



Mental Rehabilitation for COVID19 Warriors - Essential Need of Hour - “Help Healers Heal”

Dr. Mayank Vats^{1*}, Dr. Magdalena Filcek², Dr Deepa Khandelwal³, Spraha Vats⁴

1 Senior Specialist, Pulmonologist, Interventional Pulmonologist, Intensivist and Sleep Physician, Rashid Hospital, Dubai, UAE.

2. Specialist Neuro-architecture, Master of Interior Architecture, innovator of many patented projects as innovative system Vinci Power Nap® - Dream's Space® and the Balonodrom Project©, Wroclaw, Poland.

3. ENT and Pediatric sleep specialist, Vida clinic and London Sleep Centre.

4. GEMS Modern Academy, GMA, Dubai, UAE.

Corresponding Author: Dr. Mayank Vats; Senior Specialist, Pulmonologist, Interventional Pulmonologist, Intensivist and Sleep Physician, Rashid Hospital, Dubai, UAE

Copy Right: © 2021 Dr. Mayank Vats. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received Date: July 22, 2021

Published Date: August 01, 2021

COVID19 pandemic is still deadly sweeping across the world and has tolled more than 4M deaths globally with huge turmoil of health care, economy and significant negative effects on social life, physical and mental health of billions of people. COVID19 is still ongoing despite vaccination and shaking the world with different waves and multiple mutations and the saddest part is the availability of limited effective treatment, unequal distribution of vaccines and the health care professional's burnout.

COVID19 warriors are fighting relentlessly putting their and their family's lives at risk and thousands of HCP succumbed to death and chronic disability due to COVID19 as a professional hazard.

Globally HCP is stressed out physically, mentally, financially and socially with the constant threat of acquiring infection and consequent effects on their lives. Many doctors have been terminated in private hospitals and clinics from their job because they don't involve in COVID19 care, or the footfall of patients became less, reduction in salary has been done adding to financial stress.

Many small private clinics got closed because of financial liability and loss of patients base because of lockdown and patients does not want to go to the clinic due to fear of contracting COVID19. HCP not only includes doctors, but nurses, paramedics, administrative and cleaning staff also whomsoever is working in the hospital and comes in contact with COVID patients. Doctors, nurses and paramedics are at the highest risk of getting an infection due to continuous exposure related to patient care. Many surveys have been done and found that HCP is suffering highly from burnt-out, physical exhaustion, psychological depression, anxiety, fear, and many psychological issues including a similar effect on their family.

Among the healthcare workers, the front-line workers (including doctors, nursing and paramedical staff) involved directly in handling these patients are at greater risk of acquiring corona infection and COVID 19 as compared to other HCW in any health care facility than others. Leading a tremendous physical and psychosocial stress on the frontlines and their families. Multifactorial reasons are there for such adverse physiological and psychological outcomes in them range from excessive workload/work hours, inadequate personal protective equipment, over-enthusiastic media news, feeling inadequately supported, a constant fear of acquiring corona infection and the consequences of COVID 19 and many many more [2,3]

Many HCP committed suicide, were terminated, or were forced to left their jobs leading to financial, social problems and intermarital problems and even divorces had happened in certain cases and many HCP are devoid of mental and physical relationships with their spouses due to fear of contracting the infection and these problems are likely to increase over time. Many doctors are not sleeping with their spouse since the onset of the pandemic because of the risk of transmitting the infection to the spouse leading to sexual dissatisfaction which adds to mental stress. They are practicality self-isolated and not inter-mingling with their kids or staying away from kids which again leads to mental trauma to the whole family. Relationships are getting bitter in HCP families, they are not able to give time to their kids, wife and parents and many overseas doctors lost their parents without even seeing them last time due to cancellation of leaves considering COVID emergency, medical duty, and travel restrictions. It's a lifetime trauma for them (I'm also one of that unfortunate doctor).

Many cases of separation, divorce have been filed or would be filed in the future because the intermarital conflicts and stress is continuously building up where both husband and wife are doctors especially working as frontline HCP with consequent adverse effects on their kids.

An Analysis article in the BMJ on **Managing mental health challenges faced by healthcare workers during the COVID19-19 pandemic** warned that healthcare staff is at increased risk of moral injury and mental health problems when dealing with challenges of the COVID19-19 pandemic. The authors, led by Neil Greenberg, Professor of Defense Mental Health at King's College London, offered measures that healthcare managers need to put in place to protect the mental health of healthcare staff having to make morally challenging decisions. [1] They include the following:

Healthcare managers need to proactively take steps to protect the mental well-being of staff

- Managers must be frank about the situations staff are likely to face.
- Staff can be supported by reinforcing teams and providing regular contact to discuss decisions and check on the wellbeing.
- Once the crisis begins to recede, staff must be actively monitored, supported, and, where necessary, provided with evidence-based treatments.

WHO mental health considerations: Recognizing that feeling stressed is an experience that many health workers are likely going through, the World Health Organization (WHO) Department of Mental Health and Substance Use has developed a series of mental health considerations that can be used in communications to support mental and psychosocial wellbeing.[3]

Their messages for team leaders or managers in health facilities are as follows:

- Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfill their roles. Be sure to keep in mind that the current situation will not go away overnight and you should focus on longer-term occupational capacity rather than repeated short-term crisis responses.
- Ensure that good quality communication and accurate information updates are provided to all staff. Rotate workers from higher-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures.
- Ensure that outreach personnel enter the community in pairs. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event. Ensure that you build in time for colleagues to provide social support to each other.
- Ensure that staff is aware of where and how they can access mental health and psychosocial support services and facilitate access to such services. Managers and team leaders are facing similar stresses to their staff and may experience additional pressure relating to the responsibilities of their role. It is important that the above provisions and strategies are in place for both workers and managers, and that managers can be role models for self-care strategies to mitigate stress.

- Orient all responders, including nurses, ambulance drivers, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid.
- Manage urgent mental health and neurological complaints (e.g. delirium, psychosis, severe anxiety or depression) within emergency or general healthcare facilities. Appropriate trained and qualified staff may need to be deployed to these locations when time permits and the capacity of general healthcare staff capacity to provide mental health and psychosocial support should be increased (see the mhGAP Humanitarian Intervention Guide).
- Ensure availability of essential, generic psychotropic medications at all levels of health care. People living with long-term mental health conditions or epileptic seizures will need uninterrupted access to their medication, and sudden discontinuation should be avoided.

After an extensive search, being a COVID warrior, I found practically that in fact, COVID19 warriors are needing mental rehabilitation to get rid of their psychological problems. Following are the suggestions.

1. To give rest to COVID19 HCP in rotational duty rota so all the HCP will get relief from their work and can spend quality time with their family. This could be done based on the number of cases, Doctors and staff availability in different hospitals and institutions.

2. A strict protocol should be in place to give complete physical and mental rest for 1 week after a work duration of 2 weeks so that they can recover from the physical and mental exhaustion.

3. Non COVID19 specialists (other specialists like a neurologist, cardiologists, surgeons, etc) should be trained to manage COVID19 patients so that they can replace COVID19 HCP during their break time.

4. Dedicated Physical and mental rehabilitation facilities should be commenced in each COVID19 hospital for early diagnosis and treatment of physical stress, and early psychological issues could be dealt with.

5. Wellness centers focusing on mental and physical well beings must be established in all hospitals for COVID warriors. These wellness centers should be operated by a dedicated team of managers, psychologists and psychiatrists, physiotherapists and lifestyle, yoga and meditation instructors for the physical and mental rejuvenation of the HCP

6. General physicians from non-COVID19 facilities should be trained and deployed in COVID19 management under the supervision of experienced and skilled senior doctors so to provide standard management. This could be facilitated by developing standard treatment protocols / Standards of Practices of COVID19 patients based on the severity of disease including radiological findings (VATS'S scoring system is an easy tool to estimate severity and prognosis of COVID patients 2) and underlying comorbidities and availability of man, machines and other resources. Many institutions are following

these standards protocols and WHO and professional societies are obliged to make simplistic standards treatment algorithm to be followed in COVID19 pts.

7. Government should recognize their contribution and boost their morale by providing them compensation/ Honour in terms of money or time for their extra-work and efforts and accessing the occupational exposure/ hazards risk of different specialties for example pulmonology, critical care, infectious disease, anesthesia HCP are at many-fold increased risk of acquiring COVID19 infection.

8. HCP should be offered to undergo regular screening by RT PCR and psychological evaluation fortnightly by these dedicated teams for early detection of COVID19 and psychological issues if any.

I would end this with connotations "HCP are humans Too, they need time to Rejuvenation, their continuous physical and mental exhaustion would lead to complete burnt out in HCP, and then it could be catastrophic to the world.

"KINDLY HELP HEALERS HEAL".

Acknowledgment: I convey my heartfelt thanks to Spraha Vats, who is a brilliant and extraordinary student of DPS school Dubai help me to prepare the manuscripts including drafting, grammatical assistance and picture work of CXR and search of literature as well.

References:

1.Neil Greenberg, Mary Docherty, Sam Gnanapragasam et al . Managing mental health challenges faced by healthcare workers during COVID19-19 pandemic. BMJ 2020; 368 doi: <https://doi.org/10.1136/bmj.m1211> (Published 26 March 2020)Cite this as: BMJ 2020;368:m1211

2.Mayank Vats, Spraha Vats. "COVID19: Temporal CXR Changes and VATS Scoring of COVID Chest X Rays-An Easy Tool to Understand the Duration of Disease, Progress and Prognosis and Intensifying Anti-COVID Management". EC Pulmonology and Respiratory Medicine 9.7 (2020): 43-50.

3.Mental health and psychosocial considerations during the COVID-19 outbreak 18 March 2020 WHO reference number: WHO/2019-nCoV/Mental Health/2020.1