Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Issues relevant to mental health promotion in frontline health care providers managing quarantined/isolated COVID19 patients

COVID-19 is caused by the SARS-CoV-2 virus and is now pandemic ("WHO/Europe| Coronavirus disease (COVID-19) outbreak - WHO announces COVID-19 outbreak a pandemic", n.d.). In such a scenario and given the experiences of various countries hit by the disease, it is expected that frontline health care providers (HP) would suffer from mental health consequences (Lai et al., 2020). The impact of COVID-19 among the general population is also considerable as is evident across the world. In such a scenario, the role of a psychiatrist is likely to be important both in short and long-term (Banerjee, 2020). The unprecedented situation has raised questions regarding the nature and determinants of mental health promotion at a population and an institutional level (Yao et al., 2020; Zandifar and Badrfam, 2020).

This work was conducted with a view to find out the perceived motivations influencing morale amongst HP in a multi-specialty tertiary hospital. This work was conducted in a tertiary hospital in North India that is involved in the care of patients with COVID-19/suspected COVID-19. As per the prevailing norms issued by the Government of India, patients with suspected infection due to direct contact/foreign travel are quarantined at home or a facility specially created for this purpose. Patients with confirmed infection are mandatorily admitted to isolation wards in the hospital specially created for this purpose. Owing to the danger of infection and paucity of protective gear, direct access to patients is limited but for the frontline HP who are trained to provide medical care for the infection.

One of the authors conducted interviews with HP involved in care of these patients in this hospital and at other places in North India. The following themes were identified on the basis of these interviews. These are presented below with a view to disseminate so that hospitals facing or preparing for COVID-19 can factor in these issues.

Positive Motivational factors (that need to be strengthened):

Intellectual

1 Knowledge and acceptance of possible inevitability of infection/resolution in the absence of herd immunity, and constant exposure to millions of microorganisms.

Emotional:

1 Supportive and proud family and colleagues
2 Positive Role models in senior colleagues and peers
3 Validation and appreciation by peers, also among those who are not at the frontline at present
4 Being in close contact with patient, positive care taking experience: managing fears, anxiety, day to day issues
5 Appreciation and gratitude of patients
6 A sense of validation of existence, the culmination of what you were trained to do
7 Being part of something bigger than all of us

Negatives, frustrations associated with patient care (and suggestions):

1 Patients in isolation have many needs beyond medical management. This includes psychological, social, rehabilitative. All these cannot be looked after by the treating doctor alone. The treating doctor becomes a one-stop shop. This can be draining and exhausting. Social and financial needs (safety and welfare of the family of the patient that may be quarantined) is a major issue that needs addressing. Treating doctors do not have solutions to these problems but patients have no one else to turn to. *Possible solution:* a background multi-disciplinary team can help. Development of tools/Screening questionnaires to rapidly identify problem areas, getting on board local administration etc. can be possible solutions.
2 Stigma is an unexplored area. Patient stigma has been found to be a major cause of suppression of travel history and jumping quarantine. In all likelihood, discharged patients are also likely to face stigma and face difficulty in reintegration with their families and communities. Currently HP is not equipped to handle this issue. This needs to be addressed.
3 Perceived need for a clear chain of command in the management and execution of plans.

Personal fears and annoyances experienced by doctors

1 Not only is the patient, even the doctors and nurses are isolated and worried about going back home and possibly be sources of infection to their families. Possible solution: more manpower, acknowledgment of work beyond call of duty, respite, projection as role models to be emulated.
2 Fear of getting infected and being isolated, fear of coming in contact and having to be quarantined
3 Putting family members and other staff at risk of quarantine
4 The fear of missing out and worry of how others will perform in your stead
5 The problems that households are facing due to lockdown will get accentuated if the doctor requires isolation/quarantine (social services, institute and administration should reassure doctors that families needs will be taken care of on priority)
6 Mandatory insurance for all frontline HP.
7 The fear of not using PPE properly because of lack of adequate practice (more availability to become comfortable with the same as prevailing norms).
8 People in the community stigmatise and worry that HP themselves may transmit infection. Solution: colleagues need to be better informed and be conscious of not saying anything or behaving in a way that may be construed as stigmatising.

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Proper diet, respite, adequate rest, and meditative practice/relaxation are very important to keep demoralisation at bay. These must be taken into account when hospitals plan for COVID-19.

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Declaration of Competing Interest

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