Welcome back to Part 2 of Episode 6 - “Adding Insult to Injury”. Previously, we spoke about people struggling with addiction or dependence issues and people with existing mental health illnesses. So, let’s continue our conversation with Dr Sivakumar about the mental health effects of the COVID-19 pandemic on the rest of the vulnerable groups of the community.

Mm, okay, so now let’s link the suicidal ideation and all the mental illnesses to an issue that’s upcoming, something that we have foresaw, something that is happening right now which is unemployment.

So, recently, there was this news that said Bank Negara had this forecast that in April, the unemployment rates would be 4 percent, but now they’re saying that it is going to surpass 4 percent and this is because of the sudden halt in the economic activities during the lockdown period and economic growth has stopped because of the first 3 phases of the MCO. So, all of these has led to unemployment, but how is this unemployment going to affect us mentally? And what is going to happen to us in the long run?

Dr Sivakumar:
Yup, that is a good point that you have actually brought up, people are not looking at it at the moment. But, you can see early signs, you can see businesses closing down. I have seen a whole list of hotels closing down in Penang, one major hotel in KL has decided to, well, they were planning for renovation but they decided to do it faster, so they have turned to their staff
and asked them to go on a separation scheme. So, you’re gradually seeing these things. Now, what people don’t understand is employment has got a very close link to mental health wellbeing. How? Well, the main thing is the role in society. We find that humans need a role, they need to feel secure. So, you find that humans don’t fit into the role when your future is blur, when you do not know what is happening in the future. So, security is a big role when you actually look into mental wellbeing, especially when you’re talking about financial.

But, it’s not all money, it’s your role in a society, for example in a family where the man is the main breadwinner and he has also got other members working. You find that if he loses his job and the rest do not, he falls in status. Now, this is commonly seen especially when people retire, that people do not get ready for retirement, and one day they find that they are not working, they are not earning and they need to ask for money from their wife or from their sons or daughters, you find that it hits them very badly. That’s where depression in the elderly comes in, sets in. But, COVID is doing it now, earlier. So, it is a huge thing, so it is going to affect people a lot. Now, we are in Johor and we see a lot of people losing jobs because they are working in Singapore. Now, that is going to be a bigger thing because a lot of people who go abroad to Singapore and currently everyone is stuck. The belief is that jobs are going to be lesser when things open up.

Siva:
Mm… I did see the news where people were walking back from Singapore on the bridge back to Malaysia.

Dr Sivakumar:
Yeah.

Siva:
Yeah, that was really sad.

Dr Sivakumar:
True.

Joyce:
Also, Dr, how about those marginalized communities like the poor, the homeless, the disabled, the migrant workers or even the refugees. These people who are having a really challenging time in their lives and so with this current news that business closures and unemployment would definitely hit them harder than the normal middle-income society. Although the Malaysian government really has helped the poor and homeless and they have received financial aids. So, how would these groups of people, actually specifically the refugees have additional negative psychological effects due to unemployment?

Dr Sivakumar:
Yeah, I think that’s something that people have not thought about. But, you know, an answer to your question, is it going to hit them harder than the people who are already holding a job and working? Well, my answer would be a yes and a no. Well, why would I say a no? Because this group of people that we are talking about, the marginalized people especially the homeless, the people in poverty, migrant workers, they have always been in this situation, always been facing a lot of stress and over a period of time, you find that this group of people build coping mechanisms.

Joyce:
Oh.

Dr Sivakumar:
So, I would say they actually would cope better compared to someone who has never gone through it. I’ll give you an example, Sri Lanka, now Sri Lanka has always been going through war. They’ve always had the Separatist and they have always had the LTTE fighting against, the Tamil tigers fighting against the government. So, Sri Lanka was always in a turmoil and because of that, they’ve always had help and support from international societies and over a period of time, they actually built this self-resilience and coping skills. When the tsunami hit them, they were not as badly affected like people in Indonesia because they already had this mechanism built-in and they did know what catastrophes are. They were going through it day in, day out.
Now, bringing that example back here, people who have never gone through it, let’s say you and me, we’re working well and working in Singapore, earning well and suddenly bam, you’re hit by COVID. This group of people are going to get hit really bad. So, what can happen is a lot of emotional problems can come in, and we may be looking at higher rates of self-harming behaviour, higher rates of depression, higher rates of suicide. Some people even turn violent externally towards others, theft and other crimes will increase. So, those are the risks that we may be looking at.

Joyce:
Hmm... That’s interesting.

Siva:
So, let’s go to another big topic, domestic violence.

Mm... in the news in April, there was a 57% increase in the number of calls from women in distress to this hotline called Talian Kasih. And the Deputy Minister of the Women and Family Development Ministry, she agreed that there was a slight increase in domestic violence cases as well in Malaysia, but they say it is under control. Currently, I’m not sure how it is in Malaysia, but the domestic violence in other countries related to the lockdown are spiking, especially in
countries where there are guns, it can even lead to murder of spouses and children. But, why do you think there is a rise in domestic violence during this lockdown? What is exactly happening?

**Dr Sivakumar:**
Yeah, it is good that you brought it up. I think domestic violence is something that we’ve totally neglected. But, I do not know whether you actually caught this news, this was somewhere in April.

**Siva:**
Yeah.

**Dr Sivakumar:**
Citing an incident which took place in Bangladesh, this chap, actually what he did was, he killed his wife at home and he live-streamed it over Facebook. So, that is really shocking and it really shocked the entire country. People actually watched it, he live-streamed it and after doing that, after committing the crime, he actually turned himself in to the local police and his reason was he was too stressed up and he just did not know what he was doing, he could not control himself. You are correct, there has been an extreme increase in domestic violence throughout the world. I am not too aware of what our numbers are here, but all over the world, it has increased at least by 50 percent, especially including women and also young girls.

**Joyce:**
Oh, my. That’s really terrible.

**Siva:**
The harsh realities of life.

**Dr Sivakumar:**
Yeah, the hard facts of life. And I think you were asking about why?

**Siva:**
Yeah, why?

**Dr Sivakumar:**
We really do not know why, but a lot of postulations have been put out. One is of course what we have seen missing is the total lack of social interactions. So, the man is in the house and he is cooped up in the house and over a period of time he builds up that frustration. Some of them might have gotten more frustrated because of losing their jobs and sitting at home. I spoke about the role that people look at, especially of men, the males, the role in the family is so important, so losing that role and work affects them a lot. These are some of the reasons that have been postulated about why domestic violence actually takes place. During the pre-COVID time, the man had lots of avenues to vent out frustration, which is not available to him now. Not an excuse, but when you are looking at reasons why.
Joyce:
That is really not helpful and really a negative way of ventilating. The effects of domestic violence. But, shifting on to the focus on women and children, how then would this affect their mental health?

Dr Sivakumar:
Well, we find that domestic violence towards women and children leaves a scar, especially when we talk about young kids growing up either experiencing or even witnessing domestic violence, scars their future. They actually grow up with the fear or surprisingly some of them grow up to reenact the exact things onto others. So, there’s a theory in psychiatry called identifying with the aggressor. So, it is identified by the daughter of Sigmund Freud, Anna Freud. So, what the theory actually says is someone who has actually gone through a lot of violence could be later on, it is not a must, could become an aggressor onto others. Of course, you are also looking at other things like depression, anxiety, many women have actually turned to suicide.

Siva:
So, you said that younger children are taking on the character of their aggressor, but what about Stockholm syndrome? Does that apply to this situation?

Dr Sivakumar:
Yes, it does, to a certain extent. Stockholm syndrome, I think as you understand, is something chronic, so it’s not over a day or two. It is over a long period of time and what really happens here is over a period of time, initially, you find the fear, the hatred towards the aggressor instead but over a period of time, the victim builds dependence and love and attraction comes in and so much so, they need the aggressor to be around. So, this is some sort of social dependence, we were talking about chemical dependence then, this is some sort of social dependence over a period of time.

Siva:
Mm...okay, so linking that, what you just said, domestic violence is already having a huge impact on women and children, but apparently I heard a rumour that the Talian Nur and Talian Kasih hotlines are not accessible all the time, like sometimes it does not get picked up or sometimes it is engaged. Have you heard anything about that, Dr?

Dr Sivakumar:
Not much, but well, I do not think that I would be in the best position to comment on that. But, I think the avenues are there, but I would like to talk about what would stop people or what would stand in their way to actually ring up. I think many Asian women tend not to complain and feel more secure being in an abusive relationship than not. Reasons why? One, the culture itself, our culture itself gives very poor importance or very little importance to women who are single, especially women who are alone, single without a husband. They find it very difficult or a single
parent to live in the Asian culture has always been difficult. Of course, things have changed, things have changed over a period of time but that is always there in the culture. Many women who we speak to on a day-to-day basis whenever they come in would rather not complain against the husband because their reason would be my husband does not womanize, is not abusing drugs or gambling, this is the only mistake or the only weakness he has, I am fine with that. Other women have got worse husbands, those are some of the reasons we will hear. So, it is a concept and perceptions of some women, so you do not find women actually ringing in.

Siva:
Okay, I agree with you that we should be politically correct in this podcast. What actually happens when a hotline is called? Like where does it go? Once you call the Talian Nur and Talian Kasih, where is it being directed to?

Dr Sivakumar:
By right, when it goes through a hotline, the first person who picks it up is a trained person. So, this is a person who hears your complaints and correctly is able to send your complaints or your statements to the necessary departments. So, if it is something acute, then, many departments come into play, so it could be the police, it could be the medical authorities or it could be the social welfare. It depends on your circumstances, the people who actually takes that call are all trained people.

Siva:
That’s assuring. But, let’s say the hotlines are not accessible, it could be due to any reason, we are not going to talk about that, where can the victims of domestic violence seek help in Malaysia?

Dr Sivakumar:
They can walk into any clinic to be truthful, they do not need to go to a department. Sometimes it can be a bit demanding, it can be a huge thing to walk into a government department and to make a complaint. All they need to do is to walk into a clinic, any nearest GP clinic. It is the responsibility of all doctors to make this complaint on behalf of these victims.

Siva:
Mm...What about the one-stop crisis centre in the hospital?

Dr Sivakumar:
Well, that is also another place, most of our major hospitals have actually set up a one-stop centre. So, that would be another place that we can actually go in.

Joyce:
Just to add on to that, Malaysian Medics International has actually recently published an intimate partner violence policy document. So, do check it out at our website at malaysianmedics.org under the Policy tab.
Siva:
Yeah, a lot of people have actually put in a lot of effort in making that policy document actually.

Dr Sivakumar:
That is good, that is good, good to hear.

Siva:
And finally, our next biggest topic - elderly population. So, we already know that the COVID-19 poses a higher risk to the elderly population in terms of illness and death. But, are they also more vulnerable to mental health effects as well during this social isolation?

Dr Sivakumar:
Definitely, they are. Well, if I stand corrected, I think they are most probably the most vulnerable. We talked about people with mental illness, people with abuse of substance, people with domestic violence amongst women and children, but do not forget that the elderly can also be abused. And there have been reports that it is an increasing number or percentage of elderly abuse during the COVID period. Now, why? One would ask why would the older group of people be more vulnerable to mental health effects, especially now during the COVID period and social isolation. But, we can think of many, one is, of course, being there in that period of time, you find that most of our elderly people, most of our older people, our uncles, aunties, grandparents, you find that many of them have good coping mechanisms and many of their coping mechanisms have been social mechanisms. When you look at young kids, how do they cope with problems? They are sitting in front of their TV or playing their games, those are their coping mechanisms. Now, you do not find many of the elderly people doing that, whenever they have to cope with issues, they go out and they go karaoke, they go walking, they go to the kopitiam, now that has all taken a huge beating.

So, you find that their coping mechanisms have been crushed among the elderly people and at that age for you to rebuild your coping mechanisms which you have done all your years is a huge task. Sitting in front of an elderly and saying, that is fine, let’s do some online stuff, how many elderly people would, I am not generalizing it, but how many elderly are tech-savvy? How many of them can go online and do a Zoom, or do something? Or how many of them would appreciate it? That is the other issue. Well, some other things are with all these news coming in, the elderly have got lots of fear about the future, uncertainties about what is to happen, will I get ill, will I contract the virus? Each time you open the TV or anywhere else, they are always stressing on the elderly. So, let the elderly stay home, you do not go out, keep out from the hospitals. The other main thing is very biological, there is a very close connection between the immune system and emotions. But, many people do not realize that. When we think about emotions, they are always thinking about something external.

Joyce:
Like a separate entity?
Dr Sivakumar:
Yeah, separate entities but you find that whenever emotions are at its low, your immune gets hit. When your immune gets hit, your emotions go low. So, there is a very close connection between that and that is one reason why at this stage of time, this special group of people are not only vulnerable for mental health issues and are also more vulnerable for infections.

Siva:
That was a fantastic explanation. When I wrote this question, I did not know that the older people were the most vulnerable to mental health effects.

Dr Sivakumar:
They are actually, they are.

Siva:
So, we know that the elderly have lived longer than us and they are going to be more experienced and more patient in dealing with matters emotionally, right?

Dr Sivakumar:
Yeah, that’s true.

And they are supposed to be more resilient in the face of adversity because the olden times were more far more harsher than what we have right now.

Dr Sivakumar:
I agree.

Siva:
So, could they recruit these good qualities or characteristics to help them get over their anxiety or fear of the uncertainty?

Dr Sivakumar:
I agree, I agree. I think you have hit the nail there. It is a lot of experience, you are talking about someone who has lived for 60, 70 years, that is a lot of experience under your belt. So, they would have actually had resources from previous episodes, what to do, where to go, how to manage, but as I said the disadvantage there could be if their resources are external or social, then it could actually take a very huge beating. The other thing that the elderly, especially people in Asia, there’s this, our family bond and our structure and support. I think that is something that you do not find in Europe or in the States, where kids leave at 18 or 19 or 20. Here you still have families together, you are living with your parents and sometimes even with your grandparents, now that is a good quality. I think that is one of the strengths, so you still have that family bond and support, something to hold you up, something to support you through testing times.
Joyce:
Certainly, we can learn a lot from elderly people, who are more experienced than us. I would really love to spend more time with them. So, what can we then as family or members of the society do to help with the mental health of the older people amidst social distancing as younger members of the society, so to speak?

Dr Sivakumar:
Yup, that is true, that is true. I think there is a lot we can do. What I fear and what we fear is when we see the elderly is that their daily routine is destroyed by this COVID issue. When you talk about the elderly, you are talking about their daily routines. Well, I had grandparents and even my dad for example, he has got his daily routine, he gets up in the morning and goes out, he does this, he does that. He has got his entire routine planned. Something that I cannot think about doing and then he has got this fixed time for sleeping. That has been changed and that has been restructured because of this COVID. So, helping them get back their daily routine to a certain extent is good, maintaining a daily routine is number one. Number two, encouraging them to keep that social contact and staying active. It may not be face-to-face but at least a call, sitting with them, helping them with a Zoom call or teleconferencing, talking to someone would actually help a lot. Exercise, well, that has actually come to a total halt for many elderly people, but what I find is recently there is something called laughter yoga. Have you all heard of laughter yoga?

Siva:
Ah, yes.

Dr Sivakumar:
So, laughter yoga is something that has been proven, you actually go in and you do laughs, and the laughs actually help with your emotions and surprisingly, it actually helps with your immune system. But, the thing about it is, the snag about it is it is always done in a group together and during the COVID, everything has come to a stop. But, what has happened recently is the laughter yoga group here in Johor Bahru, they have actually started online laughter yoga classes. So, you find people from all over Malaysia joining them and you have the laughter yoga guru from India who is actually running the thing. And they have actually brought exercise online and I think that is wonderful. That is something that could actually help our loved ones. Well, another simple thing that I would like to mention is they need to be informed and updated of what is going on. You find that lots of elderly people actually do not get proper information and sometimes this can bring about anxiety. So, we need to actually correctly inform them about what is happening, what can you do, how is the disease, what are our numbers today. So, we need to keep them updated. These are some of the things we as a family can help our elderly population.

Joyce:
That is really helpful. Dr, just to extrapolate from that, could you also briefly tell us about delirium which can occur in elderly patients in isolation? What should caretakers look out for before seeking hospital help?

Dr Sivakumar:
Alright, many people who are listening to this may not be very certain of what delirium is, so maybe just a short, simple explanation about what delirium is. Delirium is a state of mind where a person has a fluctuation in their awareness, for example, you see them in the morning and they are able to identify you and recognize you and they are talking normally. You see them in the afternoon and they are confused, they cannot remember your name, they cannot remember seeing you. Well, many times delirium is due to changes in the body which will be called as organic changes. Some of the common reasons for delirium is that you can run a high-grade fever, fever can put people in a delirious condition. When you do not take well, orally or drink, you find that you have something called an electrolyte imbalance. That can also cause delirium. People who have problems with their liver or their kidney run into problems we call delirium.

So, how do they present? They present with a lot of restlessness, they can get agitated. Some of them present with psychiatric symptoms like hearing voices, things we call as hallucinations or they start believing in false things especially what we term as delusion. Where can it happen? It can especially happen in an elderly sitting in the nursing home, in a psychiatric nursing home, in an old folks home. So, it is a medical emergency and this group of people need to be treated as an inpatient. So, they need to be brought to the hospital and they need to be treated, they need to be hydrated, they need to be given some amount of sedation and antipsychotics if they are restless.

Siva:
Mm...that was very insightful and I hope it really helped people understand what delirium is and what they can do. So, we have reached the final part of our episode. Do you have any final takeaway messages for our audience?

Dr Sivakumar:
Well, as I started off, we are all in testing times. Now, we do not know where we are heading, we do not know how long this is going to last. Look for signs, or what we call as danger signs. Do not wait for stress to come in. It is essentially saying like when you get to a new town, you do not wait to get sick before you get a doctor, you get a doctor first so that when you get sick, you know you have got a place to go. So, look for those signs, look for those early warning signs, for example, what we have just spoken, people who tend to overuse substances to numb themselves, people who are in recovery start having urges, a person who has got a pre-existing mental illness start showing early signs of a relapse or it could be a person who is experiencing anxiety. It could be an increase in domestic violence, it could be children who are actually going through mental health problems or if you are seeing early signs of lack of self-worth and suicidal ideations. Do not wait for it to get worse. Get them as soon as possible to a doctor, a counsellor, let people be assessed.
Siva:
So, in summary, Part 2 is about how being unemployed, being members of the marginalized communities, being victims of domestic violence and just being a part of the elderly population during this COVID-19 crisis takes a toll on our mental health wellbeing. To overcome these effects, we looked into the specific issues revolving around each of these groups of people, ways to help themselves and how people around them can help them face their mental health problems.

Joyce:
I think that wraps up today’s episode. It has been a productive and informative episode. I think I personally learned a lot today and I hope the audience will benefit from it too. Thank you so, so much, Dr Siva for joining us today.

Dr Sivakumar:
You are welcome.

Siva:
Yes, absolutely. I agree with Joyce. It was really, really informative, really insightful, really wonderful and I had fun during the whole recording. So, thanks, Dr.

Dr Sivakumar:
Nice to hear. You’re welcome. Thanks a lot.

Siva:
Bye, everyone.

Joyce:
Bye. Thank you, bye.

Dr Sivakumar:
Thank you. Bye.

Joyce:
Thank you, everyone, for listening. Feel free to drop questions or feedback on our Facebook page, Malaysian Medics International. Also, do follow us on Spotify and iTunes so you don’t miss out on our podcast episodes. Till next time, stay tuned for our next episode.