



## Psychiatrists in Times of Pandemics

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Canada and the world are currently dealing with a novel coronavirus pandemic, COVID-19. Pandemics are defined as the worldwide spread of a health condition. Though the world has known many pandemics over the centuries, most recently the SARS pandemic of 2002, the magnitude of the current COVID-19 pandemic has drastically changed the lives of millions of people, and is likely to have long-lasting impacts on day-to-day life.

At a systems level, pandemics have potential for significant macroeconomic fallout, and as a consequence have shaped politics and altered societies. In anticipation, leaders, by necessity, take on a command-and-control structure much like when at war. There is some logic to this approach as debate, reflection and questioning can critically slow an efficient response to the pandemic. This approach is seen at federal, provincial and municipal leadership levels, and is often the approach taken at health systems levels, where “command centres” are set up within hospitals to facilitate rapid decision-making, redeployment of human resources and cascading communication strategies. Utilitarian arguments grow

in strength, and individual rights and concerns can take a back seat unless careful consideration is given to developing processes that ensure the right checks and balances between the needs of the many and the rights of the individual.

For the individual, the impact of COVID-19 can have far-reaching effects developmentally, interpersonally and emotionally. During the peak, we have all been subject to a huge and abrupt change in what we have known as normal daily life. Unemployment, redeployment, temporary closures and remote work have shifted our usual ways of doing business and brought economic instability to many households. School closures have impacted the educational and social development of our young. Many people have become increasingly subject to social isolation and loneliness, and availability of usual supports as well as emotional, physical and creative outlets have decreased or ceased. How this has affected the mental well-being of our communities is still to be seen, but history dictates that there will be consequences, and the need for mental health supports and treatment for mental illness will be essential.

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In pandemic planning the role of psychiatrists does not often appear on the forefront, where the role of critical care, emergency, public health and infectious diseases experts are essential for survival. In many instances, ambulatory mental health clinics have closed or moved to a virtual-only platform. Despite this, psychiatrists have remained engaged in ensuring continuity of care for patients and families already struggling with mental health and addictions issues, and need to be ready to assess and treat those individuals who may become affected by the fallout of a pandemic.

Psychiatrists are uniquely positioned to provide both informal support and direct care to those health-care providers on the front line of the pandemic. They are also able to provide expert advice and advocacy to health-care leaders who are planning wellness strategies and resiliency tools necessary to maintain their workforce in the face of a new normal in health care delivery. Psychiatrists will be particularly effective in providing these services if they can understand some of the trends and pressures that arise at both a systems level as well as at the individual level in pandemic times. To this end, the Canadian Psychiatric Association takes the following position.

In times of pandemics, Canadian psychiatrists will ensure that they:

1. Are engaged and educated in pandemic and post-pandemic processes, policies and best practices in order to effectively advocate for evidence-based decisions impacting provision of treatment and care.
2. Remain capable of providing ongoing care, through learning about and training in all available care delivery platforms that can balance their own health concerns and safety with the need to maintain treatment and care to patients and families.
3. Support medical colleagues, both by being prepared to contribute directly to care of patients outside their usual scope of practice when urgent need arises, and by providing advice to those who may be suffering from stress and burnout as a result of pandemic workload.
4. Continue to protect the rights and interests of psychiatric patients through advocacy for their needs, particularly when utilitarian arguments are not balanced by a recognition of duty to care for individual groups of patients.
5. Hold their professional organizations and workplaces accountable to processes in decision-making by using ethical frameworks to drive thoughtful, principles-based approaches.
6. Remain vigilant to ensure both clinicians and health-care leadership embody professionalism as they work to resolve conflicts that may arise in a stressed health-care environment.
7. Continue to model that there is both an art and a science to medicine. Warmth, empathy and understanding are important attributes when dealing with patients and each other, even in times of extraordinary stress.

## References

1. Grennan D. What is a pandemic? *JAMA*. 2019;321(9):910. doi:10.1001/jama.2019.0700.
2. Nicola M, Alsaifi Z, Sohrabi C, et al. The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *Int J Surg*. 2020;78:185–193. doi:10.1016/j.ijssu.2020.04.018.
3. Rajkumar RP. COVID-19 and mental health: A review of the existing literature. *Asian J Psychiatr*. 2020;52:102066.
4. Banerjee D. The COVID-19 outbreak: Crucial role the psychiatrists can play. *Asian J Psychiatr*. 2020;50:102014. doi:10.1016/j.ajp.2020.102014.
5. Shalev D, Shapiro PA. Epidemic psychiatry: The opportunities and challenges of COVID-19. *Gen Hosp Psychiatry*. 2020;64:68–71. doi:10.1016/j.genhosppsy.2020.03.009.