

# MENTAL HEALTH WORK

I N T H E T I M E O F

# C V I D - 1 9



## FOREWORD

by Gergana Manolova | [GloballyMinded.org](https://GloballyMinded.org) | T @gerganamanolova

As the world is being changed irrevocably by the COVID-19 pandemic, mental health work may yet turn out to be our most important tool in the times to come. What we know, what we practice is desperately needed for all those whose lives are traumatised and upset by the disruption, whose mental health conditions may have been exacerbated, or who feel helpless and let down by everything around them. Add that to the usual workload of patients, who sometimes have prolonged and complex treatment and maintenance needs, along with the heavy toll that the pandemic is taking on medical wards, and the job of the mental health professional becomes a fraught one. I asked mental health professionals around the world to tell us how they are coping in these times and what their observations are on the mental health needs during this pandemic. Here are their answers. I would like to thank the team of the VIPSIG newsletter for the opportunity to do so, and thank Dr Peter Hughes for his valuable contribution in connecting me to colleagues who wished to share their experience. Most importantly, I thank each and every one of them for taking the time and telling us what they felt and thought.

Anonymous, Consultant psychiatrist on a female psychiatric ward, London, UK

**How are you feeling working in the pandemic conditions?**

It is quite anxiety-provoking, especially with the uncertainty about infectiousness and treatment. There is a constant worry about keeping the family safe. Mental health workforce has remained the same, if not fewer with illness and shielding staff, while there has been constant demand on service and it is becoming more and more.

**What is the effect of the pandemic on your mental health work and the patients you see?**

I work in an inpatient unit, we are already seeing an increase in admissions secondary to the isolation from lockdown. We are also seeing impact on professionals who have treated COVID patients in general hospital or intensive treatment units.

**What are the mental health needs that you see brought on by the pandemic?**

Stress and anxiety because of isolation during lockdown, demands on women having to cope with family and work and children at home. For women who live on their own, loneliness is hard.

**What has been your biggest challenge in this situation? What has helped the most?**

I feel government planning didn't have mental health at forefront, hence early days were extremely anxiety-provoking as clear pathway were not there how to procure PPE, when to wear which PPE, how much protection to take at work, what to do with mentally unwell patients who are not able to or refusing to isolate. Additionally, some mental health staff were not able to comprehend the seriousness of the virus, it was difficult to get them on board. And the most important challenge was keeping myself and my family well, managing childcare, managing increased work load and increased work on the home front with less help, no childcare. There were lots of personal challenges. I have been trying to sleep early and switch off before bed watching something on my mobile to distract and unwind. I tried Headspace, but couldn't concentrate as too much was going on. Sharing was helpful, but finding people to share with was a struggle! Reading from reliable sources kept me up to date, also reading some Facebook groups kept me grounded, I could see the perspective of some other women or people who are going through a challenging time.

*"I feel government planning didn't have mental health at forefront."*



Tarisai Bere, Clinical Psychologist, Harare, Zimbabwe

**How are you feeling working in the pandemic conditions?**

It has been really scary because unlike everything we've known before, this pandemic is affecting everyone, including me. It's been quite emotional watching and trying to help not just my patients, but people really close to me like my sister, niece and mentor. They are in the UK, so for them social isolation has meant staying connected with family abroad. Speaking to them and seeing them trying to be strong on video online has been really difficult. You feel helpless.

**What is the effect of the pandemic on your mental health work and the patients you see?**

I've seen a lot of new patients who are struggling with generalized anxiety disorder and depression. More men are seeking help than before. Adolescents are bored stiff with the lockdown and quite a number of them have resorted to alcohol and drug use. The elderly are also very scared, the uncertainty is too much for them.

**What are the mental health needs that you see brought on by the pandemic?**

Fear is causing a lot of anxiety, substance use and depression. A lot of people have been stripped of hope and feel quite helpless. Besides that, a lot of people in my country have lost livelihoods, which means that they can't take care of themselves and families, which continues to bring about fear, worry and thinking too much.

**What has been your biggest challenge in this situation? What has helped the most?**

The biggest challenge for me has been trying to stay strong. I'm not exempt, I am asthmatic and therefore am constantly reminded of how I'm in the vulnerable group. I have had to keep reminding myself of the facts to have the strength to carry on. Having family and very close people getting infected was also difficult. As a psychologist you also want to instill hope but it gets really complicated when you are not even sure when and how the pandemic will continue to affect your country. What has helped me the most is to stay up to date with information and research. I've also given lectures and presentation on the pandemic and preparing the material has forced me to learn more about the virus, which has helped me to be less afraid.

Dr Ehab Khattab, Consultant psychiatrist in learning disabilities, North East London Foundation Trust, UK

**How are you feeling working in the pandemic conditions?**

I feel an acute sense of responsibility for the welfare of my patients. I feel proud in the professionalism, responsiveness and genuine concern over the mental and physical health of shown by all the disciplines within the team I lead. I am truly impressed by the manner in which both the clinical and the operational leaderships in my trust came together to support health care workers and community providers alike.

**What is the effect of the pandemic on your mental health work and the patients you see?**

The rapid switch to virtual clinical work through use of communication technologies was an eye opener. On the other hand, the extensive lists compiled for vulnerable individuals which fed into person centred care plans ironically made us all feel more on top of the needs of our clients even more so than before. Surprisingly, more clients than not seem to be coping well with the dramatic changes in their lives. There was also evident gratitude from clients, families, and community providers towards the team's efforts to support them.

**What are the mental health needs that you see brought on by the pandemic?**

There is evidence that certain client groups have shown an increase in challenging behaviours, perhaps partly induced by the relative social isolation they continue to experience. Other groups appear to feel less stressed by a reduction in the social demands previously put on them. However, it is too early to assess the situation in its totality. We remain vigilant and anticipate a need to step up services as the wider picture becomes clear.

**What has been your biggest challenge in this situation? What has helped the most?**

The biggest challenge was to implement management plans which rely on access to community provisions such as day centres and face-to-face contact. This latter variable continues to prove to be central the field of mental health. Another challenge was to keep abreast of relevant policies and advice amidst an incredible amount of information via emails and social media.

*"Surprisingly, more clients than not seem to be coping well with the dramatic changes in their lives."*

Dr Menna Dakroury, general adult psychiatrist, Egypt

**How are you feeling working in the pandemic conditions?**

At first I was very anxious about leaving home and I didn't go for any face-to-face sessions with my clients, I transferred all my work into telesessions. Then after two months I started again to go to my clinic twice a week and see not more than 3 to 4 clients a day, observing social distancing, wearing masks and washing my hands... Going back to face-to-face work makes me feel anxious every time I go back home, which makes me wash my hands more than once after reaching home, trying to avoid touching my kids for a while, till I feel safe after washing my hands several times.

**What is the effect of the pandemic on your mental health work and the patients you see?**

The pandemic affected my mental health badly, I became more anxious, my sleep is disturbed. I'm always worried about my kids' future and wondering for how long they would be able to survive in these conditions. This affected me very badly at work and many times I found myself losing track of what my client was telling me because I had a negative thought about the world because of COVID-19.

**What are the mental health needs that you see brought on by the pandemic?**

We need to offer mental health services support to the health workers, they are under severe stress. We need to provide huge platforms for telepsychiatry to make it available for each one and safer at the same time.

**What has been your biggest challenge in this situation? What has helped the most?**

My biggest challenge was keeping calm and optimistic because my kids are so young and copying my thoughts and feelings. What helped me that I am living in a family building so I have good social support from my brother and my mum as we all practiced social distancing together, we isolated ourselves from others, so I have people in my life supporting me other than my husband and my kids.

Anonymous, retired Hungarian psychiatrist

**How are you feeling working in the pandemic conditions?**

I have worked for years in disaster situations. Since I was sensitized to similar conditions in the Ebola epidemic, I'm in the privileged position to keep a distance and watch also the opportunities, positive changes brought about by the crisis.

**What is the effect of the pandemic on your mental health work and the patients you see?**

Together with a community mental health team of Semmelweis University I'm attending online conferences where a number of service users participate. Though the crisis caused difficulties in the routine of social and health care, those who are recovering are coping well and when we talk about the crisis-related troubles, stigma attached to those with chronic mental disorders is less.

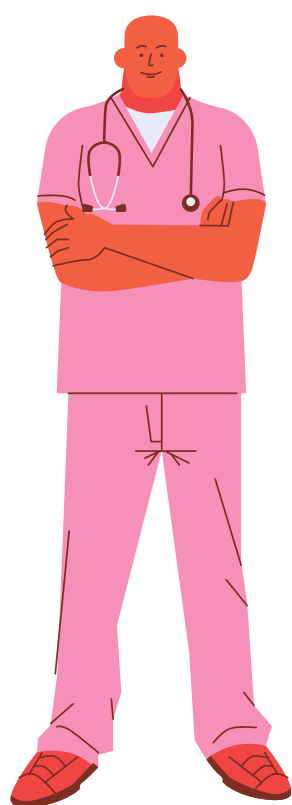
**What are the mental health needs that you see brought on by the pandemic?**

The needs are for simple, practical support - more attention to the psychosocial needs.

**What has been your biggest challenge in this situation? What has helped the most?**

The need for psychosocial first aid - in a proper referral and supervision context is obvious. Apparently, we are more attentive and humbler towards each other. My major challenge is how to learn more from the crisis and how to sustain better care - responsibility in the communities.

*"Stigma attached to those with chronic mental disorders is less."*



Lynn Wroe, senior mental health practitioner/non medical prescribing nurse, Midlands, UK

**How are you feeling working in the pandemic conditions?**

I work in assertive outreach service in mental health in one of the few services remaining, but sadly soon to be disbanded. I feel stressed on occasions, unable to fulfill my role safely and frustrated with managers not appreciating challenges of working in the community and developing a division between inpatient and community staff.

**What is the effect of the pandemic on your mental health work and the patients you see?**

Working with community mental health patients is challenging due to limited direct contact to assess risks, interventions and monitoring. We found huge expectations from carers and carer strain; they need additional support, some with unrealistic expectations, and struggle to accept change to support due to COVID-19 restrictions. For me it is a whole new way of working. The team is fragmented, there is emotional and mental stress at times. We keep team communicating and supporting staff emotional needs too. Staffing is reduced due to shielding and redeployment.

**What are the mental health needs that you see brought on by the pandemic?**

I work with existing clients with schizophrenia, bipolar disorder with additional drug and alcohol problems. Some patients have been totally oblivious to the pandemic and their behaviour hasn't changed. With some others, it has fed into their paranoia and confirmed their delusional beliefs. There is reduction in drug use due to improvement in mental health. Interestingly, also reduction in admissions or crisis. The biggest change is not providing intensive team direct support to patients and highlighting patients can be resilient in managing their needs. Personally there was a shift in how my team is working - introduction of working from home, virtual meetings, returning to having to wear a uniform and being more visible in the community rather than trying to blend in.

**What has been your biggest challenge in this situation? What has helped the most?**

The challenge is overcoming communication challenges when going with patients. When local protocols state telephone support, it is a challenge is the patients do not have them. There is also overplanning by senior managers who have lost sight of what clinicians are doing on the frontline, resulting in introducing unworkable protocols. What has helped is having a fantastic line manager who was realistic, supporting and a great sounding-off board. Also, my depleted team's humour, compassion and dedication to the job of caring for patients.

Dr M Tasdik Hasan, global mental health researcher, Bangladesh

**How are you feeling working in the pandemic conditions?**

I am trying to cope in this changed scenario. Working from home is not a new thing for me but the overwhelming stressors relevant to the pandemic are making everything exceptionally challenging. I often feel stressed and helpless but at the same time when I complete a relevant activity (i.e. contributing in a paper related to COVID-19 & mental health, presenting in a webinar, advocacy activities etc.) I feel content. I assume any relevant contribution is making me happy whilst all regular work assignments are sort of exhausting and tiring considering uncertainty around that project now.

**What is the effect of the pandemic on your mental health work and the patients you see?**

I am deeply affected with uncertainty around the progression of the pandemic and the inconsistent responses from the policy makers of my country. I am having trouble concentrating on anything, altered sleep cycles and anger management is also an issue to me. I am aware and take support when needed. I don't visit patients directly, being a researcher, though in this pandemic I am attending a couple of patients and organizing series of basic stress management workshops mainly for frontline health care workers. They are extremely stressed; clinical depression is evident and many of them are having continuous panic attacks. COVID-19 patients (either recovered or under treatment or isolated) and their families are suffering to a great extent. Many of them have expressed their concerns about financial insecurities in relation to mental health in this hard time.

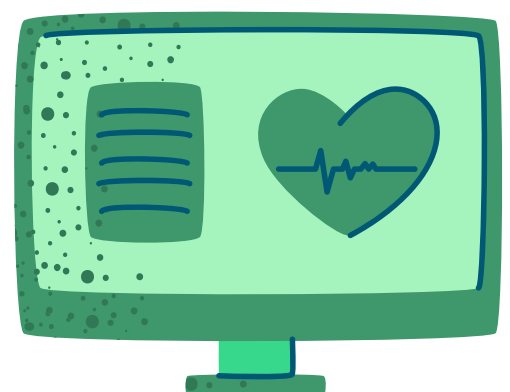
**What are the mental health needs that you see brought on by the pandemic?**

I felt an intense need of remote and periodic stress management strategies with effective delivery of social media-based advocacy materials to teach people on basic signs and symptoms of anxiety, panic attack, suicide, depression etc. and proper (clear and directive) guidance of referral (when to report and where). Psychosocial skills are much needed, to be delivered using mass media, though these need to be culturally adapted and linguistically accepted before dissemination.

**What has been your biggest challenge in this situation? What has helped the most?**

To me the biggest challenge was maintaining a sane state of mind and deciding as per the need of this demanding situation. I considered safety of my family members as the most important priority for me and considering the limited resources available it was (and still is) a big challenge to me to manage the most appropriate health care facility in my locality. I followed only authentic information source relevant to my country and avoided all misleading or unauthentic information. I focused on contribution from my territory of expertise, collaborated distantly and globally for effective contribution. It helped me to get inspiration and kept me going. I think that helped me the most in this pandemic.

*"Psychosocial skills are much needed, to be delivered using mass media, though these need to be culturally adapted and linguistically accepted before dissemination."*



## Dr Peter Hughes, Consultant Psychiatrist, UK

### **How are you feeling working in the pandemic conditions?**

I am working in direct patient contact on a COVID-19 ward. However, I feel more anxious using public transport or walking past people on the street. I have an underlying health condition so I am particularly anxious about my own personal risks. I can't afford to get COVID as it could be fatal. I have seen a few patients with COVID-19 and it is very chilling indeed to hear that COVID-19 cough and wait for the confirmatory swab. Currently the number of cases has decreased but we are nervous about what will happen in the future. In a sense this is the worst part – the uncertainty. I wear a face mask at work constantly which is very uncomfortable. I wonder if it is effective or worth wearing at present when cases seem to be reducing.

I am getting used to this, but every time I hear someone coughing or see someone with a temperature my alarm system fires up. I have sat next to people who went on to have COVID-19 symptoms so feel lucky to have escaped so far. Overall it is something that is hanging over us all. I have worked in epidemic situations before but then I could get a plane and leave - now I can't, as the emergency has landed on my doorstep.

### **What is the effect of the pandemic on your mental health work and the patients you see?**

There is a clear increase of anxiety but also frustration at how things are being set up in the NHS and the conflicting information from government. I have seen the effect of COVID-19 on patients. I have seen the direct reckless disregard of social distancing. There was one poignant assessment of a patient ignoring social distancing. I knew my colleague in the assessment had recently lost one of their family to COVID-19. The patient's behaviour became close and personal and actually dangerous to us. Yet we needed to remain objective and keep our own feelings under wraps. I have also seen cases where COVID-19 has been a precipitant as a trigger to mental ill health as well as compounding factors of lockdown accentuating the emotional state.

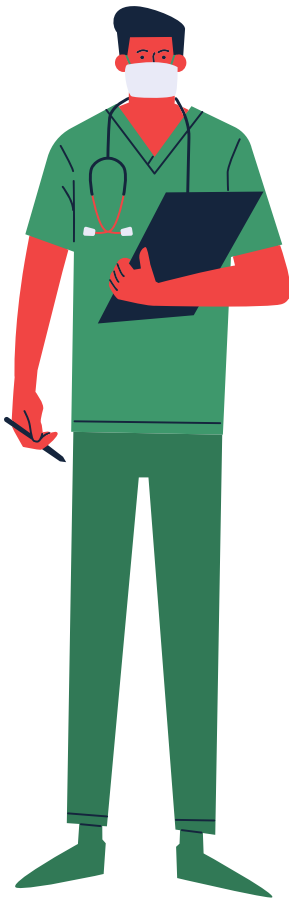
An epidemic/pandemic or natural disaster tend to bring out the best and the worst of people. We see patients managing very well and others that are being admitted with COVID-19 being a trigger. What is surprising is how easily the patients have taken to us staff wearing masks all the time and using video facilities. I am impressed how readily patients agree to have COVID-19 testing. They have also adapted to the rules around visitors and no leave policy surprisingly well. Of course, the cigarette issue remains the biggest stress for people. I spend much time trying to defend the prohibition of leave to smoke.

As well as our patients, I have been reached out to by staff who are feeling very stressed at home in lockdown or shielding. Anxiety levels are high and time for introspection has led to somatic complaints, poor sleep, etc. I have spoken to others in lockdown with relapse of anxiety, obsessive disorder and depression. We are beginning to see psychosis content around COVID-19.

There was a long period of quietness on our ward with the unheard-of empty beds. That has gone now and we are overflowing again. Our patients are worried about being in a close environment with other patients and staff who could have COVID-19. Social distancing cannot readily take place. Acutely unwell people are in hospital already as they are not well enough to be managed in the community. Expecting social distancing is ambitious. [cont'd]

*"Currently the number of cases has decreased but we are nervous about what will happen in the future. In a sense this is the worst part – the uncertainty."*





[cont'd]

**What are the mental health needs that you see brought on by the pandemic?**

We see the anxieties of staff and those in quarantine, somatisation. Of the patients we see that their needs are a bit different in an inpatient setting. We cannot give leave. There are no visitors. Care coordinators do not visit. Home visits are not possible. Even for people to get a change of clothes is a challenge. Everything has become more difficult. There are the usual needs but people are more isolated now and have less social support. Schools have been closed, which creates childcare issues. There is the grief of those who have lost family and been unable to see them in hospital or limited funerals. Patients have been triggered by COVID-19 with relapse of their mental health issues. Substance abuse has decreased a little due to access but some of our patients have remarkable resourcefulness in accessing their drugs when unwell.

**What has been your biggest challenge in this situation? What has helped the most?**

Working on a COVID-19 ward, the challenge has been the huge volume of patients being admitted acutely unwell and trying to manage them. We have had to change our whole way of working to be totally centred around COVID-19. We have had to quickly focus on rapid assessment and work less on longer term plans. Linking with community services has diminished.

A personal challenge has been to keep myself safe. What I have seen is the best coming out in my colleagues on my ward who protect me from risk. I have extra PPE and a proper mask. I can see that the NHS has struggled with these changes. As can happen, some of the staff members of the team have been left out. I made sure that the domestic [cleaning] staff were brought into the discussions. The domestic staff have their own personal health problems and this hadn't really been on the radar before. I really want to make sure that we protect all staff on the ward, including the domestic staff who may be very much a risk group.

What has helped the most is my wonderful ward manager keeping me sane and putting up with me and doing an excellent job to make us fit for working with COVID-19. Having worked in epidemics before did not help particularly. If I could have had one of my infectious diseases colleagues from the Ebola work in West Africa, it would have helped enormously, as infection control is somewhere between science and art. I will never be able to meet their standards and would love their expert overview of our systems. We are now hoping that COVID-19 will be in decline, with London having been a large angry circle of epicentre.

*"There are no visitors. Care coordinators do not visit. Home visits are not possible. Even for people to get a change of clothes is a challenge. Everything has become more difficult."*

## Anonymous, GP in London, UK

### **How are you feeling working in the pandemic conditions?**

As it was starting, I felt something harden inside of me and went into emergency mode, where I have been ever since. The things that became important were basic - food, rest, shelter and trying to get adequate PPE. We did not have adequate PPE so I chased around for six weeks to find some of my own. Working in this pandemic feels like working in other emergency settings I have been in in low-income countries, except this one is more disorganised. I think this may be because the UK is not used to dealing with such emergencies and the health governance and structures are not primed to make a quick response.

### **What is the effect of the pandemic on your mental health work and the patients you see?**

I have noticed a higher level of anxiety and irritability in myself, as well as in colleagues. Some of our anxious patients suddenly feel less anxious as their experience is now mirrored in society, so they feel seen. For others, their anxiety and OCD is worse, especially if it centres around becoming ill or cleaning issues. However, for the most part I feel we are managing more anxiety in our patient population who are frightened of any respiratory symptoms or are frightened of catching COVID-19. About half of a COVID-19 consult is managing anxiety. It hasn't helped that many of our questions centre of how people's breathing is, and as people become more aware of their breath they appear to get more anxious. Another large factor is people's illusions of control are being challenged. Most people appear to believe they have control of their breath, their thoughts, their jobs, their health. Of course, they do not, but many buy into these illusions and gain a sense of agency and meaning through this. This situation has thrown all that up in the air, and as people notice they do not have control over such things, this is challenging their sense of safety, security and control. I have noticed patients are asking questions that we really cannot answer and existential questions about their lives, such as wanting us to tell them if COVID-19 will kill them. They are looking for certainty, which we cannot provide.

### **What are the mental health needs that you see brought on by the pandemic?**

A lot of homeless people have been offered housing temporarily and we are picking up a lot of them. I am noticing that, as they are having their basic security needs taken care of, their mental and physical health problems are now becoming apparent and they may not have seen a doctor for many years. So we are doing what we can to help them, but we also worry about what will happen to them if the accommodation is removed, which it will likely be as they have only been housed to try and reduce the COVID-19 risk on the street.

I am noticing slightly more inter-family stress and violence. I have not noticed an increase in presentations of people already known to services with severe and enduring mental illness, such as those with bipolar disorder or schizophrenia. I have noticed a slight increase in calls from those with more dependent personalities, and I think many people are finding it hard not to have face-to-face, 3-dimensional contact with their GPs. As most things are being done via phone or video calls, this does not necessarily meet the need for human contact that some people require to feel that they have been fully cared for.

### **What has been your biggest challenge in this situation? What has helped the most?**

I think the largest problem comes under the heading of poor management. Changes to the way we operate have not been communicated well and happened in a haphazard fashion. We were not consulted at all, and whilst a central command and control structure tends to work well in emergencies, this requires the people at the top to know what they are doing. I have discovered that those at the top do not know what they are doing, as they have not had to deal with such an emergency before. There are also many organisations with a stake in this which do not necessarily agree on how to cascade a plan. Secondly, evidence suggests that involving ground-level staff in working out how to best deliver the service within the limits provided is the best way to ensure a service runs smoothly, then staff buy into changes and feel empowered. None of this has happened. This has led to poor staff morale and a feeling of not being valued. The Thursday night clapping feels like a slap in the face under these circumstances. Staff in my service have not been risk assessed based on their health and safety to work, and so this is an elephant in the room. Some staff are very stressed about catching COVID-19, others are very relaxed. Social distancing has not been maintained at work, and yet outside we are expected to see no-one, which gives no balance in one's life, and this has been a source of stress for me. The things that have helped are trying to connect with colleagues, not doing overtime, minimising COVID-19 reading to only the essentials, and spending time in nature.





*"People need validation of their anxiety and reassurance that everything will be fine despite all the bad news going around."*

Leslie Melisa, psychiatric resident, Indonesia

**How are you feeling working in the pandemic conditions?**

Honestly, I think it's fine now with all the PPE (personal protective equipment) given to us on the frontline. And since I'm still a junior resident, I don't get to see as many patients with comorbidities or general medical conditions as my seniors do, so that also helps reducing the anxiety. I guess I am just a bit uneasy with having to adapt to the new routine and ever-changing schedule and rotation.

**What is the effect of the pandemic on your mental health work and the patients you see?**

I think it affects me and my patients in many ways. In the first month, we were only allowed to spend only 15 mins face-to-face for each patient, 30 mins max, so it was hard to give proper psychotherapy, especially since we are still in training. So I felt like I wasn't giving my best in my services. Now, it's getting more lenient. The ward and clinic also give limit to the number of patients seen per day, for example at our hospital, the psychiatric ward currently only admits 2 patients (maximum) because all our nurses are transferred to the special unit for handling COVID-19. The clinic only allows 20 patients per day (usually it's 30-40). As for the patients, some of them are very worried about the virus. A patient I saw in the ward was re-admitted because she was stigmatized by her neighbours for having been discharged from the hospital in the week when the news about the virus first came up. Another had conflict with the family because he was annoyed with his family for suspecting him due to him having cough for a few days. Many are also not used to wearing masks in the beginning, and we need to educate or persuade them until they agree to wear the masks. Patients are also afraid to go to hospital regularly. Some request to come every two months in order to reduce their exposure to people and virus. So for patients who are already not compliant with medication, it has become worse. The drug dispense system is also affected. I don't know if it was a common problem before the pandemic, but these months drugs run out quite quickly. We run out of quetiapine, divalproex, and sertraline and it really stresses me out. How are these patients going to be treated if our pharmacies keep running out of drugs?

**What are the mental health needs that you see brought on by the pandemic?**

People need appropriate and comprehensive information regarding the pandemic, its effect on physical health, and quarantine measures. So in a nutshell, they need validation of their anxiety and reassurance that everything will be fine despite all the bad news going around. Due to this pandemic, I don't go to satellite hospitals anymore during my rotation. Instead, I stand in the main hospital's clinic and we also have a new "Best Friend Corner", basically an information centre for families whose member is being cared for at the COVID ward. We also conduct mental health screening to assess their mental health needs (depression, anxiety, PTSD), psychosocial needs assessment, and offer counselling if they show mental distress.

**What has been your biggest challenge in this situation? What has helped the most?**

The challenge: I think it's the sudden change of everything and having to adapt to it. We must be ready for whatever's in store for us the following day, our schedule can change anytime, literally anytime. We are told to go here or there to cover for each other. What has helped the most is that although there's much change in the schedule, we are also given time to rest – I get a day off after each duty day – so I only work 2-3 days per week now. It means a lot of leisure time to catch up on my own study, self-reflection and self-care. It allows me to look back on many things that have happened so far, rethink about the values I hold, and be okay with not being as productive as before.

Shakowath Sharif, psychotherapist and team member of the Psychological Health Club, Bangladesh

**How are you feeling working in the pandemic conditions?**

I think it is the worst time in our lives and I am not working in this pandemic COVID-19 outbreak because it is highly required to maintain physical and social distance. So it is not possible to conduct my sessions face to face, I am trying to provide support over cell phone if someone can seek help from me. Definitely this pandemic has impaired our regular schedule and it is really challenging to maintain our way of living as previously because of financial struggle. It is true that the coming days will be more challenging, if we don't know how we can continue and go back to regular earning. Some invisible threads invite me to become worried but I believe it will over soon. So it really engulfed our lives and made us impaired and life became wore gradually.

**What is the effect of the pandemic on your mental health work and the patients you see?**

I already mentioned now I am not in work because of my own safety from the pandemic outbreak. So I have not been conducting sessions at my place and also my clients are not interested to attend.

**What are the mental health needs that you see brought on by the pandemic?**

It's not time to talk what the pandemic actually brings, I think we need further time and space to understand what it brings in our lives or mentally how much we need to prepare for accepting this challenge, but I believe something is going to happen.

**What has been your biggest challenge in this situation? What has helped the most?**

No one can tell properly how much vulnerability or difficulties may arise in our lives. I believe we need to wait further actions and see what will be the best approach for the well-being of the people all over the world. So this question's answer depends on how much cost we need to pay for our betterment, I can't see it right now but as a mental health provider I personally believe we will be able to achieve skills and competencies for our survival. As for what is helpful for me, it's not just me, it is a constant struggle for everyone to identify which is really needed to get back our wellness, so it is certainly difficult to answer. Time only can help us to say which will be better, I hope tomorrow the world will be more unified and empathetic. Justice need to be more prioritized and humanity and mankind will be a big part in our lives.



*"I think we need further time and space to understand what the pandemic brings in our lives."*

Orest Suvalo, psychiatrist, coordinator in the project "Mental health for Ukraine"

**How are you feeling working in the pandemic conditions?**

Unusual, sometimes uncertain. But in general I feel adapted to the new situation.

**What is the effect of the pandemic on your mental health work and the patients you see?**

In the patients we see increasing anxiety cases and relapses.

**What are the mental health needs that you see brought on by the pandemic?**

There is uncertainty brought increasing the anxiety and lack of coping skills, which underscores the importance of developing supporting skills by all people.

**What has been your biggest challenge in this situation?**

Management of patients' pathways because of changing the hospitals' work has been the biggest challenge.

Hannah Morillo, psychologist, MLAC Psychosocial Services, Inc., currently volunteering in the UK

**How are you feeling working in the pandemic conditions?**

At first, I had to discern whether I could take an additional role of helping and facilitating to provide some therapeutic relief during this time. I already have so much on my plate studying for a master degree abroad with my daughter in such an uncertain and unprecedented time, with everything happening too fast. However, seeing and hearing the plight of fellow Filipinos here in the UK (Filipinos are the third largest group of NHS workers next to British and Indians), especially those who feel unwell or are grieving for diseased family members, I felt more peaceful if I reached out and provided what little help I could. I would say now it feels right to volunteer for this Filipino organization. I feel inspired and more in touch with myself and my core values, even while I am also keeping well. It's feeling connected and being in solidarity with people that somehow helps me go through the challenges of the pandemic. There was recent news in the Philippines that the police (who were strictly patrolling during lockdown) shot a person with schizophrenia because he was apparently loitering — but he was buying food. That deeply distressed me, and it felt like with where I am now, with whatever situation I am in, I can still do my part in my own way. So I am truly thankful that this Filipino group that helps migrants reached out.

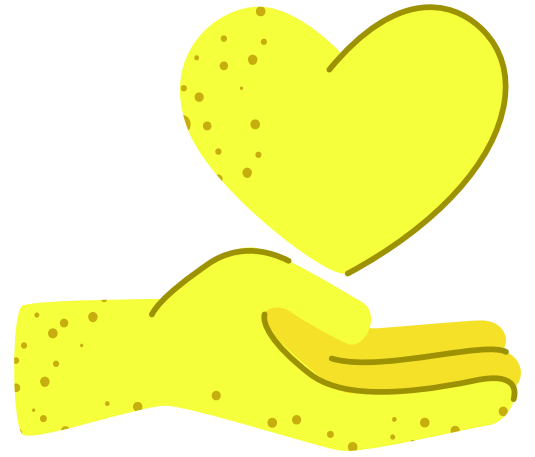
**What is the effect of the pandemic on your mental health work and the patients you see?**

I cannot say for all migrant workers here, but this is also from anecdotal observations back home as well — there is a lot of grief, not only from diseased immediate family members, but a collective one as well. The range of adjustments happens to every family member, across different age groups. The Philippines is a familial society and this puts a strain on relationships; boundaries within the family are being challenged too. For migrant workers, against the backdrop of this pandemic there is the anxiety of not being able to send money to family in the Philippines. Insecure working arrangements also cause anxiety as businesses and informal industries are halted. Anxiety is another overriding feeling, from not feeling or being in control, from the uncertainties brought on by the chain of events since the drastic lockdown. Political instability and indecisiveness affect people's livelihoods (there are no economic safety nets and livelihood options, other than inconsistent relief packages) as well as their mental health (the political atmosphere has been distressing to people across SES). Physical distancing may be seen as a "luxury" in our country as the people who live in cramped spaces cannot really afford to distance, or those who don't have access to a sanitary environment could not do much about their hygiene. I think people who come from this group already feel insecure economically and socially and this pandemic has heightens this feeling. They are at a loss for what to do, what to eat the next day. [cont'd]



*"There is a lot of grief, not only from diseased immediate family members, but a collective one as well."*

*"I think that more preventative approaches to mental ill-health should be pushed more, such as responsive parenting or how to handle households."*



[cont'd]

The health system also cannot cope with and handle the cases, so even if the person comes from a higher socioeconomic status, the fear and insecurity of getting treatment are there. We see exacerbation of existing mental health problems — distressing domestic situations impinging on current COVID-19-related stressors. Abuse of any form happens domestically as more family members feel less in control of the situations they are in, they tend to take it out on children or more vulnerable members of the family. There are heightened depressive, anxious feelings. People have different reactions to various experiences of stress. Sometimes people would also rather keep to themselves. On my own mental health — it is difficult to focus on academic work as it feels abstract and trivial compared to the urgency of the events of the pandemic and the tangible support I could give others. There were a lot of questions, feelings of insecurity as I am in another country. I myself lost an aunt based in New York who was a key worker. It took me some time to be able to get back to a more productive routine.

**What are the mental health needs that you see brought on by the pandemic?**

I think we still need to de-stigmatise the importance of mental health and help-seeking. In my experience here, even if the free services are there, stigma is a huge barrier to getting help. Stronger support to safeguard core institutions like the family, schools, should be in place. Some families cannot stand spending so much time together, and some even feel awkward to be around each other all the time. I think that more preventative approaches to mental ill-health should be pushed more, such as responsive parenting or how to handle households. I think that metrics that incorporate mental health in other aspects of daily living, such as livelihood/employment, should be incorporated. It's not all about productivity, because as we can see, mental ill-health can mitigate productivity.

**What has been your biggest challenge in this situation? What has helped the most?**

The challenge is stigma. It is challenging to reach out to people who may need psychosocial support but resist it or are afraid their employers might put this on record. It is also difficult to provide more than psychosocial support if the needs stem from economic security or other forms of social securities. (For example, how can I help someone who has been stressing on how to send money to family members in the Philippines? Or how can I alleviate the stress of someone who fears they could be homeless and out of options to support themselves?) What has helped: being able to reach out to people who are willing to help and be helped. Utilising communication and technology has been extremely helpful as well. Some services are coursed through mobile phone and the option to go via internet or phone broadens the access and service.

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