Mental Challenges Facing in India Following the Pandemic - Covid 19

Aswathy K A1, Malini S2, Dr Pasupathi3
1. Assistant Professor, Department of Pharmacy Practice, Dr. Joseph Mar Thoma Institute of Pharmaceutical Sciences and Research, Alappuzha, Kerala, India.
2. Research scholar, Vinayaka mission research foundation, Salem, Tamilnadu, India.
3. Department of Pharmaceutics, Vinayaka mission, college of pharmacy, Salem, Tamilnadu, India.

*Corresponding author’s E-mail: aswathya1994@gmail.com

Received: 18-03-2021; Revised: 22-05-2021; Accepted: 28-05-2021; Published on: 15-06-2021.

ABSTRACT

Currently all folks experiencing emotions, thought and situations we’ve never experienced before. The cholera pandemics followed by the flu pandemic were highlights of the 19th century. As Covid 19 initially creps in and subsequently spreads at a galloping pace, it’s been ravaging from country after country. The pandemic has significant and variable psychological impact in each country. Contracting the illness is frequent and ranges from misinterpreting every fear or cough as a Covid infection, wanting a test finished reassurance albeit there are strict guidelines for testing. Psychological state issues following Covid19 pandemic include emotional difficulties like depression, anxiety, biological effects like sleep, appetite disturbance also as severe mental disease and substance misuse.

Keywords: Anxiety, Covid 19, Depression, Frontline, Lockdown, Mental illness, Pandemic, Quarantine.

INTRODUCTION

At the top of 2019, city associate degree rising business hub of China practiced a deadly disease of novel Corona virus. Covid- nineteen pandemic has swept wing in to over two hundred countries with right smart confirmed cases and death and has caused public panic and mental state stress. Patients with suspected 2019-nCoV might expertise worry of fatal new virus and people in quarantine would possibly expertise dissatisfaction, loneliness and anger. What is more the symptoms of infection like drive, fever, cough in addition as adverse effects of treatment like sleep disorder caused by corticosteroids could lead on to worsening anxiety and mental distress. In India, cases of COVID-19 began to rise by the second week of March 2020, and by March thirty-one, 2020, over 1356 cases were reportable with forty-six deaths. The majority of the Indian confirmed COVID-19 cases have either a positive travel history or being in shut contact with a confirmed COVID-19 patient. If infected or suspected cases don’t seem to be segregated properly, within the close to future, there’s high risk of community unfold to the extent that the amount of individuals affected can amount the patient–hospital bed–doctor quantitative relation within the country. What is more, a way of panic has set in among the final population power-assisted by the increasing range of positive cases with every passing day and therefore the rumors and myths regarding COVID-19 being circulated within the social media platforms. Each the central government and state governments had been supplying consultation to the individuals to take care of social distancing to prevent the community unfold. However, despite many appeals, the social distancing strategy has not been taken seriously, though this can be the sole attainable answer to prevent COVID-19. Visible of this, the Prime Minister of Republic of India declared “lockdown” within the whole country ranging from time of day of Annunciation Day, 2020, for next twenty-one days. Alternative countries within the world have conjointly taken similar or maybe stricter measures to prevent community unfold of COVID-19.

Various Psychological State Problems Throughout Covid 19 Pandemic

1. Psychological state problems throughout hospital quarantine:

Quarantine is finished for the larger interest of the community by curtailing the correct of the individual. It will result in physical, psychological, emotional and money stress leads to concern of catching the health problem. Varied mental issues round-faced by these peoples include:
1. Health connected anxiety- this could be the foremost common condition that might arise throughout isolation. This may leads to uncertainty of outcomes, concern of positive on tasting and stigma. In severe it will result in panic attacks².

2. Depression and anxiety- concern of catching a severe and probably life-threatening health problem, isolation from the family, helplessness and guilt related to behaviors that result in infection, could be a supply of infection to family and public and powerless to perform duties will result in depression and anxiety².

3. Low mood, fear, nervousness, irritability, anger, frustration tedium, emotional exhaustion, feeling stressed, symptom and sleep disorder. Several uninterested persons could expertise these issues which can or might not account to an identifiable psychological state disorder; they have to be known and addressed³.

4. Substance withdrawal- Withdrawal from substances will occur due to non-availability and explosive stoppage from the substance particularly from alcohol.

5. Finish of life crisis- thoughts of whether they have performed their duties adequately, concern of death, apprehension towards the family reaction to one’s death; guilt e.t.c could haunt the person.

6. Acute stress reaction and post-traumatic stress disorder-hospital quarantine are often a major traumatic event leading to acute stress disorder. Individuals exposed to hospital quarantine have higher risk of developing post-traumatic stress disorder³.⁰

7. Resilience- it’s famous to occur not solely the person infected however additionally within the community.

8. Exacerbation of antecedent medical specialty conditions like psychopath, mood disorder, anxiety spectrum disorder, disorder will exacerbate throughout quarantine.

2. Mental challenges round-faced by kids and adolescents:

Children and adolescents have already been reception with colleges being shut closely. Their regular schedules are discontinuous. Kids area unit confined to the house and in some things is also separated from the parent as a result of they are separated or their oldsters are separated. Kids could expertise a spread of psychological problems like anxiety, fear, worry, depression, problem sleeping and loss of competency. Quarantine and isolation may additionally result in acute stress disorder, post-traumatic stress disorder⁵.

- Adolescents area unit seemingly to possess preoccupation with them, a way of insecurity, largely establish with their coevals and area unit at risk of risk taking behavior⁴.
- Some adolescents could have feelings of being invincible and will take risk by not maintaining personal hygiene and social distancing.
- Adolescents area unit seemingly to possess preoccupation with them, a way of insecurity, largely establish with their coevals and area unit at risk of risk taking behavior⁴.
- Some adolescents could have feelings of being invincible and will take risk by not maintaining personal hygiene and social distancing.
- Others are also withdrawn scared of going away home and disturbed concerning their health still as that of their members of the family⁴.
- They may additionally lose regular contact with friends as a result of college, faculties and universities area unit closed. This may result in feelings of tedium, loneliness, sadness, aggregation and irritability towards siblings and different members of the family³.
- Few could begin victimization tobacco, cannabis, alcohol e.t.c to handle their tedium, loneliness and emotional changes³.
- The uncertainty concerning examination and its impact on career selections will exacerbate stress thanks to prevailing covid-19 pandemic ⁴.

3. Psychological state in older adults:

Older adults’ area unit systematically rumored to be liable to Covid nineteen. In step with Center for illness and management older adults with Covid nineteen area units additional seemingly to be hospitalized and die of it. This risk is way higher in older adults on top of age of eighty-five years. The problems that create the older adults at higher risk for psychological state problems throughout Covid nineteen includes: Risk for hospitalization, demand of improvement support and a high fatality rate contribute to important stress and different mental state issues⁷.

- Older adult’s area unit doubtless to expertise a lot of stress and difficulties in accessing essential services because of restriction enforced to take care of the social distancing to forestall Covid nineteen⁸.
- Social isolation is one in every of the necessary risk factors for mental state issues like depression and anxiety in older adults.
- Older adults have higher probabilities of worsening of pre-existing medical and medical specialty health problem owing to issue in guaranteeing their regular medication and routine health care because of Covid nineteen.

3. Mental health in older adults is consistently reported to be vulnerable to Covid 19. According to Center for Disease and Control older adults with Covid 19 are more likely to be hospitalized and die of it. This risk is much higher in older adults above age of 85 years. The problems that make the older adults at higher risk for mental health issues during Covid 19 includes:
- Risk for hospitalization, requirement of ventilatory support and a high mortality rate contribute to significant stress and other mental health problems⁷.
• Older adults are likely to experience more stress and difficulties in accessing essential services due to restriction enforced to maintain the social distancing to prevent the spread of Covid-19. Social isolation is one of the important risk factors for mental health problems like depression and anxiety in older adults.

• Older adults have higher chances of worsening of preexisting medical and psychiatric illness because of difficulty in ensuring their regular medication and routine health care due to Covid-19 related restrictions.

4. Mental health issues among pregnant and postpartum woman:
Positive mental health is particularly important during pregnancy and postpartum. Currently available literature has shown an association between depression, anxiety during pregnancy and small for gestational age, low birth weight, preterm delivery. During the postpartum period around 10-15% of women experience depression and anxiety. It also has been observed that postpartum depression is one of the reason for poor bonding with their babies. In the current period of COVID-19 pandemic, even routine visit to health care facilities for antenatal care and infant immunization are likely to create a sense of anxiety in mothers about their health and that of their unborn baby.

5. Challenges faced by people with disabilities:
The thoughts and feelings unique to patient with disabilities include:
• Thought of being a burden
• Fear about their caregivers falling sick
• Fear that may be marginalized further during rationing of supplies.
• Sadness regarding feeling dependent on caregivers.
• Thought of being left out of decision-making process
• Emergency operation guidelines use for COVID-19 by certain states of USA has designated persons with severe intellectual inability to be poor candidates for ventilatory support.

6. Psychological issues of front line personnel
Compacting Covid thousands of healthcare personnel, police, and Govt. officials are working round the clock to confront it head on. Most people in healthcare emergencies are likely to experience some stress. The common most disabling mental health issues:
• Long working hours
• Worry about risk to self and family
• Concern about inadequate personal protection materials
• Separation from family

• Preexisting mental health and addiction issues.
• Substance related issues in perpetrators
• Reduced opportunities to go out and seek help for violence.
• Non availability of services for violence during pandemic such as shelters or one stop centers and difficulty reaching them due to lockdowns.
• Personnel working in hospitals in times of pandemic experience stigmatizing attitudes from the public.

7. Mental challenges faced by persons consuming alcohol:
Alcohol use and dependence are common in the community. Among them those using alcohol hazardously benefit from psychological intervention. In many individuals with heavy daily use of alcohol, a sudden reaction or cessation of alcohol use can lead to emergence of an alcoholic withdrawal syndrome. Therefore, in any COVID-19 treatment setting when any patient reports a gradual increase in restlessness, tremor and sleeplessness it is important to ask for a history of alcohol use. However, in certain number of cases there is a potential to develop life threatening complications such as seizures and delirium.

8. Mental challenges faced by persons using tobacco:
Tobacco use is a significant public health problem. In the current global pandemic of COVID 19 it is reasonable to be concerned that compromised lung function or lung disease related to smoking history such as COPD could people at risk for serious complications of COVID 19. In quarantined people who do not have access to tobacco develops restlessness and agitation will interfere in compliance with treatment strategies. Patients admitted in ICU there will be difficulty in clinical diagnosis whether the agitation and altered sensorium is a part of underlying disease or part of tobacco withdrawal syndrome.

9. Mental Issues among ICU patients:
ICU settings by their nature as well as perceptions of individuals in the community are deemed inherently to carry a high risk of mortality. Due to the same individuals admitted to the ICU interpret various events occurring inside the ICU based on their circumstances as well as other persons concurrently admitted. This perception can sometimes lead to fear, despair or dreadfulness and comfort of being cared for. Various psychiatric issues that could be encountered. In those receiving COVID 19 based ICU care includes anxiety, sleep disturbance, depression, delirium, communication problems, pain, and fear of being dependent on the machine for breathing.

10. Suicidality:
Ongoing COVID 19 pandemic has been increasingly associated with suicides. Instance of suicide have been reported among individuals who have tested positive for
COVID 19 infection, those who have suffered severe financial setbacks and those experiencing alcohol withdrawal syndrome. The COVID 19 pandemic has led to significantly increased level of stress at community, family and individual suicide. Measures leading to isolation and stigma due to illness, limited access to necessities and financial stress as well as rapid dissemination of information via internet based platforms have led to increased level of anxiety, fear and psychological stress across entire country. This distress may stem from uncertainty of their own as well as their families health, well-being and these could increase the suicide risk21.

MANAGEMENT OF VARIOUS MENTAL CHALLENGES DURING COVID 19 PANDEMIC

1. Management of mental problems during hospital quarantine:
   • Validation-
     • Keep quarantine as short as possible based on the knowledge of the incubation period. Avoid over cautious approach and avoid extension of quarantine2.
   • Provide as much as information as possible about the infection and rationale behind the quarantine. During quarantine people may tend to misinterpret all physical symptoms as indicative of infection which may lead to excessive health anxiety and other psychological issues. Therefore, quarantined people must have accurate and unambiguous information about the nature of the problem21.

2. Management of mental problems in children and in adolescents:
   • They must be provided unambiguous and clear information regarding the pandemic in an age appropriate language. The aim is to reassure them and reduce exaggerated threat prescription4.
   • Answer your children’s queries but figure out a way of striking a balance. Too much information can cause panic and severe anxiety.
   • Make sure that children are not excessively exposed to pandemic related information. Limit media exposure, especially if there is fear mongering or exposure to alarming content. Avoid discussing the topic frequently in front of the children.

3. Management of mental problems in older adults:
   • First step is increasing awareness about mental health issues among the older adults and their family members via social media7.
   • Utilizing community health workers and trained social workers for the screening of older adults at old age home or associated living facilities for mental health issues.
   • To establish a helpline through which any older adults or family members can approach for minor mental health issues. This can be done through old age home staff using technology assistance to avoid exposure to infection.
   • Older adults need reassurance that most of the mental health issues experienced in these situations are normal related to abnormal stress6.
   • They should also get appropriate information and clarification about various myths and false messages that are being spread through multiple unreliable sources.
   • Guidance about maintaining a routine physical exercise, yoga, meditation, healthy diet, mental stimulation through home based activities with appropriate safety precaution is essential.
   • Treat by mental health professionals including medication and other intervention may be required for those with mental health disorders and emergencies.

4. Management of mental problems in pregnant women:
   • Minimize watching, reading or listening to news about COVID that cause you to feel anxious and distressed.
   • Anxiety about COVID 19 is normal at this time of pandemic and lockdown.
   • Seek information only from trusted sources so that you can take practical step to prepare your plans and protect yourself and your love ones.
   • Find opportunities to amplify positive and hopeful stories and positive images of people who have experienced COVID 1910.
   • Practice hand hygiene technique frequently at home9.

5. Managing mental problems among person with disability:
   • Ensuring delivery of necessary items to households or places where patient with disability reside, especially where there are patient with disability need high support.
   • Ensuring facilities available to a person with high support needs in the event of them falling ill or their caregiver being quarantined due to COVID 19 are continued as much as possible22.
   • Telemedicine may allow us to overcome access barriers during quarantine situations. Innovative service delivery ought to include provision of psychological interaction, alongside prescription; strategies for home based rehabilitation must be included.

6. Managing mental challenges among people consuming alcohol:
   Brief interventions can be provided in 5-15 minutes over 1-4 sessions and have proven effectiveness for reduction of alcohol use.
   a. Responsibility
   b. Advice
   c. Self-efficacy.
7. Management of psychological issues among people using tobacco:

5A's model is the management protocol for tobacco dependence can be used by healthcare providers to help a client with tobacco use in quarantine.

Step1- Ask

The healthcare provider should make it a part of their routine examination to ask every client the clinical history of tobacco use19.

Step 2- Advice

Clear — emphasizing the importance of quitting and reassuring the client that the healthcare provider can help.

Step 3- Access the motivation of the client to quit tobacco questions should be posted on current readiness such as:

Step 4- Assist

Psychological measures
- Develop a quit plan25.
- Practical counseling

Pharmacological measures
- Nicotine replacement therapy
Nicotine patches can also be used for the therapy25.

8. Management of psychological problems among ICU patients:

Preventing the onset of delirium includes:

1. Efforts to help in orientation
2. Enhance sensory efficacy
3. Promote sleep
4. Adequate and appropriate pain management
5. Preventing complication of immobility
6. Optimization of physiological parameters
7. Foster physical therapy25.

9. Management of psychological issues among front line personnel:

Self-care
All personnel in the front line should be made aware of the principles of self-care. Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness. These include the following24.

10. Management of suicidality:

What immediate intervention can be provided?

During the assessment, some general interviewing and counseling skills are likely to be helpful such as:

- Offering help.
- Be a good listener.
- Avoid making dismissive comments
- State that you can understand the person’s feelings in this situation and that almost everyone is feeling the worry and anxiety.
- Being supportive and instilling hope26.

CONCLUSION

COVID 19 is a global health emergency enormous impact on mental health. Individual affected in the pandemic may have high burden of depression, anxiety, stress, panic attack, somatization disorder, sleep disorders, emotional symptoms, post-traumatic disorder symptoms, suicidal behavior and many more health problems1. Moreover a wide range of demographic and psycho social factors are associated with mental health problems during COVID pandemic that highlight some people who are especially vulnerable to those adverse effects. Psychiatric epidemic co-occurring with COVID 19 now becoming a global challenge25. It is essential to identify highly vulnerable individuals and connect them to required care, whereas access to mental health services and resources should be promoted aiming positive mental health outcomes and psycho social resilience across population. Evidence based policy making and practice should be adopted to guide how those mental health challenges can be mitigated in different contexts amid COVID 19 pandemic and future public health emergencies26.

REFERENCES

1. Zhong NS, Zheng BJ, Li YM, Poon LL, Xie ZH, Chan KH, Li PH, Tan SY, Chang Q, Xie JP, Liu XQ. Epidemiology and cause of severe acute respiratory syndrome (SARS) in Guangdong, People’s Republic of China, in February, 2003. The Lancet. 2003 Oct 25; 362(9393):1353-8.

2. Petretto DR, Masala I, Masala C. School Closure and Children in the Outbreak of COVID-19. Clinical practice and epidemiology in mental health: CP & EMH. 2020; 16:189.

3. Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. The Lancet. 2020 Mar 21; 395(10228):945-7.

4. Zhong NS, Zheng BJ, Li YM, Poon, Xie ZH, Chan KH, et al. Epidemiology and cause of severe acute respiratory syndrome (SARS) in Guangdong, People’s Republic of China, in February, 2003. Lancet 2003; 362: 1353-8.

5. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. Rapid review. Lancet. 2020; 395:912-20.

6. Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. The Lancet. 2020 Mar 21; 395(10228):945-7.
Viswanath B, Maroky AS, Math SB, John JP, Benegal V, Hamza A, Chaturvedi SK. Psychological impact of the tsunami on elderly survivors. The American journal of geriatric psychiatry. 2012 May 1; 20(5):402-7.

Li W, Yang Y, Liu ZH, Zhao YJ, Zhang Q, Zhang L, Cheung T, Xiang YT. Progression of mental health services during the COVID-19 outbreak in China. International journal of biological sciences. 2020; 16(10):1732.

Holmes EA, O’Connor RC, Perry VH, Tracey I, Wessely S, Arseniault L, Ballard C, Christensen H, Silver RC, Everall I, Ford T. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry. 2020 Apr 15.

Cacciola JS, Alterman Al, DePhilippis D, Drapkin ML, Valadez Jr C, Fala NC, Oslin D, McKay JR. Development and initial evaluation of the Brief Addiction Monitor (BAM). Journal of Substance Abuse Treatment. 2013 Mar 1; 44(3):256-63.

Spitzer RL, Kroenke K, Williams JB, Patient Health Questionnaire Primary Care Study Group, Patient Health Questionnaire Primary Care Study Group. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. JAMA. 1999 Nov 10; 282(18):1737-44.

McKinney V, Swartz L, McKinney EL. COVID-19, disability and the context of healthcare triage in South Africa: Notes in a time of pandemic. African journal of disability. 2020 Feb 1; 9(1):1-9.

Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. bmj. 2020 Mar 26; 368.

World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020. World Health Organization; 2020.

Arunugam S, El-Menayar A, Al-Hassani A, Strandvik G, Asim M, Mekkodithal A, Mudali I, Al-Thani H. Delirium in the intensive care unit. Journal of emergencies, trauma, and shock. 2017 Jan; 10(1):37.

Weber AN, Michail M, Thompson A, Fiedorowicz JG. Psychiatric emergencies: assessing and managing suicidal ideation. Medical Clinics. 2017 May 1; 101(3):553-71.

Jernigan MG, Kipp GM, Rather A, Jenkins MT, Chung AM. Clinical implications and management of drug-drug interactions between antiretroviral agents and psychotropic medications. Mental Health Clinician. 2013 Mar; 2(9):274-85.

Jernigan MG, Kipp GM, Rather A, Jenkins MT, Chung AM. Clinical implications and management of drug-drug interactions between antiretroviral agents and psychotropic medications. Mental Health Clinician. 2013 Mar; 2(9):274-85.

Omonuwa TS, Goforth HW, Preud’homme X, Krystal AD. The pharmacologic management of insomnia in patients with HIV. Journal of Clinical Sleep Medicine. 2009 Jun 15; 5(3):251-62.

Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The lancet. 2020 Mar 14; 395(10227):912-20.

Scanlon J, McMahon T. Dealing with mass death in disasters and pandemics. Disaster Prevention and Management: An International Journal. 2011 Apr 26.

Segerstrom SC, Miller GE. Psychological stress and the human immune system: a meta-analytic study of 30 years of inquiry. Psychological bulletin. 2004 Jul; 130(4):601.

Mehrotra K, Chand P, Bandawar M, Sagi MR, Kaur S, Aurobind G, Raj A, Jain S, Komaromy M, Murthy P, Arora S. Effectiveness of NIMHANS ECHO blended tele-mentoring model on Integrated Mental Health and Addictio for counsellors in rural and underserved districts of Chhattisgarh, India. Asian journal of psychiatry. 2018 Aug 1; 36:123-7.

Jing L, He MT, Chang Y, Mehta SL, He QP, Zhang JZ, Li PA. Coenzyme Q10 protects astrocytes from ROS-induced damage through inhibition of mitochondria-mediated cell death pathway. International journal of biological sciences. 2015; 11(1):59.

Holmes EA, O’Connor RC, Perry VH, Tracey I, Wessely S, Arseniault L, Ballard C, Christensen H, Silver RC, Everall I, Ford T. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry. 2020 Apr 15.

Ritchie EC, Ehret M, Peake NW, Richter KE. When a disaster disrupts access to psychiatric medications: advance planning can help minimize the risks of withdrawal, other consequences. Current Psychiatry. 2019 May 1; 18(5):22-7.

Source of Support: The author(s) received no financial support for the research, authorship, and/or publication of this article.

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

For any question relates to this article, please reach us at: editor@globalresearchonline.net

New manuscripts for publication can be submitted at: submit@globalresearchonline.net and submit_tjpsrr@rediffmail.com