## It is illegal to post this copyrighted PDF on any website. The Second Wave of the COVID-19 Tsunami and Mental Health: An Indian Perspective

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Most epidemiologists predicted a second wave of the coronavirus disease 2019 (COVID-19) tsunami in various countries including India, as herd immunity has not been achieved.<sup>1</sup> In India, the path of the second wave of COVID-19 was unpredictable and has caused severe distress throughout the country. The mental health of affected patients was compromised, and their stress levels were high. Fear of death was their biggest concern. The collective trauma on Indian society has been immense.

COVID-19 cases have risen sharply, and on April 19, 2021, the daily number of new COVID-19 cases reached 273,000, with 1,619 deaths.<sup>2</sup> At the time of this writing, the total number of COVID-19 cases is >15.3 million, with 180,000 deaths.<sup>2,3</sup> In April 2021, Maharashtra, Delhi, and Karnataka saw the biggest single-day numbers of COVID-19 cases, and 46% of total active cases were reported from 10 of 750 districts in India. This sudden surge was considered to be the second wave of the COVID-19 tsunami, as the cases in these 10 districts initially increased sharply within a few days and then diminished and spread to other districts where the cases increased. The country had surpassed 10 million cases on December 19, 2020, and it took 107 days to reach 12.5 million cases on April 5, 2021. However, during the second wave it took only 15 days for the cases to reach 15 million.<sup>2,3</sup>

During the COVID-19 second wave, provision of care for elderly patients, pregnant women, and children and adolescents, as well as those in marginalized communities has been an area of great concern.<sup>4–12</sup> Elderly people living alone had feelings of helplessness and hopelessness. Younger children could not understand the social isolation measures, as school and play areas were closed. Older children experienced sadness and feelings of isolation, as they were often alone at home. Adolescents experimented with illicit substances to cope with anxiety related to COVID-19, a predictor of which was time spent watching news related to the pandemic.<sup>11</sup> Pregnant women experienced serious

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mental health issues during antenatal care and faced many difficulties during their deliveries.<sup>4</sup> Patients with comorbid physical and psychiatric disorders with active COVID-19 infection faced multiple mental health issues. The Indian population with diabetes mellitus, chronic obstructive pulmonary disease, renal disease, cardiac disease, systemic hypertension, malignancies, and compromised immune status and those with disabilities suffered greatly and faced difficulties in obtaining care.<sup>13</sup> Changes in appetite and sleep patterns, anhedonia, headache, irritability, and gastrointestinal symptoms were frequently observed in affected patients. New-onset health-related anxiety, depression, substance withdrawal syndrome, acute stress disorder, and posttraumatic stress disorder were found in a large number of COVID-19-infected patients in India. The prominent mental health issues in these patients were exacerbation of preexisting mental illness, personality disorder, and substance dependence.<sup>14,15</sup>

The COVID-19 second wave generated many lessons for policy planners, public health authorities, researchers, mental health experts, and social scientists. The public health authorities realized that victory should not be declared prematurely, as was done in January 2021, and that the citizens of India must learn to comply with local restrictions and rules and develop COVID-appropriate behavior.4,14,16 In India, mental health intervention strategies for tackling the COVID-19 tsunami were not well developed, and a task force in mental health, epidemiology, and disaster psychiatry to provide scientific advice on handling mental health issues was missing. A failure to invest in the mental health infrastructure and to provide mental health services to needy individuals further added to the progression of the collective trauma. The inadequate response to mental health issues in the general population posed many challenges. Only patients with severe mental illness could be treated at hospitals. Those with confirmed COVID-19 infection were isolated at institutions, thus weakening the health care system. India's mental health care systems experienced staffing problems, and nonemergency routine mental health care services were stopped. The authorities did not increase efforts to procure necessary inventory items and equipment.

The solution for easing the burden of this collective trauma lies in prioritizing physical and mental health of the general population. The mental health challenges due to the COVID-19 second wave tsunami could be reduced by the application of brief interventions. Telepsychiatry services should be further expanded. Excessive news via

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**It is illegal to post this copy** social media should be minimized, and education and information should be provided to the general public from valid scientific sources. Mental health response gaps, which were fragmented with ad hoc efforts, should be avoided. In India, the mental health response has been primarily based on the biomedical and biopsychological models. Psychosocial interventions were missing, which are needed in this hour of mental health crisis. Community-level interventions should be implemented to reach the unreached population. Communication is essential for patients, and a specialized **anted PDF on any website** psychosocial assistance hotline could be of immense benefit to them. Patients must be able to maintain contact with family, friends, and colleagues for social support, and this may be achieved through digital methods. Patients should also be provided cognitive-behavioral therapy/mindfulnessbased stress management online training and useful online World Health Organization resources. There are important lessons to be learned from the first and second waves of the COVID-19 tsunami and much more that we can learn as we move into the subsequent third and fourth waves.

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