help-Line of a Teaching Hospital in Eastern Nepal during COVID-19 Pandemic Lockdown. Clin Med. 2020; 2(1): 1021.

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Publisher Name: Medtext Publications LLC

Manuscript compiled: May 01st, 2020

***Corresponding author:** Dhana Ratna Shakya, Department of Psychiatry, B P Koirala Institute of Health Sciences, Dharan, Nepal, E-mail: drdhanashakya@yahoo.com

responsible to provide service for the sufferers. All health professionals were in demand personally to remain in minimal movement status in home as far as possible (physical distancing) and safe guard themselves while in duties, professionally to provide service safely and to disseminate the information wisely. For health service provider institutes and system, it was other great challenge to pursue essential health service in such a pestilence time. The government demanded all health professionals to be in duty (leave not granted). Emergency services were in great threat and risky business for health service providers. Health institutes best put efforts to help needy people by various strategies including: information displays, media coverage about the changed service patterns, starting help-lines and even digital services facilitating physical/social distancing.

Help-Lines for the Health Services in Nepal

Immediately following a pioneer health institute of Nepal, Institute of Medicine, Maharajgunj, many others followed starting up with help-lines for needy clients. Public soon accepted and started utilizing this useful strategy as it is easy, accessible and ready medium of seeking help for their health problems. It does not involve infection risk though the caller has to bear the cost of call. Nepal Telecom also came forth with some packages in this much needed time.

BPKIHS Context and Psychiatry Help-Line

B P Koirala Institute of Health Sciences (BPKIHS), a multi-specialty tertiary teaching institute with daily OPD loads reaching up to 3500 to 4000 cases and with bed capacity of 850 had to confine its services only to dire essential and emergency services during the lockdown period [7]. In such a state, common people soon welcomed this facility.

Methodology

There were 15 help-lines (later others added) in the institute for various specialty services, including Psychiatry. It was 8 AM to 5 PM service every day though there were calls other times as well. Department of Psychiatry has developed a schedule for the help-line. This author was scheduled for 1 week (second week of lockdown) as a consultant psychiatrist in direct advising position. In the call, their concerns/problems were clarified and addressed as far as possible in the telephonic conversation. Maintaining their anonymity and confidentiality, basic information were noted down in a semi-structured proforma to record certain socio-demographic, clinical information and reason for call, advice provided for all help-line calls during the one week of lockdown days of COVID-19.

Observation

In this institute based period observation; we had 102 help-line calls of 60 clients for psychiatry in 1 week.

Patients for whom we got the calls were from 14 districts, including 2 Indian (1 of Darjeeling who had been stranded in Nepal and 1 of Supol) (Table 1).

More callers were self, fathers and brothers of the patients. More patients, being discussed, were males, of age groups of 20 to 49 years, average age being 34.15 (15 to 70) (Table 2).

Out of them, more (24/60) were old/previous follow up cases with some new issues and 18/60 was new and regular follow-ups case each (Figure 1).

Their Problems

Many patients had exacerbated symptoms in the wake of COVID-19 as: disturbed sleep, mood (sadness, elevation, irritable), anxiety/worry, treatment/service issues and changed routines. Most common mental problems/illnesses were: Bipolar Affective Disorder

Table 1: District of the patients for which help line call was made (Figure 1).

District	No. (%)	District	No. (%)
Sunsari	21	Dhankutta	2
Morang	14	Bhojpur	2
Jhapa	8	Saptari	2
Udaypur	1	Siraha	2
Parsa	1	Rajbiraj	2
Tehrathum	1	Dhanusha	2
India 2,1(Darjeeling)- Stranded in Nepal during lockdown, 1(Supol)- Call for sister n India			

Table 2: Gender, age and relation of caller to the patients in psychiatry help line.

Gender	No. (%)	Relation of the Patients to Caller	No. (%)
Female	25	Self	16
Male	35	Father	11
Age group (years)	**No. (%)**	Brother	8
Less than 20	9	Husband	4
20- 29	18	Wife	4
30- 39	10	Son	3
40- 49	16	Sister	2
50- 59	3	Mother	1
60- 69	3	Other relative	8
70 and above	1	Friends and others	3

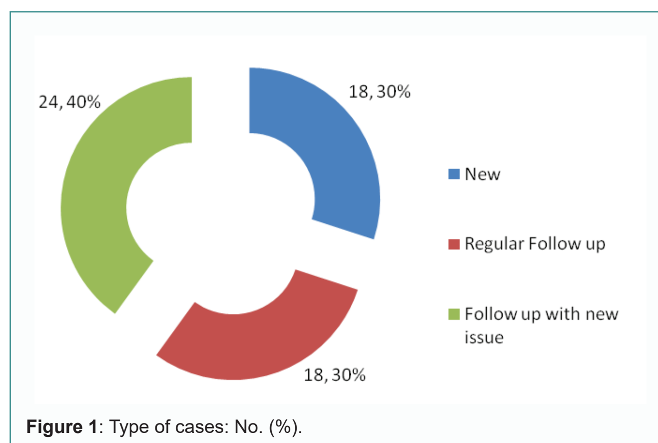

Figure 1: Type of cases: No. (%).

(BPAD), Schizophrenia and other Psychosis, Anxiety and Depression (Table 3).

During the calls, the most common of their concerns were regarding: Out-Patient (OPD) service which was closed during the lockdown, exacerbated or new symptoms which were emerging in already diagnosed cases and local unavailability of medicines. Our main advices included: Antipsychotics, Benzodiazepines, and antidepressants, along with some Psycho-education (Table 4).

Lessons Learned

During stress, mental ailments increase, management services get disturbed warranting for additional strategies and adjustments. During this COVID-19 pandemic, many of the help-line help seekers reported being distressed by constant media coverage of the disease [8]. Both new symptoms/disorders and worsening of already diagnosed problems add to the need for help seeking. We had similar kind of presenting symptoms and diagnostic profiles among OPD

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help seekers with stressor of armed conflict, with preponderance of sleep, mood, anxiety and worry as symptoms and Bipolar affective, Psychosis, Anxiety and Depression as diagnoses [9]. Anxiety and Depression are common mental disorders in community [10,11]. BPAD and psychosis are less common but severe, at times chronic illness compelling people to seek for help while they are threatened by some significant disaster/stressor [9]. Emotional problems, including Bipolar predominated in the diagnostic profile during the stress times which the author discussed in other article as well [12]. When people are in need and information about the facility is well spread, they utilize it. During lockdown of COVID-19, help-line seems useful for aiding help seeking for psychiatric problems. Many had simple issues amenable to telephone help-line advice whereas many needed to be called in emergency service [13]. This strategy helps even service provider to reach out to and learn more about needy people. More numbers of previous cases both regular and those with some new issues (18 + 24 = 42/60) and remarkable number of callers expressing concern about the services, mainly OPD reflect the magnitude of the service this health institute has been providing to the people of this area.

Table 3: Issue for which Help line call was made and Advice given.

Call Issues	No. (%)	Advice given	No. (%)
OPD service closed and concern	26 (43.33)	Antipsychotic	29
Medicine unavailable in local market	7 (11.67)	Antidepressant-TCA, SSRI, MAOI, other	13
Increased/exacerbated symptoms	14 (23.33)	Benzodiazepine	22
New symptoms in old cases	3 (5.00)	Lithium	8
Inquiry of services and tests	10 (16.67)	Antiepileptic-NaV/CBZ	11
Corona fear	2 (3.33)	Trihexyphenidyle	1
Helpline exploration	2 (3.33)	Thyroid	2
Report test results	2 (3.33)	Vitamin supplement	2
Being referred by others	6 (10.00)	Others	11
Prescription for medication	1 (1.67)	Refer to other specialty	2
Helpline in news	5 (8.33)	Psychological-Education	19
Follow up while help line	6 (10.00)	Bring in ER	13

Table 4: Presenting symptoms and diagnostic profile.

Presenting complaints*:		Psychiatric diagnosis*	
Symptoms	**No. (%)**	**Diagnostic spectrum**	**No. (%)**
Behavior	16 (26.67)	Seizure	3 (5.00)
Mood	24 (40.00)	Headache	1 (1.67)
Anxiety	23 (38.33)	Alcohol use	4 (6.67)
Speech and thought related	11 (18.33)	Other substance	2 (3.33)
Hallucinations	3 (5.00)	Psychosis/ Schizophrenia including schizoaffective (4)	11 (18.33)
Unresponsive spells	3 (5.00)	Depressive	9 (15.00)
Substance use	5 (8.33)	BPAD/ Mania	23 (38.33)
Suicidality	1 (1.67)	Anxiety	10 (16.67)
Somatic/ sleep, appetite	32 (53.33)	Stress related	4 (6.67)
Physical- aches/pains	11 (18.33)	Dissociative	1 (1.67)
Side effects of drug	3 (5.00)	Somatoform	1 (1.67)
Some treatment issues	31 (51.67)	Physiological-	3 (5.00)
Compliance issue	4 (6.67)	Sexual dysfunction	1 (1.67)
Other	6 (10.00)	Not Adequate information for making diagnostic impression	2 (3.33)

*Multiple response category - One respondent may have ≥ 1 responses

Recommendations

The help-line should be continued till there is need, along with coordination for transfer to emergency service for severe needy cases. In such a needy period, client friendly and need based packages need to be offered to facilitate help-line calls. Public should also seek and rely on authentic source of information both to avoid unnecessary and stress laden ones and to get useful information as of the help-line, other services and packages for the related stakeholder. Considering the profile of common presentations and psychiatric disorders, I could recommend some of my already published information Book/lets (Including: Mental Health and Mental Illness: Our Responsibility [14]), leaflets (Including: BPAD, Schizophrenia, Depression) and articles (Anxiety, Mental health during COVID-19 [15,16]) in local languages (Including Nepali and Nepalbhasha) as I did in Nepal earthquake stress time in 2015 to aid therapeutic communication [17]. I was appreciating the truth that hard work pays, particularly in hard times.

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