

Mental Health and COVID-19

BRUNEI DARUSSALAM

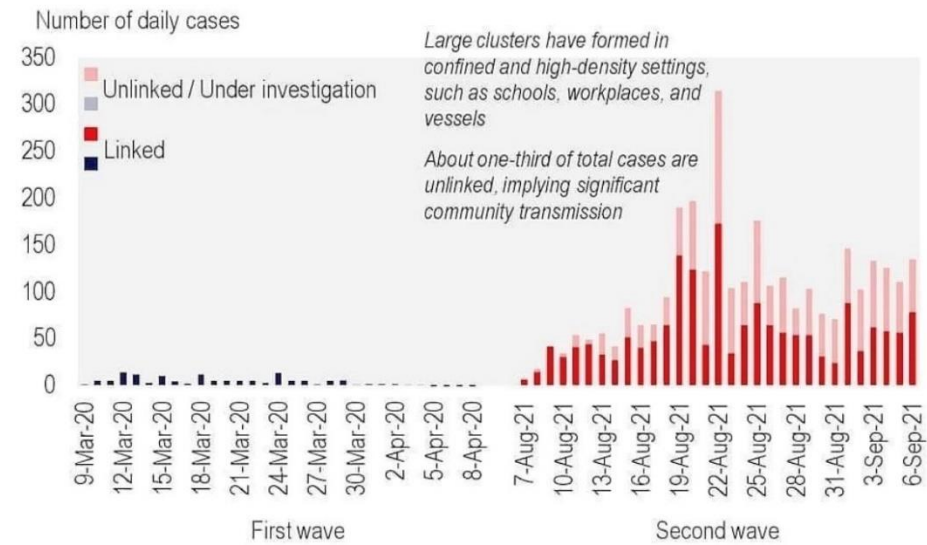
COVID-19 in Brunei Darussalam

- First wave:

- 9 March 2020; last local transmission case was on 6 May 2020 (124 cases + 3 deaths); imported cases only thereafter
- up until 1 August 2021, there were 338 cases

- Second wave:

- 7 August 2021-present
- 15,244 cases (as of 8 Dec 2021) + 57 deaths



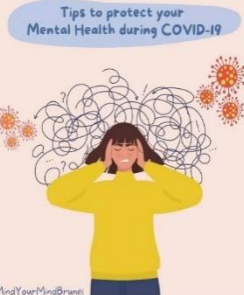
Mental health services pre-COVID19

- Mental Helpline (145)
 - available to public since inception on 12 February 2019
 - manned by mental health advisors
 - offers immediate telephonic emotional and mental health support
 - onward referral service for further management (counseling, treatment)
- Counseling clinic
 - available by appointment basis for referral cases
 - walk-in for healthcare workers



Measures taken during COVID-19 pandemic

- **Enhanced awareness and promotion** of available mental health services and preventative measures to take during pandemic
 - Target audience: Public; Healthcare workers and frontliners; Quarantine/ Self-isolation; COVID19 cases; Foreign workers; WFH
 - via social media, infographics/ posters/ leaflets, virtual talks and forums, radio and television programmes, collaboration with other stakeholders (government, private, NGO)
- **National welfare scheme** (MoFE, MCYS): food rations distribution to re-trenched employees; monetary allowance; building tax relief for reduced rentals etc



WELFARE HELPLINE 141

**TOTAL ANSWERED CALLS FOR HELPLINE 141 DURING
THE 2ND OUTBREAK OF COVID-19 (AUG – NOV 2021)**

23,061 calls

COVID-19 RESPONSE

1. Desperate – urging call agents to expedite their applications

2. Disappointed when NSW application was not approved

3. Verbal abuse towards call agents

4. Callers provided inaccurate/false information in order to get multiple food rations

1. Limited number of staff to work physically at Call Centre due to space constraints

2. Stressed – overwhelmed with non-stop inbound calls during peak hours

4. Not enough rest/no replacement

3. Burn-out due to double shift work replacing call agents quarantined 9as close contacts of COVID cases)

5. Distressed by callers' persistent calls

TYPES OF CALLS



**NATIONAL
WELFARE SYSTEM**

26.14%
6,029



**FOOD RATION
APPLICATIONS**

15.53%
3,582



**COVID-19
FINANCIAL
ASSISTANCE**

5.39%
1,245



**SENIOR CITIZEN &
PENSION ISSUES**

4.65%
1,072



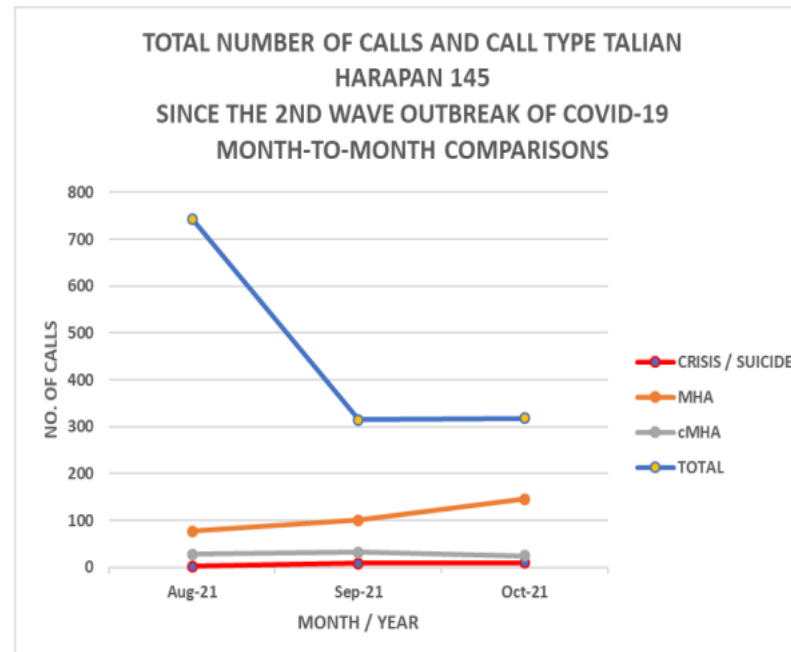
OVERALL DISTRICT DISTRIBUTIONS FOR HQI SINCE 11 AUGUST 2021

BRUNEI MUARA	12,426 74,258
TEMBURONG	273 1,523
TUTONG	1,802 10,403
BELAIT	5,322 24,015
TOTAL	19,823 Households 110,199 Individuals

FOOD RATION DISTRIBUTION NATIONWIDE STATISTICS

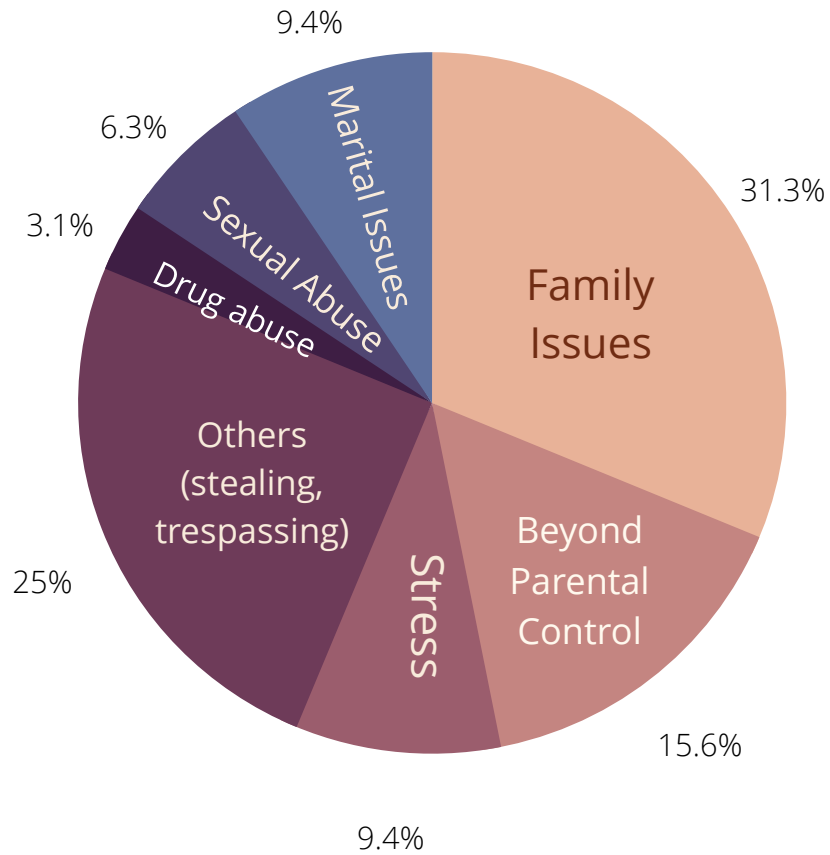
Mental health services since COVID-19

- Number of calls to Helpline 145 **increased by 8%** for COVID related mental health issues (Aug-Oct 2021) compared to pre-COVID times + 12% increase for other COVID related matters



COUNSELLING CASES

Second Wave of Covid-19 Pandemic in Brunei



INTERVENTIONS DURING COVID-19 PANDEMIC

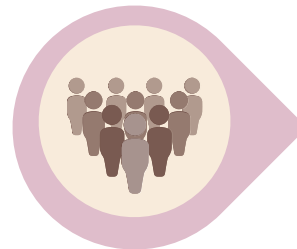
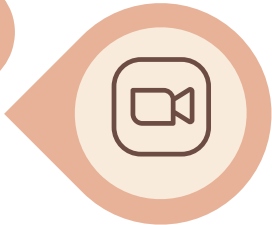


Tele-Counselling

Over 100 hours session have been conducted

Counseling via Online Platforms

Over 250 hours sessions have been conducted via zoom



Online Support Group

70 Youth Development Centre (PPB) trainees have joined online group support session

Covid-19 Volunteers Mental Health Support



Impact of COVID-19 on mental health of HCWs

- Prior to the pandemic, a previous survey in Brunei found high rates of stress and burnout amongst hospital staff.¹
- Healthcare workers are at high risk of mental health problems during the pandemic due to high workload and high demand, occupational exposure to SARS-CoV-2, staff shortage etc.

Ref:

¹Keasberry J. Workplace stress and satisfaction survey of Internal Medicine department staff of RIPAS and PMMPHAMB Hospitals. *Brunei Int Med J.* 2019; 15 (Suppl II): s4-5.

THE PREVALENCE AND RISK FACTORS OF SELF-REPORTED COMMON MENTAL DISORDERS AMONGST DOCTORS AND DENTISTS DURING THE FIRST WAVE OF COVID-19 PANDEMIC IN BRUNEI DARUSSALAM.

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ABSTRACT

Introduction: Healthcare workers are at high risk of mental health problems, particularly during the COVID-19 pandemic. This study evaluates the prevalence of self-reported mental health problems and their associated factors, amongst doctors and dentists before and during the first wave of the pandemic in Brunei in 2020. **Methods:** All 729 doctors and dentists who were registered to work in the government health service were invited to complete an online survey to collect data on demographics, mental health and work environment. Participants were asked to complete the Depression, Anxiety and Stress Scale – 21 items (DASS-21) and the Oldenburg Burnout Inventory (OBI). A combined total DASS-21 score of 34 or greater was used as the primary outcome measure indicating the presence of a common mental disorder. **Results:** A total of 312 doctors and dentists participated, achieving a response rate of 42.80%. Sixty-seven (21.47%) participants were found to have a common mental disorder. Univariate analyses found that younger, female, unmarried, local permanently employed participants, those who were in training, and those who had experienced previous mental health problems had significantly higher rates of common mental disorders during the pandemic. Multi-variate analyses found that being permanently employed and having previous mental health problems were the significant independent predictors of common mental disorders. Two hundred and sixty-six (85.26%) participants scored a high or medium level of burnout on the OBI. **Conclusion:** Almost a quarter of government doctors and dentists who participated in the study were found to have a common mental disorder during the first wave of the COVID-19 pandemic in Brunei in 2020. The findings of this study should inform the development of a strategic plan to protect workplace mental health.

Keywords: Brunei, COVID-19 pandemic, DASS-21, Dentists, Doctors, Mental health.

Psychological impact of Quarantine and Self-Isolation during first wave of COVID-19 outbreak in Brunei Darussalam

ABSTRACT

Introduction The method of quarantine or isolation as a public health measure to contain spread of an infectious disease is a necessary preventive measure but can also have significant psychological effects.

Method This cross-sectional study used a web-based self-administered questionnaire to assess the psychological impact of quarantine and isolation during the first wave of COVID-19 outbreak in 2020 in Brunei Darussalam. DASS-42 assessment tool was used to obtain score values for depression, anxiety and stress among individuals who underwent quarantine and isolation during the two-month first wave outbreak.

Results The study obtained 31% (544) response rate. 29.9% (163) reported presence of psychological impact as a result of their quarantined or self-isolated state. Females, younger age group, recent travel history, and unemployed/ retired individuals were more likely to experience psychological effects. Individuals who had contact with a positive COVID-19 case scored higher for anxiety ($p=0.04$) and stress ($p=0.01$). Longer durations of quarantine or isolation and pre-existing mental illness also resulted in increased risk of adverse mental health.

Conclusion Our study findings have helped identify groups of individuals in quarantine and isolation who are most likely to benefit from additional support such as provision of a clear rationale on the process and need for quarantine, accessibility to a mental health helpline and tele-psychological support.

Keywords Quarantine, Psychological impact, COVID-19, Depression, Anxiety, Stress.

COVID-19 related discrimination among healthcare workers in Brunei Darussalam

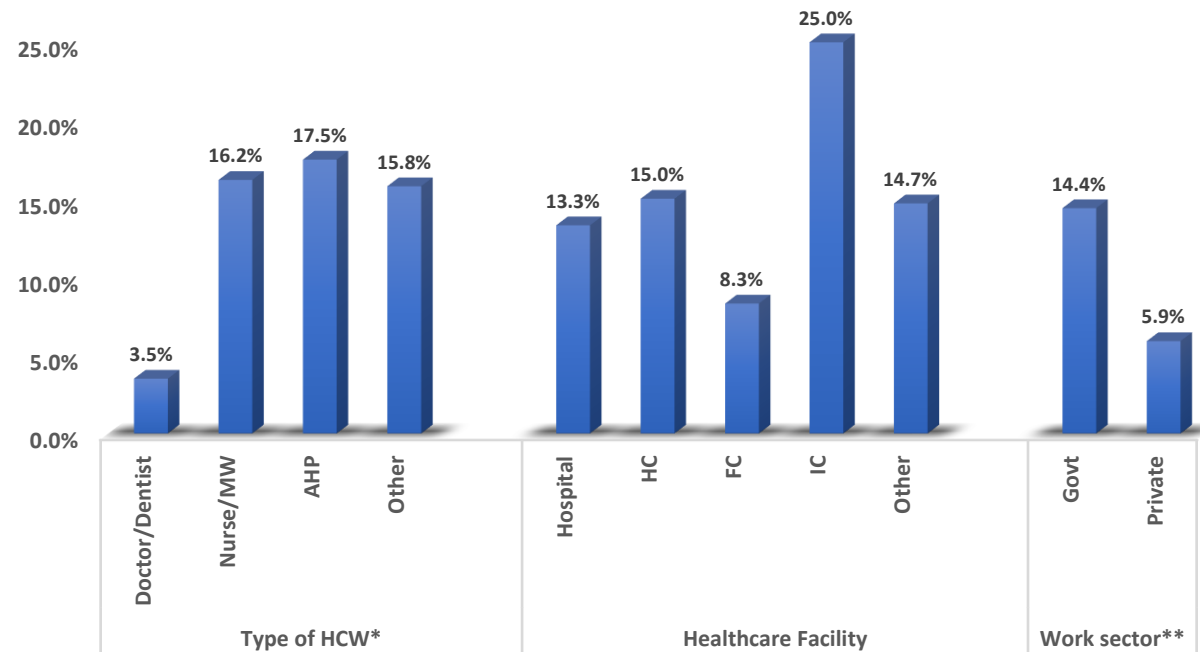


Figure 1. Self-reported discrimination faced by HCWs by occupational group, workplace, and sector.

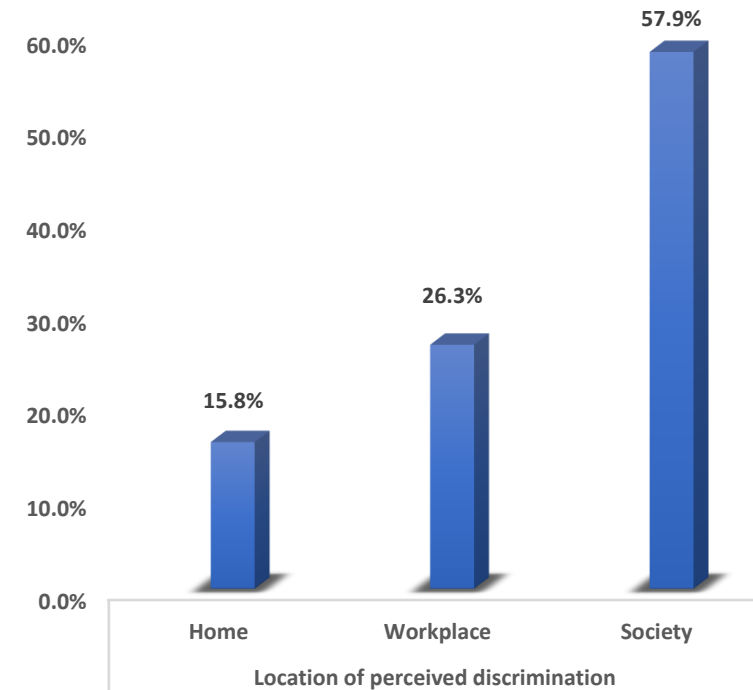


Figure 2. Perceived discrimination faced by HCWs by location.



Figure 3. Thematic analysis of discrimination faced by HCWs.

"Don't get near to any nurses, you will get infected"

-Hospital Nurse

"When ordering food for delivery service, some F&Bs refuse to deliver food to healthcare facility"

- Allied Health Professional

"Some patients say that I might be the one carrying the virus as it is the nature of my job to be exposed to it"

-Hospital Nurse

"Some senior doctors refuse to take on some of junior doctor frontliner work saying that it is of higher risk exposure to them"

-Hospital Doctor

"Society is afraid of us as we are taking care of COVID patients. We are not allowed inside some shops."

-Hospital Nurse from COVID-19 National Isolation Centre

"Given a look of disgust and nicknamed COVID."

-Hospital Nurse

"The community shunned me when they saw me wearing a nurse's uniform"

-Hospital Nurse

"Public try to stay away from me, especially in public places such as shopping malls/ supermarkets, when they see me wearing my uniform"

-Hospital Nurse

Challenges during COVID-19 pandemic

- Mental health issues and disorders are often accompanied with discrimination and stigma
- Under-reporting
- Lack of anonymity (e.g. HCWs with mental health professionals)
- Staff shortage due to re-deployment to COVID facilities; self-isolation as close contacts of positive cases
- Increased number of calls to Helpline 145 (some unrelated to mental health issues) -> recruitment of volunteers to cover Call Centre