



Consultation-liaison (C-L) psychiatry during the COVID-19 crisis

Abstract

The initial physical health crisis of the coronavirus disease 2019 (COVID-19) turned to a major mental health crisis. The impact of COVID-19 on brain health is continually being researched. Associated psychosocial factors are likely to have a negative impact on brain health. Consultation-liaison (C-L) psychiatrists have an important role that integrate psychiatry and the rest of medicine. C-L psychiatry holistically addresses the biological, physical, psychosocial, and cultural factors.

Keywords: Mental health, brain health, psychosocial factors

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While the coronavirus disease 2019 (COVID-19) crisis is, in the first instance, a physical health crisis, it has along by sown the seeds of a major mental health crisis as well. The mental health and wellbeing of societies all over the world have been severely impacted by this crisis and are a priority to be addressed urgently. There are undeniable impacts of COVID-19 on brain health.[1,2]

Neurological and neuropsychiatric manifestations of COVID-19 are numerous as per recent evidence and are continually being researched. Neurological manifestations of COVID-19 may include headache, myalgia, altered sense of taste and smell, asthenia, encephalopathy, encephalitis, meningitis, stroke, seizures, dysexecutive syndrome, neuromuscular disorders, Guillain-Barre syndrome, and other neuropathies. Neuropsychiatric manifestations may include delirium, psychosis (which may be due to the infection itself/drug-induced/elevated stress), mild cognitive impairment, mood changes, depression, and suicide.[3] Underlying neurological conditions may increase the risk of hospitalization, especially for older adults. At the other end, stress and social isolation, violence in the family, and emergency or exacerbation of mental health issues in the family are likely to have a negative impact on brain health, and development of children and adolescents.[4]

This pandemic has emerged us to reexamine our roles as physicians, educators, family members, and citizens. Consultation-liaison (C-L) psychiatrists have an important role that integrate psychiatry and the rest of medicine. Similar to other medical specialties, C-L psychiatry has also been required to adapt to the pandemic, possibly bringing permanent changes to our profession.[5] In general hospital or specialty hospital or medical college/teaching hospital settings, C-L psychiatry is the utmost discernible contributor to psychiatric care. Many a times, mental healthcare providers are inadequately understood by hospital management teams. During these times, C-L psychiatry teams need to stand ahead as the fizzog of mental health delivery which is of particular significance during the period of this crisis.[6]

As a holistic approach, C-L psychiatry must address the biological, physical, psychosocial, and cultural factors. For instance, on how to manage a delirium patient due to hypoxia, how we address the drugs interactions, and how can we work effectively as a team.[7] Inclusion of mental health and psychosocial considerations in COVID-19 in the team is essential because it improves quality of clinical outcome, enhances coping skills of people during the crisis, reduces suffering, and is likely to speed up the recovery and rebuilding of communities.[1]

The readers certainly would recognise COVID-19 is a highly transmitted as well as a lethal disease. We have lost many friends, family members, and colleagues across the globe to this crisis. As a part of the C-L psychiatry team, we also have the obligation to protect ourselves following precautionary measures and current protocols for self-protection, and hence, protection of our colleagues and family. In this case, we should consider telepsychiatry as an option that help us to work safely as well as communicate with our patients and colleagues.[7] With the unfolding of the pandemic, several healthcare workers who are the frontline warriors are being lost to either the illness or at leave from work for the purpose of quarantine or isolation. Shifting to a telepsychiatry C-L psychiatry model would thus help us in effectively and wisely managing patients, and also work with the strained workforce.

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