



Post-outbreak psychosocial “needs” of the public in the COVID-19 era

Abstract

The current pandemic has caused a major impact on lives of people all over the globe. Understanding the psychosocial needs of the public and the key defense mechanisms used during this time, is essential to deal with the repercussions of this unprecedented global disaster. This would help in addressing psychological issues and managing them effectively, before it becomes too late for recovery and rehabilitation.

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The severe acute respiratory syndrome - coronavirus - 2 (SARS-CoV2), well known as the coronavirus disease 2019 (COVID-19), has caused a significant impact on public health, globally.[1] The rapidly unfolding pandemic, the large numbers of severely ill patients, and deaths all over the world have led authorities (governments and healthcare agencies) to introduce a number of steps in order to contain the infection, as well as to allocate or reallocate resources to control the pandemic.[2] Feelings of fear, hopelessness, uncertainty, confusion, loneliness as well as anxiety, depression have been reported after the outbreak of COVID-19 in the general population worldwide. Potential stages of personal response to the pandemic have been described as “fear, anxiety and panic, anger, acceptance and resolution”.[3]

While scripting this commentary, after several months of the outbreak, the numbers are still worrying: the World Health Organization (WHO) have reported 18,902,735 total confirmed cases and 709,511 total deaths (as on 7 August 2020) with a growing index of daily new cases, globally,[4] as well as huge variations across countries and within countries. As in many countries the first peak is settling down, hence, it is appropriate time to start preparing for recovery and rehabilitation before it gets too late. Here, the authors

have summarised the post-outbreak “needs” of the global population during the COVID-19 pandemic.

POST-OUTBREAK “NEEDS”

The need of social and emotional closeness

After several months of lockdown and social distancing, people have expressed the need of social and emotional closeness with people including relatives, acquaintances, and colleagues.[3] Social and leisure activities have restarted, even if limited by hygiene and safety norms (e.g. mandatory to wear mask in the public areas, supermarkets, bus, train, aircrafts; mandatory distancing during public meetings or concerts, shows, preferably outdoors), and also, travels have been rescheduled. Mental health professionals and all the concerned authorities need to keep in mind that, several people may be still affected by the lack of social and emotional closeness, and this would trigger psychological issues. Hence, addressing these is very significant to combat the mental health issues arising now.

The need of care

The need of care (physical and mental healthcare) has been significantly affected during the acute phase of pandemic.[5,6]

The sudden outbreak of a new viral infection with a high rate of contagiousness, led authorities to reallocate most of health resources for combating the crisis caused by the COVID-19 pandemic, thereby, in many settings affecting routine healthcare services and activities for chronic health conditions (including cancer, cardiovascular and pulmonary diseases, mental health issues, etc.).[7] In fact, the post-outbreak phase has been characterised by higher rates of medical (non-COVID-19-related), including psychiatric, emergencies with an increased number of diagnosed adjustment disorders, depressive and stress-related disorders.[8] Many times the treatment for these are delayed or considered down the priority list due to the increased focus in COVID-19. This delay in management of health issues will lead to poor outcomes.

The need to work

The economic impact of COVID-19 worldwide has caused significant reduction in the Gross Domestic Product (GDP) and national income, an increase in unemployment, reduction in the transportation, services, and industries’ production and manufactures’ distribution.[9] This has led to economic hardship during the outbreak, psychological distress, and feelings of anger, uncertainty, hopelessness, desperation, and suicidal thoughts, which are likely to get worse as the world comes out of the pandemic.[10,11] The International Labour Organization has predicted that the global unemployment may vary from a “low scenario” of 5.3 million to a “high scenario” of 24.7 million, pointing out to a worsening trend compared to earlier times, which could be associated with increased suicide rates.[12] Government and non-government organisations (NGOs) have an important role to play here to ensure adequate re-employment opportunities and financial nets to protect those suffering, as lack of monetary support to those in vulnerable groups, may lead to various mental health issues including suicidal behaviour.

The need of education

Schools (preschool, primary, and secondary) and universities have been temporarily closed in an attempt to contain the spread of the COVID-19 pandemic.[13,14] It has been estimated that closures are impacting millions of learners and for over 60% of global students’ population, most of teaching and school activities have been converted into remote education in most of countries. Millions of students have spent plenty of hours employing online platforms and had to cope with technology. The possible return to ‘school desks’ is still debated and new guidelines for the prevention and control of infections in the schools have been released.[13] In many countries, examination results have been declared based on teacher’s opinions and assessments; thereby, creating further problems of discrimination.

The need of leisure time

Restrictions during the COVID-19 outbreak included norms regarding outdoor and sport activities, prohibition of any crowding, group- or socio-cultural leisure activity. Lack of such activities has caused a tremendous impact on mental and physical health of persons. Awareness to the public regarding alternatives such as, performing physical exercises inside in the premises of their homes, maintaining a healthy diet as far as possible, keeping in touch with family and friends through

telephone or online modes, spending more quality time with family members which probably was not possible at the fullest earlier, learning new skills using online tutorials, etc. is essential, till we get back to the previous normal.

PROMINENT DEFENSE MECHANISMS AND CONSPIRACIES AFFECTING THE PSYCHOSOCIAL ASPECTS

The perception of limited rights (such as work, education, and healthcare) during the outbreak and perceived turndown of personal needs have led to reactive behaviours in the post-outbreak phase of the COVID-19 pandemic.[15] In fact, collective defense mechanisms are observed in this phase, above all denial; a defense mechanism propounded by Anna Freud which involves not accepting reality, and hence, obstructing external events from one’s awareness. The authors want to argue that after the outbreak, the need of handling COVID-19 in the long-term, including restrictions and limitations may lead people to respond by rejecting the ongoing global emergency or outright denial. In fact, some theories based on conspiracy and denialism are already taking hold worldwide. With the unfolding of the pandemic, people will become more anxious either in groups they belong to or as individuals themselves. The scenario may lead them to apply defense mechanisms such as denial or minimisation, hence, ignoring to take adequate safety measures or following guidelines. For example, it was noticed that certain healthcare workers in Wuhan had been refusing to use the N95 mask when they left for work from their homes, hence, applying denial and a counter-phobic mechanism.[16]

There are also, theories which are based on the supposed man-made origin of the virus, either accidentally or intentionally released for international economic or political purposes (e.g. establish a political or economic dictatorship); others have hypothesised the exploitation of the pandemic as a distraction to forward a secret agenda or the existence of a cure retained by a small group; while others postulated that the coronavirus is transmitted through 5G antennas or may be the global strategy to control global population.[17] Such a paranoid conspiratorial milieu may result in a worrying drop of safety measures and precautions worldwide leading to a second or third peaks of pandemic with even worse global health, economic, and social consequences. Similar attitudes have been previously observed during the “Spanish flu” in 1918.[18] Understanding various psychological approaches to psychological impact of the COVID-19 pandemic on people is necessary to help the affected ones.[19]

The authors suggest that policy makers, governments, NGOs, and international healthcare agencies support the general population beyond the support to those subjects or their families affected by COVID-19, and healthcare professionals by promoting correct information on pandemic with a global campaign to contrast political and ideological movements oriented to negativism; promoting social and psychological interventions in the long-term, above all for the most fragile members of society;[20,21] promoting essential economic support for the healthcare system; promoting a correct approach to official scientific achievements regarding the knowledge about coronavirus and newer therapeutic

opportunities (including vaccine). The gaining popularity of services such as telepsychiatry have shown promising outcomes in this era when patients may be more comfortable to reach their doctor, especially out of the fear of visiting hospitals or travelling during this time.[22] However, such services need to be wisely used by mental health professionals as per guidelines from the respective state/country, not just to prescribe medications in online mode, but also, to address the psychosocial needs of the public.

We believe it is time for a global sense of social responsibility, probably an authentic recipe against the COVID-19!

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