

LETTER TO THE EDITOR

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The psychological impact of coronavirus outbreak in Pakistan

The pandemic of coronavirus disease 2019 (COVID-19) has created a public health crisis that has had a drastic effect on the way we understand our world and our everyday lives. Since the emergence of this outbreak on February 26, 2020 in Pakistan, the country is on high alert and has implemented stringent containment measures including closing schools, restricting public gatherings, and reinforcing smart lockdown.

Pakistan, being a collectivistic society heavily dependent on socialization (social reinforcement and social connectivity), has been critical toward self-isolation, social distancing, and quarantine and is reluctant to deal with the mental, psychological, behavioral, and social impacts of the instability and unpredictability of this crisis. Besides the general public being affected, medical workers were subjected to physical and psychological pressure including high risk of infection, insufficient protective gear from contagion, isolation, exhaustion, and lack of family contact. The intensity causes more mental health issues which not only impair the decision-making capacity of medical workers but may also have a negative impact on their overall well-being in the long term. Healthcare conditions in Pakistan are worsening on daily basis and therefore controlling the disease would require holistic thorough management on both physical and mental healthcare situation.

Quarantine is one component of communicable disease control and can be a necessary preventive measure (Adams et al., 2020). Recent studies have shown that the psychological effects of quarantine may be huge, leading to a variety of mental health issues ranging from anxiety and frustration to sleep disruptions, depression and post-traumatic stress disorder (Brooks et al., 2020; Kang et al., 2020), yet the repercussions for the emotional well-being of people cannot be ignored. The first thing that gets adversely affected when we are facing a crisis is our emotional health and fear to combat it. As there are a small number of mental health professionals in our hospitals, it is important for all doctors, especially general practitioners and doctors of the emergency department, to constructively screen for psychological problems in patients coming for consultations. Psychiatrists and mental health experts will be worth sitting in the COVID-19 task force to advise on social and mental health initiatives and psychological intervention.

In conclusion, it is not to say that quarantine or lockdown strategy should not be used; it may be worse for the psychological consequences of not taking timely measures and allowing the disease to spread (Hawryluck et al., 2004). Government should proceed by informing people with the facts that what is happening and why, explaining how long it will last and ensuring essential supplies (such as food, etc.) and reinforcing the sense of altruism that people should, rightly, be feeling. If this extended lockdown or quarantine experience is negative, there could be

long-term effects that impact not just the quarantined individuals, but also the health care system, policymakers and the public.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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