Review Article
Volume 16:2, 2022

Clinical Schizophrenia & Related Psychoses

ISSN: 1935-1232 Open Access

Fear and Stigma during COVID-19: A Road Map to Develop Effective Interventions

Neenumol Babu* **and Lekha D. Bhat**

Department of Epidemiology and Public Health, Central University of Thiruvarur, Tamil Nadu, India

Abstract

With any new pandemic when the risk factors are unknown and an effective treatment is unavailable whole world will be in fear as the threat is magnified than the usual. Over the last eight months, SARS-CoV-2 has been severely affecting the public health throughout the world. The current outbreak of SARS-CoV-2 (COVID-19) is proved to be more contagious than the SARS-CoV till now rather than prevention and symptom management, no effective cure is developed. As COVID 19 pandemic is spreading fast and cases are increasing proper addressing of global fear, anxiety is important. This will help people develop appropriate reaction and coping strategies. Focus of International bodies and researchers have always remained on epidemiological and clinical aspects followed by long term economic impact. The psychological components like fear, helplessness and anxiety are neglected while developing national/global strategies against pandemics.

Keywords: Stigma • COVID-19 • Epidemiology • SARS-CoV-2

Introduction

General reaction of public in the event of a pandemic is panic, blame, fear and discrimination [1]. These reactions, its intensity, severity and duration depend upon the context which includes the type of epidemics (new/existing), general measures taken by authorities, competency of health care system and political leadership [2]. Fear, when it is chronic or disproportionate affects others and is harmful to self and society as it manifests as stigma and discrimination [3]. Stigma and discrimination will affect the public health intervention and its effectiveness [4]. In the current paper we have reviewed the need for mental health care programmes during a pandemic; we have made an attempt to picturize the global scenario of fear and anxiety during this unprecedented time [5]. Our search criteria/keywords include fear, anxiety, stress and mental health during pandemic situations; we have included articles from Pubmed, magazines, websites, and incorporated the latest articles and some of the landmark articles in this field [6].

Literature Review

COVID-19 experiences: Fear and stigma across the countries

In COVID-19 pandemic, the major factors that cause stress to globalcitizens are fear of acquiring infection, longer quarantine duration, frustration (family/societal pressure to bout individual indifferences), boredom, inadequate supplies of essentials, scarce information, financial loss (includes job loss, business loss) and stigma[7]. For instance, in the United States, there were group of people protesting the lock-down measures of the government citing as infringementsagainst civil liberties [8]. Stringent measures such as lockdown and restricted movements are considered as an overreaction by certain group of people [9]. Most of them were in the fear of losing job, thus demanding the government to redefine essential businesses, quarantine only the vulnerable population and demanding to increase the testing to get back to normalcy [10]. On the contrary in the United Kingdom, the major public response to lockdown was amicable [11]. However, there were instances, wherein confusions and threats were laid by the government decision initially [12]. Shortage of Personal Protective Equipment's (PPE) created enormous anxiety over the safety of residents and healthcare staff [13]. In India, few reports of attacks on health care providers and on corps who are in the forefront to combat the recent epidemic of COVID-19 were the emotional ventilation of fear, anxiety, and frustrations [14]. Furthermore, reported incidents from India, wherein health care providers/sanitary workers were asked to vacate the rented houses without any prior notice pose threat to the compassionate behavior of mankind [15].

***Address to Correspondence:** Neenumol Babu, Department of Epidemiology and Public Health, Central University of Thiruvarur, Tamil Nadu, India, E-mail: neenumolbabu1@gmail.com*

Received: 27 December, 2021, Manuscript No. M-51048; **Editor assigned:** 29 December, 2021, PreQC No. P-51048; **Reviewed:** 12 January, 2022, QC No. Q-51048; **Revised:** 16-March-2022, Manuscript No. R-51048; **Published:** 23 March, 2022

Fear, stigma and past epidemics

The Spanish Flu pandemic (1919-20) by conservative records, reported minimal 30-50 million deaths [16]. Since it started in military camps of USA the information was kept secretive and sensitive fearing stigma; although it was originated in the USA it is inappropriately named as Spanish Flu [17]. During these times, mode of communication, migration and global mobility were minimal [18]. Still for a very long period fear, suspicion and panic prevailed; anxiety about the disease recorded was significantly high; worryingly low level of knowledge in a population led to higher discrimination towards victims [19].

In 2002 with pandemic SARS, the BBC reported that this pandemic will have such fatality and demographic impact as that of 1918 Spanish Flu. Fear increased when non-pharma measures like quarantine and isolation were enforced. In Asia, discrimination and stigmatization of potential SARS patients was widely reported. SARS produced significant levels of fear and psychological trauma especially in affected population which ultimately affected migration. The challenging task during SARS epidemic was not the mortality/morbidity, but rather the fear and panic that the epidemic generated among the public [20]. Fear, stigma and discrimination affected the public health interventions negatively as suspected cases were hiding out of fear [21]. In 2009, the Swine Flu pandemic reported where 61 million infected cases predominantly from Mexico and the USA [22]. A 50% of population in these countries reported increased fear and anxiety. This is because exaggerated and reactive responses were more than scientific responses and actions [23].

Discussion

Fear and stigma with COVID-19

With COVID-19 pandemic when many countries announced lockdown/quarantine widespread panic was seen when people rushed to buy food and cleansing items [24]. In China, 54 percent of the respondents reported severe fear in their minds due to this new disease. In comparison to SARS 2009, the current pandemic have created immense psychological fear and stigma because of increase in international mobility, global connectivity and extensive social media coverage [25]. Those who are in quarantine feel ashamed, guilt and stigma [26]. The easy access to communication technology and misguiding information has created harmful psychological reactions like anger, rage and fear towards COVID positive people [27]. Particularly during COVID-19 emotional spread is high whereby the distress and fear experienced by one person is spread to another in swift manner in the digitalized world [28].

COVID positive patients reported intense emotions like boredom, fear, anger and insomnia [29]. Health-related anxiety in confirmed COVID-19 patients is a reality; their mental health and well-being are profoundly affected, as they live in fear of being socially ostracized) [30]. It is not just the suspected and confirmed patients that suffer from anxiety. Quarantine is a significant concern relating to COVID-19, as it impacts mental health and well-being. Social isolation and long-term restrictions on movement raise fear and apprehensions in mind towards certain groups (WHO, 2020). It is likely that there will be grave mental health implications and managing such issues becomes a challenge for the health care system.

Fear, stigma and minorities

Minority groups usually face health disparities, such as unequal access to quality healthcare services, compared with their counterparts; thus, contributing COVID-19 related anxiety and fear. Studies from the UK show racism, discrimination, and social inequality played a crucial role in increasing COVID-19 infection risk (PHE 2020). A recent U.K. Biobank study confirmed that socio-economic differences and ethnicity contribute to accelerating discrimination in COVID-19 context. In the UK Occupational health and fear, stigma also seems to be correlated which is proved from the feelings expressed by Pakistani nationals who are employed as nurses and support staff. The psychosocial implications of structural disparities, is increasing the risk of mental disorders including depression, and acute stress disorder among minorities in China. COVID-19 is responsible for eliciting anxiety, phobic reactions as well as psycho-somatic disorders amongst minorities, who cannot afford to take time off from work.

In India, the minority group members especially Muslims and economically poor who cannot practice social distancing are targeted as carriers of COVID-19. This includes migrant laborers, domestic workers and sanitation workers. Pandemic anxiety in the country has also manifested in bigotry and prejudice against Muslims who have been blamed for the spread of the virus. Islamophobic tropes are evident from the manner in which the spread of COVID-19 in the country has been framed along religious lines. The report published by the New York Times mentions that, Islamic groups and migrants are blamed for spread of the virus. Fear of life, fear of being beaten up in public and contempt from fellow citizens are the feelings reported by the Muslim leaders.

Handling fear and stigma: Role of different stake holders

Responding adequately to fear, anxiety and discrimination demand a deep understanding of infectious diseases and strategic psychological interventions.

COVID-19 pandemic is yet to be controlled; number of deaths as well as infected cases is increasing globally and this makes it mandatory to keep people in lockdown/quarantine/isolation for longer period. In such times, role of mental health professionals/social-behaviorists is crucial. There is need to integrate mental health services to public health services to combat psycho-social aspects of epidemics. The most important challenge is identifying nature and intensity of fear and anxiety. There are no universal/standardized guidelines available for psycho-social support work in pandemic times. Establishing government approved safe counseling services (virtual/telephonic/app based) is suggested. One of the main challenges in dealing with fear, anxiety and discrimination is the lack of training and capacity building amongst the available mental health professionals and socio-behaviorists. These helping professionals must be aided by online mental health databases access, capacity building and skill development online modules by WHO, NDC, John Hopkins Center etc.

The active role of respective Governments in each country is pivotal which eventually helps to conceptualize about threat and change the behavior positively. Control of fake news, appropriate information sharing through mass media forms an important responsibility of Governments. Other social resources that could be utilized in order to handle fear and anxiety could be the involvement of religious leaders and organizations and Non-Governmental Organizations with a prominent societal role and credibility.

Conclusion

Fear and Stigma is common during pandemic and it affects the behavior of mass in a society. Handling fear and stigma along with other aspects of health seeking behaviour is important to control it. The role of mental health practitioners, government and Non-Governmental Organizations in this regard is pivotal. Research on psycho-social aspect of COVID 19 is critical so that evidence-based models and practice can be developed. This will lead to a plausible scientific explanation at a population level behavior changes and initiatives that can be reviewed in making strategic epidemic management plans more inclusive, effective with optimal use of available medical, financial and manpower resources.

References

1. Abdulkareem, Shaheen A, Ellen-Wien Augustijn, Tatiana Filatova, and Katarzyna Musial, et al. "Risk perception and behavioral change during epidemics: Comparing models of individual and collective learning." *PloS One* 15(2020): e0226483.
2. Price-Smith, Andrew T, and Yanzhong Huang. "Epidemic of fear: SARS and the political economy of contagion." Innovation Global Health Governance: *Critical Cases* (2009): 23-48.
3. Appoorvanand, Jha. "How the Corinavirus Outbreak in India was Blamed on Muslims." *Al Jazeera* (2020).
4. BBC. 'Sars: Is Global Panic Justified?' BBC News Link U.K. Ed April 24. (2003).
5. Brooks, Samantha K, Rebecca K Webster, Louise E Smith, and Lisa Woodland, et al. "The psychological impact of quarantine and how to reduce it: rapid review of the evidence." *The Lancet* 395(2020): 912-920.
6. Cunha, Burke A. "Influenza: historical aspects of epidemics and pandemics." *Infect Dis Clin* 18(2004): 141-155.
7. Dieltjens, Tessa, Inge Moonens, Koen Van Praet, and Emmy De Buck, et al. "A systematic literature search on psychological first aid: lack of evidence to develop guidelines." *PloS One* 9(2014): e114714.
8. Foege, William H. "Plagues: Perceptions of risk and social responses." *Soc Re* (1988): 331-342.
9. Abba-Aji, Adam, Daniel Li, Marianne Hrabok, and Reham Shalaby, et al. "COVID-19 pandemic and mental health: prevalence and correlates of new-onset obsessive-compulsive symptoms in a Canadian province." *Intl J Environ Res Public Health* 17(2020): 6986.
10. Hu, W, L Su, J Qiao, J Zhu, and Y Zhou. "COVID-19 outbreak increased risk of schizophrenia in aged adults." *Psy ChinaXiv* 1 (2020): 2-4.
11. Kamradt-Scott, Adam. "Changing perceptions: of pandemic influenza and public health responses." *Am J Public Health* 102(2012): 90-98. Lamb, Alex,
12. Michael Paul, and Mark Dredze. "Separating fact from fear: Tracking flu infections on twitter." Proceedings 2013 Conference North American Chapter Association Computational Linguistics: Human Language Technologies (2013): 789-795.
13. Mamluk, Loubaba, and Tim Jones. "The impact of COVID-19 on black, Asian and minorityeethnic communities." *National Institute Health Res (NHR) Rep* 20(2020).
14. Njiri, Kenneth. "Mental Health and Covid-19: the Right to Mental Health during the COVID-19 Pandemic." *N Engl J Med* (2020).
15. Ornell, Felipe, Jaqueline B Schuch, Anne O Sordi, and Felix Henrique Paim Kessler, et al. ""Pandemic fear" and COVID-19: mental health burden and strategies." *Brazilian J Psychiatry* 42 (2020): 232-235.
16. Public Health England. "Beyond the data: Understanding the impact of COVID-19 on BAME groups." PHE (2020).
17. Rajkumar, Ravi Philip. "COVID-19 and mental health: A review of the existing literature." *Asian J psychiatry* 52 (2020): 102066
18. Raude, Jocelyn, Anne-Laure Caille-Brillet, and Michel Setbon. "The 2009 pandemic H1N1 influenza vaccination in France: who accepted to receive the vaccine and why?." PLoS Currents 2 (2010).
19. Mack, Arien, "In time of plague: the history and social consequences of lethal epidemic disease." NYU Press 1991.
20. Savitsky, Bella, Yifat Findling, Anat Ereli, and Tova Hendel. "Anxiety and coping strategies among nursing students during the covid-19 pandemic." Nurse Education Practice 46 (2020): 102809.
21. Sharma, Dr. "COVID-19 (An International Trauma): A brief analysis on research trends, impacts and solutions." (2020).
22. Slater, Joanna, and Niha Masih. "As the world looks for coronavirus scapegoats, Muslims are blamed in India." The Washington Post 23 (2020).
23. Stern, Alexandra Minna, Mary Beth Reilly, Martin S Cetron, and Howard Markel, et al. "Better Off in School": School Medical Inspection as a Public Health Strategy During the 1918–1919 Influenza Pandemic in the United States." *Pub Health Rep* 125(2010): 63-70.
24. Tucci, Veronica, Nidal Moukaddam, Jonathan Meadows, and Suhal Shah, et al. "The forgotten plague: psychiatric manifestations of Ebola, Zika, and emerging infectious diseases." *J Global Infect Dis* 9(2017): 151.
25. Wang, Cuiyan, Riyu Pan, Xiaoyang Wan, and Yilin Tan, et al. "Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China." *Int JEnviron Res Public Health* 17(2020): 1729.
26. Weiss, MG and Ramakrishna J. "Stigma Intervention Research for Global health. Stigma and Global Health: Developing a Research Agenda." (2001):5-7.
27. Wilder, Julius M. "The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States." *Clin Infect Dis* 72(2021): 707-709.
28. Williams, Lynn, Anna Regagliolo, and Susan Rasmussen. "Predicting psychological responses to Influenza A, H1N1 ("Swine flu"): The role of illness perceptions." *Psychol Health Med* 17(2012): 383-391.
29. World Health Organization. "Coronavirus disease (COVID-19): situation report, 182." (2020).
30. Xiang, Yu-Tao, Yuan Yang, Wen Li, and Ling Zhang, et al. "Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed." *The Lancet Psychiatr* 7(2020): 228-229.

How to cite this article: Babu Neenumol and Bhat Lekha D. "Fear and Stigma during COVID-19: A Road Map to Develop Effective Interventions ." *Clin Schizophr Relat Psychoses* 16 (2022) :1 .