

EDITORIAL

Mental Health and COVID-19: Where are We in 2022?

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We have seen several disasters like 9/11, or earthquakes, which were mostly time limited to minutes or hours causing significant mental health issues and challenges for multiple years. When general public is exposed to any disaster or disaster like situation, multiple mental health disorders are known to develop.¹ This includes in initial stages anxiety, panic and phobia, and later gets complicated with depression, and finally you end up seeing Post Traumatic Stress Disorder (PTSD).¹ Literature review by Goldman et al showed varying percentages of PTSD in different groups. Their review showed an overall prevalence of PTSD to be 5-10% in general population, versus 10-20% in rescue workers, and lastly over 30-40% in people who are directly affected by disasters. PTSD is the most studied post disaster mental health disorder followed by depressive disorders.¹ One paper showed that 10% of the New York City adults after 9/11 fit into the DSM criteria for Major Depressive Disorder (MDD) even as early as a month after the disaster.² During initial days of COVID-19, risk of domestic violence and child abuse increased significantly, perhaps much to do with social isolation, although it wasn't reported as much as it existed.² That risk is still there, and high numbers of domestic abuse, and intimate partner violence have been reported in 2021 also. Research with post disaster studies have shown that substance use disorders, especially the use of alcohol increases after any major traumatic event.³ This increase was more prominent in population who already had substance use problem before the disaster.³ Since physical contact was very limited during this pandemic, especially during the initial months, a condition called "Touch Starvation" or "Touch Deprivation" was also seen, although that was more the case in 2020.

It is impossible to know how COVID-19 has affected suicidal behavior, but previous studies showed a significant increase in suicide after the Spanish Flu, and in many ways, we compare COVID-19 to Spanish Flu. In 1920, a 23% increase in suicide was reported from 1920 to 1921 after the Spanish Flu by an organization named Save-a-life.⁴ Another study conducted after the 2003 SARS outbreak showed that during the outbreak in

Hong Kong, suicide deaths rose significantly among people aged 65 and over.⁴ Frontline physicians are the ones who are usually affected the most and have seen an increase in their workload with poor compensation, and in cases even cut to their income in initial year of COVID-19. Initially we also saw a difficulty in terms of accessing proper personal protective equipment (PPE), and healthcare workers were given conflicting and confusing information from CDC (Center for Disease Control).⁵ These issues resulted in further physician exhaustion and burnout, and therefore, suicide trends need to be closely observed in this group.

Research has shown a lot of similarity in many post-disaster studies, and their mental health outcomes. Same was seen with COVID-19 post disaster research, which showed peak in symptoms within a year and then decline, with symptoms persistence in some populations.¹ The symptoms path include many stages of resolution i.e. resistance (experiencing no symptoms or mild symptoms), resilience (rapid decline after short period), recovery (decline after long period of time) and chronic dysfunction.⁶ Studies also showed that female gender, younger age group, pre-existing mental health disorders, low socioeconomic status, minority ethnic groups and poor social support system are the population which are more at risk of developing long term mental health symptoms for reasons, some of which are known, and some unclear.⁶ Long term effects can be on any system, whether it is neurological, psychiatric, cardiac, renal, rheumatic, or any other. We have seen slowing of motor coordination, memory lapses, cognitive decline, and lingering mental slowing.⁷ Several steps need to be taken to minimize long term effects including provision of targeted psychological interventions to communities at high risk through smart phone technologies or any other online means.⁷ CDC has provided good resources and in cases guidelines for front line health care workers, which if followed correctly can help to minimize work related stress.⁷ There are multiple apps available to help patients for Cognitive Behavior Therapy (CBT) for anxiety, depression, PTSD, and most of them are free, and they can be used in especially young population, as

they are more prone to use social media. They are more suitable for mild to moderate depression, but not for severe depression.

In conclusion, COVID-19 pandemic has a significant impact on the mental health of public and healthcare workers. As all pandemics evolve rapidly, and all viruses change their shape and form, there is limited research available about COVID-19 and its long-term effect on the mental health. A lot of hypotheses are based on our experiences of past pandemic and disasters, which may be very different in today's world. The healthcare workers have experienced symptoms of phobia, panic, anxiety, depression, insomnia, and PTSD. Worst phenomenon used during COVID-19 was the use of term "social distancing". This not only caused social isolation, and touch deprivation, but caused a lot of mental health issues like depression. In Hindsight, phrases like "Physical distancing" were more appropriate and should have been used. The stress during this pandemic can result in maladaptive behaviors resulting in excessive use of illicit drugs and alcohol. The COVID-19 pandemic also effects child and adolescent and other vulnerable population resulting increased incidence of child abuse and domestic violence. It is important that we focus on younger population and the impact this pandemic will and can bring for them in the coming decade. Further research is required in this population to see the impact of lack of socialization and home schooling. Since COVID-19 was a worldwide phenomenon and pandemic, one can anticipate that its impact could be much larger as compared to the previous pandemic and disasters, although by the time this article is being written, COVID pandemic is changing its shape, and moving to new dynamics. Omicron changed the shape of virus and now almost everywhere it is becoming endemic or like flu.

We believe that this change in virus shape will have minimal long-term impact on mental health of general public, although research will prove our hypothesis.

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