



Editorial

Covid and Mental Health-The Pandemic Scenario of Mental Health and Illness: With Special Mention to Young Adults

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Coronavirus disease (COVID-19) is an infectious disease caused by the coronavirus.^[1] According to the proceedings of the eighth meeting (held July 14, 2021) of the Emergency Committee assembled by the Director-General (WHO) under the International Health Regulations (2005) regarding the COVID-19; COVID-19 holds its status of a pandemic: A pandemic that demands a lot from the man-kind, predominantly at health, economic, and social front.^[2] As on July 23, 2021, globally the number of confirmed cases has risen to 192,284,207.^[3] In addition to medication and vaccination, community prevention strategies – such as maintaining home quarantine, social distancing, restricting travel, closing down the schools and nonessential services, cancelling events, and enhancing tele-communication – are widely prevailing in this Pandemic season.^[4] Thus fear, self-isolation and physical distancing associated with the pandemic has exacerbated the adverse effects on mental health of persons in general and individuals with mental disorders.^[5]

Research into the mental health implications of COVID-19 provide us with mixed results, ranging from predictions of a Tsunami of mental disorders^[6] to relative stability. However, there is no doubt that over the past two years much has changed in the world. Perhaps what is most remarkable is a change brought about by Social Distancing. While a few people did try to point out that what was advocated was not Social Distancing but physical distancing, we seem to have adopted the term Social Distancing. Although different countries practiced it for different periods, almost all had some experience of Social Distancing. Face-masks exacerbate the problem, because they make it hard to recognize a person, but more importantly it makes it difficult to read emotional cues.

Like people slowly venturing out after a night of heaving bombing, we are only beginning to take stock of the economic and social impact of COVID-19. There are those who believe that life will go back to the way it was in a short time and there are others who believe that our world has changed forever.^[7] For those who have lived 40 years, 2 years only represent 5% of life that too after their identity has clearly taken shape. Whereas for a child of 12, 2 years are 16% of the total life lived. Although it is easier to adapt to changes when you are young, it also means their coping skills have not fully developed.

The sources of stress for young people come from (1) deprivation from sunlight by staying indoors,^[8] (2) adapting to online learning situations, and^[9] (3) changes in social interactions most importantly with peers.^[10]

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It has been suggested that the present social crisis can be compared to the second world war,^[11] a time of great social turmoil. Perhaps the one thing that social commentators do agree on are the idea that the pace of social change is increasing.^[12] The sudden changes that the pandemic brought about was at least partially due to the fact that in modern times, we are far better connected through communication channels, accelerating the pace of change.^[13]

The beginning of the 20th century was also a time of great change when the enlightenment world-view that emphasized individualism took a firm hold. Emile Durkheim^[14] wrote his observation of a time of great change. Durkheim wrote about the dialectical tension between the individual and society as an important part of the formation of individual identity. When there is great change in society, social structures break down resulting in *anomie*, he claimed in his monument on Suicide. In turn Anomie leads to Alienation, a form of stress that is widespread when a society is in transition.

Given the uncertainties that lie ahead, young people who are in the early stages of career and family choices feel that for them the road ahead is not as clear as it was for their previous generations. Such realization leads to alienation, and if Durkheim is right, ultimately to suicide. Statistics do say that the primary cause of death among young people is suicide.^[15]

PART 1 -IMPACT OF COVID-19 ON YOUNG ADULTS' MENTAL HEALTH TOWARDS ILLNESS

When we talk about the impact of the COVID-19 pandemic, as mentioned previously, young adults are at risk. Salari *et al.*^[16] illustrated this. Their systematic review and meta-analysis also report the occurrence of a number of psychological disorders with significant prevalence. These disorders include stress, anxiety and depression, at the rate of 29.6%, 31.9%, and 33.7%, respectively, in the general population. The OECD^[17] reported that the mental health issues have worsened twice or more in young people (15–24 years-age). Young people were found to have increased chance (30–80%) of having features of depression and anxiety. Further being a female of the lower age exacerbated the risk factors even more.^[4] Browning *et al.*^[18] conducted an exploratory study across seven US based universities to identify the psychological impact of COVID-19. A high impact was found on 45% and moderate impact on 40% of them.

One could not even imagine being shut-in for 3 or 4 weeks unless it's to save our own lives. Despite the technology that replaces face to face, the reports of stress levels akin to PTSD were not uncommon. It was not just that, if post-traumatic stress was 37%, 17.3% reported symptoms of depression, 20.8% of anxiety, 7.3% of insomnia (7.3%), and around 22–23% reported high perceived stress as well as

adjustment disorder.^[19] This alarming condition was reported from Italy.^[4] Dos Santos also reported a high prevalence of general psychological disturbances, PTSD and depressive symptoms, in individuals >18 years. His electronic survey spanned between March 29 and April 14, 2020.^[20] Even if there was a noted trend for suicidal ideation reported, a drop of hope stud by Pirkis *et al.*^[21] study evidenced nil significant risk of suicide. This was based on the preliminary analysis of data summoned from twenty-one countries. This result is comforting; however, the authors do not deny the possibility that this could change as a result of the pandemic.

Hawes *et al.*^[22] explored variations of symptoms – in depression and anxiety-spanning before the pandemic till Spring 2020 (with the peak of its effects), in a sample of adolescents and young adults. The authors found apprehensions exclusively associated with higher depression, with respect to schools. They added that at home, apprehensions were solely linked with elevated symptoms of generalized anxiety, and decreased symptoms of social anxiety. If this is the case with our healthy youngsters, it makes us wonder about scenes where high risk populations are involved. In 2019, the World Health Organization^[23] reported global estimates on individuals suffering from depression, bipolar disorder, schizophrenia and dementia; to be consecutively ranging from 264 million, to 45, 20, and 50 million. It was also notified that the mental-health schemes are yet to consider this issue, and its prevention strategies, at a global range. Yet another concern was that 76–86% of patients in low and middle income countries do not receive treatment.

With much concern Shafran *et al.*^[24] reminds us about the patients having or vulnerable to such repeated thoughts. Young individuals and adults who are prone to develop OCD, are at risk during the COVID-19 pandemic. Shafran *et al.* have pointed-out that anxiety will definitely increase in a condition where there is a high perceived probability of harm, increased perceived seriousness of harm, decreased perceived ability to cope with the danger and decreased perceived rescue factors. Hence, unless we investigate and intervene, this condition of OCD will be further exacerbated due to the uncertainties all around.

PART 2 - THE BIDIRECTIONAL CONTRIBUTION

If COVID-19 is so capable of spreading havoc around a bidirectional relation of COVID-19 to Psychiatric diagnosis was not left aside with just anticipations. Taquet *et al.*^[25] enhanced an electronic health network record based investigation using data from 69 million individuals. 62, 354 patients were diagnosed with COVID-19. Investigators found that (compared with six other health events) in patients with nil significant past history of psychiatric illness,

a diagnosis of COVID-19 amplified the incidence of the same within 14–90 days. Akin to was the state of COVID-19 survivors. However, a psychiatric diagnosis remained as an independent risk factor for COVID-19.

Part 2B- Low-income middle-income countries (LMICs)

A vast majority of the global-population hails from the LMICs which has also got affected by the Pandemic. They were having markedly increased rates of psychological distress, and early warning signs of psychiatric disorders. Many countries, noting the swift and diverse attempts to address mental health, have implemented WHO guidance, fixed digital platforms, and promoted mental health. They also focused upon the relevance of community-oriented psychosocial perspectives toward intervention and research.^[26] Several countries implemented lock-down as a safety measure. Meanwhile, in India, Nadkarni *et al.*^[27] spotted alcohol consumption to have flown into uncertainties in medical, ethical, economic, and social functioning. Acute unavailability of alcohol associated with the lock-down, drew individuals with alcohol dependence towards withdrawal-symptoms, illicit selling of alcohol, and obviously to deliberate self-harm. A way forward according to the investigator was to go ahead practically, by letting the individuals an access to alcohol, if they wished to: Duly observing all pandemic-protocols, and providing measures such as tele-counseling for those who preferred to seize drinking.

PART 3 INTERVENTIONS AND WAY FORWARD

How can we prepare the next generation to face the uncertain future? Ito and Howe^[28] the former director of MIT Media Labs makes this query. Education is the structured process by which we pass on our knowledge from one generation to another. How do we ensure that the education we give would be useful for their future? How do we future-proof education? We do know two skills matter when navigating unmapped territory. The first is to make a decision when we reach a fork in the road. How do we know which way to turn? Without a map the only thing we have to depend upon is our inner compass and even with a compass, we need to know which direction we want to go- The North, South, East or The West. This decision is based on the person's values. Values are not just a part of ancient philosophy or religion; it has practical value in choosing one alternative over the other.^[29] Even when we choose coffee over tea, we could say it's because we value one beverage over the other. Helping a person understand what values are, and how they influence our choices is an important part of preparing young people to face the uncertainties of the future.

The second skill that is needed is to pick yourself up when you fall, the skill of *Resilience*.^[30] When navigating

an unknown future, failure is a given. How can we help individuals deal with failure? How can one pick oneself up and move forward? The contemporary cultural myth of success hides the trials and failures that go before achieving success. While researchers have listed a number of factors that contribute to a person's resilience^[31] perhaps the most obvious of these is a sense of purpose. To put it in Viktor Frankl's^[32] words... if you have a WHY to life you can put up with any HOW. An important part of improving resilience lies in helping individuals see some kind of big picture, which could resolve the existential crises that they face in the world today. In the middle of a professional football game, a player who falls is often able to get up and play again.

Apart from the above, to deal with this Global Scenario the following factors may be dealt with keenly.

1. Let the symptoms get treated at the earliest rather than leading to worsening of the conditions
2. Let females of lower age be given adequate awareness about Covid-19 and also help them reduce their concerns, in community and individually, wherever necessary
3. Keeping in mind the multitude of variants of the virus evolving day-by-day, the long-term effects of uncertainty do exist. This demands appropriate coping strategies together with correct information about the medico prevention strategies as well. Help youngsters deal with these issues with better optimism than catastrophizing the effects of loneliness/home confinement concerns
4. Since COVID-19 is a condition that potentially holds high perceived probability of harm, increased perceived seriousness of harm, decreased perceived ability to cope with the danger and decreased perceived rescue factors, pertaining to the safety measures/cleanliness and sanitization means/social distancing; a strategic investigation and prevention measure should be planned against the incidence and exacerbation obsessive compulsive disorder in young adults
5. Early intervention strategies, against the first episode diagnosis of mental illness, should be done for patients getting affected by COVID-19
6. A strategic plan for alcohol or other substance withdrawal may be targeted. This should be done based on the accurate knowledge regarding the human rights perspective, for withdrawal management or substance availability, considering the prevailing legal restrictions
7. As per Natkarni *et al.*^[33] the scarcity of high-quality guidelines and contextualized evidences w.r.t. prevention/interventions strategies for psychiatric emergencies, are existing in low-income and middle-income countries. This needs to be keenly addressed to avoid potential risks against mental health of this generation amidst COVID-19

8. Special helplines may be provided for easy availability of vaccination provision to youngsters and patients having past and present history of mental illness
9. Essential continuing medical education programs and continuing rehabilitation Education programs should be conducted for mental health professionals. This should be conducted widely, to help practitioners equip for the centrally controlled government/non-government registered portals for virtual consultation
10. Necessary and mandatory ethical guidelines should be enhanced by all countries, including the low-socio-economic countries for letting these virtual consultations, quite fluent
11. Government and Non-government Organizations should render financial assistance to set up such out-reach centers in villages and other remote geographical locations to ensure virtual consultations frequent
12. Diagnostic testing may be enhanced on virtual-computer-assisted mode which ever possible. This could be enhanced with clinical and soft-ware expertise collaboration
13. Yet the dearth of face-to-face consultation would exist for a long time in this pandemic period. In unavoidable circumstances, with respect to psychotherapeutic sessions, conducted by clinical psychologist, a modified, well ventilated, cabinet spacing, with patient therapist transparent separation should be build up in all the clinics for rendering their face to face testing, diagnostic and psychotherapeutic services. This will definitely support a major part of early intervention that may not get realized by mere virtual consultations
14. Thus, the pandemic has equipped us to *redefine the Multi-dimensional Approach as Bio-Psycho-Socio-Virtual Approach.*

To conclude, let us help people naturally gain resilience, or if they cannot of their own, let the mental health professionals be equipped to help the needy - "Play to Win." Let us be optimistic that the analogy between "Game and Life" set on by COVID-19 remain non-malignant for the mankind.

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