PERSPECTIVE ARTICLE

LOCKDOWN AND ISOLATION: PSYCHOLOGICAL ASPECTS OF COVID-19 PANDEMIC IN THE GENERAL POPULATION

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Abstract

As of March 2020, the respiratory disease caused by SARS-CoV-2 coronavirus has been declared a "pandemic" by the WHO. In an effort to stem the spread of the virus, governments around the world have ordered more or less restrictive isolation measures. If lockdown and social isolation have proven to be quite effective in terms of physical containment, mental health appears undermined by the onset of feelings such as uncertainty, fear, and despair. Likely, in the near future, mental health professionals will be called to face a "parallel pandemic" of acute stress disorders, post-traumatic stress disorder, emotional disturbance, sleep disorders, depressive syndromes and eventually suicides.

Key words: COVID-19, pandemic, lockdown, psychology, psychiatry, PTSD, depression, suicide

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As of December 2019, a new epidemic developed in Wuhan (China) due to a specific coronavirus known as SARS-CoV-2. The spread of the virus (and subsequent infection) abruptly reached the severity of pandemic in March 2020, as declared by the World Health Organization (WHO, 2020). Indeed, the number of COVID-19 infections increases day by day, as shown on the Johns Hopkins University website and other online platforms (Johns Hopkins University, 2020).

Because of its extreme virulence, different social security containment measures were first adopted in China, and them in all other involved countries (Marazziti & Stahl, 2020). Such measures included the mandatory use of gloves, protective eyewear, waterproof gowns and respirators (at least FFP2 or equivalent), implementing of social distancing, cancellation of gathering events (i.e., medical conferences, sport competitions including Olympic games), severe travel restrictions, lockdown of schools/universities and of the majority of workplaces (with the few, notable, exceptions represented by healthcare, press, food and primary assets suppliers). Similar measures were adopted in Italy only a few weeks later, at the beginning of March, with the "Stay home" government decree announced by prof. Giuseppe Conte, Italian prime minister (Gazzetta Ufficiale della Repubblica Italiana, 2020). Taken together, those measures eventually lead to people's lockdown in their homes and, despite their apparent severity at the beginning, they resulted to be timely and valid in preventing a further spread of the virus.

On the other hand, if domestic lockdown and social isolation have proven to be quite effective in terms of physical containment, on a psychological (and psychiatric) level such a situation might reveal itself as insufficient, if not even risky, throughout the onset of feelings such as uncertainty, fear, and despair (Hawryluck et al., 2004; Wang et al., 2020). In other words, in addition to physical health, mental health is currently undermined: symptoms attributable to psychic distress may appear in individuals without a personal positive history, as well as patients with pre-existing mental disorders may experience a worsening of their clinical picture. Furthermore, the activity of mental health centers is temporarily suspended or greatly reduced. Therefore, patients with mental problems can no longer participate in the dedicated daily activities. This sudden change in routine not only can cause or worsen patients'conditions, but at the same time, it might become problematic for relatives and/or caregivers, who are not used to manage this type of situation. Not surprisingly, irrational behaviors were observed since the beginning of the pandemic in our country, such as buying and storing a lot of basic food (e.g, sugar, wheat, milk, yeast), or escaping from or insulting people with Asiatic traits. Some scholars symbolically defined such scenario, along with a blast of news from all media that

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likely appeared to aim more at sensationalism than at an adequate information, as "coronaphobia" (Asmndson & Taylor, 2020; Rubin & Wessely, 2020).

As described by in a recent review (Brooks et al., 2020), it is possible to identify five main causes of psychological distress within quarantine, namely: duration of lockdown, fear of infections (and contamination), feelings of frustration and boredom, inadequate supplies and inadequate information. Therefore, people in quarantine appear likely to embark on a dangerous "personal journey" made of mental ruminations about whether they are going to get sick or about the world and its future: a risky pathway that, in vulnerable subjects, could eventually lead to anxiety, aggressiveness, obsessive and/or delusional thoughts and, in the worst cases, to a full-blown psychosis. As evidence of this, there is no need to wait for the epidemiological data that we will be eventually able to read in the forthcoming weeks or months, as it feels already disturbing to open the newspapers (or apps) and read how the episodes of physical violence against partners or relatives are frequent and (too) often lethal.

It seems too evident that psychological (if not psychiatric) support is not only appropriate, but almost "mandatory". However, as already mentioned, the activity of mental health centers (including day-hospital outpatient clinics and rehabilitation centers) is currently reduced, carried out by telephone and mainly aimed at coping with emergencies. Such a situation does not appear better in the psychiatric wards, where there is a growing presence of COVID-19-positive patients that are difficult to manage because of to the lack of precise guidelines, as well as of suitable medical instruments (i.e. C-PAP), or, more important, adequate protective equipment for the medical staff and nurses.

On the other hand, telemedicine, until recently practiced little, is proving to be a valid ally against this "invisible enemy". Indeed, telemedicine appears suitable in pandemic outbreak, as it reduces the risk of virus transmission and should be used to promote psycho-education and psychological interventions. Therefore, different Italian psychologists promptly activated a free telephone service to help people to cope with their emotions. According to these professionals, people expresses concerns about the future, fear of contamination, fear of death and for the loss of their beloved ones (Lorenzi, 2020). Furthermore, Italian professionals are already trying to follow the virtuous example provided by Chinese colleagues regarding the use of the Internet by implementing online services specifically dedicated to psychological assistance during the pandemic. Unfortunately, computers, tablets, smartphones and apps developed for virtual communication (i.e. Skype, Zoom, Teams, etc.) are not always accessible, especially by poorest patients or by those with no means and/or skills to use them. Besides, another potential downside of the Internet use in such a situation is the consequent, excessive, increase in the time spent watching electronic devices that could eventually (and quickly) turn problematic (i.e., Internet and videogame addiction, online gambling, excessive use of pornography, etc.).

In light of such a disturbing scenario, what should mental health professionals expect in the near future? Acute reactions to the pandemic are eventually self-limiting, but in a long-term perspective it appears reasonable to expect an epidemic of acute stress disorders, post-traumatic stress disorder, emotional disturbance, sleep disorders, depressive syndromes and eventually suicides because of the merging of several factors, such as the experience of being infected and hospitalized or perhaps the death of beloved ones. Finally yet importantly, people will have to cope with all the negative consequences that will arise from the profound economic recession that many countries are going to face (Marazziti & Stahl, 2020).

Indeed, the COVID-19 epidemiological emergency is already showing a crucial impact in terms of physical morbidity and mortality and of mental health. However, repercussions on the welfare and socio-economic level will be significant as well and they, in turn, will possibly negatively affect mental and emotional balance amongst all individuals. Taken together, the aftermath for the mental health will be important, therefore the National Health System and politicians should be implement the mental health services in the near future. More psychiatrists, psychologists, psychiatric rehabilitators, nurses and other professional trained staff should be promptly hired in hospitals and health-care centers in order to face this emergency in the medium to long term, together with dedicated and appropriate intervention strategies and care models.

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