



# Rehabilitation Challenges of Outpatients with Severe Mental Illness in Iran Amid the COVID-19 Outbreak

Pardis Shekari<sup>1</sup>, Shabnam Asadi<sup>2\*</sup> and Mohammadreza Shalbafan<sup>2</sup>

1. Iran University of Medical Sciences, Tehran, Iran

2. Mental Health Research Center, Psychosocial Health Research Institute (PHRI), Department of Psychiatry, School of Medicine, Iran University of Medical Sciences, Tehran, Iran

## \* Corresponding author

### Shabnam Asadi, MD

Mental Health Research Center, Psychosocial Health Research Institute (PHRI), Department of Psychiatry, School of Medicine, Iran University of Medical Sciences, Tehran, Iran

Fax: +98 21 8145 6517

Email: shabnam.asadi23@gmail.com

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## Dear Editor

Chronic psychiatric disorders, not only causes symptoms and psychological problems in patients but it also causes significant limitations and disabilities in the individual and social functioning of these people (1).

The main goal of psychosocial rehabilitation is to help patients with chronic psychiatric disorders for the most use of their potential. After replacing community-based services with clinical and hospital services in mental health systems, Rehabilitation Day Centers played a very important role in rehabilitating people with chronic psychiatric disorders and bridging the gap between public and social health services (2).

“ABR Rehabilitation Day Center” is one of the few centers in Iran that has covered patients with chronic psychiatric disorders since 2017. During its four years of continuous activity, according to the reports of physicians and clients’ families, this center has been able to reduce a great extent of the recurrence rate of the disease and increase the participation and independence of clients in daily individual and social activities.

## COVID-19 pandemic related problems in the rehabilitation process

Since February 2020, following the outbreak of the new coronavirus pneumonia, scientifically known as SARS-CoV-2, and its global spread, the Iranian community and all health services, especially the ABR Daily Rehabilitation Center, have been severely affected (3-5). Dissatisfaction and concern of the clients’ families, prohibitions on entrance and exits of all cities, cancelling the shuttle services of the patients, as well as the cancellation of the budget for purchasing raw materials and tools, and cancelation of the occupational therapy equipment courses were among the many problems caused by the Corona crisis

## Facing the challenges

### 1) Holding question and answer sessions about the virus

Preliminary actions of the staff of ABR Rehabilitation Day Center were, holding “Questions and Answers courses (Q&A) about the COVID-19 infectious disease”, providing health advice before the start of training and treatment courses for all patients, inserting announcements on the subject of the COVID-19. Using masks became mandatory for all present people in this center during the first days of the epidemic.

10 days after starting the mentioned activities and according to the observations of the staff in this center, an increase in emotional reactions including fear, anxiety and depression was observed in the clients due to the possibility of COVID-19.

## 2) Launching a telephone follow-up system during the quarantine

According to the nature of outpatient admissions and following the general principles regarding prevention of the virus and emphasizing to stay at home, all face-to-face activities of the center were stopped. After the sudden shutdown, the ABR Day Center’s telephone follow-up system was activated to prevent a crisis and evaluation of possible recurrence of symptoms in patients who had now been quarantined.

By helping this system, 20 clients of this center (6 women and 14 men with an average age of  $34.25 \pm 10.16$  years), with major depressive disorder, schizophrenia, bipolar disorder, and obsessive-compulsive disorder were examined and followed up. The questions asked periodically during quarantine included qualitative questions about relapse, sleep-wake rhythms, medication adherence, participation in household activities, and family mutual understanding of their patient’s new conditions. This verbal questionnaire was administered by an occupational therapist in two periods. During these evaluations, patients who needed individual counselling were referred to the psychologist. In case the patient’s family needed specialist psychological counselling or a face-to-face visit by a psychiatrist, they would be listed to be followed-up.

According to the collected report, 90% of the patients actively participated in their daily activities and practiced all the tasks of their social skills and life skills courses, and only 10% of the clients were passive.

## 3) Setting up a system similar to online education systems and health services

Another action taken is to create a platform for buying and selling patients’ art products on social media.

Twice a year, the ABR Rehabilitation Day Center held exhibitions focusing on the clients’ works of art, awareness-raising conferences in cultural centers, and the presentation and support of self-employment works. The normal process of this program was also affected by the pandemic, and due to the absence of visitors, the sale of art products by the clients of the day center decreased.

The pandemic also affected the vocational rehabilitation interventions that work on scheduling and Individual Placement and Support (IPS) at the day center. These interventions which required the constant presence of clients at the center and also job assistants in various work environments were limited. Unemployment of two center’s clients in supported employment program was one of the side effects of this pandemic.

Among the solutions to compensate for the mentioned problems since then include the following:

- 1) The center’s Instagram page was reactivated for online sales of the customer’s products.
- 2) Some counselling sessions were held online *via* video call.
- 3) Patient Support Employment (SE) sessions were held *via* online platforms.
- 4) The benefactors lent their support for the clients and showed their interest to buy the clients’ wooden hand-made paintings.

## Discussion and Conclusion

Based on this information and experiences achieved since 2020, the necessity and importance of developing a virtual educational protocol and emphasizing the presence of clients in the virtual educational environment was felt. Education through social media is a need to promote increased productivity in learning (6). Considering the disadvantages of traditional education and the shortcomings of virtual education in the clinical field, the combination of face-to-face education using electronic tools such as blended learning is suggested (7). Online education is not limited to distance education, as it considers a set of completed learning/teaching methods in cyberspace. Thus, blended learning was introduced as a tool in personal learning to adapt to new realities (8). Among the e-learning methods used in Iran, new methods are still very rare. These methods include VPE virtual practice environment technology, virtual

trainer, computer simulators and educational games (9). The great advantage of designing an educational-therapeutic package based on blended learning is that each client can receive rehabilitation services privately at home and according to his / her special

medical needs, and it reduces the number of visit sessions in the center place.

### Conflict of Interest

None declared.

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