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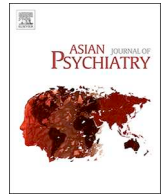
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Letter to the Editor

Mental Health and Psychosocial Aspects of Coronavirus Outbreak in Pakistan: Psychological Intervention for Public Mental Health Crisis


ARTICLE INFO

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With the advent of Coronavirus (COVID-19) – an unchartered territory – in Pakistan on February 26, 2020, state is on high alert and has reinforced partial lockdown. There are over 697,244 confirmed cases with more than 33,257 deaths worldwide and in Pakistan coronavirus tally has risen to 1,625 as of 31st of March, 2020. The worst hit countries (China, United States, Italy, Spain, Iran, France, United Kingdom, and Germany) are intensifying their efforts to manage the pandemic through collective public health intervention measures. Although WHO has labeled the outbreak the pandemic and Europe the epicenter of coronavirus, Pakistan – a relatively less effected poverty-ridden third-world country viewed coronavirus as the least of their problems, perhaps both by the state and the public (Shams, 2020). Absence of complete ban of congregational prayers in mosques fearing a backlash from the religious groups, and reluctance of complete lockdown and curfew fearing the state of emergency, could not avert the crisis of coronavirus in Pakistan (Shams, 2020).

During the outbreak of pandemic COVID-19, psychological crisis intervention for affected, suspected, susceptible, and at-risk patients, care-givers, families, staff, and the general public, is urgently needed for timely prevention of inestimable hazards from secondary mental health crisis. The premise of psychological crisis intervention is to control the side- and after-effects on psychosocial aspects of an infectious disease and attempt to minimize psychological impact with timely assessment and management of prevention and control (Kang et al., 2020). The two- O's prolonged approach (onsite and online) is necessary to implement psychological crisis intervention. The present suggestions are presented as a temporary emergency proposition in an exceptional circumstance such as the widespread pandemic outbreak of COVID-19.

Experts have advised people to stay in self-isolation and quarantined but the necessary restrictions would have short and potentially long

term detrimental impact on mental health. Pakistan being a collectivistic culture highly dependent on socialization (social support and social connectedness) has been critical towards self-isolation, social-distancing and quarantine and are reluctantly dealing with emotional, psychological, behavioral and social impacts of this crisis' uncertainty and unpredictability. The psychological impact of quarantine includes post-traumatic stress disorder, confusion and frustration (Brooks et al., 2020). This study highlighted the importance of proper guideline of the coronavirus, information and provision of resources during quarantined for better well-being. In that scenario, reframing the situation as an opportunity to improve the mental health, mindfulness and personal growth through personal activities could become a resilient and protective factor against the psychological impact of coronavirus. Anxiety usually stemmed from the perception of uncontrollable events, thus focusing on the controlled actions (change what you can) such as improving hygiene, healthy diet, exercising, sleeping, introspection, meditation, practicing minimalism, painting, composing, movement dancing, learning instruments, acquiring languages, knitting, gardening, cooking, reading books, listening songs, watching movies/serials, playing games and journaling the personal observation and experience during the period of coronavirus – any factor that could offer resilient and protective strategies to cope with stress, anxiety, and panic should be practiced (Wood and Runger, 2020). While government and health departments manage physical pandemic, experts (mental health practitioners, counselling psychologists, psychotherapists) could manage mental health well-being and psychological factors of the varied risks, resilience and recovery predictors. Mental health practitioners could offer online and onsite support through counselling, psychotherapy and direct them to reputable sources of information to avoid misinfodemics.

Pakistan must issue guidelines for emergency psychological crisis

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intervention for public health emergencies affected by coronavirus. Psychiatric and psychological institutions should operate platforms to strengthen mental health initiatives and provide psychological guidance to quarantined patients, families, self-isolated people, health-care workers of medical and social-service personnel in hospitals, laboratories, field, and in quarantine (Banerjee, 2020). Psychological crisis intervention, during and after the outbreak period, must focus on the practical implementation of intervention. The challenge which psychological crisis intervention is encountering includes the establishment of psychological intervention teams during lockdown and personal health risks (Zandifar and Badrfam, 2020). Moreover, after the assessment of mental health states of individuals affected by coronavirus would remain confounded in the physical health department, and even after the remission of the pandemic, patients cannot be immediately transferred from hospital to counselling psychological intervention departments. During the vulnerability and frailty of the individual's conditions prior- during- and after- the COVID-19, professionally experienced and standardized well-trained mental health practitioners, counseling psychologists, practicing psychotherapists, psychiatrists, and psychiatrist nurses who are familiar with the complicated case structures and work procedure is a basic tenet in dealing with emotional distress and public mental health emergencies caused by the pandemics, while inexperienced psychology degree holders, untrained fresh graduates, non-practicing psychology teachers at academic institutes, certification/diploma holders or any other undue personnel – until trained – who are not always familiarized with the psychological crisis might have adverse effects in the current pandemic situation which eventually would reduce the effectiveness of the entire intervention program (Bai et al., 2004). This condition could become worsen because of the officially un-established accreditation, registration and licensure requirements for counselling psychologists, psychotherapists, counselors and mental health practitioners (Yao et al., 2020). This situation can be resolved through strengthening personnel training, and optimizing institutional and management policies. Psychological crisis intervention would be implemented and adapted on a) quarantined patients with confirmed/suspected infection, b) self-isolated individuals susceptible to mental health concerns, c) medical and related personnel directly in-contact with patients, d) family caretakers of the patients, e) reluctant groups like older people, children, and pregnant women, and f) general public. Psychological crisis intervention should be based on the comprehensive assessment of risk factors for a standardized psychological/mental health management. Such major pandemic outbreak would have negative effects on physical and psychological health of individuals and society (Banerjee., 2020; Brooks et al., 2020; Kang et al., 2020), for instance, psychological issues, mental distress, grief and bereavement, deliberate or unintentional harm to family, loss/separation from family, self-injury, shame, guilt, helplessness, posttraumatic stress symptoms, addiction or substance use, medical mistrust and inclination towards conspiracies, panic attacks, stress, anxiety, depression, loneliness, suicidal ideation, mood problems, sleep problems, worry, denial, boredom, ambivalence, uncertainty, frustration, anger, fear, stigmatization, marginalization, xenophobia, mass hysteria, socio-economic status, and other mental health concerns would require pre-established coalition to mobilize resources for effective intervention, management and preventive measures for affected individuals. Psychiatrists and practicing psychologists could offer a balanced perspective to improve the knowledge, attitude and Misinfodemics: a) educate people about the common psychological reactions, measures and responses, b) encourage healthy activities during self-isolation, c) optimize available health-care, d) and empower health-care and volunteer personnel.

First, psychological intervention technical support team established by health authorities at regional and national levels should deliver psychological intervention, and mental health support. Second, accurate coordination and regular communication about the COVID-19 should be provided by health authority and psychosocial response teams to eliminate sense of uncertainty. Third, ensure sound mental health through psychological counselling using government sanctioned hotline teams. Fourth, patients with diagnosed coronavirus and health care professionals should receive screening and counseling by professional mental health practitioners. However, in low and middle income countries like Pakistan which has low rate of mental health service utilization and barely active online mental health services and inaccessibility of digital technology and health service for individuals with low socioeconomic status could be a risk factor in online mental health service which should be considered (Yao et al., 2020). This paper marks the need of establishment of guidelines for psychological crisis intervention effective immediately in Pakistan.

Contributor's Statement

Sonia Mukhtar drafted and conceptualized the manuscript.

Declaration of interests

I declare no competing interests.

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