LETTER TO THE EDITOR

Need for mental health care in Isolation and Quarantine: Pandemic perspective from developing countries.

Dear Editor,

As the world combats the Corona Virus disease (COVID-19) Pandemic, and, definite treatments or vaccine not available yet, we are still dependent on the age-old measures - isolation, and quarantine. There is a variable range of evidence showing a diverse impact of isolation and quarantine on mental health .[1,2] The common mental health issues found in these situations are depression, insomnia, anxiety, acute stress reaction, and posttraumatic stress disorder.[3,4] With the unfolding of the COVID-19 pandemic, our isolation and quarantine centers are overflowing, and more investments are being made to construct further facilities for these. This is not only compromising the quality of life and mental wellbeing of those suspected with illness or diagnosed with the illness but also, has imposed a challenge and exposed the limited health resources in developing countries.[5] The reactions to the pandemic have drained funds so much that COVID-19 patients are now being advised to stay in home isolation or quarantine in several places. This is likely to risk the health status of their family members, instill fear and anxiety in many, and, eventually raise questions if the purposes of isolation and quarantine centers would be met. Isolation during COVID-19 has been found to affect the quality of life of people.[6,7] Isolation centers in developing counties have been made based on volunteering hotels as governments had limited budget and less structured plans, as evident by overburdened quarantine centers. Most of them are mosquito-infested, unhygienic, and with low supplies with basic amenities.[8] On the worst part, the doctors are facing the brunt of the public directly. Treatment guidelines are unclear and changing rapidly, sometimes daily. Limited availability of personal protective gear and poor policies have been affecting service delivery. Above all, authorities and policymakers have been intimidating towards health care workers, many a time, forcing them to work in resource-deprived settings.[9]

Many laborers from south East Asia who are working in middle-eastern and Southeast countries were repatriated during the pandemic. But he exuberance of repatriation did not last long as these laborers with a low income had to pay for their travel and quarantined stay by themselves. Except for a few hotels, all the quarantine centers are old buildings or schools, the quality of which was compromised. In quarantine, the quality of food, toilet, and sanitation has been major issues leading people into hiding their travel history. People have protested at many centers and have fled whenever possible eventually leading to community spread. Returnees were double hit by the loss of job and economic burden and regretted returning. Since the advent of community spread in early August 2020, home quarantine has been suggested due to lack of space at quarantine centers. Thus, the population in quarantine had additional stressors to face. All these would have harmed the mental health of persons.[10]

Sadly, developing countries failed to contain COVID-19 and its psychological impact. The duration of isolation remains uncertain during isolation while the fear of infection prevails during the quarantine period. In addition to that, inadequate information, frustration, boredom, and fluctuating guidelines have confused the public further. This warrants studies on mental health in isolation and quarantine. There is an unmet need to improve mental health of these vulnerable population at the government level and through various NGO (Non-Governmental Organizations).Timely screening of mental disorders should be done along with forming Self-help groups. Though mental health professionals should be consulted for the psychological support, there is need of task shifting to paramedics for crisis management. Some initiation has been done from both governmental and non-governmental side through helpline and online application services in developing countries. They have been educating and counseling on individual basis.[11] Guidelines have been developed to assist psychiatrists in conducting telepsychiatry services.[12] Exercise and relaxation therapy should be taught as primary prevention.[13] The rise in the popularity of telepsychiatry services

in developing countries is evident and may help in bridging the gaps in mental health care service delivery.[14] Planned inclusive management protocol should be formulated and implemented.

In conclusion, we urge the authorities and policymakers to catch up with the globe regarding its mental health policies. Providing mental health services to people in quarantine and isolation should be an important first step towards a broader plan to enforce the recently approved mental health act, decriminalize suicide and allocate adequate resources to provide mental health services to the masses. This has to address the mental health problems likely to rise during isolation and quarantine of the pandemic.

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REFERENCES:

1. *Hossain MM, Sultana A, Purohit N. Mental health outcomes of quarantine and isolation for infection prevention: A systematic umbrella review of the global evidence. Epidemiol Health. 2020;e2020038.*
2. *Huremović D. Social Distancing, Quarantine, and Isolation. Psychiatry of Pandemics. 2019. 85–94 p.*
3. *Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: a rapidd review of the evidencece. Lancet [Internet]. 2020;395(10227):912–20. Available from: http://dx.doi.org/10.1016/S0140-6736(20)30460-8*
4. *SEPÚLVEDA-LOYOLA W, RODRÍGUEZ-SÁNCHEZ I, PÉREZ-RODRÍGUEZ P, GANZ F, TORRALBA R, OLIVEIRA D V, et al. Impact of Social Isolation Due To Covid-19 on Health in Older People: Mental and Physical Effects and Recommendations. J Nutr Heal Aging. 2020;(27).*
5. *Andrade C. COVID-19: Humanitarian and health care crisis in a third world country. The Journal of clinical psychiatry. 2020 Apr 14;81(3):0-.*
6. *Chen X, Lin H, Chen Y. Quality of life during the epidemic of COVID-19 and its associated factors among enterprise workers in East China. 2020:1–13.*
7. *Sharma A, Pillai DR, Lu M, Doolan C, Leal J, Kim J, et al. Impact of isolation precautions on quality of life: a meta-analysis. J Hosp Infect. 2020;105.*
8. *Mishra SV, Gayen A, Haque SM. COVID-19 and urban vulnerability in India. Habitat international. 2020 Sep 1;103:102230.*
9. *Dwivedi LK, Rai B, Shukla A, Dey T, Ram U, Shekhar C, Dhillon P, Yadav S, Unisa S. Assessing the Impact of Complete Lockdown on COVID-19 Infections in India and its Burden on Public Health Facilities. IIPS, Mumbai. 2020 May.*
10. *Singh AK, Misra A. Impact of COVID-19 and comorbidities on health and economics: Focus on developing countries and India. Diabetes & Metabolic Syndrome: Clinical Research & Reviews. 2020 Nov 1;14(6):1625-30.*
11. *Pakistan Psychiatric Society. PPS fights corona panic [Internet]. 2020 [cited 2020 Aug 6]. Available from: https://ppspk.com/Web/ Index*
12. *Math SB, Manjunatha N, Kumar CN, Basavarajappa C, Gangadhar BN. Telepsychiatry operational guidelines-2020. Bengaluru: NIMHANS Pub; 2020.*
13. *Matias T, Dominski FH, Marks DF. Human needs in COVID-19 isolation. J Health Psychol. 2020;25(7):871–82.*
14 . *Singh Bhandari S, Joseph SJ, Udayasankaran JG, Konthoujam B, Shoib S, Dutta S. Telepsychiatry: a feasible means to bridge the demand–supply gaps in mental health services during and after the COVID-19 pandemic: preliminary experiences from Sikkim state of India. Indian Journal of Psychological Medicine. 2020 Sep;42(5):500-2.*