

Letter to Editor

The Psychological Impact of COVID-19 Pandemic on Pakistani Population: managing challenges through mental Health services

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Due to onset of coronavirus disease 2019 (COVID-19) pandemic, produced by acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections in Wuhan, a city of China, a state of financial crisis and mental suffering quickly spreaded across the whole world [1]. Social activities were limited in the large parts of the world; most of unnecessary movements of people were banned because of quarantine whereas application of necessary protocols became compulsory for hospitals after receiving thousands of corona affected patients. Because of this, both the healthcare professionals working on front-line and general public became susceptible to psychological and emotional effects of COVID-19 due to morbidity and mortality associated with it.^{1,2}

A number of emotional and mental-health issues like tension, apprehension, depression, distress, insecurity, emotional disruption, anxiety, changes in mood and restlessness, loss of sleep, distress following trauma, annoyance, and emotional collapse in the period of COVID-19 pandemic appeared gradually. Firstly China and then many countries of Europe followed the techniques of maintaining appropriate social distance and constraints on free movement of general public, even though Italy and Spain faced a tremendous burden of patients affected by corona virus.^{2,3} Execution of mass quarantine in order to prevent gross spread of corona virus became a source of stigma and anxiety among general public. Media also worsened this situation by providing inappropriate, incomplete and anxiety-provoking information to public. Though regulations are made by government of Pakistan to ensure appropriate

social distancing for safety of public but a more focused policy is the need of the hour that can address physical and psychological morbidity and mortality associated with COVID-19 crisis.^{3,4}

Risk Factors

Alexithymia: One can define Alexithymia by literature as “no words for mood” and in start it was used to explain cognitive and emotional characteristics in patients having psychological issues. Persons with Alexithymia have remarkably high levels of apprehension, depression, and psychosomatic problems compared to non-alexithymics in such situations.⁵

Inadequate Supplies

During quarantine and a period of 4-6 months after it people were worried and doubtful for getting sufficient quantity of basic necessities i.e food items, drinking water and clothing etc and this insecurity exposed them to high levels of apprehensions and irritability.⁶

Inadequate information

Evidence from existing literature recommend that provision of inappropriate, insufficient and wrong information to people regarding purpose of quarantine or call for different actions like lockdown, for decreasing spread of outbreak, from administrative authorities, can provoke marked level of stress and misunderstanding in public.^{1,2}

Protective Factors

Resilience

Psychological resilience is one's ability to

recover or retrieve psychological well-being during or after addressing stressful disabling conditions. To cater this end health care regulatory authorities and scientists recommend not only to avoid the risk of being infected but even to follow containment measures that may be implemented in the hospitals as well as in the community as a whole to boost self-resilience and individual abilities to successfully counter social threats as whole.^{6,7}

Social Support

The very concept of social support is associated with a reduced likelihood to develop psychological distress and psychiatric conditions. Government policies should aim at providing adequate social support for the general population specifically targeting at risk population (e.g., infected patients, quarantined individuals, and medical professionals) by offering targeted, tailored messages according to most reliable scientific evidence.

Preventive strategies

In order to mitigate the immediate psychological impact of COVID-19 outbreak specific preventive strategies can be introduced at the community level which include but not limited to the following measures as:

- i) Launching of general awareness campaign highlighting the Dos & DON'Ts,
- ii) To implement effective communication at all levels of administration,
- iii) Providing adequate psychological services to the community,
- iv) To enhance health education using online platforms,
- v) It is paramount to correctly address social fear related to COVID19 outbreak while stigma and discrimination need to be recognized as major challenges able to reinforce the feelings of uncertainty in a period of social crisis.
- vi) Hospitals protocols linked to the early and effective management of health emergency need to be implemented in due course of time especially the provision of adequate personal protective equipment.
- vii) Scientific community should liaison in close cooperation with healthcare workers by providing appropriate information to weaken the impact of anxiety, frustration, and all the

negative emotions which represent important barriers to the correct management of social crisis and psychological consequences related to pandemic.

- viii) Unmet needs should be rapidly identified by medical staff that needs to be communicated frequently and in a timely manner with most of patients to understand the risk of developing new symptoms or worsening of a preexisting psychological distress.
- ix) Telephones helplines, Internet access, active social networks, dedicated blogs and forums should be implemented in order to reduce social isolation and loneliness in society as well as allow to specific populations (e.g., infected subjects in hospitals or quarantine settings) the successful communication with their loved ones.
- x) Special focus should be provided to marginalized populations such as elderly individuals or those with psychological problems by allowing and encouraging them to actively consult with clinical psychotherapists in order to detect early warning signs.
- xi) Psychiatrist input should be mandatory in symptoms related to initial psychological crisis together with the need to perform effective interventions using personalization and monitoring of adverse drug reactions related to psychoactive medications.
- xii) Last but not the least telemedicine should be really implemented as early as possible especially in areas where mental health services are poorly represented or severely impaired by the rapid spread of pandemic and lockdown restrictions.

Conclusion

It is highly recommended to implement community-based strategies in order to support social resilience in general and to psychologically vulnerable individuals in particular during the COVID-19 crisis. The psychological impact of fear and anxiety induced by the rapid spread of this pandemic needs to be clearly recognized as a public health priority for both government authorities and policy makers in order to formulate clear behavioral strategies for reducing the burden of the disease and the dramatic mental health consequences of this outbreak.

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