

Review Article

The Corona Conundrum: A Shadow Pandemic of Mental Health Concerns

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Abstract

The COVID 19 pandemic and the resultant quarantine and lockdowns have led to a shadow pandemic of mental health disorders, economic instability, racial bias, surge of domestic abuse and spread of misinformation. While the focus has been on the mental health of frontline essential workers in this pandemic, its effects on the mental health of the vulnerable population such as known psychiatric patients, racial minorities, children and elderly has largely been ignored. If we are to prevent a post-pandemic mental health crises focus needs to be shifted to both include the vulnerable population in the research and to take urgent measures such as provision of online counselling, penalization of spread of misinformation and monitoring hate crime.

Received | 00-00-0000: **Accepted** | 00-00-0000

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Keywords | COVID 19, mental health, quarantine

Introduction

In December 2019, a global pandemic rapidly emerged and proceeded to impact every single sphere of modern life from national economy to social interactions. As the numbers of casualties continue to rise, at the very forefront of the public health response is the idea of social distancing, or “flattening the curve”.¹ There has been a rapid introduction of quarantine and lockdown across the globe to reduce the physical spread of the disease. The success of these measures is yet to be seen, but in curtailing the physical aspects of COVID 19, there is an increasing concern that the mental well being of vulnerable populations is universally in jeopardy.

Most of the emerging data on the psychiatric effects of COVID 19 is so far centered on healthcare workers and those on the frontlines. The individuals that need to be targeted most by national policies at this stage however are precisely the ones slipping through the gaps.

In this narrative, we discuss some of the invisible casualties of COVID 19. The limitation in mobility, the scarcity of non-essential healthcare and understaffing in government institutes all directly impact not only the mental, but often the physical well being of the outliers in modern society- namely children, the elderly, the mentally ill and minorities.

The Rise in Racial Bias and its Translation into Hate Crime

Before it was renamed COVID-19, the virus was christened “the Wuhan virus”, giving China widespread notoriety. As the number of cases rose, across the internet, everything from bioterrorism conspiracy theories to racial slurs about Chinese dietary habits began to circulate on niche forums and spilled into mainstream media.⁽²⁾ This led to discrimination directed towards not only the Chinese, but all Asian minorities, culminating in hate crimes. The exact statistics are unknown, but predictive models and internet algorithms have definitively identified a

global increase in xenophobia.⁽³⁾ With a global list of xenophobic incidents due to COVID-19 already available online, there is no dearth of evidence. From experiencing refusal of services to active harassment, minorities are not only at risk due to the pandemic but due to additional trauma over safety concerns.

Codependency of Physical Abuse on Physical Proximity

In March 2020, a UN report identified a 30% increase in cases of domestic violence in France, Singapore and Cyprus, a 40% jump in cases of abuse in Australia and increase in emergency shelter occupancy in the US, UK and Canada.⁴ In developing countries the situation is even worse. Quarantine compounds the potential for domestic abuse not only by reducing the victim's ability to escape the violence and seek help, but also by aggravating the underlying triggers for violence in the first place—namely unemployment, financial stress, emotional instability and preexisting mental illness. As healthcare facilities become strained by COVID sufferers in parallel, those living with their abusers are facing escalated violence with higher chances of fatality.

The Prognosis of Pre-Existing Mental Illness

For patients and care-givers alike, limited access to mental health services is a primary concern. With patients' dependence on a particular prescription or regular therapy, changes in routine can often lead to major upsets. Because these patients are more susceptible to stress, the emotional responses brought on by the epidemic can result in relapses or exacerbations in people with pre-existing psychiatric illness. Those in mental health facilities are at increased risk of infection as they cannot be relocated without consideration— as evidenced by a case in South Korea where 101 patients put on lockdown in a psychiatric ward all developed COVID 19 from two positive patients.⁵ With nursing homes becoming hotspots for outbreaks in addition to being understaffed, more families are stepping into care-giving roles, putting additional strain on compromised households.

Over-Reporting and The “Infodemic”

24/7 coverage of the pandemic on every news network, unverified updates on social media and a general bombardment of statistics and opinions

ensure that the pandemic remains at the forefront of the collective consciousness, leading to a constant global panic. This fuels impulsive behavior amongst the public, such as stockpiling of food and medical resources, price-gouging, increase in gun ownership and a popularization of unsubstantiated cures such as vitamin C and hydroxychloroquine. Politicization is also creating divisive rhetoric to the extent where public health is in danger due to people not taking the quarantine seriously.⁽⁶⁾ For example, a major outlet published the news about Lombardy's lockdown hours before official communication from the Italian Prime Minister. Consequently, people overcrowded trains and airports to escape towards southern regions preemptively, disrupting the government initiative and increasing contagion.

Economic Insecurity

For daily-wage workers, income has become scarce. Food insecurity, rent concerns, inability to afford medical care and an uncertainty about the future is creating overwhelming stress for those who cannot afford to sit out the pandemic. Going to work in these conditions creates further trauma due to a state of hyper-vigilance and fear of physical safety. Health crises have been shown to induce post traumatic stress disorder in essential workers similar to that seen in medical professionals providing frontline care.⁷ The trauma lasts after the pandemic is over, and often goes unrecognized simply because these patients either cannot afford therapy or are unaware that they require it.⁸

Psychological Aspects of Quarantine Itself:

Long quarantine duration, fear of contagion, frustration due to loss of freedom, boredom, inadequate supplies, misinformation, financial loss, separation from loved ones, stigma associated with disease and an uncertainty about health outcomes are all important stressors for those quarantined.⁹ Quarantines have been known to cause depression, anxiety, panic attacks, psychosis, delirium and even suicide ideation— A 68 year old asthmatic in Pakistan set himself on fire after being labeled a COVID-19 patient. Even healthcare workers are susceptible— many quarantined during the SARS epidemic reported exhaustion, detachment from others, anxiety, irritability, insomnia, reluctance to return to work or even willingness

to resign.¹⁰

Conclusions and Recommendations

While the focus in healthcare currently is to reduce morbidity and mortality of the virus, the uninfected are equally important. We will likely see the emergence of new crises post-pandemic, of which mental illness will be the frontrunner.

There are positive measures being implemented. Tele-medicine is playing a critical role in supplementing the dearth of traditional care and has a vital role in providing therapy plus non-urgent medical advice. Social media networks are enabling people to communicate and act as an integral emotional support resource. Governments are supporting vulnerable citizens by measures such as stimulus checks, no-eviction policies, special grocery hours for the elderly, free testing etc.

Yet work remains to be done. Our recommendations include the provision of national online counseling and emergency psychiatric care, penalizing the spread of false information, stricter monitoring of hate crimes and known perpetrators of abuse, welfare checks on registered victims, increasing the resources allocated to emergency shelters and creation of jobs online for the unemployed.

Additionally, using algorithms to record and predict statistical changes in reported cases of mental illness, domestic violence, elderly/child abuse and neglect as well as early mandatory intimation of any transmissible disease by doctors can help in future public health policy making so that if we are ever faced with a similar situation again, we will be much better prepared than we were this time.

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