

“COVID-19: No Wealth without Mental Health”**Ritik Sharma**UPES****Meenakshi Sharma**UPES*

The outbreak of the pandemic, ambivalent panorama, urgent testing and treatment resources, severe shortages to safeguard the patients and health care providers from contagion, implementation of unfamiliar public health measures, huge and increasing economic losses, this kind of stress can cause widespread emotional distress and increase the risk of mental illness related to COVID-19.

The outbreak and declaration of the pandemic on 30 Jan, 2020 by World Health Organisation has swept the world and inspired global action. This is an unprecedented effort to establish social distancing in countries around the world, leading to changes in state behaviour and the closure of routine functions.

Although these steps may be critical to reducing the spread of this disease, they will undoubtedly have an impact on mental health and well-being in the long and short time variable. These consequences are of sufficient importance and require immediate attention to prevention and direct intervention to compensate for the impact of disease outbreaks on the mental health of individuals and population.

The COVID-19 pandemic has left the entire world shaken and devastated, it's not like that it's the first epidemic faced by our country. The pandemic has been known since ancient times, especially the outbreak of the plague. The cholera pandemic and the subsequent influenza pandemic were the highlights of the 19th century. In the early 20th century, another cholera epidemic and the "Spanish flu" swept the world but the scale of the COVID-19 pandemic was completely different. It shook the entire world and caused global panic. A pandemic has significant and changing psychological effects in every region, depending on the epidemic stage.

Understandably, the spread of fear causes people to behave abnormally during outbreaks of infectious diseases. This is an unusual phenomenon, because people of any gender and socio-demographic status can be infected. This suits COVID-19 when people have a lot of speculation about the way and speed of transmission, and the disease is spreading at such an unprecedented speed, and there is still no concrete medicaments and no vaccination.

Many earlier researches have revealed the widespread and far-reaching psychological impact that disease outbreaks may have on people. On a personal level, this will cause new symptoms of psychosis in people without mental illness, aggravate the condition of people

with existing mental illness, and make the caregivers of the sick feel troubled. No matter what they are exposed to, people may feel fear and anxiety due to illness or dying, helplessness, or accusations of other people who are sick, and may trigger a mental breakdown¹. It has been found that the incidence of important psychosis varies from depression, anxiety, panic attacks, physical symptoms and symptoms of post-traumatic stress disorder to irritation, psychosis and even suicidal tendencies, which are related to increasing age and increasing self-blame.

For those who are saddened by the trauma and sudden loss of a loved one who broke out, the inability to obtain closure can lead to rage, vexation and indignation. As for those who are sick or under quarantine, they may feel ashamed, internalised or stigmatised. Studies report that the prevalence of psychological distress is high, and the longer the isolation period, the higher the prevalence of PTSD symptoms associated with depression symptoms². At the community level, as far as others are concerned, there may be distrust in the spread of the disease and the ability of governments and medical services to contain the epidemic. As the closure of community services and the collapse of industries have a negative impact on the economy, many people eventually suffer economic losses and the risk of unemployment, further exacerbating personal negative emotions.³

It was also found that medical rescuers, including medical staff and paramedics, and medical staff, showed greater stress, emotional impact and trauma, and had higher levels of depression and anxiety. This is to be expected because the anxiety and fear of infection are much higher. You may also worry about spreading to their relatives and children. The balance between professional responsibility, altruism, and personal fear of oneself and others usually causes conflict and disharmony.

The research shows that medical staff working in emergency departments, intensive care units and isolation wards are at a greater risk of developing unhealthy mental illness than mental patients in other departments. This may be because they are directly exposed to infected patients and their work is very harsh. According to the latest systematic assessment of the impact of disasters on the mental health of medical staff, common risk factors for the development of mental illness that have been identified include social support shortfall and maladjustment and deficiency and unavailability of training.⁴

During an epidemic, the most critical focus of public health authorities and the media usually revolves around the biological and physical effects of the outbreak, while attention to mental health issues is greatly reduced. However, as the burden of mental health increases during the COVID-19 outbreak, people are increasingly demanding enhanced mental health support.

¹ <https://pubmed.ncbi.nlm.nih.gov/18774428/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4773931/>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3320456/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/31625487/>

It is important to foresee that if stress, depression and anxiety cannot be effectively identified and dealt with, they will transform into more serious distress, and even lead to negative thoughts about the future, helplessness, despair and suicidal thoughts and feelings.

At this point, it is also important to emphasise that many people can deal with this more constructively by being calm or learning to stay calm, busy with simple daily activities, and avoiding repressive or fear-inducing programs on TV or social media. In this case, contacting others via telephone or digital means can certainly cultivate or rediscover old hobbies. For those who are employed, studying at home is a novel and challenging task for many. Discovering a way to calm the mind is another useful strategy. For students, academic institutions are turning to a digital model of training, interaction and evaluation.⁵

Suggestions for Coping Mental Issues

Facts have proved that the COVID-19 pandemic is the main source of stress for most people. Such incidents have never affected so many people around the world. The initial focus must be on the physical consequences of the infection itself. However, people recognise the need to address the major psychological consequences of this disaster. These may be due to the direct consequences of infection or restrictive measures taken to limit the spread of infection or the socio-economic impact of the pandemic.

Some features are unique psychological manifestations related to disasters. First, the overlap of psychological problems is very common. Secondly, most people suffering from psychological distress are "normal people" and they are under tremendous pressure. Third, the vast majority of people who suffer from psychological disturbances related to disasters will recover spontaneously over time or with short-term psychological input. Therefore, these manifestations are not always equivalent to a psychiatric diagnosis. However, the description of psychological barriers in a particular area helps frontline personnel to communicate and ensure that interventions are appropriately selected.⁶

Now the question of how to diagnose these mental issue emerges, which can be resolved by the instruments used to screen common mental disorders in disaster environments, including PHQ-9 and GAD-7. It is recommended to use a recently validated tool for primary care workers in India ("Clinical Psychiatry Clinical Timeline Screening Tool" Ver 2.3)⁷. The instrument can be used by any first-line medical professional. The advantage of this instrument is that it is short, so it can save time and reduce the risk of prolonged exposure. It can also be used for telemedicine consultation. This will include questions about routine life of the patient and his well being, interest, pre existing medical conditions, family medical history etc, other than this the most vulnerable group for mental issue at this time of

⁵ <https://www.mohfw.gov.in/pdf/COVID19Final2020ForOnline9July2020.pdf>

⁶ <https://www.mohfw.gov.in/pdf/COVID19Final2020ForOnline9July2020.pdf>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3347904/>

pandemic will be assessed as those in quarantine and isolation. There are more chances that those people will face stigma from the society, lack of social contact, lack of work etc.

Those can be suggested to maintain a healthy life, altruism, communication with other quarantined patients, virtual counselling⁸.

Conclusion

In an epidemic like COVID-19, almost all frontline personnel may be under pressure to some extent. Active steps need to be taken to ensure that it remains under control. Personnel should implement "self-care". The team leader should take steps to reduce mental health difficulties. Administrators should be aware that mental health support of personnel is an important part of the COVID-19 response. Most importantly, the people who need help should be identified and appropriate interventions should be provided to prevent negative effects.

⁸ https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2