

COVID 19: Mental Health of the Patient and Family Members

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Abstract

Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. So it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic. Added to the fear of contracting the virus in a pandemic are the significant changes to our daily lives as our movements are restricted in support of efforts to contain and slow down the spread of the virus (WHO). People feel more stressed out due to quarantine, poor social interaction and physical activity and economic hardships. This paper will be focusing on various mental health issues notices among COVID 19 patients and public in general and what are the strategies to follow for handling it. It will also focus on the mental health of family members.

Key words: COVID 19, Mental health, Stress, Depression, Anxiety, Coping.

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The 2019 Coronavirus Disease (COVID-19) pandemic has become a global health emergency. This pandemic has deeply altered social and working environments in several ways. Social distancing policies, mandatory lockdowns, isolation periods, and anxiety of getting sick, along with the suspension of productive activity, loss of income, and fear of the future, jointly influence the mental health of citizens and workers (Casagrande, Favieri, & Tambelli, 2020; Giorgi, Lecca, Alessio, Finstad, Bondanini, Lulli, Arcangeli, & Mucci, 2020). Many studies have reported that COVID 19 has affected psychologically and it has led to anxiety, depression, and stress among people at different sectors.

Mental Health and COVID 19

Recent studies have well documented that COVID pandemic affected mental health globally. In order to provide a contemporary global prevalence of mental health issues among the general population amid this pandemic, Nochaiwong et al(2021) have included information from 32 different countries and 398,771 participants and found that global prevalence

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estimate was 28.0% for depression; 26.9% for anxiety; 24.1% for post-traumatic stress symptoms; 36.5% for stress; 50.0% for psychological distress; and 27.6% for sleep problems. In a review of thirty-five articles, Giorgi et al (2020) have reported that mental issues related to the health emergency, such as anxiety, depression, post-traumatic stress disorder (PTSD), and sleep disorders are more likely to affect healthcare workers, especially those on the frontline, migrant workers, and workers in contact with the public. Job insecurity, long periods of isolation, and uncertainty of the future worsen the psychological condition, especially in younger people and in those with a higher educational background.

During the initial phase of the COVID-19 outbreak in China, more than half of the respondents rated the psychological impact as moderate-to-severe, and about one-third reported moderate-to-severe anxiety. Wang et al (2020) included 1210 respondents from 194 cities in China to find the levels of psychological impact and 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe; 16.5% reported moderate to severe depressive symptoms; 28.8% reported moderate to severe anxiety symptoms; and 8.1% reported moderate to severe stress levels. Most respondents spent 20-24 h per day at home (84.7%); were worried about their family members contracting COVID-19 (75.2%); and were satisfied with the amount of health information available (75.1%). Female gender, student status, specific physical symptoms (e.g., myalgia, dizziness, coryza), and poor self-rated health status were significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, and depression. Huang & Zhao (2020) reported that the overall prevalence of GAD, depressive

symptoms, and sleep quality of the public in China were 35.1%, 20.1%, and 18.2%, respectively. Younger people reported a significantly higher prevalence of GAD and depressive symptoms than older people. Compared with other occupational group, healthcare workers were more likely to have poor sleep quality. Aged below thirty five and more than 3 hours time spent focusing on the COVID-19 daily were associated with GAD, and healthcare workers were at high risk for poor sleep quality. Younger people, people spending too much time thinking about the outbreak, and healthcare workers were at high risk of mental illness.

Studies also found that mental health of college students also got affected during this pandemic. Cao et al(2020) found that 0.9% of the college respondents in China were experiencing severe anxiety, 2.7% moderate anxiety, and 21.3% mild anxiety. Moreover, having relatives or acquaintances infected with COVID-19 was a risk factor for increasing the anxiety of college students and economic effects, and effects on daily life, as well as delays in academic activities, were positively associated with anxiety symptoms.

In Spain, the majority of the general adult population felt that the COVID-19 crisis had greatly impacted on their daily life, including changes in their daily routines and cancelation of important activities. About 36% of the participants reported moderate to severe psychological impact, 25% showed mild to severe levels of anxiety, 41% reported depressive symptoms, and 41% felt stressed. Women, young, and those who that lost their job during the health crisis showed the strongest negative psychological symptoms. What worried Spaniards the most was the likelihood of suffering an

economic crisis derived from the pandemic (Rodríguez-Rey R, Garrido-Hernansaiz H, Collado S, 2020).

Casagrande, Favieri, Tambelli & Forte (2020) findings indicated that the COVID-19 pandemic appears to be a risk factor for sleep disorders and psychological diseases in the Italian population. The results revealed that 57.1% of participants reported poor sleep quality, 32.1% high anxiety, 41.8% high distress, and 7.6% reported PTSD symptomatology linked to COVID-19. Youth and women, those uncertain regarding possible COVID-19 infection, and greater fear of direct contact with those infected by COVID-19 had an increased risk of developing sleep disturbances, as well as higher levels of anxiety and distress.

COVID-19 pandemic has imposed significant level of psychological burden on Jordanians, especially among females (Khatatbeh, Khasawneh, Hussein, Altahat, & Alhalaiqa, 2021).

This pandemic has affected the health workers too. Di Monte, Monaco, Mariani, & Di Trani (2020) found that COVID-19 emergency had a significant impact on general practitioners (GPs) work management in Italy. Implementing task-oriented problem management, rather than emotional strategies, appears to protect against burnout in these circumstances. It is possible that the emotions related to the pandemic are too intense to be regulated and used productively to manage the professional issues that the COVID-19 pandemic presents. the results showed that the COVID-19 emergency had a significant impact on GPs' work management. Tian et al (2021) reported that depression was common among nurses during the COVID-19 pandemic in China. The prevalence of depression was 33.75% and direct

care of COVID-19 patients and current smoking were significantly associated with depression.

Results indicated that the prevalence of PTSS in China hardest-hit areas a month after the COVID-19 outbreak was 7%. Women reported significant higher PTSS in the domains of re-experiencing, negative alterations in cognition or mood, and hyper-arousal. Participants with better sleep quality or less frequency of early awakenings reported lower PTSS. Liu et al (2020). A high percentage of PTSD symptomatology (29.5%) was found in the Italian population (Forte, Favieri, Tambelli, & Casagrande, 2020).

The psychological impact of quarantine were also studied in many countries. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. (Brooks, 2020). Similar findings were noticed during previous pandemics. Symptoms of posttraumatic stress disorder (PTSD) and depression were observed in 28.9% and 31.2% of the quarantine respondents , respectively during severe acute respiratory syndrome (SARS) pandemic. Longer durations of quarantine were associated with an increased prevalence of PTSD symptoms. Acquaintance with or direct exposure to someone with a diagnosis of SARS was also associated with PTSD and depressive symptoms (Hawryluck et al, 2004). Extremely high levels of non-specific psychological distress were reported by quarantine respondents with 34% reporting high psychological distress compared to levels of around 12% in the Australian general

population during the first outbreak of highly infectious equine influenza in 2007(Taylor, Agho, Stevens, & Raphael, 2008).

Stress and Coping

Exposure to chronic and daily stressors such as quarantine, or severe psychological trauma like a significant person in danger of life can affect the cardiovascular system and the emotional experience of the individual, leading to an increased risk of developing a cardiovascular disease or mental illness. Subjects with comorbidities between mental disorders and heart diseases are obviously more susceptible to be influenced by emotional burden due to the spread of COVID-19, with emotional responses characterized by fear, panic, anger, frustration. Psychological services and crisis interventions are needed at an early stage to reduce anxiety, depression and post-traumatic stress disorder in such a stressful period, with a special attention to special groups of patients, such as women, children, or the elderly. (Mazza et al, 2021). The COVIDiSTRESS global survey collects data on early human responses to the 2020 COVID-19 pandemic from 173 429 respondents in 48 countries. individuals who worried about getting sick worked harder to protect themselves and others. However, concern about the coronavirus itself did not account for all of the variances in experienced stress during the early months of COVID-19 restrictions. More alarmingly, such stress was associated with less compliance. Further, those most concerned over the coronavirus trusted in government measures primarily where policies were strict. (Lieberoth et al , 2021).

Di Trani, Mariani, Ferri, De Berardinis, & Frigo (2021) reported that individual levels of resilience and one's ability to tolerate uncertainty have been significant factors in determining the impact of the COVID-19 emergency on healthcare workers' in Italy. The use of emotional strategies that allow individuals to stay in a critical situation without the need to control it appears to protect against burnout in these circumstances. Mariani et al (2020) explored the effect of coping strategies and perceived social support on depressive and anxious symptomatology during the COVID-19 pandemic and found that coping focus on emotions seemed to increase anxious and depressive symptoms, probably due to the uncontrollable nature of the stressful event and the high emotional response. Family support which reduces the sense of loneliness had an exclusive role in mitigating depressive symptoms. These results highlight the importance of promoting psychological strategies to improve emotional regulation skills, reducing isolation from family, to prevent mood symptomatology in healthy citizens during large-scale health crises.

When a patient suffers from COVID 19, he may go through various emotions such as shock, numbness, sadness and anger same as the patients in terminal diseases. He may be worried about spreading illness to his family and friends, or may go through the self-blame. Patients at times reported suicidal thoughts. He also get worried about his death and concerned about the survival of the family once he passes away. These thoughts can leads to increased stress and mental health issue such as depression and anxiety which further lower his immunity and thus may further deteriorate his health condition.

COVID 19 and Family Members

It is not only covid patient but family members to go through various emotions like sadness, anger out bursts, frustration. They may worried about patient health condition and isolation and quarantine further burden their feelings. The care givers too go through lots stress due to fear and sadness.

This unexpected imposed social isolation has caused enormous disruption of daily routines for the global community, especially children. Among the measures intended to reduce the spread of the virus, most schools closed, canceled classes, and moved it to home-based or online learning to encourage and adhere to social distancing guidelines. Education and learnings of 67.6% of students are impacted globally due to coronavirus in 143 countries. The transition away from physical classes has significantly disrupted the lives of students and their families, posing a potential risk to the mental well-being of children. An abrupt change in the learning environment and limited social interactions and activities posed an unusual situation for children's developing brains. Distressing events such as separation from family and friends, seeing or being aware of critically ill members affected with coronavirus, or the passing of loved ones or even thinking of themselves perhaps dying from the virus would have a detrimental effect on the mental health. Additionally, the healthy daily routines of children have been disrupted due to the COVID-19, which contributes to the additional stress and sleeping difficulties that many children face (Shah, Mann, Singh, Bangar, & Kulkarni, 2020).

It has also advised to take breaks from watching, reading, or listening to news stories, including social media, because continually being bombarded by news of the

pandemic can be distressing. Exercising regularly, practicing yoga or meditation, eating healthy, taking adequate and proper sleeping properly, and avoiding alcohol or drugs is key to maintaining mental health. It is also crucial that parents provide enough support to their children and help them to process the information about the pandemic because these interventions could help minimize their anxiety or fear (Shah, Kamrai, Mekala, Mann, Desai, & Patel, 2020).

The global COVID-19 pandemic is a stressor that originated outside of the family system but given the novelty and uncertainty concerning this disease, it is likely to be perceived as a significant stressor for many parents and children. Greater COVID-19 related stressors and high anxiety and depressive symptoms are associated with higher parental perceived stress. Receipt of financial assistance and high anxiety and depressive symptoms are associated with higher child abuse potential (Brown, Doom, Lechuga-Peña, Watamura, Koppels, 2020).

In the first wave of the COVID-19 pandemic, social isolation, school/child care closures and employment instability have created unprecedented conditions for families raising children at home. 44.3% of parents with children <18 years living at home reported worse mental health as a result of the COVID-19 pandemic compared with 35.6% of respondents without children <18 living at home, More parents compared with the rest of the sample reported increased alcohol consumption, suicidal thoughts/feelings and stress about being safe from physical/emotional domestic violence. 24.8% of parents reported their children's mental health had worsened since the pandemic. Parents also reported more frequent negative as well as positive interactions with their

children due to the pandemic increased feelings of closeness, 49.7% (Gadermann AC, Thomson KC, Richardson CG, Gagné M, McAuliffe C, Hirani S, Jenkins).

Spinelli, Lionetti, Pastore,& Fasolo (2020) aimed to explore the effect of risk factors associated with the COVID-19 outbreak experience on parents' and children's well-being. Parents of children aged between 2- and 14-years-old completed an online survey and it was found that dealing with quarantine is a particularly stressful experience for parents who must balance personal life, work, and raising children, being left alone without other resources. This situation puts parents at a higher risk of experiencing distress, potentially impairing their ability to be supportive caregivers. The lack of support these children receive in such a difficult moment may be the reason for their more pronounced psychological symptoms.

Under the COVID-19 epidemic, the families of front-line rescue workers are under unusual pressure. A total of 671 family members of front-line rescue workers participated in the survey, including 194 husbands/wives, 52 parents, 49 children, 76 brothers and sisters, and 300 other relationships. Among them, 55% of the family members reported sleep problems, 49.0% of the family members had mild, and above anxiety symptoms, 12.2% of the family members reported clinically significant depression symptoms, and 10.4% of the family members may have PTSD, 8.3% of family members had thoughts of self-injury or suicide. The feeling of stress was positively correlated with anxiety and depression, but there was no significant correlation between psychological elasticity and various symptoms. Family members who are more worried about the safety, physical condition and living security

of front-line rescue workers are more likely to report symptoms such as sleep disorders, anxiety, and depression. Family members' first-line rescue has a significant impact on their daily life, raising children and supporting the elderly, which is also related to the occurrence of mental and psychological symptoms (Feng et al, 2020).

Conclusion

While concern over a disease is a source of mental distress, other factors including strictness of protective measures, social support and personal lockdown conditions must also be taken into consideration to fully appreciate the psychological impact of COVID-19 and to understand why some people fail to follow behavioural guidelines intended to protect themselves and others from infection. (Lieberoth et al, 2021). The factors associated with better mental health, such as being satisfied with the information received about the health crisis, conducting leisure activities, and the perception of being in good health can be used to design psychological interventions to help coping with COVID-19 pandemic (Rodríguez-Rey et al, 2020). Specific up-to-date and accurate health information (e.g., treatment, local outbreak situation) and particular precautionary measures (e.g., hand hygiene, wearing a mask) were associated with a lower psychological impact of the outbreak and lower levels of stress, anxiety, and depression (Wang et al , 2020). Policies should take into consideration the implications of the lockdown for families' mental health, and supportive interventions for the immediate and for the future should be promoted.(Spinelli et al, 2020). Additionally, children can be taught coping mechanisms to self-regulate their own emotions without dependence on others. One method that achieves this goal is behavioral

activation, which focuses on participating in activities they enjoy and not employing avoidance behaviors (Imran et al 2020).

Recommendations to improve mental health of patient and family members:

- Connect with others mentally and emotionally, even if you are physically isolated. Connect with your friends and loved ones by phone, chats and email.
- Pay special attention that you need to talk to friends and people mostly who give you more emotional comfort. Try to keep scary people and news away.
- Emotional support /relief from family and friends are very important
- Immerse yourself in things that make your mind happy, especially if you are in isolation. Immerse yourself in any hobbies you like listen to songs, read, painting, drawing and so on.
- Engage in small exercises as much as you can.
- Breathing exercises can be done, for example, anuloma viloma pranayama in yoga. You can also do simple breathing exercises. Meditation can also be done if possible.
- It is good to have hopes in God, any beliefs or principles which you believe in and seek courage from it.
- family members and others should try to support and shade them and say words of encouragement to each other. Don't blame or criticize care taker, then only they will have the mindset to take care of the patient properly.

- Do not hate yourself or others for being infected with covid disease. Put aside negative emotions like anger and frustration. It is essential to have a positive attitude overall. Convince yourself that I will survive covid , and face the disease with courage and calmness.
 - Seek counseling if you have excessive anxiety or depression. If necessary, take medication as prescribed by your doctor.
 - Follow the instructions of the healthcare professional. It is mandatory to take nutritious food which will boost your immunity.
 - Avoid alcohol and smoking completely. Alcohol and smoking during this time can make the disease worse.
- (Gopalan, 2021).

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