

## History of Psychological Impact During Lockdown

Dr. Nurjahan Begum<sup>1\*</sup>, Shahnaz Begum<sup>2</sup>, Dr. Abdul Wahab Pathath<sup>3</sup>

### ABSTRACT

COVID-19 has impacted the mental health of the entire community in one or another manner. This has created an unprecedented mental health challenge in the face of limited specialist resources. This also means that we need to think beyond conventional strategies. Target group: three group of respondents be closely observed and needed to train 1. Frontline personnel need to be trained in simple and emerging evidence-based strategies of assessment and management. 2. Simultaneously, we need to engage with non-psychiatric medical professionals to facilitate the psychiatric management of patients with COVID-19 infection and co-morbid physical illnesses. 3 all non-psychiatric medical professionals and frontline personnel. **Conclusion:** Despite the various disruptions in routine clinical practice, especially the regular outpatient services, this crisis has thrown up alternative and innovative approaches to offer psychosocial support and continuous care for patients with psychiatric problems or psychological distress. Presently, the remedial measures suggested for COVID-19 have only empirical evidence. We need to manage with what is available, but constantly update ourselves, almost daily.

**Keywords:** *Pandemic, Covid-19, Psychological Problem*

Currently, all of us are experiencing emotions, thoughts and situations we have never experienced before. It is not that there were no pandemics earlier. Pandemics, particularly plague outbreaks have been known since times immemorial. The Cholera pandemic followed by the flu pandemic were highlights of the nineteenth century. Another cholera epidemic and the “Spanish Flu” (1918) ravaged the world in the early part of the twentieth century. Subsequently, while there have been outbreaks of Asian flu (1957), SARS/MERS (2015), Ebola, etc., the pandemic of COVID-19 (2020) is on a completely different scale. It has shaken the entire world and created global panic. As COVID-19 initially creeps in and subsequently spreads at a galloping pace, it has been ravaging country after country. The pandemic has significant and variable psychological impacts in each country, depending on the stage of the pandemic.

The psychological effects of the pandemic are best understood in terms of psychiatric and psychological problems that were present before the pandemic and after the effects of the

<sup>1</sup>Department of Clinical Neuroscience, King Faisal University, Kingdom of Saudi Arabia, Alhasa

<sup>2</sup>Research Scholar, Department of Bioscience, Jamia Millia Islamia, New Delhi, India

<sup>3</sup>Dept. of Clinical Neuroscience, King Faisal university, Saudi Arabia

\*Corresponding Author

Received: June 20, 2021; Revision Received: September 10, 2021; Accepted: September 22, 2021

## History of Psychological Impact During Lockdown

pandemic on these problems; the responses to social isolation and lockdown; the psychological response to the diagnosis, public responses to those with symptoms suggestive of COVID-19 infection, as well as the aftermath of the infection. In India, the first and foremost responses to the pandemic has been fear and a sense of clear and imminent danger. Fears have ranged from those based on facts to unfounded fears based on information/misinformation circulating in the media, particularly social media. At a time when change is the only constant (concerning advisories and precautions, as we move through different stages), the What to do? What not to do? questions are near-universal and give rise to worry and fear. Each of us responds differently to the barrage of information from global and local sources. This can lead to those who are the “worried well”, those who develop distressful psychological symptoms and maladaptive coping with stress, and those who develop a mental disorder. The fears of contracting the illness are also frequent and range from misinterpreting every fever or cough as a COVID-19 infection, wanting a test done for reassurance even though there are strict guidelines for testing, to hoarding medications despite there not being indications for their generalized use. Apart from the advisories regarding handwashing, doubts about whether or not to use a mask, what type of mask, what distances to maintain, what surfaces need disinfection with what? There are also real worries of job losses and economic slowdown during and following the pandemic. The list is endless and leads to a cycle of concern, worry, and distress. Other extreme also completely unworried or uncaring, who feel they are invincible and do not need to follow any advisory or precaution. This attitude can also lead to an endangerment to self and others.

### ***Responses to social distancing and lockdown.***

The social distancing and lockdown have also led to several changes in day-to-day activities, redistribution of home chores, extensive working from home and greater time spent with those living together. Notwithstanding the importance of social distancing (although many prefer to use the term physical distancing), such a requirement has meant long separation from families (for those working away from their hometowns), financial stress and interpersonal strain. Reactions can range from boredom and moodiness to anger, irritation, and frustration. Another maladaptive coping is through the use of mind-altering substances. Uncertainty and a sense of loss of control are undoubtedly the pathogenic agents for anxiety, panic, and depression.

### ***A more focused gaze***

While one can view these reactions from a 'general' lens, it is equally important to consider the impact of the various phases of the pandemic on children, the elderly and pregnant women. The worries of adults can be transmitted to children and make them anxious and fearful. They can become very easily bored, angry and frustrated. Without an opportunity for outdoor play and socialisation, they may become increasingly engrossed in social media and online entertainment, which can make them even more socially isolated when they emerge out of this situation. Parents need to know means of keeping the children engaged, providing an opportunity to learn new skills at home, as well as encourage children to participate in activities, get them engaged in “edutainment” and hone their extra-curricular skills as well. Children with special needs may need innovative approaches to engage them and keep them active at home. For the elderly, they can feel further isolated and neglected, become more worried about their families, and increasingly worried about their health. They may not have the support systems to care for them, particularly in terms of their medical needs. This can aggravate into anxiety and depression. Pregnant mothers can have a host of concerns, from worries about whether or not to go for ante-natal examinations, worries about risks to the unborn child, worries about their contracting the infection and concerns about the future.

## History of Psychological Impact During Lockdown

Gender perspectives also need attention as times like this can amplify an abusive relationship and increase intimate partner violence. In any of these situations, it is important to anticipate that stress, depression, and anxiety, if not effectively recognised and handled can transform into more severe distress, even leading to negative thoughts about the future, helplessness, hopelessness and suicidal thoughts and feelings.

### *Stigma*

One has never imagined the stigma that might accompany COVID-19. There are several instances of people at risk, particularly health professionals being evicted from their premises by anxious landlords, people in quarantine being isolated from society, and cruel societal responses to people with a diagnosis of COVID-19, leading to people not disclosing symptoms and not seeking appropriate medical help.

Concerns for persons with mental illness Persons with pre-existing mental illnesses and substance use are particularly disadvantaged during the lockdowns. For persons with mental illness or epilepsy, reduced access to medication can lead to relapse of symptoms, as can the compounded stress. For persons with substance use disorders, sudden withdrawal leading to seizures, delirium, agitation, and even suicide have been described.

### *Adapting to the changes*

At this point, it is also important to emphasize that many people can handle this situation more constructively- by being calm or learning to stay calm, by busying themselves with simple daily activities, avoiding depressive or fear-inducing programmes on television or social media, connecting with others through telephone or digital means, cultivating or rediscovering old interests and hobbies and of course. For those employed, learning to work from home is a novel and challenging task for many. Discovering ways to calm the mind is another helpful strategy. For students, academic institutions are switching to digital modes of training, interaction, and assessment. Anticipating situations of distress. As we advance deeper into the pandemic, mental health professionals also need to anticipate growing mental health problems. There can be psychological distress consequent to the diagnosis, guilt, worries about family and others as well as worries about recovering. For families separated from patients admitted with COVID-19 complications, the separation can be excruciatingly painful from a psychological viewpoint leading to worry, helplessness and frank depression. There will be situations when people have to face the unexpected instance of the death of a family member or be prepared for negative outcomes. With the quickly growing knowledge of the impact of COVID-19, there are growing concerns about the possibility of direct neuropsychiatric consequences of COVID-19 infection, the interactions between psychotropic medications and those used to treat the infection, as well as drug interactions in patients with multi-morbidity. The modifications that might be required to deliver ECT and other physical methods of treatment in acutely symptomatic COVID-19 patients is yet another area that requires greater understanding. Minding our own minds One important group of professionals are health care professionals, who go through the same worries discussed earlier, but as the pandemic progresses, they will become more and more engaged in COVID-19 care. Worries about caring for such patients, adequacy of protection, taking infections to their families, long working hours, inadequate access to food, liquids and rest, and separation from families can lead to severe psychological distress among health professionals. Even for professionals working in the community, the fears of risk and perceived or actual community aggression are realities that can cause tremendous anxiety. Listening to their anxieties, ensuring adequate protection, training health care professionals to provide appropriate care, supporting them and extending care to their families are

## History of Psychological Impact During Lockdown

important ways to help health professionals help others. Adapting to changing knowledge and adopting newer approaches. Thus, we need to constantly update ourselves, as mental health specialists on the changing information concerning risk prevention, signs and symptoms, criteria and tests for diagnosis, safe management of the psychiatrically ill patients with COVID-19 infection, in addition to providing psychological support to persons affected in a myriad of ways in the present situation.

### **CONCLUSION AND SUMMARY**

Indeed COVID-19 has impacted the mental health of the entire community in one or another manner. This has created an unprecedented mental health challenge in the face of limited specialist resources. This also means that we need to think beyond conventional strategies. Frontline personnel need to be trained in simple and emerging evidence-based strategies of assessment and management. Presently, the remedial measures suggested for COVID-19 have only empirical evidence. We need to manage with what is available, but constantly update ourselves, almost daily. Simultaneously, we need to engage with non-psychiatric medical professionals to facilitate the psychiatric management of patients with COVID-19 infection and co-morbid physical illnesses. Digital-enabled learning and support for mental health issues need to be considered for all non-psychiatric medical professionals and frontline personnel. Online learning for is equally useful for regular updates for psychiatrists as well. Despite the various disruptions in routine clinical practice, especially the regular outpatient services, this crisis has thrown up alternative and innovative approaches to offer psychosocial support and continuous care for patients with psychiatric problems or psychological distress. Online digital communication platforms have become a boon for follow-up contact with patients as well as to disseminate training to professionals working even in remote settings. The strengthened District Mental Health Program (DMHP) promises to deliver community care and ensure continuity of medications to prevent relapse. NIMHANS has initiated a mental health support. Fresher challenges Continuing challenges include the development of protocols for emergency care for suspected COVID-19 patients as well as positively diagnosed patients with appropriate precautions for the safety of the treating psychiatrist and other health personnel.

### ***Recommendation***

The kind of modifications that might be required in the rapid tranquillisation of COVID-19 positive patients, modifications in interventions like ECT (Electroconvulsive therapy or shock therapy), TMS (Transcranial magnetic stimulation), tDCS (Transcranial Direct Current Stimulation) require to be further examined, especially if this pandemic prolongs or lingers. This guidance document brought out by the Department of Psychiatry at the National Institute of Mental Health and Neurosciences, India, attempt to address all these factors with the currently available knowledge to help psychiatrists, other mental health practitioners, non-psychiatric medical professionals, and other front-line personnel reach out in new and unconventional ways to provide support to troubled minds in the time of COVID-19.

### **REFERENCES**

- Armitage R, Nellums LB (2020). COVID-19 and the consequences of isolating the elderly. *The Lancet. Public Health*, 2667(20), 30061.
- Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N et al (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence.

## History of Psychological Impact During Lockdown

The Lancet, 395: 912–20. Duan L, Zhu G (2020). Psychological interventions for people affected by the COVID-19 epidemic.

The Lancet Psychiatry, 1;7(4):300-2. World Health Organization, (2020).

Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020 (No. WHO/2019-nCoV/Mental Health/2020.1). World Health Organization.

### ***Acknowledgement***

I appreciate all those institute and colleague who help in completing my paper and special thanks to NMIH.

### ***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Begum N., Begum S. & Pathath A. W. (2021). History of Psychological Impact During Lockdown. *International Journal of Indian Psychology*, 9(3), 1734-1738. DIP:18.01.165.20210903, DOI:10.25215/0903.165