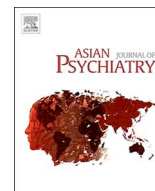




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## Letter to the Editor

## Integrating mental health in COVID-19 crisis: Staff mental health referral pathway



## 1. Background

In February 2020, the first case of covid-19 was detected in Pakistan (Shahid, 2020), a Lower Middle Income Country with scarce resources. As the number of confirmed COVID-19 cases and fatalities increased, there was an influx of patients for assessment and treatment at AKUH, which is a quaternary care teaching hospital. This is known to lead to immense pressure on all health care workers (HCW) due to increased workload, anxiety regarding acquiring infection or passing it on to a family member and fears of death (Chen et al., 2020; Adams and Walls, 2020), which also affects their attention and decision-making ability, and overall wellbeing (Maunder et al., 2008). Unfortunately, the psychological ramifications due to an outbreak's direct and indirect effects remain widely unaddressed (Chan et al., 2016; Tandon, 2020). Anticipating the mental health fallout, the department of Psychiatry (DOP) initiated a pathway to provide rapid, confidential and accessible help to all HCWs during this crisis. The DOP in liaison with human resources department formulated an evidence based pathway (Chen et al., 2020; Liu et al., 2020; Zhang et al., 2020) to address mental health needs of HCWs. The service was free of cost and built on the existing sparse resources (Ahmad, 2007), with regular review of process in weekly meetings.

The purpose of this paper is to describe the structure of this pathway so it can be replicated in other institutes, especially those working with limited mental health personnel.

## 2. Organization of delivery of staff mental health services in COVID-19

The HCWs of AKUH were provided with a hotline number that could be used during work hours, to help with COVID-19 related anxiety (refer Fig. 1). The first point of contact was the assistant head nurse of the psychiatry department. Guidance and supervision was provided to her by members of faculty, regarding interviewing staff members about their anxiety. Screening was done using a brief questionnaire. She was also trained in providing information on basic relaxation techniques and a CBT outline for mapping their thoughts.

- *For mild problems:* HCWs were encouraged to use self-help, structured routine, and web based resources will also be shared. On follow up call the HCWs showing improvement were encouraged to continue advice, in case of no improvement; specialist appointment was scheduled.
- *For severe problems:* HCWs were given urgent appointments on next working day in faculty tele-psychiatric clinics dedicated for HCWs. Faculty members decided the aftercare as per their evaluation. The record of the evaluation was maintained in a separate folder by the DOP to ensure staff confidentiality. This was a free of cost service and notes were kept in a separate folder.

## 3. Challenges

There are three main challenges that we might face.

- 1) Resistance to seek help and fear of stigma and confidentiality of HCWs. To address this, the record of the evaluation is maintained in a separate folder in lock and key by the DOP.
- 2) Some HCWs are utilizing the pathway for pre-existing mental health needs which is not our primary objectives. Such HCWs are re-directed to clinics as usual.
- 3) Limited number of trained mental health service providers.

## 4. Conclusion

Our staff mental health pathway was initiated in a crisis situation, with the expectation of optimistic staff outcomes (Bronkhorst et al., 2015) amongst the uncertainty. We aspire to minimize the invisible burden of mental health illnesses on our HCWs, support and built on their capabilities towards a pathway of minimal employee under-performance and absenteeism (Harnois et al., 2000). The aforementioned pathway can be contextualized to resource limited settings in Pakistan and elsewhere according to the organizations' respective service structure.

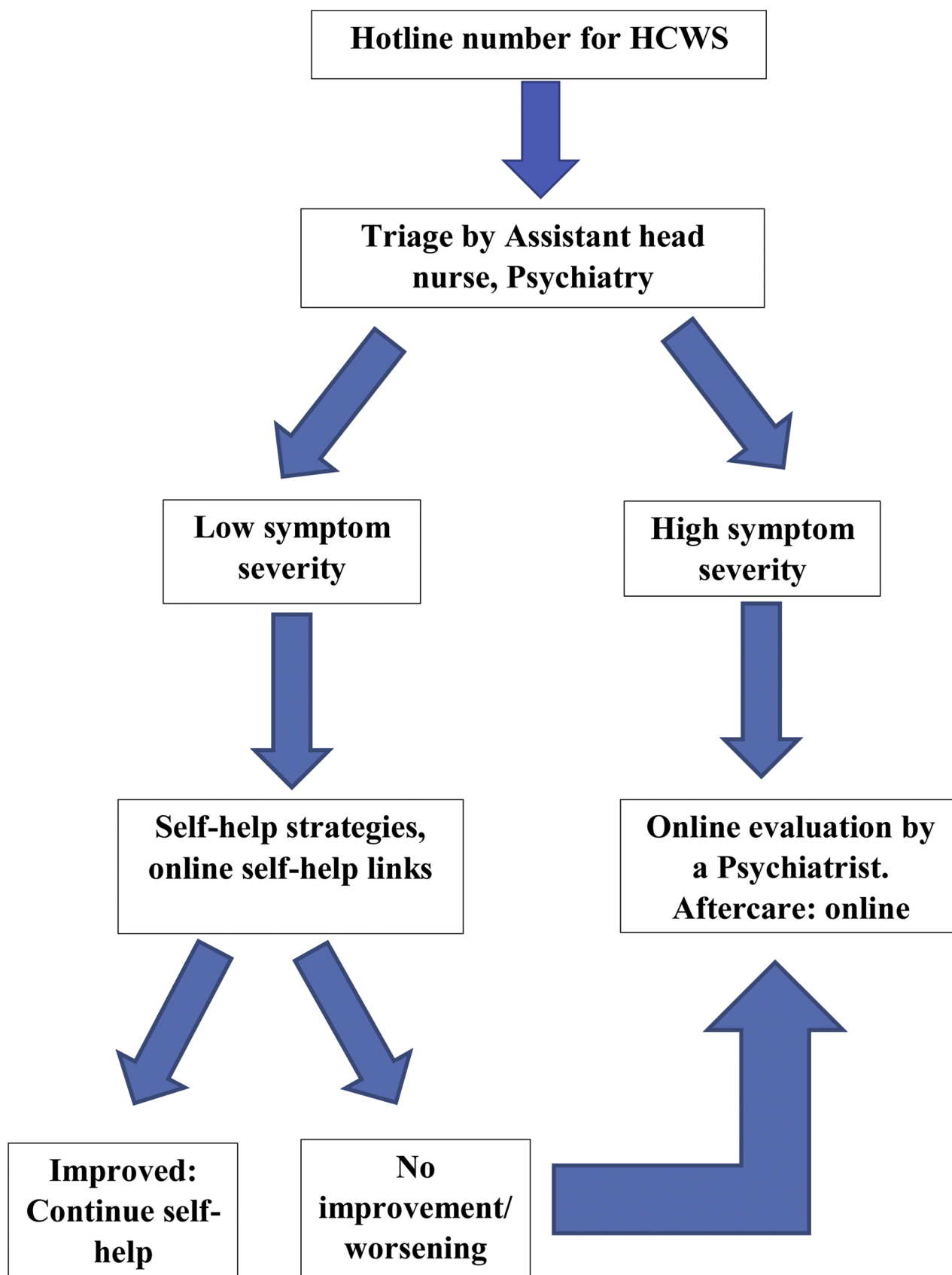


Fig. 1. Referral pathway for staff mental health during COVID-19 pandemic.

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None.

**Declaration of Competing Interest**

None.

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