

## Comprehensive review on psychological impact of lockdown and communication blockade due to COVID-19 pandemic on Kashmiri population

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### ABSTRACT

The 2019 COVID-19 pandemic received an unmatched global attention due to its huge devastation and loss of life. COVID-19 is a life threatening lethal infection caused by one of the corona virus strains. The outburst was initially revealed in late December 2019 when large number of pneumonia cases of mysterious etiology was found in the Chinese city of Wuhan of Hubei Province. The WHO also formally declared COVID-19 outbreak as pandemic on 11 May 2020. Almost entire world is facing complete lockdown these days and, in these circumstances, Kashmir is no exception. Earlier, Kashmir was under lockdown for about 6 months due the abrogation of article 370. However, the current lockdown is very terrifying as there is threat to life due an invisible pathogen which can only be avoided staying home. Kashmir has previously reported an extensive frequency of mental health crisis due political turmoil. COVID-19 pandemic has not only added miseries to the lives of Kashmir people but continuous lockdown and frequent communication blockade has worsened the mental health crisis of local populace. The people of Kashmir who are suffering from mental health problem have increase sense of insecurity about themselves. Their apprehension of uncertainty has increased due to current crisis of COVID-19 pandemic. Their uncertainty is now increasing day by day and we are not so far that Kashmir will become global centre of mental health crisis. Conclusively, it is not only the mental health patients who are suffering in this lockdown and communication gag due to COVID-19 pandemic but it's also taking a huge toll on the normal populace in general and health care workers in particular. This review comprehensively provides the significant and organized exploration of the narrative on the psychological distress due to COVID-19 lockdown and frequent communication gags experienced by mental health patients in particular as well as common people and healthcare workers in general living in Kashmir valley.

**Keywords:** *Cornavirus, COVID-19, Pandemic, Lockdown, Depression, Anxiety*

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The 2019 COVID-19 pandemic received unmatched global attention due to its huge devastation and loss of life. COVID-19 is a life threatening lethal infection caused by one of the corona virus strains. The outburst was initially revealed in late December 2019 when large number of pneumonia cases of mysterious etiology was found in the Chinese city of Wuhan of Hubei Province. Eventually, World Health Organization (WHO) country office in china first reported this case scenario on 31th December 2019. On 11 January 2020 china announced its first death due to COVID-19. The outbreak was declared as public health emergency of international concern on 30 January 2020. On 11 February 2020, WHO announced COVID-19 as the new name of this strain of coronavirus. The WHO also formally declared COVID-19 outbreak as pandemic on 11 May 2020 (Organization, 2020). China being the epicentre of COVID-19 has caused a huge global outburst due to extensive media coverage.

COVID-19 is a beta-coronavirus that can transmit to humans via an intermediary hosts like bats, although the exact course of spread is still controversial (Shereen et al., 2020). The virus transmits from person to person through virus-laden droplets exhaled during respiration. Thus, it not only affects the common people but numerous cases of health care workers have also been observed. The reported cases elevated by manifolds after 17 January 2020 and stretched to nearly every corner of the world. Currently, every country is facing the COVID-19 pandemic and there is global crisis caused due to it. The number of COVID-19 cases increases day by day and with it the number of fatalities are also increasing. As per the current statistics, there are 4,380,473 COVID-19 cases out of which 294,655 deaths were reported. This figure does not remain constant and changes with each passing minute. The mean incubation period of this strain is estimated to be 6.4 days, with major difference among various patients (Lauer et al., 2020), and it is capable of asymptomatic spread (Rothe et al., 2020). The Symptoms of COVID-19 include fever, chills, cough, sore throat, heavy breathing (Casella et al., 2020). Elderly people with other medical comorbidities are more likely to get infected, with worse outcomes (Zhou et al., 2020). Severe cases can lead to cardiac injury, respiratory failure due to pneumonia, acute respiratory distress syndrome and death (Abraham et al., 2018). With the above summary in mind, the present review was planned to summarize the existing scenario addressing mental health concerns of Kashmiri people.

### LITERATURE ON MENTAL HEALTH IMPACT OF COVID-19

COVID-19 pandemic has aroused increased uncertainty, fear and panic among general masses due to extensive media buzz about high infectivity and fatality. This pandemic has not only affected physical health but also mental health. The general community response to novel COVID-19 with exceptionally soaring morbidity and mortality is the distancing-blame-stigma pattern and thus has forced countries all over the world to ensure lockdown (Velavan and Meyer, 2020). Additionally, blame game involving persons for the disease's source and spread. Coronavirus infection (COVID-19) has resulted in uncertainty, distorted society life style, created uneasiness concerning spread of infection among people, and lead to shutting down of all establishments all over the world. In the wake of this global pandemic, strict public health measures have been enforced to restrain the spread of COVID-19 (Adhikari et al., 2020).

Almost entire world is facing complete lockdown these days and, in these circumstances, Kashmir is no exception. Every corner of the world is grounded to zero due to this pandemic though there have been many such before. Earlier whole Kashmir was under lockdown for

## **Comprehensive review on psychological impact of lockdown and communication blockade due to COVID-19 pandemic on Kashmiri population**

about 6 months due the abrogation of permanent residence law(Chandrachud, 2019). However, the current lockdown is highly terrifying as there is danger to life due an invisible pathogen which can only be avoided staying home. Due to conflictive nature of Kashmir region, there is already a large portion of population who suffer from different mental problems(Amin and Khan, 2009). The previous lockdown has already taken a huge toll on mental health patients of Kashmir thus has been very unsafe for these patients. Since no vaccines has been developed yet which means COVID-19 is still incurable and can only be prevented by means of physical distancing and confining oneself to his or her home(Belingheri et al., 2020). Furthermore, those who get infected undergo self-quarantine in order to prevent further spreading of disease(Nussbaumer-Streit et al., 2020). While these preventive measures may be the most efficient approach of preventing the spread of the disease(Control et al., 2003). However, this may also be associated with a variety of bad psychological effects, including distress, worry, fear, anxiety, and depression(Brooks et al., 2020; Gardner and Moallef, 2015).

In an already hostile environment, the condition of Kashmiri populace in general and mental health patients in particular has aggressively deteriorated thereby posing a huge challenge. Since this lockdown has no definite calendar and no one knows how much more time it will take to sanitize this invisible pathogen, people with pre-existing vulnerabilities to psychiatric disorders including anxiety, depression and obsessional symptoms are highly exposed to stress related symptom exacerbations. Thus physical effects of decreased motor activity, changes to diet, and exposure to sunlight have created an extra mental health crisis(Lippi et al., 2020).

Psychological suffering is potentially hazardous condition as reported earlier among various diseases like EVD, severe acute respiratory syndrome (SARS) and HIV/AIDS patients. Consequently, if these patients are not managed well, they will develop serious health outcomes and will interfere in normal operations, physical, societal, emotional as well as spiritual wellbeing. Eventually, this will lead to decreased efficiency and poor quality of life and death. Presently, the brunt of mental anguish such as anger, misery, sorrow, guiltiness, post-traumatic stress disorder and suicidal thoughts have not been analytically explored. A critically analytical approach which will examine and explore the currently existing data and facts on healthcare workers responses engaged to COVID-19 patients.

Kashmir has previously reported an extensive frequency of mental health crisis due political turmoil. Nearly 1.8 million adults in Kashmir Valley done by Médecins Sans Frontières documented 45% of the population as mentally distress. This study concluded that 41% of the populace exhibit signs of depression, 26% have signs of anxiety and 19% population included post-traumatic stress disorder. According to this study, a Kashmiri resident experiences atleast seven traumatic events during entire life. Encounter to distressing events is related to depression, anxiety and PTSD. Additionally, this study also reported other problems faced by Kashmir's including financial issues, poor health and unemployment. Furthermore, it was observed that the hurdles in seeking treatment were lack of awareness of mental health services and therapies, journey time, expenditure and remoteness to services as well as deprived and insufficient physical infrastructure.

In the middle of COVID-19 crisis, Kashmir is facing the prolonged communication blackout which has elevated the already present psychological stress in psychiatric patients. There is already a sharp jump in the number of cases having stress, depression and anxiety, as an

## **Comprehensive review on psychological impact of lockdown and communication blockade due to COVID-19 pandemic on Kashmiri population**

outcome of the abrogation of Article 370 followed by lockdown and communication blockade due to COVID-19 pandemic. Lockdown had by now taken a huge toll on people who are suffering from mental health conditions. There is already an armed conflict present in the state of Jammu & Kashmir from last three decades. This conflict has taken a very huge toll on the psychological well being of people and a very good fraction of people are suffering from psychological distress. The affected population have now been exposed to COVID-19 pandemic which has led to further deterioration of their mental well being. Even in ordinary circumstances, a small number of persons avail mental health care. Additionally, frequent lockdowns due to armed conflict and communication blockade has halted the medical care thereby exposing people of general and mental health patients more prone to increased distress. It has been very difficult for common people to access health facilities since most of the hospitals lack mental health framework and those which possess the one are running with a fewer manpower. The majority of out-patient departments are now dysfunctional due to curtailment of transport caused by the lockdown. Patients with psychiatric illness frequently sense loneliness at home while caregivers work round the clock. There is change in life style as all the family members have to stay together confined owing to the lockdown and numerous patients get annoyed and disturbed due to lack of freedom. Another challenge faced by psychiatric patients is non availability of medication due to closure of business establishment especially medical shops. This has led to the aggregation of already present problem and hence their vulnerability has increased. There are increased incidences of relapses in patients who had recovered and had stopped taking medication. Patients with obsessive compulsive disorder are at high risk and are showing relapse of symptoms due to this pandemic. Patient with panic disorder have reported new panic attack than they used to have due to uncertainty and tension thereby elevated their illness. In current scenario of COVID-19 pandemic, a sudden lockdown has thus created a barricade and people are unable to avail any health services. However, in this pandemic these patients had a ray of hope as mental health professionals though closed their services in hospitals were providing psychological support over phone but because of communication blockade telemedicine and online consultation are also suffering.

### **CONCLUSION**

COVID-19 pandemic has not only added miseries to the lives of Kashmir people but continuous lockdown and frequent communication blockade has worsened the mental health crisis of local populace. The impact on the physical and mental health and socio-economic performance is alarming. There is high intensity of despair and lack of potential perspectives that possibly endangers the all over well being of many people. The people of Kashmir who are suffering from mental health problem have increased sense of insecurity about themselves. Their apprehension of uncertainty has increased due to current crisis of COVID-19 pandemic. Their uncertainty is now increasing day by day and we are not so far that Kashmir will become global centre of mental health crisis. Conclusively, it is not only the mental health patient who are suffering in this lockdown and communication gag due to COVID-19 pandemic but is taking a huge toll on the normal populace in general and health care workers in particular. Communication shutdown in Kashmir has badly affected not only the patients but also general populace and health care workers who tend to keep themselves updated with day today global updated about COVID-19. Thus, the covid-19 pandemic lockdown and communication blackout has not only jeopardized mental health care system but has added to the suffering of such patients. A thorough understanding of psychological impacts of COVID-19 pandemic will therefore assist policy makers and health care workers to devise and modify potential future plans and interventions to deal

## Comprehensive review on psychological impact of lockdown and communication blockade due to COVID-19 pandemic on Kashmiri population

with the swarming psychosocial needs of common people in general and healthcare workers in particular in Kashmir.

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**Comprehensive review on psychological impact of lockdown and communication blockade due to COVID-19 pandemic on Kashmiri population**

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***Conflict of Interest***

The author declared no conflict of interest.

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