Mental Health in the Time of COVID-19: A Hidden Pandemic?

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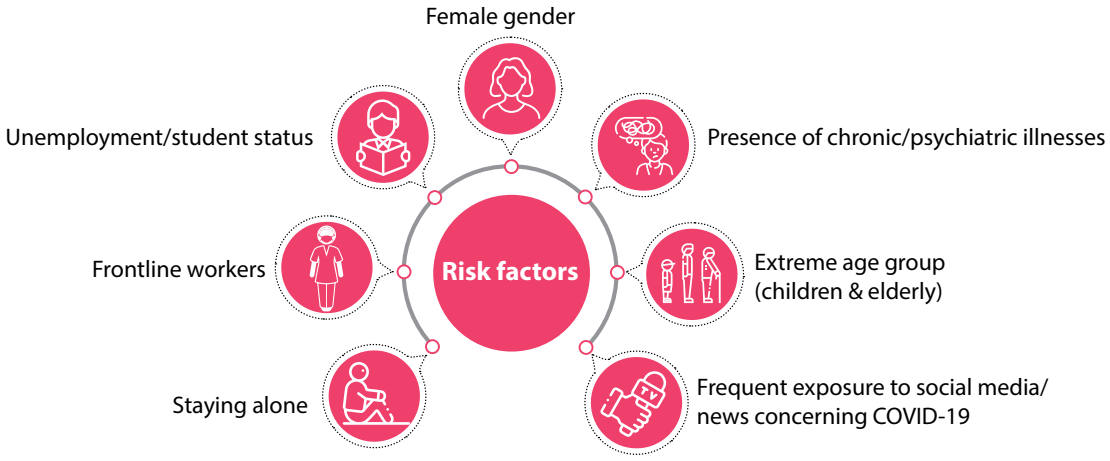
Burden of mental health during COVID-19

The Coronavirus disease 2019 (COVID-19) represents a major virus outbreak of the 21st century witnessed in recent times.[1] The pandemic has not only resulted in a tremendous direct healthcare burden, but unprecedented hazards to mental health also globally. Furthermore, this accentuated mental health burden is not limited to patients and healthcare workers, and affects general public's mental health also, which requires significant attention.

There have been several factors – beside those related to health – accounting for this COVID-19 related mental health burden. We have seen that as the virus spread globally, the rapidly evolving situation drastically altered people's lives, and multiple aspects of the global, public, and private economy. Declines across several industries including tourism, aviation, agriculture, and finance are reported as massive reductions in both supply and demand aspects of the economy consequent to several restrictions mandated by governments internationally. There were rising uncertainties and fears associated with the virus outbreak, mass lockdowns and economic recession that are predicted to lead to increases in mental health disorders. In addition, certain groups with risk factors appeared more vulnerable to distress measures associated with COVID-19 (Figure 1).[1-3]

Figure 1: Risk factors associated with COVID-19 related distress measures



In India, the mental health issues related to the COVID-19 pandemic appear more complex due to large proportion of socially and economically vulnerable population (children, elderly, migrant laborers, etc.), high burden of pre-existing mental illness, constrained mental health services infrastructure, less penetration of digital mental health solutions, and above all the scare created due to tremendous (mis)information on the social media.[2] In fact, while the disease itself instilled a sense of fear among frontline workers, people with COVID 19 and the population at large, this effect seem possibly amplified by the overuse of social media which led to an infodemic.[2,3]

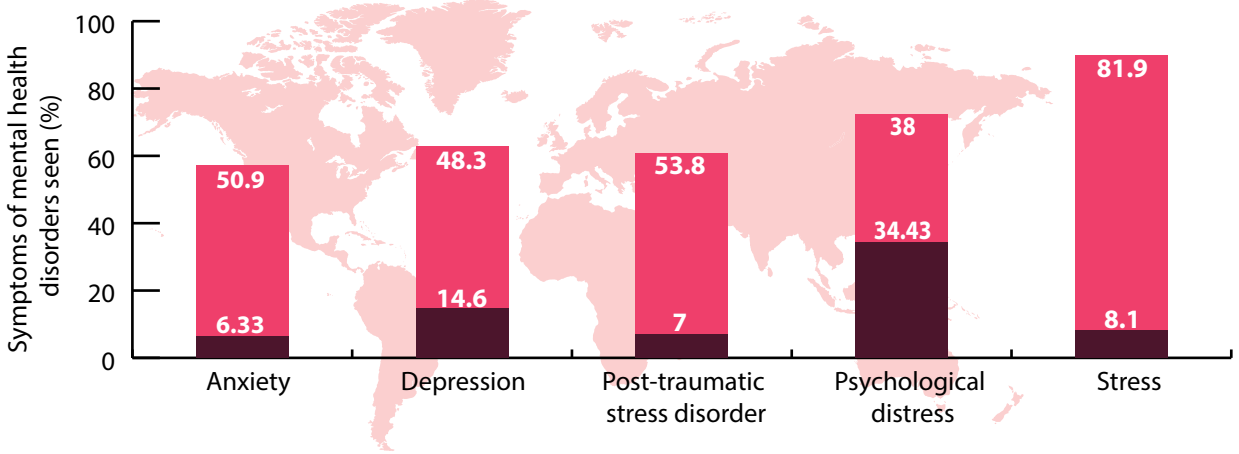
Types of mental health issues during COVID-19

Globally, the major mental health issues that have been reported to have been associated with the COVID-19 pandemic are stress, anxiety, depressive symptoms, insomnia, denial, anger and fear. In fact, stress, anxiety and depression appear to go hand in hand with the COVID-19 pandemic.[2] A systematic review on the effects of COVID-19 on psychological outcomes of the general population reported high rates of symptoms of anxiety, depression, post-traumatic stress disorder, psychological distress, and stress in the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark (Figure 2).[1] Furthermore, COVID-19 related suicides have also been increasingly common as reported by the worldwide media. Often, such an extreme measure – suicide – is an outcome of grief and depression resulting from loss of a loved one, anxiety and panic due to uncertain future and financial turmoil.[2] Post-COVID, there has been a considerable increase in suicidal behavior, especially in young women and men over 70 years of age.[4]

Mental health implications during COVID-19

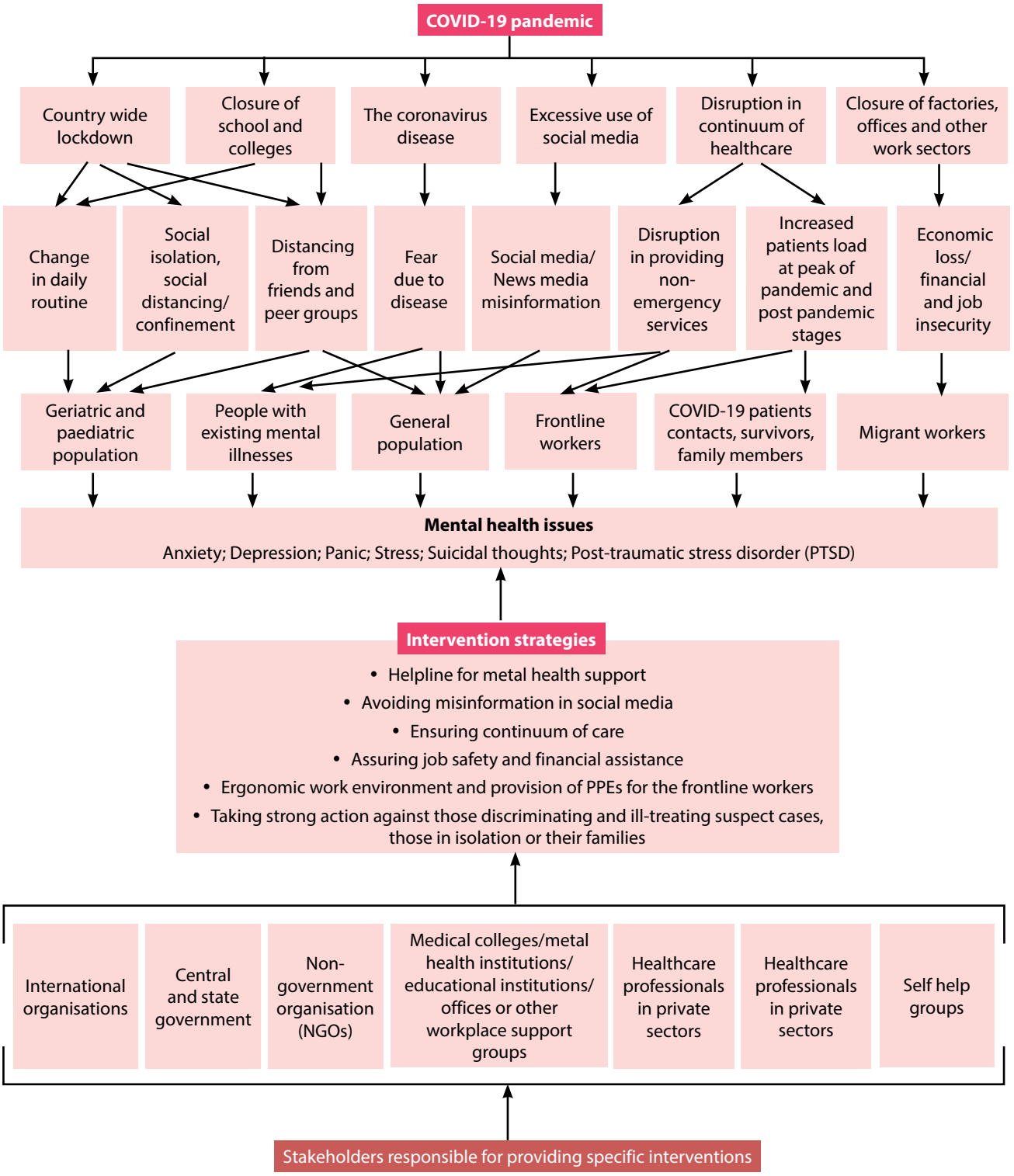
Impact on mental health can have varied implications dependent on the vulnerable group. For instance, people with pre-existing mental health conditions are known to already face social stigmatization, risk of infection, and low priority to morbidities of mental health. This together with cognitive impairment, little awareness of risk, diminished efforts concerning personal protection, and the fear of social isolation due to social distancing, and strict rules of lockdown could add to the vulnerability of individuals with presenting mental health illnesses during the COVID-19 pandemic. The resulting emotional responses could cause triggering, relapse or worsening of the pre-existing mental health conditions, which could be another result of the effects of the pandemic.[2]

Figure 2: Rates of symptoms of mental health disorders seen in the general population* during the COVID-19 pandemic



*in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark.

Figure 3. A conceptual framework of mental health issues during COVID-19 pandemic, and some recommended intervention strategies (Roy A, et. al.)



Frontline workers, including doctors, nurses, community health workers, sanitation workers, policemen, and other volunteers, represent another highly vulnerable group that faced an entirely unprecedented situation posed by the COVID-19 pandemic. They had to frequently make (impossible) decisions and work under extreme pressures and stressful conditions; thereby affecting not just their personal and family life, but also placing them in a situation of moral injury, causing mental health problems.[2] This mental health burden is in addition to the high risk of infection that frontline workers have to face during the pandemic. In fact, significantly higher odds of probable mental health disorders have been noticed in those working in high-risk units and those providing direct care.[5]

People at extreme ages (children & older people) experienced diverse sets of limitations accentuating their risk for COVID-19 related mental health issues. While for children, closure of schools, recreational outdoor activities, and not meeting their peers resulted in a sudden and drastic changes in their day to day routine; the elderly frequently had a comorbidity to manage during this age of uncertainty & fear of COVID-19. Mental health impact can be further difficult for older people experiencing cognitive decline, dementia, social isolation, and loneliness.[2]

Management interventions for mental health issues during COVID-19

COVID-19 mortality has been observed to be associated with an increased risk among patients with mental health disorders compared with patients without mental health disorders. Therefore, patients with mental health disorders should have been targeted as a high-risk population for severe forms of the disease (COVID-19), requiring enhanced strategies for both the disease prevention and management.[6] This requires efforts at both the policy making (prioritizing attention to vulnerable groups, ensuring proper and timely dissemination of COVID-19 related information, making mental health services easily accessible during critical periods especially for those who are in urgent need; supporting those experiencing financial hardship or loss of jobs owing to the pandemic) and individual levels (exercising regularly, maintaining a healthy diet pattern; avoiding potential false reports and contagious negativity; obtaining COVID-19 related information from authorized organizations; seeking medical advice only from properly trained healthcare professionals; keeping in touch with friends and family by phone calls or video calls). In fact, there is evidence that government intervention in the form of financial provisions, housing support, access to psychiatric first aid, together with encouragement at the individual level of healthy lifestyle behavior can alleviate suicide cases associated with economic recession.[1] In India, the government of India together with several premier institutes like the National Institute of Mental Health and Neuro-Sciences (NIMHANS), All India Institute of Medical Sciences (AIIMS), and the Indian Psychiatric Society have taken up independent responsibilities to promote and manage mental health issues during the COVID-19 pandemic through several integrated services.[2] Recently, Roy A et al. presented a conceptual framework of mental health issues during COVID-19 pandemic, its risk factors or causes; and some recommended intervention strategies for different levels/stakeholders in this context of intervention strategies for mental health issues during COVID-19 with reference to Low- and Middle-Income Countries (LMIC) like India (Figure 3).[2] It is believed that developing the need-based interventions with proper risk communication strategies and keeping at par with the evolving COVID-19 epidemiology would be helpful in guiding the planning and prioritization of mental health care resources.

References

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