

COVID and Personal Factors Contributing to Uncertainty, Anxiety, Suicide and Posttraumatic Stress Disorder

Barbara G Melamed*

University of Hawaii and Behavior Medicine Associates, Honolulu, Hawaii, USA

***Corresponding Author:** Barbara G Melamed, University of Hawaii and Behavior Medicine Associates, Honolulu, Hawaii, USA.

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Scientists at Harvard have found that the Coronavirus death rate in highly polluted counties and countries like India is 4.5 times higher than those in counties with low air pollution. So, if a community decides to allow more businesses to operate normally which results in increasing traffic, the additional air pollution could result in a higher coronavirus death rate [1].

We have learned something that is immensely important about longevity. Pollution does not only poison us directly bad air also increases the death rate of those affected by the Coronavirus. Thus, elderly and ethnic minorities who live in crowded areas are more likely to die from this epidemic. Of course, the unemployment rate makes it difficult to put the right food on the table, impairing the health of many individuals.

An entire issue of *Psychological Trauma: Theory, Research, Practice and Policy* [2] (July 2020, Volume 12 (5) ISSN 1942-9681 is devoted to the issue of the Worldwide Pandemic. In India [3] lockdown norms are very strict. Countrymen have to take precautions like wearing mask and ensure social distancing. Many individuals, particularly low income and migrants have been forced to live in government-run relief camps. Kerala has the highest number of migrant relief camps, followed by Uttar Pradesh and Tamil Nadu [4]. The government, along with companies and citizens of India have come together have donated money and necessities. Migrant workers however have been moving from villages to cities. The Prime Minister, Modi, has launched a PM Care Fund. From a mental health perspective anxiety of basic survival and staying safe are foremost issues. Businesses have been shut down further influencing depression. In the middle of the outbreak, people have become obsessive about basic hygiene practices. Individuals are feeling directionless. The safety rules are only an interim solution. A study published in the *Indian Journal of Psychological Medicine* by Sarma (2018) reported suicide costs and its economic dimension. They postulate that every death in the first year of the epidemic costs about 265,000 Rupees (\$3,485). Medical bills, autopsies and theft, in addition to funeral expenses are high and the loss of income from these unfortunate individuals lead to government loss of income. Mentally ill individuals account for many. If you include individuals with disabilities, COVID survivors, teenagers, frontline workers, women and the elderly lead to some of the largest losses in the world. Psychologists have employed online therapy, help lines and free counseling to deal with the depression and anxiety.

Some of the population have trouble with restriction and may shows violent behaviors toward enforcer by spitting or coughing, which we know lead to greater opportunity for transmission of the virus. Some people on the positive side are re-evaluating their life choices, learning new digital skills and using their time to adapt to fewer resources.

India has the second-largest population in the World but is adapting to self-quarantine. The country is suffering as most of us to an economic crisis. Loss of jobs, industries closing have led the people to fear and anxiety. To counter this many counseling centers have been set up to meet the needs virtually. The Ministry of Health and Family Welfare has partnered with the Indian Medical Council of NITI Aayog and the Board of Governors. Psychodiagnostic tools have been made available for home use. Even so, the health care system in India is divided into rural and urban systems. Whereas people with money can access privatized health care, those in the poverty population are suffering, relying on government hospitals which lack personnel and safety devices.

The Indian government is enforcing use of masks, distancing and sanitation in public places in a lockdown mindset to curb the spikes in COVID. Even so, the need for positive stimulation is to counter them, monotony is needed. People need to value their self and set realistic goals when dealing with the lockdown.

Evaluation

Therefore, developing a brief and valid instrument to capture an individual's fear of COVID-19 is both timely and important. With the information on how an individual fears COVID-19, healthcare providers can further design appropriate programs to take care of the fear. Therefore, this study developed and validated a scale assessing the fear of coronavirus-the Fear of COVID-19 Scale (FCV-19S). This scale was validated with an Iranian population and may not be applicable in other ethnicities.

The Fear of COVID-19 Scale: Development and Initial Validation [5].

Correspondence to Mark D. Griffiths or Amir H. Pakpour.

Appendix

Fear of coronavirus-19 scale 1 agree to disagree 5:

1. I am most afraid of coronavirus-19.
2. It makes me uncomfortable to think about coronavirus-19.
3. My hands become clammy when I think about coronavirus-19.
4. I am afraid of losing my life because of coronavirus-19.
5. When watching news and stories about coronavirus-19 on social media, I become nervous or anxious.
6. I cannot sleep because I'm worrying about getting coronavirus-19.
7. My heart races or palpitates when I think about getting coronavirus-19.

Treatments

Psychology has a number of treatments for anxiety disorders. The treatment of COVID anxiety is unusual in that the trigger remains and will remain potent for years to come. However, we may explore the use of previously found therapeutic approaches to PTSD [6]. Using the results of the Coronavirus-19 Scale we can decide what areas to focus on. Since this virus is something we are going to have to live with, approaches which emphasize cognitive behavioral approaches and encourage the patient to make the most of the things that they enjoy would be a useful approach. So instead of focusing on how are lives have changed with this scourge we need to look at the sense of community which has been built up when social services and government cooperate rather than undermining one another. Moreover, it has been proposed that interventions might be matched to individuals. Although empirical examination of predictors of outcome is beginning (e.g. Evans., *et al.* 2009; Iverson., *et al.* 2011; Tarrier., *et al.* 2000), the lack of research on individual- level treatment moderators in RCTs leaves this proposal relatively understudied (Although see for example Thrasher., *et al.* 2010). To date, no published study has examined the potential for matching treatment protocol based on symptom profile. Knowledge regarding the efficacy of more personalized interventions is thus warranted and will likely emerge in future work. Knowledge derived from these studies will be critical for under-

standing both who is an ideal candidate for what treatment and may also inform theoretical accounts of PTSD regarding the mechanisms of specific treatments.

In conclusion, it is accurate to state that this virus is here to stay and individual approaches to maximizing individual adjustment to change must be developed. Those who are dying have the right to discuss how they want end of life treatments. There is pain and anger with the loss of loved ones often left on respirators to die alone. The special issue of Psychological Trauma: Theory, Research, Practice and Policy (2020) points out the need for different individual approaches with different populations. It makes clear that minority populations, especially Blacks, Latinx and Asians are at greater risk and that different countries discovered unique ways of responding to this ever present plague. Racial inequities and poverty in different countries are clearly described. Attempts to use telehealth and other passionate means of enhancing self-efficacy and community response are described. Children, often lacking access to computers and the technology which allows some to stay grounded leads to deprived of school attendance and often missing the socialization with other kids are particularly at risk of developing traumatic responses as their parents, particularly those in lower income brackets must engage outside of the home leaving them with misunderstanding about life's challenges.

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