

# The Runway Will be Long: Psychological and Mental Health Issues With the COVID 19 Pandemic

Fatimah Lateef<sup>1\*</sup>, Cho-chiong Tan<sup>2</sup>, George N. Christodoulou<sup>3</sup>, Fardous Hosseiny<sup>4</sup>, Wan Lai Yau<sup>5</sup>, Chia Siok Hoon<sup>6</sup>, and Ellen Lee Geck Hoon<sup>7</sup>

<sup>1</sup>Senior Consultant, Department of Emergency Medicine, Singapore General Hospital, Singapore

<sup>2</sup>Associate Professor, Institute of Medicine, Far Eastern University Dr. Nicanor Reyes Medical Foundation

<sup>3</sup>Professor Emeritus of Psychiatry, Athens University, Greece

<sup>4</sup>Vice President of Research and Knowledge Mobilization, Canadian Centre of Excellence on PTSD

<sup>5</sup>Past President, World Federation for Mental Health Adviser, Workability Asia

<sup>6</sup>Deputy Director, Mental Health Education Department, Health Promotion Board Singapore, Singapore

<sup>7</sup>President, Silver Ribbon, Singapore

**\*Corresponding author:** Lateef F, Department of Emergency Medicine, Singapore General Hospital, Singapore;

E-mail: [fatimah.abd.lateef@singhealth.com.sg](mailto:fatimah.abd.lateef@singhealth.com.sg)

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## Abstract

*The World Economic Forum has termed the COVID 19 lockdown across many nations of the world as the 'world's biggest psychological experiment'. It is estimated that the mental toll of quarantine and lockdown affected about a third of the world's population. This year will certainly go down in history as one with an unprecedented challenge affecting all of mankind. The tremendous impact on mental and psychological health is still evolving and we may not have seen the peak as yet. The downstream effects continue to surface, keeping counsellors, psychiatrists, psychologists, befrienders, social workers, medical practitioners, and volunteers very busy. Practically everyone's lifestyle changed and continue to change. The new norm will not bring forth 'business as usual' post COVID19. It is time to collaborate, share ideas and best practices, support each other and align with guidelines from international bodies such as The World Health Organization, The Communicable Diseases Center and The International Federation for Mental Health. The authors of this paper are some of the members of the executive committee of The Global Alliance for Mental Health Advocates (GAMHA). GAMHA is a special global mental health project initiated by Silver Ribbon (Singapore) and Lundbeck. The vision for the group is to make mental health a global priority. GAMHA serves as a platform to connect mental health advocates and stakeholders, from varied background across the world to discuss, network, share best practices, ideas and knowledge pertaining to mental health promotion and advocacy. The diverse perspectives and background of members makes the discussions extremely robust and vibrant. GAMHA has come up with some recommendations, which we hope can be applied or customized appropriately, across all cultures and all nations, whether they are in the eastern or western world.*

**Keywords:** Mental health; COVID 19; Quarantine, Lock-down, Resilience, Post- traumatic stress disorder.

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## 1. Introduction

The year 2020 will go down in history as an outstanding and eventful year. COVID 19 presented a unique global situation and posed challenges, never seen since the Spanish Flu, of 1918, where some 500 million (1/3 of the world population at that time) people were affected and there were 50 million deaths [1,2]. Dealing with infectious agents and infectious diseases can indeed be a very emotional experience for all of us. Outbreaks and pandemics have a very powerful psychological effect, besides the physical/ medical manifestations. In fact, infectious diseases have had their fair share of impact on human societies from time in memorial: from the great plaques of the past, the spread of tuberculosis, the period of the 'First Germ Panic'(1900 to 1940s), the 1918-1919 Spanish influenza virus outbreak, the 'Second Germ Panic' (also known as the 'Viral Panic'), Severe Acute Respiratory Syndrome (SARS), Ebola and now, the novel Coronavirus (COVID 19) pandemic [1-3]. The fear of infection is real. From the days when these were entirely managed by healthcare workers, it has now become a whole of government, whole of nation and whole of humanity approach. In the early phases of the COVID 19 outbreak, there was much confusion, anxieties and even fear in some cases. This was because of the uncertainties and multiple speculations (eg. infectivity and spread, when to use a mask, the specified safe measure of physical distancing, asymptomatic carriers) with the virus in the early days [2], [4-6]. As the outbreak started in Wuhan, China, many began to compare it to the 2003 SARS outbreak, which was mostly confined to East Asia and South-East Asia, with very few cases in the western world (eg. Canada) [7-10]. However, with COVID 19, the global spread was very rapid; wave by wave, it spread across continents. Before long, almost every country had COVID 19 positive cases and was grappling to contain the numbers as well as manage those who were ill and hospitalized [2,6]. By then, more panic spread across nations. Fear was widespread. Across many countries, people started panic-buying and stocking, fearing the worst. People began to stay home and avoided healthcare facilities. Lots of speculations were also beginning to spread, especially with the use of social media and stigmatization of healthcare workers. Somehow, memories of SARS were being resurrected. As we read this paper, the pandemic is far from over; countries are now facing, second, third and even fourth waves of cases, and as we approach the winter month, the end of the pandemic is nowhere in sight yet [2].

The widespread global reports in our inter-connected world can definitely influence both the physical and psychological responses of the public, in terms of amplifying apprehension or even encouraging the practice of preventive measures [11-14]. Feelings of anxiety and helplessness can certainly lead people to use or practice unproven methods that may be unacceptable, dangerous and not evidence-based. Thus, throughout the pandemic, we frequently hear of governments' calls to tune in to information from trusted sources and messaging through formal national channels [15]. Others were encouraged to check with their doctors, healthcare providers, counsellors or visit websites such as the WHO (World Health Organization), CDC (Communicable Diseases Centers, USA) and also the local Ministry of Health in each country. Experts estimate the psychological impact from any disaster exceed the physical injuries by 40:1 [11,12]. However, the intensity and magnitude of the focus directed towards control of pathogen spread, medical management, contact tracing and similar activities can cause us to overlook the psychological trauma and mental health impact to individuals and communities during the pandemic. Thus, communities and nations with weak or suboptimal mental health infrastructure can be exposed during crisis, leaving people and responders with inadequate or non-existent mental health care.

## 2. Psychological and Mental Health Consequences

The World Health Organization (WHO) and other mental health support organizations have been strong advocates for the integration of mental health and psychosocial support into the COVID 19 responses by all countries [2,6]. So are all the authors of this paper, representing the relevant organizations and institutions in their respective countries. The United Nations, in its Policy Brief, also called upon nations to seriously consider the investment in mental health now in order to reduce the mental health sequelae in the medium to long term [16]. The World Federation for Mental Health has also called for the rapid coordination and a country-level response to provide the necessary psychosocial support during the pandemic [17]. The COVID 19 pandemic has been a critical turning point in bringing mental health up onto the list of global health priorities.

The following represents four groups of people who may potentially have psychological and mental health manifestations during the pandemic [12,14,18,19]:

- New onset of psychological symptoms in people with no history of mental illnesses.
- Aggravation of symptoms in people with existing mental illnesses.
- Psychological manifestations in people who are caring for persons/ family members with mental illnesses.
- The 'worried well' group of people or the psychologically worried group.

For group (a), they may experience fear from contracting the infection, fear of death (after reading all the publicized reports), anxiety, mental stress, panic attack, and somatization. These are people have not been diagnosed with any form of mental illnesses prior to this. However, they may manifest symptoms when experiencing significant or serious exposure to stressors. These are also some of the same symptoms the worried well or group (d) may experience. Other manifestations may include paranoia, hysteria and exaggerated 'coronaphobia'. Some of these observations were made during the COVID 19 pandemic based on results from surveys conducted in several countries. These manifestations are also likely to stem from the exposure to the variety of social media reports, some of which may not be accurate. Disruption to the usual routine and lifestyle people are used to may also be a cause of anxiety. Not being able to visit their loved ones, being confined to their homes, having to work from home, loss of regular employment and loss of financial capabilities and support are other challenges which can add to the level of stress. Restrictions imposed through lockdowns and numbers allowed to gather socially may also affect people. With these multitude of stimuli, information and inputs, it can be appreciated that even those without any background of mental illnesses can certainly feel overwhelmed, stressed and 'overloaded' [19-22].

For group (c), who are the caregivers of family members with mental illnesses, they may encounter additional stress and feel more overwhelmed during this period. Their family members may not be able to get consultation as frequently as before, they may not be able to be sent to day care centers for their social activities or attend support group activities. As such the caregivers will need to put in more time caring for their family members and managing their changes in moods and behavior. Caregivers may experience secondary traumatic stress, feel excessive fatigue, fear, guilt or even withdrawal. On occasions where they have to bring their family members to clinics or hospitals, they may feel vulnerable and fearful but they perceive this as their responsibility and despite being helpless, they just have to do it. In Group (b), people may manifest a variety of symptoms, with differing severity, depending on which type of mental

illness they have and how well controlled their conditions were before the pandemic. For some, their symptoms can be worsened due to the undue number of stressors, changes they have to face with the pandemic and in some cases, the inability to get their usual medications [13,23]. The latter could be because of the call to ‘stay home’, curtailing specialist outpatient clinic appointments, inability to get scheduled appointments and running out of their medications. There may be exacerbation of symptoms such as anxiety, depression and obsessive-compulsive behavior [13], [22-24]. For those with manic-depressive disorders, they may experience emotional changes like a ‘swinging pendulum’, with ‘ups and downs’ and during the latter, they may tend to withdraw into their own world. Table 1 below shows some of the reasons why COVID 19 may cause some of these mental health symptoms:

**Table 1: Why COVID 19 Caused Psychological Manifestations [3,4,13,15,18,19,22,23].**

<b>Some Reasons Why COVID 19 Caused Psychological Manifestations</b>
1.The uncertainties and unpredictability of the situation, especially in the early phases of the pandemic
2.The imposed rapid change in lifestyle and habits
3. The looming economic changes and its consequences: loss of jobs, loss of livelihood, loss of income, loss of the sense of contribution to society and being a ‘useful citizen’
4. The distancing and isolation measures. This also include quarantine orders, stay home notices and curtailing of all social interactions
5. The psychological issues related to wearing masks (eg. The fear of the inability to view faces of people one is interacting with, the perceived barrier in communications and symptoms such as shortness of breath when a mask is applied over one’s nose and mouth)
6. A spectrum of fear (due to a variety of reasons) and worries
7. Combination of chronic illnesses and physical health issues, together with mental health/ psychological manifestations
8. Having family members, loved ones, colleagues and friends being affected by COVID 19 or having succumbed to COVID 19 infection
9. Stress from the widespread messaging from various media, including social media
10.Working from home and isolation from colleagues, with the added consideration of being in the same ‘confined space’ with the same people over prolonged periods.

Throughout the last eight months of the pandemic, reports of increased call traffic to helplines for counselling and psychological help have been noted across many countries. In Singapore, for example, there is the tollfree National Care Hotline, the Save Our Souls (SOS) hotline, hotlines to IMH (Institute of Mental Health, the tertiary psychological care institution), various counselling services from both private and public organizations, NGOs and Silver Ribbon (Singapore). Countries such as Canada, Taiwan, Philippines, Greece, and Hong Kong all have a variety of mental health services and counselling being offered during this pandemic.

Even as the COVID 19 pandemic brought upon us numerous challenges related to our mental and psychological health across the globe, there were some positive impacts and outcomes as well. These included:

- The enhanced awareness on the importance of mental health issues during pandemics. This is related to the exponential increase in conversations, comments and talk related to the mental health issues caused by the pandemic. In Singapore, for example, the government took steps to help people cope better through campaigns and various programmes targeted at different segments of the population (Annex A).
- Greater call for governments to take charge and make mental health a priority. There, was also more concerted efforts to enhance the quality of mental health services.
- High profile personalities were shown to be making positive comments and consolidating their organization or country's stand on support for mental health. For example, these could be the president, prime minister or minister of some countries, the presidents of global organizations and even celebrities.
- The numerous pledges coming in for more funds and increased budget for mental health related use and purposes.
- More people being involved in providing psychological support during the pandemic e.g. Non-governmental organizations, befrienders groups, individual volunteers.
- Higher number of publications on the topic across a variety of journals (medical, social etc). This may correlate with more research, sharing across communities of practice and global groups as well as academic groups.
- More publication of position papers by global groups and organization as well as sharing of best practices across the globe [6,11,12,16,17], [19-25].
- Positive spin-offs that have come about, e.g. awareness about mindfulness, 'joy at work' and psychological wellness as well as safety of employees. These have all become more prominent during this COVID 19 pandemic [4,5].
- Expansion of the repertoire of technology that has been used in the area of mental health e.g. Tele-Health, tele-counselling, tele-consultations for patients, use of serious games for therapeutic management of certain psychological conditions.
- Being able to see the need for the 'new norm' and converting the negative to positive. Instead of looking at post-traumatic stress syndrome (post COVID 19), it can be post traumatic growth and development, as well as the collective resilience that has been seen in many countries throughout the pandemic.

### 3. Impact on Children, Young People, and Special Groups

It is not just the adults who are affected during this pandemic. Children and young people ( $\leq 18$  years) too were affected, with the possibility of medium to long term consequences. This would mean the need for longitudinal follow up. The magnitude of this effect is dependent on factors such as the presence of pre-existing mental illnesses, age group, presence of family support, socio-economic status and educational status. Children were affected by events such as school closure, having to study from home through e-learning, lack of interaction with their friends and teachers and being confined to their homes. Even childhood activities such as going to the parks and playgrounds were either banned or restricted. For the younger children this can result in irritability, stress and anxiety, inattention, sleep disturbance, altered behavior, separation anxiety and even nightmares. It is definitely helpful for parents to help create a stimulating and conducive environment at home for learning. This has to be done in the midst of many parents working from home. The reality of finding that balance between work at home and other household duties such as housework, child- caring

activities and other responsibilities can be challenging. The social development of these young people can be affected as well, with the cumulative effects of quarantine, inability to resume their usual activities and other emotions associated with these. For families with challenges such as family violence/ domestic violence, having the children at home for prolonged periods may put them at risk for abuse and non-accidental injuries [23-25].

For older children and adolescents, they will face disruption in their education, loss of interaction with their school friends and more screen time on computers and electronic devices. Online and e-learning may lack the actual face to face experience for some and thus, extra effort and care must be incorporated into planning these activities [24,25]. Some possible impact can be attention seeking behavior, lack of concentration, anxiety for a variety of factors such as postponement of examinations and assessments [25]. In the case of children and young people who already have been diagnosed with psychological problems such as attention deficit disorders, obsessive compulsive tendencies, panic attacks and anxiety disorders, as well as young people with special needs, they may encounter exacerbation of their symptoms. This is especially so with the added stressors in play during the pandemic. Parents and care-givers for these young people, need to be aware and to monitor their progress closely [26-31]. Changes in routine and their immediate environment can have more significant impact on such children. In general, with the longer hours of staying at home during 'circuit breaker' or lock down periods, parents need to come up with a spectrum of activities to keep their children constructively engaged. Appropriate play, tele-play, learning life skills in more innovative ways are some examples. Parents should also monitor some of their children's virtual engagements and ensure psychological and social hygiene in their activities. Some young people have reported going on 'Goggle Spree', which may prove to be very unhealthy. They may start to form impressions of their own; some of which may not be accurate or appropriate. COVID 19 has also strengthened the need for parents to work more closely with school counsellors in helping to monitor their children's activities and performance [24,25,27,29,31].

In every society, there will be unique groups that are termed vulnerable and will need additional assistance and regular surveillance. Some of these groups would include the geriatric age group, retirees, the chronically ill with physical or mental illnesses, dysfunctional families, children with special needs and disabilities and low-income groups. These groups must not be our 'blind spot' as countries and governments plan management and assistance for their population.

#### **4. Psychological Wellness of Healthcare Workers**

All throughout the COVID 19 pandemic, frontline healthcare workers (HCW) and first responders have been under considerable stress. Their work demands are very high; whether it is physical, mental, temporal or emotional demands. These demands are not mutually exclusive and continue to change ever so often. It calls for significant flexibility and adaptability on everyone's part, as they are engaged in the balancing act of making critical decisions every single day. Decisions such as triage, which patient receives what level of care due to limited resources in some centers, administration of life-saving measures, which patients to discharge when there are limited hospital capacity and also decisions on which 'non-essential' services can be eliminated or put on hold. Being physically and psychologically stressed can certainly affect HCWs performance and decisions and this can lead to moral injury which may have lasting emotional impact. Other consequences could include burnout, insomnia, depression and even substance or alcohol dependence. Some even experienced avoidance by family members due to stigma and fear [32-34]. For leadership and

management, being aware of the risk factors that may increase the likelihood of psychological disturbance and moral injury is a first step in supporting HCWs. Recommendations should be based on a whole of organization approach that considers the role managers, leaders and peer supporters can play to reduce the risks. It is crucial for organizations and employers to acknowledge the occupational stressors that HCWs face, which include physical strain, physical isolation, extreme fatigue (contributed to by long shifts, exhaustion, wearing personal protective equipment [PPE] over prolonged periods), constant awareness and vigilance, procedural pressures, tension which may arise from public health priorities versus patients and families' wishes. Some of these situations may pose conflicting personal and professional demands [4], [35,36].

During the pandemic, HCWs enjoyed very limited 'recovery experience'. This means they have very little time to recover and bounce back after facing the various demands. 'Recovery experience' represents the psychological state that people experience related to activities they pursue during non-work times. This is in a way linked to the ability to be detached from work and taking control of their leisure and relaxation times. However, more often we find that work demands will spill-over into non-work hours. Thus, it is crucial, especially during the pandemic, for HCWs to take stock of their work-life balance and not get carried away with the exceptionally heavy work demands [4,5,33,36,37]. It also helps to have frequent reminders from the leadership and management of organizations (Table 2). Building and strengthening resilience amongst HCWs is also important. This refers to the individual's healthy coping mechanisms and abilities when encountering adverse events. Resilience has certainly been linked with protection against serious manifestations of mental health diseases and even PTSD (post-traumatic stress disorder). The other element that stood out for HCWs during COVID 19 and also previous infectious diseases outbreaks is that of stigma. It is not uncommon to hear of HCWs being shunned in public places, on transportation and in queues at public institutions. The stigma is often accompanied by social discrimination and exclusion. The perceptions that the public may have about HCWs can cause anxiety and even demoralization amongst some of them. Individuals affected by stigmatization will internalize it and some may face psychological challenges. HCWs may fear this rejection and abandonment. This can create negative appraisal of self, if the resilience of the person is unable to overcome this. Moreover, feelings such as shame, which some may feel, can really strike at the core of a HCWs identity [33], [36,37]. This can have deep impact on the work that they do. Public messaging to correct the misperceptions and unnecessary fear the public may have is important.

During the SARS outbreak, many across the nursing profession encountered depressive symptoms, insomnia and even post-traumatic stress. They faced performance pressure and were traumatized by a range of experiences as well as the way they were perceived by the public [7-10]. Taking lessons from the SARS outbreak, with COVID 19, it is critical to address these early, showing our care and concern for the profession and providing organizational support. This way, their feelings of vulnerability can be converted to positive motivations if they are engaged, and empowered by their bosses, and management.

The pandemic has also proven to be a time when the teamwork and collaboration across medical and healthcare disciplines come into play. Open communications between colleagues, organization leadership, management and staff about what is known and not known can help take the burden off individual's shoulders (Table 2). Optimal planning of shifts with adequate rest is also very important for staff [32]. Cohesive teams with high morale may be better able to

protect staff members from the adverse extreme moral and psychological stressors [32]. Many are also using this pandemic to review and reconfigure their healthcare systems and institutional practices. Removing meaningless practices, whilst ensuring evidence-based framework is critical, in aligning healthcare system values with the healthcare professionals’ values. This pandemic has indeed shown us some tectonic shifts, which may be the strong impetus to reset what is wrong and ineffective to something which is progressive, practical and with growth potential.

**Table 2:** Interventions for Psychological Wellness of Healthcare Workers [4, 5,14,32-37].

<b>For Leadership and Management</b>
<ol style="list-style-type: none"> <li>1. Acknowledge the inherent moral stressors for HCWs during the COVID 19 pandemic</li> <li>2. Promote an open and supportive culture at the workplace</li> <li>3. Make arrangements for access to a range of psychological support services for HCWs</li> <li>4. Consider rotating staff within high and lower stress areas of work</li> <li>5. Establish evidence-based policies to guide ethically difficult decisions such as the allocation of scarce resources</li> <li>6. Recognize the value and contribution of volunteers and informal workers during these challenging times and ensure their safety as well.</li> </ol>
<b>For Individual Healthcare Worker</b>
<ol style="list-style-type: none"> <li>1. Education and keeping oneself informed is key. Access to psycho-educational materials about moral and psychological stressors and support available in the organization</li> <li>2. Attend to self-care needs: e.g. eating balanced meals, exercising, sufficient sleep and rest and maintaining social interactions (even through virtual means)</li> <li>3. Undertake stress reduction activities: e.g. relaxation therapy, mindfulness practice and meditation</li> <li>4. Supporting each other and colleagues, debriefing after difficult cases and ventilating and talking about shared experiences helps</li> <li>5. Seek professional support if feeling distressed and troubled by one’s feelings, experiences and thoughts</li> </ol>

### 5. Psychological Impact of Quarantine and Isolation

The World Economic Forum has termed the COVID 19 lockdown across many nations of the world as the ‘world’s biggest psychological experiment’. It is estimated that the mental toll of quarantine and lockdown (including the different spectrum of this e.g. ‘circuit breaker’ measures in Singapore) affected about a third of the world’s population. [31,38]. These were necessary social measures besides the medical and pharmacological measures instituted. It represented a big impact on public health measures and systems. Those in quarantine felt the social isolation and limitations of the restrictions imposed, in most cases for the first time in their lives. Many were emotionally unprepared as these measures had to be instituted at very short notice. Some experienced fear as they really felt their vulnerabilities. There was also emotions of frustration, boredom, loneliness, fear, anxiety for not knowing a lot of information,

irritability and even depression. The emotional and social isolation, with lack of face to face interactions, touch, hugs and feeling of being close to families and other humans was challenging. Some felt shame, stigmatization, guilt and even resentment as they questioned, “why did I have to contract this infection?” Others report feelings of negativity, reflection on the meaning of their life, anger, emotional exhaustion from cognitive overload with all the various information stimuli they are exposed to and some even have post-traumatic stress manifestations at follow up [3,19,22,30,31].

Most people’s lifestyle changed, practically overnight. All these, when coupled with the pervasive and provoking information provided by the media, may have contributed to the feeling of hopelessness, demotivation and elevated anxiety. Thus, one important lesson was for nations to share openly on any quarantine orders, ‘stay home notices’, lockdowns, movement control orders and even ‘circuit breaker measures’ for people to really understand the need for these impositions and how they themselves have a role to play in helping to control the spread of COVID 19 [39-42]. This inclusivity can have a positive impact on governments executing these measures. Some studies have reinforced that inadequate information from public health authorities may be a significant stressor and contributor to confusion on the purpose of quarantine and lockdowns [22,24,38]. The public also appreciated the transparency in sharing by the relevant government agencies. Others worry about getting supplies during the quarantine and lockdown periods. Basic human necessities procurement is a major concern. Reports of irregular and erratic distribution or inability to provide these can cause heightened anxieties and worries [43-45]. For those who already have pre-existing mental health conditions, with lowered psychological resilience, quarantine and isolation can be an added psycho-social burden and they may not cope as well as others. Knowing that some of these needs will be provided for during quarantine and isolation will be helpful. People who manage to cope better with the quarantine and isolation have been shown to have a good network of social support [31,44,46,47]. Despite lack of face to face contact, they had virtual communications, telephonic interactions and video-calls with concerned family members and their social networks help keep their motivation levels high. Regular updates and even flyers or emails help as well. An individual’s psychological resilience is important in predicting how they can cope with these rapid changes. Different indices have been adopted to measure resilience and an individual’s ability to cope with social, economic, political threats and public health emergencies. However, these may need to be customized to certain societies, ethnic groups and culture, appropriately. There are also online predictor tools accessible to the public to try out. For such tools, it is important to realize that some people may over-react to the results they get and become unnecessarily worried in certain cases [46,48].

The other interesting observation is the differences in eastern-western coping and buy-in strategies. This is related to how internalized cultural orientation (such as values, thinking process and focus) can shape coping strategies of people. National culture, which is dominant and more obvious in certain societies, can certainly influence collective actions, responses and norms [48,49]. In this context, the differentiation between low and high-power distance cultures, respectively depicting individualism versus collectivism practices, also has a significant role to play. Power distance is a value that differentiates individuals, organizations and nations based on the degree to which inequalities are accepted. High power distance culture would include countries such as China, Singapore and Taiwan. Social distancing may be more acceptable and easier to execute in some cultures. In others there may a high need for group identity. These tend to be so in more Asian societies [48-52].

## 6. Recommendations

The psychological consequences of the COVID 19 pandemic is already upon all of us, but it has not ended. Its runway will be long; i.e. the potential “pandemic of mental illness and mental health issues” as a result of COVID 19. Its impact ranges from the stress associated with the risk of infection, quarantine and isolation, the traumatic experience of sudden loss of lives and livelihoods within families and communities. Whilst the psycho-social concerns can be widespread, there are certain vulnerable groups needing particular attention and psychological support [53,54]. This group include HCWs at the frontline, migrant workers, informally and self- employed workers, women and children who are at risk of abuse and domestic violence, people in institutions and those with physical and mental health conditions and disabilities [54-57].

GAMHA, The Global Association for Mental Health Advocates, as a group proposes that, during this pandemic, governments and mental health organizations must take the following steps:

- Create greater awareness about mental health conditions and mental illnesses and symptoms and to encourage those experiencing these to come forward to get the appropriate treatment. Publicizing the signs and symptoms to look out for as well as available helplines will also be very helpful.
- To ensure sufficient face to face as well as virtual, e-platforms and telephonic access to mental health services and counselling for people with pre-existing as well as new onset mental health conditions. Training in the implementation of virtual care will become a standard in the new norm for mental health professionals in their education and continuing education frameworks.
- Dedicated and sustainably funded psycho-social support for HCWs and frontline workers.
- Use the pandemic as an impetus to jump start allocation and segregation of appropriate funding for provision of mental health services, education, programs as well as relevant research in mental health. In places whereby funding for mental health services have long-standing unmet needs, the COVID 19 pandemic may have certainly exacerbated this. This is the appropriate time to take stock, review, renew and refresh services.
- To promote public-private and people sectors partnerships to enhance programs and initiatives that will supplement the mental healthcare and management in the community and society.
- To ensure the practical implementation of interventions which should be based on a comprehensive amount of risk factors leading to the psychological issues (eg. poor mental health status before the crisis, bereavement, injury to self/ family, life threatening circumstances, separation from family, low income and vulnerable families) and to review adequate services for the vulnerable groups in each society.
- To ensure the appropriate standards of care for persons in institutions for long term mental health issues.
- Integration of mental health considerations into crisis and pandemic care, addressed at the community and state levels with local planning mechanisms to identify, make referral, treat, manage psycho-social consequences and ensure capacity for onward referrals to specialists care.
- That the Government (or appropriate organization in respective countries) provide additional long-term funding to research bodies to ensure mental health research funding that is proportionate to mental health’s burden of disease, and its impacts on specific communities. Particular attention should be paid to research that can directly improve care and meet the needs of communities that have not been well served.

- That Government and countries review, create oversight, and connect holistic approaches to mental health care, inclusive of social services, housing, child and family welfare, education, employment and other related and overlapping domains.

## 7. Conclusions

To best handle the variety and spectrum of psycho-social issues in society would be to have a good and robust healthcare system, which includes provision of coordinated mental health and psychological management. Psycho-social crisis prevention programs and intervention models which are customized to individual society's needs and culture is important. The collaborative efforts from government agencies, private companies and organizations as well as the people sectors of a nation in providing and managing the psycho-social issues presented to us by this global pandemic must be harnessed for the best results. Strengthening our psychological defense is the way forward, as we prepare for the long and daunting journey. The 'COVID 19 runway' is going to be long, with barriers along the way. It is more like a steeplechase; the end of which is not in sight yet.

### Annex A: Mental Health Campaigns and Initiatives by The Health Promotion Board, Singapore.

Programme/Campaign	Description
<b>1. General Public</b>	
<b>Stay Well to Stay Strong Campaign</b> <a href="http://www.healthhub.sg/staywell">www.healthhub.sg/staywell</a>	The campaign provides Singaporeans with bite sized videos and articles on how to stay healthy during the pandemic; the information ranges from practicing good personal hygiene to coping with stress
<b>Brave the New Campaign</b> <a href="http://www.sgunitd.gov.sg/stay-strong/">www.sgunitd.gov.sg/stay-strong/</a>	The campaign brings together different government agencies to equip individuals with coping skills and encourage act of supporting others during the pandemic. The first phase of the campaign targeted the general population while the second phase focused on those who are more affected – youths/young adults, seniors and the unemployed
<b>2. Workplace Supervisors</b>	
<b>Management Training Workshop</b>	The online one-day workshop equips workplace supervisor and HR personnel with knowledge and skills to look out for employees who may not be coping well and how to support them.
<b>3. Seniors</b>	
<b>Television Series</b> <ul style="list-style-type: none"> <li>• Learn Together with Me Season 2 (Mandarin)</li> <li>• Stay Well to Stay Strong (Malay/Tamil)</li> </ul>	A television series of 6 and 10 episodes in Malay/Tamil and Mandarin respectively was telecast to educate and encourage seniors to continue to lead a healthy lifestyle during circuit breaker period. The series introduced activities which seniors could do at home to keep themselves mentally and physically active.
<b>"Balik Kampung" Workshops</b>	The online workshops for seniors aged 50 years and above address the importance of staying socially connected and mentally stimulated to reduce the risk of mental health conditions such as dementia and depression. The messages were conveyed through activities and games such as pick up sticks and building blocks.

## REFERENCES

1. Pandemic, 1918. [Online]. Available: <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>
2. World Health Organization. Spread of COVID 19. 2019. [Online]. Available: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
3. Morens DM, Folkers GK, Fauci AS. Emerging infections: A perpetual challenge. *Lancet Infect Dis.* 2008;8:710-719
4. Lateef F. Face to face with COVID 19: Maintaining motivation, psychological safety and wellness. *J Emerg Trauma Shock.* 2020;13:116-123.
5. Lateef F. COVID 19: Through the ethical lenses. There is really more than meets the eye. *Archiv Emerg Med Intens care.* 2020;3(1):6-16
6. World Health Organization. Advice and Guidance from WHO. [Online]. Available: <https://www.epi-win.com>
7. Wu KK, Chan SK, Ma TM. PTSD after SARS. *Emerging Infect Dis.* 2005;11(8):1297-1300.
8. Cheng SKW, Wong CW, Tsang CW, et al. Psychological distress and negative appraisals in survivors of SARS. *Psychol Med.* 2004;34:1187-1195.
9. Lee S, Chan LY, Chau AM, et al. The experience of SARS related stigma at Amoy gardens. *Soc Sci Med.* 2005;61:2038-2046.
10. Hawryluck L, Gold WL, Robinson S, et al. SARS control and psychological effects of quarantine. Toronto, Canada. *Emerging Infect Dis* 2004;10:1206-1212.
11. Links J: Predicting community resilience and recovery after a disaster. *Public Health Matters.* CDC. 2017. [Online]. Available: <https://blogs.cdc.gov/publichealthmatters/2017/08/predicting-community-resilience-and-recovery-after-adisaster/>
12. Mental health and psychological aspects of COVID 19. World Health Organization, 2019. [Online]. Available: <https://interagencystandingcommittee.org/other/interin-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>
13. Tang L, Bie B, Park SE, et al. Social media and outbreaks of emerging infectious diseases: A systematic review of the literature. *Am J of Infect Control.* 2018;46:962-972.
14. Douros G. Burnout is the canary in the coal mine: the solution is not stronger canaries. *Emergency Med Australasia.* 2020;32:518-519.
15. Naushad VA, Bierens JJ, Nishan KP, et al, A systematic review of the impact of diseases on the mental health of medical responders. *Prehospital Disaster Med.* 2019;34:632-643.
16. UN. United Nations Policy Brief: COVID 19 and the need for action on mental health. [Online]. Available: [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief-covid\\_and\\_mental\\_health\\_fund.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_fund.pdf)
17. World Federation for Mental Health. Coronavirus Statement. [Online]. Available: <https://wfmh.global/wfmh-coronavirus-statement/>
18. Schafer SK, Sopp MR, SChanz CG, et al. Impact of COVID 19 on public mental health and the buffering effect of a sense of coherence. *Psychother and Psychosom.* 2020;89:386-392.

19. Huang Y, Zhao N. Mental health burden for the public affected by COVID 19 outbreak in China: Who will be the high-risk group? *Psycho Health Med.* 2020. doi:10.1080/13548506.2020.1754438
20. Bavel JJ, Baicker K, Boggio PS, et al. Using social and behavioural changes to support the COVID 19 pandemic response. *Psychother and Psychosom.* 2020;89(3):130-132.
21. Moreno C, Wykes T, Galderisi S, et al. How mental healthcare should change as a consequence of the COVID 19 pandemic? *Lancet Psychiatry.* 2020;7:813-824.
22. Asmundson G, Taylor S. Coronaphobia: Fear and the 2019 CoV outbreak. *J Anxiety Disord.* 2020;70:102196.
23. Adhanom GT. Addressing mental health needs: An integral part of COVID 19 response. *World Psychiatry* 2020;19:129-130.
24. Singh S, Roy D, Sinha K, et al. Impact of COVID 19 and lockdown on mental health of children and adolescents: a narrative review with recommendations. *Psychiatry Res.* 2020;293:113429.
25. Dalton L, Rapa E, Stein E. Protecting the psychological health of children through effective communications about COVID 19. *Lancet Child Adolesc Health.* 2020;4(5):346-347.
26. World Health Organization. (2020a) Healthy Parenting. [Online]. Available: <https://www.who.int/emergencies/discussions/novel-coronavirus-2019/advice-for-public/healthy-parenting>
27. Hjemdal O, Vogel PA, Hagen K, Stiles TC. The relationship between resilience and levels of anxiety, depression, OCD in adolescents. *Clin Psychol Psychother.* 2010;18:314-321.
28. Anyan F, Hjemdal O. Adolescent stress and symptoms of anxiety and depression. Resilience explains and differentiate the relationship. *J Affect Disord.* 2016;203:213-220.
29. Zhai Y, Du X. Mental health care for Chinese students affected by COVID 19 outbreak. *Lancet Psychol.* 2020; 7(4):e22
30. Mertens G, Gerritsen L, Duijndan S, et al. Fear of the coronavirus: predictors in an online study conducted in March 2020. *Journal Anxiety Disord.* 2020;383:510-512.
31. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet Psychiatry.* 2020;395(10227):912-920.
32. Guan YJ, Deng H, Zhou XY. Understanding psychology: Understanding the impact of COVID 19 pandemic on career development: Insights from cultural psychology. *J Vocat Behv.* 2020;103438. [Online]. Available: doi.10.1016/j.jvb.2020.103438
33. Sonnentag S, Fritz C. Preparing for job stress: the stressor detachment model as an integrative framework. *J Organz Behv* 2015;36:S72-S103.
34. Galbraith N, Boyal D, Mcfeeters D, et al. The mental health of doctors during the COVID 19 pandemic. *B J Psych Bull.* 2020:1-4. [Online]. Available: <https://doi.org/10.1192/bjb.2020.44>
35. Ingrid T. COVID 19: Doctors need proper mental health supports. *BMJ* 2020;369:m2192.
36. Abbasi J. Prioritising physician mental health as COVID 19 marches on. *JAMA.* 2020;323:2235-2236.
37. Shanafelt T, Ripp J, Trokel M. Understanding and addressing sources of anxiety among healthcare professionals during the COVID 19 pandemic. *JAMA.* 2020;323:2133-2134.

38. Van Hoof E. World Economic Forum. To date, the world's biggest psychological experiment and we will pay the price. [Online]. Available: <https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/>
39. Serafini G, Parmigiani B, Amerio A, et al. The psychological impact of COVID 19 on the mental health in the general population. *QJM Int J Med.* 2020;1-7. [Online]. Available: doi:10.1093/qjmed/hcaa201
40. Rubin GJ, Wesseley S. Coronavirus: the psychological impact of quarantining a city. *BMJ Opinion.* 2020; 368:m313.
41. Sa L. Thinking about COVID 19 is clinically dysfunctional? *Brain Behavior Immun.* 2020;S0889-1591:30682-30686.
42. Wang J, Wang JX, Yang GS. The psychological impact of COVID 19 on Chinese individuals. *Yonsei Med J.* 2020; 61:438-440.
43. Khan S, Siddique R, Li H, et al. Impact of Coronavirus outbreak on psychological health. *J Glob Health.* 2020; 10:010331.
44. Lee M, You M. Psychological and behavioral responses in South Korea during the early stages of Coronavirus disease 2019. *Int J Environ Res Public Health.* 2020;17:2977.
45. Nicola M, Alsafi Z, Sohrabi C, et al. The socio-economic considerations of the coronavirus and COVID-19 pandemic: A review. *Int J Surg.* 2020;71-76.
46. Thakur V, Jain A. COVID 2019 suicides: A global psychological pandemic. *Brain Behavior Immun.* 2020; s0889-1591:30643-30647.
47. Younguas J, Sacramento PH, Francisco JTS. The complexities of loneliness. *Acta Biomedica.* 2018;89(2): 302-314.
48. Krendl AC, Pescosoleto BA. Countries and cultural differences in the stigma of mental illness: The east-west divide. *J Cross Cultural Psychol.* 2020;51(2):149-167.
49. Spicer A. Organizational culture and COVID 19. *J Manag Stud.* 2020. [Online]. Available: <https://doi.org/10.1111/joms.12625>
50. House RJ, Javindas M, Dorfman PW, et al. Editors. Culture, leadership and organization. The GLOBE Study of 62 societies, 2004. Thousand Oaks, CA: Sage Publications; 669-720p.
51. Daniels MA, Greguras GJ. Exploring the nature of power distance: Implications for micro- and macro- level theories, processes and outcomes. *J Manag.* 2014;40(5):1202-1229.
52. Srivatsa S, Stewart KA. How should clinicians integrate mental health into epidemic responses. *AMA J Ethics* 2020;22(1):E10-15.
53. Bell BP. Overview, control strategies and lessons learnt in the CDC response to the 2014-2016 Ebola epidemic. *MMWR Suppl.* 2016;65(3):4-11.
54. Ali GC, Ryan G, Silva MJD. Validated screening tools for common mental disorders in low and middle income countries: a systematic review. *PLoS One.* 2016;11(6):e0156939.
55. Gagne M, Deci EL. Self-determination theory and work motivation. *J Organiz Behav.* 2005;26:331-362.
56. Dubey S, Biswas P, Ghosh R, et al. Psychosocial impact of COVID 19. *Diabetes Metab Syndr: Clin Res Rev.* 2020;14:779-788.

57. Duan L, Zhu G. Psychological interventions for people affected by COVID 19 epidemic. *Lancet Psychiatry*. 2020;7:300-302.

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