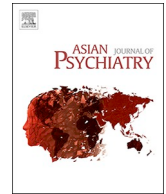




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Letter to the Editor

Pandemic, panic, and psychiatrists – What should be done before, during, and after COVID-19?



Sir,

Since the World Health Organization (WHO) has declared Coronavirus disease (COVID-19) as a pandemic in January-2020, more than 200-countries have been affected with over 3-million confirmed cases. Although the part to be played by psychiatrists to pacify global panic in peri-pandemic period is not defined anywhere, psychiatrists should take a leadership role, both in crisis intervention, and long term mental health mentoring (Tandon, 2020).

1. Why is everyone in a state of panic?

This is a time of uncertainties – all individuals are uncertain about their health and economic outcomes. Also, there is overwhelming misinformation, stigma, prolonged isolation, and disruption of daily routines. All these factors can impact one's psychological-wellbeing (Brooks et al., 2020). Fear and anxiety had led to suicides, communal disharmony, and crimes against essential service providers (Sharma et al., 2020).

2. Why should mental health workers reach out?

Not only individuals with confirmed or suspected COVID-19 but several other vulnerable groups (e.g. healthcare workers, persons with mental illness etc.), despite remaining uninfected, will continue to suffer from psychological infirmity. Therefore, we need an intervention plan to address mental-health problems during the pandemic (Das, 2020).

3. What should be the possible objectives of psychiatric intervention?

- *Psychological preparedness* – to what is coming. It can help individuals to take stock of their coping and prepare them to deal effectively with stressful situations.
- *Early detection*– of psychiatric manifestations and distinguishing normal reactions to stresses from mental disorders.
- *Psychiatric intervention*– to take care of psychological trauma following the pandemic.
- Psychosocial/Psychiatric rehabilitation – community reintegration.
- *Performing researches*– to generate an evidence base for formulating further course of action and policy-making.

4. What are the possible roles to be played by psychiatrists during various phases of the pandemic?

Before pandemic:

- *Public awareness* – providing the right health information is vital

during this time of crisis – (i) to address hand hygiene and safe physical distancing, (ii) to reduce panic shopping and hoarding of medical equipment (e.g. masks, hand-sanitizer, antibiotics), (iii) to follow the national lockdown to avoid widespread community transmission, (iv) to maintain adequate mental and physical well-being and (v) misinformation restriction to avoid chaotic and stressed environments in the country (Bhatia, 2020; Sharma et al., 2020). One possible solution could be reaching the common public through local leaders and influential celebrities using the social media.

- *Homeless, immigrant and migrant crisis*– providing shelter and food can mitigate the problem to some extent. But the huge psychological stress and possible future adversities remain to be addressed. Providing adequate psychological support from others, including family members, by being in contact on the phone, along with the resources provided by the government, may be crucial to saving many lives.
- *Medical preparedness*– lockdown is a relative measure to buy time for medical preparedness. Establishing designated hospitals, provision of personal protective equipment and life-saving drugs are crucial but providing psychological support and trauma preparedness training to the emergency care providers can reduce their anxieties and significantly reduce the future psychological trauma in these work-groups (Lai et al., 2020).

During pandemic:

- *Resource allocation*– During the pandemic, one of the important things that needs to be done is testing of suspected individuals, contact tracing and isolation of suspected cases. Allocation of both man-power and fund to this needed activity would be necessary. Mental health care providers here may also need to take up the role of a primary health care provider when needed and as per their training statutes.
- *Psychological wellbeing of vulnerable groups*– Most vulnerable groups needs to be taken care of. We need to step-up in providing tele-psychiatry consultation to the individuals who may not physically follow up for various reasons.
- *Continued psychiatric follow up services* – It is important to provide continued services to the previously registered mentally-ill patients to refill or adjust their medication without any need to visit hospital. This is particularly important both because lockdowns have made it difficult to travel, and continued social distancing practice can enforce hospitals to restrict number of non-emergency patient visits in coming future (Li et al., 2020).
- *Shutdowns, lockdowns, and forced quarantines*– It is very likely to have prolonged lockdowns during pandemic progression. Ensuring the supply of daily needs is one aspect, while at the same time, the real challenge would be maintaining one's psychological wellbeing.

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Digital media can be used as a source to train individuals and promote the ways of (i) upholding a healthy lifestyle, (ii) maintaining a near-normal daily routine, (iii) relaxing exercises to deal with stress and, (iv) other ways of coping.

- *Social distancing vs physical distancing*– ‘Social’ distancing appears to be a misnomer in the present time. In this tough time, maintaining social contact with friends and families is very crucial while maintaining safe physical distancing (Galea et al., 2020). Psychiatrists can promote social bonding through the use of telecommunications to minimize the loneliness in these already scary times.
- *Stigma*– The public health emergency associated with communicability of COVID-19 can lead to fear and anxiety, and may also lead to stigma. It is also important to ‘avoid labelling’ the affected individuals or community as ‘victims’. It would be necessary to support emergency service providers and to stop spreading rumours. One should seek adequate help if someone is annoyed being identified with illness or being marginalized in society. Studies have shown stigma to be directly associated with poor mental health outcomes in the long run (Kane et al., 2019).

After pandemic:

- *Disaster management*– In the aftermath of COVID-19, the situation would be more similar to a natural disaster. With a high number of individuals being under stress, many may show signs of anxiety, depression, posttraumatic stress disorder, among many other psychological disturbances. Economic difficulties consequent to the pandemic may also lead to an increase in rates of mental health problems, substance use disorders, and suicides. Integration of mental health care with already existing public health services to provide basic psychological support may help to combat long term psychological adversities in the societies.
- *Promoting positive mental health*– At the same time, promoting positive mental health would be very crucial to avoid protracted grief and post-pandemic socio-economic crisis that may follow. Out of fear, people of various societies may respond in various extreme regressive ways – which can be averted only by timely promoting optimistic psychological views.

The role of mental health care providers divided above into various phases of the pandemic may not follow the strict pattern and may overlap in reality. They also have to play usual role addressing the mental health of those admitted in in-patient, emergency or intensive care units (acute psychosis, acute mania, catatonia, suicide and delirium); role in breaking bad-news and also the mental health providers themselves to keep their calm (avoid getting overwhelmed by the rise in mental morbidity). In Summary, COVID-19 is anything but only an infectious disease. Various far-reaching psycho-socio-economic adversities will have serious mental health issues. Psychiatrists and other mental health professionals need to step up, utilizing ‘all-out’ resources to prevent a post-COVID-19 mental-illness pandemic.

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