

Psychosocial Impact of COVID-19 on Different Strata of Society and Suggested Interventions

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Abstract

The psychosocial impacts of coronavirus pandemic (COVID-19) are profound. It has affected almost all the facets of society irrespective of age, gender and other sociodemographic compositions. It has produced the health and economic losses on one hand and psychological complications and corona phobia on the other. There may be hardly any person who is not affected by this pandemic. There are, however, certain groups that are more vulnerable to be affected than the rest of the population. These include individuals who were suffered from COVID illness, frontline workers or medical staff, individuals with preexisting psychiatric illness, children, elderly and people from marginalized society. Psychological problems of these specific groups are discussed and interventions are suggested.

Keywords: COVID-19; Psychiatric illness; Frontline workers; Children; Marginalized community

Introduction

Besides the physical effects, COVID-19 has placed massive psychosocial impact worldwide. Although all the sections of the society are affected, however, certain groups are probably the worst sufferers. It included those individuals who had undergone COVID illness and/or quarantined, frontline health care providers, individuals with preexisting psychiatric illness, children, elderly and individuals belong to minority groups [1-5].

Individuals with COVID-19 positive and those who are living in quarantine are the most vulnerable group for developing psychological complications like PTSD, uncertainty, depression, anxiety, loneliness and panic. Research has shown that the PTSD symptoms were positively related to the quarantine duration. The immediate effects of quarantine that were reported in the past similar situations were irritability, fear of the spread of infection in family members, frustration, anxiety related conditions, sleep related issues and even suicide. Cases of Obsessive Compulsive Disorder (OCD) such as sterilization and repeated temperature checks were common. While the distress because of financial losses were the post quarantine psychological effects. Stigmatization, discrimination and avoidance by the neighbors, workplace prejudice and social isolation were also reported among these individuals. Recommendations for quarantine individuals may include the development of secure communication channel with family [6].

Make sure that the family is aware of the treatment progress. They can be informed with *via* telephonic services. Close monitoring of mental state during the quarantine period is helpful. Psychological tests should be administered during and after the quarantine period to get the updates of their mental status. A psychiatric follow up post discharge should be planned [7].

Description

Other higher risk groups to be affected by the COVID-19 are the frontline health workers. To perform as a frontline worker has been found the risk factors for developing traumatic stress symptoms. During the SARS outbreak, huge psychological morbidity among the frontline health care providers was seen. In a study with nurses, those who were doing the duties in the SARS unit exhibited more sleep related problems and depression compared to those working in non-SARS units. Besides, PTSD was the most chronic and debilitating condition that was seen among the medical staff. Moreover, burnouts, overwhelming work pressure, deprivation of family while being in quarantine and fear of infection and substance abuse have been revealed [8]. Besides, the factors for the poor mental health of the medical staff were the exposure to the COVID patients, the illness or death of the some relative due to corona, the sudden outbreak of a pandemic, perception of the lethality of the virus, inadequate self-protection, frustration or helplessness for not providing optimal care to

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patients, vicarious traumatization among the nursing staff was also seen. In developing countries, where health care are not very much efficient and shortage of personal protective equipment certain psychological issues such as acute anxiety, stress and irritation were seen in nurses and doctors. In a nationwide study, a sizable sample of the physicians and nurses showed mild to moderate or severe depressive symptoms [9]. The recommendations for health care providers are the provision of clear communication and regular updates regarding precautionary measures. Moreover, connection with family and friends, regular rest period, short working duration, rotating shifts, sufficient supply of appropriate Personal Protective Equipment (PPE), psychological counseling services and announcing insurance system for work related injuries would help reduce stress. There is a need for the arrangements for well-equipped isolation wards that are specific for infected healthcare providers [10].

Studies showed the COVID-19 pandemic has a huge impact on the children. Children may show problems like boredom, irritability, fear, anxiety, sleep problems, adjustment difficulties and physical complaints. Their crying behaviour may increase and they may lose interest in previously pleasurable activities. A child may resume bed wetting, thumb sucking and are more prone to develop physical symptoms like stomach aches and headaches. Stressors, such as monotonous lifestyle due to lockdown, lack of face-to-face contact with classmates and peers, lack of enough personal space at home and family financial losses during lockdowns all can potentially trigger stress and even prolonged adverse mental consequences. Consistent confinement at home and fear of infection could further intensify these undesirable mental reactions. In the same way, they are vulnerable to the phobia and PTSD, after having worrisome details through media [11]. Parent child separations may make the child nervous due to worry for themselves or the lives of their loved ones and give rise to the prolonged psychological impact. Specific psychological needs, healthy life styles, proper hygiene advice and good parenting guides can be helpful. Moreover, reassurance, online classes, engaging in daily activities and providing detailed information about disease transmission and precautionary measures, maintenance of sleep cycle, physical exercise schedule and education about proper hygiene practice would be helpful [12].

The perception that old age individuals and people with serious comorbidities are vulnerable to worse outcomes from COVID-19 may create substantial fear amongst the elderly. This may create irritability, anger, fear, anxiety, deprivation from the scheduled check-up and follow up. Elderly individuals feel difficulties in accessing medicines due to travel restrictions and lockdown. Elderly individuals with cognitive deficits may become much more anxious, agitated and socially withdrawn; Indoor physical exercises might be a potential therapy not only to maintain physical health but also to counteract the psychological impact in this difficult time. Moreover, home based physical exercise during

quarantine is recommended. The telephonic session, online video conference for physician guidance, mental health services and essential drug-delivery system through online approach should be established [13].

The issues of the marginalized community are depression, stress and financial insecurity, the stigma of discrimination and health crime. Other psychological impacts may include anxiety, irritability and excessive feeling of stress or anger. Suggestions are the protection of basic human rights, providing proper accommodation, adequate food and water supply from government and NGO and affordable health care delivery. In addition, education about social distancing and hygiene should be imparted [14-16].

Another vulnerable group for having psychiatric complications due to COVID-19 is those individuals who had pre-existing psychological signs and symptoms. These individuals also are more prone to develop infectious diseases, negative physical as well as psychological outcomes. Many factors increase the chances of getting the infection in such individuals including poor awareness levels, cognitive deficits, impaired risk perception and reduced concern about personal hygiene. They may also face social discrimination and stigmatization [17].

Conclusion

Existing psychological problems may amplify among these individuals. For example, individuals with OCD may repeatedly start checking their fever or throat as a symptom of COVID-19. Their hand washing behaviour may increase. Similarly, those individuals, who have already generalized anxiety disorders, somatization disorder and panic anxiety, are more likely to misinterpret benign bodily symptoms as evidence of acquiring COVID-19. This, in turn, may increase their anxiety and distress. Recommendations for these individuals may include the deployment of the social worker to address the specific needs of these people; timely referral to mental health professionals would be helpful. Telephonic counselling, psycho educational therapies and proper supply of prescribed medications would be helpful to mitigate the complications. Overall it has been concluded that the government, health care personnel's and stakeholders should devise psychosocial crisis prevention and intervention programs to deal with the psychosocial issues of different strata of the society.

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