Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Asian Journal of Psychiatry 51 (2020) 102082

Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp

Letter to the Editor

Psychiatrist in post-COVID-19 era – Are we prepared?

Sir,

At the time of writing this letter (end March 2020) the world is facing one of the most feared pandemic of all time named – COVID-19, caused by a novel corona virus, SARS-CoV-2 (Anon., 2020). Although the disease started in December 2019 in China, but rapidly progressed to affect more than half a million people across 176 countries (till 27.03.2020) and these numbers are only expected to rise further. A time when world's best health-care facilities and global public-health researchers are in dare setback, it's worth raising the question that, are we prepared enough to handle the psychological ill-effect and psychiatric issues that are anticipated in post-pandemic periods?

Fear and anxiety are common psychological response during disastrous situations like this (Dong and Bouey, 2020). But undue prolonged stress with social isolation can act as a Table 1 niche for developing a pathological mental state (Goyal et al., 2020). While higher income countries already apprehending worse recession and socio-economic setbacks, low-and-middle income countries like India is high likely to face the worse. Many already proven social factors like: *being sick, prolonged hospitalization, death of loved ones, loss of job, months of forced quarantine, lack of supply, stigma* – is likely to hit us all, especially those who are more vulnerable to stress and already suffering from mental illness (Mak et al., 2009; Brooks et al., 2020) (Table 1).

We are among few, in our institute, being involved since beginning in active management of COVID-19 cases. We found, many patients in the designated isolation ward had reported – excessive fear, restlessness and sleep disturbances during hospital stay. Many frontline healthcare workers had shown signs of anxiety and depression. Therefore, we as psychiatrists need to take urgent action in finding and managing such issues.

Acute medical emergency may last many months and may be year (s) – and therefore until we have an effective preventive or curative treatment for COVID-19, primary focus would continue to be manpower development and resource allocation for detection and management of active cases. However, at the same time we cannot ignore the psychological aftermath of this pandemic.

Three primary concerns to be addressed by fellow psychiatrists are: (1) generating evidence by well conducted studies, (2) generating awareness and psychological preparedness among common men and essential service providers, (3) delivering active psychological and psychiatric intervention to those in need.

Well-conducted studies are needed to assess, (i) the magnitude (i.e. spectrum and severity) of various psychological problems – aiding the policymaking process, (ii) the immediate and long term psychological consequences of such life-changing events in various subgroups of the population, and (iii) the response to various therapeutic interventions. We believe, use of digital media (telepsychiatry) for early and active search of individuals with psychological infirmity, and also as mode of delivering information and psychological interventions can be an effective tool to reduce the sufferings of all vulnerable individuals (Liu et al., 2020). Later, integration of public mental health – delivering essential psychiatric and psychological services may become pivotal. Humanity has faced worse during two previous world-wars but we cannot wait until we heal. Psychiatrists have to be the flag-bearer of the best known medicine of all time – Hope.

Financial disclosure

The present study was non-funded. The authors do not have financial disclosures

Declaration of Competing Interest

The authors do not have any conflicts of interest to report

Table 1
Possible vulnerable groups, risk factors and psychological symptoms in the aftermath of pandemic.

Possible vulnerable groups:	Possible risk factors	Possible psychological symptoms
Children and adolescents	Vulnerable to misinformation, disruption of daily routine	Tantrums, clingy behavior, increased bed wetting, repeated cry, substance use
Elderly adults	Age, medical comorbidities	Anxiety, insomnia, depression, worsening of medical condition
Jobless and homeless persons	Lack of support, uncertainties	Anxiety, insomnia, depression, stress disorders, suicide
Persons diagnosed/suspected of COVID-19 (active or recovered)	Stigma, prolonged isolation, social rejection, death of loved one	Anxiety, depression, insomnia, obsessive symptom, fear of contracting illness, stress disorders, grief, suicide
Health care providers of COVID-19 cases	Work stress, burn out, being in direct contact with active cases	Anxiety, depression, insomnia, fear of contracting illness, post-traumatic stress
Persons with mental illness/substance use disorder	Discrimination, outstanding stress, economic burden	Exacerbation of symptoms/relapse

https://doi.org/10.1016/j.ajp.2020.102082
Received 2 April 2020; Accepted 3 April 2020

Acknowledgement

Dr Siddharth Sarkar, Assistant professor of psychiatry, AIIMS, New Delhi – for his constant encouragement and constructive inputs.

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