

MENTAL HEALTH SITUATION IN PAKISTAN DURING THE COVID-19 PANDEMIC

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November 2019 marked the eruption of a novel virus in the city of Wuhan (China) which was named as Severe Acute Respiratory Syndrome-CoronaVirus-2 (SARS-CoV-2). Due to rapid airborne transmission, the virus has now spread across 213 countries, infecting millions of people with a mortality rate of 3.15% worldwide. Initially the major topic of concern was the mortality risk and the clinical outcomes of the disease, however the pandemic has now resulted into global mental health crisis, largely because the only solution currently available against the novel coronavirus is the social distancing and isolation of suspect cases (Rana et al. 2020).

As the number of cases continue to climb, COVID-19 is expected to lead to long term detrimental effects specially in developing countries such as Pakistan (Mamun & Ullah 2020). Adverse effects on the mental health of the local population are expected as the levels of stress, depression, fear, anxiety, confusion and frustration have generally increased following lockdown and the rising number of cases (Mukhtar 2020). Increased risk of domestic violence and child abuse also prevails as the abuser and victim are now in close proximity for longer periods of time (Haider et al. 2020). Most individuals have witnessed a significant decrease in salaries, increase in job insecurities and high rates of unemployment which further contribute to stress, anxiety and low self-esteem as they are no longer able to afford basic life necessities. Previous data have also identified hospitalization and hefty medical bills as significant stress aggravating factors and this would seem to be perfectly superimposable even on the current condition. Moreover, 16 suicide cases have been already reported in Pakistan, 12 of them due to economic recession/distress or fear of unemployment, whereas 4 dues to fear of getting infected (Mamun & Ullah 2020).

Frontline health care workers are facing a drastic change of circumstance in their workplace. Due to the high-risk nature of the health care profession, it has previously been associated with high levels of burn out and mental exhaustion. Indeed, the recent long working hours, fear of mass quarantine and isolation from loved ones, high-risk working conditions, lack of personal protective equipment (PPE) provided, and direct contact with infected patients has led to anxiety, post-traumatic

symptoms, and a general decrease in overall well-being among the health care workers (Rana et al. 2020). The recent mob attacks on hospitals where doctors have been abused, harassed, and assaulted have also led to widespread fear of their workplace. This has negatively impacted their mental health and sense of safety and wellbeing, leading to many resigning from their positions.

In the light of the disruptions in the normal functioning of psychiatric health system, which have restricted the capability to provide regular care, especially in outpatient settings, patients with new and previous existing mental health diseases should be followed up remotely following the model of development and expansion of telemedicine in general and telepsychiatry in particular that the world is implementing (Teixeira et al. 2020).

On the other hand, as schools all over the world have been closed to reduce viral transmission, there has been a tremendous increase in stress amongst students. Most institutions have switched to online teaching sessions which has eliminated physical and social interaction, known to limit depression (Haider et al. 2020). However, in Pakistan, a lot of families lack proper resources for example laptops, tablets and a stable internet connection which has made online learning difficult for students and has added to the financial burden onto families. As most students witness graduation delays and indefinite postponement of exams, there is an increase in fear regarding its impact on their careers. Freshly graduated students also face lack of job opportunities as companies have stopped hiring in order to minimize their losses. All these factors contribute to the increasing levels of stress and poor mental health seen among students as well as in the general population (Torales et al. 2020).

As COVID-19 has led to an uncertain future, the mental health of Pakistanis is at stake. Therefore, it is essential for the government and health institutions to start mental health initiatives. Mental health services should be made more accessible to the general public while the taboos regarding mental health, and the new stigma against COVID-19 patients and their relatives, should be destigmatized. The government should invest in expanding free health care centers and providing

ration bags to relieve the financial burden on the public. On the other hand, healthcare professionals and students should be provided with screening and mental health counselling by their respective institutions as well as security and adequate PPE. Lastly, it is also essential to ensure that the media and news provide authentic information to avoid situations of panic.

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