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A Psychiatrist's Experience at a COVID-19 Centre and Teaching Hospital During This Pandemic

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Abstract:

The COVID-19 pandemic has taken the world by storm, and Malaysia is not spared from experiencing this deadly infectious disease since January 2020 at an exponentially increasing rate. As a psychiatrist, I have been witnessing the overwhelming workload experienced by the healthcare front liners at a COVID-19 centre and teaching hospital – during this pandemic. This resulted in many front liners suffering from psychological and emotional distress. Despite being the first time handling these problems, the teaching hospital has implemented a series of effective guidance and psychological first aid measures to support these Health care workers such as psychosocial response, psychological assistance and medical interventions which yielded very positive feedback.

The Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Paules et al., 2020). First identified in Wuhan, China in December 2019, COVID-19 rapidly infected many regions of China, and subsequently spread to over 200 countries worldwide (Worldometers, 2020). Due to its high infectivity and transmission rate, COVID-19 has managed to spread at an alarming rate. On January 30th , 2020, the WHO announced that the virus outbreak has become a serious threat, endangering the international public's health. On March 11, 2020, COVID-19 was declared by the WHO as a worldwide pandemic (Sohrabi et al., 2020; WHO, 2020)

Malaysia first reported COVID-19 case was detected in Chinese nationals who had arrived in the country, via Singapore on 25th of January. Since then, reported cases were mainly as the result of incoming travellers, in which Malaysia had successfully contained by issuing a travel ban on travellers from three Chinese provinces, namely Hubei, Jiangsu and Zhejiang. All imported cases were treated at a single COVID-19 healthcare centre at Sungai Buloh Hospital. By early February, the National Crisis Preparedness Response Centre (CPRC) under the Ministry of Health, Malaysia (MOH) began its operation. Twenty-six government hospitals from the MOH and one teaching hospital (University Malaya Medical Centre) from the Ministry of Education were designated as COVID-19 hospitals. COVID-19 hospitals are tasked to carry out confirmation tests and manage all suspected and confirmed cases of COVID-19.

In early March, Malaysia encountered a sudden spike in COVID-19 cases from 2 main clusters – one was linked to those returning to Malaysia who had recently travelled to Italy, Japan, Iran and South Korea; and another cluster was linked to the *Jemaah Tabligh* religious gathering, held in Sri Petaling, Kuala Lumpur. The gathering, which was attended by about 16,000 people, comprising of 80% locals and 20% foreigners, led to a massive increase in local cases, consequently the failure of complying the containment measure. By of 16th of March 2020, COVID-19was already reported in every state across Malaysia. Malaysia recorded the largest cumulative number of confirmed COVID-19 infections in the Southeast Asia between March and April 2020 (Worldometers, 2020).

Following the spike of cases in March, fear and uncertainty among the frontline healthcare workers (HCWs) in University Malaya Medical Centre (UMMC) intensified. UMMC was surrounded by COVID-19 *Red Zones* (red zones being defined as more than 40 active COVID-19 cases) which contributed to one third of the total confirmed number of COVID-19 cases at that time. Many frontline HCWs were faced with enormous pressures, including; increased risk of infection, long working hours, frustration toward patients who hid their travel history or history of attending the mass gathering including religious, sports, social and cultural activities, uncertainties towards access to personal protective equipment (PPE), physical fatigue, discrimination, and fear of transmitting COVID-19 to their family and others. In light of the need to support the UMMC's frontline HCWs emotionally, psychological intervention teams were set up on 15th March 2020, which comprised of three main HCW groups. First, the psychosocial response team (comprised of hospital administrators) were responsible for all management and publicity work. This team organizsed weekly townhall meetings with the public. In this meeting, the public could call in to ask the team consisting of COVID-19 experts and psychiatrists any COVID-19 related questions. Second, the psychological assistance hotline team, which was comprised of mainly psychologists, counsellors and social

workers handled calls from frontline HCWs, providing them with guidance to assist with various mental health issues. Third, the psychological intervention medical team, comprised mainly of psychiatrists who provided the Psychological First Aid (PFA) intervention. All frontline HCWs were requested to complete the Depression Anxiety Stress Scale (DASS-21)(Musa et al., 2007) online Google form as a screening tool. An online referral system was set up at hospital level, so all frontline HCWs who had DASS-21 anxiety scores ⩾ 10 were referred to the PFA. The PFA, as defined by the WHO, involves humane, supportive, and practical assistance for people suffering from crisis events as described above (Kantor & Beckert, 2011). However, as a result of the COVID-19 pandemic, face-to-face interaction for the purpose of PFA was not feasible, due to the high transmissibility and infectious nature of the virus. As a result, PFA was provided online via WhatsApp or via phone call. The traditional methods of 'look, listen, link' were modified to 'reflective listening and linking'. Mindful breathing techniques were also taught to front line workers whose DASS-21 scores remained high despite PFA intervention. In addition, there were psychological support meeting sessions twice a week delivered by psychiatrists through *Zoom* meetings with frontline HCWs. Feedback of the interventions received from hundreds of frontline HCWs was very positive, and the provision of these services had since been expanded to serve more people and hospitals. On the 23rd of March 2020, the Mental Health and Psychosocial Support (MHPSS) team in MOH updated Support Guidelines for COVID-19 Management. This was the first time Malaysia had utilised a set of structured guidance to provide its healthcare workers with multifaceted psychological mental health protection (MOH, 2020a).

On the 18th of March 2020, due to shortage of staff in the emergency unit,

psychiatric trainees and registrars had to join the "COVID-19 swab team" up till present as frontline HCWs; wearing personal protective equipment (PPE) and working in environments with temperatures ranging between 34°C and 39°C, all while concurrently completing their responsibilities within the Department of Psychiatry, including on-calls for psychiatry emergency cases, running consultations in the psychiatry clinics and attending to referrals from other wards. The level of stress among these employees was tremendous. Fortunately, they had access to an established pre-existing mentor and mentee system. The mentors, consisting of the consultants or senior psychiatrists, would check on their mentees' emotional status and emotional needs. They had regular online meetings with their mentees through WhatsApp or Microsoft Teams to address their needs and ensure the highest levels of attention and emotional support were provided for the psychiatry trainees.

In addition, UMMC Department of Psychological Medicine also issued a new standard of operational procedures (SOPs) for the psychiatric services since March 2020. These included new SOPs for both outpatient and inpatient settings, such as COVID-19 screenings, temperature checking, hand hygiene and social distancing. For inpatient settings, due to the limitation of PPE and N95 masks, any patient that required admission to the psychiatric ward would need the attending doctor to first noting the case to the on-call consultant. Capacity of admission to psychiatric wards was reduced to half, to enforce social distancing rules. Four isolation rooms were reserved for psychiatric patients with COVID-19. As for the outpatient clinics, in person visits were only been recommended to patients who were at risk of relapse or had psychiatric emergencies. All other new mental illness cases were channelled to non-COVID-19 hospitals. All subspecialty clinics, including the addiction clinic, were reduced to half capacity. During the MCO, face-to-

face follow-up consultations were lessened for chronic patients, instead opting for tele-consultations with modifications on electronic pharmacy protocol. Opioid use disorders patients who had been stable were allowed to receive 14 days' worth of their methadone doses This was the first time UMMC dealt with such circumstances. Although the best approach to maintain the mental health of staff throughout the pandemic remained unclear, the experience from modified psychological interventions via technology helped in better preparation and responding to future unexpected infectious disease outbreaks.

As this letter is being written, , Malaysia has recorded a new record case total of 287 COVID-19 positive cases, bringing cumulative cases to a total of 11,771, 1,540 of which are active cases (MOH, 2020b). This increase in cases could be seen as "the beginning of a new wave", and our government has again urged the public to continue practicing social distancing and avoid leaving home unless necessary. Malaysia is currently still in the Recovery MCO (RMCO) period, which is expected to be extended until end of 2020.

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