

## Mental Health Aspects in Dealing with COVID-19

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### EDITORIAL

The international outbreak of the unprecedented corona virus (COVID-19) has caused a global crisis with psychological which has a psychological impact, too [1]. People might be confronted with considerable psychological problems when experiencing and witnessing crises such as natural or chemical disasters, accidents in crowds, terrorist attacks or war. As a consequence, numerous people start suffering from depression, anxiety or psychosomatic symptoms [2]. People might start suffering without being primarily affected through an infection. Symptoms can be caused as a consequence of witnessing shocking events, helping victims or survivors, or the fear that oneself, one's family members or friends are infected.

The course and the events of this COVID-19 crisis has confirmed what happened during other crises. Including mentally healthy persons, people feel overwhelmed during the first stage of an unprecedented and unexpected situation. Some people even get a shock. In a second stage, many people, among them leading figures, politicians and heads of state, downplay the crisis or even deny that there is a crisis. This second stage can turn into a very dangerous situation, as careless attitudes and policies prevent necessary measures against the crisis from being taken. With regards to the COVID-19 crisis, this can be illustrated in a global context. The virus has spread so extensively, that it could not be stopped. Policymakers and officials did not make decisions in time and, in some regions, their hesitation lead to an irreversible catastrophe.

During another stage, people do not follow the treatment and quarantine regulations. This behavior can be considered as „bargaining“ or „negotiating“ with the government and its executive forces and authorities, such as police, public health department, etc. With regards to the COVID-19 crisis, this behavior has had a considerable impact in numerous regions. Including infected persons, people who were assumed to be infected and communities which were exposed to infection were separated. Policymakers and officials had not recognized the situation as crisis until they realized that situation was severe and that measures would be an effective solution. The population as well as officials and policymakers are more or less willing to work together. Possibly, all of them see an advantage in implementing the measures. The earlier this happens, the quicker the virus will be under control [3,4].

### CORONAPHOBIA AND POSTTRAUMATIC STRESS

The rapid spread of this unprecedented and lethal virus [5,6], the high reproductive capacity, the unpredictability, missing adequate treatment options and vaccination

and missing protection material like gloves and masks have extensively damaged the trust of the population in the public health system in numerous countries [7]. Additionally, many psychosocial conflicts have arisen due to closed shops and businesses. A considerable psychological problem is fear [8]. This includes anxiety disorders and panic attacks. People suffering from these disorders and attacks can experience dyspnoea when being infected with COVID-19. Inner restlessness, nervous tension and even feeling of rage and perceived helplessness have lead to numerous psychosomatic disorders such as depression and sleeping disorders. Given these prevalence's the use of the term 'coronaphobia' seems appropriate. The term refers to an extraordinary fear that oneself could be infected with COVID-19. Many factors constitute this phobia. This includes the virus itself, though which many people died. The rising numbers of deaths, which increase daily, are reported in the news and social media. This can reinforce the phobia. As can the fear of being infected with COVID-19, the fear of going bankrupt, existential fear and isolation. These factors reinforce the phobia which can be possibly considered a crucial predictor for posttraumatic stress [9,10].

Traumatic events can affect our capability to understand and process the events in our environment. This impairment can lead to sadness, grief, pain, panic, confusion, desperation, fear, depression and other symptoms [2]. Traumatic events are extraordinary, not because they rarely occur, but because they considerably affect people by overwhelming their common and usual reactions to an unexpected and shocking event. A trauma cannot only be experienced by an individual person. Entire groups of people and societies can suffer from traumatic experiences collectively. One uses the term 'collective trauma' when a trauma is so extensive that it has a negative impact on societies or groups of people. Situations and phenomena which can lead to a collective trauma are frequently war, mass violence, genocide and pandemics [11].

## **NEW PSYCHOLOGICAL APPROACHES FOR DEALING WITH PANDEMICS**

Considering COVID-19 and its impact on society, it is important to expand our perspective from medical impacts to social consequences of the pandemic and their impact on the mental health. Including studies on the Influenza-A-virus and the Ebola

virus, research in pandemics from the past gained insights into possible impact of a pandemic on the population and its mental health [12]. Based on these insights, it is important to reflect on the following questions at an early stage: Which pre-existing and effective treatment approaches are there? How can we develop new treatment approaches and how can we determine their effectiveness if this is necessary?

It has been and will be challenge to find evidence-based (treatment) approaches for the current situation, particularly in the reclaims psychiatry, psychology, psychotherapy and social work, which all include psychosocial and pharmacological interventions. The necessity for evidence-based treatment approaches [13] becomes evident through the fact that we must expect more pandemics to occur in the future [14].

So far, we can definitely say that psychiatric and psychological crisis intervention is absolutely necessary at the moment. In the Chinese Province 'Sichuan', for example, a self-help handbook has been developed and successfully used, according to information from China [15].

Once the crisis is over, about 20 % percent of the people will most likely continue to permanently suffer from psychological symptoms like anxiety and depression. For this reason, they will have to be treated in an outpatient or inpatient care setting. This evaluation is based on past experiences from crisis regions [16].

Moreover, we can learn the following from past crises. In general, a good communication with co-workers and other people helps reduce stress and manage crisis situations. The psychotherapeutic treatment of people during and after the crisis can be implemented. Most likely, psychotherapeutic treatments will have to be adapted in order to respond to the specific characteristics of the crisis situation [6]. Moreover, additional severe problems must be considered, as they require professional support. This problem includes a considerable time in quarantine. This situation can be particularly severe when those who are affected live by themselves and do not live in quarantine voluntarily. Additionally, the problem includes inadequate medical treatment and limitations in terms of psychosocial support and communication.

However, many existing therapeutic and psychosocial offers of support cannot be used, as the virus is highly contagious. These

offers include individual as well as group therapy, individual counselling and support in everyday life. For this reason, it is recommended that psychiatrists, psychologists, family doctors, social workers and other trained specialists in crisis intervention will be introduced to phone clinic, to web-based therapy and to online counselling. In this mode, they can continue treatment and their support in emergency and crisis situations. For this purpose, innovative types of learning and specific types of further education advocated by the e-health or e-mental-health approach are now even more necessary than in the past. Being incorporated into study and training programs, these types of learning and education should be mandatory and compulsory. There are numerous studies which have demonstrated the effectiveness of web-based therapy, web-based medical treatment and web-based counselling [15-17]. However, obstacles, such as problems with internet use and sufficient access as well as with an appropriate interdisciplinary cooperation, should be tackled and removed [16].

It is important for us to learn from this crisis in order to be prepared for future pandemics. Now, psychiatrists, psychologists, psychotherapists and all other health and social professionals are called upon to develop and evaluate new concepts and approaches. This will prevent a scenario in which people express their demand on help offers without receiving the adequate help they need.

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