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Opinion Article

Public Health emergencies and quarantine: virtual patient engagement as challenge and opportunity for Mental Health strategy

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Abstract

Quarantine consists of the strict isolation imposed to prevent the spread of infectious disease: it is the separation among people and their social isolation adopted who have been exposed a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting other.

Priorities of National Actions for Mental Health should be based on following pillars: a) providing a virtual support to the patients who had COVID-19 (symptomatic and asymptomatic) diagnosis; b) monitoring the psychological needs addressing supportive strategies; c) boosting the mental health of quarantined patients for reinforcement of adherence to the medical prescriptions.

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Viewpoint

Quarantine consists of the strict isolation imposed to prevent the spread of infectious disease: it consists of the separation among people and their social isolation adopted who have been exposed a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting other. The impact of quarantine on mental health of population is strong and most predictive of symptoms of acute stress disorders or post-traumatic stress disorders during the disease or even 3 years later (Brooks et al., 2020; Cava et al., 2005; Desclaux et al., 2017; Li et al., 2020). According to Ahorsu et al. (2020), fears, worries, and anxiety of COVID-19 viral infection among individuals worldwide can affect the mental health of population, even though Harper et al. (2020) highlighted that the 'fear' may be a crucial and functional response

to the pandemic and predictive for engagement of recommendations for public health behaviors (e.g., improved hand hygiene and social distancing). Taking into account this scenario and by clinical psychology viewpoint, key topic should be which negative emotional states are necessarily pathological, and which social, behavioral and contextual factors can secondarily affect the quality of life health people (Kang et al. 2020; Wang et al., 2020). This landscape is more significant involving the quarantined asymptomatic patients as well as chronic disease and non-communicable disease patients (Merlo, 2019; Settinieri & Merlo, 2020; Walhs et al., 2020).

It becomes imperative to address not only the patients' physical needs, but also their informational, psychological and social needs on the long run. Health Care Actions should start to think how to deal with the aftermath providing solutions that can cater to individual needs at various stages within their quarantine.

Take into account to clinical practice, main goal should be the empowerment of Patient Engagement strategy in COVID-19 quarantine contributing to implement the personalized medicine approach as strategic intervention in order a) to make to be efficient the actions of primary care physician and b) to monitor and mitigate the psychological impact of social isolation for prolonged time.

Priorities of National Actions should be based on following pillars:

a) providing a virtual support to the patients who had COVID-19 (symptomatic and asymptomatic) diagnosis;

b) monitoring the psychological needs addressing supportive strategies;

c) boosting the mental health of quarantined patients for reinforcement of adherence to the medical prescriptions.

Main expected outcome of Mental Health service fighting COVID-19 quarantine should be to support data-driven decisions and interventions on a daily basis, enabling improved self-management by the patient and effective monitoring by the expert. A data driven strategy platform could be enabling the effective monitoring of health status and QoL after COVID-19 diagnosis. Complementary outcome will be the mitigation of psychological negative effect of quarantine effect as long as it is efficient preventive measure in major infectious disease outbreaks. Emerging health policy based on clinical and scientific evidences is asked to give rapid-response with strong impact on QoL of people. Impacts could be relevant: a) reducing symptom burden and suffering or improved well-being of patients mitigating the collateral effect of quarantine; b) improved clinical guidelines and policy recommendations with respect

to pain management, social isolation suffering and mental health needs of patients with life-threatening diseases or afflicted by late and long term side-effects of treatments; c) improved quality, effectiveness and cost-effectiveness of household care services.

Concrete and efficient operational processes are asked essential:

1) accurate monitoring the patients' physical assessment: adjusting to age the possible interventions and establishing, if possible, a preventative action plan; to evaluate a training plan adjusted to the patient's age to maintain his / her physical fitness and wellbeing.

2) accurate monitoring the patient's overall mental health and psychological wellbeing: establishing strategies and preventative action plans in the face of possible hardships derived from treatment; addressing aspects such as returning to work, social re-integration, among others.

3) monitored and periodic follow-up of aspects related to QoL.

The overall objective of future actions is to address the need to accurately and timely assess the magnitude of mental health outcomes in the people exposed to pandemic (Fiorillo & Gorwood, 2020; Morganstein & Ursano, 2020); in particular, it becomes imperative to identify non-intended consequences of epidemic-control decisions with particular regard to the implementation of preventive and early interventions strategies for population at higher risk, providing answers to social, dynamics of the outbreak and the related public health response.

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