



# Early Career Psychiatrists Section

## World Psychiatric Association

Section Newsletter

Second Publication 2020

### *Message from Section Chair*

Dear colleagues and friends,

It is with a heavy heart that we are writing this Newsletter, in the midst of this coronavirus epidemic.

This Special Issue Newsletter has been an initiative of our Editor, Tando Melapi, and a collective effort with contributions of numerous early career psychiatrists from different corners of the globe, that share how they have been living in and working on during this pandemic.

We express our gratitude to all early career psychiatrists working in the frontline for the mental health care provision of our patients, and we invite all to seek peer support locally and across the world. The solidarity, spontaneity and resilience with which many have joined forces is truly inspirational.

We are proud that this Section has been an amazing peer group for each other and has supported the development of new joint efforts of early career psychiatrists. The first publication by Ransing R et al, 2020 is already available here: <https://www.sciencedirect.com/science/article/pii/S1876201820301969>

We look forward for the aftermath to meet again and celebrate jointly in person (possibly in Thailand, if not before).

We are on this world together, and together we will overcome this, the best we can.

All best wishes to you and yours.

Take care and stay safe!

Mariana Pinto da Costa

(Chair of the Section of Early Career Psychiatrists)

### *Impact of Covid: Coping mechanisms*

#### **THE MYRIAD PERCEPTIONS OF THE HUMAN MIND: COVID-19, THE 21<sup>ST</sup> CENTURY PANDEMIC**

**Vivian Kapil\*, Ramya Revathi**

Very few phenomena in the history of mankind have impacted our societies across cultures the way infectious outbreaks have. The annihilation of societies paved the way for advances in political systems and sciences. However, not much attention has been given to these phenomena. There is little evidence about how these might have shaped psychiatry during the last great 1918 Pandemic, especially its influence on Freud's writings during those times. The psychological impacts of pandemics are usually mediated by people's perceptions. Angst and anxiety among the people anticipating an outbreak will swell, crest and subside, much like the pandemic. It begins with layers of misinformation preying on uncertainty, swelling doubts harbouring in the limbic system through media metamorphoses into mass panic which can pose a threat to the coping resources of people. Historically, there have been deeply ingrained fears of contagion and being mentally ill which may not be consciously accessible to the minds of modern societies owing to the might of the intolerable anxieties which they can cause when fused together. However, some of us do indulge in tasting these emotions transiently for entertainment through movies. One could observe a paradigm shift in mindset from 'Living' to 'Survival' in the midst of a pandemic. People suffering from mental health conditions can have an exacerbation of their conditions for which Governments should encourage tele-psychiatry services.



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COVID-19 affects populations irrespective of race, creed, religion or ethnicity. It is imperative that we do not label the affected people as “COVID-19 Cases” and instead use “People who have COVID-19”. Quarantine is a public health policy measure that can create an imbalance between an individual’s rights and the benefits to the larger society. The concept of quarantine has existed since the medieval period even before the days of Typhoid Mary who was quarantined for decades. Public health officials should emphasize the altruistic choice of self-isolating, as Altruism is better than compulsory enforcement due to the lesser amount of distress associated with it. Evolutionarily, it is not the most intellectual or the strongest of the species which survives, it is the species which adapts. Hence, we as humans, considered to be at the top of the pyramid, should adapt to these changing times. Coronavirus has a relatively ‘high infectivity, low mortality’ and hence the lockdown by Governments throughout the globe.

Resorting to religion in times of uncertainty may definitely offer solace and hope for the humanity at large but it is also imperative that people do not resort to risky practices due to blind faith. Ultimately, there is a return to normalcy which may stem from repression and sometimes amnesia which helps in self-preservation. The divine gift to combat such catastrophic situations does not come from above but from our own minds. Wiser societies look at taking important measures at individual levels and not expecting everything only from the Government as the change should come from within. Looking at a pandemic from a public health angle alone might be a myopic perspective in the war against corona or any pandemic. Incorporating cultural and religious aspects into the scientific efforts by Public Health Authorities and Government agencies, coupled with the support of the people can go a long way in the search for an optimal outcome to exterminate this raging fire called “Corona Outbreak”.

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### **THE MERITS OF DBT: A LIFE WORTH LIVING IN THE ERA OF COVID-19**

**Israa Abdelfattah;** Department of Neuropsychiatry, Alexandria Faculty of Medicine, Egypt

Since the declaration of COVID-19 as a pandemic, or even before that day, levels of fear and anxiety had started to peak among many of our psychiatric patients, as well as some of the healthcare providers, even if there is no direct contact with any of the confirmed cases, or even continuous exposure in emergency rooms as some of our colleagues endure. The reasons are different, and valid.

Since I started practicing Dialectical behavioral Therapy (DBT) 2 years ago as a part of a professional team, I had learned to respect the different limits of every member of the team, and to respect my own limits as well. By adapting dialectics as a way of thinking and living, we managed to reach a synthesis that will allow all of us handle the current situation according to his/her own limits, emotions and capabilities. Some of us chose to continue working one-to-one as usual with taking the necessary precautions. Some chose to manage their sessions online, and the rest had broader limits and could manage their work both ways. We managed to put both our own safety and the safety of our patients and clients first, while at the same time providing our standard level of care to our patients, which will help them pass through this storm with the least damage and misery.

One essential component of DBT is the skills training group therapy, which aims at introducing important concepts to practice, that are of great benefit not just the patients but to everyone. They include the



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concepts of mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance and reality acceptance. This pandemic was a great opportunity for my team and my patients to put these skills into practice, with a great emphasis on the skills of reality acceptance and distress tolerance, and the skill of problem solving to manage the setting of the group therapy, which was agreed upon from both our team and patients to be held online. This was difficult for me at the beginning; as a leader in my group therapy I preferred human contact and interactions, and so did most of the patients in the group. We needed to accept this reality along the way to decrease our suffering and tolerate the new setting, because in the end, it is what it is, and there was nothing we could do to change it. We managed to handle our stress, and we were more open to change every singleday.

I am sending my gratitude to Marsha Linehan, the creator of DBT, for making our lives better and worth living, to my amazing team members for the harmony and the nurturing environment we share, and to my amazing patients and clients, for your journeys to make every moment of your lives worth living.

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### FACEBOOK GROUPS TO FACE COVID-19

#### Dr. Tanjir Rashid Soron

Corona Pandemic puts our existence and mental health at great risk. More than 4 billion people are now under lockdown and trying to adapt to confinement in their homes as they continuously watch news of death, the helplessness of front-line health professionals and the cries for help all around world. Every mind is asking the question whether s/he and her/his family will survive or not, and even if we survive how we will we manage and survive during the upcoming economic crisis. We are anxious, in panic, depressed and encountering the grief of losing of friends and family. All this complex global context demands extraordinary support for our mental health and well-being. As an Early Carrier Psychiatrist and Digital health expert, I am trying to contribute with the help of my friends, senior and junior experts. I created a global Facebook group titled “Mental Health Support During Corona” <https://www.facebook.com/groups/198743298206217/> for mental health professionals and mental health advocates to share their thoughts, resources, research ideas and current activities to provide better evidence based mental health services during the COVID-19 crisis. More than 1500 mental health professionals from 89 countries including many globally recognized experts joined the group and they are ready to support people in 41 different languages. We have lots of resources in different mental health and corona pandemic. I am planning to increase our research collaboration in eMental health and digital health sectors as there is a sudden explosion of digital health services. I am leading a working group for developing a Telepsychiatry service guideline for the pandemic and I am also preparing a database of all the available telepsychiatry services available at this COVID-19 pandemic. Though the health care professionals receive huge appreciation in western developed world, the scenario is different in Low-and-Middle-Income Countries (LMICs) where the professionals are stigmatized, forced to leave their house and sometime beaten. We are trying to find out the attitudes of the community to the people tested COVID-19 positive and health care providers. I have also created a Facebook Group titled “Bangladesh Mental Health Support Group During Corona Pandemic” for mental health professionals in Bangladesh. In this group we have more than 200 hundred professionals. From this group we are providing mental health services in Bangla. A huge surge of mobile and social media based mental health service has been initiated during the pandemic. However, the mental health professionals



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should try to follow the standard ehealth and ethical guidelines otherwise it may bring negative consequences.

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### **COVID 19 Outbreak: Challenges to Mental Health services and responses - Report from a Tertiary care Mental Health facility in India**

**Neha Aggarwal, J.R.; Naynee Singh, M.Phil; Isha Batra, J.R.; Sidharth Arya, MD**

Coronavirus disease, known as COVID-19, emerged as a pandemic as declared on March 11<sup>th</sup> 2020 by the World Health Organization after alarming levels of spread and severity in 70 nations including India. It is an infectious disease and its symptoms vary from those of common cold to a severe respiratory infection.

Pandemics have a range of physical, social, political, economic and psychological consequences. Social consequences can be severe resulting in the restricted travel, social distancing etc., hence affecting people's livelihood and family life. It leads to the stigmatization of affected individuals, authority figures and health professionals. Psychologically, it creates widespread stress, panic and anxiety as people are subjected to the (real or perceived) threat of the virus. This associated panic can further destabilize patients, misattribution of physical symptoms can result in delusion-like ideas and could inflict PTSD symptoms.

As a precautionary measure the Indian Government placed a nationwide lockdown, suspending all non-essential services and instructing citizens to self-quarantine. This sudden decision had a huge impact on health services, especially mental health services. Closure of routine Outpatient services meant that interventions were required to be terminated or postponed till further orders. There was an outpouring of patients to collect their medications which increased the risk of community transmission. Also, patients with substance dependence have either increased consumption or are experiencing withdrawal symptoms and are therefore vulnerable to high-risk behaviour. The medical staff too faced challenges including the emergency rush, non-availability of certain medicines like BPN, and management of daily Methadone dispensing.

The Institute of Mental Health, Rohtak, Haryana, undertook preventive measures and adopted strategies to better deal with the situation. During the initial days of the spread, the department observed that due to unawareness, a lot of patients and their attendants weren't taking any preventive measures and were risking community spread of COVID-19. Therefore, they were sensitized regarding the virus outbreak. Those patients except the severe cases were provided with extended follow up consultation. Later, after the lockdown, outpatient departments were suspended while the emergency remained operational in order to minimize the community spread and Stable inward patients were discharged.

Along with providing emergency consultation the department formulated strategies like providing counselling through a helpline service, providing a take-away weekly dose of methadone to patients and



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monitoring the usage through digital modalities to communicate, follow up and record the patient's progress. The department made teams to formulate SOPs (?) to address issues concerning the elderly, children, adults, patients with substance dependence and community services.

COVID-19 disease is an unprecedented challenge to the whole world. The sheer volume of mental health issues arising as a result of it will put a huge demand on already burdened mental health resources. There is an urgent need to adopt effective and practical strategies so as to provide appropriate care and treatment to the tsunami of mental health cases expected to seek treatment in next few weeks.

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### RELATION BETWEEN FACEBOOK USE AND STRESS DURING COVID-19 PANDEMIC

**Dr. Tanjir Rashid Soron, Dr. Helal Uddin Ahmed, Dr. Md Ashiqur Rahman Ashiq, Sharmin Ara, Mariz Al-Hakim**

Social media has become an integral part of our lives and has transformed the way we communicate and interact. The recent COVID-19 pandemic has forced millions of people to stay at home and this led to more time spent on Social Media Sites such as Facebook. However, it is not clear whether people are spending more time on Facebook during this pandemic. Moreover, it is important to find out the relationship between duration of Facebook use and stress perception and anxiety. We conducted a cross sectional study from 25<sup>th</sup> March 2020 to 2<sup>th</sup> April 2020 among the adult Facebook users in Bangladesh to find out the relationship between duration of Facebook use and perceived stress and anxiety. A pretested online questionnaire translated to Bengali was provided to collect their socio-demographic information and assess their anxiety and stress levels by Generalized Anxiety Disorder-7 (GAD-7) and Perceived Stress Scale (PSS) respectively. Data was analyzed using IBM SPSS Version -21. Most of the respondents were between 20 to 30 years and fifty-one percent of them were male. Our participants on an average spent 5 hours per day using Facebook in the last month and 61% of the respondents said their Facebook use increased recently. We observed that more than 80% of the people scored between the range of moderate to severe Perceived Stress and there was a significant relationship between the duration of the Facebook use and Perceived Stress Scale (PSS) score ( $p=.001$ ). We acknowledge a few limitations of the study such as short duration of study, small sample size and the collection of data online only. To overcome these limitations, we continue the collection of data and plan to conduct Face to Face data collection along with in-depth interviews. Though it is our initial finding we believe the finding is important in both local global contexts as mental health and wellbeing is becoming more challenging and involvement in social media is increasing including the rapid spread of fake news.

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### HOW CAN PSYCHIATRIC TRAINEES CONTRIBUTE IN PROVIDING SPECIALIZED MENTAL HEALTH SERVICE DURING THE COVID-19 PANDEMIC?

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Under current circumstances, it looks like everyone is stressed about COVID-19 as this virus is very easily transmitted from one person to another. Also, the death rates are quite high. People can be afraid of being infected and infecting others, especially because information about the transmission is still confusing. To tackle the issue of massive spread, the World Health Organization has encouraged the community to practice physical distancing and other measures of healthy and hygienic behavior. Several leading health agencies have also conveyed their recommendations regarding self-protection efforts to avoid COVID-19 infection. Although these recommendations are useful, they might create unpleasant effects, which may even be frustrating for some people.

As a new infection, the context of COVID-19 is changing fast. It is considered to be normal to have an uneasy feeling during this abnormal situation. Many of us will experience a certain level of anxiety, having worrying thoughts, and feelings of fear about what might be coming.

**10 Tips merawat diri sehari-hari untuk ODGJ\***  
\*Orang dengan Gangguan Jiwa

- Pastikan kuku bersih dan pendek
- Cuci tangan dengan air mengalir dan sabun :
  - Saat tangan kotor
  - Saat dari luar atau pulang kerja
  - Menyiapkan makanan
  - Saat sebelum dan sesudah makan
  - Selesai menggunakan toilet
  - Setelah mengurus orang sakit dan anak kecil
- Mandi dan bersihkan seluruh bagian tubuh setiap pagi dan malam atau pulang bepergian
- Bersihkan rambut menggunakan sampo minimal 1x/hari
- Jaga kebersihan mulut dengan sikat gigi setiap bangun dan sebelum tidur
- Jaga kebersihan alat kelamin
- Cuci kaki setelah bepergian
- Tidur malam yang cukup (6-8 jam)
- Biasakan hidup sehat
  - Makan sehat
  - Aktivitas fisik
  - Minum obat teratur
  - Berhenti merokok
  - Pakai masker kalau batuk/pilek dan selesai pakai buang di tempat sampah
- Membaca berita dari sumber terpercaya
  - Rumah sakit
  - Kementerian Kesehatan
  - World Health Organization (WHO)

Modul Psikoedukasi - Divisi Psikiatri Komunitas  
Departemen Medik Ilmu Kesehatan Jawa FKUI-RSCM  
Penulis : dr. Karina Kalani Firdaus, dr. Krena Septandy Runtuik  
#JiwaKuatHadapiCovid19  
RSCM  
Sumber Gambar : freepress.com, maxvector.com, alifan

In this tough time, it is important to provide support that aims to promote psychosocial wellbeing, and also prevent and treat mental health conditions in the community.

**T-E-M-A-N DALAM MENGHADAPI COVID-19**

Wabah COVID-19 (Corona Virus Disease-2019) telah terjadi di hampir seluruh bagian dunia. Kondisi ini membuat banyak orang merasa khawatir, terutama mereka yang mengalami gangguan ansietas. Diperkirakan 1:13 penduduk dunia mengalami gangguan ansietas (WHO, 2017)

**YUK KENALI CARA UNTUK MENGATASINYA**

**T-I-P-S T-E-M-A-N**

- T**erima bahwa rasa tidak nyaman ini wajar dan akan berlalu
- E**fektifitas pola hidup bersih dan sehat seperti menjaga kebersihan tangan, olah raga, makan makanan bergizi, cukup tidur
- M**encari informasi terkait COVID-19 hanya dari sumber terpercaya
- A**lihkan rasa cemas dengan aktivitas yang menyenangkan dan bermanfaat seperti membaca buku, menonton, mendengarkan musik, dll
- N**yatakan perasaan dan pikiran yang tidak nyaman kepada orang yang dapat membantu

**KITA BISA MELALUI PANDEMI COVID-19 INI - SEHAT FISIS, SEHAT JIWA**

Psikiatri Komunitas  
Departemen Medik Ilmu Kesehatan Jawa FKUI-RSCM  
Maret 2020  
Penulis : dr. Pangeran Ericson Arthur Siahan  
Editor : dr. Karina Kalani Firdaus  
#JiwaKuatHadapiCovid19

For psychiatrists, carrying out service duties in times of pandemics has its own challenges. The limitations in face-to-face meetings with patients is an example of an obstacle in providing therapy, including psychoeducation. Worry not, technological developments helps psychiatrists in providing mental health services. Doctors who are enrolled in a psychiatric residency training program can also be involved to provide specialist mental health services in accordance with the competencies that have been learned and the authority given by the program, for example, delivering psychoeducation.



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The psychiatric training program at the Faculty of Medicine, University of Indonesia has a learning curriculum in psychoeducation for first year trainees. In this module, trainees learn about basic principles, how to deliver psychoeducation, and evaluation after providing intervention to people with mental illness and their families. During this pandemic, we modified the learning process into conducting psychoeducation for people with mental illness and their families who live in the community using technology and social media.

Trainees were divided into groups; (1) to assess the need, (2) determine the strategy of delivering psychoeducation and media used as a platform, (3) production, (4) monitoring and evaluation. This entire process was supervised by the faculty who were responsible for the validity of the content and in accordance with the existing services. In the process, we involved people with mental illness to give their feedback. By introducing the concept of co-production, it is hoped that we can ensure the appropriateness between the supply and demand. In disseminating the material, we be published through joint social media managed by the psychiatric trainees (Instagram: @unity\_4mentalhealth), trainees and faculties' personal accounts, and official accounts managed by various mental health self-help communities to make certain that the information will be delivered to those who really need it. It is expected that with these activities, people with mental illness and their families are able to make critical efforts to maintain their physical and mental health during the pandemic.

### ***ECP training and experience***

#### **BEING PREGNANT IN THE COVID 19 PANDEMIC: A HUMAN PERSPECTIVE**

**Xenia Margarita Duran Avendaño MD**

While I was studying psychiatry, people said: “put apart your feelings and emotions, you have more patients”. Destroyed lives, violence, poverty, drugs, children and teens... so young and complicated, dysfunctional families, shifts, classes, tests, exhibitions, articles to present, etc. I felt like an efficient machine, thanks to psychotherapy I became better and learned to manage my personal life and being a Child psychiatrist.

As you grow, in this profession you'll see more complicated cases. But you also grow personally. My husband and I planned to extend our family (two of us and our dog) and got pregnant and then my feelings started to change.



Meanwhile a Pandemic started: “China’s far... it’s never coming here, I’m safe here in El Salvador (Central America)”. Time passed and I was proved wrong; and it became worldwide.

I was no longer a machine. Fear and anger presented and they increased when the government ruled: “all pregnant woman must stay home”. Furthermore, mandatory cancellation of social events began, the airport was closed and all arriving passengers were forced to quarantine. I had plans to travel abroad but now I couldn’t. Frustration began and more measures were imposed: people could go to jail if they broke quarantine, long lines in the supermarkets and finally one of my greatest fears materialized: I had to close my private practice because the publicity said: “you may never see your child again if you get sick”. Financial problems were there, naturally my anxiety and sadness amplified, I cried alone, my poor



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baby was feeling all my emotions... afterwards she moved so much inside me: -“mom what's wrong, learn from this, like my great-grandmother used to say: “Acostada no vas hacer nada” (lying down won't accomplish anything). My baby was talking, she took me out of that dark place and the next day I started a routine, got up early, made breakfast, watered the plants, cleaned, walked my dog, I got off the “emotional roller coaster” and started reassuring myself: everything is going to pass.

There was an opportunity I had not seen: TIME. I complained about not having enough, now I had time to prepare the baby's room, read, work out and talk to my dear ones. I started speaking more with my husband; we've known each other since 2001, and I keep discovering things about him.

This quarantine has taken away many valuable things, but it has also given me TIME, but above all: LOVE, for our planet, freedom and my loved ones. But it was love for this being that I carry inside me that lifted me from the abyss and gave me strength and hope, because when she comes, this world will be healthier, I also hope that as humans will have learned from this. Finally Celeste (my baby) and me have faith that the future will be better, because we will be alive. I no longer consider myself as a machine and now I write this words as a human with TIME.

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### THE PLAN: LIFE DURING THE COVID-19 PANDEMIC IN SOUTH AFRICA

**Dr G.S. Matsebula. Senior Registrar; Department of Psychiatry; University of the Witwatersrand, RSA**

27/03/2020. 15h39 (GMT+2). That is when I sat down to write my thoughts, to share them with colleagues on the University of the Witwatersrand Psychiatry circuit, together with other registrar representatives. The magnitude of this moment, fifteen hours and thirty-nine minutes into the three-week lockdown period in South Africa, was not lost to me.

In the previous few weeks, my inbox has been flooded with emails from multiple sources, providing daily reviews of the frequently changing landscape following the Covid-19 pandemic. My social media timeline has stories of fear, anxiety, prayer requests, and lockdown chronicles, to mention a few. Heartbreakingly, stories of death are also present, and the anguish of the bereaved.

I am not going to talk about these current challenging times, nor about how dedicated and highly skilled we all are. That goes without saying. What I will touch on, is the unsettling reality of having to face my own mortality, and my plan on how to deal with this.

Nothing is as disquieting as the reality that I may not live to see my daughter grow up, and to watch in awe as she moves through her different life stages. This awareness, coupled with the minute by minute detailing by the media about the ravages of the SARS-Cov-2 virus, is enough to make one despair.

We cannot control a multitude of external factors, except ourselves. There is no yesterday and no guaranteed tomorrow. There is only the present. I choose to actively be present in this moment. I choose to notice the breeze on my skin, or how my soul soars when I hear Wagner's Entry of the Gods into Valhalla. And in the face of abounding tales of death, all I can control is me. That is how I can ensure that I am able to attend my patients.



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All I can take care of in the present is myself. This includes adhering to counsel from the World Health Organization (WHO), and the South African National Institute for Communicable Diseases (NICD), among others. Furthermore, using principles and clinical skills taught in medical school, conferring attributes that make the South African trained doctor desirable worldwide. One of these characteristics is the unflappable ability to think on one's feet, and 'to make a plan'.

I plan to do just that. I plan to stay safe, to aid those who need help, to be aware of my short comings, and to ask for help if needed. I plan to take care of myself to increase the odds of living to see my three-year-old grow up. Most importantly, making plans to ensure that my daughter will be taken care of should the unthinkable occur to me.

That's the plan. Hopefully, someone else will also use it. If not, feel free to print this, and use it to light a fire for a barbecue when this distressing moment inevitably passes.

Until then; live. Breathe. Stay safe.

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### **I SEE HOPE: PERSONAL STORY OF AN EARLY CAREER PSYCHIATRIST FIGHTING COVID19.**

My name is Marwa Nofal. I was born in late 90s, in a small village in Northern Egypt. I joined the Faculty of Medicine, Ain Shams University in a city far bigger than everything I've ever seen before; Cairo. I was an active student joining a lot of students' forums and associations. I worked for Egyptian Red Crescent.



Seeing people on either side of wealth, power and education, people surviving wars, famines, assaults, aggression, I have seen how all this can trouble the human mind. Through this constant dynamic contact with people I realized that psychiatry was my passion. I started my training in Helwan Mental Health Hospital, then joined Institute of Psychiatry in Ain Shams University.

Now when I see myself, in the middle of this COVID-19 crisis, in Qatar, far away from my home, my family, my brother and sisters, my friends, I realize it wasn't easy for me to join the quarantine services here. It all started by getting married and travelling with my husband to Doha, where I continued my training after settling down. As time passed and COVID-19 started to be a pandemic, volunteers were asked to look after quarantined COVID-19 suspected individuals.

I thought of my role as a physician first. I'm here to help. I thought also of my role as a psychiatrist who



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can support these people during the isolation. They are isolated, alone, in a swaying situation, far from home (as lots are expatriates) afraid of the future; what's a better chance for a psychiatrist to offer help and extend her warm support?

I also tried to help online as on the ground, through an Egyptian students' association I founded in 2014. I mentored them on how to deliver an online campaign to raise people's awareness and fight myths and stigma related to COVID-19.

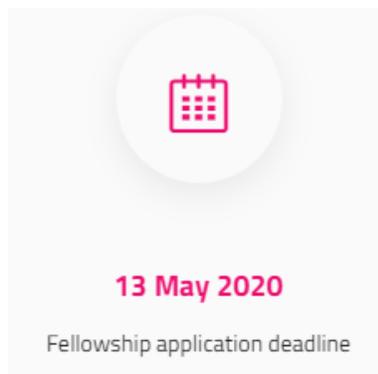
As a member of Early Career Psychiatrists section in WPA I have the opportunity to share information and get involved in research projects with other young psychiatrists from all over the world to formulate recommendations and possible solutions on how to deal with the psychological burden of the pandemic.

It's not easy to be far from my family and friends at this time, but I felt by helping here in Qatar I'm helping my beloved in Egypt. The world is fighting the unknown, and every hand that would help control the spread is valuable. I feel that I have a local, regional and international impact while standing there in my PPE (?). It's not only to help the people pass this isolation and get out healthy in body, but also in sound mind and cheerful soul. What would be a healthy body with a broken soul?!

I'm part of a team who is literally as cosmopolitan as it could be, fighting something unknown and maybe fatal, risking our lives, but it's a fight worth fighting.

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**Want to submit an article**

Email the editor: [wpa.ecp.section@gmail.com](mailto:wpa.ecp.section@gmail.com)