Mental Health during COVID -19

Kaur Raman Deep*

Department of Nursing, Dayanand Medical College, Delhi, India

Abstract

Any global disaster whether natural or man- made leads to several severe physical and psychological concerns. Presently one of such concern which is influencing the cognitive well -being of the whole world is COVID -19. Started with few unexplained cases of pneumonia in Wuhan, China, COVID-19, novel coronavirus disease was declared pandemic by WHO in Jan'2020. To date (April 29th, 2020), over 3018681 confirmed cases and 207973 deaths attributable to this disease have been reported as per WHO situation report.

Keywords: COVID -19 • Psychological concerns • WHO

Introduction

Background

Pandemics such as COVID- 19 are associated with psychological distress and symptoms of mental illness [1]. Public health systems across the world should take initiatives to manage them. Policies should be made with the strategies that cover both the needs of specific populations and the precautionary measures necessary to contain the spread of COVID-19 [2]. Simultaneous research activities should be carried out to fill any gaps in the management of these psychological upsets during such events.

This research article is designed to address various mental health concerns related to the COVID-19 pandemic and various strategies to minimize the related stress.

Mental health impact on patients and the general population

The primary recommendations to prevent the spread of disease are social distancing and avoiding close contact person with everyone and specially person having any kind of respiratory symptoms. Previous researches have proved that in patients who are in circumstances of quarantine had higher risk of anxiety and depression during the initial phase of the outbreak [3]. High-risk groups who are home quarantined may be have abnormal sleep and numbness [4]. Anxiety and impaired sleep is the most common mental health symptom in individuals. They may be because of lack of proper information and perceived poor health. On the other hand, the availability of accurate information and the use of specific preventive measures, such as hand-washing, can surely mitigate these effects [5].

Peoples' emotional responses are likely to include extreme fear and uncertainty. Moreover, negative societal behaviours are often driven by fear and distorted perceptions of risk. These experiences might evolve to include a broad range of public mental health concerns, including distress reactions (insomnia, anger, extreme fear of illness even in those not exposed), health risk behaviours (increased use of alcohol and tobacco, social isolation), mental health disorders (post-traumatic stress disorder, anxiety disorders, depression, somatization), and lowered perceived health.

Literature Review

Unpredictability, uncertainty, seriousness of the disease, misinformation and social isolation pays major role which contributes to maladaptive responses such as "panic" and paranoia regarding the disease and its transmission.

Economic impact of COVID-19 and its effects on well-being of general public cannot be ignored. High levels of fear and panic behaviour has also become relatively more common such as hoarding and stockpiling of resources, in the general population.

The pandemic scope and spread of COVID-19 could lead to a true mental health crisis, especially at places with high caseloads [6].

Health anxiety, which arises from the misinterpretation of perceived bodily sensations and changes, can be protective in everyday life. However, during an outbreak like COVID-19, particularly in the presence of inaccurate or exaggerated information from the media, health anxiety can become excessive. At an

Received: 29 July, 2021; Accepted: 12 August, 2021; Published: 19 August, 2021.

^{*}Address to correspondence: Dr C Kaur Raman Deep, Department of Nursing, Dayanand Medical College, Delhi, India, Tel: 919810037681; E-mail: deeraman@gmail.com

Copyright: © 2021 Deep K R. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

individual level, this can manifest as maladaptive behaviours (repeated medical consultations, avoiding health care even if genuinely ill, hoarding particular items); at a broader societal level, it can lead to mistrust of public authorities and scapegoating of particular populations or groups [7].

Discussion

Psychological trauma of bereaved families and victims

Phobia has developed to such an extent amongst layman that families affected by the COVID -19 infections claimed that the general public avoids them, and they are not being socially distanced but are socially isolated even after being treated and declared free of the disease [6]. Regarding COVID-19, there are claims on social media platforms about the severity of the infection which infiltrates fear and worries among the public with increased anxiety levels [5]. It may happen that such a high level of stress cannot be tolerated by psychiatric patients who are survivors of this disease and they start showing signs of PTSD and/or worsening depression. This may lead to the high number of older adults suicide deaths who come under high risk population. Survivors of this critical illness may also report a low quality of life.

Mental health impact on healthcare workers

Previous research studies on infectious diseases have revealed a severity in emotional distress during such outbreaks. Many healthcare professionals face PTSD, depression, anxiety, and burnout after the cessation of the incidence of such infections [4]. The situation with COVID-19 is not different and poses a significant mental health effect on the healthcare professionals aggravated by many incidents of deaths of health care professionals while caring for COVID -19 patients.

It has been found that specific categories of mental health professional as well as work setting of health professionals both have a disparate mental health impact. It is seen that hardiness and stigma have both direct and mediated impacts through stress among nurses during these kinds of outbreaks due to deteriorated mental health [1]. Clinicians have profound psychological distress due to these epidemics than the nurses. Also there is a significant difference in the severity of PTSD in the emergency department than the clinicians in the psychiatric wards.

List of strategies to minimize outbreak-related stress

- Assessment of the accuracy of information: Rumours should be avoided and only accurate information should reach the public.
- Enhancing social support: Social support groups should come forward and help the people in need.
- Reducing the stigma associated with the disease by dissemination of online mass awareness programs.
- One should try to maintaining as normal a life as feasible while adhering to safety measures. Use of available psychosocial services, particularly online services, when needed. Such

methods, in their opinion, would empower society to handle the COVID-19 outbreak in an adaptive manner. Keeping this in mind National Institute of Mental Health and Neurosciences has started a helpline.

- Role of improved screening for mental disorders, improving links between community and hospital services, and providing accurate information to the general public.
- Psychiatric treatment team including nursing staff, psychiatrists, case managers, and psychologists and social worker should be established to deliver mental health support to the affected persons and medics. This should be coupled with the creation of appropriate mental health services, facilities, and specialized psychiatric treatment for patients with comorbid cognitive disorders.
- Need for adequate training of healthcare personnel and the optimal use of technological advances to deliver mental health care. It is essential for mental health professionals to provide necessary support to those exposed and to those who deliver care.
- Particular effort must be directed to vulnerable populations, which include: (1) The infected and ill patients, their families, and colleagues; (2) Certain communities held responsible for the infection or its spread; (3) Individuals with pre-existing mental/ physical conditions; and, (4) last but not least, Health-care and aid workers, especially nurses and physicians working directly with ill or quarantined persons
- Need for both mental health services, particularly for vulnerable populations, and the strengthening of social capital to reduce the adverse psychological impact of the outbreak.
- Places with high caseloads should be equipped with large-scale psychosocial crisis interventions and the incorporation of mental health care in disaster management plans in the future.
- Clear and consistent information should be provided to the medical teams on the prevalence of the COVID-19, the charted plans for treatment, the progress, and the updates on the status of health should be provided to both the patients and families involved.
- The government and health organizations should ensure secure electronic information-sharing platforms to provide and promote tele psychiatry and telemedicine psychological counseling, promote legal information, and eliminate cases of isolation.
- There should be more enforcement on the awareness of online training in the management of COVID-19.
- Time-bound behavioural therapy should be provided to persons exhibiting signs of mental disorders to reduce the cognitive effects of the pandemic. The mental health team should also be given time for personal adjustment to face the crisis situation.

Conclusion

COVID-19, global pandemic is making a significant psychological impact on the general public. People are prone to manifest stress, anxiety and depression especially in vulnerable populations. Various Public and private health agencies should focus on effective methods of dissemination of unbiased knowledge about the disease, executing effective methods to prevent spread of infection, ensure availability of essential services and commodities and providing financial support are some strategies to tackle this war against COVID-19.

References

- Bao, Yanping, Yankun Sun, Shiqiu Meng, and Lin Lu. "2019-Ncov Epidemic: Address Mental Health Care to Empower Society." Lancet 395 (2020): E37-E38.
- Yang, Yuan, Wen Li, Qinge Zhang, and Yu-Tao Xiang. "Mental Health Services for Older Adults in China during the COVID-19 Outbreak." Lancet Psychiat 7 (2020): E19.
- Liu, Shuai, Lulu Yang, Chenxi Zhang, and Bin Zhang. "Online Mental Health Services in China during the COVID-19 Outbreak." Lancet Psychiat 7 (2020): e17-e18.
- 4. Lee, Sang Min, Won Sub Kang, Ah-Rang Cho, and Jin Kyung Park. "Psychological Impact of the 2015 MERS Outbreak on Hospital

Workers and Quarantined Hemodialysis Patients." Comp Psychiat 87 (2018): 123-127.

- 5. Wang, Cuiyan, Riyu Pan, Xiaoyang Wan, and Roger C Ho. "Immediate Psychological Responses and Associated Factors during the Initial Stage of The 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China." Int J Environl Res Public Health 17 (2020): 1729.
- 6. Dong, Lu, and Jennifer Bouey. "Public Mental Health Crisis during COVID-19 Pandemic, China." Emerg Inf Dis 26 (2020): 1616.
- 7. Asmundson, Gordon JG, and Steven Taylor. "Coronaphobia: Fear and the 2019-Ncov Outbreak." J Anxiety Disord 70 (2020): 102196.

How to cite this article: Deep, Kaur Raman. "Mental Health during COVID -19." J Health Edu Res Dev9 (2021) : 20682