

Commentary

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Mental health and COVID - 19: an action plan

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Mental health and COVID - 19: an action plan

Abstract

Since January, the disease caused by the Sars Cov-2 virus has spread and following pandemic. In a few months, the virus is seriously affecting the health systems of the various countries of the world and placing people in difficult psychological conditions. Few scientific resources on mental health have been published but still no one has proposed an action plan to cope the future psychological problems. This manuscript provides a plan to easily frame the priorities of mental health area related to COVID-19 to be taken into consideration which should be disseminated and that should be known by all health professionals and also by the major administrators of public health.

Keywords

COVID-19; Post Traumatic Stress Disorder (PTSD); victims; psychological problems; counseling.

Main text

Introduction

SARS-COV-2 virus has spread in China since December 2019 (World Health Organization, n.d.-a), leading to the first outbreak of the current epidemic. This novel viral strain belongs to Coronaviridae Family and is capable to generate a disease (COVID-19) with serious respiratory complications and serious implications that can lead to death. At the end of January 2020, also Italy was affected by this epidemic, now defined pandemic by World Health Organization (World Health Organization, n.d.-b), and the first preventive governmental measures were implemented to contain the spread of the virus. In mid-February it was necessary to enforce serious containment measures until reaching March 8, the date on which the whole country was defined in "quarantine" with a decree of the President of the Council of Ministers. Schools, universities, pubs, bars and businesses not considered essential necessities have been closed. The whole population is required to stay indoors.

The World Health Organization has declared the pandemic. Some researchers have focused attention on the psychological conditions of populations affected by the virus ((National Health Commission of China., n.d.; Xiang, Yang, & Li, 2020; Sijia, Wang, Jia, Nan, & Tingshao, 2020).

Since COVID-19 epidemic has spread recently, current literature about this issue is still updating, with few published papers on PubMed up to date.

We are in an emergency situation, a calamity never experienced before. Diagnostic and Statistical Manual of mental disorders (DSM 5) establishes the first criterion necessary for making a diagnosis of Post Traumatic Stress Disorder (PTSD) as "exposure to real death or death threat, serious injury in one of the following ways: One. Have direct experience of the traumatic event; Two. Attend directly to the traumatic event that happened to others; Three. Become aware of a traumatic event that happened to a family member or to a close friend; Four. Have repeated experience or extract exposure to raw details of the traumatic event "(American Psychiatric Association, 2013, pp. 271–272). Based on the above, we can affirm that the whole world population runs the risk of developing a PTSD. Obviously, in order to make this diagnosis, it is necessary to suffer from other psychological manifestations as well, but it must be said that at least one criterion is already satisfied for the entire world population. Fortunately, over the years, we have developed effective techniques to treat psychiatric disorders including PTSD but it is necessary, at this time, to have a clear action plan to address the situation in the best way.

This consideration brings to think about how to properly frame and cope the situation of mental state of the population; for this purpose, it can be useful to refer to the Taylor and Frazer's (1981, p. 72) model on the classification of victims.

Action plan

First of all, it is necessary to consider the psychological conditions of people who directly suffer the impact of the event, I refer to COVID-19 patients (Duan & Zhu, 2020). These people, given the contagiousness of the virus, cannot take advantage of face-to-face psychiatric and psychological counselling, living their disease condition in almost total isolation. Therefore be it would appropriate to promptly set up a remote counseling service (using tablet or smartphone) for patients with mild symptoms and psychological intervention for people with symptoms in remission that don't need to be intubated. Furthermore, in this category, it is necessary to consider people who have a positive history of psychiatric disorder and to evaluate drug interactions appropriately. An

Italian study provided some information on this issue (Ostuzzi et al., n.d.). Note that particular attention must be paid to the interaction between COVID 19 and psychotropic drugs which can generate respiratory depression. Finally, we must consider the possibility, according to some studies (Baig et al., n.d.; Li, Bai, & Hashikawa, 2020), of the virus to influence the central nervous system. For this reason, close attention should be paid to the overall mental health of patients with COVID 19.

Secondly, people close to the deceased and survivors must be considered. These people are grieved for their loved ones and experienced the fear of being infected. They also were unable to assist their loved ones and must respect a quarantine of at least 14 days and can't participate to the ritual of burial with consequently stop of process for the elaboration of loss. For these people, it is necessary to consider all the psychological implications typical of the loss and condition of isolation due to the quarantine as well as the fear of contagion and the possibility of developing the survivor syndrome. Even for this category of people, a serious psychological support service must be readily available also with new remote psychological counselling such as the structured letter therapy suggested by Xiao (2020).

After these, rescuers and health workers must be considered. From some data published by Chinese researchers, anxiety and stress levels among healthcare professionals are very high (Huang, Han, Luo, Ren, & Zhou, 2020; Kang et al., 2020; Chen et al., 2020). For this category, it is necessary to immediately provide face-to-face psychological support or remote psychological counselling using videocall system or similar technologies to allows them to keep on working and prevent the development of serious psychiatric symptoms related to a PTSD.

We must also consider who for pre-critical characteristics can react by developing a short or long term psychological disorder. Nevertheless, thousands of both school and University students are staying at home without any physical interaction each other, with high risk to loose the community sense developed before. It is necessary to remember that there are people in particularly vulnerable

conditions such as children, elderly people, prisoners, pregnant women and people living in quarantine with violent partners. Furthermore it must be considered that there are many psychiatric patients at risk of contagion and the management of these patients must be coordinated and well managed by the operators and institutions. It is necessary to arrange a reorganization of outpatient visits for psychiatric patients and to organize specialist psycho-educational interventions to dispel various psychiatric patients what is happening in the world, as already suggested by some researchers (Liebrenz, Bhugra, Buadze, & Schleifer, 2020; Wang et al., 2020)

Finally, we must consider who could have been a victim affected by COVID 19 or who feels involved for indirect reasons, in general we must consider the whole population involved (Shigemura, Ursano, Morganstein, Kurosawa, & Benedek, 2020). The first studies show an increase in symptoms related to depression and anxiety in the general population (Sijia, Wang, Jia, Nan, & Tingshao, 2020). Furthermore the quarantine conditions to which all Italian citizens are invited, as well as those of other countries of the world, can generate symptoms related to different emotional states and not least those typical of PTSD (Brooks et al., 2020).

Precisely on the basis of the considerations made, the first mental health professionals to work in these situations are emergency psychologists and EMDR (Eye Movement desensitization and reprocessing) specialists.

Both the World Health Organization and the EFPA (European Federation of Psychologists' Associations) have prepared some guidelines for dealing with this emergency. In different countries, because of heterogeneous situation, many services have been activated autonomous initiatives, telephone support lines, spontaneous online psychological counselling services (Asmundson & Taylor, 2020; Zhou, 2020). The National Council of the Order of Italian Psychologists (CNOP) always calls for compliance with the Code of Ethics of psychologists and primarily invites emergency psychologists to work in this situation. Therefore, initiatives implemented by non-mental health professionals are not recommended. It is always advisable to

have adequate preparation to deal with this type of emergency. It is therefore advisable for all countries to organize psychological support services for all the victims mentioned in a short time and to coordinate the professionals involved in health services in an orderly manner. In case of need, also mental health professionals not properly trained yet could be employed. These professionals could carry out specific training courses on emergency psychology and coronavirus in a short time, as prepared by WHO and in Italy by CNOP, EMDR Italia, Red Cross and other scientific subjects (World Health Organization, n.d.-c; CNOP, n.d.).

Conclusion

It should be considered that the potential psychiatric diseases that can develop as a result of COVID 19 could have a long-term negative economic impact if not treated properly (Silva, Resurrección, Antunes, Frasilho, & Cardoso, 2018). Psychological reactions during emergencies can influence people's behaviours and cause damage to the health and economic organization. Notably, if on the one hand social media is helping people to live in quarantine conditions, on the other hand the disclosure of fake news and alarming videos can facilitate the increase of dysfunctional psychological states. In fact, anxiety about health, named by Asmundson and Taylor (2020) “coronaphobia”, can push people to seek more medical reassurances causing the system overload and, on the other hand, to promote an underestimation of any possible risks (Sijia, Wang, Jia, Nan, & Tingshao, 2020; Asmundson & Taylor, 2020b).

it is necessary to consider the future secondary effects of COVID 19 on the general population as any changes in working conditions, physical health compromised by quarantine conditions including the imbalance of biological rhythms that that could generate other psychiatric disorders such as depression and anxiety. Finally, since health personnel is the one now employed in the front line, it would be necessary a period of abstention from work for them; thus, health personnel strengthening will be needful. These things could worsen the already critical world economic situation.

Take home message

Given that mental health can play a fundamental role in the management of this emergency, it would be appreciable that, not only the mental health services but the main referents of the Institutions, such as the presidents of the nations and the Ministers of health, also pay attention to prevention by mentioning the importance of taking care of the mental health and allocating funds to enhance mental health services.

At this moment it is necessary that the main offices that govern the different countries direct the whole population to take care of their mental health for the good of the community and the economy.

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Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

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