



## Working from home during the coronavirus pandemic – Experience of a Consultant Psychiatrist

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At the grand old age of 76 and for the first time in my life, I find myself working from home due to COVID-19. This article documents my experience: the challenges, the setbacks and occasional small victories. I hope to offer a few insights I have gained as I have navigated a new method of assessing and reviewing patients, along with the behaviours my patients have exhibited as they live through the twin realities of a global pandemic and prolonged lockdown.\*

I am a Consultant Psychiatrist working in adult planned mental healthcare in Sunderland. I work with a range of other professionals such as psychiatric nurses, social workers, therapists, occupational therapists as well as support workers. My role is to conduct an assessment of a patient's mental state before making diagnoses and recommending care plans which may include medications as well as other psychological interventions.

From March this year, I started working from home which is a novel concept in Mental Health. Upon finding out about my new working arrangements, my thoughts swung from relief that I would be able to keep working, (I do not cope well with boredom), to trepidation that I would have to rely on video conferencing to keep working, (I do not cope well with new technologies either), to excitement that I would be learning something new at this late stage in my career.

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My new working day starts with joining the Multi Disciplinary Team via video conferencing before moving on to my clinic which is conducted individually or in small groups via telephone or video chat.

Perhaps the biggest obstacle I face in this environment is building and maintaining a high level of rapport. The lack of physical face to face contact means that I am relying much more on verbal communication. During a traditional interaction, I would be paying close



attention to body language and non-verbal cues as they would form a large portion of the information gathering process.. I deal with patients, both old and new and each present their own challenges. New patients can be tricky as I am not in a position to do a full examination, however, I am able to give a provisional diagnosis and formulate a treatment plan.

While most patients seem comfortable undergoing a mental state examination remotely, it is the most vulnerable who are most disadvantaged. I believe this, in some cases, to be caused by a reluctance in engaging in a medium that could be considered impersonal. A small population of patients seem to have difficulty in giving the necessary level of detail due to their underlying mental state. Certain patients with psycho-motor retardation, or thought disorders, experience difficulties in comprehension and expression. In these cases, a thorough assessment must be conducted if remote consultation is to be continued.

One of the most important factors which needs to be considered is confidentiality. Unlike my consultation

room, it is difficult to ascertain how much privacy patients have when they are in their own environment. Intrusions, either accidental or deliberate are at best disruptive and at worst destructive leading to a loss of trust and willingness to engage so must be guarded against.

### COVID 19 Related Mental Illness

In my experience, many patients are suffering from a high level of anxiety and excessive fear from the situation brought about by COVID-19. While this has not led to a corresponding increased risk of deliberate self-harm or overdose attempts within my patient group, the number of patients whose severity of symptoms now warrant increased doses of anti-anxiety drugs and sleeping tablets is significant.

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I have noted a collection of symptoms that are particularly prevalent amongst patients who are isolating due to COVID-19. I have dubbed this phenomenon as 'Lockdown Syndrome' and the symptoms include but are not limited to:

- Dull brain and lethargy
- Sleep disturbances and nightmares
- Feelings of anxiety and low mood
- Lack of self-care due to low motivation
- Increased alcohol consumption and maybe psychoactive substances
- Rising tensions leading to domestic violence in the family
- Increased financial worries
- Behavioural changes, either becoming caring, helpful and supporting veering towards selfishness, suspicion and engaging in hoarding. .
- A lack of self confidence, self blame and feeling of helplessness
- Separation anxiety due to lack of physical contact from loved ones

Although patients with 'Lockdown Syndrome' generally react well to reassurance, the trend is that the severity of symptoms within individuals has increased as the lockdown period has been extended. It will be interesting to record how this develops as we start to ease the most restrictive measures and

move towards a more targeted and local lockdown model.

The COVID 19 pandemic and subsequent lockdown has changed the mental health treatment landscape in the UK, particularly for high risk workers such as myself.

Telephone and video conferencing is a surprisingly effective method of communicating and while there are challenges to this new way of working, arguably all but the most vulnerable can benefit from remote assessment and treatment. The fear of COVID-19 infection combined with the stress of lockdown, and all the instability that brings, has highlighted a group of symptoms that can be clustered as 'Lockdown Syndrome'. While those with existing mental health conditions are vulnerable to this, those with no prior poor mental health history are also exhibiting such symptoms. Therefore, healthcare providers should be prepared to increase the availability of mental health services, as I predict an increase in those seeking treatment especially if the UK is required to enforce a second lockdown period. If this were to occur in the winter when the hours of sunlight are shorter and people would normally expect to be surrounded by friends and family during the festive period, then it is likely the current provision of mental health services would be sufficient.

\*This article was written at the beginning of COVID-19 lockdown. Over the period of five months there have been further developments as well as improvements in video conferencing. There has been better collaboration between the primary and secondary mental health services.

## Experience of working during COVID-19 Pandemic in Psychiatry as a trainee doctor

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The year 2020 started with lots of uncertainty to people across the world. It changed the life-style, working environment and brought lots of changes in people's life.

I am a trainee doctor posted in community psychiatry when the pandemic hit. It is a mental health service based in Sunderland and is an Adult healthcare service and the community treatment team. It is a team of professionals which include Psychiatry consultants, Psychiatry nurses, psychologist, social workers, therapists, occupational therapists and support workers.

When the COVID 19 pandemic hit the UK and Government announced the new rules for vulnerable people to work from home, the way community psychiatry work started to change. The team started following the Government rules of social distancing and hand washing and the mode of consultation was changed to telephone rather than face to face. The vulnerable staff started to work from home and the staff working from base followed the Government rules of 2 metre distance.

I was still working from the base. I used to do clinic via telephone consultation which was bit strange initially as I was not used to with it. I found it challenging as we not only should look for verbal but non-verbal cues while consulting the patient which was not possible via telephone. However, I noted that the patient sounded more relaxed and involved in consultation when it was done within their comfort zone.

While working in community psychiatry during this pandemic, I learned about the effect of lockdown on the mental and psychological wellbeing of a person. In my experience, I felt that lockdown, on one hand, brought anxiety and increased fear of uncertainty in the patients who were already suffering from mental health problems. On the other hand, there were a handful of patients who felt the lockdown has not made any difference in their life. I also came across a young patient who was actually motivated to serve as a healthcare professional in the future as she understood the value of medicine, which came as positive surprise to me. There were cases with increased alcohol consumption, psychoactive substances, increased domestic violence and separation anxiety of being away from loved ones.

In this period of uncertainty, the team in community tried to uplift and support the colleagues by checking on each other and family wellbeing. There was awareness reminder on computer screen with green, yellow and red symptoms to check on not only physical but mental wellbeing of the staff.

In conclusion, working during the pandemic gave me new experience of managing the patient during uncertainty and looking after ourselves as well as the colleagues.