

COVID-19: A Psychological Pandemic amongst Health Workers and General Population

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BACKGROUND

It has been apparent that majority of population has been hit across the globe by this pandemic, both at the physical and mental level. As with the WHO's declaration of corona virus outbreak to be pandemic starting march 2020, it has led to a situation of psychological pandemic as well. Looking to our context what have been apparent is that Health Workers and front-liners among others are facing the outbreaks with very limited resource while the country in itself is rumbled in the conflicts of politics and persistently poor health delivery system. Hence, the damage to the tolerance level whether be at psychological or at emotional level can be expected. Then this work of "vicarious traumatization" was found to be fascinating for the time being.¹ The term was initially referred to as the mental symptoms experienced by psychotherapist by the psychological trauma owing to long interview and consultations with mentally ill persons.² However, now it can be broadly used to define the distress and trauma following the cruel and post disastrous situation like this corona pandemic. Symptoms suggested as in the vicarious traumatization such as decreased appetite, sleep difficulties, fatigue, irritation, and fear have been reported by a majority of individuals.

Keywords: COVID-19, Vicarious Traumatization, Health Workers, General population

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As of September 16, 2020, big fearsome data of 29,753,123 infected and 939,674 death across the globe and 56,788 infected and 371 death alone in Nepal have certainly increased the stress level to all of us.³ Government were forced to decide nationwide lockdown as no known treatments was found to be effective and vaccines were still to be developed. Since social distancing and quarantine are the only remedy observed to be effective, detention became reasonable. Even those individuals who were supposed to be far-from the risk of getting infected were too influenced by this difficulty to control situation. Working through the huddles of difficulties (like this pandemic), residing in the limited resource setting has always been a challenge to every health care professionals. Non-availability of enough protective devices, no good infection control system along with direct insult by patient and patient parties towards the medical staff put our health workers from south east Asian countries like Nepal at an increased risk of psychological disturbances.⁴ Suicide cases reported during this pandemic cannot be ignored as emotional consequences, stress, anxiety with extended workload could be the reason behind suicides by two Italian Nurses while social boycott and discrimination led to the death of two adult Indians.⁵ Similarly,

suicide by Finance Minister of Germany can be regarded as another example of economic recession and its consequences.⁵ Interestingly, suicide rate in Nepal is in increasing trend since last decade. Looking to the data from 2017, 2018 and 2019, in Nepal per year 5124, 5317, and 5785 suicides have been reported respectively and it is estimated that during COVID-19 pandemic, suicide rate in Nepal have increased by 20%.⁶ A further splurge increase in the mental disorder can also be expected in the year 2020.

KEY MESSAGE

Various factors that were not under the active consciousness of human mind such as nationwide lockdown, quarantine and isolation, economic fallout, social stigma and boycott have certainly affected the psychological tolerance level of every individuals. Thus, these factors are warranted as trigger to the preexisting psychiatric disorder as well as to the arising new cases. Therefore, early psychological assessment and intervention to the victims and rescuer such as medical staffs and volunteers is deemed of utmost importance not just to control the disasters and pandemic but also for the long-term wellbeing of each personals involved.

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