

Preying on our youth: addiction as a “disorder of consumption”

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Abstract

In an effort to manage the spread of COVID-19 pandemic, social distancing has been seen to be necessary and essential measure to prevent spread of infection. Mental health response to other recent disasters (both natural and man-made) has not had to cater for this phenomenon. The COVID-19 pandemic has impacted the entire population in that everyone, without exception, has been affected by quarantine and/or self-isolation requirement.

Even though there is an appreciation that during and after a disaster an increase in mental health support is necessary, quarantining and social isolation during COVID-19 pandemic presents some additional considerations to ensure different sections on the population receive appropriate mental health support.

Introduction

The impact of COVID-19 in terms of numbers infected and dead, infectivity rates, distribution across different countries and precautions that may be necessary to prevent its spread are well publicised in lay and scientific publication [1]. To contain spread of this pandemic, quarantine and social isolation have become an accepted norm [2]. Many governments have mobilised resources to minimise the impact of this pandemic. This has included increasing capacity of health care professionals to respond as well as financial support for those impacted adversely [3].

People directly affected by any disaster, but also many others who may not be directly impacted can experience psychological and emotional responses. There is a recognition for enhanced mental health support to manage the impact of a disaster on the lives and livelihood of people. This impact continues for several years even after the disaster event is over [4].

Two aspects of COVID-19 pandemic make it very different from other recent disasters. Firstly, COVID-19 pandemic has affected the entire population in one way or another [5]. Safe distancing and ‘stay at home’ requirements have meant that each and every member of the community is directly impacted. The ‘stay at home’ message has also meant that almost the entire population has had to make changes to the way they interact, live and function [6-8].

Many governments have considered it necessary to implement safe distancing. Requirements to ‘stay at home’ have been introduced with emergency provisions to ensure such requirements are not breached, including fines and threats of imprisonment [9-11]. Job losses and impact on businesses and lives of people as a result has been proposed as an inevitable consequence that must be borne at this time. Despite financial and stimulus packages, there is acknowledgement that impact of this pandemic on countries and economies will be unprecedented [12,13].

During COVID-19 pandemic, increase in mental health support is occurring both by design and informally through social media

platforms. Many governments have released additional mental health support funding [14]. People in quarantine joining street parties and concerts from their balconies and improving connectivity through other social media are occurring [3,15]. Despite that past experience would suggest that the impact of social isolation will be significant [16].

Social isolation can have an immediate and longer-term impacts

Tackling the impact of social isolation adds to the complexity of mental health response that must be put in place to deal with the COVID-19 pandemic. Forced social isolation means lack of access to family and friends, which can lead to an increase in fear about their own physical well-being and those of others who are now inaccessible. Even those with access to financial resources are left with uncertainty about being able to get essential food supplies for themselves and those dependent on them. Uncertainty about immediate access to medical care, prescriptions, electricity, water and other essential maintenance services can be emotionally upsetting [17]. Inability to pursue day-to-day activities itself can be frustrating [18].

Even though the entire population is directly affected because of quarantine-related requirements, some will be impacted more than others. These include people with pre-existing mental health conditions who until this pandemic have needed ongoing psychosocial support. This group of population is also likely to experience higher emotional distress as a result of quarantine-related restrictions [19]. For the majority of this population group, availability of mental health and psychosocial support would have been interrupted in one way or another. In the immediate post-COVID-19 era, it will be important not

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only to ensure that this population group is able to receive the same level of support and assistance, but their mental health and psychosocial needs are quickly re-evaluated and appropriate interventions put in place.

People who have been directly impacted by forced quarantine, not only because of social isolation but also because they have experienced a deterioration in their ability to be a productive member of the society, should be prioritised for immediate mental health support and assistance. This population group will be bearing an unanticipated emotional burden of loss of employment (and secondary impacts on their personal, social, occupational, financial and interpersonal wellbeing) as a result of their precipitously deteriorating financial situation. The external locus of control for COVID-19-related consequences is likely to leave many in this population group with a sense of helplessness. The likely long term consequences of such unanticipated isolation for their social group are likely to be significant [20,21].

Health professionals have been impacted by COVID-19 pandemic very much as rest of the population. However, caring for patients with an infective agent also means many have chosen to distance themselves from their family members to minimise the risk of accidental exposure to them. The negative mental health impact of quarantine on health professionals must remain a cause for concern [18,22,23]. It can also leave health professionals with long term effects including emotional dysregulation, detachment, anxiety, indecisiveness and inability to perform or continue working as a health professional [8,22-26]. There is also some indication that health professionals may experience post-traumatic stress symptoms that can continue for several years [27,28].

Management of COVID-19 pandemic has also meant that emergency management provisions were introduced that severely compromised long established democratic processes. A requirement to self-quarantine, without necessary consultation, involvement, debate and democratic decision making, has raised questions whether this was an acceptable excuse to sacrifice liberty, freedom and other democratic principles and norms that many have fought to establish and preserve over their life-time. Even though it is accepted that governments must have access to emergency provision to manage public health emergencies, when the economic impact of decisions is likely to impact several generations to come, questions about appropriate use of power are inevitable. These include whether deviation from usual democratic norms was necessary; whether decisions were informed by correct information and were proportionate to the risk that needed to be managed; whether the discomfort and distress that population will experience over the coming years was preventable, etc. If the final analysis casts doubt on decisions made, a sense of helplessness can emerge.

Strategies to manage immediate consequences of social isolation on different population groups are necessary during the pandemic, however, mental health and psychosocial support for some population groups will need to be sustained for the longer term. It is well known that longer the social isolation or period of quarantine, greater the level of emotional distress and demoralisation [29]. Therefore, every effort must be made to ensure that period in quarantine is minimised. Even though some people have been innovative in managing their own social isolation using social media and other platforms, virtual participation in social activities, distance learning and virtual interaction with those with similar interests, strategies are needed to ensure those who do not have access to such resources, have assistance to break their own social isolation.

Conclusions

Assertive management of COVID-19 pandemic has meant that the entire population has been impacted as a result of social isolation. Impact of social isolation on the population in general, but on specific population groups must not be under-estimated. It is essential that support for people with mental illnesses who were receiving mental health and psychosocial support prior to the pandemic, is reinstated and their needs re-evaluated. A significant part of the population has also been directly impacted by quarantine and social isolation-related restrictions and experienced unanticipated financial setback. It is necessary that this group of population also has access to appropriate mental health support. More importantly, this support must be sustained for the longer term.

Conflict of Interest

The author declares no conflict of interest.

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