



Psycho-Social Effects of Covid-19-a Review

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Abstract

Mental illness amounts to one-sixth of all health-related problems and it's a worldwide concern. The emotional, psychological, and social well-being of a person reflects his state of mental health. According to the research reports, 20 percent of the Indian population suffers from some sort of mental disorder. Epidemics and Pandemics disrupt personal and professional lives severely and affect people and societies on several levels. The key strategies promoted for containment of an outbreak of this nature are isolation and physical distancing – both can have significant impacts on our life and relationships. A mental health institute at the Second Xiangya Hospital in Hunan, China followed a protocol for ensuring the quality of life of those in isolation. The steps were simple – daily digital communication with their closed ones, group counseling, catering to individual dietary needs, comfort and leisure, continuation of job-related activities and updates on the outbreak condition. Weekly supportive psychotherapy sessions and periodic hygienic measures were ensured for healthy living. These helped preserve the dignity of those in isolation and their compliance to restrictive protocols.

Keywords: Psycho-Social Effects; Covid-19

Introduction

Mental illness amounts to one-sixth of all health-related problems and it's a worldwide concern. The emotional, psychological, and social well-being of a person reflects his state of mental health. According to the research reports, 20 percent of the Indian population suffers from some sort of mental disorder. India witnessed the largest containment experiment in history, when - on 25 March - its 1.3 billion citizens batted down their hatches in an attempt to flatten the COVID-19 curve. The lockdown may now be ending but - as is happening across the globe - a new epidemic is now emerging. According to a survey conducted by the Indian Psychiatry Society, within a week of the start of the lockdown, the number of reported cases of mental illness in India had risen by 20%. In the weeks and months ahead, India will suffer

from a massive mental health crisis due to unemployment, alcohol abuse, economic hardship, domestic violence and indebtedness. While this will affect most of the population it will disproportionately affect the poor, most vulnerable and marginalized groups. Epidemics and Pandemics disrupt personal and professional lives severely and affect people and societies on several levels. The key strategies promoted for containment of an outbreak of this nature are isolation and physical distancing-both can have significant impacts on our life and relationships [1]. The health institutions of most of the countries across the world have failed to control COVID. The frontline warriors like doctors, nurses, police officers and medical supplies are depleted. In spite of well-formed protocols, hospitals are flooded with requests for testing and treatment while people fiercely compete for basic health amenities. Faulty treatments claiming cure and prevention

are booming, leading to adverse health consequences. Health anxiety, sleep disturbances, panic attacks, depression and loneliness are the other known mental health fallouts of living through a pandemic. All these affect the entire 'basis of life' question for many. But sadly the focus of assessing impact of the COVID-19 pandemic is almost entirely biased towards 'deaths', while mental well-being, one of the most common indicators of public health, unfortunately takes a backseat. It's, therefore, important to take note of these different ways in which the COVID-19 pandemic may be impacting people's mental health:

- The fear of reliving a pandemic if you have lived through another infectious disease pandemic/epidemic in your lifetime (such as Nipah, Ebola or SARS).
- Fear of losing livelihood due to isolation or marked limitation of travel and social behavior (applies to those in small scale industries in the travel, fitness, and food or tourism sectors).
- A constant sense of insecurity for oneself and loved ones.
- Anxiety of social/physical distancing resulting in lack of contact with family or friends who may be living far away. For some it's the other way round: getting huddled for the first time with a large family resulting in mixed emotions.
- The phobia of going out of home.
- Stigma towards people with symptoms such as cold, cough or sneezing, which might just be a simple flu.
- The compulsive need to hoard food, essentials or medical supplies such as antibiotics, analgesics, anti-allergic medicines, face masks, sanitizers.
- Psychological stress over the growing panic, which compounds daily, many times due to reinforced messaging in all forms of media.

In healthcare workers, paramedics, volunteers, virologists or media persons at the frontline of the COVID-19 control or coverage: fatigue, burnout, frustration or the fear of contracting or guilt of transmitting infection. One of the key lessons learnt from the SARS and MERS epidemics was the need for early sensitization of public health experts to the psychological effects of a pandemic and to cater to the mental health needs of those quarantined [2]. The World Health Organization's mental health and substance abuse department has emphasized the importance of a mental health response to the growing COVID-19 situation. Chinese researchers have recently explored the effects of online counseling sessions for healthcare staff as well as those in isolation during the initial COVID-19 outbreak in China. Even though anger and resentment towards the government was the initial response, most of them reported better work environment and emotional satisfaction with basic psychological support despite the worsening situation in China. A mental health institute at the Second Xiangya Hospital in Hunan, China followed a protocol for ensuring the quality of life of those in isolation. The steps were simple

– daily digital communication with their closed ones, group counseling, catering to individual dietary needs, comfort and leisure, continuation of job-related activities and updates on the outbreak condition. Weekly supportive psychotherapy sessions and periodic hygienic measures were ensured for healthy living. These helped preserve the dignity of those in isolation and their compliance to restrictive protocols. In the absence of such care giving, we often see people defy isolation or abscond for the fear of getting 'stranded', which is a larger menace to public health [3]. Social (or physical) distancing and the risk of losing livelihoods to a pervasive 'macro-stress' puts a burden on vulnerable populations.

Many small scale businesses or set-ups are going bankrupt and government policies to help them appear far-fetched. In line with the measures taken in China during the SARS outbreak⁴, insurance and support grants should be prioritized for these set-ups. Legal provisions for war time and natural calamities must be enforced for pandemic situations too to protect and nurture the most vulnerable sections of the society. Populations in need of social or financial support or those with infected or dead family members in long-term isolation, and people from lower socio-economic backgrounds with increased risk of being misinformed, need special care. They also need to be made aware that help is available. Pandemics are eventually transient. As hundreds of researchers across the world unravel the many mysteries around the virus, drugs are made and countries mount their emergency responses, there's hope that life, economy and work will ultimately take their own course. However, what will really immortalize this microscopic virus in human history is its ability to bring together the entire world as a unified family with a common suffering and a common goal of eradication, irrespective of geo-political differences. Prioritizing public health and aggressive restrictive measures early on are always the key measures for containment of a pandemic. Social media is perhaps going to be implicated as the most vulnerable vector for the spread of COVID-19 in our minds. Misinfo-demics (spread of an epidemic through misinformation) has been rampant since the first case of COVID-19 and this distinctly makes it different from its earlier congeners like SARS or MERS, which came when telephones were still the dominant mode of communication [4,5].

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