

Editorial: Mental health and depression during COVID-19

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Editorial

According to a recent WHO report, the COVID-19 pandemic has interrupted or prevented vital mental health programs in 93 percent of countries worldwide, while the demand for mental health is growing. The 130-country study presents the first global evidence to illustrate the detrimental effect of COVID-19 on access to mental health services and demonstrates the urgent need to increase funding.

In children and teenagers, coronavirus disease may not be as deadly as in adults, but in this age group, it causes a lot of psychological distress. Due to parental anxiety, disruption of everyday activities, increased family abuse, and home confinement with little or no access to friends, teachers, or physical activity, adolescents experience acute and chronic stress.

Adolescents at high risk of psychological problems during the pandemic could slip through the safety net offered by a protective family life, peer support, and teacher psychological support. It is time to systematically discuss adolescent mental health in India, to track the occurrence of different psychiatric disorders, and to recognise risk and resilience factors. In the current pandemic, health care workers are also especially susceptible to emotional distress, given their risk of exposure to the virus, anxiety about infecting and caring for their loved ones, scarcity of personal protective equipment, longer working hours, and participation in resource allocation decisions that are emotionally and ethically charged.

A recent analysis of psychological sequelae in samples of quarantined people and of health care providers may be instructive; it reported various emotional outcomes, including stress, depression, irritability, insomnia, anxiety, uncertainty, rage, annoyance, boredom, and stigma associated with quarantine, some of which persisted after

the quarantine was lifted. Relevant stressors included longer containment times, limited supplies, difficulties accessing medical services and drugs, and financial losses resulting.

The novel existence of SARS-CoV-2, inadequate monitoring, restricted treatment options, insufficient PPE and other medical supplies, extended workloads and other emerging issues are sources of tension and have the potential to overwhelm networks as far as health care professionals themselves are concerned. Self-treatment for providers, including providers of mental health care, includes being aware of the disease and complications, tracking one's own stress reactions, and finding adequate assistance with personal and professional obligations and issues, including, if indicated, professional mental health intervention.

In the emotionality, awareness, behavior, and disposition of the person, psychological indicators for posttraumatic stress reactions can be seen. It can also resolve symptoms such as sleep deprivation. Some suffer from tachycardia, trembling, exhaustion and sweating, tiredness, fever, nonspecific somatic symptoms, and other autonomic dysfunction symptoms. Regardless of the degree of crisis, policies must ensure that those at risk are identified and provided with the funds they need.

Therefore, feelings of isolation and helplessness are reinforced by the inability to access and purchase drugs for health-care facilities. Seclusion and feelings of alienation, which could potentiate depressive symptoms, can be further compounded by the inability to reach day care facilities, religious sites, and community centers. As the government advises individuals on social distancing, this may be dangerous for patients suffering from depression. There is an intensified sense of fear and the spread of death among the mentally ill during the isolation era, as the days pass by.

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