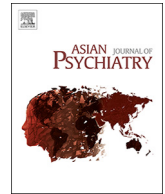




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Letter to the Editor

COVID-19, a pandemic that affects more than just physical health: Two case reports



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1. Introduction

In December 2019, an outbreak of a novel coronavirus pneumonia originated from Wuhan, China. Since then, the disease had spread beyond its borders prompting the Chinese government to embark on mammoth quarantine efforts after its declaration as a pandemic. The first case of COVID-19 in Singapore was reported on 23rd January 2020 by the Ministry of Health (MOH), Singapore (The Straits Times, 2020a). Singapore is using the Disease Outbreak Response System Condition (DORSCON), which is a 4 color-coded framework (Green, Yellow, Orange and Red) to monitor the current situation (Ministry of Health Singapore, 2019). The alert was raised to Orange on 7th February 2020 and still remains so at present. Quoting our Prime Minister Lee Hsien Loong, who reminded citizens that fear and anxiety are natural human reactions, especially in a new situation like this pandemic (Channel News Asia, 2020a). In 2003, during the Severe Acute Respiratory Syndrome (SARS) outbreak globally, it had caused fear and anxiety throughout many communities in the world including Singapore. The effective containment of public anxiety and its re-direction into a constructive force for community cohesion and action was one of the most vital features of the Singapore SARS experience (Tan, 2006). With the numbers of infected and related deaths up trending globally, health professionals around the globe are racing against time to grapple with the pandemic. As a global health pandemic, the impact of the medical condition on the people, and society's response to the pandemic can affect the individual's mental health (Tandon, 2020). The true psychological impact of this illness may only surface months to years later after it is contained.

1.1. Well individuals become mentally unwell during pandemic

A recent report of 1210 respondents done in China during COVID-19 revealed that about a third reported moderate to severe anxiety and 53 % of the respondents rate the overall psychological impact of the outbreak to be moderate to severe as well (Wang et al., 2020). While in quarantine, there may be loss of freedom, separation from significant others, ambiguity over the disease status, and this causes the individual to feel anger (Brooks et al., 2020). During the SARS crisis, a study done in Hong Kong 30 months after the crisis resolved found that Hong Kong SARS survivors suffered from long-term psychiatric morbidity, which included Post Traumatic Stress Disorders and Depressive Disorders

(Mak et al., 2009). Therefore, we should be vigilant in surveillance of mental health issues that may arise from the survivors who were infected with COVID-19. It has been reported in India that the concern of being infected by COVID-19 was so immense that it drove people to attempt suicide (Sahoo et al., 2020). The Singapore Government had set up a 24 h "National Care Hotline" (The Straits Times, 2020b) manned by volunteers to help individuals of the public who are experiencing fear and anxiety because of the pandemic. Non-Governmental Organizations had also joined in to assist by opening online counselling portals for individuals (Channel News Asia, 2020b). Anxiety can be a destructive factor if not handled adequately and timely, and patients with anxiety may potentially start to overwhelm mental health services.

1.2. Keeping mental health patients well during pandemic

Patient's with pre-existing mental health conditions might also suffer from a relapse during a pandemic. Therefore, it is important for mental health patients to be self-aware and identify early relapse signs of becoming mentally unwell. With the increased and strict social distancing protocols, the individual might find it difficult to acquire immediate psychological help during this period of crisis. Psychological approaches such as Cognitive Behaviour Therapy, Mindfulness-Based Therapy, and relaxation methods such as Deep Breathing and Progressive Muscle Relaxation should be made readily available on necessary platforms.

Best practice guidelines regarding to role of using technology in delivering Psychiatric care are published by the American Telemedicine Association and the American Psychiatric Association (Doarn, 2018). Mental health professionals should proactively adopt the use of telemedicine during this pandemic which has benefits for both parties, and importantly, to avoid disruption in continuity of care for mental health patients who are unwell.

Today, we would like to present 2 cases from Singapore's tertiary psychiatric institution, The Institute of Mental Health (IMH) to illustrate the psychiatric impact of the COVID-19 pandemic

2. Case one

This is a middle-aged Chinese female who was referred by her General Practitioner (GP) for anxiety which started after Singapore raised its alert level from DORSCON Yellow to Orange. Her anxiety

symptoms included: feeling heightened in her sensations, feeling startled by loud noises, palpitations, insomnia and being restless. She was prescribed Alprazolam and Zolpidem by her GP for her anxiety and sleep but her symptoms persisted. Consequently, she was referred to IMH Emergency for specialist care.

Background history revealed that she was a good friend of Singapore's index patient of SARS back in 2003. The patient also had a few friends who were infected with SARS due to contact with the index patient as she was determined to be a "superspreader". The patient herself was placed under quarantine due to her contact with her good friend. She recalled being fearful of contracting the disease. She was eventually given a clean bill of health by the doctors at the end of the quarantine. However, her friend's parents passed away from SARS and the friend could not attend the funeral as she was quarantined. As such, our patient had to assist in coordinating the wake and funeral rites for her good friend's parents. Since then, she did not develop any symptoms suggestive of Post-Traumatic Stress Disorder.

However, during this period of the COVID-19 outbreak, memories of 2003 dominated her thoughts, which made her feeling fearful again.

She was involved in implementing DORSCON Orange measures for her office as her office dealt with many clients whom they had to meet face to face. The measures included temperature taking and contact tracing. She was concerned that despite her best efforts, her colleagues in office might catch COVID-19. She started to ruminate about "what is to come next" for Singapore, and avoided watching the news on television as news about the COVID-19 outbreak would further exacerbate her anxiety.

Our patient was diagnosed with an Adjustment Disorder with anxious mood. She was prescribed Mirtazapine to aid her. She was also taught basic relaxation techniques and psycho-educated on unhelpful thinking patterns. She was given an appointment to see us in the outpatient setting, but she defaulted her appointment and was lost to follow up.

2.1. Case two

This is a 59-year-old Chinese female who was diagnosed with Obsessive-Compulsive Disorder (OCD) and Schizophrenia and was on follow up with a number of psychiatrists until she presented to IMH. She had multiple admissions to IMH for relapse of her mental health conditions over the years. Her treatment included oral antipsychotics like Olanzapine, a long-acting injectable (LAI) antipsychotic Flupentixol and a Selective Serotonin Reuptake Inhibitor (SSRI) such as Fluvoxamine.

She would report "messy thoughts" usually involving gory images and descriptions, for example thoughts of being in a 'human meat market' and thoughts of killing her domestic helper.

She re-presented to us in February 2020 as she was experiencing distressing and anxious thoughts about possibly contracting COVID-19 even though she was deemed to be of low risk contracting the illness based on risk assessment checklists. This happened during the period when Singapore saw an initial surge of COVID-19 cases island wide. She experienced symptoms 6 days prior to presentation to the Emergency Department and it was the first time she had reports of obsessions related to illnesses. She was frustrated with her intrusive thoughts and eventually she stabbed herself on the abdomen twice using a knife, which was the first time she had acted on her self-harm thoughts. She was admitted with a view to risk management and medication titration.

At time of writing, she has settled following medication titration and was discharged from IMH with a follow up appointment provided.

3. Conclusion

What we would like to impart upon our readers is that a physical illness can also have an impact on our mental health and should not be neglected. As evidenced by the 2 cases illustrated above, a pandemic

will have significant mental health impact on the individual, regardless of pre-existing mental illness, and perhaps more so if there is underlying mental illness. Hence, we need to be cognizant in identifying individuals who are more vulnerable, to perform appropriate psychiatric and risks assessments in order to provide mental health aids swiftly. As the mind and body is often described as one, it is wise to be aware of the psychological impact of such situations with regards to the magnitude of the outbreak, the multitudes of nations involved and the amplitude of the aftermath.

Statement of disclosure

We certify that we have each made a substantial contribution so as to qualify for authorship and that we have approved the contents.

Ethical approval

Not required.

Declaration of Competing Interest

We did not receive any financial support for our work and do not have any conflicts of interest to declare.

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