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TABLE OF CONTENTS

WEST AFRICAN JOURNAL OF MEDICINE

REVIEW ARTICLE

Psychosocial Impact of the Implementation of COVID-19 Protocols

Impact Psychosocial de l'Application des Protocoles COVID-19

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ABSTRACT

BACKGROUND: The COVID-19 pandemic has spread globally since the first case was diagnosed in Wuhan, China in December 2019 and we are now experiencing the fourth wave. Several measures are being taken to care for the infected and to curtail the spread of this novel infectious virus. The psychosocial impact of these measures on patients, relatives, caregivers, and medical personnel also needs to be assessed and catered for.

METHODS: This is a review article on the psychosocial impact of the implementation of COVID-19 protocols. The literature search was done using Google Scholar, PubMed, and Medline.

DISCUSSION: Modalities of transportation of the patient to isolation and quarantine centres have led to stigma and negative attitudes towards such individuals. When diagnosed with the infection, fear of dying from COVID-19, fear of infecting family members and close associates, fear of stigmatization, and loneliness are common among COVID-19 patients. Isolation and quarantine procedures also cause loneliness and depression, and the person is at risk of post-traumatic stress disorder. Caregivers are continually stressed out and have the constant fear of contracting SARS-CoV-2. Despite clear guidelines to help with closure for family members of people dying from COVID-19, inadequate resources make this unrealistic.

CONCLUSION: Mental and emotional distress resulting from fear of SARS-Cov-2 infection, the mode of transmission, and consequences have a tremendous negative impact on the psychosocial well-being of those affected, their caregivers, and relatives. There is a need for the government, health institutions, and NGOs to establish platforms to cater to these concerns. **WAJM 2023; 40(2): 227–231.**

Keywords: SARS-CoV-2, COVID-19, Psychological Impact, Mental Distress, Stigmatization.

RÉSUMÉ

CONTEXTE: La pandémie de SRAS-CoV-2 causée par le COVID-19 s'est propagée à l'échelle mondiale depuis que le premier cas a été diagnostiqué à Wuhan, en Chine, en décembre 2019, et nous vivons maintenant la quatrième vague. Plusieurs mesures sont prises pour prendre en charge les personnes infectées et freiner la propagation de ce nouveau virus infectieux. L'impact psychosocial de ces mesures sur les patients, les proches, les soignants et le personnel médical doit également être évalué et pris en compte.

MÉTHODES: Il s'agit d'un article de synthèse sur l'impact psychosocial de la mise en œuvre des protocoles COVID-19. La recherche documentaire a été effectuée à l'aide de Google Scholar, PubMed et Medline.

DISCUSSION: Les modalités de transport du patient vers les centres d'isolement et de quarantaine ont conduit à une stigmatisation et à des attitudes négatives envers ces personnes. Lorsque l'infection est diagnostiquée, la peur de mourir du COVID-19, la peur d'infecter les membres de la famille et les proches, la peur de la stigmatisation et la solitude sont courantes chez les patients atteints du COVID-19. Les procédures d'isolement et de quarantaine provoquent également la solitude et la dépression, et la personne risque de souffrir du syndrome de stress post-traumatique. Les soignants sont continuellement stressés et ont la crainte constante de contracter le SRAS-CoV-2. Malgré des directives claires visant à aider les membres de la famille des personnes décédées du COVID-19 à tourner la page, le manque de ressources rend cette démarche irréaliste.

CONCLUSION: La détresse mentale et émotionnelle résultant de la peur de l'infection par le SRAS-Cov-2, de son mode de transmission et de ses conséquences a un impact négatif considérable sur le bien-être psychosocial des personnes touchées, de leurs soignants et de leurs proches. Il est nécessaire que le gouvernement, les institutions de santé et les ONG mettent en place des plateformes pour répondre à ces préoccupations. **WAJM 2023; 40(2): 227–231.**

Mots clés: SRAS-CoV-2, COVID-19, impact psychologique, détresse mentale, stigmatisation.

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INTRODUCTION

The world is currently experiencing the third/fourth wave of the coronavirus disease-2019 (COVID-19) pandemic that first broke out in December 2019 in Wuhan, China. As of 4th January 2022, severe acute respiratory syndrome coronavirus-2 (SARS-COV-2) infection has affected 222 countries and territories around the world with a total of 290,959,019 confirmed cases, including 5,446,753 deaths (1.86% mortality rate).[1] There have been wide-ranging efforts made to curb the spread and limit the morbidity and mortality of this infection. These measures include isolation of the sick, quarantine of the exposed, and non-pharmacological preventive measures including social distancing, avoiding social gatherings, and wearing of facemasks amongst others.[2]

It is important to understand that protocols like those instituted for COVID-19 are necessary for the practice of medicine as they act as guidelines for best outcomes and as well as standards used for clinical audits. Protocols are evidence-based strategies produced from the synthesis of reviews of available data from research and they have been proven to be effective in the promotion of compliance with the outlined guidelines for different situations.[3]

However, implementing the COVID-19 guidelines has resulted in a myriad of ramifications for patients, their caregivers, and the medical personnel caring for them. Several studies have documented lots of possible impacts of COVID-19 as a stressor to the infected individuals, health workers, and the community at large. Researchers in China described COVID-19 as being a possible cause of excessive and continuous stress leading to anxiety, fear, loneliness, depression, denial, anger, aggression, exhaustion, obsessive-compulsive behaviour, and excessive sensitivity to body changes among patients infected with severe acute respiratory distress coronavirus-2 (SARS-CoV-2).[4] Some of these can also be perceived by anyone at risk of infection.

An in-depth assessment of the mental impact of COVID-19 measures that have been put in place to reduce the spread of the virus revealed varied psychological consequences which act as risk factors for several mental disorders, including anxiety, affective disorders, and psychoses.[5] This has led to calls for social support and empathy from everyone, especially the infected individuals and their loved ones to ensure physical and mental stability and wellness during the pandemic.

World Health Organization (WHO) defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.[6] Thus, there is the need to call attention to this impaired health status being experienced by many individuals out there. There is also the need to raise awareness of the need to encourage and support one another psychologically during this pandemic.

Protocols Related To The COVID-19 Pandemic

As the SARS-CoV-2 spread worldwide, many protocols have been instituted locally by the ministries of health and centre of disease control in various countries. International protocols were also released by international organizations like the World Health Organization. These include guidelines on testing, quarantine, triaging, burial, and disposal of the bodies of people who died of COVID-19, travelling, treatment and management. These protocols are not static but are constantly changing in line with new dates as they emerge. The protocols for international travel differ from country to country.

For instance, in Nigeria, all the protocols related to COVID-19 are released by the National Centre for Disease Control of Nigeria (NCDC) and the presidential task force on COVID-19. Some of these protocols include the protocol for the containment of COVID-19 released on April 30, 2020; the National interim guidelines for clinical management of COVID-19 on June 3, 2020; and the COVID-19 response provisional quarantine protocol for travellers arriving in Nigeria from any country released on September 4, 2020.[7–9]

Regarding handling and burial of the dead, WHO has opined that other than the lungs, the dead bodies of patients with COVID-19 are not generally infectious. As such, the dignity of the dead, their cultural and religious traditions, and that of their families should be respected and protected throughout. However, the safety and well-being of everyone who attends to bodies should be a priority. Consequently, it is recommended that hasty disposal of a dead from COVID-19 should be avoided, an autopsy can be performed if required, washing as well as viewing of dead bodies by relatives is allowed as long as the infected bodies can be handled properly, and appropriate personal protective equipment (PPE) is used by those handling the dead bodies.[10] However, embalming has not been advised due to the excessive manipulation required but cremation is only by choice. Touching and kissing the dead is not allowed, adults older than 60 years and immunosuppressed persons are also not allowed to directly interact with the COVID-19-infected dead body.[10]

METHODS

This is a review article on the psychosocial impact of the implementation of COVID-19 protocols. The literature search was done using Google Scholar, PubMed, and Medline using the following keywords psychosocial impact of COVID-19 pandemic, the psychological impact of COVID-19, COVID-19 and well-being, COVID-19 and mental health and impact of the COVID-19 pandemic. Articles on mental health, well-being and psychological impact of other diseases but not the COVID-19 pandemic were not included in this review.

Psychological Impact of COVID-19 Protocols

COVID-19 Transport Protocols

WHO recommended protocols for managing COVID-19 stipulate that those infected with the viral infection should be isolated and their contacts quarantined.[2] Infected individuals are commonly taken from their houses or workplaces to isolation centres by ambulances with health personnel in full complements of the PPE, which comprises the full-body suits with hoods, N95 facemasks, and goggles.

Alternatively, health personnel wearing a full-body suit of the PPE visit the homes of the infected patients being managed in home settings to take samples for testing to the peering eyes of neighbours. This has led to shame and stigmatization in some communities and societies. The situation may not improve even when they return from isolation, as they are still seen as an infective entity and people do not relate closely with them like before, leading to some psychosocial problems.

The concept of stigma has been documented as a key concern during infectious disease outbreaks and specifically surrounding quarantine measures.[11] Quarantined and isolated individuals are more likely to report stigmatization and social rejection including avoidance, withdrawal of social invitations, and critical comments.[12] The effect of stigmatization may manifest as a delay in seeking care when a person falls ill with COVID-19-like symptoms. This may lead to increased spread of disease, developing a severe form of the disease before seeking care, and dying from the disease. Also, the populace becomes unnecessarily afraid or sceptical of the sick and may begin to elicit negative behaviour and/or violence against them.[11,13]

The Diagnosis as a Stressor

The COVID-19 pandemic has led to mental distress, this is worsened by the restrictions put in place to help contain the novel infectious virus.[14] More so, when diagnosed with SARS-CoV-2 infection, there is personal anxiety over one's health and fear of infecting friends and family that a person has been in contact with. The person can also be fearful of developing a severe form of the disease or dying from the disease. The quarantine of people who were infected with the SARS-CoV-2 caused them to be afraid of both their health and the possibility of infecting others with the novel virus.[12] They were also bothered when they experienced any symptoms. They also noted that confinement as part of the isolation/quarantine protocol was associated with boredom, frustration, and a sense of isolation from the rest of the world. All these were particularly stressful. Negative behaviour from contacts may also happen, such as blaming the infected persons for causing them (the contact) to go into quarantine. They may even seek monetary compensation from the infected for economic losses associated with the isolation. If these were to happen, it would be an unnecessary burden to a psychologically overwhelmed individual.[11]

Isolation, Quarantine, and Social Distancing

People infected with SARS-CoV-2 may also suffer from loneliness, stress, anxiety, and depression. The risk is higher in women and individuals with a history of mental disorders.[13] Loneliness in the community may result from restrictions of movement, especially lockdown. Man is a social being, therefore, restrictions in movement and gathering can lead to loneliness. Even though there are social media and internet-mediated communication platforms, physical socialization leads to some connectedness that cannot be provided by a virtual connection and online communication. A review of studies on COVID-19 patients showed that 96.2% of COVID-19 patients had post-traumatic stress symptoms (PTSS) and a significant proportion also had a high level of depressive symptoms, with a worsening of symptoms among those with psychiatric disorders.[15]

All ages are at risk of contracting COVID-19, however, studies on the epidemiology of COVID-19 are unanimous in finding the middle age group as the predominant age group affected by the viral infection with the elderly, male gender, people with underlying diseases, and those with the compromised immune status being more likely to contract a severe disease.[16–20] Due to the risk of severe disease especially amongst the elderly and those with underlying illnesses, it has been recommended that older adults should self-quarantine and shut themselves off from people to reduce the risk of getting infected. Also, in some care facilities/homes for the elderly, a ban on visits from family members and friends was imposed to minimize the risk of spreading the virus. The fear of developing COVID-19 complications and death from the disease, coupled with the loneliness and social isolation that would result from the above practices would have a significant negative impact on the mental health status of elderly COVID-19 patients.[21] Also, women and individuals aged between 18 and 30 years or older than 60 years are more likely to develop post-traumatic stress disorder from infectious outbreaks.[22] These findings were further reinforced by facts from several studies that the mental and physical health of older people and those with pre-existing medical conditions who have COVID-19 are negatively affected; as anxiety, depression, poor sleep, and physical inactivity significantly increased while undergoing isolation.[13,23,24]

COVID-19 Protocols in Dying and Burying

Death from COVID-19 is perhaps the most feared consequence of SARS-CoV-2 infection. This is commoner among patients of older age or those with underlying diseases.[16,25] Due to the infection control protocols, people infected with SARS-CoV-2, people dying from the disease do not have the comfort and emotional support of their loved ones in their final moments.[20]

Despite clear guidelines regarding the management of patients who die from COVID-19, the reality renders most of these recommendations impractical. This is majorly due to inadequate PPEs and a lack of required volume of trained personnel, as reported in several countries such as Brazil, and other nations in Latin America and Africa.[26] This means a lot of families do not have the opportunity to be there for their loved ones even after their death. This denies them the ability to get closure after the death of their relatives.

COVID and the Health Worker

From the health worker's perspective, due to their proximity to COVID-19 patients, they experienced stigmatization, and avoidance behaviour, perhaps to a greater extent than the general populace after returning from quarantine.[12] The workload of health workers has also undoubtedly increased. This stress would be compounded when declared COVID-19 positive. The fear of infecting their family members and

thoughts of family members' infection being their fault due to carelessness can be overwhelming.

A review of the literature revealed consistent reports of stress, anxiety, insomnia, and depressive symptoms in health care workers because of COVID-19,[13,15,24] with effects on medical staff greater than on administrative staff. It is highest among workers who work in direct contact with COVID-19 patients.[27] Other reviews noted that female health care workers, those living alone, and nurses were more affected.[13,28] In a study on laboratory personnel working on COVID-19 samples, more than half of the personnel developed mild to severe fear, anxiety, and depression.[29]

Possible Solutions to Combatting the Psychosocial Impact of COVID-19 Protocols

Several strategies can be taken to combat the psychosocial impacts of the implementation of the COVID-19 protocols. The WHO advises that for the maintenance of good well-being especially mental health, there should be minimal exposure to information on COVID-19 that leads to anxiety, depression, and mental distress.[27] These include limited publication, listening, viewing, and reading of data concerning COVID-19 including those related to the morbidities and mortalities associated with COVID-19. Moreover, information about the COVID-19 pandemic should only be assessed from reliable sources as there were several misconceptions and misinformation during the pandemic.

During the COVID-19 pandemic, care and management of the general well-being of all should include mental, and physical health. Also, worrisome emotional and physical stress levels should be dealt with to avoid any negative consequences.[30,31] Virtual platforms for communicating with the infected should be encouraged among family members, especially in their calm moments before death.[31]

Healthcare workers need constant emotional, mental, and psychological support as long as the pandemic lasts. Shorter shift length, social support as well as provision of mental health and support services could help with preventing and coping with these adverse eventualities.[13,27,28,31]

Helplines or hotlines managed by personnel trained in handling psychosocial distress should be established for anyone to call in when needed. Hospitals should also properly activate mental health care desks and make qualified clinical psychologists available for the mental health needs of hospital staff and patients. Furthermore, bereaved individuals need all the support they can get. Non-Governmental organizations involved in the promotion of the psychosocial wellbeing of individuals should raise awareness about this widespread mental health impairment for further intervention at governmental levels. They could also provide safe zones for interaction amongst individuals experiencing such distress.

CONCLUSION

The COVID-19 pandemic has led to different psychosocial problems. Measures were taken to reduce the spread of the virus, limit morbidity, and mortality and aid its eradication. These protocols cover different aspects of the management of the COVID-19 pandemic which included testing, quarantine, isolation, triaging, management, vaccination, restrictions, and travel. The implementation of these COVID-19 protocols has led to several psychosocial impacts among the infected, those caring for them, and the community at large. There is a need to recognize this and help patients, caregivers, and healthcare workers in providing care during special periods like the COVID-19 pandemic. Government, health institutions, and non-governmental organizations need to do more in this regard. Establishing virtual or physical platforms to cater to these concerns would be a good step in the right direction.

Conflict of Interest

The authors do not have any competing interests.

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REFERENCES

1. WHO Coronavirus Disease (COVID-19) Dashboard. https://covid19.who.int/. accessed 04/01/2022.
2. Transmission of SARS-CoV-2: implications for infection prevention precautions. Scientific Brief. 9 July (2020). https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions. Accessed 20th August 2021.
3. Ebben RAH, Siqeca F, Madsen UR, Vloet LCM, Achterberg TV. Effectiveness of implementation on strategies for the improvement of guideline and protocol adherence in emergency care: a systematic review. *BMJ Open*. 2018; **8:** e017572. Doi.10.1136/bmjopen-2017-017575
4. Wang J, Wang JX, Yang GS. The Psychological Impact of COVID-19 on Chinese Individuals. *Yonsei Med J*,. 2020; **61:** 438–440. https://doi.org/10.3349/ymj.2020.61.5.438.
5. Giallonardo V, Sampogna G, Del Vecchio V, Luciano M, Albert U, Carmassi C, *et al.* The Impact of Quarantine and Physical Distancing Following COVID-19 on Mental Health: Study Protocol of a Multicentric Italian Population Trial. *Frontiers in Psychiatry*. 2020; **11:** 533. https://doi.org/10.3389/fpsyt.2020.00533.
6. World Health Organization (1984). Definition of Health. https://www.publichealth.com.ng/world-health-organizationwho-definition-of-health/. Accessed 20th August 2021.
7. Nigeria Centre for Disease. National interim guidelines for clinical management of COVID-19 (2020). Retrieved from www.ncdc.gov.ng.
8. Nigeria Centre for Disease Control. Implementation guidelines for containment of COVID-19. 2020. Retrieved from www.ncdc.gov.ng.
9. Nigeria Centre for Disease Control. COVID-19 response: provisional quarantine protocol for travelers arriving in Nigeria from any country. 2020. Retrieved from www.ncdc.gov.ng
10. World Health Organization. Infection Prevention and Control for the safe management of a dead body in the context of COVID-19. 2020. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-lPC_DBMgmt-2020.1-eng.pdf
11. Bruns DP, Kraguljac NV, Bruns TR. COVID-19: Facts, Cultural Considerations, and Risk of Stigmatization.

J Transcultural Nurs. 2020; **31:** 326–332. https://doi.org/10.1177/1043659620917724.

12. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, *et al.* The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet (London, England). 2020; **395:** 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8.
13. Shreffler J, Petrey J, Huecker M. The Impact of COVID-19 on Healthcare Worker Wellness: A Scoping Review. *Western J Emerg Med.* 2020; **21:** 1059–1066. https://doi.org/10.5811/westjem.2020.7.48684
14. Fegert JM, Vitiello B, Plener PL, Clemens V. Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical research needs in the acute phase and the long return to normality. *Child Adolescent Psychiatry Mental Health*. 2020; **14:** 20. https://doi.org/10.1186/s13034-020-00329-2.
15. Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behav Immun.* 2020; **89:** 531–542. https://doi.org/10.1016/j.bbi.2020.05.048.
16. Nikpouraghdam M, Jalali-Farahani A, Alishiri G, Heydarid S, Ebrahimniae M, Samadiniaf H, *et al.* Epidemiological characteristics of coronavirus disease (COVID-19) patients in IRAN A single-centre study. *J Clinic Virol*. 2020; **127:** 104378. https://doi.org/10.1016/j.jcv.2020.104378.
17. Pan A, Liu L, Wang C, Guo H, Hao X, Wang Q, *et al.* Association of Public Health Interventions With the Epidemiology of the COVID-19 Outbreak in Wuhan, China. *JAMA.* 2020; **323:** 1915–1923. https://doi.org/10.1001/jama.2020.6130
18. She J, Liu L, Liu W. COVID-19 epidemic: Disease characteristics in children. *J Med Virol.* 2020; **92:** 747–754. https://doi.org/10.1002/jmv.25807
19. Bi Q, Wu Y, Mei S, Ye C, Zou X, Zhang Z, *et al.* Epidemiology and transmission of COVID-19 in 391 cases and 1286 of their close contacts in Shenzhen, China: a retrospective cohort study. *The Lancet. Infectious Diseases*. 2020; **20:** 911–919. https://doi.org/10.1016/S1473-3099(20)30287-5.
20. Shi Y, Wang G, Cai XP, Deng JW, Zheng, L, Zhu HH, *et al.* An overview of COVID-19. *Journal of Zhejiang University. Science. B*. 2020; **21:** 343–360. https://doi.org/10.1631/jzus.B2000083.
21. Wu B. Social isolation and loneliness among older adults in the context of COVID-19: a global challenge. *Glob Health Res Policy.* 2020; **5:** 27 https://doi.org/10.1186/s41256-020-00154-3.
22. Qiu J, Shen B, Zhao M, Wang Z, Xie B, Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *Gen Psychiatr.* 2020; **33:** e100213.
23. Sepúlveda-Loyola W, Rodríguez-Sánchez I, Pérez-Rodríguez P, Ganz F, Torralba R, Oliveira DV, *et al.* Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. *The Journal of Nutrition, Health & Aging*. 2020; **24:** 938–947. https://doi.org/10.1007/s12603-020-1469-2.
24. Luo M, Guo L, Yu M, Jiang W, Wang H. The psychological and mental impact of coronavirus disease 2019 (COVID-19) on medical staff and general public – A systematic review and meta-analysis. *Psychiatry Research*. 2020; **291:** 113190. https://doi.org/10.1016/j.psychres.2020.113190.
25. Yuki F, Yura K, Mayuko S, Yugo S, Kazuaki J, Tomoya S, *et al.* National Task Force for COVID-19 Outbreak in Japan, Epidemiology of COVID-19 Outbreak in Japan, January - March 2020, *Japanese J Infect Dis*. 2020; Article ID JJID.2020.271, [Advance publication] Released April 30, 2020, https://www.jstage.jst.go.jp/article/yoken/advpub/0/advpub_JJID.2020.271/_article/-char/en. https://doi.org/10.7883/yoken.JJID.2020.271.
26. Calmon, M. (2020). Considerations of coronavirus (COVID-19) impact and the management of the dead in Brazil. Forensic Science International: Reports, 100110. *Advance Online Publication*. https://doi.org/10.1016/j.fsir.2020.100110.
27. Ahmed MA, Asmaa A, Sara M, Alshaima R, Yasmin I, Nourhan M, Mai EA. Psychological effect of COVID-19 on medical health-care workers, *Internat J Psychiat Clinic Pract.* 2020; DOI: 10.1080/13651501.2020.1791903
28. Shaukat N, Ali DM, Razzak J. Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. *Int J Emerg Med.* 2020; **13:** 40.
29. Teo WZY, Soo YE, Yip C, Lizhen O, Chun-Tsu L. The psychological impact of COVID-19 on 'hidden' frontline healthcare workers. *Internat J Social Psychiat.* 2020; https://doi.org/10.1177/0020764020950772\
30. World Health Organization (2020). Mental health and psychosocial considerations during the COVID-19 outbreak. www.who.int
31. Selman LE, Chao D, Sowden R, Marshall S, Chamberlain C, Koffman J. Bereavement Support on the Frontline of COVID-19: Recommendations for Hospital Clinicians. *Journal of Pain and symptom management*. 2020; **60:** e81–e86. https://doi.org/10.1016/j.jpainsymman.2020.04.024