EFFECTS OF COVID-19 PANDEMIC ON MENTAL HEALTH CARE INSTITUTIONS - A COMPARISON OF EUROPE AND INDIA

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Dear editor,

Effects of COVID-19 pandemic on mental health care institutions are less studied worldwide. Large scale survey has been done in the European region by WHO, but not in Asia. Even in India, very few studies are available. To identify, analyse, and explain the regional similarities and differences; we aimed to compare the studies on the topic in Europe and India. The literature was searched in PubMed and Google databases in August 2021. The WHO survey was selected as a European sample. 4 government/institutional documents (guideline/advisory), and 4 PubMed articles were found in India. These 4 PubMed Articles were selected as an Indian sample.

WHO did an online survey in a convenient sample of 169 long-stay institutions from 23 countries in Europe to assess the impact of the COVID-19 pandemic on the services, service users, staff, and residents with psychosocial and intellectual disabilities. Psychiatric hospitals, care homes, and other mental health care settings participated in the survey. Its quantitative section comprised of questions on communication, infection prevention and control, delivery of care, impact on staff and service users/residents; and the qualitative section contained respondent's narrative (World Health Organization 2020).

Few institutions suffered an outbreak of the disease, and preventive measures strained the overstretched systems. Social care homes were happy with the information but staff reported fewer discharges, more restrictions, and workload (World Health Organization 2020).

In the quantitative section, more than two-thirds reported good communication regarding COVID-19 related information, optimum infection prevention and control measures, proper health care delivery to COVID-19 patients, reduced mental health care services, new challenges among patients, and staff. Around half reported increased restriction, and problems with securing enough staff (World Health Organization 2020).

In the qualitative section of communication; respondents felt the need for clear information, adapted information, human resources, translated information, visual information, explanation (quarantine, visits, protective equipment), and technology use. In the infection prevention and control section; lack of personal protective equipment, isolation, doctors, nurses, socialization, and organizing service users was reported. In the delivery of care section; lack of staff, work

refusal, problems with service users, interrupted educational and therapeutic services, and extra responsibility on the medical staff of care homes were reported. In impact on staff and residents section; behavioural problems, disrupted routine, limited human resources, and lack of psychosocial support was reported (World Health Organization 2020).

In India, NIMHANS published an update, AIIMS a monograph, MOHFW a guideline, and the National human rights commission an advisory on mental health.

A NIMHANS study report decreased bed occupancy, emergency services utilization, admissions; and increased discharges with the advice of medications, follow-up, and some referral. The utilization of district mental health program and telepsychiatry services was increased (Chithra et al. 2020).

Another NIMHANS study reported that HCWs and the treating team received telemedicine training for COVID-19 pandemic and mental health. Emphasis was given on standard operating procedure, risk mitigation, containment measures to prevent clustering and outbreak (Ganjekar et al. 2021).

A study from the private sector of India reported reduced revenue, hampered psychiatry services, and problems in modifying the psychological treatment. Mental health problems were found in people and healthcare workers. Mental health professionals provided clinical care, increased awareness, and addressed myths. Tele-consultation services were increased (Grover et al. 2020).

Another study from a palliative care centre found stress-related adjustment disorder to be a common problem. Despite challenges, patients and staff positive for SARS-CoV-2 were provided psycho-oncology services. Most did not need psychotropic medications except some. Psychological interventions benefited many patients. The reason for the referral was increased psychological problems. Common stressors and challenges in psychological interventions were reported. Patients decreased during the initial lockdown period and pandemic peak. Command centre development, clinical protocol making, and staff training were the steps taken by the institution. The bed occupancy rate and cancer care were decreased (Mukherjee et al. 2021).

WHO survey is from a representative sample of Europe, while Indian studies are institutional or private sector-based. Institution-based mental health services decreased, while telepsychiatry services increased at both places. DMHP services increased in India. Good communication is reported in Europe along with the felt need for further improvement. No such data is available in India. Optimum infection prevention and control measures were reported along with the felt need for further improvement at both places. Despite many challenges, health care delivery was proper at both places. A psychosocial impact on staff and residents was found at both places. There was staff deficiency in Europe, but no such data is available in India. The staff of social care homes reported burden in Europe, but no such data is available in India.

The above comparison shows that the data of COVID-19 pandemic impact on communication, staff and residents, and

social care homes are deficient in India. Data on care homes, deaf, blind, multiple disabilities in institutional settings are scarce in India. This might be due to regional differences in the practice of mental health care, overlooked issues, or evolving research. Future researches should focus on these important yet missed aspects to fill the knowledge gap.

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