

## Tele-counselling intervention for those tested positive for COVID 19

**Jeyaram Srinivasan**

When India announced its first lockdown in the month of March 2020, thousands of returning non-resident Indians on their arrival were quarantined for 4 weeks in Udupi district. Growing concern on psychosocial well-being, health department of Udupi approached for providing psychosocial care for the quarantined.

About 55 individuals were provided tele-counselling services. These individuals were contacted on alternate days. Umbrella of care otherwise called as spectrum of care and psychosocial care as given by nodal agency for disaster National Institute of Disaster Management (NIDM) (1) was provided to the quarantined individuals.

The results of interventions were positives. Psychological reactions of individuals varied amongst individuals and in same individuals as days progressed. Worrying, panic, shock, sadness, anger, guilt, helplessness, despair, confusion, nightmares to poor attention and concentration. Initially over half of the respondents were reluctant to speak over phone which changed in course of time attributable to psychosocial care approach which provided pin cushion for them to fallback. All most all the participants appreciated the tele-counselling support services.

With the success of the tele-counselling intervention, Dr Ravi Vaswani, Professor of Medicine suggested the same be implemented to Covid 19 quarantined individuals at Yenepoya Medical College. Since the case load was increasing each passing day, it required the support of more professionals. Few psychologists and social workers were inducted and a basic psychosocial care orientation was given with daily debriefing. This intervention commenced On June 2020 and went till March 2021. During this period a total of 1553 people were counselled. This includes those appeared for RT-PCR for international travel purpose and those who were home quarantined.

**Rationale for tele-counselling in hospital quarantined:** Reports of people committing suicide Covid hospitals across the country necessitated an intervention to cushion the blow of bad news. Also, our earlier experience of tele-counselling gave us an insight on psychological distress and positive impact of a psychosocial intervention on the quarantined

The Covid suspected patients were kept in ward semi-isolated ward meant for suspected patients. Once the results of RT-PCR were available, the positive patients were moved to

ATTESTED  
Dr. Gangadhara Somayaji K S  
Registrar  
Yenepoya (Deemed to be University)  
University Road, Deralakatte  
575 018, Karnataka.

Covid ward. The team of Microbiologist sends us the list of RT-PCR positives of the day's run. Tele-counselling is a time-based intervention which is aimed at breaking the bad news before the patient was shifted to Covid special ward, hence we had to work 7 days a week. We had to work outside scheduled standard work hours to deliver this time-bound service.

The telephonestervices provided was based psychosocial care recommended by NIDM. It includes, facilitation of ventilation, providing psychological support, active listening and helping them in relaxation. The psychological issues varied with passage of time and between the various age groups. In the initial days, the problems reported included worries about the Covid positive status and worries pertaining to any family members who might have exposed to the patient.

Fear of death was prominent amongst those tested positives. Many medical professionals and para professionals were no exception. This is followed by fear of passing contagion to family members, media influences, loaded information on newly contracted and voluminous report on dying, dynamic information on how the disease spreads. Another complaint during initial days were sleeplessness. Sleeplessness was more observed amongst the medical and para medics.

The challenging reaction among non-medical students was rebellious attitude. Many of the students who were quarantined did not show signs and symptoms which resulted in them questioning the validity of RT-PCR. The same reactions were seen amongst those undertook RT-PCR for travel purpose. Frustration and disappointment were reasons for such reactions.

Amongst home quarantined individuals, absence of accurate information, accessing appropriate supplies of food and ration was found to be cause of distress. Fear of new born contracting Covid and two weeks of isolation from the rest of the family members were main reasons for distress amongst the perinatal mother.

Tele-counselling addressed these issues. In a pandemic situation with large number of infected population, tele-counselling is the best way to address psychosocial issues. Psychosocial support is cost-effective and easy to replicate with minimum resources.

This intervention also underscores the need to institutionalise psychosocial care in medical college hospital like us. In the process we have also found that the hospital administration has limited knowledge on the psychosocial needs of the quarantined and very minimal understanding on the work carried out by the team of psychosocial experts as they mostly

ATTESTED  
Dr. Gangadhara Somayaji K S  
Registrar  
Yenepoya (Deemed to be University)  
University Road, Deralakatte  
Mysuru-575 016, Karnataka.

work around mundane things of the institution. As such, a psychosocial emergency team in the hospital shall help plan things in advance and work efficiently. This team shall comprise experts in the field of psychosocial care and representation from each clinical department. This intervention amongst 1553 individuals has proved that providing psychosocial support in a pandemic has helped not only to thwart any untoward incidences such as suicide or self-harm but also helped in reducing the distress of the individuals who are kept under quarantine.

1. Management NIOD. Psychosocial care in disaster management: A training of trainers module New Delhi 2009 [Available from: <https://nidm.gov.in/PDF/modules/psychosocial.pdf>].

**ATTESTED**  
  
**Dr. Gangadhara Somayaji K S**  
Registrar  
Yenepoya (Deemed to be University)  
University Road, Deralakatte  
Mangalore 575 018, Karnataka.