



Letter to the Editor

Managing SARS-CoV-2 outbreak challenges in psychiatric hospitals of Bangladesh

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The novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was first detected in Wuhan, China, in late 2019. Since then, due to its high basic reproduction number, it has rapidly spread worldwide, reaching the status of the pandemic on March 12th, 2020, as declared by the WHO [1]. However, in Bangladesh, officially first case of SARS-CoV-2 was detected on 8th March 2020. Until 9th July 2020 the number of cases reached to 175,494, which made Bangladesh one of twenty most infected countries [2].

Although, the SARS-CoV-2 outbreak has been a major challenge for hospitals facing an unseen flood of patients to their emergency departments, health care workers have adapted to the new epidemiological situation despite the lack of human resources and supplies [1]. However, mental health systems have not been oblivious to this unique situation. In many countries, psychiatry outpatient clinics have implemented telemedicine service by turning most of their consultations into video or phone conferences [3], nonetheless, this response cannot be applied to psychiatric hospitals and acute psychiatric inpatient units. Since, the usual psychiatric units lack respiratory isolation rooms, wards are poorly ventilated, and some patients have shared rooms, common dining and bathroom spaces, among others [1]. Unlike general hospital patients who are usually nursed in hospital beds, psychiatric inpatients commonly participate in group activities which increase patient to patient contact. Due to their disordered mental state, poor self-control and self-care, and inadequate insight, they may be incapable of practicing infection control measures to protect themselves, [4]. Further, an unhealthy lifestyle associated with mental illness and side effects of psychotropic medications may render them more vulnerable to SARS-CoV-2 pneumonia and its complications [5].

This inevitably places increased pressure on the already inadequate mental health resources in Bangladesh. Apart from some community based mental health institutes, Pabna Mental Hospital is the first and largest mental hospital in Bangladesh with only 500 beds. National Institute of Mental Health (NIMH) is the only coordinating body of the country dedicated to public education and awareness campaigns on

mental health with 200 inpatient services, whereas, both of the institutes are understaffed and underfunded [6]. According to a survey conducted in 2019 shows that nearly 17% of adults in Bangladesh are suffering from mental health issues, and among them, 92.3% do not seek medical attention [7]. The mental health emergency response and deployment of expert teams from psychiatric hospitals during the SARS-CoV-2 outbreak may further deplete mental health services across psychiatric hospitals.

As the wards in psychiatric hospitals are usually not designed to the standards of isolation against infectious respiratory disease, which is conducive to the transmission of the novel coronavirus, once exogenous infection occurs, transmission can be rapid and extremely hard to control. Moreover, a practical clinical path needs to be promulgated for preventing infectious diseases in such isolated groups. Some of the measures adopted by Italian Society of Epidemiological Psychiatry are to limit new admissions, restrict the number of co-working mental health-care staff, 14 days isolation before admission for suspected patients, offer individual educational sessions to patients admitted to the unit, restrict the visit of patient attendant and restrict the patient's movement outside hospital compartment [8]. In addition to that, psychiatric hospitals of China has taken similar measures, for instance, seeking a detailed understanding of the patient's recent travel history, as well as the close contact history with suspected or confirmed patients, pre-admission observation ward, replacing on-site visits with video chats, among others [9].

However, in Bangladesh, providing separate observation room for all the newly admitted patients might not be possible in such a short time, rather checking the physical health status, specifically, the presence of cough, body temperature >99.5 F, sore throat, shortness of breath, and history of contacts at risk in the previous 14 days would be recommended. Likewise, it is advisable to place the suspected patients in a separate observation room [8].

These instructions along with other necessary steps will represent a useful resource to mental health providers and stakeholders to face the current pandemic for which most mental health departments worldwide are not prepared [10]. These instructions will provide guidance and offer

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practical tools to enable professionals and decision-makers to tackle challenges already experienced in some countries which, in part, can be avoided or minimized if timely planned.

Declaration of competing interest

None declared.

References

- [1] D. Hernández-Huerta, E.B. Alonso-Sánchez, C.A. Carrajo-García, J.M. Montes-Rodríguez, The impact of COVID-19 on acute psychiatric inpatient unit, *Psychiatr. Res.* 290 (2020) 113107.
- [2] Johns Hopkins Coronavirus Resource Center, COVID-19 Dashboard by the Center for Systems Science and Engineering at Johns Hopkins University [Internet], 2020 [cited 2020 Jul 9]. Available from: <https://coronavirus.jhu.edu/map.html>.
- [3] C. Arango, Lessons learned from the coronavirus health crisis in Madrid, Spain: how COVID-19 has changed our lives in the last 2 weeks, *Biol. Psychiatr.* (2020).
- [4] M. Moesmann Madsen, D. Dines, F. Hieronymus, Optimizing psychiatric care during the COVID-19 pandemic, *Acta Psychiatr. Scand.* (8) (2020) 1–2.
- [5] Y.T. Xiang, Y.J. Zhao, Z.H. Liu, X.H. Li, N. Zhao, T. Cheung, et al., The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform, *Int. J. Biol. Sci.* 16 (10) (2020) 1741–1744.
- [6] S.M.Y. Arafat, History of psychiatry in Bangladesh, *Asian J Psychiatr* 46 (September) (2019) 11–12.
- [7] National Institute of Mental Health, National Mental Health Survey Bangladesh 2019 - Provisional Fact Sheet, 2019, p. 4.
- [8] F. Starace, M. Ferrara, COVID-19 disease emergency operational instructions for mental health departments issued by the Italian society of epidemiological psychiatry, *Epidemiol. Psychiatr. Sci.* 29 (2020) e116.
- [9] Y. Zhu, L. Chen, H. Ji, M. Xi, Y. Fang, Y. Li, The risk and prevention of novel coronavirus pneumonia infections among inpatients in psychiatric hospitals, *Neurosci Bull* 36 (3) (2020) 299–302.
- [10] Y. Yang, W. Li, Q. Zhang, L. Zhang, T. Cheung, Y.T. Xiang, Mental health services for older adults in China during the COVID-19 outbreak, *The Lancet Psychiatry* 7 (4) (2020) e19.

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