

## Role of mental health professionals in dealing with the stigma attached to COVID-19

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The stigma associated with the disease may be as subtle as avoidance, or dramatic as physical aggression. COVID-19 has begun to cause social disruption by growing disease-related stigma and xenophobia against some cultural, national, racial or religious groups worldwide.<sup>1</sup> People of East Asian origin and those with facial features like them, or those with a travel history to areas affected by the outbreak, are especially being subjected to xenophobia in personal contact and online threats. COVID-19 has arisen as an unknown and newly emerged highly contagious infection that has spread rapidly across the globe and is associated with high mortality, leading to fear of encountering those infected.<sup>2</sup> Leaders across the world have taken strict measures such as lockdowns and shutdown of various vital services that have caused chaos in people's lives and increased concerns about the disease.<sup>3</sup> **Box 1** lists the factors leading to stigmatisation towards those infected with COVID-19.

Stigmatisation has raised the suffering of those affected by COVID-19 significantly.<sup>4</sup> There have been many newspapers reporting where people have avoided healthcare seeking when they had symptoms of influenza or had a history of travel to disease-affected areas, some of them not wanting to be social outcasts. This leads to difficulties in getting health authorities and related agencies to effectively contain the disease outbreak.<sup>5</sup> Economic losses have risen because people are avoiding

the disease-affected geographical areas. The stigmatised individuals and targeted communities are being subjected to physical violence, social isolation, denial of employment and basic essential goods in shops or even accommodation.<sup>6</sup> There has been mistrust in healthcare treatment, because of no effective preventive or treatment strategy leading to lower healthcare seeking by the public.

Overall fear and anxiety have risen because of the exponentially increasing flood of false information endlessly being thrown across the world through social media and news coverage, which has fuelled mass hysteria and increased stigma, marginalisation and xenophobia. Those affected by COVID-19, either by being infected or suspected of having contracted infection, have been found to be facing multiple psychological issues like sleep disturbances, feelings of loneliness, anxiety, panic attacks, depression and risk of forming adjustment disorder and chronic post-traumatic stress reactions.<sup>7</sup>

This had led to the engagement of mental health professionals in addressing the psychological well-being of specific groups during the COVID-19 outbreak.<sup>8</sup> **Table 1** highlights the strategies that mental health professionals can use to address the stigma associated with COVID-19.

In summary, during outbreaks of infectious diseases, social stigma

grows but is often not emphasised. Discussion regarding measures taken to ensure effective discouragement of stigmatic behaviours should be undertaken. Social drivers of stigma should be brought forward and addressed publicly, online media posts and sensationalised reporting should be monitored by appropriate authorities and experts so that they are not laced with hateful content. There should be mutual agreement and a 'think before you speak' policy for political leaders so as to curb their role in spreading mass hatred and inadvertent stigmatisation of specific communities. Mental health professionals should actively address the psychosocial consequences like stigma reduction in conducting research and gaining insight into the public perception regarding stigmatising behaviours. They could educate the masses regarding stigma-related behaviours and their relevant sources can allay the prevailing anxiety and fear by raising awareness regarding seeking mental healthcare services at the time of need.

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### Box 1 Causes of stigmatisation towards those affected by COVID-19

- ▶ Drivers of stigma: fear of infection, fear of social ramifications, lack of awareness regarding spread, social judgement, blame, prejudice, stereotypes.
- ▶ Role of online social media posts and forwarded messages in the spread of misinformation related to COVID-19.
- ▶ Association of COVID-19 with a certain ethnicity (eg, referring to it as the 'Wuhan virus' or 'Chinese virus', and so on).
- ▶ Politicisation of the outbreak: for example, using pro-China or anti-China political statements or defaming the Muslim community due to the Nizamuddin outbreak in India. Some news coverage agencies and press statements by prominent leaders have been severely criticised.
- ▶ Using terminology like 'patient zero' and 'superspreaders' for identifying the individuals who were the first case in a country.
- ▶ Lack of adequate research on transmission-related factors and preventive therapeutic approaches, which raises apprehension among the public, leading to mistrust in healthcare services.
- ▶ Inadequate dissemination of the latest information by local governmental agencies regarding news or updates related to COVID-19.

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**Table 1** Strategies which can be used by mental health professionals to reduce stigma related to COVID-19

Recommending reliable sources of information	Recommending people access reliable and trustworthy online websites like the national COVID-19 statistics website, WHO website, CDC data or published articles related to COVID-19 in reliable journals, etc. To have up-to-date information on prevention measures and actual disease-related infographic data, instead of scrolling social media posts, blogs and forwarded messages which have a high possibility of being misleading.
Recommending limited use of social media	People are advised to limit their social media usage due to exposure to high rates of false information and racism-laded comments which fuels misperceptions of particular groups. <sup>9,10</sup>
Gaining information about what people know about COVID-19	Analysing emails, social media posts, tweets, messages and calls to public health departments, and gathering data on which web pages are most viewed and shared about coronavirus outbreaks, will provide insight about where people could lack awareness, which, in effect, might help decide where stigma might occur. <sup>11</sup>
Conducting research to gain understanding of public perception	Online website or link-based personalised forms or validated scales, or using telephonic surveys to determine public perception of coronavirus outbreak and stigma-producing factors. <sup>12</sup>
Online psychoeducation regarding COVID-19 and stigma reduction strategies	Mental health professionals can create and organise psychoeducational materials or modules to disseminate information to individuals about the outbreak and stigma of COVID-19. <sup>13,14</sup> They may reach large communities by creating social media groups and sharing content relevant to stigma reduction strategies. The use of a case vignette-based approach can be used to explain stigma during the outbreak. Examples can also be drawn from previous epidemics and stigmatisation of certain communities, and how the cause of unnecessary stigma has led to disruptions in the general community. Practising 'perspective taking' where people can learn about what its like to have the virus and the experience of being discriminated against. <sup>15</sup>
Addressing issues of fear and anxiety related to COVID-19 among those in isolation	Awareness should be raised in the public to seek psychological assistance as and to curb unnecessary anxiety and panic reactions. This is especially true for those who have been isolated during COVID-19 and are away from their families or support providers. Boredom and excess worrying about spreading the infection to family or friends is frequently reported. These individuals may be advised to keep their daily routine within their confines as much as possible and to maintain contact with their families via telephone, email, social media or video conferencing. They may be advised to share their narratives or stories regarding their isolation in the media, including posting first-person blogs and videos and real-time exchange on live streaming, which may help others who may have been sent to isolation in understanding the struggles.
Addressing issues of stigma faced by healthcare workers on the front line of COVID-19 control	The front-line healthcare workers, nurses, paramedical staff, those involved in sanitation department and other workers involved in handling biomedical waste related to patients with COVID-19 have been facing considerable issue of being stigmatised. <sup>16</sup> The issue of stigma has been leading to them being shunned from visits to many locations like grocery shops, eviction from their homes and instances of physical violence hurled towards them. They can be given psychological intervention in the form of talking to them about their issues, providing them online available materials for awareness of the psychological impact of stressful events and forming psychological intervention hotline numbers to discuss their concerns with trained mental health professionals. Policymakers can introduce local programmes for honouring the front-line personnel and acknowledge their roles using various media platforms. All staff should be sufficiently aware of ways to access psychosocial support mental health resources, if required. <sup>17</sup>

CDC, Centers for Disease Control and Prevention.

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