

A Review on Covid-19 Psychological Feelings and Consequences

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ABSTRACT

The Coronavirus is a major source of disaster in the 21th century. The COVID-19 pandemic is having many life-altering short- and likely long-term effects. Not all infectious disease terms are created equal, though often they' re wrongly used interchangeably. A public mental health term, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people' s usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior are also expected to rise. Impacts of these epidemics and pandemics are often intense, which may adversely affect the mental well-being of a given population. It is observed from the studies that, the effect of lockdown and COVID-19 is affecting people' s mind-sets.

KEYWORDS: Corona Virus, Anxiety, Depression, Consequences.

Date of Submission: 30-07-2020

Date of Acceptance: 15-08-2020

I. INTRODUCTION

The COVID-19 pandemic is having many life-altering short- and likely long-term effects. Not all infectious disease terms are created equal, though often they' re wrongly used interchangeably. The distinction between the words “ pandemic,” “ epidemic’ ’ and “ endemic” is regularly blurred, even by medical experts. This is because the definition of each term is fluid and changes as diseases become more or less prevalent over time. A simple way to know the difference between an epidemic and a pandemic is to remember the “ P” in pandemic, which means a pandemic, has a passport. A pandemic is an epidemic that travels. A public mental health term, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people' s usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior are also expected to rise. One threat to the COVID-19 response in India is the spread of misinformation driven by fear, stigma, and blame. Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Not only is the threat of a new virus scary, many people are also facing stressful life challenges. Social distancing and self-isolating mean avoiding seeing friends and family and many people are worried about vulnerable loved ones. Many people are being asked to stay at home and avoid others, which might feel difficult or stressful. But there are lots of things people can try to help with their well-being during the outbreak. 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 liability. While this will affect most of the population it will disproportionately affect the poor, most vulnerable and marginalized groups. The most common emotion faced by all is Fear. It makes us anxious, panicky and can even possibly make us think, say or do things that we might not consider appropriate under normal circumstances. Staying at home can be quite nice for some time, but can also be boring and restricting. Persons who had previous mental illness may face newer challenges during self-isolation or Covid-19 infection. They would also have the same fears and stress as others which may worsen their previous mental health condition. Social isolation may make them more withdrawn, moody and irritable they may not seek/ get easy access to medicines and counseling. Help and support is vital for persons with mental illness from their families and other care givers. People who are quarantined are very likely to develop a wide range of symptoms of psychological stress and disorder, including low mood, insomnia, stress, anxiety, anger, irritability, emotional exhaustion, depression and post-traumatic stress symptoms. In cases where parents were quarantined with children, the mental health toll became even steeper. In one study, no less than 28% of quarantined parents warranted a diagnosis of “ trauma-related mental health disorder. Among quarantined hospital staff, almost 10% reported “ high depressive symptoms” up to three years after being quarantined. Another study reporting on the long-term effects of SARS quarantine among healthcare workers found a long-term risk for alcohol abuse, self-medication and long-lasting “ avoidance” behavior. This means that year after being quarantined, some hospital workers still avoid being in close contact with patients by

simply not showing up for work. There is risk of infection; fear of becoming sick or of losing loved ones, as well as the prospect of financial hardship. People with OCD like the compulsion to wash hands are understandably in a state of panic. Sadly, we've seen suicides as well because of this pandemic. All these, and many more, are present in this current pandemic.

Our mental health framework is just like miserably inadequate:

We have 1 psychiatrist for every 3 lakh people, 1 psychologist per 15,000 people and only 26,000 hospital beds. Our treatment gap is upwards of 70% and even above 90% in some cities. In lockdown, providing mental health care has become a logistical nightmare.

Many people are unable to travel to a mental health professional or hospital due to movement restrictions and lack of transport options. While mental health concerns have risen exponentially, visits to the mental health centers have fallen drastically—between 20 to 50% across the country.

There is also temporary shortage of anti-psychotic medication, affecting those with severe mental health disorders like schizophrenia, bipolar disorder, and Alzheimer's. With psychiatric prescriptions beginning to lapse, it is further exacerbating the mental health condition of those who need the medication. The government and pharmaceutical companies must ensure adequate production and dissemination of mental health medicines to avoid panic. With weeks and months of the coronavirus pandemic ahead, it is important to have down time.

AnxietyUK suggests practicing the "Apple" technique to deal with anxiety and worries.

Acknowledge: Notice and acknowledge the uncertainty as it comes to mind.

Pause: Don't react as you normally do. Don't react at all. Pause and breathe.

Pull back: Tell yourself this is just the worry talking, and this apparent need for certainty is not helpful and not necessary. It is only a thought or feeling. Don't believe everything you think. Thoughts are not statements or facts.

Let go: Let go of the thought or feeling. It will pass. You don't have to respond to them. You might imagine them floating away in a bubble or cloud.

Explore: Explore the present moment, because right now, in this moment, all is well. Notice your breathing and the sensations of your breathing. Notice the ground beneath you. Look around and notice what you see, what you hear, what you can touch, what you can smell. Right now. Then shift your focus of attention to something else - on what you need to do, on what you were doing before you noticed the worry, or do something else - mindfully with your full attention.

Case Description:

Case 1.

A 28-years-old man walked into the psychiatry outpatient department wearing a mask over face, looked pale & anxious and had folded his arms around the chest. His father revealed that he is suffering from OCD since the age of 15. His predominant symptoms were idea of being contaminated and washing his hands innumerable times a day. The patient found these thoughts very uncomfortable & annoying and failed to resist them despite several attempts. There was a delay in starting his treatment as they were not aware of this illness and its treatment. He consulted a psychiatrist for the first time around five years ago and has been taking fluoxetine 60 mg and clonazepam 0.5 mg daily. He was keeping well until few weeks back when the media buzzed with coronavirus cases all over the world. He started to avoid meeting people and his frequency of washing hands increased to the extent that made him dysfunctional. He was not willing to come to hospital and had to be forced by his father to seek consultation. He acknowledged that he had developed intense fear of getting infected with the virus after watching programs on television, listening to programs over radio and reading/ watching messages on social media platforms like WhatsApp & Facebook about the virus. Further, messages/programs on all these media invariably describe repeated hand-washing as an important precautionary measure against the disease. This has prompted him to wash his hands repeatedly. Though he started washing his hands to protect himself from the disease, it is now clearly excessive and disabling for him. The patient was prescribed fluoxetine 80 mg & clonazepam 1 mg daily, psychotherapy sessions were planned and was advised to avoid searching & reading about corona virus disease over internet.

Case 2.

A 40 years old male, was brought to emergency after a suicide attempt by hanging. Exploration of history revealed that around 1st week of March 2020, on one occasion while on his routine morning walk he was asked to take a photograph by a foreign couple. Later, patient came to know about the mode of transmission of COVID-19 infection. As a result, he started to remain distressed and worried that he could have contracted the infection from the foreigners. Following this over the period of next 2 weeks, despite having no respiratory symptoms, he started to remain sad, excessively worried about his health, and would express near his family

members that he is going to die soon. He self-isolated himself from rest of his family members, would refuse food, stopped talking to his family members, developed somatic/bodily symptoms in the form of dryness of throat, pain abdomen, and fatigue and attributes these symptoms to corona virus/COVID-19 infection. He kept on following the news about COVID-19, initially, learnt that it is associated with high mortality and the death is painful. Later, he started avoiding watching the news, because of increase in anxiety on listening about COVID-19 infection. He was not able to concentrate on his work. Because of fear of developing severe COVID-19 infection, he started to get thoughts that it is better to die by some means rather than waiting for the progression of COVID-19 infection and having a painful death. After about 2 weeks of onset of fear of developing COVID-19 infection, he attempted suicide by hanging himself with a rope. Within minutes of the attempt, he was found by the family members and was rescued, brought to emergency. He was medically stabilized. He was diagnosed with Adjustment Disorder Versus Severe Depressive Episode without psychotic symptoms. He was started on Cap fluoxetine 20 mg/day, which was increased to 40 mg/day after 1 week, along with low dose benzodiazepines (Clonazepam). He was also started on supportive psychotherapy. Within a week of starting of antidepressants and psychotherapeutic interventions he started to show improvement in his symptoms.

Current Issues

The World Health Organization (WHO) and The Centers for Disease Control and Prevention (CDC), and other health authorities across the globe are currently focusing on containing the COVID-19 pneumonia pandemic by recommending measures such as social distancing and quarantine; however, it lacks the emphasis and intervention of its impact on mental health. COVID-19 infection is a new disease; hence it is important to understand that its emergence and spread may lead to cognitive distress, anxiety, and fear in the public which then may lead to harmful stereotypes. With rising public stigma can cause the affected individuals hiding their illness to avoid discrimination which may prevent them from seeking immediate healthcare intervention. The execution of home quarantine is the number one factor that increases the prevalence of medical practitioners developing brief/acute to post-traumatic stress disorder (PTSD) as they display increased sleep and numbness disorder. The total number of infected health personnel as of February 11, 2020 was 1,716 (3.8%) of the total confirmed 44,672 cases with five reported deaths. Notably, there are not enough services that are set up to provide psychological counseling and psychiatric screening services for anxiety, depression, and suicidality for medical practitioners dealing with infected patients. The counteractive measures employed by the health authorities across the world towards managing the COVID-19 infection include: early identification and separation of suspected cases, tracing of contacts, biological and clinical data collection from patients national and regional criteria for diagnosis, the consensus of expert medical interventions, hospitals and units established for isolation and the prompt increase in the number of medical practitioners to the affected regions. These intervention measures are focusing on combating the pandemic but have serious mental health effects on the medical teams and the population at large.

Steps focusing on mental health:

- Psychiatric treatment team including nursing staff, psychiatrists, case managers, and psychologists and social worker should be established to deliver mental health support to the affected persons and medics.
- Clear and consistent information should be provided to the medical teams on the prevalence of the COVID-19, the charted plans for treatment, the progress, and the updates on the status of health should be provided to both the patients and families involved.
- The government and health organizations should ensure secure electronic information-sharing platforms are used to provide and promote telepsychiatry and telemedicine psychological counseling, promote legal information, and eliminate cases of isolation. There should be more enforcement on the awareness of online training in the management of COVID-19.
- Time-bound behavioral therapy should be provided to persons exhibiting signs of mental disorders to reduce the cognitive effects of the pandemic. The psychiatrists should also allow for personal adjustment to face the situation; this involves the behavioral and emotional responses, which, when coupled with the psychotherapeutic treatments based on the model of stress adaptation.

Learning from the Pandemic outbreak:

The outbreak of pandemics has a potential impact on the existing illnesses, causes distress among caretakers, and affected persons and leads to an onset of mental symptoms among the young or old, which is possibly related to the interplay of mental disorders and immunity. In order to avoid the mental health effects of the COVID-19 infection, people need to avoid excessive exposure to COVID-19 media coverage, maintain a healthy diet and positive lifestyle, and reach out to others for comfort and consolation that the situation will soon be contained. Everyone should maintain a sense of positive thinking and hope and take personal or group time to unwind and remind the self that the intense feelings of fear, panic, and anxiety will fade. Additionally, seek

information from reputable government sources for information and avoid the spread of erroneous information on the internet.

II. OBSERVATIONS

Coronavirus disease 2019 can cause a viral pneumonia with additional extra pulmonary manifestations and complications. A large proportion of patients have underlying cardiovascular disease and/or cardiac risk factors. Factors associated with mortality include male sex, advanced age, and presence of comorbidities including hypertension, diabetes mellitus, cardiovascular diseases, and cerebrovascular diseases. Acute cardiac injury determined by elevated high-sensitivity troponin levels is commonly observed in severe cases and is strongly associated with mortality. Acute respiratory distress syndrome is also strongly associated with mortality.

Suggestions for Psychological Support:

As governments update daily guidelines, the healthcare set-ups formulate new policies, and the general population practices either social distancing or strict quarantine, everyone seems to be proactively doing their bit to stop the physical spread of the disease. First, setting up of support lines for coronavirus related doubts, clarification of misinformation, and online and tele-counselling for people facing anxiety and stress during the pandemic can be a means to alleviate panic and fear. Second, connecting virtual and online neighborhood groups could reduce the risk of loneliness. After the outbreak, these can be converted into voluntary community help-groups to help people reknit their social fabric. Third, people currently in quarantine or under lockdown could be encouraged to take up an indoor exercise routine blending yoga, meditation, music and stretching exercises. Fourth, studies and researches need to be conducted to assess and evaluate the psychosocial repercussions on healthcare workers, on patients, and on the general population. Based on the outcomes, appropriate interventions can be put into place and efforts made to mitigate issues. Determining risks and predisposing factors prospectively can play a role in selecting people needing more care.

III. DISCUSSION

COVID-19 is a new disease that has caused great impacts to the people's daily life extraordinarily. Epidemics and pandemics are a periodic phenomenon. People in the community face several challenges during such periods. Lack of awareness often leads to an unconcerned attitude, which may adversely affect the preparedness to meet these challenges. Impacts of these epidemics and pandemics are often intense, which may adversely affect the mental well-being of a given population. The fear and anxiety related to epidemics and pandemics also influence the behavior of people in the community. Hence, this study attempted to evaluate the awareness, attitude, anxiety and perceived mental healthcare needs in the society. As the impact of COVID-19 is not limited to human infection and death, other associated issues should be addressed, like social discrimination. For instance, healthcare workers are increasingly looked at as someone who can spread the virus in the community. The impact of COVID has been also affecting sectors like entertainment, tourism, restaurants, and the travel industry, with a tremendous escalation of job losses. Disrupted supply chain and declining stock markets are the final consequences of these social changes, thus hitting the global economy. Finally, a greater incidence of panic disorder, anxiety, depression, and other psychosocial issues has been reported. A worldwide inclusive response should include a focus on mental health impact of patients and general population. The information from media and social network should be closely controlled and community supportive psychological interventions globally promoted.

IV. CONCLUSION AND SUGGESTIONS

It is observed from the studies that, the effect of lockdown and COVID-19 is affecting people's mind-sets. The news of COVID-19 is making people panic, hence there should be limitation on watching the news. It is also observed that people are spending much of their time with family during this lock down period and hence the relations are improving. Instead of telling a distressed person how they feel, like 'don't take it so hard' or 'don't think about it,' you could encourage them to talk about their thoughts or feelings so that person can come to their own conclusions about how to change their feelings or behaviors. Getting panic due to outburst may not help to solve the problem. People need to be emotionally strong and need to follow the instructions laid down by the Government. People should be engaged themselves in their hobbies/creative works to avoid negative or horrible thoughts of COVID-19.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Prakriti Sushmita, *et. al.* “ A Review on Covid-19 Psychological Feelings and Consequences.”
IOSR Journal of Humanities and Social Science (IOSR-JHSS), 25(8), 2020, pp. 57-61.