

TELE- COUNSELING FOR COVID CHILD SURVIVOR UNDER HOSPITAL QUARANTINE

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Abstract:

The novel coronavirus disease (COVID-19) pandemic has led to a significant degree of mental health crisis across the globe and moreover it has brought serious social and psychological impact to the children, especially those under home quarantine and isolation with limited access to face-to-face interaction and interventions. Now the Global challenge is to provide mental health services in the context of patient under quarantine or in isolation, using innovative and situation- based approaches to treatment and counselling. Online healthservices (through videoconference, e-mail, telephone, or smartphone apps.,) specifically telemental health services are practically feasible and appropriate at this time to support the patients, family members, and health service providers during this pandemic. The present study discusses the case of a girl child tested COVID positive ,under hospital quarantine , separated from her parents as result of which she had developed acute psychological distress . The clinical team with the help of medical social worker effectively intervened through tele-counselling to reduce the distress and to enhance the child to cope with and to maintain psychological well-being .

KeyWord: CoronaVirusDisease(COVID 19),PsychologicalImpact,Hospital Quarantine ,Tele-counselling.,

Introduction:

The Novel Corona Virus Disease (COVID 19) originated from China in December 2019 and has rapidly crossed geographical borders, infecting people throughout the world. In March 2020, The World Health Organization has declared the current outbreak of COVID-19 in China as a Public Health Emergency of International Concern, and characterized COVID-19 as a pandemic. World Health Organization (WHO) had published a brief messages related to mental health and psychological considerations during COVID-19 outbreak and developed a module on Psychological First Aid (PFA) for people under Quarantine . In China COVID-19 has affected children aged 3 months to 17 years, most of whom

had close contact with infected persons or were part of a family cluster of cases (1). Infected children may appear asymptomatic or present with fever, dry cough, and fatigue, and few have upper respiratory symptoms including nasal congestion and running nose. Most infected children present with mild clinical manifestations without fever or symptoms of pneumonia and the majority recover within 1-2 weeks after disease onset (2). Although children seem to be less vulnerable than adults to COVID-19, initial reports from Chinese areas hit by the outbreak indicate that children and adolescents have been impacted psychologically, manifesting behavioral problems (3).

Case Discussion of Child under Hospital Quarantine

A 10-year-old girl, tested positive for COVID-19 through contact – tracing by the health care authorities of her locality, was admitted in the isolation ward of the designated COVID Hospital. Exploring the history it was found, around the first week of April 2020 both her parents were tested positive and were also isolated in designated COVID Hospital which was in the other State. Her elder brother 11 years old was tested Negative and was kept under Hospital Quarantine for observation. It was also understood that the care taker of the child was an elderly from the same family tested negative.

As parents were worried about the emotional state of the daughter, the clinical team decided to reach out to the child on the request of the parents. The clinical team in the hospital, directed the ***Medical Social Worker (MSW)*** to provide intervention to the child and family. MSW used Smartphone as a quick means of communication which would be helpful at the present situation to address the psychological distress with utmost care and concern.

When contacted through mobile the child was incessantly crying as she was separated from her parents and ***isolated***. As the ***emotional bond*** was broken she felt ***emotionally unsafe*** and ***insecured***, she expressed her feeling of being separated from her sibling which also created a sense of ***vacuum*** in the family environment. She developed ***unfounded fear or excessive fear in the unknown environment (hospital), fear of infection, lack of knowledge about the disease, restriction of movement within the ward, lack of companionship etc.***, and adapting to the changes initially lead to ***loss of appetite and disturbed sleep patterns***.

With frequent tele-counselling at the initial stage of intervention the MSW focused on nurturing the resilience of the child to manage little disappointments, to overcome the unpredicted conditions and to possibly stabilize the emotions to the changes that took place socially as well as psychologically. Video calling with the parents and MSW helped the child overcome the communication gap that persisted and in turn she was able to deal with the level of ***psychological distress like fear, anxiety, stress,***

frustration, irritation to greater extent,, she was able to strike a good balance between **the physiological aspects like proper food intake / routine sleep patterns, compliance to treatment procedures and psychological wellbeing**. After 14 days of hospital quarantine she was tested negative and discharged from hospital. She was advised on Home Quarantine for the following week , she was eagerly waiting to meet her parents who returned after two days and they also isolated themselves from the community.

Interventionthrough Tele-counseling by MSW : A study on Mental health considerations for children quarantined because of COVID -19 mentions separation from caregivers pushes children into the state of crisis and might cause the risk of psychiatric disorders(4). Children under isolation and or quarantine during pandemic diseases had the chances to developed acute stress disorder, adjustment disorder, and grief (5).Tele-counselling in the above situation helped the child and parent to deal with multiple emotional distress,the MSW introduced herself and moved the entire communication empathetically towards understanding the situation and to assess the childs emotional state like (feeling of loneliness,fear,anger, ,sadness,frustration.,etc) during the course of conversation. MSW focused on motivating the child to disclose her thoughts and feeling without any interruption using active listening skills, paraphrasing her responses/reply so as to help her, to express feelings in appropriate and realistic ways. The MSW used ***open- ended questions*** to touch the child's sensitive experiences related to Diagnosis of Covid-19, Hospital Quarantine, adapting to hospital environment/ treatment by staff , to get factual information ***closed ended questions*** were asked about medications, food patterns, sleep hygiene and psychological issues. Clarification was often sort to get correct information from the child and when necessary it was information was communicated to the parents. In order to reduce fear and other psychological discomfort, the child was asked to communicate with their parents and family members via mobile (video call) any time. Each time the tele-counseling session was concluded by summarizing the points discussed which was appropriate for termination helping the child to become more objective, and to refocus in realistic ways.

Conclusion:

Telemental health services would reduce person - to- person contact and it would also reduces the risk of exposure between health care workers and the quarantined patient. It is worth understanding that tele-counselling was used as an alternative approach that was adapted to understating the crisis situation of the individual child. Tele –mental health services (like video call, video conferencing, tele- medicine ,tele-reviews and smart phone apps etc.) are the only means to support the patients and families to develop a positive coping style to enhance emotional well-being.

Suggestion: Although the knowledge base regarding children's responses to trauma and adverse events in general has been expanding, descriptions of children's responses during pandemic remain scarce. Mental health professionals should establish evidence based guidelines and strategies to cope with COVID 19 pandemic- related mental health problems in children *under hospital quarantine*. Health care workers should receive formal training to facilitate early identification of children's mental health problems during crisis situation.

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