

RELAPSE OF PSYCHIATRIC PATIENTS DURING COVID-19 PANDEMIC

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Abstract

Relapse is a highly burdensome phenomenon in mental health care as it creates distress not only in the individual but also in the family and society. Therefore, detecting factors that are potential to develop relapse and the management measures for a psychiatric patient after relapse are very much important. The study was carried out to know whether different types of psychiatric patients were experiencing relapse due to the outbreak of the COVID-19 pandemic. A survey with telephonic interviews was conducted with 55 mental health professionals of Bangladesh. A total of 250 psychiatric patients' information was collected. It was found that 56.40% of them relapsed after outbreak of the COVID-19 and most of them were females and young adult patients. Patients reported of suffering from anxiety disorders, depressive disorders, and obsessive-compulsive disorders before the COVID-19 relapsed more than the other disorders. The most reported causes of their relapse were fear of having COVID-19, feeling frightened and anxious due to uncertainty in the COVID-19 situation, feeling depressed due to social isolation and adjustment problems, and conflicts with family members. Relapsed patients had taken services mostly through telemedicine and tele-counseling rather than face-to-face services. Recommendations to the management of relapse of psychiatric patients in a pandemic based on the results of the study are discussed.

Introduction

Relapse refers to a return of symptoms after a period of improvement or recovery. It is the recurrence of a disease or disorder following an apparent cure or improvement of said condition. Relapse in mental illness has several consequences including worsening of the symptoms, diminished functioning, cognitive decline, and decreased quality of life for the patients⁽¹⁾. It is a very common problem in the mental health field; hence, it is critical for the management of psychiatric illnesses. Relapse in psychiatric disorders is highly distressing and imposes a huge burden on the patients, family members, and society due to its serious physical, social, and economic consequences⁽²⁾. It is one of the most important barriers to the recovery and rehabilitation of psychiatric patients leading to social stigma, high cost of treatments, and a decline in functionality both for patients and their families⁽³⁾.

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Adult patients with mental health problems generally relapse every year due to recurrent experiences of stress or biological vulnerabilities. There have been several factors including stress, isolation from others, non-compliance with medication, attending psychotherapy sessions intermittently, prior relapse and hospitalization, patients' insight, and lack of self-care increase the relapse of psychiatric patients⁽⁴⁾. Unfortunately, people all over the world are going through a lot of uncertainty and stress due to the impacts of the pandemic of COVID-19 since its first detection in November 2019. The pandemic has changed everyone's normal life and affected all of us in many different ways. It has increased our psychological stress quite highly, as many of us have lost or got separated from our loved ones, lost our freedom to go outside easily, lost jobs, experienced great uncertainty about our future, and so on⁽⁵⁾. Studies showed that 25% to 75% of the general population reported a significant amount of signs and symptoms of fear and anxiety of contracting COVID-19⁽⁶⁾. In addition to the fear of contacting the virus, studies from all over the world showed that people have already faced different mental health problems, like anger, fear, anxiety, depression, panic attacks, phobia, worry, and sleep disturbances because of the lockdown, quarantine, and other social isolation rules imposed during COVID-19 pandemic^(5,7).

The majority of the people in the world are maintaining social isolation and in many cases living alone during the COVID-19 pandemic despite being disconnected from their significant others, being stressed and anxious about getting infected, losing jobs, financial crises, etc. have placed all of us at a higher risk to experience depression, anxiety, and other psychological reactions^(5,8). According to Gerst-Emerson and Jayawardhana⁽⁹⁾ social isolation is a "serious public health concern" and is known to have the potential to increase the risk of adverse mental health outcomes. In addition to social isolation, the other emotional reactions being experienced by people are extremely potential to be reasons for relapse in people who are under the management phase of their mental health conditions.

Besides the physical health-related services, global attention has been predominantly concentrated on the emotional disturbances of COVID-19 infected patients, frontline health care workers, and the general population⁽¹⁰⁾. However, previous studies showed that pre-existing psychiatric illness(es) is a risk factor for later development of post-traumatic stress disorder (PTSD), depression, anxiety, illness exacerbation, and relapse of psychiatric patients after a disaster⁽¹¹⁾. It can be assumed easily that those people who already had mental health disorders are, therefore, posed a higher risk of deterioration in the level of symptoms or relapse during the pandemic^(12,13). Study from India found that 30% of patients who were previously diagnosed with severe mental illnesses showed features of relapse during the lockdown⁽¹⁴⁾. Another study reported relapse in cases of psychiatric patients because of isolation due to quarantine for COVID-19⁽¹⁵⁾.

It is easily understandable that any psychiatric illness puts a large burden on the patients' families as well as on society⁽¹⁶⁾. The potential consequences due to these relapses, contribute to extra pressures on the already burdened health system and social

service systems to a great deal⁽¹⁷⁾. Resource-poor developing countries of the world are at higher risk of experiencing such a burden than the developed countries during any disaster, let alone during a pandemic⁽¹⁸⁾. The COVID-19 virus has spread to more than 200 countries all over the world within few weeks and the detection of the first case of COVID-19 in Bangladesh was reported on 8th March 2020. Studies have mainly been carried out regarding the impact of COVID-19 on the mental health of the general population, and the specific workers (e.g. teachers or laborers)^(19,20). However, little is known about the previously identified psychiatric patients during the pandemic.

Our main objective of the study was to find out if psychiatric patients in a developing country have experienced relapse due to the outbreak of the COVID-19 situation. We had two specific objectives. First, to know the type of mental health services were taken by the patients who had experienced relapse in the Covid-19 pandemic; and second, to gather suggestions for the management of the relapse of psychiatric patients in COVID-19 situation or any future epidemic or disaster. From the professionals, we conducted a survey with the mental health professionals of Bangladesh through telephone interviews.

Materials and Methods

For the telephonic survey, a total of 95 mental health professionals across the country were approached and among them, 55 (10 psychiatrists, 22 clinical psychologists, and 23 assistant clinical psychologists) provided verbal consent to participate. In this paper, we have mentioned clinical psychologists and assistant clinical psychologists as psychotherapists. Most of the professionals were from Dhaka and others were from Chattogram, Rajshahi, Rangpur, Faridpur, and Gopalganj. Prior to contacting the professionals, we had ethical clearance from the Ethical Review Committee of the Department of Clinical Psychology, University of Dhaka (Ref ID: IR200601). Then we attempted to communicate with the mental health professionals working directly with psychiatric patients in different divisions of Bangladesh. We had built a database on the contact numbers of the aforementioned mental health professionals from different organizations. We collected their contact numbers from the websites of their institutions, yellow pages, and co-workers of those professionals. When we could contact mental health professionals, we had ourselves orientated them about the survey and sought their consent to take part in the survey. Those who had given verbal consent to participate in the study were then interviewed following the questionnaire over the telephone conversation. Data were collected from July 15 to August 31, 2020.

A 13-item semi-structured questionnaire consisting of both closed and open-ended questions about relapse of psychiatric patients during the COVID-19 pandemic was developed through searching the literature on relapse of such patients in the present pandemic and previous epidemics^(8,12). Information was collected on whether mental health professionals had treated any psychiatric patients who had relapsed during the COVID-19 pandemic, if so, then how many relapsed patients, information related to the

patients' demographics, mental health services they had provided, possible causes of relapse mentioned by the patients and their caregivers and possible ways to the management of relapse of psychiatric patients during the current and future pandemic or disaster.

Statistical analysis: The collected information of the study was analyzed with Microsoft Excel. A case-wise database was created for each patient. Demographic variables (e.g., age, sex, marital status, etc.), diagnosis, and causes of the relapse mentioned by the patients to the mental health professionals have been collected. After that, we categorized the causes of relapse of psychiatric patients by creating a few new variables (e.g., fear of being contaminated by COVID-19, fear of dying from COVID-19, feeling anxious and fearful, feeling stuck due to lockdown and quarantine, etc.). For the statistics of service received by psychiatric patients after relapse, we combined the information collected from the psychiatrists and psychotherapists. Recommendations for the management of relapse of psychiatric patients provided by the mental health professionals were recorded and categorized by creating a few new variables such as recommendations to patients, mental health professionals, organizations, and the government.

Results and Discussion

Demographic profile of the relapsed patients: By interviewing the mental health professionals, information on a total of 250 psychiatric patients was collected. Among those, 149 were relapsed patients in where 56.40 % ($N = 141$) patients relapsed due to reasons related to the COVID-19 outbreak, and 3.2% ($N = 8$) patients relapsed due to other reasons not related to the COVID-19 pandemic. There were 60 (40.27%) male and 89 (59.73%) female patients, who were within various age ranges, 25 (16.78%) from 1-17 years, 39 (26.18%) from 18-27 years, 52 (34.90%) from 28-37 years, 30 (20.13%) from 38-57 years and 3 (2.01%) from 58- 78 years respectively. There were 71 (48.60%) married patients, 69 (47.30%) unmarried patients, and 6 (4.10%) patients who were divorced, separated, and widowed. Among the adult patients, 58 (40.56%) patients were having children and 85 (59.44%) did not have any children.

Problems patients suffer before and after the COVID-19 period: Based on the professionals' reports it was found that most of the patients who relapsed during the COVID-19 pandemic were suffering from various types of anxiety disorders ($N= 56$, 37.58%), followed by depressive disorders ($N=35$, 23.49%), obsessive-compulsive and related disorders ($N=22$, 14.77%), schizophrenia spectrum and other psychotic disorders ($N=8$, 5.37%), bipolar and related disorders ($N=7$, 4.70%), personality disorders ($N=6$, 4.03%), substance-related and addictive disorders ($N=5$, 3.36%), somatic symptoms and related disorders ($N=4$, 2.68%), trauma and stressor-related disorders ($N=2$, 1.34%), autism spectrum disorder ($N=2$, 1.34%), and attention deficit hyperactivity disorder ($N=2$, 1.34%), before the COVID-19 outbreak. Only a few of the patients ($N = 3$, 2.01%) were reported to

develop some comorbid disorders (major depressive disorder, panic disorder) along with previous problems (panic disorder, major depressive disorder, obsessive-compulsive disorder) after their relapse.

Causes of the relapse of psychiatric patients: We collected the information on the causes of relapse which were stated by the psychiatric patients themselves and/or by their caregivers and conveyed to us by the mental health professionals. It was found that most of the patients relapsed after the COVID-19 outbreak and resulted restrictions. Their specific causes of the relapse are shown in Fig. 1 with the percentage.

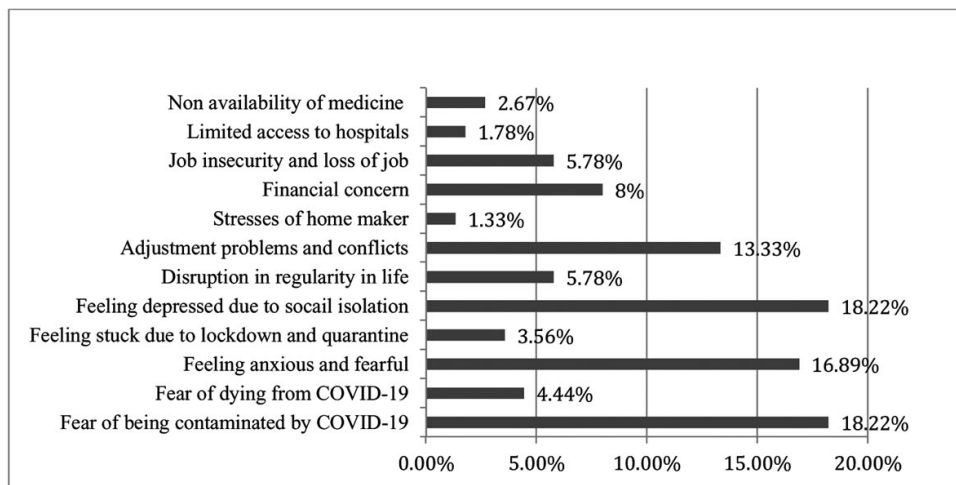


Fig. 1. The percentage of the causes of relapse.

Services received by the psychiatric patients: It was found that 36.24% and 63.76% of relapsed patients sought services from psychiatrists and psychotherapists respectively. The mental health professionals also reported that 49 (32.88%) patients had taken their services through direct telephone calls, 73 (49.00%) through some internet-based applications (e.g. WhatsApp, Viber, Skype, Zoom, etc.), and the rest 27 (18.12%) patients through face-to-face services after their release during the COVID-19 pandemic.

Professionals' recommendations on the management of relapse of psychiatric patients: The mental health professionals provided their expert opinions regarding the minimization of the chances of relapse and the management of psychiatric patients in the COVID-19 pandemic or in any future epidemic situation or disaster. Their opinions were categorized as recommendations for treatment and management of psychiatric patients in a restricted situation. Their main suggestions were to regain the self-management practices by reviewing the previously learned coping strategies, maintaining a healthy lifestyle, increasing the number of support systems (both social and service based) along with maintaining follow-up sessions with mental health professionals. The participating professionals' suggestions included for the mental health professionals who will treat

psychiatric patients as well. Those were like, getting prepared to deal with patients in such unprecedented situations as quickly as possible, making psycho-education materials on relapse issues both for patients and their caregivers, arrangement of online training and group psychotherapy for patients, finding ways to stay in-touch with the patients, and creating provision of online and telehealth services if face-to-face services are not possible. They had suggested few steps for the hospitals or organizations dealt with psychiatric cases as well, the hospitals and organizations needing to keep some provision of visits to the hospitals by the acute and chronic psychiatric patients, the clinics or hospitals need to try to reach out the cases with their previously enlisted patients along with current list of patients and can provide necessary information on management of relapse, creating easy-to-reach outlets for accessing psychiatric medicines and keeping psychotherapy services available; so therefore, patients and their caregivers feel that there are continuous supports available. Finally, our participant professionals mentioned that the government can work easily to develop awareness in the patients and their caregivers about the management of psychiatric problems in a disaster by disseminating information through all sorts of medias, for instance, print and electronic media, online portals, social media, and build collaborations with organizations to take necessary actions for the management of the psychiatric patients in crisis situations.

The study aimed to survey the relapse of psychiatric patients during the COVID-19 pandemic in a developing country's context. Therefore, it was conducted in Bangladesh, a country with low availability of health services for all sorts of health and mental health illnesses. In this study, it was found that most psychiatric patients relapsed due to the COVID-19 outbreak. Female patients relapsed more covering almost two-thirds of the relapsed patients and young adult patients relapsed more than the other patients. Young people might be quite anxious about their job and study-related issues due to the uncertainty of COVID-19. Another reason might be young people are more technologically oriented. On the other hand, older people need to get technological support from others; therefore, the reported number of relapses of those older patients might be less. Many of those relapsed patients have their children. Therefore, it is assumed that due to relapse those patients might not be able to look after their children properly and it might create extra pressure for other family members to look after those children besides taking care of those relapsed patients in the pandemic situation⁽²¹⁾.

Patients with anxiety disorders, depressive disorders, and obsessive-compulsive and related disorders relapsed more than the other patients which had been reflected in the causes of relapse in psychiatric patients. The causes of fear of being contaminated by COVID-19, feeling anxious and fearful due to uncertainty in the COVID-19 situation, feeling depressed for being disconnected by the social isolation, and the adjustment problems and conflicts with family members during the COVID-19 situation cover two-thirds of the causes of relapse. A study conducted in India found similar types of causes of relapse in psychiatric patients⁽¹³⁾. Interestingly, some of the causes of relapse such as an increase in stress of homemakers were connected with the female patients while the

cause of financial concern was more connected with the male patients. It might need to be explored in future research.

Psychiatric relapsed patients received services from psychiatrists and psychotherapists as well. Relapsed patients have mostly been taken services through telemedicine and online psychotherapy from mental health professionals as face-to-face mental health services have been hampered due to the COVID-19 pandemic. Therefore, we are concerned about telemedicine and online-based psychotherapy as study showed 85% of clinicians in Bangladesh have never provided tele-mental health services to their patients⁽²²⁾. It is recommended that mental health professionals need to be skilled with technology, about online services along with different online training regarding this issue for the betterment of those relapsed patients.

People with chronic mental health illnesses, who probably were maintaining their mental well-being by doing various activities, like, physical, psychological, and/or social activities were more susceptible to relapse and worsening of their conditions because of the continuous confinement at home, increased loneliness, and despair decreased access of regular visits and follow-up at the psychiatric hospitals due to the restrictions of COVID-19 pandemic⁽²³⁾. Recommendations from mental health professionals on the management of relapse in psychiatric patients are similar to other studies^(24,25). Banerjee⁽⁷⁾ suggested that the role of mental health professionals during a pandemic situation such as COVID-19 should include (i) educating individuals about the common adverse psychological consequences, (ii) encouraging health-promoting behaviors among individuals, (iii) integrating available healthcare services, (iv) facilitate problem-solving, (v) empowering patients, their families, and health-care providers, and (vi) promoting self-care among health-care providers. Therefore, it can be said that mental health professionals along with hospitals' authorities and government might take necessary steps to help the relapsed patients so that relapse of psychiatric patients can be managed and might not make any burden to the health care system during this pandemic situation or any future disaster.

Limitations and Conclusions: There were some limitations of the study. We did not communicate directly with those relapsed patients. We did not collect the demographic information on the occupation of those relapsed patients, which might help us to know whether most of the relapsed female patients were housewives or job holders, or both. Another limitation was that it was not possible to collect information about the effectiveness of telemedicine and online-based psychotherapy services provided by mental health professionals.

The findings of the study will help to create effective action plans to address the relapse issues of psychiatric patients during this pandemic as well as any future epidemic and/or disaster and thereby help those patients. Further research with patients directly to understand the causes and effective intervention is better recommended.

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