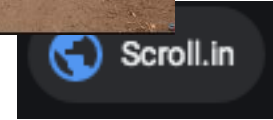


Ethical mental health care in the pandemic

...responding to a crisis within a crisis

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19 December 2020



Is it possible to reflect on the one Indian experience?

Mental illness also refers to a spectrum of issues



Our story in St. John's a partial
reflection of what happened/ is
happening in India

Overview

- Mental health care challenges in India
- Covid and mental health
- Challenges to health care professionals

- Lessons learned

Mental health care challenges in India

We have come a long way...but is it long enough?



The Tribune
ONLINE EDITION
Weather Archive
121 Years Of Trust Calendar
Tuesday, August 7, 2001, Chandigarh, India
DAY'S NEWS AND VIEWS
PUNJAB
HARYANA
JAMMU & KASHMIR
HIMACHAL PRADESH
REGIONAL BRIEFS
NATION
EDITORIAL
Chennai, August 6

25 burnt alive in asylum fire
Victims were kept chained in thatched huts

रजिस्ट्री सं० डी० एल०—(एन)04/0007/2003—17 REGISTERED NO. DL—(N)04/0007/2003—17



सत्यमेव जयते

भारत का राजपत्र

The Gazette of India

असाधारण
EXTRAORDINARY
भाग II — खण्ड 1
PART II — Section 1
प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं० 10] नई दिल्ली, शुक्रवार, अप्रैल 7, 2017/चैत्र 17, 1939 (शक)
No. 10] NEW DELHI, FRIDAY, APRIL, 7, 2017/CHAITRA 17, 1939 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE
(Legislative Department)

New Delhi, the 7th April, 2017/Chaitra 17, 1939 (Saka)

The following Act of Parliament received the assent of the President on the 7th April, 2017, and is hereby published for general information:—

THE MENTAL HEALTHCARE ACT, 2017

No. 10 OF 2017

[7th April, 2017.]

Mental health challenges in India...at the best of times

- Mental health care needs - 1 in 7 of India's population has to be met
- (NMHS, excludes dementia, SUD and suicides)
- Ratio of psychiatrist to population ratio 0.75: 100,000 (vs ideal 3-6: 100,000)

Shortage of clinical psychologists, psychiatric social workers and psychiatric nurses

Many first mental health care needs can be met by trained health workers

- Stigma

Mental health challenges in India...at the best of times

- Tertiary care hospitals- over burdened and not needed to address most MH needs
- Community care options inadequate
- A minority of patients cause a degree of duplication of work/ needless legal challenges
- * I think we manage, because most health professionals often work beyond the call of duty

Covid and mental health

- Crisis on top of a crisis

Challenges



A caveat

This is based on the patients we have seen/ talked to

The blind spot is of patients who we have not been able to see/ patients who have not been able to access health care- *some information in media

Outpatient care

Taking care of patients- outpatients

- Those who could reach us physically
- And those who could not via telephone/ video consult

- Those who we could contact over telephone- continue medication same dose for longer period till review

- Many of our regular patients remarkably stable, responsible about medication, benefited from family support

Taking care of patients- problems for our outpatients

- Financial burden on patients- when unable to avail concession from us/ access government hospitals
- Having to pay for several months medication at a time, when review date extended
- Need to access help vs anxiety in exposing oneself to Covid risk (travel)
- Delay in seeing doctor due to Covid screening protocols/ rules (which keep changing * sometimes understandable when based on scientific knowledge or gaps, but sometimes it is unclear what it is based on)

Taking care of patients- challenges

- Trying to establish a therapeutic relationship with distressed patient with both doctor and patient wearing a mask and sitting some 6 feet apart
- Initial discomfort- doctors in masks, then shields, then gowns, gloves, caps
- Having to manage evaluation time- shorter interviews vs calling patient to OPD again with its incident risks in travel/ attendants
- Things got easier with time- all got used to 'new normal'

The spectrum of patients in OPD

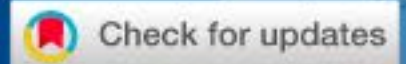
- Usual OPD patients- anxiety/ depression / bipolar/ schizophrenia/ OCD/ substance */ Deliberate self harm/ borderline
- Probably more with marital discord (? WFH effect- bringing it to the fore)
- ‘Normal’ ie understandable anguish- losing several family members to Covid, fear of ‘dying alone’ in Covid ward, worrying “ (if I die) will my body be handled like they show on TV?”, stigma of Covid/ even of testing

Access provided by Saint John's Medical College

Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA

[Maxime Taquet, PhD](#) • [Sierra Luciano, BA](#) • [Prof John R Geddes, FRCPsych](#) • [Prof Paul J Harrison, FRCPsych](#)  

Open Access • Published: November 09, 2020 • DOI: [https://doi.org/10.1016/S2215-0366\(20\)30462-4](https://doi.org/10.1016/S2215-0366(20)30462-4)



Unexpected silver linings

- Smaller numbers of patients in OPD, better quality time
 - Teleconsultation access and its benefits
-
- (But teleconsultation access should not be restricted only to those who can download the App)

Taking care of inpatients

Inpatients- challenges

- Diversion of beds for Covid care *
 - Loss of beds in psychiatry general and private wards
 - Admitting patients under psychiatry in other wards
 - Smaller numbers of beds available
-
- **We tried to fight it for as long as possible*

Inpatients- challenges

- Acute psychoses- wearing/ keeping a mask
- Caregiver stress / elderly caregivers and Covid risk
- Financial concession for poor patients difficult to get due to the financial challenges faced by hospital
- Risk of getting Covid in ward- so risks explained to family and patient before admission

Inpatients- challenges

- At start of pandemic- most half way homes were not able to take new patients
- Loss of day care facilities

Inpatients – silver linings

- Support of relatives, friends and benefactors
- Psychiatrists postgraduates and junior faculty part of Covid rota able to see and deal with mentally ill patients in Covid wards

Covid and the health professional

Taking care of the doctor in the doctor patient relationship

For doctors...fear of taking
care of patients a new thing

The doctor in the doctor patient relationship



- Safety of doctors
- Risk of Covid infection rates and death rates in psychiatrists
- “ Covid warriors” or doctors?
- Dealing with anxiety in doctors

THE LANCET

OBITUARY | VOLUME 396, ISSUE 10264, P1720-1729, NOVEMBER 28, 2020

A tribute to some of the doctors who died from COVID-19

[Andrew Green](#)

Dealing with anxiety in doctors- psychiatrists and others

- First step:

Acknowledging that that it is ok to be anxious, to think of oneself and family before patient

- Second step: practical steps for safety,

An insistence on masks and “ keep it up”

Physical distancing- placing chairs away from desk

Hand wash/ sanitizer

Briefer sessions

Keeping door open for ventilation

Dealing with anxiety in doctors- psychiatrists and others- discussion with management

- Practical steps

Staggering duties

Reallocating work loads- 'younger and older' doctors

Re training to deal with medical issues

- Third step: anxiety management, emphasis on lifestyle
- Ensure confidential help to treat mental health issues in doctors

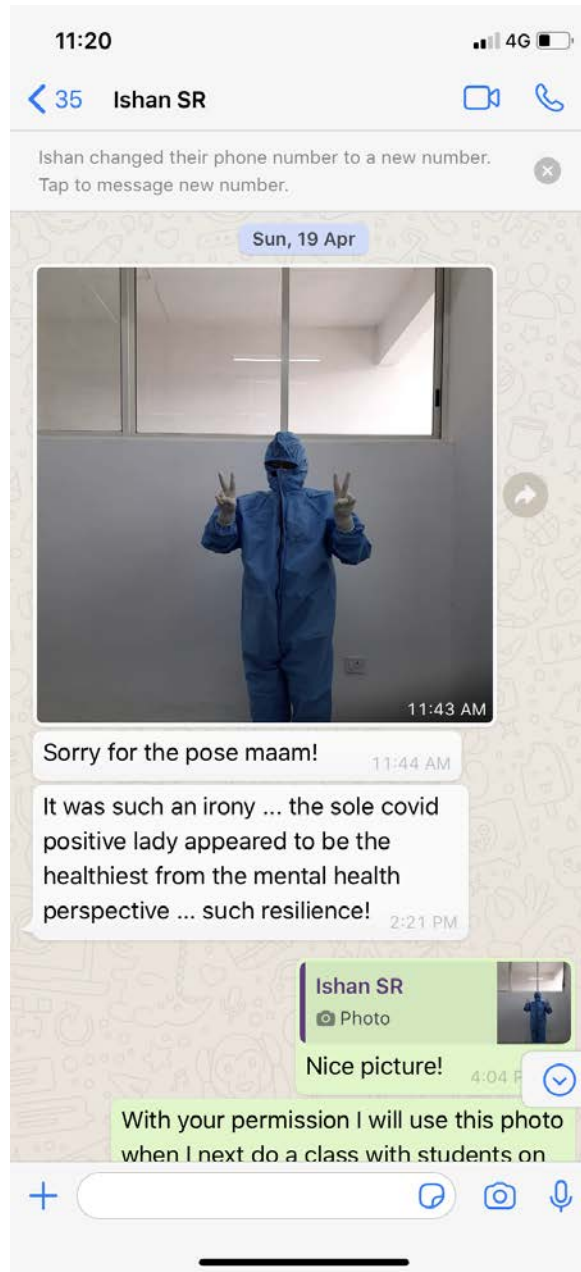
Problems faced- ethical response from management with feedback

- Financial – salary cuts
- Leave for quarantine



**Caring for Health Care Warriors-
Mental Health Support During
COVID-19**

The resilience of patients and doctors



But, what about the patients who could not access treatment ?

Relapse if medication stops- a needless tragedy

Difficult to get a bed unless 'severely ill'

Distress to patient and family members, already in a fragile social/ economic situation

The reliance on an “over extended and under resourced system”
was the problem

Scroll.in

MENTAL HEALTH CARE

In India, coronavirus crisis has been particularly hard for mental health patients and hospitals

An already overextended and under-resourced mental healthcare system has unravelled during the pandemic.

Riddhi Dastidar, IndiaSpend.com

Nov 03, 2020 · 01:30 pm



Makeshift seating arrangements extending out of the outpatient department, in order to maintain physical distancing, at New Delhi's Institute of Human Behaviour and Allied Sciences in August | IHBAS staff/

Not all states are equal

Kerala with its coverage of all districts under the District Mental Health Programme obviously did better than some other states

Lessons learned

- A broken/ breaking system cannot be expected to fix itself in a pandemic situation
- Institutions whether government/ private/ charitable who already had good systems in place were better able to cope- *disaster management experience and ethics*

Lessons learned

- Covid has been an equalizer- corruption will kill us faster than Covid
- If we allow hospitals and medical colleges to function like businesses, in time we will all pay the price
- We cannot rely only on a few institutions to make a large enough difference in a huge country like India
- Work with government- 'relentless' feedback, not criticism might yield better results as some people in power seem to truly want to make a difference

Thank you for your patient
listening

Any questions?