

## EDITORIAL

# COVID-MENTANDEMIC: COVID INDUCED MENTAL PANDEMIC

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## INTRODUCTION

Whole world is silent, gazing at each other with ray of hope with empty looks, there is still darkness everywhere, all people are scared, unknown fear of uncertainty and death is prevailing everywhere, global health infrastructure has flooded with sick patients, world's economy has crashed, COVID19 pandemic is sweeping across world tolling billions of cases, millions of deaths and consequently destroying millions of families costing trillions USD extra burden of health and on global economic due to COVID-19 since its origin from Wuhan in November 2019.

This is to emphasize that 2020 is a year of survival and safety and 2021 would be year of immunity, as we all are hoping and wishing best the COVID vaccine would be ready by end of 2020 or early 2021.

It's most rampant pandemic of the century and even after 1 year it has worst global impact of this century. We don't know what's the exact pathogenesis, we don't have effective drugs against it, some killed virus and m-RNA based vaccines have recently become available with different degree of safety and immunity claims, but still too early to say anything about the safety and efficacy of these vaccines.

Apart from that mortality morbidity caused by COVID-19, as a consequence of COVID-19 simultaneously a similar pandemic is emerging called as **COVID-19 Stress syndrome, I would preferably coin it as it as COVID-MENTANDEMIC**, because



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it is happening globally and nobody is untouched by it. It has negatively affected the physical, mental, social, psychological and financial wellbeing of all people across the world not leaving even an inch unaffected.

Everybody looks scared, wearing mask but then also scared and has no explanation and living in fear of acquiring infection and the deadly consequences of this fatal disease.

Whole world went in lockdown with significant economic loss, huge numbers of death and sufferings and worsening of the mental status of a common man due to loss of millions of job, salary cut down, morbidity and mortality encountered by themselves, their friends or family and in close social circle.

It had significant negative impact on the mental health of individuals reflecting as mood disorders, depression, anger, anxiety, psychosis, fear of unknown, OCD, feeling loneliness, socially isolated.

Special segment of population viz elderly, those with medical comorbidities and children suffered the most, although young and middle age also had significant stress but more obvious in the vulnerable and high risk groups.

## PSYCHOLOGICAL ISSUES WITH CHILDREN

Children are experiencing luxurious prison where they have all facilities but with the persistent fear of COVID, including the types of fears that are very similar to those experienced by adults, such as a fear of dying, a fear of their relatives dying, or a fear of what it means to receive medical treatment. If schools have closed as part of necessary measures, then children may no longer have that sense of structure and stimulation that is provided by that environment, and now they have less opportunity to be with their friends and get that social support that is essential for good mental well-being. Online education, prolonged screen time and eyes, neurological, psychological and metabolic related issues viz obesity, vitamin D deficiency, physical deconditioning is increasing in the children due to sedentary lifestyle and no outdoor activities from last 1 yr. COVID-19 stress taking a toll on children's mental health, CDC finds The findings *highlight the importance of continued monitoring of children's mental health throughout the pandemic.* [1]

## PSYCHOLOGICAL ISSUES WITH ELDERLY

Elderly and those with comorbid conditions are more scared and they are also home bound with risk of getting infection and dreadful disease. They are facing psychological and physical deconditioning and hence are more prone for mental health related issues. Social isolation, social distancing, social disconnectedness, and loneliness were found to be mediated with depression and anxiety in a similar study [2]. Its impacts can be particularly difficult for older people who may be experiencing cognitive decline or dementia. And some older people may already be socially isolated and experiencing loneliness which can worsen mental health. Social isolation and social disconnection — a documented bidirectional and complex relationship between mental health issues and social disconnectedness — itself poses a serious public health concern among older adults especially due to the psychosocial reasons and physiological health problems such as mental health problems, cardiovascular, autoimmune, neurocognitive, neurobiological, and other at-risk health problems. Government should take concrete instructions for elderly people socially isolated at home or quarantined at healthcare facilities (hospital, clinic, isolation unit, daycare, community centre, and place of worship) to have prescribed diet and medications and communicate about the meaning of social in-contact to mitigate their physical and mental health consequences [2, 3]. However, adherence to social isolation

strategies could be weakened with time and such well-timed reinforced implementing preventive measures would efficiently prevent the aggravated morbidity of COVID-19 related to affective mental health problems in older adults. Elderly are most vulnerable for COVID-19 severity and mortality and most susceptible to mental health problems related to such pandemics hence special care needs to be taken for geriatric mental health during such crisis [4].

## PSYCHOLOGICAL ISSUES WITH HEALTH CARE PROFESSIONALS (HCP)

***HCP are the worst innocent victims of COVID-19*** while fearlessly serving and saving lives of millions of patients, thousands of doctors, nurses and paramedical staff have succumbed to death or facing serious consequences of post COVID-19 infection worldwide, especially those who are COVID front liners. In a recent American Psychiatric Association poll, more than ***one-third of Americans said that the coronavirus was having a serious impact on their mental health***, and most (59%) said it was having a serious impact on their day to day lives.

A ***cross-sectional study of 1257 healthcare workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in China*** showed that a *considerable* proportion of HCP reported symptoms of depression, anxiety, insomnia, and distress. This was especially true of women, nurses, those in Wuhan, and frontline HCP directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19. ***Doctors and nurses revealed*** that they had harboured dark feelings owing to fears of spreading the disease to families, frustration about a lack of adequate protective gear, exhaustion, and profound grief for sick / dying patients.

The current review was done to conduct systematic appraisal of studies conducted on Mental health problems faced by healthcare workers due to the COVID-19 pandemic. Out of 23 articles selected by initial screening 6 original articles were included in the final review which showed that several socio-demographic variables like gender, profession, age, place of work, department of work and certain psychological variables like poor social support, self-efficacy were found to be associated with increased reporting of stress, anxiety, depressive symptoms, insomnia in HCP. There is increasing evidence which suggests that COVID-19 can be an independent risk factor for stress in HCP. Authors concluded that regular screening of medical personnel involved in treating, diagnosing patients with COVID-19 should be done

for evaluating stress, depression, and anxiety by using multidisciplinary psychiatry teams [5].

The current review suggests that HCW are encountering a considerably significant degree of stress, anxiety, depression, insomnia due to the COVID-19 pandemic.

Features specific to COVID-19 which are responsible for the mental health problems include speculations about its mode of transmission, rapidity of spread and lack of definitive treatment protocols or vaccine. Compared to the outbreak of SARS, widespread global connectivity extensive media coverage are leading to the catastrophic psychological reactions secondary to the outbreak [6].

Another Review by Ricci-Cabello: The prevalence of anxiety, depression, acute and post-traumatic stress disorder, and burnout, was high both during and after the outbreaks. These problems not only have a long-lasting effect on the mental health of HCWs, but also hinder the urgent response to the current COVID-19 pandemic, by jeopardising attention and decision-making. Governments and healthcare authorities should take urgent actions to protect the mental health of HCWs. In light of the limited evidence regarding the impact of interventions to tackle mental health problems in HCWs, the risk factors identified in this study, more so when they are modifiable, represent important targets for future interventions [7].

Critical care units are always demanding, both emotionally and physically challenging for doctors which can lead to easy and early burnout in them. Another survey in ICU doctors revealed that moderate to severe stress levels are prevalent in sizeable higher number (43.75% respondents) of critical care doctors working in Kashmir valley. As levels of stress increase with experience, timely interventions, workload, measures need to be taken before this blows out of proportion. Higher workload, prevalent in the government sector, is to taken care of.

Better ergonomics would possibly help in decreasing stress. ICU doctors should have better remunerations as working in ICU is a health hazard to them and their families. Poor resources in our hospitals is an added stress factor. Critical care units have to be better equipped and at par with other national institutes.

Regular monitoring of stress levels at institutional level should be done to identify and intervene in those doctors who are at risk resources [8].

This study was published in 2017, before COVID Era so we can definitely extrapolate these findings during COVID pandemic which can give us fair idea about the stress level during COVID times in ICU HCP.

## PSYCHOLOGICAL ISSUES WITH MIGRANT POPULATION

Migrants are less familiar in their new environment in which they temporarily live. They are prone to various social, psychological and emotional traumas in such situations, emanating from fear of neglect by the local community and concerns about wellbeing and safety of their families waiting in their native places. Migrants leave their native places in search of better opportunities and earnings. In many instances, the families in native places financially depend on the migrant earning members.

During COVID-19 outbreak, and the restrictions imposed on routine activities as part of social distancing norms to prevent the spread of the disease, scores of migrant workers tend to move back to their native places. During the prevailing COVID pandemic also, many migrant workers used all possible means to reach their home back but unfortunately many of them are however stuck at borders, (including state, district, national border). These are the most marginalized sections of the society who are dependent on daily wages for their living, possible means to reach their destinations and in times of such distress need sympathy and understanding of the society.

Immediate concerns faced by such migrant workers relate to food, shelter, healthcare, fear of getting infected or spreading the infection, loss of wages, concerns about the family, anxiety, and fear. Sometimes, they also face harassment and negative reactions of the local community. All this calls for strong social protection.

As an immediate response, measures to be taken should include, ensuring community shelters and community kitchens, making other relief material available, emphasising on the need for social distancing, identification of suspected cases of infection and adherence to protocols for management of such cases, putting up mechanisms to enable them reach to the family members through telephone, video calls etc. and ensuring their physical safety.

## HOW TO AVOID COV-MENTANDEMIC

### *Recommendations of World Health Organisation (WHO) on mental health considerations in HCP:*

Recognising that feeling stressed is an experience that many HCP are likely going through, the Department of Mental Health and Substance Use, WHO has developed a series of *mental health considerations* that can be used in communications to support mental and psychosocial wellbeing.

Role of team leaders or managers are as follows:  
— Keeping all staff protected from chronic stress and poor mental health during this response

means that they will have a better functional capacity. Managers should focus on longer-term occupational capacity rather than repeated short-term crisis responses.

- Good quality communication and accurate information updates are provided to all staff. Rotate workers from higher-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures.
- Initiate encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event and to provide social support to each other.
- Access and facilitation to mental health and psychosocial support services should be smooth and informed to all HCP and these provisions and strategies are in place for both workers and manager. Managers can be role-models for self-care strategies to mitigate stress.
- Orient all responders, including HCP, paramedics, nursing, teachers and community leaders in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid.
- Manage urgent mental health and neurological complaints within. Appropriate trained and qualified staff should be deployed to these locations and the capacity of services to provide mental health and psychosocial support should be increased (see the mhGAP Humanitarian Intervention Guide).
- Ensure availability of essential medications and personnel to provide immediate care at all levels of health care.
- **Helping Healers Heal**, which allows HCP to process psychological and emotional trauma. Helping Healers Heal, which allows HCP to process psychological and emotional trauma. To fortify the mental health support during the unprecedented COVID-19 crisis, many agency leaders combined 18 facility-based teams — totalling more than 1000 trained peer supporters — with behavioural health providers and staff.
- The combined group established an anonymous behavioural health hotline. At its peak, the support system also provided 31 wellness respite rooms that gave staff a quiet place to catch their breath, meditate, write, make artwork, or talk with *peer support champions* trained to provide emotional support. For busy clinical staffers who were less able to take mental health breaks, the team members made wellness rounds to look for

and address signs of anxiety, burnout, compassion fatigue, and other symptoms [9].

## COPING WITH KIDS STRESS DURING COV-MENTANDEMIC

Children may respond to stress in different ways such as being more clingy, anxious, withdrawing, angry or agitated, bedwetting etc. Respond to your child's reactions in a supportive way, listen to their concerns and give them extra love and attention. Try and keep children close to their parents and family and avoid separating children and their caregivers to the extent possible. If separation occurs (e.g. hospitalization) ensure regular contact (e.g. via phone) and re-assurance. Provide facts about what has happened, explain what is going on now and give them clear information about how to reduce their risk of being infected by the disease in words that they can understand depending on their age. This also includes providing information about what could happen in a re-assuring way (e.g. a family member and/or the child may start not feeling well and may have to go to the hospital for some time so doctors can help them feel better). Children need adults' love and attention during difficult times. Give them extra time and attention. Remember to listen to your children, speak kindly and reassure them. If possible, make opportunities for the child to play and relax. Keep to regular routines and schedules as much as possible, or help create new ones in a new environment, including school/learning as well as time for safely playing and relaxing. Helping children cope with stress during the 2019-nCoV outbreak [10].

Simple strategies that can address this can include giving young people the love and attention that they need to resolve their fears, and being honest with children, explaining what is happening in a way that they can understand, even if they are young. Children are very perceptive and will model how to respond from their carers. Parents also need to be supported in managing their own stressors so that they can be models for their children. Helping children to find ways to express themselves through creative activities, and providing structure in the day — if that is possible — through establishing routines, particularly if they are not going to school anymore, can be beneficial. Mental health and psychosocial support services should be in place, and child protection services need to adapt to ensure that the care is still available for the children of families who need it [1].

## COPING WITH ELDERLY STRESS DURING COVID-MENTANDEMIC

Elderly population need infection and stress prevention with sympathetic approach with gradual



physical exercise and maintenance of the comorbid conditions under control with high degree of suspicion if any untoward symptom develops. On a positive note, there are many things that older people can initiate themselves or with the support of a carer, if needed, to protect their mental health at this time. These include many of the strategies that we are advocating across the entire population, such as undertaking physical activity, keeping to routines or creating new ones, and engaging in activities which give a sense of achievement. Maintaining social connections is also important. Some older people may be familiar with digital methods and others may need guidance in how to use them. Once again, the mental health and psychosocial support services and other services that are relevant to this population must remain available at this time.

## CONCLUSION

COVID-MENTANDEMIC, COVID induced socio-psychological, physical and financial stress are being faced globally and with consequent pandemic of stress, depression, anxiety and many more psychological disorders would increase and continue in near future and all governments should take necessary steps for avoidance of this COVID-MENTANDEMIC by controlling coronavirus spread, developing effective vaccine and to keep themselves ready for facing COVID MENTANDEMIC support psychologically for better mental health being over coming few years.

### *Future Perspectives:*

The mental health issues associated with the COVID-19 pandemic can be short-term or long-term. Existing literature addresses the immediate mental health concerns only. It is important to see the long-term mental health sequels of COVID-19 infection. Nothing is known about the after-effects of novel coronavirus infection; hence, there is a need for extensive research in terms of its impact on various groups of populations (pregnant, young children, adults, elderly and other vulnerable populations)

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