

COMMENTARY

Stigma reduction and provision of mental health services in the public health response to COVID-19

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Abstract

Stigma reduction and provision of mental health services are unique challenges associated with the new COVID 19 pandemic. Stigma and discrimination may affect the patients diagnosed with COVID 19, those who have been placed under quarantine as well as the frontline. Effective, accurate and timely communication delivered in a coordinated manner along with community engagement is the cornerstone for stigma reduction and promotion of mental health. Although several steps have been taken to address stigma and promote mental health, it is imperative that a clearly defined strategy be put in place to integrate mental health services into the public health response to COVID 19.

Keywords

Stigma Reduction; Mental Health; Public Health; COVID-19

Why Stigma?

An important cause of social stigma towards people is the fear and the anxiety about a disease.(1)

The stigma in COVID 19 is primarily because it is a new disease with several unknowns and it is these unknowns generate fear which translates to stigma. Unfortunately, this stigma can cause several harmful effects contributing to a situation that undermine social cohesion and where the disease spreads more readily. It can drive people to hide their disease or certain aspects like history of travel or contact, may delay health care seeking or even discourage them from practicing behaviors that are healthy. (2)

In India, stigma and discriminatory behavior has been reported targeting people with COVID 19, as well as health care workers, sanitary workers and police as these are in the frontline for managing the outbreak. (3) This stigma also extends to those who

have recovered from the disease as well as those who are under quarantine. (3, 4) False reports in social media play a role in perpetuating the stigma, sometimes targeting some communities or even localities leading to stereotyping and discriminatory behavior. (3) When compared between those health care personnel who have been quarantined versus those who are not, those who are quarantined are significantly more likely to report stigma.(4)

What is the Mental health impact of COVID 19?

A pandemic, like COVID 19 may cause a feeling of anxiety and panic among public and overburden on health care workers. Some of the psychological responses to pandemics include maladaptive behaviors, emotional distress and defensive responses. (5)

a) Impact on persons isolated and quarantined due to COVID 19:

Studies have shown that longer durations of quarantine are associated with poorer mental health specifically, post-traumatic stress symptoms, avoidance behaviors, and anger. (6) Fears about one's own health as well as fears of infecting others especially family members were reported in few studies. Confinement, reduced social and physical contact with others was frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which was distressing to participants. (4)

b) Impact on the general public

Frustration, boredom, loss of usual routine, inadequate essential supplies and financial insecurity seems to be some of the factors which affect the general public on lockdown during the COVID 19 epidemic. Psychological impact of the COVID-19 outbreak was rated as moderate or severe by 54% participants among the general population in China with 16.5% subjects reporting moderate to severe depressive symptoms and 28.8% reporting moderate to severe anxiety symptoms. (7)

c) Impact on the patients with pre-existing mental illness

People with preexisting mental illness may have a higher susceptibility to stress and could be further influenced by the emotional responses brought on by the COVID-19 epidemic, resulting in relapses. Furthermore, with the restrictions on travel and implementation of lockdown, it becomes more difficult or impractical for people with preexisting mental illness to attend regular outpatient visits for evaluations and prescriptions. (8)

How to integrate stigma reduction and mental health in public health response?

One of the crucial steps in reduction of stigma is effective communication so as to avoid fueling fear. It is important to foster an environment where the disease can be discussed openly and effectively within atmosphere of trust and honesty. (2) The need for the hour is that public health officials provide clear messages in a timely manner; provide rational explanations about the disease including need for quarantine such that it reduces stigma and also ensures adherence to quarantine. It is important to avoid confusion by ensuring coordination between different levels of government. Media also has a great role to play; by avoiding sensationalizing headlines and prevent fear mongering as these are known to result in stigma. (4) Sharing success stories

and amplifying positive voices, honoring the frontline workers, engaging influencers to ensure community engagement, balanced reporting are some of the other strategies to ensure that mental health can be promoted and morale of the community can be boosted. (1,9)

People under quarantine as well as the general public have to be provided feasible strategies on stress management and better coping. It may be necessary to provide extra support to people with pre-existing poor mental health. Focus should be on the altruistic aspects of quarantine and other measures like lockdown rather than view it as a compulsion. If the feeling is instilled in those under quarantine and the general public during lockdown that it is for the benefit of others too especially the vulnerable (children, elderly or with comorbidities) and also convey a sense of gratitude from the public health authorities for their cooperation during the implementation of these measures, this will result in not just improvement of mental health but also better adherence to these measures. (4)

Multidisciplinary mental health teams consisting of psychiatrists, clinical psychologists and other mental health workers are required to deliver mental health support to patients as well as health workers. Secure services to provide psychological counselling services for the affected patients, family members and the general public have to be established using electronic devices and applications. There should be regular clinical screening for distress, depression, anxiety and suicidality among diagnosed patients as well as health care professionals. For patients with comorbid mental disorders, it is necessary to provide specialized psychiatric services and appropriate mental health services. (10) It is also important that while promoting telepsychiatry in the changing landscape surrounding the pandemic, focus is also given on building the capacity of mental health professionals on the legal, clinical and cultural aspects for using technology for delivering mental health care. (11)

What has been done so far?

The WHO has released a document on "Mental health and psychosocial considerations during the COVID-19 outbreak". (9) It has messages for the general population and for healthcare workers. One of the several key messages given here to reduce stigma is to separate a person's identity from the disease; that is instead of calling a patient as "COVID

case”, to paraphrase as “person who has been affected by/ diagnosed with the COVID-19 disease.” It also advises to reduce watching or listening to news or rumors about the disease to avoid anxiety and to receive or share authentic information only from trusted sources including that from the national or local government sources. Coronavirus disease 2019 (COVID-19) Situation Report 35 released by the WHO focused on risk communication to address stigma.(12) A guide to preventing and addressing social stigma was also released in association with the UNICEF and IFRC.(2)

Similarly, the National Health Commission of China has provided guiding principles of the emergency psychological crisis interventions to reduce the psychosocial effects and to promote integration of psychological crisis intervention into the overall deployment of epidemic prevention and control.(13) There have been attempts to develop models for integration of physicians, psychiatrists, psychologists and psychosocial workers into internet platforms in China which emphasized that psychological crisis intervention be dynamic to suit the shifting stages of the epidemic. It advocated that mental health professionals should play an active role in the management of persons diagnosed with the disease. This must include assessment of psychological distress and fear by psychologists and management of more serious problems like risk of suicide and violence by psychiatrists. (14)

In India, the Ministry of Health and Family Welfare has also released guidelines on addressing social stigma associated with COVID-19 in which the citizens of the country are instructed to follow certain do’s and don’ts for alleviation of stigma. A psycho-social toll-free helpline has been set up. Several other documents with respect to mental health have been released which include “Identifying and addressing sources of anxiety and stress during the lockdown; Tips for parents and students coping with anxiety and stress during the lockdown; Videos on Yoga and meditation for stress management; Taking care of mental health of children and elderly; Psychosocial issues among migrants; Video on practical tips to take care of your mental health during the Stay In; Minding our minds and tips from various health experts on how to manage mental health & well-being.”(15)

Summary and way forward

To date, data on the mental health problems of those suspected or diagnosed with the COVID-19 and their treating physicians is limited, hence strategies on how best to respond to the challenges of the outbreak is unknown. Although the need to address social stigma and respond to mental health needs during the COVID 29 pandemic has been emphasized time and time again, the strategic preparedness and response plan of the WHO or from MOHFW, India has not laid down clear guidelines on integration of mental health response either from the health system perspective or from the perspective of a mental health care professional. As the global pandemic continues to scale up and the virus continues to show signs of spread, it becomes imperative that governments develop and implement well-coordinated plans and strategies to meet these demands during the COVID-19. (12)

Authors Contribution

All authors have contributed equally.

References

1. CDC. Coronavirus Disease 2019 (COVID-19) [Internet]. Centers for Disease Control and Prevention. 2020 [cited 2020 Apr 8]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>
2. Social stigma associated with the coronavirus disease (COVID-19) | UNICEF [Internet]. [cited 2020 Apr 8]. Available from: <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>
3. Addressing Social Stigma Associated with COVID-19 [Internet]. [cited 2020 Apr 8]. Available from: <https://www.mohfw.gov.in/>
4. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020 Mar 14;395(10227):912–20.
5. Taylor S. *The Psychology of Pandemics: Preparing for the Next Global Outbreak of Infectious Disease*. Cambridge Scholars Publishing; 2019. 179 p.
6. SARS Control and Psychological Effects of Quarantine, Toronto, Canada [Internet]. [cited 2020 Apr 9]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3323345/>
7. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the

- General Population in China. *Int J Environ Res Public Health*. 2020 06;17(5).
8. Yao H, Chen J-H, Xu Y-F. Patients with mental health disorders in the COVID-19 epidemic. *Lancet Psychiatry*. 2020;7(4):e21.
 9. Mental health and psychosocial considerations during the COVID-19 outbreak [Internet]. [cited 2020 Apr 8]. Available from: <https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>
 10. Xiang Y-T, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry*. 2020;7(3):228–9.
 11. APA Learning Center Telepsychiatry in the Era of COVID-19 [Internet]. [cited 2020 Apr 16]. Available from: <http://education.smiadviser.org/Users/ProductDetails.aspx?ActivityID=7257>
 12. Novel Coronavirus (2019-nCoV) situation reports [Internet]. [cited 2020 Apr 8]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
 13. Dong L, Bouey J. Early Release - Public Mental Health Crisis during COVID-19 Pandemic, China - Volume 26, Number 7—July 2020 - *Emerging Infectious Diseases journal - CDC*. [cited 2020 Apr 8]; Available from: https://wwwnc.cdc.gov/eid/article/26/7/20-0407_article
 14. Zhang J, Wu W, Zhao X, Zhang W. Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: a model of West China Hospital. *Precis Clin Med*. 2020 Mar 25;3(1):3–8.
 15. MoHFW | Home [Internet]. [cited 2020 Apr 9]. Available from: <https://www.mohfw.gov.in/>