

Review Article

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## COVID-19: Impact of Social Isolation on Mental Health

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### ABSTRACT

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The outburst of COVID-19 pandemic has been strongly affect people and continues to affect all groups of the population. To reduce the speed of its spread, many countries slowed down their economies and enforced compulsory restrictions on public life. Worldwide a forced lockdown imposed on the persons due to the COVID-19 pandemic. All large-scale disasters had significant negative impact on individuals ranging from depression, post-traumatic stress disorder, substance use disorder, behavioral disorders, domestic violence and child abuse. The current COVID-19 pandemic has given rise to similar situations where the population suffers the risk of anxiety and depression, substance use, loneliness and domestic violence and with schools closed, there is a very real possibility of an epidemic of child abuse. The aim of this review paper is to gain insight on the impact of pandemic on mental health on individuals and communities. This paper gives a broad view on the connecting pathways of mental disorders and suggests coping suggestions to promote and maintain mental health in individuals during pandemic. For better health of population, mental health consequences of COVID-19 are as important to address as are the physical health effects of pandemic.

### Introduction

On 30 January 2020, the World Health Organization (WHO) declared pandemic a Public Health Emergency of International Concern. The pandemic spread very quickly amongst people in almost 210 countries and territories around the world. To diminish the speed of its spread, many countries slowed down their economies and enforced compulsory restrictions on public life. Worldwide a forced lockdown imposed on the persons due to the COVID-19 pandemic. Due to lockdown a huge numbers of citizens

restricted to their homes (Campbell 2020) . Social distancing due to pandemic lockdown leads to several mental health problems. During this lockdown, there have been a number of stressors which have caused distress amongst population, for example, quarantine, pay-cuts, unemployment, uncertainty of jobs, fear, violence, abuse etc. While quarantine is a necessary preventive measure to control the spread of infectious disease, many studies have reported a negative psychological impact of quarantine on individuals (Brooks *et al.*, 2020). The worldwide spread of COVID-19 is

specifically causing a humanitarian disaster for the world's population. The COVID-19 pandemic has led to a significant elevation of psychological distress in the general population, with reports of moderate to severe increases in anxiety, depression, and stress (Junior JG *et al* 2020) . People confronted with additional adversities that exacerbate the ongoing psychological suffering and lead to increased suicide rates in different countries. In some countries medical and psychological care support is limited and the work of humanitarian help providers is restricted (Kluge *et al* 2020). In overcrowded areas social distancing is almost impossible and hygiene practices are simply not applicable (Raju and Ayeb 2020). It is tough to predict the effects on the mental and social development of the persons who abruptly had a sudden change in their normal life. We know that stressful events are connected with: disrupted psychological development; social, emotional, and cognitive impairment; adult medical and psychiatric disorders; disability and even earlier death of near and dear ones (Targum and Nemeroff 2019). All large-scale disasters had significant negative impact on individuals ranging from depression, post-traumatic stress disorder, substance use disorder, behavioural disorders, domestic violence and child abuse. The current COVID-19 pandemic has given rise to similar situations where the population suffers the risk of anxiety and depression, substance use, loneliness and domestic violence; and with schools closed, there is a very real possibility of an epidemic of child abuse. At the present context, the outcome of the COVID-19 pandemic is impossible to predict but we can learn a great deal from the past pandemics in the history to determine our best courses of action, for example, the Spanish flu, the AIDS pandemic and more (Galea *et al.*, 2020) . It is well recognized that spread of corona virus pose a threat to mental health. Outcomes of the COVID-19 pandemic on mental health

could differ between population groups. In particular, the emotional responses brought on by the pandemic and its management might be more substantial among vulnerable groups, such as people with pre-existing psychiatric conditions (Lancet 2020, Yao *et al.*, 2020) . Researchers found a consistently negative impact of COVID-19 on mental health. Sixteen to eighteen per cent of individual showing symptoms of anxiety and depression (Rajkumar 2020). Evidences indicate that women (Liu *et al* 2020), younger people (Huang and Zhao) and those with a poor sleep quality (Vindegaard and Benros 2020) are at an increased risk for mental health problems.

### **COVID-19 and mental health**

It is difficult to maintain a healthy lifestyle when we are facing crisis like COVID-19. The insecurity and fears related to money, childcare, aged parents, and occupation security disturb our routines, lifestyles and mental health. The uncertainty about the future, the constant news coverage and constant social media driven full of messages can increase anxiety level in individuals. Anxiety is a normal response to these types of situations. This disturbs our eating and sleeping patterns, leads to bad temper or emotional outbursts, low level of motivation, and changes in use of alcohol or other drugs. A large proportion of population have diverse and vulnerable life situations, such as old and poor with chronic ailments, migrant labourers and people stuck in locations other than own home, senior citizens, quarantined persons in their homes or public facility, and families of those suffering or quarantined. This kind of large numbers of individuals are vulnerable and may show signs and symptoms of mental distress and emotional problems. Eisenberg and Lazarsfeld (1938) concluded that unemployment 'tends to make people more emotionally unstable than they were previous to unemployment'. There has been a great

deal of research on the subject since then. The WHO (2020a) reported that COVID-19 disease is a reason of confusion, anxiety and fear amongst people. These factors can give rise to harmful stereotypes. Due to associated stigma people can be forced to hide their disease due to fear of discrimination which stop people from seeking immediate health care and discourage them to adopt healthy behaviours. Stigma has been observed against infected individuals, families and even healthcare workers. There have been reports of healthcare workers being attacked owing to the stigma (Altstedter *et al.*, 2020). The news reports which interviewed psychiatrists explained that depressive patients had started complaining of anxiety due to fear of COVID-19. Some patients reported the fear of contracting the infection while others expressed insecurity related to losing the job and other family problems. The experts expressed concerns over rising level of disharmony and low coordination in the family environment due to lockdown, lack of social connectivity for patients and withdrawal symptoms for alcohol and substance users who are habituated and dependent (Ahuja, 2020). The research results of a recent KFF poll (Panchal *et al.*, 2020), almost 45 per cent of the adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the coronavirus. Less psychosocial interactions shows negative implication on mental health due to COVID-19 pandemic. The situation is likely to get grimmer as the pandemic wears on.

### **COVID-19: Affect different groups differently**

Many of the studies and surveys have been done on mental health condition of the people during COVID-19. These studies and surveys indicate that pandemic adversely affected the people's lives of all groups. Effect of

pandemic is different for all groups. This impact may be related to preoccupations with or anxieties about contracting the virus, depression, sleeping difficulties, irritability, and loneliness. In a report many women suffering from anxiety and depression; this may be due to because they were facing the burden of increased household responsibilities and domestic violence during the lockdown (Rhea Mathews, 2021). Children had experienced agitation and anxiety during the lockdown. Many news point out that children experiencing fears about the virus, fears regarding over loaded online classes, and stress and irritability from being unable to go out. Many children have faced violence in their homes and many of them have been victims of cyber bullying, which leads to poor mental health condition in women and children. Youth also facing the same kind of mental problems during lockdown. This is not surprising given that twenty-seven million young people lost their jobs in April 2020 alone, and 320 million students have been affected by the closing of educational institutions, and the postponement of exams (Terri and Astha 2020). They felt lonely and have a fear that their mental health had been strongly impacted due to lockdown. Although there are no studies specifically with migrant workers, panic reactions have been observed in the millions who lost their livelihood and made desperate attempts to return to their rural homes. Daily wage laborers have also been heavily affected. A survey with 152 doctors found that more than a third of them are experiencing depression and anxiety due to the pandemic. Frontline workers are reportedly burdened by over-work, and anxious about contracting the virus (Shesadri *et al.*, 2020). A study of 282 people reported higher anxiety among sexual minority groups, and called for the attention of policymakers to take sensitive and inclusive health decisions for marginalized communities (Sharma and Subramanyam 2020). The anxieties described

earlier have been overwhelming for people with pre-existing mental health conditions. Problems may also have worsened for individuals because of the disruption of mental health services and the difficulty of travel, which led to people reducing doses of prescribed medication (Shesadri *et al.*, 2020). The sudden closure of all liquor shops in the country and the cutting off drug supplies has resulted in withdrawal symptoms in many people with alcohol and substance use dependence for example, delirium and seizures. Many alcohol 'addicts' distressed by their craving have also consumed poisonous substances such as hand sanitizers as substitutes and died or died by suicide (Narasimha *et al* 2020).

### **Mental Health Infrastructure and Challenges Ahead in India**

The government's National Mental Health Survey reported that about 10 percent of adults meet diagnostic criteria for a mental health condition (ranging from mood and anxiety disorders to severe mental illness) in India. Depression, anxiety disorders, psychoses, phobia, suicide, mood disorders, neurotic or stress related disorders, posttraumatic stress disorder, Schizophrenia, bipolar affective disorder (BPAD) , marital disharmony, sleep disorders, alcohol dependence and substance misuse and dementia are becoming common problems in the general population (Shankardass, 2018) . Studies estimated that nearly 200 million people in India have experienced a mental disorder, nearly half of whom suffer from depressive or anxiety disorders. The government has spent very little on mental healthcare (estimated at less than one percent of the health budget), and this expenditure has been almost entirely on doctors, drugs, and hospitals in urban areas. There are little community-oriented mental healthcare services anywhere in the country. According

to the 2016 National Mental Health Survey (NMHS 2016), 83% of people suffering mental health problems in India did not have access to adequate mental health treatment. In many cases, access to mental health treatment in India depends on where you live. The divide basically comes in the urban versus rural area. For people who live in rural India, it's much harder to get access of mental health services. Sub-district hospitals cater to roughly 30,000 people or 15 to 20 villages. Though, these hospitals typically don't have mental health services. Some rural people may have to travel up to 50-60 kilometers to get mental health services. In India rural people tend to have other priorities. The struggle in rural communities is often about fulfill basic needs so mental health is not getting so much priority in their life. In India's total 2020-2021 budgets, just 2% has been placed for healthcare and from this figure, and less than 1% budget has been allocated to mental health.

### **Suggestions for good mental health during COVID-19 Pandemic**

Anxiety about corona virus is completely normal. It should not interfere with your day to day functioning. Focus on self care and take adequate sleep, good nutrition, do daily exercise, deep breathing exercises, practice gratitude and mindfulness. Limit yourself to watch pandemic related news and ensure that you get news from reliable sources. Find some time to recharge yourself. Do something you enjoy on daily basis. Reframe thoughts. Don't focus on things are changed now, instead focus on what we can control i.e. how we can move forward. Create new opportunities using a solution focused approach. Set clear boundaries for work and home. Maintain a routine and allocate some time for recreation as well. Find some time to read books, painting, listen music, play games and learn something new etc. Connect with

family and friends virtually and physically to make your support system strong. Help people nearby you, who may be alone and help people who may not have access to information, teach the elderly to use the internet, etc. Create an atmosphere of gratitude for what you have. Keep calm yourself and your thoughts. Remember to use abdominal breathing. If you're finding it difficult to cope in spite of these techniques, consult a mental health practitioner. There needs to be a lot more communication. We need to start from ground zero in schools and colleges and rope in parents and make them comfortable with problems related to mental health.

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