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# HOW THE COVID-19 PANDEMIC HAS CHANGED THE IMAGE OF PSYCHIATRY

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**ABSTRACT** — Coronavirus disease (Covid-19) has brought the world at a standstill with unprecedented confinement measures and lockdowns in order to contain the novel virus. Negative effects of the pandemic on mental health are the main focal point. Social isolation, loneliness and the uncertainty of day to day living put a strain on the individual's psyche, therefore psychiatric intervention is highly needed. Mental health care providers are the key to help preserve and reconstruct a post-pandemic society.

**METHOD:** Existing literature on the Covid-19 outbreak pertinent to mental health was retrieved from the PubMed database using as a main focal point the role of the psychiatrist in managing the angst caused by the already mentioned stressful factor. In times of uncertainty and fear, mental health care remains the major pillar as it has been for numerous years, with implications worldwide.

**CONCLUSION:** There is a pressing need for developing healthy coping mechanisms during the current crisis and it is mandatory to acknowledge the role of the psychiatrist from an early stage in order to preserve a sense of stability for the individual.

**KEYWORDS** — Covid-19, psychiatry, coping mechanisms, negative effects.

## BACKGROUND

The medical definition of psychiatry is the specialty devoted to the diagnosis, prevention, and treatment of mental disorders, these including distorted mood, behavior, cognition and perceptions (Backes et al., 2013). As we browse throughout history, psychiatry has held an infamous spot due to the nature of its patients and the problems related to them, using the broad term of the institution as a punishing mechanism for raging individuals who were dangerous or a nuisance. The term *psychiatry* was first used in 1808 by Reil, a professor of medicine in Germany, to describe the evolving discipline. Psychiatrists were known as alienists (those who treated mental alienation) until the twentieth century. Mental illness or mental

disorder is a behavioral or mental pattern that causes a great deal of distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode such as an acute psychotic syndrome. Many disorders have been described, with signs and symptoms that have a wide range between other specific diseases. Only the mental health care professional can diagnose such disorders.

Psychiatry as a discipline is broad and varied, with treatments and therapy approach directly linked to society and culture. Psychiatry, in its early stages was used solely for people who had various diseases and were not fit to live with the rest of the population. Another postulate is related to the religious background in which is addressed the problem of evil spirits and possessions. The focal problem of madness was regarded as a result of the sins of patients or other spiritual powers. Such ideas about the cause of mental illness varied throughout history and treatment methods as well. Punishment was seen as a form of healing, skull trepanation curative for certain disease and sending away patients to asylums was a usual practice for nineteenth century psychiatrists. Nowadays, the evolution of humanity has also brought new perspectives for psychiatry. Pharmacological treatment and alternative therapies have a specific role in providing the patient with the best medical care, therefore insuring a next to normal lifestyle.

Infectious diseases have appeared at different times in history, in recent years, globalization has facilitated the spread of pathological agents, resulting in pandemics worldwide. Widespread outbreaks of infectious disease, such as COVID-19, are associated with psychological distress and symptoms of mental illness (Bao et al., 2020; Baroiu et al., 2021; Luca et al., 2020b).

Coronavirus (COVID-19), identified in China in late 2019, has been recognized by the World Health Organization (WHO) as a pandemic, with high contagion potential and widespread transmission, with a high impact on mental health. Anxiety related to COVID-19, fear for family members, instability at work, emotional discomfort secondary to restriction of social activity and an imposed quarantine program have affected all areas of living. The fear of infection decreased the addressability to medical health care, patients with chronic diseases arriving at hospital only by ambulance when they became medical emergencies.

Social isolation and the uncertainties around the virus may bring about depressive thoughts, despair, anxiety, and loneliness. Consequently, psychiatric symptoms in people without a history of mental illness may emerge and preexisting psychiatric conditions may worsen. Health anxiety, which arises from the misinterpretation of perceived bodily sensations and changes, can be protective in everyday life. However, during an outbreak of infectious disease, particularly in the presence of inaccurate or exaggerated information from the media, health anxiety can become excessive (Grigoras & Ciubara 2021; Luca et al., 2020a).

In what concerns psychiatry, people who are in need for mental assistance are divided in two separate groups: patients who were already registered with a psychiatric diagnosis before the pandemic, those diagnosed for the first time during the pandemic, but without symptoms explained directly by the impact of the pandemic and the segment of population which has developed a state of high anxiety and / or mood disturbance, secondary to the pandemic and restrictive measures. Often patients do not require psychotropic treatment but benefit from counseling and guidance.

Patients known to have mood disorders, anxiety and addictions are more susceptible to acute episodes during the pandemic (perceived as a major stressor) and are in need for pharmacological treatment and psychotherapy, while chronic syndromes appear to be less vulnerable to relapse in times of crisis. New cases of adaptation disorders are the focal point of the pandemic, having as central and life-changing stress factor — the pandemic itself and its consequences (isolation, unemployment, economic recessions, virtual socialization) (Ahmed et al., 2020; Radulescu et al., 2020).

## LITERATURE REVIEW

Research has consistently shown that the healthcare professions experience higher levels of work stress than the general population, even under normal circumstances and stress in doctors is associated with both physical and mental health problems (Imai et al., 2010). Also, research from previous epidemics / pandemics (such as the SARS outbreak from 2003, the MERS epidemic from 2012 or Ebola outbreaks in West Africa) shows that health care professionals, especially doctors can experience permanent psychological alterations which may be visible month after the outbreak. Healthcare professionals also have a higher likelihood of suicidality and work-related stress as a common factor in those who complete suicide. Many doctors are reluctant to seek help to their fellow psychiatrists due to perceived stigma and anticipated damage to future career prospects. The relationship between traumatic life events and suicide is well docu-

mented and trauma from disaster events can increase suicidal ideation in emergency workers (McFeeters et al., 2015). Experts in mental health have given psychiatry a new definition as the *second front line in the fight against the pandemic* once the pandemic reaches its end, when a possible increase in cases of post-traumatic stress disorder and anxiety is expected, both among the general population and clinicians. The psychiatrist is a person in the medical field with important roles for the general population, such as education of the public about the common psychological effects of a pandemic, motivating the public to adopt strategies for disease prevention and health promotion, integrating their services with available health care, teaching problem-solving strategies to cope with the current crisis, empowering patients with COVID-19 and their caregivers, and provision of mental health care to healthcare workers (Banerjee, 2020).

As the pandemic reached its highest point, psychiatrists had to adapt in order to limit one to one meeting, as a preventive measure, thus arose the need for online consultations. For this branch of medicine, technology and telemedicine have been a real advantage all for the benefit of the patient.

**Telemedicine** is defined as the use of telecommunication technology to provide medical services (diagnostic, treatment, testing, follow-up of the patient's progress after treatment, etc.), usually provided by doctors, and which facilitates access to a specialist who is not in the same location as the patient.

**Telehealth** is similar to telemedicine, but includes a broader field, in addition to the remote doctor-patient relationship. It includes the help of the social worker, the pharmacist, who educate the patient and the family, the social benefits, the adherence to treatment.

**Telecare** refers to technologies that help patients to be independent and safe in their homes. This field includes, for example, fitness applications, digital tools that connect the patient with their family, exercise-tracking tools or digital means that alert abnormalities in vital signs or remind the time when the patient is scheduled to take certain treatments. In addition, by simply accessing the computer, doctors are able to communicate almost as effectively with all patients and discovered new benefits of eliminating travel time to the office.

## CONCLUSION

In conclusion, the role of the psychiatrist in society has undergone important changes, thus becoming a pillar of support in the fight against the novel coronavirus pandemic. With the help of the technology, it was possible to maintain a state of quasi-normality in terms of therapeutic intervention.

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## REFERENCES

1. AHMED, M. Z., AHMED, O., ZHOU, A., SANG, H., LIU, S., & AHMAD, A. (2020). Epidemic of COVID-19 in China and associated psychological problems. *Asian Journal of Psychiatry*, 51, 102092. <http://doi.org/10.1016/j.ajp.2020.102092>
2. BACKES, K. A., BORGES, N. J., BINDER, S. B., ROMAN, B. (2013). First-year medical student objective structured clinical exam performance and specialty choice. *International Journal of Medical Education*, 4, 38–40. <http://doi.org/10.5116/ijme.5103.b037>
3. BANERJEE, D. (2020). The COVID-19 outbreak: crucial role the psychiatrists can play. *Asian Journal of Psychiatry*, 51, 102014. <https://dx.doi.org/10.1016%2Fj.ajp.2020.102014>
4. BAO, Y., SUN, Y., MENG, S., SHI, J., LU, L. (2020). 2019-nCoV epidemic: address mental health care to empower society. *Lancet Correspondence*, 395(10224), e37–e38. [https://doi.org/10.1016/S0140-6736\(20\)30309-3](https://doi.org/10.1016/S0140-6736(20)30309-3)
5. BAROIU, L., DUMEA, E., NĂSTASE, F., NICULEȚ, E., FOTEA, S., CIUBARA, A.B., STEFANOPOL, I.A., NECHITA, A., ANGHIEL, L., & CIUBARA, A. (2021). Assessment of Depression in Patients with COVID-19. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 12(2), 254–264. <https://doi.org/10.18662/brain/12.2/204>
6. GRIGORAS, M., & CIUBARA, A. (2021). Looking into Pandora’s Box between “Everything” and “But” -Depression, Pain of Losses the Next Pandemic of Humanity?. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 12(2), 326–334. <https://doi.org/10.18662/brain/12.2/210>
7. IMAI, H., MATSUISHI, K., ITO, A., MOURI, K., KITAMURA, N., AKIMOTO, K., MINO, K., KAWAZOE, A., ISOBE, M., TAKAMIYA, S., & MITA, T. (2010). Factors associated with motivation and hesitation to work among health professionals during a public crisis: a cross sectional study of hospital workers in Japan during the pandemic (H1N1) 2009. *BMC Public Health*, 10(1), 672. <https://doi.org/10.1186/1471-2458-10-672>
8. LUCA, L., BAROIU, L., CIUBARA, A. B., ANGHIEL, R., BULGARU ILIESCU, A. I., ANGHIEL, L., & CIUBARA, A. (2020a). Covid-19 and the Spanish Flu. From Suffering to Re-silience. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 11(3), 01–07. <https://doi.org/10.18662/brain/11.3Sup1/116>
9. LUCA, L., CIUBARA, A.B., FULGA, I., BURLEA, S.L., TERPAN, M., & CIUBARA, A. M. (2020b). Social Implications for Psychiatric Pathology of Depressive and Anxiety Disorders, Alcohol Addiction and Psychotic Disorders during the COVID-19 Pandemic in Romania. Analysis of two Relevant Psychiatry Hospitals. *Revista de cercetare si interventie sociala*, 69, 261–272. <https://doi.org/10.33788/rcis.69.16>
10. MCFEETERS, D., BOYDA, D., SIOBHAN, O. (2015). Patterns of stressful life events: Distinguishing suicide ideators from suicide attempters. *Journal of affective disorders*, 175, 192–198. <https://doi.org/10.1016/j.jad.2014.12.034>
11. RĂDULESCU, I. D., CIUBARA, A. B., MORARU, C., BURLEA, S. L., & CIUBARĂ, A. (2020). Evaluating the Impact of Dissociation in Psychiatric Disorders. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 11(3Sup1), 163–174. <https://doi.org/10.18662/brain/11.3Sup1/132>