

Public Responses to and Mental Health Consequences of the COVID-19 Pandemic in Pakistan

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The novel coronavirus (SARS CoV-2), is a severe acute respiratory syndrome.¹ Initially, cases were first reported in Wuhan, China, in late 2019; the virus became a worldwide pandemic.² As of 3 February, the World Health Organization reported 146 cases in 23 different countries outside China.³ The virus was present not only in Chinese cities but also in other foreign cities that had close links to China and that did not have vigilant public health intervention.⁴ Economic crisis and social disruption were reported in Pakistan. Many Pakistani citizens who traveled from different countries, especially Iran, tested positive for coronavirus. These citizens displayed symptoms related to psychological, and behavioral problems such as death anxiety, fear, stress, and depression. The stock market dropped badly in Pakistan and other parts of the world. Pakistan experienced a significant shortage of masks and sanitizer in local markets. For preventive measures, the Pakistani government locked down educational institutions, industries, and local markets; it also prohibited public gatherings. This lockdown led to unemployment and financial crises that in turn caused further psychological and behavioral problems in individuals. The Pakistani people had already suffered greatly: they experienced two historical Indo-Pakistani Wars in 1965 and 1971, and several natural disasters such as earthquakes in 2005 and flooding in 2010. Such disasters brought great human suffering and property damage to the country. These disasters created fear and anxiety for the Pakistani people - the pandemic and

lockdown added to this.

The coronavirus spread rapidly in Pakistan. We could have predicted the physical and psychological consequences in the most vulnerable people. First, emotional responses such as fear and uncertainty led to negative societal behaviors. Distorted perception led to physical and social isolation as well as psychological distress (such as anger, fear and insomnia) and mental health disorders (such as post-traumatic stress disorder, anxiety, depression, and somatization). Such health-related concerns occurred not only in affected people but also occurred in the general population. Second, infected and sick people, these working in quarantine, and health care professionals working among the ill, experienced psychological issues such as stress and anxiety. It is therefore necessary for mental health professionals to continue to provide support to the vulnerable and health care professionals.

Conflict of interest: Non declared.

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Received: 05 August 2020, **Accepted:** 03 June 2021,
Published: 08 July 2021