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Letter to the Editor

Personal protective equipment in the emergency room and schizophrenia - Implications beyond safety

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COVID 19 pandemic has made personal protective equipment [PPE] in healthcare delivery a new norm. Recently, the author (SS) was addressed by a patient with psychosis in the emergency setting as 'whitedevil' as the author was dressed in complete PPE. Hooded PPE that is completely white, resembling ghouls, ghosts, or cultists, can provoke extreme anxiety in persons with mental illness. It is relevant in cultures or folklore where similar attires are worn by a specific clan or associated with negative spirits (Bohn, 1925). While the depiction of Dr. Crane, a fictional psychiatrist in the popular comic culture, has been criticized for its lack of verisimilitude (Ginn, 2015), wearing a PPE may bring similar negative emotions in patients towards mental health professionals.

Verbal and non-verbal communication are essential skills in the repertoire of a psychiatrist. The bi-directional communication between the patient and the psychiatrist leads to an improved Gestalt view of the person. PPEs pose unique challenges to psychiatrist-patient communication (Mehta et al., 2020; Thirthalli et al., 2020) particularly in persons with schizophrenia suffering from paranoia and social cognition deficits. It is also challenging for psychiatrists to express empathy and de-escalate the situation dressed in a full PPE. On the other hand, PPEs worn by patients can lead to mental health professionals missing vital clinical signs such as muttering behavior, oro-facial dyskinesias, assessment of general appearance, mood state, and the challenges stated above.

Considering the COVID pandemic, it is essential to devise strategies to overcome these challenges due to the use of PPEs. Some strategies could include (a) video consultations and teleconsultations that may paradoxically improve patient communications by eliminating the requirement for physical PPE (Thirthalli et al., 2020) (b) improving patient awareness about PPE through education materials, flyers, and videos displayed in the psychiatry emergency rooms. Innovative solutions used in other settings can be applied to address such challenges (Grote et al., 2021) (c) design modifications in PPE – transparent face masks may promote better communication through body language. Additionally, the presence of name tags and photos of the doctors in complete PPEs may also help decrease patients' anxiety. (d) training in the art of communicating with masks and PPE – This requires relearning the communication, avoidance of power poses, and use of expressive

https://doi.org/10.1016/j.schres.2021.11.014 Received 8 November 2021; Accepted 11 November 2021 Available online 24 November 2021 0920-9964/© 2021 Elsevier B.V. All rights reserved. gestures that are associated with 'positive regard' such as the 'namaste,' a gentle head nod, or a non-threatening gesture. Mental health professionals can pick up skills from anesthesiologists and nurses who are more adept at the art of communication through PPEs in the operation theatres and intensive care units (e) Having separate areas for swabbing patients who are agitated and not co-operative for the throat swab.

In conclusion, providing care for persons with psychosis is further made challenging in the emergency room due to the need to use PPE during COVID 19 pandemic. As healthcare delivery using PPE and practicing COVID-appropriate behavior is the new norm, mental healthcare services need to evolve new strategies to ensure effective and safe healthcare delivery in a post-pandemic world.

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Declaration of competing interest

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