

Psychological impact of COVID-19 outbreak and role of mental health professionals

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ABSTRACT

With the current physical reach of the COVID-19 pandemic in the population, there are bound to be long-term implications in terms of economic standards and psychological impact. The speedy rise of fear and anxiety among people due to insecurity of the disease is coupled with essential yet socially disruptive measures like lockdowns and quarantines. These can lead to significant psychological and psychiatric disturbances such as post-traumatic stress disorder, depression, anxiety, panic disorders, and behavioral disorders. Predisposing factors include staying away from family, loneliness, misinformation on social media, financial insecurity, and stigmatization. Healthcare workers have a high risk of developing post-traumatic stress disorder and burnout; therefore, it is important to understand and investigate the psychological effects of epidemic and the importance of mental health training for doctors, counselors, psychologists, and other professionals are being trained to provide psychosocial support in these crises. Suggested actions include care service for patients with psychiatric, neurological, and neurosurgical problems and strengthening telemedicine facilities to provide teleconsultation to patients.

Keywords: *Coronavirus (Covid-19), Mental health, Psychologists, Physical distancing, Quarantine and Self-Isolation*

In December 2019, (COVID-19) was identified including the symptoms of pneumonia of unknown origin in Wuhan, the capital city of Hui Province, China [1] and it is now widespread in many countries around the world. In addition to a high rate of mortality, the disease has caused severe anxiety and psychological problems in the communities involved [2]. The uncertainty of the diseases is a major reason for psychological distress among people when World Health Organization (WHO) has declared the novel corona-virus (Covid-19) outbreak a public health epidemic and there was a swift rise of fear and anxiety among the general population [3]. In this condition, training of mental health professionals and psychologists should be extensively considered.

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Anxiety, fear, and stress are often present in patients with Covid-19 or those suspected to have. The family of these patients or the people they are in contact with will also have these psychological issues such psychological problems can very easily create mass hysteria. Also, epidemiologists, scientists, doctors, and all health professionals as health-care heroes can also be affected by these mental issues because of being involved in this global crisis and making incredible sacrifices. The study was conducted on healthcare workers to assess the immediate stress and psychological impact on quarantined patients and hospital workers who treated patients with Middle East Respiratory Syndrome (MERS). Their study found that healthcare workers scored significantly higher on the total IESR-R and its subscales during the outbreak of MERS. This showed the highest risk for post-traumatic stress disorder symptoms even after time had elapsed. The risk increased even after home quarantine. So prompt and continuous psychiatric intervention is needed in high mortality infectious disease outbreaks [4]. Previous study on other infectious diseases, including severe acute respiratory syndrome (SARS) and Ebola virus disease, reported a high level of stress and psychological distress among many healthcare workers during the outbreak [5]. It has also been shown that healthcare workers experience burnout, traumatic stress, anxiety, and depressive symptoms even after the outbreak [6]. Researchers were found that the prevalence of post-traumatic stress disorder (PTSD) was also increased among survivors of infectious diseases [7]. Several studies have reported negative psychological complications, including symptoms of traumatic stress, uncertainty, and anger in cases involved in stressful situations. The long quarantine period, fear of infection, despair, boredom, inadequate food shortages, inadequate information, financial loss, and stigma are known as stressors in the COVID-19 epidemic [8-9].

Psychological effects of Quarantine and Lockdown

Quarantine is defined as the separation of people who have been exposed to a contagious disease to ascertain whether they become sick, thereby reducing the risk of them infecting others [10]. Isolation, in contrast, is where a person diagnosed to have a contagious disease is separated from the general population to avoid transmission of the disease to healthy peoples [11]. The first case of corona virus disease (COVID-19), Confirmed in India on 30 January 2020 in the state of Kerala, when a university student from Wuhan city of China travelled back to the state [12]. Due this outbreak in India all states are asked to make 'Janata curfew' on Sunday, 22 March 2020 [13]. This was the long battle started against COVID-19. As the number of positive cases closed, Prime Minister again addressed the nation second time on 24 March 2020, and announced the national wide lockdown from midnight of that day, for a period of 21 days [14]. Because this is the only way to control the spread of coronavirus cycle of transmission through physical distances [15]. Most recently, quarantine policy was used in entire cities of China effectively under mass quarantine, because thousands of foreign nationals returning home from China and they have been asked for home quarantined/self-isolated or state-run isolation centers to control the transmission of disease [16].

The state governments are trying to best minimize the positive cases of corona-virus (Covid-19), to control the spread of this disease various steps has taken. The Ministry of Home Affairs, announced that physical distance, ban of public gathering, congregational prayers, all religious functions and movement of migrant peoples from one place to another are not allowed. The lockdown restricts people from stepping out of their homes. All transport services road, air and rail were suspended, with exceptions for transportation of essential goods, fire, police and emergency services. Educational institutions, industrial establishments and hospitality services were also suspended [17]. Services such as food

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shops, banks and ATMs, petrol pumps, other essentials and their manufacturing are exempted. [18]. The WHO has changed the term 'social distancing' to 'physical distancing'. The physical distance from people so that we can prevent the virus from transferring to one another; that's absolutely essential [19]. Due to physical distance people feel less lonely and isolated which affects their mental health. An earlier meta-analysis was concluded that loneliness is a risk factor for all-cause mortality [20]. The People living away from their families for education or work, or otherwise separated from their loved ones are at a higher risk for developing mental health problems such as depression, anxiety, etc. Therefore, the current pandemic poses a great risk for psychological and psychiatric morbidity. Similarly, when these things take place in society various psychological and mental health problems were aroused. The separation from loved ones, the loss of freedom, uncertainty over disease status, and boredom can, on occasion, create dramatic effects. Suicide has been reported [21]. The substantial anger generated, and lawsuits brought [22]. Subsequently the imposition of quarantine in previous outbreaks. The potential benefits of mandatory mass quarantine need to be weighed carefully against the possible psychological costs [23] and successful use of quarantine as a public health measure requires us to reduce, as far as possible, the negative effects associated with it. The effect of being quarantined was a predictor of posttraumatic stress symptoms in hospital employees even after three years later. Approximately 34% (938 of 2760) of horse owners quarantined for several weeks because of an equine influenza outbreak reported high psychological distress during the outbreak, compared with around 12% in the Australian general population [24-25]. Another study comparing post-traumatic stress symptoms in parents and children quarantined with those not quarantined found that the mean of post-traumatic stress scores was four times higher in children who had been quarantined than in those who was not quarantined. 28% (27 of 98) of parents quarantined in this study reported sufficient symptoms to warrant a diagnosis of a trauma-related mental health disorder, compared with 6% (17 of 299) of parents who were not quarantined [26]. An additional study of hospital staff examined symptoms of depression three years after quarantine and found that 9% (48 of 549) of the whole sample reported high depressive symptoms. In the group with high depressive symptoms, nearly 60% (29 of 48) had been quarantined but only 15% (63 of 424) of the group with low depressive symptoms had been quarantined [27]. After quarantine, many participants continued to engage in avoidance behaviours. For health-care workers, being quarantined was significantly and positively associated with avoidance behaviours, such as minimizing direct contact with patients and not reporting to work [28]. The psychological impact of quarantine is wide-ranging, substantial, and can be long lasting. This is not to recommend that quarantine should not be used; the psychological effects of not using quarantine and allowing disease to spread might be worse [29]. While social media is aiding people in being more connected in times of physical isolation, it is also a major source of rumors and false information adding to the stress. The hourly updates on death tolls and rising case numbers can be consuming, especially for people predisposed to mental health issues or already on medications for psychiatric disorders. The frontline health-care workers become the main personnel providing psychological interventions to patients in hospitals. For individuals with a suspected infection who are under quarantine or at home, community health service personnel should provide primary medical care and mental health care.

Need of psychological interventions for people affected by the Covid-19 epidemic

National Institute of Mental Health and Neuro-Science Bangalore India, established a task force for Mental health in collaboration with the Ministry of Family Welfare, Govt. of India, establishing a continuum of care service for patients with psychiatric, neurological and

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neurosurgical problems and strengthening telemedicine facilities to provide tele consultation to patients. Further, NIMHANS are providing online training of mental health and psychosocial issues to thousands of doctors, counsellors, nurses and other professionals are being trained to support in crises. They also setting up of support lines for corona-virus related doubts, clarification of misinformation, and online and tele-counselling for people facing anxiety and stress, during the crises of Covid-19 pandemic, it is quit natural to experience a wide variety of mental health concerns. [30]. In India, first and foremost response to the pandemic is a sense of fear. Fears have ranged from those based on facts to unfounded fears based on information/misinformation circulating in the media, particularly on social media. This can lead to those who are the 'worried well' people fed more distressful and psychologically disturbed and maladaptive coping mechanisms developed with stress and fear of infection. Another big issue which is real and the real worries of job loss and economic standards during the pandemic.

Therefore, mental health care professionals have also opened online platforms to provide psychological counselling services for patients, their family members, and other people affected by the epidemic through various social networking sites to improve the coping strategies of people and their mental health. Second, connecting virtual and online neighborhood groups could reduce the risk of loneliness. After the outbreak, these can be converted into voluntary community help-groups help people to decorate their social fabric. Third, people currently in quarantine or under lockdown could be encouraged to take up an indoor exercise routine blending yoga, meditation, music and stretching exercises. Fourth, studies and researches need to be conducted to assess and evaluate the psychosocial repercussions on healthcare workers, on patients, and on the general population. Based on the outcomes, appropriate interventions can be put into place and efforts made to mitigate issues. Determining risks and predisposing factors prospectively can play a role in selecting people needing more care. We need to work on these aspects in a proactive way to reduce the long-term psychological morbidity induced by the pandemic. This can be done at the community level by owning up to social accountability and civic responsibility. With the increase of positive coronavirus cases India, clinical symptoms become severe and psychological problems in infected patients will probably increased; therefore, psychological intervention measures should be targeted and adapted as appropriate. Studies have confirmed that individuals who have experienced public health emergencies still have varying degrees of stress disorders, even after the event is over, or they have been cured and discharged from hospital, indicating these individuals should not be ignored [31-32]. Finally, due to a shortage of mental health professionals, there is a need to establishment of psychological intervention programs for improving mental health and psychological well-being. An individual often has multiple responsibilities, which can reduce the effectiveness of interventions. This situation can be resolved by improving relevant policies, strengthening personnel training, optimising organisational and management policies, and constantly reviewing experiences in practice.

CONCLUSION

The outbreak of COVID-19 has shown many problems with the provision of psychological interference in India. Quarantine, isolation and social distancing in the times of a raging pandemic can be psychologically distressing for many people. However, there are simple and effective actions that you can take as a health care provider. Key among them is providing information. As a health care provider, you would be seen as a reliable and trustworthy source of information. Explain the rationale of quarantining and social distancing. Promote reliable sources of information. Inform patients what symptoms to

watch out for and what symptoms not to worry about. Encourage people to remain in touch with each other over virtual means. The suggestions provided in this study could provide an insight into the psychological impacts of COVID-19 as an emerging disease. Psychological services can play an important role at any stage to develop a more comprehensive and balanced plan to reduce future social and psychological stresses. Lack of efficient and proper professional support can lead to fatigue, despair, and helplessness among all members of the society, and it is worth noting that there will be a second wave of psychological health problems following the financial crisis caused by this outbreak, such as job loss, falling prices in stock markets, etc. Such solutions and suggestions are helpful to ensure no delay in medical and psychological care, so that the crisis cannot lead to irreversible harm to society. However, due to the inadequate number of studies on hand, more studies should be conducted on the psychological impacts of the COVID-19 outbreak. We found that previous studies are recommended to focus on the individual and group evaluations and interventions, special training courses for medical staff, public education, responsive communication, updating new information about psychological health education, and professional implementation of the mental health educational practices for citizens at risk.

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Conflict of Interest

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