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## Original Research

### Virtual vs Physical counselling: Results from Relatives of COVID 19 patients

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#### ABSTRACT:

**Background:** Covid -19 pandemic is the major health crisis of 21<sup>st</sup> century affecting the world with over 8 crore cases and 18 lacs deaths and is associated with adverse mental health consequences. **Objectives:** To compare the effects of physical and virtual counselling in relatives of Covid- 19 patients. **Materials and methods:** The relatives of patients to be involved in the study will be assessed. Those meeting the inclusion criteria will be further evaluated using self-structured sociodemographic Performa. Sociodemographic details Psychiatric comorbidity will be assessed using MINI, following which they will be assessed for their psychological wellbeing using CAREGIVER SELF ASSESSMENT QUESTIONARE. **Results & Conclusion:** The psychotherapy offered by both virtual and physical methods counselling in relatives of Covid-19 patients was at par with each other benefitting the caregivers undergoing serious mental stress pertaining to COVID-19 pandemic.

**Keywords:** Covid19, counselling, mental health, distress.

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#### INTRODUCTION

The COVID-19 pandemic is a major health crisis affecting several nations, with over 8 crore cases and 18 lakh confirmed deaths reported to date. Such widespread outbreaks are associated with adverse mental health consequences. During any outbreak of an infectious disease, the population's psychological reactions play a critical role in shaping both spread of the disease and the occurrence of emotional distress and social

disorder during and after the outbreak. Despite this fact, sufficient resources are typically not provided to manage or attenuate pandemics' effects on mental health and wellbeing. While this might be understandable in the acute phase of an outbreak, when health systems prioritize testing, reducing transmission and critical patient care, psychological and psychiatric needs should not be overlooked during any phase of pandemic management.<sup>1</sup>

The 2019-nCoV pandemic has caused public panic and mental health stress. The increasing number of patients and suspected cases, and the increasing number of outbreak-affected provinces and countries have elicited public worry about becoming infected. The unpredictable future of this pandemic has been exacerbated by myths and misinformation, often driven by erroneous news reports and the public's misunderstanding of health messages, thus causing worry in the population. Further travel bans and some executive orders to quarantine travelers might have generated public anxiety while trying to contain the outbreak.<sup>2</sup>

There are many reasons for this. It is known that psychological factors play an important role in adherence to public health measures (such as testing, social distancing, vaccination) and in how people cope with the threat of infection and consequent losses. These are clearly crucial issues to consider in the management of any infectious disease, including COVID-19 for the betterment of patients and relatives /caregivers . Further psychological reactions to pandemics include maladaptive behaviors, emotional distress and defensive responses. People who are prone to psychological problems are especially vulnerable. The relatives of caregivers are particularly prone to develop psychiatric manifestations such as anxiety, sadness of mood, decreased sleep as their loved ones are separated from them and kept in isolation so the fear of their wellbeing intrudes. Hence, psychological interventions such as counselling and psychoeducation can help in decreasing their fear and anxiety. So, we recommend the provision of targeted psychological interventions for communities affected by COVID-19, particular supports for people at high risk of psychological morbidity, enhanced awareness and diagnosis of mental disorders (especially in primary care and emergency departments) and improved access to psychological interventions (especially those delivered online and through smartphone technologies). These measures can help diminish or prevent future psychiatric morbidity moreover the online counselling diminishes the risk of infection to the healthcare workers<sup>3</sup>.

It has been found that psychological counselling is effective in decreasing significantly anxiety and depressive symptoms, as well as increasing their self-esteem. These are encouraging results

demonstrating an effective form of the intervention on population<sup>4</sup>.

Public transport in many regions has been suspended to lower the risk of disease transmission; thus, online mental health services have been widely adopted. The current Lockdown and restrictions to public transport have inevitably become a major barrier to access physical counselling although online counselling has its own benefits but has its own drawbacks. So that fraction of population can benefit from physical counselling.

Accessing specialized mental health services, such as psychotherapy, has long been difficult for many individuals. Primarily because of physical distance or confinement, indigenous populations, deployed military members, incarcerated individuals, and those living in rural areas or having to commute to urban centers are among those known to have suffered longstanding treatment access disparities. The COVID-19 pandemic has resulted in physical distancing and/or confinement mandates on a global scale, bringing unprecedented attention to the need for innovation in addressing access barriers. So, considering the situation in mind we will be comparing virtual and physical counselling to see the effects on caregivers/relatives of the patients<sup>5</sup>.

## **AIMS AND OBJECTIVES**

1. To study the psychiatric comorbidity in relatives of Covid 19 patients
2. To compare the effects of physical and virtual counselling in relatives of those patients
3. To study the sociodemographic profile of patient of Covid 19

## **MATERIALS AND METHODS**

The study will be conducted in the Department of Psychiatry, Government Medical College, Amritsar. All the relatives /care givers of the patients admitted in COVID 19 isolation wards who will agree to participate will be informed about the precise aim of the interview and a written informed consent will be taken. Minimum of 100 relatives /care givers of patients will be included in the study. They will be randomly divided into two groups of 50 each to study the effects of virtual and physical counselling. The study will not interfere in their treatment and management. Relatives/caregivers will be

reassured about the confidentiality of the information given. Data interpreted will be analyzed through standard statistical methods

**Inclusion Criteria for key Caregivers/Relatives**

- 1. Identified as current key caregivers of patients  
Aged more than 18 years
- 2. Caring and living with patient for more than 1 year
- 3. Having no chronic illness since last 1 year (medical/psychiatric)
- 4. Agreed to give consent
- 5. Covid negative test results.

**EXCLUSION CRITERIA**

- 1. Caregivers who had a cognitive impairment or an intellectual disability
- 2. Children and young people <18 years
- 3. Caregivers not giving consent
- 4. Uncooperative caregiver

The study sample will be assessed using following documents:

**Self-structured Sociodemographic proforma –**

**Mini International Neuropsychiatric Interview (MINI):**<sup>6</sup>It is a short, structured diagnostic interview to diagnose ICD-10 psychiatric disorders. It was used to establish the comorbid psychiatric disorders.

**CAREGIVER SELF ASSESMENT CHECKLIST**<sup>7</sup>: to study psychological well being of relatives of Covid 19 patient.

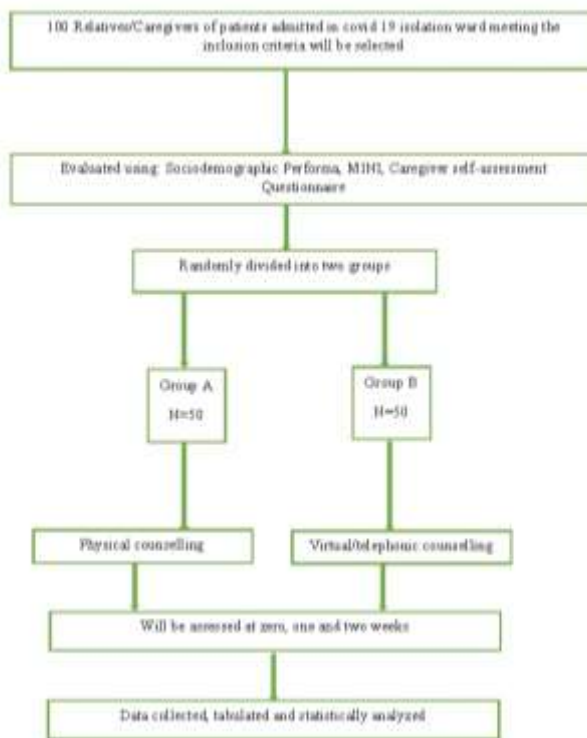
The relatives of patients to be involved in the study will be assessed. Those meeting the inclusion criteria will be further evaluated using self-structured sociodemographic Performa for Sociodemographic details. Psychiatric comorbidity will be assessed using MINI, following which they will be assessed for their psychological well being using CAREGIVER SELF

**ASSESSMENT QUESTIONARE.**

**Statistical analysis**

At the end of the study, the data will be collected and will be analyzed using appropriate statistical methods.

**STUDY DESIGN**



**RESULTS**

Among the physical counselling group majority of the caregivers (48%) belong to the age group 30 to 45 years 44% belong to age group 14 to 29 years and 8% belong to 46 to 61 years.74% were male and 26% were female. Regarding education majority of the caregivers (54%) had completed higher secondary education. caregivers 34% were unemployed, 22% were professionals and 20% were semiprofessional,48% of the caregivers were either children of the patient (son and daughter) whereas 26% were spouses, 14% were siblings and 10% of participates were parents.90% of the participants belong to urban area and 8% belong to rural area.

In this 32% were diagnosed with alcohol dependence whereas 18% fell under the category of substance dependence. The most prevalent psychiatric illness in this group was generalized anxiety disorder (26%). whereas major depressive disorder was diagnosed in 20% of the participants, only 2 participants gave the history of suicidal thoughts or attempt in the past. In the second group 30% of the participants were diagnosed with generalized anxiety disorder whereas 28% gave the history of major depressive disorder. Alcohol

consumption were diagnosed in 6% and 10% were diagnosed with substance dependence

Among the tele counseling group majority of the caregivers (38%) belongs to 30 to 45 years

32% belongs to age group 14 to 29 years and 30% belongs to age group 46 to 61 years.

62% were male and 38 % were female.60% studied till higher secondary, whereas 20 % were graduate and 10% were postgraduate.

84% belong to urban area and 8% to rural area.

Regarding the occupation of caregivers 34% were unemployed, 22% were professionals and 20% were semiprofessional.

In the second group 34 % of respondents were children of the patient, 22% were spouse, 14% were sibling and 8% were parents.

The caregivers were also interviewed regarding the consumption of drugs. 32% answered that they were regular alcoholics whereas 16% had history of opioid use, natural or synthetic. Only 2% gave the history of tobacco consumption, 10% had history of opioid consumption whereas only 6% gave the history of alcohol consumption. The participants were also interviewed regarding the history of any psychiatric illness using mini version 5.0. 30% had GAD and 28% had mood disorders.

**TABLE 1: SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PATIENTS**

S.NO	PARAMETERS	TOTAL	PHYSICAL COUNSELLING	VIRTUAL COUNSELLING
1	AGE GROUP			
	14-29		22 (44%)	16 (32%)
	30-45		24 (48%)	19 (38%)
	46-61		4 (8%)	15 (30%)
2	GENDER			
	male		37 (74%)	31 (62%)
	female		13 (26%)	19 (38%)
	other			
3	EDUCATION			
	illiterate		3 (6%)	1 (2%)
	can read and write		0	2 (4%)
	primary		3 (6%)	0
	middle		5 (10%)	2 (4%)
	higher secondary		27 (54%)	30 (60%)
	graduate		11 (22%)	10 (20%)
	post graduate		1 (2%)	5 (10%)
4	OCCUPATION			
	professional		11 (22%)	11 (22%)
	semiprofessional		10 (20%)	2 (4%)

	skilled		7 (14%)	6 (12%)
	unskilled		1 (2%)	3 (6%)
	farmers		1 (2%)	3 (6%)
	students		3 (6%)	1 (2%)
	unemployed		17 (34%)	24 (48%)
5	RESIDENCE			
	urban		45 (90%)	42 (84%)
	semi urban		1 (2%)	4 (16%)
	rural		4 (8%)	4 (16%)
6	RELATION WITH PATIENT			
	Parents		5 (10%)	4 (16%)
	Spouse		13 (26%)	11 (22%)
	children		24 (48%)	17 (34%)
	siblings		7 (14%)	7 (14%)
	others		2 (4%)	11 (22%)
7	HISTORY OF DRUG ABUSE			
	Alcohol		16 (32%)	3 (6%)
	tobacco		1 (2%)	0
	opioid		8 (16%)	5 (10%)
8	HISTORY OF PSYCHIATRIC ILLNESS			
	yes		18 (36%)	15 (30%)
	no		22 (44%)	35 (70%)

## MINI

S.NO	HISTORY	PHYSICAL COUNSELLING	VIRTUAL COUNSELLING
1	MDD	10 (20%)	14 (28%)
2	Dysthymia	0	0
3	Sucidality	2 (4%)	0
4	Manic episode	0	0
5	Panic disorder	0	0
6	Agoraphobia	0	0
7	Social Phobia	0	0
8	OCD	0	0
9	Posttraumatic stress disorder	0	0
10	Alcohol dependence/abuse	16 (32%)	3 (6%)
11	Substance dependence/abuse	9 (18%)	5 (10%)
12	Psychotic disorders	0	0
13	Anorexia nervosa	0	0
14	Bulimia nervosa	0	0
15	GAD	13 (26%)	15 (30%)
16	Antisocial personality disorder	0	0

Caregivers were provided with the self-assessment questionnaire at 0 week 1 week and 2 weeks to study their psychological wellbeing. It was found that 59% of them were experiencing high degree of distress (62% in physical and 56% in virtual) and it decreased after first and second counselling . It was seen in 49 % (50% in physical and 48%in virtual) after the first counselling which further decreased to 19 % (20% in physical and 18%in virtual) after the second counselling. It was found that degree of distress was slightly more in females (60%)than in males(57%) and also it is more in the persons having psychiatric comorbidities. Similarly, it was noted that urban residents (45% in physical and 42% in virtual) faced more amount of distress than their rural counterparts (4% and 4% in physical and virtual) . Hence, a conclusion can be made that the degree of distress curtailed with every further counselling and that, the physical and virtual counselling turned out to be almost equally beneficial.

**CAREGIVER SELF ASSESMENT QUESTIONNARE**  
(experiencing high degree of distress)

S.NO	PARAMETER(physical)	0 WEEK	1 WEEK	2 WEEKS
1	Answered yes to both question 4 and 11	14	11	6
2	Total YES score is 10 or more	25	21	8
3	Score of question 17 is 6 or higher	10	7	3
4	Score of question 18 is 6 or higher	9	7	3
	TOTAL(male, female)	31(22,8)	25(19,6)	10(7,3)

S.NO	PARAMETER(virtual)	0 WEEK	1 WEEK	2 WEEKS
1	Answered yes to both question 4 and 11	12	9	6
2	Total YES score is 10 or more	22	18	8
3	Score of question 17 is 6 or higher	8	6	3
4	Score of question 18 is 6 or higher	7	5	3
	TOTAL(male ,female)	28(17,11)	24(15,9)	9(6,3)

**DISCUSSION**

Telepsychology, according to the APA, is the use of any of a number of telecommunication technologies to deliver psychological services (APA, 2015). Therefore, telepsychological services may run the gamut from smartphone apps meant to enhance treatment adherence to Internet-based self-management tools for individuals with depression and other extensions of in-person services, to synchronous provision of audiovisual telepsychotherapy Prior to the COVID-19 pandemic, telepsychology was being used but in a limited capacity. Despite the availability of the technology for some time and the findings that for many psychological issues telepsychology is just as effective as in-person sessions many psychologists had been slow to adopt telepsychology as a substantial part of their practice.<sup>8</sup>

Consistent with previous researches demonstrating low rates of telepsychology use with only about one fifth of practicing psychologists using telepsychology in their practice, psychologists in

the current study estimated performing 7.07% of their clinical work with telepsychology before the pandemic. This is in stark comparison to psychologists’ estimates that telepsychology comprised 85.53% of their clinical work during the pandemic, an over 12-fold increase.<sup>9</sup> Results also supported previous research findings that uptake of telepsychology during the pandemic would relate to several demographic variables. Woman-identified gender, nonrural practice setting, increased organizational policies supporting telepsychology, and increased training in telepsychology were all associated with increases in percentage of telepsychology use. Age and race/ethnicity were not associated with changes in telepsychology service provision.<sup>9</sup> Telepsychotherapy represents a promising solution to problems pertaining to specialized mental health services accessibility, including when delivering psychotherapy to people who do not have access to care due to the COVID-19 pandemic. The quality of the working alliance established in such a therapeutic context remains often questioned.<sup>10</sup>

Notably, before starting their first sessions, psychotherapists expressed slight reservations toward the use of videoconference. They mostly feared that videoconference could have a negative impact on the working alliance or that the use of this technology could be laborious in the context of psychotherapy. Once the treatment began, however, their fears dissipated very quickly. It therefore seems that the mere fact of experiencing videoconferencing psychotherapy may suffice to eliminate the psychotherapists' apprehensions.<sup>10</sup>

## CONCLUSION

The psychotherapy offered by both virtual and physical methods counselling in relatives of Covid-19 patients can be concluded to be at par with each other benefitting the caregivers undergoing serious mental stress pertaining to COVID-19 pandemic and associated illnesses. Telepsychology proved it's worth providing a benchmark solution to the psychotherapy related issues of such patients. After the discharge, patients need not come for follow up. Periodic telephonic contacts can be useful after care strategy especially in COVID situation.

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