

## Post Covid Era- A Positive Correlation with Increased Number of Anxiety Disorders

Dr. Bharat Kumar Marmath

Consultant General and Laproscopic Surgeon, Siddhi Vinayak Hospital, Kota, Rajasthan, India

### ABSTRACT

Covid In the context of the Post COVID-19 era after vaccinations, it appears likely that there will be substantial increases in anxiety and depression, substance use, loneliness, and domestic violence; and with schools closed, there is a very real possibility of an epidemic of child abuse. This concern is so significant that the UK has issued psychological first aid guidance from Mental Health UK.

The magnitude of deaths over a short period of time is an international tragedy on a historic scale. Focusing on the US, the number of deaths currently attributable to COVID-19 is nearly 4 times the number killed during the Vietnam War. This interpersonal loss at a massive scale is compounded by societal disruption. The necessary social distancing and quarantine measures implemented as mitigation strategies have significantly amplified emotional turmoil by substantially changing the social fabric by which individuals, families, communities, and nations cope with tragedy. The effect is multidimensional disruption of employment, finances, education, health care, food security, transportation, recreation, cultural and religious practices, and the ability of personal support networks and communities to come together and grieve.

**KEYWORDS:** COVID-19, post, era, social, medical, stress, mental, anxiety, vaccine

Among the 1591 Iraqi respondents, 788 (49.5%) accounted for having health anxiety over the current home restriction situation. Younger ages experienced more COVID-19-related health anxiety compared to older ages. Females reported higher health anxiety compared to males (57.7% vs 42.3%). The health care professionals reported 20.9% health anxiety.

Children being still not vaccinated are likely to be experiencing worry, anxiety and fear, and this can include the types of fears that are very similar to those experienced by adults, such as a fear of dying, a fear of their relatives dying, or a fear of what it means to receive medical treatment. If schools have closed as part of necessary measures, then children may no longer have that sense of structure and stimulation that is provided by that environment, and now they have less opportunity to be with their friends and get that social support that is essential for good mental well-being.

**How to cite this paper:** Dr. Bharat Kumar Marmath "Post Covid Era- A Positive Correlation with Increased Number of Anxiety Disorders" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-5 | Issue-5, August 2021, pp.1997-2002, URL: [www.ijtsrd.com/papers/ijtsrd46279.pdf](http://www.ijtsrd.com/papers/ijtsrd46279.pdf)



Copyright © 2021 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)

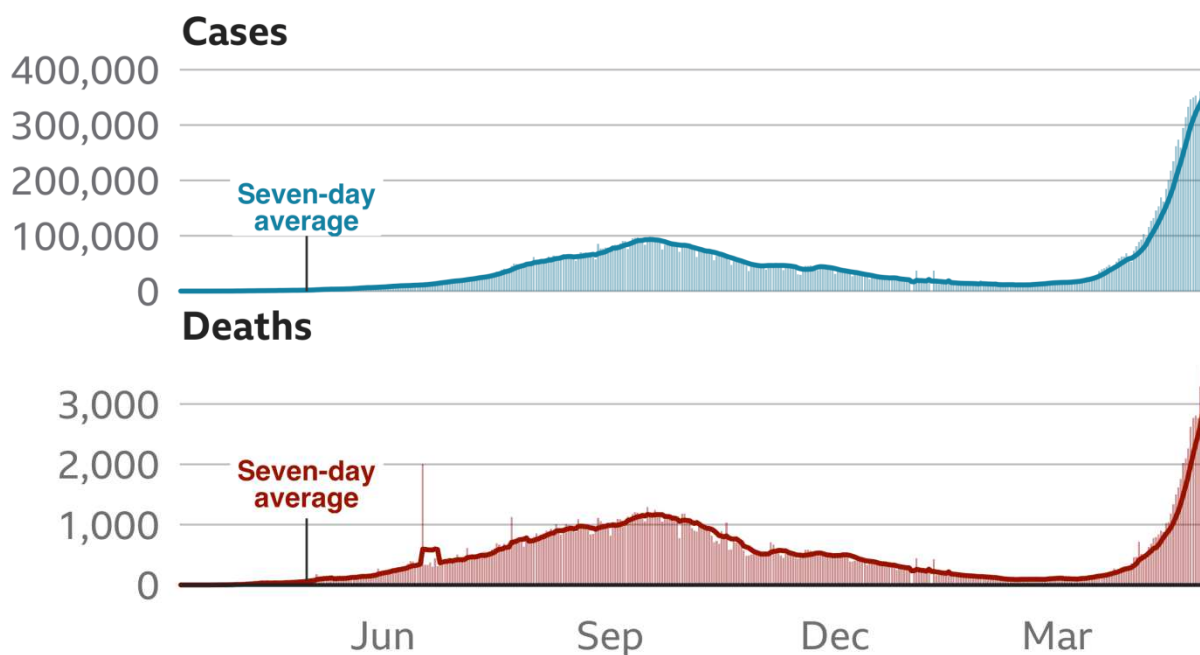


### INTRODUCTION

COVID-19 has profoundly changed our lives, causing tremendous human suffering and challenging the most basic foundations of societal well-being. Beyond the immediate impacts on health, jobs and incomes, the epidemic is increasing people's anxiety and worry, affecting their social relations, their trust in other people and in institutions, their personal security and sense of belonging.[1]

Thousands of children have lost parents to COVID-19. We urgently need a system to care for them. On June 7, the National Commission for Protection of Child Rights (NCPCR) presented the Supreme Court with a series of grim numbers. Between April 1, 2020 and June 5, 2021, 30,071 children in India were registered as being in distress due to the pandemic, of whom 3,621 had lost both parents, 26,176 had lost one parent, and 274 had been abandoned.

# Number of daily cases and deaths in India



Deaths on 17 June include historic deaths reclassified with coronavirus as cause

Source: Johns Hopkins University, data to 2 May

**BBC**

Children's helpline Childline (1098), reported 92,000 SOS calls asking for protection from abuse and violence in just 11 days, along with hundreds more calls about health, child labour, and missing and homeless children. Some States have seen a spike in the number of child marriages prevented over the past year. News stories have reported about children, sometimes infants, left alone in homes with no food, or found lying next to the bodies of their parents, and young people in distress and suicidal after losing their parents to COVID-19.[2]



## Children lost their parents and were abandoned in pandemic

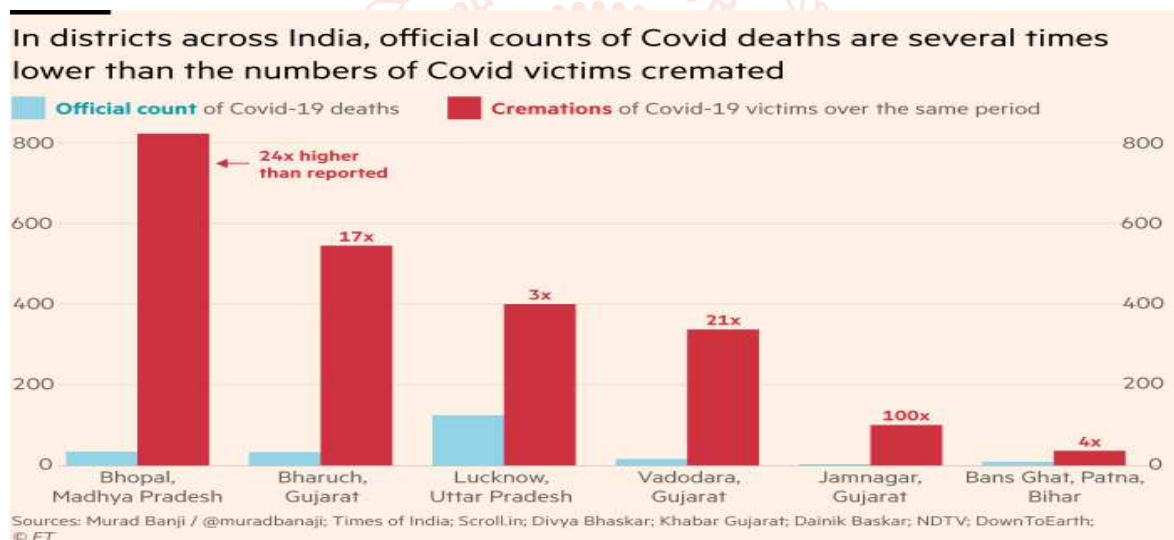
The impact has been profoundly different on different segments of the population. The poor and vulnerable, including migrant workers and urban poor, have suffered from the dual blows of lost income and weak social protection coverage. The pandemic has also laid bare gender-based imbalances in public and private life in urban areas in India.[3]

## OBSERVATIONS

COVID-19 pandemic has caused more 'mass trauma' on a larger scale than the second world war and the mental health toll of the coronavirus pandemic will last "for many years to come". This trauma is what some medical professionals are calling post-pandemic stress disorder, a form of COVID-19-induced PTSD.



These might include increased anxiety, low motivation, feeling hopeless or powerless, disrupted sleep, changes in appetite, feeling numb, being increasingly angry or irritated, negative or catastrophic thinking, withdrawing socially, feelings of struggling to cope .[4]



Covid-19 has had a number of effects on people's mental health and wellbeing, ranging from worries about becoming infected, or the stress brought about by infection prevention and lockdown, self-isolation and quarantine, or the detrimental effect on mental health associated with lost jobs, income, education or socialising.

For many, the symptoms associated with these conditions will diminish as the public health situation improves and restrictions are eased, but for others, the experience of having had Covid-19, or living through the pandemic will have long-lasting effects, in particular for frontline health care workers or bereaved family members.[5]

There is an increase in the number of people both seeking and providing psychological support in relation to pandemic-related trauma. Since it's a newer subset of trauma, people are looking for ways to bond and support each other through these uncertain times, and for the times ahead. It's been great to see people coming together and sharing resources and information for those struggling.





**Post pandemic schooling**

## DISCUSSION

Even after mass vaccinations, some hospitalizations and deaths from the coronavirus are inevitable — but opinions differ on how many is too many for a return to relative normality. Societies will also have to consider the impact of ‘long COVID’, the ongoing symptoms that affect between 10% and 20% of those infected. In the developing world, many countries are preparing for the reality that it could take until 2022 or even 2023 to reach vaccination levels already achieved by richer countries today. Even in India, one of the world’s leading vaccine manufacturers, fewer than 10% of people have gotten a vaccine—a cruel irony, as people in India die in the streets while those thousands of miles away celebrate receiving their second doses. [11]

There’s also a global health argument for distributing vaccines more equitably. Infectious diseases do not respect borders. If even one country remains vulnerable to COVID-19, that could allow the virus to keep spreading and mutating, potentially evolving to such a point that it could infect people who are vaccinated against original strains of the disease. Already, vaccine makers are exploring the possibility of booster shots to add extra protection against the more transmissible variants currently circulating in various parts of the world.[6]

Social Isolation/distancing induce a lot of anxiety in many citizens of different country. However, the most vulnerable are those with existing mental health issues like depression and older adults living in loneliness and isolation. [10] Such people are self-judgemental, have extreme suicidal thoughts. Imposed isolation and quarantine disrupts normal social lives and created psychological fear and feeling like trapped, for an indefinite period of time. [7]

## Representative cases showing psychological conditions and underlying predictors leading to COVID-19 suicides. Factors and predictors for COVID-19 suicides, Social Isolation/distancing

SN	Case History	Predictors	Reference
1.	Santosh Kaur, a 65- year-old woman, committed suicide over the fear of the COVID-19. (India)	Person was depressed, had anxiety over COVID-19 and was alone. Her fear was just an illusion and there was no one to counsel or to console her.	<a href="https://www.tribuneindia.com/news/punjab/anxiety-over-covid-19-leads-to-phagwara-womans-suicide-66466">https://www.tribuneindia.com/news/punjab/anxiety-over-covid-19-leads-to-phagwara-womans-suicide-66466</a> (Accessed on 7 April 2020)
2.	Chinese student living in the kingdom of Saudi Arabia had committed suicide by jumping from the 3rd floor of a hospital. (Saudi Arabia)	Quarantined on suspicion of being infected with the coronavirus.	<a href="https://www.middleeastmonitor.com/20200217-chinese-student-commits-suicide-in-saudi-after-being-quarantined-for-coronavirus/">https://www.middleeastmonitor.com/20200217-chinese-student-commits-suicide-in-saudi-after-being-quarantined-for-coronavirus/</a> (Accessed on 15 April 2020)
3.	19-year-old Emily Owen, youngest suicide victim(Britain)	Fear of isolation was created just by the announcement of the country lockdown	<a href="https://blogs.scientificamerican.com/observations/covid-19-is-likely-to-lead-to-an-increase-in-suicides/">https://blogs.scientificamerican.com/observations/covid-19-is-likely-to-lead-to-an-increase-in-suicides/</a> (Accessed on 8 April 2020)
Worldwide lockdown creating economic recession			
4.	Finance Minister Thomas Schaefer, 54-year-old	Could not able to bear and cope with the stress	<a href="https://www.todayonline.com/world/covid-19-german-minister-commits-">https://www.todayonline.com/world/covid-19-german-minister-commits-</a>

SN	Case History	Predictors	Reference
	economist. (Germany)	about the economic fallout of COVID-19. Turned him hopeless that he could not able to manage citizen's expectations for financial aid.	suicide-after-virus-crisis-worries (Accessed on 8 April 2020)
Stress, anxiety and pressure in medical healthcare professionals			
5.	49-year-old nurse (S.L.) of Jesolo hospital committed suicide by jumping into Piave river (Italy)	Lived alone and distressed	<a href="https://www.wsws.org/en/articles/2020/03/31/trez-m31.html">https://www.wsws.org/en/articles/2020/03/31/trez-m31.html</a> (Accessed on 9 April 2020)
6.	Daniela Trezzi, a 34-year-old nurse of the San Gerardo hospital (Italy)	Deeply traumatized, compassion fatigue, emotional burnout, hopelessness, and fear of contracting and spreading the disease to others.	<a href="https://www.wsws.org/en/articles/2020/03/31/trez-m31.html">https://www.wsws.org/en/articles/2020/03/31/trez-m31.html</a> (Accessed on 9 April 2020)
Social boycott and discrimination			
7.	Mustaffa, a 35-year-old male and Mohammad Dilshad, a 37-year-old male committed suicide. (India)	Both were facing social boycott and religious discrimination from their neighbours in the suspicion of positive COVID-19 report. Resulted in isolation, stigma and finally depression.	<a href="https://timesofindia.indiatimes.com/city/madurai/stigma-over-covid-testing-blamed-for-mans-suicide/articleshow/74939681.cms">https://timesofindia.indiatimes.com/city/madurai/stigma-over-covid-testing-blamed-for-mans-suicide/articleshow/74939681.cms</a> (Accessed on 8 April 2020) <a href="https://www.livemint.com/news/india/facing-social-boycott-covid-19-negative-man-commits-suicide-in-himachal-s-una-11586090515081.html">https://www.livemint.com/news/india/facing-social-boycott-covid-19-negative-man-commits-suicide-in-himachal-s-una-11586090515081.html</a> (Accessed on 9 April 2020)

## RESULTS AND CONCLUSION

COVID-19 is a global crisis, so collective efforts are required to deal with this global pandemic. Emotional distress people need to first set the limit of COVID-19 related news consumption from local, national, international, social and digital platform and the sources must be authentic like CDC and WHO. One needs to maintain connectedness and solidarity despite the physical distance.. Individuals with the previous history of suicidal thoughts, panic and stress disorder, low self-esteem and low self-worth, are easily susceptible to catastrophic thinking like suicide in such viral pandemic. Indirect clues need to be noticed with great care, where people often say 'I'm tired of life', 'no one loves me', 'leave me alone' and so on. On suspecting such behaviour in person, we can pull together the people struggling with suicidal ideation to make them feel loved and protective.[8]

Socio-psychology needs and interventions for mental rehabilitation should be designed. Tele-counselling

along with, 24x7 crisis response service for emotional, mental and behavioural support need to be implemented. However, majority of the countries are already practicing and implementing these measures. Health care policies and the perception for the COVID-19 health care professionals need to be strengthening as reported from Chinese studies . Government recommendations to work from home, and travel less advisories restricted our social life, but, we can spend time indoor with our families, connect to friends on social media, and engage in mindfulness activities, till we all win this battle.[9]

## REFERENCES

- [1] Montemurro N. The emotional impact of COVID-19: From medical staff to common people. *Brai, Behav. Immunity*. 2020 doi: 10.1016/j.bbi.2020.03.032. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

- [2] <https://www.worldometers.info/coronavirus/> (Accessed on 21 April 2020).
- [3] Goyal K., Chauhan P., Chhikara K., Gupta P., Singh M.P. Fear of COVID 2019: first suicidal case in India! Asian J. Psychiatry. 2020; 49:101989. doi: 10.1016/j.ajp.2020.101989. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [4] <https://economictimes.indiatimes.com/news/politics-and-nation/man-suspected-of-covid-19-commits-suicide/articleshow/74700431.cms?from=mdr> (Accessed on 9 April 2020).
- [5] <https://abcnews.go.com/US/wireStory/authorities-mans-covid-19-worries-prompt-murder-suicide-69997314> (Accessed on 9 April 2020).
- [6] Reger M.A., Stanley I.H., Joiner T.E. Suicide mortality and coronavirus disease 2019- A perfect storm? JAMA. Psychiatry. 2020 doi: 10.1001/jamapsychiatry.2020.1060. [PubMed] [CrossRef] [Google Scholar]
- [7] <https://www.todayonline.com/world/covid-19-german-minister-commits-suicide-after-virus-crisis-worries> (Accessed on 8 April 2020).
- [8] <https://www.wzzm13.com/article/news/local/morning-features/suicide-risks-grow-during-pandemic/69-05657859-d404-44ad-bf87-c70dad3c6671> (Accessed on 9 April 2020).
- [9] Mamun M.A., Griffiths M.D. First COVID-19 case in Bangladesh due to fear of COVID-19 and xenophobia: possible suicide prevention strategies. Asian J. Psychiatry. 2020;51 [PMC free article] [PubMed] [Google Scholar]
- [10] Li Z., Ge J., Yang M., Feng J., Qiao M., Jiang R. Vicarious traumatization in the general public, member, and non-members of medical teams aiding in COVID-19 control. Brain Behav. Immunity. 2020 doi: 10.1016/j.bbi.2020.03.007. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [11] Kang L., Ma S., Chen M., Yang J., Wang Y., Li R. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: a cross-sectional study. Brain Behav. Immunity. 2020 doi: 10.1016/j.bbi.2020.03.028. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

