Meeting & Recommendation of the Sub-Committee For Mental Health

A meeting of the subcommittee for mental health of the national technical committee was held on 25th April 2020 at at 11:00 a.m. at National Institute of Mental Health (MIMH), Sher e Bangla Nagar, Dhaka.

Members those were present in the meeting:

1. **President**: Professor Md. Abdul Mohit (Mohit Kamal)
2. Professor Dr. Jhunu Shamsun Nahar, Dept. of Psychiatry, Bangabandhu Sheikh Mujib Medical University, (BSMMU), Dhaka
3. Professor Dr. Bidhan Ranjan Roy Poddar, Director, National Institute of Mental Health (NIMH), Dhaka
4. Brig. Gen. (Retd.) Professor Dr. Md. Azizul Islam, Former Head of Psychiatry, Armed forces Medical College.
5. Professor Dr. ASM Shalahuddin Quasar, Chairman, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University
6. Dr. Avro Das Bhowmik, Associate Professor, National Institute of Mental Health, Dhaka
8. Dr. Helal Uddin Ahmed, General Secretary, Bangladesh Association for Child and Adolescent Mental Health (BACAMH).
9. Dr. Mekhala Sarkar, Associate Professor, NIMH, Dhaka
10. Dr. MM Jalal Uddin, Associate Professor, National Institute of Neurosciences, Dhaka
11. Dr. Niaz Mohammad Khan, Associate Professor, NIMH, Dhaka
12. Mr. Md. Zahir Uddin, Clinical Psychologist, General Secretary, Bangladesh Clinical Psychology Society (BCPS).
13. **Member Secretary**: Dr. Md. Tariqul Alam, General Secretary, Bangladesh Association of Psychiatrists (BAP)

Co opted members: (Communicated over Telephone)

Department of clinical Psychology, Dhaka University:
1. Nazma khatun, chairperson, dept of clinical Psychology, DU
2. Prof Dr M Mahmudur Rahman, Dept. Of Clinical Psychology, DU, President, Bangladesh Psychological Association.

Department of Educational and Counselling Psychology, Dhaka University:
1.Dr. Mahjabeen Haque, Chairperson, Department of Educational and Counselling Psychology, Dhaka University
2.Roufun Nahar, Department of Educational and Counselling Psychology, Dhaka University

Institute of Social welfare, Dhaka University:
Professor Dr Tahmina, Director, institute of Social Welfare, Dhaka University

Ministry of Women and Children Affairs, MOWCA, Bangladesh:
1. Ms. Beauty Parvin, Regional Trauma Counselling Centre, Dhaka, Ministry of Women and Children Affairs, MOWCA, Bangladesh
2.Anita Rani Saha, Regional Trauma Counselling Centre, Coxs Bazar, MOWCA, Bangladesh

Recommendations from Sub Committee For Mental Health:

1. Psychotropics for Mental health for COVID-19:

Common psychotropics and their safe uses in patients with novel coronavirus infection:

1.1:Antipsychotics: (First-generation antipsychotics like haloperidol, and second-generation antipsychotics (e.g. risperidone, quetiapine etc.)

- **Precautions** in COVID-19 patients
  - Potential drug interactions are secondary to **Cytochrome P450 Inhibition by antiviral medications** like lopinavir and ritonavir are CYP inhibitors and can increase levels of **haloperidol, olanzapine, and quetiapine**. Hence it is imperative to monitor for adverse effects and reduce the dose of the latter if required.
  - Azithromycin and hydroxychloroquine can cause **QTc prolongatio**n which can worsen when combined with **haloperidol/quetiapine**. They have to be used cautiously, with ECG evaluation, in patients with underlying cardiac conditions.

1.2:Antidepressants: (Tricyclics and SSRI):

- **Precautions** in COVID-19 patients: **Antivirals** tend to increase levels of certain SSRIs particularly **Fluoxetine, Paroxetine**) and may cause toxicity.

1.3:Sedatives/Hypnotics:

- COVID-19 is known to affect the respiratory function of patients. B**enzodiazepines, can cause respiratory depression, so** should not be used when a patient has acute pulmonary insufficiency. **Lorazepam** would be the preferred benzodiazepine as it has a shorter half-life.

1.4:Treatment of acute onset behavioral disturbances with Psychotropics:

Delirium	Haloperidol 2.5 - 5 mg / Risperidone (1mg in divided doses) / **Do not use Olanzapine for delirium **Addition of Inj.Haloperidol for patients can not take oral medication.
Acute psychosis/ Mania	*Risperidone 4-8 mg/ day. / Olanzapine 10-20 mg / day. * Add Procyclidine 5-10 mg daily if there is Extra pyramidal side effects
Anxiety	For acute anxiety: Lorazepam 1-2 mg daily and 5-7 days. For chronic anxiety : Escitalopram 10 mg daily
Depressive Disorder	Escitalopram 10-20 mg daily/ Sertraline 50 mg daily.

Insomnia	**Lorazepam** 1-2 mg daily if no contraindications to Benzodiazepines Quetiapine 25 mg/ day if Benzodiazepines is contraindicated.
Dementia	**No data..**

Source:

- Mental Health in the times of COVID-19 Pandemic Guidelines for General Medical and Specialised Mental Health Care Settings, Department of Psychiatry, National Institute of Mental Health & Neurosciences (NIMHANS), Bengaluru, India-560029. Published in April 2020.
- Royal College of Psychiatrists, UK
- South London and The Maudsley Hospital NHS Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- British Association of Psychopharmacology
- British Geriatric Society
- The National Association of Psychiatric Intensive Care & Low Secure Units (NAPICU)
- **Dr Suman Ahmed,** MBBS, DCP, MSc, MRCPsych, Consultant Psychiatrist, Tees, Esk and Wear Valleys NHS Foundation Trust, UK

2. Mental health issues of Quarantine/Isolation/Admission:

Common problems	Possible management
Anxiety, Distress, confusion, frustration and boredom	1. Clear information about duration of quarantine 2. Restriction of news consumption, avoiding multiple times news, news scroll, one or two authenticate source of information, less social media. 3. Simple relaxation Technique for worry and anxiety like breathing exercise.
Fear of infection: health anxiety, fear of infecting others, of losing contact with family members,	1. Information, reassurance about the disease, 2. Ensure regular contact with family members by phone or online 3. Provide facilities to the individual to remain physically active, continue or develop hobbies to be mentally active and ensure a balanced diet to keep themselves fit and calm
Facing Social Stigma with COVID-19	1. DO talk about the disease (COVID-19), But DO NOT use terms such as 'Wuhan virus/ Chinese virus etc'. 2. Social distancing is not to be confused with social discrimination. Its okay to stay safe by keeping a distance of 1-2 meters. Treat everyone as human with equal status and opportunity. 3. Correct misconceptions and do not encourage false propagation

- Counselling for home quarantined using telephone helplines and **tele psychiatry** for subjects in home quarantine, supportive counselling can be provided by telephone helplines and telepsychiatry platforms.
- **Exacerbation of pre-existing psychiatric conditions**: Any pre-existing psychiatric conditions like psychosis, mood disorders, anxiety spectrum disorders, sleep disorders, etc. can exacerbate during the quarantine. This can happen due to three reasons- Illness related, Stopping ongoing psychotropic medications for reasons such as non-disclosure of mental illness, non-availability of medications, drug interactions and lack of access to mental health care providers, Drug adverse effects: Some of the commonly reported psychiatric symptoms associated with the use of chloroquine, steroids, and antiretrovirals are psychosis, delirium, mood disorders, and cognitive disturbances.

3. Management of Mental health issues in ICU patients with Covid-19:

3.1.Common problems:

- Anxiety
- Sleep disturbance
- Depression
- Delirium
- Communication problems
- Pain
- Fear of being dependent on the machine for breathing
- Delirium (also called ICU psychosis) - Patients admitted to the ICU are prone to developing delirium. Elderly individuals and people with decreased cognitive reserve such as those with preexisting dementia are at higher risk of developing delirium. It is usually multi-factorial and identifying the cause(s) is central to the management of delirium.

3.2.Prevention of ICU delirium using non-pharmacological behavioral interventions:

- Efforts to help in orientation
- Enhance sensory efficacy (e.g., encouraging patient to use their glasses or hearing aids)
- Promote sleep
- Adequate and appropriate pain management
- Preventing complications of immobility (bed sores)
- Optimization of physiological parameters (e.g., electrolytes, hydration)
- Foster physical therapy/early mobilization.

3.3.Management of delirium/ psychosis:

- Identification and resolution of the primary cause
- When behavioral symptoms are disruptive or likely to interfere with treatment, the use of low dose antipsychotic medication is generally preferred for its short-term management. Among the antipsychotic medications –
    a. If a patient is in a position to take oral tablets, then oral haloperidol should be preferred over parenteral administration. A low dose of haloperidol (up to 2.5 to 5 mg up to twice a day) is generally adequate.
    b. Alternately, Quetiapine 25mg to 50 mg in divided can be administered orally
    c. Hydroxychloroquine has a potential adverse effect of QTc prolongation, cardiac arrhythmias there should be cautious about concurrent use of hydroxychloroquine and parenteral haloperidol. This necessitates regular cardiac monitoring.

3.4:Respiratory distress and respiratory failure are fatal manifestations of COVID-19, hence **administration of benzodiazepines should be avoided.**

3.5:Adjustment issues should be addressed

4. Psychological Issues of Frontline Personnel combating COVID-19 -burnout:

- Thousands of health care personnel, police and government officials are working round the clock to confront it head-on.
- Some of them may experience distress to the point of not being able to carry on. They require help. It is critical to ensure that those in need are identified early and offered an appropriate intervention.

The commonest disabling mental health issue experienced by personnel in the front-line of any pandemic is "**burnout**". Described classically as a triad of emotional exhaustion, depersonalization (loss of one's empathy, caring, and compassion), and a decreased sense of accomplishment. These may exist in varying degree or one symptom can predominate. Burnout can have a significant impact on competence and can impact health care delivery.

4.1.Risk factors for burnout:

· Long working hours
· Worry about risk to self and family
· Concerns about inadequate personal protection materials
· Separation from family/loved ones
· Pre-existing mental health & addiction issues

4.2.How to prevent and combat burnout?

Appropriate Appreciation and recognition from the authorities and the ministry officials is an must for maintaining moral and confidence of the health care professionals.

Online telepsychiatry and tele counselling service from the mental health professionals. (Annex 1-7)

4.3.Self-care:

All personnel in the front line should be made aware of the principles of self-care. Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness. These include the following:

- Have a routine
- Ensure breaks and adequate sleep
- Keep in touch with relatives/friends
- Carry out some activities and hobbies unrelated to work
- Exercise regularly and have a healthy diet
- Practice relaxation exercises like yoga
- Religious activities (if you are a religious person)
- Make time for yourself and your family

4.4.Responsibilities of Health managers / Team Leaders/Supervisors:

To reduce the stress of the health care workers, team leaders are encouraged to:

· Mix and match, ensure that juniors with limited experience work with their senior colleagues

· Ensure staff rotation from jobs of higher stress to lower stress and vice-versa

· Duty/shift breaks/holidays to be agreed within the team and ensured as far as possible

· Ensure good quality communication with accurate information updates

· Have **regular team meetings** even if its brief. It helps to develop a 'bond' and to also sort out issues that may emerge because of working in stressful situations

· Team meetings may also be used to discuss common mental health issues that arise out of

working under difficult circumstances (stress, burnout, anxiety, fear, etc.) and simple steps for

psychological 'self-care'

· In the event of unfortunate outcomes like death, ensure that the team has an opportunity to

"**debrief**" (Discuss the situation in a nonjudgmental environment).

·Team members may be encouraged to share their emotions which may include guilt, anxiety, and distress.

· A flexible schedule may be considered for any person who has been directly impacted in some

way or has an affected family member

· If a team member is experiencing mental health difficulties, provide a senior colleague/workmate, who may be expected to talk and listen and provide common sense suggestions for mental health care. They can also be asked to report back if things deteriorate.

· All staff to be made aware of the nearest specialist mental health service and access to its services.

· Lastly, refer to any staff member who appears to have uncontrollable distress for assessment and

intervention to the nearest specialist mental health service.

4.5.**Specific Issues in Pandemics**

Medical personnel in Quarantine

- There is an increased risk of health-care workers themselves being infected or quarantined.
- In addition to stress-related to quarantine, most experience increased concern that their absence will create more understaffing issues. They may also experience guilt and fear that they may have infected their team, family and other patients. A sudden separation from their team also means an increased likelihood of experiencing more social isolation.
- It is essential that staff in quarantine feel supported by their immediate colleagues.

Life and death decisions

- Doctors and team heads working in the frontline of pandemics often have to make difficult and consequential choices.
- Frontline personnel making these choices may be better served to discuss these decisions in a group or with colleagues.
- On occasions, professionals may be alone and then they can discuss their emotions with a close friend or family may help.
- At all times, professionals must remain aware of the legal and ethical obligations of protecting patient confidentiality.

Stigma

- Personnel working in hospitals in times of pandemic often experience stigmatizing attitudes from the general public.

- The organizational leadership should not be dismissive of these aspects and ensure the safety of their staff.
- They should encourage staff to remain connected to their friends/family through digital methods.
- Policymakers should implement local programs of "honoring front line personnel" and acknowledge their role using various media platforms.
- All staff should be sufficiently informed on means to access mental health and psychosocial support services if required.

5.Refferal issues

Indications for refferal for COVID-19 patient/ Health care workers:

· Expressing suicidal ideas

· Violent/aggressive behavior

· Uncontrolled use of alcohol/drugs

· Crying or expressing uncontrollable distress

· Unexplained bizarre behavior like talking or smiling to self

· Significant deterioration in occupational functioning

6. Non- pharmacological approaches of mental health treatment / counselling:

- Use of psychological procedures by the health care workers for mitigating psychological issuses among patients.
- Tele psychiatry and tele counselling by the professionals when needed.
- Hotline service with online features.

7.Involvement of different groups of Psychologists and Social Workers:

- Contact with different bodies of professionals working in mental health issues during covid-19 pandemic.
- Co-opted renowned professionals in the committee.
- Their action plan enclosed in the Annexure's 4-7.

8. Future concerns:

- Post covid-19 roadmap preparation to highlight and manage the future mental health issues that may appear after the disaster.
- Baseline research on the present and future needs and concerns
  - Stigma from society hinders rehabilitation, so anti stigma campaign should be started in the printings and electronics media regarding mental health also, as soon as possible.

9. Annextures enclosed herewith in another file.

10. This is a document, that may need future modifications according to scientific knowledge and expert opinion.

Professor Dr. Md. Abdul Mohit (Mohit Kamal)
Member, National Technical Committee
President, Sub –Committe

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General Secretary, BAP
Member Secretary, Sub –Committe

Annextures:

Annextures 1: Activities of National Institute of Mental Health (NIMH), Sher e Bangla Nagar, Dhaka.

Annextures 2: Activities of Bangladesh Association of Psychiatrists (BAP)

Annextures 3: Activities of Bangladesh Association for child and adolescent mental health (BACAMH)

Annextures 4: Activities of Department of Clinical Psychology, Dhaka University

Annextures 5: Activities of Department of educational and counseling psychology, Dhaka University

Annextures 6: Activities of Bangladesh social workers Association

Annextures 7: Activities of Ministry of Women and Children Affairs, Government of Bangladesh

Annextures 7: Activities of Teachers Association, Dhaka University.