HOW TO CITE THIS ARTICLE: Navin K, Kuppili PP, Menon V. Repurposing selective serotonin reuptake inhibitors for COVID-19: Rationale and concerns. *Indian J Psychol Med*. 2020;42(6): 578–580

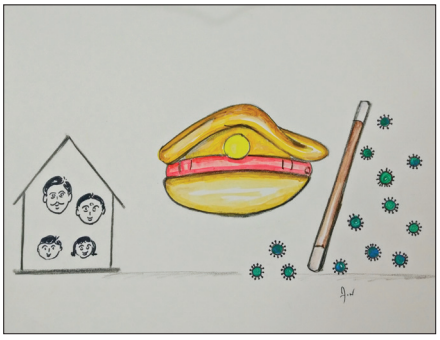
ACCESS THIS ARTICLE ONLINE
Website: journals.sagepub.com/home/szj
DOI: 10.1177/0253717620963338

Mental Health Impact of COVID-19 on Police Personnel in India

India reported the first case of coronavirus disease (COVID-19) on January 30, 2020. The government, since then has advocated wearing masks, physical distancing, avoiding public gathering, shutting down malls and theatres, isolation of positive cases, and quarantine of high-risk individuals as major preventive measures against COVID-19. Police were among the first responders to the COVID-19 disaster and are popularly listed among the "corona warriors," along with health care personnel.

Police personnel in India are generally trained in dealing with natural and man-made disasters, though pandemic control is not emphasized as a subject during the training of the police.[1] Consequently, the COVID-19 pandemic required many police personnel to assume responsibility for the emergencies that were not part of their regular work profile.[1,2] The primary responsibility of implementing the lockdown through restricting public movement and ensuring physical distancing was shouldered by the police force during the pandemic, through the enforcement of the Epidemic Disease Act, 1987, and the Disaster Management Act, 2005.[1] Police personnel was mobilized for a variety of tasks—to monitor check posts, monitor COVID-19 infection hotspots, and ensure lockdown as well as containment. In addition to this, police personnel also carried out a variety of unconventional duties, including creating social awareness, clarifying fake news, daily inspection of people in isolation or quarantine, assisting the health department in contact tracing activities, helping migrant workers to enter shelters, and helping the needy persons to access medical and other essential services.[3,4]

Lack of awareness and specific knowledge of COVID-19 prevention and inadequate or inappropriate use of personal protective gear like mask and gloves substantially increase the risk of exposure to COVID-19 among police personnel.[1] **Table 1** shows the impact of COVID-19 on police personnel in India and **Table 2** shows the infection rate in the police force in comparison to the general population as of August 31, 2020.[5–7] It appears that police personnel are 8.78 times more likely to get affected by COVID-19 compared to the general population. In order to reduce the risk of transmission of COVID-19, the police departments have made risk mitigation plans like modifications in their human resource allotment (working with a small team, desk job for the vulnerable population rather than fieldwork) and use of technology in the services.[1,2,4,8]



The unconventional responsibilities, demanding working conditions, and the ambiguity in the role of the police may result in job stress and burnout and have been established in earlier studies as a source of occupational stress among Indian police personnel.[9,10] The concern about being infected from the community and workplace may also be a potential source of fear among police personnel.[1] Furthermore, concerns about carrying the infection to the family members may also be a source of psychological distress. Additionally, fear of quarantine

TABLE 1.

The Impact of COVID-19 on Indian Police Personnel (as on August 31, 2020)

Number of police personnel who tested positive		71,832
Number of police personnel quarantined		25,013
Number of police personnel who died		428
Number of police personnel injured in attacks		260
Top five states/division (personnel tested positive)	Maharashtra	14,792
	Central Reserve Police Force (CRPF)	7,144
	Telangana	5,684
	Border Security Force (BSF)	4,983
	West Bengal	4,500
Top five states/division (personnel quarantined)	Maharashtra	8,000
	Border Security Force (BSF)	7,981
	Madhya Pradesh	2,000
	Uttarakhand	1,970
	Kerala	1,166

Source: Indian Police Foundation website.[6]

TABLE 2.

The Infection Rate in the Police Force in Comparison to the General Population (as on August 31, 2020)

	India	Indian Police Force
Total population	1,382,341,425	3,035,632
Total cases reported	3,679,411	71,832
% of the population affected	0.27	2.37

Sources: Indian Police Foundation website[6] and Worldometer website.[13,14]

and social stigma are possible causes of distress. This can result in a greater likelihood of police personnel developing a range of psychological problems such as burnout, emotional disturbances, psychological distress, sleep disturbances, anxiety, depression, substance use, and post-traumatic stress disorder.[11] As per a recent online survey in which 102 police personnel of Maharashtra police department participated, 50% of the respondents had mental disturbance due to fear of the COVID-19 virus, whereas 32.4% reported being under stress due to multiple reasons at the workplace.[12] There are sporadic incidents of suicide by police personnel associated with the fear of catching COVID-19.[13,14] In addition to increased workload and exposure to infection with coronavirus, police personnel, when trying to maintain law and order, are not uncommonly exposed to aggressive assaults by the public. Overall, since the COVID-19 crisis started, about 260 policemen have been injured in various incidents throughout the country.[5] Such incidents pose a significant concern about their protection at work. This not only diminishes their morale but can also lead to significant psychological distress.

The COVID-19 crisis has undoubtedly impacted law enforcement practices across India. Therefore, the need of the hour is to pay attention to the psychological wellbeing of the police personnel. The first step towards this could be to raise awareness among them about mental health problems. It may be helpful to establish peer support networks within the police department to recognize and address their psychological problems. Because of high workload and stress, programs that target positive coping skills and building resilience can mitigate psychological distress. Training in relaxation practices such as deep breathing, meditation, or yoga can serve as methods to improve police personnel's mental health and help them to cope with stress positively.[11] Those police personnel who work away from their homes or undergo quarantine should be encouraged to maintain regular communication with the families through audio/video modalities to strengthen their primary system of support. In addition to ensuring adequate strategies for infection control and access to timely and affordable treatment, it may be advisable to establish facilities through telephone helplines or video consultation to provide psychological support. Police personnel with pre-existing psychiatric illnesses may be vulnerable to a worsening of those problems or developing new symptoms such as anxiety or depression. Timely referrals to seek psychiatric help for severe psychological symptoms should be encouraged.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Pawan Arun Khadse[1], Guru S. Gowda[1], Sundarnag Ganjekar[1], Geetha Desai[1], Pratima Murthy[1]

[1]Centre for Addiction Medicine, Dept. of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India

Address for correspondence:

Pawan Arun Khadse, Centre for Addiction Medicine, Dept. of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka 560029, India. E-mail: pawankhadse@gmail.com

Submitted: 1 Sep. 2020
Accepted: 13 Sep. 2020
Published Online: 6 Nov. 2020

References

1. Telangana State Police. Reference Handbook for Covid-19 Policing: Telangana State Police. Indian Police Foundation, https://www.policefoundationindia.org/images/resources/pdf/Reference_Handbook_for_Covid-19_Policing.pdf (2020).
2. Kerala Police. COVID 19 standard operating procedure for day to day policing. Indian Police Foundation, https://www.policefoundationindia.org/images/resources/pdf/COVID_19_SoP.pdf (2020, accessed August 4, 2020).
3. Haryana Police. Haryana police COVID-19 response. Indian Police Foundation, https://www.policefoundationindia.org/images/resources/pdf/Haryana_Police_COVID-19_Response-compressed.pdf (2020).
4. Assam Police. The new dimensions in policing: The case of Assam police as frontline anti-COVID workers. Indian Police Foundation, https://www.policefoundationindia.org/images/resources/pdf/Assam_Police_as_Frontline_anti-Covid_Workers.pdf (2020).
5. Indian Police Foundation. COVID-19 resources: Indian Police Foundation. Indian Police Foundation, https://www.policefoundationindia.org/covid-19-resources (2020, accessed August 31, 2020).
6. Worldometer. Coronavirus cases. Worldometer 2020, https://www.worldometers.info/coronavirus/? (2020, accessed August 31, 2020).
7. Worldometer. India population 2020. Worldometer, https://www.worldometers.info/world-population/india-population/ (2020, accessed August 31, 2020).
8. Tripathi S. Health of police personnel in COVID times challenges and solutions: Maharashtra COVID-19 resources. Indian Police Foundation, https://www.policefoundationindia.org/images/resources/pdf/HEALTH_OF_POLICE_IN_COVID_TIMES_final.pdf (2020).
9. Frank J, Lambert EG, and Qureshi H. Examining police officer work stress using the job demands–resources model. J Contemp Crim Justice 2017; 33: 348–367.
10. Singh S and Kar SK. Sources of occupational stress in the police personnel of North India: An exploratory study. Indian J Occup Environ Med 2015; 19: 56–60. http://www.ijoem.com/text.asp?2015/19/1/56/157012
11. Stogner J, Miller BL, and McLean K. Police stress, mental health, and resiliency during the COVID-19 pandemic. Am J Crim Justice. Epub ahead of print 2020. https://doi.org/10.1007/s12103-020-09548-y
12. Kokane PP, Maurya P, and Muhammad M. Understanding the Incidence of

COVID-19 among the police force in Maharashtra through a mixed approach. medRxiv. Epub ahead of print 2020. DOI: 10.1101/2020.06.11.20125104.
13. Raina M. Coronavirus outbreak: Covid-19 fear suicide in CRPF. Telegraph India, https://www.telegraphindia.com/india/coronavirus-outbreak-covid-19-fear-suicide-in-crpf/cid/1772507 (2020, accessed August 4, 2020).
14. Reddy YM. Cop's suicide adds to COVID fear. *Bangalore Mirror*, https://bangalore.emirror.indiatimes.com/bangalore/others/cops-suicide-adds-to-covid-fear/articleshow/76539287.cms (2020, accessed August 4, 2020).

HOW TO CITE THIS ARTICLE: Khadse PA, Gowda GS, Ganjekar S, Desai G, Murthy P. Mental health impact of COVID-19 on police personnel in India. *Indian J Psychol Med*. 2020;42(6): 580–582

ACCESS THIS ARTICLE ONLINE
Website: journals.sagepub.com/home/szj
DOI: 10.1177/0253717620963345

Response to Sexual and Gender-Based Violence Against Women During COVID-19

Sir,

COVID-19 is a global public health crisis. It has affected the lives of women and men differently. A recent report by United Nations Women[1] revealed that the COVID-19 crisis has intensified gender inequality and gender discrimination worldwide. It has disproportionately impacted women and girls. Pre-existing inequalities and the presence of more vulnerability factors, in turn, worsened the risk for abuse and neglect and reduced the options for care and support. [1] Across the countries, during the lockdown, there has been a steep increase in the calls to helplines and police stations. In India, a rise of more than two times was recorded in sexual and gender-based violence (SGBV) during the national lockdown. The total complaints received from women by the National Commission for Women (NCW) rose from 116 in the first week of March to 257 in the final week of March 2020.[2] In some parts of India, there have been a few incidences of rape and sexual assault against women in quarantine centers.[3,4,5] According to WHO, the risk of domestic violence is likely to increase as social distancing measures are put in place and people are encouraged to stay home.[6]

Even though the lockdown lifted, women and men continue to work from home due to social distancing measures. Due to work from home situations, many women have to spend all the time with abusive partners in a confined environment. Accessing help from formal or informal networks became more difficult, and home can no longer be considered a safer place for all women. Role expectations from the abusive partner, loss of a job, insufficient family income, financial dependency due to temporary or permanent job loss, overcrowded family environment, imbalance in work and family lives, and difficulty adapting to current new situations could contribute to an environment that triggers violence on women.

Innovative Strategies Adapted to Handle SGBV

To tackle SGBV, China launched a social media campaign as a part of the advocacy to break the silence against violence

during the lockdown. In France and Spain, the women survivors of violence have relied on code words to seek help from pharmacies to report the situation of violence.[7] The United States launched Digital Services Toolkit to provide information to survivors of violence.[8] In India, NCW launched a separate WhatsApp number to provide help for the victims of domestic violence.[9]

How to Respond to the SGBV

Health Care Professionals and Other Stakeholders

The telehealth services have gained importance during the COVID-19 pandemic to connect to the people to provide needed help and support. The health care professionals (HCPs) play a pivotal role in screening and offering the needed support to the victims of intimate partner violence (IPV). The HCPs should have adequate skills to screen for IPV, provide the first line of support, and refer to needed help, depending upon the need of the survivors. One of the prerequisites for screening using technology is to ensure that the conversation occurs in a private environment. Before asking questions, check if the perpetrator is nearby and ask the victim to respond only in YES or NO or use code words to communicate danger. Asking simple questions such as "Is everything all right?" "Is it safe to speak to you?" and "What activities you have been doing to cope with COVID-19?" can ensure the safety of the survivor while discussing IPV-related issues in indirect ways. HCPs should also have adequate information about locally available support services for the survivors.