

COVID-19: A Rising Mental Health Crisis and an Unflinching Mental Health Issue

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How to cite this article:

Surabhi Verma/COVID-19: A Rising Mental Health Crisis and an Unflinching Mental Health Issue/J Soc Welfare Manag. 2022;14(2):53–57.

Abstract

“An investment made today is the pillar of growth for tomorrow” Did we invest in the services for mental health? Little, did we know that COVID-19 would change our lives so drastically. Yes we thought about COVID-19 symptoms, but did we think what impact is it going to have on our Mental Health? Huge jump was seen in the number of psychiatric cases in every country within few days of pandemic affected the various parts of the world. According to researches, previous pandemics have left us with psychological disorders which stayed with us for long. But were we prepared for the Mental Health Crisis the world is facing today? Leading authors, newspapers are warning psychiatrists about the jump in the number of psychiatric cases even after the pandemic ends. World needs help, resources, policies and guidelines. Let us begin with doing our bit towards the society.

Keywords: COVID-19, Mental Health; Suicide; Deaths; Pandemic; Psychological symptoms; Post-Traumatic symptoms.

INTRODUCTION

What all have the humans lost to Corona?? Lost lives, lost jobs, loved ones, savings, businesses, health, relations. To the extent that people have started losing hopes. Social media is filled with the “I Am Bored”, “I’m Lonely”, “It’s suffocating”

WHO said in a new release on 14 May 2020, the

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Received on: 09.05.2022

Accepted on: 10.06.2022

COVID-19 pandemic is highlighting the need to urgently increase investment in services for mental health or risk a massive increase in mental health conditions in the coming months, according to a policy brief on COVID-19 and mental health issued by the United Nations today. A study in Ethiopia, in April 2020, reported a 3 fold increase in the prevalence of symptoms of depression compared to estimates from Ethiopia before the epidemic. A study carried out with young people with a history of mental health needs living in the UK reports that 32% of them agreed that the pandemic had made their mental health much worse. An increase in alcohol consumption is another area of concern for mental health experts. Statistics from Canada report that 20% of 15-49 year olds have increased their alcohol consumption during the pandemic. (WHO 2020).⁸

The Economic Times stated that in India 338 deaths

have occurred from March 19 till May 2 and they are related to lockdown. According to the data, 80 people killed themselves due to loneliness and fear of being tested positive for the virus. The suicides are followed by migrants dying in accidents on their way back home (51), deaths associated with withdrawal symptoms (45), and those related to starvation and financial distress (36). (*Economic Times 2020*).⁹

A review found that psychological distress is common both during and after periods of quarantine. People commonly experienced: Fear, Sadness, Numbness, Insomnia, Confusion, Anger, Post-traumatic stress symptoms, Depressive symptoms, Low mood, Stress, Emotional disturbance, Irritability, Emotional exhaustion. There is some evidence that there may be longer-term consequences as well. Substance and alcohol dependency was more common up to three years after quarantine. (*Kenda C 2020*).⁵

In The United States of America, the Washington Post states that Corona Virus pandemic is pushing America into mental health crisis, "People are really afraid," Online therapy company Talkspace reported a 65 percent jump in clients since mid-February. Talkspace co-founder and CEO Oren Frank said. The increasing demand for services, he said, follows almost exactly the geographic march of the virus across the United States. "What's shocking to me is how little leaders are talking about this. There are no White House briefings about it. There is no plan." A federal emergency hotline for people in emotional distress registered a more than 1,000 percent increase in April compared with the same time last year. Last month, roughly 20,000 people texted that hotline, run by the Substance Abuse and Mental Health Services Administration.

"Federal agencies and experts warn that a historic wave of mental-health problems is approaching: depression, substance abuse, post-traumatic stress disorder and suicide." (*Willaiam W 2020*).¹

Ontario survey also found 42 per cent of Ontario adults reported increasing their use of substances or gambling since the pandemic began. An Ipsos survey done for Addictions and Mental Health Ontario also found similar results, with 45 per cent of Ontarians reporting their mental health has suffered as a result of the pandemic and 67 per cent saying they expect those effects to be "serious and lasting." According to Global News Canada. (*Amanda C 2020*).² Yeen Huang and Ning Zhao while finding out the high risk groups vulnerable to mental health conditions stated that during the COVID-19 outbreak, healthcare workers and

younger people were at an especially high-risk of displaying psychological impact when they spent too much time thinking about the outbreak. Continuous monitoring of the psychological consequences for high risk population should become routine as part of targeted interventions during times of crisis (*Huang 2020*).³ In Italy, about 25% of the overall burden of disease is attributed to neuropsychiatric disorders. The health care professionals are experiencing an extraordinary burden of stress as they are faced daily with severe illness or death. Liu and collaborators recently identified rates of stress related symptoms of 73.4%, depression of 50.7%, anxiety of 44.7%, and insomnia of 36.1% among 1563 medical staff in China. In the Italian situation, the risks of acute stress disorder, burnout syndrome, and full psychiatric disorders are currently very high in health care professionals. (*Daniela C 2020*).⁴

World Economic Forum stated that 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. (*Ashwin N 2020*)⁶

Effects of Previous Pandemics

What have the previous pandemics left us with?

A review found that psychological distress is common both during and after periods of quarantine. People commonly experienced: Fear, Sadness, Numbness, Insomnia, Confusion, Anger, Post traumatic stress symptoms, Depressive symptoms, Low mood, Stress, Emotional disturbance, Irritability, Emotional exhaustion. There is some evidence that there may be longer-term consequences as well. Substance and alcohol dependency was more common up to three years after quarantine. (*Kenda C 2020*)⁵ Another study also says that severe mental health problems among individuals and populations who have undergone quarantine and isolation in different contexts. This evidence necessitates multipronged interventions including policy measures for strengthening mental health services globally and promoting psychosocial wellbeing among high-risk populations (*Hossain 2020*).⁷ Psychological effects of quarantine on persons in Toronto,

Canada post SARS. The 129 quarantined persons who responded to a Web-based survey exhibited a high prevalence of psychological distress. (*Stephen et al 2004*) Symptoms of posttraumatic stress disorder (PTSD) and depression were observed in 28.9% and 31.2% of respondents, respectively. Longer durations of quarantine were associated with an increased prevalence of PTSD symptoms. Acquaintance with or direct exposure to someone with a diagnosis of SARS was also associated with PTSD and depressive symptoms. (*Laura et al 2004*)¹⁴ In a rapid review 24 studies of the psychological impact of quarantines initiated during outbreaks of severe acute respiratory syndrome (SARS), Ebola, H1N1 influenza, Middle East respiratory syndrome (MERS), and equine influenza and identify key factors contributing to distress.

The five studies with nonquarantined control groups confirmed distressing impacts on both ordinary people and healthcare workers, including anxiety, depression, anger, irritability, and post-traumatic stress disorder (PTSD). The remaining descriptive studies documented similar characteristics, which could last months beyond quarantine. Few studies examined individuals' vulnerability factors, but these included prior psychological difficulties and, possibly, being a healthcare worker. Quarantine-related factors included quarantine duration, inadequate information, insufficient supplies, social and familial isolation, fear of infection, financial stress, and stigmatization. The authors' suggested mitigation strategies included minimizing duration, providing detailed information about the illness and risk for transmission, optimizing virtual connections to family and friends, providing adequate supplies to weather the quarantine (e.g., phones, WiFi, food, books, games), and appealing to altruism to validate the efforts of people undergoing quarantine. (*Peter Roy-Byrne 2020*)¹⁵

COVID-19 A Mental Health Crisis

So what are we actually dealing with?? COVID? or Mental Health Crisis?

The article headline in the Psychiatric Times states that "Psychiatrists Beware! The impact of COVID-19 and Pandemics on Mental Health" During infectious pandemics medical mistrust has been linked to conspiracy theories. In one US study, up to half of those surveyed endorsed belief in at least one health related conspiracy theory. At its extreme, medical mistrust can lead to movements such as anti vaccination trends, which have been linked to measles outbreaks. Anxiety and Obsessive

Compulsive Disorders Contamination obsessions Cleaning and washing compulsions, also a core feature of OCD, can easily be exacerbated by the threat of infectious pandemics. Complications of excessive cleaning include dry, chapped skin (which can lead to super imposed infections) and contact and atopic dermatitis; similarly, overuse of toxic cleaning supplies can lead to inhalational injuries. Fear of acquiring a new, sensationalized disease may worsen negative behaviors. Clinicians in psychiatry, psycho-dermatology, and primary care practices should be alert to potential issues in patients with OCD. (*Nidal M 2020*)¹⁰

The World Wasn't Prepared

Were we prepared for the mental health crisis we are facing in the world today?

Usually an alphabet is silent in a word, "h" in honour, "p" in psychology, but when we talk about Health as a global concern the whole word "Mental" is silent. WHO said we are in urgent need to invest in mental health (*WHO 2020*)⁸ true! But why did not we invest in mental health infrastructure as much as we invested in others? When a disease can have impacts on mental health of an individual then this is a "pandemic". Society is affected of the pandemic. We usually focus of what is happening to a person pathologically, but lesser we notice the impact mentally.

In the time of crisis we do what we find the best at the moment. But the day it became a pandemic did we think how much it would be important to make the mental health resources available more than before? People have complaint that private clinics have shut down, lower approach towards OPD's, pharmacists in India won't provide medications without a fresh prescription (and the clinics and OPD's are shut down), psychiatric care units being converted into COVID-19 care units, only emergency cases to be dealt with. The pandemic has taken over to an extent that Thomas Schaefer, the finance minister of Germany's Hesse state, has committed suicide apparently after becoming "deeply worried" over how to cope with the economic fallout from the coronavirus, state premier Volker Bouffier said Sunday. Schaefer, 54, was found dead near a railway track on Saturday. The Wiesbaden prosecution's office said they believe he died by suicide. Wiesbaden is the capital of Hesse, Germany which is the home to Germany's financial capital Frankfurt, where major lenders like Deutsche Bank and Commerzbank have their headquarters. The European Central Bank is also

located in Frankfurt. Schaefer, who was Hesse's finance chief for 10 years, had been working "day and night" to help companies and workers deal with the economic impact of the pandemic. (*AFP 2020*)¹³ What should we say? Pressure of not being able to take care of and effectively manage the pandemic, the depressive state of the people of his state, increase in number of cases and the rising curve? It is all of it! Multiple thoughts in his mind took down "Thomas Schaefer, the finance minister of Germany's Hesse state". Yes it is a big thing!

According to a release by WHO on 14th May 2020 under the heading "Substantial investment needed to avert mental health crisis" the increase in people in need of mental health or psychosocial support has been compounded by the interruption to physical and mental health services in many countries. In addition to the conversion of mental health facilities into care facilities for people with COVID-19, care systems have been affected by mental health staff being infected with the virus and the closing of face-to-face services. Community services, such as self help groups for alcohol and drug dependence, have, in many countries, been unable to meet for several months. In Madrid, when more than 60% of mental health beds were converted to care for people with COVID-19, where possible, people with severe conditions were moved to private clinics to ensure continuity of care. Local policymakers identified emergency psychiatry as an essential service to enable mental health-care workers to continue outpatient services over the phone. Home visits were organized for the most serious cases. Teams from Egypt, Kenya, Nepal, Malaysia and New Zealand, among others, have reported creating increased capacity of emergency telephone lines for mental health to reach people in need. (*WHO 2020*)⁸ In another article the authors say, we recommend the active and ongoing participation of mental health professionals in policy task forces during this critical period. We strongly believe that our expertise will help to: better describe the current mental health situation; provide a nationwide, centrally coordinated, and more efficient support group; increase trust between workers and organizations; and prevent the development of widespread full blown psychiatric disorders, which would be an additional social and economic burden on the looming post epidemic crisis. (*Daniela C 2020*)⁴

CONCLUSION

Psychology is the science of the mind. The human mind is the most complex machine on Earth. (*BBC 2014*)¹² Our minds are not merely a flow of immediate experience, but a huge repository of "hidden depths": beliefs, attitudes, motives, suspicions, hopes, fears, and much more. (*Nick C*)¹¹ Throughout this phase of pandemic our minds have become repository of beliefs, attitudes, motives, suspicions, hopes, fears and many more things. Are we doing enough? Though we see a rise in helplines, online services, and much possible help through government and non government bodies, it isn't proving to be enough. Looking at the data mentioned above suicides, alcohol dependence, substances abuse, suicides, aggression, frustrations, OCD, depression, anxiety is already there and a lot more is yet to come. Pandemic doesn't just affects for the times it is there but also years after it is gone. Previous pandemics have proven to have long lasting effects on people's lives. A lot has happened already all over the world, and a lot will happen more. Though, universal guidelines should be made for the mental health issues going on all over the world and also for the issues which will be with us for years as the effect of pandemics. Whatever platform used it is all of us are equally responsible for education of the society. A lot has to be done into it but what we can start is from a little... a little whatever, each one of us can do.

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