Acta Med. Nagasaki 64: 69－70

Letter to the Editor

A local report of a psychiatric intervention at a COVID-19 clinical site: an intervention for patients and front-line medical staff

Yusuke Matsuzaka[1], Shinji Kanegae[1], Hirohisa Kinoshita[2], Akira Imamura[1,3], Hiroki Ozawa[1,4]

[1] Department of Neuropsychiatry, Nagasaki University Hospital
[2] Center for Health and Community Medicine, Nagasaki University
[3] Child and Adolescent Psychiatry Community Partnership Unit, Nagasaki University Hospital
[4] Department of Neuropsychiatry, Nagasaki University Graduate School of Biomedical Sciences

The novel coronavirus (COVID-19) has become widespread throughout the world. In Nagasaki Prefecture in Japan, there were only 17 recorded patients until April 20, 2020. However, the first COVID-19-positive patient was found on a foreign cruise ship anchored off of the Nagasaki coast on April 21, 2020, and by April 23, 149 out of 623 foreign crew members had been confirmed infected. This posed a serious threat of the spread of the infection to both citizens and front-line medical staff. As psychiatrists working at a general hospital, we were committed to the psychiatric care of patients and front-line staff. Here we report our observations and insights.

First, electronic devices were very useful for providing mental health care to infected and quarantined patients.[1] Although we, as psychiatrists, sometimes entered a patient's room to talk with them in person, it was more often the case that we spoke with patients virtually, over video calls. Patients might have felt anxious talking to people, even medical staff, wearing masks and face shields, so being able to show our faces on a video call likely helped to reduce patients' anxiety. Electronic devices were also useful for patients to communicate with their family and friends from the ward. This may have helped reduce their stress during quarantine.[2] Moreover, these tele-interventions may have reduced the spread of disease by decreasing the number of staff who needed to enter the patient's room. Additionally, there were some foreign patients admitted from the cruise ship who spoke different native languages. In these cases, pocket translator devices were very useful for communicating with them.

Second, we found that psychiatrists could help by providing mental health care to front-line medical staff. During this period, we observed that front-line medical staff appeared stressed, nervous, and slightly agitated. Especially, when patients with severe symptoms were admitted, we observed that the staff's stress levels quickly and greatly increased. Caring for COVID-19 patients required staff members from many departments to collaborate, including receiving education of infection protection protocols. However, working with unfamiliar colleagues was an additional stressor for many staff members. After the spread of the infection wassuppressed, it seemed that many staff members were experiencing feelings of burnout and decreased motivation.

Medical staff experienced a variety of stressors throughout this period. They suffered from the fear of being infected and infecting others, negative emotions toward patients, and additional feelings of stress and anxiety, similar to workers all over the world.[3] Thus we provided various interventions to medical staff, as well as patients. We provided daily onsite stretching periods to encourage relaxation and pre- and post-shift questionnaires to facilitate mentally self-monitoring. Because this situation is similar to that experienced by disaster responders, we explained to medical staff about the physical and mental reactions that can occur to responders and methods

Address correspondence: Hiroki Ozawa, Department of Neuropsychiatry, Nagasaki University Graduate School of Biomedical Sciences
Postal code: 852-8501, 1-7-1 Sakamoto, Nagasaki, Japan
TEL: +81-95-819-7293, FAX: +81-95-819-7296, E-mail: ozawa07@nagasaki-u.ac.jp

Received July 21, 2020; Accepted July 28, 2020

of self-care and stress management.[4] We hoped this would help improve their feelings of nervousness and assist them in becoming familiar with a new work setting and expectations in a short period of time. We often visited the ward and talked to front-line staff about various topics, including pharmacotherapy for insomnia and delirium, and daily life stressors. This type of continuous communication may have helped reduce their stress. Although excessive intervention might have been stressful for the staff, we sought to strike a balance, and ensure that they knew we were available for care if needed.[5] We observed that maintaining moderate psychological distance from front-line staff may be important for psychiatrists.

Finally, our hospital cooperated with the Nagasaki Prefecture Government and the Government of Japan to assess and treat crew members. Before the COVID-19 outbreak, our disaster psychiatric assistance team (DPAT) supported disaster survivors. These previous experiences aided us in our support role during the COVID-19 outbreak. The differences, as they relate to mental health care, between normal disasters and the COVID-19 outbreak include: (1) during a typical disaster, it is necessary to move to a safe place to first ensure safety, but there is no safe place in the COVID-19 outbreak; and (2) typical disasters occur over a relatively short time period, but it is not known when the COVID-19 outbreak will end. Therefore, to support COVID-19 patients and their front-line supporters, in addition to the usual trauma care during a disaster, it is necessary to address the anxiety that arises from the unpredictable nature of this situation.

Except ship crew, no new patient occurred in Nagasaki Prefecture from April 18 until the end of June 2020. We may have contributed to the activities of our hospital that have prevented the spread of COVID-19 and the collapse of medical care in Nagasaki.

Acknowledgements

We thank to all medical staff working at front-line of COVID-19 treatment in Nagasaki University Hospital.

References

1. Liu S, Yang L, Zhang C et al. Online mental health services in China during the COVID-19 outbreak. *The lancet. Psychiatry* 2020; 7: e17-e18.
2. Brooks SK, Webster RK, Smith LE et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet (London, England)* 2020; 395: 912-920.
3. Walton M, Murray E, Christian MD. Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. European heart journal. *Acute cardiovascular care* 2020; 9: 241-247.
4. Takahashi S, Takagi Y, Fukuo Y, Arai T, Watari M, Tachikawa H. Acute Mental Health Needs Duration during Major Disasters: A Phenomenological Experience of Disaster Psychiatric Assistance Teams (DPATs) in Japan. *International journal of environmental research and public health* 2020; 17.
5. Chen Q, Liang M, Li Y et al. Mental health care for medical staff in China during the COVID-19 outbreak. *The lancet. Psychiatry* 2020; 7: e15-e16.