COVID-19: a psychosocial perspective

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The COVID-19 pandemic is the greatest global challenge that we have faced after World War II which has spread to each and every continent except for Antarctica. The numbers are / may not be reflective of the actual situation and there is a greater chance of them being underreported due to the lack of testing being done with limited number of equipment and kits available [1].

For the first time ever, more than 190 nations and more than 2.6 billion people are amidst some form of lockdown or quarantine (restriction of movement of people who have potentially been exposed to a contagious disease) and practicing physical distancing (earlier being referred to as social distancing, involves to maintain a 1.5 meters distance from another person). Staying at home and physical distancing are the important preventive measures needed to be practiced at mass levels in order to establish some form of control over the pandemic spreading [2].

Some other practices that are a prerequisite for everyone to follow in order to keep COVID-19 at bay are [3]:

- Maintain a good hand-washing hygiene: wash your hands for at least 20 seconds with hot water (preferably) and soap. Wash hands every time you may have had contact with things / people outside the house. Sanitizers should be used only when the option of soap and water is unavailable. Sanitizers do not replace soap and water. The best sanitizers are those that have a greater alcohol content (at least 17% and above).
- Cover your mouth and nose: while sneezing and coughing, cover you mouth and nose with clean tissues and immediately dispose the tissues off in a lid-covered dustbin. Ensure that hands are clean before you touch your mouth and nose.
- **Don't touch your face repeatedly:** We touch our face (including nose and mouth) anywhere between 10-30 times in an hour and often forget that our hands could be dirty and carriers of germs / infection which can be easily transmitted through mouth and nose. Ensure that your hands are clean before you touch them on your face and try being aware while touching your face.
- **Physical distancing:** when moving around to buy groceries and medicine, ensure that there is considerable 1-1.5 meters distance between you and another person. Wearing a mask is utmost necessary to prevent transmission of infections. Physical distancing also means to strictly not practice gathering in large groups (more than 3 people) at one time.
- Sanitize surroundings: It is important for individuals to be aware of and practice sanitizing the areas in the house they use the most, such as place where they work / study or spend most time at. It is important to ensure that devices such as mobiles may also be clean as they may be carriers of the infection too as people do use them when outside the house.

The psychological impact of COVID-19 and quarantining

Initially, the outbreak of COVID-19 induced and accelerated anxiety and panic attacks among people as everyone developed the fear of developing the infection. Though an anxiety-laden response may be normatively expected in a situation of outbreak, many people who had a pre-existing anxiety related disorder, experienced worsened symptoms. Also, in general it invoked a health-anxiety response among people where individuals became extremely cautious of contacting anything possible that could cause them to be infected, and had a hypochondriacal response to common cold symptoms. This is usually aggravated

due to misinformation and rumours spreading like wild-fire in such sensitive times. The outbreak also had feelings of fear invoked in many. Additionally, many people also reported having novel experience of panic attacks and the ones with a pre-existing panic disorder or panic attacks, reported experiencing worser ones, with greater intensity [4].

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 severe cases, suicide has also been reported due to the fear of developing the disease. People with pre-existing mental health illnesses have faced crises with aggravated symptoms, inaccessibility to mental health professionals, online consultations and therapy sessions (which may not be as adequate as face to face consultation for many) and lack of availability of medication [5].

Stressors that trigger these psychological maladaptive states are longer quarantine duration, infection fears, loss of freedom, loss of liberty, separation from loved ones, frustration, boredom, inadequate supplies, inadequate information, financial loss, stigma and largely the uncertainty of the outbreak as well as future overall. Where at one hand there is a need to levy lockdown, self-quarantine reports have been less distressful and may be suggested to be practiced in the light of understanding the gravity of the situation. The change in routine, working from home for longer stretches, doing assignments, attending classes and in rarer cases, even appearing for exams online, not being able to move out of the house for walks / refreshments are habits none of us are very accustomed to and rather finding it difficult to adjust to [6].

There are a large number of elders in the community and a further number of elders in old age homes. The effects of COVID-19 vary between these two groups. The people in an old age may be secure as protection may be implemented but also old age home staff may reduce in the wake of the lockdown and their care may get compromised. Their families who would visit them weekly or fortnightly shall cease to do so and the uncertainty on when the lockdown ends shall add to their trials [7].

For those living alone in the community will have to step out of their houses for essentials as they have no one to get chores done for them while the lack of transport will make their commute tedious and the absence of maids shall make chores seem onerous. They shall thus have to exert more than they did before with their bodies which are already reeling under the weight of their existing medical and physical ailments.

Mental health of frontline healthcare workers

Frontline workers are usually the medical health and para-health professionals who work with the pandemic victims directly. However, during COVID-19, several others have also served as the frontline workers who have enabled services and security being ensured. The other frontline workers are police personnel, cleaners and sweepers, delivery personnel, pilot and flight attendants, grocers, pharmacies, scientists and researchers, IT professionals, farmers and food providers as well as NGOs, ASHA workers, AWW (anganwadi workers) and public health caregivers. All these people have been ensuring the safety, security and administrative needs during the time of lockdown by delivering required respective services. However, a neglected area among these frontline workers is that of their mental health. It is disappointing to learn that non-cooperation with and physical injuries inflicted upon the police personnel and the doctors amidst this lockdown has added to greater mental health burden as well. In a country like India where cultural factors aggravate the stigma attached to talking about mental health, several frontline workers are left to suffer the grind of mental health turmoil while they continue to be at work [8].

Among all the frontline workers, the ones who suffer the most are medical health professionals. Various factors that add up to them feeling overwhelmed and distressed, which are: [9]

- 1. Emotional strain and physical exhaustion of continually attending to and treating patients and even losing patients to death while treatment in ensue.
- 2. Co-workers fall ill while treatment and that creates further distress as well as lack of staff that increases the burden of the share of responsibility of humungous treatment, adding to their
- 3. Doctors have a constant threat of being affected themselves while treating patients.

- 4. The shortage of important protective equipment becomes an increased challenging, further risking the life of the doctors and increasing the toll of tension.
- 5. Doctor also have a looming fear of carrying back the infection to their families and may sometimes make them feel not just worried but also guilt.
- 6. Doctors are taxed with unfamiliar, new duties in times of crises when there is shortage of staff and doctors may have to pay multiple role in order to maximise patient- care.
- 7. With the heavy duty of doctors being indispensable, sleep comes to rescue and relief. Increased workload means extra and long working hours with bare minimum sleep and essentials.
- 8. Doctors may not vividly express the loss of patients but in pandemic situations it can be overwhelming and beyond compassion fatigue to deal with excessive numbers of death.
- 9. Also, when treatment for an illness is not confirmed, it puts the doctors a greater risk and caution to be careful enough with treatment protocols. Health professionals can barely take any risk for the treatment going wrong.

COVID-19 and their impact on mental health – specific issues

The lockdown has impacted every area of functioning and consequently affected various other facets and groups, some of them are enlisted below:

- 1. A lot of people travelling for work or those who have agricultural lands in the country side were stuck. This prevented many to go back to their homes and there was thus, a huge crisis for accommodation and food for them in places where they got stuck. With limited stock supplies and lockdown being there, it became difficult to make adequate shelter and food available to them. Thousands walked back home amidst the lockdown, on foot for hundreds of kilometres. For those who stayed back, either found themselves alone, anxious or and/or depressed, or stayed back with relatives or someone known, desperately waiting for the lockdown to uplift
- 2. The challenge was also that of the daily wage workers who relied for their meals on what they would make of the day's work. With work coming to a halt, providing for the day to day meals became burdensome. Though government provided for some ration and money in the bank accounts of these labourers, the needs were met with initiatives of providing food by the nongovernmental organisations, individual efforts as well as the governments in some states [11].
- 3. The economy crisis is a global concern and has worried all working-class individuals, many fearing the loss of their job and many stressed over managing the possible recession. This has got businessmen and industries worried about how will people engage in work post the lock-down with the lurking fear of infection that would have recently subsided. Entrepreneurs have suspected a behavioural change to occur with the work form home model and are quizzical about how willingly people will join office post pandemic [12].
- 4. Academicians and institutes are worried about finishing the portion and sticking to scheduled syllabus completion and students are loaded with assignments with having to attend online classes and some of them even appearing for examinations online [13].
- 5. Parents are occupied with stressing over their children's studies, managing anger issues and temper tantrums that have arisen as a result of the lockdown. Parents must help their children understand the situation around and help reduce the scare instilled in their children [14].

Managing psychological well-being during COVID-19 – critical aspects [15]

- **Ensure correct intake of information:** Don't only focus on COVID-19 related news 24-hour on news or social media as these updates can make you more worried. Set specific times in the day to check news, maybe 3-4 times in a day.
- 2. Get the facts right: Gather high-quality information that will help you to accurately determine your own or other people's risk of contracting coronavirus (COVID-19) so that you can take reasonable precautions. Trust the government and WHO websites only.
- 3. Connect with others: Messaging, playing games online together, writing email telegrams and video calls with friends and family can help beat isolation.

- 4. Talk or write down your worries: Remember that this is a difficult time for everyone and sharing how you are feeling and the things you are doing to cope with family and friends can help them too. Should you not feel like talking to someone or may not find someone to talk to, take to journaling your thoughts in that moment.
- 5. Look after your physical wellbeing: Try to eat healthy, well-balanced meals, drink enough water, exercise inside where possible and outside once a day (keeping the recommended 1.5 metres distance from others as part of physical distancing).
- 6. Help and support others, do your bit: Think about how you could help those around you it could make a big difference to people in need and can make you feel better too. You could be there to listen to someone, donate in cash or kind, spread healthy and correct information to others or even participate in food drives.
- 7. Follow a healthy sleep pattern: Try to maintain regular sleeping patterns and keep good sleep hygiene practices – like avoiding screens before bed, cutting back on caffeine and creating a restful environment. Avoid reading about the pandemic or lockdown 45-60 minutes before sleep.
- 8. Have a routine: Think about how you can adapt to and create positive new routines try to engage in useful activities (such as cleaning, cooking or exercise) or meaningful activities (such as reading or calling a friend). Having a flexible time table for the day and week may help.
- 9. Make time to do things you enjoy: Engage in hobbies, try something new, learn or enrol for courses, try bringing back things you did earlier that made you happy and use this time to do all that you wanted to do.
- 10. Short-time goal setting: Setting realistic, achievable and short-term goals gives a sense of control and purpose – think about things you want or need to do that you can still do at home.
- 11. Cognitive engagement: Ensure you keep your mind active by either reading, playing games, solving puzzles and sudokus in the newspaper, reading the newspaper, writing or drawing and painting. Find something that you enjoy.
- 12. Bring your focus to the here and now: Remember that everyone is going through this and we all are sailing in the same ship. This will pass too, take one day at a time. Relaxing techniques, yoga, meditation, breathing or simply spending some quiet time re things you can do to come back to the here and now.
- 13. See if you can get in contact with nature: This could be simply standing at the window and allowing air to brush your face, little exposure to sunlight, catching up with some terrace time, going down in the building compound for a stroll or finding your feet walking / sitting on the grass are things that can help you feel rested and calm. Take time to listen to the birds chirping outside all day, you'd probably never get this long a time to hear all the birds, listen to the ruffling leaves, stare into the night sky and observe the butterflies, bees and insects, scrawl over gardens.

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