

## **“Priorities for COVID-19 Pandemic: Need of Action for Mental Health”**

**Ms. Manisha M. Rakhade**  
Nursing Officer, (PBBSc Nursing)  
Indira Gandhi Govt. Medical College and Hospital,

### **Abstract**

The corona virus disease 2019 (COVID-19) pandemic is having a profound effect on all aspects of society, including mental health and physical health. We explore the psychological, social, and neuro-scientific effects of COVID-19 and set out the immediate priorities and longer-term strategies for mental health science research. These priorities were informed by surveys of the public and an expert panel convened by the India Academy of Medical Sciences and the mental health research charity, MQ: Transforming Mental Health, in the first weeks of the pandemic in the India in March, 2020. We urge India research funding agencies to work with researchers, people with lived experience, and others to establish a high level coordination group to ensure that these research priorities are addressed, and to allow new ones to be identified over time. The need to maintain high-quality research standards is imperative. International collaboration and a global perspective will be beneficial. An immediate priority is collecting high quality data on the mental health effects of the COVID-19 pandemic across the whole population and vulnerable groups, and on brain function, cognition, and mental health of patients with COVID-19. There is an urgent need for research to address how mental health consequences for vulnerable groups can be mitigated under pandemic conditions, and on the impact of repeated media consumption and health messaging around COVID-19. Discovery, evaluation, and refinement of mechanistically driven interventions to address the psychological, social, and neuro-scientific aspects of the pandemic are required. Rising to this challenge will require integration across disciplines and sectors, and should be done together with people.

**Keywords:** COVID-19, Pandemic, Neuro-scientific, corona-virus, neuro-medical,

### **Introduction**

It is already obvious that the direct and oblique mental and social consequences of the corona virus ailment 2019 (COVID-19) pandemic are pervasive and will have an effect on intellectual fitness now and with inside the destiny. The pandemic is taking place in opposition to the backdrop of expanded occurrence of intellectual fitness troubles with inside the India in latest years in a few groups. Furthermore, extreme acute respiration syndrome corona virus 2 (SARS-CoV-2), the virus that reasons COVID-19, may infect the mind or cause immune responses which have extra un-favourable consequences on mind feature and intellectual fitness in sufferers with COVID-19. Research funders and researchers ought to install assets to apprehend the mental, social, and neuro-medical consequences of the COVID-19 pandemic. Mobilisation now will permit us to use the learning's won to any destiny durations of expanded contamination and lockdown, on the way to be specifically crucial for front-line people and for susceptible groups, and to destiny pandemics. The framework for the prioritisation and coordination of essential, coverage-applicable mental, social, and neuro-scientific studies, to make certain that any funding is successfully focused to the vital intellectual fitness technological know-how questions because the pandemic unfolds.

The use the time period intellectual fitness sciences to mirror the various exceptional disciplines, such as, however now no longer restricted to, psychology, psychiatry, medical medicine, behavioural and social sciences, and neuroscience, a good way to want to paintings collectively in a multidisciplinary style collectively with humans with lived revel in of intellectual fitness troubles or COVID-19 to cope with those studies priorities. India has effective blessings in mounting hit reaction to the pandemic, such as robust present studies infrastructure and expertise, however the studies network

ought to act hastily and collaboratively if it's far to cope with the developing threats to intellectual fitness. A fragmented studies reaction, characterized with the aid of using small-scale and localised tasks, will now no longer yield the clean insights vital to manual coverage makers or the general public. Rigorous medical and moral overview of protocols and outcomes stays the cornerstone of safeguarding sufferers and upholding studies standards. Deploying a intellectual fitness technological know-how attitude to the pandemic may also tell populace-degree behaviour extra tasks aimed toward lowering the unfold of the virus.

The popular populace survey, finished with the aid of using the impact of social isolation or social distancing on wellbeing; expanded anxiety, depression, stress, and different bad emotions; and subject approximately the sensible implications of the pandemic reaction, such as economic difficulties. The prospect of turning into bodily sick with COVID-19 ranked decrease than those troubles associated with the social and mental reaction to the pandemic. The MQ: Transforming Mental Health stakeholder survey of humans with lived reveal in of a intellectual fitness problem likewise highlighted popular worries approximately social isolation and expanded emotions of hysteria and depression. More specifically, stakeholders regularly expressed worries approximately exacerbation of pre-present intellectual fitness troubles, extra trouble in gaining access to intellectual fitness and offerings below pandemic conditions at the intellectual fitness of own circle of relatives members, in particular kids and older humans.

### Methodology

This Position Paper summarises the priorities put forward by an interdisciplinary group, including people with lived experience of a mental health issue, from across the bio-psycho-social spectrum of expertise in mental health science in March and April, 2020. The experts of the Indian Academy of Medical Sciences MQ: Transforming Mental Health. The survey was promoted via email to MQ's fan network and via social media. A total of 219 people responded to the survey, submitting 4,350 concerns about the mental health effects of the pandemic and 199 responding to what have helped maintain mental health and well-being during the pandemic. A thematic analysis of all data was performed. Omnibus survey is to collect data on people's concerns about the effects of COVID-19 on mental health. A total of 199 interviews were conducted with adults aged 16-75 from across India. Quotas were established and data were counted to ensure by sex, age, & region. Statistical analysis was performed and all included subgroup were statistically significant at the 95% confidence interval unless otherwise noted.

### Discussion and Finding

International comparisons can be in particular beneficial on this regard. In this Position The surveys constitute a photo of the contemporary situation; however they may want to be repeated greater carefully over the route of the pandemic, and the studies priorities reviewed. These findings mixed with the posted medical literature, knowledgeable the improvement of our studies priorities.

- **Psychology and Individual Factors: Investigation of the Effect of COVID 19 on Mental Health**

Psychiatry and neuroscience; priorities need to be reviewed and developed with the pandemic. Psychology and individual factors: researching the effect of COVID-19 on mental health. A lively systematic map that tracks emerging empirical studies, systematic reviews, and modelling on COVID-19. A coordinating mechanism for pandemic mental health interventions is required for the agile identification of interventions that can be repurposed, alongside the identification of intervention gaps that will require bespoke de novo design, and the evaluation and rollout of remotely delivered interventions. In this section, we focus on the psychological processes and effects in individual people related to COVID-19, such as cognition, emotion, and behaviour that affect mental health (table 1).

1. Psychology and individual factors: the effect of COVID-19 on mental health.

Sr. No.		Immediate actions	Longer-term strategic programmes
1	What is the effect of	Improve monitoring and	Identify mechanisms that explain rates

	COVID19 on the risk of anxiety, depression and other outcomes, such as self-harm and suicide?	reporting of the rates of anxiety, depression, self harm, suicide, and other mental health issues; determine the efficacy of mechanistically based digital & non-digital interventions and evaluate model of implementation.	of anxiety, depression, self-harm, and suicide; understand the role of psychological factors in reducing the influence of social context on mental health problems; identify the long-term well-being consequences of COVID-19 for the younger and older generations
2	What is the optimal structure for a mentally healthy life before COVID19 and physical or social distancing?	Determine what psychological support is available to help frontline medical and healthcare staff and their families; understand the psychological, physiological (eg, sleep and nutrition), and factors that protect or adversely affect mental health.	Developing new interventions to protect mental health, including those based on positive, foundation-based components, such as altruism and pro-social behaviour and understanding about online life; understand how we optimize positive social resources and build resilience to stress; establish the effects on mental health and well-being.

*COVID-19 = Corona-virus disease 2019.*

- **How Do You Structure A Mentally Healthy Life That Works For Them After COVID19 Has Protective Measures?**

Although a rise in symptoms of anxiety and coping responses to stress are expected during these extraordinary circumstances, there is a risk that prevalence of clinically relevant numbers of people with anxiety, depression, and engaging in harmful behaviours will increase. Of note, however, is that a rise in suicide is not inevitable, especially with national mitigation efforts. The potential fallout of an economic downturn on mental health is likely to be profound on those directly affected and their caregivers. The severe acute respiratory syndrome epidemic in 2003 was associated with a 30% increase in suicide in those aged 65 years and older; around 50% of recovered patients remained anxious; and 29% of healthcare workers experienced probable emotional distress. Patients who survived severe and life threatening illness were at risk of posttraumatic stress disorder and depression.

Many of the anticipated consequences of quarantine and associated social and physical distancing measures are themselves key risk factors for mental health issues. These include suicide and self harm, alcohol and substance misuse, gambling, domestic and child abuse, and psychosocial risks. A major adverse consequence of the COVID-19 pandemic is likely to be increased social isolation and loneliness, which are strongly associated with anxiety, depression, self harm, and suicide attempts across the lifespan. Tracking loneliness and intervening early are the priorities. Crucially, reducing sustained feelings of loneliness and promoting belongingness are candidate mechanisms to protect against suicide, self harm, and emotional problems. Isolation and loneliness in society are distinct and may represent different avenues of risk.

- **The Mental Status and Health of The COVID-19 Victim**

The immediate research priorities are to monitor and report rates of anxiety, depression, self-harm, suicide, and other mental health problems, both to understand mechanisms and, importantly, to do so. Clarify interventions. This should be adopted across the general population and vulnerable groups, including frontline workers. Monitoring must go beyond NHS record linkage to capture the real incidence in the community, because self-harm might become more hidden. We must harness existing datasets and ongoing longitudinal studies, and establish new cohorts with new ways of recording including detailed psychological factors. Techniques assessing moment to moment changes in psychological risk factors should be embraced. Given the unique circumstances of COVID-19, data will be vital to determine causal mechanisms associated with poor mental health, including loneliness and entrapment. To optimise effectiveness of psychological treatments, they need to be mechanistically informed that is, targeting factors which are both causally associated with poor mental health and modifiable by an intervention.

The digital response is crucial, not only because of social isolation measures but also because less than a third of people who die by suicide have been in contact with mental health services in the 12 months before death. Digital interventions for anxiety, depression, self harm, and suicide include information provision, connectivity and triage, automated and blended therapeutic interventions, mobil calls and messages to reach those with poorer digital resources, suicide risk assessments, chat lines and forums, and technologies that can be used to monitor risk either passively or actively. The digital landscape extends beyond applications and requires evidence bases. Artificial intelligence-based adaptive tests can help assess effectiveness, while digital phenotype analysis can be helpful in identifying warning signs of poor mental health. Look beyond digital interventions and determine what other psycho mechanical interventions are effective and important to whom.

- **Social and demographic factors: impact of COVID19 on mental health**

Population-level factors, such as the impact of social distancing measures and other necessary public health measures, affect the mental health in a synergistic approach. In general, we mean the intersection of global trends between demographics and health status. Lead to comorbidities. These interacting effects on health and the social forces driving them combine to form complex assemblies or nodes of health determinants. The research priorities surrounding COVID-19 require us to capture complexity by deploying multi-dimensional perspectives. To inform COVID-19 management, it is essential to understand the socio-economic impact of the policies used to manage the pandemic, which will inevitably have health effects.

2. Mental health is due to rising the unemployment, financial insecurity and poverty.

Sr. No.		Longer-term strategic programmes	Immediate actions
1	What are the intellectual fitness results of the COVID-19 lockdown and social isolation for inclined groups, and the way can those be mitigated below pandemic conditions?	Identify best ways to report and deliver mental health services to vulnerable groups, including online clinics and community support; identify and evaluate community approaches to support those at risk of abuse in the family; identify which evidence-based interventions can be rapidly replaced at scale during the COVID-19 pandemic and identify intervention gaps that require tailored tele-interventions to improve health and reduce mental health problems; Rapid delivery of interventions to promote the mental health of healthcare workers.	On the basis of the intervention gaps identified, design bespoke approaches for population level interventions targeted at the prevention and treatment of mental health symptoms (eg, anxiety) and at boosting coping and resilience (eg, exercise); develop innovative novel universal interventions on new mechanistically based targets from experimental and social sciences that can help mental health; assess the effectiveness of arts-based and life-skills based interventions and other generative activities including exercise outdoors
2	What is the effect of repeated media consumption about COVID19 in traditional and social media on mental health, and how can wellbeing be promoted?	Understand the role of repeated media consumption in amplifying distress and anxiety, and optimal patterns of consumption for wellbeing; develop strategies to prevent overexposure to anxiety provoking media, including how to encourage diverse populations to stay informed by authoritative sources they trust; mitigate.	Inform evidence based media policy around pandemic reporting (eg, clearly identify authoritative sources, encourage companies to correct disinformation, and policies on traumatic footage); mitigate individuals` risk of misinformation ; understand and harness positive uses of traditional media, online gaming, and social media platforms
3	What are the best methods to successfully promote compliance with	Understand how health messaging can optimise behaviour change, and reduce unintended mental health issues; track perceptions of and	Synthesise evidence base of lessons learned for future pandemics, tailored to specific groups as required; motivate and enable people

	COVID19-related behavioural counselling while providing mental health and minimizing suffering?	responses to public health messages to allow iterative improvements, informed by mental health science	to prepare psychologically and plan practically for possible future scenarios; understand the facilitators and barriers for activities that promote good mental health.
--	---	--	---

- **Mental Health Consequences of Socially Isolated Vulnerable Groups Of COVID-19 Lockdown And Mitigation Under Pandemic Conditions?**

We do not yet know the acute or long-term consequences of the COVID-19 lockdown and social isolation on mental health. Although worries and uncertainties about a pandemic are common, for some they can cause undue distress and impairment to social and occupational functioning. Across society, a sense of loss can stem from losing direct social contacts, and also range from loss of loved ones, to loss of employment, educational opportunities, recreation, freedoms, and supports. Existing evidence suggests some measures taken to control the pandemic might have a disproportionate effect on those most vulnerable. Risks and buffers of loneliness should be a central goal in interventions to protect happiness. The longer-term consequences of COVID-19 for the younger and older generations are also unknown, and should be prioritized for investigation. Health workers who come in close contact with the virus and are exposed to traumatic events, while making highly challenging decisions, are particularly at risk of stress responses.

- **Stakeholders, Including Vulnerable Groups**

The entire population is affected by the 2019 corona-virus pandemic, but certain populations experience it differently. Children, adolescents and families are affected by school closures. They can also be affected by substance abuse, gambling, domestic violence and child abuse, lack of free school meals, housing problems and overcrowding, parental prejudices, social network changes and disruptions. Elderly people and people with multiple morbidities can be particularly affected by problems such as isolation, loneliness care, and bereavement, which can be exacerbated by the so-called digital divide. People with existing mental health problems, including severe mental illness, are particularly affected by recurrences, interruptions in service, isolation, potential exacerbations of pandemic-related information and behaviour, and changes in mental health laws. Frontline healthcare workers might be affected by fears of contamination, moral injury, and disruption of normal supportive structures, work stress, and retention issues.

People with learning difficulties and neuro-developmental disorders might be affected by changes and disruption to support and routines, isolation, and loneliness. Society might experience increased social cohesion and communarians, but also be negatively affected by increased health inequalities, increased food bank use, increased race-based attacks, and other trauma. Rural communities might also be affected differently to urban communities. Socially excluded groups, including prisoners, the homeless, and refugees, might require a tailored response. People on low incomes face job and financial insecurity, cramped housing, and poor access to the internet and technology. Vulnerable groups include those with pre-existing mental or physical health issues, recovered individuals, and those who become mentally unwell. Therefore, loss of access to mental health support, alongside loss of positive activities, might increase vulnerability during COVID-19 lockdown. Increased feelings of anxiety and depression in response to the outbreak have been highlighted already.

- **Pandemics Overlap with Increasing Mental Health Problems In Childhood And Adolescence.**

Schools are often the first point of contact for children and adolescents, so it is urgent and essential to identify and mitigate the impact of school closures seeking help from adolescents. The same goes for addressing vulnerabilities such as the need for special education and developmental disabilities and seeking treatment lever. For the elderly, promoting good mental health is important during self-isolation. This can be exacerbated by lifestyle restrictions, increased loneliness, comorbidities, and

anxiety and guilt about the use of resources. There is an urgent need to consult with experienced people to help those at risk of abuse and identify interventions offered in remote areas. The immediate research priority is to reduce mental health problems and promote well-being, especially in vulnerable groups.

We need to gather high-quality data rapidly to ascertain the effects of lockdown and social isolation over time. Innovative research is needed to establish ways to mitigate and manage mental health risks and inform interventions under pandemic conditions. Research to support vulnerable groups needs to consider crosscutting themes (such as the physical absence of schools and clinics) to create methods to provide connectivity and support; promote rapid innovation in mental health services that can be remotely signposted and delivered; identify and evaluate means to support those at risk of abuse within and swiftly provide interventions to promote mental wellbeing in frontline health workers. By identifying cross-sectional research themes, interventions designed to support specific vulnerable groups need to be leveraged to support other vulnerable groups.

### **Conclusion**

Achieving these priorities requires new funding that can be efficiently used in the India's world-leading infrastructure. This position paper provides strategies that can be adapted and integrated into research activities in other countries. Considering long-term priorities, healthcare research should ensure and iteratively utilize remotely provided mental health resources, such as: B. Digital Clinic. Efficiently manage mental health problems in an adaptive and flexible way. This requires a coordinating mechanism to prioritize and streamline efforts, work with service users to optimize signage and delivery, and define important treatment from the user's perspective. Are such mechanisms requiring many disciplines such as psychology, digital science, and social sciences? International cooperation guarantees the necessary research skills and expertise. The survey should be aware of the so-called digital divide, leveraging Internet-based social media and games using existing platforms. This will prevent 15% of India people from having access to the internet.

The involvement of people with life experiences and rapid qualitative research with diverse people and communities will help identify ways to mitigate this negative impact. Consideration should be given to striking the right balance between infection controls and minimizing negative socioeconomic impacts. A one size fits all response will not suffice because the effectiveness of interventions can vary across groups. Digital psychological interventions that are mechanistically informed, alongside better understanding of the buffering effects of social relationships during stressful events, are required in the long term. By the term intervention, we mean interventions of all sorts that make a difference to mental health, including population level policy, occupational guidelines, and psychological interventions. Finally, the manuscript was reviewed by a reviewer with lived experience of a mental health issue.

### **References**

- Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Infect Dis*.
- Mak IW, Chu CM, Pan PC, Yiu MG, Chan VL. Long-term psychiatric morbidities among SARS survivors. *Gen Hosp Psychiatry*.
- Rajkumar RP. COVID-19 and mental health: a review of the existing literature. *Asian J Psychiatr*.
- Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: systematic review of the current evidence. *Brain Behav Immun*.
- Bavel JJ, Baicker K, Boggio PS, Capraro V, Cichocka A, Cikara M, et al. Using social and behavioural science to support COVID-19 pandemic response.
- Schäfer SK, Schanz CG, Sopp MR, Lass-Hennemann J, Käfer M, Michael T. Pre-rehabilitation sense of coherence as a predictor of symptom change after rehabilitation. *Stress Health*.
- Mukhtar S. Psychological health during the coronavirus disease 2019 pandemic outbreak [published online ahead of print, 2020 May 21]. *Int J Soc Psychiatry*.

- World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA.
- Merikangas K R, Zhang H, Avenevoli S, Acharyya S, Neuenschwander M, Angst J; Zurich Cohort Study. Longitudinal trajectories of depression and anxiety in a prospective community study: the Zurich Cohort Study. Arch Gen Psychiatry.
- Zhang WR, Wang K, Yin L, Zhao WF, Xue Q, Peng M, et al. Mental Health and Psychosocial Problems of Medical Health Workers during the COVID-19 Epidemic in China. Psychother Psychosom.
- EZhai Y. A call for addressing barriers to telemedicine: health disparities during the COVID-19 pandemic. Psychother Psychosom.