

## EDITORIAL

# Coronavirus Disease 2019 (COVID-19) Pandemic and Its Psychological Impact

Normala Ibrahim

Department of Psychiatry, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

The pandemic of Coronavirus disease which began in late 2019 has affected the entire world and has great impact on all nations' health, economy, social and psychology. The first outbreak which started in the city of Wuhan of Hubei Province, China was discovered in late December 2019 when there were clusters of cases of pneumonia of unknown aetiology identified (1). The number of cases continued to rise exponentially and by end of January 2020, cases were reported in all 34 regions of China which then led the World Health Organization (WHO) to declare the disease outbreak as a public health emergency of international concern (2).

COVID-19 is highly transmissible and the trend showed increased rates of mortality and morbidity and denotes that there is a high risk of the disease spreading to other countries around the world; and up till March 2020, it has spread to 109 countries worldwide (3). In view of this and without targeted antiviral drugs and vaccines, the traditional public health approach to contain the spread of COVID-19 has been implemented and shown to slow down the outbreak in China. The outbreak response measures include isolation, quarantine, social distancing and community containment (4,5). A recent review by Cochrane reported that quarantine that began early was most effective and less costly and if combined with other control measures such as social distancing or travel restrictions (6), much greater effect to prevent the spread of disease was reported.

However, despite rigorous effort to contain the COVID-19 outbreak, pandemic crisis in general has generated psychological consequences in the population. A wide range of psychosocial impacts was reported at the individual, community, and international level (7). Similarly, the ongoing COVID-19 outbreak has induced fear of contracting the disease and its consequences among general population and healthcare workers who worked with confirmed or suspected cases (8). In addition, the spread of incorrect information about the virus through social media has somehow perpetuated the psychological crisis among the public. Those who were in quarantine or under other restrictions may experience boredom, loneliness and anger. Prolonged quarantine and restrictions also may have socio-economic impacts to individuals or countries in general

as most of the income-generating activities are stopped temporarily or closed down and thus inducing stress to affected individuals. Anxiety and guilt about the contagious nature of the disease and inducing stigma on their families and friends may be significantly increased in people who were under 14 days quarantine and involved in mandatory contact tracing (8).

In the light of this potential psychological impact, WHO and Interagency Standing Committee (IASC) reference group have developed guidelines to support mental and psychosocial wellbeing during COVID-19 outbreak crisis (9,10). The summary of the intervention is divided into four main domains that include social considerations in basic services and security, strengthening community and family supports, focused non-specialized supports and specialized services. It must be ensured that all individuals in pandemic countries receive safe and appropriate basic services that may not compromise their dignity. Social networks should be activated to enhance overall supports for community and family. Basic emotional care and practical support through the psychological first aid (PFA) should be implemented and finally some may require specialized mental health care by mental health professionals.

In conclusion, there are supporting evidences showed that COVID-19 pandemic contributed to significant psychological impact to individuals in affected countries. Authorities concerned have developed guidelines to help in preventing and managing this impact. Early recognition of the psychological consequences of this crisis is vital so early intervention can be implemented and thus reducing the health and economic burden of the disease outbreak.

## REFERENCES

1. Nishiura H. The Extent of Transmission of Novel Coronavirus in Wuhan, China, 2020. *J Clin Med.* 2020; 9:330.
2. Mahase E. China coronavirus: WHO declares international emergency as death toll exceeds 200. *BMJ Clin Res Ed.* 2020; 368:408.
3. Shereen MA, Suliman K, Abeer K, Nadia B, Rabeea S. COVID-19 infection: Origin, transmission, and

- characteristics of human coronaviruses. *J Adv Res.* 2020; 24:91–98.
4. Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. *JAMA.* 2020; 323(13):1239-1242.
  5. Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *J Travel Med.* 2020; 27(2): 1-4.
  6. Nussbaumer-Streit B, Mayr V, Dobrescu AI, Chapman A, Persad E, Klerings I, Wagner G, Siebert U, Christof C, Zachariah C, Gartlehner G. Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review. *Cochrane Database of Systematic Reviews.* 2020; Issue 4. Art. No: CD013574.
  7. Hall RCW, Chapman MJ. The 1995 Kikwit Ebola outbreak: Lessons hospitals and physicians can apply to future viral epidemics. *Gen. Hosp. Psychiatry.* 2008; 30:446–452.
  8. Xiang YT. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry.* 2020; 7:228–229.
  9. WHO. Mental Health and Psychosocial Considerations During COVID-19 Outbreak WHO: Geneva, 2020.
  10. Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak- Version 1.1. IASC: Geneva, 2020