Affect of COVID 19 Corona Virus on Global Mental Health

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Abstract:
The world is recently facing a pandemic of COVID 19 corona virus infection which is showing a worse impact on global as well as mental health of the people. We are paying attention to the global health and trying to overcome the situation but it is very necessary to look after the mental of the people. It is leading stress, anger, anxiety, depression, fear due to which the people is weakening and these activities are affecting their daily life. Due to these mental health issues we are not able to control the global health at the level it is needed.

I. INTRODUCTION

On 31 Dec 2019, an outbreak of a virus COVID 19 is recorded among the people of Wuhan, China. It was spreading fastly among all over the world so the increasing amount of informations and concerns are impacting global mental health. Many epidemiologists, virologists and World Helth Organization (WHO) is updating people on COVID 19 spreading and morbidity. It was thought that possibly it was spreaded due to the sale of bush meat derived from wild or captive source (Cui et al., 2019) from wholesale seafood market in Huanan (Y. Chen, Liu, & Guo, 2020). It was an outbreak of unknown corona virus which would lead to pneumonia and respiratory disorders (Li et al., 2020). The strict action were taken by chinese health authorities like closure of market first, then intensive surveilance, analysis of virus and spreading awareness about the virus (N. Chen, Zhou, et al., 2020). The new corona virus has been isolated from a patient and its genome sequencing is done (Lu et al., 2020). This sequence is officially recoginized by WHO and on this basis the PCR based diagnostic test kits are invented so that the new infection of the virus is easy to detect in all over the world (Corman et al., 2020). According to WHO, it is a respiratory disease which is reported more and easily in the patients which are suffering from diabetes, hypertension, cardiovascular disease. The most common symptoms of this disease includes fever, cough, myalgia, fatigue. Less common symptoms are sputum production, headache, hemoptyis, diarrhea. Complications includes acute respiratory distress syndrome, acute cardiac injury and secondary bacterial infection (Huang et al., 2020; Su et al., 2016; Weiss & Leibowitz, 2011). There is sufficient amount of information coronavirus now and it is increasing day by day about its transmission, route, incubation period, symptoms, clinical outcomes, survival rates, morbidity rates (Corman et al., 2020).

COVID 19 and consequences for mental health

These type of epidemic have a bad impact on mental health which is even not registered or measured. In 2015, there was an outbreak of Korean MERS Cov. The patients of this disease have reported decrease in their hematocrit, calcium and phosphorus levels after 2 weeks of isolation. So, patients are treated with hemodialysis. The psychophysical stress is seen in people and indicating by circulating cell free genomic DNA and circulating cell free mitochondria DNA during hemodialysis. In that situation the people who were hemodialysed have reported high level of stress (Kim et al., 2019). Chinese government have imposed biggest lockdown for public health and security measures (Guerriero et al., 2014) but this lockdown or isolation may increase neurological symptom disorder as shown in the terrorist attack during lockdown time in Boston-Marathen bombing (Fagan et al., 2003). The proper information of functional neurological symptoms disorder must be provided to health care workers and the people having history of mental illness(Jeong et al., 2016). Those individuals who are suffering from mental health issues and health care workers are supported more. They may develop psychiatric disorder. So, follow ups should be provided to those people with appropriate information and supplies of food, clothes, accomodation needed(Lin et al., 2007). Same situation is seen in Singapore in 2003, during SARS Cov outbreak , 27% of health care workers were suffering from psychiatric symptoms (Lee et al., 2018). During MERS related task of Korean outbreak in 2015, medical staff had reported post traumatic stress disorder (PTSD) symptoms specially after the isolation. In 2014 in Sierra Leone and in 2018 in Democratic Republic of congo the outbreak of Ebola is seen in which medical staff is suffering from anxiety and impact of stigma is seen in those who came in direct contact with patients(Park et al., 2018). There was an outbreak of SARS Cov in Taiwan during 2003 , that time the emergency medical staff was suffering from PTSD symtoms(Lee et al., 2018) and fear of transferring of disease to relatives , inter personal isolation , lack of communication about psychological distress due to protective suits and masks(Lee et al., 2018). During the Korean MERS Cov outbreak in 2015, the people working in public hospitals have a direct and bad impact on their mental health(Shigemura et al., 2020). Now-a-days in Wuhan outbreak , the medical workers are working in emergency conditions and facing problem of inadequate protection against virus, they are also frustrated , discriminated , isolated(Kang et al., 2020).They cannot meet their family , more working hours , exhaustion which is causing stress , anxiety , insomnia(Jones et al., 2017) , fear like problems to them , which will affect their mental health and overall well being(Kang et al., 2020). The prevasiveness of
PTSD is increased by 7% after the outbreak due to decrease in communication between people, social support, inadequate and wrong information, overuse of social media (Heather Mowbray, 2020). At the time of pandemic or crisis, people want to know what is going on but if official channels lack information, then people will get wrong or incomplete information from social media and other platforms. There was a study on an university after a shooter crisis in US (Purgato et al., 2018), so those people who overuse social media and have direct contact got more conflicting reports and observed high anxiety in comparison to those people who are officially updated at certain time intervals. This anxiety level was observed in both healthy people and the people who are facing mental health problems from earlier (Purgato et al., 2018). So, if anxiety level increases, people will face fear, discrimination, irritation, negative social behaviour (Mowbray, 2020). But special efforts are done for the infected people, their family, colleagues, community, people having any physical or mental issues, medical and para medical staff who came in direct contact with patients daily. So, we have to think about this psychological stress while taking any decision during pandemic. Many authors have highlighted the outcomes of mental health in the pandemic of Covid-19. But the symptoms of PTSD, anxiety, stress and fear may decrease by our support, social interaction, passing correct information (Kang et al., 2020). But more data and research and needed to show the impact on children and adolescents over long period of time and follow ups (Purgato et al., 2018).

II. CONCLUSION

Now, the target is to stop the spreading of Covid-19 in all over world and overcome the situation but we are distracted from the mental health and psychosocial consequences which can affect patients, health workers as well as general people. These mental health issues are reported globally and have life long impacts on health. Global health measures should have to work against the psychosocial stress, isolation and quarantine fear among patients and health care workers. Worldwide report should also focus on mental health impacts of patients and general population. Social networking sites, media should be controlled and psychological interventions are globally promoted.

III. REFERENCES


