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Journal of Psychology & Psychotherapy

Mini Review

Mental Health and COVID-19: An Action Plan

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ABSTRACT

Since January 2020, the disease caused by the SARS-CoV-2 virus has spread and become pandemic. In a few months, the virus had seriously affected the health systems of various countries of the world and placed people in difficult psychological conditions. This manuscript briefly reviews COVID-19's studies focused on psychological reactions to the event. Furthermore, this work presents a plan to easily frame the priorities of mental health areas related to COVID-19 which should be disseminated and that should be known by all health professionals and also by the major administrators of public health to empower the actual situation and prevent future emergencies. Today psychological COVID-19's sequelae affected a great number of people in the world and also called "Long COVID" presents psychological symptoms that affect for a long time people diagnosed as COVID. Due to this experience, it seems advisable to rethink the organization of mental health services to better help the population in case of serious alert for life.

Keywords: COVID-19; Post Traumatic Stress Disorder (PTSD); Victims; Psychological problems; Counselling

INTRODUCTION

SARS-CoV-2 virus has spread in China since December 2019 (World Health Organization), leading to the first outbreak of the current epidemic. This novel viral strain belongs to Coronaviridae family and is capable to generate a disease (COVID-19) with respiratory complications and serious implications that can lead to death. At the end of January 2020, also Italy was affected by this epidemy then defined pandemic by World Health Organization (WHO) [1], and the first preventive governmental measures were implemented to contain the spread of the virus. In mid-February it was necessary to enforce serious containment measures until reaching March 8, the date on which the whole country was defined in "quarantine" with a decree of the President of the Council of Ministers. Schools, universities, pubs, bars and businesses not considered essential necessities have been closed. The whole population is required to stay indoors.

The World Health Organization has declared the pandemic. Some researchers have focused attention on the psychological conditions of populations affected by the virus [2-4].

We have been in an emergency situation, a calamity never experienced before. Diagnostic and Statistical Manual of mental disorders (DSM 5) establishes the first criterion necessary for making a diagnosis of Post-Traumatic Stress Disorder (PTSD) as "exposure to real death or death threat, serious injury" in one of the following ways: i) to have direct experience of the traumatic event; ii) to attend directly to the traumatic event that happened to others; iii) to become aware of a traumatic event that happened to a family member or to a close friend; iv) to have repeated experience or extract exposure to raw details of the traumatic event [5]. Based on the above, we can affirm that the whole world population runs the risk of developing a PTSD. Obviously, in order to make this diagnosis, it is necessary to suffer from other psychological manifestations as well, but it must be said that at least one criterion is already satisfied for the entire world population. Luckily, over the years, mental health professionals have developed effective techniques to treat psychiatric disorders including PTSD but it is necessary, at this time, to have a clear action plan to manage the situation in the best way.

This consideration brings to think about how to properly frame

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Received: 09-Jun-2023, Manuscript No. JPPT-23-24971; **Editor assigned:** 12-Jun-2023, Pre QC No. JPPT-23-24971(PQ); **Reviewed:** 26-Jun-2023, QC No. JPPT-23-24971; **Revised:** 03-Jul-2023, Manuscript No. JPPT-23-24971(R); **Published:** 10-Jul-2023, DOI:10.35248/2161-0487.23.13.452.

Citation: Simonetti G, Iosco C, T aruschio G (2023) Mental Health and COVID-19: An Action Plan. J Psychol Psychother. 13:452.

and cope the situation of mental state of the population; for this purpose, it can be useful to refer to the Taylor and Frazer's [6] model on the classification of victims.

LITERATURE REVIEW

Co-ordination of an action plan would be not possible without an accurate detection of different categories of people at risk. Specific interventions should be addressed to proper categories.

First of all, it is necessary to consider the psychological conditions of people who directly suffer the impact of the event, I refer to COVID-19 patients [7]. These people, given the contagiousness of the virus, cannot take advantage of face-to-face psychiatric and psychological counselling, living their disease condition in almost total isolation. Therefore, be it would appropriate to promptly set up a remote counseling service (using tablet or smartphone) for patients with mild symptoms and psychological intervention for people with symptoms in remission that don't need to be intubated. Furthermore, in this category, it is necessary to consider people who have a positive history of psychiatric disorder and to evaluate drug interactions appropriately. An Italian study provided some information on this issue [8]. Note that particular attention must be paid to the interaction between COVID-19 and psychotropic drugs which can generate respiratory depression. Finally, we must consider the possibility, according to some studies [9,10] of the virus to influence the central nervous system. For this reason, close attention should be paid to the overall mental health of patients with COVID-19.

Secondly, people close to the deceased and survivors must be considered. These people are grieved for their loved ones and experienced the fear of being infected. They also were unable to assist their loved ones and must respect quarantine and can't participate to the ritual of burial with consequently stop of process for the elaboration of loss. For these people, it is necessary to consider all the psychological implications typical of the loss and condition of isolation due to the quarantine as well as the fear of contagion and the possibility of developing the survivor syndrome. Even for this category of people, a serious psychological support service must be readily available also with new remote psychological counselling such as the structured letter therapy suggested by Xiao [11] or, if possible a structured standard vis-a-vis psychotherapy.

After these, rescuers and health workers must be considered. From some data published by Chinese researchers, anxiety and stress levels among healthcare professionals are very high [12-15]. For this category, it is necessary to immediately provide face-to-face psychological support or remote psychological counselling using video call system or similar technologies to allow them to keep on working and prevent the development of serious psychiatric symptoms related to a PTSD.

We must also consider who for pre-critical characteristics can react by developing a short or long term psychological disorder. Nevertheless, thousands of both school and University students are staying at home without any physical interaction each other, with high risk to lose the community sense developed before. It is necessary to remember that there are people in particularly vulnerable conditions such as children, elderly people, prisoners, pregnant women and people living in quarantine with violent partners. Furthermore, it must be considered that there are many psychiatric patients at risk of contagion and the management of these patients must be coordinated and well managed by the operators and institutions. It is necessary to arrange a reorganization of outpatient visits for psychiatric patients and to organize specialist psycho-educational interventions to dispel various psychiatric patients what it happened and still happens in the world, as already suggested by some researchers [16,17].

Finally, we must count who could have been a victim affected by COVID-19 or who feels involved for indirect reasons, in general we must consider the whole population involved [18]. The first studies showed an increase in symptoms related to depression and anxiety in the general population [4]. Furthermore, the quarantine conditions to which all Italian citizens were invited and still required for those affected, as well as those of other countries of the world, has generated or can generate symptoms related to different emotional states and not least those typical of PTSD [19].

DISCUSSION

Precisely on the basis of the considerations made, the first mental health professionals to work in these situations are emergency psychologists and EMDR (Eye Movement Desensitization and Reprocessing) specialists.

Both the World Health Organization (WHO) and the EFPA (European Federation of Psychologists Associations) have prepared some guidelines for dealing with this emergency. In different countries, because of heterogeneous situation, many services have been activated autonomous initiatives, telephone support lines, spontaneous online psychological counselling services [20,21]. The National Council of the Order of Italian Psychologists (CNOP) always calls for compliance with the code of ethics of psychologists and primarily invites emergency psychologists to work in this situation. Therefore, initiatives implemented by non-mental health professionals are not recommended. It is always advisable to have adequate preparation to deal with this type of emergency. It is therefore advisable for all countries to organize psychological support services for all the victims mentioned and to coordinate the professionals involved in health services in an orderly manner. In case of need, also mental health professionals not properly trained yet could be employed. These professionals could carry out specific training courses on emergency psychology and coronavirus in a short time, as prepared by WHO and in Italy by CNOP, EMDR Italia, Red Cross and other scientific subjects (World Health Organization, CNOP) [22,23]. All these interventions should be managed by instruments useful to coordinate the actions effectively.

We suggest the use of a global digital platform that collects all data and all proposal searchable by users, in order not to lose any interventions. Furthermore, may be useful to implement the "basic psychologist system" (primary care psychologist) in cooperation with general medical doctor that works for general population. In this way no one will be forget and every citizen

will have a reference psychologist. This project in Italy has been successfully tested in different cities without ever being implemented on the whole national territory. Interventions like this would guarantee an organized and regulated public service for whole population's mental health care. For healthcare personnel and hospitalized patients, on the other hand, it would be necessary to strengthen the resources already present in the treatment institutes [24,25].

CONCLUSION

It should be considered that the potential psychiatric diseases that can develop as a result of COVID-19 could have a long-term negative economic impact if not treated properly. Psychological reactions during and after emergencies can influence people's behaviours and cause damage to the health and economic organization. It is necessary to consider the future secondary effects of COVID-19 on the general population as any changes in working conditions, physical health compromised by quarantine conditions including the imbalance of biological rhythms that could generate other psychiatric disorders such as depression and anxiety. Finally, since health personnel is the one now employed in the front line, it would be necessary a period of abstention from work for them; thus, health personnel strengthening will be needful and, probably, specific psychological interventions for them, in case they developed a sense of helplessness. All these cases could worsen the already critical world economic situation and need to be faced with accuracy and expertise.

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