Note: This is an exact transcription of the podcast for the benefit of those who are challenged with hearing

Intro
ARISHA: Hi there, welcome to Episode 1 of MMI Podcast: Mental Health during Crises and Pandemics. Hope that you would enjoy this episode and do watch this space as we provide you with more episodes to come. Also, do follow us on Facebook at Malaysian Medics International or our website, malaysianmedics.org for more of our interesting projects.

SIVA: Welcome to the first episode of our first ever MMI Podcast series: Mental Health during Crises and Pandemics. I am Siva and today’s episode is “Alone, The Future Unknown”. Today, we have invited Dr Cindy Niap here with us who is a senior lecturer for Psychiatry at Monash University Malaysia. She is going to share with us about how to cope with loneliness and anxiety in the midst of this COVID-19 crisis.

SIVA: So, welcome, Dr Cindy. Glad to have you here.
DR CINDY: Hi, Siva. How are you?

SIVA: I’m fine. How are you, Dr?

DR CINDY: Good for now.

SIVA: Okay, that’s nice to hear. So, it’s been 17 days since Malaysia implemented their nationwide movement restriction order. I still remember how it all started on the 16 of March, when the announcement was made – dan untuk itu kerajaan memutuskan untuk melaksanakan perintah kawalan pergerakan mulai 18 Mac 2020 di seluruh negara. That was a shocking announcement, wasn’t it, Dr?

DR CINDY: Yes, of course.

SIVA: And in addition to the pre-existing international travel ban, they also enforced an interstate ban around the same time, right?

DR CINDY: Right, right. And no...nobody was supposed to go anywhere. It was a mess.

SIVA: Yeah, I agree with you. So, the trigger was mainly due to the first two COVID-19 deaths, because that was when the alarm bells started to ring.

SIVA: So, I wanted to share a story with you, Dr Cindy. I was walking home from my institution and just stopped by at AEON. I guess I wanted to see the real picture of panic buying because I’ve been seeing it online. And alas, the rumours were true, the aisles were becoming half-empty and the rows between them were filled up with people and trolleys. Since then, the streets have become really quiet especially during the night, shops have closed down and public transportation services have been minimized. And then, the movement restriction order was extended.

SIVA: So, Dr, just out of curiosity, how has self-isolation been like for you so far?

DR CINDY: Well, Siva, to be frank, it has been really difficult for me, especially for the first week. I found myself overwhelmed and lost, having to juggle a few things really like, uh, working at home and work has gone online. Housework, childcare, homeschooling my children, all at the same time, and uh, but gradually I became sort of adjusted to this new routine. I wouldn’t say that by week 3 now, I wouldn’t say I’m doing great but at least I’m feeling less of, controlled.

SIVA: I hope that this is going to get better for you and better for us. And, in my case, I have been having trouble with structuring my day especially since most of my activities just involve facing the computer screen, like doing online coursework or online classes with Zoom. So, this lack of variety in my daily schedule, I can’t really differentiate between day and night. And, sometimes, I sleep really late like at 5 am in the morning and sometimes it gets...sorry...

DR CINDY: (laughs) Yeah, 5 am is really early, not late. (laughs)
SIVA: (laughs) I see, uh...okay. And sometimes, it gets kinda boring, you know?. But, I’m really lucky to be here with my family and pets, and I definitely think that these are more difficult times for people who stay alone or are away from their home.

SIVA: So, Dr, just to continue, as a medical student, I have encountered medical quarantine in hospital placements, for example when TB patients were kept in isolation rooms to prevent spread to the staff and other patients. I’ve also heard of stories about the Japanese Encephalitis outbreak in 1997, which only heavily involved certain areas in Malaysia such as Bukit Pelanduk in Negeri Sembilan. And then, there was the H1N1 infection, right, where everyone was asked to wear masks in schools and at work. But, as I recall, there has never been a situation where we are asked to quarantine ourselves all over the world, to the extent that now it has disrupted everything that we normally do. So, it makes me wonder, has there been a time in history where humans had to self-isolate themselves in large groups similar to the current situation?

DR CINDY: Well, um, I did some research, so, um, but let’s get the terminology clear first. Quarantine is the restriction of movement of people who are potentially infected in order to prevent the spread of diseases. So, what we’re seeing now, like the movement control orders or stay at home orders, they are mass quarantined strategies to suppress an epidemic or pandemic. So, people are basically forced to stay at home, except for essential tasks or going to work in essential businesses or fields. Whereas, isolation in the medical sense means separation of people diagnosed with contagious disease from others who are healthy. But, however nowadays these two terms may be used interchangeably, isolation and quarantine.

DR CINDY: So, notable medical quarantines in history are, that I found was that, the 1972 Yugoslavian smallpox epidemic, uh, they managed to mitigate that by mass quarantine and vaccination, and, um, something more recent like the 2003 SARS outbreak, 2009 swine flu where there were travel precautions and citywide quarantine measures. And uh, the latest I think would be the 2014 Ebola outbreak, if I’m not wrong, where they quarantined several West African villages. However, um, there is no mass quarantine to the degree of this current COVID-19 pandemic, that I know of involving nationwide movement restrictions in many countries all around the world.

SIVA: I see. So, first of all, thank you for clarifying between the terms quarantine and isolation. And, I’m kinda surprised that this has never happened before. So, this is an unprecedented situation then?

SIVA: As we all know, humans are social beings and it is against our nature to be without human interaction. So, if the movement restriction order ends in mid-April, the people of Malaysia would have been in social isolation for a month and that’s a really long period. What sort of effects does self-isolation or this lack of human interaction have on our mental health for such a long period?

DR CINDY: Uh, in the context of mass quarantine in these modern days, social isolation would mean lack of direct human interaction, but we know we do have the luxury of maintaining virtual...virtual human connections, see, through social media and whatnot. Nevertheless, never undermine the importance and benefits of direct human interaction. For people who are socially isolated now in this COVID-19 pandemic, most of them are healthy, some may live alone, some are unfortunately
separated from families and were unable to return home in time. So, for those groups of people, there may be an absolute lack of direct human interaction.

DR CINDY: So, what would they experience over time is of course, loneliness. They may be grieving over the loss of, uh, active pre-quarantine lifestyle, more so especially for those who are previously socially active. They may have this sense of helplessness, you know, there’s nothing they can do to change the situation, a sense of hopelessness - not knowing what will happen in the near future, some of us may be really bored and most of us may feel a sense of detachment from people outside of our family, the outside world. And, if this goes worse, the person may feel depressive symptoms, suicide may happen and there are studies that show that among the elderly, they may have poor cognitive outcomes.

DR CINDY: So, uh, but having said that, I would also like to highlight those who are in actual medical quarantine, what I mean is people who have suspected illness or recent contact with the COVID positive case, so for these type of people, uh, some of them are laymen, you know, and some of them are healthcare workers, they will have natural reactions like fear of the unknown and anticipatory anxiety. A lot of them will go through feelings like confusion, anger, like why me, why now and why is this happening. So, when they are quarantined because of a medical reason, they are separated from their usual sources of social support and knowing that they already have that natural reactions of stress, this social isolation will further hinder their coping abilities and these natural reactions may escalate into something more sinister like depression, clinical depression and post-traumatic stress disorder.

SIVA: I see. Okay, so basically this lack of human interaction is hard on normal people and is harder on the clinical population or the ill population?

DR CINDY: Yes.

SIVA: Yup. Okay, so, just to move on now, just now you mentioned several infections or epidemics such as, uh, smallpox, SARS outbreak, the Ebola and the swine flu, and to add on to that, long long time ago, there was the bubonic plague and the Spanish flu. So, our ancestors have actually been through several types...several times of isolation before, but yet it seems that this evolutionary changes of time, this, has not caused any effect, I mean, has not prevented us from cause, having effects of social isolation. So, to just support that, Malaysia has opened up their Talian Kasih helpline with an increase in volunteers to provide counselling services to people who suffer from emotional distress and breakdown during the MCO period. And I’ve been seeing news about the spike in calls to the mental health crisis hotlines in various countries like the UK, the US. So, why haven’t we adapted yet? Why are the effects of social isolation, still, working on us?

DR CINDY: Well, Siva, I guess, what I can say is that humans are hardwired to interact with others. And, therefore, the old adage, no man is an island (laughs), so although relationships can be a source of stress for some people, they are also our greatest source of comfort and support. But, in this modern era with... we’re probably more well-equipped to deal with social isolation compared to ancestors from the past due to the presence of effective technology. But, however, this plus point of virtual connectedness can also be the precursor of other problems, including adverse psychological effects.
SIVA: Okay, I see. So, in relation to what you’ve just said, um, has there been any studies done about self-isolation or medical quarantine? And have they found any associations between self-isolation and mental health effects?

DR CINDY: Yes, there are a lot of studies related to medical quarantine, uh, from those epidemics and pandemics we talked about earlier. But, the most recent one to note, is uh, a review on the psychological impact of quarantine and how to reduce it pertaining to this recent COVID-19 situation and it was published in the Lancet in February 2020. So, in this review, they found 3000 plus papers but only 24 studies were reviewed, uh and this were studies over 10 countries and were related to things like SARS, Ebola, H1N1 and so on, so forth. And they found that, uh, the effects of medical quarantine to mental health includes, uh, PTSD, your post-traumatic stress disorder, confusion and anger. And, stressors that are related to these negative effects are longer quarantine duration, infection, fears, boredom, frustration, inadequate supplies, inadequate information, financial loss and stigma.

DR CINDY: And, other more small scale studies on the same topic are, just like to highlight one on SARS, where they quarantine hospital staffs for nine days and they found that being quarantined was most predictive of symptoms of acute stress and these people also experience things like exhaustion, detachment, mood changes, connective changes and deteriorative work performance. And these effects are actually long term, they found out that 3 years, even 3 years later after the SARS outbreak, being quarantined was a predictor of PTSD, in the same cluster of hospital staff. And, long term effects include alcohol abuse or dependency, and these are more positively associated with those who were quarantined and those who were working in high risk locations. And, other long term effects are like, avoidant behaviours, vigilant handwashing and delayed return to normal life. Um, there is also a study on undergraduates, this would be, uh, uh, appropriate for you to know...

SIVA: Okay.

DR CINDY: Uh, there is actually no difference between those who were quarantined and those who were not quarantined with relation to general mental health issues and PTSD. And uh, they postulated that this is due to younger age and lesser responsibilities compared to working adults.

SIVA: Okay, I find the last studies really interesting...

DR CINDY: (laughs) yeah?

SIVA: That the, being quarantined and not quarantined gives you the same effect of PTSD. So, it essentially says that whether you are in a room by yourself, or you’re trapped inside your head, you still have the same effects?

DR CINDY: Ah, yes. That means, uh, that there is no difference whether you are quarantined or not quarantined.

SIVA: Yup. So, in regards to this pandemic of COVID-19, is there any room for research?

DR CINDY: Oh, yes, definitely. Um, because as we know, pandemic is an unique occurrence with political, social and economic implications, so not one pandemic is ever the same with the other and it is more so because it happens in different times and the effects of social isolation seen in a
pandemic decades ago would be very different from that of what we’re experiencing now. So, research findings will actually be valuable because it will impact practice and it will form things like preventive strategies and treatment directions.

SIVA: I see, so um, basically there is some area of research that must be done for this pandemic?

SIVA: So, moving on to another area of COVID-19...

DR CINDY: Mhm.

Dr Cindy: ...some people are only practicing social distancing because they are afraid of contracting the disease, but it is not out of their own free will to stop the spreading of disease or to flatten the curve. So, essentially I think they might view others as a threat to them, if others have symptoms of COVID-19, like a cough. So, I think this could be due to their lack of knowledge towards the disease and the purpose of the lockdown, but it is understandable since it’s a new virus after all and there is not much awareness amongst the general population yet.

DR CINDY: Mhm.

SIVA: How do you foresee this type of mindset towards social distancing to affect the psychological wellbeing of the overall community? And could this type of mindset actually further worsen an individual’s state of loneliness?

DR CINDY: Umm, well, first we have to understand that everyone has a myriad of reasons in complying with the illness prevention measures like social distancing, personal hygiene and etcetera. And, this reason can be fear of the threat of getting infected, threat of passing the infections to loved ones and even fear of penalties imposed when they infringe on the rules, like uh, what was stated in the movement restriction order. So, for people who abide by the rules solely due to fear of getting infected to, probably lack awareness and knowledge about the disease itself and restriction orders. On an individual level, uh, this group of people may have a more heightened sense of anxiety, obsessions and they may strictly isolate themselves more than what everyone else is doing and thus increasing the risk of psychological pathology, like depression, anxiety disorders and even suicide. Uh, on a community level, they may create a false sense of alarm and panic among others, especially if they have flawed understanding about the illness and quarantine is spread to other people, say via social media for example.

SIVA: Mmmhmm. So, relating to what you’ve just said, is there anything we can do to maintain that social bond despite being physically isolated?

INTERMISSION SUMMARY:

Mmm. So, what we have now, we’re using technology, we have our smartphones, tablets, laptop, desktop, uh, even our old uh, phones, phone calls, text messages and not to mention those online platforms, you know, so many types of social media, video conferencing apps, so you, we can still maintain social connectedness in the virtual manner. However, um, I would like to remind that everyone should practice caution on the amount of time spent on using such technologies because excessive use may lead to addiction and other adverse mental health effects like mood changes, poor sleep quality, poor attention and it can also affect our physical health like vision, uh, fatigue,
muscle aches and pains due to poor body postures. Um, besides maintaining social connectedness, we should also focus on other aspects that are equally important, like self-care. So, things like a balanced diet, adequate exercise, adequate rest and sleep and finally build a sense of purpose and meaning into our daily routine, things have changed now, we’re no longer doing things at home and at work. We are, everything is in the home, so you need to have a balanced number of activities that actually give you a sense of pleasure and or achievement.

I hope that all your tips would be really useful to our audience at this point of time.

So, before we go for a 5 seconds break, I’ll just recap what we’ve discussed so far. In short, we spoke about the effects of isolation on our mental health, the right mindset to approaching self-quarantine and ways to remain socially connected despite the physical distance. We also delved into the various outbreaks in our history, the relevant studies on social isolation and mental health and why we still can’t adapt to being alone.

Now, let’s take a break.

[MUSIC]

SIVA: And welcome back. I hope everyone had a good break. So now let’s move on from self-isolation and loneliness to anxiety and the unpredictable future.

SIVA: No one knows about how this pandemic is going to play out. I’m sure a lot of us are just waiting for some good news like, whether there is going to be any indication that the MCO is going to end, or whether there is a drop in cases, or whether the next 6... how the next 6 months are going to look like. In fact, I have been looking at the KKM website several times a day just hoping for a change. And it’s not helping that new information about the disease progression is updated almost by the hour. And on top of that, there is misinformation elsewhere that tends to provoke unnecessary panic. So, the situation I just mentioned just now, where the media...um, the situation that I just mentioned just now where people are looking for information is called panic scrolling by the media. How then should people deal with the overload of information?

DR CINDY: Okay, uh, first of, yes, you are right. There is a lot of information out there. We don’t know what is what, which is true, which is accurate. So we really need to identify reliable sources of information, and not information spread via social media with unidentified sources and do not spread them on your part because they may likely be false and harmful to others who receive them. So, seek out reliable sources. Uh, second is to limit the time spent seeking and consuming those information. Like consumption I mean by reading, watching, listening and finally devote a time for such information in a day. For example, um, for half an hour or an hour or so in the evening, not like, uh, scrolling or checking on your phone all day. Oh yes, one thing is to really accept that there’s only so much we can know and understand. And, also accept that everybody else is facing uncertainty and searching for answers to contain this infection.

SIVA: I’m sure everyone feels the same way about that. So, what...regarding the reliable sources that you’ve mentioned just now, what are reliable sources that you would recommend to people to stay ahead with the accurate information?
DR CINDY: Well for our local population, Malaysia, I would say the official website, or the facebook page of the Ministry of Health Malaysia, international ones like the World Health Organization website, WHO and your CDC, Center for Disease Control and Prevention website. As for news, probably The Star, Astro Awani or Malaysiakini. Because all these offer updates, disease statistics and more accurate information about the disease itself on its progress, illness management and preventive measures.

SIVA: Okay, so audience, please take the tip from the doctor. She knows what she’s saying.

SIVA: Just now we have mentioned about panic scrolling. Now, there’s another group of people who are panic buying.

DR CINDY: Oh yes.

SIVA: So, people are hoarding face masks and hand sanitizers, which have affected the safety of healthcare professionals who are also the frontliners. And, this panic buying has also affected the community who are relying on a day to day income with a shortage of basic necessities.
So, Dr Cindy, have you ever heard about the trend of stocking up on toilet paper?

DR CINDY: Oh yes, it’s hilarious right? (laughs) Well, uh, there is, uh, sort of an explanation to that. I would say that, um, the hoarding of the toilet paper is a form of panic response to stock up on essentials. Well, there is still that something all of us need but most of us would argue that it is not as essential as food or water, you see. However, toilet papers are common, is easily available and is relatively cheap compared to most things. So, um, when an anxious person stocks up on what they feel are essential, something that they’ll feel they need, maybe not now, in the future, their anxiety actually eases. However there is also this snowball effect because if someone goes to the store and sees empty shelves on what used to be there and uh, if they were used to being fed information that indicates toilet paper will be short in supply, more people will be more likely to try to find the product elsewhere and stock up. Hence, causing more shortage in supply.

SIVA: Hmm, thank you for enlightening us on that. So I hope no one is laughing at anyone on this anymore. So panic buying, as what I said or stocking up on toilet paper which is an example is actually due to people’s fear of the unknown right? So, what do you think about the psychological reasons behind why are people afraid of the unknown?

DR CINDY: Well fear is actually a vital response to physical and emotional danger. It’s been there throughout evolution. It’s actually helpful, fear is actually helpful because if people don’t feel fear, they won’t be able to protect themselves from danger, you see. But uh, in the context of the fear of the unknown, there is always this perception that the risk that they are facing is really high or the threat that they are facing is very severe, versus perception that their ability to cope is low, meaning low resources to cope with whatever threats or risks is there. And this tends to cause high levels of anxiety and fear.

SIVA: Mmm, okay.. But, on a serious note, apart from panic scrolling and panic buying. There is this fear of the possibility of losing jobs and incomes and that has much more dire consequences on an
entire family than an individual. As for medical students like me, I am fearing that my education is going to be affected since I’m out of touch with my clinical teachings and some of the others even have to extend their semesters. I must say, Dr Cindy, this is a worrying thought for me and I’m sure for many other students as well. Hence, in such critical situations, how can we cope with anxiety associated with the fear of unpredictability?

DR CINDY: Okay, um, this is a broad topic. I’ll first start off with uh, what is not helpful. So, first thing, worrying is not helpful. It is time consuming, it’s mentally and emotionally draining and it doesn’t solve any problems. Most of the time when we worry, we actually catastrophize something. And um, another thing is spending large amount of time and attention in front of screens looking for information, you know, just to help reduce the worrying but most of the time, it doesn’t help too. So let’s look at what is helpful. Focus on the things that are actually within your control. First things first, self-care. Again, balanced diet, keep yourself hydrated and engage in exercises. I know it’s difficult now because we can’t go outdoors and many of us would not have exercise equipments in our homes. But you can still do simple exercises that do not need an equipment and exercise would increase endorphins, your feel good hormones. Besides that, having adequate sleep and rest. Second, we do need to continuously educate ourselves and keep ourselves abreast with authentic and accurate information but bear in mind with what we’ve mentioned earlier, information management ie find something reliable, limit number of times you seek those information in a day. Third, uh, because our routine is upside down now, we really need to sit down and plan a routine that works for us. We need to have a balanced time for work and leisure. Uh, it is a good time for us to learn something new right? Uh, fourth I would say is relaxation techniques. I’m sure you’ve heard of this, Siva.

SIVA: Yup.

DR CINDY: Things like deep breathing exercises, mindfulness, progressive muscle relaxation, even meditation and spending time in uh, nature. But nature is a bit difficult now if you’re talking about public parks. But if you happen to have a home with a large yard or something, you can always go out there and enjoy nature. And social connectedness, we’ve also mentioned this earlier, we also need to verbalise our experience, talk about our feelings and worries to someone. Even if we can’t talk to someone, write them down, keep a diary or something. It helps to purge those negative emotions. Um, for those who are experiencing very severe psychological issues, I would advise for them to seek professional help. They may need medications and for some of them, psychotherapy may be the answer. And finally, um, we really need to shift the focus from ourselves in this time of stress, to other people, or other matters that are more positive and uplifting. I’ll give you an example. We can invest our time on giving, engaging in acts of services like helping a family member, a neighbour, an elderly that we know of, things like getting groceries or other essentials or simply talk to them, ask them how they are. And also on taking stock of how much that is going on in our life right now, accepting it and remembering the good things that are still in our life. Uh, I think with that, shifting our focus to other people and other matters, would really help us in improving our general emotion and...and help us gain distance from the anxiety and low mood.

SIVA: Basically if you were to summarise this in one sentence, you overcome your anxiety by diverting your attention to something that you like, right?
DR CINDY: Yes and something that is productive.

SIVA: And something that is productive, okay. Since we are looking at a future unknown, this anxiety can build up to a point that can cause emotional breakdown, for people, let’s say people who are unable to follow the tips that you just gave out, for some reason. Before we go to that, how can we know whether this is anxiety symptoms or is it a panic attack?

DR CINDY: Anxiety...uh, I’ll start off with panic attacks because it is more peculiar. Panic attacks, they come on very suddenly. It escalates and it peaks within seconds or minutes. It involves intense and overwhelming fear, a sense of losing control. It’s often accompanied by terrifying symptoms like raise in heartbeat, chest pain or chest discomfort, shortness of breath, nausea, choking sensation and fainting episodes. So you’d feel as if you’re going to die at the moment. It’s very terrifying. Anxiety on the other hand is more general. It includes worry, distress, fear and other bodily symptoms probably similar to that of panic but less intense. And, it is usually related to anticipating a stressful situation. Something that we call anticipatory anxiety. It comes on more gradually compared to panic attack and can last for hours. However, anxiety and panic attack can co-exist. It’s not uncommon.

SIVA: Okay. So, let’s...so, what should people do if they are suddenly faced with severe anxiety or panic attack?

DR CINDY: When you begin to sense that the anxiety is escalating, you need to start taking slow deep breaths and feel the abdomen rise with each breath you’re taking, inhale and exhale slowly in counts of 4 for example. Try to focus on your breathing, close your eyes if you need to and repeat this cycle until your breathing slows. This is something we call deep breathing exercises. And, the other thing is probably just to recognize and accept what you are experiencing. Be aware that this is actually a reaction of fear and is not life threatening. And, remind yourself that the symptoms will pass and you will be fine afterwards.

SIVA: Mhm, Deep breathing exercises. I’ll keep that in mind.

SIVA: Next, to just recap the important issues, we explored the strategies of handling the ever-increasing updates about COVID-19 and which reliable resources to look at. We also talked about the psychology behind the fear of the unknown, methods of facing anxiety due to unpredictability, ways to differentiate between anxiety and panic attack and how to deal with severe emotional breakdown.

SIVA: Finally, after all our discussion today, what would be your key takeaway messages for the audience who have tuned in today?

DR CINDY: It will be to take good care of yourself because this is going to be a prolonged period of uncertainty and stress. Know that everyone is feeling the effects and all of us is learning to cope so you are not alone. Finally, focus on self-care, physically and mentally, manage your information carefully, set meaningful and productive daily routine and maintain social connectedness. That’s all.
SIVA: Okay, alright Dr, thank you for your time, it has really been an insightful conversation. I hope it has benefited our audience. Thank you for tuning in this week and stay tuned for episode 2 next week. Until then stay home, stay safe and take care!

DR CINDY: Stay home, stay safe! Bye!