

Emotional Disturbance and Mental Health during Post Pandemic Situation

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Abstract: *The 2019 Corona Virus (Covid -19) outbreak has become very contagious and has quickly swept across the globe. It influenced individuals in particular in terms of feelings and cognition physically and mentally. Positive mental wellbeing plays a vital part of physical well-being. It regulates the actions of health-seeking, strengthens the capacity to make choices, increases contact between individuals and helps to remediate tension or disease. They therefore play a major role in a person's general well-being. All experienced apprehension of illness of a different degree during the acute epidemic, somatic worries, concerns about the effects of the pandemic, isolation, exhaustion, tension and elevated drinking and usage of narcotics. If citizens want it or not, this pandemic will follow and begin to have long-term effects for months and years to come. And of us needs to struggle with how we deal with and respond to the stressful circumstance in our lives and cultures that is occurring so rapidly. The more we think towards the future, the more we can grasp how this pandemic can rewrite world civilization. The authorities, the community and the public must work together to aid disadvantaged populations and encourage solutions for social and psychological assistance.*

Key Words: *Psychologically, Pandemic, Crucial, Stressful and Global.*

1. INTRODUCTION:

The planet is now experiencing a huge health problem. A recent outbreak known as a new coronary virus (COVID-19), a zoonotic viral infection, is impacting humans, assuming the shape of a pandemic worldwide. In recent months, death and morbidity attributable to this pandemic have risen dramatically. The key goals established by the WHO at present are to prevent transmission from person to human beings, limit infection spread to near contacts and medical professionals, avoid complication creation in infected persons, include isolation and quarantine, use diagnostic and laboratory equipment, study into specific therapies and vaccinations, and reduce the potential for infections. In recent months, the overall populace, aged, infants, migrants and health providers who are not the patients of COVID-19 infection have noticeably increased the mental health concerns induced by this epidemic of COVID-19 (Duan and Zhu 2020; Chen et al. 2020; Liem et al. 2020; Yang et al. 2020a, b). Man is an animal of culture. As a family and a broad culture, he is expected to reside in communities. This peer networks had a significant effect on their emotional wellbeing and contributed to preserving psychological dignity. Cohesiveness with the community plays an important part in his mind and actions. If this aspect of his or her life is affected, he or she induces elevated tension and these stressors play a significant role in the onset of mental disease. Delaying, loneliness, income reduction and anxiety are affecting or exacerbating existing problems of mental health. Many individuals are faced with elevated alcohol and medication intake, insomnia and concern. History has also demonstrated that a modern outbreak has triggered clinical morbidity. More than 700 people, mainly in Asian countries, suffered from the outbreak of SARS (severe acute respiratory syndrome) during 2003. In the subsequent clinical discharge of the hospital up to 45% of SARS survivors in need of hospitalisation have at least one behavioural diagnosis, including depression, anxiety and signs of post-traumatic stress problems.

2. EMOTIONAL WELLBEING:

The family is the most significant support network in periods of pandemic and loneliness. Proper psychiatric wellbeing is a secret to progress. The lack of proper knowledge and vulnerability raises the reaction to terror. The psychological effects in the long run have yet to be found. The rise of various psychiatric conditions both among the society and health professionals culminated in social alienation and quarantine. Emotional disorders, irritability, insomnia, depression and post-traumatic stress symptoms are encountered directly after the quarantine era. Long-term consequences include anxiety, cold, exhaustion, post-traumatic stress symptoms, substance dependence, and lifestyle improvements, such as resisting crowding and careful washing of hands. In psychological and mental terms, particularly in emotion and cognition, the confusion and weak preview ability of COVID-19 affected people. There have been various reporting of suicidal activity triggered by fear related concerns including, for example, fear of infection (Dsouza et al., 2020; Mamun and Ullah, 2020), fear of infection (Mamun and Griffiths, 2020), fear of being quarantined (Dsouza et al., 2020; COVID-19, 2022-202). Research has showed the tendency for people who have mental health problems to exacerbate unexpected outbreaks.

3. MENTAL HEALTH ISSUES IN COVID-19 PANDEMIC:

The COVID-19 pandemic, which is quickly expanding across the world, has intensified the tension or fear in public mental wellbeing the most significant problem (Dong and Bouey 2020). The existing emergency and warning status of the pandemic proclaimed by COVID-19 affects considerably the emotional status of the whole community, triggering alertness, panic, anxiety, etc. Failure to recognise the virus incubation duration, dissemination path, cares and protection behaviour contribute to panic and anxiety. There will be uncertainty and fear of illness or death, helplessness, the guilt of already afflicted persons and a mental collapse the general population (Goyal et al. 2020). There will be a broad diverse spectrum of psychological conditions, from depressive, anxiety, panic, somatic, self-blaming, shame, PPSD, delirium, paranoia and even suicide (Yi et al. 2020). The required restrictive interventions, with the whole community at danger, have contributed to an incomparable and fear-dominating scenario. While fear is an important coping tool for humanity and others to cope with environmental challenges, it will only benefit those who are willing to contend with unique threats to them. The pandemic will linger and last for years after the pandemic in the mental health consequences of COVID-19. The incidence of common psychological and suicidal illnesses is projected to rise in the post-pandemic era. Implementing long-term preventive strategies to address the pandemic effect and address the issue are paramount in enhancing the connection to mental health care facilities like telepsychiatry, early assessment, recovery and psycho-social counselling, monitoring and support for such populations, such as front line HCP, where applicable.

4. THE NEW NORMAL AFTER THE COVID-19:

Crises of COVID-19 vary from every other one. It's not going to be a real cure in year or years after the lifting of home orders, but something best understood as an "adaptive recuperation" or a modern standard for dealing with the infection even though we foresee medical advances to be made in eradicating it. Life is no recollection of what happened before after COVID-19, and after this is the new standard. A modern standard as social isolation limits are eliminated. Some citizens won't realise that it's not over. Though "happy talk," people won't come from lock-down unexpectedly. A modern standard transition between relaxing controls to reverse the economy and permanent reclosure as new outbreaks emerge. This pattern can shift until the herd raises immunity and no longer needs physical distance. A modern standard in which the society trends to work home, shop from home, to meet from home and maybe even to fly from home to other towns. There would be a move towards having your own home autonomous. The pattern will lead to more indoors, more shut-ins and more people in their homes or apartments who produce cocoons to defend themselves from germs in the outside environment. A modern standard where fear of illness will render us tired, nervous and phobic about trains, aircraft and cars sharing. Masks are going to be a priority wardrobe. In accordance with the pandemic cultural aspects the public can learn, for example, how hygienic greetings are introduced, how health signs are understood and how they are scared to become stigmatised.

5. POST COVID-19 ECONOMIC RECESSION ON MENTAL HEALTH:

For decades since the COVID-19 pandemic, the World Bank has expected a steep global economic contraction. This will have a detrimental effect on the emotional wellbeing of disadvantaged people in particular. A rise in personal pain, fear, addiction, and drug misuse problems, suicide and suicide behaviour, has linked economic decline. A possible economic slowdown following the Covid-19 pandemic may affect the suicide rate with increasing unemployment.

6. MENTAL HEALTH AFTER COVID -19 RECOVERY:

Delirium is normal during the acute phase of the disease in patients who needed to be admitted after COVID-19. In veterans of serious disease, recurrent psychiatrically dysfunction at 1 year after discharge is seen with severe amounts of distress, depression, and post-traumatic stress disorder. The majority of patients with extreme acute respiratory distress syndrome experienced neurocognitive dysfunction (including reduced focus, concentrating, memory and mental processing levels at 1 year). In patients with extreme acute respiratory syndrome and extended artificial ventilation following release from the intensive care unit, substantial decrease of quality of life was observed in contrast with admissions for other reasons (Rogers et al, 2020). In a recent paper Galea et al. (2020) noted the sparse effect of behavioural health literature on epidemics. Both big events impacted people, including depression, post-traumatic stress disorder, opioid use disorder, mental problems and domestic violence and child neglect, significantly. A topical research in Lancet, conducted in 2020 by Brooks et al., analysed various previous studies and confirmed the mental wellbeing impact of quarantine. In several research, detrimental psychological consequences including post-traumatic stress symptoms, confusion, and rage were recorded continuously. Long quarantine, fear of illness, impotence, anger, bores, lack of supplies, incomplete knowledge, financial loss, and stigma is included in stressors. Stress. In such public health crises, some studies have also documented long-term psychosocial effects. The

consequences of major outbreaks may be various, but they can have a significant and durable impact on the psyche. This has the risk of exacerbating chronic conditions or creating new psychiatric disabilities.

7. EFFECTS OF QUARANTINE:

The epidemic of the COVID-19 illness has seen several countries urging individuals to protect themselves from the virus at home or in a quarantine centre. Social isolation in older adults is a significant public health concern because of their heightened likelihood of complications with cardiovascular, autoimmune, neurocognitive and psychological health. Increased quarantine period, concerns of illness, anger, boredom, lack of knowledge, insufficient financial loss and stigma were the major stressors. Tension. Some experts have proposed permanent consequences and have confirmed post-traumatic stress even three years after isolation (Brooks, et.al.2020).

8. CONCLUSION:

The pandemic of COVID-19 confronts human beings with fresh threats. Not just the transmission of the virus and mortality of diseases for risk classes, but also the physical, comport mental and psychological effects on individuals. Vulnerable populations should be provided special consideration both to avoid negative emotional consequences of the pandemic and to provide assistance. The outcome of this pandemic therefore relies heavily on the cultural influence in the culture (Furlong and Finnie, 2020). Health organisations should implement shortened operating hours, regular breaks and rotating transformations in order to enhance frontline healthcare staff morale and mental health. Getting the vast amount of patients, adverse diseases, including vulnerability to infectious threats, uncertainty and unknowns regarding the disease's course and struggling with anxiety and distress in the community are the major challenges to all health workers, but particularly to the general practitioners. In this case, the general practitioners should be willing, in the sense of COVID-19, to perform, if appropriate, longitudinalized follow-up, care and referral of their patients who encounter psychiatric disorders on the basis of multidisciplinary work, assessment methods, preventative intervention, thorough bio psychosocial diagnosis.

REFERENCES:

1. Brooks, S. K., Webster, R. K., Smith, L. E., Wesseley, S., Greenberg, N., & Rubin, G. K. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, 395, 912–20.
2. Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., & Wang, L. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry*, 7(4):e15–e16.
3. Chick, J. (2015). Suicide, self-mutilation and delirium tremens. *Alcohol and Alcoholism*, 50(4), 377–378. <https://doi.org/10.1093/alcalc/aggv041>
4. Dong, L., & Bouey, J. (2020). Public mental health crisis during COVID-19 pandemic, *China. Emerg Infect Dis*, 26(7). <https://doi.org/10.3201/eid2607.200407>
5. Dsouza, D. D., Quadros, S., Hyderabadwala, Z. J., and Mamun, M. A. (2020). Aggregated COVID-19 suicide incidences in India: fear of COVID-19 infection is the prominent causative factor. *Psychiatry Res*. 290:113145. doi: 10.1016/j.psychres.2020.113145
6. Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *Lancet Psychiatry*, 7(4):300–302.
7. Furlong, Y., and Finnie, T. (2020). Culture counts: the diverse effects of culture and society on mental health amidst COVID-19 outbreak in Australia. *Ir. J. Psychol. Med.* 1–6. [Epub ahead of print]. doi: .1017/ipm.2020.37
8. Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine*, 180(6), 817–818. doi:10.1001/jamainternmed.2020.1562
9. Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., & Singh, M.P. (2020). Fear of COVID 2019: first suicidal case in India. *Asian J Psychiatry* 49:e101989.
10. Liem, A., Wang, C., Wariyanti, Y., Latkin, C.A., & Hall, B.J. (2020). The neglected health of international migrant workers in the COVID-19 epidemic. *Lancet Psychiatry*, 7(4):e20.
11. Mamun, M. A., and Griffiths, M. D. (2020). First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: possible suicide prevention strategies. *Asian J. Psychiatr.* 51:102073. doi: 10.1016/j.ajp.2020. 102073
12. Mamun, M. A., and Ullah, I. (2020). COVID-19 suicides in Pakistan, dying off not COVID-19 fear but poverty? – The forthcoming economic challenges for a developing country. *Brain Behav. Immun.* 87, 163–166. doi: 10.1016/j.bbi.2020.05.028
13. Rogers, J.P., Chesney, E., Oliver, D., Pollack, T.A., McGuire, P., Fusar, Poli, P., Zandi, M.S., Lewis, G., & David A.S. (2020). Psychiatric and neuropsychiatric presentations of severe corona virus infections: a

systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry*, 7:611–627.

14. Sher, L. (2020b). The impact of the COVID-19 pandemic on suicide rates. QJM hcaa202. doi: 10.1093/qjmed/hcaa202 [Epub ahead of print].
15. Shigemura, J., Ursano, R.J., Morganstein, J.C., (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry Clin Neurosci*. 74: 281-282. Ref.: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7168047/>
16. Yang, P., Liu, P., Li, D., & Zhao, D. (2020b). Corona Virus Disease 2019, a growing threat to children? *JInfect*. <https://doi.org/10.1016/j.jinf.2020.02.024>.
17. Yang, Y., Li, W., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y.T. (2020a). Mental health services for older adults in China during the COVID-19 outbreak. *Lancet Psychiatry*, 7(4):e19.
18. Yi, Y., Lagniton, P.N., Ye, S., Li, E., Xu, R.H., & Zhong, B.L. (2020). COVID-19: what has been learned and to be learned about the novel corona virus disease. *Int J Biol Sci*, 16(10):1753–1766.