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Editorial

COVID-19 and Mental Health Consequences: The Way Forward

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On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology detected in Wuhan City in Hubei Province of its territory. The Chinese authorities isolated a new type of coronavirus on 7 January 2020. The consequences of this viral infection were later termed as COVID-19 disease. The information was kept hidden to the rest of the world for a short period of time, but due to its huge and fast spread, the rest of the world came to know about the disease soon.

From previous studies and ongoing researches, it was identified that the quarantine and social distancing measures were likely to lead to several mental health issues, including suicide, self-harm, alcohol, and substance misuse, gambling, domestic and child abuse, and psychosocial risks (social disconnection, lack of meaning or anomie, entrapment, cyberbullying, feeling a burden, financial stress, bereavement, loss, unemployment, homelessness, relationship break-up, etc)[1-3].

It is a priority to mitigate the mental health consequences of COVID-19. Direct and indirect psychological and social effects can affect mental health now and in future. COVID-19 can infect brain and can affect brain function. During and after this pandemic, harmful behaviors like suicide and self-harm are likely to increase. SARS (2003) had 30% increase in suicide in those over 65 years. Half of the recovered patients remained anxious; 29% health care workers experienced emotional distress[4-6].

It is presumed that mainly three groups of people are going to suffer from the mental health aftereffects of COVID-19. The three groups of population are: a) General population suffering from the lockdown and restriction of movement enforced by the government of the respective country, b) Survivors of COVID-19 infection, and c) Health care workers. Studies indicate that the COVID-19 pandemic is associated with psychological consequences in the general population, COVID-19 survivors, and healthcare professionals. Stresses related to the general population include fear of falling ill and dying, fear of being socially excluded/placed in quarantine, loss of livelihood and loss of loved ones, and feelings of helplessness, boredom, and loneliness due to isolation. These incidents may further trigger new symptoms or exacerbate underlying mental or neurological conditions.

When a person becomes infected with COVID-19 disease, s/he is also at higher risk for sleep problems owing to acute stress responses. Anxiety and depressive symptoms constitute common reactions for people with COVID-19 diagnosis, especially for those who may be hospitalized, due to concerns for one's own health or the health of others, the need for physical isolation. Other concerns include the potential risk of death, concerns over the risk of infecting others, and concerns over leaving family members alone who may need care. Stress-related psychiatric conditions including mood and substance use disorders which are associated with suicidal behavior. COVID-19 survivors may also be at elevated suicide risk during and after the pandemic. The suicidal behaviors are likely to be present for a long time and peak later than the actual pandemic. Lifestyle during the pandemic is characterized by prolonged inactivity, increased eating and consequent obesity, alcohol and other substance abuse. All of these behavioral characteristics are included in maladaptive coping strategies.

Risk Factors for developing the psychological consequences of COVID-19 fall into social and individual risk factors. Social risk factors include poor social and economic conditions, social vulnerability, and difficulty in accessing health care for people with special needs. Individual level risk factors include being female; being a student; poor perceived health; pre-existing mental, neurological or substance use disorders; pre-existing DM, HTN, obesity or other chronic conditions.

The requisite behaviors for successfully coping should be formulated after considering predisposing, enabling, and reinforcing factors. Predisposing factors of mental health consequences include pre-existing psychiatric disorders, poor social support, poverty, anxiety-prone personality, poor family support, scarcity of health services, etc. Enabling factors include a balanced media coverage, disaster preparedness, financial support, presence of successful tele-health service, effective online counselling, ability to cope adaptively, and

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programs for vulnerable group feeding. Reinforcing factors for successful coping include effective communication among stakeholders, effective treatment for physical, mental, and behavioral conditions, time-tested financial policy, efficient vaccine procurement, effective storage & distribution system for vaccine, giving proper emphasis to the mental health issues.

A number of internal administrative and internal and external policy factors can influence the implementation of the interventions for mitigating the mental health effects. Top organizational institutes include the following: Directorate of health, Directorate of nursing, National institute of infectious and communicable diseases, National institute of preventive and social medicine, National institute of mental health etc. Government policies to maintain, and even to improve the mental health status during and after the pandemic include the provisions for educating the experts and the mass population, formulation of guidelines for management of physical and mental health consequences of COVID-19, formulation of guidelines for management of vulnerable groups like autistic children or intellectually disabled children during the pandemic, guideline preparation for de-stressing of adults during the pandemic. Other policy initiatives include reinforcing and enhancing the public health approach—improving the effectiveness of prevention and advertisement of health promotion messages/slogans. The COVID-19 affected community needs to protect every individual and be supportive to them; assist people in their need; work together to create solidarity in addressing COVID-19 together; find opportunities to amplify positive and helpful stories and positive images of local people who have experienced COVID-19. For example, stories of people who have recovered.

The healthcare workers that have experienced COVID-19 should take care of themselves; try to use helpful coping strategies such as taking rest and respite during work or between shifts, eating sufficient and healthy food, engaging in physical activity, and staying in contact with family and friends. They should also avoid use of unhelpful coping strategies such as use of tobacco, alcohol, or other drugs. Individual level interventions include adaptive coping through the means of staying connected with the friends and family, deriving social support from trusted ones, messaging in simpler language or sign language for the intellectually disabled persons. It also includes the "Psychological First Aid (PFA)". PFA opines to provide basic mental health and psychosocial support for all persons with suspected or confirmed COVID-19 and it is recommended that the basic psychosocial support skills will be an integral part of the care for different groups, including children, older adults, pregnant women, and others affected by COVID-19. This recommendation is consistent with the Inter-Agency Standing Committee brief about mental health and psychosocial aspects of COVID-19, and guidance on basic psychosocial skills for COVID-19 responders, and WHO recommendations on providing psychological first aid in acute distress exposed recently to a traumatic event[7]. Psychological First Aid (PFA) includes look, listen and link. Look/ask includes enquiring people about their needs and concerns about diagnosis, prognosis, and other social, family, or work-related issues. Listen advises to listen carefully, try to understand what is most important to the person at this moment, and help them work out what their priorities are and link them with relevant resources and services. In the link part it is advised to give accurate information on the person's condition and treatment plans in easily understood and non-technical language, as lack of information can be a major source of stress[8].

Special patient groups require proper attention. The women should receive adequate psychosocial support. The high prevalence of common mental health conditions among women in the antenatal and postpartum period, and the acceptability of programs aimed at them, interventions for them need to be more widely implemented. Prevention services should be available in addition to services that treat mental health conditions. Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or non-health workers. The care provisions of the children have to be adapted for the needs of children, taking into consideration their social and emotional development, learning and behavior[9]. We need suicide prevention programs in line. To reduce suicide, we need to decrease the stress, anxiety, fear, and loneliness in the general population through traditional and social media to promote mental health and reduce stress, active outreach for pre-existing psychiatric disorders, COVID-19 survivors, and older adults. We need financial support, political will, administrative support, efficient health manpower, effective mental health system, training, and support system.

The pandemic had an enormous effect on our lives. We shall need to wait to see how our activities unfold the future for us.

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