

MENTAL HEALTH CRISIS OF PAKISTANIS POPULATION DURING COVID-19 PANDEMIC

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The first country that was affected by pandemic of SARS-CoV-2 was China. Several exclusive features of SARS-CoV-2 pandemic and its managing policies globally provoked a sharp public mental health crisis. Pakistan is one of the endemic countries for various infectious diseases and has experienced many outbreaks and epidemics every year which effects it's economy and social life (WHO 2016). SARS-CoV-2 is considered as more contagious than MERS and SARS, with case fatality rate of (6.92%) (Surveillances 2020). The ambiguous incubation period and likely asymptomatic transmission of the virus have induced anxiety and fear in the public of Pakistan. Second, extraordinary large-scale quarantine actions in all main cities, which basically restrict peoples to their families, caused negative psycho-social impact on citizens (Brooks et al. 2020). Third, reports of deficiencies personal protective equipment's, medical staff, hospital beds, isolation wards, medicines and sanitizers in Pakistan provoked panic in public. Last, a surplus of misinformation on NEWS and social media increased the fear in public (WHO 2019) and poses major risk to public psychological healthiness during this health crisis.

Pakistan already experienced the outbreaks and epidemics of many infectious diseases including Dengue, Measles, Chickenpox, HIV, TB and Typhoid. Keeping in mind that SARS-CoV-2 is spreading rapidly, infecting many countries of the world. General fear and fear-induced over-reactive conduct is more common among Pakistani community (Shultz et al. 2016). Furthermore, psychiatric conditions, anxiety, depression and post-traumatic stress disorder, have been developed in high-risk personals, especially front-line healthcare staffs (Mak et al. 2009). In this situation it is suggested that Pakistan must establish emergency mental health crisis interventions for decreasing the psycho-social effects of the SARS-CoV-2 pandemic and should be officially included in National Action Plan for Preparedness & Response to Covid-19 Pakistan (NIH 2020) to tackle mental health crisis of Pakistanis population during current pandemic. The emergency psychological crisis interventions staff includes psychological outreach teams led by mental health professionals, psychiatrists and psychological care hotline teams.

According to opinion, mental health crisis interventions contain three (03) important points: 1. understand

psychological health position in various population group influenced by SARS-CoV-2 pandemic; 2. recognizing individuals who are at high risk of aggression and suicide, and 3. giving appropriate mental health interventions for those in need. Targeted individuals are divided in four (04) levels: Level (01) includes those population who are most susceptible to psychological health problems, for example hospitalized individuals with confirmed COVID-19, front-line health experts and managerial team. Level (02) includes isolated individuals with atypical infection sign and symptoms (such as individuals with suspected COVID-19 and close contacts). Level (03) includes those individuals who are in close contacts with level (01) and (02), i.e., friends, family, colleagues and rescuers who contributed in the SARS-CoV-2-pandemic response. Level (04) includes population who are affected by the pandemic preventive and control procedures (Li et al. 2020).

The release of emergency psychological crisis interventions plan acknowledges Pakistan's public psychological health needs during current pandemic. However, plan doesn't specify operationalization of in what way different groups would be assessed or screened to determine the level and type of interventions to give to each. This level of detail is required because Pakistan lacks well established psychological healthcare infrastructure and has no present designated personnel's and national level emergency response system to offer mental health crisis interventions during a national health emergency. Other key challenge in successfully implementing emergency mental health crisis interventions include shortage of mental healthcare providers in Pakistan, 342 psychiatrists (0.20 psychiatrists per 100,000 population) (Jooma et al. 2020).

Challenges reported in Pakistan show that telemedicine/telehealth should be considered to help eliminate barriers and retrieving quality-care for mental-health using smartphones. Task sharing or shifting (i.e., shifting service delivery from experts to general population with less qualifications or making new squad of providers with specific trainings) may help, especially in low resources areas (WHO 2007). Pakistan must also consider guidance and requesting support from global mental-healthcare infrastructures and research groups through international collaborations.

Given lessons taken from past epidemics in Pakistan and globally, public psychological health interventions must be recruited in public health preparedness and emergency response plans to efficiently control all epidemics. The World Health Organization's (WHO) strategic preparedness and response plan for COVID-19, however, has not yet definite any approaches to target mental health needs (WHO 2019). As the virus rapidly spreads globally, government of Pakistan and international agencies must discourse public mental health requirements by developing and implementing well-coordinated strategic plans to tackle the COVID-19 pandemic.

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