The Intersection of COVID-19 and Mental Health: What's the Matter with Ethics?

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Abstract
As the coronavirus (COVID-19) pandemic rapidly sweeps across the world, despite the measure taken to contain the spread of the disease through quarantine, it induces a considerable degree of fear, worry and concern in the population at large. Health care providers, older people and people with underlying health conditions are the most vulnerable to the pandemic. Nations, even countries with advanced medical sciences and resources, have underestimated the perils of the pandemic. Efforts are focused on understanding the epidemiology, clinical features, transmission patterns, and management of COVID-19 disease. One aspect overlooked is the mental health crisis underpinning the effects of self-isolation/quarantine and the deaths of loved ones—the number of positive cases in Malaysia at an exponential growth rate each day. With strict preventive measures and restrictions by the Malaysian Government in the form of nationwide Movement Control Order (also known as MCO), the citizens are going through a range of psychological and emotional reactions and fear and uncertainty of being one of the infected. Many studies have been conducted to identify the state of mental health of people during this calamity. This raises ethical concerns and legal issues with regards to the rights of individuals enduring mental illness. This paper explores the ethical issues about the research on mental health during Covid-19 pandemics and the regulatory mechanisms which protect the rights of the persons who have the symptoms of mental illness.

Keywords: Medical Ethics; COVID-19; Ethical Issues; Regulatory Mechanisms; Rights; Psychology.

Introduction
The nature of COVID-19 has prompted policymakers worldwide to take unprecedented action. The severity of the COVID-19 is outrageous, with billions of citizens being compelled to withdraw at home with no end in sight even after the ease of social distancing. Many residents could not follow the government-sanctioned
Movement Control Order (MCO). The losses from the COVID-19 spread have exacerbated mental health issues. Many are crying over life as they knew it, others are mourning over employment loss, many more are weeping over the split from family members and losing loved ones. Some worst cases affect marginalized individuals, such as those dealing with psychiatric disorders, the disabled, those with serious medical problems and low-income communities. Increased social isolation, loneliness, health anxiety, stress and an economic decline are a perfect storm for damaging people’s mental, psychological and wellbeing.

On top of that, the official government departments, such as Malaysia’s Ministry of Health, strives to improve the public’s awareness of prevention and intervention strategies by providing daily updates about surveillance and active cases on websites and social media. Besides, many self-media and netizens also release and transfer related information on social media, such as Facebook, Instagram and Twitter. Nevertheless, social media information may have led to fake news overload, which may increase mental health problems.

There was an increase in citizens needing aid. ‘Safer at home’ is an excellent guideline for COVID-19, but not a secure environment for other people. Domestic violence levels would increase as victims feel lonely and depressed, so staying at home is just an unhealthy environment for them. Experts cautioned that such effects would persist far into the future, long once the latest lockout phase is eased. The scale of this problem is too severe to ignore as it that may be affected and the broader impact on society. Thus, a lack of action threatened an outbreak of

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1 Emily A Holmes, [et.al.], ‘Multidisciplinary Research Priorities for the COVID-19 Pandemic: A Call for Action for Mental Health Science’ (2020) 7 Lancet Psychiatry.[547-560].
mental health problems such as anxiety and depression and increased reports of domestic violence.⁶ With the new everyday life, unprecedented moral, ethical, and legal concerns are surfacing.

The World Health Organization (WHO) released in February 2020 lists of research priorities and actions soon to take against the epidemic of COVID-19, which were agreed upon during a global research and innovation forum aiming to curb the outbreak. The COVID-19 forum in Geneva has identified nine thematic includes ethical considerations for research and integration of social sciences into the outbreak response.⁷

**Ethical Concerns**

In the new normal, with high levels of uncertainty, anxiety, pressure from social distancing, and financial troubles, mental health is likely to be at risk worldwide. Most policymakers now include mental health work in reaction to the COVID-19 pandemic.⁸ Here, ethical issues need to be considered when researching mental health as the broader impacts of COVID-19 during the global pandemic.

The ethical deliberation of the paper is principally based on the *principlism* approach as first described by Beauchamp and Childress in 1979, which will be applied in this paper to the actual situation of mental health surveys during Covid-19. The *principlism* is divided into four categories of basic principles.⁹ All principles need to remain consistent with human rights – the Universal Declaration of Human Rights and the Convention on Persons with Disabilities.¹⁰

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⁸ Emily A Holmes, *et al.*, (n 1).
Respect for Autonomy

Respect for autonomy is “a standard for accepting and promoting autonomous decisions, defining the need to value autonomous individuals’ right to make decisions”.

Mental health research is a vital part of the response to the pandemic. Still, some studies do not provide sufficient information to allow fully informed consent or measure mood before or after participation. There is also a lack of studies to provide any signposting other than potentially anxiety-provoking messages about COVID-19. Do not attempt any mood mitigation or debriefing to help stabilize anyone who has become distressed after participation. The presence of multiple mental health assessments in the population poses legal questions about whether it is compatible with the ethical principles set forth under mental health ethics codes to preserve the privacy of mental disorder patients. While work holds potential, mental health researchers face various ethical challenges. Researchers are often liable for ensuring that people are competent and ready to agree. But for most cases, sound judgments are not that simple. Individuals with cognitive disabilities might have difficulty interpreting a research study and providing informed consent but may want to participate. Many studies gather personal details regarding medical history and personal data that, if published, may result in mental, financial, or legal damage. Therefore, between an obligation to defend disadvantaged people and the responsibility to practice the duty of care to protect their privacy lies the friction between ethics and research.

According to the Principles of Good Research Practice in COVID-19 research, research on human participants should maintain high standards of ethical practice, including seeking research ethics committee approval. They are persons whose natural or de facto capacity to consent is undermined due to their mental disorder, whether or not they have a legally recognized limitation or an annulment.

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11 Tom L. Beauchamp and James F. Childress (n 9).
12 Emily A Holmes, [et.,al.] (n 1).
of their ability to act. Hence, the consent of a person is in question. Therefore, it is necessary to consider the person/subject’s capacity to make an autonomous decision regarding possible help and interventions.

**Non-Maleficence and Beneficence**

To cause harm is always wrong prima facie.\(^{14}\) Aside from the obligation of not causing damage, it is perceptive not to subject others to the unnecessary risk of suffering it.\(^ {15}\) The governing authorities should adequately assess the collection of research data on mental health person/subject’s circumstances and the predictable consequences of avoiding unnecessary harm. The discretion on general beneficence is replaced by the obligation to aid the person. The beneficence principle is motivated by the imperious need to get the greater good for the patient. This has weakened its capacity. Hence, free and informed consent of the potential person/subject would always be required; however, when this is not possible, as is the case with some patients with mental illness. The moral imperative of encouraging positive behaviour requires the patient’s best benefit in all situations to prevent his or her disability and to reduce avoidable suffering. However, there are person/subjects who are incapable of deciding whose rights must be safeguarded. Hence, ensuring human care and effective mental health intervention for everyone, and especially for those most in need, seems, as a last resort, a responsibility for the Government to handle with care.

**Justice**

Society has the right and duty to exercise democratic constructive pressures that seem appropriate to influence the legislator, and the Government must implement applicable and coherent policies. The care of the incapable person is an end, not a means. As a duty of social justice, the patient’s esteemed integrity as a matter of rights also demands effective guardianship. The psychological


\(^{15}\) *ibid.*
dimension is a continuum independent of the individual’s mental state. They do not lose a shred of integrity from any illness or condition, even though this condition seriously affects affectivity or judgment. Consequently, a duty of dignity is placed on the incompetent patient, who must provide the necessary social intervention to preserve the reputation of the incompetent patient.

Benefits must be high and risk minimized to be considered ethical. The research group need to be very clear about who will benefit from the research and how to improve policy and practice within a timeframe. Clearly, in the rising of online research, ethics committees worldwide have a vital role in assessing these issues. With social distancing and lockdowns, positive digital responses are critical. Globally, mental health services need to collaborate electronically and remotely to meet patient needs. The research community still needs to respond to the COVID-19 pandemic effectively, but what we do must be ethical.

COVID-19 Mental Health Impact in Malaysia

Due to the COVID-19 pandemic, the mental health impact may result from social distancing practice, disrupting social rhythm that used to act as a common coping mechanism to stress, apart from that, fear and anxiety of COVID-19 itself and psychological sequelae from loss of jobs and financial difficulties which increase risk of anxiety and depression. There is also mental health impacts on existing poor and vulnerable populations, such as a higher risk of relapse among people with serious mental illness, increased domestic abuse, and worsening existing illnesses like post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD).16

A study done in April 2020 found that 45 per cent of 1,084 Malaysian respondents were experiencing varying levels of anxiety and depression during the Movement Control Order (MCO) period. The psychological hotline support Befrienders reported that 34 per cent of 4,142 calls received by them between March 18 and May 16 were related to the COVID-19 pandemic which over a third

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of the calls were suicidal. The Health Ministry also reported that it received some 2,500 phone calls and more than 1,000 WhatsApp messages between March 28 and April 12, during the early days of the MCO, on its Psychological First Aid hotline.17

Studies done among undergraduate university students in Malaysia found some of them developed some degree of anxiety, but others were emotionally stable due to positive coping mechanism.18 Significant associated factors with higher anxiety levels among university students were female gender, younger age, management studies and staying alone.19

The health care workers or front medical liners face a higher risk of mental health impact due to COVID-19. Those who are already facing daily stresses may begin developing physical and psychological fatigue, burnout, and severe mental health issues.20 Psychological support in the form of psychological first aid and online counselling services was provided for the front liners. Remote psychological first aid via mobile application and phone calls was also introduced to limit face-to-face consultation to reduce the risk of COVID-19 transmission and allow them to return to psychological functioning without being stigmatized.21

Severe mental illness (SMI) is the term used to describe a group of mental disorders, namely, Schizophrenia, Bipolar Disorder and Major Depressive Disorder. However, it may also include any mental illness causing functional impairment. In 2020, as COVID-19 hit the world, everyone goes through a state of grief, with many striving through its psychological impact. However, not many reports have highlight much about those with existing severe mental illness. People with SMI are a vulnerable

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18 V. Kobbin, [et.,al.], ‘Fear, Anxiety and Coping Mechanism During COVID-19 Pandemic Among Undergraduate’ (2020) 5 International Journal of Biomedical and Clinical Sciences.[217-228].


20 Malaysiakini (n 2).

population. They are expected to be at higher risk of having a worse psychological impact from COVID-19 due to pre-existing mental health issues. Physical distancing and movement-restricted control may affect patients with SMI even more due to change of environment, disruption of services, increased stress and isolation.22

COVID-19 infection may lead to worse outcomes for the SMI population than the general population. Severe results include acute respiratory distress syndrome.23 This is considering risk factors for severe infection are highly prevalent in the SMI population, such as cardiovascular disease, obesity and chronic obstructive pulmonary disease.24 In Malaysia, there is scarce evidence on the impact of COVID-19 among the SMI population. Report from studies worldwide summarized three significant effects of COVID-19 on SMI, which are: 1) admission to isolation ward for suspected COVID-19 patients will be a potential stressor for schizophrenia patients,25 2) People with SMI in the community who do not have COVID-19 may have the risk of having higher psychological distress such as non-specific stress, anxiety, depression or sleep disturbances compared to the general population,26 and 3) there is data suggestive of a range of COVID-19 related psychopathology in routinely collected clinical notes in one setting.27 With this knowledge at hand, it is vital to assist and support the SMI population in Malaysia during the COVID-19 pandemic and to have more research and evidence on the psychological impact of COVID-19 in the SMI population in Malaysia.

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26 Felice Lasevoli, [et.,al.], ‘Psychological Distress in Patients with Serious Mental Illness during the COVID-19 Outbreak and One-Month Mass Quarantine in Italy’ (Psychological Medicine, 2020) <https://doi.org/10.1017/S0033291720001841>. [1-3]; F. Hao, Do Psychiatric Patients Experience More Psychiatric Symptoms during COVID-19 Pandemic and Lockdown? A Case-Control Study with Service and Research Implications for Immunopsychiatry (Brain, behavior, and immunity 2020).

Regulatory Mechanisms in Addressing Mental Health Issues in Malaysia

a) Mental Health Act 2001 and the Mental Health Regulations 2010

The introduction of the Mental Health Act 2001 and the Mental Health Regulations 2010 in Malaysia further streamlined the provision of psychiatric care by the private and Government sectors. This Act has provision for mental health delivery in three facilities, namely Psychiatry Hospitals, Psychiatry Nursing Homes and Community Mental Health Centres. Nonetheless, the Act does not explicitly address the ethical issues regarding the privacy and data information in mental health research during Covid-19. It looked into delivering comprehensive care, treatment, control, protection and rehabilitation of those with mental disorders. Hence, the Manual on Mental Health and Psychosocial Response to Disaster in Community Mental Health Unit Non-Communicable Disease Section Disease Control Division Ministry of Health Malaysia 2013 could be referred to regarding the matter.

This training manual on mental health and psychosocial response to a disaster in the community was developed based on references and resources provided by mental health experts from psychiatric services; Mental Health Unit, NCD Section, Disease Control Division, Ministry of Health and World Health Organization (WHO) on 2013. However, it is not so easy to identify psychological problems among victims. Most of the affected people may not show any response and needs psychological aid. The objective of this manual is to recruit and train Mental Health and Psychosocial Response Team (MHPRT) with Basic Disaster Response Skills to prepare them in assisting the community during a disaster; to provide basic knowledge on Mental Health and Psychosocial Responses to Disaster, and to equip MHPRT with disaster management skills in helping the community in preparing for/cope with disaster; as well as to establish contact and networking for referral purposes.28

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Nevertheless, it is still unclear whether COVID-19 comes under this disaster description manual. This is often suggested as vague whether to interpret this manual as a guideline for improving sufficiently trained behavioural health professionals in vulnerable communities to reduce long-term psychological distress risk. The Government has taken steps to support those fighting this psychosocial war.


Ministry of Health Malaysia had included the standard operating procedure of Mental Health and Psychosocial Support (MHPSS) as Annexe 33 in Guidelines of COVID-19 Management. MHPSS refers to any local or outside support that aims to protect or promote psychosocial wellbeing or prevent or treat mental disorders. Support may include interventions in health, education, or interventions that are community-based. The ‘MHPSS Problems’ is the term that covers social problems, emotional distress, common mental disorders (such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual disability.²⁹

These interventions are targeted to specific populations. These target groups include; PUI (Persons Under Investigation) undergoing home surveillance or quarantine, healthcare workers (also referred to as frontliners) taking care of patients in COVID-19 wards or hospitals, healthcare workers (frontliners) who perform screening and swab collection, healthcare workers performing contact tracing at State and District levels, healthcare workers in Crisis Preparedness and Response Centre (CPRC) at National, State and District levels who are involved in COVID-19 and other responders from other agencies involved in COVID-19 such as cleaning services and waste management service workers.³⁰


³⁰ ibid.
Many standardized activities are done for the target, as mentioned earlier
groups. These activities are mental health screening via online forms using the
depression, anxiety and stress scale and psychological first aid to the target groups.
The further step after the screening is a psychological intervention, and art therapy
are done through group or individual sessions. At the same time, outreach posters
or flyers are distributed either physically or online. The distribution of mental
health alert card is also done to raise awareness among targeted groups to seek
help if symptoms of emotional disturbance present. Consultation and treatment for
persisting symptoms are referred to specialized services in hospitals.31

The delivery of MHPSS services to all victims involved during COVID-19
follows the principle that basic needs shall be provided to all victims, followed
by restoration of community and family support and by focused and specialized
services to a smaller subgroup within those affected by the crisis. This follows the
Inter-Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency
Settings.32 The action plan of MHPSS during COVID-19 in Malaysia is carried
out at national, state and district levels. MHPSS providers consist of public health
physicians, family medicine specialists, psychiatrists, medical officers, clinical
psychologists, psychology officers, paramedics (assistant medical officers, nurses),
medical social workers and NGOs. The target group for MHPSS were PUI (Persons
Under Investigation) undergoing home surveillance/quarantine, health care workers
(HCW) involved in COVID-19 at different levels and sectors and other responders
from other agencies involved in COVID-19, for example, cleaning services and
waste management service workers.33

The MHPSS activities are reported to the MHPSS coordinators at a hospital,
district, and state level and finally submitted to National CPRC. There was also

31 ibid.
32 Inter-Agency Standing Committee, ‘Interim Briefing Note Addressing Mental Health and
Psychosocial Aspects COVID-19 Outbreak’ (Inter-Agency Standing Committee, 2020) <https://
interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-
33 Ministry of Health Malaysia (n 29).
an outline of recommended Interventions for mental health care for the general population, HCW team leaders and managers in health facilities and care providers for children. Generally, the recommendations are according to mental health and psychosocial considerations during the COVID-19 outbreak by WHO.\textsuperscript{34} MOH also produced COVID-19 Mental Health Kit in Hospital Setting and Quarantine Centre, which targeted patients and HCW.\textsuperscript{35}

On top of these activities, collaboration and coordination of all providers of psychosocial support from various agencies are mobilized. Training of all response personnel and reports are documented. General information on tips for mental health care is distributed to the general population affected by social isolation. These tips revolve around methods to relax and reduce stress. Moreover, activities to support mental wellbeing during home surveillance are highlighted for families and children. Spotlight is given especially on n basic needs are such as food and care.\textsuperscript{36}

Subsequently, the general population is given updated information and tips on coping with the pandemic of COVID-19. Among groups focused on are care providers for children, older adults, and people with underlying health conditions. MHPSS interventions in Malaysia during the pandemic of COVID-19 are following the World Health Organization and Inter-agency Standing Committee (IASC) on Mental Health and Psychosocial Support in Emergency Settings. MHPSS Malaysia guidelines were written based on the WHO and IASC MHPSS guidelines; hence, all populations at risk of emotional and psychological problems during this COVID-19 pandemic were addressed.\textsuperscript{37}

\textsuperscript{34} World Health Organization (n 23).
\textsuperscript{36} Inter-Agency Standing Committee (n 32).; World Health Organization (n 23).
\textsuperscript{37} World Health Organization (n 23).
Conclusion

Real-time monitoring of mental health issues and creating treatment programmes need to be on a bigger scale than it has ever seen and must be coordinated and targeted comprehensively. It is suggested for government funding to establish specialized working groups comprised of people with experience of mental health impacts to ensure research and treatment are prioritized. The scale of this problem is too serious to ignore, both in terms of every human life that may be affected and the wider impact on society.

However, caution must be practised while evaluating and treating people who experience mental health issues as there is a legal and ethical perspective. Violation of rights should be avoided to provide good ethical psychiatric care in the “best interest” of the person. Ethical consideration can assist in informing and guiding those who are directly involved in moral issues in conducting mental health research. The need is for balancing idealism with the pragmatism of how much is feasible and how much should be attempted. It is imperative to note that ethics should not become archaic impractical laws but scientifically sound, implementable guidelines considering the ethos, and these should be periodically updated.

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Siti Hafsyah: The Intersection of COVID-19


