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Timely mental health care for the 2022 novel monkeypox outbreak is urgently needed

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Respected Editors,

The world is currently experiencing a resurgence of the virus known as monkeypox. In May 2022, an outbreak of monkeypox occurred in the United Kingdom and subsequently attracted global attention. Meanwhile, the entire world is still fighting against the COVID-19 pandemic. In addition, many undeveloped countries are still coping with the aftermath of a number of separate epidemics. This is a reason for concern on a worldwide scale. The World Health Organization (WHO) announced a public health emergency of international concern on July 23, 2022, in response to the rapidly increasing monkeypox epidemic (PHEIC). As of this writing, the monkeypox virus infection has been confirmed in 95 nations, and a total of 43,602 cases have been reported, with 12 deaths across the globe. However, scientists should focus on psychiatric issues along with physical problems [1]. An early investigation that was carried out in the United Kingdom discovered that over 25% of infected patients experienced psychological disorders such as depression, anxiety, and low mood and required counseling therapy [2]. This complicates our ability to interpret these symptoms' clinical relevance. A recent meta-analysis revealed that neuropsychiatric symptoms are prevalent in over 50% of monkeypox infections [3]. However, no psychological symptoms were measured in any of these investigations because they did not use reliable instruments. Further evidence from a cross-sectional survey conducted in Iraq indicates that the public at large is experiencing anxiety in light of the ongoing monkeypox epidemic [4].

In general, stressful life events and disasters affect the psychological aspects of individuals. For instance, the spread of epidemics or endemics can result in increased psychiatric disorders such as depression, post-traumatic stress disorders, anxiety, and grief-related symptoms [5]. In some cases, it may even lead to suicide due to increased pressure on the psyche of the infected person [6]. Infection with monkeypox can lead to mental illnesses such as anxiety, depression, and low mood reactions [2, 7]. Therefore, appropriate measures should be taken in the event of the spread of the monkeypox endemic, such as reducing mental stress, disseminating accurate information on social media, preventing misrepresentation and spreading fear among citizens, conducting

continuous research on the effects of the epidemic and ways to treat psychological problems [5].

However, we hypothesize that a number of factors, including but not limited to social media, quarantine, guilt about the effects of contagion, fear of infected families and friends, stigma, blame, boredom, loneliness, fear of symptoms, fear of healthcare providers from infected patients, side effects of treatments, anger, and so on, contribute to the emergence of mental health problems in those who have contracted monkeypox. However, the 2022 monkeypox outbreak may cause concern for members of the general public who have never been exposed to monkeypox. A problem arises when information about a new, emerging disease spreads rapidly. An outbreak of monkeypox could possibly be responsible for the impending panic [8]. During a monkeypox pandemic, it is crucial to have a mechanism in place to combat bogus news and provide psychological aid to the populace [7]. In view of the recent monkeypox epidemic, it is strongly recommended that additional research be carried out on psychological concerns.

Last but not least, in order to provide patients with monkeypox with adequate mental health care, state and federal officials in charge of public health should establish multidisciplinary mental health teams. These teams should include clinical psychologists, psychiatrists, psychiatric nurses, and other specialists in the field of mental health.

Ethical approval

Not applicable. All data presented in the study has been collected from open-source platforms with proper citation and/or from media sources.

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Author contribution

Conceptualization: SKA and HMI-A, Data curation: SKA, Formal analysis: SKA, Investigation: SKA, ZKA, SHH and SOA, Methodology: SKA and SHH Project administration: SKA, Resources: SKA, SOA AAK, SHH and AQA, Software: SKA, Supervision: SKA, Validation: SKA, Visualization: SKA, RMO, HMI-A, ZKA, SOA and SHH, Writing—original draft: SKA, SHH, HMI-A, ZKA and SOA, Writing—review & editing: SKA, SHH, SOA, AAK and AQA, Approval of final manuscript: all authors

Registration of research studies

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Consent

This study was not done on patients or volunteers, therefore no written consent was required.

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Author agreement statement

We declare that this manuscript is original, has not been published before, and is not currently being considered for publication elsewhere. We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We confirm that all have agreed with the order of authors listed in our manuscript. We understand that the Corresponding Author is the sole contact for the Editorial process. He is responsible for communicating with the other authors about progress, submissions of revisions, and final approval of proofs.

Data statement

All data presented in the present review is available online and can be accessed from the appropriate reference in the reference list.

Provenance and peer review

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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