MENTAL HEALTH IN COVID-19 PANDEMIC

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ABSTRACT:
COVID-19 is affecting people's social connectedness, their trust in people and institutions, their jobs and incomes, as well as imposing a huge toll in terms of anxiety and worry. This study was conducted among different medical students, doctors, and health professionals. Different questions regarding their daily as well as hospital routine during the Covid pandemic were asked. A total of 230 health professionals were included in this study. There were 108 females and 81 males in this study. Out of 189, 45 were medical students from different classes, 92 were medical doctors and 52 were the nursing staff. The medical students were given vacations during the pandemic and that they stayed at home during this whole situation. Out of 45 medical students, 11 students commented that they suffered anxiety and depression at some point. Five commented that they lost the appetite due to this anxiety. Out of 144 doctors and nursing staff, 27 were having anxiety and depression continuously. Twelve were so much worried that they didn’t go to their homes for two to three months and they stayed in the hostels. Three nurses working in a private hospital lost their job.

Keywords: Mental Health, Covid-19
INTRODUCTION:
Coronavirus disease 2019 (COVID-19) is a contagious respiratory and vascular (blood vessel) disease. It is caused by becoming infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is a specific type of coronavirus. Common symptoms include fever, cough, fatigue, shortness of breath or breathing difficulties, and loss of smell and taste. The incubation period, which is the time between becoming infected with the virus and showing symptoms, may range from one to fourteen days. While most people have mild symptoms, some people develop acute respiratory distress syndrome (ARDS) possibly precipitated by cytokine storm, multi-organ failure, septic shock, and blood clots. Longer-term damage to organs (in particular lungs and heart) has been observed, and there is concern about a significant number of patients who have recovered from the acute phase of the disease but continue to experience a range of effects—including severe fatigue, memory loss and other cognitive issues, low grade fever, muscle weakness, breathlessness, and other symptoms—for months afterwards.

COVID-19 spreads most often when people are physically close. It spreads very easily and sustainably through the air, primarily via small droplets or aerosols, as an infected person breathes, coughs, sneezes, talks, or sings. It may also be transmitted via contaminated surfaces, although this has not been conclusively demonstrated. Airborne transmission from aerosol formation is suspected to be the main mode of transmission. It can spread from an infected person for up to two days prior to symptom onset and from people who are asymptomatic. People remain infectious for seven to twelve days in moderate cases and up to two weeks in severe cases. The standard method of diagnosis is by real-time reverse transcription polymerase
The COVID-19 pandemic has impacted the mental health of people around the world.

The Guidelines on Mental Health and Psychosocial Support of the Inter-Agency Standing Committee of the United Nations recommends that the core principles of mental health support during an emergency are "do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities, adopt multi-layered interventions and work with integrated support systems."

COVID-19 is affecting people's social connectedness, their trust in people and institutions, their jobs and incomes, as well as imposing a huge toll in terms of anxiety and worry. COVID-19 also adds to the complexity of substance use disorders (SUDs) as it disproportionately affects people with SUD due to accumulated social, economic, and health inequities. The health consequences of SUDs (for example, cardiovascular diseases, respiratory diseases, type 2 diabetes, immunosuppression and central nervous system depression, and psychiatric disorders) and the associated environmental challenges (e.g., housing instability, unemployment, and criminal justice involvement) increase risk for COVID-19. COVID-19 public health mitigation measures (i.e., physical distancing, quarantine and isolation) can exacerbate loneliness, mental health symptoms, withdrawal symptoms, and psychological trauma. Confinement rules, unemployment, and fiscal austerity measures during and following the pandemic period can affect the illicit drug market and drug use patterns.

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Material of Methods:
This study was conducted among different medical students, doctors, and health professionals. Different questions regarding their daily as
well as hospital routine during the Covid pandemic were asked. A total of 230 health professionals were included in this study. The responses of all the professionals were entered and analyzed using SPSS Ver. 21.0.

RESULTS:
Out of 230 health professionals, only 189 returned the proforma. So, the response rate was 82.17%. There were 108 females and 81 males in this study. Out of 189, 45 were medical students from different classes, 92 were medical doctors and 52 were the nursing staff. The medical students were given vacations during the pandemic and that they stayed at home during this whole situation. Out of 45 medical students, 11 students commented that they suffered anxiety and depression at some point. Five commented that they lost the appetite due to this anxiety. Out of 144 doctors and nursing staff, 27 were having anxiety and depression continuously. Twelve were so much worried that they didn’t go to their homes for two to three months and they stayed in the hostels. Three nurses working in a private hospital lost their job.

DISCUSSION:
Academics have theorized that once the pandemic stabilizes or fully ends, supervisors should ensure that time is made to reflect on and learn from the experiences by first responders, essential workers, and the general population to create a meaningful narrative rather than focusing on the trauma. The National Institute for Health and Care Excellence has recommended the active monitoring of staff for issues such as PTSD, moral injuries, and other associated mental illness. According to the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support (IASC), there can be long-term consequences due to the coronavirus pandemic. Deterioration of social networks and economies, stigma towards survivors of COVID-19, possible higher anger and aggression of frontline workers
and the government, possible anger and aggression against children, and possible mistrust of information provided by official authorities are some of the long-term consequences anticipated by the IASC. In South Africa, where one in four young men between the ages of 14 years and 24 years reported current suicidal thoughts even before the COVID-19 pandemic, one wonders what the future holds for their well-being. Some of these consequences could be due to realistic dangers, but many reactions could be borne out of lack of knowledge, rumors, and misinformation. It is also possible that some people may have positive experiences, such as pride about finding ways of coping. It is likely that community members show altruism and cooperation when faced with a crisis, and people might experience satisfaction from helping others.

Academics have reported that for many children who were separated from caregivers during the pandemic, it may place them into a state of crisis, and those who were isolated or quarantined during past pandemic disease are more likely to develop acute stress disorders, adjustment disorders and grief, with 30% of children meeting the clinical criteria for PTSD.

School closures also caused anxiety for students with special needs as daily routines are suspended or changed and all therapy or social skills groups also halted. Others who have incorporated their school routines into coping mechanisms for their mental health, have had an increase in depression and difficulty in adjusting back into normal routines. Additional concern has been shown towards children being placed in social isolation due to the pandemic, as rates of child abuse, neglect, and exploitation increased after the Ebola outbreak. The closures have also limited the amount of mental health services that some children have access to, and some children are only identified as having a condition due to the
training and contact by school authorities and educators. A recent article published from India has observed a very high value of psychological distress in children due to the COVID-19 pandemic. In this study, most (around 68%) of quarantined children showed some form of psychological distress which is much higher than the non-quarantined group, especially worry, fear, and helplessness. (4-6)

REFERENCES:


