

POLICY PAPER

The Psychological and Well-Being of Isolated Patients During Outbreaks and Pandemics: A Policy Brief

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Executive Summary

Positive mental health and well-being constitute individuals' functionality and adaptability toward a healthier life. The threats of biological disasters, from large-scale outbreaks to pandemics, take a toll on many impacts. While focusing on the epidemiologic features of novel infectious diseases, mental health impacts are neglected, particularly the adverse psychological effects of isolation. Research studies have found that isolation triggers or exacerbates mental conditions, particularly post-traumatic disorder, depression, and anxiety. These mental conditions evolve from the acute stage and threaten psychological well-being and economic productivity. As part of the largest global health workforce worldwide, nurses take leadership in advocating recommended policy changes to inform mental health-related decision-making.

Background and Significance

Positive psychological well-being manifests individuals' adaptability and functionality, resulting in greater self-acceptance, an improved outlook, contentment, and a feeling of purpose. However, inevitable adversities may challenge the equilibrium, especially the effects of biological disasters. While most emerging and re-emerging infectious diseases are catastrophically evolving from large-scale outbreaks to pandemics, their distinct features, the dearth of preparedness, and concurrent health-related measures predispose collateral psychological consequences. Like other global countries, the Philippines has aggressively implemented containment strategies, such as inpatient isolation. Although the vital principle of isolation is underpinned by confinement and prevention of disease transmission (Dong et al., 2020; Landelle, Pagani, & Harbarth, 2013), shreds of evidence from previous outbreaks and current pandemic also point to profound induced adverse psychological effects of isolation, contributing to a massive increase in the short-term and long-term global burden on mental health and well-being. Therefore, it requires attention to upscaling the mental health systems and policies for any psychological sequelae of future pandemics and outbreaks during isolation.

The frequent occurrences of past periodic outbreaks over the past 19 years, and the current pandemic-coronavirus disease 2019 (COVID-19), have resulted in remarkable mental issues in varying degrees of the population (Chau et al., 2021; Kunzler et al., 2021; Meherali et al., 2021). The warrant of all efforts to mainly focus on understanding the epidemiological features is necessary; however, a great concern on the neglected psychological and well-being impacts that were acquired throughout the rising implementation of patient isolation is inevitable. Isolation triggers mental illnesses or exacerbates existing ones (World Health Organization, 2020); thus, it is influenced by being alone and limited interaction and care provision due to the risk exposure of healthcare providers. The effect on isolated patients in hospitals can undeniably not be underestimated (Hsiao et al., 2021). While systematic reviews and meta-analyses emerge, global evidence on the psychological impacts of isolation showed a significant trend in mental health conditions, particularly depression, anxiety, stress-related disorders, and anger (Hossain, Sultana, and Purohit, 2020; Nabi et al., 2022; Pursell, Gould, and Chudleigh, 2020). Furthermore, a cross-sectional study revealed that isolation is a predictor of depression (Lupi3n-Mendoza et al.,

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2015). The mental well-being impacts cut across both the acute and post-illness stages (Rogers et al., 2020) and increased among infected patients (Chua et al., 2004), where lasting effects during isolation are considerable and persist after a containment duration of one week up to several months post-discharge as evident from survivors of the severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome (MERS), and COVID-19 (Ahmed et al., 2020; Chau et al., 2021; Henssler et al., 2021; Jeong et al., 2016). Meanwhile, the lack of quantitative studies in the Philippines on the effect of isolation on Filipinos' mental health is scarce. However, a phenomenological study on isolated patients showed that COVID-19 survivors had suffered more from the consequences of separation and discrimination than the disease's physiological effects (Romulo & Urbano, 2022). Given the myriad of adverse psychological impacts of isolation, developing prevention and mitigation strategies to address these preventable impacts is still insufficient or not recognized.

Despite the notable adverse psychological impacts of isolation, its ripple effects coincide with overlapping consequences leading to poorer outcomes, mainly declined mental health-related quality of life (HRQoL) measures. In a systematic review of post-COVID-19 survivors, being put in isolation intensive care was related to a low mental health component of HRQoL (Figueiredo et al., 2022). Several studies revealed similar findings among survivors of SARS (Kwek et al., 2006), MERS (Batawi et al., 2019), and Ebola virus disease (James et al., 2022). Consequently, poor mental health-related quality of life is linked with an elevated financial burden and suicidality. A Canadian observational study showed poor mental components of HRQoL in fifty-one SARS survivors who required 668 visits to psychiatry or psychology practitioners (Tansey et al., 2007), which may append additional financial strain on the treatment of patients. For example, a review documented that the estimated financial cost per day of anxiety and depression by patient isolation in terms of Quality-adjusted life years (QALYs) is approximately US \$10 which is considered modest (Sharma et al., 2020), but it is cost-ineffective for low-income countries. While isolated patients with depression are likely (Ma et al., 2020) poor, HRQoL poses a high risk of suicidal ideation and suicide. Consequently, the threat of declined HRQoL to psychological well-being requires mitigating actions and cognitive rehabilitation strategies to achieve optimized cognitive functioning post-discharge.

Despite the advances to improve the mental health system in the Philippines, barriers and inequities outweigh the current status quo. As the Philippines is currently underway the implementation of Republic Act No. 11223 or otherwise known as the Universal Health Care Act, the mental health care system and mental health act legislation of Republic Act No. 11036 have been

challenged in the pandemic era. Despite the Mental Health Act's acknowledgment of social risk factors for mental health, the act unequally points to individual coping and mental resiliency, emphasizing clinical mental health (Arevalo et al., 2022). Also, former Department of Health (DOH) Health Secretary Francisco Duque III stated a deficiency in human resources. There is less than one mental health worker for every 100,000 Filipinos (Department of Health, 2020). It emphasizes that the underfunding of resources remains a challenge. Meanwhile, the presence of collaborative projects has also paved the way for technological innovations amidst the pandemic, which expand the psychosocial services through digital applications and suicide prevention strategies, in particular, *Lusog-Isip Mobile Application* and National Center for Mental Health's Crisis Hotline "*Kamusta Ka?, Tara Usap Tayo*", respectively. However, technological literacy, pre-existing inequalities, and impersonal patient-professional interaction were reported as some of the barriers to electronic-mental health care (World Health Organization, 2022). According to World Health Organization (2022), developing and deploying digital interventions (i.e., telemedicine) in place of face-to-face care remains a significant challenge in resource-limited countries and settings. Furthermore, a report revealed a less deployment of telemedicine and teletherapy among low-income countries to bridge gaps in mental health. Consequently, the implementation of eHealth in the Philippines is still at the beginning stages, as evidenced by current gaps in policies that do not address related issues (Salisi et al., 2016). As a result, failure to recognize mental health system gaps impacts the continuity of care among isolated patients. Despite the emergence and implementation of multipronged mental health interventions, the global shortage of mental health resources and inconsistent policies underscore the variability of mental health interventions. Thus, further investments in mental health through leadership and governance entail a critical role in strengthening and informing reforms in structures and planning for the mental health system.

In response to large-scale outbreaks and pandemics, containment strategies point towards adverse psychological impacts, likely resulting in short-term and long-term psychological sequelae, poor HRQoL, and economic productivity loss. Despite the widely varied psychosocial responses seen in past biological disasters and the practical considerations on the current threats of COVID-19, greater demands on mental health advocacy, planning, prevention, funding, innovations, and further research are required to meet the increasing mental health needs of isolated patients. Moreover, the uncertainties of future pandemics underscore the need for policy and strategic solutions and discussion surrounding the burdens of containment procedures. Hence, a breadth of scaled-up psychological support and interventions

for mental health and well-being in all levels of mental health care is urgent.

RESPONSES AND POLICY OPTIONS

Nurses as Frontliners in Mental Health

As the largest contributor to the global health workforce of approximately 27 million (World Health Organization, 2020), nurses primarily play critical roles in all levels of mental health care. While constantly being at the frontline of patient care in clinical isolation, in times of biological crises, nurses ensure every patient attains personalized, high-quality services regardless of their infectious conditions (Fawaz, Anshasi, & Samaha, 2020). Nurses' holistic care encompasses nurse-delivered interventions supporting standardized, high-quality mental health care (Allande-Cussó et al., 2021). In addition, nurses also provide leadership in policy-making, which is an extension of the caring ethos of the nursing profession to promote population health (Myers, 2020) and engage in all mental health-related decision-making through their participation in the policy development process (Mason & Salvage, 2021). Nurses advocate mental health services to foster mental resiliency among vulnerable populations (Puskar & Bernardo, 2002).

Positions on Mental Health and Well-being Related to Adverse Psychological Effects of Isolation

Nurses provide leadership in supporting and advocating mental health, as well as, the collaborative, focused multidisciplinary efforts of various stakeholders and partners while they emphasize the principles of prevention, mitigation, rehabilitation, and innovation toward better mental health outcomes and holistic recovery among isolated patients.

Prevention and Impact Mitigation. Prevention encompasses taking steps to increase awareness of the impacts of isolation on mental health and to put proactive measures to prevent them. At the same time, mitigation focuses on initiating approaches to avert worse mental health outcomes from the existing psychological burdens of isolation. Thus, timely provision of targeted prevention and mitigating interventions is necessary. Possible strategies include early detection of mental health problems during isolation through assessment and monitoring (Mo et al., 2020), providing support for appropriately handling mental health stigma (Mansour et al., 2020; Nayahangan et al., 2021), and focusing on altruistic reasons for isolation can help mitigate psychological distress (American Psychological Association, 2020).

Rehabilitation. Rehabilitation is focused on providing interventions to enable isolated patients to achieve optimized

functioning and to revert to improved mental health-related quality of life as patients recover. Some examples of cognitive rehabilitation strategies include identifying patients' coping mechanisms (Hao et al., 2020), providing access to psychological support and services (Esterwood & Saeed, 2020), and advocating the uptake of cognitive behavior therapy (Zarrabian & Hassani-Abharian, 2020).

Innovation. Innovation embarks on increasing opportunities for an effective and responsive approach to the mental health needs of patients' isolation-related mental impacts through incremental improvement and repurposing of mental health interventions. Thus, advancing innovative mental health strategies are transformational and require the investment and strategic collaboration of actors in mental health care. A sample of innovative strategies includes advocating advanced-technological interventions promoting the mental well-being of isolated patients exhibiting new or existing mental health conditions (Zhang et al., 2020), conducting research on evidence-based interventions in preventing and mitigating adverse psychological impacts of isolation (Holmes et al., 2020), and engaging in health policy development to inform health-related decision making in the context of isolation-related mental health sequelae (Tsay et al., 2020).

Policy Recommendations

The following multidisciplinary, collaborative-focused recommendations should be implemented by researchers, policymakers, political leaders, governmental, academic, clinical, and health sectors, mental health program coordinators, and managers to upscale strategies in addressing the adverse effects of isolation on mental health and well-being of patients.

More specific strategies are detailed below.

Mental Health Financing. Increase investment in governmental and private mental health services and resources to abate attributable mental health impacts of isolation while extending universal health coverage. In general, chronic underfunding of mental health programs and services has been crucial in optimizing mental health and well-being (World Health Organization, 2022), and further investments are warranted. For example, the healthcare sectors and government should increase funding for a wide range of cost-effective clinical, preventative, and mitigating inpatient interventions for common mental health conditions associated with isolation. Future investments should equitably prioritize marginalized and disadvantaged isolated patients through individual-based mental health services without any financial risks; thus, patients, especially those with co-existing mental health conditions such as children, adolescents, and the elderly, with a higher risk of developing mental health conditions in the context

of isolation should be given more attention. In addition, the health research sectors and government should increase their investment in mental health-related research and development towards evidence-based interventions and assessment of mental inpatient care. According to World Health Organization (2013), effective investments should be underpinned by the following criteria: human rights protection, public health, economic burden, cost-effectiveness, equitable access, and financial protection.

Mental Health Governance. The inclusion of mental health in all national government mechanisms in outbreaks and pandemic responses should be institutionalized and improved. It implies that mental health should be fully considered across governments' health, social and economic responses, and recovery plans. The government and political leaders should improve their response capacities by integrating systematic response frameworks and models during the response. Health researchers and mental health managers should utilize research findings to inform policymakers to develop policies that are evidence-based and are likewise culturally sensitive mental health policies.

Service Delivery. Increase the development and mapping of innovative interventions to deliver mental health care services amidst the deterrent and limited mental inpatient care in isolation. The healthcare sectors, health organizations, and government should leverage basic and integrated psychosocial, psychiatric and neurological treatment by developing and advocating evidence-based, cost-effective interventions that promote continuity of mental care while considering altruistic reasons for isolation. The governmental and private hospitals should develop and deploy mental telehealth technologies and programs to bridge the gaps in mental care through the provision of virtual social support networks and electronic virtual care between isolated patients and mental health providers. In addition, healthy activities should be integrated into isolation facilities that promote and maintain a daily routine to support a sense of life purpose despite the unfamiliarity of isolation. The mental healthcare workforce in mental rehabilitation centers should advocate evidence-based cognitive rehabilitation interventions to improve mental health-related quality of life to optimize mental functioning.

Human and Non-Human Resources. The government and health organizations should invest in mental health resources, including increasing the capacitation of specialists and non-specialists to enable shared clinical tasks for the continuous provision of mental health care services and support despite the deficiency of specialist mental health providers. Furthermore, leveraging the accessibility of cost-effective, available mental health commodities and facilities should be included in the essential list of mental health packages.

Information Management and Research. Mental health information systems (MHIS) are essential for all aspects of the

mental health system. For mental health workers, management of mental health information systems should be strengthened to assess the needs of service users and monitor their response to interventions. Health researchers and mental health managers should explore and utilize mathematical modeling in planning and evaluating the prevention, diagnosis, and treatment of adverse psychological impacts of isolation. Also, health researchers should maintain collaborative efforts with target policymakers to inform mental-related decision-making to address psychological sequelae during isolation.

This policy brief entails the current psychological impacts of containment strategy-isolation and the recommended policy changes related hereto. Given the uncertainties on the effects of future pandemics, we must implement priority strategies that drive health reforms as new threats of emerging and re-emerging infectious diseases surface.

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