



IS MENTAL ILLNESS THE 'NEXT WAVE' OF COVID-19 PANDEMIC? : THE ROLE OF MENTAL HEALTH PROFESSIONALS

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ARTICLE INFO

Article History:

Received 6th October, 2020

Received in revised form 15th

November, 2020

Accepted 12th December, 2020

Published online 28th January, 2021

Key words:

COVID-19, preventive health, counseling, coping

ABSTRACT

Background: COVID-19 has created a state of crisis for many. It could be due to the direct effects of the pandemic (such as threat to survival) or its indirect effects (such as job loss). The severe distress caused by a pandemic can result in low mood, extreme frustrations, anxiety, panic, anger, and so on. **Aim:** To analyze the trend of COVID-19 pandemic, looking out for how the pandemic has created havoc in peoples' lives. Based on this, we want to define the role of mental health professionals in the management of COVID-19 pandemic. **Materials and methods:** Based on the articles of 2020, the literature was studied and trends were seen using terms like 'COVID-19', 'mental health in pandemic', 'role of health professionals', especially the 'mental health professionals' and relevant articles were included to look whether it is the 'Next Wave' of the pandemic. **Conclusion:** COVID-19 has created a state of crisis for many. A large part of the psychological responses have so far been reactionary to what has happened in other countries in the world, fears of what might be in store in the times ahead and responses to the lockdown. By knowing the trend, planning can be done to effectively manage COVID-19 pandemic in terms of infrastructure, manpower and mental health resources. Thus, the hospital administrators play pivotal role. **Clinical significance:** The review article will help the health professionals to understand the variable trend of pandemic and planning for management by looking towards the psychological issues faced due to lockdown or quarantine and also the after effects of COVID-19, so that it could be prevented from becoming the 'Next Wave' of the pandemic. Psychiatry and other mental health sciences can play very useful role in supporting the well-being of COVID-19 patients and their families, healthcare personnel and the society.

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INTRODUCTION

A pandemic is a type of epidemic which has spread across a larger geographic area than an epidemic, and which has affected a significant portion of the population.¹ There has been a history of pandemics among which the Cholera pandemic followed by the flu pandemic, e.g. The "Spanish Flu" which has devastated effects in the early twentieth century.² Subsequently, while there have been other devastations like Asian flu, SARS, Ebola, etc; COVID-19 is on a completely different scale. It has shaken the entire world and created global panic.

The Corona virus disease 2019 (COVID-19) pandemic emerged in Wuhan, China and has spread all over the world and has caused huge threats to health and lives. The COVID-19 outbreak has induced public and global mental health crisis as well as a huge psychosocial experiment. COVID-19 has created a state of crisis for many.³

The wide range of measures and preparedness, which include social distancing, social isolation, quarantine, washing hands, lockdowns, and travel bans, have halted and interrupted the spread of the virus.⁴ However, the virus is still here: its transmission has been slowed but not eliminated. And as yet, there is neither an effective cure nor a vaccine available. Hence, it is of paramount importance to ask: are we sufficiently prepared to deal with the Next Wave: 'the wave of mental health issues'?

A period of 100 days (over 3 months) is a considerable time, which has already exerted massive impacts on economies, socio-cultural patterns, health (physical, emotional, and psychological), and political landscapes and the effects are visible at local, national, and global levels. Social life is entirely disturbed: people are nearing their breaking points, standing on the verge of violating the constant isolation and quarantine. Health-care systems, even in high-income countries, are overwhelmed, and the physical, emotional, and psychological health of people has been noticeably affected. Political structures at national as well as international levels

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are under substantial pressure. Globally, governments are making their best possible efforts for simultaneous interruption of the virus' spread and mitigating its impacts on their countries, including their economies. Yet massive economic damage has already been done, as millions of people are out of work, and stock markets have plummeted. Despite enough investments to implement stringent measures to ameliorate the foreseeable economic impact, the pandemic has already produced short-term impacts and also exert long-term effects.

As COVID-19 initially creeps in and subsequently spreads at a galloping pace, it has been ravaging country after country. The pandemic has significant and variable psychological impacts in each country, depending on the stage of the pandemic. An expansive portion of the psychological reactions have so distant been reactionary to what has happened in other nations within the world, fears of what can be in store within the times ahead and reactions to the lockdown.

Physical and mental health in jeopardy

The globe is confronting humanity's biggest crisis since World War II. Almost every country has been affected by the devastating Corona virus disease (COVID-19). As many as 213 countries and territories have registered COVID-19 cases, and the entire world is buzzing with uncertainty and questions: How long will the pandemic last? What will people's lives look like once the pandemic is over? Many countries have declared restrictive measures, such as lockdown, shelter in place, or stay at home orders, to contain the pandemic at a local level. However, the wildly differing responses and response timelines have left people wondering if authorities failed to take the situation seriously early on when they could have done more to slow down the spread of the corona virus.⁵

China appeared to manage the corona virus outbreak effectively, putting in place early travel bans within the country itself, similarly in other European countries. Earlier in April, Japan's Prime Minister declared a state of emergency. This allowed the authorities to ask people to stay at home, though the government has not enforced closures or restrictions. Physical distancing has affected both physical and mental health. As the corona virus pandemic rapidly sweeps across the world, it is inducing a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers and people with underlying health conditions. In mental health terms, the major psychological impact to date is high rates of stress or anxiety. But the introduction of quarantine and other measures, its effects on many people's usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harming behaviors are also expected to rise.^{6,7,8}

In populations already heavily affected, such as Lombardy in Italy, issues of service access and continuity for people with developing or existing mental health conditions are also now a major concern, along with the mental health and well-being of frontline workers.⁹

In India, the first and foremost response to the pandemic has been fear and a sense of clear and imminent danger. Fears have ranged from those based on facts to unfounded fears based on information/ misinformation circulating in the media, particularly social media. At a time when change is the only constant (concerning advisories and precautions, as we move

through different stages), the What to do? What not to do? Questions are near-universal and give rise to worry and fear. People respond differently to the barrage of information from global and local sources. This can lead to those who are the "worried well", those who develop distressful psychological symptoms and maladaptive coping with stress, and those who develop a mental disorder.¹⁰ The fears of contracting the illness are also frequent and range from misinterpreting every fever or cough as a COVID-19 infection, wanting a test done for reassurance even though there are strict guidelines for testing, to hoarding medications despite there not being indications for their generalized use. Apart from the advisories regarding hand-washing, doubts about whether or not to use a mask, what type of mask, what distances to maintain, what surfaces need disinfection with what? There are also real worries of job losses and economic slowdown during and following the pandemic. The list is endless and leads to a cycle of concern, worry, and distress. On the other extreme are also completely unworried or uncaring, who feel they are invincible and do not need to follow any advisory or precaution. This attitude can also lead to an endangerment to self and others.^{11, 12, 13}

Impact of COVID-19 on mental health

The analysis by the UN Department of Economic and Social Affairs (DESA) has included that the COVID-19 pandemic is disrupting global supply chains and international trade. With nearly 100 countries closing national borders during the past month, the movement of people and tourism flows has come to a screeching halt. Millions of workers in these countries are facing the bleak prospect of losing their jobs.

These restrictions, social distancing and lockdown have led to several changes in day-to-day activities, redistribution of home chores, extensive working from home and greater time spent with those living together. Notwithstanding the importance of social distancing (although many prefer to use the term physical distancing), such a requirement has meant long separation from families (for those working away from their hometowns), financial stress and interpersonal strain. Reactions can range from boredom and moodiness to anger, irritation, and frustration.¹⁴

Stigma

One has never imagined the stigma that might accompany COVID-19. There are several instances of people at risk, particularly health professionals being evicted from their premises by anxious landlords, people in quarantine being isolated from society, and cruel societal responses to people with a diagnosis of COVID-19, leading to people not disclosing symptoms and not seeking appropriate medical help. There can be psychological distress consequent to the diagnosis, guilt, worries about family and others as well as worries about recovering. For families separated from patients admitted with COVID-19 complications, the separation can be excruciatingly painful from a psychological viewpoint leading to worry, helplessness and frank depression, especially when people have to face the unexpected instance of the death of a family member or be prepared for negative outcomes.^{15, 16}

Impact on health care professionals

One important group of professionals is of health care professionals, who go through the same worries. Worries about caring for such patients, adequacy of protection, taking

infections to their families, long working hours, inadequate access to food, liquids and rest, and separation from families can lead to severe psychological distress among health professionals. Even for professions working in the community, the fears of risk and perceived or actual community aggression are realities that can cause tremendous anxiety.

COVID-19 has impacted the mental health of the entire community in one or another manner. This has created an unprecedented mental health challenge in the face of limited specialist resources.¹⁷

Impact on children, elderly and pregnant women

While one can view these reactions from a 'general' lens, it is equally important to consider the impact of the various phases of the pandemic on children, the elderly and pregnant women. The worries of adults can be transmitted to children and make them anxious and fearful. They can become very easily bored, angry and frustrated. Without an opportunity for outdoor play and socialization, they may become increasingly engrossed in social media and online entertainment, which can make them even more socially isolated when they emerge out of this situation.¹⁸

For the elderly, they can feel further isolated and neglected, become more worried about their families, and increasingly worried about their health. They may not have the support systems to care for them, particularly in terms of their medical needs. This can aggravate into anxiety and depression.¹⁹

Pregnant mothers can have a host of concerns, from worries about whether or not to go for ante-natal examinations, worries about risks to the unborn child, worries about their contracting the infection and concerns about the future. Gender perspectives also need attention as times like this can amplify an abusive relationship and increase intimate partner violence.^{20, 21}

In any of these situations, it is important to anticipate that stress, depression, and anxiety, if not effectively recognized and handled can transform into more severe distress, even leading to negative thoughts about the future, helplessness, hopelessness and suicidal thoughts and feelings.

Other stressors include

1. Longer durations of quarantine (i.e., 10 days or longer), as well as extension of quarantine length.
2. Fears about becoming infected and/or infecting others, which can manifest as increased attention to and worry about one's health and physical symptoms, and may be particularly concerning for pregnant women and parents of young children.
3. Financial loss. Absence from work, healthcare costs, and other unanticipated financial burdens can result in socioeconomic distress, particularly among those with lower incomes.
4. Getting back to one's "normal" routine. Knowing that it might take time to get back into regular routines can help with concern, anxiety, and frustration.^{22, 23}

Researches Indicating the Outbreak of Mental Health Issues Due To Covid-19 and Verge on Becoming The Third Wave

To see the trends and gaps between the research, the articles of 2020 were included in the review article using terms like 'COVID-19', 'mental health in pandemic', 'role of health

professionals', 'mental health professionals and COVID-19' to look whether it is the 'Next Wave' of the pandemic.

Several research studies have shown the impact of disease outbreaks on public mental health, such as (SARS) in 2003, and the 2009 novel influenza A (H1N1) epidemic. Such epidemics make people to experience psychiatric issues such as post traumatic stress disorder, depression and anxiety. Some studies have shown that post-traumatic stress disorder is closely developed after experiencing a traumatic event; individuals may make a negative assessment of the trauma and its sequel, and easily adopt maladaptive strategies to maintain PTSD symptoms such as invasion, arousal symptoms and strong negative emotions.²⁴

It has been seen in various researches that the "confinement, loss of usual routine, and reduced social and physical contact with others are shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which is distressing. Other stressors of the quarantine have been pointed out: the long duration; fears of infection for oneself and one's family; the inadequate supplies of basic needs, including the interruption of regular medical follow-ups and difficulties in renewing prescriptions; and the lack of clarity in the information. The confinement of individuals possibly induces a fear of being separated from loved ones and caregivers. People may face exacerbated intra-family problems, which are frequent triggers of suicidal acts.²⁵

A study was done through an online survey, to see the psychological impact of COVID-19 on the population and it was found that 16.5% of the population had moderate to severe depressive symptoms; 28.8% moderate to severe anxiety symptoms and 8.1% had moderate to severe stress. Similarly, eight publications addressed the potential mental health impact of COVID-19 on the general population, based on literature from previous disease outbreaks or specified theoretical models. Two of these papers examined the likely impact of the COVID-19 pandemic in specific countries. One of these, from Iran highlighted the role of unpredictability, uncertainty, seriousness of the disease, misinformation and social isolation in contributing to stress and mental morbidity. The authors highlighted the need for both mental health services, particularly for vulnerable populations, and the strengthening of social capital to reduce the adverse psychological impact of the outbreak.²⁶ Another, from Japan emphasized the economic impact of COVID-19 and its effects on well-being, as well as the likely high levels of fear and panic behavior, such as hoarding and stockpiling of resources, in the general population. This paper also identified populations at higher risk of adverse mental health outcomes, including patients with COVID-19 and their families, individuals with existing physical or psychiatric morbidity, and healthcare workers.²⁷ Of the remaining papers, one pointed out that the wide scope and spread of COVID-19 could lead to a true mental health crisis, especially in countries with high case loads which would require both large-scale psychosocial crisis interventions and the incorporation of mental health care in disaster management plans in the future.²⁸ In a related report it was pointed out that while Western countries have incorporated psychological interventions into their protocols for disease outbreaks, this has not yet happened in countries such as China, leading to the emergence and persistence of stress-related disorders in affected persons.²⁹ In contrast, a research highlighted a list of strategies for the general public to

minimize outbreak-related stress: (1) assessment of the accuracy of information, (2) enhancing social support, (3) reducing the stigma associated with the disease, (4) maintaining as normal a life as feasible while adhering to safety measures, (5) use of available psychosocial services, particularly online services, when needed. Such methods, in their opinion, would empower society to handle the COVID-19 outbreak in an adaptive manner.³⁰

Similar strategies were reiterated in a paper from Singapore (Ho *et al.*, 2020) which also discussed the role of improved screening for mental disorders, improving links between community and hospital services, and providing accurate information to the general public in order to minimize maladaptive responses such as “panic” and paranoia regarding the disease and its transmission.³¹

In contrast to the above literature on practical considerations, two papers from Canada have discussed the mental health impact of COVID-19 from the point of view of health anxiety. Health anxiety, which arises from the misinterpretation of perceived bodily sensations and changes, can be protective in everyday life. However, during an outbreak of infectious disease, particularly in the presence of inaccurate or exaggerated information from the media, health anxiety can become excessive.

At an individual level, this can manifest as maladaptive behaviors (repeated medical consultations, avoiding health care even if genuinely ill, hoarding particular items); at a broader societal level, it can lead to mistrust of public authorities and scapegoating of particular populations or groups. The authors underline the need for evidence-based research into health anxiety and its determinants, so that valid individual- and population-level strategies can be developed to minimize it in the face of the COVID-19 pandemic and future outbreaks of a similar nature.^{32, 33}

Role of Mental Health Professionals (MHP) and Rehabilitation Staff

Their role includes

1. To provide accurate information about COVID-19 and various precautions to prevent the spread along with rapid, repeated and appropriate communications about the nature of the disease, the reasons for quarantine, and other essential information.
2. To reassure PwPD (persons with psychiatric disabilities) and family that the rehabilitation facility will be reopened when the crisis is over and ongoing support will be provided by tele-consultations.
3. Due to the distress, many people would like to seek advice/ talk to a mental health support professional through the tele-counseling services; here, the mental health professionals can play an important role to help out people in distress. It is necessary to explore as to how families are managing the crisis. Periodic tele-consultations can allay concerns, strengthen the rapport, ensure self help skills, crisis management, problem solving strategies, detoxification from social media, ensure continuity of care and offer confidence to the PwPD and their families.
4. Families to be encouraged to try out innovative solutions to keep clients engaged. Practical suggestions

to keep the rehabilitation plan on track can be ensured by the mental health professionals.

5. To monitor medication adherence of some PwPD at the rehabilitation facility and also to collaborate with other health professionals so as helping hand could be provided to those in need of mental health facility whether it is concerned with deaddiction or to other psychiatric issues.
6. Implementing innovative manners to ensure the mental health of the patients as well as their family members through group meetings using video calling can be considered. It can give a sense of community and help PwPD be in touch with their friends.
7. The effective support can be provided to someone in distress by using open-ended questions to allow the information to emerge via supportive therapy. Noticing the tone of voice, expressions and body language (during video interactions) and allowing them to ventilate along with feedback actively makes the person feel understood. Shifting their focus to those things that are under their control and appreciating them for reaching out for help and the efforts they are making at such times enhances their coping. Encouraging those who are vulnerable (elderly, PWD, children, conflicts between couples, pregnant women) that seeking help is a sign of strength and allowing them to tackle social isolation by encouraging or helping them to connect with friends or family members. Reminding clients to limit news exposure, which will help people in crisis.^{34, 35, 36}

CONCLUSION

Though there are few large-scale observational studies available in this field to date, it is clear that the COVID-19 pandemic has led to a vigorous and multifaceted response from psychiatrists and allied professionals, and that mental health is clearly being taken into consideration at multiple levels – in the general population, among healthcare workers, and in vulnerable populations. Though the quality of evidence in the available literature is relatively low, it still contains numerous valuable observations and suggestions for all professionals working in this field, whether they are associated with psychiatric or general hospitals or working in the community. As the number of patients affected by this pandemic continues to increase, the psychiatric profession – particularly in Asian countries – faces both a challenge and an opportunity; the challenge of addressing the numerous barriers and limitations identified in the above literature, but also the opportunity to implement those suggestions or recommendations which are feasible at a local or regional level. The long-term mental health impact of COVID-19 may take weeks or months to become fully apparent, and managing this impact requires concerted effort not just from psychiatrists but from the health care system at large.^{13, 14} There is a need for further research, even in the form of preliminary or pilot studies, to assess the scope of this pandemic in other countries, particularly in those where mental health infrastructure is less developed and the impact is likely to be more severe.¹⁵ Researchers should also attempt to assess the impact of COVID-19 on other vulnerable populations, such as children and adolescents, those in remote or rural areas who face barriers in accessing health care, and those belonging to lower socio-economic strata. The current pandemic poses a challenge to everyone. It is an unforeseen

situation that can overwhelm even those who are working to provide psychological support to others facing COVID-19 related difficulties. Apart from such measures, providing personal opinions or information that one is not sure about, offering too many suggestions/solutions within a brief span of time and providing premature reassurance to the person without having the information or without being qualified to do so should be avoided. Lastly, practicing self-care to take care of one's own mental health and minimizing burn out can help one to fight the pandemic.^{38,39}

DISCUSSION

Despite the various disruptions in routine clinical practice, especially the regular outpatient services, this crisis has thrown up alternative and innovative approaches to offer psychosocial support and continuous care for patients with psychiatric problems or psychological distress so as the 'Next Wave' can be prevented.

Frontline personnel need to be trained in simple and emerging evidence-based strategies of assessment and management. Digital-enabled learning and support for mental health issues need to be considered for all non-psychiatric medical professionals and frontline personnel.

Online digital communication platforms have become a boon for follow-up contact with patients as well as to disseminate training to professionals working even in remote settings as well as to deliver community care and ensure continuity of medications to prevent relapse.³⁹

Further, there is a need to develop mental health interventions which are time-limited, culturally sensitive, and can be taught to healthcare workers and volunteers. Once developed, such interventions should be tested, so that information regarding effective therapeutic strategies can be widely disseminated among those working in this field.^{40,41}

It is also important that the individual's feelings and emotions arising out of concerns related to COVID is validated and just not be negated as exaggerated concerns or unfounded anxieties. Even if the mental health professional feels that some of the concerns are exaggerated, letting the person express it clearly and explaining how some of the concerns could be exaggerated and why it is important to have realistic evaluation of the situation and also, not to trivialize person's concerns and remembering what may look quite trivial to one person could be highly significant for someone else. These things could be kept in mind and another wave could be prevented.⁴²

Clinical Significance

Planning and policy making are critical to ensure program effectiveness. It is essential to ensure that mental health is integrated into the broad framework of COVID-19 health care response to ensure adequate and appropriate care to the many thousands who are psychologically disturbed following the pandemic. The review article will help the health , especially the mental health professionals to understand the variable trend of pandemic and planning for management by looking towards the psychological issues faced due to lockdown or quarantine and also the after effects of COVID-19, so that it could be prevented from becoming the 'Next Wave' of the pandemic.

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How to cite this article:

Himanshi Singh and Pradeep Kumar (2021) 'Is Mental Illness the 'Next Wave' of COVID-19 Pandemic? : The Role of Mental Health Professionals', *International Journal of Current Advanced Research*, 10(01), pp. 23586-23591.
DOI: <http://dx.doi.org/10.24327/ijcar.2021.23591.4675>