

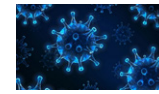


Help us to help you
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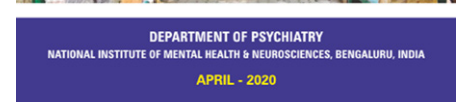
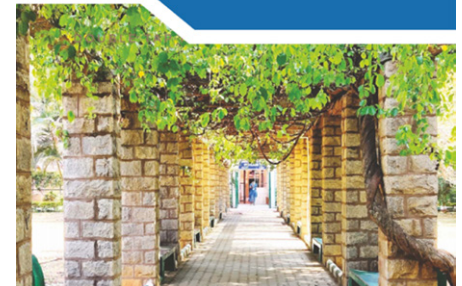
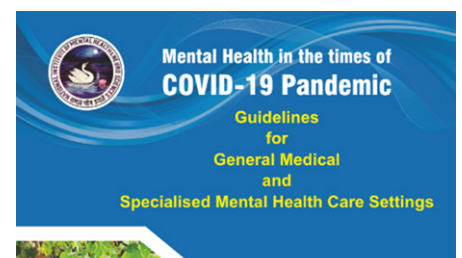
Measures & Activities

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Guidelines for mental health management during COVID-19 crisis launched

NIMHANS has launched guidelines for effective mental health management in general medical and specialized mental health care settings during COVID-19 crisis. The document titled “Mental Health in the times of COVID-19

Pandemic: Guidelines for General Medical and Specialised Mental Health Care Settings”— a collective effort of the Department of Psychiatry, NIMHANS—provides guidance for non-psychiatric medical professionals to address the immediate mental health needs of persons in the community and COVID-19 treatment centres. It also provides recommendations for psychiatrists to ensure safety during their day-to-day practice, given the unprecedented infectious disease outbreak.



Tele-psychotherapy services norms

The Department of Clinical Psychology, NIMHANS, has formulated Guidelines for Tele-psychotherapy Services with sample consent forms, for use by qualified clinical psychologists, as recognized by the Rehabilitation Council of India (RCI) and the Mental Health Care Act, 2017.

These guidelines aim to standardization of competent and ethical tele-psychotherapy services in the country to benefit clients in need, while safeguarding their interests. Version 1.0 of these guidelines were formulated after referring to a range of national and international practice guidelines for tele-psychology and tele-psychiatry. The contextual realities of the practice of psychotherapy in India have been considered in the preparation of these guidelines.

Plans are afoot to disseminate the guidelines within the professional community of clinical psychologists in India soon, through placement on the NIMHANS website, via email and other relevant means.

Mental health issues following the COVID-19 pandemic stem from ‘normal’ people being exposed to ‘extraordinary situations’. The presentations are myriad, and include emotional difficulties like anxiety, depression, biological effects like sleep, appetite disturbances as well as severe mental illness and substance misuse. For most, these symptoms are mild and transitory, but a minority may develop severe mental health issues that require additional mental health support.

Children, elderly, pregnant women, people with pre-existing mental illness, people living alone and families of those who have died in the COVID-19 pandemic may belong to this group.

COVID-19 Cases	Confirmed	Deaths
India	14175	543
Karnataka	390	16

* as on 20 April 2020 (8.00 am)

Another important aspect is the psychological impact of the pandemic on the first response teams. The long hours working in potentially dangerous situations, with less than satisfactory personal protection equipment, make them particularly vulnerable. The widespread social and economic disruption of the pandemic has produced a psychosocial impact unheard of in modern times.

All these have been further fuelled by information overloads of new generation media platforms that have relentlessly spread a mix of accurate as well as inaccurate information and even conspiracy theories which in turn have had a psychological impact on the community. The mental health

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Rapid testing ramped up

To expeditiously expand COVID-19 testing facilities, NIMHANS and 13 other institutions of eminence have been directed by the Government of India to distribute the responsibility of testing samples evenly across various medical colleges (government and private) in the country. These institutions will serve as mentors of the medical colleges in their catchment areas and facilitate the establishment of COVID-19 testing facilities in the respective states. Five lakh rapid testing kits have been procured, and are being distributed to districts on the basis of high case burden.

Dedicated hospitals for the management of COVID-19 patients have also been increasingly set up. Along with government health centres, various private sector hospitals, public sector units, military hospitals, and Indian Railways are contributing to these efforts. Ordnance Factory Board has manufactured specialized tents to augment medical infrastructure in remote areas, according to a press release from the Ministry of Health & Family Welfare.

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and psychosocial impact of COVID-19 has thus been far-reaching.

All these have thrown an unprecedented challenge to mental health care across all settings in India. Given the likely magnitude of the pandemic and the patchy availability of specialist mental health care across the country, it has become necessary for all non-psychiatric health care professionals who often form the frontline of the health care response to provide 'whatever is possible'. Besides, the care of psychiatrically ill takes a back seat in pandemics. While this needs to be addressed, it is necessary that day-to-day psychiatric

Message from Dean (Behavioural Sciences)

As COVID-19 pandemic evolves, mental health issues are coming into sharper focus, manifesting in myriad ways in a multitude of contexts. Disruption caused to the social fabric is now reaching disastrous proportions. Indeed, pandemics are considered as a biological disaster with its own unique feature of evolving over time. As is the case in all disasters, no one who is witness to disaster is left untouched by it. As the infection spreads, there are worries, fears, apprehensions, sense of impending danger and doom, often intensified by misinformation, fake news and rumours.

The sources of stress are not far to seek – infection itself, and impact of lockdown being most obvious. Psychosocial needs vary across different sections – general public, the poor, the migrant labourers, the infected and quarantined and their kith and kin, health care workers and their families, the young, old, pregnant and post-partum women, patients with pre-existing mental health and substance use – to name a few. The spectrum of impact could

be mild anxiety at one end to acute stress reaction, PTSD and suicidality at the other. Stigma and burnout among health care workers become specific concern.

But mental health is not just about stress; it is also how the individuals, families, groups, institutions and society as whole responds to, cope, and manage the challenges posed by unfolding new situation. NIMHANS has been in the forefront of such response, preparing IEC materials, initiating tele-psychiatry / helpline services, online training of health care professionals, addressing the mental health concerns of pregnant and postpartum women and so on.

The need of the hour is to continue to recognize the mental health and psychosocial challenges that we are facing and to build robust and appropriate responses, so that we minimize the suffering and come out stronger and more resilient at the end of it.

Dr. Satish C. Girimaji
Sr. Professor of Child & Adolescent Psychiatry

practice be recalibrated to ensure greater sensitivity regarding infection transmission. This document aims to provide the technical framework to meet these objectives.

Professionals and frontline personnel accessing this document are likely to be overburdened and time-constrained and may be exploring answers in only one specific domain. Given this, each section is comprehensive in itself. This has however meant some degree of overlap across various sections.

The sections are written in simple language to ensure understandability by personnel with varying mental health literacy. The sections focus on

the immediate and short-term mental health impact of the pandemic. Though specific to mental health issues in COVID-19, all clinical aspects have been discussed in a broad framework making it adaptable to any large infectious outbreak.

This will also be available as a free online resource which may help mental health professionals working in low-resource settings across the world.

https://drive.google.com/file/d/1cquJohv_tRVViVXBWWGlpOxFwsJNRO_A/view

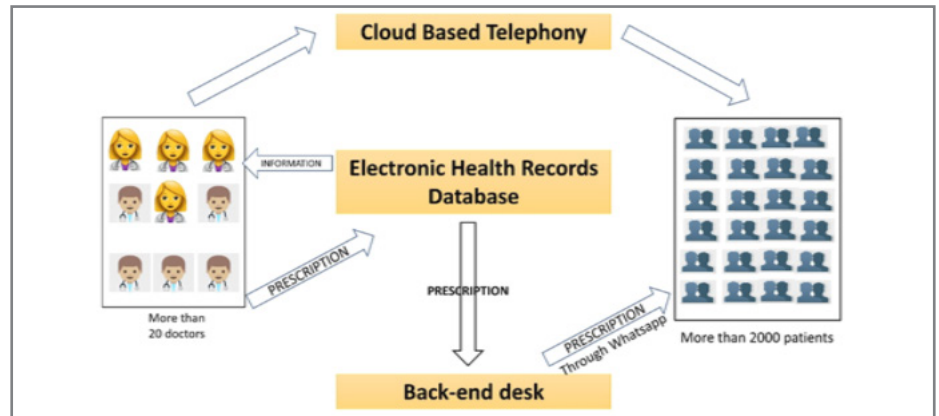
COVID-19 Times: Substances & Susceptibilities

In Conversation with Dr. Pratima Murthy, Professor and Head, Department of Psychiatry, NIMHANS

Alcohol and tobacco use disorders are well-recognised as health-risk behaviours, even during non-COVID times. According to a National Survey conducted last year, there are about 16 crore alcohol users in the country and one out of three needs help for alcohol related problems. The Global Adult Tobacco Survey in 2016 estimates that there are 26.7 crore persons who use tobacco in either smokeless or smoking forms. Both tobacco and alcohol use are preventive risk factors for non-communicable diseases (heart disease, cancers, diabetes, chronic respiratory diseases). Yet spontaneous quit rates for tobacco are very low: in the Global Adult Tobacco Survey, only 1.2% and 1.8% of smokeless tobacco users and smokers identified themselves as past users. Similarly for alcohol, the treatment gap is huge at 86.3%, according to the National Mental Health Survey conducted by NIMHANS in 2015.

In COVID-19 times, the first misinformation that was spread was the dangerous myth that high-strength alcohol consumption could kill the COVID-19 virus. On the contrary, this can actually cause greater harm to health. Further, alcohol's effects on reducing immunity can lead to graver adverse consequences from COVID-19 infection. Acute intoxication is likely to make the users oblivious to hand hygiene and social distancing, thus increasing risks to themselves and those around them.

Smoking is a well-known risk factor for many respiratory infections, including cough and cold, influenza, pneumonia and tuberculosis. There is growing evidence of the risks of tobacco use and COVID-19 infection.



Centre for Addiction Medicine, NIMHANS - reaching out to patients for follow-up during lockdown due to COVID-19

Tobacco users are more vulnerable to COVID-19 infection because they touch their hands to their mouth and lips frequently, which increases the possibility of virus transmission. Spitting is more common among tobacco users and can also contribute to COVID-19 spread. Smokers may already have compromised lungs and their health outcomes in case they develop COVID-19 infections may be worse, putting them at serious risk to lung conditions like pneumonia and acute respiratory distress syndrome. Among COVID-19 positive patients, the risk of dying, particularly in those who have underlying respiratory and cardiovascular conditions is higher among smokers. It is possible that second-hand smoking (inhaling smoke from smokers) may also put persons at greater risk to and from COVID-19.

The restriction on the sales of alcohol has unintended consequences, particularly for those who have alcohol dependence, as they are likely to develop severe alcohol withdrawal, leading to seizures and delirium. Frustration and agitation, even leading to suicidal ideation have been described. Research from the Centre for Addiction Medicine, NIMHANS, has shown that similar to what happens during election-associated dry days, lockdown has also led to an increase in emergency consultations for severe alcohol withdrawal by 20%. Patients with delirium tremens and other severe

alcohol withdrawal states are already at greater risk to malnutrition, electrolyte imbalance, infections and brain damage. These patients therefore need emergency care. On presentation, some of the symptoms of autonomic hyper-arousal may be mistaken for the symptoms of COVID-19. This period also increases their vulnerability to contracting COVID-19 infection and poses serious challenges to health care providers. Despite this, our hospital has been treating several such patients and the Centre for Addiction Medicine has been offering tele-follow up as well as other digital services for patients with addictions.

For tobacco users, the free National Tobacco Quitline at NIMHANS (1800-112-356), which has been offering tobacco cessation support to callers from all South Indian States, is receiving more calls post-COVID-19 lockdown. The cessation counsellors are offering services from their homes. The National Health Portal also carries the mCessation for tobacco, where people desirous of quitting can give a missed call on 011-22901701 or register at nhp.gov.in/quit-tobacco, to receive support to quit tobacco in a step-by-step fashion. COVID-19 times are indeed dry and difficult times for substance users, but with the right kind of support, this time can provide an opportunity for them to become substance free and healthier and reduce their risks for COVID-19 infection. ■

Frequent or excessive alcohol consumption can increase your risk of health problems.

FACT: Drinking alcohol DOES NOT protect you against COVID-19 and can be dangerous

World Health Organization #Coronavirus #COVID19



Measures & Activities

- A dedicated team of doctors, nursing officers and support staff has been sensitised regarding the handling of COVID-19 cases, so that their services can be utilised at any point of time.
- OPD services have been temporarily withdrawn, until further notice. All nonessential elective procedures and surgeries have been postponed.
- Teleconsultation for the follow-up of neurology patients has been initiated. These patients are being contacted through their registered phone numbers and enquired regarding their present condition. The first teleconsultation OPD on 13th April registered 163 calls; a total of 81 patients were contacted.



Neurology teleconsultation OPD

- Centre for Addiction Medicine, NIMHANS completed 120 e-consultations in three weeks during COVID-19 lockdown. This service will be open till the end of lockdown.
- Technical Analytical Committee has been formed by the Department of Health and Family Welfare Department, Government of Karnataka for data driven epidemiological assessment and interventions for COVID 19. Dr. G. Gururaj, Dean and Sr. Professor of Epidemiology and Dr. Pradeep B.S., Additional Professor of

Epidemiology, as members of the committee, are contributing to the cause of combating COVID-19 from Centre for Public Health, Department of Epidemiology, NIMHANS.

- The pilot testing of the e-surveillance app developed by the Department of Epidemiology, for apartments, gated communities and residential societies to quantify and self-monitor risk for transmission of COVID-19, is completed. The app will soon be implemented by the BBMP in various areas under its ambit, as part of their monitoring efforts.
- Continuum of Care Programme for persons with mental illnesses has been implemented to guide and track patients over time through a comprehensive array of mental health services (till the OPD services resume) by the Department of Psychiatry in collaboration with the Department of Psychiatric Social Work. About 2000 calls were made and 1300 patients contacted in the last two weeks, in accordance with the KMC guidelines for teleconsultation.
- Brief screening and intervention for mental health concerns in quarantined individuals in and around Bengaluru were carried out by the Department of Psychiatric Social Work. A total of

741 quarantined individuals who had international travel history were contacted (from 27th March to 13th April); no major mental health issues were reported.

- A tele-support network has been started by the Department of Clinical Psychology to address psychosocial concerns of NIMHANS' students and residents of during the lockdown. Faculty volunteers offer brief, low-intensity emotional support via telephone and other electronic modes.
- Emergency Services are functioning 24 x 7 without interruption. The services have been enhanced by posting additional staff and residents for better triaging and reducing congestion.
- Laboratory and diagnostic/imaging services continue to function, as any services related to the national effort to mitigate COVID-19.
- Cleaning of surfaces regularly, followed by disinfection, is being practiced in all areas/sections of the hospital. Hygiene measures have been effectively implemented across all the departments and sections as per the prescribed guidelines.
- Transport arrangements—pick-up and drop service—have been



Special buses deployed for staff of NIMHANS

made for the staff residing within 7km radius of the Institute to ensure hassle-free travel during lockdown.

- Face-recognition method has been introduced to register attendance instead of contact based biometric system to

prevent the spread of COVID-19.

- The national 24/7 helpline (080-46110007) launched by NIMHANS on 29th March, to address mental health and psychosocial issues of people during the lockdown, has evoked good response. The helpline,

currently available in seven languages, has received about 14,000 calls so far.

- Disciplinary action to be taken against any employee spreading false information with respect to COVID-19, under the Epidemic Diseases Act, 1897.

Screening and PPE Use Policy at NIMHANS

- All patients attending emergency services will be first screened for COVID-19 in the casualty lobby. A partition will be erected and 4 beds placed in the lobby. The CMO desk will also be moved to the lobby.
- Screening personnel/Health Care Workers (HCW) will be given PPE kits. Patients and attenders (one attender per patient) will be provided surgical masks. N-95 masks will be given to all other HCW working in the casualty, to be reused as per instructions.
- Patients in casualty lobby will be evaluated by Neurology and Neurosurgery residents, as the case may be and decide whether continued emergency care is needed.
- Those requiring continued care and non-COVID (clean) patients will be shifted to casualty triage area; whereas those suspected of COVID-19 will be shifted to and held in Priority-2 ward, after discussion and approval by the Consultant on call.
- Patients with psychiatric emergencies will be screened in the POGW building triage area. Separate areas will be designated for the 'clean' cases, COVID suspects in emergency and COVID suspects awaiting lab report.
- CT thorax to be considered as screening investigation in COVID suspected patients and decided by consultant-in-charge. A dedicated CT machine will be used for the purpose. The CT personnel will use PPE kits while on duty.
- The HCW working in ICU should use PPE and face shields while on duty and performing procedures. Those personnel in PPE kits should wear double gloves. The outer glove may be changed for each patient examined.
- Nasal and oropharyngeal swabs to be taken and sent for testing for all COVID suspected patients (patients held in Priority-2 and Triage area of SSW). Swabs should be collected by doctors, who should also wear face shields in addition to the PPE.
- All confirmed COVID cases will be shifted to designated/dedicated COVID hospital, for further management, once acute treatment is completed here. All suspected COVID cases, who do not require continued care at NIMHANS, may be shifted to Bowring or Rajiv Gandhi Hospital for further management of COVID-19.
- Dedicated ambulance with ventilator will be kept ready to shift COVID suspects/patients as necessary.
- Tablet Hydroxychloroquine will be issued for treatment/prophylaxis to HCWs in casualty and emergency services as per physician recommendation, subject to availability.

- NCEARD Webinar (Series 1) on 'COVID-19: Nutrition & Psychosocial Well-Being in Pregnancy' by Dr. Prabha Chandra, Prof. of Psychiatry on 2nd April. Nutrition development partners at national and state level, faculty & students and members of IDA, NSI, FOGSI, etc. took part (500 members participated).

- Online interactive session on 'COVID-19 mental health support' (Karnataka State

DMHP) was conducted for quarantined air travellers in Bengaluru 6th to 11th April (475 members participated).

- Orientation (online interactive session) on 'Coping strategies to deal with stress during lockdown' by Dr. Shekhar Seshadri, Sr. Professor of Child & Adolescent Psychiatry, for district-based child protection functionaries across all states, under the Ministry of Woman and Child Development, GoI on

7th April (892 and 459 members took part in Hindi and English sessions respectively).

- Online session on 'Mental health issues during COVID-19' (CHaMP Project) was conducted by Telemedicine Centre, Department of Psychiatry for Government doctors of Chhattisgarh on 7th, 8th & 10th April (50 PHC doctors participated).
- Webinar on Telemedicine Guidelines 2020 by Dr. Suresh

Bada Math, Head of Forensic Psychiatry Services (in collaboration with Telemedicine Society of India & Mediknit) for registered medical practitioners on 8th April (1286 members participated).

- Webinar/interactive live chat session on 'Psychosocial counselling for women during COVID-19 lockdown time' was organized by the Ministry of Women and Child Development, Government of India, on 8th April. A team of faculty members from the Department of Psychiatric Social Work, NIMHANS (Dr. L. Ponnuchamy, Assistant Professor, Dr. Shreedevi A.U., Assistant Professor, Dr. E. Aravind Raj, Associate Professor) participated as Advisory Panel Members in the programme.
- Orientation on 'Coping strategies to deal with stress during lockdown' by Dr. Shekhar Seshadri, Sr. Professor of Child & Adolescent Psychiatry for ChildLine India Foundation partners across all states, under the Ministry of Woman and Child Development, GoI on 9th April (422 members participated).
- AICCRCOG SZ and Indian Psychiatric Society seminar on Perinatal Mental Health & COVID-19 by Dr. Prabha Chandra, Prof. of Psychiatry for obstetricians on 9th April (60 members participated).
- Web-training on 'Mental health of children in institutions' by Dr. Shekhar Seshadri, Sr. Professor of Child & Adolescent Psychiatry, organised by the Government of Andhra Pradesh and UNICEF, for Child Protection Counsellors and Protection Officers on 13th April (106 members participated).
- Online training sessions on Epidemiology of COVID-19 and Community surveillance and supportive public health services were held by the faculty members of the Department of Epidemiology (Dr. Pradeep B.S., Additional Professor and Dr. Gautham M.S., Associate Professor) for doctors (on critical care including ventilation), nurses, NSS program officers and dental professionals in collaboration with RGUHS, from 13th to 18th April.
- COVID-19 community quarantine mental health monitoring was carried out for quarantined air travellers in Bengaluru, by Telemedicine Centre, Department of Psychiatry. A total of 77 home quarantined air travellers were assessed and counselled over the phone, from 13th to 18th April.
- Online training session on 'Introduction to mental health issues during a pandemic' was conducted by Telemedicine Centre, Department of Psychiatry, for Government doctors of Chhattisgarh, on 13th, 15th and 16th April 2020 (33 PHC doctors participated).
- Online guided yoga practice sessions for stress management during COVID-19 have been started by the Department of Integrative Medicine, NIMHANS. In the second week (from 13th to 17th April), a total of 473 people took part in the training.
- Online panel discussion on Tele-psychotherapy Services Guidelines for Clinical Psychologists was conducted by the Department of Clinical Psychology in collaboration with the Telemedicine Centre on 17th April (210 clinical psychologists and other mental health professionals from across the country participated).
- Webinar on Tele Psychotherapy Guidelines (webinar) was conducted by the Department of Clinical Psychology in association with Dr. Suresh Bada Math for mental health professionals on 17th April (262 members participated).

Together we can fight Coronavirus

For further information:

Call **24/7 Toll-free Helpline Number 104 and 080-22208541** or
 Union Ministry of Health, Govt. of India **24/7 Control Room Number**
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