Theme: *'The Global Pandemic Outbreak 2020: Multidisciplinary Speculation on Impacts and Responses'*

Crossref

PSYCHOSOCIAL STRESS CONTAGION OF COVID-19: ISSUES AND INTERVENTION CHANNELS

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Abstract:

Along with its elevated contamination and fatality rates, the 2019 Corona Virus Disease (COVID-19) has caused worldwide psychosocial impact by causing mass hysteria, financial burden and economic losses. Mass fear of COVID-19, termed as "coronaphobia", has generated a glut of psychiatric exposition across diverse strata of the society. So, this review has been set about to portray psychosocial impact of COVID-19. Disease itself conglomerated by mandatory quarantine to counter COVID-19 applied by countrywide lockdowns can generate acute panic, angst, obsessive behaviors, stock piling, paranoia and depression, and post-traumatic stress disorder in due course. These have been stirred up by an "infodemic" spread via various platforms of social media. Outbreak of racism, stigmatization, and xenophobia against particular communities are also being extensively reported. Nonetheless, frontline healthcare workers are at elevated risk of acquiring the disease as well as experiencing detrimental psychological outcomes in shape of exhaustion, worry, trepidation of transmitting infection, augmented substance-dependence and PTSD. The present article attempts to investigate these areas of contagion and suggest intervention dynamics to address the issue and therefore observes that psychosocial crisis prevention and intervention models should be urgently devised by the government, health care personnel and other stakeholders. Appropriate application of internet services, technology and social media to control both pandemic and 'infodemic' require to be initiated. Psychosocial alertness by setting up mental organizations particular for future pandemics is indeed crucial.

1.0 Introduction:

Indecisive prognosis, ominous shortages of resources for testing and treatment, burden of exogenous public health measures that contravene personal freedoms, mounting financial losses and inconsistent messages from authorities are among the most important stressors that undeniably will add to extensive emotional suffering and amplified risk for psychiatric illness allied to Covid-19. Health care providers have a remarkable role in addressing these poignant outcomes as part of the pandemic response. Public health exigencies may impinge on the health,

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security and welfare of both individuals causing, for instance, uncertainty, bewilderment, emotional seclusion, and stigma and for communities owing to fiscal loss, work and school closures, derisory resources for medical response and scarce allocation of necessities. These effects may transform into an array of emotional reactions like misery or psychiatric conditions, detrimental behaviors like excessive substance use and dereliction with public health directives such as home incarceration and vaccination in people who contract the disease and in the common population. Far-reaching research in disaster mental health has recognized that emotional suffering is omnipresent in affected populations — a finding certain to be reverberated in populations affected by Covid-19. Some groups may be more susceptible than others to the psychosocial effects of pandemics. In particular, people who contract the disease, those at elevated risk for it including the elderly, people with compromised immune function and those living or receiving care in flocked settings, and people with preceding medical, psychiatric or substance use problems are at augmented risk for propitious psychosocial outcomes. Health care providers are also particularly exposed to emotional anguish in the current pandemic, given their risk of exposure to the virus, apprehension about infecting and caring for their loved ones, dearth of personal protective equipment (PPE), longer work hours, and taking part in emotionally and ethically burdened resource-allocation decisions. Prevention efforts such as screening for psychological health problems, psycho-education, and psychosocial support should center on these and other groups at risk for unfavorable psychosocial outcomes.

2.0 Stress Contagion:

Stress contagion can be grouped in 2 ways: spillover and crossover. (Bolger et. al. 1989) When one's experience of stress in one sphere affects that person's ability to function optimally in another sphere, spillover results. The stress of heightened work demands or economic burdens are liable to "spill over" into parents' responsibilities as caregivers and negotiate their ability to offer responsive and sensitive care. The stress that children might encounter owing to changes in routine, such as being confined at home rather than being at school, may "spill over" into their interaction patterns with their siblings and parents. On the other hand, 'crossover' refers to how stress experienced by one family member leads to amplified stress for another member in the family, such as being incapable to interact with their peers may in turn lead to augmented aggravation and irritability in children, which parents find highly demanding. Remarkably, the effects of stress contagion fluctuate by several factors, such as an individual's capability to self-regulate stress. For instance, parents with preexisting mental health conditions such as depression or anxiety, or those with high health risks may be challenged by the saddleof the pandemic. Children with sensitive temperaments may be predominantly adjusted to alterations in daily routines and grown-up children who are conscious of the health risks of the virus may be apprehensive. Moreover, the capability of parents and children to deal with and map read new routines and societal changes relies critically on existing resources; the stresses from the pandemic viably add on the problems faced by families from socioeconomically underprivileged backgrounds, thus broadening pre-existing health inequalities. (Farmer, 2020) Psychosocial stress from the pandemic may weaken the capability to control emotions and think realistically. Furthermore, the physical proximity of household members and the call forfor social distancing may forbid individuals from managing in ways that they characteristically cope. All in all, the psychosocial stress due to the COVID19 pandemic has considerable insinuations for pediatric health, influencing relationships between family members and obstructing children's sense of safety and security at a time in which it is most required.

3.0 "Corona positive"- a Stigma?

The intensity of stigma associated with COVID-19 is premised on three chief factors: 1) it is a new disease and for which there are several unknowns till date; 2) we are frequently terrified of the unknown; and 3) it is simple to correlate that fear with 'others'. It is comprehensible that bewilderment, worry and dread among the public is present. Unfortunately, these factors are also instigating damaging stereotypes. Stigma can weaken social unity and induce potential social remoteness of groups that might cause the virus more, not less, probable to multiply. This can result in more ruthless health problems and complicatedness controlling a disease outburst. Stigma can: • Compel people to conceal the illness to stay away fromunfairness and discrimination • Put off people from looking for health care right away • Dampen them from espousing healthy seeking behaviours.

The COVID-19 outburst may generate stigma inducing factors similar todread of seclusion, racial prejudice, intolerance and marginalization together cumulating to its allied social and economic implications (Siu, 2008). A stigmatized community tends to look for medical care at a delayed state and cover crucial medical history, mainly of travel. This behavior, in turn, will augment the threat of community spread. The WHO has also issued precise psychosocial concerns for shrinking the growing stigma of COVID. (World Health Organization, 2020) Health crime begins from the terror of being corona positive, which has been reported from India (The New Indian Express, 2020). Another very significant feature is stigmatization and community rejection in forms of discrimination, disbelief and avoidance by neighborhood, anxiety regarding properties, workplace discrimination and pulling out from social events even after containment of epidemics. (Brooks et. al. 2020) Healthcare providers are also plausible to identify larger stigmatization than the general public and time and again more affected psychologically. Children who are infected with COVID-19 and require seclusion might require particular consideration to allay their fright, worry and other psychosomatic effects. (Liu et. al. 2020)

4.0 Quarantine induced psychological impact of COVID-19:

The psychological outcomes for subjects who have been quarantined in comparison to those who did not, have been scrutinized by both cross-sectional and longitudinal studies. Studies reported an elevated pervasiveness of subjects who have been quarantined with psychological symptoms (Mihashi et. al. 2009) like emotional disorder,(Yoon et. al. 2016)melancholy, (Hawrylucket. al. 2004)anxiety, (DiGiovanni et. al. 2004) mood alterations and petulance, insomnia,(Lee et. al. 2005) post-traumatic stress disorder symptoms, (Reynolds et. al. 2008)fury (Marjanovic et. al. 2007) and emotional fatigue (Maunder et. al. 2003). Remarkably, terror, annoyance, worry and insomnia, perplexity, anguish and lack of feeling have been recognized as added psychological reactions to quarantine. Long-term behavioral changes like obsessive hand-washing and evading crowds as well as a belated return to normalcy even after many months after the quarantine were also reported. (Cava et. al. 2005) Consequently, the quarantine period seems to have significant and dysfunctional psychosomatic consequences on the individual's psychological health both in the short and long-term period.

Post quarantine psychological effects may comprise major socioeconomic distress and psychological symptoms due to economic losses. (Lee et. al. 2005) Conformity to compulsory home quarantine is often being despoiled in India, unlike in other countries. (Braunack-Mayer et. 2013) This must be taken with greatest care or else official consent of such cordon will only exacerbate such incidents. Ultimately all these may lead to social defiance, reckless behavior and low social perception. Serious analysis of these delinquent people's psyche needs additional investigation.

5.0 Most germane psychological reactions to COVID-19:

5.1 A specific and uncontrolled fear related to infection:

This is usually one of the most recurring psychological reactions to pandemics. Few existing studies established that those who have been open to the elements of the risk of infection may build up all-encompassing qualms about their health, qualms to contaminate others and terror infecting family members.(Bai et. al. 2004) Jeong et al. (2016) reported that they are more prone to exhibit uncertainties if they encountered physical symptoms likely linked to the infection and trepidation that symptoms are unswervingly connected to vigorously having the infection even a number of months after the exposure. Other studies accounted that pregnant women and those with young children are the most at peril to build up the dread of becoming contaminated or passing on the virus. (Braunack-Mayer et. al. 2013)

5.2 Insidious anxiety:

Social isolation linked to restrictions and prohibitions and lockdown measures are connected to feelings of ambiguity for the future, dread of new and unidentified infective agents ensuing in peculiarly augmented disquiet. (Khan et. al. 2020) Anxiety may be in a straight line connected to sensorial deprivation and all-encompassing solitude, in this case first insomnia but later dejection and post-traumatic stress occurred. Moreover, anxiety is directly linked with exhaustion and decreased performance in healthcare workers while tedium and solitude are directly linked to anger, disappointment and anguish connected to quarantine boundaries. (Torales et. al. 2020)Additionally, further tragic effects linked with enveloping anxiety in a pandemic period may comprise the perceived inferior social support, severance from loved ones, and trouncing of freedom, uncertainty and monotony. (Lee et. al. 2020)

5.3 Aggravation and ennui:

Suffering, monotony, social isolation and irritation are directly related to captivity, unusually reduced social/physical touch with others, and trouncing of customary habits. (Desclaux et. al. 2017) As reported by Jeong et al. (2016) aggravation and all-encompassing solitude seem to develop by the fettering from everyday activities, disruption of social necessities, not partaking in social networking activities. Regrettably, in this perspective despondency in concert with other personality characteristics such as the experience of childhood mistreatment as well as severe sensory processing patterns may appreciably and autonomously envisage suicidal behavior (Engel-Yeger et. al. 2016) but even the intolerable anger linked to the burden of quarantine may show the way to pessimistic outcomes. The very remoteness is increasingly inflated by anxiety, panic or collective frenzy. In adding up, social segregation and lonesomeness are also connected with alcohol and drug abuse. (Wu et. al. 2009)On the whole, it is well known that extended periods of seclusion or quarantine for particular illnesses may have damaging effects on psychological wellbeing. (Stickley et. al. 2016) Significantly, feelings of disappointment and insecurity tend to occur even in connection with derisory crucial supplies during the quarantine phase which is a chief source of qualms, and disquiet/annoyance even after 4– 6 months after quarantine. (Jeong et. al. 2016) There are studies representing that public health supplies to tackle the outburst may be inapt or their discharge may be carried out too belatedly to fruitfully address the requirements. Obtainable data (Braunack-Mayer et. al. 2013) put forward the fact that the meager or insufficient public health information may be a noteworthy stressor since it provides out of place guidelines relating to perplexity about the rationale of quarantine or the significance of measures required interrupting the pandemic increase. Perplexity may be unswervingly connected to diverse approaches, conflicting health

messages, and pitiable coordination amongst different ranks of government. (DiGiovanni et. al. 2004)

5.4 Social media, Netizens and COVID-19:

In contemporary times, vast interconnections through online social networks (OSN) can possibly create 'real-time maps' which should be regarded as significant tools for tracing a pandemic and for making mediating campaigns when needed. But, new 'info media ecosystems' of today's world, prevalently termed as social media, can also have some catastrophic effects on control of an infectious disease pandemic. (Al-Garadi et. al. 2016) Within days of commencement of the COVID-19 outbreak in China, the 'social media panic' typified by inexorable superfluity of fake information as well as negatively skewed misinformation metastasized more rapidly than the coronavirus itself. (Depoux et. al. 2020) The director-general of WHO has referred this to "coronavirus infodemic" which is breeding scare and panic by laying out unimpeded mind-boggling rumors, glitzy news publicity and sensationalism. (Zarocostas 2020)Disparity between available fact sheets and lack of clear-cut data can be forceful to beseech information from the untrustworthy and dubious but readily obtainable social media sources. Because sensationally-charged and awful contents draw the most attention and acquire the most developments in social media, a number of users simulated COVID-19 symptoms to garner effortless popularity and thus tenaciously implanted mass bewilderment and fright. (Sokolov 2020) These attract a number of overpowering psychological burdens in form of fretfulness, irrational fear, panic spells, gloominess, fixation, tetchiness, delusion of having symptoms similar to COVID-19 and other paranoid ideas. (Asmundson et. al. 2020) Health-care seekers are extremely puzzled and morbidly apprehensive about COVID-19 symptoms that the usual running of healthcare systems may get upset to address the mass anxiety owing to immense disinformation. Social media from the very beginning has played a central role in the beginning of anti-Chinese sentiment across the globe. (Chung et. al. 2020) Conspiracy theory, belittling headlines about food habits, opinionated comments regarding Chinese socio-cultural norms published in social media culminating into prejudice, isolation of an entire nation and eruption of racism. An enduring unremitting stigma, disgrace, stress and whole host of mental health problems, including health crimes, might be the ominous consequences of this reckless behavior of netizens and media-houses.

5.5 Psychosocial impact on the health of the healers:

Being open to COVID-19 cases in hospitals, being quarantined, the death or illness of a close ones or friend from COVID-19, and sharp self-perception of threat by the fatality of the virus can all adversely impact the psychological well-being of health workers. Medical professionals from seriously COVID-infected countries, like China, experienced enormous performance pressure, as well as amplified adverse psychiatric outcomes due to abrupt rush of overwork, not enough protection from contagion, disappointment from failure to give best possible patient -care and isolation. Diverse types of psychologically traumatic events connected with "vicarious traumatization" among the paramedical staffs have been reported during the proliferation and management of the COVID-19 pandemic in China.(Li et. al. 2020) In the developing countries like India, where the health care system is already overstrained, escalation of COVID-cases are expected to incite acute anxiety, exasperation and stress among doctors and nurses. This might be accompanied by the scarce hospital supply of requisite hand hygiene tools and major scarcity of personal protective equipment (PPE) among frontline health care providers, who are at the maximum threat of transmission.(Chen 2020) Li et al. (2020) in their countrywide study among health care providers working in treating COVID-19 patients during the 2019 corona

virus eruption demonstrated that half of the responders exhibited mild depression and one-third reported insomnia while 14% of physicians and almost 16% of nurses expressed modest or extreme depressive symptom. Maunder et al. (2003) demonstrated that caring for fellow ill colleagues during the pandemic may amplify worry of hospital staffs regarding their proficiency and dexterity, making them more susceptible psychologically. Tackling the psychological aspects, like fright and nervousness of perilously ill COVID19-patients, seems additionally intricate and discomfited as most of the hospitals and their staffs have scant formal training on appropriate infection-control measures as well as behavioral and mental health intrusions during pandemics. Defenselessness may arise among clinicians due to dearth of state-of-the-art therapy and preventive vaccines, doubtful incubation period of the virus, as well as its probable asymptomatic transmission. Being moderately maintained by government due to shortage of PPEs, feeling of triviality owing to be deficient in of training in appropriate infection-control procedures and isolation can cause noteworthy exhaustion and withdrawal among health care staffs resulting in augmented substance dependence behaviors, leading to substantial functional disablement. Maunder et al. (2003) News of attack on doctors after deaths of COVID-19 patients (Independent 2020) and expulsion of resident physicians from their rented houses during pandemic are being reported. Emotional collapses following these outrageous episodes could activate widespread psychiatric illnesses in the short and long-terms. (India Today 2020)

6.0 Effects on different sections of society:

Perhaps a very vital, but apparently unnoticed issue is the psychosomatic impact of COVID-19 outbreak on kids and children and young adolescents. All through a relentless pandemic like COVID-19, community-based alleviation programs, like closing of schools, parks, and playgrounds will interrupt children's accustomed lifestyle and can potentially encourage suffering and puzzlement. Both young and older children are expected to become more difficult, having to manage up with these changes, and may display intolerance, exasperation and antagonism, which in turn may cause them afflicted from physical and psychological aggression by excessively pressurized parents. Stressors, such as boredom, frustration, short of face-to-face interaction with classmates, friends and teachers, dearth of adequate personal space at home and family monetary losses during lockdowns, all can potentially activate worrying and even prolonged unfavorable psychological consequences in children.(Wang et. al. 2020) The interface between their everyday-routine changes, home internment and dread of infection could additionally strengthen these uninvited psychological reactions resulting in a vicious cycle. (Sprang et. al. 2013) Children having single mother/father, including health care staffs of COVID -19 patients may undergo adjustment obscurities if their parent needs to be quarantined. Fleeting or continued parent-child partition may make the child anxious due to fret for themselves or the lives of their dear ones and give rise to protracted emotional impact. While online classes and assignments have been the only effectual way for ongoing education at this situation, experts have already cautioned about them being overtaxed. Explicit mental needs, healthy life-styles, appropriate hygiene advices and superior parenting guides can be maintained through the same online platform. (Wang et. al. 2020)

The perception that older adults and people with severe co-morbidities are principally at risk to fatal outcomes from COVID19 can generate considerable terror among the aged. (Muris 2010) Other psychosomatic impacts may comprise worry, tetchiness and acute strain or rage. They with cognitive waning may become much more anxious, edgy and socially recluse, thus their exact requirements claim exact attention. (Lloyd-Sherlock 2020) Members at home may feel it psychologically thorny if they cannot visit their ailing relatives in the hospital owing to firm

lockdown situations. Family members coming to hospitals for their exceedingly sick relatives or significant others requiring emergency care and admission may have thoughts of susceptibility and defenselessness in trepidation of contravening the social restriction conventions, setting an example of "learned helplessness". (Day 2020)

The huge number of the world's refugees and international migrant workers are contained in those entrapped in nations where public health infrastructure are beforehand overstrained and in areas with the utmost incidence of COVID-19, thus making these individuals unjustly susceptible to exclusion, stigma and prejudice. (Liem 2020) It usually have an elevated pervasiveness of general psychiatric disorders like despair and a pitiable quality of life, which could additionally be put at risk for the reason of government enforced quarantine and lost income owing to COVID-19. Taking into consideration the fatal communicability of this disease, these people are at sharp risk of getting and spreading the infection. Dearth of adequate, protected and inexpensive water supply makes these groups of people fail to abide by with vital hand hygiene regulations sparkling up to their feelings of neglect and segregation.(Qiu et. al. 2020) Besides, they may even have to tolerate with the stigma of remaining as a probable source of transmission in a community. Cases of deaths while migrating, chemical spraying over migrants and quarantine on trees or boats have been accounted in India. This will certainly defy the basic human rights for health and self-esteem which might germinate collective anger, defiance and enduring psychosomatic stigma. (The Washington Post 2020) They may also experience steady fear of mass expulsion due to stern government policies. Losing jobs leaves these individuals incapable to make both ends meet and this abrupt income poverty adds to their culpability, irritation, gloominess and psychological torment, eventually leading to functional impairment and amplified rates of suicide. Prisons are the epicenters of communicable disease, thus its health should be given utmost priority in the time of this virulent disease. People with particular physical symptoms, like myalgias, dizziness and coryza are considerably connected with more pessimistic psychological effects of COVID-19 and elevated levels of trauma, disquiet and despair among subsequent individuals. (Wang et. al. 2020) Long-standing lockdown causes crumple of many industries, leading to a depressing impact on local and national economic conditions. Emergency medical services may also be affected. For people bereaved from the death of loved ones due to COVID-19 and the failure to get closure and cremate can generate rage, antipathy, psychological shock and enduring psychiatric consequences. (The New York Times 2020) Reports of escalating domestic violence and women abuse are being reported worldwide during this pandemic. (Quantrade 2020) Aura of distrust towards others in terms of disease spread and the government and healthcare services regarding their ability and competence to fight the disease might take its starting point in this time.

People with mentally challenges are considerably more likely to build up infectious diseases, such as pneumonia (Seminog OO et. Al. 2013) and are at substantial threat of experiencing more harmful physical as well as psychological effects during a fatal pandemic like COVID-19. Cognitive decline, meager alertness level, messed up threat perception and compromised concern about individual hygiene can augment the probability contacting infection in such individuals. (Yao H et. Al. 2020) Moreover, social bias against psychological ill health makes managing of patients with COVID-19 more difficult when psychological morbidities coexist. (smundson et. Al. 2020) Psychiatric patients are also likely to develop recurrences or decline of the preexisting signs and symptoms. On the other hand, country wide stringent regulations concerning transport and quarantine can immediately suspend the therapeutic counseling schedules and inflict paramount complicatedness upon access of approved psychiatric medications.(Xiao 2020)Fascinatingly, individuals with 'high health anxiety' (with generalized anxiety disorders, somatization disorder, OCD) are more probable to misconstrue risk-free

bodily symptoms and feelings as the indication of acquiring perilous illnesses (for instance, they may misapprehend benign muscle pain or coughing as signs of acquiring COVID-19) which may enhance their nervousness and agony, influence their behavior and ability of decision-making, and eventually inflicting needless burden to public health care. Children with psychiatric illness might encounter newer challenges in this phase owing to collapse of essential family support systems and networks. (UN News 2020)

7.0 Responsibility of mental health-care workers:

With the aim of improved dealing with pressing and unmet psychosocial issues of different population domains during this COVID-19 pandemic, an innovative psychosocial predicament prevention and intervention model should be designed with application of internet and apposite technologies (Qiu et. al. 2020) with the fundamental idea being to put together all the health organizations, mental health authorities, government, tertiary care medical institutions and hospitals, medical practitioners, psychiatrists, psychologists, community physicians and social workers, as well to coalesce early intervention with rehabilitation services. (Liu 2020) Individual authorities must recognize the high-risk groups for psychological morbidities during COVID-19 through appropriate screening, in-time referral, and endorse early interventions in a methodical manner. Particular attention needs to be paid for more susceptible groups, such as children, older adults, marginalized communities and patients with preceding psychiatric morbidities. It might seem tempting to assign mental health professionals to work in other areas of healthcare to help with essential manpower issues, but such a move would potentially deteriorate general outcomes in physical and mental health during a calamity like COVID-19. For populations in general, government should generate real-time, online tracking maps regarding COVID-19 updates to assuage anxiety, worry and perplexity. On the other hand, these groups must check the degree of information they are collecting to evade collective panic and have to be very alert of half truths and disinformation incessantly flowing through the social media. An all-inclusive "information diet"-based approach is immediately required to be distributed through traditional/online media after getting appropriate training by health information professionals. (Ashrafi-Rizi et. al. 2020) In order to put off favoritism and stigma around COVID-19, governmental agencies, political leaders, and healthcare authorities have to cooperate in an integral role for sustaining interracial harmony during and after the epidemic.

8.0 Conclusion:

All pretentious communities will require quality psychological health services to sustain society's revival from COVID-19, and this requires investment in the following: • using the present momentum of attention in mental health to catalyze psychological health reforms, for instance by developing and financially supporting the accomplishment of national services re-organization policies that transfer care away from institutions to community services; • ensure that mental health is an element of universal health coverage, for instance by including care for mental, neurological and substance abuse problems in health care benefit packages and insurance plan • building human resource facility to distribute mental health and social care, for case in point among community workers so that they can offer support; and • organizing community-based

services that guard and endorse people's human rights, for instance by linking people with lived experience in the plan, execution and supervising of services. Speedy accomplishment of these suggested actions will be crucial to make sure people and societies are better sheltered from the mental health impact of COVID-19. Emergencies can be a vehicle for building back improved, sustainable, mental health services that will ensure that countries are better equipped to assist their populations to live psychologically healthy, emergency or not.

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