

COVID-19 PANDEMIC AND IMPENDING GLOBAL MENTAL HEALTH IMPLICATIONS

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SUMMARY

The increase in organisms transference and infectious pandemics across the globe have been accelerated by an increase in travel, international exchange and global changes in earth's climate. COVID-19, a virus caused by the novel coronavirus that was initially identified on December 2019, in Wuhan city of China is currently affecting 146 territories, states and countries raising distress, panic and increasing anxiety in individuals exposed to the (actual or supposed) peril of the virus across the globe. Fundamentally, these concerns ascend with all infections, including those of flu and other agents, and the same worldwide safeguards are compulsory and suggested for protection and the prevention of further diffusion. However, media has underlined COVID-19 as rather an exclusive threat, which has added to panic and stress in masses which can lead to several mental health issues like anxiety, obsessive compulsive disorder and post-traumatic stress disorder which should be contained immediately in its initial phases.

Key words: COVID-19 - mental health - global distress - novel corona virus

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INTRODUCTION

In the wake of 2020, COVID-19 a distinctive strain of coronavirus causing acute respiratory syndrome, appeared in Wuhan city of China and precipitously extended across the globe (Ahmed et al. 2020, Wang et al. 2020). Its case fatality rate is 2.3% greater than that of influenza and in contrast to severe acute respiratory syndrome (SARS) it is more contagious (Bouey 2020, Yang et al. 2020). Up till March 16th, 2020, territories, states and countries outside of China reporting infections to world health organization (WHO), were 146, with an estimated 164837 active cases and a staggering death toll of 6470 globally (WHO 2020). The last time world encountered a similar global pandemic was the influenza outbreak (H1N1), of 1918-19 having an estimates deaths ratios between 50 and 100 million (Johnson & Mueller 2002), with several reported cases of mental health issues in its aftermath (Young 2016).

Currently with no appropriate cure several of the countries are responding to COVID-19, through a combination of confinement and mitigation strategies (Anderson et al. 2020, Parodi & Liu 2020). with the objective of deferring major flow of patients and steam-rolling the demands of hospital admissions while safeguarding the most vulnerable from infection like the elderly and patients with comorbidities (Bedford 2020). However this method has disrupting the psychosocial life of general public thus creating an impending sense of fear and provoking anxiety and similar mental issues and while many developed countries having the resources to deal with financial and social crises are still finding it difficult to deal with these issues. Third world countries like Pakistan which have a larger portion of

population consisting of labours and people with low wages are facing the full brunt of the outbreak with complete close down of various cities within the country leading to frustration, anger, depression and several other psychological disorders (Ahmad et al. 2020).

PANDEMIC AND MENTAL HEALTH

Several researches have indicated a direct link between chronic diseases such as human immunodeficiency virus (HIV), and tuberculosis with mental disorders like depression (Gale et al. 2018, Mason & Lyons 2003), in general population (Kuan et al. 2019, van den Heuvel et al. 2013). In similar way studies conducted during and after epidemics such as SARS of 2003 and Ebola of 2014, observed that there was a widespread fear induced overreactive behaviour among the general public (Shultz et al. 2016, Person et al. 2004). In addition to this several psychiatric disorders like anxiety, depression and post-traumatic stress disorder were found particularly in survivors and healthcare workers (Blakey et al. 2019, Gardner & Moallem 2015, Mak et al. 2009).

Although as of yet the effects of COVID-19 on mental health have not been studied systematically, it is expected to have significant effects based on recent public reaction (Li 2020, Xiang et al. 2020). On basis of this reaction and previous experiences on January, 26th, 2020, National Health Commission of China took major steps and issued a notification stipulating guidelines for emergency psychosocial disaster interventions to reduce psychosocial outcomes of COVID-19 outbreak with psychological teams consisting of psychiatrists, mental health professionals and psychological support hotlines (National Health Commission of China 2020).

Subsequent to which WHO's department of Mental Health and Substance Use on March 18th, 2020, developed outline addressing considerations for general and various targeted populations to support for mental health and psychosocial wellbeing (World Health Organization 2020), placing psychiatrists and mental health professionals to help both patients and general public in understanding the possible effect of COVID-19 and assisting their patients, families and public in dealing with the newest threat in most effective ways.

STIGMATIZATION

As highlighted by WHO in their mental health outline stigmatization and scapegoating of affected persons, health care professionals and authority figures is very common occurrence during epidemics (Rubin & Wessely 2020, Shigemura et al. 2020) and unfortunately this trend still prevails during current outbreak of COVID-19, as several people of Asian lineage, explicitly Chinese are victimized by xenophobia and social stigmatization, with immense levels of threats online and during public interactions (World Health Organization 2020). With such reaction from educated and civilized countries, nations like Pakistan where most of the population is still illiterate this stigmatization specifically towards the affected individuals and their families is on rise. Therefore it is essential for the mental health professionals including psychiatrists and psychologists to act as unbiased voice of reasoning and assist in educating the general masses to reduce their fear and stigmatization towards the affected individuals and Chinese communities.

MEDICAL MISTRUST AND CONSPIRACY THEORIES

With still no success in creating a working vaccine for COVID-19, there is a general sense of medical mistrust in the masses which is resulting in less use of health care facilities and health condition management (Burkle Jr n.d, Ho 2020). Additionally this mistrust of health facilities has also been linked to variety of diseases and disorders involving autism, cancer and HIV and disparities based on ethnicity and race (Pellowski et al. 2013, Good et al. 2005). Another important aspect that often appears along side medical mistrust during pandemic is of conspiracy theories (Quinn 2018). Studies have pointed several instances where participants held a false belief relating to medical health. This can easily leads and enforces movements such as anti-vaccination trends during measles outbreak (Jolley & Douglas 2014) which in turn enforces stigmatization and less adherence to health recommendations.

One prime example can be of Pakistan where still many of the citizens have a general mistrust towards using medicines and prefer herbal or home remedy while simultaneously avoid mental health professionals

due to lack of knowledge, believes in myths and fear of being stigmatized (Keynejad 2008). Similarly as seen in many previous cases such as that of polio and the conspiracy theories which many Pakistani had led to rejection of polio vaccinations (Andrade & Hussain 2018). For this reason media along with officials should come forth and educate people about the importance and existence of not only physical health issues but mental health issues during a pandemic along with medical and mental health professionals to sustain a scientific and fact based presentation and suggestions while addressing the importance of COVID-19 control practices.

ANXIETY AND OBSESSIVE COMPULSIVE DISORDER

Any uncertain situation can lead to panic induced behavior and with the influence of COVID-19, self-confinement and an absence of proper treatment for the infectious disease has led masses in panic and anxiety inciting situation (Lunn et al. 2020). Though these anxiety symptoms may not accelerate to diagnostic threshold of DSM-5, still reassurance from mental health professionals can help the individuals to cope with their current anxieties. Likewise contamination obsession which is persistent, unwanted discomfort regarding one's cleanliness and in constant need of washing or sterilizing is usually classified under obsessive compulsive disorder (Williams et al. 2013). And in case of pandemic brought on by an infectious virus this form of OCD can enhance panic resulting in disruption and operative impairment of individual. This should be carefully checked upon as countries like Pakistan not all the people are registered to mental health professionals and can suffer indefinitely in such circumstances. Mental health professionals and clinical psychologists should be attentive towards such impending issues and try to resolve it with utmost care.

AGGRESSION, FRUSTRATION AND POST-TRAUMATIC STRESS DISORDER

Initially public emotional response to any pandemic is of extreme fear and uncertainty which usually drives towards negative societal behaviors and can involve public mental health concerns like anxiety, insomnia, depression aggression, frustration and hysteria (Shigemura et al. 2020). If compared to previous studies relating to outbreak of SARS, patients with definite or alleged COVID-19, and are in quarantine will most likely suffer from loneliness, anger and frustration (Xiang 2020). Similarly another concern is for survivors and mental health care professionals to suffer from PTSD. In a study conducted in a hospital in Beijing, quarantined health workers who worked in high risk clinical sites such as SARS unit or had a family member or peer infected by SARS reported significantly higher level of post-traumatic stress symptoms in comparisons

to those without similar experiences (Kaiser 2020, Yi et al. 2020, Wu 2009). Likewise medical professionals who dealt with SARS patients or worked during outbreak of SARS also stated fear, anxiety, depression and frustration (Wu et al. 2009, Liu et al. 2003). In a nation like Pakistan where uncertainty is not only that of COVID-19 but also for many about their next meal and disrupted work life due to lock down emotional disturbances such as aggression and frustration will be common. Comparably those health professionals working in quarantine COVID-19 units with lack of proper protective measures and death of fellow doctors can lead to significant symptoms of post-traumatic stress disorder and mental health professionals should apply therapies such as stress-adaptation model to reduce the level of high stress in health professionals (Folkman & Greer 2000).

CONCLUSION

Though the pandemic of COVID-19 has spread fear on not only individual but societal levels and the need to implement proper mental health precautions along with physical health precautions, especially in countries like Pakistan where resources are limited and timely detection and eradication of mental health issues can help the patients in long term sufferings. Other strategies such as online psychological helplines from home can also give an easy access to psychologists and the masses for communication and assistance.

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Kanwar Hamza Shuja & Muhammad Aqeel: study design, literature search, first draft, manuscript revisions, approval of the final version.

Abbas Jaffar: literature search, manuscript revisions.

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