

Psychological Consequences of COVID-19 and Challenges for Post-traumatic Interventions

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This article reviewed the psychological consequences of the novel coronavirus disease COVID-19 and the challenges that face post-traumatic interventions. The outbreak of the virus, the daily deaths and quarantine procedures resulted in several mental health problems and the need for psychological interventions was increasingly highlighted in different studies. Not only the patients but those who are in the frontline like physicians and nurses need psychological services as well. The infected people suffer from fear of death, similarly the quarantined people are afraid of infection and suffer also from social isolation, loneliness, anger, depression, anxiety and stress. The most common troubles resulted from the outbreak of COVID-19 are sleep disorders, overprotection measures, feeling helplessness, emotional problems, worry about health, sadness and frustration. There are different challenges of post-traumatic interventions, take for example, shortage of professional psychiatrists and experienced psychologists, lack of training on psychological skills to deal with patients' anxiety, panic, and other emotional problems and unwillingness to be quarantined and lack of cooperation in remedial measures. Future studies should adopt interview and self-reported questionnaire to get a deeper insight into the Psychiatric and Psychological disorders associated with the epidemic. Finally, post-traumatic interventions should focus on improving coping strategies and reducing mental health problems.

Keywords: COVID-19, coronavirus, psychological consequences, post-traumatic, interventions, psychiatric disorders

Introduction

“COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with chronic diseases like diabetes and cancer are subject to serious complications” (World Health Organization, 2020, p.1). According to the official website of the World Health Organization (WHO) at the time of writing this essay (26 March 2020), there are 462. 684 confirmed cases with COVID-19 and 20. 834 deaths in more than 200 countries, areas or territories. The WHO risk assessment at the global level is very high.

The fact that there are no specific vaccines or treatments for COVID-19 makes matters worse; however, the WHO declared that many ongoing clinical trials are evaluating potential treatments. That is why the WHO considered it as a global epidemic (Sohrabi, Alsafi, O’Neill, Khan, Kerwan, Al-Jabir, Iosifidis, & Agha, 2020).

Being infected with COVID-19 is considered a severe health problem with potential comorbidity of severe psychological traumas. Both patients and healthy people, including physicians and nurses in the frontline, are socially isolated owing to the medical quarantine procedures. It is awful to declare that 1.5 billion people worldwide are scared of the rapid widespread of the COVID-19. Since the outbreak of the virus in Wuhan, China, on 31 December 2019, the number of reported infected cases is increasing all over the world. The scene of the Italian Army trucks carrying the dead bodies to be burnt in its final resting place is a remarkable indicator of the size of the epidemic that attacked the whole world.

“COVID-19 has been deemed a global health emergency”, which has recently sounded many alarms all over the world. Internationally-coordinated efforts should be exerted to face the pandemic potential of the COVID-19 despite the presence of critical challenges such as ever-changing statistics and the swift spread of that hidden enemy (Sohrabi et al., 2020).

The present essay presents an overview of the psychological consequences of the COVID-19 epidemic with particular emphasis on the mental health problems and the challenges for post-traumatic interventions. Reviewing the articles published on COVID-19, it was found that most academic papers were written in the Chinese language and focused mainly on epidemiology and clinical features of the coronavirus. Thus, the language barrier does not facilitate the knowledge exchange between Chinese scientists and the rest of the world (Xiang, Yang, Li, Zhang, Zhang, Cheung, & Ng, 2020).

It is well documented in the medical and psychological literature that psychological symptoms, personality traits, attitude towards disease and life, risk behaviors, and social isolation are essential targets in the psychosomatic therapeutic intervention (Deter, 2012).

Psychological Consequences of COVID-19

“Psychological interventions in face of such epidemics are part of health care system in public health emergencies” (Zhou, Liang, Tong, & Liu, 2019 as cited in Zandifar & Badrfam, 2020, p.1). The settled fact learned from the outbreaks of previous epidemic is that “maintaining staff mental health is essential to better control infectious diseases” (Xiang et al., 2020; Kang, Li, Hu, Chen, Yang, Yang, Wang, Hu, Lai, Ma, Chen, Guan, Wang, & Ma, 2020). All humans are social by nature, and social isolation is abhorrent specifically when it is a result of medical quarantine. Lack of social contact with close friends and beloved people is associated with several mental health problems, loss of freedom, boredom, anger, and suicidal attempts (Brooks et al., 2020; Liu et al., 2012). In fact, psychological mediators are among the most critical factors leading to chronic disease or worsening it (Deter, 2012). Separations from family and low-income households cause various mental health problems for infected individuals and their family members (Kun, Han, Chen, and Yao, 2009).

Within a psychological perspective, COVID-19, as a major epidemic, involves the occurrence of psychological disorders that are superior to the patients’ ability to handle. One of the main results of the COVID-19 is the psychological dysfunction of the people who fear infection or have infected relatives. Psychological dysfunction presumably occurs when an external life crisis exceeds the individual’s emotional response and coping capacity leading to psychological failure or imbalance (PAN American Health Organization, n.d). Owing to the fatal consequences of the COVID-19, life is threatened, and there are more than 20,000 deaths on 26 March 2020, so it is considered a global health emergency.

According to Yang Li, Zhang, Zhang, Cheung, and Xiang (2020) “the rapid transmission of COVID-19 and the high death rate could exacerbate the risk of mental health problems and worsen the existing psychiatric

symptoms, further impairing the daily functions and cognition” (p.e19).

One of the frontline physicians delineated the suffering of a coronavirus patient who was pleading to see his children for the last time before his death. Surprisingly, they decided not to visit him, fearing of infection. The physician admitted that the memory of the agonized father was a part of his life and will never be erased from his mind. Now, the physician is not able to resume his work and undergoes psychotherapy sessions. Moreover, treatment of victims and loss of beloved people as a result of the epidemic cause different mental health problems such as depressive symptoms, violent behaviors, excessive alcohol consumption, addictive materials abuse, pathological grief, adjustment disorders, post-traumatic stress, and psychosomatic disorders (PAN American Health Organization, n.d; Duan & Zhu, 2020; Cheng, C. W. Wong, Tsang, & K. C. Wong, 2004; Fan, Long, Zhou, Zheng, & Liu, 2015).

Challenges for Post-traumatic Interventions

The COVID-19 has imposed various challenges on the psychological intervention during the epidemic spread. Since social contact increases the rate of infection, the most obvious threat is the difficult or even impossible face to face intervention sessions. Internet applications are seen as good alternatives in such cases; however, they have their inherent limitations, and they cannot replicate human interaction. The psychologist or therapist-patient rapport plays a pivotal role in increasing the success opportunities of the psychotherapeutic activities.

According to Sohrabi et al. (2020), governments should carefully consider the lessons learned from the outbreak of the COVID-19. There should be high transparency of information to prevent the release of rumors, early travel restrictions, early quarantine procedures, and lavish funds on vaccines and treatment development.

Governments and public authorities in the infected countries have implemented various containment strategies for the epidemic (Sohrabi et al., 2020). Similarly, they would be required at present and in the near future to implement psychological interventions for the recovered patients and those people who were in frontline (physicians and nurses).

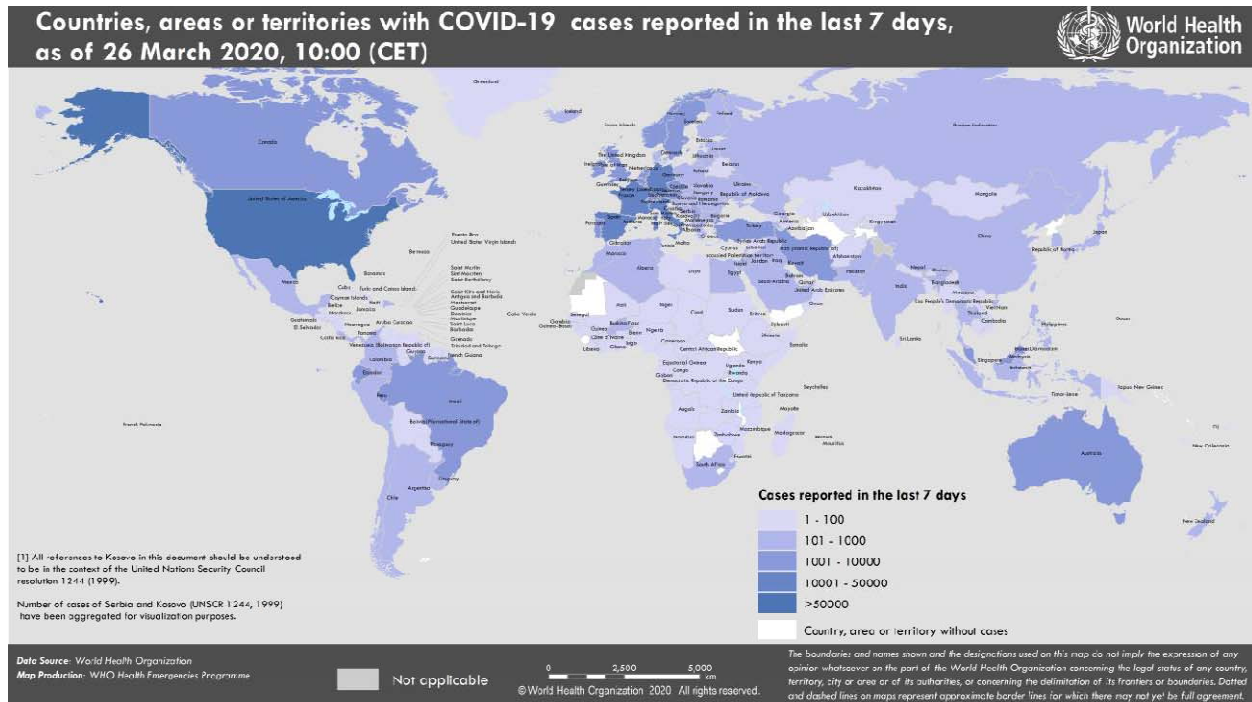


Figure 1. Illustration of the geographical spread of confirmed COVID-19. Data accurate as of 26 March 2020.

Insufficient coordination among medical and psychological departments that present psychological intervention services represent a significant challenge. This lack of co-operation wastes mental health resources and delays the diagnosis and follow-up services. Besides, the shortage of professional psychiatrists and experienced psychologists reduces the effectiveness of the interventions. Owing to the strict regulations and infection avoidance guidelines, frontline health-care workers alone are the central personnel who provide psychological intervention to patients in hospitals. All points mentioned above are considered essential challenges that hinder psychologists and psychiatrists in their pursuit of improving mental health in infected individuals and their families (Duan & Zhu, 2020).

According to Chen et al. (2020), the most obvious obstacles and challenges for psychological intervention services are: (a) reluctant participation of the medical staff in psychological intervention services, (b) patients' unwillingness to be quarantined and lack of cooperation in remedial measures, and (c) lack of training on psychological skills to deal with patients' anxiety, panic, and other emotional problems.

In the light of China's approach in the containment of the coronavirus psychological problems, departments of Psychiatry and Psychology in world universities should use facilities of online applications and portals to provide psychological counseling and guidance services for patients, families, and other people influenced by the epidemic. Despite the great success achieved by China in the coronavirus fight, some researchers claim that mental health problems of patients with suspected infection, quarantined family members, and medical personnel were poorly managed. Moreover, "planning of psychological interventions in China is usually done passively." On the other hand, China was prosperous in dealing with mental health problems that resulted from severe to acute respiratory syndrome (SARS) that attacked China in 2003. During the SARS epidemic, psychological counseling and intervention activities were conducted via telephone helplines (Duan & Zhu, 2020).

Different Chinese institutions working in the medical and psychological sectors have developed a comprehensive psychological intervention plan. This plan consisted of three broad categories: (a) psychological intervention procedures, (b) psychological assistance hotline team, and (c) psychological intervention medical team. They aimed at reducing the physical and psychological pressure faced by the medical staff, which in turn will help in restricting the infection and death rates (Chen et al., 2020).

Conclusions

Lessons learned from the COVID-19 outbreak in different countries showed that strict regulations and proper precautions should be announced and implemented as early as possible. The question that should be raised in this context is: Do the Middle East and Arab Gulf countries have psychological crisis intervention plans, similar to those existing in UK, USA, and China, to deal with public health emergencies? The COVID-19 infectious nature and rapid widespread has its severe effects on both individuals and societies because it spreads at an unexpected rate, and the case will be worsened if those people who recovered were tested positive for it again, as some media announced. Duan and Zhu (2020) suggested the urgent need for training mental health professionals at all levels in China. Similar training should be held in infected countries. In countries with weak medical and health systems, there is a bad need to provide medical and psychological teams with high standard training in clinical psychology, psychiatry, psychotherapy, and psychological counseling for the sake of improving public mental health. In brief, mental health problems should be given priority and screening of psychiatric disorders seems necessary especially in the light of the unpredictability of the virus spread and uncertainty of the crisis management capacity (Zandifar & Badrfam, 2020).

The international concern about COVID-19 directed the world attention to the severe challenges for mental health services and psychological interventions. Those challenges require that health policymakers should do their best to provide high-quality, timely crisis psychological services to all infected people and their family members (Yang et al., 2020). All in all, psychological intervention services have become a must in order to alleviate patients' and family members' concerns and reduce public stress.

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