STUDY OF POPULATION CLUSTERS AT RISK FOR MENTAL HEALTH ISSUES DURING COVID-19 PANDEMIC

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ABSTRACT

Epidemics can have deep and far-reaching array of psychological bearing on people. At the very personal level, different psychiatric symptoms can precipitate in people without mental illness, or worsen the condition of those with pre-existing mental ailments, thus causing distress to the caregivers of affected individuals. The corona virus pandemic has aggravated anxiety among patients, non-patients, care givers, and healthcare professionals. This has been primarily found due to its infectious potential, the uncertainty of symptoms and diagnosis, restrictions levied by the government, thus leading to a total breakdown in societal, professional, psychological, financial, commercial and other domains. The anxiety is heightened by various factors like rumours, flooding of information in the media and internet, changes in daily life and routine, economic instability, discrimination, stigma, feeling of alienation, and guilt. The last three aspects are typically faced by patients and their relatives. The persistent dread of living in isolation, regular variations in our day-to-day lives, job loss, financial adversity, and grief over the death of loved ones, affected the mental health and well-being of countless number of people.

Introduction

Epidemics can have deep and far-reaching array of psychological bearing on people. At the very personal level, different psychiatric symptoms can precipitate in people without mental illness, or worsen the condition of those with pre-existing mental ailments, thus causing distress to the caregivers of affected individuals. The corona virus pandemic has aggravated anxiety among patients, non-patients, care givers, and healthcare professionals. This has been primarily found due to its infectious potential, the uncertainty of symptoms and diagnosis, restrictions levied by the government, thus leading to a total breakdown in societal, professional, psychological, financial, commercial and other domains. The anxiety is heightened by various factors like rumours, flooding of information in the media and internet, changes in daily life and routine, economic instability, discrimination, stigma, feeling of alienation, and guilt. The last three aspects are typically faced by patients and their relatives. The persistent dread of living in isolation, regular variations in our day-to-day lives, job loss, financial adversity, and grief over the death of loved ones, affected the mental health and well-being of countless number of people.

Population clusters at risk for mental health issues during COVID-19 pandemic

- Children
- Migrants and refugees who had to leave their workplace.
- Older adults
- People with disabilities
- Individuals struggling financially or in lower socioeconomic strata
- Frontline healthcare workers having heavy workloads, who had to make life or death decisions, and were at high risk of infection
- Women, specifically those who had to home-school, working from home, and do the household chores
- Persons having mental health or dependency issues previously and were not being able to meet their regular support systems.

Mental Health of Children

In these tough and trying times of pandemic, it is normal for children and other family members to have strong emotional reactions like being upset, irritable or confused. Profound psychological impacts like sleep disorders, apprehensions, fear of the unknown and future uncertainty has crept in. Everyone has been reacting to a situation in a different way. Some parents feasibly adapt to a new home routine, while others may struggle in balancing their work and home duties. As a reaction to these novel situations' children are experiencing various state of mind like intense desolation or anger, while others may be quiet and withdrawn or behave as if nothing has happened.

A number of researches among children across the world have shown increased levels of depression and anxiety in students aged between 6 and 12. In several countries schools had been suspended countrywide during pandemic, which means over 90% of enrolled learners globally were out of schooling. School closures are isolating children, the fellow pupils and their teachers from each other. When schools close it means that children and adolescents who have mental health needs, do not have access to the resources they usually had through schools. For young people with mental health problems, the routine of school helps them have an anchor in life and the closure means that their symptoms could relapse.

Children having special education requirements, like those in the autism spectrum or having other disabilities are also vulnerable. When their daily routines are disturbed, they can become frustrated and short-tempered. Parents need to create a schedule and plan activities for their children to reduce anxiety induced by uncertainty. Additionally, deferred therapy sessions of children with special needs decrease their chance to develop vital skills and abilities. This period of COVID-19 crisis has been a big setback for the special children.

The consequence of social distancing measures often results in added isolation in an abusive home. Abuse is very likely to be aggravated during these times of economic uncertainty and distress. Domestic violence and increased rates of child abuse, neglect, and exploitation have been regularly reported during lockdown and even after that. Generally, family pressures on children can intensify due to loss of employment of one/both the parents or loss of household income.

Recommendations for Health Professionals
Reassure children to actively listen and have an empathetic attitude.
- When children are able to express and communicate their disturbing feelings in an environment that is safe and supportive, helps them to relieve their stress.
- Stimulate the family and caregivers to generate a sensitive and caring environment around the child.
- If possible, generate and arrange events for children to play, be physically active and also to relax.
- Encourage steady and systematic habits and schedules. Support them to make new routines for the new virus prone environment.
- Provide up- to- date information in a reassuring, honest and age-appropriate ways.

Mental Health of Older Adults
Older adults have become more anxious, angry, stressed, agitated and overly suspicious since the outbreak of pandemic or while they are in quarantine. This is especially true for those who are in isolation and those who are living with declining cognitive ability or dementia.

Throughout the pandemic, it is imperative to alleviate the adverse effects of isolation. Maintaining physical activity in older adults is vital to protect their health when social networks and access to exercise and leisure facilities are drastically reduced.

There are significant consequences of social isolation on the mental health of the elderly. A wide array of psychological symptoms like depression, fear and anxiety, lead to a negative impact on their quality of life. Social isolation and depression can be eased through physical activity outside of the home but with full precautions.

Recommendations for Health Professionals
- Informal networks like their family or the mental health professionals can provide emotional support to the elderly.
- Share facts about COVID-19 frequently so that they understand how to reduce the risk of infection. The communication should be in words that older people with/without cognitive impairment can understand. Repeat as often as necessary. Patience is the key word.
- For community-dwelling older people who are provided with assisted living or having stay in nursing homes, the administrators and staff need to ensure that safety measures are in place, to avoid infection and increased uncertainties or fear.
- The old age group of the population are highly vulnerable to get infected with COVID-19 because of their limited information sources, and weaker immune systems. Special care must be taken with the high-risk groups of the elderly population particularly those who live alone or those who have comorbid health conditions such as cognitive

decline/dementia or certain other mental health conditions. Higher COVID-19 death rate in the older age groups has been reported across the world.

- It is essential to inform older people having mild cognitive impairment or early stages of dementia about the pandemic in a way that meets their understanding. Arrangements should be made to decrease their stress and anxiety.
- Essentially, the medical and day-to-day survival needs of people with moderate and late stages of dementia, should continue to be met during the time of isolation and quarantine.
- The online medical services and tele-health are ideal to provide needed medical services.
- The personal feelings of loneliness and pain, of scores of older people in nursing homes, can be decreased with the use of internet-based solutions, and video calls on smartphones. However, the support personnel need to keep in mind that older adults might have issues with access and use of technology because a large section of older adults have still never used the internet.

Mental health of people with disabilities

Another section of the population who have been deeply affected by the pandemic are the individuals with disabilities and their caregivers. They had to overcome barriers that prevented them from accessing care and important information to decrease their risk during the COVID-19 outbreak.

Barriers confronted by disabled persons:
Environmental barriers
- The information and communication about the risk of the pandemic, promotion of health, preventing the spread of infection and reducing the stress in the population, is often not developed and shared with people with communication disabilities.
- Countless health care services are still not available to individuals with physical disabilities.
- Inaccessible public transit systems make it extremely difficult for people with disabilities to access health care facilities.

Institutional barriers
- The exorbitant pricing of the health care makes it tough for several persons with disabilities to manage payment of essential medical services.
- Lack of specific rules and procedures to take care of people with disabilities during isolation and quarantine.

Attitudinal barriers
- The society carries numerous prejudices, stigmas and even discernment against people with disabilities.
- There also exists the belief that since people with disabilities cannot make their own decisions so they cannot contribute towards safeguarding themselves from the COVID-19 crisis.
- The physical and mental blockades are cause of extra stress for persons with disabilities and even to their caregivers.

Recommendations for Health Professionals

It is important to create accessible messages, which include having considerations for people with sensory, intellectual, cognitive and psychosocial disabilities. This includes:
- Develop websites, handouts and brochures regarding the pandemic that are available to individuals with visual disabilities.
- Health care workers having knowledge of sign language or have certified sign language interpreters accessible for people with hearing loss.
- Information about the outbreak of pandemic ought to be shared in comprehensible manner to people with intellectual, cognitive and psychosocial infirmities.
- When generating announcements and messages, it is not only important to use written information but should also consist of interactive websites or face to face communication.
- If/when caretakers have to go into quarantine, plans should be made to make sure, there is continued support for people with disabilities who need their care and support.
- Responsible citizens and various community organizations can facilitate to communicate and provide mental health provision to persons with disabilities who are isolated from their families and caregivers.

- In all stages of the pandemic crisis, it is important to keep in mind people with disabilities, their families and their caregivers

Mental Health of Migrants and Refugees

One section of the population around the world, that had an aching impact of the pandemic were the refugees and the migrants. They were greatly vulnerable to mental health disorders, as events before departure, during journey and after arrival had been very difficult and traumatic for them. Getting healthcare facilities and other social infrastructure were scarce and further made worse by dearth of information, along with cultural and language barriers. Several of these individuals lived, travelled, and toiled under situations where physical isolation and recommended sanitation arrangements according to pandemic were not possible. They had poor living settings and great economic uncertainty all through their journey. Since the migrants and the refugees are already marginalized, attention should be paid to ethically ensure social justice for them in the following manner:

- Access to improvised healthcare and economic support policies should be made available to migrant and refugee populations irrespective of their age, gender, or migration status.
- Instant actions should be taken to move refugees from overcrowded places to facilities that have safer living conditions. Extraditions should be deferred to support the principle of nonrefoulement. Efforts should be made for urgent family reunification for minors.
- Racism and prejudice should be positively discouraged on all social level to overcome the hazards of the pandemic.

COVID-19 and Suicide

As a response to the COVID-19 pandemic strong, restraining measures were executed. This had a significant bearing on the global economy, including increase in unemployment rates worldwide. Mental health patrons necessarily need to be aware that growing unemployment is linked with increased rates of suicides. The national lockdowns across the globe, to evade the already overburdened health care systems due to COVID-19, resulted in downsizing of the economy. This further lead to other unintended long-term problems. The extreme effect of these measures had been the incidence of increase in suicides. We should understand that suicides are preventable. There are mental health services that can be tapped if suicidal thoughts start in any individual. Every individual should be aware of the phone numbers and addresses of relevant mental health services in their vicinity.

Stressors particular to COVID-19: major psychological impact

- **Unrestrained fears related to infection**

Unrestrained fear is one of the most frequent psychological reactions towards pandemic. Numerous studies have confirmed that individuals exposed to risk of infection develop persistent qualms about their health and well- being. They constantly carry the anxiety of getting infected or infecting others especially their family members. These persons are more susceptible than others to manifest worries, if they experience physical conditions possibly linked to the infection. They keep fearing that symptoms are actively associated to the infection even several months after the exposure.

- **Pervasive anxiety**

The restrictions related to social isolation and lockdown measures have affected every individual differently. Most of them people have been experiencing the feelings of uncertainty and fear about the future. There is constant dread of new and unknown infections, thereby resulting in markedly heightened anxiety and worry. The apprehension and concern have been directly linked to sensorial deprivation and pervasive loneliness that the patients are undergoing during pandemic. It is well known that anxiety leads to increased case of insomnia that later leads to depression and post-traumatic stress among many persons all over the world. In addition, anxiety during corona pandemic has been closely associated with fatigue and reduced performance in healthcare workers.

There have been other heart-rending effects associated with persistent anxiety during the pandemic. It is commonly noticed that extreme case of stress and worry has been found because of the reduced social support, separation from loved ones or the sad demise of a family member or persons of acquaintance.

- **Frustration and boredom**

The individuals in confinement or social isolation experience distress, boredom and frustration. Continued seclusion due to pandemic restrictions lead to the feeling of desperateness among individuals. Some persons display unbearable anger related to the imposition of quarantine that led to negative consequences. The extreme sensory processing patterns due to frustration significantly envisage suicidal behaviour among certain individuals.

- **Disabling loneliness**

The ultimate effect of social isolation is pervasive loneliness and dullness, which has potentially dramatic effects on both physical and mental well-being. Pervasive loneliness is generally associated with increased depression and suicidal behaviour. Regrettably, the pains of isolation are progressively heightened by anxiety, panic and collective hysteria often leading to alcohol and drug abuse.

Normally, it has been seen that extended period of social isolation or quarantine for any illnesses have detrimental effects on the mental well-being of individuals.

Risk factors

- **Alexithymia**

The risk related to quarantine distress may lead to alexithymic traits which might reduce psychological resilience in certain individuals. Alexithymia is literally defined as 'no words for mood' or condition marked by lack of feelings. It was initially identified to describe cognitive and affective features in patients with psychosomatic disorders. Post pandemic these symptoms are being frequently found in people facing isolation from their near ones.

- **Inadequate supplies**

Notably, during the quarantine period, feelings of frustration and uncertainty occurred because of inadequate basic supplies like food, water, clothes etc. There have been number of reporting indicative of lack of supplies provided by public health authorities. They were either inappropriate or their release were carried out too late to suffice the requirement of the public in need. These feelings of anxiety, anger and worry persisted in some people even after four to six months after coming out of the quarantine.

- **Inadequate information**

Inadequate information about the pandemic has been a significant stressor for the people worldwide. Deprived of the required genuine data by the public health authorities regarding the COVID-19 crisis greatly contributed to creating stress among people. The circulation of inappropriate guidelines concerning call for actions that lead to confusion about the purpose of quarantine/social isolation, regarding the importance of measures needed to break the spread of pandemic or contradictory health messages were greatly disturbing. The perceived lack of transparency from health and government authorities concerning the severity of the outbreak became a source of extreme anxiousness among the people.

Protective factors

- **Resilience**

Mental and emotional resilience is generally demarcated as the capability to support or retrieve psychological well-being during or after addressing traumatic situations. Although the connectivity among people has increased dramatically over the past decades, likewise the exposure of billions of individuals across the world to existing novel pathogens also tragically increased without a corresponding improvement in handling capabilities and capacities.

Unfortunately, being less resilient to social threats like pandemics, immensely enhance the risk of developing psychiatric conditions. Notably, a general message of hope and social protection given by healthcare regulatory authorities and scientists about the existence of containment measures for the community, develop resilience and individual abilities to successfully respond to social threats.

- **Social support**

It has been observed that a significant perception of social support around an individual is associated with lessened likelihood of developing psychological distress and psychiatric conditions. Therefore, adequate social support to specific at- risk populations like the infected patients, the quarantined individuals and medical professionals should be provided with targeted, personalized messages from the most reliable scientific sources. A number of appropriate measures are required to be undertaken for supporting the mental health of individuals who are confined in containment zones, assist them to enable lifestyle changes and follow re-adaptative activities post recovery.

Preventive strategies

To lessen the psychological and psychosocial impact of COVID-19 outbreak precise preventive strategies are required at the community level, such as-
i.   implementing effective communication and
ii.   providing adequate psychological services

Health education urgently needs to be enhanced using online platforms. Social fear related to COVID-19 requires to be correctly addressed while stigma and discrimination need to be recognized as major challenges that reinforce the feelings of uncertainty in the period of social emergency. The hospital protocols linked to early and effective management of health emergency need to be implemented whereas healthcare professionals need to be supplied by adequate protective facilities.

The scientific community ought to deliver proper information and data regarding the pandemic, thus lessening the impact of anxiety and fear among the population. It is established that negative emotions are important barriers for the correct management of the corona crisis and psychological consequences related to pandemic. The unmet needs should be rapidly identified by medical staff who need to communicate frequently and timely with maximum patients to understand the risk of developing new symptoms or worsen a pre-existing psychological distress. Furthermore, telephones helplines, internet access, active social networks, dedicated blogs and forums should be implemented in order to reduce social isolation and loneliness as well as allow the affected populations to have successful communication with their loved ones.

Marginalized populations such as elderly individuals or those with psychological problems should have immediate access to a consult clinical psychotherapist, to promptly detect warning signs. The implementation of telemedicine is extensively advised especially in regions where mental health services are poorly signified or severely impaired by the swift spread of pandemic and lockdown restrictions. Significantly, 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 should be detected by psychiatrists.

Delivering an integrated whole-of-society policy response for sustaining mental health during and after COVID-19 crisis

The COVID-19 pandemic heightened the perils generally associated with psychological stress and poor mental health. The pandemic saw increase in problems like financial insecurity, unemployment, fear and anxiety. Numerous protective issues, like having normal social contacts, employment, educational rendezvous, access to physical activity, the daily routine and access to health services fell histrionically. Thus, leading to a record worsening of mental health of the population all over the world. The extent of mental suffering caused by the COVID-19 crisis requires a more cohesive, whole-of-society mental health support or else it might lead to permanent scarring of the psyche of people globally.

- **Maintaining availability of mental health services, and responding to the augmented need for mental health care**

The pandemic saw significant disruptions in the delivery of mental health services. The WHO survey in mid2020 found that more than 60% of countries across the earth reported disturbances in mental health services.

Gradually the mental health facilities shifted to the use of digital mental health care. In the second half of 2020, several high-income nations reported to WHO that they were using telemedicine and online therapy to replace in-person mental- health sessions, or were extensively using helplines.

- **Expand accessibility of mental health services, and actively respond to cumulative demand for care**

Though countries responded to increasing mental health requirements, but due to the enormity of the pandemic, mental health services struggled to meet the demands. In number of countries, COVID-19 crisis has increased unmet need for mental health care. Many countries shifted to at least some online formats of mental health services, in some cases added new services or entitlement to services. A few countries have committed to new funding for mental health care in light of the toll the COVID-19 crisis is taking on mental health.

- **Adapting workplace policies to promote mental health amidst the COVID-19 crisis and beyond**

The onset of COVID-19 pandemic saw millions of workers out of job and the rest saw significant disruptions in the organization and working of their job. Certain workers like those in essential services continued to work in-person, facing increased risk of exposure to corona virus infection and in all cases necessitating to take new steps to protect their health at work. Some workers swiftly switched to online working, many of them full-time and across many months.

- **Online working presented new challenges for the relationship between work and mental health, and all employers possibly could do more to support the mental health of the employees**

The pandemic crisis saw a massive switch over to telework. Though there are many benefits associated with teleworking, like having flexible working provisions, online working can also blur the boundaries between work and home. Thereby, extensively contributing to extended working hours that have resulted in a sense of detachment from the workplace. All these are also resulting in having a negative impact on mental health.

Prior to the crisis, it was widely acknowledged that distant workers spent more hours working than workers in offices across the globe, a pattern also systematically seen during the COVID-19 crisis. Quite a lot of persons have stated that online work promoted working at unusual hours either 'to a large extent' or 'to some extent' as a result of the pandemic. Video conferences also amount to be more mentally taxing than in-person meetings. This further contributes to increased fatigue. The blurring of boundaries between work and personal lives significantly contribute to reduction in sleep quality- a major factor affecting mental health.

Teleworking has increased the risks of working for long durations and experiencing exhaustion. Handling balance between work and personal life has been particularly difficult for working parents- executing professional responsibilities along with increased childcare and the burden of home schooling.

Since the increased risk of mental health of employees has been recognized amidst the pandemic crisis, the employers can take hands-on steps to deliver and fortify mental health support available to employees, including both in-person and distant staffs. However, several workers feel that their employers are taking insufficient actions to address the mental health issues arising from the pandemic.

Initiatives should be taken to ensure work that contributes towards improved mental health. This can be achieved by providing mental health training for line managers and executives. Thus, the   governments should deliberate in investing in awareness-raising drives and pursue to endorse implementation of mental health training for line managers and executives.

- **Plan job retention structures to reassure the mental health of employees**
    The pandemic has made a profound impact on the employment scene, with large-scale usage of work retention systems. At the start of the pandemic the countries across the globe acted swiftly to put in place or modify these schemes thus, supported over 60 million jobs across the world. Initially these job retention schemes contributed significantly in indirectly protecting beneficiaries from deterioration in their mental health. What is in fact less known, is the consequences of prolonged absence or short-time work as some workers have now been on such schemes since the onset of the pandemic.

One way in which the governments can contribute in supporting the psychological health of persons on job retention schemes is by encouraging employers to reduce working hours where possible, rather than cutting them to zero. They can further consider modifying prevailing job retention schemes to encourage work-sharing and permit partial return to work.

Through strengthening public employment services by addressing poor mental health
It is a well-known fact that losing job can be a big contributing factor towards poor mental health. Additionally, there are more than 10 million more people unemployed across the world than were prior to the pandemic, with losing job mainly concentrated in most affected sectors like hospitality, leisure, transportation, retail and others.

Supportive efforts for the unemployed persons, through job-search support, counselling and training opportunities remains a key handle to encourage better mental health amongst the working populace. Prevention of long-term joblessness should be urgently handled, as the longer unemployment lasts, the more disconnected jobseekers become from the employment scenario. This is predominantly serious challenge for young individuals and fresh graduates. Considering the surge in mental health issues, and the ongoing tough employment opportunities, the countries should consider scaling up the integrated mental health and employment support, rather than suspending them.

Conclusion
To support resilience and psychologically vulnerable individuals during the pandemic crisis, implementing community-based strategies, is fundamental for any community. The deep psychological impact induced by the fast spread of pandemic requires to be obviously documented as a public health urgency for both authorities and the policy makers. They should rapidly adopt distinct behavioural plans and policies to lessen the burden of the pandemic and address the dramatic mental health consequences of the outbreak.

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