Strategies to Strengthen Mental Health Services in Hospital during Covid-19

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INDEXING

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ABSTRACT

Psychiatric disorders that arise due to Covid-19 include anxiety, depression, psychological trauma and the use of drugs to deal with tension caused by the pandemic. A total of 535 respondents (49%) out of 2,364 respondents had thoughts about death. Hospitals must make changes and mitigate, accelerate and adapt faster. This article aims to identify best practice strategies for suicide prevention to improve mental health services in hospitals. This study used queries: "suicide prevention", "covid" and "hospital". The inclusion criteria are English for the issue of 01/01/2020 - 05/10/2020, open access, full-text articles, all types of articles and have keywords. The exclusion criteria were the opposite of the inclusion criteria. The author obtained articles from SpringerLink (13 articles), Pubmed (17 articles), SAGE (4 articles), ProQuest (27 articles), and ScienceDirect (20 articles). A total of 6 articles is excluded because of duplication. 51 articles are excluded because they were not compatible with PICO. Ten articles were excluded because they were a systematic review. The author has 14 articles left for eligibility selection, and all articles are selected for full article review. The recommendation given is to provide comprehensive mental health services in the hospital.

Kata kunci:

Strategi;
Kesehatan mental;
Rumah sakit;
Covid-19;
Bunuh diri;

Gangguan kejiwaan yang muncul akibat Covid-19 antara lain kecemasan, depresi, trauma psikologis, dan penggunaan obat-obatan untuk mengatasi ketegangan akibat pandemi. Sebanyak 535 responden (49%) dari 2.364 responden memiliki pemikiran tentang kematian. Rumah sakit harus membuat perubahan dan mengurangi, mempercepat dan beradaptasi lebih cepat. Artikel ini bertujuan untuk mengidentifikasi strategi praktik terbaik pencegahan bunuh diri untuk meningkatkan layanan kesehatan mental di rumah sakit. Studi ini menggunakan pertanyaan: "pencegahan bunuh diri", "covid" dan "rumah sakit". Kriteria inklusi adalah bahasa Inggris untuk edisi 01/01/2020 - 05/10/2020, akses terbuka, artikel full text, semua jenis artikel dan memiliki kata kunci. Kriteria eksklusi adalah kebalikan dari kriteria inklusi. Penulis memperoleh artikel dari SpringerLink (13 artikel), Pubmed (17 artikel), SAGE (4 artikel), ProQuest (27 artikel), dan ScienceDirect (20 artikel). Sebanyak 6 artikel dikeluarkan karena duplikasi, 51 artikel dikeluarkan karena tidak kompatibel dengan PICO dan 10 artikel dikeluarkan karena merupakan tinjauan sistematis. Penulis memiliki 14 artikel tersisa untuk pemilihan kelayakan dan semua artikel dipilih untuk review artikel lengkap. Rekomendasi yang diberikan adalah memberikan pelayanan kesehatan jiwa yang komprehensif di rumah sakit.

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INTRODUCTION

Pandemics have resulted in a lot of disruption, confusion, and great suffering. According to Merriam Webster's dictionary, this is also called a crisis, defined as a tense situation, a time for intervention, when people experience difficulties in overcoming the situation (Dictionary, 2016).

Crisis includes family quarrels, wars, fires, accidents, floods, earthquakes, tsunamis, recessions, political and social conflicts (Cherry, 2020).

Mental health problems during a pandemic are caused by many factors, namely: the difficulty of relaxing even if just chatting with family and friends directly because the scope of human movement is limited. Physical distancing to prevent disease transmission, even though humans are social creatures who need other people while carrying out their daily activities. Many tourist attractions, restaurants and malls are not operating, resulting in many companies experiencing bankruptcy and layoffs of employees. Economic growth slows down and causes mounting pressure on the household economic sector. Restrictions on visits to the hospital when a person is sick or in need of follow-up care lead to increased stress on the patient.

Psychiatric disorders that arise due to Covid-19 are in the form of anxiety, depression, psychological trauma and the use of drugs to deal with the tension caused by the pandemic (Czeisler et al., 2020). It is characterized by disorders of the organ systems in the body, for example in the respiratory system (shortness of breath and heaviness), cardiovascular system (fast heartbeat, headaches), digestive system (nausea, bloating, diarrhoea), nervous-musculoskeletal system (muscle pain), tension, panic, fear of death, fear of transmitting disease, sleep disturbances), sensory system (skin feels itchy, tingling), flash-back episodes, nightmares, dull emotions, dependence on others, avoidance of activities and situations reminiscent of the trauma, shock, sadness, loss of interest or pleasure, feelings of guilt or inferiority, fatigue, low concentration.

People with depression and psychological trauma can think about death, so they should be watched closely (Kembaren, 2020; Kemenkes, 2015; WHO, 2019a).

Salari et al., in 2020 conducted a systematic review and meta-analysis about stress and anxiety that occurred in public during the COVID-19 pandemic based on five database sources, namely Science Direct, Embase, Scopus, PubMed, Web of Science (WOS) and Google Scholar. The results are the prevalence of stress as much as 29.6%, 31.9% anxiety and 33.7% depression (Salari et al., 2020). In comparison, based on the results of a self-examination conducted by the Association of Indonesian Mental Medicine Specialists (Persatuan Dokter Spesialis Kedokteran Jiwa Indonesia/PDSKJI), on their website they have obtained higher results compared to the research of Salari et al., namely 68% anxiety, 67% depression, 77% psychological trauma (PDSKJI, 2020).

Hospitals must make changes and mitigate, accelerate and adapt faster to face the challenges of Covid-19 due to the increasing number of Covid-19 cases and psychosocial problems in Indonesia. The hospital has done several things, including registration through an online/application system, manual medical records that have been transformed into electronic medical records, the use of telemedicine to conduct doctor-patient consultation sessions, and close monitoring at the hospital by the Patient Safety and Prevention Infection Control Committees so that patients and hospital staff can avoid Covid-19. This virus affects various sectors and complex health problems.

WHO (2018) explained that the prevalence of suicides was nearly 800.000 cases each year, which means that every 40 seconds, there is one person who dies because of suicide. Suicide cases occurred throughout the country. In Indonesia, the suicide rate is 4.8 per 100.000 population (WHO, 2018). The idea of suicide still occurred during the pandemic. A total of 535 respondents (49%) out of 2364 respondents had thoughts about death (PDSKJI, 2020). The suicide rate is one of the indicators of Sustainable Development Goals 3. It targets is reducing premature mortality

from non-communicable diseases by one-third and improving mental health and well-being by 2030 (WHO, 2019b). Some cases that occur are patients who jump from the hospital ward. So it is necessary to evaluate mental health services in hospitals related to Covid-19. The aim of the authors in compiling this article is to collect suicide prevention strategies from several works of literature so that they can improve mental health services in hospitals in Indonesia by using the perspective of the most unwanted situation (sentinel) by all hospitals, namely suicide patients.

RESEARCH METHOD

Exploration Strategy

Literature sources for this narrative review are obtained from the Pubmed, ScienceDirect, SAGE Journal, ProQuest and SpringerLink databases. PRISMA Protocol Search then carried out all articles obtained to select articles by title, abstract and based on complete articles to see if they were compatible with the research topic. The search uses a combination of the keywords "suicide prevention" and "covid" and "hospital".

Table 1. Query in Database

No.	Database	Query
1.	Pubmed	(suicide prevention) AND (covid) AND hospital
2.	ScienceDirect	"suicide prevention" AND (covid) AND (hospital)
3.	Scopus	"suicide prevention" AND (covid) AND (hospital)
4.	SAGE Journal	"suicide prevention" AND (covid) AND (hospital)
5.	ProQuest	"suicide prevention" AND (covid) AND (hospital)
6.	SpringerLink	"suicide prevention" AND covid AND hospital

Article Criteria

The inclusion criteria for this study were 1) using English, 2) articles published from Jan 1st, 2020 until Oct 5th, 2020, 3) open access so that they are free to download, 4) full-text articles, 5) all type of articles, 6) have keywords. Articles that fall under the exclusion criteria are 1) articles in a language other than English, 2) article publication conducted before 2020, 3) cannot be downloaded freely, 4) incomplete article text, 5) systematic review articles, 6) absence keywords.

Study Selection

Articles were selected based on inclusion and exclusion criteria. Articles that are relevant and complete are feasible. Authors select articles based on abstracts and article titles independently, not bound by any party. Authors make comparisons and decide on the similarities and differences of the articles selected. Suppose the author has doubts about the abstract of an article. In that case, the author filters the full text of the article and makes a collective agreement after discussing each article.

Figure 1. PRISMA Protocol Search Result

Figure 1 shows the process of deleting a research article. The author obtained 13 articles from SpringerLink, 17 articles from Pubmed, four articles from SAGE, 27 articles from ProQuest, and 20 articles from ScienceDirect. A total of 6 articles were excluded due to duplication, 51 articles were excluded because they were not compatible with PICO, and ten articles were excluded because they were systematic reviews. The authors had 14 articles left for eligibility selection, and all articles were selected for full article review because they fit the predetermined inclusion and exclusion criteria.

RESULT AND DISCUSSION

Strategies for suicide prevention can be viewed from various perspectives so that it is hoped that comprehensive mental health services will be provided. The author categorizes the strategies obtained from the provider and patient perspectives.

Provider perspectives

Suicide prevention in health care needs interdisciplinary interventions, aggressive and early management (Chacko et al., 2020), as well as leader support from sturdy leadership, timely communication, investment in technology, teams and mental health before the pandemic, have all contributed to the success of the staff's growing support efforts (Spray et al., 2020). Psychiatrists in

France are reorganizing their offer of treatment and creating emergency care, while at the same time having to be prepared to prevent and manage any negative effects that may occur. Ensure that psychiatry is included in the design of the emergency plan (Chevance et al., 2020)

Zhou et al. (2020) conducted a study using an online questionnaire to 606 frontline health workers and 1,099 community members. The results of the study on frontline health workers experienced depression as much as 57.6%, 45.4% had anxiety, 12.0% somatization symptoms, 32.0% insomnia and 13.0% frontline medical personnel had a risk of suicide. These are due to excess long working hours which is a significant cause of fatigue in health workers (Zhou et al., 2020). Management should take the prevention of fatigue in health care workers with a Strength-Focused and Transformation-Oriented Approach, awareness, and how workers feel grateful for what they have done and got (Bansal et al., 2020). Staff support programs are developed by an interdisciplinary staff support team to support and care for frontline medical staff and are managed through coordination and collaboration and almost seamlessly across a network of departments across health systems, cities, countries, international medical networks, academia and professional organizations (Spray et al., 2020). Roncero et al. (2020) started a mental health assistance program for professionals by conducting interventions and telephone consultations. Management needs to organize human resources to prevent burn out, namely by arranging shifts for health workers because some medical personnel have experienced COVID-19. There has been a decrease in the number of visits so that medical personnel can take turns working (Roncero et al., 2020).

Leather et al., (2020) developed internal training protocols for staff, training recommendations based on the Competency Suicide and Suicide Prevention Framework providing the gold standard for resource development. They were also recommending refresher training for professionals who rarely encounter self-injurious patients and to change the behaviour of health workers (Leather et al., 2020). Staff in emergency departments should learn more about mental health care, screening patients for suicidal intent, especially among children with prior emotional/behavioural problems (McBride, 2020) so that they are trained to detect early warning symptoms (Chevance et al. al., 2020).

Brown et al., (2020) from the UK conducted a three-phase training provided to all people across hospital organizations with a Randomized Controlled Trial (RCT) which is planned to be carried out from early 2019 to 2021/2022. The three pieces of training are: "suicide risk triage"; CAMS (Collaborative Assessment and Suicide Management) training that consists of "Risk triage training" workshop, 3 hours of online CAMS video providing an overview of CAMS assessment and demonstration of techniques and critical components of the CAMS framework with an emphasis on remaining suicidal and collaborating with patients; and the CAMS concordance (Brown et al., 2020).

The utilization and arrangement of units demonstrated by Roncero et al., (2020) in their article conduct an observational study on the Salamanca-Spain mental health network. Comparing medical organizations and activities in which a health facility converts one unit into a Covid ward, closes two units and starting a homelessness program to help the homeless who are unable to continue to live on the streets. The Salamanca city government provided the town hall as a shelter for their lodging and care. This program aims to detect and treat mental illness (Roncero et al., 2020).

In terms of the performance of medical personnel, Davis et al., (2020) identified the main mechanisms limiting the application of evidence-based suicide screening, assessment, and intervention practice through contextual investigations involving behavioural health and primary care physicians. Next, use the results of investigations to systematically design behavioural economics-based strategies across the set, working with an advisory board made up of key stakeholders (i.e., behavioural economists, physicians, implementation scientists, and suicide prevention experts). Perform rapid cycle trials to test and refine a menu of implementation strategies. The primary outcomes included physician reporting eligibility and acceptance of the implementation strategy. An example is a strategic plan that is obtained after finding a barrier, where the doctor is reminded to assess the risk of suicide in the patient through posters and text reminders before the consultation session time and displays a weekly leaderboard for physicians involved in safety planning for suicide prevention with clients identified as at-risk suicide (Davis et al., 2020).

If the hospital has a large budget for information technology, it can build a website like the one done by Spray et al., (2020) to provide emotional support to its front line staff. The website is user friendly. There are online tools including webinars, articles, tip sheets, de novo infographics, "Countermeasures" which can be used in real-time and can be accessed by all health workers at NYU throughout Manhattan, Brooklyn and the Winthrop Campus at NYU Langone Health (NYULH), the VA NY Port Health Care System, and Bellevue Hospital (Spray et al., 2020), utilizing telemedicine (McBride, 2020; Roncero et al., 2020), application of wellness (Bansal et al., 2020) and other prevention safety plan apps (McBride, 2020).

Telehealth can be best if the best people in telehealth provide training to all mental health providers in the hospital. Key stakeholders should support efforts to expand infrastructure, in particular by allocating staff and provider positions, allocating effort/hours of work and resources for telehealth at a rate appropriate for anticipated or desired growth. Always maintain innovation and evaluate program accuracy and correction of deviations from time to time. Use process normalization theory (NPT) which focuses specifically on how groups and individuals adopt and sustain new technologies and practical innovations, and provides a framework for identifying contextual barriers that can disrupt these processes (Myers et al., 2020). Cosic et al., (2020) designed a neuro-psycho-physiological based artificial intelligence and machine learning system that can detect mental health disorders in patients with no history of mental health disorders. The concept is based on the initial prediction of individuals who are at higher risk of developing chronic mental health disorders later in life due to high stress during the COVID-19 pandemic (Ćosić et al., 2020).

Ardi (2020) conducted a research on mental health services at a hospital in Indonesia and concluded that hospital management should be create and disseminate policies related to mental status screening for patients and staff, marker policies such as wristbands for patients with high suicide risk, improve the security of COVID-19 inpatient rooms and facilities, increase drug procurement collaboration with other hospitals or pharmacies to meet hospitalization needs psychiatric medicine, organizing psychiatric e-learning training for medical and non-medical personnel and making performance indicators for nurses and doctors to improve competence in the mental health sector so that they can achieve the target number of training hours in a year, adding a human resource module to the dashboard for coaching and coaching staff who experience burnout and monitoring the service process that occurs in the hospital, planning

human resources using dynamic system modeling that has a delay feature, developing hospital information systems so as to facilitate data retrieval to continue research, providing an indoor or outdoor facility as an anti-stress area used by staff either during working hours or outside working hours, budgeting mental health services with specific programs and activities into the Strategic Plan or budget work plan, adding questions related to social aspects in the screening instrument mental status, conduct weekly mental status screening and pre-hospital discharge as well as routine mental status screening of staff, adjust CCTV-related accreditation standards during the pandemic by the national hospital accreditation committee.

Patient perspectives

Treatment of patients can include psychological first aid (non-intrusive dialogue, clear and effective communication, encouraging preferred coping methods, psychoeducation about acute stress reactions, facilitating relationships with social support, increasing stress tolerance, and other strategies) (Madanes et al., 2020). Psychiatrists can develop interpersonal skills possessed by patients, stress coping skills (colouring, guiding imagination, deep breathing, journaling, music therapy, coping with new stress); individual and family therapy sessions focus on relationship issues and conflict resolution; patients can have virtual meetings with religious leaders, and when the patient is allowed to return home; outpatient therapy can be carried out through virtual media; patient satisfaction is influenced by the quality of communication; availability of mental health care; use of preventive measures such as hand and mask hygiene and early intervention such as trauma-focused cognitive behavioural therapy (CBT) (Jolly et al., 2020). Satisfaction with the quality of communication; availability of mental health care; use of precautions such as hand hygiene and masks; early intervention, such as trauma-focused cognitive behavioural therapy (CBT); appropriate assessment, reassessment, matching intervention levels with current clinical needs (Madanes et al. al., 2020).

Mental Health Services in Indonesia

Based on Rifaskes data in 2011, 7 provinces in Indonesia do not have mental hospitals. Four provinces do not have psychiatrists and only 33% of public hospitals provide mental health services (Idaiani & Riyadi, 2018). The results of the 2019 Rifaskes report, as many as 747 Puskesmas have not yet provided Mental Health Services, Narcotics and Addictive Substances have not reached (Kesehatan, 2019). These show that the handling of mental health in Indonesia has not become the main focus of the Government. In Indonesia, the impact of the rapidly contagious coronavirus-19, resulting in high morbidity, has caused several countries to experience recessions marked by slowing economic growth for two consecutive quarters, the unemployment rate has increased, and the Gini Ratio index has increased which states that there is an increasingly unequal public expenditure in Indonesia (Marhaeni, 2020). Before the pandemic, the distribution of mental health facilities was uneven. During this pandemic, it is likely that inequality in these facilities will still occur. During this pandemic, it is likely that there will still be disparities in these facilities coupled with the stigmatization and discrimination that The community isolates their families, refuses to bury their bodies in local cemeteries, rejects residents who are health workers and work in hospitals (Abdullah, 2020).

Community-Based Rehabilitation is a combination of persons with disabilities, their families and communities, health, education, vocational, social and other services from the Government

and related non-governmental organizations (WHO). To get rid of this stigma, CBR can provide counselling and therapy to the patient's family which can be done at home to reduce the fear of family and society (Trani et al., 2016). Indonesia has volunteer standby whose duties and functions are similar to CBR. In the Minister of Health Decree No. 564/2006 concerning Desa Siaga, which regulates villages whose inhabitants have the readiness of the source and abilities as well as the willingness to prevent and overcome health problems, disasters, and emergency, health independently (Kemenkes, 2006). By strengthening Desa Siaga and Relawan Siaga, conducting repeated socialization to the community about Covid-19 and it is hoped that the exclusion and rejection by residents will not happen again so that families affected or affected by Covid-19 can calmly undergo treatment and can recover quickly.

CONCLUSION

The Covid-19 pandemic which has been going on for nine months in Indonesia is not yet known when it will end which has caused tremendous pressure and suffering so that many people have the idea of committing suicide. The hospital must provide comprehensive services to prevent unwanted events in the hospital, and discrimination and stigmatization can add to the burden on Covid-19 patients. Hospitals can improve mental health services with the perspective of providers and patients that can reduce the risk of suicide in patients and hospital staff caused by the Covid-19 pandemic, economic and psychological stress. The hospital perspective can use approaches from human resources, hospital budgets, policies, infrastructure and drug logistics management. The perspective of patients using approaches based on trauma, interpersonal relationships, family support and stigma.

More about Rumah sakit dapat meningkatkan pelayanan kesehatan mental deCommunity-based Rehabilitation can help reduce stigma in society. Indonesia has Desa Siaga and Relawan Siaga who can help strengthen mental health in the community.

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