

# Psychological Rehabilitation During a Coronavirus Pandemic. Legal Aspects

## Rehabilitacja psychologiczna podczas pandemii koronawirusa. Aspekty prawne

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### SUMMARY

**Aim:** To analyse the legal regulation of the provision of psychological assistance during the coronavirus pandemic.**Materials and Methods:** The research methods were chosen with the aim of the study in mind. In order to establish objectivity and validity of scientific provisions, conclusions, during the research, a set of general scientific and special scientific methods was used, in particular such as: (1) the formal legal method was used to analyse the legal and ethical foundations for providing psychological assistance during the coronavirus pandemic; (2) using the comparative legal method, the approaches of national legislation and international standards to the provision of psychological assistance during the COVID-19 pandemic were clarified; (3) the forecasting and modeling method was used to develop practical recommendations regarding the importance of analyzing the legal regulation of the provision of psychological assistance during the coronavirus pandemic and others in the future; (4) the method of systems analysis made it possible to study the legal regulation of the provision of psychological assistance during the coronavirus pandemic; (5) the historical and legal method made it possible to identify the features of the evolution of legal regulation of the provision of psychological assistance during pandemics.**Conclusions:** The COVID-19 pandemic has exacerbated existing health deficiencies, including a shortage of psychologists. States should initiate medical training programs, including for psychologists and psychotherapists. It should be noted that psychological assistance during a coronavirus pandemic should be based on the following principles: accessibility; continuity; focus; interdisciplinary; educational nature of interventions.**Key words:** COVID-19 pandemic, psychological assistance, public health, World Health Organization, medical law**Słowa kluczowe:** pandemia COVID-19, pomoc psychologiczna, zdrowie publiczne, Światowa Organizacja Zdrowia, prawo medyczne

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### INTRODUCTION

The current COVID-19 pandemic has created an unprecedented situation around the world. The accompanying health threats, quarantine regimes, economic problems and self-isolation have a serious impact on the mental health of the population. The World Health Organization (WHO) and health authorities around the world are taking action to slow the spread of COVID-19 and reduce the incidence. The COVID-19 pandemic has disrupted or interrupted mental health services in 93% of states, according to a WHO study [1]. The coronavirus pandemic has demonstrated the importance of mental health. Psychological assistance is an important component in recovering from this illness. Responding to the global challenges of the COVID-19 pandemic, psychologists and psychotherapists are actively

working to find the most effective means of psychological assistance to overcome the effects of traumatic events during a pandemic. The COVID-19 pandemic can have a wide range of psychological consequences, including the emergence of new psychiatric symptoms in people without mental illness, as well as the deterioration of those who already suffer from such diseases. An outbreak of coronavirus disease causes social psychological reactions such as stress, anxiety and fear, loss of landmarks and plans for the future, and can also lead to post-traumatic stress disorder, depression, exacerbation of psychopathological symptoms and psychological difficulties. Such an unstable time and with constantly changing living conditions, people can experience psychological difficulties, in turn, the majority of the population, worried about the threat of coronavirus infection, avoids visiting psychologists

in medical institutions. Mental disorders are one of the main groups of diseases that cause suffering and disability, according to WHO, their number has increased dramatically during the COVID-19 pandemic [2]. Mental health is already a priority for the WHO Regional Office for Europe in the European work program 2020–2025 “United Action for Better Health”. WHO and other international organizations focus attention on the need to provide psychological assistance during the coronavirus pandemic with the aim of more rapid restoration of society.

### AIM

The aim of the article is to analyse the legal regulation of the provision of psychological assistance during the coronavirus pandemic.

### MATERIALS AND METHODS

The research methods were chosen with the aim of the study in mind. In order to establish objectivity and validity of scientific provisions, conclusions, during the research, a set of general scientific and special scientific methods was used, in particular such as: (1) the formal legal method was used to analyse the legal and ethical foundations for providing psychological assistance during the coronavirus pandemic; (2) using the comparative legal method, the approaches of national legislation and international standards to the provision of psychological assistance during the COVID-19 pandemic were clarified; (3) the forecasting and modeling method was used to develop practical recommendations regarding the importance of analyzing the legal regulation of the provision of psychological assistance during the coronavirus pandemic and others in the future; (4) the method of systems analysis made it possible to study the legal regulation of the provision of psychological assistance during the coronavirus pandemic; (5) the historical and legal method made it possible to identify the features of the evolution of legal regulation of the provision of psychological assistance during pandemics.

The WHO and the ICRC have prepared a “Basic emergency care” document that covers the provision and access to psychological assistance during emergencies, which also include the coronavirus pandemic [3]. The document “Basic emergency care” contains a recommendation on the dissemination of information necessary to educate the population and ensure safe access to medical care, including psychological [3]. International Labor Organization standards indicate that wherever an employee works, the employer is responsible for his health and safety, as well as psychological well-being. The International Labor Organization emphasizes the importance of psychological health and the need for the state to provide access to psychological assistance given the negative impact of the coronavirus pandemic.

Psychological assistance is essential for both patients and doctors. Patients are faced with post-coronavirus syndrome, and doctors are faced with grueling working conditions and the inability of health systems to deal with pandemics of this magnitude. The Office of the United Nations High

Commissioner for Human Rights is concerned about the lack of healthy and safe working conditions for health workers who are at the forefront of the fight against COVID-19, in particular due to the shortage of personal protective equipment and lack of mental health services and psychosocial support. To effectively tackle the coronavirus, states must develop a range of strategies, including recruiting, re-profiling within training and skills, reallocating roles among health workers in ensuring their safety and providing psychological and psychosocial support.

Luca Steardo Jr., Luca Steardo and Alexei Verkhatsky prepared the study “Psychiatric face of COVID-19”. The study “Psychiatric face of COVID-19” examines (1) Infectious Pandemics as a Risk Factor for Mental Illness, (2) Neurotropism of coronaviruses, (3) Neuroinflammation in COVID-19, (4) COVID-19 and major depressive disorder; (5) COVID-19 and bipolar disorder; (6) COVID-19 and reactive psychosis, (7) COVID-19 and obsessive-compulsive disorder, (8) COVID-19 and epilepsy, (9) COVID-19 and post-traumatic stress disorder, (10) Schizophrenia and viral infection [4].

### REVIEW AND DISCUSSION

The coronavirus pandemic has demonstrated not only the importance of psychological assistance, but also its comprehensive nature as part of the right to health. For example, it is important to promote mental health and prevent and treat mental health disorders in schools, community services, government agencies, health systems, transportation services and other negatively impacted coronavirus-related restrictive measures. With a focus on mental health care for school closures, states should develop contingency plans to provide mental health services during school closures to students who rely primarily on school services. The pandemic has demonstrated the importance of psychological assistance for the elderly. A separate issue is the COVID-19 crisis, which has exacerbated the existing institutional, psychological and environmental barriers faced by persons with disabilities in exercising their rights and accessing basic services.

The COVID-19 pandemic has exacerbated existing health deficiencies, including a shortage of psychologists. States should initiate medical training programs, including for psychologists and psychotherapists.

A WHO advisory group to analyse the evidence, identify gaps and seek solutions, advise and support countries’ efforts to meet the mental health needs of their populations during and after the COVID-19 pandemic [2].

WHO conducted a survey on the impact of COVID-19 on mental health services from June to August 2020 in 130 states in six WHO regions. WHO identified the following challenges in providing psychological care in the context of the COVID-19 pandemic as a result of the survey: (1) over 60% reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%); (2) 67% saw disruptions to counseling and psychotherapy; 65% to critical harm reduction

services; and 45% to opioid agonist maintenance treatment for opioid dependence; (3) more than a third (35%) reported disruptions to emergency interventions, including those for people experiencing prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition; (4) 30% reported disruptions to access for medications for mental, neurological and substance use disorders; (5) around three-quarters reported at least partial disruptions to school and workplace mental health services (78% and 75% respectively) [1]. The coronavirus pandemic has highlighted weaknesses and gaps in services providing psychological assistance, support and rehabilitation.

WHO has produced “Basic Psychosocial Skills: A Guide for COVID-19 Responders” to help people involved in the COVID-19 response integrate psychosocial support skills into their daily work, thereby improving the well-being of the people with whom they work. contact during a pandemic [5].

WHO has prepared guidelines for maintaining mental health and psychosocial wellbeing during the COVID-19 outbreak, which include guidelines for the general public, guidelines for health workers, guidelines for department managers and chief physicians of healthcare facilities, guidelines for caregivers, guidelines for those caring for the elderly, guidelines for those in isolation. While the WHO guidelines are a source of soft law, they are an important source of medical law.

Given these value-based principles, practical advice to mental health workers on how to protect and enforce the rights of patients with severe mental illness in a pandemic may include: as legal entities) who provide psychiatric care to patients; (1) constant contact with external agents to ensure that no unilateral decisions are made without prior consultation with mental health experts, patient representatives and their relatives; (2) expert information on the medical (and not just psychiatric) history of patients transmitted to these external agents, with particular emphasis on the presence of infectious diseases and possible preventive measures; (3) the use of electronic means of communication, which are used as a possible way to guarantee patients’ access to their basic rights, while protecting the health of their legal representatives, relatives; and (4) raising awareness of the special needs of vulnerable populations (such as psychiatric patients) by mental health professionals in collaboration with decision-makers in social services and political and legal institutions [6]. By following this algorithm, mental health professionals working in psychiatric clinics can make a significant contribution to ensuring the highest ethical and clinical standards for their patients [6], thereby realizing patients’ rights.

During the spread of the coronavirus pandemic, people begin to experience heightened fear, anxiety and anxiety. This applies to both the general population and specific groups of citizens, such as older people, health care providers, people with disabilities and people with underlying health problems. Ensuring uninterrupted access to services for people with developing or pre-existing mental health problems,

along with maintaining the mental health and well-being of health workers who are fighting the pandemic, is now a major concern in States.

A technical advisory group at the WHO Regional Office for Europe reviews and synthesizes available data not only on populations, policies and services, but also on specific groups of people, and identifies needs and possible implications for mental health services in the WHO European Region. The recommendations of the WHO Advisory Group will be incorporated into a mental health action framework that will be presented to the WHO Regional Office for Europe in September 2021 [2]. The creation of the Coalition on Mental Health in the WHO Regional Office for Europe, scheduled for 2021, will bring together European Region countries, as well as service users, health professionals and innovators in the field attract investment in mental health and help raise awareness of the need for reform.

## CONCLUSIONS

It should be noted that psychological assistance during a coronavirus pandemic should be based on the following principles: accessibility (in conditions of quarantine or isolation due to illness, remote work via mobile phone or special Internet applications comes to the fore, provided by psychologists, psychiatrists, volunteers on behalf of certain organizations, including primarily health care facilities that provide this service also available financially); continuity (for those who have already been in the process of receiving psychological, social, psychotherapeutic, psychiatric care, provide the maximum opportunity to continue receiving it, with adaptation to new conditions that may change); focus (new appeals are seen as requiring rapid intervention, focused on specific experiences and possible solutions, given the consequences of the coronavirus pandemic); interdisciplinary (pronounced emphasis on joint work of different departments and spheres of services to the population, which allows to refer the patient by a doctor to a psychologist, psychologist to a psychiatrist or social service, a social worker to a doctor or psychologist, etc.); educational nature of interventions (many interventions consist in psychological education of the population and offers of concrete actions, decisions, ways to master a situation which the person will be able to use independently).

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**Conflict of interest:**

The Authors declare no conflict of interest

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