

POST COVID-19 PANDEMIC MENTAL HEALTH CHALLENGES**Abdulla Shareef*¹, Amal John James², Dhanya Dharman³ and Shaiju S. Dharan⁴**

¹Pharm.D Intern, Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Neyyattinkkara, Trivandrum.

²Pharm.D Intern, Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Neyyattinkkara, Trivandrum.

³Assistant Professor, Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Neyyattinkkara, Trivandrum.

⁴Principal, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Neyyattinkkara, Trivandrum.

Article Received on
12 May 2021,

Revised on 01 June 2021,
Accepted on 21 June 2021

DOI: 10.20959/wjpr20218-20924

Corresponding Author*Abdulla Shareef**

Pharm.D Intern, Department
of Pharmacy Practice,
Ezhuthachan College of
Pharmaceutical Sciences,
Marayamuttom,
Neyyattinkkara,
Trivandrum.

Experts have predicted a ‘tsunami of psychiatric illness’ in the aftermath of COVID-19 pandemic (Tandon, 2020). For such a large scale event like COVID-19 pandemic, the impact on mental health can be long lasting (Galea et al., 2020). The prevalence of common mental health disorders is expected to rise during the post-pandemic time as a result of the long term effects of the pandemic, the restrictive measures such as social distancing and quarantine and the socio-economic effects. This has implications for mental health services.

1. Mental health impact of quarantine and social distancing

People experience emotional disturbance, irritability, insomnia, depression and post-traumatic stress symptoms immediately after the quarantine period. The long term impact is considerable and wide ranging including anxiety, anger, depression, post-traumatic stress

symptoms, alcohol abuse, and behavioural changes such as avoiding crowded places and cautious hand washing. These psychological symptoms can last from several months up to three years after the quarantine period (Brooks et al., 2020).

Social distancing could possibly lead to substantial increases in loneliness, anxiety, depression, domestic violence, child abuse and substance abuse (Galea et al., 2020).

Prolonged social isolation can lead to social withdrawal, a phenomenon known as Hikikomori, which may further be aggravated by the economic and social crisis of the pandemic. Although Covid-19 related social isolation appears to be similar to Hikikomori, there are differences between the two conditions as Covid-19 social isolation is imposed by governments and also stems from the individuals' avoidance behavior due to the fear of infection (^{Kato et al., 2020}).

2. Mental health issues after Covid-19 recovery

In patients who required hospitalization following COVID-19, delirium is common during the acute stage of the illness. The data on long term psychiatric complications in these group of patients, although not yet fully known, may be comparable to previous corona virus epidemics, severe acute respiratory (SARS) and Middle East Respiratory Syndrome (MERS) with increased prevalence of anxiety, depression, and post-traumatic stress disorder.

Persistent psychiatric impairment with significant levels of anxiety, depression and post-traumatic stress disorder are seen in survivors of critical illness at 1 year after discharge. Neurocognitive impairment including impaired attention, concentration, memory, and mental processing speed at 1 year was found in majority of patients with severe acute respiratory distress syndrome. Substantial reductions in quality of life were found in patients with severe acute respiratory syndrome and prolonged mechanical ventilation after discharge from intensive care unit compared to admissions for other reasons (^{Rogers et al., 2020}).

3. Mental health impact on frontline healthcare professionals (HCP)

Psychological symptoms including anxiety, depression, insomnia are prevalent in up to 60 % among physicians, nurses and medical residents during Covid-19 pandemic (^{Que et al., 2020}), which are likely to persist for several years. HCP who worked in respiratory medicine during the SARS outbreak in 2003 had persistent and significantly greater level of psychological symptoms including anxiety, depression and post-traumatic stress symptoms a year later (^{McAlonan et al., 2007}).

Post-traumatic stress symptoms were reported by 11%–73% of HCP during epidemic or pandemic outbreaks that lasted in up to 10–40% after 1–3 years (^{Preti et al., 2020}).

4. Post COVID-19 economic recession, social inequalities and impact on mental health

World Bank has predicted steep global economic recession since decades following the COVID-19 pandemic. This may adversely impact on mental health especially of the vulnerable groups.

Economic recession has been associated with increases in the prevalence of psychological distress, anxiety, depression, substance abuse disorders, and suicide and suicidal behavior. Unemployment, insecure job situation, lower socio-economic status, and pre-existing psychiatric problems seem to be the determinants of post- economic recession mental health issues (Frasquilho et al., 2016).

Unemployment following economic recession is a major risk factor for suicide and suicide rates had considerably increased following global economic crisis in 2008 (Chang et al., 2013). A potential economic recession with rise in unemployment following Covid-19 pandemic might have similar impact on suicide rate.

5. Stigma related to Covid-19 pandemic

Stigma against HCP and survivors of the COVID-19 infection has resulted in harassment, stereotyping, discrimination, social isolation, and in some instances physical violence (Bagechi, 2020). Stigmatised individuals may experience emotional disturbance, anxiety, depression and emotional disturbance (Centers for Disease Control and Prevention, 2020).

6. CONCLUSION

The mental health impact of the COVID-19 pandemic can persist and be long lasting for several years after the pandemic. Increases in the prevalence of common psychiatric disorders and suicide are expected during the post-pandemic time. Enhancing access to the mental health services including telepsychiatry, early assessment, treatment and psycho-social support, screening and support for specific groups such as frontline HCP where appropriate, implementing long term measures to mitigate the impact of economic recession on mental health and addressing stigma during the pandemic are paramount in addressing the problem.

Financial disclosure

The author has no sources of funding or other financial disclosures concerning the above article.

REFERENCES

1. Bagcchi S. Stigma during the COVID-19 pandemic. *Lancet Infect. Dis.*, 2020; 20(July(7)): 782. [PMC free article] [PubMed] [Google Scholar]
2. Brooks S.K., Webster R.K., Smith L.E., Woodland L., Wessely S., Greenberg N., Rubin G.J. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 2020; 395: 912–920. [PMC free article] [PubMed] [Google Scholar]
3. Centers for Disease Control and Prevention. Reducing Stigma; 2020. Coronavirus Disease 2019 (COVID-19) June 11. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>. Accessed August 8 2020. [Google Scholar]
4. Chang S.S., Stuckler D., Yip P., Gunnell D. Impact of 2008 global economic crisis on suicide: time trend study in 54 countries. *BMJ*, 2013; 347: f5239. [PMC free article] [PubMed] [Google Scholar]
5. Frasquilho D., Matos M.G., Salonna F., Guerreiro D., Storti C.C., Gaspar T., Caldas-de-Almeida J.M. Mental health outcomes in times of economic recession: a systematic literature review. *BMC Public Health*, 2016; 16: 115. [PMC free article] [PubMed] [Google Scholar]
6. Galea S., Merchant R.M., Laurie N. The mental health consequences of Covid-19 and physical distancing: the need for prevention and early intervention. *JAMA Intern. Med.*, 2020; 180(6): 817–818. [PubMed] [Google Scholar]
7. Kato T.A., Sartorius N., Shinfuku N. Forced social isolation due to Covid-19 and consequent mental health problems: lessons from hikikomori. *Psychiatry Clin. Neurosci.* 2020 doi: 10.1111/pcn.13112. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
8. McAlonan G.M., Lee A.M., Cheung V., Cheung C., Tsang K.W.T., Sham P.C., Chua S.E., Wong J.G.W.S. Immediate and sustained psychological impact of an emerging infectious disease outbreak on health care workers. *Can. J. Psychiatry*, 2007; 52: 241–247. [PubMed] [Google Scholar]
9. Preti E., Mattei V.D., Perego G., Ferrari F., Mazzetti M., Taranto P., Pierro R.D., Mededdu F., Calati R. The psychological impact of epidemic and pandemic outbreaks on healthcare workers: rapid review of the evidence. *Curr. Psychiatry Rep.*, 2020; 22: 43. [PMC free article] [PubMed] [Google Scholar]
10. Que J., Shi L., Deng J., Liu J., Zhang L., Wu S., Gong Y., Huang W., Yuan K., Yan W., Sun Y., Ran M., Bao Y., Lu L. Psychological Impact of the COVID-19 pandemic on

healthcare workers: a cross sectional study in China. *Gen Psychiatr*, 2020; 33(3) [PMC free article] [PubMed] [Google Scholar]

11. Rogers J.P., Chesney E., Oliver D., Pollack T.A., McGuire P., Fusar-Poli P., Zandi M.S., Lewis G., David A.S. Psychiatric and neuropsychiatric presentations of severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry*, 2020; 7: 611–627. [PMC free article] [PubMed] [Google Scholar]
12. Tandon R. Covid-19 and mental health: preserving humanity, maintaining sanity, and promoting health. *Asian J. Psychiatr.* 2020; 50 [PMC free article] [PubMed] [Google Scholar]