COVID-19 Anxiety:
Malaysian Regulatory Mechanisms on Mental Health

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Abstract:

Quarantine due to the Novel Coronavirus disease (COVID-19) may cause a broad range of neurological symptoms, including but not limited to signs of post-traumatic stress, fatigue, anxiety, rage, panic, and even addiction to drugs. In addition, the results have showed some of these negative effects, most specifically post-traumatic stress syndrome, could have an effect on long-term people and could be more important among those with a history of mental disorder and related healthcare providers. Due to this latest COVID-19 pandemic, several nations, including Malaysia, have urged citizens to quarantine at home or at the quarantine centre. Those are among the causes that influence the degree of psychological effect on those engaged in quarantine, such as the amount of time spent in quarantine, feelings of fatigue, anger and anxiety, lack of resources such as food, water and clothes, loss of family members and love; and loss of productive knowledge. Losing income and profits owing to cessation of job or unemployed, and the stigma and guilt about getting sick or getting others sick are always viewed as something shameful and linked to mental wellbeing problems. Therefore, this research endeavours to develop a coherent regulatory mechanism which can be used to analyse the ways in order to minimise negative mental health status in the present pandemic, quarantine should last no longer than necessary; health authorities should give clear guidance and ample services to those who are impacted by quarantine. Often, healthcare staff are required to receive medical help from their supervisors, and those with pre-existing mental illness will require additional assistance through this quarantine time. In China, China's National Health Commission has called an immediate request for psychiatric distress action and has established numerous legislation and psychosocial mental wellbeing and frameworks. This condition varies from nation to nation. In Malaysia, it is arguable thatThe absence and lack of mental health and psychosocial regulatory structures, scarcity of well-trained mental health practitioners, and lack of active expert interventions (NGOs, health institutions, state municipal participation, academic sectors) could importantly affect the communities. Hence, there is an urgent need to create a robust and effective guidance that magnifies the risks of long-term psychological distress impact. Having said that, public mental health monitoring should therefore be considered as part of epidemic monitoring which may help detect potential problems. These later contribute to a forum in a way to formulate an effective solution to public mental wellbeing, and help address concerns or dilemmas that happened among pre-existing psychological illness families, during or after the outbreak of COVID-19. Ignorance of the pandemic's effect on mental wellbeing problems would not only hamper efforts to deter further dissemination of COVID-19, it would also inflate current health gaps.

Keywords: Pandemic outbreak, COVID-19, mental health, regulatory mechanisms.

1. INTRODUCTION

The Novel Coronavirus disease (COVID-19) first appeared in China in late December, 2019 and has widely spread to more than 180 countries worldwide. On 30 January 2020, the World Health Organization (WHO) announced the COVID-19

epidemic as a Public Health Emergency of International Concern (PHEIC) and 11 March 2020 a pandemic. More than 2,000,000 COVID-19 incidents were reported globally and more than 130,000 deaths. Patients, health workers, pupils at colleges and schools and the general population are under psychological strain that may exacerbate and contribute to multiple psychiatric problems such as anxiety, panic, depression, insomnia and more. Psychological or behavioral health distress therapy plays a key part in overall COVID-19 epidemic prevention.

Mental illness may often hit unprecedented proportions in individuals if not maintained. The WHO Chief was certainly worried about the effect of COVID-19 on the mental wellbeing vulnerability and condition of citizens worldwide and advised preventing a pandemic of psychiatric disorders beyond COVID-19 [1]. The inference was created after studying the history of Severe Acute Respiratory Syndrome (SARS), which affected the Taiwanese in 2003. A research reported by The Canadian Journal of Psychiatry indicates that recovering SARS patients often display alarming rates of stress, anxiety, and post-traumatic symptoms only after one year of the SARS outbreak [2]. The influence and situation is troubling as a COVID-19 epidemic can occur at present. Although stress and distress are natural responses in a stressful environment, psychiatric assistance is necessary when it is required, especially for those who are burdened with delivering treatment for the ill in such situations. For starters, many nurses work long exhausting hours during which they are subject to much human misery. Their emotional well-being is highly critical as they want to serve the best quality treatment possible [3].

2. COVID-19 AND MENTAL HEALTH ISSUES

As stated earlier, COVID-19 can trigger stress to people. A recent UK study revealed how loneliness, separation, and quarantine may have long-term impacts on mental well-being related to the worldwide COVID-19 crisis. Quarantine may cause a broad range of neurological symptoms, including but not limited to signs of post-traumatic stress, fatigue, anxiety, rage, panic, and even addiction to drugs, and this was reported in the *Lancet Journal* [4].

Shock and apprehension around COVID-19 may be debilitating, inducing intense reactions not only among people with pre-existing psychological illness, but also to frontline teachers, university and school teachers and the general public. Each individual responds differently to traumatic circumstances related to this outbreak, based on their context, the society they reside in, and the susceptibility of the adult to mental health problems in dealing with this outbreak. These situations definitely involve worries about the risk of contamination of family members; fear of being sick and dying; losing loved ones; feeling powerless for not being able to protect loved ones; tension and anxiety, particularly due to separation from loved ones and caregivers due to being quarantined. Other than that, they may also feel fear of being put under house surveillance due to the illness; and avoiding health facilities due to this fear. The pain experienced by those personally impacted by COVID-19 will be long-lasting. People are not specifically diagnosed with COVID-19 but required to quarantine are at greater risk of early death [5]. This was accompanied by a scientific journal review, *Perspectives On Psychological Science* on 2005 proving that prolonged social isolation can increase the risk of mortality by 29 per cent [6].

It is undeniable that the outbreak of COVID-19 pandemic has impacted societies around the world in many ways. Due to potentially serious health outcomes of this COVID-19 pandemic, the government has enacted some limited measures including banning foreign visitors, prohibiting mass gatherings, and restricting religious-related activities. More importantly, the government has adopted strict quarantine measures and social distancing in order to prevent and control the

outbreak of the pandemic. The outbreak that was considered to be a Public Health Emergency of International Concern by the World Health Organisation (WHO) in January 2020, is increasingly generating stress and anxiety throughout the population [7].

As weeks of quarantine and distancing turn into months, the members of the society start to experience a greater sense of isolation and separation. During times of stress and crisis, it is common for individuals whether they are being infected or not, to feel worried and anxious. The members of the society at large, may feel bored, disappointed, and angry to be placed under quarantine and isolation, and these do not include the stigmatisation, financial loss and societal rejection [8]. They are also coping with the uncertainty of when and how the pandemic will end, the fear of getting infected, the future of their job and any other problems. Given the current situation of the COVID-19 pandemic, it is also not impossible for confirmed and suspected patients to experience fear, anxiety, depression, loneliness and helpless that could worsen their health condition and lower treatment adherence. Experts anticipate that more cases of high levels of post-traumatic stress disorder and depression could be reported [9].

At root, the front-liners such as medical professionals, police, armed forces and other essential services are no exclusion to these. They may feel the same as they are battling the virus, owing duty of care to the patients, family members and most of the times, when facing and dealing with the public attention and enquiries [7]. A recent study in China confirmed some of the concerns and findings that those symptoms of anxiety and depression affected most medical professionals treating COVID-19 patients [10]. The experts also cautioned that these symptoms were likely to influence the members of the society and continue well into the future, even after the quarantine and isolation are lifted.

Malaysia entered COVID-19 when the first event was verified on 25 January 2020. On 16 March 2020, Malaysia's Prime Minister Tan Sri Muhyiddin Yassin declared that the government would take extraordinary action by implementing 14 days of Movement Control Order (MCO) nationwide from 18 March 2020 to 31 March 2020 to weaken the spread of COVID-19 in Malaysia [11]. The extended MCO duration, which is more than a month or longer, may impact individual's mental health, particularly those who might already have mental health issues [12].

In Malaysia, the psychological intervention definitely demands an urgent response from the government and legislators who wish to address the serious challenge of the crisis to the mental health of the society. The existing legislation or guidelines may require revision and development in order to deal with the particular issue that this outbreak raises. Currently, the only guidelines issued by the Ministry of Health in relation to the mental health is the Guidelines COVID-19 Management No.5/2020 (Annex 33) which was updated on 24 March 2020 and Mental Health Card Alert (Annex 6b) for the individuals and volunteers who are coming back from the outbreak area. The Guidelines COVID-19 Management is primarily intended to explain *Mental Health and Psychosocial Support* (MHPSS) in COVID-19 in Malaysia. This document also provides guidance for policy makers, medical professional and others including members of the society in terms of developing and implementing action plan, support services and policies at national, state and district levels regarding *Mental Health and Psychosocial Support* (MHPSS).

3. COVID-19 ANXIETY: THE NEED FOR REGULATORY MECHANISMS

Developing a proper and comprehensive MHPSS is very crucial and needed at current situation. The term MHPSS applies to any form of local or international assistance directed at maintaining or fostering psychosocial well-being, or avoiding or managing mental illnesses [13]. Further support is

needed in order to provide wellness, schooling, or community-based approaches. The word 'MHPSS Concerns' includes psychological difficulties, interpersonal pain, general psychiatric illnesses (such as depression and post-traumatic stress disorder), serious psychiatric conditions (such as psychosis), misuse of alcohol and drugs, and intellectual illness [13].

MHPSS in disasters covers all assistance provided from people to maintain or encourage their mental wellbeing and psychosocial well-being through accidents / crises / epidemics / pandemics or outbreaks and to address psychiatric illnesses. Psychosocial therapy often helps people and families overcome the traumatic impact and recover following a trauma or tragedy. The word psychosocial refers to the near relationship between the person and any other entity's relational aspects, particularly for healthcare workers (HCW). MHPSS provides the diagnosis and management of mental conditions such as depression, fear, and post-traumatic stress disorder (PTSD) [13].

China's Public Health Commission called for immediate psychiatric distress action. Different administrative and psychosocial mental wellbeing and processes were established less than a month from COVID-19 in Wuhan, China. On January 27, 2020, China's central health authority released the 'Principles for Immediate Psychological Crisis Management for COVID-19 Pneumonia Epidemic' to minimise the likelihood of the COVID-19 outbreak and foster social stability. The recommendations will be followed with direction by qualified mental health practitioners. The guidance also empowers the federal, independent, and local specialist teams to coordinate and assume responsibility for psychiatric trauma management and related activities. This integration will then allow regional mental wellbeing organisations and scholarly societies implement immediate psychiatric trauma services, clinical therapy, and therapeutic support programs that offer professional advice and collaborate with health authorities [14].

Apart from that, it is evident that the community groups and organisations in China, along with their online mental wellbeing programs, have formed advisory teams to gather recommendations and public health awareness articles / videos pertaining to the mental health practitioners and the general public. Furthermore, mental health practitioners and specialist committees are located in dedicated treatment clinics for on-site care. During COVID-19 epidemic, experts established agreement on sending people with serious psychiatric disorder to mental health facilities [7].

Therefore, this research concurs that Malaysia should have a clear and systematic MHPSS through the Ministry of Health to provide adequate advice and services to those in need of mental wellbeing during and post MCO due to COVID-19 outbreak. Currently, Malaysia has no clear legislative framework regulating mental health problems related to COVID-19 outbreak aside from the MHPSS guideline. Therefore, in order to minimise the likelihood of adverse psychological consequences induced by the COVID-19 epidemic and foster social cohesion, Malaysia would have robust and relevant mental wellbeing and psychosocial regulation structures, such as in China, equipped with state advisory teams, autonomous agencies and communities to coordinate and take responsibility for psychological distress management and relaxation. This, in fact, will also enable regional mental wellbeing organisations and university organisations to implement immediate psychiatric trauma measures, clinical therapy, and therapeutic support programs and offer professional advice and collaborate with health agencies. A successful MHPSS includes compulsory participation of mental health groups and scientific organizations in coordinated advisory committees, e.g. providing recommendations and guidance for mental health programs.

4. REGULATORY MECHANISMS FOR MENTAL HEALTH OUTBREAK DURING COVID-19

4.1 International Level

a) Mental Health and Psychosocial Considerations During the COVID-19 Outbreak

In January 2020, the World Health Organisation (WHO) announced COVID-19 a global health emergency of international significance. WHO reported a high probability of COVID-19 spreading to other countries across the world. In March 2020, WHO determined that COVID-19 may be described as a pandemic. Worldwide, WHO and public health officials work to control COVID-19 outbreak. This period of turmoil, though, creates tension in the society. As a consequence, after the COVID-19 epidemic, the WHO Department of Mental Wellbeing and Drug Use established a Behavioral Wellbeing and Psychosocial Strategy to promote emotional and psychosocial well-being of multiple focus populations after the epidemic [15].

b) CN COVID-19 Update: New guidance on Mental Health and Psychosocial Support

The International Council of Nurses (ICN), Switzerland, agreed to help WHO establish guidelines on CN COVID-19 Update: updated advice on emotional wellbeing and psychosocial care to better reduce psychological impacts on hard-pressed workers. ICN maintains in good touch with the WHO and offers assistance to representatives of the National Nursing Associations (NNAs), of which the Malaysia Nurses Association is a part, concerning COVID-19 [16].

c) Interim Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak Version 1.5

The Inter-Organization Standing Committee (IASC) is an organization established by the United Nations (UN) to maintain continuity in planning and response activities, devise policies and decide on goals for improved humanitarian intervention. They had produced an interim Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak Version 1.0 on February 2020 and the interim Briefing Note has been upgraded to Version 1.5 on the same month of February 2020 as a guideline for MHPSS [17]. The IASC Recommendations for MHPSS in emergency situations advises incorporating various rates of action into outbreak response operations.

4.2 Malaysia

a) Existing Regulatory Mechanisms on Mental Health

i) Mental Health Act 2001 & Mental Health Regulations 2010

The Mental Health Act 2001 was passed by Parliament in Malaysia in August 2001 but did not come into operation until 2010, when the Mental Health Regulations 2010 came into force. The introduction of the Mental Health Act 2001 and the Mental Health Regulations 2010 further streamlined the provision of psychiatric care by the private and government sectors. It looked into the delivery of a comprehensive care, treatment, control, protection and rehabilitation of those with mental disorders. The Mental Health Act in the private sectors is to be interpreted together with Private Healthcare Facilities and Service Act 1998. This Act has provision for mental health delivery in three facilities namely Psychiatry Hospitals, Psychiatry Nursing Homes and Community Mental Health Centres.

ii) Manual on Mental Health and Psychosocial Response to Disaster in Community Mental Health Unit Non-Communicable Disease Section Disease Control Division Ministry of Health Malaysia 2013.

This training manual on mental health and psychosocial response to disaster in community was developed based on references and resources provided by mental health experts from psychiatric services; Mental Health Unit, NCD Section, Disease Control Division, Ministry of Health and World Health Organization (WHO) on 2013.

Disaster has been defined by the National Security Council, Malaysia as a sudden, catastrophic event, sudden misfortune or calamity. It can be classified into Natural and Man-made disasters. Experts are very concerned on the psychological impact of disaster to the people in Malaysia due to a study conducted by them have clearly shown that in the early stages, any psychological changes in the victims are a normal reaction towards an abnormal situation. Disaster poses an unexpected large psychological burden to individuals as well as to the family members and community. There would be a considerable change in daily life and activities. It is considerably easy to identify the physical sufferings endured by victims of disaster. However, it is not so easy to identify psychological problems among victims.

Most of the affected people may not show any response and needs towards psychological aid. Nevertheless, there is a immediate demand to provide mental health services and psychosocial support to the victims of disaster [18]. The objective of this manual is to recruit and train Mental Health and Psychosocial Response Team (MHPRT) with Basic Disaster Response Skills to prepare them in assisting community during disaster; to provide basic knowledge on Mental Health and Psychosocial responses to Disaster; and to equip MHPRT with disaster management skills in assisting the community prepare for/cope with disaster; as well as to establish contact and networking for referral purposes.

Whether COVID-19 comes under this manual's disaster description, though, is still unclear. This is often suggested that it is unclear whether to interpret this manual as a guideline to improve sufficiently trained behavioural health professionals in vulnerable communities to reduce the risks of long-term psychological distress.

b) *Regulatory Mechanisms for Mental Health During COVID-19 Crisis*

i) **Guidelines COVID-19 Management No.5/2020**

Taking into consideration the urgent need to respond to this situation, the Ministry of Health Malaysia has created general *Guidelines COVID-19 Management No.5/2020* on 25 March 2020 [19]. The guideline supporting the mental health issues can actually be found in Mental Health and Psychosocial Support in COVID-19 of Annex 33. This MHPSS has been adopted from WHO and various international guidelines for mental health Covid-2020. The action plan of MHPSS during disasters requires involvement of all national, state and district levels. At each level, there suppose to be MHPSS coordinators (national, state and district) that coordinate MHPSS implementation.

Understanding the immediate response to provide for Malaysian mental wellbeing issues, the Ministry of Health and Mercy Malaysia have set up a psychosocial counselling programme for the front-liners and the emotionally disturbed general public [20]. MERCY Malaysia offers electronic support to the vulnerable in addressing mental health problems [21].

5. CONCLUSION

The absence or scarcity of MHPSS and shortage of well-trained mental health providers among the affected populations clearly exaggerate psychological problems' long-term impact risks. It is suggested that if Malaysia has clear and efficient advice and task force execution, it may help to overcome challenges and clear confusion that the families with the pre-existing psychological conditions have, It is undoubtedly true that the whole populations which are struggling with mental health disorders before or during the COVID-19 epidemic, would again be ignorant of the effects of the pandemic on those mentally impaired.

At root, Malaysia should learn from China's experiences in providing regulatory mechanisms to curb mental health issues during COVID-19. Given the extraordinary crisis, China only took

approximately two months to include MHPSS to tackle mental health problems among its citizens. Malaysia should be more proactive in providing protection and regulatory mechanism in coping with mental wellbeing problems due to COVID-19 in Malaysia. Malaysia presently lacks clear and detailed regulatory frameworks due to lack of involvement from the federal, states and expert agencies teams. They are mainly required to guide and assume responsibility for psychological crisis response and associated programmes so as to enable regional mental health organisations and university societies. These could help the efforts to implement immediate psychological crisis strategies, psychological therapy, and psychological support advisory networks; offer clinical advice and collaborate with health authorities. It is well-stressed here that the implementation of the MHPSS cannot be accomplished without the support of all stakeholders to address mental health illness due to COVID-19.

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