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The Effect of Face Mask on Communication with Psychiatric Patients

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Dear Editor in Chief

Following the outbreak of COVID19 virus, health specialists recognized the virus as life-threating and dangerous to human's health. Accordingly, health protocols started to be announced. The most important method to fight now the virus is preventing and stopping the virus-spread(1). The disease management and prevention centers have recommended that in case people cannot maintain a 1.8-meter distance, they can slow the spread using a face mask (2)

Using a face mask on a global scale in hospitals (3) as well as for mental health patients is of high importance. Unfortunately, based on the studies conducted, this protocol is likely to interrupt the patient-doctor communication. This brings up a new challenge for mental health patients during the outbreak (4). Regarding mental patients' examination, sympathy is very important (5-7). This can affect the use of the face mask by the patient and the therapist.

Patients might experience hearing disorders and feel distressed if they do not understand what the psychiatrist is saying when not seeing the psychiatrist's lips. Another challenge might be misunderstanding the psychiatrist's words. The psychiatrist might speak louder for a better voice quality, and this might be interpreted as anger by the patient. This can trigger stress, fear and anxiety in patients and interrupt the psychiatrist-patient's connection. This is of higher importance in paranoid patients (8). Some mental patients believe psychiatrist's use of mask is justified by their breath smell which again provokes an unpleasant feeling(9).On the other hand, in case a patient uses a face mask, the psychiatrist might expose the problem of reading the patient's feelings and non-verbal signals(10).

According to the challenges mentioned, the need for a solution to minimize mental consequences is felt and the following approaches are suggested. Initially, the use of a transparent mask is suggested to make it easier for the Psychiatrist to understand the patient more effectively. Another helpful way is to use transparent partitions instead of masks so that both standard protocols are followed and both the doctor and the patient can see each other(9).

Neuro-social scientists have suggested a range of creative solutions for this challenge. For example, providing patients with access to a

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collection of non-verbal signals (using eye movements) and verbal signals (changing the speaking tone).Using eyes, eyebrows, hand gestures and body postures is a great help to establish an effective connection. Following this path, the psychiatrist might need to learn new ways to establish a verbal agreement and evaluate feelings in their clinical encounter. Furthermore, asking the help from speech therapists to use better intonation and pronunciation while using a face mask seems helpful (11).

The other great factor can be spending more time to understand a patients and their problems. Private session is a great suggestion so the patient would not worry about making a connection with several people at the same time. Using emojis, too, might be useful in some cases. In the presence of optimal audio-visual technology and satisfactory bandwidth, and digital signals, examination of patients can be done in the form of video consultations. This can overcome the problems caused by the use of face masks and reduce the risk of transmission of COVID-19 virus (3).

In a nutshell, since doctor-patient connection should be made based on mutual trust and a safe environment and using a face mask is a considerable interruption and also the fact that the future of Covid-19 is unpredictable as well as other contagious diseases, a more thorough research is needed to be conducted focusing on finding more effective solutions for using a face mask in psychiatry. Meanwhile, therapists can use the solutions mentioned in the text of the article.

Conflict of interest

The authors declared no conflict of interest.

Keywords

Psychiatry, Masks, COVID-19

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