

Covid-19; Thriving New Technologies for The Social Inclusion of People with Psychosocial Impairments

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ABSTRACT

Since its first appearance in China in late 2019, the novel coronavirus illness (COVID-19) has rapidly spread throughout the world, causing significant morbidity and mortality. COVID19 is a pandemic that has enslaved and paralyzed the entire human population for the fear of the virus spreading. Our communication methods have evolved, which is one of the few constants in our medical and mental health practices. People have realized the value of using Internet-based communication technologies to help them overcome social isolation, and they will continue to do so. This necessitates the establishment and growth of a robust, ethically controlled field of experimentation on these methods. As a result, appropriate ethical guidelines, particularly in the areas of confidentiality and privacy, must be developed by professionals from various mental health sectors. As a first step, we encourage regulatory bodies and national organizations to collaborate in the development of clearly defined competencies for tele- and e-mental health training.

Keywords: COVID-19, Social Isolation, Loneliness, Mental Illness, Social Media, Morbidity, Technology.

Since the novel coronavirus illness (COVID-19) first appeared in China in late 2019, it has rapidly spread throughout the world, causing major morbidity and mortality. COVID19 is a pandemic that imprisons and quakes the entire human population in dread of the virus spreading. The epidemic wielded huge power and had a greater ability to impact everyone's lifestyles, social lives, family connections, and employment. It's as if an unwelcome visitor (COVID-19) and had stayed for an infinite period of time. Humans are active social creatures that have spent a long time on this planet, and it is difficult for them to live in isolation. Social relationships are essential for the human race's survival at all stages of life. [3]

The terms "social isolation" and "loneliness" both refer to a state of social disconnection. A state of social isolation is defined as having few or no social contacts. Loneliness is the subjective and distressing feeling of social isolation, which is often defined as the gap between actual and desired social connection. (Social isolation and Health, 2020) The negative effects of social isolation on mental health are extensively documented. It has a

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serious effect on health and is a known predictor of premature death. [1] Negative stress caused by social isolation has an impact on hormonal and immunological responses, as well as the potential for epigenetic changes too. [2]. Individuals and others around them can be affected by isolation and loneliness, which is especially true during the COVID-19 pandemic. As the use of new technology is expanding throughout the epidemic, improving social networks, has been shown to improve health. [4]

Social isolation is linked to poverty and other social determinants. A bad social network and a diagnosed psychiatric disorder are linked, and their co-occurrence amplifies the effects of both. [5] Although online social networks should theoretically be able to provide some assistance, this does not appear to be the case. Surprisingly, using Facebook and other social media sites has been linked to poor health perceptions, particularly mental health and an increase in BMI. [6] "The negative associations of Facebook use were comparable to or greater in magnitude than the positive impact of offline interactions, suggesting a possible trade-off between offline and online relationships," write Shaya and colleagues. Despite the increased use of online social networks, which has led to poor mental health, some psychiatric disorders, such as attention deficit hyperactivity disorder, social phobias, anger, depression and suicidal thoughts, have been linked to problematic internet use and internet abuse for social networks. [11] These associations should be further researched to clarify the impact of social media on well-being and health.

There is no doubt that the amount of support on social networks is difficult to measure. The number of " friends", " likes " or " followers " does not equal social support. Although it is always difficult to measure contact on social networks, the emotional support gained through personal contact can be appreciated. It is difficult to compare online and face-to-face contact, perhaps because individuals with multiple groups of friends are more likely to use social media and also enjoy better health. [6]

Research on the use of information and communication technologies in medicine, youth and health sciences, clinical psychology and psychiatry includes growing evidence of online involvement for mental disorders such as depression, anxiety and post-traumatic stress disorder, autism and addiction. Since they have been shown to be as effective as supportive care for mental health problems, smartphone applications, video conferencing, online forums, text messages and e-mails are increasingly needed for research and treatment with tele-mental / e-mental health programs during pandemic. [8]

Whilst few interesting studies on complex and integrated social inclusion treatments for young and old people with psychosocial disabilities have been published, this body of knowledge has yet to enter psychiatrists' and mental health rehabilitation services' daily armamentariums. [4] The reasons for the delay are numerous, ranging from a lack of expertise to ethical, confidentiality, and privacy concerns to a lack of specific competency training. Despite the fact that Internet social networks have been shown to help reduce social isolation during pandemics, challenges remain.

Due to quarantining and self-isolation protocols, the COVID-19 pandemic has resulted in a significant increase in social isolation. This has had disastrous consequences for all, but especially for those who were already vulnerable, such as people with psychosocial disabilities. Many mental health day centers have inevitably closed, "whereas in residential facilities, patients who are normally free to come and go [...] have been confined in the

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facilities [...] People with severe mental illnesses have been put under a lot of stress as a result of these changes." [9] Italy is one of COVID-19's most heavily burdened countries, and it has also witnessed one of the most well-known human rights movements in history in the area of mental health. People with psychosocial disabilities are being abandoned as a result of the lockdown and quarantine, according to associations of mental health service users and family members. As a result, mental health professionals and patients around the world have begun to communicate using a variety of methods, including the telephone and the Internet. [10]. Guidelines developed by ad hoc consensus conferences or public health care systems have aided this shift. However, many professionals have little prior professional experience with these methods, and efficacy and effectiveness studies for some intervention types are lacking or inadequate. [12] Professionals must learn quickly and, on the fly, often with limited resources. Surprisingly, for most professionals and users, this experience has opened up a whole new world. A mode of communication that would have been complementary in normal circumstances has now become the primary channel for giving and receiving support, and it can reach people who are difficult to reach with traditional tools.

One of the few constants after the COVID-19 pandemic is that social media has become a permanent, and often preferred, form of social contact. We live in an uncertain world, with shaky predictions for what lies ahead in the coming years. [13] The development of a vaccine could potentially restore a version of the world we knew (leaving only the pandemic's devastating geopolitical and economic consequences). New waves of viral disease, on the other hand, will fundamentally alter how we live and communicate. Sedentary behaviour and multiple illnesses or disorders as a result of ageing necessitate more primary care and connectedness than ever before, with the social environment on lockdown. Even without COVID19 vaccination, the spread of the virus among the elderly can be slowed by prohibiting certain behaviours, but this comes at a higher cost in terms of mental health issues. One of the few constants in our medical and mental health practises is that our communication methods have evolved. People have realised how Internet-based communication technologies can assist them in overcoming social isolation, and they will continue to use them. This necessitates the growth and development of a robust, ethically controlled field of experimentation on these methods. As a result, appropriate ethical guidelines must be developed by professionals from various mental health sectors, particularly in the areas of confidentiality and privacy. We encourage regulatory bodies and national organisations to collaborate in the development of tele- and e-mental health training with clearly defined competencies as a first step.

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Conflict of Interest

The author(s) declared no conflict of interest.

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