



Letter to the Editor

Mental health in the times of the pandemic

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With over 18,439,731 cases and 697,083 confirmed deaths reported to date, and still counting, COVID-19 pandemic is by far seems to be an evolving most significant health crisis of the century afflicting not only the physical state, but more importantly includes adverse consequences in the realm of mental health and well-being.

Literally and figuratively, coronavirus fever is gripping the world that has greatly influenced the trajectory and priorities of how we presently live our lives. Enormous changes have been brought about by the many unfamiliar challenges' consequent to this novel coronavirus pandemic, such as tremendous uncertainties as to the duration of the pandemic and overwhelming worry of one's own vulnerability to this novel unseen formidable enemy, total rearrangements of activities of daily living, severe economic over-burdening that stares at a bleak future, and social isolation among other things. These situation, lingering with no optimistic quick fix in the horizon, wears down easily the psychological and mental defenses that pushes resiliency to a critical level favoring longer-term psychological maladjustments and even major clinically significant psychiatric illnesses.

Additionally, and most disturbing of all, are the disgusting inaccuracies and even false information all together coming from even the traditional sources of news and information,

dished out and readily believed by the unsuspecting lay individuals, eroding one's sense of control pushing the same in a fatal tailspin that eventually causing catatonic freeze. These unique challenges presented by living in a pandemic understandably could potentially unravel and/or exacerbate devastating psychological distress and serious clinically significant psychoses, depression, and anxiety, as revealed in recent preliminary studies.

Vulnerable groups identified include those afflicted with pre-existing psychiatric diseases, the OFWs, geriatric age-groups, pregnant women, street-dwellers, and students studying overseas from mainland China. In our local setting, obviously, due to the very nature of their work, the overseas contract workers, police, and military personnel operating the checkpoints, not to mention the health workers in the frontlines, are those who are the most vulnerable population. The risk for mental health disturbances is magnified several folds particularly for those who have confirmed Covid-19 affliction across the spectrum – asymptomatic on one end, requiring at least just a mandatory home quarantine for a good 14 days, to those who are critically ill for isolation in a COVID hospital ward or intensive care unit.

Limitation in social interaction brought about by isolation during a simple quarantine is one of the significant stressors understandably causing unimaginable boredom and annoyances. The

locally stranded individuals (LSI) caught in the sudden city lockdown bore the greatest impact of this abrupt curtailment, what with the loss of liberty and literally forced to be isolated in an unfamiliar government designated areas of questionable facilities for basic necessities (food, water, clothing, medical care and supplies). Add up to this is the flagrant poor, if not outright failure, in proper coordination among concerned health and LGU officials resulting in an over extended period of quarantine due to various circumstances reflecting the government's ineptness in effectively handling the pandemic. Excessive and unavoidable worry of potentially contracting the dreaded virus and the emergent guilt feelings of realistically transmitting the infection to others particularly the family members will incite numbing fear and dread.

Extremely difficult psychological challenges indeed confront more those in severe and critical conditions necessitating ventilatory support and institution of isolation for containment of this highly infectious illness in the acute treatment phase. Rapid and drastic loss of respiratory functions requiring such patients to be put on a ventilator in the intensive care unit will exacerbate issues in loss of control. There would be immediate and complete segregation from the family, therefore, feeling of isolation, being alone, and intrusive self-pity and depressive thoughts, particularly if the prospects of fatality are making the stricken more acutely aware every tick of the second. Signs and symptoms of delirium that has been observed to predominate in the acute phase of coronavirus infections, associated with anxiety, depression, and insomnia are all driven by these psychosocial burdens (stigma, isolation, fear of death, and disruption of social life). These neuropsychiatric outcomes are typical of many severely ill, intensive care unit populations. Treatment-emergent psychotic manifestations due to steroid administration, most often part of the acute phase management to combat the very fatal cytokine storm associated with Covid-19, are becoming evident a problem as well and should pose an additional burden. After infection resolution, neurocognitive symptoms and more-typical psychiatric syndromes (mood, anxiety, and PTSD) persist.

Additional stressors following quarantine and isolation include: socioeconomic distress due to unforeseen financial difficulties, unemployment, poverty, direct hospitalization costs, misplaced rejection and discrimination by people, even by family members and the pessimistic outlook of ever resuming a "normal" life after.

The WHO recognizes the same psychological issues that burden the healthcare workers and front liners. The pressure of knowing the hazards of the job, working under threats of being afflicted as well, intensified with the spaceman-like suits one is required to wear and rigid procedures for personal protection and, unfortunately, the valid fears of their family members or even the community communicated through avoidant behaviors...magnifies several folds an already challenging situation.

To manage the identified stressors and enhance resiliency in addressing COVID-19 infection adverse mental and psychological health consequences, gather and rely on factual information only from credible sources for guidance and acknowledge the need to limit undue worries by avoiding excessive exposure to COVID-19 media coverages that are perceived to cause excessive worrying. Strategies you have used to resolve successfully previous life's challenges and adversities can be captured and readily implemented again to manage dysfunctions during the outbreak challenging times. Most importantly, practice self-care, maintain a healthy diet, and a positive lifestyle. This means not only adhering to grooming and hygiene routines and maintaining a healthy diet and physical fitness routine, but also playing video games, eating chocolate, making or listening to music, watching your favorite movies, and snuggling with stuffed animals.

There are established psychiatric treatment strategies designed to mitigate acute distress and assess the need for continued mental healthcare through compassionate and supportive presence in a state of utter social isolation. This is composed of well-trained psychiatric personnel (psychiatrist and nurses) skillful in providing emergent and continuous pharmacologic and non-pharmacologic interventions and psychosocial support to the severely afflicted and survivors.

The COVID-19 pandemic is not a hoax. The mental health consequences are as real in this time of the pandemic.