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ARTICLE ON PSYCHO-SOCILAL FACTOR INFLUVENCES COVID-19 PATIENTS DURING QUARANTINE

Nursing

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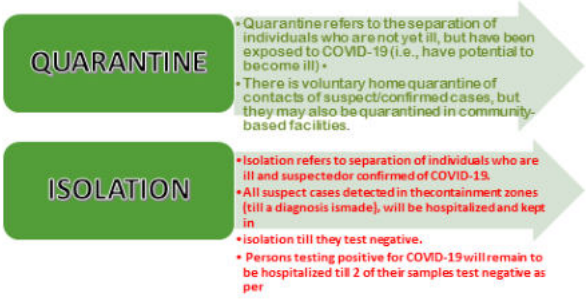
ABSTRACT

The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence. We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable.
Guidelines for setting up quarantine facilities and provides vital information to establish an isolation facility at the district level (a secondary healthcare facility)

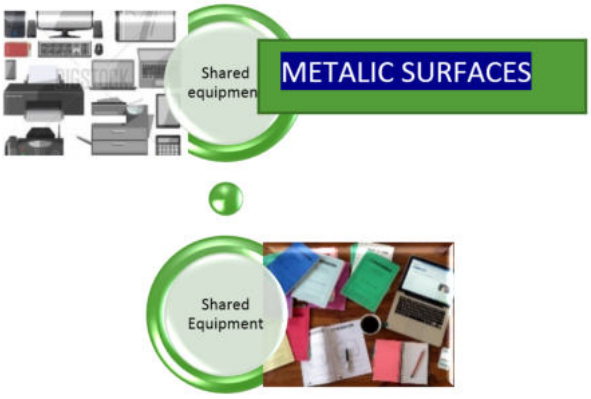
KEYWORDS



INTRODUCTION

We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provide These Quarantine supported with following facilities

WHILE –DURING QUARATINE QUARATINE



When, How, How Often should be clean:

Clean office spaces every morning, before rooms are Occupied and While Leaving, Wear triple layer mask when required, clean surface with soap & water, before disinfecting it

1. Sanitizing toilets

While sanitizing toilet keep aware that different parts of the toilet can clean with different cleaning method and equipment.ie Pot/Commode can clean with long angular cleaning brush Inside of toilet: use long angular brush & the cleaning agent suggested, Outside toilet: Use scrubber, While cleaning Commode lid: Wet and scrub with soap powder and the nylon scrubber and followed by toilet floor can clean by using Nylon broom and Scrub floor with soap powder and the scrubbing brush ash with water

2. Dos & Don'ts of cleaning

DOS

Discard cleaning material made of cloth (mop and wiping cloth) in appropriate bags after cleaning and disinfecting
Disinfect all cleaning equipment after use and before using in other area
Disinfect buckets by soaking in bleach solution or rinse in hot water

DON'T

Use disinfectants spray on potentially highly contaminated areas (such as toilet bowl or surrounding surfaces)

3. Using Personal Protective Equipment (PPE)

PPE Commonly used Triple layer mask and Gloves or Santizer

Mask:

Unfold the pleats; make surethat they are facing down
Place over nose, mouth and chin
Fit flexible nose piece over nose bridge

Secure with tie strings
- Upper string to be tied on top of head above the ears
- Lower string at the back of the neck

5. Types of PPE & how you should handle them

Change the mask after six hours or as soon as they become wet. Let mask hang around neck
- To remove mask first untie the string below
- Then the string above and handle the **mask** using the upper strings

The person while using mask must not to do, let mask hang around neck, Reuse disposable masks and Touch outer surface of mask

Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma

Along with its high infectivity and fatality rates, the 2019 Corona Virus Disease (COVID-19) has caused universal psychosocial impact by causing mass hysteria, economic burden and financial losses. Mass fear of COVID-19, termed as "corona phobia", has generated a plethora of psychiatric manifestations across the different strata of the society. So, this review has been undertaken to define psychosocial impact of COVID-19. Methods: PubMed and Google Scholar are searched with the following key terms- "COVID-19", "SARS-CoV2", "Pandemic", "Psychology", "Psychosocial", "Psychiatry", "marginalized", "telemedicine", "mental health", "quarantine", "info emic", "social media" and" "internet". Few newspaper reports related to COVID-19 and psychosocial impacts have also been added as per context. Results: Disease itself multitude by forced quarantine to combat COVID-19 applied by nationwide lockdowns can produce acute panic, anxiety, obsessive behaviours, hoarding, paranoia, and depression, and post-traumatic stress disorder (PTSD) in the long run. These have been fuelled by an "info emic" spread via different platforms social media. Outbursts of racism, stigmatization, and xenophobia against particular communities are also being widely reported.. Psychosocial preparedness by setting up mental organizations specific for future pandemics is certainly necessary

Corona positive"- a Stigma?

Disease-associated stigmatization among the sufferers from 2003 SARS outbreak was remarkably evident even after years of exposure, making it difficult for many when restarting the usual customs of day to day life [12e14]. Healthcare providers (HCP), particularly general practitioners, involved in SARS-affected patient care were found to be more prone to stigmatization [15]. Similarly,the COVID-19 outbreak may also give rise to stigmatizing factors like fear of isolation, racism, discrimination, and marginalization with all its social and economic ramifications [14]. A stigmatized community tends to seek medical care late and hide important medical history, particularly of travel. This behavior, in turn, will increase the risk of community transmission. The WHO has also issued specific psychosocial considerations for abating the growing stigma of COVID [16]. Health crime originated out of the fear of being corona positive has also been reported from India [17,18].

PSYCHOSOCIAL BURDEN OF QUARANTINE AND ISOLATION

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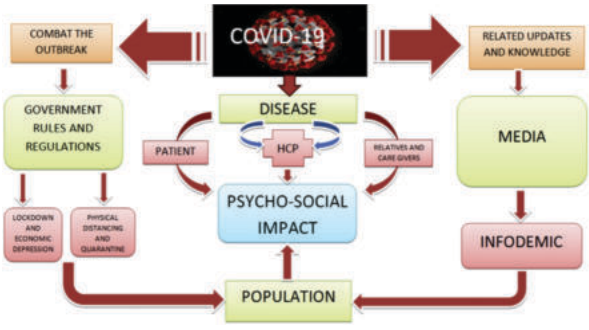

PSYCHOSOCIAL BURDEN OF QUARANTINE AND ISOLATION

COVID-19 has required many countries across the globe to implement early quarantine measures as the fundamental disease control tool [3]. Apart from physical sufferings, the consequences of this quarantine on the mental health and well-being at personal and population-levels are many fold. Imposed mass quarantine applied by nationwide lockdown programs can produce mass hysteria, anxiety and distress, due to factors like sense of getting cornered and loss of control. This can be intensified if families need separation, by uncertainty of disease progression, insufficient supply of basic essentials, financial losses, increased perception of risk, which usually get magnified by vague information and improper communications through media in the early phase of a pandemic [19]. Previous outbreaks have reported that psychological impact of quarantine can vary from immediate effects, like irritability, fear of contracting and spreading infection to family members, anger, confusion, frustration, loneliness, denial, anxiety, depression, insomnia, despair, to extremes of consequences, including suicide [20]. Suspected isolated cases may suffer from anxiety due to uncertainty about their health status and develop obsessive-compulsive symptoms, such as repeated temperature checks and sterilization [18]. Effects such as posttraumatic stress disorder (PTSD) have been reported, symptoms of which have been positively associated with the duration of quarantine [20]. Post quarantine psychological effects may include significant socioeco- nomic distress and psychological symptoms due to financial losses [16]. Another very important aspect is stigmatization and societal rejection regarding the quarantined cordon in forms of discrimi- nation, suspicion and avoidance by neighborhood, insecurity.

Psychosocial impact on health-care providers and other frontline workers- health

The psychosocial response of frontline workers during a pandemic is complex and incompletely understood. Studies regarding the 2003 SARS outbreak from Canada, Taiwan, and Hong Kong have discussed how the battle against SARS led to huge psychological morbidity amongst frontline HCPs [20,18]. During the 2003 SARS outbreak in Taiwan, nurses working in the SARS unit suffered from more depressive symptoms and insomnia compared to those from non-SARS units and occurrence of psychiatric symptoms was associated with direct exposure to SARS patient care [20]. Even after three years of SARS outbreak in 2003, a significant number of the related hospital workers in Beijing, China experi- enced some PTSD [14.13].

Similarly unavoidable stress, fear and anxiety about a poorly known contagious disease outbreaks, like COVID-19, can be pro- found among the higher-risk groups, such as HCPs and other frontline workers, including bankers, policemen, armed forces etc. Being exposed to the COVID-19 cases in hospitals, being quaran- tined, the

death or illness of a relative or friend from COVID-19, and heightened self-perception of danger by the lethality of the virus can all negatively impact the mental well-being of health workers [18.17]. Medical professionals from heavily COVID-infected countries, like China, experienced huge performance pressure, as well as increased unfavorable psychiatric outcomes owing to sud- den surge of overwork, inadequate protection from contamination, frustration from failure to give optimal patient-care, and isolation [11,12]. Various types of psychologically stressful events associated with "vicarious traumatization" amongst the nursing staffs have been reported during the spread and control of the COVID-19 pandemic in China [20]. In the developing countries like India, where the health care system is already overburdened, surges of COVID-cases are likely to provoke acute anxiety, irritation and stress among doctors and nurses. This might be compounded by the inadequate hospital supply of required hand hygiene tools [53] and significant shortage of personal protective equipment (PPE) among HCPs, who are at the highest risk of transmission [10]. Li et al. in their nationwide study among HCPs working in fever clinics or treating COVID-19 patients during the 2019 coronavirus

EFFECTS ON PEOPLE WITH PRE-EXISTING PSYCHIATRIC ILLNESS

Mentally challenged patients are substantially more prone to develop infectious diseases, such as pneumonia [112] and are at considerable risk of experiencing more negative physical as well as psychological outcomes during a potentially fatal epidemic like COVID-19. Cognitive decline, poor awareness level, impaired risk perception, and reduced concern about personal hygiene can in- crease the chances of acquiring infection in such individuals [11]. Additionally, social discrimination against mental ill health makes the management of patients with COVID-19 more challenging when psychological morbidities coexist [11]. Psychiatric patients are also prone to develop recurrences or deterioration of the pre-existing signs and symptoms. For example, individuals with known obsessive compulsive disorders (OCD) may practice frequent self- monitoring of temperature to check for fever; or may make several attempts to swallow saliva to check for throat pain as a symptom of COVID-19. Hand-washing being an anchor precaution to prevent COVID-19 transmission adds further to the misery of a known washer OCD patient. On the other hand, nationwide strict regulations regarding transport and quarantine can abruptly dis- continue the therapeutic counselling schedules and impose utmost difficulties upon access of prescribed psychiatric medications [11]. Interestingly, individuals with 'high health anxiety' (likely patients of generalized anxiety disorders, somatization disorder, OCD) are more likely to misinterpret harmless bodily symptoms and feelings as the evidence of acquiring dangerous illnesses (for example, they may misinterpret benign muscle pain or coughing as a tell-tale sign of getting infected with COVID-19). This, in turn, may increase their anxiety and distress, influence their behaviour and capacity of decision-making, and ultimately imposing unnecessary burden to public health care [12]. Children with underlying psychiatric illness might face newer challenges in this period due to breakdown of vital family support systems and networks

ROLE OF MENTAL HEALTH-CARE WORKERS

psychosocial issues of different population domains during this COVID-19 pandemic, a new psychosocial crisis prevention and intervention model should be developed with application of internet and appropriate technologies [10,13] with the central idea being to integrate all the health organizations, mental health authorities, government, tertiary care medical institutions and hospitals with their staff, medical practitioners, psychiatrists, psy- chologists, community physicians and social workers, as well to combine early intervention with later rehabilitation services [18,19]. Respective authorities must identify the high-risk groups for psychological morbidities during COVID-19 through proper screening, in-time referral, and promote early interventions in a targeted manner [20]. Specific attention needs to be paid for more vulnerable groups, such as quarantined people, HCPs, children, older adults, marginalized communities (include daily wagers, migrant workers, slum dwellers, prisoners, and homeless popula- tion) and patients with previous psychiatric morbidities (see Table 1 for further details).

It might seem appealing to allocate mental health professionals to work in other areas of healthcare to help with crucial manpower issues, but such a move would potentially worsen overall outcomes in physical and mental health during a disaster like COVID-19 [12]. Frontline HCPs involved in care of patients with COVID-19 cannot well address the psychological distress and related remedies of these patients because of factors like immense workloads and lack of standardized training for providing mental health care. Most of the cases, clinical psychiatrists, psychologists, and mental health social workers are not encouraged to enter isolation wards or confinement centers under strict infection control measures [10,12]. Therefore, a professional team comprising mental health physicians should be provisionally arranged on a emergency basis for proper guidance and direction to community HCPs regarding psychological issues amidst epidemic control that may potentially come into practice with the help of various online platforms. Healthcare institutions may very well consider respective psychi- atric departments to provide supplementary daily-care sessions for mentally exhausted HCPs and the recovered patients from the COVID-19 disease

FUTURE DIRECTIONS AND CONCLUSIONS

Besides COVID-19, the 21st century is also the era of emerging pandemic of mental illnesses [20]. Thus, psychological and social preparedness of this pandemic carries global importance. The government and stakeholders must appreciate the psychosocial morbidities of this pandemic and assess the burden, fatalities associated consequences. Stigma and blame targeted at communities affected by the outbreak may hinder international trade, finance and relationships, instigating further unrest. Due care needs to be taken to erase the stigma associated with disease, racism, religious propaganda and psychosocial impact and needs to be implemented by regular discussion with trained and specialist health care personnel by making task force and execution teams who are directly engaged in health care delivery systems without creating any communication gaps between policy makers and ground level workers.

Setting up mental health organizations specific for future pan- demises with branches in many nations and in individual healthcare institutions for research, mental healthcare delivery and arranging awareness program at both personal and community levels is desperately needed. Structured websites and toll free helpline numbers may be launched for alleviating psychological distress among the general public regarding this ongoing pandemic. Social media is to be used in good sense, to educate people on trans- mission dynamics, symptoms of disease, and time when exact medical consultations are needed. To protect social media from devaluations, strict government laws and legislation regarding fake news, social media rumours, disinformation and misinformation are to be implemented. The COVID-19 pandemic has clearly shown us how a "virus" can negatively impact our lives even in the 21st

Century and simultaneously made us realize that the greatest assets of mankind are health, peace, love, solidarity, ingenuity, and knowledge.

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