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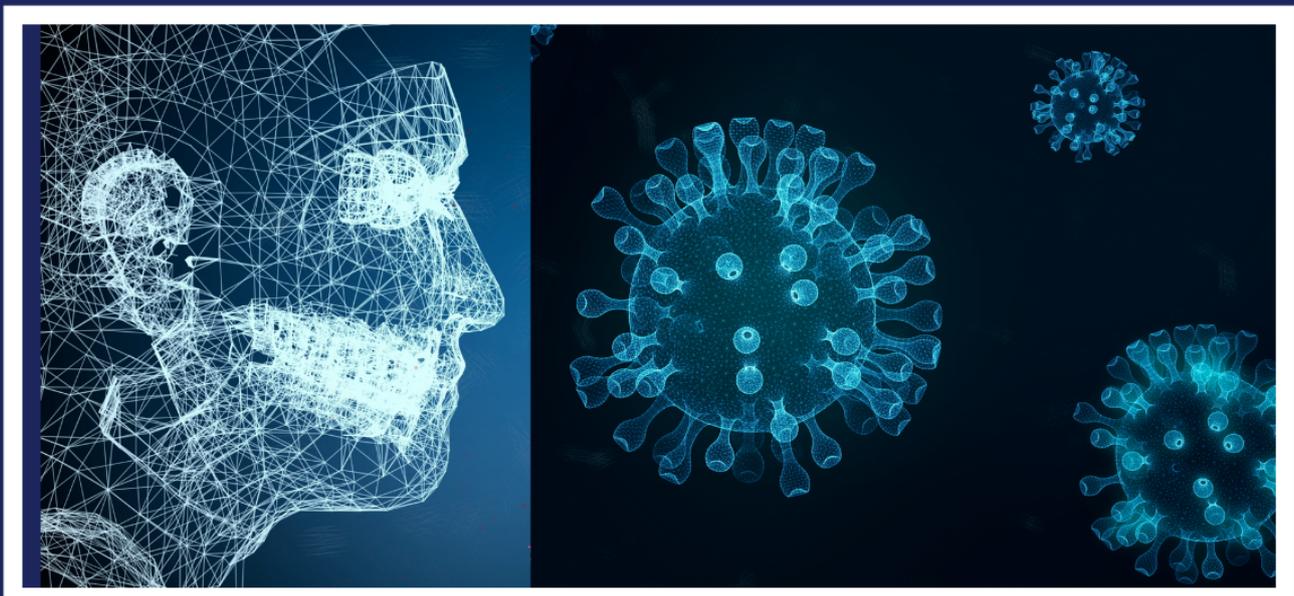


JOURNAL OF MENTAL HEALTH EDUCATION

A peer reviewed journal

COVID-19 AND MENTAL HEALTH

Special Edition



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Journal of Mental Health Education

The Journal of Mental Health Education is the official, ongoing and online publication of The Department of Mental Health Education, NIMHANS. The journal is peer-reviewed, is published annually, and accepts high-quality work or writings in the broad fields of mental, neurological and neurosurgical health and promotion.

With the goal of dissemination of knowledge to increase the wider public awareness of mental health and to promote research in the field Mental Health Education, the Department of Mental Health Education publishes the Journal of Mental Health Education, a peer-reviewed online journal with Annual print compilation of issues. The special issue of the journal was published in 2017 under the Mentorship of Prof. S.K. Chaturvedi and Editorship of Dr. KS Meena and Dr. Latha K.

Further details about the Department of Mental Health Education and its activities are available at <http://mentalhealtheducationnimbans.org/>

Journal Ethics

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The contents of the Journal will be saved on a cloud server in case of a Website Malfunction.

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This multidisciplinary journal focuses publishing high quality, peer-reviewed papers in the area of mental, neurological and neurosurgical health and promotion, book reviews and brief articles. The Journal highlights issues in educating, training and developing a skilled, healthy and committed mental health workforce. The Journal of Mental Health Education is keen to receive original papers on mental health education and mental health promotion, methodology, training, research, policy development, and practice – particularly from a national and international perspective.

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COVID-19 and Heard Immunity

‘Heard’ immunity is not a misspelling for the more popular ‘herd’ immunity scientists are looking for in this pandemic. It actually refers to myths, misconceptions, misinterpretations and rumours afloat related to the corona virus, lockdown and related activities. These false information were circulated and spread via the social media, news channels, and just by gossip or word of mouth, and are also referred to as infodemic. These were not necessarily intentional or mala fide. So little was known about the corona virus when it struck and spread around the globe, that all information seemed believable. This was true about scientific knowledge also. The World Health Organisation also kept changing its views as they got more evidence and then refuted the same when they got some more new information.

There is research suggesting that repeated media exposure to community crisis can lead to increased anxiety, heightened stress responses; which can end up with misplaced health-protective and help-seeking behaviours.^[1] When this is about misinformation and half baked knowledge, people cannot help but believe these. Excessive media coverage of such events can have potentially severe public health repercussions.^[1]

The rumours and misinformation proved to be more than or as contagious as the virus itself. This has led to panic and fear in the public. This also led to stigma, not only against the infection, but those who were even remotely associated with it. Many forms of stigma evolved and have become noticeable with the COVID-19 outbreak, and affected a large and varied section of the society.^[2] There is stigma towards those with a travel history to places where COVID-19 appeared and in large numbers, outside or within the country.^[2] This was further aggravated by putting a stamp of indelible ink on their hands and sticking a poster outside their homes to prevent people coming in contact with them. This stigmatised the affected persons and created fear and phobia in others. There was stigma towards those who had come in contact with persons who were COVID-19 positive, either their family members or friends and colleagues, frontline healthcare workers, doctors, nurses, ward attender, looking after COVID patients, directly or indirectly were the unfortunate targets of wrath of

the public, as these were considered high risk to spread the infection, police and security personnel who are directly involved with persons who are at a high risk, those advised hospital quarantine, those advised self or home quarantine and those sneezing and/or coughing due to any reason. There is also self stigma and fear of spreading it to the family members.^[2]

Rumours, like the virus, are infectious. Fear and anxiety produced by such rumours are radiated even if social distancing is maintained. These cause widespread panic. A suitable way to deal with these would be providing authentic knowledge and information through appropriate health information and mental health education. These should be in different forms in order to reach the general population, through mass media and social media.

How rumours or gossip could be positive? Some of the fear produced by the information or misinformation can actually make people be more cautious and follow preventive steps of social/physical distancing, use of masks and respiratory and hand hygiene strictly and properly. Social media is abuzz with jokes, wisecracks and light hearted humour on people being confined to home space indefinitely and getting on each other's nerves.^[3] Fear and anxiety caused by hearing of misinformation can be counteracted by listening to authentic and scientific information from reliable sources, which will bring about 'heard' immunity against the spread of misinformation. The message is please do not spread misinformation; keep social distance from such misinformation, use a mask to avoid any rumours leaving your mouth, close your ears to such hearsays and wash hands off such misleading gossip.

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Mainstreaming mental health education in times of COVID-19 Pandemic: The need for reaching out early

Just before the announcement of the nationwide lockdown till 14th April 2020, Honourable Prime Minister of India, Shri. Narendra Modi reportedly called upon the nation media and community to support the herculean efforts of front line health workers and others. He also requested that positive stories maybe shared rather than focusing on negative to dispel the fear and apprehensions that public may have. As per the statistics of a Lancet study dated December 2019, it estimates that one in seven Indians are affected by diagnosable mental health problems and will increase in coming days. We will be facing a mental health crisis due to COVID-19 pandemic. We foresee a steep increase of cases in the coming months that are followed by uncertainty and despair that the situation has exposed to us leaving us vulnerable and bare. We will be witnessing a rise in cases of domestic violence, child abuse, depression, anxiety disorders and various mental health problems that the situation will bring in.

Foreseeing this, the Ministry of Health and Family Welfare, Government of India designated NIMHANS as a task force for developing Information Education Communication [IEC] for addressing the psycho-social aspects associated with COVID-19. The task force was instrumental in developing a huge repository of educational materials to generate awareness on promoting mental health during COVID-19 with special focus on handling stigma, handling psycho-social concerns among vulnerable populations, yoga for mental health to name a few. These can be used as a blueprint to reproduce more such content when we face a pandemic in future. The society needs to be prepared psychologically to handle these, and education will play a very vital role in strengthening that.

The special edition of the Journal of Mental Health Education is a collation of various articles by National and International contributors offering a rich literature of work done in the area of COVID-19. The articles published here should provide the necessary impetus for future work and an opportunity to strengthen our understanding on how we can provide prevention focused mental health education strategies associated with COVID-19.

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Taking care of your mental health during COVID-19 Pandemic: Being Mental Health Warriors

The World Health Organization (WHO) declared the outbreak of a new corona virus disease, COVID-19, to be a Public Health Emergency of International Concern during January 2020. WHO formally declared the COVID-19 outbreak a pandemic on 11 March 2020. The corona virus pandemic has led to a huge health and economic burden throughout the world. The nationwide lockdown was aimed at breaking the chain and flattening the curve. This later on started causing widespread concerns, fear and stress in the population at large and among certain vulnerable groups in particular, such as older adults, caregivers and people with underlying health conditions. It is important to ensure physical distancing and not social isolation and to stay connected through social media, telephone.

This COVID 19 also created a lot of social stigma among those who were infected, isolated, quarantined and health care workers. Thus many efforts were initiated towards avoiding social stigma among public by creating awareness in the form of videos, posters, IVRS message, sms etc.

The department of Mental Health Education is working towards creating mental health awareness and improving mental health literacy since inception. This special issue on COVID 19 and mental health was aimed to help the scientific community in creating awareness about the importance of mental health during COVID crisis and ways to take care of their minds. The mental well being plays a major role especially among the frontline warriors such as health care workers, police personnel, sanitary workers who are at higher risk of acquiring the virus. Various government help lines can provide support, it's important to have a regular daily routine, keeping engaged and positive.

This edition comprises of various IEC materials developed to ensure mental well being among different categories of people. The department also hosted a social media campaign "Mental health warriors" where the people sent a short video of how they are taking care of their mental health while being at home.

I thank our fellows, reviewers and the entire technical team at the department in helping us bring out this edition in a short span of time.

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Role of Information, Education and Communication in addressing psycho-social aspects of Covid-19 – Preparation and implementation

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A crisis as never experienced before, the Covid-19 pandemic has resulted in a major shift in how we live our lives. It has resulted in impediments in all aspect of living, and mental health complications is one of the major challenges that it has brought about. The precautionary measures such as the lockdown and social distancing also has been found to have a negative impact on the mental health of an individual.^[1] In this regard, Precautionary measures and timely interventions are found to be of can great help in handling the incidence and the consequences of this pandemic.

Information, Education and Communication materials, commonly known as IEC are vital during the times of any disaster or pandemic, especially so when there is not much known

about the situation among the general public, as in the case of the current novel corona virus pandemic. These materials would help in providing the right information to the public and also aids in curbing the spread of misinformation and rumours. IEC materials are most effective when it is prepared keeping in mind the preferences and interests of the target population.

There was a growing concern and uncertainty about the course and outcome of the covid-19. There was increase sense of fear, panic which could have led to an array of mental health problems across the community. With this view, The Ministry of Health and Family Welfare, Government of India has designated NIMHANS as the centre for preparation for IEC materials on COVID-19 -Psycho-social and Mental Health issues. The ministry has suggested 16 broad areas to be looked into while preparing the IEC (Table-1).Faculties from different behavioural science departments of the institute were nominated and a core committee was formed to facilitate the process. The committee members contacted the specialists in the respective areas within the institute for the content. This content were then reviewed by the core committee and necessary changes were to different IEC materials. For some topics core committee themselves created content for the same. They dedicated themselves for about two weeks to create print and mass media materials to ensure that appropriate information reaches the population. The materials included posters, videos, photographs, brochures and infomercials (Table-2). Videos were shot at the institute Mental Health Education department, and to enact the content in-house faculty and staff were used. These materials were then made available through different media platforms. An effort was taken to ensure that these materials covered all the relevant information, including the psychological and community aspects such as Stigma, Self-Care, Handling burnout among the community members and vulnerable population.

A brief overview of the topics covered are given below:

Stress Management

Videos were prepared for managing one's stress. In addition, to stress management videos, one minute, two minute and five-minute guided videos on Yoga and Meditation were created, to soothe the mind and be more aware of the physical and mental environment. The videos were made available in English and Hindi.

Social Stigma

According to WHO, Covid-19 pandemic has resulted in the concept of social stigma where individuals and communities were targeted with stigmatizing and discriminatory practices. Left unchecked, these practices can hamper the efforts taken to curb the ill effects of the outbreak. IEC materials were prepared for addressing social stigma associated with Covid-19 in Hindi and English in the form of Posters, Brochures and Videos. The stressors that could be faced by the persons diagnosed with Covid-19, their family members and the frontline workers involved were explained in detail in the materials. Videos are also made available to assist the healthcare professionals in better taking care of themselves.

Elderly

The impact of the current outbreak has been especially devastating on the older adults of the population. In addition to high incidence and mortality rates, they were found not to have adequate access to mental health care facilities and other resources currently.^[2] Given this, posters and Brochures were made covering the aspects to be kept in mind while dealing with the elderly and their mental well being.

Children and Adolescents

Posters, Videos and Brochures were prepared for disseminating information about the potential issues faced by children and adolescents and how to tackle them. Special attention was also given to preparing materials on dealing with postponement of exams and disruption of the usual routine. Considering that parents also go through stress currently, an informative video was made to address their possible concerns. A Brochure dealing with the well-being of children and adolescents during the pandemic was also prepared.

Pregnant and Postpartum Women

The Covid-19 pandemic has also created anxiety and emotional distress in pregnant and postpartum women. Concerns regarding delivery plan, inability to visit their physician due to travel restrictions and worries about the new born child were needed to be addressed, and hence, videos containing information on handling these difficulties were made available to the public.^[3]

Police Professional

Brochures, Videos and Posters were made for the personnel working with the police department to promote their mental well-being considering the strenuous and overwhelming work hours that they have to put in the present scenario. Available in both Kannada and English, these resources provide information about handling stress and taking care of oneself.

Migrants

Migrant workers have been chronicled as being highly vulnerable to stress due to displacement, undernutrition, low rate of immunization coverage and various physical and mental health conditions.^[4] Migration has also been found to be a leading cause of mental health issues^[5] and suicide.^[6] Posters were prepared for the migrant workers to address the psychosocial issues that they face and explaining the steps that they can take to ensure their safety and well-being.

Domestic Violence

The Covid-19 pandemic has also seen a rise in reports of Domestic Violence and Child Abuse. The Government has set up helplines and services specifically for looking into this and it can be availed by individuals in need (National Commission for Women – 7217735372, 181 and Childline number -1098). Resources in the form of videos are made available online that assists the individual to manage the acute crisis – such as making a safety plan and staying connected with family and friends – and receive psychosocial support.

Persons with Disability

The United Nations opines that Persons with disabilities generally have more health-care needs than others – both standard needs and needs linked to impairments – and are therefore more vulnerable to the impact of low quality or inaccessible health-care services than others. Any programme targeting the persons with disability have to attend to the specific needs of the persons with disabilities to help maintain their health, safety, dignity, and independence in the community during the current pandemic. Brochures and Video providing psychosocial support has been prepared while keeping these nuances in mind.

Substance Use

Individuals who use substances, especially in the dependent pattern would also require assistance in dealing with cravings and withdrawal during this time. Keeping this in view,

brochures on quitting Tobacco and videos on addressing dependence have been prepared and circulated to the public.

Apart from the spread of these materials, Text messages mentioning the contact of the mental health care helpline was also sent to the public, for them to avail the psychosocial support services offered.

Providing the right information at the right time can be immensely helpful in dealing with a health crisis. However, due to the extent of mental health impact secondary to the pandemic, more efforts are to be made in effectively handling the outbreak, especially in countries such as ours where there is less developed mental health infrastructure. Hence, precautionary measures and community services maybe the way forward.

In conclusion, the psychological preparedness for the communities to handle disasters and pandemics is of paramount importance. The advantages of IEC materials prepared were:

- a) They were able reach to the large masses
- b) Addressed various aspects related stigma and discrimination associated with Covid-19
- c) As the ministry repeatedly broadcasting/uploading the material, the mental health aspects in the messages were reinforced.
- d) The literacy related psycho-social aspects associated Covid-19 possibly may have increased
- e) The IEC contents were brief and crisp which was easy to disseminate.

The communities need to be trained, educated and empowered in getting access to accurate and reliable information. This vast resource of materials developed for novel corona virus, COVID-19 acts as a model that can be reproduced for future pandemics.

Table -1: Broad areas suggested by the Ministry of Health and Family welfare

S. No	Topics
1	Social Stigma associated with Covid – 19
2	Coping with stress during Covid -19
3	Psycho-social support to persons with disabilities during Covid-19 pandemic
4	Activities for adults during isolation-quarantine
5	Adolescents in home or hospital quarantine setting

6	Mental Health in elderly during Covid-19
7	Emotional issues after recovery from Covid-19
8	Recognizing mental health problems in your near and dear ones and dealing with it
9	Dealing with persons with mental illness: Challenges faced by persons with mental illness due to self-isolation or Covid-19 infection
10	Stress management among health care workers fighting Corona virus
11	Stress of police and other essential service providers
12	Yoga for stress reduction and well-being (Video)
13	Meditation for stress Management (Video)
14	How to manage alcohol and tobacco during self-isolation?
15	Stress from the experience of being monitored by others for the symptoms of Covid-19
16	Management of anxiety/stress while self-monitoring for symptoms of Covid-19

Table -2: IEC Development on Covid-19 And Mental Health

1. POSTER/FLYER

Sl.No.	Subject
1.	Taking care of Mental Health of elderly during COVID-19
2.	Taking care of Mental Health of children during COVID-19
3.	Social stigma associated with COVID-19
4.	Psychosocial support for migrant workers - Promoting Mental Health
5.	Dealing with stress related to postponement of exams in view of COVID-19 pandemic
6.	Promoting mental well-being of Police Personnel during COVID-19- Kannada and English
7.	Children and adolescent well-being during COVID-19

2. BROCHURE

Sl.No	Subject
1.	Social stigma associated with COVID-19-Two fold- Hindi and English
2.	Psychosocial Support to Persons with Disabilities During COVID-19 Pandemic-3/4 fold
3.	Mental health of police personnel during COVID-19- Kannada and English
4.	Promoting mental well being of Older adults during COVID-19- English
5.	Quitting tobacco at the time of COVID-19
6.	Children and adolescent well being during COVID-19
7.	Children and adolescent well being during COVID-19- For parents or caregivers

3. VIDEOS

Sl.No	Subject
1.	1. One minute video on Yoga for stress management[English] 2. One minute video on Yoga for stress management[Hindi] 3. One minute video on Meditation for stress management[English] 4. One minute video on Meditation for stress management[Hindi] 5. Two minute guided video on Yoga for stress management Part 1[English] 6. Two minute guided video on Yoga for stress management.-Part 1 [Hindi] 7. Five minute guided video on Yoga for stress management Part 2[English] 8. Five minute guided video on Yoga for stress management.-Part 2 [Hindi] 9. Text
2.	Social Stigma associated with COVID-19-English

3.	COVID-19 kesaathjudesamajikbedhbaav [Social Stigma associated with COVID-19]- Hindi
4.	Issues related to postponement of entrance exams associated with COVID-19 with text
5.	How pregnant women can handle COVID-19 related anxiety
6.	How postpartum women can handle COVID-19 related emotional distress
7.	Handling substance dependence during COVID-19
8.	Psychosocial Support to Persons with Disabilities during COVID-19 Pandemic
9.	Psychosocial Support for women suffering from Domestic violence during COVID-19 Pandemic
10.	Issues related to postponement of entrance exams associated with COVID-19 15 minute panel discussion
11.	Promoting mental well being of Police Personnel during COVID-19
12.	Handling parental stress during COVID 19
13.	Helping children and adolescents handle stress during COVID-19
14.	Stress management for Frontline health worker

4. SMS

Sl.No	Message
1.	Knockdown your lockdown blues. Get listened to by reaching out to 080-4611 0007
2.	Panicked by the Pandemic. You are not alone. Connect with us @ 080-4611 0007
3.	To de-stress from distress, engage with us @ 080-4611 0007
4.	Feeling tensed due to COVID 19. Feel free to reach out @080-4611 0007

5.	For all corona related anxiety, Call 080-4611 0007
6.	Mask your ears to COVID-19 misinformation. Authentic information? Contact 080-4611 0007
7.	Stay home & address your physical health, call us to help you address your mental health @ 080-4611 0007
8.	Finding yourself in a state of distress and anxiety? Call us at 080-4611 0007
9.	One call away to address your distress and anxiety at 080-4611 0007
10.	Is Covid-19 Pandemic being overwhelming and stressful, Call 080-4611 0007
11.	Is fear and anxiety, taking over your mental health? Heal yourself, call 080- 4611 0007
12.	A lending hand for your mental health support. Call 080-4611 0007
13.	Don't keep your mind in lockdown, call us at 080-4611 0007
14.	No feeling is good or bad. Talking out helps. Call 080-4611 0007
15.	From being broken and helpless to healing. Talk to experts at 080-4611 0007
16.	Is the current scenario overpowering your mind? Call 080-4611 0007
17.	Take a moment, pause, it's okay to seek support. Call 080-4611 0007
18.	No health without mental health. Seek help. Call 080-4611 0007
19.	Unwind your mind of COVID- 19. Call 080-4611 0007

20.	Care for your mental wellbeing? Dial 080-4611 0007
21.	Feeling emotional isolation associated with COVID-19? Call 080-4611 0007
22.	Ashanth se shanthmann. Dial kijiye ... 080-4611 0007
23.	Mind matters. Dial 080-4611 0007 for help
24.	What's on your mind? Unwind for help at 080-4611 0007
25.	Fit mind: Fit body. Feel mindful at 080-4611 0007

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VIDEOS



Addressing Social Stigma Associated with COVID-19 (English)

Social stigma in the community has become an immediate social problem due to COVID-19. This video explains how one can be more helpful towards others in the community so that stigma can be reduced.

To watch: https://www.youtube.com/watch?v=1GCv8_BIWeY



Addressing Social Stigma Associated with COVID-19 (Hindi)

Social stigma is a major problem associated with COVID-19 in the community. This video in hindi attempts to educate people not to believe in rumours and follow proper guidelines to be safe

To watch: <https://www.youtube.com/watch?v=ca0gl2C3SVI&t=6s>



Meditation for Stress Management during COVID-19

The COVID-19 lockdown and its effects have greatly increased stress level of people. Through this video, an attempt was made to help people manage stress and anxiety through the practise of meditation

To watch in English: <https://www.youtube.com/watch?v=5wr4hq-4HQk>

To watch in Hindi: <https://www.youtube.com/watch?v=gur9p17XBFk&t=4s>



Yoga for Stress Management due to COVID-19

The pandemic has affected the people in the community to a great extent. Involving yoga in daily routine can help one stay calm and manage stress and anxiety better. This video snippet shows how to include yoga in daily routine to manage stress

To watch in English: <https://www.youtube.com/watch?v=NkWbaBYabwo>

To watch in Hindi: <https://www.youtube.com/watch?v=3uvcqsLKnw0>

Immediate Care for Psychological Events and Emergencies in the Context of COVID-19 Pandemic

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The focus of attention of the entire world for the recent few months has been the massive outbreak of the novel coronavirus disease, commonly called the COVID-19. The rapid spread of the disease, wasn't limited to any geographical locations and has affected almost every continent in the world. Due to the disease's contagious nature of this magnitude, the World Health Organisation (WHO) declared this as a Public Health Emergency of International Concern, making it into what is called the Pandemic. (WHO, 2020) The Governing bodies of various countries are trying their best to curb the spread of this virus by reducing the physical contact among people as much as possible. In order to ensure the same, counties around the globe have been enforced with strict lockdown rules and guidelines to refrain people from getting exposed to the virus directly or indirectly through any kind of physical contact. Thus, the COVID-19 pandemic of this nature leading to lockdown and the exercise of governmental

rules has called for a time of crisis for the whole world, generating stress and anxiety through all age groups throughout the population. Adding on to this, the unpredictability of the spread of the disease, its increased risk, roped with the uncertainty of the ways to control the disease are reasons strong enough to trigger mental health crisis among the population.^[2] Due to this psychosocial impact on the mental health of the people, it is important to address the mental health crises among those affected, so that they do not succumb to a full-blown mental illness such as depression or anxiety disorder.

The National Institute of Mental Health and Neurosciences (NIMHANS) is a premiere institute dedicated to mental health care and neurosciences located in Bengaluru, in the southern part of India. The Department of Mental Health Education at NIMHANS is a department solely dedicated to the aim of promoting health and wellbeing of people in the community through educative and training process thereby enhancing the mental health in the country.^[3] As a part of its regular activities, the department conducts a series of workshop called the Immediate Care for Psychological Events and Emergencies for the general public. The objective of this workshop is to help the community identify the day-to-day mental health crisis which anyone can face and to address the same effectively before it turns into a full-blown mental illness.^[4]

The Rationale for an e-workshop in the context of COVID-19

Based on similar objective, the department planned to conduct an e-workshop to address the potential mental health crisis among people, which may arise in face of COVID-19 pandemic. This current lockdown and other protective measures adopted by government are influencing mental health of the community. The widespread outbreak of this disease and its rapid spread has been causing considerable psychological distress among the masses.^[5] Hence, it is critical to introduce some measures to eradicate these concerns. The e-workshop on “Immediate care for psychological events and emergencies in the context of COVID-19 pandemic” was an effective initiative to address the mental health concerns spreading among the public by being an immediate carer in this contemporary scenario. The specific workshop was an effort towards addressing the various risks leading to mental health crisis among individuals, how to recognise them and steps for becoming an effective immediate carer during this COVID-19 related crisis. Few of the reasons which could trigger crisis included indefinite postponement of exams, financial crisis, loss of job, fear of acquiring or transmitting infection and stigma among those who recovered or under

quarantine. Online platform using ZOOM video conference was chosen to host this e-workshop to reach out to a larger population in the community over a short time period during the lockdown. A total of 200 participants had logged in for the webinar.

Highlights of the e-workshop

The workshop has given insight into the importance of giving immediate care to people who go through anxiety due to the unprecedented quarantine measures, physical distancing, information overload, misinformation and fake news. Table 1 explains the various points covered in the workshop.

Contents
Overview of Mental Health Crisis during COVID-19 pandemic
Why is Immediate Care important during COVID-19 pandemic?
Identifying the signs of the need of Immediate Care in a person
Approaches to Provide Immediate Care
Referrals
Addressing Burnout among Immediate Carers

Table 1: Contents of the e-workshop

Significance of immediate care and immediate care providers

In this current COVID-19 crisis and further lockdown measures people are going through concerns about protecting oneself, feelings of isolation infection fears, frustration, boredom, and the stress and anxiety resulting out of longer quarantine duration, inadequate supplies, inadequate information, inability to perform daily activities and financial crisis. Some people are able to cope effectively with these mental health issues but not everyone. People react to this crisis differently based on factors like the severity of event, experience with previous stressful events, psycho-social support received, physical health and other demographic factors. People are scared to open up about their symptoms with the fear of getting isolated. Ignorance about the mental health issue delays help seeking at the correct time. Stigma and misconceptions associated with the pandemic causing delay in seeking professional help. Early intervention can help to alleviate the issues. Hence, immediate care, being the humane and practical psychosocial assistance offered to those in need during a crisis situation, is critical.

Potential Immediate Care Providers

Immediate care can be provided by relatives, family members, neighbours, teachers, community members, emergency medical teams, mental health professionals, counsellors, police, and NGO or Govt. Staffs.

Beneficiaries of Immediate care

In this COVID-19 outbreak, people like COVID-19 survivors and their families, children and adolescents, separated from their caregivers, pregnant or nursing women, elderly population people with disabilities and chronic health conditions and people at risk of discrimination can take benefit of immediate care.

Major stressors leading to mental health crisis

Nobody is free from undergoing mental health issues during this crisis. Children have to go through stressors regarding their uncertainty in their academic life, separation from parents, abuse, boredom and lack of social contact. Adolescents have to go through uncertainties regarding academic plans, abuse and lack of social contact. Adults are at the risk of job loss, financial crisis, violence, different work structure, etc. Frontline workers, pregnant women, people who recovered from COVID-19 or suspected of COVID-19 are more vulnerable to develop mental health issues. Elderly population has to go through loneliness, loss of contact with children, violence, ill health, lack of support system, unable to socialize etc.

Addressing myths related to COVID-19

Stigma is being developed and most prevalent in the society. Stigma associated with COVID-19 is being developed against people, who travelled abroad, people from a specific region, race or religion, people who are symptomatic, people who have recovered from or suspected of COVID-19 etc. It was essential to address the myths for the public which was fulfilled successfully.

Identifying Signs of need for immediate care

Some important signs are there to be looked for to identify people with immediate care need. The signs include overwhelming sadness or helplessness, lack of interest in surroundings, inability to feel pleasure in joyful activities, anger outbursts, altered sleep and eating patterns, expression of negative feelings on Social Media, unusual and unexpected behaviour and

unexplained physical health problems. There are certain verbal cues to be looked for, which are words spoken, low tone and silence. And the non-verbal cues to be identified are eye contact, facial expressions, gestures, body language, posture and appearance.

Providing immediate care

In order to explain this, a video was prepared and demonstrated to the registered participants. The Video explained in details about the do's and don'ts of talking to a person going through a sudden mental health crisis during the COVID-19 pandemic. Following this, the presentation continued. There are different approaches to provide immediate care to be taken care by the immediate care provider. The approaches include communicating effectively, promoting sense of safety and connectedness, helping responsibly, building up coping strategies, and encouraging professional help seeking. Effective communication includes being empathetic and establishing rapport, ensuring person's comfortableness, taking care of demographic factors, being non-intrusive, rephrasing and summarising. Ensuring confidentiality, reassurance, suggesting to get connected with loved ones virtually, and helping the person to filter out news consumption are significant to ensure safety and connectedness. Being warm and supportive, encouraging the person to come out of the situation, act in interest of the person, etc ensures responsibly helping the person. Helping the person to develop coping strategies based on his or her strength and suggesting professional help are critical to ensure effective immediate care.

Practicing do's and don'ts while providing immediate care

There are various aspects to remember while providing immediate care. Respecting uniqueness of each individual, respecting the norms, culture and traditions of the respective communities, treating the person with respect and dignity, showing concern, letting the person take decision, being active listener, observe the verbal and non-verbal cues in communication, and providing authentic and transparent information are the important things to be practiced while providing immediate care. Commanding person to take help when he/she is not ready to take help, arguing with the person, blaming the person for his or her problems, being sarcastic, over involved or over protective, taking decisions for others, giving promises, committing to share the person's responsibilities, offering solutions to their problems, taking any ownership of success or failure, sharing one's own problems or troubles and forcing the person to lead life based on one's values should not be practiced while providing immediate care.

Addressing burnout among immediate carers

Burnout may occur among immediate carers when they listen to the problems of people in need for help for a longer time. The signs of burnout include feeling tired and less energy, feeling constantly exhausted even after taking rest, feeling helpless and hopeless, being impatient and irritable, overreacting to situations and neglecting self-care. Burnout can be addressed through taking care of self, connecting with emotions, seeking help or mentoring from experts, understanding boundaries, accepting limitations, avoiding feeling sorry for one self, never blaming oneself or others, etc.

After the presentation, the workshop had a question and answer session to address the queries of participants. A panel of faculty experts from various departments like Mental Health Education, Clinical Psychology and Psychiatric Social Work were available to answer the queries related to providing immediate care in the context of the pandemic. Questions were taken from various participants hailing from various professional background and geographical locations. Dealing with the uncertainty of the situation evokes a number of questions in people's minds. Thus, various queries related to addressing children's mental health to that of the elderly were catered to. After the Question and Answer round, a general feedback of the webinar was taken through the help of a poll.

Along from the psycho-social impact of the outbreak, the gripping fear among the masses due to the outbreak of the disease is inarguably not an uncommon phenomenon as people from any gender or socio-demographic status can be affected.^[6] Thus, anyone can be susceptible to a mental health crisis of immediate nature due to the uncertainty of the situation. Therefore, there is a need to empower the people in the community with the proper steps to provide immediate care to anybody going through a crisis. Thus, this webinar was conducted with the aim to empower the community with the correct methods of immediate care-giving to the person in need.

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Promoting Positive Mental Health during COVID-19 Lockdown

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ABSTRACT

The global health crisis due to COVID-19 pandemic and associated unfamiliar public health measures such as quarantine and lockdown demands spreading of health messages to address the emotional distress of people across the globe. Social media platforms are exponentially used in this era of virtual communication for promotion of health and communication of health messages to the public. To describe the effectiveness of social media campaign to enhance positive mental health of public users during the COVID-19 lockdown period. This qualitative study describes the effectiveness of 'Being a Mental Health Warrior', an online social media campaign in Facebook with aim to deliver positive mental health message to public and destigmatise attitude of communities towards those affected by COVID-19. The campaign was an activity in which short videos of 38 Indian and International participants on how they manage their mental health and stay positive during the lockdown period were posted in Facebook. The campaign had a substantial reach to the targeted population. Following the campaign, the post reached to 48.1k people and had 72% new page likes and 48% new post engagements. The post campaign survey was conducted and the average overall score was above 4.5 on a 5 point likert scale. The online Social media campaign was effective in spreading positive messages to enhance mental health. Need based online communication enables to blend in with lives of followers and thereby enhance positive coping response.

Key words: Social Media, Facebook, Online campaign, Positive mental health

Introduction

The use of internet for communication and sharing of ideas have been predominant since 1979. The era of social media has begun with a social networking site named ‘Open Diary’ founded by Bruce and Susan Abelson, which connected online diary writers together as a community. Later the term social media has been coined with the creation of Myspace in 2003 and Facebook in 2004^[1]. With the rise of generation of digital natives, people have developed substantial technical knowledge and interests to engage online.

According to Media richness theory^[2], the goal of any communication is the resolution of ambiguity and the reduction of uncertainty. Another theory of social presence^[3], defines the influence of communication over the partners of communication. The higher the social presence, the larger the social influence that the communication partners have on each other’s behaviour. Social networking sites provide substantial social presence and media richness^[1].

Facebook is one of the largest and popular social networking platforms today, with 1.66 billion mean daily active users in 2019, with an addition of 9% year-over-year^[4]. Facebook offers an online space for creation and exchange of user generated information. Facebook has been widely employed as a medium to create awareness and share messages to gain people’s participation with their comments, likes and engagements. This also has been used as a discussion platform to understand opinions of the users and followers of the webpage^[5].

There are some major factors to be considered for ensuring effective communication of messages^[6]. Choosing the target group to be reached and the message to be communicated is significant. Appropriateness and freshness of messages need to be also ensured for effective communication. In addition, justifying the benefits for people and allowing access of the posts to larger public is crucial. It is also of utmost importance to address their expectations, in particular, what they would like to listen, what they might find interesting and what they consider as valuable^[1].

Evidence show that COVID-19 pandemic and the subsequent lockdown had profound effects over mental health of communities^[7]. The situation has been threatening and caused emotional distress and mental health crisis for many. Various misconceptions about the disease fuelled stigma and discriminatory attitudes among communities towards people who were affected with the pandemic. Infodemic had adverse effects over mental health than the pandemic itself because of inaccuracies and conspiracies spread through media, including social media.

In order to fight this panic and stressful situation due to the uncertainty of the effects of the pandemic, spreading awareness of measures to enhance positive coping is crucial. Sensitive and effective communication on such measures has an impact over mental wellbeing of communities [6]. Hence, this paper describes the effectiveness of an online social media campaign to spread positive mental health messages and destigmatise the attitudes of communities towards those affected by COVID-19.

Methodology

This cross sectional study describes the effectiveness of ‘Being a Mental Health Warrior’, an online social media campaign in Facebook, initiated with objective to deliver positive mental health message to public and destigmatise attitude of communities towards those affected by COVID-19. The campaign was an activity during which short videos of 1-2 minutes duration sent by 38 participants on how they managed their mental health and stayed positive during the lockdown period were posted on Facebook. The campaign began in mid of April 2020 and ended in May 2020. Anyone willing and consented could participate in this campaign by sending their short videos. The participants broadly included pre-schooler and school children, adolescents, homemakers, professionals from various backgrounds such as academicians, health workers, yoga practitioners, media professionals, musicians, dancers, artists, writers, NGO representatives and even was inclusive of a pet dog. There were both national and International participants who took part in the campaign. The videos were screened for audio and video clarity before posting in Facebook. A post campaign survey was also conducted to assess the overall effectiveness of the campaign and scoring was done on a 5 point likert scale. The likes, comments and reach of the posts were analysed as frequency & proportions.

Results

The results indicate that the campaign had a substantial reach to the targeted population. Following the campaign, the post reached to 48.1k users. There was 72% increase of new page likes and 13.3K(48%) posts engagements. The post of Karnataka based Radio Jockey was the most reached to 16K users in the month of April. Her message to viewers was “Radio in my blood...music in my veins... fitness in my sweat....”

Date	Time	Image	Text
18/04/2020	16:02		"Dive into the world of magic that books offer!" Meet our Mental Health Warriors
17/04/2020	16:06		"Patience is the Key to Success. Meet our little Mental Health Warrior"
16/04/2020	16:05		"Life seems to go on without effort when I am filled with music." - George Strait
15/04/2020	16:02		"Sing and listen to music, click pictures from your balcony and share them with us"
14/04/2020	16:07		"Radio in my blood...music in my veins...fitness in my sweat!" Meet our Mental Health Warriors

Table showing the approximate reach of the posts in Facebook

In the month of May, the post of a child from UK was the most reached to 8.6K users. The child spread a message to engage in one's works with love and passion. Along with her online academic classes, the child engages in her hobbies like playing piano, dancing, drama and acting, playing indoor games.

Another post of a pre-schooler child was one of the warriors with popular reached posts of 5.5 K. The child engages in fun activities which he loves such as painting, indoor games, playing keyboard and acting by staying at home. As a warrior, he shares the message that in spite of getting worried, he feels that he is doing good for society.

One of the most engaged post with 1 K post engagements was that of a Dubai based working professional who turned a small indoor space at his apartment into a mini garden during the lockdown. As a warrior, he and his family, particularly his 4 years little kid is engaged in watering, lifting, carrying and digging in the garden and improve motor skills.

The campaign was inclusive that a pet from Princeton, New Jersey was one of the mental health warriors, no less than humans. As a warrior, the dog is engaged in weaning off humans from watching TV news on COVID-19 by its Instagram Page. The dog demonstrates love and care for its fellow beings through wagging tail. The dog also enjoys having icecream, instead of worrying, like some human beings.

The posts also received good comments and response from users. A viewer wrote, *"Parents understanding and encouragement are very good in their creations and day-to-day activities."* The post of a warrior, a Senior Lecturer in Media and Communications, De Montfort University, U.K. on how to manage children's queries about COVID-19 and make

them feel safe and secured during these unprecedented circumstances was commented as “*well explained*” and “*excellent*” by viewers. Another viewer commented, “*I loved that title- Mental Health Warrior!! So Apt!*”

Sl.	Warrior No.	Type of Participant	Message
1.	Mental Health Warrior No.4	Child	The virtue of resilience will help to come out of this unprecedented crisis
2.	Mental Health Warrior No.5	Adolescent	Books can engage and make oneself positive and energetic
3.	Mental Health Warrior No.9	Children	Fighting this time with new passion and interests is important
4.	Mental Health Warrior No.13	Child	Jotting down the interests, switching the activities and engaging in academic activities, along with other activities help to reduce boredom
5.	Mental Health Warrior No.18	Child	Engaging in fun things gives happiness and staying home is important for own good and for society
6.	Mental Health Warrior No.20	Adolescent	Involving in creative ways like recycling and artworks helps to be productive
7.	Mental Health Warrior No.22	Child	Spending time on hobbies and doing the activities with love helps to stay positive
8.	Mental Health Warrior No.39	Adolescent	Creativity through artworks help one to feel positive and uplifted

Sample Messages of Posts by Children and Adolescents

Sl.	Warrior No.	Type of Participant	Message
1	Mental Health Warrior No.6	Adult	Listening to authentic information and stories of recovered people help to be calm
2	Mental Health Warrior No.7	Adult	Spending time with family and practicing meditation helps to keep mind healthy
3	Mental Health Warrior No.8	Adult	Starting a new hobby and keeping oneself busy helps to have sound mind
4	Mental Health Warrior No.14	Adult	Engaging kids in meaningful activities can help to reduce their anxiety. Caring neighbours and communities help to stay positive with a sense of togetherness
5	Mental Health Warrior No.17	Adult	Yoga and relaxation techniques helps in maintaining inner peace and keep mind and body in sync.
6	Mental Health Warrior No.36	Adult	Spreading positive messages to resolve mental conflicts of fellow beings will

			help to build stronger communities
7	Mental Health Warrior No.32	Adult	Engaging in Sketching, writing poetry and similar creative activities help oneself to be mentally healthy
8	Mental Health Warrior No.37	Adult	Spending time on what someone loves like gardening helps to relieve stress

Sample Messages of Posts by Adults

Overall, the participants had various passions like drawing, painting, doodling, craftworks using recycled materials, content writing, calligraphy, movie making, acting, poetry, nature photography, gardening, cooking, having favourite dishes, music, dance, fitness, yoga, meditation and taking care of loved ones.

The post campaign survey was also conducted to assess the overall effectiveness of the campaign and scoring was done on a 5 point likert scale. Around 32 participants took part in this survey and the average overall score was more than 4.5 for all the questions. Details of the survey questions and average responses are given below.

Sl.No	Survey Question	Average score
1.	The campaign was highly beneficial in sharing ways to deal with the uncertainties of pandemic.	4.53
2.	The campaign was helpful to develop a positive attitude towards people quarantined or affected with COVID-19 and those facing stigma because of it.	4.56
3.	It motivated and helped me adopt ways to enhance my mental health.	4.46
4.	The campaign was successful in achieving its goal of spreading positive and destigmatizing messages	4.56
5.	If given an opportunity, I would like to take part in such campaigns in the future.	4.65
6.	Social media can be a great platform to start campaigns and spread positive messages related to the pandemic.	4.84

Discussion

The online social media campaign was found to be effective in engaging people actively from the community remotely. As the mental health warriors have been from various professions known and unknown to the public could reach out in the society to a larger extent. The campaign could connect to people as everybody were overcoming similar crisis during the COVID-19 pandemic and the subsequent physical distancing measures. A similar study which evaluated the effectiveness of a series social media campaigns shows that using social media to promote mental health is an effective initiative.^[8] Mental health promotion has become easily viable through social media platform as these platforms are accessible to everyone 24/7. Social media is an emerging tool in mental health promotion. On the other hand, social media campaigns have some limitations also. One challenge could be lack of a system which filters out the authenticity and credibility of data published through social media platforms. The unverified data can mislead people.^[9] Illiteracy may cause people to be unable to access social media campaigns and retrieve the positives of such campaigns.^[10] The commitment and effort required are very less for social media campaigns. This can minimize the effectiveness of such campaigns.^[11] Social media campaigns are prone to merits and demerits, but considering social media's vast reach and accessibility mental health promotion through social media is to be considered effective.

Conclusion

The online Social media campaign is effective in spreading positive messages to enhance mental health. The campaign helped to understand people's personalised ways of coping during the lockdown subsequent to pandemic, which is of paramount significance. Identifying own strengths and focusing on the aspects under one's control is found to be important for mitigating difficulties under these stressful circumstances. Need based online communication enables to blend in with lives of people and thereby enhance their positive coping responses.

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“The Cries behind the Closed Rooms”: Domestic Violence against Women during COVID-19, A Crisis Call

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ABSTRACT

The Coronavirus disease 2019 (COVID-19) has emerged as a global health threat. Beyond just the public health perspective, such pandemics can cause immense psycho-social implications, that long outlast the infection itself. The stress as well as lockdown and social distancing as measures to control the outbreak, has led to change in living structures and behavioral responses. The already prevalent ‘social evil’ of domestic violence has increased globally, more so in India, a country already burdened with gender inequality. This can range from physical violence to sexual, psychological and financial abuse which gets further compounded by under-reporting, lack of awareness, stigma, societal apathy and patriarchal belief systems. Victims of abuse, especially under the present pandemic crisis can have both acute and chronic harmful psycho-social consequences. Keeping this in background, this commentary glances at the problem statement of domestic violence during COVID-19 crisis, the social contributors to the same and role of mental health education as a unique tool to prevent and mitigate this ‘social evil’.

Keywords: Coronavirus, COVID-19, pandemic, domestic violence, abuse, women

Introduction

“Injustice anywhere is a threat to justice everywhere”
(Martin Luther King, 1958)

The Coronavirus disease 2019 (COVID-19) has been a global health problem. Beyond just the purview of public health, it has affected the daily lives of billions, either segregating them in isolation or stranding them with their families for long periods like never before.^[1] The negative social consequences are gradually becoming apparent as ‘human behavior’ can change markedly under crisis and ‘within closed walls’. One of the offshoots, the global ‘evil’ of domestic violence has increased markedly. It includes gender-based violence, child and elder abuse, and intimate partner violence (IPV). The contributing factors during this pandemic are increased stress, travel restrictions imposed by lockdown, increased marital discord, unprecedented staying periods with the partners, overcrowding, stress, anxiety, financial crisis and substance abuse.^[2] Further compounding the problem statement are the factors of under-reporting, lack of access to social and health care, domestic threats and lack of awareness and sensitivity even amongst health care professionals. Families with pre-existing abuse make it an increased ‘norm’, justified by the isolation and lockdown. With the increase number of days in the lockdown, reports in the increased number of cases of intimate-partner violence were understood across the globe. The United Nations (U.N.) defines IPV as any behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling attitudes. It is often considered synonymous with domestic violence or abuse. Specifically, when directed against women, it can be threats or acts of coercion, aggression or arbitrary deprivation of autonomy, all of which have detrimental effects on their wellbeing and quality of life.^[3] The United Nations (U.N.) Secretary General Antonio Guterres called out for a “ceasefire” on April 6, 2020 in order to address the “horrific global surge in intimate partner violence”.^[3]

Violence and disasters are known to have an old correlation. Eruption of Mount St. Helens in 1980, Hurricane Katrina in 2005, Black Saturday bushfire, 2009 and the Earthquake in Haiti, 2017 are classical examples of IPV that followed in the background of family stressors, reported aggression, unemployment and other associated stressors ^[4]. Even previous outbreaks like Ebola, cholera, Zika and recently Nipah have led to disruptions in interpersonal relationships, and increase in domestic violence.^[5] Though globally, data is yet to

emerge in a systematized manner, the gender based violence trends are increasing in United Kingdom National Domestic Abuse Helpline.^[6] Similar rise has also been seen in other countries heavily affected like Spain, Italy and China.^[7] It is vital to remember that persistent domestic abuse can have detrimental psycho-social and physical consequences and it has already been deemed as a ‘social evil’ that is tough to identify and tackle. This commentary thus plans to draw attention to this concerning aspect of the pandemic and highlights some of the psycho-social factors that might lead to this issue. The role of mental health education and its integration into public health as a measure of mitigation are eventually discussed.

Domestic violence in women: The Problem Statement during COVID-19

“I was tired of explaining that I too have to work from home. No one was willing to look after my children. I had to do every single detail while managing my office work. It was getting at me. I have never experienced such times. I am spending sleepless nights, with no one to listen to me....”

(A techie from Bangalore, on working from home during the lockdown)

“The alcohol use of my husband has increased so much. I cannot even go to my own house due to lack of transport. If I deny or protest, I will get beaten up, what’s the point! I am more scared of being at home for longer than the infection!”

(A crisis call to our helpline, from a lady staying with husband in rural Karnataka)

(Both excerpts altered to some extent and taken with consent for anonymity)**

The above excerpts might be from different poles of social class, but essentially reflect a common theme: the lack of understanding my proximal family, altered perceptions about women’s autonomy and substance abuse, all eventually contributing to domestic violence.

Globally, one in every three women experience physical or sexual violence during their lifetime. At least 35 to 40 percent of relationships are marked by some form of violence by partners.^[8] The authors do not intend to stress that domestic abuse is directed exclusively against women, however in most of the cases they are the victims and similar perspective will be maintained throughout this article. The violence against women is in fact increasing, especially in developing and populous country like India. India has been infamous for

gender-based violence, ranked the fourth country in world for gender-inequality, according to public perceptions.^[9] As per National Crime Research Bureau (NCRB) data, nearly 90,000 cases related to crimes against women were registered against women in 2018, higher than 86,000 in the previous year.^[10] Nearly one-third of these were some form of domestic abuse. The National Family Health Survey (NFHS-4) 2015-16 reported that more than 30 percent of Indian women between 15-49 years have experienced physical violence in relationships, with 85 percent cases the perpetrators being their male partners.^[11] These definitely represent the tip of the iceberg, as social stigma, fear and legal hassles prevent reporting of most cases. As billions have been stranded at their homes for ‘social distancing’ in an attempt to control the outbreak, domestic violence has been rising. The National Commission of Women in India received 239 complaints between March 23 and April 16, as compared to the previous lockdown phase having 123 cases^[12]. Many of these were domestic in nature, related to bigamy, polygamy, dowry related issues, substance abuse and marital disharmony. It is also important to understand that not all forms of domestic abuse are physical violence: restriction of rights, mobility, autonomy and sexual harassment are also equally traumatic. Psychological and financial abuse might be chronic and subtle, but eventually normalized though having a greater impact in the long run.

It is important to understand that every decision of the government for the betterment of the communities comes with the aspect of co-morbid psychological and psychosocial difficulties which then have a direct correlation with the quality of life and mental health of the individuals. The hotline services working across the country have received close to hundred calls reporting “physical, emotional and verbal of abuse”^[13]. Urgent measures of awareness, mass sensitization, community-based approaches and active inclusion of women and child safety measures during this crisis are needed to fight this ‘social evil’.

The Vicious cycle of Domestic Abuse: Delay or hesitation to report?

It is important to understand that violence occurs irrespective of gender, class, caste, creed, time or place. Family, considered as the primary support system, becomes the primary site of exploitation and violence. Sociologically, role allocation being sexist in nature has resulted in the demarcation of household work as “women’s work”. The change in the daily home routine and structure due to the increased amount of time spent by other members altogether increases the role strain and affects the ambience of the house. Family in this context has

been often termed by individuals as a “primary site of exploitation” and the trend of the same has been seen to rise with the increasing number of days in lockdown. Women across the helplines in the country have stated restriction in terms of access, food, non-provision of masks thereby making them use “dupattas and pallus” for respiratory hygiene, non-access in the ration card, LPG and clinics. Most of the women in the country do not even have an access to phones for communication as they have to depend upon their husbands, fathers or brothers. The ineffectiveness of law wherein marital rape is still not considered as a criminal act, adds to the insult. All these factors have a holistic effect on the affected person’s health and rights^[14]. Evidently at times of financial and economic recession, human behaviour tends to be impulsive, reckless, controlling and aggressive and the brunt usually goes down the patriarchal power-hierarchy, so relevant for India. Here are few factors contributing to the vicious cycle of domestic abuse, especially during the pandemics.

Psychosocial Concerns:

1. **Lack of awareness on the availability of hotlines:** Most of the individuals, who undergo violence, cannot report it or bring it to the notice of the authorities due to the lack of awareness about the hotlines. Increase in the awareness and promotion will increase the help-seeking behaviour and reporting among them. The penetration of these helplines in rural areas is really a challenge.
2. **Misinformation and role of social media:** For all practical purposes, COVID-19 has turned into a digital ‘infodemic’ with information overload adding to the stress burden. Various rumour-mongering and fake news over social media appear as obstacles in the way of autonomy for women, increasing fear of infection and transmission.^[15] Misunderstanding the precautions of pandemic might alter social perceptions leading to faulty attitudes among partners.
3. **Lack of health care access:** Many cases that are already registered at various social centres or hospitals might be lost to follow-up and review during COVID-19 due to non-availability of many health services, travel restrictions and strict imposition of lockdown. These cuts off the vulnerable from social care and can perpetuate the already existing violence.
4. **Lack of sexual and reproductive health services:** In the current condition, it has been difficult for them to get in touch with the healthcare professionals who provide sexual and reproductive health services in person and at the same time, the same has

not been provided currently over helpline services either making it difficult for them, thereby increasing the rate of unprotected sex, forced sex, pregnancy and marital rape.^[16] The lack of idea about healthy sexuality and intimacy practices are prevalent during this pandemic, which often lead to sexual frustration, coercive and risky sexual interactions.

5. **Fear of the police/legal hassles and stigma:** Most of women stay away or refrain from reporting to police out of the fear, lack of cooperation or if the fear of exploitation by the police. They tend to not go ahead and come and seek help thereby increasing the difficulty. Definitely, it cannot be generalized as many are willing to help. But some unfortunate experiences usually taint the larger scenario. The social and self-stigma related to disclosure and normalization by the families further lead to under-reporting.
6. **Difficulty in managing family:** With many members living under the same roof, women tend to manage the chores of not just the household but also of the aspects of childcare, but due to the traditional structures, role strain and role allocation may not adequately managed thereby causing difficulty in the form of aggression and concern.
7. **Objectification of women:** Objectification theory states that women are treated as an object to be valued for its use by others and she is viewed as a physical object of a male desire. This behaviour in the Indian tradition is found as a “normalized heteronormative tradition”, thereby increasing the concerns of name calling, self-objectification, several risks, and stressors thereby affecting the physical and mental health of women^[17]. Movies and media often add to this, exacerbating this belief-system.
8. **Cycle of Violence:** Alcohol as a mood enhancer has a direct correlation with feelings of anger, frustration and irritation. A man’s perception of the need to comply to the gender norms could be exacerbated by substance abuse thereby shifting the focus on women. This then results in violence. Due to the vulnerabilities of women, the vicious cycle might continue from the women to off springs, further force from the family of origin, the expected normalcy from the family of procreation and difficulty in the accessibility and availability of the legal aid services add to the problems^[18].
9. **Lack of livelihood:** Women who are unable to go for work during this crisis, have to critically balance ‘work from home’ and ‘work for home’. Perceptions of family might interfere with their work patterns with added domestic responsibilities, the

clash of which leads to discord. Many might be in financial crisis, worsening their autonomy in their respective familial circles.

10. **Knowledge-Attitude-Practice (KAP) gap:** This is perhaps the most important contributing factor.^[19] For decades, domestic violence has been normalized by social strata across all classes, so much so that the awareness and need for prevention are undermined grossly. The impact of mental and physical health is also largely misconstrued.

Role of Mental Health Education: A Uniquely Powered Tool

Mental Health Education (MHE) is specially equipped at times of such crisis with strategies ranging from individual to systemic and community level in promoting mental and social wellbeing.^[20] Domestic abuse being an integral component of both, MHE can be fundamental to enable awareness and understanding in the communities and aid in the larger reach with the help of media and community health workers. It can also use technology for training and advocacy programs. Here are few ways in which that can be brought about.

1. **Increasing awareness:** Information-Education-Communication (IEC) materials can be prepared to ensure the understanding of the people on the intimate partner violence and the help-seeking behaviour through helplines. Socio-culturally appropriate and multi-lingual infographics can be simple aids to put out the message to the masses.
2. **Boosting the manpower:** Though crisis management and psychosocial first aid is structured as a package by the mental health care professionals, the aspect of networking, collaborating and to ensure capacity building among them could be done through the training of the police personnel and other individuals who volunteer and are ready to provide protective services.
3. **Provision of Legal Aid work:** Statistics once generated could be shared with the police authorities, women cells and legal aid cells wherein the immediate details could be planned and also in case of urgency 24x7 legal aid courts, ambulance services could be set up.
4. **Community outreach:** Local, state and national government could be provided with sensitive and comprehensive messages in the form of audio, video and written methods such that maximum message can be circulated and processed for the beneficiary.
5. **Social stigma campaigns:** Involving all levels of stakeholders in various social campaigns which incorporate awareness about domestic violence, the helplines

involved and the legal provisions can be helpful. The Mental Health Education (MHE) department of our institute has already been doing novel work in the field of COVID-19 awareness using social media campaigns.^[21] Social media, in fact, is uniquely equipped to support this cause due to its high penetration and consumption. In certain countries like France and Spain, pharmacies are being involved through media awareness, where asking for ‘Mask-19’ is a code for domestic violence alert.^[22]

6. **Integration of social and public health systems:** Mental health promotion needs to be integrated into health communication at all levels of care. The grass-root community workers, general physicians and nurses face the maximum case load and thus need to be trained to deliver awareness about domestic violence.^[23] Tele-medicine facilities are probably an asset in these situations for digital training and communication.
7. **Media-Physician collaboration:** Mental health and public health experts need to be collaborating actively with all forms of print and digital media to debunk misinformation and help them educate the community about abuse prevention.
8. **Victim care:** Various forms of adjustment disorders, stress reactions and post-traumatic stress disorders are prevalent in abuse victims. Depression, anxiety and suicidality are frequent accompaniments. MHE measures can be critical in helping them avail counselling and treatment facilities, fight the stigma and preserving their autonomy and self-esteem. Gatekeeper training can help suicide prevention.

Conclusion: The Way Forward

In the dark times, it is a shoulder, a hand or an emotional response that one needs to feel heard and catered to. In the current scenario where one cannot have the face to face individual session, these services need to be provided to the vulnerable and needy populations through telephone, online or other virtual methods for which the necessary pamphlets or leaflets could be prepared and circulated through social media methods as promotion of mental health and protection of human rights. Besides, civil society and non-governmental organizations will play critical role in providing assistance. It is a collective responsibility and all of us irrespective of educational or socio-economic background can aid in prevention of this social evil. The Government can promote ‘domestic abuse prevention’ as an ‘essential service’ which raises the bar of importance. The Indian Pandemic Act of 1897 definitely needs modification; incorporating the needs related to domestic violence

might be worthy. Citizens need sensitization to identify the earliest signs of abuse and report them to the necessary authorities. Legal and administrative provisions should be hassle-free to enable more reporting and assurance to the victims. The National helplines by Ministry of Health and Family Welfare, Government of India (MoHFW, GOI) can integrate child and women safety services to make it more comprehensive. Importantly, the marked gaps in research and data related to monitoring and implementing the interventions in domestic abuse need to be filled with systematic studies. India is a fertile ground for the same, considering the increased prevalence of this social evil. An integrated public-mental health approach is the key and mental health education is an essential tool. The COVID-19 pandemic might be yet another opportunity for us to relook and evaluate the gaps in our prevention and care of domestic violence, before it is too late.

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Suicide during Covid-19: Need for Swift Public Health Action

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COVID-19 was declared as a pandemic by WHO on 11th March 2020, raising its position from that of an epidemic. A pandemic is the worldwide spread of a new disease and with it brings a major public health concern. Apart from leading to an abrupt shift in our lifestyle and evoking fear, COVID-19, like any other pandemic has also resulted in a series of unfortunate events, which may miss the spotlight- suicide being one of them.^[1] Though there is no evidence yet that suggests a change in suicide rates after any disaster in India ^[2], the direct and indirect impact of disasters on the population as a whole and the possible occurrence of mental health emergencies have been documented throughout the globe^[3,4,5]. Around 12 cases of completed suicides have been reported so far in India with reasons including worry about being infected, being tested positive, social isolation, fear of losing their job, current unavailability of alcohol and not able to reach home due to the lockdown.

So, who are at risk? While it is natural for anyone to feel distraught and have forebodings during times like these - especially with the uncertainty and ambiguity that the situation presents itself with – it is vital that preventive actions are taken to ensure the safety of the individuals. The previously found risk factors and vulnerable groups - mental health issues,

domestic violence, abuse, disruption of livelihood^[6] migration ^[7] economic difficulties ^[8] the youth^[9] and the elderly^[10] – have to be used as a platform to identify the vulnerable groups. COVID-19 has also created novel risk factors such as Economic stress, Social isolation, decreased access to community and religious support, barriers in accessing mental health services and media portrayal of the disease ^[1] which needs to be considered.

Some simple, yet effective techniques can help in ingeniously tackling the current problem at hand.

- Awareness programs can play a significant role in aiding suicide prevention ^[11] The general public need to be aware of the relevant information from the authentic sources and this is the responsibility of all the stakeholders involved. This will include, but will not be limited to - symptoms that are suggestive of COVID-19, the precautionary measures that one needs to take, the efforts taken by the State to handle the pandemic, provisions available to the public during these testing times, mental health implications of the pandemic and the efforts to curb it (such as the lockdown) etc. The Government has to ensure that timely and adequate sources reach the masses. There is also a need for transparency in the way the information is broadcast so as to avoid speculation and spread of misinformation ^[12]. National and State level helplines can be effective in this regard along with mobile applications catering to specific needs. ^[13]
- It should also be made sure that medicines (for both physical and mental health issues) are available. Telemedicine services can come in handy for this endeavor along with adequate support from the District Mental Health Services. The crisis intervention helplines that focus specifically on the mental health issues secondary to the pandemic need to be strengthened. It also has to be ensured that mental health services are provided virtually to those in need. ^[12]
- Separate portals for the groups which are vulnerable to self-harm and suicide, especially the elderly.
- Ensuring that all the citizens of the nation have local access to their basic needs ^[14].
- Services to protect individuals from violence or abuse of all forms and its easy access.
- Mental Health Educational programs that focus on the to-dos while at home during the lockdown.
- Virtual Psychosocial assessment and intervention for individuals who are in quarantine and who have been tested positive for COVID-19.

- Support for healthcare and other professionals actively involved in the treatment of the virus.^[15]
- Reports on the completed suicides should adhere to the guidelines formulated by the WHO to avoid misrepresentation and thus reducing suicide contagion.^[16]

Suicide is an avoidable public health tragedy^[17,18] and hence timely and practical steps taken in the right direction can do wonders.^[6] Let's take all the precautionary measures and do our bit to help curb the spread of Covid-19. But let's also not forget that our well-being depends on our mental health too. The Government, policy makers, and the health-sector need to work together to develop suicide prevention strategies for the community as enhanced community awareness could reduce stigma and improve suicide outcomes.^[19]

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Community resilience is the way forward: critically reflective academic commentary

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“It is the great irony of human progress that as humanity has increased its control of nature it has become immeasurably more vulnerable to the power and products of human thought itself. Despite our technological mastery of disease, hunger and hostile environments, our technologies threaten species, habitats, cultures and, through nuclear weapons, the entire world. Our social gains have been equivocal: enlightenment and egalitarianism have failed, thus far, to achieve a rational, just and fulfilling world”.^[1]

Post-quarantine world will certainly look different, but it is hard to visualise it yet. The ‘new normal’ will transform itself into a ‘newer normal’. What would life look like in a post-COVID-19 world? How much stronger do we aim to come back as individuals and communities? Designing a future starts with critical thinking and reflection, on the past, as a dialectical process, to better analyse and understand human actions driven by ideologies that shaped and nurtured it, as “ideologies are symbolic, affective, behavioural, and relational”^[2]. Critical thinking is a tool for civic engagement and self-reliance^[3]. The conscious reflection on the past experiences and actions give us the power to reconstitute our social life and assist in strengthening our future social actions^[4]. The reflection on the pandemic times needs to be captured in some form, systematically and employing multidisciplinary lenses to produce the counter-hegemonic narrative to create tools for social change^{[3][5]}. The future is complex and specific disciplinary paradigms cannot provide the solution to construct new modes of social operations. COVID-19 has yet again taught us the relevance of participatory, collaborative and emancipatory action research^{[7][8][9]} as we face and examine the problematic situation^[8]. Action research, however, have been often linked to cognitive models with minimal emphasis on the human emotions as neurobiological activity. According to Izard^[10] cognition and emotion are “interactive and integrated”. One of the seven principles^[10] by states,

“Basic emotion feelings help organize and motivate rapid (and often more-or-less automatic though malleable) actions that are critical for adaptive responses to immediate challenges to survival or wellbeing.”

The pandemic teaches us that by exploring the accounts of ways in which communities, families and social contacts have developed digitally enabled community resilience, emotional resilience, patterns of adaptability, continuity and change, and the interrelationships between the mental health and the digital sociality of the community, demands immediate action research^[11]. By employing the emancipatory research paradigm, the model crucial to survival and well-being, can be developed, that promotes self-care, self-empowerment and self-efficacy within the community and does not prescribe, dictate or patronise, rather empowers communities. The lenses of our belief system play an important role based on our own experiences in life. Perception is situational, subjective, selective and unique to individuals. During these unprecedented times, the communities have come together to create their own subjective reality inspired by arts and music that may assist us to visualise pathways to resilience^[12]. We want to consider those multiple perspectives, without negating, to build a representative picture of community resilience^[13]. Amidst all the adversities, the world is singing together to express gratitude. The terms like compassion, empathy, surfacing more on the public domain. Life has certainly become purposeful and meaningful, with unprecedented human costs. Whether we are civilised enough to hold on to these precious human values or revert back to the chase, is a question to be answered in the future^[11].

We are adapting to a new situation. There is a huge potential to learn life lessons, if we can cultivate the practice of critical reflection (social, emotional, mental, physical, spiritual). Being critically reflective is an attitude that can be developed through continuous practice^[12]. In a time of global instability and uncertainty, ‘disorientations and re-orientations’^[13] are the new normal that affects the way we think. Thoughts do have an impact on our actions and behaviours^{[14][11]}. It is very much like, when we get a teaching frame institutionally imposed without much possibilities for change, then it affects our motivation and lowers productivity^[15]. Freedom is therefore one of the crucial conditions for self-reflection^[3].

As Lahiri mentions, “without a concrete direction and clarity, we are exposed to the uncertain thoughts, that can be emotionally uncomfortable and blurs our vision of the future. Being critically reflective, enhances the chance of recovery, by connecting us to our fundamental

values, and teaching us to manage internal and external conflicts, even if we cannot resolve them”^[11]. Critical reflection is an important component that has the power to affect our mental wellbeing. In difficult times, keeping a record, either in a digital-journals or a diary, depending on individual preferences, can influence our individual strategies for survival and empower individuals with ways to remain resilient during change. For example, social innovation signals social transformation and in a way, can be therapeutic^{[16] [17][18]}. Social innovation demands co-production and co-creation, that “can mediate livelihood improvement and community empowerment^[19]. During these trying times, we have noticed that communities have created digital networks collaboratively to facilitate interactions, share concerns, play games, support each-other to stay strong. The digital networks have been used to collect prescriptions, shopping for people who are shielding. These are all examples of social innovations co-created, co-produced and co-designed by communities, for communities, that have contributed towards the social capacity building exercise.

We are restless, strained, anxious, yet we are catching the magnificence of nature to impart to our loved ones. Restriction has shown us the estimation of embraces, human touch. The seats and tables are empty in the cafeteria, although we have grasped readily the virtual advances with custom made reasonable exchanges over fair-trade beverages. Zooming to stay connected is not new, however zooming to build community resilience is a novel approach^[11]. Virtually connected people, and networks, are utilizing the advanced space to exist together all inclusive. As a feature of our essential visual ethnography study, findings recommend emblematic assembly point of view is one of the potential contributing components to fortify passionate strength. The mutual standards, accounts, thoughts, understandings, contradictions, acknowledgements, dismissals, these have social effects on how we see it and they sway our feelings. Those emotions then get shared within the ‘common belief islands’ that are formed and preserved by telling the stories^{[11][20]}. The common belief islands are pockets that are supported dependent on shared convictions yet can have complex social impetuses or authorizing specialists to seek after or force it on a more extensive cultural level. The pandemic circumstance, preparing us consistently to cross those virtual boundaries and deconstruct the complex social accounts to co-make and co-produce intercultural spaces. The language matters least when the existence of human beings is threatened, in a way reminding us of the core principles of life^[21]. Consequently, normally, we have installed certain practices like contemplation, reflection, thankfulness and so on in our day by day lives. We are tuned to have a sense of safety and remain in our customary

ranges of familiarity. The weaknesses spiralled out of the pandemic showered a few endowments, in the midst of the emergency, helping us to remember the expository vision, that is amazing in making passionate and network versatility. For a significant number of us, who keep on working, have our own office space held on the floor with pads, or on an extravagant work area. We keep on demonstrating our capacities and skills by flourishing in lockdown conditions. Every day we come out solid by deftly adjusting to novel difficulties. The genuine battle is to remain grounded in a bound life. The significant point to recollect here, we are not abandoned alone yet the world is abandoned together, and we owe to the Zooming society that has helped us to remain associated. Although the fact is this brings to the surface another two significant issues around digital haves and have-nots; and the digital literacy. Remaining carefully associated virtually does not continually bring satisfaction, rather in some cases mixes strains. There are many research findings that suggest, social, economic and cultural capital can ‘affect mental wellbeing’ at individual levels^[22]. The disgrace around emotional wellness in social orders (degrees can shift contingent upon the spot) are verifiably established in social speculations influenced by outer possibilities. There are sure cliché visual and story designs that have been utilized in different types of media, to fortify the shame inside social orders. The exigencies of the current social situation demand some unlearning exercise to produce the counter narrative. In a world engulfed by insecurities, and so less under our control, we need to focus more on positives and develop some community models globally on cost-effective, digitally mediated survival techniques. In view of story devotion, it is conceivable to translate the positive 'hang-out' accounts from the negatives and distinguish the qualities to build incredible assets for mental prosperity and mental wellbeing^[11]. As Lahiri observes over a digital ethnography study that in “the last few locked down months, the musical and visual art aesthetics contributed immensely to shape beliefs, thoughts and behaviours”^[11]. We need empirical evidence to confirm any claims, but as a visual ethnographer, observations suggest, the conversations around mental wellbeing on the digital public sphere has been reassuring^{[11][23][24]}. The stigma has been challenged. The lockdown has taught us to forgive, resist the ‘pathological need to be right always’^[25], radiate happiness, position ourselves as a witness to the facts and look beyond any subjective interpretations. We need to remember “one who obsesses over always being right ends up suffering two ruthless side effects: isolation and the loss of health”^[26].

We need less to live and remain genuinely and intellectually rich. Developing the craft of living in a customized manner, enables us to acknowledge others and spotlight on our core

desires. On the contrary, fear obstructs our vision for change and limits our ability to create the pathways to success in terms of physical and mental wellbeing. Happiness^[22], also known as subjective wellbeing^[13], can be long and short term. Our positive and negative feelings activated by contemplations vary every day. We despite everything approach fundamental human needs and not in a Castaway circumstance. Lockdown experience has reframed happiness at social and individual levels. Lockdown has helped us reflect on “little things” to “open dialogue” ^{[11][25]}. The circumstance requests us to consider back our logical components, similar to social, family, proficient connections, deeds and so forth and to outfit the positives and unfasten the negatives. Practicing balance and esteeming our step by step lives, can sound otherworldly, yet has a more profound association with mental prosperity^{[26][27][28]}.

Lockdown has taught us the importance and relevance of psycho-social factors and the need to address the hidden biases and ignorance that prevail in our society. There is often a subtle difference between visibility and recognition, for example designing an infographic on mental health is not the same as developing a policy on mental health, at both institutional and individual levels. The issue of the twenty-first century is the issue of "othering." In a world assailed by apparently obstinate and overpowering difficulties, for all intents and purposes each worldwide, national, and provincial clash is wrapped inside or sorted out around at least one component of gathering based distinction. Othering is a comprehensive conceptual structure fed by preconceptions, misconceptions, distorted interpretations, prejudices that escalates and problematises humanity. The pandemic's another major global incident that has been framed in the media as a Chinese construct, hence other, that jeopardised the entire preparation of the West, inviting, endorsing and cultivating Anti-Asian sentiments^{[29][30]}. The constructed xenophobic narrative in the public domain has invited violent attacks^[31]. The question here is how long do we need to address the “interactional injustice” that is impacting our society and mental wellbeing? In UK, the xenophobic bullying against eastern Europeans^[32] has been on the rise since Brexit; and now the Asian community^[33]. The United Nations Secretary-General Antonio Guterres^[34] has already invited the governments to act proactively against “the virus of hate”, as they did before post-Brexit^[35]. Suleman et al. found “cultural integration” is central to community health^[36]. Therefore, how do communities stay strong and what pathways can we undertake to strengthen the community resilience?

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Frontline Health workers – The Warriors of COVID-19 Outbreak: Psychological Concerns and Assistance in Indian Context

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On January 31, 2020, the World Health Organization (WHO) declared the corona virus outbreak a Public Health Emergency of International Concern.^[1] In the current scenario where the entire world is grappling with the appropriate measures that needs to be adopted in order to curb the spread of the COVID – 19 pandemic, it threatens us to become an endemic like HIV as warned by the World Health Organisation’s latest reports.^[2] Health workers are identified as the frontline workers of the COVID – 19 outbreak response by the World Health Organisation^[3] and it is a known fact that they are of utmost importance in alleviation of this current calamity.

Frontline health workers are the backbone of an effective health system and they play a critical role in providing health solutions along with connecting families and communities to the health system. They are those directly providing services where they are most needed including remote and rural areas. They are the first and often the only link to health care for millions of people and are capable of providing many life-saving interventions. Frontline health workers are also increasingly critical to addressing diseases that impact the health around the world like the current COVID-19 pandemic. Frontline workers have been proven time and again as central pillars of health and there is abundant evidence that well supported frontline health workers bring about essential improvements in health conditions especially during situations like current COVID-19 pandemic. As the latest number of confirmed cases in the 2019 novel coronavirus disease (COVID-19) updates multiple times a day and the death toll continues to rise, the world holds its breath, and health workers continue to fight the outbreak on the front lines.

As a consequence of the service they are rendering, the health workers are exposed to certain inevitable hazards. It goes without saying that the dire risk of contracting the virus is the most prominent hazard they are confronted with. However, psychological distress is also one of the significant hazard which is of no less importance.^[3] Need for sensitivity about the psychological consequences and assistance regarding the same in such a scenario is of utmost significance both in the short term and long term,^[4] along with providing the training, support, and supplies they need. “If we can’t keep our doctors and nurses safe, how can they—and we—fight dangerous pathogens and keep us all alive?” said Dr. Leana S. Wen, a physician and health workforce equity advocate, in a piece published in USA, February 17, 2020.^[5] The February 7, 2020 death of 33-year-old Li Wenliang, the Chinese doctor who provided an early warning on coronavirus, is a reminder of health workers’ sacrifices during an outbreak of such magnitude^[6]. The unparalleled role of the frontline medical staff and their endeavour in these days of crisis is largely talked about. Also, we should keep in mind that it is not only the doctors and nurses who are serving the infected patients but a lot of other people like the radiologists, the biochemists, ICU and CCU technicians, scavengers, like a team. Thus, the psychological distress experienced by them and the frontline medical staffs are of comparable significance. In their study, Li et al.^[7] have further indicated that the vicarious traumatisation of the non-frontline nurses was more severe than the frontline nurses which demonstrated how the consequences of the outbreak have exceeded the psychological and emotional tolerance capacities of the individuals. Even studies done after previous epidemics like the SARS outbreak showed that psychological stress was greatest for emergency nurses, followed by emergency doctors, and then for healthcare assistants.^[8]

The COVID-19 pandemic has re-established the role of health workers, especially frontline health workers in our society. In these grim times, when the pandemic has pushed millions of people across the world into hospitals, the frontline health workers have tougher tasks at hand and they aren’t giving up just yet. Globally, frontline health workers have been at the forefront of the battle against an unparalleled threat the COVID-19 pandemic and is displaying tremendous strength, commitment, and compassion in this uncertain time. How to best support, manage, and protect these individuals—which includes not just physicians but also nurses, emergency responders, food service workers and all staff interacting with patients—remains an open question.

In the Indian context some psychological concerns among the frontline medical staffs, nurses, allied health professionals and support staffs dealing with people affected with COVID-19, some of which were again comparable with the rest of the world can be briefed up as under:

1. Worry regarding safety is an ongoing issue in responding to the COVID-19 outbreak.
2. Constant availability of the personal protective equipment (PPE) is an area of concern since shortage of such equipment scared not only the workers in India but the entire world and moreover existence of chances of contamination in-spite of PPE being present induced worry.
3. The hospital staffs are anxious about bringing back home the virus even more than self-infection.
4. It can also be seen how frontline health workers are exhausted with long shifts and staff shortages. The excessive work pressure they faced due to upsurge in the number of people infected goes without saying is present. They not only care for coronavirus patients but are also keeping up with all their other everyday demands like vaccinations, and so much more. WHO estimates global shortfall of 5.9M nurses as world battles COVID-19.^[9] This in turn has an impact on having their ability to keep themselves and their clients safe.
5. Witnessing so much of infection, deaths and providing physical and psychological support to the infected, leave them at times traumatised with feelings of helplessness.
6. Sufficient knowledge regarding handling the psychological issues faced by infected individuals along with those who are quarantined.
7. Fear of being demarcated and stigmatised because of the service they are rendering.

The primary techniques of psychological assistance or support, beneficial for this workforce of unsurmountable importance is imparting psychological first aid and training in coping strategies to build up resilience. These broad domains of psychotherapeutic manoeuvres may be elaborated as follows:

1. It is very important and desirable to listen to them, facilitate them to voice out their need and share experiences of stigma if they have encountered. They should always be encouraged give inputs regarding what can be done for further management of the health workers during this pandemic. They should be encouraged to tell their stories of strength and given a global platform to share their experiences and expertise.
2. It is of prime importance to stabilize those among them who are emotionally overwhelmed on being a witness of this daunting situation.

3. Frontline health workers need on-the-job safety every day most particularly during a pandemic. Communicating to those concerned that it is an obligation and duty to keep frontline health workers everywhere safe, including making sure all have the personal protective equipment (PPE). Further health workers should be routinely tested for COVID-19 as their early testing may help to reduce the workforce shortage caused by quarantines if the infection spreads among workers. Equipped with essential supplies and given necessary logistic support to facilitate their work may in turn gives them confidence, identity and prestige.
4. Health workers must be equipped with the information, resources, and protection in order to provide the necessary care. For this purpose, appropriate available digital health tools can be used to connect health workers to information.
5. Imparting training to handle the immediate psychological issues of the quarantined and infected is also of significance.
6. Temporary accommodation facility should be organized for every frontline health worker. This will help more health workers (particularly women who make up the bulk of the health workforce and who tend to have more caretaking responsibilities at home) keep their families safe from infection and lower stress on the job.
7. Helping build an excellent supportive team of health workers who encourages each other, stays beside each other during turmoil along with having an understanding and reassuring family who acknowledge their outstanding feat is of prime importance.
8. Preliminary coping skills that can be effective for handling this crisis can be practicing relaxation exercises, having adequate rest in between work and stepping out from their work station for short break to engage in hearty conversation with colleagues.
9. The frontline health workers need a relief from burnout protecting their physical and mental health. They should be offered regular psychological support when they need it for depression, burnout, anxiety for themselves and their family members. It is required for their encouragement, motivation to continue their work and also to express their struggles and burden of work.

Every country builds an army of frontline health workers capable of preventing diseases and outbreaks. Right to life may not always equate to right to health. Therefore, it is important that every countries' constitutions specifically mention right to health. Let's take care of each other, we have a long road ahead.

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Implications of COVID-19 and mental health response in tribal *padas*, Aghai

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COVID-19 is a global health crisis that has challenged everyone, with severe implications for vulnerable groups across the globe. Countries are adopting several strategies to curb the spread of the pandemic through contact tracing, quarantining, lock-down measures, and creating containment zones. Whilst seen as necessary, these measures are contributing to the significant Mental Health repercussions of the pandemic.

Furthermore, though these strategies claim to halt the spread of the pandemic, they have not included in their design an understanding of the needs and realities of many vulnerable groups, thereby miserably failing them.

News reports highlight scenes from the urban context that cover myriad issues ranging from economic, political, human rights, public health measures and marginal groups; however the focus on the impact of COVID-19 on the rural community in India is scarce. With increasing uncertainties about future, eroding livelihood options and existing deprivations, there are obvious mental health consequences of the COVID-19 lock down in rural context, and thus it is crucial to improvise mechanisms to mitigate the stress experiences.

Exploring rural mental health:

The rural population of India forms approximately 68% of the total according to the data provided by Census 2011. Even with the large majority of the population residing in rural areas we see comparatively lesser mental health interventions and initiatives in rural areas

than urban contexts. Several studies have articulated the reasons as insufficient mental health workforce, limited accessibility to structures providing mental healthcare and poor mental health literacy amongst the population [1, 2, 4].

The dismal number of reported mental health professionals in India [6] reflects the need to build community-based models of healthcare [7] and work from a positive mental health perspective. This calls for appropriate training towards capacity building of human resources and has been demonstrated through the training of accredited social health activist (ASHA) workers through several initiatives to identify and respond to mental health issues [1, 3, 4, 5, 7]. These programs respond to the need to bridge the gap in access to mental health services and empower persons within the community, equipping them with skills to identify and respond to mental health issues and crisis situations.

Within the rural context, the tribal communities were always vulnerable to mental health concerns as on one hand they are exposed to risk factors for poor mental health, such as low socio-economic status, deprivations which are rooted in historical structural inequities and on the other hand lack resources to access mental health care, support and treatment; people in the rural context experience and articulate stress and anxiety in their everyday language.

Community based approach for tribal mental health:

Aghai Gram Panhayat, situated in Shahapur Taluk of Thane District in Maharashtra is 47.9 km far from its District Main City, Thane, and 14.9 Km from the main town of Shahpur. Pragati [Integrated Rural Health and Development Project (IRHDP)], a Field action project of TISS is located in Aghai GP and is working in 6 surrounding tribal *padas*. The project, has been working on the interlinked concerns-health, livelihood and skills enhancement in the tribal *padas* since 1986.

The work of the project is influenced by the correlation between poverty, place, health and mental health and its influence on various aspects of development, particularly economic which in turn influence mental health. *Pragati* adopts a Mental health promotion framework, particularly targeting the social determinants and engages with diverse stakeholders in the tribal community. Intervention strategy follows the understanding that involvement at a community level through a focus on nutrition, education, livelihoods, coping strategies, etc. can provide a supportive frame for people to come out of poverty and experience positive mental health [9]

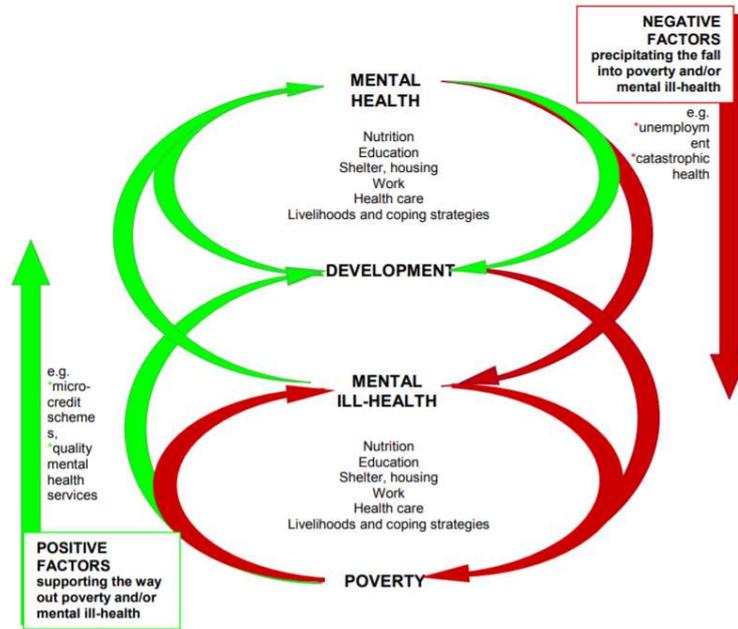


Figure 1: SOURCE: WHO [9]

The project also aims to equip the skills of diverse stakeholders in the community to respond to mental health concerns.

Over the years the project has built mechanisms for a holistic model of community mental health care addressing several social and economic determinants of Mental Health, always recruiting local resources to work for the project, training them and engaging with them systematically on varied concerns. In fact, this cadre of *pada* workers and youth volunteers proved to be the strength amidst this chaos created by the lock down – their existence meant that work could restart in the *padas* even after all travel channels were blocked.

For the past 2 years, the project has been intervening in the context of children studying in *Ashramshalas* with the intention to promote mental health by enhancing abilities through skill training and also to address the issue of suicide amongst children living in the *Ashramshalas* by working with the superintendents on a MH promotion and suicide prevention campaign. The idea is to not simply work with the children to promote wellbeing rather to also work with the environment through the capacity building of key stakeholders (*pada* workers and other community stakeholders) enhancing their capabilities to address some of the social determinants of health particular to this context.

Despite all these mechanisms, as the gravity of the pandemic hit and lockdown ensued, the team was faced with many challenges. Identifying the emerging needs of the people through dialogue, the project team began to map out ways to respond to them. The fundamental intention held by the team was to understand and document the mental health consequences of the COVID-19 lockdown in the tribal *padas*; with goals to improvise existing resources in the community and to intervene from a distance. In order to understand the influence of the pandemic to mental health and explore intervention points amidst challenges and possibilities in a resource poor setting interactions are underway with:

1. Vulnerable groups (*Ashramshala* children, women) in the *padas*
2. *Pada* workers and youth volunteers

The more the social workers interacted with people during the pandemic the more the team began to reflect upon the challenges of operating from a distance with the given technological and economic constraints of the context.

Immediate interventions and reflections- Vulnerable groups and emerging needs:

The both virtual and real time group sessions with the children revealed that the lockdown and the pandemic is a vague concept yet for them. Predominantly, they know that there is an illness because of which they have to wear face masks, because of which their school schedules have changed and because of which they were unable to answer their 10th grade geography papers. They have picked up the novel term '*social distancing*', but for the vast majority, things haven't really changed.



Figure 2 Session with Children by our pada worker

Most of them don't have TV's at home, and used to spend time in nature or playing in the open fields; girls are involved with household activities including fetching water from a water source near the home, while the boys are more involved in helping with the farming. Besides, this is the summer vacation period and it seems like an extension of the same to them. They have not found any drastic change in their routine and thus did not articulate stress during the sessions.

The adults on the other hand are affected acutely, particularly the men who are the heads of households, with the number of stressors increasing day by day.

For the men, the year is divided into 2 phases – January to May they work in cities to generate income, although this is meager given that the population does not have the formal educational certifications for skilled labour; and what they earn, they invest into farming for the rest of the year. The advent of the lock down situation has seen all of the men in the *padas* return in March itself. This means that they have less income this year and are anxious about the farming months. There has been no time to prepare and no clarity what to work towards. Many of them have told the community workers that there is very little money left over to invest in buying seeds for farming, and are stretching resources even for basic necessities and food. Women in the community articulated stress and fear. As the men are returning back from towns and ASHAs emphasizing on quarantine, they were gripped with anxiety over the sudden changes and uncertainty. The routine procurement of dry ration and access to PHC, water sources - suddenly became a challenge to access within the lockdown, fraught with risk and anxiety. To try and contextualize these responses, a *pada* worker

shares: “*Life has always been difficult for us, now it has become much more difficult*”. They are aware that this is not a short term issue, rather one with long term implications; and painfully aware that they neither have access to the resources nor a control on the supply chain. The angst that they are feeling is justified, with no income stability and uncertainty surrounding any measures for their welfare.

Adopting a social work perspective allowing space for the voices of the people to influence the flow of intervention, the projects ought to respond to these stressors and potential risk factors. Influenced by the lens that Mental Health exists within a context influenced by various social determinants that can be addressed to minimize risk, the immediate concerns as identified by the community members were addressed through these relief measures.

1. Supporting the *pada* workers with information for the household quarantine, information on dispelling myths and the significance of empathetic communication. The project team with the support of some volunteers collated awareness materials regarding Corona Virus and the preventive measures for *pada* workers in Marathi. The social worker sent materials, trained the *pada* workers and clarified their doubts telephonically.
2. Distribution of dry ration kits and essential nutrients for 150 households, masks and sanitisers to PHC and ASHAs
3. Spreading awareness on precautionary measures to combat COVID-19 and dispel the myths and misconceptions on COVID-19

The coming months will see the project and the community workers working on economic stability and access to resources and livelihoods linking to government schemes; ensuring that the population is aware of and able to access their rights alongside working on direct mental health outcomes. It will also require the team to employ foresight to identify vulnerable groups within the community and work to build coping skills and directly address other risk factors.

Possibilities and challenges:

In terms of direct mental health promotion, the lockdown poses difficulties in getting trained personnel into the community, while the context holds technological impediments to virtual programs (connectivity, low economic resources) coupled with the difficulty in arranging group meets because of the nature of the pandemic and the essence of the lockdown.

The need to work with the youth to minimize the effects of the possibility of future adversity by building healthy coping skills is paramount, particularly when anticipating that the impact to children would be felt most in the period of June – July, when schools usually begin.

To work through these issues the team has proposed to undertake a 2 pronged method of intervention that relies on the resources available to us now:

- i. Ongoing capacity building of the community workers who are already responding on the ground to the needs of the people, who are part of the community itself to identify and respond to mental health needs. The project will facilitate and evolve interventions to promote mental wellbeing by enhancing protective factors, optimizing the available social resources with an attempt to augment resilience amidst stress. This involves regular telephonic/virtual sessions with the community workers with and an attempt to build a peer support network
- ii. Direct intervention through the community workers including linking to services that exist in the community (telephone counseling services) and with important stakeholders in community mental health in the area – health care providers, teachers, authorities of school systems, parents and families

Conclusion

Working from a distance became feasible because of the project's key strategy of enhancing local resources and training local community members, particularly women. Community engagement is vital not only for the sustainability and efficiency, but also proved effective during this unanticipated and unprecedented crisis. There is a sense of agency, ownership, mutual trust and willingness to respond and act.

Currently, the project has initiated conversations with all stakeholders and handholding of the people along the way to address their fears and anxiety. The uncertainty around livelihood and materialistic constraints add to their stress levels, the project takes an upstream approach to address these determinants. Working in resource poor settings is a definite challenge and continuous improvisation is crucial the upcoming months will be vital to social workers, community workers and mental health professionals to be able to understand, anticipate and innovate to minimize the impact of the social effects of the virus on mental health.

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Ageism and the mythos of sacrifice during the COVID-19 pandemic

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The WHO defines ageism as the stereotyping, prejudice, and discrimination against people on the basis of their age. It further goes on to note that ageism is widespread and an insidious practice which has harmful effects on the health of older adults. ^[1]

While the mental images that this description conjures is of overt abuse and neglect, ageism is often far more subtle and insidious. It extends from structural exclusion (lack of age friendly toilets in public spaces) and micro-aggressions (references such as “these old people”) to hate events (violence). ^[2]

In this context, even positivist outlooks on ageing often subscribe to ageist stereotypes. In psychoanalytic theory, Erik Erikson’s eighth psychosocial stage of ego integrity versus despair and Carl Gustav Jung’s archetype of the wise old man (the sophos or senex) and the wise old woman (the crone) conceptualize purpose in older age as a process of giving or sacrifice. ^{[3][4]} The healthy older adult is often conceptualized as a being devoid of desire and ambition, who has attained mastery of crisis and a higher level of spiritual development. Their role in the family, the community and in society is as a keeper of knowledge and a guide, who, when called upon, will lay down their life for the greater good – the mythos of sacrifice. The Indian cultural representations of this transcendence include the Saptarishi and the Navaratnas.

We are in the first year of the WHO decade of healthy ageing (2020-2030), aligned to the UN Agenda for Sustainable Development 2030. ^{[5][6]} Ironically enough, we are fraught, managing a pandemic that seems to have brought out the ageism innate to health care. Older adults have been recognized, from epidemiological data, to be at disproportionately higher risk of contracting a severe infection, multi-organ dysfunction, disability and mortality from the

novel coronavirus infection. ^{[7][8]} However, the recognition of these risks to older adults in the context of the pandemic appears to have brought out a disparate set of responses in society. Common to many of these responses to the pandemic, appears to be a basis in ageist myths and stereotypes. These include:

1. Structural Exclusion: The public health guidelines issued by the WHO, CDC and Ministry of Health and Family Welfare emphasize shelter in place, physical distancing and the reverse quarantine of older adults to mitigate the risk of their exposure to COVID-19. While these directives are undoubtedly crucial for physical health, the impact upon the mental health and well-being of older adults – a population already vulnerable to loneliness and social isolation prior to the onset of the pandemic – remains largely unaddressed. ^[9] Older adults who contravene the curfew – often to seek essentials such as food and medicines have reported harassment and abuse by neighbours and law enforcement to the Elder Helpline run by the Geriatric Clinic and Services at NIMHANS.

2. Cessation of non-essential services: Older adults are among the highest consumers of non-essential health related services. These include, but are not restricted to – dental care, physical therapy, visual aids, auditory aids, neuro-psychological services (including psychotherapy and cognitive retraining), community health care, social services, pain management and palliative care. The implication is that these services can be halted in order to ensure physical distancing and to relocate resources to other, more essential services during the pandemic. ^[10] The long term cost of these administrative decisions may be considerable – with deterioration in the quality of life and increase in morbidity and disability in older adults due to impeded access to health care. It is expected that this increase in the global burden of disease in older adults will persist long after the world emerges from the pandemic. ^[11]

3. Prioritization of intensive care: Conventional triage in intensive care units often means that ventilators and other intensive care facilities are reserved for those most likely to benefit from these resources. Physicians in Italy have reported having had to make difficult decisions such as sending those infected above 80 years of age home while allocating scarce health care resources. ^[12] Older adults are thus, due to factors such as a propensity to frailty and multi-morbidity, lower in priority than young and middle aged adults in health care.

4. A call to older adults to sacrifice themselves: The Secretary General of the United Nations – Antonio Guterres launched a policy initiative to address challenges faced by older

adults during the coronavirus pandemic and called for respect for their rights and dignity. ^[13]Against the backdrop of this call –the lieutenant governor of Texas has called for people to return to work and suggested that older adults be willing to sacrifice themselves for the nation and the economy. A journalist at The Telegraph has postulated that the pandemic could prove beneficial to the economy by culling the elderly. ^[14] Economists in India have suggested the lockdown may be an excessive response to the pandemic in a young demographic such as ours with lower risks of mortality – despite the absolute number of older adults in india being estimated at 108 million in a National Report on Elderly in India in 2016 - a not inconsiderable number. ^[15,16] #BoomerRemoval has been seen to trend on social media. ^[14] Apart from being in poor taste and indicative of eugenic intent – the overt endorsement of ageist sentiment by public figures and heads of state serves to normalize the devaluation of older adults and convey the perception that hate speech is acceptable in times of crisis.

5. Infringement upon autonomy and decision making: The global and national response to the pandemic has also included the curtailment of civil liberties and autonomy in the general population. Again, while this is undoubtedly important to the containment of infection – older adults, alongside other vulnerable population groups are disproportionately affected by the infringement upon their autonomy. This has interacted with the increased risk of COVID-19 infection in older adults to take decisions about their place of residence, treatment, social mobility, bodily integrity and interment out of their hands. ^[17]

Several of these factors are non-specific to older adults and the Indian context; many of them have existed long before the COVID-19 pandemic and will, likely, outlast it. The sub-text of stigma and exclusion is often common to other forms of discrimination, including but not limited to sexism, casteism, xenophobia, theophobia and nativism. ^[17]

What is novel, however, to the impact of the pandemic upon older adults is the mythos of sacrifice. ^[18] Older adults have completed their life tasks and their designated number of years around the sun. They are thus believed to best serve society, by not demanding their rights and services that are their due, by staying away from the over-burdened health care system and not seeking care even if ill. Thus, in the context of the pandemic, not only has covert ageist discourse become overt, but it has also acquired moral and altruistic overtones. Older adults have not just been marginalized – such would have bad enough. They are also expected to willingly embrace and participate in their own marginalization, internalizing

ageism. In this duality of recognizing older adults as venerable and expendable – we come close to the Jungian shadow.^[4]

Age and the human rights agenda:

Article 1 of the Universal Declaration of Human Rights states - *all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.* Article 7 states - *all are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.*^[19]

Similarly, article 14 of the Indian Constitution states - *the State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.* [20]

The fundamental rights incorporated by these documents are intended to preclude discrimination, including ageism. These rights are more important than ever before in a health care crisis such as the pandemic.^[21]

The way forward:

As the world prepares to live with the novel coronavirus pandemic and to plan for a post pandemic future, the health care agenda should be inclusive of older adults. They must be incorporated in planning and decision making rather than be the beneficiaries of altruistic paternalism. Further, a case can be made for individualized care for older adults – respectful of diversity and based upon stochastic age(a more accurate predictor of health risk) rather than chronological age. Their role in the community must reflect their sense of self and motivations and desires, rather than to be the other in the dynamic narrative.^[21]

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“The Locked Minds” during the COVID-19 Pandemic: Burden of the Global Lockdown, A Psychosocial perspective

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ABSTRACT

The last few months have been unprecedented due to the Coronavirus disease 2019 (COVID-19) pandemic. As millions have been affected globally and lakhs succumbing to the infection, people have been segregated due to the lockdown imposed in an attempt to control the outbreak. Human lives are based on structure, socialization and foresight, all of which have been disrupted by the COVID-19 crisis and consequent lockdown. Travel restrictions and quarantine measures have led to isolation, loneliness, panic, uncertainty, fear of the infection and sleep disturbances. All these factors can increase stress and serve as risk factors for mental disorders. Added to that is the unhealthy and excessive use of technology, misinformation and work from home that can challenge work-life balance and personal stress. Such sudden changes in lifestyle along with social disconnectedness can affect the psychological wellbeing and quality of life. Understanding these psychosocial implications of the pandemic is important in mitigating them. Keeping this in background, this commentary glances at the psychosocial problem statement of the global lockdown imposed due to the COVID-19 outbreak and highlights possible strategies of dealing with them.

Keywords: COVID-19, coronavirus, pandemic, lockdown, psychosocial, stress

*“But what does it mean, the plague?
It’s not above life, that’s all!”*
(Albert Camus, *The Plague*, 1947, pp.102)^[1]

Coronavirus disease 2019 (COVID-19) and Lockdown: The Problem Statement

The world has witnessed several ‘plagues’ throughout history and each time the effects have been global and devastating. From the infamous Bubonic Plague to the Spanish Flu, Asiatic Cholera and recently the Severe Acute Respiratory Syndrome (SARS): pandemics are not just biological phenomena. They affect society at large, with widespread psycho-socio-economic impact.^[2] The modern day is facing yet another such global public health threat: The Coronavirus disease 2019 (COVID-19), caused by the novel Coronavirus SARS-CoV-2, is highly contagious with a fast human-human transmission. Originating as ‘unidentified pneumonia cases’ in Wuhan, China towards end of last year, it emerged into a ‘public health emergency of international concern’ within a month (World Health Organization, WHO), which then developed into a pandemic in less than two months’ time.^[3] As international borders have shut down, economies slashed, travel restricted, and billions quarantined at their homes in an effort to contain the virus, the daily ‘living structure’ has collapsed for humankind with unprecedented consequences. The world took just three months to come down to its ‘knees’, courtesy a microscopic virus. Human civilization has been accustomed to many threats since its origin, and as it has evolved, the resilience has improved parallel to its globalization. However, ‘uncertainty’ is a factor that has always created panic, anxiety and fear in human minds as cognitively we tend to attribute reasons or causes for the directed flow of events or behavior. Theories like learned helplessness, attribution models and approach-avoidant conflict state how thinking becomes chaotic and negative during situations with an unknown course.^[4] Insights from health psychology research has shown aggression, violence, chaos, panic, and irrational behavior to be common during disasters.^[5] In similar lines, during the present COVID-19 crisis, the widespread misinformation has led to flurry of faulty treatments, conspiracy theories, stigma and ‘othering’, non-compliance to precautionary measures, competition for health access and public agitation.^[6] Added to that is the mass lockdown imposed in an order to curtail the outbreak that cuts into the autonomy, freedom, structure and interactions of human life. In both the ways, COVID-19 has brought upon an unprecedented sense of ‘uncertainty’ and panic, that might have detrimental consequences outlasting the infection itself.

All over the world, various countries have taken different measures to fight the infection. Nationwide lockdown is the commonest among them. Such historical lockdowns have restricted any gatherings, group rituals and travel based on the principle of social distancing as recommended by the World Health Organization (WHO).^[7] This has been the prime strategy against the pandemic, in the absence of a ‘medical cure’ so far. The virus, however, has affected much beyond just public health. In today’s digitalized world, COVID-19 is literally an ‘infodemic’ as every single conversation, debate or media-feed is bombarded with data and statistics related to it. Ironically, the virus has hijacked our daily life-threads much more than the respiratory system. This further tends to become a problem during the prolonged quarantine, where families spend more ‘digital screen time’, which further adds to the emotional isolation and loneliness.^[8] Adults find working from home as a new challenge, children are deprived of friends and outdoor play, elderly are segregated and vulnerable, as the most important aspect of human life, ‘a daily structure’ has been fundamentally disrupted. This very isolation can have dual effects: it can either segregate couples and families leading to emotional distancing and problems with psychosexual health, at the same time it can also lead to entrapment of family members for prolonged periods of time like never before, which has made domestic abuse and intimate partner violence common during the pandemics.^[9] This tends to be more in those with pre-existing history of discord, aggression or substance abuse.

Studies are increasing on the psychosocial effect of COVID-19. People with psychiatric disorders like depression, generalized anxiety disorder, obsessive compulsive disorder, insomnia, schizophrenia are having exacerbations due to lack of health care access and adequate review. Apparently healthy individuals are also having health anxiety, somatic complaints, non-specific panic, unhealthy use of technology, sub-syndromal depressive symptoms and sleep disturbances.^[10,11] During the first wave of infection in Wuhan, China it has been shown that prolonged lockdown can compound the anxiety, increase social disconnectedness, worsen depression and lead to suicidality, especially in the vulnerable sections.^[12] Quarantined individuals can suffer from loneliness, an independent risk factor for depression and many other mental disorders. This loneliness can also stem from the existential fact that humankind has perhaps lost the essence of experiencing solitude, and is literally being coerced to spend time with themselves and families, which is otherwise desirable.^[13] Research in earlier Influenza epidemics has mentioned long quarantine to cause negative effect on mental wellbeing, concentration, occupational health and post-infection

coping. As our country enters the fourth phase of lockdown, economy has had major fallout and multiple small-scale industries involving travel, entertainment, food and tourism have shut down. Unemployment itself can have significant toll on quality of life. This is more crucial for daily wage workers, migrants and paid laborers who are fighting for survival, stranded on the streets and stations.^[15] Miles away from home and families, overcrowded and impoverished shelters as well as hunger are worse threats than the virus. India is still the early clutches of the pandemic; the upcoming months will probably project the true psychosocial burden that this crisis and consequent lockdown would have had. Psychological preparedness and public health resourcing are the two important pillars of targeting community wellbeing at such times.

Mitigating the psychosocial effects of the Lockdown

Keeping this in background, we put together few strategies to glide through this crisis time, making the most out of the quarantine. These factors if delivered using the Mental Health Education (MHE) model, can help sensitize the mental wellbeing of the masses.

- 1. Discipline and Communication:** These are the key elements to cope with the social isolation. Though sounding old-school, having an indoor structure to the day provides adequate balance to the activities of daily living (ADL) and work, as well as recreational activities. How the day starts, and ends can affect the subsequent routine, circadian rhythm, and hence sleep. Excessive procrastination during the morning and pandemic related discussion at night might lead to anxious ruminations amidst lockdown, that can hamper mental wellbeing and sleep. The children need to be integrated into this routine. Working hours from home need to be regulated and consistent. Too much freedom in this regard has a risk to disrupt the work-life balance. The second aspect is communication. Sharing distress and direct channels of interpersonal discussion between the family members helps dealing with the stress 'together'. Those staying alone can virtually connect regularly with their loved ones. This helps to fight loneliness, boredom and frustration.
- 2. Working from Home and Working for Home:** These two aspects need a crucial balance for some. Prioritizing work and personal needs, having a separate and organized work- place and preventing extension of work into odd hours of night help creating a 'work-friendly' mentality which can be difficult in the comfort of home.

Though apparently lucrative, working from home can be a real challenge especially for those doing it for the first time. Interpersonal difficulties can arise, with gender bias and misperception by family members about work. Domestic and emotional abuse is on the rise during lockdown which further make work from home difficult for some.

- 3. Staying away from the Media:** To quote Taleb (2012) “*The difference between technology and slavery is that slaves are fully aware that they are not free*”.^[16] The continuous and relentless use of technology, especially social media can snowball panic and have detrimental effects during this crisis. With the plethora of information going viral about COVID-19 each day, misinformation creeps in too. This contributes to mass hysteria, fear and apprehension adding to the already prevalent public chaos.^[8] Unnecessary arguments about the disease can harm mental peace. Many have been browsing through internet late night for COVID-19 news, hampering their sleep and rest. The usage of social media has tripled in India alone, for the past two months. This is also an unwanted offshoot of online classes and work during these lockdown times.^[17] While it is important to have relevant updates about the pandemic situation, it is always better to keep it brief and time limited. Bulk of numbers makes no sense to the masses, rather than adding to anxiety! ‘Digital distancing’ helps reduce panic and uncertainty, and at the same time adds to the time for interpersonal bonds and social integration.
- 4. Social Integration and Connectedness:** The quarantine is unwarranted, but it has given a chance for certain things. What about using this time to have more personalized touch with our families, having fruitful ‘me’ time and engaging in family rituals like games and prayers. Has not all of these been long due! The ‘locked-down’ time can be used to revive lost hobbies, nurture forgotten skills and mend strained relationships. Integrating the people associated with our lives like the security personnel, the vendors, the domestic helpers and the workers, and catering to their well-being can make us feel that ‘we are not alone in this’. Social distancing is essentially a misnomer, which actually means ‘physical separation’. This generates hope, a powerful weapon during such times.^[13] A casual greeting from the balcony or conversations with random people can mitigate loneliness during these distressing times. Few beneficial attitudes developed during the lockdown can help generate positivism and personal growth for much beyond.

- 5. Modifying ‘thoughts’ to cope with the crisis:** This is perhaps one of the most important principles used in psychotherapeutic techniques like cognitive behavioral therapies.^[18] However, here we will discuss only about the thought-processes during a crisis and certain ways of dealing with it. Thoughts related to the duration, uncertainty and aftermath of COVID-19 have often bothered us during the lockdown. It generates anxiety, panic and bodily symptoms and the automatic focus tends to be on them, rather than the thoughts that have caused these. The estimation of a ‘threat’ which in this case is the pandemic-crisis, can lead to an anxious thought process that triggers physical panic, and thus gives further rise to threat which turns this into a vicious cycle.^[18] Understanding and identifying negative thoughts like “COVID-19 will kill me”, “This situation will never end” or “I will lose everything during lockdown” will help in appreciating the ‘overestimation of threat’ and the resultant anxious behavior can be warded off. Definitely, in extreme cases this might not be possible and professional help is warranted. But during the daily threat-provoking thoughts of the lockdown, attempting to modify them are worth trying.
- 6. Boosting the Immunity:** This is vital especially against an infectious outbreak. Daily indoor exercises like Yoga, or a brisk walk in the immediate proximity (definitely with adequate precautions), healthy diet and sound sleep all contribute to the generic boosting of immunity. Chronic stress during such times can have harmful effects on our immune system leading to fatigue, insomnia, mood changes, irritability and depression.^[19] Taking care of physical and mental well-being are essential to counter it. Simple techniques like deep breathing, Pranayama and relaxation exercises help to relax both the body and mind.
- 7. Taking care of the vulnerable:** Children need age-appropriate understanding of the ongoing scenario and its quite usual for them to get restless. This energy can be channelized for something productive academically or through board games. Incorporating them into the family times and structuring their day, prevents too much indulgence in online games, which can be a potentially harmful addiction even beyond the pandemic. On the other spectrum, the elderly are often stigmatized and isolated. Ageism has emerged as a marked polarizing factor, as the seniors are susceptible both to the health and psychosocial issues related to COVID-19.^[20] Isolation increases the risk of severe depression and self-harm in the older adults, more so in those with cognitive and sensory deficits. Those who are institutionalized and living alone, face problems in daily life due to the absence of

domestic aid and basic amenities amidst lockdown. Lack of medication is another concerning issue. While taking care of their physical health, it is also necessary that we respect their autonomy and dignity, involving them in decision making. Daily physical activity is all the more important for them. Many seniors might not be well-versed with technology use and hence might stay unaware of the necessary precautions, which need to be carefully supervised. The less privileged sections of the society need special mention (discussed in the next sections).

- 8. Essential services:** All throughout lockdown, the Governments have tried their best to ensure that food, medicine and other essential service deliveries remain functional. Various helplines have been arranged for easy delivery of necessities to people living alone or the elderly. These services are however mostly urbanized, and a major section of population remain deprived of these benefits.^[21] Community outreach including availability of emergency medications at district and Taluk levels are vital. Care homes, disability residentials and rehabilitation centers should not be deprived of the essential services. The migrants and homeless form an equal part of the society; besides community kitchens, shelters and quarantine measures for them are mandatory. Generating awareness about the pandemic in them and ensuring they follow the necessary precautions will help in the eventual containment of the infection. Medical protective equipment like masks, sanitizers, etc. are to be supplied for people who cannot afford it. It is important to remember that the virus does not discriminate between castes, ethnicity, races or classes and even the society should not.
- 9. Integrating public and mental health:** Pandemic response is not necessarily biological. When the holistic wellbeing of the community is at threat, the measures also need to be at all levels. As the lockdown creates widespread fear and anxiety about the outbreak and its aftermath, understanding and apprehending the mental health effects are vital which need to be ingrained into the public health response.^[22] The primary health care includes general physicians, nurses and community workers (like ASHA, Multipurpose Health Workers, etc.), who can be sensitized to the mental health needs and deliver basic interventions at ground level. The lay counsellors can be trained to deliver supportive care and screen for mental health issues, which need prompt referral. Gatekeeper training for suicidal preventions is to be active during such crisis, when lockdown prevents timely detection and prevention of self-harm attempts. Based on the earlier Zika outbreak, Banerjee and Nair had proposed a

community-based toolkit for the COVID-19 that involves multiple level stakeholders in the psychosocial care, with important collaboration of the media for Information-Education-Communication (IEC) activities.^[23]

10. Hope and Positivism: The pandemic is definitely not going to last forever. Social support, happiness and positive thinking foster personal growth and optimism, which are important factors to look beyond the lockdown and prepare for its aftermath. This psychological preparedness can be hastened by altruism and care towards the underprivileged as well as emotional bonding with families and loved ones.

Conclusion

Frankly, no amount of preparedness can make a nation ready for such a large-scale crisis. Even when the world celebrated 2020 like any other new year, it was totally unaware of the months of isolation that would follow. As WHO mentions that there is “No Health without Mental Health”,^[24] the psychosocial wellbeing of people is as important as finding a cure or vaccine for the virus. Even though national and international borders are sealed to segregate masses into ‘isolated’ pockets, humanity is into this together. Collective effort has always been the key to resilience during the past pandemics and is all the more so at present times. It is important to fight the outbreak but more essentially during the lockdown, it is necessary to spend some ‘COVID-free’ time during the day. The pandemic will hopefully eventually resolve, but certain positive habits we inculcate will persist beyond, for the better. Helping others goes a long way for collectivism and ‘holding hands in humanity’ can make us live through this pandemic, stronger and more resilient than ever before. This generates hope and emotional bonding, which are important facets of psychological resilience and coping. True that it is an ‘un-apprehended threat’, but as mentioned in the starting quote by Camus, it is ‘life’ that ultimately triumphs, and life is much beyond just COVID-19!

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Psychological Threats Associated with Economic Insecurity during COVID-19 Pandemic

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ABSTRACT

Background or Objectives: The Corona Virus Disease – 2019 (COVID-19) is an unforeseen pandemic that had spread worldwide since the end of December. Besides the medical emergency and increasing mortality rate associated with the disease, the pandemic also has a profound impact on economic, psychological, and sociological aspects of individual lives. Widespread incidents of unemployment, layoff, financial crisis, job insecurity, and liquidity risks emerged due to lockdown and social distancing practices that have led to economic insecurity among individuals and across organizations. The present paper attempts to analyze the significant psychological and economic threats that could result due to this economic insecurity by reviewing previous findings, both related to the COVID-19 pandemic as well as to other similar situations of economic recession in the past. The major mental health consequences identified with economic insecurity are depression and suicidal ideations, along with anxiety, family conflict, and other potential threats. The paper also attempts to identify diverse intervention strategies, both economic and psychological, that could have a profound influence in the process of combating the economic insecurity due to COVID-19 and associated psychological challenges. The results obtained could be used to develop intervention programs for the economic and psychological challenges identified. The conceptual framework presented could also be used as a reference for further empirical analysis.

Keywords: COVID-19, economic insecurity, economic challenges, psychological challenges, mental health, recession

Introduction

Employment and economic security are among the most crucial determinants of life satisfaction and wellbeing. The impact of the financial crisis on mental health and psychological wellbeing has been explored in past both in normal situations as well as during times of economic recession. Since the end of December 2019, nations across the globe are suffering from the unforeseen pandemic of COVID-19. The Corona Virus Disease – 19 (COVID-19) is caused by the 2019 novel coronavirus (nCoV). The disease gets transmitted from one individual to the other through respiratory droplets.^[1] The COVID-19 is outlined as the third significant economic and social outbreak of the 21st century after the 9/11 and Global Financial Crisis of 2008 in a report published by OECD (2020).^[2] Diverse psychosocial issues associated with the COVID–19 pandemic are being explored and studied vigorously in the present scenario throughout the world. The present article provides a brief report on the impact of economic insecurity due to the COVID–19 pandemic on the mental health of individuals around the globe.

Economic insecurity is defined as “the anxiety produced by the possible exposure to adverse economic events and by the anticipation of the difficulty to recover from them”.^[3] Economic insecurity and associated uncertainties such as fear of unemployment and financial crisis are identified to be negatively affecting an individual’s subjective well-being.^[4] Clark and Georgellis (2013)^[5] also proved that economic insecurity can harm subjective well-being as well as mental health. Kopasker, Montagna, and Bender (2018)^[6] conducted an extensive study on economic insecurity as a socio-economic determinant of mental health. The researchers used the General Health Questionnaire (GHQ-12) for assessing mental health. Economic insecurity was both measured objectively using the Economic Security Index for Great Britain (ESIGB) and subjectively by analyzing the financial expectations of participants for one year as well as by assessing the extent of their satisfaction with the experienced job security. It was identified in the research that individuals suffer from mental health issues if they experience economic insecurity mainly due to subjective constituents. It was also found that asset poverty which was a part of ESIGB also leads to chronic mental health issues in individuals. Perception of risk at work and other work-related insecurities were also found to be correlating with mental health. The results also reported that work-related and financial insecurities influenced individuals, with a significant impact on males, to reduce their working hours as well to engage in substance abuse. Additionally, it was proved that work-related and financial insecurities affect the mental health

of individuals irrespective of whether they have anticipated worry of future chances for unemployment or not.

The COVID-19 pandemic has led to widespread unemployment, financial hardships, and economic insecurity across the globe. Analysis from various parts of the world indicates that business and the global economy have been affected adversely due to the pandemic and practices like nationwide lockdown and social distancing across the world. The resulting job instability and insecurity regarding income can have a significant influence on individuals' psychological functioning. Closing of organizations, industries, and the majority of workplaces have led to financial instability, layoff, and temporary redundancy among employees. Such an unprecedented crisis has led to various psychosocial issues and reduced mental health among individuals worldwide.

The International Labour Organization (ILO) ^[7] has recently published an article providing estimates and analyses of the impact of COVID-19 on the global economy. The article provides a detailed statistical analysis of the effect of COVID-19 on various organizational sectors and how it has raised problems among the workforce. The article outlines that the lockdown and social distancing policies adopted to tackle the pandemic has led to increased unemployment, reduction in terms of working hours, and loss of revenue in the business sector. The article also provides an analysis of how the pandemic has affected different sectors in detail. The conclusions drawn indicate that though few sectors like education, health and social work sector, public administration and defense as well as utilities are not significantly affected, accommodation and food services, real estate and other business activities, the manufacturing sector as well as wholesale and retail trade are facing a severe economic crisis due to the present scenario. Sectors like agriculture, construction, finance and insurance, mining, and recreational activities are also moderately affected due to the pandemic. People involved in informal occupations are also facing a financial crisis. Apart from that, several individuals who are currently working despite the lockdown, especially those from the health sector, are vulnerable to the disease and thus are at high risk of getting infected. Countries with less basic amenities like health and hygiene services and social protection are also at a high risk of economic decline.

The ILO Organization has come up with a solution to overcome the medical, social, and financial issues related to the pandemic which includes a policy framework having four major pillars;

- Stimulating the economy and employment
- Supporting enterprises, jobs, and incomes
- Protecting workers in the workplace
- Relying on social dialogue for solutions

Various activities have been proposed under each of the pillars to be effectively implemented for tackling the diverse workplace issues related to the pandemic. From a psychological perspective, the social dialogue also focuses on enhancing resilience among employees which is very crucial for perseverance in this period of uncertainty.

Szlezak, Reeves, and Swartz (2020) ^[8] published an article in the Harvard Business Review (HBR) outlining the consequences of economic crisis due to the COVID pandemic. The article mentions that liquidity and capital issues cause a crisis on the supply side of the economy. The capital problems from the financial side could lead to a decline in labor as well as productivity. The liquidity and capital risks pose a challenge not only to the financial system but also to the real economy, thereby leading to significant economic challenges. ^[8] However the researchers proposed that these challenges could be overcome by those countries where the structural resilience is appropriate and the medical system and policymakers are equipped to combat the threats.

Impact of Economic Insecurity on Psychological Wellbeing during COVID-19 Pandemic

Reviewing the significance of economic insecurity and crisis in the business sector as well as in the ordinary life of individuals, it is necessary to analyze the impact economic insecurity could have on the mental health and psychological wellbeing of individuals. It is inevitable to take care of mental health in this period of a medical emergency and economic recession.

The American Psychological Association (APA) has published an article by Pappas (2020) ^[9] which outlines the significant mental health consequences of the COVID-19 pandemic. The

article determines that the mental health issues associated with economic insecurity, financial crisis, and unemployment can be long lasting. The researcher however highlights using findings of previous research that the consequences may not be equal and it may severely impact the lower socio-economic classes more. The article compared the current pandemic scenario with the analysis of mental health data from the national, longitudinal Midlife in the United States (MIDUS) study conducted after the Great Recession (Goldman, Gleib, Weinstein, 2018)^[10] in which it was identified that individuals from lower SES experienced increased mental health issues and negative affect as well as decreased life satisfaction and psychological well-being. Such a trend could be observed during the present COVID-19 pandemic as well. The study also indicates that there is an increased probability for suicides among men due to unemployment and anxiety resulting from it. The article was concluded with a remark on the significance of building resilience and eudemonic well-being to overcome economic insecurity.

Holmes et al., (2020)^[11] published a paper highlighting the significance of multidisciplinary research priorities for the COVID-19 pandemic, with emphasis on actions and services from the mental health sciences. The paper referred to various studies that have identified the severe mental health impacts that can emerge from increasing unemployment, financial insecurity, and resulting poverty. The paper mentions the need for exploring these socioeconomic effects more and for regulating these effects along with controlling the spread of infection. The researchers also highlight the necessity to identify potential consequences like anxiety, depression, harming oneself, suicide, and other associated mental health issues that could be manifested in individuals who suffer from economic insecurity as well as those who are susceptible to the infection, especially health care professionals. The researchers suggested the implementation of effective psychological interventions that can improve coping skills and resilience among individuals as well as reduce their stress and anxiety levels.

The World Health Organization (WHO) has proposed several measures that could be used as mental health and psychosocial considerations during the COVID-19 pandemic. It includes diverse precautions that could be adopted to reduce workplace consequences with emphasis on the health sector. Major guidelines include obligations for managers to reduce stress and anxiety among employees and making work more flexible and supportive, focusing on a long-term enhancement of occupational capacity. Furthermore, in the guidelines for general medical and

specialized mental health care settings during the COVID-19 pandemic published by NIMHANS (2020)^[12], it was suggested in an article by Jolly and Arasappa that financial pressures such as unemployment and loss of pay among quarantined individuals can be addressed by communicating with a social worker or relevant government agencies as well as by providing awareness to individuals regarding different programs that are initiated by the government to combat with the pandemic. It is also mentioned in another report that the financial crisis during the pandemic can also lead to psychological and emotional conflicts within families.^[13]

A review of the Joseph Rowntree Foundation's Anti-Poverty Strategy conceptualized to overcome mental health crisis due to poverty (Elliot, 2016)^[14] outlines that economic insecurity can lead to profound mental health problems. Suicides and prolonged psychological and social issues can increase due to unemployment, along with financial crisis and resulting conflicts. The researchers used a human rights-based approach and perceived mental health problems as a social model of disability. The report refers to Goldie (2015)^[15] who proposed that unemployment can affect family dynamics and functioning and can lead to the development of negative attribution styles among vulnerable individuals. They also outlined that social incoherence can also be a potential determinant of the economic status of the community and can result in debt. The study also suggests that mental health issues emerging from poverty affect individuals from lower-economic strata the most. Anti-poverty measures, peer support, and self-management strategies could be effective interventions along with community development and social movements. The impact of the economic crisis on children in vulnerable families is also a critical threat, which might be manifested in the current situation of the pandemic as well. Such issues can be resolved by adopting appropriate parenting programs. Furthermore, the report also referred to the Mental Health Action Plan (2013-2020)^[16] proposed by WHO which indicates the public services that could be adopted to enhance mental health. It includes community-based mental health services, holistic care, human resource development, and handling disparities effectively. Such measures could be effectively implemented during the corona crisis as well.

Ng, Agius, and Zaman (2013)^[17] conducted a study to analyze the impact of the global economic crisis on mental health and the intervention strategies that can be adopted. They correlated the effects of the economic crisis with the five principal components of mental health conceptualized by Peter Warr from the University of Sheffield. The first component affective wellbeing was

found to be significantly impaired due to unemployment, financial crisis, and debt, and it increases the levels of anxiety and depression. The second component competence was also found to be decreasing making it difficult for individuals to find jobs in the future. The third component of autonomy will also be reduced, leading to poor self-direction and locus of control. Job insecurity reduces autonomy significantly along with a decrease in levels of aspiration which is the fourth component of the mental health framework. Tolerance levels of individuals will also go down, adversely impacting their coping skills, and the individuals may get vulnerable to alcohol dependence. Suicide rates will increase among unemployed individuals. The fifth component integrated functioning will also be negatively affected and children vulnerable to an economic crisis may develop poor cognitive, social, and emotional abilities. Several strategies were suggested by the researchers to overcome these issues, which include; social protection and labor market programs, national-level activities for suicide prevention, labor re-integration, social support, social inclusion, and regulating unhealthy coping techniques like substance abuse, enable countries to control and reduce the extent of depression, anxiety, suicidality, and other mental health issues associated with economic insecurity.^[17]

The Committee on Environment, Public Health and Food Safety (ENVI) of the European Parliament organized a workshop to investigate the impact of mental health in times of economic crisis in 2012.^[18] It was found that the economic crisis increases the chances of depression and suicide among individuals. It was estimated that a 1% increase in unemployment leads to a 0.8% increase in suicides. McDaid in his presentation on the association between debt and mental health crisis referred to a study by Skapinak et al., (2006)^[19] in which they identified that financial hardships increase the chances for depression by two to four times for 18 months following the crisis. Findings from other studies also indicated that debt is significantly correlated with suicidal ideations and increased suicide rates. The presentation also provided suggestions for major intervention strategies that can be adopted to overcome the psychological issues due to debt. Debt advice and counseling services were found to have a profound influence on regulating mental health crisis among those who suffer from unmanageable debt. It was identified that debt increases chances for depression and anxiety among the general population by 33% and debt advice and counseling services can overcome the issues by 56% if provided face to face and by 47% if given through telephone^[20]. Furthermore, in another study on mental health and economic crisis presented in the same workshop by Bertollini (2012),^[21] the major

intervention strategies proposed to reduce the impact were diverse employment programs, family support, reducing the availability of alcohol, mental health services, and debt relief support. The same interventions were supported by Mateos (2012) ^[22] in his presentation along with early diagnosis and treatment of depression and suicide, labor market programs, strategies to overcome unemployment among youth, providing support to children and elderly from vulnerable families, and reorganizing mental health services to increase accessibility to those services as well as to promote early diagnosis and prevention.

A booklet published by the World Health Organization ^[23] on the impact of the economic crisis on mental health suggested that labor market policies such as resilience enhancing mental health services as well as strategies that focus on retention of jobs and measures to regain employment, family support strategies, debt relief programs, abstinence from alcohol, and mental health services could be beneficial in overcoming issues related to economic insecurity. In a framework provided in the report, associating economic crisis with mental health, it is conceptualized that economic crisis leads to modifications in the macro-economic environment through job shortage, increased debts, inequality in income as well as mental health risk factors such as unemployment, poverty, family conflicts, and reduced accessibility of public services. All these outcomes can eventually lead to decreased mental health in vulnerable individuals. Substance abuse and suicide rates can also be higher in times of economic crisis. Previous research in situations of economic crisis necessitates the need for precautions and other strategies that should be adopted during the current pandemic scenario to tackle the issues related to mental health.

A Conceptual Framework for the Major Consequences of Economic Insecurity during COVID-19 and potential Intervention Strategies

By integrating the significant conclusions drawn from the studies reviewed, the present paper summarizes the major consequences that could emerge from the economic crisis due to COVID-19 in the following framework.

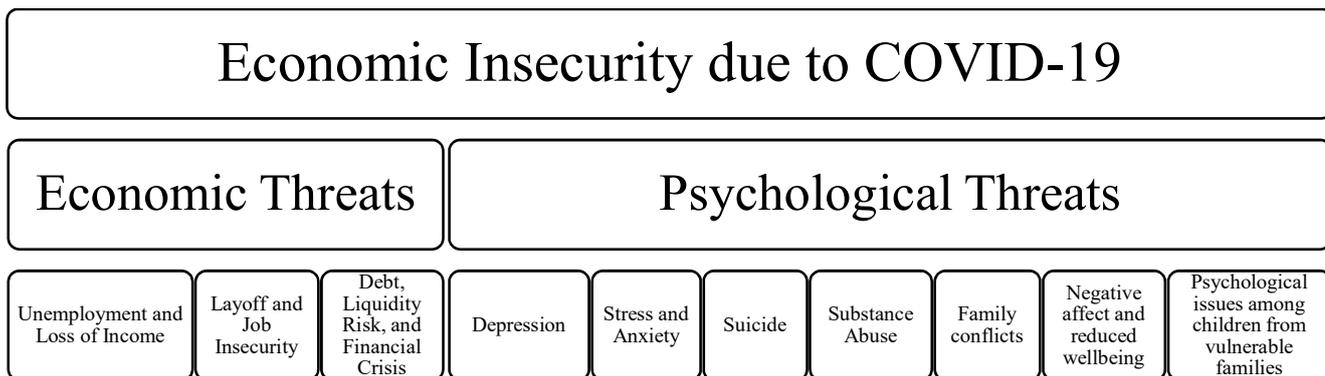


Figure 1: Framework of major consequences of economic insecurity

After analysis of the major consequences, the following are the potential intervention techniques identified to be having a significant impact on overcoming the economic and psychological threats emerging from the COVID-19 pandemic and associated economic crisis.

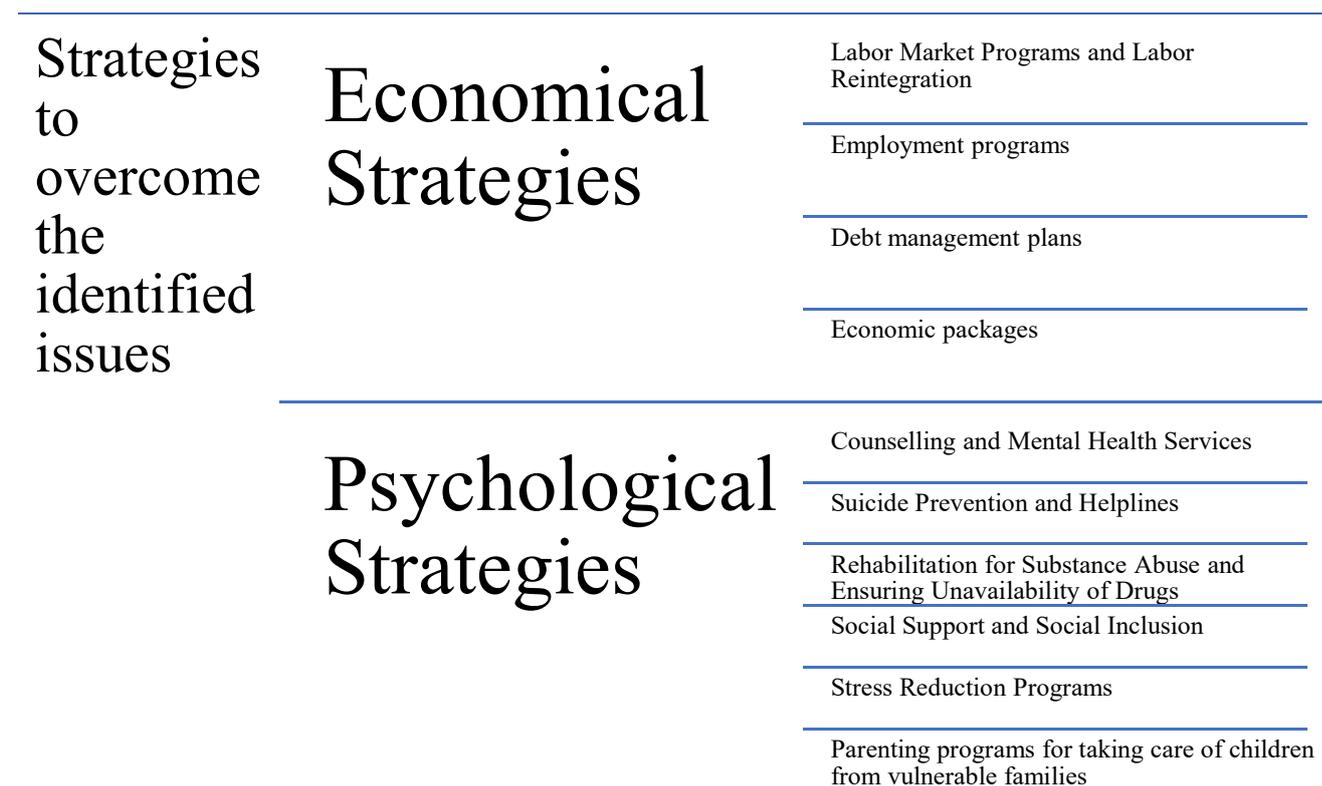


Figure 2: Framework of intervention strategies to overcome threats of economic insecurity

Limitations and Future Directions

The present paper is conceptual and the findings are presented based on the review of existing literature. Thus, the conclusions drawn from the study cannot be fully generalized to the entire population. Hence future research can utilize the current study as a framework to empirically (both qualitatively and quantitatively) study the consequences of COVID-19 pandemic and significant strategies that can be adopted to overcome the threats. Based on the strategies identified, researchers could also focus on developing and implementing diverse interventions to tackle the challenges of the COVID-19 pandemic.

Conclusion

The present review paper addresses the issues of economic insecurity and correlated psychological challenges that individuals suffer across the world due to the COVID-19 pandemic. From the analysis of economic recession that occurred due to COVID-19 as well as studies conducted in similar situations of an economic crisis in the past, the major economic challenges identified include unemployment and loss of income, layoff and job insecurity, as well as debt, liquidity risk, and financial crisis. The significant psychological challenges could be depression, stress and anxiety, suicidality, substance abuse, family conflicts, negative affect, and reduced wellbeing and psychological issues among children from vulnerable families. The major intervention strategies that could be adopted to effectively overcome the above-mentioned challenges include labor market programs and labor integration, employment programs, debt management plans, and economic packages from an economic perspective. To tackle the psychological challenges, measures like counseling and mental health services, suicide prevention and helplines, rehabilitation for substance abuse and ensuring unavailability of drugs, social support and social inclusion, stress reduction programs, and parenting programs to take care of children from vulnerable families.

The COVID-19 pandemic is an unprecedented crisis with sudden and unexpected inception. Thus implementation of effective psychosocial interventions to overcome various issues associated with it would be challenging. Chapman (2020)^[24] mentioned in his article on social protection in the US during the COVID-19 pandemic that social protection measures are significant in this situation to protect individuals and to stabilize the economy. Thus, it is the

need of the hour and highly necessary to adopt various strategies that could be used to tackle the crisis. Or else, the consequences will have a daunting effect that could last for a long period.

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Need for ‘Tragic Optimism’ in a Post-COVID World

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ABSTRACT

Covid-19 has been called a black swan, that turned into a pandemic and took the whole world by storm. This has deeply affected the mental health of each and every individual, infected or not, our lives changed and we struggle to find a new normal. But as Viktor Frankl put it, “when we are no longer able to change a situation, we are challenged to change ourselves.” This letter aims to shed light on the necessity for adopting principles like Tragic Optimism in order to cope healthily and navigate using principles of positive psychology in this pandemic.

Keywords: Tragic Optimism, Positive Psychology, Viktor Frankl, Positivity, Pandemic, Covid-19

Madam,

As Paul Wong rightly said, “I can hope for the best and prepare for the worst. Such tragic optimism is the most realistic and strongest type of optimism”, in this pandemic such an observation can be of great value. We often see that some people are broken by crisis while others emerge stronger than before. It is a clear distinction between people who are crippled under fear due to the uncertainty of the circumstance and those who still manage to remain optimistic and find the light at the end of the tunnel. The key difference between these kinds of individuals is that they have cultivated a sense of ‘Tragic Optimism’ (term coined by Viktor Frankl, holocaust survivor & psychiatrist from Vienna) is “it means that one is, and remains, optimistic in spite of the ‘tragic triad’ (pain, guilt and death).” Viktor Frankl then added a postscript to this well renowned book-*Man's Search for Meaning* - titled ‘tragic optimism’ which goes on to add “saying yes to life in spite of everything,” assumes that life is potentially meaningful under any conditions, even those which are extremely devastating.^[1]

A condition like this which has cast a dark shadow on the entire world screams a need to develop a sense of tragic optimism, assuming that every human has an ability to turn around a situation of dismay creatively for the better in order to cope. As Viktor Frankl(1983) put it,^[3] turning suffering into a human achievement and accomplishment; ^[4] deriving from guilt the opportunity to change oneself for the better; and^[4] deriving from life’s transistorizes an incentive to take responsible action.” By the first step, we can understand that it's possible to do more than just cope, suffering in times like this pandemic can actually be an opportunity for individuals to emerge as leaders for the community and society. One must also leave behind the guilt in order to make advances to learn and improve, to take back the control of their lives away from the pandemic and back into their own hands. This process of using this time creatively can be done by changing one's mindset from being ‘stuck’ at home to being ‘safe’ at home. By accepting that this is a black swan no one could have predicted and has changed the course of all our lives but it is upto us to give it direction now in a Post-COVID world.^[25] Frankl called it “capacity to creatively turn life’s negative aspects into something positive or constructive.” Naturally some people are more hopeful than others yet by focusing on the positives one can train themselves to be more optimistic. This can be easily evident by meaning-centered psychotherapy, developed by Dr. William Breitbart and his colleagues to help terminal patients cope with death which

depicts that even in the most devastating situations people have the ability to find purpose in life even in a crisis. Using this time creatively, improving our relationships, self-growth and skill enhancement is how to deal effectively under lockdown to avoid being a nervous, anxious wreck and deal poorly with the circumstance we are in.

Through this letter, I aim to create awareness and urge everyone to cultivate tragic optimism in the face of this pandemic as our lives as we know it may never be the same in a post-COVID world and we must deal with this effectively. So, it is my humble request that you publish this letter highlighting this issue in your esteemed Journal to create an awakening about the same amongst the youth and the public as a powerful tool of change. I hope everyone reading this remains in good health physically and mentally and that you will consider this request.

Kashish Uppal

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