

## Need for Profound Psychiatric Care Preparedness in India Post COVID-19

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In recent days, India has set a world record for the highest number of new daily COVID-19 cases (India reported 346,786 new cases of Covid-19 on April 24<sup>th</sup>, 2021). Unlike the year 2020, the COVID-19 death toll of India has also hit a record high, with 2,624 reported deaths on April 24<sup>th</sup>, 2121. So, the question is: What changed from last year to now? Did they put their guards down too soon by lifting lockdowns and reopening prematurely? Was it a lack of safety measures, including poor mask practices or no regard for social distancing? Furthermore, the current death toll and infection rate can also be blamed upon the new variant strain of COVID-19.

The current shortage of hospital beds, medicines, oxygen supplies and ventilators was foreseeable after the first wave of COVID-19. The growing infection and death rates leading to the mount of dead bodies in and out of morgues across the country show lack of farsightedness and preparedness. Similarly, the looming mental health crisis appears to be on no one's mind. The economic fallout, recession, unemployment and social isolation increase the risk of suicide. Post-Traumatic Stress Disorder, Substance Use Disorder, Depression and Anxiety are common mental health issues. If this continues unattended, it is prudent to say that morbidity and mortality due to mental health issues and suicide may create another wave of COVID-19 related deaths.

It's time for a proactive strategy to provide widespread, cost-effective screening and short-term and long-term psychiatric care to the multicultural, multi-faith Indian population. The first step would be a government-sponsored program to destigmatize mental illness and promote emotional well-being, including a nationwide awareness campaign with catchy slogans such as, "prolonged stress can cause a mental mess". Feeling burnt out, drained, lonely, sinking, hopeless, helpless, or suicidal is not a sign of weakness or failure. As low oxygen saturation on pulse oximeter informs you of the need for oxygen to survive, likewise, these are the signs of your brain telling you of the need for therapy and medicine to destress. After a wildfire, we don't start living back in the house right away;

we first get rid of the ashes, wipe out the soot, and, if required, remodel certain areas before the house becomes livable again. Living in the burnt house in an attempt to move on with life quickly, one will have soot all over their body, face, clothes, and belongings, reminding them and people around of the wildfire every day. Demystifying the role of therapy and medication in mental well-being in the post-COVID era and understanding the need for removing the ashes and soot of grief, anxiety, PTSD, anger, depression and suicidality from their life caught in the wildfire is the second most vital step.

The arduous task would include tools, skill sets, resources and workforces to address the mental health needs of billions of people. Telepsychiatry has been implemented effectively overnight in the US, UK and other European countries. Still, its use in India will be challenging, depending on the availability of technology and its practical implementation. The famous Indian cinema and television can do wonders in increasing awareness and disseminating essential screening tools. As we are grieving the death of our loved ones through the physical impact of the current pandemic, it is upon us to be well prepared to embrace the mental health impact of COVID-19.

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