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THE EFFECT OF COVID-19: FACTOR IN SOCIAL AND MENTAL HEALTH ISSUES.

Issue / Purpose and Background

Multiple lines of proof shown that the COVID-19 pandemic has profound psychological and social effects. The psychological effects of the pandemic will probably persist for months and years to come. Studies shown that the COVID-19 pandemic is related with distress, anxiety, fear of contagion, depression, and insomnia in the general population and specifically among health care professionals' especially doctors and front liner.

In this study, researcher focus on health care worker who are working closely in COVID-19 tasks such as nurses and medical doctors. Social isolation, anxiety, fear of contagion, uncertainty, chronic stress, and economic difficulties may lead to the development any psychological issues like depressive, anxiety, substance use, and other psychiatric disorders in vulnerable populations including individuals with pre-existing psychiatric disorders and people who reside in high COVID19 prevalence areas.

Stress-related psychiatric conditions including mood and substance use disorders are associated with suicidal behavior. COVID-19 survivors may also be at elevated suicide risk because of stigma, prejudice from community. The COVID-19 crisis may increase suicide rates during and after the pandemic. Mental health consequences of the COVID-19 crisis including suicidal behavior are likely to be present for a long time and peak later than the actual pandemic. To reduce suicides during the COVID-19 crisis it is imperative to decrease stress, anxiety, fears and loneliness in the general population.

Promotion or campaigns through any sources of mental health or coping strategies in stress is the best way to overcome a suicidal rate. Active outreach is necessary, especially for people with a history of psychiatric disorders, COVID-19 survivors, and older adults. Research studies are needed of how mental health consequences can be mitigated during and after the COVID-19 pandemic. That is why researcher really interested to choose this topic as a problem gap in public health sector. Researcher confident by reducing the stress level, the rate suicide will be reducing too.

The current situation

This is a time of uncertainties that all individuals are uncertain about their health and economic outcomes. Also, there is overwhelming misinformation, stigma, prolonged isolation, and disruption of daily routines. All these factors can impact one's psychological wellbeing (Brooks et al., 2020). Fear and anxiety had led to suicides, communal disharmony, and crimes against essential service providers (Sharma et al., 2020).

According to previous studies from SAR and Ebola epidemics, the onset of a sudden and immediately life-threatening illness could lead to extraordinary amounts of pressure on healthcare workers (HCWs) (Liu et al., 2012). Increased workload, physical exhaustion, inadequate personal equipment, nosocomial transmission, and the need to make ethically difficult decisions on the rationing of care may have dramatic effects on their physical and mental well-being.

Their resilience can be further compromised by isolation and loss of social support, risk of infections of friends and relatives as well as drastic, often unsettling changes in the ways of working. HCWs are, therefore especially vulnerable to mental health problems including fear, anxiety, stress and depression (Lung et al., 2009; Wu et al., 2009).

Immediate interventions are essential in order to enhance psychological resilience and strengthen healthcare systems' capacity (Boa et al., 2020). Clear communication, limitation of shift hours, provision of rest areas as well as broad access and detailed rules on the use and management of protective equipment and specialized training on handling COVID-19 patients could reduce anxiety coming from the perceived unfamiliarity and uncontrollability of the hazards involved.

Providing timely and appropriately tailored mental health support through hotline teams, media or multidisciplinary teams, including mental health professionals is also vital (Chen et al., 2020). Previous reviews have explored the prevalence and factors associated with psychological outcomes in HCWs during past infectious disease outbreaks (Maunder et al., 2004).

However, to date, the impact of the current unprecedented crisis on the psychological well-being of medical and nursing staff is yet to be established. The aim of this rapid systematic review and meta-analysis is to examine the emerging evidence of the effects of the COVID-19 outbreak on the mental health of HCW and particularly in relation to the prevalence of anxiety, depression and stress.

Recommended action

Before pandemic:

- Public awareness – providing the right health information is vital during this time of crisis –
 - (i) to address hand hygiene and safe physical distancing,
 - (ii) to reduce panic shopping and hoarding of medical equipment (e.g., masks, hand-sanitizer, antibiotics),
 - (iii) to follow the national lockdown to avoid widespread community transmission,
 - (iv) to maintain adequate mental and physical wellbeing and
 - (v) misinformation restriction to avoid chaotic and stressed environments in the country (Bhatia, 2020), (Sharma et al., 2020). One possible solution could be reaching the common public through local leaders and influential celebrities using the same media.

- Homeless, immigrant and migrant crisis – providing shelter and food can mitigate the problem to some extent. But the huge psychological stress and possible future adversities remain to be addressed. Providing adequate psychological support from others, including family members, by being in contact on the phone, along with the resources provided by the government, may be crucial to saving many lives.

- Medical preparedness – lockdown is a relative measure to buy time for medical preparedness. Establishing designated hospitals, provision of personal protective equipment and life-saving drugs are crucial but providing psychological support and trauma preparedness training to the emergency care providers can reduce their anxieties and significantly reduce the future psychological trauma in these work-groups (Lai et al., 2020).

During pandemic:

- Resource allocation – During the pandemic, one of the important things that needs to be done is testing of suspected individuals, contact tracing and isolation of suspected cases. Allocation of both man-power and fund to this needed activity would be necessary.

Mental health care providers here may also need to take up the role of a primary health care provider when needed and as per their training statutes.

- Psychological wellbeing of vulnerable groups – Most vulnerable groups needs to be taken care of. We need to step-up in providing tele psychiatry consultation to the individuals who may not physically follow up for various reasons.

- Continued psychiatric follow up services – It is important to provide continued services to the previously registered mentally-ill patients to refill or adjust their medication without any need to visit hospital. This is particularly important both because lockdowns have made it difficult to travel, and continued social distancing practice can enforce hospitals to restrict number of non-emergency patient visits in coming future (Li et al., 2020).

- Shutdowns, lockdowns, and forced quarantines – It is very likely to have prolonged lockdowns during pandemic progression. Ensuring the supply of daily needs is one aspect, while at the same time, the real challenge would be maintaining one's psychological wellbeing. Digital media can be used as a source to train individuals and promote the ways of (i) upholding a healthy lifestyle, (ii) maintaining a near-normal daily routine, (iii) relaxing exercises to deal with stress and, (iv) other ways of coping.

- Social distancing vs physical distancing – ‘Social’ distancing appears to be a misnomer in the present time. In this tough time, maintaining social contact with friends and families is very crucial while maintaining safe physical distancing (Galea et al., 2020). Psychiatrists can promote social bonding through the use of telecommunications to minimize the loneliness in these already scary times.

After pandemic:

- Disaster management – In the aftermath of COVID-19, the situation would be more similar to a natural disaster. With a high number of individuals being under stress, many may show signs of anxiety, depression, posttraumatic stress disorder, among many other psychological disturbances. Economic difficulties consequent to the pandemic may also lead to an increase in rates of mental health problems, substance use disorders, and suicides. Integration of mental health care with already existing public health services to provide basic psychological support may help to combat long term psychological adversities in the societies.
- Promoting positive mental health – At the same time, promoting positive mental health would be very crucial to avoid protracted grief and post-pandemic socio-economic crisis that may follow. Out of fear, people of various societies may respond in various extreme regressive ways – which can be averted only by timely promoting optimistic psychological views.

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