



Editorial

Strengthening mental health response to COVID-19: An opportunity call

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The coronavirus disease 2019 (COVID-19) pandemic caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) has created havoc in societies worldwide. The unprecedented effects of this pandemic have held the world by storm due to its highly contagious and virulent nature. No country or human inhabited island has been left from devastation by the disease. The consequences are numerous, affecting physical, mental, economic, and social domains of lives adversely. Recent systematic reviews indicate that, across the globe, mental health problems are common and are on the rise among infected, affected populations as well as healthcare professionals (Tsamakis et al., 2020; Vindegaard and Benros, 2020; Xiong et al., 2020). Suicidal tendencies among COVID-19 infected persons are also not unknown. Precautionary public health measures such as quarantine, isolation, social distancing, and infodemic (epidemic of

information overload accompanied mainly by rumours, inaccurate information, or conspiracy theories) have affected the mental health of the population (Ahmed et al., 2020; Orso et al., 2020). Fear of infection, financial crisis, deficient public health services, and stigmatization are reported as stressors leading to mental health concerns among the general population (Das et al., 2021).

At present, India is witnessing a disastrous second wave of COVID-19. As a result, the mental health situation is worse than last year. With an increasing number of cases every day, scarcity of hospital beds, oxygen & ventilators, and necessary medicines, deaths of near and dear ones have caused panic. Effects of these conditions may be inflated into a range of emotional reactions (such as psychological distress or psychiatric morbidities), unhealthy behaviors (such as excessive substance use, change in the eating pattern), and non-compliance with public health directives (such as home quarantine, isolation, and COVID-19 vaccination) in people who contract COVID-19, their relatives and in the general population. The health systems are under tremendous pressure and unable to meet the demands. While the public health system is overwhelmed with the unmet demands,

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stress and anxiety are taking a massive toll on healthcare workers and people's lives.

Protecting the mental well-being of populations is an imperative component of fighting the COVID-19 pandemic. Integrating mental health into public health emergency preparedness and response plans has been advocated by the WHO (WHO, 2020) but seems distant in India's context. India has been struggling to meet the needs of the basic public health system. Therefore, the pressure of the COVID-19 pandemic has put up strain on the already ailing, resource scarce, Indian healthcare delivery system. Furthermore, India has credited itself with one of the earliest National Mental Health Program but criticized for ineffective implementation and insufficient funds. Considering the constraints, the psychosocial impact of the COVID-19 pandemic has been painstakingly difficult to meet with this resource shortage.

This special issue on 'COVID-19 and Mental Health' attempts to synthesize existing evidence that can help formulate strategies for pandemic management and beyond. Numerous challenges restrict mental health service delivery. Scarcity of mental health professionals, trained workforce, burnout among over-burdened health professionals are few challenges, among others. Opportunities to assess psychosocial needs and deliver support to hospitalized patients, home isolated patients and their relatives are incredibly confined in this crisis by scarce mental health professionals. Telemedicine has the potential to extend mental health assessment and monitoring. It should address COVID-19-related stressors (such as infected family members, loss of loved ones, and isolation), secondary adversities (economic loss, discontinuation of education, orphanage), psychological effects (such as depression, anxiety, insomnia, increased substance use,

domestic violence, and grief), and indicators of vulnerability (such as pre-existing physical or psychological conditions). In addition to these, referral services for psychopharmacological interventions and possible emergency psychiatric hospitalization should be operationalized at the district and community health centre level. Many will undoubtedly benefit from preventive mental health interventions to address vulnerable population such as adolescents, young adults, pregnant women, the elderly, prisoners, LGBTQ population. Special interventions to deal with addictions especially, internet addiction, pornography, healthy digital habits, are needed. In light of the widening economic crisis and numerous uncertainties surrounding this pandemic, suicidal ideation necessitates immediate psychiatric interventions.

There is a dire need for the authorities to invest in addressing mental health issues in the era of COVID-19. Mental health is already part of comprehensive public health care. Therefore, strengthening the mental health component at 'Health and Wellness Centre' and empowering medical officers to provisionally diagnose and dispense essential psychotropic drugs at 'Primary Health Centre' is obligatory.

Many of the experiences of patients, family members, and general people can be appropriately normalized by providing psychological first-aid and stress management guidance. In addition to training healthcare providers, community volunteers and teachers should be trained on lay counselling and stress management to identify and provide psychological first-aid, link patients to mental health care specialists for early diagnosis and treatment. Pandemic response without addressing the substantial unmet mental health needs with focus on the most vulnerable is insufficient, inequitable, and

unacceptable. The COVID-19 offers an opportunity to reform the public mental health system in India.

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