

# Covid-19 Pandemic and Mental Health Issues

Aabishkar Bhattarai,<sup>a,b</sup> Bijaya Karki<sup>a,c</sup>

In January 2020, the World Health Organization (WHO) declared the outbreak of novel coronavirus disease (COVID-19), a Public Health Emergency of international concern. WHO stated that there is a high risk of COVID-19 spreading to countries around the world. In March 2020, WHO declared COVID-19 as a global pandemic.[1] From December 2019 till today (18 June 2020) the total cases have approached to 8,242,999 with the death of 445,535 and the incidence is increasing day by day.[2] From the first case seen in Wuhan, China the virus has been rapidly spreading to most of the countries of Asia, Europe and America with almost all the world population affected directly by the disease or its consequences. The physical, social, economic, psychologic and mental wellbeing of the world population have been affected with this pandemic in its peak. To control this pandemic, most of the resources and manpower are dedicated to the patients with COVID-19 and the health care workers and volunteers who work in frontline. Governments have implemented lockdown modalities with a hope to reduce the burden of transmission in their countries, which has surpassed more than 2-3 months in most countries. The effect of pandemic, lockdown and social isolation approach have risen concern regarding their consequences to the mental health of the general population.[3]

Fear, worry and stress are the normal consequences of the perceived or real threat when an individual is faced with uncertainties. This COVID-19 pandemic comes with lots of uncertainties regarding management and containment approaches. Many people are having fear regarding contracting the virus, worrying regarding their health and health of their beloved ones. People are having undue distress and impairment to social and occupational functioning. Across the societies, a sense of loss can be felt from losing direct social and physical contact, entrapment, loss of loved ones, loss of job opportunities and employment, recreational activities, freedom, and social supports. Post infectious fatigue and depression have been associated with other epidemics in past and it seems to be the same for COVID-19 pandemic.[4] Stresses have attributed to difficulties in concentration, changes in sleep habits and eating patterns with worsening of the pre-existing chronic health and mental problems and indulgence of the people in substance abuse, alcoholism and domestic violence. The perception of fear, anxiety, depression, obsessive compulsive disorders, self-harm and suicidality and post-traumatic stress disorder are increasing.[5] There is increased worsening of pre-existing mental problems and increased incidence of treatment non-compliances and relapses in patient with mental disorders. With the implementation of lockdown, people are not able to enjoy routine health services and OPDs visits which have reduced the evaluation of the pre-existing mental problem as well as diagnosis and treatment of new mental health related issues. Strict lockdown as a pandemic control measure disproportionately affects the most vulnerable populations e.g. those with pre-existing mental and physical disorder, recovered individuals and those who become mentally unwell due to loneliness, restrictions, entrapments and anxiety. Health workers who need to make a highly challenging decisions working closely with the virus and patients with COVID-19 and who are exposed to the traumatic events such as death and dying are especially vulnerable to the mental health problems attributed to the stress they go through.

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a - Medical Officer,

b- Metrocity Hospital, Pokhara, Nepal.

c- Kaski Model Hospital, Pokhara, Nepal.

**Corresponding Author:**

Aabishkar Bhattarai

Email: [aabishkar.bhattarai@gmail.com](mailto:aabishkar.bhattarai@gmail.com)

ORCID: <https://orcid.org/0000-0003-3669-1707>

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A dual relationship exists between the COVID-19 infection and mental health; infection causing mental health issues and mental health disorders on other hand being hurdle to control the pandemic. Lack of cognition in respect to patient with mental health disorders, inappropriate awareness of the risk and control strategies of personal protective behaviours, lack of knowledge/cognition regarding personal protection, handwashing, not touching t-zone of the face, tissue use; physical and social distancing and confinement to the home or psychiatric wards can increase the susceptibility to the disease. Also due to the prevalence of social discrimination in respect to the patients with mental health disorders, there remains a barrier to treat or transfer a psychiatric patient to the health care facilities. Also due to delayed diagnosis of the COVID-19 infection in such patients they can also be a contagious source of virus to the society.

Pandemics do not affect all the patients equally and inequalities can drive the spread of infection. So along with the patients and health care workers, attempts should be focused to the most vulnerable groups to develop a novel intervention to protect mental health and physical wellbeing. Maintaining healthy life style, balanced diet, sleep and social contact, daily physical exercises to maintain body mobility, meditation and yoga, avoidance of alcohol, tobacco and illicit substances, involvement in the activities of interest to make oneself acquainted, and keeping in touch to the near and dear ones via electronic and online medium can help to reduce the stress and anxiety regarding the pandemic. Social media on its dark side being the source of rapidly spreading misinformation, amplifying the perception of risk with repeated exposure to information also increases the worries, stress and impair the functioning. These uncertainties and worries draw additional media consumption and further distress creating a cycle difficult to break. So, it is healthy not to overindulge oneself continuously to the news of disease and pandemic, however one should seek information from the trusted source so that one could take practical steps to prepare plans and protect themselves and their loved ones.

The current situation will not disappear overnight, so the global population should focus on long term behavioural modifications and sustainable rather than repeated short-term approach to preserve individual's mental health and functioning.

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