



How the novel coronavirus (COVID-19) could have a quivering impact on mental health?

Sir,

The recent outbreak of the novel coronavirus in December 2019, now named by the World Health Organization (WHO) as COVID-19 has captured the notice of people all around the globe. Several cases of pneumonia of unidentified origin were identified with the heart of the outbreak being the “wet market” in Wuhan, Hubei province of China.[1,2] As a result of the remarkable intensification of the outbreak, WHO avowed it as a public health emergency of international concern (PHEIC) on the 30th of January, 2020.[3]

While writing this, 30 countries and one cruise ship “Diamond Princess” have been affected accounting to 55,670 active cases and 21,153 closed cases of whom 2250 have expired.[4] India experienced the COVID-19 jolt with three medical college students who were studying in Wuhan, testing positive, belonging to Kerala state; all three have been discharged after recovering from the infection.[5]

MENTAL HEALTH DURING AN INFECTION OUTBREAK

Complicated humanitarian crises can have a significant bearing on psychological health and quality of life of the affected people and remain for a protracted period even after the crises.[6] Outbreaks or epidemics like this can have a substantial impact on the infected patients, on persons who are quarantined, on social sustenance systems and also on the healthcare professionals and the healthcare system.[2,7]

In case of patients established or doubted to be suffering from the infection, an immense sense of fear develops towards the magnitudes of the effects of the possibly deadly virus. This sense of fear can be contagious too as it could lead to fear amongst family members, caregivers and even health workers, leading to isolation and ostracisation of patients, which could further lead to mental health issues.[2,8] The fear could be so devastating that having a fever or flu could always be linked with COVID-19, just like in the case of a person from Chittoor, Andhra Pradesh state of India who committed suicide. This man had been surfing through media regarding COVID-19 and was convinced that he was infected with the virus. Even after repeated attempts of his family members and villagers trying to convince him, he kept isolating himself from his family members due to fear of infection; his belief remained firm.[9] Presentation of the infection like fever, hypoxia, cough as well as side effects of treatment can also cause worsening of anxiety symptoms and psychological stress. The persons in quarantine may experience fear, loneliness and depressive symptoms, as a result of the fear of the lethal virus as well as their staying away from near and loved ones.[2]

Healthcare professionals are also vulnerable at this time to stress, anxiety and depressive symptoms which could hamper their focus and decision making on the treatment process leading to failure in the combat against the new virus. Professionals including the psychosocial response team, the psychological intervention support team, medical team as well as psychological helpline aid teams may all be affected by mental health issues during this period.[7]

Literature suggests that during the time of emergency, psychological healthcare services are usually ill-organised and many a times not inspired by evidence.[10] Evidence has emphasised on the significance of understanding the cultural background and practices of those affected, adequate preparation, appropriate evaluation and examination processes.[11] Implementation of such standardised processes has been specified by “The Sphere handbook: humanitarian charter and minimum standards in humanitarian response and the Inter-Agency Standing Committee (IASC) Guidelines for mental health and psychosocial support in emergency settings”.[6]

In the past, infection outbreaks such as that of Acquired Immunodeficiency Syndrome (AIDS), Severe Acute Respiratory Syndrome (SARS) and Ebola have disturbed opinions of people, provoking fear and fear related behaviour.[12] During the SARS outbreak in 2003 several psychiatric issues like depression, suicidal thoughts, anxiety, panic disorder, psychosis and delirium had been verified.[2] The Equine outbreak in 2007 in Australia has also witnessed similar issues. In this case higher prevalence of psychological issues were amongst persons involved with horse associated industries, young males, those with low income and lower educational qualification.[13] Likewise, the Ebola outbreak between 2014-2016 revealed high levels of psychological concerns like posttraumatic stress disorder (PTSD) amongst not only the patients but also their caregivers, medical professionals and persons responsible for burial.[14]

CHALLENGES AND STRATEGIES

Many a times in the past, shortage of social support, healthcare services and psychotropic drugs have remained challenges in such outbreaks as per previous finding.[15] Apart from these, the fear and stigma surrounding the new outbreak and its consequences and the role played by indigenous cultures, beliefs and practices especially with regards to treatment and burial procedures are great challenges.[14] “A stigma within the already existing stigma” occurs when the stigmatised infection outbreak is challenged by the occurrences of psychiatric co-morbidities which also carry stigma along with it.

The existent fear related behaviour can be described as “individual or collective behaviors and actions initiated in response to fear reactions that are triggered by a perceived threat or actual exposure to a potentially traumatizing event”. Such fear related behaviour can have a major impact directly or indirectly on the economic condition of the affected persons and regions. This effect is called as the “Fearonomic effect”.[12]

Multidisciplinary treatment plan for patients, providing accurate details on status of the outbreak in media and psychological aid with the help of technology or applications, particularly in this case would help to support mental healthcare needs. The National Health Commission of China announced the fundamentals of emergency psychological crisis interventions for COVID-19 on January 26, 2020 with reference from strategies used for mental health issues in the 2003 SARS outbreak.[2] Mental healthcare should adequately reach infected persons, those suspected of infection, family members, caregivers, healthcare professionals as well the general public. Understanding mental health responses of healthcare professionals and helping them in case of crisis is essential for them to prepare for any emergency. Attempting to avoid rumours in media, reading information from respectable areas, not making suppositions, seeking help at time of distress are ways one can keep their mental health protected.[7] Lessons learnt with respect to mental health interventions from the outbreaks in the past may be applied in the current for avoiding its damaging effect on mental health.

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