

# Mental Health during Covid-19 Pandemic

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The march of the COVID 19 Pandemic has been relentless and India reported its first case on 27th January, 2020 from Kerala. On 24th march, 2020, India announced its first lockdown for prevention of the spread of corona virus. When the first panic button was pressed, there was initially, disbelief and denial. But as the writing on the wall became loud and clear, our populous nation has gone in a downward spiral. We even witnessed one of the largest exoduses in recent times, with thousands of migrant workers, walking back to their villages and homes.

We knew all along that behind the shadows of the deaths and statistics, a second epidemic is brewing – one of mental health disaster in the making. With rising mortality, panic has gripped the nation and even unsavoury events are witnessed in many hospitals. For those who have lost a family member to the virus, even the natural process of grieving has become curtailed and the ‘deceased’ have become ‘bio-hazards’ only to be securely packed and disposed off, without being allowed to ‘see or touch for one last time’. The very same health care workers have had to fight a dual war against the virus and unruly elements in the society. When front line workers made home visits, to those on fever surveillance or were suspected to be covid positive- they were manhandled and beaten up. On one hand, they were called up on to do their duty, even when resources for safe handling of the patients was limited, and on the other hand they were blamed whenever there was undesirable outcome. This further

adds to their misery and stress, complicated by the fear of contracting the virus and even worse, to transmit it to their beloved family members.

The mental health effects of quarantine are becoming overwhelming and warrant active study and research. With very little time to prepare, hordes of employees were either relieved or were moved to work from home. The salaries were grossly cut and other benefits were taken away. With more time spent in anxiety and uncertainty, there are a large number of reports on increasing domestic violence. The increased burden of taking care of all the family members, who stayed at home, have fallen on the women in addition to ‘work from home’ and this has worsened their physical and mental health. Children are stopped from attending schools and have been switched to on-line mode of teaching. This has further exposed the inequalities in the public and private educational institutions, with many public-school students losing out on schooling. Reports of children having to walk miles to access internet connection or climb tall trees has become routine news. Further it is likely to cause indirect effects like malnutrition, child labour and child abuse. Even in those children attending private schools, children are stressed with curtailed socialization and play time. The case is worse with those children attending special schools or vocation centres. The adolescents who were in high schools and colleges have had severe disruption of their routine activities and many have turned towards online games and internet and online gaming addiction is being reported frequently. There has been an increase in the use of recreational and prescription drug use in adults. One cannot forget the images of long queues, with and without individual distancing, in front of shops selling alcohol.

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Two of the worst affected cohorts are the elderly and those with mental ill health. Elderly patients are finding it difficult to visit a doctor or hospital even for their regular care and medications. With only the large hospitals being well equipped enough and catering to Covid 19 and other patients, elderly patients are unable to visit their family physicians. Even obtaining regular diabetes and hypertension medications is becoming difficult for them. As majority of them are without access to gadgets and internet, they have a difficult time to navigate teleconsultation. Even worse are those who were on regular treatment with their psychiatrist. Disrupted follow-ups and inaccessible medications leads to relapses in many patients. This is further complicated by the added burden placed on the care giver at home.

As we are on the precipice of this wave of the COVID 19 Pandemic, what is evident is that this has affected each and every one of us, in ways that we have never imagined. The five articles in this issue offer a panoramic glimpse of these mental health maladies in their own unique way. As this reality is dawning, we are gearing up with necessary steps to address them. NIMHANS has released a guidance manual for general practitioners and specialists in mental health.<sup>1</sup> It is planned to follow up with other guidance documents as well. Similarly, the WHO has also come up with advisories.<sup>2</sup> These offers insights and guidance in the less charted territory of pandemic mental health. I hope there would be many more publications from South India, based on empirical research that would go a long way in guiding us.

## REFERENCES

- 1 [https://nimhans.ac.in/wp-content/uploads/2020/04/MentalHealthIssuesCOVID-19\\_NIMHANS.pdf](https://nimhans.ac.in/wp-content/uploads/2020/04/MentalHealthIssuesCOVID-19_NIMHANS.pdf)
- 2 <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyat home/healthyathome---mental-health>