PSYCHO-SOCIAL IMPACT OF COVID-19 ONDIFFERENT GROUPS OF SOCIETY

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ABSTRACT

The current scenario of Global society has witnessed drastic Psycho-social changes. Despite all resources employed to counteract the spreading of the virus, additional global strategies are needed to handle the related mental health issues. Along with its high infectivity and fatality rates, the 2019 Corona Virus Disease (COVID-19) has caused universal psychosocial impact by causing mass hysteria, economic burden, and financial losses. Mass fear of COVID-19, termed as "Corona phobia," has generated a plethora of psychiatric manifestations across the different groups of the society. Thisout- break is leading to additional health problems such as stress, anxiety, depressive symptoms, insomnia, denial, anger, and fear globally.If we add other factors, such as loss of health, a loved one, job position, or quarantine, post traumatic effects may last. The psychosocial aspects of older people, their caregivers, psychiatric patients, and marginalized communities are affected by this pandemic in different ways and need special attention.For better dealing with the psychosocial issues of different groups of the society, psycho- social crisis prevention, and intervention models should be urgently developed by the government, health care personnel, and other stakeholders.

Keywords -Psycho-social, Impact, Covid-19, Intervention

INTRODUCTION

The 2019 Corona Virus Disease (COVID-19) outbreak has been declared an international public health emergency on January 30, 2020 by the World Health Organization (WHO) as the disease, first reported from China in December 2019, continues to surge through the continents affecting many countries from Europe, America and Asia severely and is still widening its burden of disease[1]. A wide fragment of world's population currently is primarily restricted to their homes, owing to nation-wide lockdowns and home-conûnement strategies implemented in the majority of the COVID-19-hit countries after China to prevent further disease transmission. Prior studies elucidated that mental well-being had been heavily affected in this kind of global pandemic. In this background, we evaluate the relevant psychosocial impact of COVID-19 in various groups of modern society.

The spread of the disease and its outcomes affects different persons in different circumstances and at different times in various ways. As COVID-19 pandemic continues to expand in India and in the world, only one thing is certain: the current outbreak will have profound impact not only in the health and economic situation, but also on the psychosocial well-being of societies across nations. This study explores the ways and how the COVID-19 Pandemic impacting the different groups of the society both socially and psychologically. (See **Figure-1**)
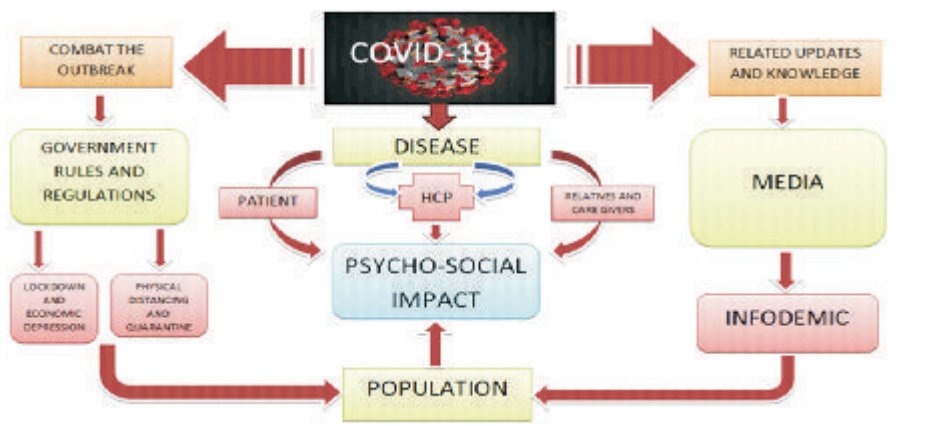
Figure-1. Intricate psychosocial relationship between the disease, health care providers, government, and population.

OBJECTIVES

This paper will be focused on the following objectives:

(A) To study the Association between Corona Positive Person and Social Stigma.

(B) To study the Psycho-social burden of quarantine and isolation.

(C) To highlight the Psycho-social impact of Covid-19 on different groups of Society-

(i) Health Care Professionals

(ii) Children

(iii) Old Age

(iv) Professionals working from Home during Covid-19 Pandemic

(v) Marginalized communities-migrants, daily wage-earners, slum dwellers and prisoners

(vi) General Public

(vii) Home-quarantine for homeless populace-A challenge

(viii) People with pre-existing psychiatric illness

(D) Role of Mental Health- care worker

(E) To highlight various interventions in order to deal with Covid-19 Pandemic

METHODOLOGY

This study is based on Secondary data. It is collected from various reports prepared by national and international agencies on COVID-19 pandemic and authentic websites.Published articles concerning mental health related to the COVID-19 outbreak and other previous global infections have been considered

and reviewed. Few news paper reports related to COVID-19 and psychosocial impacts have been added as per context.

(A)IS CORONA POSITIVE-A STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease. Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma. The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus[2].

Disease-associated stigmatization among the sufferers from 2003 SARS outbreak was remarkably evident even after years of exposure, making it difficult for many when restarting the usual customs of day to day life[3].Healthcare providers (HCP), particularlygeneralpractitioners,involvedinSARS-affectedpatient care were found to be more prone to stigmatization[4].Similarly, the COVID-19 outbreak may also give rise to stigmatizing factors like fear of isolation, racism, discrimination, and marginalization with all its social and economic ramiûcations. A stigmatized community tends to seek medical care late and hide important medical history, particularly of travel. This behaviour, in turn, will increase the risk of community transmission. The WHO has also issued specific psychosocial considerations for abating the growing stigma of COVID-19[5].

Stigmatized groups may often be deprived of the resources they need to care for themselves and their families during a pandemic. Research from past epidemics has shown that stigma undermines efforts to test for and treat disease. People who are worried about being shunned or worse may be less likely to get tested or seek medical care, which increases infection risks for them and for others[6].

(B)PSYCHO-SOCIAL BURDEN OF QUARANTINE AND ISOLATION

COVID-19 has required many countries across the globe to implement early quarantine measures as the fundamental disease control tool, which restricts the

mobility, social interactions, and daily activities of the affected individualsApart from physical sufferings, the consequencesof this quarantine on the mental health and well-being at personal and population-levels are many fold. Imposed mass quarantine applied by nationwide lockdown programs can produce mass hysteria, anxiety, and distress, due to factors like sense of getting cornered and loss of control. This can be intensiûed if families need separation, by uncertainty of disease progression, insufûcient supply of basic essentials, ûnancial losses, increased perception of risk, which usually get magniûed by vague information and improper communications through media in the early phase of a pandemic[7].Suspected isolated cases may suffer from anxiety due to uncertainty about their health status and develop obsessive-compulsive symptoms, such as repeated temperature checks and sterilization[8].Post quarantine psychological effects may include signiûcant socio-economic distress and psychological symptoms due to ûnancial losses. Another very important aspect is stigmatization and societal rejection regarding the quarantined cordon in forms of discrimination, suspicion, and avoidance by neighbourhood,insecurity regarding properties, workplace prejudice, and withdrawal from social events even after containment of epidemics[9].

(C) PSYCHO-SOCIAL IMPACT OF COVID-19 ON DIFFERENT GROUPS OF SOCIETY

(i) HEALTH CARE PROFESSIONALS

The sudden emergence of severe acute respiratory syndrome (SARS) outbreak in 2003 caused international anxiety owing to its highly contagious and pandemic transmission. Health workers are vulnerable and are at high risk of infection[10].The psychosocial response of frontline workers during a pandemic is complex and incompletely understood. Studies regardingthe2003SARSoutbreak fromCanada,Taiwan, and Hong Kong have discussed how the battle against SARS led to huge psychological morbidity amongst frontline HCPs[11]. During the2003 SAR SoutbreakinTaiwan,nursesworkinginthe SARSunit suffered from more depressive symptoms and insomnia compared to those from non-SARS units and occurrence of psychiatric symptomswas associatedwithdirect exposure to SARSpatientcare. Similarly unavoidable stress, fear, and anxiety about a poorly known contagious disease outbreaks, like COVID-19, can bepro- found among the higher-risk groups, such as HCPs

and other frontlineworkers,includingbankers, policemen, armedforcesetc. Being exposed to the COVID-19 cases in hospitals, being quarantined,thedeathorillnessofarelativeor friend from COVID-19and heightened self-perception of danger by the lethality of the virus canallnegativelyimpactthemental well-beingofhealthworkers[12].

(a)High Volume Work Load- Health-care professionals comprise an important group that can be impacted by workplace stress because of their unique work environment. l. Thelevel of workplace stress among health professionals is too high. This is due to long working hours and working in night shift, not meeting their family and friends for a longer time, etc.,. Identifying the source of workplace stress among health professionals should be a great concern for health service managers and other stakeholders.

(b) Lack of Resources- In the developing countries like India, where the health care system is already overburdened, surges of COVID-cases are likely to provoke acute anxiety, irritation and stress among doctors and nurses. This might be compounded by theinadequatehospitalsupplyofrequiredhandhygienetoolsand signiûcant shortage of personal protective equipment (PPE) among Health Care Professionals, who are at the highest risk of transmission. According to a nationwidestudyamongHCPs workinginfeverclinics ortreating COVID-19 patientsduring the 2019 corona virusoutbreak showed that half of the responders identiûed at least mild depression and one-third reported insomnia whereas 14% of physicians and nearly 16% of nurses described moderate or severedepressive symptom. The researchers pointed out that being female and working in the frontline were direct and independent risk factors for developing abnormal stress symptoms[13].On the contrary, those healthcare staff (who are not involved in direct care of patients withCOVID-19 and thus have to stay at home for certain periods during lockdowns) may experience feelings of isolation and worthlessness with respect to their inability to effectively contribute to the present crisis. Being incompletely supported by government due to deficiency of Personal Protective Equipments(PPEs), feeling of worthlessness due to lack of training in proper infection-control procedures, and isolationcan cause signiûcant burnout and withdrawal among HCPs resulting

in increased substance-dependence behaviours, leading to considerable functional impair-men. News of assault on doctors after deaths of COVID-19 patients and eviction of resident physicians from their rented houses[14]amidst the ongoing pandemic are being reported. Emotional breakdowns following these disgraceful episodes could trigger common psychiatric illnesses in the short- and long-terms. Additionally, the competency and mental health of newly employed fast tracked medical students/residents to overcome the man-power shortages should be monitored with utmost care. Proper psychological well-being of the HCPsinthisvulnerabletimeisessential.

(ii) CHILDREN

The impacts will be felt differently among different population groups. Among these, Children will face additional challenges to understand, absorb, and deal with the changes that COVID-19 are bringing to our world.Probably a very crucial, but apparently overlooked issue is the psychological impact of COVID-19 outbreak on toddlers and adolescents.Developmental psychology researches largely founded that learned experiences through environmental factors during early childhood engender the fundamentals for lifetime behavior and success as it is a crucial phase for cognitive,emotional, and psychosocial skill development[15]. During a severe pandemic like COVID-19, community-based mitigation programs, such as closing of schools, parks, and playgrounds will disruptchildren's usual lifestyle and can potentially promote distress and confusion. Both young and older children are likely to become more demanding, having to cope up with these changes, and may exhibit impatience, annoyance and hostility, which in turn may cause them suffering from physical and mental violence by overly pressurized parents. Stressors, such as monotony, disappointment, lack of face-to-face contact with classmates, friends, and teachers, lack of enough personal space at home, and family ûnancial losses during lockdowns, all can potentially trigger troublesome and even pro-longed adverse mental consequences in children. The children at this time of COVID-19 may develop phobia, PTSD etc after learning risk information and other worrisome details through audio-visual media, including social media. Children parented by single mother/father, including health careworkers (HCW) taking care of COVID-19 patients may suffer from adjustment difficulties if their parent needs to be quarantined[16].

In the current context of lock down and restriction of movements, children have constrained access to socialization, play, and even physical contact, critical for their psychosocial wellbeing and development. School closures are preventing children from access to learning and limiting their interactions with peers. Children may feel confused and at loss with the current situation, leading to frustration and anxiety, which will only increase with the overexposure to mass and social media, especially among adolescents. COVID-19 is also bringing new stressors on parent and caregivers. This can hamper their capacity to provide care and remain engaged with their children. Being very keen observers of people and environments, children will notice, absorb, and react to the stress in their caregivers and community members, which unavoidably will affect their well-being. Childhood is a critical period in any human's life, which marks the foundation of the personality and emotional resilience's capacity of any person. Onlineclassesandassignments havebeenthe only effective way for continuing education at this situation, experts have already cautioned about being over-burdened. Specificpsychological needs, healthylife-styles,properhygieneadvices, andgoodparentingguides can be addressed through the same online platform. In this difficult time, we all should commit to mitigate the effects of COVID-19 on those whom deserve the most protection: the children.

(iii) OLD-AGE

The notion that older adults and people with multiple co- morbidities and increased hospitalizations increases the chance of contracting the infection during pandemic are particularlyvulnerabletoworseoutcomesfromCOVID- 19 can create considerable fear amongst the elderly. Many of them are institutionalized exposing them to the risk of overcrowding, poor hygiene, and lack of adequate supervision. Proper testing is also hampered due to neglect and that increases the risk of them being asymptomatic carriers.

Social distancing, though a major strategy to fight COVID 19, is also a major cause of loneliness, particularly in settings like nursing care or old age homes which is an independent risk factor for depression, anxiety disorders, and suicide. Social connectedness is vital during the public health breakdown, more so when "ageism" becomes a factor for stigmatization in this marginalized population. The psychological impacts in older age group may include anxiety, irritability, and

excessive feeling of stress or anger. Keeping the older people in regular contact with loved ones, for example by telephone, e-mail, social media or video conference and Keeping regular routines and schedules as much as possible for eating, sleeping, and activities they enjoy are very necessary. Indoor physical exercise might be a potential therapy not only to maintain a robust physical health, but also to counteractthepsychologicalimpactinthiscritical time.

(iv)PROFESSIONALS WORKING FROM HOME DURING COVID-19 PANDEMIC

People working from home are exposed to specific psychosocial risks, such as isolation, blurred boundaries between work and family, increased risk of domestic violence, among others. The fear of losing the job, pay cuts, lay-offs, and reduced benefits make many workers question their future. Job insecurity, economic loss, and unemployment can have a severe impact on mental health. These and other psychosocial risks may arise or increase because of the COVID-19- crisis.

Workingunder load (including monotonous, under-stimulating, and meaningless tasks) may also increase work-related stress and have negative effects on health and well-being and on job satisfaction[17]. During the COVID-19 pandemic, emergency response workers are required to work under pressure, for longer hours and consecutive shifts, with increased workloads and reduced rest periods. Other workers, such as those involved in the production of essential goods, in delivery and transportation, security and safety of the population, face similar situations, including long overtime hours coupled with a heavy workload. In contrast, other groups of workers, including those working from home, may experience either work overload or under load. Thepsychosocial risks of working professionals may increase stress levels and lead to physical and mental health problems. Psychological responses may include low mood, low motivation, exhaustion, anxiety, depression, burnout, and suicidal thoughts. There may be changes in behaviours, such as a change in activity level or increased use of tobacco, alcohol, and drugs as a way of coping, in addition to changes in the person's ability to relax or level of irritability.

(v)MARGINALIZEDCOMMUNITIES-MIGRANTS,DAILY WAGE-EARNERS, SLUM DWELLERS,AND PRISIONERS

The migrants are a heterogeneous group, some may be at greater risk of acquisition and transmission of COVID-19 through several factors or trajectories. Precarious working and cramped living conditions may place migrant workers, including those that are low-waged, at higher risk. The vast majority of the world's refugees and International Migrant Workers (IMW) are contained in those nations where public health infrastructure are already overstretched and in areas with the highest incidence of COVID-19, thus making these individuals disproportionately vulnerable to exclusion, stigma and discrimination[18]. IMWs generally have a high prevalence of common psychiatric disorders, like depression and a poor quality of life, which could further be jeopardized because of governmental-imposed quarantine and lost income during the COVID-19[19]. Considering the lethal communicability of this disease, migrants, refugees and slum-dwellers are at heightened risk of contracting and spreading the infection. Scarcity of sufficient, safe and affordable water supply makes these group of people fail to comply with basic hand hygiene regulations (which has been given utmost importance in control of COVID-19 outbreak as repeatedly emphasized by government as well as health originations) ûaring up to their feelings of deprivation, neglect and segregation. Furthermore, immigrants and refugees may even have to bear with the stigma of remaining as a speculated source of outbreak in a community where home-quarantine has been implemented. Incidences of death while migrating, mass chemical spraying over migrants, and quarantine on trees or boats have been reported from India[20]. This will deûnitely challenge the basic human rights for health and self-esteem which might sprout mass anger, disobedience, and long-lasting psychological stigma. Slum dwellers may also experience constant fear of en-mass eviction during this pandemic owing to uncertain government policies. Arguably COVID-19 has made the largest lockdown happen in the history of civilization that can severely enhance miseries of these migrant workers, daily wagers and billions of slum dwellers worldwide. Losing jobs leaves these individuals unable to make both ends meet and this sudden misfortune of income poverty adds to their guilt, frustration, depression and mental anguish, ultimately leading to functional impairment and increased rates of suicide. Prisons are the epicenters of infectious disease, thus its health should be prioritized in the time of a pandemic. Their psychosocial needs, along with all the necessary preventive measures, must be addressed with utmost care. Psychological distress is a major contributor to the slum's overall burden of functional impairment.

(vi) GENERAL PUBLIC

Due to Covid-19, a situation of socio-economic crisis and profound psychological distress rapidly occurred worldwide. Various psychological problems and important consequences in terms of mental health including stress, anxiety, depression, frustration, uncertainty during COVID-19 outbreak emerged progressively.During disease outbreaks, news of the first death, acceleration in number of new cases and expansive media attention can heighten people's fears, frustrations, helplessness, and anxiety over the situation. This results in misplaced health-protective and help- seeking behaviors by anxious public that may lead to conflictsbetween clinicians and patients, which can be harmful to epidemic control programs and hamper social stability[21].Over- concerned public may worry about lockdown-related scarcity of emergency and essential services, and this non-realistic panic can lead to fallacious feelings regarding stockpiling daily essentials or resources (like hand sanitizer, medications, protective masks or even toilet paper). This "herd behaviour" can have a detrimental impact on a community that genuinely requires those essentials and may even promote unconcealed blackmarketing, leadingtosocialdisruptionandinjustices.There are reports of verbal and physical attacks against Chinese peopleand other "Chinese-looking" communities, and keeping them out from entry to healthcare and exercising basic human rights[22].Psychological distress levels havealso beeninûuencedbythehugeamountof informationatthefingertipscomingviasocial media, affordability, and supply of basic andmedicalresources, and effectiveness of the local public healthsystems.Reports of increasing domestic violence and women abuse are being reported globally during this pandemic. Distrust towards others in terms of disease spread and the government and healthcare services regarding their capability and efficiencyto combatthediseasemighttakeitsorigininthisperiod.

(vii) HOME-QUARANTINE FOR HOMELESS POPULACE-A CHALLENGE

India having large number of homeless population might face unique challenges while fighting against COVID-19 and addressing the issue of homelessness as they might exacerbate one another. Due to nationwide lockdown to curb the spread

of the deadly corona virus and with nowhere to go, thousands of daily-wage labourers and the homeless have gathered at night shelters for food and a place to sleep.People experiencing homelessness live in environments that are conducive to a disease epidemic. People experiencing homelessness are a vulnerable group, and their potential exposure to COVID-19 might negatively affect their ability to be housed, and their mental and physical health.

Many of the COVID-controlling measures targeted at the general public, such as self-isolation, increased hygiene, home-conûnement, and strict social distancing are not feasible for homeless people. Many of them suffer from chronic mental illness, substance abuse, difficultiesin accessing affordable health care and higher mortality which might become exacerbated in this critical period. Lockdowns and disease containment procedures could be proven detrimental on the mental health of people experiencing homelessness, many of whom have anxiety and fright of forceful hospitalizations and imprisonments[23].The protection of the rights of this unprivileged section of the society, providing them proper shelter and health-care should be addressed by the state and concerned non- governmental organizations.

(iii)EFFECTS OF COVID-19 ON PEOPLE WITH PRE-EXISTING PSYCHIATRIC ILLNESS

There is a risk of greater self-isolation for those who are unable to comply or cope with emergency conditions and their vulnerabilities may be exacerbated during prolonged social isolation that 'lockdown' entails. Ironically, the social isolation sometimes seen in people with psychotic problems is now being normalised as part of the social behaviour imposed on everyone. This is the 'new normal'. Some individuals with serious mental health problems have also disappeared from services, holed up in houses, hospitals, supported accommodation and prisons. However, both the alienation generated by the absence of social ties and the exacerbation of conflict experienced within families can sharpen and lead to moments of crisis. The rights and protection afforded to the most vulnerable in society are threatened as attempts to contain the spread of Covid-19.Cognitive decline, poor awareness level, impaired risk perception, and reduced concern about personal hygiene can increase the chances of acquiring infection in such

individuals.Additionally, social discrimination against mental ill health makes the management of patients with COVID-19 more challenging when psychological morbidities coexist. Psychiatric patients are also prone to develop recurrences or deterioration of the pre- existing signs and symptoms. For example, individuals with known obsessive compulsive disorders (OCD) may practice frequent self-monitoring of temperature to check for fever; or may make several attempts to swallow saliva to check for throat pain as a symptom of COVID-19. Hand-washing being an anchor precaution to prevent COVID-19 transmission adds further to the misery of a known washer OCD patient. On the other hand, nationwide strict regulations regarding transport and quarantine can abruptly discontinue the therapeutic counselling schedules and impose utmost difficulties upon access of prescribed psychiatric medications[24]. This, in turn, may increase their anxiety and distress, influence their behaviour and capacity of decision-making, and ultimately imposing unnecessary burden to public health care.Children with underlying psychiatric illness might face newer challenges in this period due to breakdown of vital family support systems and networks.At this crucial time of COVID-19, we need to prioritized services and identify those who need them most. In identifying those at high risk, we need to consider a range of social factors and determinants of mental health and ill-mental health as well as subjective reaction based on individual life stories.

Despite the efforts of the volunteer sector, they may be without shelter, basic medication, sanitation, and hot food. Here, services must increase outreach care for those who cannot access them and provide appropriate support to ensure their survival. This will involve mobilising the available recourses of communities, neighbourhoods, associations, and churches. While more information, practical and emotional support, and reassurance should be provided, it is also necessary to give meaning to isolation. This applies not merely to the vulnerable, but all of us. Mental health services, which have a long history of community networking and engagement, can act as exemplars and provide essential bridges to a 'new normal', with collaboration and shared responsibilities for each other at its heart.

(D) ROLE OF MENTAL HEALTH-CARE WORKER

The outbreak of corona virus disease, (COVID-19) is a public health emergency of international concern. With the aim of better dealing with urgent and unmet

psychosocial issues of different population domains during this COVID-19 pandemic, a new psychosocial crisis prevention and intervention model should be developed with application of internet and appropriate technologieswith the central idea being to integrate all the health organizations, mental health authorities, government, tertiary care medical institutions and hospitals with their staff, medical practitioners, psychiatrists, psychologists, community physicians and social workers, as well to combine early intervention with later rehabilitation services[25]. Specific attention needs to be paid for more vulnerable groups, such as quarantine people, HCPs, children, older adults, marginalized communities (include daily wagers, migrant workers, slum dwellers, prisoners, and homeless population) and patients with previous psychiatric morbidities.

In most of the cases, clinical psychiatrists, psychologists, and mental health social workers are not encouraged to enter isolation wards or conûnement centres under strict infection control measures[26].Therefore, a professional team comprising mental health physicians should be provisionally arranged on a emergency basis for proper guidance and direction to community HCPs regarding psychological issues amidst epidemic control that may potentially come into practice with the help of various online platforms. In order to prevent discrimination and stigma around COVID-19, governmental agencies, political leaders, and healthcare authorities have to play an integral role for maintaining interracial concord duringandafter the pandemic.

(E)PSYCHO-SOCIAL IMPACT OF COVID-19 AND SOME OF THE SUGGESTED INTERVENTIONS

The extended lockdown will lead to economic hard- ship, famine, psychosocial challenges and law and order issues, which may in turn undermine benefit gauge by lockdown and COVID-19 containment objectives. In Indiasn settings, this may exacerbate health inequalities and reinforce the vicious cycle between poverty and ill health. The social and economic issues due to COVID-19 pandemic will result in mass unemployment, depleted social safety nets, homelessness, increase in gender-based violence, alcoholism, hunger, loan defaults and millions slipping into poverty. This post-COVID landscape will definitely leads to an increase in mental health issues such as chronic stress, anxiety, depression, alcohol dependence and self-harm. The above evidences in psychosocial sciences also show that

similar pandemics increased the prevalence of symptoms of post-traumatic stress disorder (PTSD), as well as confusion, feeling of loneliness, boredom and anger during and after quarantine.

The Ministry of Health and Family Welfare, Government of India has taken several steps to deal with mental health challenges posed by COVID-19, which includes development of various guidelines in collaboration with National Institute of Mental Health and Neuroscience. The guidelines aimed at enhancing resilience of vulnerable populations against mental health issues. The Ministry of Health and Family Welfare has also established helpline for behavioral and psychosocial help. It is time to build mental wellbeing and resilience into schools, the community and their families. We need a systemic approach to build the demand for mental wellbeing. The Government of India's **Rashtriya Kishor SwasthyaKaryakram** (National Adolescent Health Programe) can play a pivotal role in social and behavioral change and enhance adolescent resilience against mental health challenges posed by the pandemic. Setting up mental health organizations specific for future pandemics with branches in many nations and in individual healthcare institutions for research, mental healthcare delivery and arranging awareness program at both personal and community levels is desperately needed. Structured websites and toll free helpline numbers may be launched for alleviating psychological distress among the general public regarding this ongoing pandemic. Social media is to be used in good sense, to educate people on transmission dynamics, symptoms of disease, and time when exact medical consultations are needed. To protect social media from devaluations, strict government laws and legislation regarding fake news, social media rumors, disinformation and misinformation are to be implemented.

CONCLUSION

During any outbreak of an infectious disease, the population's psychological reactions play a critical role in shaping both spread of the disease and the occurrence of emotional distress and social disorder during and after the outbreak. Besides COVID-19, the 21st century is also the era of emerging pandemic of mental illnesses. Thus, psychological and social preparedness of this pandemic carries global importance. The government and stakeholders must appreciate the psychosocial morbidities of this pandemic and assess the burden, fatalities and

associated consequences. Stigma and blame targeted at communities affected by the outbreak may hinder international trade, finance, and relationships, instigating further unrest. Due care needs to be taken to erase the stigma associated with disease, racism, religious propaganda and psychosocial impact and needs to be implemented by regular discussion with trained and specialist health care personnel by making task force and execution teams who are directly engaged in health care delivery systems without creating any communication gaps between policy makers and ground level workers. Structured websites and toll free helpline numbers may be launched for alleviating psychological distress among the general public regarding this ongoing pandemic. Social media is to be used in good sense, to educate people on transmission dynamics, symptoms of disease, and time when exact medical consultations are needed. The COVID-19 pandemic has clearly shown us how a "virus" can negatively impact our lives even in the 21st century and simultaneously made us realize that the greatest assets of mankind are health, peace, love, solidarity, ingenuity, and knowledge.

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