

Social and Mental Health Concerns After COVID-19: Need for Public Health Policy

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ABSTRACT

With the world being witness to one of the most calamitous virus, Covid-19, our ways of operating have undeniably been altered to a large extent. The rapid transmission rate is due the reason that it spreads through touch, causing millions of deaths globally. Along with its high infectivity and fatality rates, the Corona Virus Disease has caused universal psychosocial impact by causing mass hysteria, economic burden and financial losses along with having plenty of detrimental effects on the various groups in the society. The mental health of those locked due to the imposed restrictions and the professionals dedicatedly involved in the treatment of the virus has been severely impacted. Governments, worldwide have been actively involved in the policy making and implementation of measures to combat the virus. The pandemic has changed the face of the earth and has brought in the realization that unexpected times of crisis calls for a greater need for empathy and solidarity.

Keywords: COVID-19, Pandemic, social Impact, Mental Health, Telecounseling, Policy Making

In the recent past number of infectious disease outbreaks has substantially increased, particularly diseases for which little or no pre-existing immunity or viable treatment options exists thus, posing significant risk to public health and deaths worldwide. Among the major pandemic outbreaks that India has also witnessed since the first cholera pandemic (1817–1824) and Spanish Flu (1918-1920), Severe Acute Respiratory Syndrome Coronavirus 2 Pandemic (2020-21) is an ongoing infectious global pandemic caused by the most recently discovered corona virus, the deadliest pathogen humanity has ever witnessed. On 11 February 2020, WHO announced a name for the new coronavirus disease, Covid-19 (WHO, 2020). Its massive impact can be estimated from the fact that till 1 March 2021, from 219 countries and territories around the world there have been 113,820,168 confirmed cases of COVID-19, including 2,527,891 deaths, reported to WHO (WHO Health Emergency Dashboard, 2021). Unlike other virus outbreaks of the 21st century, such as Ebola outbreak in West Africa, H1N1 pandemic, SARS and MERS, which were primarily disseminated in hospital environments, significant risk related to COVID-19 pandemic was

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that it's spread was faster than anything the world health community and governments have ever handled before, therefore, putting the entire population at risk. Governments around the world enacted extreme physical distancing and quarantine measures, propagated wearing masks and hand hygiene to slow the spread of the virus, protect the most vulnerable in the society, and manage enormous health care service demand within existing provision. These necessary restrictive measures have created an unparalleled scenario, dominated by fear and uncertainty as the responsibility of prevention was extended equally to the society. As per Ministry Of Health and Family Welfare advisory "Social distancing is a non-pharmacological infection prevention and control intervention implemented to avoid contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community". This eventually leads to decrease in spread, morbidity and mortality due to the disease. Restrictive measures also caused intrinsic changes in lifestyle, habits, social mobility and socioeconomic scenario of the individuals as well as society at large. While "Namaste" an Indian way to greet others with folded hands got acclaimed enthusiastically as a measure to stay connected from distance, some people compared constitutional norms eliminating untouchability and promoting integration as discriminatory with the contemporary situation where people were asked to maintain social-distancing and self-isolation. It was observed that the emotional and psychological response and adjustment to the so called 'New Normal Life' of social distancing and unprecedented scenario during current pandemic differed according to age groups, gender and other variables surrounding the individuals.

This article is an attempt to evaluate:

1. The impact of COVID-19 on different groups of society.
2. Contribution of mental health services in India's fight against COVID-19
3. Need of public health policy related to mental health

Impact of Covid -19 on various groups of society

With any unprecedented situation such as a pandemic which impacts the society at large, people usually respond with shock and denial followed by the feeling of psychological trauma and acceptance. The lockdown has proved that "man is a social being". Restrictions imposed on human interaction as if other people are potentially dangerous for our health and for the health of our loved ones have impacted people's psychological health, nutrition and mobility. During Covid-19 outbreak, the information overflow through social media including misinformation has heightened public mental health crisis (Dong, 2020). Unwarranted rumours or sensational media coverage has the capability to build misconception, misinformation regarding threat estimate in the minds of general public regarding the likelihood (Jones et al., 2017). The COVID-19 pandemic continues to spread with spikes in between across the globe, and yet media coverage of the pandemic has decreased since the initial flurry of attention received during the beginning of the crisis in early 2020. Despite this decrease, public attention to the COVID-19 pandemic remains high, relative to the public's attention to other issues, and appears to have largely been supplanted and displaced rather than combined and connected with the attention paid to climate change and other societal challenges. To some extent digital technology has provided with a semblance of normalcy and going-on for most of us in personal, social and professional lives.

Impact of COVID 19 on Women

The lockdowns around the world have led to an increase in cases of domestic violence where women and children who live with domestic violence have no escape from their abusers during quarantine (Abramson, 2020; Chandra, 2020; et al., 2020). UN WOMEN

have reported rates of increased violence against women and children more so girls in the COVID-19 times. Factors compounding the situation include the confinement, financial worries due to the lockdown, and lack of access to alcohol. The virus mirrored the perpetual patriarchal notions and magnified the discrimination and pre-existing inequalities. Until now, women could access their regular coping mechanisms – a family member or third-party help – in most situations. The perpetrators of violence also had other activities that kept them busy and distracted. During the lockdown since, everybody was together, in close quarters, the abuse of women saw a rampant and manifold increase. In addition, job insecurities, pressures of childcare, lack of outdoor recreational activities have all increased tension, arguments and violence within families. Violence manifests in different forms like physical, emotional, sexual and often only physical violence gets highlighted. Emerging data showed an increase in calls to domestic violence helplines in many countries since the outbreak (National Commission for Women, 2020). Health professionals should suspect violence when they see persons with injuries, unexplained physical symptoms or mental health consequences like anxiety, psychological distress, and deliberate self-harm attempts. “LIVES” is a psychosocial approach that has been formulated by World Health Organization as a First aid for women who are facing intimate partner violence or any other forms of domestic violence (WHO, 2020).

Impact of COVID 19 on Children

Developmental psychology researches largely founded that experiences learned through environmental factors which are formed during early childhood engender the fundamentals for lifetime behaviour and success, as it is a crucial phase for cognitive, emotional and psychosocial skill development. Academics have reported that many children who were separated from caregivers during the pandemic may place them into a state of crisis, and those who were isolated or quarantined during past pandemic disease are more likely to develop acute stress disorders, adjustment disorders and grief, with 30% of children meeting the clinical criteria for PTSD. A recent article published from India in the Indian Journal of Paediatrics has observed a very high value of psychological distress in children due to Covid-19 pandemic. In this study, most (around 68%) of quarantined children showed some or other form of psychological distress which is much higher than the non-quarantined group especially worry, fear and helplessness (Ranjan et al., 2020). Stressors such as monotony, disappointment, lack of face-to-face with classmates, friends and teachers, lack of enough personal space at home and family financial losses during lockdowns; all can potentially trigger troublesome and even prolonged adverse mental consequences in children. Both young and older children are likely to become more demanding, having to cope up with these changes, and may exhibit impatience, annoyance and hostility, which in turn may cause them suffering from physical and mental violence by overly pressurized parents. The prospect that Covid-19 will worsen existing problems of education inequalities, child labour is a grim one, but it isn't inevitable. The interaction between their daily-routine changes, home confinement, and fear of infection intensified these undesirable mental reactions resulting in a vicious cycle. Specific psychological needs, healthy life-styles, proper hygiene advices, and good parenting guides can be addressed through the same online platform. WHO has listed pointers on how to deal with children in these uncertain times which included responding to children's reactions in a supportive way, answering questions honestly without dismissing their worries and not making false promises, making more opportunities for the child to play and relax, trying to keep children close to caregivers, parents and family. If there is significant distress, an evaluation should be considered by a mental health professional (WHO, 2020b). Children, on a positive note also got to invest time and rekindled their creativity or started a new hobby like gardening and dancing, truly

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experiencing the essence of their childhood without any burden from school or coaching. Living in these restrictions paved way for time connecting with family and relying on siblings for companionship thus emphasizing the importance of families. In a similar vein, the importance of seeing friends and going to school has been rediscovered. Being with classmates, playing with friends, talking to teachers in person- simple pleasures revealed for the joys will now be valued.

Impact of COVID 19 on Older Adults

The notion that older adults and people with serious co morbidities are particularly vulnerable to worse outcomes from COVID-19 can create considerable fear amongst the elderly. Psychological impact of COVID pandemic includes anxiety, irritability and excessive feeling of stress or loneliness. Older adults with cognitive decline like dementia may become much more anxious, agitated, and socially withdrawn, thus their specific needs demand specific attention (Armitage et al, 2020). Also they are less likely to have social contact using technology and social media which have been useful for maintaining social contact despite the need for physical distancing. During the pandemic, older adults staying with family or alone, both have become even more dependent on their caregivers; and in a pattern similar to the one that has raised the rates of domestic violence some caregivers have used the pandemic to exercise their control and abuse further. Communities that lack mental health or social care resources tend to have increased frequency of older abuse. The first step towards increasing the awareness about mental health issues among the older adults and their family members was via social media (Online programs, website, online forum, group email or messages). Some dedicated helpline has been useful through which any older adult or family member can approach for minor mental health issues. Telemedicine and Telecounselling is the need of the hour used in a more robust manner for consultations requiring more detailed psychiatric evaluation and prescription of medication. Indoor physical exercise in one's daily lifestyle helped older adults not only to maintain a sturdy physical health and to increase immunity but also to counteract the psychological impact in this trying time.

Impact of COVID on individual with substance abuse

Individuals with substance use disorders (SUD) are at risk population for contamination due to multiple factors attributable to their clinical, psychological and psychosocial condition. Moreover, social and economic changes caused by the pandemic, along with the traditional difficulties regarding treatment access and adherence has certainly worsened during this period, therefore aggravating the condition. While drug use can increase the risks associated with a coronavirus infection, the social and psychological risks of the pandemic can favour and intensify drug abuse, in a potentially catastrophic manner. Due to disruption in availability of drug in terms of reduced supply and access to illicit drugs, internet drug-seeking activities may be on the increase along with use of illicit pharmaceutical products, such as benzodiazepines (Zhuo K et. Al, 2020). Mental health services directed towards emergency preparedness and response for people with SUDs is urgently needed with objective to develop and evaluate clear remote assessment care pathways for people at risk psycho-education strategies, regarding self-harm/suicide, overdoses, and domestic violence; and staff training to support new ways of working (Courtet P et. al, 2020)

COVID- 19 and Mental Health Concerns

The consequences of COVID-19 have impacted not only the physical health and wellbeing but also the mental health of the population leading to 20% increase in patients with mental illness since coronavirus outbreak, which has had a disastrous effect on the health system

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(Loiwal, 2020), universal psychosocial havoc, economic burden and financial losses. Mass fear of COVID-19, termed as “Coronaphobia”, has generated a plethora of psychiatric manifestations across different strata of the society. Recommended safety measures such as self-isolation and quarantine have affected usual activities, routines, and livelihoods of people that have led to an increase in loneliness, anxiety, depression, insomnia, harmful alcohol, and drug use, and self-harm or suicidal behaviour (World Health Organization, 2020). Some of the major causes of mental health issues during COVID-19 pandemic include fear of falling ill and dying, avoiding health care due to fear of being infected, fear of losing work and livelihoods while in care, fear of being socially excluded, fear of being placed in quarantine, fear of being separated from loved ones and caregivers, refusal to care for vulnerable individuals due to fear of infection, feelings of helplessness, boredom, loneliness, and depression due to being isolated, fear of re-living the experience of a previous pandemic (Brooks et al., 2020). The chances of acquiring infection in such individuals are exacerbated by cognitive decline, poor awareness level, impaired risk perception, and reduced concern about personal hygiene (Rogers et al., 2020).

Psychologists and mental health professionals speculate that the pandemic is going to impact on the mental health of the population globally with the increase in cases of depression, suicide, and self-harm, apart from other symptoms reported globally due to COVID 19 (Li et al., 2020; Moukaddam & Shah, 2020; Yao et al., 2020). Overemphasis on consistent hand washing (for twenty seconds) may affect a significant population group globally considering people are not aware of when and how many times to wash. It is a sanitary fight against an invisible virus and sources of infection. In such a scenario, OCD and related maladaptive behaviours particularly due to consistent promotion of hand washing to mitigate the coronavirus infection and its spread was a serious concern. A meta-analysis of pooled data from studies that estimated the incidence of psychiatric disorders after the severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) outbreaks suggested that coronavirus infections can lead to delirium, anxiety, depression, manic symptoms, poor memory, and insomnia (Jones et al., 2017). A recently concluded systematic review and meta-analysis on the prevalence of psychological morbidities among the general population, health-care workers, and COVID-19 patients amidst the COVID-19 pandemic reported that about half of the population faced psychological impacts of the COVID-19 pandemic (Krishnamoorthy et al., 2020). Poor sleep quality (40%), stress (34%), and psychological distress (34%) were the most commonly reported problems across various studies (Li et al., 2020). An online Indian survey has reported that about 40.5% of the participants reported anxiety or depressive symptoms, about three-fourth (74.1%) of the participants reported a moderate level of stress, and 71.7% reported poor well-being (Grover, et al, 2020). Besides mood-related and emotional outbursts especially panic, fear, avoidance and fear in meeting other people, fear of death (Thanatophobia), fear of not getting essential items, food, etc., has had its own share of psychological manifestations.

Psychiatric patients are also prone to develop recurrences or deterioration of the pre-existing signs and symptoms. Nationwide strict regulations regarding transport and quarantine has abruptly discontinued therapeutic counselling schedules and imposed utmost difficulties upon access of prescribed psychiatric medications. For people bereaved from the death of dear friends, colleagues, and loved ones due to COVID-19 and the inability to gain closure and cremate resulted in anger, resentment, psychological trauma and long-term psychiatric sequelae.

Spike in Suicide Rates

The Suicide Prevention India Foundation (SPIF) conducted the study, in May, where they interviewed 159 mental health professionals from across India (Menon, P. & Chakrapani, S; 2020). The report also made recommendations for those experiencing mental distress, others around them, and therapists. Over 70% of the therapists who participated in the study reported an increase in the number of people who expressed a death wish or suicidal ideation after the outbreak of COVID-19. The lockdown has increased the already prevalent risks related to mental illness, financial insecurity and work stress, and has added new ones like loss of control, depletion of social networks, job uncertainty, abuse and social isolation. Fear, ostracisation and alcohol withdrawal probably accounted for the largest number of these cases. Experts believe that a suicide prevention effort on a wider scale is the only way forward. Using a three-fold mechanism the authorities could either make efforts to target and assist everyone during times of distress or they could undertake selective prevention, i.e., focus on the high-risk groups – recently unemployed, distressed migrant workers, farmers, women experiencing domestic abuse or men with a history of alcoholism.

Impact of COVID 19 on Healthcare workers

The mental and psychological wellbeing of healthcare providers is another concern. Healthcare providers have been continuously working in fearful, stressful, resource constrained settings where they were under the constant threat of getting exposed and infected (Moukaddam, et al., 2020). In such a condition the healthcare providers' mental health and psychosocial well-being are as important as managing the health of the infected population. The WHO has issued a thirty-one-point guidance for mitigating these problems (WHO, 2020). These include guidelines to safeguard the mental health of the population of different age groups affected with COVID-19 with a special focus on children, women and service providers, suggesting measures to mitigate anxiety, depression, and stigma. A survey of nearly 1,300 healthcare workers treating people with COVID-19 in hospitals in China showed high rates of depression, distress, anxiety and insomnia (Kang et al., 2020).

Guilt, anger, anxiety, fear, shame and depression were all shown which lead to resignations and poor work performance. Indeed, there have been reports of suicide in healthcare workers in Europe during the COVID-19 pandemic. The National Institute for Health and Care Excellence has recommended the active monitoring of staff or frontline workers for issues such as PTSD, moral injuries, and other associated mental illness. Some of the long term consequences of COVID-19 pandemic on mental health include deterioration of social networks and economies, stigma towards survivors of COVID-19, possible higher anger and aggression of frontline workers and the government, and possible mistrust of information provided by official authorities. Long hours of wakefulness can lead to impairment of concentration, poor vigilance, short term memory, reduced retention capacity, impaired motor skills and clinical judgement (Li et al., 2020). Chronic stress leads to health disorders like backache, fatigue, headache, irritable bowel disorder, anxiety etc. Co-morbidities including diabetes, hypertension or chronic respiratory diseases make one more vulnerable to corona-related complications.

Contribution of mental health services in India's fight against COVID-19

The pandemic brought with itself, an unexpected number of challenges and especially for an overpopulated and developing nation like India, the struggles were manifold. The lack of necessary infrastructure to combat the pandemic, dearth of awareness about the virus and viable treatment options, mass movement of migrant workers being stranded in the major metropolitan cities and ensuring essential supplies to all while they were asked to stay home

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were the challenges to name a few (Sur P, Westcott B.; 2020). However, early implementation of lockdown, continuous efforts by healthcare teams across the country and peoples compliance with behavioural measures imposed by the Government has gone a long way in the fight against Covid-19. Support was extended including accurate information, appropriate supplies such as food, clothes and shelter by government as well as individuals as needed. The Covid-19 pandemic time was truly a test of the unity and solidarity of the citizens of the country. Health care professionals from all over the country voluntarily joined hands to tirelessly contribute to alleviate distress and promote well-being of those in crisis. The multidisciplinary treating team of mental health professionals visited various shelter homes in each district which were created in the metro cities like Delhi and Mumbai for lakhs of stranded migrant workers, in the months of March to May. The migrant workers who were unable to go home due to the lockdown were provided with basic information about hygiene, sanitisation and social distancing along with face to face counselling sessions to address their distress, anxiety and other psychosocial issues. In addition, medication was prescribed to those suffering from psychiatric conditions. During these visits professionals themselves paid attention to all necessary measures of social distancing, wearing PPE kits and masks and timely sanitisation.

Timely identification of need for mental health intervention turned out to be helpful in preparedness and reaching out to the person in distress. Respective authorities identified the high-risk groups for psychological morbidities during COVID-19 through proper screening, in-time referral, and promoted early interventions in a targeted manner. The mental health professional associations and premier mental health institutions across the country assembled experts with expertise in post-disaster psychological crisis intervention, to frame guidelines and provide technical guidance and emergency psychological crisis intervention in coordination with the government's health authority.

Telecounseling services proved to be the feasible and popular mode of communication in pandemic times. Online training programmes in telecounseling for the mental health professionals across the country were being conducted, keeping in mind the framework of professional bodies. During COVID-19 pandemic, online consultation for mental health received attention and popularized and few dedicated national mental health helplines such as ‘KIRAN’, ‘PARAMARSH’, ‘SAMARTHAN’ offered help through trained volunteer mental health professionals, where mental healthcare workers, signed themselves up for telephonic counselling for those in distress. Telecounseling services were initiated in the formative stages of the Corona Virus outbreak. National Associations of mental health professional, its regional centers and counselling centres of premier tertiary care hospitals proactively extended Telecounseling services after a thorough need-based assessment in view of limitation of individual's mobility and face to face interaction. Due to the imposition of lockdown, there was restriction of movement and hence a substantial increase in the number of calls was reported. A large amount of calls were received from women facing domestic abuse in their household and of the working population who lost their jobs last year, owing to the pandemic. A number of calls were also received, regarding the concerns about catching an infection from the virus and measures to be taken to prevent it. They were provided with all the necessary information as well as psychological and physical preparedness was emphasized upon.

Need of public health policy related to mental health

The global pandemic restates the challenge forcefully at the global level. It implores us to construct new narratives in which our national affiliations are supplemented by a global

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affiliation – the affiliation to our common humanity that must overcome this pandemic together. It also implores us to keep rebuilding our structures of multilevel governance, within which nations know when to cede sovereignty to international institutions (Ministry of Health and Family Welfare, 2020). Leading public health organizations such as SAMHSA, the World Health Organization, the United Nations have timely identified the mental health need and provided with training manuals and resources materials for immediate use and have also released general considerations addressing the mental health and well-being of both general populations and specific, high-risk groups throughout the pandemic. A good control room with ready answers for FAQs is a must for running helplines and counselling centers effectively during pandemic. Mental health support and follow-up should be planned to be provided even 6 months after setting out from isolation for those individuals with prior vulnerable mental health status. The widespread experience of loneliness became a public health concern even before the pandemic, given its association with reduced lifespan and greater risk of both mental and physical illnesses. Documentation of all the activities carried out for addressing mental health issues during COVID in terms of assessment, identification and mode of intervention along with outcome is of paramount importance. Research should be an essential component of all planned public mental health interventions during this unprecedented crisis. This will ensure a better understanding about risk factors, patterns of help seeking, treatment outcomes and costs of health care, specifically to the Indian context. It is also possible that some people may have positive experiences, such as pride about finding ways of coping, experiencing growth in personal and social attributes etc. Psychological and social preparedness along with setting up mental health organizations specific for future pandemics should be emphasized upon. Academics have theorized that once the pandemic stabilizes or fully ends, supervisors should ensure that time is made to reflect on and learn from the experiences by first responders, essential workers, and the general population to create a meaningful narrative rather than focusing on the trauma. Ironically, pandemic has again drawn attention towards limited access to mental health care and substance use treatment in part due to a current shortage of mental health professionals in India, which has been exacerbated by the pandemic.

CONCLUSION

Ensuring COVID-19 vaccines for larger population is a challenge yet, vaccine has not shown complete effectiveness and it is still possible to catch COVID-19 after vaccination. Until the pandemic is over, vaccinated individuals still need to follow COVID-19 prevention measures. Getting our vaccine may seem like a ticket back to normal life, but until more people are vaccinated, the safest thing a person and society can do is keep practicing “COVID APPROPRIATE BEHAVIOUR” (CAB). Experience from previous disasters indicate profound need to vision short- and long-term implications for mental health, based on the economic downturn, social isolation and other socioeconomic factors while devising a mental health care policy particularly for groups at risk of new or exacerbated mental health disorders and those facing barriers to accessing care during such pandemic.

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Conflict of Interest

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