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# HANDLING PSYCHOSOCIAL ISSUES IN QUARANTINE: COVID 19 TIMES!

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## ABSTRACT

The December, 2019 coronavirus disease outbreak or COVID19; has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Most of the published literature has reported negative psychological effects including post-traumatic stress symptoms (PTSS), confusion, and anger. Stressors consist of longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Separation from beloved, restrictions, improbability over disease status, and boredom can, occasionally, create dramatic effects. Suicide has been reported, substantial anger generated; following the obligation of quarantine in prior epidemics. The potential benefits of compulsory mass quarantine need to be weighed carefully against the possible psychological costs. COVID 19 has a long term negative effect and additional psychosocial stress on frontline Healthcare workers (HCW). The present review article addresses few psychosocial impacts of the pandemic and how to handle these issues. Identification of signs and symptoms is helpful in early intervention. As a health care source, one is seen as a dependable and reliable supply of information. The people should be encouraged to remain in touch with each other over virtual means. Finally, if a non mental health care provider comes across anyone having noteworthy distress; they should be referred to a mental health professional.

**KEYWORDS:** Covid 19, Quarantine, isolation, Psychosocial Issues, Social Stigma, Financial loss, Frustration, Boredom, Stress Symptoms.

## INTRODUCTION

Health issues, mental health issues in particular; following the COVID-19 pandemic shoot from 'normal' people being exposed to 'unusual situations'. Children, elderly, pregnant women, people from various strata of society, people living alone and families of those who have died in the COVID-19 pandemic all are getting affected. The prevalent social as well as financial disturbance of the pandemic has produced a psychosocial impact unheard of in modern times. The pandemic has significant and variable psychological impacts in each country, depending on the stage of the pandemic. All these have thrown an unprecedented challenge to mental health care across all settings in India.

**Quarantine** is defined as the separation of people who have been exposed to a contagious disease to ascertain whether they become sick, thereby reducing the risk of them infecting others. This definition differs from **isolation**, which is the separation of people who have been diagnosed with a infectious disease from people who are not ailing; however, both terms are frequently used interchangeably, particularly in communication with the public. While considered essential under the present circumstances, quarantine can be a taxing and distressing experience for many. **Social distancing** is another term that has acquired prominence recently in the context of the COVID-19 pandemic. Social distancing refers to certain measures taken to stop or slow down the spread of highly contagious diseases which include limiting large groups of people coming together, closing down public buildings such as schools, universities, canceling public events, etc.

The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Most of the published literature has reported negative psychological effects including post-traumatic stress symptoms (PTSS), confusion, and anger. Stressors consist of longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Separation from beloved, restrictions, improbability over disease status, and boredom can, occasionally, create dramatic effects. Suicide has been

reported, substantial anger generated; following the obligation of quarantine in prior epidemics. The potential benefits of compulsory mass quarantine need to be weighed carefully against the possible psychological costs.

**Posttraumatic stress symptoms (PTSS):** Health-care workers (HCW) who had been quarantined had more relentless symptoms of **posttraumatic stress** than general public who had been quarantined, scoring significantly higher on all proportions. HCW also felt greater stigmatization than the general public, exhibited more avoidance behaviors after quarantine, reported greater lost income, and were consistently more affected psychologically: they also reported considerably more anger, annoyance, fear, frustration, guilt, helplessness, isolation, loneliness, nervousness, sadness, worry, and were less happy.

There appears to be a high prevalence of mental distress in quarantined HCW. For them help and support from supervisors is necessary in making their return to work easy and senior personnel should be conscious of the possible risks for their employees who were quarantined so that they can arrange for advance involvement.

**Health-care workers ought to have exceptional consideration**

HCW themselves are frequently quarantined and like the general public, are affected harmfully by stigmatising attitudes from others. It is also possible that HCW who are quarantined might be anxious regarding causing their workplaces to be undermanned and putting added work for their associates and that their colleagues' insights could be particularly significant. Being away from a team they are used to working in close proximity with may add to feelings of isolation for HCW who are quarantined. For that reason it is necessary that they feel supported by their direct colleagues. During infectious disease outbreaks, organizational support has been found to be protective of mental health for healthcare staff in general and managers should take steps to ensure their staff members are supportive of their colleagues who are quarantined.

**Self-care adoption by frontline workers**

This includes those measures to support our emotional, physical, relational, and spiritual/religious wellbeing. Frontline workers should follow these:

- Having a routine/ timetabled day
- Making certain intervals and sufficient sleep
- Being in contact with family and friends
- Performing various activities and hobbies which are not related to routine work
- Exercising on a regular basis and having a healthy diet
- Following recreation exercises like yoga, singing, painting
- Making time for yourself and your family

**1. Frustration and boredom:** Confinement, loss of standard routine, and decreased social and physical contact with others were often shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which was distressing to participants in many previous studies. This irritation was exacerbated by not being able to take part in usual day-to-day activities, such as shopping for basic necessities or taking part in social networking activities via the telephone or internet.

**Reduce the boredom and improve the communication**

Boredom in addition to isolation will cause distress; people who are quarantined should be advised about what they can do to ward off dullness and provided with practical advice on coping and stress managing techniques. It is suggested that having a telephone support line, staffed by psychiatric nurses, set up particularly for those in quarantine could be useful in terms of providing them with a social network. The facility to be in touch with one's family plus friends is also important. Above all, social media could engage in recreating a key role in communication with those far-off, letting people who are quarantined to keep their loved informed and reassure them that they are well. Therefore, providing those quarantined with mobile phones, cords and outlets for charging devices, and robust WiFi networks with internet access to allow them to communicate directly with loved ones could reduce feelings of isolation, stress, and panic.2 Although this is possible to achieve in enforced quarantine, it could be more difficult to do in the case of widespread home quarantine; countries imposing censors on social media and messaging applications could also present difficulties in ensuring lines of communication between those quarantined and their loved ones.

It is also important that public health officials maintain clear lines of communication with people quarantined about what to do if they experience any symptoms. A phone line or online service specifically set up for those in quarantine and staffed by health-care workers who can provide instructions about what to do in the event of developing illness symptoms, would help reassure people that they will be cared for if they become ill. This service would show those who are quarantined that they have not been forgotten and that their health needs are just as important as those of the wider public. The benefits of such a resource have not been studied, but it is likely that reassurance could subsequently decrease feelings such as fear, worry, and anger.

There is evidence to suggest that support groups specifically for people who were quarantined at home during disease outbreaks can be helpful. One study23 found that having such a group and feeling connected to others who had been through the same situation could be a validating, empowering experience and can provide people with the support they might find they are not receiving from other people.

**Financial loss** can be a problem during and post quarantine, with many people incapable to work and having to disrupt their job with no advanced arrangement; the effects appear to be long lasting. The financial loss as a consequence of quarantine period generated grave socioeconomic agony and was established to be a risk factor for symptoms of psychological diseases and anxiety quite a few months post quarantine. Many people become reliant on their families to supply for them monetarily during quarantine which was often hard to acknowledge and could source disagreements.

Public who are quarantined and have lesser family incomes may need added levels of help and support, together with those who drop earnings while in quarantine (ie, self-employed people who are unable to work or paid workers who are incapable to avail paid leave). Monetary compensations should be given where possible and programs built up to provide financial support throughout the quarantine period. Where appropriate, employers might also wish to consider practical approaches that allow employees to work from home if they wish to, both to avoid financial loss and to stave off boredom, while being mindful that staff in these situations might not be at their most productive and might benefit more from remote social support from their colleagues.

When it comes to handle financial crisis, it should be kept in mind on what one can be in charge of and can be done rather than on what you cannot be controlled or what is not achievable at present.

The banks should be reached and asked for mortgage payment deferrals, skipping payments, loan extensions, revised terms or even decreased interest rates, etc., that they can certainly think about. What they recommend you will depend on the type of help asked and your payment account, credit performance etc. Evading on your responsibility for the reason that you did not approach for help from bank will have a negative effect.

**Social Stigma:** Stigma from society is one of the most important psychosocial imapct in many of the studies on "Quarantine effects"; frequently enduring for some time subsequent to quarantine, even after control of the epidemic. In a comparison of HCW quarantined against those not quarantined, quarantined members were notably more likely to describe stigmatization plus denial from people in their surrounding area, implying that there are stigma specially surrounding people who had been quarantined. People report that others were treating them in a different way; shunning them, pulling out societal invitations, taking them with apprehension and distrust, and making grave comments. Quite a few HCW involved in such epidemics state that quarantine had directed their families to believe their jobs to be too unsafe, causing strain at home. Several others are unable to restart their works following surveillance finished as their employers conveyed risk of infection. Measures must be taken to tackle stigma and bias at all stages of the COVID-19 emergency response. Precautions should be taken to promote the incorporation of people who went through COVID-19 with no over-targeting

Common learning concerning the disease and the basis for quarantine and public health information offered to the public can be helpful to lessen shame, while more comprehensive information targeted at schools plus places of work may also be valuable. The media is a great influence on public attitudes furthermore remarkable headlines and fear mongering contribute to disgraceful attitudes in epidemics. This subject draws attention to the necessity for public health officers to offer rapid, clear messages delivered effectively for the entire affected population to endorse accurate understanding of the state of affairs.

**Keep the quarantine as short as possible**

Extended quarantine is related to poorer psychological results. Limiting the length of quarantine to what is scientifically logical given the identified extent of incubation duration, and not adopting an excessively preventive approach to this, would reduce the consequence on people. Data from elsewhere also highlights the significance of government adhering to their own suggested period of quarantine, and not expanding it. For people already in quarantine, an expansion, no matter how little, is likely to aggravate any sense of annoyance.

## CONCLUSION

By and large, the psychological impact of quarantine is wide-ranging, considerable, and can be long-term or even lifelong. On the other hand, depriving people of their freedom for the public at large is regularly debatable and needs to be handled cautiously. If quarantine is indispensable then the authorities should take each step to make certain that this practice is as tolerable as possible for people. This can be attained by: telling people what is happening and why, explaining how long it will persist, providing significant activities for them to carry on while in quarantine, providing comprehensible communication, ensuring essential supplies (such as food, water, and medicines) are available, and reinforcing the sense of humanity that people should, rightly, be feeling.

Accepting and addressing psychological health plus psychosocial thoughtfulness will be a solution to preventing spread as well as avoiding the risk of long-term consequence on the population's welfare and capability to handle any difficulty.

Health officers charged with executing quarantine, which by definition are in employment and typically with realistic job security, should also keep in mind that not each person is in the similar state of affairs. If the quarantine experience is negative, there can be long-term

outcomes that affect not just the people quarantined but also the health-care system that governed the quarantine and the stakeholders who authorized it.

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