As I begin to write this editorial, India had recorded this year’s worst single-day spike in coronavirus disease cases. This is of concern as it follows a decline in the daily new cases since the last few months of the last year.

The global pandemic of coronavirus disease (COVID-19), while being a communicable infectious disease, had much wider health implications. In fact, our experience with the pandemic and the measures taken to contain its spread and impact have rekindled the discussion on the relevance and importance of the ‘mental health’ component of the concept of holistic health.

The rapidity and scale of the spread of the infection, fear of acquiring the infection, limited know how about the disease, lack of an effective treatment, coupled with the infodemic (too much information including false or misleading information in digital and physical environments during a disease outbreak) surrounding the disease created an atmosphere of concern and uncertainty. Many countries responded by imposing nationwide lockdowns that were aimed at breaking the chain of transmission of the virus and contain the spread of the infection. The consequent restrictions on movement, difficulties with day-to-day living, forced and unplanned migration, change in daily routines, economic hardships and concerns about vocations, all contributed to a stressful experience that continued for months at a stretch. While Work from Home (WFH) was offered as a possible way out from the situation created by the office premises being shut, it disrupted the work-life balance by blurring the boundaries between the two and added to the already heightened stress levels. The increased stress levels were observed across diverse population groups and settings. A systematic review and meta-analysis of the published studies during the COVID-19 pandemic reported a prevalence of 29.6% (95% confidence limit: 24.3–35.4) of stress among the general population (total sample size of 9074 across the included studies).1

Besides the experience of the heightened psychological distress, an increase in rates of various mental disorders including anxiety, depression, and post-traumatic stress disorder were also reported. Again, these findings were reported from diverse population groups across different countries. The pandemic adversely impacted the psychological wellbeing of the health care workers as well.2

Isolation, lack of social support and limited opportunities for in-person interactions made the handling of the psychological distress even more challenging. The restricted access to and disruption of the existing support systems is expected to have triggered maladaptive coping behaviors such as increased substance use and screen time. Studies have reported an increase in number and frequency of use of tobacco and electronic cigarette, and alcohol among the smokers and alcohol users, respectively during the pandemic.3,4

Suspension of the on-campus activities, remaining confined to home, increase in spare time and disruption of the daily routine created an environment that was conducive to increased use of the digital devices and internet-based activities among the students. An increase in gaming behavior was documented among the college students during the pandemic.5 Additionally, increased access of the Over the Top (OTT) platforms also contributed to the increased screen time. A lack of guidelines on screen time did not help the cause as parents continued to grapple with their concerns about the increased screen time of their children. While the concerns about the increased screen time have more commonly been expressed for students, populations across different age groups including children, adolescents, young adults, and older age groups also had an increase in the same over the past months.

As the pandemic posed challenges of associated mental health implications, it also exposed the shortcomings of the existing health care systems to offer the services for mental and addictive disorders. Many countries struggled catering to increase in need for the mental health services during the pandemic. The limited mental health care infrastructure- a result of limited investment in mental health care over the years- coupled with the diversion of the existing health resources to the COVID care, strained the already overburdened systems even further.

As COVID-19 continues to burden the health systems, there are various learning from our experience with the pandemic. Some of these are briefly discussed here.

First, there is a need to integrate the mental health in the overall health care delivery systems more intricately. While mental health has always been considered an essential component of holistic health, the approach to mental health care delivery has mostly been piece meal. However, over the past few years there has been a growing acknowledgement of the need to integrate mental health care delivery with other non-communicable diseases (NCDs). The current pandemic has taught that such an integration needs to extend beyond the NCDs. While the heightened psychological distress as well as an increase in mental and addictive disorders was reported among the various sections of the population (those infected with the novel coronavirus, those diagnosed...
with coronavirus disease, the care providers, health care workers, general public) during the pandemic, the long-term mental sequelae to the pandemic remain to be explored. There is a need to realign the health policies and health care delivery systems to cater to the mental health needs of the population with an aim to ensure the effective, accessible and affordable Universal Health Coverage (UHC). There should be an increase in the public health spending on services for mental health and addictive disorders. There is also a need to develop newer avenues and approaches to mental health care delivery. One of the key developments of the past few months has been the growth of the digital health. Despite of its inherent limitations, the digital health has emerged as an important tool for health systems. There is a need to leverage on the digital technology and incorporate the same in health care delivery as well as capacity building of the health care professionals.

Second, there is a need to realign the focus of the health care systems that currently is centered around disease detection, disease cure, disability prevention and, to some extent, disease prevention. The health care sector needs to invest in health promotion as a priority area. The emphasis should be to build the resilience of the population and development of effective coping strategies against distress among them. Given the impact of the recent pandemic on a large section of population in form of increased levels of psychological distress, this is a much-needed investment going ahead. Also, the mental health care needs of the health care workforce should be a priority and it should be ensured that these do not go undetected and unattended.

Third, the COVID-19 pandemic highlighted the need to approach certain aspects of modern living besides and beyond the pathological realm. Rather than dichotomizing these as pathological and non-pathological, it shall be prudent to approach these as lifestyle issue. Screen time is one such issue. There is a need to develop evidence-based recommendations on screen time across different age groups. This should help address the issues such as increase in gaming behavior and use of OTT platforms and use of screens for education and work-related reasons. Currently such recommendations exist only for those aged five years or less.

Fourth, it is important to ensure that the correct public health messages are communicated in correct way. ‘Physical distancing’ should have been preferred in-lieu of ‘social distancing’ as an infection transmission prevention strategy during the pandemic. This would have helped in highlighting the importance of much needed social connectedness during the pandemic while maintaining physical distancing. Also, media-an important stakeholder in public mental health- should play a more productive, constructive and proactive role. Avoiding miscommunication and misattribution of information during the pandemic times can do a great good. Media reports on the association of the #PlayApartTogether campaign (a promotional campaign on gaming) with the public health agencies during the pandemic conveyed the wrong public health message. Given that the situation due to the COVID-19 pandemic could serve as a risk factor for an increase in the public health burden due to gaming disorders, it was of paramount importance that such miscommunication was avoided.

The COVID-19 pandemic has led to lot of morbidity, mortality and socio-economic hardships. However, it is important that the learning from this human experience is used to establish a system that is better equipped, accessible, affordable and sustainable to support the mental health needs of the people in future.

References