

## Review of mental health status of general public during pandemic of COVID-19

Arshiya Masood Siddiqui<sup>1</sup>, Arun Singh<sup>2</sup>, Dvijendra Nath<sup>3</sup>

<sup>1</sup>Department of Community Medicine, Government Medical College, Orai, Jalaun, Uttar Pradesh, India, <sup>2</sup>Department of Community Medicine Rohilkhand Medical College and Hospital, Bareilly International University Bareilly, Uttar Pradesh, India, <sup>3</sup>Department of Pathology and Principal, Government Medical College, Orai, Jalaun, Uttar Pradesh, India

### Corresponding Author:

Arun Singh, Department of Community Medicine Rohilkhand Medical College and Hospital, Bareilly International University Bareilly, Uttar Pradesh, India.  
Mobile: +91-9956008272.  
E-mail: arunspm@gmail.com

**Received:** 17-04-2020

**Accepted:** 27-04-2020

**Published:** 30-04-2020

### How to cite this article:

Siddiqui AM, Singh A, Nath D. Review of mental health status of general public during pandemic of COVID-19. *Int J Adv Integ Med Sci* 2020;5(2):45-48.

**Source of Support:** Nil,

**Conflicts of Interest:** None declared.

Pandemics are not new to human societies. Scientists at different ages have been shocked, baffled, and have struggled to cope with various deadly infectious diseases throughout centuries.<sup>[1]</sup> One such pandemic of the 21<sup>st</sup> century is COVID-19 pandemic caused by SARS-CoV-2 which has changed the world suddenly. The first case of this novel coronavirus has occurred in Wuhan, China, in December 2019. In January, the WHO declared this outbreak by a new coronavirus as public health emergency of international concern. The WHO stated that there is risk of COVID-19 spreading to other countries around the world. In

March 2020, the WHO made the assessment that COVID-19 can be characterized as a pandemic.<sup>[2]</sup>

After the 1<sup>st</sup> case in Wuhan city in December, the 1<sup>st</sup> confirmed case in India was on January 30 a student belonging to Kerala's Thrissur district who had returned for vacation from Wuhan city. Two subsequent cases reported on February 2 and 3 were also students returned from China in Kerala. On March 2, the Union Health Ministry reported two more cases; a 45-year-old man in Delhi who traveled back from Italy and a 24-year-old engineer in Hyderabad who had a travel history with the UAE.<sup>[3]</sup> Since then, cases kept on increasing. When cases reached approximately 500, it became necessary to place lockdown to slow the spread. On March 24, 2020, the Government of India under honorable Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days limiting movement of the entire 1.3 billion population of India as a preventive measure against the COVID-19 pandemic in India.

Now a days when general public is experiencing various types of fears and anxieties due to the COVID-19 pandemic, keeping the mental dimension of health in optimum state is now becoming the important task for all of us. Mental health disorders arising due this COVID-19 pandemic are very serious issues in this crucial time for whole human race. It the time to show the solidarity not only against the notorious virus but also against various types of social issues and uncertainties arise due unavailability of true facts and information about virus, its transmission, exact number of daily reported cases, lack sure treatment and vaccination. Keeping all these facts in mind the review was written to analyze the problems of all ages and stages of life of people of whole world and on the basis of some conclusions the recommendations were also given.

**KEY WORDS:** Anxieties, COVID-19, depression, fears, mental health, pandemic

Access this article online	
Website: <a href="http://www.ijaims.net">www.ijaims.net</a>	Quick Response code
	

This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

<sup>[4]</sup> Lockdown has disrupted routines and confined people to one space. The world seemed to turn upside down. People became lonely, confused, and panicked.

## EFFECTS OF LOCKDOWN AND PANDEMIC ON PEOPLE

- Fear of unknown/uncertainty
- Feeling of loneliness and those who were already feeling lonely, their conditions exacerbated
- Fear of loss of wages/earning
- Fear of getting infection and infecting their loved ones
- Stigma of isolation and quarantine
- Worsening of chronic diseases and mental disorders
- Fear of not getting proper care for other essential health needs
- Problem of infodemics.

## EFFECTS ON DIFFERENT GROUPS

### Children and Adolescents

Children and adolescents face an enormous disruption of their lives. They are likely to be experiencing worry, anxiety, and fear similar to those experienced by adults. Their specific stressor is closure of school. Because of closure of school, they no longer have the sense of structure and stimulation that is provided by school environment and now they have less opportunity to be with friends and get that social support that is essential for mental well-being.<sup>[5]</sup> Poor children bear disproportionate burden of this global crisis. Closure of schools may also result in loss of meals provided by schools. For some of them, school may be an escape from unhealthy environment of home. Many of them may not return to school again. For adolescents who are in transitional phase of life, this crisis may result in disruption of their passage of rite. As they seek independence and relate more to their peers than parents, confinement at home may have adverse psychosocial outcomes and risky behavior in them.

### Adults

Along with other stressors, more specific stressors for adults are financial breakdown. Issues related to parental unemployment and loss of family income are echoed in all family members including children and adolescents.

### Elderly People

Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak.

### People Living with Disability (PLWD)

There are more than 1 billion PLWD worldwide.<sup>[6]</sup> PLWD, including physical, mental, intellectual, and sensory disabilities, is less likely to access health services, and more likely to experience greater health needs, worse outcome, and discriminatory laws and stigma. COVID-19 threatens to

exacerbate these disparities, particularly in low-income and middle-income countries where 80% of PLWD resides, and capacity to respond to COVID-19 is limited.<sup>[7]</sup>

### Effect of Compromised Essential Services on All Areas

Essential services for all areas include reproductive, maternal, newborn and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies.<sup>[8]</sup> It is likely that health seeking may be deferred because of social/physical distancing requirements or community reluctance due to perceptions that health facilities may be infected.<sup>[9]</sup> People are depressed feeling where to go in time of need.

1. Corona warriors; health-care providers and frontline workers:<sup>[10]</sup>
  - i. Novel nature of SARS-CoV-2
  - ii. Inadequate testing
  - iii. Limited treatment options
  - iv. Insufficient personal protective kits
  - v. Extended work hours/workload
  - vi. Concern about getting infected and infecting and caring for their loved ones
  - vii. Emotional trauma of seeing people dying before their eyes
  - viii. Emotionally and ethically fraught resource allocation decision
  - ix. There is risk of stigmatization and discrimination by society for whom they are fighting.

This period of confinement – especially if indoors and in small spaces, could lead to higher risk of Vitamin D deficiency, mental health issues, myopia, and increased risk of respiratory infections.<sup>[11]</sup>

How to recognize mental health problems: Observe the following:<sup>[12]</sup>

1. Changes in sleep pattern
2. Difficulty in sleeping and concentrating
3. Worsening of health problems
4. Increased use of alcohol, tobacco, or drugs
5. Loss of appetite
6. Abnormal behavior.

How to address mental health problems: Understand coping mechanism, insight, tools, and techniques.

Coping mechanism: Kubler-Ross five stages model.

Kubler-Ross, a Swiss American psychiatrist, introduced this model inspired by her work with terminally ill patients. She described five stages of grief in her book “On Death and Dying” in 1969. These stages represent the normal range of feelings people experience when dealing with change in their lives or in any tragic event. These five stages are as follows:

1. Denial: “I can’t believe it,” “This can’t be happening,” “Not to me”
2. Anger: “Why me? It’s not fair,” “No!,” “I can’t accept it”

3. Bargaining: “Just let me live to see my children graduate,” “I will do anything if you give me more time, a few more years”
4. Depression: “I am so sad why bother with anything?” “What’s the point of trying?”
5. Acceptance: “It’s going to be OK,” “I can’t fight it, I may as well prepare for it.”

Kubler Ross called them normal reactions, defense mechanism, or coping mechanism that we need to move through to manage change. She said that these stages can last for different period of time or will replace each other or exist side by side. Ideally, it would be good to think that we will reach the phase of “Acceptance” while managing changes but some people get stuck in the stages and find it difficult or impossible to move on. Although these stages are descriptive not prescriptive, they do provide an insight into coping mechanism of any tragic event.<sup>[13]</sup>

When we translate this model to COVID-19, we see

1. Denial: This can’t be happening? Are you serious? The flu kills more people every year? It’s business as usual. I am not buying into hype
2. Anger: This is ridiculous. This is going to cost us millions. What are these morons doing? Why didn’t anyone get ahead of this?
3. Bargaining: That is, making a trade-off. This is painful but for the best. A temporary closure is costly but will save lives and get back to normal more quickly. I may only get mild symptoms but if my grandma was to get this, she’d be a goner.
4. Depression: What’s the use, we are all going to get this virus anyhow? How will I pay my rent? My business can’t survive a prolonged shutdown.
5. Acceptance: Exploring options and moving on. This is what’s happening and therefore this is what we need to do in response. We act fast and we act decisively to save lives.<sup>[14]</sup>

### Insight

Although COVID-19 pandemic seems to be the largest pandemic of our lifetime, it is not the 1<sup>st</sup> time, it happened in the past and may happen in the future. Humanity and disease have always existed side by side.<sup>[15]</sup> Various pandemics, for example, influenza, plague, cholera, and other infectious diseases have terrified the man from time to time but every time he has survived, won the battle learnt a lesson and become better and stronger. New diseases are always emerging and reemerging. Marie curie said, “Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less.” Fear is focusing and energizing and creativity is a defense against feeling helpless. People are more creative in a crisis because urgent and important are better aligned in a crisis. History is witness that whenever there is a crisis, there is always a creativity surge. This is what is happening now, creative solutions (may not be very perfect) are coming from every walk of life, for example, medical communities, government and policy-makers, data scientists, business communities, teachers, parents and ordinary man, etc. Very soon we will control this pandemic as we have always done.<sup>[16]</sup>

## TOOLS AND TECHNIQUES

As COVID-19 is a new viral disease caused by novel coronavirus, there are gaps in understanding of natural history of disease. There is inundation of information both true and fake from various portals of information which is baffling and confusing to people. Hence, the most vital fact is to provide them with correct information; what we know and what we do not know, the nature of disease, how it is transmitted and how to prevent and control. People should be guided how to remain safe, secure, hopeful, and cool in this collective crisis. Various myths and misconceptions regarding COVID-19 must be busted.

The following measures are recommended:<sup>[17]</sup>

1. Getting information from reliable sources only. Minimize watching, listening, and reading news about COVID-19 that causes you to feel anxious or distresses. Seek information at specific time during the day once or twice.<sup>[17]</sup> Refer affected people as “People who have COVID-19” or “People as being treated for COVID-19” not as “COVID-19 cases”<sup>[18]</sup>
2. Be empathetic. Do not attach the disease to any particular ethnicity or nationality
3. Check by telephone on neighbors or people in your community who may need some extra assistance
4. Honor carers and health care workers supporting people affected with COVID-19
5. Try and use helpful strategies such as ensuring sufficient rest and respite during work, eat healthy food, engage in physical activity, and stay in contact with family and friends
6. Give young people the love and attention they need to resolve their fears, and being honest with children, explaining what is happening in a way that they can understand, even if they are young. Parents also need to be supported in managing their own stressors so that they can be model for their children. Helping children to find ways to express themselves through creative activities, and providing structure in the day – if that is possible – through establishing routines, particularly if they are not going to school anymore, can be beneficial<sup>[19]</sup>
7. Take special care of vulnerable group likely elderly, disabled, and sick people. Stay connected and maintained social work, avoid listening to or following rumors that make you feel uncomfortable. Keeping each other safe and connected is everyone’s responsibility. Together we can beat COVID-19<sup>[20]</sup>
8. Give psychological first aid.<sup>[21]</sup>  
Psychological first aid: Is a humane, supporting response to fellow being who is suffering and may need support. It is an acute intervention of choice when responding to psychosocial needs of children, adults, and families affected by disaster and terrorism. It involves following seven themes.
  - i. Assess needs and concerns
  - ii. Help with basic needs (e.g., food, water, and information)
  - iii. Listen but do not pressure them to talk.
  - iv. Comfort them and help them feel calm
  - v. Connect them to information, services, and social support

- vi. Protect people from further harm
- vii. Provide practical care and support.

Manage your own stress. Take rest and reflect. Do not enter the risky areas without protection

Prepare-Look-Listen-Link-Rest-Reflect

## CONCLUSION AND RECOMMENDATIONS

The impact of COVID-19 pandemic and accompanying lockdown has resulted in fear about the unknown, insecurity, anxiety, confusion, isolation, loss of work and wages, school closures, disruption of essential services, and shortages of resources. These problems may be reflected in unhealthy behavior such as increased substance abuse, non-compliance of instructions, antisocial behavior, and increase crime due to increasing poverty. Hence, it is high time to address mental health issues and train and orient health-care providers and other front line workers regarding these issues. Worries and miseries of the people must be acknowledged and addressed optimally and urgently. Containment and mitigation activities go hand in hand. Saving lives and reviving livelihood are vital. Some of the people may succumb to this crisis but many will develop resilience and will become stronger. Be kind, stay safe and stay secure.

## REFERENCES

1. Erkoreka A. Origins of the Spanish influenza pandemic (1918-1920) and its relation to the First World War. *J Mol Genet Med* 2009;3:190-4.
2. World Health Organization. Mental Health and Psychosocial Considerations during COVID 19 Outbreak. *MH Gap Humanitarian Intervention Guide WHO*. Geneva: World Health Organization; 2020. Available from: [https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af\\_2](https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2). [Last accessed on 2020 Jun 05].
3. Time Line Covid 19 Wikipedia. Available from: [https://www.en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_India](https://www.en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_India). [Last accessed on 2020 Jun 01].
4. Covid 19 Pandemic Lockdown in India. Available from: [https://www.en.wikipedia.org/wiki/COVID-19\\_pandemic\\_lockdown\\_in\\_India](https://www.en.wikipedia.org/wiki/COVID-19_pandemic_lockdown_in_India). [Last accessed on 2020 Jun 06].
5. World Health Organization. Mental Health and Psychological Resilience during Covid 19 Pandemic. Geneva: World Health Organization; 2020. Available from: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic>. [Last accessed on 2020 Jun 10].
6. Armitage R, Nellums LB. The COVID-19 response must be disability inclusive. *Lancet Public Health* 2020;5:e257.
7. Prioritising disability in universal health coverage. *Lancet* 2019;394:187.
8. Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance Note. MoHFW, GOI. Available from: <https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>. [Last accessed on 2020 Jun 05].
9. Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) Services during & Post COVID-19 Pandemic. MoHFW, GOI. Available from: <https://www.mohfw.gov.in/pdf/GuidanceNoteonProvisionofessentialRMNCAHNServices24052020.pdf>. [Last accessed on 2020 Jun 09].
10. Pfefferbaum B, North CS. Mental health and the Covid-19 pandemic. *N Engl J Med* 2020;385:510-2.
11. Lee J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Health* 2020;4:421.
12. Minding the Minds during Covid 19. MoHFW, GOI. Available from: <https://www.mohfw.gov.in/pdf/MindingourmindsduringCoronaeditedat.pdf>. [Last accessed on 2020 Jun 09].
13. Conelly M. Kubler-Ross Five Stages Model; Change-Management Coach. Available from: <https://www.change-management-coach.com/kubler-ross.html>. [Last accessed on 2020 Jun 10].
14. How to Identify the Stages of Grief in Covid 19 Message. Available from: <https://www.prdaily.com/how-to-identify-the-stages-of-grief-in-covid-19-messages>. [Last accessed on 2020 Jun 01].
15. Institute of Medicine (US). Forum on Microbial Threats. Microbial Evolution and Co-Adaptation: A Tribute to the Life and Scientific Legacies of Joshua Lederberg: Workshop Summary. Washington, DC: National Academies Press; 2009.
16. Boyce A. Why People are More Creative in a Crisis? *Psychology Today*. Available from: <https://www.psychologytoday.com/intl/blog/in-practice/202003/why-are-people-more-creative-in-crisis>. [Last accessed on 2020 Jun 10].
17. World Health Organization. Mental Health and Psychosocial Considerations during COVID 19 Outbreak. *Mh Gap Humanitarian Intervention Guide WHO*. Geneva: World Health Organization; 2020. Available from: [https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af\\_2](https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2). [Last accessed on 2020 Jun 10].
18. World Health Organization. Self-Help Intervention Reduces Psychological Distress in Humanitarian Crisis Situation. Geneva: World Health Organization; 2020. Available from: [https://www.who.int/mental\\_health/en](https://www.who.int/mental_health/en). [Last accessed on 2020 Jun 10].
19. World Health Organization. Statement-Physical and Mental Health Key to Resilience during COVID-19 Pandemic. Geneva: World Health Organization; 2020. Available from: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-physical-and-mental-health-key-to-resilience-during-covid-19-pandemic>. [Last accessed on 2020 Jun 05].
20. World Health Organization. Mental Health and Psychological Resilience during COVID 19 Pandemic. Geneva: World Health Organization. Available from: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic>. [Last accessed on 2020 Jun 10].
21. Singaravelu V. Psychological First Aid: Field Workers Guide. Available from: <http://www.disaster-relief.org/pdf/psychological-first-aid.pdf>. [Last accessed on 2020 Jun 10].