SURVIVING IN THE ERA OF COVID-19; A QUALITATIVE STUDY EXPLORING THE PSYCHOLOGICAL IMPACTS OF THE PANDEMIC

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CERTIFICATE

This is to certify that this thesis entitled: **"Surviving in the Era of COVID-19: A Qualitative Study Exploring the Psychological Impacts of the Pandemic"** submitted by **Afsheen Talat** is accepted in its present form by the PIDE School of Social Sciences, Pakistan Institute of Development Economics (PIDE), Islamabad as satisfying the requirements for partial fulfillment of the degree in Master of Philosophy in Public Policy.

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Author's Declaration

I **Afsheen Talat** hereby state that my **MPhil** thesis titled **Surviving in the era of covid-19; a qualitative study exploring the psychological impacts of the pandemic** is my own work and has not been submitted previously by me for taking any degree from Pakistan Institute of Development Economics or anywhere else in the country/world.

At any time if my statement is found to be incorrect even after my Graduation the University has the right to withdraw my MPhil degree.

Date: November 18, 2021

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Dedication

I dedicate this thesis to my revered teacher and mentor, Dr. Shaheer Ellahi Khan, who not only encouraged me to pursue my post-graduation, but also instilled the zeal in me to explore a diaphanous topic like mental health. This thesis would not have been possible without his support.

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ABSTRACT

This study explores the perceptions and experiences of Covid recovered patients regarding mental health, and the stigmas sufficed with mental health, the debate surrounding the consanguinity of mental illnesses, the effects of the pandemic on their psychological health, and the healthcare and economic disparities that prevent them from seeking treatment, especially during the pandemic. It records the episode of psychological distress by using the patient's end of Kleinman's Explanatory Model of Illness and evaluates through inductive reflexive thematic analysis all the possible aspects that may be affecting the psychological health of the patients. It also contends that patients' sociocultural perceptions have a significant influence in the formulation of their illness experiences as well as their treatment seeking behaviour and utilizes content gathered through in-depth interviews of the Covid recovered patients at two COVID-19 treatment centres made in the district Sialkot. (1 Public and 1 Private in sub-district Sialkot). The results of the study show that there are some lethal barriers and challenges faced by the patients in this pandemic that has led to psychological distress. The study also examines and evaluates religious and cultural coping methods as preferred coping mechanisms by the targeted subjects.

The study is one of its kinds in Pakistan that has shed light on the communicability of mental illness and the physical and cultural perceptions surrounding this debate.

This study may be expanded on a larger scale in order to gain a better knowledge of patient perceptions of psychological distress, potential symptoms, and treatment options, so that awareness can be raised, service provision improved, and patient follow-up assured.

Keywords: *Mental health, Psychological distress, Culture, Religion, Stigma, communicability, Kleinman's Explanatory Model (EM) of Illness, Covid centres, COVID-19*

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LIST OF ABBREVIATIONS

ADB Asian Development Bank

CBT Cognitive Behaviour Therapy

CDs Communicable Diseases

GBD Global Burden of Disease

GDP Gross Domestic Product

IMF International Monetary Fund

MDD Major Depressive Disorder

NCS National Comorbidity Survey

NCDS Non-Communicable Diseases

PCR Polymerase Chain Reaction

PIDE Pakistan Institute of Development Economics

PPEs Personal Protective Equipment

PTSD Post Traumatic Disease Syndrome

SOPs Standard Operating Procedures

WHO World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background

Health refers to the absence of any medical condition, disorder and in a person. Still, according to the definition by WHO (World Health Organization), it is not solely the absence of a disease or illness but accompanies emotional and psychological well-being along with the ability to combat everyday stresses of life through resilience.

1.1.1 Importance of mental health during the pandemic

During a disease outbreak, different individuals react differently owing to the situations in their respective geographies. These prompt reactions help determine the disease outbreak's psychological impacts and emotional distress, its impact, complications, and consequences. Sadly, emotional or psychological wellbeing is not given significance amidst the pandemic. All the physical energies and resources are being utilized to provide emergency treatments, curtailing the transmission of the disease, testing and delivering necessary medications; these reasons become the cause of paying little or no attention to the healthcare system's psychological or emotional well-being. Pandemic management is incomplete without taking into account the psychological/ psychiatric wellbeing of the individuals. (Taylor, 2019)

The stigmas attached to being psychologically ill become a significant reason, restricting people from seeking medical help for their respective mental conditions, even in chronic cases, despite having access to psychiatric treatment and its growing effectiveness. The focal reason for people hiding their mental ailments is the social stigma of being tagged as a person with a mental health condition, isolation from opportunities, especially jobs and

other social activities. Stigma is defined as the labels that people residing in a society, community, religion and culture etc., attach to objects, diseases, places and even people. The results of these labels are discrimination in social or ethnic groups, boycotting people, places and activities, and even products, cultural and religious isolation from various activities is deemed unacceptable by a culture or religion and mental health issues. (Corrigan P. , 2004)

The people who have mental illness are often subjected to a battle with themselves and the people surrounding them. It is already difficult to cope up with the hideous symptoms of the disease itself; this is fueled by misinterpretations of people around them; this specific action is taken in a negative connotation and is called "stigma". Stigma is one of the ultimate cause why mental health-seeking becomes a barrier for people who have a mental illness. There are physical conditions as well that take the form of stigma, such as HIV/AIDS, Tuberculosis, obesity and Lupus etc. Still, the stigmatization of mental health illnesses takes the first place. It affects almost all the areas of the person suffering from illness's life including the social relations, the community's attitude and employment opportunities etc. (Hanafiah & Bortel, 2015)

The Ebola outbreak has had severe consequences on the psychological well-being of the individuals, some of the reasons included traumatic physical infection, fear of death, the guilt of transferring the disease, and a stigma associated by the community regarding the outbreak, and people affected from the disease itself (Bortel, et al., 2016) According to a study conducted on the psychological impacts of Ebola Virus disease epidemic, out of 116 survivors, 66% had Post Traumatic Disease Syndrome (PTSD), 53% depression, 43% anxiety and 34% attempted suicide. (Nyanfor & Jr, 2016)

Results from the study conducted on the psychological effects of Spanish flu recorded that the survivors faced depression, sleep deprivation, lack of concentration, and dizziness.

Moreover, the death rates during the era of Spanish flu rose to an alarming level. (Eghigian, 2020)

1.1.2 The situation of mental health in Pakistan

Pakistan is economically and socially under the severe debt of psychological illness, which has put a tremendous burden on the healthcare system of Pakistan. Pakistan does not have adequate resources to handle the increasing prevalence of mental illness; this, in turn, takes a heavy toll on the disease burden. The public health measures are insufficient to facilitate the mental health problems, which in turn increase mortality and morbidity in physiological illness. It is challenging for the healthcare system of Pakistan, which is already overburdened, to suffice to the mental healthcare needs. COVID-19 has impacted the psychological health of individuals ruthlessly, and it has the potential to strain the overburdened healthcare system further. Mental health illnesses have a significant impact on the economy of Pakistan. The increase in awareness for mental health and the initiatives to de-stigmatize mental health in Pakistan has led to many people seeking mental help. (Hashmi & Saleem, 2020)

There are several reasons why the mental health component should not be overlooked. Psychological influences how individuals cope with severe physical, psychological, economic, and social losses. It also regulates the underlying process of human commitment to healthcare, such as crucial patient care and immunisation. During COVID-19, the current scenario demonstrates the necessity of psychological wellness. Depression, anxiety, panic attacks, dread of the unknown, protective attitude, and other psychological responses are expected during the present pandemic. Another essential point to remember is that persons who have previously been exposed to psychiatric disorders are more prone to the current pandemic. (Cullen, Gulati, & Kelly, 2020)

The government of Pakistan allocates around 0.9% of the total Gross Domestic Product (GDP) to the health sector. Consequently, only 0.04% of the health budget is spent on mental health. A significant cause of this disparity may be the more emphasis on the alternative of the biomedical treatment of mental health that is witchcraft, supernatural powers, sorcery, evil eye, bad omen and wizardry. (Ali & Gul, 2018)

Owing to Pakistan's allocation as a developing country, it caters to many psychological conditions that may root back to severe internal and external factors, to mention a few are political upheavals, social boycotting, economic vulnerability, job saturation, cultural and ethnic influence and gender inequality. These issues discussed above have resulted in more health glitches during the crucial time of the pandemic in which more people are vulnerable to joblessness, inadequate healthcare facilities and increased psychological distress.

1.1.3 Mental health as a contagion

One of the significant reasons for the cause of communicability of a mental illness is social interaction. The most common instruments of transmission for mental illness involves the factor social interactions, and that took over the course of years rather than over a short period of time. Social interaction may be the most vital to well-being, not only for those with mental illness and people who live with a mentally ill person. Studies show that in social relationships, the quantity is as important as the quality, and this has an effect on mental and physical health as well as death risk. (Seager, 2015)

The social environment that an individual is part of plays a vital role in the contribution of psychotic disorders. The relationship between social risk factors like social adversity, social exclusion, urban development and psychotic disorders paves the way for the evidence of communicability of mental disorders. In order to gain valuable insights on the association of

social factors and psychosis, geographical variation is very important. (Heinz, Deserno, & Reininghaus, 2013)

According to Sameroff, much of the research on infant neurodevelopment shows the strong relationship between a child and his social experiences. The stressors in both child and parents have an outstanding contribution to brain development. Attachment theory follows in the same footsteps that any disruptions in the social interaction leave lasting effects on the psychological and neurological development of the child. Neurological development is impacted by stress and trauma experiences. Also, the quality and nature of the social environment in which the child is being brought up influences psychological growth. (Newman, et al., 2016)

An important factor that can be useful in identifying mental disorders can be the family history. If the person has a family history of depression, then he/she is at a higher risk of developing symptoms at a very young age. The family screening method for mental disorders identification should be made widely available. The children who have a severe family history of depression should be considered for treatment before they portray any anxiety or depression symptoms. It is still unclear whether the presence of impairment can lessen or delay the onset of the mental health disorder. A possible delay can be due to other supporting factors like education, work-life, relationships etc. The study of prevailing mental health disorders in the generations is of utmost importance as it can provide supporting literature on genetic mutation, biology, neuroimaging etc. (Weissman, Wickramaratne, Nomura, & Warner, 2005)

1.1.4 COVID-19 and its psychological impacts

The novel coronavirus that emerged as unknown few cases of severe pneumonia in the city of Wuhan, China, soon took the world by storm, disrupting all aspects of life. It was declared

a global Pandemic on 11th March 2020 by The World Health Organization (WHO), based on its impact, the severity of the influence and the ferociously increasing number of cases. (WHO, Coronavirus disease 2019 (COVID-19)Situation Report – 51, 2020).

The statistics of the psychological impacts of COVD-19 in Pakistan are alarming. In 2020, around 33% of the targeted people were suffering from depression, 27% from anxiety and 485 were suffering from mild to moderate symptoms. These figures confirm the drastic impact of COVID-19 and the irrevocable damage that this pandemic has done to the country (Riaz, Abid, & Bano, 2020)

Pakistan is in a very compromising and crucial position; it is sandwiched among two epicentres of virus transmission are China and Iran. The government took the necessary steps for the preparedness of the virus by installing thermal screenings on entry points, contact tracing and monitoring the passengers coming, especially from China and Iran. Polymerase Chain Reaction (PCR) kits were imported to improve the diagnostic capacity of the country. Quarantine facilities had been provided from the resources that were in hand. As per WHO's orders, Surveillance units have been set up to monitor the confirmed cases. There is a dire need to reinforce policies to strengthen the infrastructures, health care capacities, testing and emergency treatment, but Pakistan being a very poor resource country, lacks emergency preparedness. Pakistan requires a robust system of management to look over the healthcare wing and draft policies and surveillance strategies with the help of public institutions. (Noreen, et al., 2020)

Pakistan's mental healthcare system was already saturated when COVID-19 started to spread. The psychological impacts of COVID-19 on society can be categorized into three parts. Firstly, there are people who are uninfected by the virus, these people have developed a sense of fear, and general uncertainty of the virus has led to an increasing amount of panic among the general public. As per a study conducted in China, the psychological impact of

the virus was moderate to severe among the people. But there is no data available for Pakistan. Although the psychological burden is extreme due to overcrowdedness, low literacy rates, and lack of awareness, people tend to ignore the mental health impacts. The fear and stress that comes along with the virus, which has no cure yet, is overwhelming. As per the studies conducted, apart from the trauma of the illness, the people also had a fear of being stigmatized, unemployed and may not become the reason to spread the virus. (Hashmi & Saleem, 2020)

My research topic was to bring forward the psychological and physical impediments that the people faced or are facing during the COVID-19 outbreak and how it is as important to focus on psychological wellbeing as an essential aspect of development. Moreover, I have discussed the turmoil that people faced in the cultural setting they belong to and the consequences of it in the form of uncertainty regarding illness, social fear, economic backlash and reluctance to treatment during the pandemic.

The social variables discussed with relevance to the study are mental health stigmas, social isolation, faith and spirituality, healthcare disparities, mental health as a contagion, and the disruption after COVID-19 in the overall life of people.

The study focused on two themes.. The first theme was the community perspectives, which were further elaborated into sub-themes, including work demands, healthcare disparities, economic burdens, following SOPs (Standard Operating Procedures) and uncertainty regarding illness. The second theme was the personal perspectives, encapsulating the personal opinions of individuals and the change in their lifestyles. This was further elaborated by sub-themes such as faith/religion-based activities, psychosomatic symptoms, community barriers and social stigmas etc.

1.2 Statement of Problem

The review of literature suggested that in the wake of the pandemic or a disease outbreak, the individuals show very different and highly unusual reactions to different situations, which mostly depend on the conditions they are exposed or the countries they are residing in. (Taylor, 2019) These reactions set the foot and play a very important role in highlighting the major emotional distresses, the widespread of the disease and the social complications which may be caused during or after the pandemic. To the dismay of people, psychological wellbeing is disregarded when dealing with the pandemic as the focus is mostly on physical health, emergency and acute treatment, preventing acute transmissions of the disease; due to these dominant factors, the healthcare systems hardly focus on the mental health and social wellbeing of the people being compromised equally. Whilst the acute pandemic spreading all across the world, psychological and psychiatric wellbeing should not be disregarded, instead, this should be a critical aspect of pandemic management. (Taylor, 2019)

This study determined the common socio-cultural and physical factors faced by people during COVID-19, which disrupted various aspects of their lives, causing severe psychological distress. Owing to the diverse cultural setting, we got considerable insights on the socio-economic imbalances and cultural constraints, the mental health stigmas attached to seeking treatment, individual development of the people and the cultural aspect of mental health as communicable

1.3 Research Problem

Based on the narrative of SoP as stated in the preceding text, I am narrowing my research problem into "**Surviving in the era of COVID-19; a qualitative study exploring the psychological impacts of the pandemic**" and have operationalized my topic into following research questions and objectives.

1.4 Research Questions

1.4.1 How do the target subject(s) define, perceive and conceive mental health stigma?

1.4.2 What are the effects of COVID-19 on the psychological health of the subject(s)?

1.4.3 Is mental health communicable or non-communicable?

1.4.4 What are the healthcare and economic aspects that lay impediments in seeking mental health treatment, especially during the pandemic?

1.5 Research Objectives

The objectives of the current study were to:

1.5.1 Document how the targeted subject(s) define, perceive and conceive mental health stigma.

This objective aimed to look at the general perception of the targeted subject(s) regarding mental health and the stigmas that sufficed with mental health. The research, through review of the literature and research tools, looked into how the target subject(s) define the term mental health and stigma, what are the general perceptions that they believe to be true regarding mental health and stigma, and lastly, how well they conceived mental health stigma as an important element that suffices a barrier to seeking mental health treatment. This was explored in the context of the social setup that the subject(s) reside in and the cultural limitations they must keep in mind.

1.5.2 Explore the effects of COVID-19 on the mental health of the subject(s).

The second objective dealt with exploring the impacts and overall effects that the novel COVID-19 has left and is leaving on the psychological wellbeing of the individuals. In the

context of Pakistan, exploring the psychological distresses caused by COVID-19 in different aspects of everyday life was explored in detail from the subject(s) to be targeted in the study. The goal was to see how the targeted subject(s) have dealt with the pandemic in terms of psychological health by now and how much they were coping with the psychological distress caused by the pandemic.

1.5.3 Determine whether mental health is communicable or non-communicable

The research aimed to determine whether mental health can be transferred from one individual to another, if so, why there is minor literature on it and why it is not talked about openly. Another aspect explored was the role that culture played in communicability. And lastly, the study also determined whether mental health is a contagion during the pandemic; if so, to what extent it has worsened the psychological being

1.5.4 Study the healthcare and economic aspects that lay impediment in seeking mental health treatment, especially during the pandemic

This objective of the research was to look into the health and economic costs that became hurdles in seeking mental health treatment. In addition to the social and cultural factors, the financial barriers played a vital role in restraining people from treatment. Moreover, the lack of healthcare facilities for mental health also caused an impediment in seeking treatment. The study also focused on the need for mental health treatment in the pandemic whilst the lack of economic and healthcare facilities not provided by the government as part of the relief operation during and after the pandemic.

1.6 Organization of Thesis

The structure of the thesis is divided into 13 Chapters. Chapter 1 constitutes of Introduction to the study, background, research questions and objectives. Chapter 2 revolves around the

literature review, Research gap and Conceptual framework. Chapter 3 explains Methodology of the study including Research Strategy, design, methods and Units of Data Collection. Chapter 4 introduces the findings section, and the organization of findings into themes and sub themes, according to the objectives stated. Chapters 5-10 extensively elaborate the findings of the study. Chapter 11 constitutes of the Discussion section. Chapter 12 sheds light on the mental health policy, and Chapter 13 includes the conclusion and possible Recommendations of/for the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter comprises of the literature review against each set objective. I have arranged my literature in five broader themes: 1) Introduction to Mental health, 2) Mental health as a stigma, 3) mental health in the era of COVID-19, 4) Mental health as a communicable illness and 5) Healthcare disparities and economic costs.

2.2 Introduction to Mental Health

According to World Health Organization statistics, mental illnesses account for 4% of the total disease burden, with the rate of women being higher than men. It is estimated that around 24 million people are in dire of psychiatric assistance; however, the screening and mental health facilities are not enough for the growing patients. WHO data signifies that for every 100,000 people, 019% of psychiatrists are available, which is the lowest among the East Mediterranean region of the world. (WHO Pakistan celebrates World Mental Health Day, WHO 2020)

According to World Health Organization (WHO), the determinants of mental health does not only include individual attributes such as one's thoughts and emotions but the socio-cultural environment, national policies, living standards, and their social standing in the society plays an equally important role. (WHO, Mental Health Action Plan 2013 - 2020, 2013)

According to the Global Burden of Disease (GBD), mental illnesses constitute 10.5% of GBD, which may rise up to 15% in the year 2020. From the major top ten causes of disability, five are known to be mental ailments, contributing 29% of the total disabilities,

while behavioural problems contribute an additional 34% to the GBD.11-12. This numerical representation does not take into account the cases of mental retardation and drug addicts. (Afridi, 2008)

The alarming figures of mental illnesses in Pakistan can be credited to cultural, social and economic factors. Pakistan has been home to certain severe security circumstances, such as the war against terrorism, internal displacements, bomb blasts and unstable political regimes. These circumstances led to serious mental health disruptions among the people, leading to increased mental health disorders. (Husain, Afridi, Tomenson, & Creed, 2007)

The magnitude of mental illness in Pakistan roots for 6% depression, 1.5% schizophrenia, 1% Alzheimer's disease, 1-2 % epilepsy merged with other psychiatric disorders. The symptoms pertaining to General Anxiety Disorder (GAD) and Depression disorders are more associated with Females, who are middle-aged, have a low level of education, financial difficulties and most importantly, domestic issues with the spouse. (Mirza & Jenkins, 2004)

The radical outcomes attached to mental health are sufficed with social stigmas and discrimination among the people suffering from a mild or chronic mental disorder. The effect on relationships, discriminatory behaviour of the peer group, emotional reactions of the family members and the lack of awareness to handle a person during an episode creates a void between the person and the society. The former perceive the behaviour as a result of pity, fear or anger, while the latter fails to detach from the pressure and stigmas related to mental health. (Corrigan P. W., Mental Health Stigma as Social Attribution: Implications for Research Methods and Attitude Change, 2006)

Economically there is little or no investment in mental healthcare services. The government of Pakistan spends around 0.9% of the Gross Domestic Product (GDP) on health. Accordingly, the mental health budget is merely 0.04% in Pakistan. The fundamental cause

of less emphasis on mental health is its culturally dominant alternative, which is supernatural reasons such as witchcraft, evil eye, sorcery, supernatural influence on a person's body. These are some of the many reasons, which become a hindrance and restrain people from opting for mental health treatment. Lack of awareness also paves the way for people to opt for such kinds of alternatives. It has been observed in a study that there is less awareness among young people regarding mental health; in the case of Cognitive Behaviour Therapy (CBT), the people suffering from mental health illness refer to General physicians for their Concerns. Religious Barriers always have restrained people from seeking mental health treatment, such as viewing illness as a form of blessing or an unfortunate test of their faith; this is usually practised in most Asian Countries. (Ali & Gul, 2018)

Most of the mental ailments begin in the early teenage years of a person, but sadly it goes unnoticed, undiagnosed and untreated by the parents and the teachers. One of the pivotal reasons of this ignorance being reluctance to challenge the social stigma attached to mental health. A positive attitude and understanding of the person's condition often lack in societies where mental health is still considered taboo. Even if the young subject is open to seeking treatment, he/she is not supported by the immediate family and the peer group. The role of the family is critically highlighted. More often, the families, due to fear of societal pressure, turn a blind eye to their child's mental health. On the contrary, if the family is understanding, the person feels less fear and adheres to the treatment properly, but the problem of convincing the respective families for treatment is still a pertaining issue in Pakistan. (Mansoor, 2018)

The quality and nature of the social environment in which the people are surviving today has provoked conflicts between the traditionalists and modernists, where the former are of the opinion that the traditional social environment should pave the way for modern methods and standards of living. At the same time, the latter is of this particular opinion that resistance is

the only way to preserve the culture that is passed to them by their ancestors. Living in a conservative social environment can trigger anger, apathy, frustration and helplessness, leading to severe mental and psychological illnesses. Mental health is of extreme importance for the better future of the youth of Pakistan. The youth of today are the core carriers of economic progress, social cohesion and national peace. The imbalance in the demographic dividend from the past few decades has encumbered substantial opportunities for them to enter into practical life. This imbalance might facilitate the recruitment of young minds into insurgent organizations and terrorist networks, manipulating their abilities for political and monstrous gains. (Sohail, Syed, & Rahman, 2017)

2.3 Mental health as a stigma

Mental health is a very complex phenomenon that instigates the life of many people today. On one side, people are jolting through medication and the repercussions of the illness, the regressive side effects of the medicines is the decline in cognitive and physical capacities, a sense of social barriers/ social distancing, and on the other hand, people suffering from mental illness become prey to stigmas pertaining to the society, community, peers/family and even their own self. These stigmas hinder their social and communal activities and play an essential role in disturbing the set goals of the people suffering. Stigma is a multilayered term that constitutes cues that signal to stereotype and enforces prejudicial beliefs. The stigmas related to mental illness are usually explained by cognitive behaviour constructs. The process starts with marking the mental illness as a stigma followed by stereotypes, which are the brainchildren of cognitive products; the next step involves the categorization of social knowledge to determine the social group in which the mental illness falls. They are termed as social because they are wildly accepted notions of specific groups of people in society. The role of prejudicial beliefs comes into practice here as the stereotypes trigger emotional responses, which through an evaluative lens turns into a negative perception.

(Corrigan, Larson, & Kuwabara, Social Psychology of the Stigma of Mental Illness (Public and Self-Stigma Models), 2010)

The people suffering from mental illness are often subjected to a battle with themselves and the people surrounding them. It is already difficult to cope up with the hideous symptoms of the illness itself; this is fueled by misinterpretations of people around them; this specific action is taken in a negative connotation and is called "stigma". Stigma is one of the most vital reasons mental health-seeking becomes a barrier for people with mental illness. There are physical conditions that take the form of stigma, such as HIV/AIDS, Tuberculosis, obesity and Lupus etc., but the stigmatization of mental health illnesses takes the first place. It affects almost all the areas of the person suffering from illness, including social relations, the community's attitude and employment opportunities, etc. Society often tags the person who is ill responsible for his/her condition and often behave unsympathetic towards them. These attitudes give rise to more and more discrimination of such people resulting in highly negative consequences. Thornicroft, Brohan, Kassam, Lewis-Holmes gave the three basic reasons that encapsulate society's behaviour towards mental illness. The first reason is the lack of knowledge among people of the illness that a person is going through; this peculiar attitude, which can be termed as ignorance, precedes further disturbance of the person suffering from illness's social structure leading to an imbalance. The second reason is the negative attitudes of people towards the person, which stimulates isolation, lack of self-confidence, and self-stigma that may be termed as Prejudice of the society. The third reason is the behaviour of the people towards a mentally ill person, the lack of employment opportunities, discrimination at the job place, in the community decisions. They are portrayed as people with fewer capabilities and strengths to live a normal life in society; this can be tagged as simply discrimination. (Hanafiah & Bortel, 2015)

Many people in our society fall prey to the "mentally ill" category leading to a public

demonstration of isolation and lack of opportunities, thus resulting in inner self-esteem issues. This is called “Public-stigma”. There are three types of stereotypes in the public stigma, Incompetence, the people with mental illness are not fit to work and earn for themselves and so should be given less opportunities. Dangerousness; people suffering from mental health illnesses are very uncertain and prone to unpredictability in their behaviour and actions, and so may be a source of threat to the people. Blame; people with mental illness are the ones to be blamed for their own state. Some of the people suffering from mental illness internalize the perceptions that are coming from the public stigma and inculcate them in their own personality; they harm themselves through their own perceptions and cognitions. A study conducted by a group of researchers headed by Link showed that even when the psychiatric treatment was deterring the symptoms of the people, the self-stigma is endured by people for a long period of time. The feeling of devaluation keeps on increasing among the people living in a society. The three A’s given by Link encapsulates the process of self-stigma; the first A is “Awareness”; that is, how much the people suffering from mental illness are aware of the stereotypes surrounding them. The second A is” Agreement” which is if the person suffering from the mental illness agree to the stereotypes as being true n his/her case. The third A is “Apply”, which is when the person starts to apply the stereotypes attached to him/her through a cognitive process. (Corrigan, Larson, & Kuwabara, Social Psychology of the Stigma of Mental Illness (Public and Self-Stigma Models), 2010)

The people suffering from mental health issues are subjected to stigma, which further drains the particular person’s mental health. This vicious cycle of discrimination continues for the mentally ill people of the society, devoiding them of some serious life needs. Previously it was believed that people of the western world suffer more from mental illnesses. Still, recently, The World Health Organization has announced that mental illnesses affect both the

western and Asian communities alike. This notion is supported by results from the studies conducted by Fabega, Lauber and Rossler that indicate the prevalence of stigma in communities like India, Malaysia and China. There have been a lot of researches conducted on mental health stigma from patients' perspective, but little is known from the medical professionals' perspective. The say of the mental health professionals is as much as the people suffering from the mental illness. The professionals play integral members in the initiatives taken for mental health. In this regard, the insights from medical professionals have lasting and sustainable consequences. Literature pertaining to the western world are seen to be overshadowing the Asian perspectives of stigma; in order to counter this, more culturally sensitive and integrated research is required to reflect the stigmas pertaining in the Asian communities. The study conducted showed the medical professionals' perspective of mental health illness and how they are stigmatized by the perpetrators, in the form of peer groups, family and close relatives. (Hanafiah & Bortel, 2015)

The mental illnesses carrying stigmas such as schizophrenia, depression, bipolar disorder and the lack of knowledge among people of the society also deteriorates the person's mental health. The study also suggested the demography and geographical makeup of the people suffering from mental illness and the respective stigmas attached to it. This concept has been highlighted for the first time in the present literature. This starts a debate between the rural-urban divide and how it has gone towards the stigmatization side as well. Labelling and rejecting has always been at the core of stigmatization of mental health illnesses, and they remain so in every aspect. The role of media portrayal and advocacy strategies play a role in compensating for the loss due to stigmas but not enough is being done to overcome the hideous consequences of stigmas of mental health illness on the people. (Hanafiah & Bortel, 2015)

To dodge the perceptions and the stigmas attached to mental illness, some people hide their

illnesses and don't voice them out in order to live a normal life away from the tag of being called mentally ill. This is called "Label Avoidance". The people belonging to this group keep their illnesses to themselves and in fear of society being stereotyped or prejudiced,, do not seek treatment. According to "The National Comorbidity Survey" (NCS), the people with serious mental illnesses did not wish to participate in the survey leading to a 40% curability rate with 6.2% of the participants participating. The most difficult to tackle among all is Label Avoidance. The people who are not ready to share their illness with anyone will lead to frustration, anger, rage and loss of control in various other matters of life. Many protests are done to inculcate the acceptance of medical illness among people and also to help people recognize the unhealthy symptoms residing in them, which may lead to major mental illnesses. (Corrigan, Larson, & Kuwabara, Social Psychology of the Stigma of Mental Illness (Public and Self-Stigma Models), 2010)

A very important question to be addressed is whether the stigmas are applied through generic concepts or differs in their extremity with low disability. The research shows that the results are mixed. People having a mental disorder, irrespective of the severity of the illness, are stigmatized as compared to people who have other health conditions. On the other hand, people with specific psychotic disorders are stigmatized more than people having mild mental illnesses. Despite the evidence-based interventions, there are two trends that dominate psychiatric treatment and its adherence. The first trend is that people with mental health illnesses never come forth to seek treatment in the first place. The second trend is that people start their treatment but fail to adhere/continue the treatment and services. According to the research of "The Epidemiological Catchment Area", less than 30% of people seek treatment for their mental illnesses. In another study conducted by "The National Comorbidity Survey", less than 40% of the people received stable treatment. The question here again arises as to why people do not seek mental health treatment or opt out of it before

the treatment starts to be effective. One of the many reasons is the stigmatization of mental illnesses. The stigma is conferred into three social-cognitive processes, namely, cues, stereotypes, prejudice and discrimination. These cognitive processes are usually manifested through deficit social skills, physically expressive symptoms, social awkwardness, different/strange behaviour and social isolation. (Corrigan P. , 2004)

Dealing with mental health illness is itself a battle against the symptoms and conditions that are brought up by the illness, but this is made more difficult with the stereotypes and assumptions that surround mental health. These stigmas inculcate deep into the human behaviour of the communities that the person with mental illness resides in. See Change – The National Mental Health Stigma Reduction Partnership, developed by Ireland in 2010 to help deal with the stigmatization of such mental health illnesses and prosper a society inclusive of mental health awareness. This national campaign has over 60 ambassadors and is spread across 100 organizations with the aim to introduce a community-driven social movement that makes a person comfortable in sharing his/her feeling, whether positive or negative, to society. Mental health stigmas are a crucial aspect of sound mental health as the people around a person with a mental illness plays a key role in his/her recovery process. The process can be stimulated by the responses he/she gets from society or may be stagnated due to the wrong conceptions and stigmas surrounding mental health. The most lethal problem is hiding the illness due to labelling and discrimination. This prospers worsening conditions such as deterioration of mental and physical health. The person with the fear of being stigmatized often hides his/her mental illness, so the life that he/she made is not disturbed. The purpose of this partnership is to understand stigma at the grass-root level and make the community a safer place for these illnesses to be shared openly without being misinterpreted. (What is stigma?A guide to understanding mental health stigma, 2010)

In 2002, the National Annenberg risk survey was conducted. Around 900 adolescents

participated in the study through phone calls using random dial-ups. The major result that came forward was that the adolescents who endorsed stigmatization of mental illnesses were the ones not willing to take up treatment if required. The perceptions regarding the treatment were very mixed, and most supposedly thought the treatment did not work at all. The three established strategies to counter stigma are protest, education and contact. In order to challenge the stigma surrounding the mental illness, people from all the social groups take the responsibility to protest for the rights and unjust treatment to people with mental illness. The second strategy is education, which can be used as a tool to help people get more informed about the meaning, concept, and in some way change the perception of people towards mental illness and people with disorders. The last and the best strategy maybe the contact of people with mental illness to people who don't have it, in jobs, or as good members of the community. Categorizing stigma in the public health domain has led it to be defined by the medical model as well, which suggests that the treatment that improves the health of the patient or in other terms control the illness may play a key role in diminishing the stigma itself. (Corrigan P. , 2004)

The stigma works through two basic concepts "the public stigma" and "the self-stigma". Public stigma basically gives rise to self-stigma. Conceptions like the people with mental health illnesses are dangerous, less capable, and less productive and behaviours like the people with mental health illness are not suitable in the job sphere and that I do not want to work with the mentally ill person are the conjectures of Public Stigma. While, on the other hand, the perceptions of the community and the behaviours of the community towards the mental illness and the people who are mentally ill makes a mirage of a person within him/herself. These perceptions dive into their personality, and they begin to think the same about themselves that the people assume. The behaviours that are expected are mirrored, giving the assumptions of the people a clear voice and a reason for the community to isolate

the person. This is called self-stigma. Labelling people with names like “mad”, “nutcracker”, “mental”, “weirdo”, “insane”, and “psycho” degrades them even to show up, let alone start the treatment. The biggest hurdle that one faces in reaching health is the stigmas around the illness the person is suffering. The most important aspect of building a society inclusive of mental health awareness is to bust the myths surrounding mental health illness. Concepts like people with mental illnesses are a threat to society or to children just negates them from opening up to the society. This partnership aims to break this major myth. (What is stigma?A guide to understanding mental health stigma, 2010)

2.4 Mental health in the era of COVID-19

During a pandemic outbreak, the psychological reactions of the target population play a significant role in the spread of the infectious disease and the possible psychological distress that may be caused by the outbreak. Amidst the pandemic, typically, the psychological factor is not paid heed to, and less or no resources are allocated to cater to mental health needs and wellbeing. This less emphasis on mental healthcare may be understood during the critical level of the disease outbreak where the priority is emergency treatment, testing, containing the disease, and lessening the impact of the disease outbreak. However, the psychological element should not be neglected at any level of the pandemic and should be made a permanent aspect of the pandemic healthcare management. (Cullen, Gulati, & Kelly, 2020)

Pakistan is economically and socially threatened by neuropsychiatric illness, which put a huge amount of burden on Pakistan. Pakistan lacks the resources to deal with the high prevalence of mental illnesses which leads to an increase in the disease burden. The lack of mental health facilities comes under the category of inadequate public health measures, which increases the mortality and morbidity rates from physical illnesses. Pakistan’s already burdened healthcare system fails to cater to the needs of the mental healthcare. Covid-19 has had a tremendous impact on the psychological health of the citizens. It has the potential to

further strain the overburdened healthcare system. Neuropsychiatric illnesses have huge impact on the economy of Pakistan. With the increase in awareness for mental health and the initiatives to de stigmatize mental health in Pakistan has led to huge amount of people seeking mental help. (Hashmi & Saleem, 2020)

There are several reasons why the mental health component should not be overlooked. Psychological influences how individuals cope with severe physical, psychological, economic, and social losses. It also regulates the underlying process of human commitment to healthcare, such as crucial patient care and immunisation. During COVID-19, the current scenario demonstrates the necessity of psychological wellness. Depression, anxiety, panic attacks, dread of the unknown, protective attitude, and other psychological responses are common during the present pandemic. Another essential point to keep in mind is that persons who have previously been exposed to psychiatric disorders are more prone to the current pandemic. (Cullen, Gulati, & Kelly, 2020)

Studies have shown a relatively higher occurrence of mental health illnesses in Pakistan as compared to the west. According to a mean estimate of prevalence of anxiety and depression disorders show an alarming rate of 34%. Approximately there are around 6 million substance abusers in Pakistan. The prevalence of schizophrenia is as high as 1.5%. (Hashmi & Saleem, 2020)

The above-mentioned psychological distresses truly account for the ongoing pandemic which has taken the world by storm. A study conducted in China between the first two months of 2020 showed appalling results. Out of 1210 respondents, 54% of people were moderate to severely affect by COVID-19, while 29% of the people showed anxiety symptoms to anxiety, and 17% showed moderate to severe symptoms of depression. These are extremely troublesome figures. During the swine flu outbreak in 2009, a study was conducted of the mental health patients that showed that people with neurotic disorders

showing moderate to severe symptoms were in significant number. (Cullen, Gulati, & Kelly, 2020)

The economic burden of mental illnesses in Pakistan is relatively very high. As per a study conducted, the cost of mental illness was Rs. 250,483 million in 2006. The direct cost was estimated to be 37% and the rest were placed under the indirect costs. The recent stats are more alarming. The burden of all the healthcare costs comes down to the individuals as there is national health insurance plan provided in Pakistan. (Hashmi & Saleem, 2020)

The studies have shown that people who have a preexisting history of illnesses were more susceptible to the information that was being shared on social media and through digital platforms. This means that for psychological issues to affect a person he/she must have a stable and direct link with psychological illnesses. (Zhang, Feng, Song, Yang, & Duan, 2021)

As COVID-19 continues to create havoc around the world the healthcare providers have hypothesized certain increased risks of psychological illnesses. The studies have shown that people who have a history of mental illnesses are more prone to deteriorated mental health during the pandemic, in addition to poor mental and physical health, they are believed to at greater risk of death. This means that people who are already exposed to mental illnesses are at a greater risk of contracting the virus, higher risk of flagging physical as well as mental health, higher reluctance to treatment, and approaching for psychological and physical help. (Cullen, Gulati, & Kelly, 2020)

The studies show that mental health and physical health are directly proportional to each other. The research proves that mental health is critical component of sound physical health. The studies have shown that untreated mental illness take a huge toll on the physical health, and various medical conditions may result in deteriorated mental health, and disorders like

depression, anxiety, panic etc., have long term effects. The risks associated with sudden deaths due to myocardial attacks and angina are comparatively much higher among patients with major depressive disorders. It has been clinically proven that there are more chances among patients of mental illness to die from cardiovascular diseases and heart strokes. Bipolar disorders have a high risk of mortality in respiratory as well as cardiovascular diseases. It has been observed that patients who have history of anxiety and depressive disorders have multiple other medical conditions like endocrine conditions, respiratory, gastrointestinal, and cardiovascular illnesses. People who have schizophrenia and other mental disorders often die at a very young age due to multiple other medical conditions such as diabetes, cardiovascular diseases etc. (Hashmi & Saleem, 2020)

Another important aspect that was noted during the study of psychological illness was that females were more prone to mental health issues than males. A study in Wuhan showed that female adults suffered more from symptoms of anxiety, panic, depression and PTSD than males. (Zhang, Feng, Song, Yang, & Duan, 2021)

The healthcare providers have hypothesized that people who do not have a history of mental illnesses may suffer symptoms of anxiety and depression or more generally PTSD (Post Traumatic Stress Disorder) during the pandemic. There is evidence that this possibility was under-realized in China during the first wave of COVID-19. (Cullen, Gulati, & Kelly, 2020)

Pakistan's increasing economic burdens on mental illnesses has been given very low priority. the budget of Pakistan allocates less than 1% to public health and there is no separate budget for mental health. According to World Health Organization-Assessment instrument for Mental Health Systems (WHO_AIMS) in 2009, only 0.4% of the health spending is allocated to mental health. The mental health facilities are 3729 and there are only 5 mental hospitals, which have 5056 beds and a total of 342 psychiatrists. There are no specific policy amendments been made since 2009 and the mental illness burden has

continued to rise in all age groups. (Hashmi & Saleem, 2020)

Another hypothesis is that the health care providers will be at high risk to contract psychological distress owing to their central role in the pandemic especially the healthcare providers working at the frontline in primary health, emergency, and intensive care units. The World Health Organization (WHO) has verified this point and has emphasized that necessary action should be taken to provide psychological help to the health care workers to prevent depression, burnout, and PTSD. (Cullen, Gulati, & Kelly, 2020)

Pakistan's mental healthcare system was already saturated when COVID-19 started to spread. The psychological impacts of COVID-19 on the society can be categorized into three parts, firstly, there are people who are uninfected by the virus, these people have developed a sense of fear and a general uncertainty of the virus has led to an increasing amount of panic among the general public. As per a study conducted in China, the psychological impact of the virus was moderate to severe among the people. But there is no data available for Pakistan. Although the psychological burden is severe but due to over crowdedness, low literacy rates, and lack of awareness, people tend to ignore the mental health impacts. The fear and stress that comes along with the virus which has no cure yet is overwhelming. As per the studies conducted apart from the trauma of the illness the people also had a fear of being stigmatized, unemployed and may not become the reason to spread the virus. (Hashmi & Saleem, 2020)

Certain steps need to be taken to minimize the psychological risk of COVID-19. Firstly, it is unwise to deploy more mental healthcare providers such as psychiatrists and psychologists, etc., at the Covid centres as people who have preexisting illnesses would become more at risk and may lead to worsened mental and physical health. Secondly, psychological interventions should be provided to people who are at a greater risk of psychological distress, awareness regarding mental health during the pandemic should be endorsed by all

healthcare professionals and measures should to taken to make the psychological help available to the masses through the internet medium such as online counseling sessions and awareness advertisements. (Cullen, Gulati, & Kelly, 2020)

There have been huge spikes in the anxiety cases of Pakistan, especially during the quarantine; it has been observed that the patients faced feelings of helplessness, loneliness and fear of death. There have multiple reports of people running away from the COVID centres, the main reason is the fear of being quarantined. Not only the patients but the healthcare providers have also suffered from mental health problems, lack of material resources to treat the virus, infrastructure limitations, hectic routines hours and the fear to transfer the virus to their loved ones were some of many stressors that the healthcare workers faced. According to a study conducted in Lahore of the healthcare workers, there was moderate to high levels of anxiety in these people due to the fear of the novel virus. (Hashmi & Saleem, 2020)

Another important factor that plays a key role in psychological issues is gender and age. Adults who are above 40 experienced lasting symptoms of depression and anxiety. Also, people with preexisting psychological illnesses were more prone to psychological issues like anxiety, depression and PTSD during COVID-19. (Zhang, Feng, Song, Yang, & Duan, 2021)

The psychological health of the healthcare workers is equally important and hence measures should be taken to provide them with some emotional and psychological relief. In the USA, the centre for disease co troll and prevention has helpline numbers and conduct sessions for the healthcare professionals in making them realize the psychological symptoms they are depicting if any, encouraging self-care and break from the hectic routine. (Cullen, Gulati, & Kelly, 2020)

A study conducted by Xiong J, Lipsitz O and Nasri F suggested that people in China, USA, Span, Denmark, Iran, Nepal and Italy are facing extreme psychological issues such as Anxiety (6.33% to 50.9%), Depression (14.6% to 48.3%), PTSD (7% to 53.8%). It was seen that during the initial times of the COVID-19 people experienced mild psychological symptoms but they had a drastic increase when lockdown was imposed across states. The young people and people with preexisting illnesses were at greater risk. Scientometric indexed that psychological research was topping their charts of the most researched fields and maximum contribution was from China, Asian and the USA. (Riaz, Abid, & Bano, 2020)

The first wave of the deadly COVID-19 had not yet subsided in most of the areas when the world was hit by the second wave. In Beijing, China, the cases of the affected peaked from 0 to 335. Though most of the countries were able to contain the virus to a certain level with relaxation in SOPs (Standard Operating Procedures) such as social distancing, wearing of mask and opening of public places for visitors, this led to the wide spread of infection during the second wave, the sudden widely increasing cases of COVID-19 proved that the second wave has started. One of the focal points to ponder is that the studies have shown that the second wave has grave effects on mental health. (Zhang, Feng, Song, Yang, & Duan, 2021)

Pakistan is categorized as the fifth most populous country of the world and is home to poor economic, social and political conditions. Most of the families adapt the joint family system and they are adjusting in small houses. This poses a great threat to the healthcare as there is no room for social distancing and unemployment is another bigger challenge in these troubling times. Most of the people are facing extreme psychological issues such as, anxiety, depression, outrage, stress etc. (Riaz, Abid, & Bano, 2020)

The physical complications of COVID-19 have garnered a lot of attention while the impact on psychological health has not been given importance. According to the guidelines applied

in China for the pandemic, the patients are isolated in treatment centres or hospitals. This has led to increase in illnesses such as anxiety, PTSD (Post Traumatic Stress Disorder), anger issues, depression and insomnia etc. A study conducted in China demonstrates that over one third (20%) of the patients who were hospitalized experienced anxiety, depression and PTSD symptoms. Some of the reasons of increased psychological impacts may be as a result of increased cytokines which may be the cause of diseases like cerebropathy and delirium. Social distancing and quarantine have played a major role in triggering psychological problems. (Zhang, Feng, Song, Yang, & Duan, 2021)

A lot of factors play their specific role in triggering mental ailments; different people have different reactions to traumatic situations depending upon their mental capability to withstand shocks and trauma. The people who fail to develop a positive attitude during the traumatic situation develop psychological issues. (Riaz, Abid, & Bano, 2020)

The second wave proved to be less deadly as compared to the first wave in terms of mental health problems. According to a survey conducted in the city Wuhan in January 2020 showed that more than half of the people with COVID-19 complained of moderate to severe psychological symptoms. The reasons for the decreased psychological health figures are firstly, during the second wave, people who were suffering from COVID-19 were provided immediate psychological help. Psychiatrists, psychologists and other mental healthcare staff were immediately deployed in the Covid centres. Secondly, people had more awareness regarding the virus and its possible consequences. The increased knowledge has led to many people preparing themselves mentally and emotionally for the virus and has reduced the risk of uncertainty and fear of death. (Zhang, Feng, Song, Yang, & Duan, 2021)

COVID-19 has acted as a stimulus for many individuals and has triggered mental disorders. This has resulted in feelings of hopelessness, depression, loneliness, fear and guilt of survival. If not controlled effectively, these symptoms may turn into permanent psychiatric

problems. (Riaz, Abid, & Bano, 2020)

Lack of social support and loneliness is also a prominent reason for deteriorating psychological health. Social isolation has proved to be hazardous for adults and especially children. It is difficult for individuals to survive in isolation as they feel lonely, have to stay away from their loved ones, and get bored at home. A possible solution to this problem may be providing sufficient sources to facilitate the people who are in isolation such as psychological help through online or telephonic mediums and online psychological counseling. Another solution to decrease mental health problems is acceptance that they have contracted the virus and will need both physical and psychological help. The people should be instilled with hopeful attitude but also it has been seen that people who are extra hopeful tend to take the virus negatively and have difficulty accepting it. Another solution can be to not over care for the individual suffering from the virus as it might generate feelings of anxiety, depression and hopelessness. The care given to the patients should be moderate. (Zhang, Feng, Song, Yang, & Duan, 2021)

The statistics of the psychological impacts of COVD-19 in Pakistan are alarming. Around 33% of the targeted people were suffering from depression, 27% from anxiety and 485 were suffering from mild to moderate symptoms. These figures confirm the drastic impact of COVID-19 and the irrevocable damage that this pandemic has done to the country (Riaz, Abid, & Bano, 2020)

There are two states of anxiety that are experienced by the COVID-19 patients, one is generalized anxiety and the other is specific/state anxiety. Studies have shown that generalized anxiety is more prevalent in COVID-19 than state anxiety. Generalized anxiety becomes part of the everyday chronicles and become part of the patient in long term. (Zhang, Feng, Song, Yang, & Duan, 2021)

There is a dire need for policy planning, interventions, vocational training and awareness sessions at the community and state level to help cope up with the psychological impacts of COVID-19. (Riaz, Abid, & Bano, 2020)

2.5 Mental health as a communicable illness

World Health Organization (WHO) has defined communicable diseases as caused by agents that are infectious in nature and toxic products, which may be directly or indirectly transferred from one person to another or one living being to another, or from the environment an individual, examples can be through air, food, body fluids or water.) however, mental disorders are termed as non-communicable diseases but the literature shows that they can be communicated through three major path ways namely ecological communicability, familial communicability and socio cultural communicability. (Wainberg, et al., 2018)

The relationship between social risk factors like social adversity, social exclusion, urban development and psychotic disorders paves way for the evidence of communicability of mental disorders. In order to gain valuable insights on the association of social factors and psychosis, geographical variation is very important. (Heinz, Deserno, & Reininghaus, 2013)

It has been found that the pathogen and other micro bacteria that are found in the brain due to any illness can affect other organs leading to disrupted organ function, psychosis, delirium and depression. The symptoms of depression and anxiety are physical in nature such as Irritable Bowel movements, chest congestion, breathlessness etc. a sudden shift gut micro biome leads to stress symptoms, this may be due to change in diet intake. This may also cause depression and Post Traumatic Stress Disorder (PTSD). Environmental factors such as pathogen and toxic products like lead or tobacco, and contaminated water leads to diseases

in children and long-term psychiatric disorders. Urban vicinity is at greater risks of psychotic disorders due to discrimination, social adversity and inclusion. Natural disasters also cause psychiatric disorders such as depression, anxiety and PTSD. (Wainberg, et al., 2018)

A study conducted by Faris and Dunham in Chicago showed the admission rates of schizophrenia were relatively high in the city. As the distance from the city increased the rates of schizophrenia decreased. Same was the with other psychosis disorders like depression, Bipolar, anxiety and PTSD. These disorders were neutrally distributed among the central and peripheral areas. (Heinz, Deserno, & Reininghaus, 2013)

The studies have shown that there is a positive relationship between maternal mental illness, the neurodevelopment of the infant, and psychosocial impacts. However, most of the work done has mostly focused on the maternal anxiety during pregnancy. But it is still unclear if there is a direct relationship between maternal anxiety and the neurodevelopment of the infants. The influence stress hormones on the growth of the fetus have been proved through previous studies conducted. Another relevant impact to be studied is the effect of psychosocial and parental behaviour on the child development. (Newman, et al., 2016)

Familial communicability is the major cause of psychiatric disorders. It encompasses behavioural changes, pre-natal and post-natal development paths. The risk of having a mental disorder if the family has a strong history of it is complex. Disorders like schizophrenia and autism has a prevalence rate of 1-3%and 1-2% respectively. Disorders like depression and anxiety have a prevalence rate of 4.67% and 7.305 respectively their heritability rate is 0.37-0.67 and o.32-0.49 respectively. Substance use has a communicability prevalence of 6.8% and its heritability rate 0.5016. These figures do not explain the high prevalence of psychiatric disorders between family members and also with people who have no genetic relationship for example spouses. However, Assortative/arranged mating can provide us with some evidence. It has been found that

assortative mating of two people suffering from psychiatric disorders may transfer the genes of psychiatric disorder to the offspring. This will lead to increase in illness communicability within the families. Parenting styles and prenatal patterns also have a part in familial communicability. The offspring living in a family having mental disorders will have a poor mental health. Apart from genetics, the simple reason for communicability of illness maybe elevated stress levels during the initial formative years. Maternal depression is the mother of communicability of illness to the new born either during the fetus stage or after birth. Brain development is highly affected my maternal depression, anxiety or stress. Neuro development is also affected by alcohol usage and other substance abuse during pregnancy. Post-natal maternal stress affects the child in its formative years through mother's behaviour and mood swings, looking after the infant, providing support play an important role in the neuro development of the infant. Often a depressive mother transmits her depression and stress to the infant. Also, the people who suffer from Post-Traumatic Stress disorder (PTSD) have close contact with people who have suffered PTSD. Besides mothers, the mental health of the father also plays a vital role in the psychiatric health of the children. Living with a person suffering from any psychiatric illness leads to adverse effects of childhood. Alterations in the gene make up due to exposure to stress is a contributing factor to clustered psychiatric illnesses, which is termed as trans generational epigenetic inheritance and starts shortly after the gene of the baby is made. (Wainberg, et al., 2018)

According to a study by Hare in Bristol, the rates of schizophrenia and other psychotic disorders were present in the inner urban areas. But as per the study conducted by Nottingham and Mannheim, though the rates of schizophrenia were high but other disorders did not have elevated levels in the inner urban areas. But there were high rates of depression reported in the inner urban areas. (Heinz, Deserno, & Reininghaus, 2013)

Developmental psychopathology is explained by the understanding the disorder in detail

keeping in mind the impact of the specific disorder on the brain development, and how the disorders might emerge in different levels of development. This paves way to understand the rise of psychotic conditions and other personality disorders. The traumatic experiences during infancy and the disturbed close relationships may be communicated from one generation to another. (Newman, et al., 2016)

The socio-cultural communicability is real phenomena. It has been shown that physical and psychiatric health instigated by social inequalities, racism, discrimination, ethnic cleansing are shown to be transmitted within cultures and social sectors. This ratio is high among young people. Reasons like unemployment, poverty, racial discrimination, vulnerability trigger psychiatric illness among masses. Natural and man-made disasters can also result in increased psychiatric illnesses. In the same way social evils like, terrorist attacks, armed conflict, violence against a gender, forced migration and societal restrictions also pave way for psychiatric illnesses. The Transgender community suffers from societal restrictions, isolation, social stigmas sexual violence, discrimination and childhood abuse, which leads to an increase3 in the mental health problems and might lead to psychiatric disorders. Colonized populations may have intergenerational depression and traumas, these traumas take the form of psychiatric illnesses in long term. Substance use disorders are very much prevalent in most of the cultures and its communicability is also more. People who remain in the company of substance abusers eventually start using drugs. Suicide clusters have been identified in terms of institutional and community contexts mainly in the youth. The communicability is through imitation, company and common context. The psychogenetic illness are prevalent from North America to South East Asia. The symptoms are reported to be witchcraft, wizardry, and overall environment toxicity. Another cultural communicable illness is koro, which is an anxiety disorder in which people feel that their genitals are shrinking. (Wainberg, et al., 2018)

According to Sameroff, much of the research conducted on infant neurodevelopment, shows the strong relationship between child and his social experiences. The stressors in both child and parents have a great contribution in the brain development. Attachment theory follow in the same footsteps that any disruptions in the social interaction leaves lasting effects on the psychological and neurological development of the child. The neurological development is impacted by stress and trauma experiences, also the quality and nature of the social environment the child is being brought up in influences psychological growth. (Newman, et al., 2016)

According to reports from Danish registry, Urbancity has a positive relationship with increased levels of psychotic disorders; especially elevated levels of depression are prevalent. Studies on migrant population and other minority groups have suggested thar there is an elevated high risk of psychosis in second generation migrants, the risk is potentially much higher in which individuals are more exposed to social exclusion and racial discrimination, examples can be black Americans, Amish community and black Caribbean population. The less availability of healthcare is not an institutional concern but it is part of social exclusion, which as a stressor. Evidence proves that social exclusion has a negative impact on brain development and plays a part in communicability of the psychotic disorders. (Heinz, Deserno, & Reininghaus, 2013)

Major depressive disorder is very familial. The heritability of depressive disorder is 40%, which is comparatively the highest among any other disorders. In order to understand the clinical heterogeneity of depression, the biological relatives need to be studied, who descend from Major Depressive Disorder (MDD) probands. The study shows that relatives who have affected probands show high prevalence of depression and anxiety symptoms. It also shows that people with familial trend of anxiety and other depressive disorders have a very early onset of these illnesses, they may start feeling symptoms during teenage and early adulthood.

(Guffanti, Gameroff, Warner, Glatt, Wickramaratne, & Myrna M. Weissman, 2016)

As per a study conducted to find out the relationship of urban environment in the increase in psychotic disorders, it was found out that the children who tend to grow in the urban environment are more likely to fall prey to psychotic disorders. Reasons can be the complexity in the urban set up. Urban life style is difficult to cope up with competition, maintaining a standard of living, social isolation, etc. These factors added with pressure to live up to the urban environment gives rise to symptoms of depression, anxiety and stress, which in long term turn into psychotic disorders. (Heinz, Deserno, & Reininghaus, 2013)

Studies conducted on anxiety disorder shows that the possibility of having another disorder increases by six folds if the person already has an anxiety disorder. This is common because of shared environment and genes. Studies suggest that having early episodes of anxiety symptoms may lead to development of depressive disorder later in life. This is called "sequential comorbidity" of anxiety and depression. Even if the symptoms of anxiety wither away with time, the strains of depression remain established. (Guffanti, Gameroff, Warner, Glatt, Wickramaratne, & Myrna M. Weissman, 2016)

The primary caregiver, who in most cases in the mother, plays a key role in shaping the infant brain through quality interactions. The early development of the brain depends on the social context like parental styles and attachment relationships. This sets the foundation stones of childhood mental illnesses. They are regulated by the intensity of the vulnerability of the infant at the time a trauma or any disruptions hits in. social experiences shape up the human development process. (Newman, et al., 2016)

According to a study conducted on the effect of seasons in the brain development and communicability of psychotic disorders, the results showed that children who were born in the winter season were at high risk of developing schizophrenia and other psychotic

disorders as compared to children who were born in comparatively warmer seasons. This proves that geographical and seasonal factors play a key role in the transmission of neuro psychosis and the development of brain cells take into effect the seasonal variances. (Heinz, Deserno, & Reininghaus, 2013)

Depression is precipitated in the children, through the thoughts that process that arises from the symptoms of anxiety in the childhood, basically the anxiety symptoms act as a psychological mediator. Another study shows that depression and anxiety disorders come from the common family of disorders, the onset of anxiety is earlier than depression, but both belong to the same family. This shows that depression and anxiety are familial in nature and are communicated in families. Environment also play a key role transmitting depression and anxiety symptoms, but still there are fewer studies to identify the role of genetic vulnerability in the spread of anxiety and depression disorders. (Guffanti, Gameroff, Warner, Glatt, Wickramaratne, & Myrna M. Weissman, 2016)

Another reason for increased psychotic disorders in the urban environment are credited to the high usage of cannabis. As per different studies, adults who were brought up in the urban environment, and had access to cannabis developed more psychotic disorders and communicat3ed the illness to other individuals. (Heinz, Deserno, & Reininghaus, 2013)

The early caregiving is also a determining factor of sound mental health, they shape psycho social and neurological development of the infant. The foundation of psychological functions is laid in this developmental stage. Childhood traumas and mistreatment, adversity may lead to disruptions in relationships and make the infant vulnerable to future mental health disorders. Neuro vulnerability is a relatively new concept, which has come in the forefront in the determination of future mental illnesses, it focuses on the early origin of the symptoms of mental health problems, regardless of the age. (Newman, et al., 2016)

According to a study conducted on the effects of grandparental depression and parental depression on the onset of grandchildren depression, the symptoms of depression are an early alarm of psychopathology in children. The findings of the study showed that almost 60% of the grandchildren had traces of psychiatric disorders who had two generations of prevailing depression in grandparents and parents. The onset of the symptoms of depression and anxiety were around the same age in which the grandchildren and children started to show symptoms. The occurrence of anxiety disorder was consistent among the grandchildren. As per the study conducted the presence of anxiety and depression symptoms is an age dependent expression and may cater future mental health disorders. If the people who are to develop a depression disorder have anxiety as a precursor, then the symptoms of depression will increase in adolescence in those grandchildren who show anxiety symptoms in their early years. The study also showed that the children who belonged to low risk of mental illnesses family did suffer from mental illnesses such as depression and anxiety but their onset was in old age. (Weissman, Wickramaratne, Nomura, & Warner, 2005)

Social adversity plays a key role in transmitting psychotic disorders, children seeing their parents suffering from social adversity such as poor employment, poor housing, poor parental education, and low socio-economic status etc., happen to develop more psychotic disorders than children belonging to stable households. The children exposed to such adverse conditions, tend to develop feelings of hopelessness, insecurity, depression. These children are at high risk of getting involved in social evils such as robbery, pick pocketing, bullying to channel their emotions and feelings. (Heinz, Deserno, & Reininghaus, 2013)

As per the studies conducted, the early development of the infant is shaped by psychological, biological and neurodevelopmental factors, which may lead to development of mental health disorders. The disruption in fetal during the brain structural phase leads to possibilities of future mental illnesses. An explanation to these phenomena can be the vulnerability of the

brain to rapid development changes. The brain morphology is shaped by the early experiences, which determines the pre and post trajectory of development. Early development is shaped by emotional interactions and early relations built during infancy, which determine the course of future mental illness. (Newman, et al., 2016)

Studies show that the children whose parents had moderate to severe depression disorders had increased level of mood swings and slight symptoms of anxiety in early age. Impairment also plays an important role in the onset of major depressive disorder across generations. Children whose parents have impairments may have delay in the onset of the Major depression disorder. And their children also have an onset in the old age. (Weissman, Wickramaratne, Nomura, & Warner, 2005)

Social minorities and migrants face the brunt of deteriorating mental health, due to high costing and prizes of goods and services, these minorities are forced to live in urban centres which lack facilities like adequate healthcare, education, employment, housing and other basic facilities. The social exclusion and discrimination that they suffer from become a reason of increased depression and feeling of isolation, which tend to make them more susceptible to psychotic disorders. (Heinz, Deserno, & Reininghaus, 2013)

An important factor that can be useful in identifying the mental disorders can be the family history. If the person has a family history of depression, then he/she is at higher risk of developing symptoms at a very young age. The family screening method for mental disorders identification should be made widely available. The children who have a severe family history of depression should be considered for treatment before they show any symptoms of anxiety or depression. It is still unclear whether the presence of an impairment can lessen or delay the onset of the mental health disorder. A possible delay can be due to other supporting factors like education, work life, relationships etc. The study of prevailing mental health disorders in the generations is of utmost importance as it can provide

supporting literature on genetic mutation, biology, neuroimaging etc. (Weissman, Wickramaratne, Nomura, & Warner, 2005)

Genetic factors play a significant role in transmitting psychotic disorders. A large amount of population lives in the urban areas and only a few develop psychosis, the reason can be familial liability. Studies show that migrants have higher risk of psychosis, this shows the strong relationship between migrant stress, social exclusion and psychosis. (Heinz, Deserno, & Reininghaus, 2013)

Neurological development plays a vital role in the determination of future mental disorders. The understanding of environmental factors, both intrinsic and external, helps form the development of models to explain the future emergence of the disorders. The previous literature confirms the importance of early development in the adaptation to stress and resilience on different levels. Mental health problems are seen as a negative outcome of genetic mutation and environment. From the first thousand days of conception to birth and five years, the baby undergoes neurological and psychological development, and this is the period where any stressors to the mothers and other external sources are transferred to the baby, which in turn affect the capacities and functions, setting a stage for later mental health problems and development. (Newman, et al., 2016)

Maternal depression is linked to cognitive development, emotional problems in children and infants, neurodevelopment. But it should be kept in mind that these problems cannot be entirely due to maternal anxiety or depression. Other factors may also play their part. Interpersonal violence, social deprivation, conflict development is also to be kept in account while understanding the impact of maternal health and development of brain. (Newman, et al., 2016)

As per the attachment theory, the early history of the parents and their quality of the

attachment and traumas influence the parenting capacities of these individuals. The infants early social and psychological experiences by their first learning institutions that is their parents, leads to future mental health disabilities. This communicability is common and is transmitted among generations. (Newman, et al., 2016)

2.6 Healthcare disparities and economic costs

2.6.1 Healthcare costs

World Health organization (WHO) declared COVID-19 a global emergency a month after the rapid spread of the virus among different countries. The patients who have no symptoms (asymptomatic) are considered more infectious than symptomatic individuals. As for now the two countries that have been successful in curtailing the virus are China and South Korea. The rest of the world is under serious threat that is why some governments put around 1.7 billion of the population under a complete lockdown to stop its spread. Some of the serious measures that have been taken to curtail the virus are closure of public places, market areas, educational institutions and national borders. (Noreen, et al., 2020)

According to The Black Report which came in 1980, the primary source of health inequalities are material circumstances like education, employment, income, basic need, food intake, and working conditions. The socio-economic status plays a vital role in healthcare disparities. As people of low-income groups are exposed to poor living conditions and barely survive to make the ends meet. COVID-19 has affected the vulnerable more because they do not have facilities to get treatment due to poor economic conditions. The poor socio-economic status gives rise to poor health and diseases such as COPD, diabetes, kidney diseases, etc. According to a study the people who were living in poverty were at higher risk to reach ICUs as compared to other people. (V, et al., 2021)

Ethnic groups have also been prey to health disparities especially the black ethnic minorities.

The black ethnic group have a higher chance of contracting the virus than white ethnic groups with elevated risk of deaths in the former as well. the mortality rate of black ethnic minorities is 2.7 times more than the white ethnic minorities. The main reason is the presence of more than one disease which has played an instrumental role in creating huge health disparities. (V, et al., 2021)

The pandemic has had a very severe impact on healthcare system of Pakistan such that they have exhausted their full potential. There has been an increased decentralization in many massively affected countries. The most people under threat are the vulnerable of the society who constitute most of the population. This catastrophic situation has burdened the already paralyzed healthcare system of Pakistan. The globalist capitalist system has taken a huge downfall with the ongoing pandemic. The huge number of cases has disrupted the healthcare system of the developed countries. The situation in the developing countries is much worse, the experts have predicted that if serious action may not be taken to curtail the virus, the healthcare systems will collapse and die a painful death. (Khalid & Ali, 2020)

Covid-19 has become a huge threat to the health care systems of all the countries. WHO presented preparedness strategies and response plan to stop the spread of the virus. The outline revolves around preventive measures such as isolation, early identification, and social myth busters, enhancing treatment options, development of vaccines, swift management of the infected cases, prevention control protocols, travelling tests, risk communication and a general awareness regarding COVID-19 and its possible consequences. For a swift response action, the countries were categorized on the basis of their transmission scenarios, the first category included countries with zero cases, the second category included countries with infrequent cases, the third category was of countries with a cluster of cases and the fourth category included countries which had virus spread all around the community. (Noreen, et al., 2020)

Pakistan is a country with weak and ancient healthcare system, which was developed since it gained independence, the policies are close to nonexistent and the healthcare strategies face poor planning and implementation. The World Health Organization (WHO) has advised all the developing nations to invest in their healthcare as it cannot give them more funds, they have urged the leaders of developing nations to immediately start working on preparedness strategies so they are ready to face the risk of another pandemic. This pandemic is a wake-up call for Pakistan to strengthen the fragile healthcare system. The loses bore by the masses are irredeemable. (Khalid & Ali, 2020)

Pakistan is in a very compromising and crucial position; it is sandwiched among two epicentres of virus transmission that are China and Iran. The government took the necessary steps for the preparedness of the virus by installing thermal screenings on entry points, contact tracing and monitoring the passengers coming especially from China and Iran. Polymerase Chain Reaction (PCR) kits were imported to improve the diagnostic capacity of the country. Quarantine facilities had been provided from the resources that were in hand. As per WHO's orders Surveillance units were been set up to monitor the confirmed cases. (Noreen, et al., 2020)

Pakistan is the fifth most populous country in the world and it was predicted to be one of the most highly affected countries by COVID-19. The virus came in Pakistan through the neighbouring country and within 12 days it was spread across the country. China being the epicentre of the virus brought in effective policies to strengthen the already strong healthcare system and soon took its country out of the danger zone. Unlike Pakistan which was still recovering from the second wave when the third wave hit it with a severe blow. By June 2020 Pakistan had enough testing centres for the virus and additionally WHO had also established 7 testing centres in Pakistan. But the hospitals did run out of rooms for the patients. Moreover, the availability of facemasks, testing kits, drugs, and required equipment

became scarce in the start of the pandemic because of the corrupt medical mafia. Fortunately, the government of Pakistan took necessary and swift act5ions against the medical mafia and made the above-mentioned stuff readily available. Major cities like Lahore, Karachi and other areas of Sindh, which constituted about 70000 of the 98000 affected people had only 14000 beds. The people who contacted the hospital authorities were apologized because of lack of space in the hospitals. (Khalid & Ali, 2020)

There is a dire need to reinforce policies to strengthen the infrastructures, health care capacities, testing and emergency treatment, but Pakistan being a very poor resource country lacks emergency preparedness. Pakistan requires a robust system of management to look over the healthcare wing and draft policies and surveillance strategies with the help of public institutions.

The people who belong to the vulnerable groups such as homeless people and gypsies are at greater risk to contract the virus than other people. These people are living in informal settlements and have little, or in most cases, no access to basic health services. Additionally, the low income and inability to take care of themselves, make them physically and mentally unstable. The studies have shown the older people above the age of 65 are 5 to 10 times more susceptible to the virus than other people. The Gypsy, Roma and Traveler (GRT) community are social and culturally marginalized as they are always on the road, changing settlements and environments. It is difficult to provide prevention public health services to these people. Travelling is one of the reasons that these people become transmitters of the virus. It is very important to form an effective nondiscriminatory healthcare system for these people so they may be made aware of the risks and consequences of the deadly virus. (V, et al., 2021)

The socio-economic system of Pakistan has suffered a tremendous set back. The amount of loses calculated till now are 5 billion including all the active sectors by Asian Development

Bank (ADB). There has been a fall in the Gross Domestic Product (GDP) owing to the halting of business-like airlines, food chains, remittances affecting the country's imports and exports. The total loss in GDP is calculated to be 10% which is equal to 1.1 trillion. Karachi being a metropolitan city suffered the biggest loss during lockdown with as estimated loss of 380 million rupees. (Noreen, et al., 2020)

One of the major reasons for the failure of pandemic strategies can credited to the indifference of the people in complying to the SOPs provided by the government. Lack of social awareness, disregard for the advice of medical professionals and the decision of the government in easing the lockdown paved way for the deterioration of the healthcare system of Pakistan. The laboratories and emergency rooms were flooded with new cases every day and the capacity to accommodate further patients for met in no time. There were lack of doctors and paramedical staff and healthcare professionals were overburdened with more than they could handle. (Khalid & Ali, 2020)

Pakistani government has always been reluctant in imposing a complete lockdown as 24.3% of the populations' lives below the poverty line. The vulnerable communities won't be able to bear another complete lock down because most of people belonging to this population are daily wagers. However, the government has taken initiatives to support the vulnerable communities during the pandemic through social protections programs like EHSAS, Bait ul Maal, Zakat and Langar Khana. (Noreen, et al., 2020)

Moreover, haunting scenes of people terrorizing the healthcare professionals were seen all over the news. The fear of death and loss of loved ones had made people put the blame entirely on the hospital staff. There were cases of doctors being beaten by the general public which made the doctors and paramedical staff fear their own job. The obsolete infrastructure and the lack of needed equipment made it quite frustrating to perform the duties for doctors and staff. (Khalid & Ali, 2020)

In order to make up for the economic loss of the people the government has introduced a comprehensive economic plan to provide relieve to the industries, business and vulnerable communities. The government of Sindh announced relaxation of utility bills under 5000 Rupees for three months to support the poor. (Noreen, et al., 2020)

The initial researches suggested that the donation of plasma may be beneficial in saving people from the deadly virus but unfortunately people made this a business and started to sell plasma at a whooping cost. Drugs like dexamethasone which was considered to beneficial for the patient recovery were blacked and sold at hundred times more than the original price. There was poor management of the funds and resources already available to the government and with poor decisions the situation became worse. (Khalid & Ali, 2020)

The health care delivery is the responsibility of the government. Pakistan allocates less than 1% of GDP on health care expenditures. This means that for about 1000 people there are only 0.6 beds. The healthcare system desperately needs a rapid increase in the budget allocation. In the wake of this pandemic Pakistan has been equipped with modern technology, equipment, human resources and financial resources etc. now it is the responsibility of the government to make sure this preparedness remains intact because there are possibilities of future pandemics. (Noreen, et al., 2020)

During the pandemic, apart from the local guidelines set by the government, an international SOPs needs to be followed to resist against the pandemic. An example can be the SOPS that were introduced by USA during the H1N1 outbreak; some of the SOPs were precautionary measures for traveling and introduction of more medical staff. This resulted in the control of the outbreak significantly. (Khalid & Ali, 2020)

Pakistan is a country with mixed methods of health care systems, the private and the public sector run parallel with each other. In 2010 with the devolution plan put into practice, the

healthcare responsibilities were also transferred to provinces. The provinces are responsible for service delivery, planning, policy design, human resource and finances. Pakistan has a history of natural disasters that add more burden to the healthcare system. Most of the disaster mitigation and preparedness strategies are drafted by The National Disaster Management Authority (NDMA). Pakistan lacks the emergency response plan for disasters. It does not a standard national healthcare plan. Pakistan is indexed at 35.5 on the global security index and so fall under the "least prepared" group of countries for pandemics and epidemics. (Shaikh, 2021)

Pakistan has been lucky as it has not been affected much severely by the virus even though SOPs were constantly neglected. The people showed extreme resistance while following the SOPs, the casual attitude of the people landed them in serious trouble with imposing of complete country lockdown. But unfortunately, the people still did not comply and returned to their casual activities after the lockdown was eased. There were many myths circulating regarding the virus and its treatment and more specifically the following of SOPs. People perceived the restrictions as threat to their religion, the prayers were being conducted and huge gatherings were being attended that transmitted the virus even more quickly. (Khalid & Ali, 2020)

Pakistan's landscape can be described by uncertainty among federal and provincial governments regarding the responsibilities and role, lack of resources, poor healthcare system, high demand with limited supply, low literacy rate, equally high population density and poor implementation strategies. (Shaikh, 2021)

The present condition of Pakistan's healthcare system is very unstable, though Pakistan has not been severely affected by the Pandemic and if the choices made of the management practices and healthcare strategies were better, then Pakistan would have been at a more stable space with less death tolls. The current increase in the cases is due to the relaxation in

the lockdown. Pakistan is home to lack of infrastructure, properly crafted healthcare policies and corrupt governance, which has made the virus even more fatal than it already is. (Khalid & Ali, 2020)

The healthcare response plan of Pakistan during COVID-19 was evaluated through a framework modified from Kleinman's health system framework and WHO's six building blocks. The framework was divided in three tiers. The first tier consisted of policy making, laws and guidelines provided by the national and provincial governments and also the social, political, cultural and economic ecology was also considered for stopping the spread of the virus. The second tier constituted of possible capacity of the healthcare system of Pakistan as per the WHO building blocks, and the third tier consisted of the analysis of the people's ideas values, perceptions, beliefs and practices against the virus. In the first tier the law-enforcing bodies were looked at, the law and guidelines provided by the government for COVID-19 and their compliance according to the social, cultural, economic and political environment was carefully analyzed. Pakistan was quick to initiate the screening of the people coming from Beijing airport before the travel restrictions came into practice, this saved the country from a lot of damage. However, Pakistan was reluctant in closing its border for Iran, which was equally an epicentre of the virus. The pilgrims from Taftan carried the virus with them, though there were quarantined but the damage was done. It is believed that poor infrastructure, inefficient and untrained staff and negligence in screening were the major reason for the virus entering in Pakistan. (Shaikh, 2021)

Pakistan tried to replicate the Chinese strategy of complete lockdown and hence the educational institutions were closed, followed by the closure of public places, industries and transport. The military was called to make sure the lockdown was imposed properly. Pakistan is still categorized as a developing country with around 29% of the population living below the poverty line. The lockdown came a huge blow for the vulnerable

populations as most of them are daily wagers. Though the government implemented a relief package of over 200 billion rupees to support the vulnerable community, the donations were taken from the across the country through “The Prime Minister’s Corona Relief Fund”. Food and basic resources were delivered through the Corona Relief Tiger Force. (Shaikh, 2021)

COVID-19 has played a very significant role in revealing the healthcare disparities that existed in the societies even before the pandemic arrived among same and different populations. World Health Organization (WHO) defined health disparities as “avoidable disparities or inequalities between groups of people residing in the same or different countries regarding health”. The disparities in health have led to serious increase in mortality rates among refugees, Internally Displaced People (IDPs), ethnic groups and poor communities. The disparities have magnified the disease burden especially during the deadly pandemic for the underprivileged people. As a result of the existing policies, strategies favoring the macro socio economic class, which has its roots in the culture and history of the world, the COVID-19 has proved to be more fatal for the disadvantaged people. (V, et al., 2021)

After the first two confirmed cases of COVID-19 the agencies were put into action to identify the high-risk zones and ensure that the people who are infected are in quarantine to stop the further spread of the virus. (Shaikh, 2021)

The second tier evaluated the healthcare delivery system of Pakistan according to the six building blocks of WHO. In 2020 the situation of the healthcare facilities was mostly under control with fewer than 6000 confirmed cases. Pakistan has the capacity of 19670 beds in ICUs and over 3844 ventilators. The government was smart to open separate COVID-19 isolation centres with their own testing facility to keep the infected individuals away from the masses. The expo centres of Lahore and Karachi were converted into isolation centres comprising of 1000 and 2000 beds respectively. The government also converted hotels into

isolation centres to accommodate approximately 40000 patients if there was a need to. Pakistani railway coaches were also converted into isolation centres accommodating 2000 hospital beds. Another important mitigation strategy adapted by the government was the formation of a Corona mobile app for free online consultations and a telemedicine portal to make the medicines available to people online. But a drawback of these strategies was its focus on the urban centres leaving the rural areas at risk. As of 2020, the number of healthcare professional was sufficient but with the increase in infected individuals the healthcare professionals were strained and burdened. There are over 194000 registered healthcare professionals in Pakistan and 3000 of these professionals' work in ICUs. The training sessions were held by National Institute of Health (NIH) to train more healthcare professional and paramedical staff to deal with emergency situations. In the start Pakistan also face shortage of Personal Protective Equipment (PPE) for the healthcare workers but China came as a savior and donated huge amounts of surgical masks, testing kits and bomb suits. (Shaikh, 2021)

The third tier dealt with the prevailing beliefs and perceptions of people, social distancing in a society like Pakistan which is highly intimate in its gestures and actions as part of the culture is a challenge in itself. The government after imposing the lockdown made sure that people followed the guidelines provided to them but there were loopholes which increased the infection. The Tablighi jamaat did not follow the guidelines and held a three-day gathering of around 25000 people in Raiwand. This even triggered more infections with over 154 worshippers contracting the virus. The mosques were allowed 5 worshippers per mosque but this rule has time and again been violated. (Shaikh, 2021)

If healthcare disparities are to be removed or eliminated then it is pivotal to understand the main causes of health disparities. Poverty and pandemic are directly proportional to each other. There is a need to take necessary action to save the individuals that have poor income

and social conditions from the pandemic. (V, et al., 2021)

The cost of treatment has become a huge hindrance in seeking treatment, especially during the pandemic, where the focus has shifted to the emergency healthcare. This has resulted in increase in the treatment costs of the mental health treatment. As mental healthcare is not part of the present government response plan for the pandemic, the patients who seek mental health treatment during the pandemic do so on account of their own expenses. (NCOC, 2020)

Mental health treatments are already scarce and restricted to either teaching hospitals' psychiatry departments or privately owned clinics. In Pakistan, there are just 350-400 trained psychiatrists, resulting in an alarming ratio of one psychiatrist per half-million people. The majority of psychiatrists work in cities, despite the fact that 60% of the population lives in rural or peri-urban regions. (WHO, WHO-AIMS Report on Mental Health System in Pakistan, 2009) In times of COVID-19, the over saturation of patients led to many patients being charged heavily per sitting. The people reportedly did not opt for further treatment. This led to many people reaching out for other cultural alternatives such as witchcraft, wizardry, hakims and other religious healers. (Ali & Gul, 2018)

2.6.2 Economic Costs

Covid-19 has worsened the economic situation Pakistan, which was already on the verge of a collapse. The Pakistani economy is at the brink of bankruptcy owing to the present pandemic. It lacks the capacity to overcome a serious economic blow. Just before the pandemic, Pakistan had taken funding from International Monetary Fund (IMF) due to large amount of economic deficit. With the containment of imports and devaluation, Pakistan was able to reduce the deficit by 70% but this came in compromise with economic growth which fell from 5.6% to 3.3.% in 2019. During the COVID-19, the deficits are likely to increase

because of the decline in remittances and exports. The trend of cutting expenditure from health, education and other social sectors cannot be continued amidst the pandemic. (Sareen, 2020)

The pandemic has created a huge havoc among people. The restriction of the movement of people and the closing of borders for trade has done an irrevocable damage to the economy of the world. A state of national emergency and staggered the economic conditions and a demand for an effective healthcare is the need of the hour. Some countries have closed their national borders, which has led to decrease in tourism industry. This has resulted in millions of workers losing their jobs. There are still no parameters to exactly measure the damage cause by COVID-19 but this is said with certainty that it will have a huge negative impact on the global economy. The pandemic has already disrupted the international trade markets with trade restrictions due to restriction in travelling and global supply chains. It is believed by the economists that most of the major economies will suffer a loss of 2.4 %. The problem with the present predictions is that there is no certainty regarding the end of the virus. Until the virus reaches a standpoint, the economic upheavals will continue to take place damaging the economy more and more with each passing day (Mishra, 2020)

Covid-19 was believed to be localized only in China but it spread all across the world through the movement of people. The economic crisis started to develop because of the restrictions laid on people and business due to the wide spread of the virus. The economic decline was seen in various sectors such as the airlines, sports industry, entertainment industry, health sector etc. the economic disparity led to a severe spill over affect and almost all these sectors faced a severe disruption with the increase in demand and limited or no supply. (Ozili & Arun, 2020)

The pandemic has forced people to bring about reforms in economic structures, politics and other crucial sectors as well. Currently Pakistan is following the already existing model since

any change in the policy would lead to change in power dynamics, which cannot be compromised at this time. Pakistan has used COVID-19 as a way to get concessions, relief and extra funding. This is a very short plan; Pakistan needs a long-term change in the economic strategies. (Sareen, 2020)

The spread of Covid-19 has disrupted economic activities all around the world. The GDP growth rate was registered negative for April-June 2020. The economies are slow and steadily trying to resume economic activities. The pace of these activities is quite slow. The danger of the virus has not yet decreased so there is always a possibility of a reinfection. It will difficult for the economies to come out of this loss. The economic conditions of Asia are worse. As per Asian Development Bank's (ADB) update, the development countries are going to face a contraction in the next 60 years. The Asian economies have been affected through three ways firstly, the decrease in exports has led to a decrease trade disrupting the economic activities profoundly. Secondly, the travel restrictions have led to a decrease in demand of many economic sectors, and decrease in demand has caused the prices to go up. Thirdly, a decrease in in bound activities due to lockdowns and degrease in private consumption had led to the suspension of many businesses. The disrupted economic activities have taken a toll the wages, profits, and investment. (Haruhiko, 2020)

The first case of the pandemic emerged at the end of February that was the beginning of the economic growth in Pakistan. The raw materials imported from China had serious disruptions, which led to increase in the prices of the alternative goods and this was the first blow to the Pakistani manufacturers. Pakistan's exports constitute 60% of textiles, which required 70% of raw materials that was imported from China, the cost of the imports from China rose to 100% in just one night. The next alternative importing countries after India were South Korea and Taiwan, but that too had spiked their prices by 30-35%. (Sareen, 2020)

Despite the economic issues rising, the government did not address them and completely ignored them. In the first address to Pakistani Nation after the pandemic outbreak, the Prime Minister Imran Khan did not take the pandemic seriously and declared it just a flue which would not affect 97%of the people. This clearly did not happen and COVID-19 became a catastrophe for Pakistan. (Sareen, 2020)

The economy is changing at such a rapid pace that it is difficult to the estimate the exact amount of loss that it has suffered. According to Asian Development Bank (ADB), Pakistan is estimated to lose US$1.6 million at least, and around US$61 million at the most but these figures may vary. The GDP would fall by 1.57% with total loss of US$5 billion. At the end of third week of the pandemic, ADB had revised the figure to US$415 million at least and US$6.6-17billion at most. (Sareen, 2020)

Pakistan Institute of Development Economics (PIDE) has estimated that the case of poverty and unemployment is much worse in Pakistan and COVID-19 has overburdened the already collapsing economic system. PIDE has given four possible outcomes of impacts of Covid-19 on economy. The worst case is “high Impact”, which is estimated to increase the poverty rate from 23.4% to 59%. The total number of people living below the poverty line would rise to 125 million. This is just a rough estimate. (Sareen, 2020)

PIDE (Pakistan Institute of Development Economics) estimated that around 56% of the population comes under “vulnerable employment”. If the professions are broken down then 80% work in agriculture, 75% work in whole sale, 60% in real estate and 50% in hotels and restaurants and 5% work as daily wagers. PIDE has specified that around 72% of the employment loss will be faced by the vulnerable sector. (Sareen, 2020)

According to PIDE, Punjab will suffer the most loss with an estimate of 10-12 million people being laid off. Sindh will be at the last end with around 3 to 5 million people being

fired, KPK and Baluchistan will suffer 1 million job losses. (Sareen, 2020)

According to PIDE there will be 20% decline is exports and imports in the worst case. There is a huge possibility of a sharp drop in the remittances which contribute 8% in the GDP of Pakistan. The closure of Middle East border and the number of employments being laid off, there is a possible chance that the exports and imports are going to fall down by 50%. (Sareen, 2020)

The three economic impacts of COVID-19 may be 1) the direct impact of COVID-19 on production. The shutdown of production is some major commodity production areas is already affecting the global economy. The lockdown has had a severe impact on the exporters. According to experts of the World Bank there will be slow growth in the first half of the 20^{Th} century. 2) Market disruption. The slowing down of the economic activities because of travel restrictions has had a trivial impact on the downfall of the economy. Many small-scale enterprises (SMEs) depend on the sales from China for their financial goals. 3) Financial impact on firms. The financial markets have seen a huge disruption in their production and manufacturing so the firm will face stress in the production markets. (Mishra, 2020)

Since the emergence of COVID-19, the economists are not certain whether the shocks that the markets both local and international will be permanent or temporary. If this is a temporary shock then the economies will suffer a little loss and then they will go back to normal. The government will balance the debt with the low borrowing cost and no major damage in the economy will take place. On contrary in case of permanent shock the economies will not be able to recover from the economic recession that will follow and the government will cut out expenditures from different sectors to try to maintain a certain balance. The global economy is most likely to contract by 0.9% in 2020, which is still less than the contraction of 1.7% during the 2009 recession, but the economic contraction is

predicted to fall further in the coming years. (Mishra, 2020)

The loss of jobs and wage cuts has put a great burden on people all across the country. The treatment cost of Covid-19 is beyond bearable for people of low to middle income class. The economic burden of seeking treatment for Covid-19 drains the money resources for seeking any kind of mental health treatment. The high economic cost of the mental healthcare treatment prohibits people from seeking help of psychiatrist and other mental healthcare professionals. So, instead to seeking mental healthcare, the people compromise their mental health and cater to the primary emergency healthcare. (Mumtaz, 2021)

The non-treatment of the mental illnesses leads to accumulation of anxiety, frustration and depression, which takes a toll on the physical health as well. People are bound by restricted economic resources to seek mental health treatment especially during the pandemic when the treatment cost has risen even more due to the lack of healthcare personnel's. this leads to people looking for alternatives to cure their mental illness and so seek the help of cultural and religious healers. (Haruhiko, 2020)

2.7 Research Gap

The review of literature suggested that in the wake of the pandemic or a disease outbreak, the individuals show very different and highly unusual reactions to different situations, which mostly depend on the conditions they are exposed or the countries they are residing in. (Taylor, 2019) These reactions set the foot and play a very important role in highlighting the major emotional distresses, the widespread of the disease and the social complications which may be caused during or after the pandemic. To the dismay of people, psychological wellbeing is disregarded when dealing with the pandemic as the focus is mostly on physical health, emergency and acute treatment, preventing acute transmissions of the disease; due to these dominant factors, the healthcare systems hardly focus on the mental health and social

wellbeing of the people being compromised equally. The current study not only focuses on the psychological distress caused by the pandemic. It also gives considerable insight into the perceptions and definitions that people have of mental health garnered from their socio cultural experiences. The study has also shed light on the communicability of a mental illness; this area has not been explored in the Pakistani literature on mental health.

2.8 Conceptual Framework

The theory I have used in my study is given by a renowned American psychiatrist and psychiatric anthropologist, and is called **Kleinman's explanatory model of illness**, which works on the principle of understanding people's illness as they understand themselves, keeping their cultural and personal perceptions in mind. This model was particularly selected because of the cultural context in which the participants reside in, which may affect the participants' perception of the questions and information garnered.

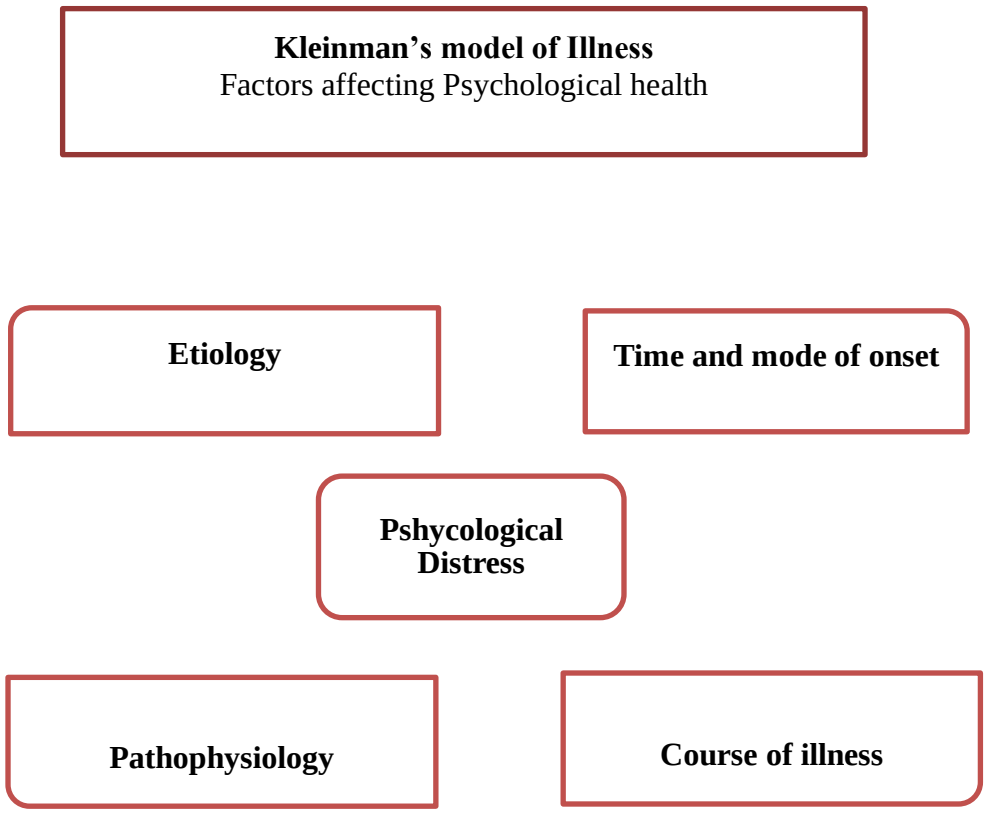

Figure 2.1 **:** Kleinman's Explanatory model of illness

The Arthur Kleinman's explanatory model encapsulates four key arenas etiology (the cause of the illness), time and mode of onset (when, where and how the symptoms started appearing, as per their own opinion, pathophysiology (the functional/ physical processes, that are related with the illness), as per the patient's opinion, and course of illness and treatment.

It also includes the family context, role of community in shaping the perceptions etc., the spiritual and faith elements of the person's perception such as the spiritual healers etc. and the biomedical healing methods and treatments.

The abovementioned theory's relevance was tested among the respondents, through interview questions.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter includes the related methodology of the research. It comprises of six sections including, Section 3.2 constitutes of the research strategy used. Section 3.3 explains the Research design of the study. Section 3.4 is composed of methods of methods of data collection used. Section 3.5 comprises of the Units of Data Collections (UDCs) used to collect data. Section 3.6 explains the sampling techniques utilized and Section 3.7 describes the Locale of the study conducted.

3.2 Research Strategy

The research strategy used was qualitative in nature as we wanted to study the particular effect of the global pandemic on the psychological health of the people and its considerable consequences on their life. We got insights from the perceptions of the targeted subject(s) that had a subjective nature owing to the different opinions every individual is entitled to.

3.3 Research Design

The research design used was exploratory in nature as we wanted to explore the problems faced by people during COVID-19, which has disturbed various features of their life causing severe emotional misery. Owing to the diverse cultural setting, we got considerable insights on the socio-economic imbalances and cultural constraints that people face on the road to acquire mental health treatment amidst the COVID-19

3.4 Methods of Data Collection

The methods of data collection used in this study were in-depth interviews. The data was collected between the period of April'21 to June'21 in which several prior visits were made to the target locations to collect images, distribute consent forms (attached as appendix 1). Keeping in view the precautionary measures the interviews were conducted outside the target location through telephones or in person depending on the suitability of the respondent. In-depth interviews were used to extract data from the respondents. An interview guide was designed as a research instrument to chalk out an outline of the essential data to be collected. The data collected was used to form an in-depth analysis of the experiences of the participants of the research at the COVID-19 wards. (The formal definitions of the methods have been given under the "Explanation of key terms section")

3.4.1 In-depth Interviews

As it was an informal in-depth interview, so many questions were added besides the mentioned questions and probes to maintain the flow of the interview. The medium of the interview was bilingual, depending on the comfort of the respondents. Some were comfortable conversing in Urdu and English. Prior to the interview, the objective and purpose of the research were shared with the respondents. The interviews were recorded through a mobile device with consent from the respondents. The respondents were made sure that their confidentiality will be maintained and the interview will solely be used for the purpose of research. The respondents were interviewed outside the COVID centres due to precautionary measures, and primarily the interviews were conducted through mobile phones based on the comfort of the respondents.

3.4.2 Interview Guide

An interview guide was designed to interview the respondents. The guide consisted of questions and probes against each set objective (Attached as Appendix 2). Some ice-breaking questions were asked, and the questions were in a flow to make the respondents comfortable. The interview guide was made in English, but the questions were translated in Urdu for the convenience of the respondents.

3.5 Units of Data Collection (UDCs)

I have chosen three UDCs for my research which gave information regarding my topic of research. For the current study, the UDCs are as follows:

3.5.1 UDC 1: Individual(s) interviewed and observed during the research

The first UDC included the recovered individual(s) who had gone for treatment in the Covid centres identified in the locale; they were our key informants of the study as they provided us with the information regarding the research. As the targeted individual(s) are part of a bigger community, their mindsets and information may be similar. The language of communication was Urdu, Punjabi and English, depending on the comfort of the individual(s).

3.5.2 UDC 2: Images collected from the COVID-19 centres

Photographs/images of the COVID-19 centres were clicked to record the infrastructure details and facilities. The physical environment plays a key role in inducing psychological distress among people. Through this UDC, this concept was confirmed.

3.5.3 UDC 3: Social media

The third UDC was the social media pages that have been created to help COVID-19 victims. Through this UDC we tried to get our hands on the information regarding COVID-19 being shared, and whether any information regarding mental health awareness during the pandemic is being surfaced or not. Lastly, through social media we also determined how much the concept of mental health as an important aspect of pandemic is viewed by masses.

3.6 Sampling

Participants were selected through the non-probability purposive sampling method. The samples were selected according to the objectives of the study. This may be assumed as a limitation of the study as well because people tend to be reluctant about talking about their mental health due to the cultural setting. The respondents were contacted through the Consent forms (Attached as Annex 1) that were collected a month prior to the research; the consent form was coupled with a **Kessler Psychological Distress Scale (K10)**. The Kessler Psychological Distress Scale (K10) is a comprehensive method for assessing psychological distress. The K10 scale consists of ten questions concerning different emotional states, each with a five-level answer scale. The questionnaire can be used as a quick screening tool to determine how distressed someone is. Patients can complete the tool alone, or the practitioner can read the questions to them. A total of 20 interviews were conducted depending upon the availability and willingness of the people to share within the two COVID centres.

3.7 Locale

This qualitative study focused on the psychological distress caused by COVID-19 among people who came for treatment at two COVID-19 treatment centres made in the district Sialkot, (1 private and 1 public sector in sub-district Sialkot). The participants were recovered individuals from the COVID wards, who were contacted through the consent forms.

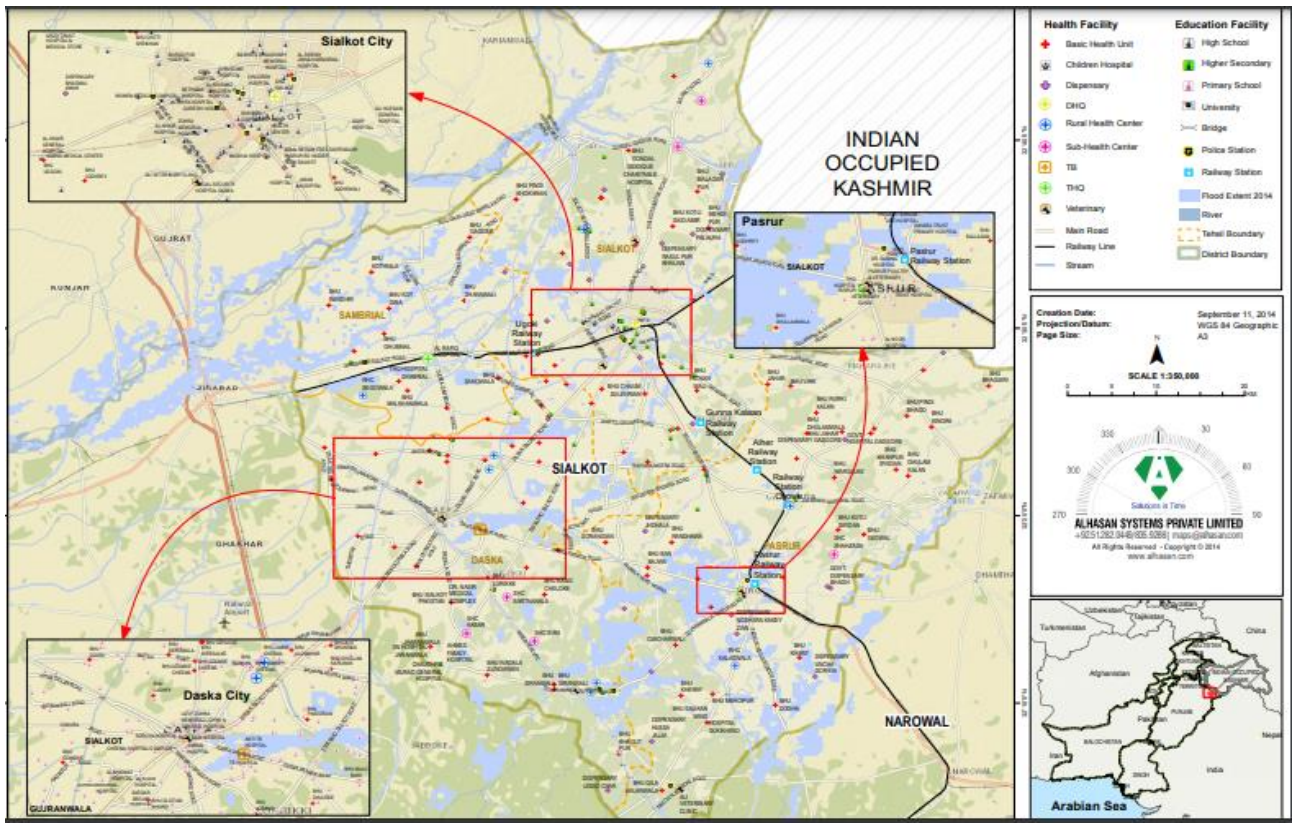

***Figure 3.1*:** Map of Sialkot District (Source: Google Maps)

CHAPTER 4

FINDINGS

4.1 Introduction

This section comprises the data that was collected through in-depth unstructured interviews and content analysis of relevant literature. The data gathered was transcribed and translated into English. Reflexive Thematic analysis was conducted, and relevant themes were drawn from the collected data. Each theme comprises differing opinions of respondents belonging to the same category, i.e. COVID-19 recovered patients that have suffered psychological imbalances during their treatment. Important quotes of these respondents have been mentioned as verbatim in Urdu along with their translation quoted in English in order to clarify and elaborate the theme. These verbatim can also be seen as means of verification of the data that was collected. Pseudonyms have been used to keep the respondents' privacy intact as informed to the respondents. Some of the responses have deliberately been repeated as per their relativity with various themes.

Following are the major themes that have been extracted on the basis of the objectives of the study, and below them are stated their sub-themes:

4.2 Understanding of mental health and stigma

- Perspectives regarding mental health
- Social Stigma
    - Understanding of stigma
    - Experiences of social stigmas during COVID-19
    - Marginalization

- Norms and behaviour

4.3 The effects of COVID-19 on the mental health of the subject(s)

- Meaning of psychological distress
    - Encounters with psychological distress
    - Self-diagnosis
    - Onset of symptoms
- Cultural perceptions and expressions
    - Role of culture in psychological distress
    - The new normal
    - Culture: A hurdle to seek mental health treatment
    - Cultural Practices
- Family
    - Family support (emotional/psychological) during COVID-19
    - Fear of transmitting the virus to any family member
    - Peer pressure in seeking mental health treatment
- Religious perspectives
    - Alternative practices
    - Spiritual healing instead of mental health treatment
    - Role of Spiritual healers
- Decision of Treatment
    - Realization

- Family pressure
- Fear of medication
- Seeking help

4.4 Mental health; perspectives on the communicability or non-communicability of the illnesses

- Perspectives
- Familial communicability
- Role of COVID-19 in triggering mental health communicability

4.5 The healthcare and economic aspects

- Economic costs
  - Economic instability during COVID-19
  - Mental health treatment during COVID-19
  - Cost of treatment
- Healthcare disparities
  - Availability of mental health treatment
  - Quality of treatment
  - Physical health is a reason for disrupted mental health

4.6 Images collected from Covid centres

- Public Covid centre
- Private Covid centre

4.7 Social media

- Corona Recovered Warriors (health warriors)
- AKU Psychiatry
- UMANG Pakistan App

CHAPTER 5

UNDERSTANDING OF MENTAL HEALTH AND STIGMA

5.1 Introduction

This chapter comprises of the perceptions of the respondents regarding mental health and stigmas. It constitutes two major sections. Section 5.2 includes the perspectives regarding mental health and Section 5.3 constitutes Social Stigmas.

The patients who filled the initial consent form and expressed symptoms of psychological distress were only contacted. The standard questions regarding mental health were asked to have clarity on where they stand and what they mean when they say they have experienced psychological distress. Mental health is a multi-dimensional term that is very subjective. Different people have different meanings assigned to mental health. These meanings have profound roots, which come from the beliefs, cultural values, traditions and norms that one individual is part of. The community, religion, culture and society play an equal role in determining these meanings. As the respondents belong to the same cultural background so they may have overarching views over the meaning of the mental and what they term as a stigma. Pakistan is a country that has a diversity of religions, cultures and even subcultures; these aspects heavily influence ones thinking and shape up the ideas and beliefs pertaining to a certain concept. From the interviews gathered, it was evident that the respondents were reluctant to talk about mental health. Therefore, the answers that they have given may be subject to biases from the respondent end.

5.2 Perspectives regarding mental health

Most of the people who were interviewed were uncertain as to how to define mental health.

They were at a loss for words and did not know exactly how to explain their understanding of mental health. Some of the people who were taking treatment for their psychological distress were not able to describe what mental health means to them. They were still unclear regarding the term "zehni ilaaj" and were perplexed with the idea that they have any problem related to the "brain". One of such respondents, when asked what they understand by the term mental health/zehni sehat responded:

"Zehni sehat bara hi bhari lafz hai, jismani sehat k baray mein btana asan hai lekin zehni sehat k baray mein batana bohat mushkil. Muje lagta hai jb app bechain hotay ho aur dimagh sakoon mein nai hota toh usey zehen ki kharabi kehtay hain."

Translation:

"Mental health is a very heavy word; it is easy to talk about physical health but it is very difficult to explain mental health. In my opinion, when you are restless, and your brain is not at peace, then it is called Mental/psychological distress."

Respondent 13 (Private COVID centre Sialkot)

Some of the respondents were completely unaware of the term and denied knowing anything about the term and the meaning itself.

According to a respondent:

"Ye ajeeb se baat hi pouch rai hain aap, mera toh sirf seena jalta hai aur thanday paseenay atay hain, isey zehni sehat ka kya taluq, mein bilkul theek hun."

Translation:

"You are asking a very strange thing, I only suffer from heartburn and cold seats; what is that have to do with mental health, I am perfectly fine."

Respondent 2 (Public Covid centre,

Sialkot)

Another respondent defined mental health as something related to sound mind and soul.

"Meray liye mental health dimagh and rooh ka sakoon hai, jb aa pandar se khush hotay ho toh zehan bi sakoon mein hota hai aur aap khush rehtay ho."

Translation:

"For me, mental health is peace of mind and soul, when you are happy from inside, then your mind is at peace and you remain happy."

Respondent no 6(Public Covid centre,

Sialkot)

Another respondent gave a very insightful answer followed by an example that explained the importance of mental and its worth.

"Achi Zehni sehat toh zindagi mein bohat lazmi hai, dekhain agar aap aik darakht ko pani nai deingay toh wo sookh jayega usi tarah agar aap zehen ka khayal nai rakhay gain toh usmein kharabi peda hojayegi. Zehni sehat apnay zehen ko buri waswason se dur rakhna hai"

Translation:

"It is very important to have sound mental health in your life, look, if you do not water a tree then it will dry off, in the same way if you do not take care of your mind then it will have problems. Mental health is keeping your mind away from irrational thoughts."

Respondent 15(Private Covid centre,

Sialkot)

Mental health is an essential element of our life, especially during the pandemic. Its importance has arisen, and people have become more aware of the term mental health and

how it is affected by stress and panic.

As per a respondent:

"Agar aap ye sawal mujse pehlay krti toh muje iska idea nai hota, par Covid ki waja ab muje iska andaza hogya hai. Zehni sehat ka matlab hai apnay zehen ko buray waqiat aur halat mein positive rakhna aur mushkil waqt mein madad talab krna."

Translation:

"If you asked me this question earlier, I would not be able to answer you, but now due to Covid I have an idea about it. Mental health means to keep your mind away from bad thoughts and incidents, and keep a keep attitude and seek heal when you are in danger.'

Respondent 18 (Private Covid centre, Sialkot)

People gave different meanings of mental health as per their own understanding. Culture is a cross-cutting edge in all the respondents belong to a larger culture, which affects their beliefs, values and traditions.

5.3 Social Stigma

Stigma is defined as the labels that people residing in a society, community, religion and culture etc., attach to objects, diseases, places and even people. Stigmas are very much part of the society that we reside in. Belonging to a society that intentionally and most of the time unintentionally suffices to stigmas to define a particular incident or tag a person as a taboo inculcates a very negative connotation to stigmas. Stigmas are more commonly stereotyped on the basis of caste, colour, breed, race, gender or disease etc. People are caged within the stigmatization of people, places and object that their society, community or religion has made for them.

People's understanding of the term stigmas is deeply rooted in their understanding of their society and what, according to their society, is considered doable. People tend to categorize certain aspects as stigmas without realizing the damage that is being caused by the stigmatization. Mental health is rarely talked about in our society; our culture, society and even religion have categorized certain people, objects, activities and places. Mental health is one of them. People who are psychologically distressed are stigmatized and isolated from the rest of the community; they are considered incapable of carrying out normal activities and live a normal life as part of a big community.

5.3.1 Understanding of stigma

People's attitudes and beliefs are tailored by their religious perception and cultural orientation, which shapes the opinions of the people. Mental health is one such phenomenon. People are not even aware of the fact that they are catering to stigmas because these aspects are considered very normal to ignore or point fingers at. The person going through a psychological illness is termed as "Pagal" in normal slang language. People, without thinking twice, say it out loud irrespective of all the consequences afterwards. People seeking mental health treatment are considered to be doing something illegal and are cannot in any state live a normal life as their life has been tormented by an illness that will persist for generations.

According to a respondent:

"Badnaam krna hi samaj ata hai muje iss lafz se jo aapnay samjhaya hai, logo ko lagta hai jo insan pagalo k doctor k pas jata hai wo umar bhar k liye kch nai kr sakta. Ab aap batain ksi insan ko agar koi dimaghi masla hojaye toh wo ksi ko na bataye kya? Badnaam krna hamaray muashray ka bohat bara almiya hai."

Translation:

"To defame is something that I understand by what you have made me understood. People think that those who go to a psychiatrist cannot do anything in life. Now you tell me, if a person is suffering from a psychiatric illness, then he should not tell anyone? Defaming something is a huge tragedy of our society."

Respondent no 3 (Public Covid centre, Sialkot)

Another respondent explained the meaning of stigma more easily.

"Stigma ka matlab hai k koi aise baat ksi cheez ya insan k sath mansoob krdena jo kay usko society k normal norms se aleda krta ho."

Translation:

"Stigma means to relate something to a thing or person that segregates it from the norms of the society."

Respondent No 9 (Public Covid centre, Sialkot)

Another respondent defined stigma as some cultural norms that should be abided at any cost as being part of a larger culture

According to a respondent:

"Stigma aisey hi naam dey diya gya hai logo ney. Hum aik society ka hisa hai aur hamari aik tehzeeb hai, hamaray buzurgo ney kch soch kr hi ye rasm aur rawaaj banaye, wo ksi cheez se roktay hain to usmein bhalai hi hoti hai."

Translation:

Stigma has been named by the people aimlessly. We are part of a society where there is culture, our ancestors must have thought before making such customs and traditions, if they are stopping from something then it must be beneficial for us."

Respondent No 19 (Private Covid centre, Sialkot)

Some people opine that words like stigma are fancy and superficial and do not belong in our culture. Our cultural routes are well intact to block any such nuisances from our lives.

As per a respondent:

"Ye ajeeb alfaz aajkal ki naujawan nasal se hi sunay hain meine, ye zehni halat kharab hojana, society ka inn logo ko bura bhala kehna, ye sb batein muje bohat banawati lagti hain."

Translation:

"I have heard such strange words from the young generation only, this psychological distress, society bad-mouthing, all these things seem very superficial to me."

Respondent No 12 (Private Covid centre, Sialkot)

Some respondents had an idea about stigma and how it has had a very detrimental impact on the mental health of individuals. According to a respondent:

"Stigma are labels jo hum logo ya cheezon k sath attach krdetay hain, jitni muje samaj aai hai aap mental health k hawalay se stigma ko discuss kr rai hai, mental illnesses k shikaar honay walay log iss society mein bohat zyada suffer krtay hain, they are isolated."

Translation:

“ Stigmas are labels that we attach with people or things; as far as I have understood, you are discussing mental health in reference to stigma, the people affected with mental illnesses suffer a lot in our society, they are isolated.”

Respondent no 5(Public Covid centre, Sialkot)

Stigmas are the beliefs that the people create for the generations to follow blindly. Many people believe that it is a much worn out way to keep one's culture alive.

According to a respondent:

“Stigma toh hamaray culture mein sadion se chala ara hai, logo begair question kiye ksi bi cheez ya insan ko achut ya napak maan letay hain, iss culture k norms ko challenge krnay ki zarorat hai”

Translation:

“Stigma has been running in our culture from centuries now, people consider things and people untouchable or unholy without even questioning. The norms of this culture need to be challenged”

Respondent no 17 (Private Covid centre, Sialkot)

The meaning that people have attached to stigma shows hints of deeply inculcated cultural perceptions that have been pouring down from generations. People though unintentionally believe the stigmas to be true and back them up with reasons provided to them by their culture.

5.3.2 Experiences of social stigmas during COVID-19

Different people have different experiences regarding social stigmas that exist in our culture; these stigmas have a more significant impact than what people presume. There are many people in our culture that face social stigmas on a daily basis depending on their caste, creed, race, colour and religion. These experiences have a great influence on the perceptions that they inculcate from these experiences. Most of the stigmas have a negative connotation and usually demotivate people. Stigmas related to mental health are prevalent in our culture. Accepting that one is suffering from a mental health illness makes him/her susceptible to stigmatization. Seeking treatment is involves another dimension of stigmas.

According to one respondent:

"Aik baar muje class mein panic attack hogya, bus us din k baad se ksi bi insan ney muje normal nai samjha, aik ajeeb se reluctance aga hai logo mein."

Translation:

"Once I had a panic attack in my class, from that day onwards no person believes that I am normal, there is a strange reluctance among people."

Respondent no 20 (Private Covid centre, Sialkot)

One respondent was severely affected by the changed behaviour of the people around him that he stopped talking to a lot of friends. The respondent said:

"Mein school mein apnay dosto k sath khara hua tha, subah se tabiat theek nai thi, aik dumse dil bethnay laga, aur sans bandh honay lga, ksi tarah se mein wahan nikla, lekin meray dost aaj tk yr baat nai bhoolay, muje pagal keh kr chiratay hain isiliye meine unse milna hi chor diya hai."

Translation:

"I was standing with my friends; I was not well since morning. Suddenly, my heart started to sink and I felt breathless, I managed to get away from there, but my friends have still not forgotten that day. They call me names like "Lunatic" that is why I have stopped meeting them."

Respondent no 6 (Public Covid centre, Sialkot)

While some have such experiences, others feel that it is completely fine for people to be scared from such incidents as they are not normal. A respondent responded:

"Abi Covid ki hi baat hai, mein bohat zyada chirchara hora tha, aik din gussay mein meine glass tor diya. Mera beta darh gya, usko laga k mein usko b marun ga. Ab ye batein aap kaise bachon ko samjha saktay ho. Uska darna banta bi tha."

Translation:

"In times of Covid, I was becoming very irritated. One day, in anger, I broke a glass. My son got scared. He thought that I would also hit him. Now you cannot make the children understand these things. His fear was justified."

Respondent no 18 (Private Covid centre, Sialkot)

Stigmas really have a lasting effect on the people who are subjected to them. This results in low self-esteem and the inability to cope up with other responsibilities.

As per one respondent:

"Quarantine mein tha mein jb muje meray result ka pta chala, Covid aur oper se mera bura result, mein shaeed depression mein chala gya, na ksi se baat krta tha na hi kch khata tha. Muje bohat bura mehsoos hota tha, dil krta tha k mar jaon."

Translation:

"I was in Quarantine when I got to know about my result, Covid coupled with my bad result, I went into extreme depression. I neither talked to anyone nor ate anything. I felt very bad and I felt like ending my life."

Respondent no 5(Public Covid centre, Sialkot)

5.3.3 Marginalization

People who suffer from social stigmas related to mental health are subjected to marginalization from the community, culture and even society. They are isolated and treated as incapable beings worthy of nothing but pity. The people lose job offers, academic scholarships and overall opportunities to live a prosperous life. According to one respondent:

"Hum aise society mein rehtay hain jahan zehni marz hota aik gunah hai, meine aik jaga job k liye apply kiya, jb mein interview k liye gya toh unhon ney meray gap year lenay ki waja pouchi, meine bi such bta diya k depression k baais muje kch arsay k liye gap lena para, unn sahib ney muje aisey dekha jaise meine unko koi bohat buri khabar di ho aur he asked me to leave without any explanation."

Translation:

"We live in a society where having a mental illness is a sin. I applied for a job. When I went for the interview, the interviewer asked that why I took a gap year, I told him honestly that due to depression, I had to take a gap in my studies. He looked at me like I gave a piece of horrible news. he asked me to leave without any explanation."

Respondent no 17 (Private Covid centre, Sialkot)

Many people were marginalized at their workplaces; they were not treated as equal employees. As per one respondent:

"Muje jb Corona hua toh mein bohat zyada depression mein chala gya tha, iski waja se meine treatment bi liya, ye baat kahin se meray boss ko pta lag gai, he started treating me differently, muje kaam nai detay they, mery kaam mein nuks nikaltay they aur muje bohat ajeeb feel karwatay they"

Translation:

"When I suffered from corona, I went into severe depression, I sought treatment for it as well, my boss came to know somehow. He started treating me differently, he did not give me work, he used to take out mistakes in my work and he made me feel very strange."

Respondent no 16 (Private Covid centre, Sialkot)

People who suffer from mental illnesses are marginalized from the communities as well. They are avoided by their fellow neighbours and looked down upon as inferior beings of the society. According to one respondent:

"Mental health ko log bohat zyada buray mahno mein letay hain, jb mein suffer kr raha tha toh meray ird gird k logon ney mujse baat krna band krdi, meray ghar walo se log fasla rakhtay they."

Translation:

"Mental health is taken in a very negative connotation, when I was suffering; people around

me stopped talking to me, people kept a distance from my family."

Respondent no 3 (Public Covid centre, Sialkot)

Religious beliefs and ideas also promote stigmatization and marginalization. As per one respondent:

"Jb muhally k molvi sahib ko pta chala k mein ilaaj kara raha hoon toh unhon ney bohat hi rukhay andaaz se muje kaha k muje ilaaj ki nai Allah ki qurbat k zarorat hai. Jb meine masjid janay ki koshsish ki toh logo ka talkh rawaiya muje bohat bura laga."

Translation:

"When the Mullah of my area got to know that I was seeking treatment, he told me very dryly that instead of treatment I need God's proximity. When I tried to go to the mosque, the harsh attitude of the people made me feel very bad."

Respondent no 13 (Private centre, Sialkot)

5.3.4 Norms and behavior

Any culture has their own norms, values and traditions that they follow, which is transferred to them from one generation to another. People without questioning the teachings, begin to follow such norms and values. These in turn gets inculcated in their behaviours. People who are subjected to social stigma especially related to mental health are vulnerable to such norms and traditions and therefore become a taboo in the culture. People have still not accepted mental health as a normal aspect of human beings. It still targets and questions the cultural realities.

According to one respondent:

"Muje nai pta k ye alag sa rawaiya kya hota hai par haan jb corona hua tha toh theek

hojanay k bawajood logo ney kaha k muje aik aisey bemari hui hai jo chamchirak se hui hai aur wo toh haram hai na khana hamaray mazhab, mein sochta hun kisney muje uska gosht khila diya"

Translation:

"I don't know about different attitude, but yes when I suffered from corona, then despite recovering, people told me that I suffered from an illness which was due to a bat and that is not allowed to eat in our religion, I wonder who gave me bat meat."

Respondent no 19 (Private Covid centre, Sialkot)

People dealt with cultural norms and traditions while suffering from deteriorated mental health. As per a respondent:

"Muje anxiety disorder *diagnose hua. Ye nai k muje pehlay tha lekin Covid ki waja se ye hogya. Meri dadi ney mujse baat krna chor di k mein ghoro k ghobar se bni hui medicines lerai hun aur ye na paki hamaray ghar mein aai hui hai."*

Translation:

"I was diagnosed with anxiety disorder. It was not that I had it before but due to Covid it happened. My grandmother stopped talking to me because she thought I was taking medicines made up of horse dung and this ungodliness was happening in their house."

Respondent No 15 (Private Covid centre, Sialkot)

The behaviour of people changes when they find out that a person is suffering from a mental illness. They tend to treat him/her different intentionally or unintentionally. a respondent

shared her experience:

"Muje lga duniya tarakki kr gai hai aur agar mein treatment lungi toh ksi ko koi farq nai paray ga but I was wrong. Logon ka choro meray ghar walo ka hi behaviour meray sath itna bura tha jaise meine koi bohat bari galti krdi hai aur unkay khandaan par koi daagh lag gya hai."

Translation:

"I thought that the world has developed, and if I seek treatment then no one will get affected, but I was wrong. Leave people, my own family treated me very badly as if I have made a huge mistake and their family name has been tarnished."

Respondent No 11 (Private Covid centre, Sialkot)

People's attitudes and behaviour have long lasting effects on the psychological impacts of individuals; therefore, being mindful of what the others are going through is the key to leading a prosperous and peaceful life. Our behaviours and actions may become a cause for somebody's deteriorating the mental health.

CHAPTER 6

THE EFFECTS OF COVID-19 ON THE MENTAL HEALTH OF THE SUBJECT(S)

6.1 Introduction

This Section comprises of the findings regarding the effects of Covid-19 on the respondents under study. It has five major themes divided into five sections. Section 6.2 explains the meanings of psychological health. Section 6.3 constitutes the Cultural perceptions. Section 6.4 sheds light on the role of family. Section 6.5 explains the religious perspectives and Section 6.6 constitutes the Decision of treatment.

COVID-19 has taken the world by storm, disrupting all aspects of lives. It has severely affected the psychical, social, economic, emotional and financial conditions of the individuals. On one hand with its blooming physical impacts of the health, its psychological impacts of the human brains cannot be disregarded. people have different reactions to traumas depending on their psychological will power to withstand shocks. COVID-19 has been a challenge for the people emotionally as well as psychologically. During the pandemic, the emotional health is not really kept into consideration while drafting emergency responses, though the psychological impacts may not be immediate but they are long lasting and take a great deal of time to recover from. Mental health is not a widely discussed phenomenon therefore, people are not very well aware of the psychological impacts of the pandemic and the followed consequences.

6.2 Meaning of psychological distress

Psychological distress may be defined as the disturbed emotional state due to any stressor,

stimulus that may be related to daily life or a particular incident. People have different ideas and opinions regarding what psychological distress is, and how it has a role to play in disturbing the daily life activities of the individuals. Some people think that psychological distress is just a myth while others opine that psychological distress is real and disrupts one's life completely if not treated. These perspectives are shaped by the cultural perceptions that have inculcated in the individuals; some challenge these perceptions others follow them. Religion also has a key role to play in shaping ideologies especially related to psychological health. An amalgamation of the beliefs, values, traditions, norms and perceptions shape the understanding of the individuals regarding a particular aspects like psychological distress.

According to a respondent:

"Zehni dabao bohat hi mushkil cheez hai explain krna. Muje lagta hai jb aap musibat mein hotay ho toh aapka zehan bohat hi buri halat mein hota hai. Usko zehni dabao kehtay hain."

Translation:

"Psychological distress is very difficult to explain. I think that when you are in trouble then your mind is in a very bad state. That is called psychological distress"

Respondent No 4 (Public Covid Centre, Sialkot)

Some people feel that psychological distress is a fancy word made by the millennials and do not have a valid and authentic root. It is a byproduct of the new age drama that the young people have started. As per one respondent:

"Ye zehni dabao aap jaise naye logo se hi suna hai, hamaray bi waqto mein pareshanian hoti thi lekin unko btanay k liye aisey alfaaz nai hotay they, musibatein har jaga hi hoti hain, zarori nai k har ksi cheez ka matlab dhondhnay beth jao"

Translation:

"This psychological distress is something that I have heard from new people like you. We also had problems in our time but there were no such words to describe them. There are problems everywhere, it is not important to find meaning of everything."

Respondent no19 (Private Covid centre, Sialkot)

Some people have deeper understanding of the term psychological distress. As per a respondent:

"Zehni dubao ksi aisey cheez ya jaga ya insan se hosakta hai jo aapkay dil k qareeb ho, aapka zehan besakoon hota hai, aap restless mehsoos krtay hain, ye ksi bi tarah k trauma jaise k aajkal corona se bi hosakta hai."

Translation:

"Psychological distress can happen from anything, pace or even person, which is close to your heart. Your mind gets restless, you feel very restless. This can happen from any type of trauma, for example it can happen from corona."

Respondent no 15(Private Covid centre, Sialkot)

Some people criticized the less emphasis of psychological health in our lives and how so many people have no idea what psychological distress actually refers to. According to a respondent:

"Aisa koi bi stress jo apki zehan ko mutasar karay psychological distress kehlata hai. Hum aise culture mein rehtay hain Jahan psychological distress ko acknowledge krna toh dur iskay baray mein baat krnay se bi log katratay hain."

Translation:

"Any such stress that impacts your brain is called psychological distress. We live in a culture where acknowledgment of psychological distress is a far cry, even people shy away from talking about it."

Respondent No: 17(Private Covid centre, Sialkot)

Some people have got to know that psychological distress is a term in the times of COVID-19. They have acknowledged the fact that they did not thought that psychological distress was anything real but now know what psychological distress is. As per a respondent:

"Aap ye mujse pehlay pouchtay toh shayad mein iska jawab na deti par ab corona k baad muje pta chala hai k ye asal mein hota kya hai, jb apka zehan mushkil ka shikar hojaye aur theek se function na kar sakay toh isko psychological distress kehtay hain."

Translation:

"If you asked me this before, I would not have been able to answer but after corona, I have learned what it actually is. When your brain is in stress and cannot function properly then this called psychological distress."

Respondent no 9 (Public Covid centre, Sialkot)

The pandemic has played a vital role in providing an understanding of psychological distress among individuals. The opinions that are mentioned above are culturally sensitive as individuals are part of a bigger culture.

6.2.1 Encounters with psychological distress

People with psychological distress go through many incidents. some incidents are traumatizing, some are shocking and others make them feel inferior. There has not been reported even a single incident that was positive regarding psychological distress. The people who were interviewed shared some very heart wrenching incidents from their lives that have left a scar on them for lives. The society and especially our culture treat people with psychological illnesses as inferior, incapable beings. According to one respondent:

"*Meri walida ki death k baad mein bohat buri depression mein chala gya, aisey waqt mein apko ird gird k logon ki asliat pta chalti hai. Meray tamam dosto ney mujse baat krna band krdi. Jb meine unse waja pouchi toh jawab mila k mein boaht ajeeb hogya hun, aur sbkay waldain ney aik dina chalay jana hai tmnay itna dil se kyun lga liya hai."*

Translation:

"*After my mother's death I slipped into severe depression, you get to know about the reality of people around you at such times. All my friends stopped talking to me, when I asked the reason, they said that I have become very strange and all our parents have to die one day, why have I taken this on my heart."*

Respondent no 6(Public Covid centre, Sialkot)

Dealing with psychological distress is already a very painful experience, but people round the individual especially the peers and family make the experience even more gut wrenching by not supporting in this ungodly time.

A respondent shared:

"Meine bohat mushkil se himat ki k mein help seek karun, mein result ki waja se pehlay hi

boaht pareshan tha. Corona ney mazed halat kaharb krdi. Jab meine apnay waldain se zikr kiya toh wo muje dantnay lagay k ye kaunse ajeeb baat kr rahay ho, aur kaise log muje pagal bulaye gain"

Translation:

"With great difficulty, I managed the courage to seek help. I was already stressed out due to my result. Corona made the situation much worse. When I talked to my parents about it, they started scolding me that what type of strange thing I am saying and how people will call me mad"

Respondent no 5 (Public Covid centre, Sialkot)

People who managed to get to the treatment centres were not accepted completely by the society as they were termed as "lunatics" and "pagal", they were insulted, degraded and rendered incapable of carrying out any responsibilities. As per one respondent:

"Jab mein corona se theek hua toh zehni halat bohat kharabi hogai, mein quarantine mein reh reh kr depress hogya, toh muje treatment k liye bola gya. Mein wahan gya aur aik hafta unhon ney muje stay karwaya. Jb mein wapis aya toh sbka rawaiya badal gya mera sath, meray humsaye ney mujse kaha k ab mein job kr bi sakta hun ya nai."

Translation:

"When I recovered from corona, my psychological health deteriorated, I got depressed during quarantine. So, I was asked to get treatment. I went to the facility and they kept me for a week. When I came back, everyone's attitude changed with me. My neighbour asked me if I can still continue with my job or not."

Respondent no 18(Private Covid centre, Sialkot)

Another respondent shared her story:

"Meray walid ki corona se dardnaak death k baad mein shaded panic aur anxiety ka shikar hogai. Muje admit karwana para. Wahan mujse meri aik rishtaydaar milnay aai aur mujse ye baat kahi k aisey waqto mein in jago par nai atay, tu larki ho bohat bura asar parta hai life par. Shadi kaise hogi?"

Translation:

"After the painful demise of my father due to corona, I started having severe panic and anxiety. I had to be admitted. A relative came to meet me there and said that in these times you should come to such places, it has a very bad impact on life. How will you get married now?"

Respondent no11 (Private Covid Centre, Sialkot)

It is very normal in our society to tag people who are suffering from psychological distress as "mad" and "incapable". Our culture does not allow such beliefs to pertain which encourage the acknowledgement of such aspects like mental health and its importance.

6.2.2 Self-diagnosis

When we suffer from any disease or illness, we are the first ones to find out about it. Respondents in this study were asked about their own observations regarding the how it started, what were the reasons and what exactly led them to psychological distress especially during the pandemic.

As per one respondent:

"Muje lagta hai ye tb shuru hua jb mein hospital mein admit hua Covid k liye, tb hi muje

palpitations hoti thi, mera dil khabrata tha, aur ajeeb se khayalaat atay they."

Translation:

"I feel that it started when I was admitted in the hospital due to Covid. I started having palpitations, my heart used to restless and I had weird thoughts."

Respondent no 18(Private Covid centre, Sialkot)

Some of the people suffered psychological distress after they lost someone close to them during Covid. One of the respondents said:

"Walida k death k baad hi muje feel hua k mein normal activities nai kr paraha hun. Har waqt konay mein beth k rota rehta tha, I felt very guilty."

Translation:

"After my mother's death, I started to feel that I am not able to undergo normal activities. I used to cry in a corner. I felt very guilty."

Respondent no 6(Public Covid centre, Sialkot)

Some people who already had mental illness but they were never defined found out during the pandemic that the symptoms they thought were completely normal, need treatment.

As per one respondent:

"Muje bohat arsay se pareshani mein left side par dard shuru hojati hai, hathon mein paseenay ata hai, dil doobnay lagta hai, aur hath kanpnay lagtay hain, jb ye cheezein corona mein zyada hogai toh meine doctor ko check krwaya. Doctor Sahib ney btaya k muje anxiety disorder hai."

Translation:

"I used to have pain on my left side of the body, my hands used to sweat, my heart used to sink and my hands used to shiver. When all these things happened in corona then I got myself checked from the doctor. The doctor told me that I have anxiety disorder."

Respondent no 13(Private Covid centre, Sialkot)

COVID-19 has stimulated the psychological distresses, people have started to suffer from psychological distress due to SOPs like home quarantine, lockdowns, social distancing and shutting down of all educational institutions. According to one respondent:

"Itna bura haal Covid ki waja se nai hua jitna ghar beth kr hogya hai. Muje bohat zyada depression honay lag gai hai. Aisey lagta hai ye waqt kbi guzry ka hi nai."

Translation:

"Staying at home has made me feel worse than Covid itself. I have started having more depression. I feel that this time will not pas."

Respondent no 7(Public Covid centre, Sialkot)

Some people have suffered more because of the financial losses, and this has led them to rethink about their priorities and save more money than they spend. According to a respondent:

"Corona ko jhelnay k baad muje zyada anxiety honay lagi hai, jitna kharcha hospital mein hua, uskay baad toh muje lagta hai k muje treatment k nai balkay paiso ki zarorat hai."

Translation:

"After suffering from corona, I started having more anxiety. The expenditure that happened in the hospital, after that I feel that I need money instead of treatment."

Respondent no 14(Private Covid centre, Sialkot)

From the opinions expressed by the respondents, it is evident that people have an idea about psychological distress and it has had a foremost impression in their lives especially during the pandemic.

6.2.3 Onset of symptoms

Different people described different events during where they had onset of their symptoms, but, most of the onset of symptoms dated back to after getting diagnosed with COVID-19, and after suffering a loss of one of the loved ones. Some did not experience the symptoms right after they suffered from COVID-19, and some got their symptoms right in the middle of their treatment. According to the data collected most of the people had no idea that these symptoms are of psychological distress. They perceived that these symptoms are due to contracting COVID-19. Many of the respondents ignored their physical symptoms assuming that they were aftermaths of Corona. According to one respondent:

"Muje jb corona hua toh ye sb bi honay lag gya, muje laga ye sb kch corona ka hi hissa hai isiliye meine ispar itna dhehaan nai diya"

Translation:

"When I had corona, I started getting these, so, I thought that they are part of corona. That is why I did not pay much attention."

Respondent no 2(Public Covid centre, Sialkot)

Some respondents got symptoms way after they contracted the virus. As per one respondent:

"Muje foran se symptoms nai aaye they, Covid ka asar toh hua tha mujpar, lekin muje lagta hai aur bi factors hain jinki waja se muje psychological distress hua."

Translation:

"*I did not get the symptoms immediately. Covid had an impact on me. But, I think there are other factors as well that has led to psychological distress."*

Respondent no:9(Public Covid centre, Sialkot)

Meanwhile, some respondents have had the symptoms before as well but they increased when they contracted the virus. As per one respondent:

"*Muje bohat arsay se anxiety hoti hai. Covid ney ismein izafa krdiya. Pehlay mein hide krleta tha ab ye baat sb ghar walo k samnay agai hai."*

Translation:

"I have anxiety since a long now. Covid triggered it more. First I used to hide now this thing has come in front of my family."

Respondent no17 (Private Covid centre, Sialkot)

As per the opinions of the respondents, some people were aware of their onset of symptoms while others took them as part of COVID symptoms.

6.3 Cultural perceptions and expressions

Culture plays a key role in shaping the opinions and beliefs of people related to all the surrounding aspects of life. Culture has been part of human kind ever since human beings

started to live together in groups. Culture is defined as the shared norms, values, traditions and beliefs, which are common among a group of people. Culture guards the perceptions that people start to believe in, and these perceptions are transferred to them from one generation to another. Questioning the cultural values is highly rare, as people believe that culture is the guiding stone to survive in the world. This theme focuses on the cultural perceptions and expressions that have formed the opinions of the respondents. The cultural setting in which the respondent reside plays a significant role in understanding their answers as being part of a closely knit culture, they are subjected to certain stigmas, and their understanding of mental health is heavily influenced by the conceptions of their culture. As the research is about exploring the psychological impact of COVID-19 on the patients, the responses that people gave were quite cultural as most people did not have an idea that their symptoms are related to psychological distress. Some of the expressions that the respondents mentioned were common among other respondents as well. There seemed to be a stimulus point for most of the respondents. The respondents may seem to externalize their internal experiences as “Iss”, “Halaat”, “Ye”, “Wo”, “Dimaghi”, i-e “It”, “State”, “that”, “This”, “Psychological/psychiatric, respectively.

6.3.1 Role of culture in psychological distress

As per the respondents the culture has played a focal role in spreading and triggering psychological distress. The symptoms that the respondents suffered from were expressed very similarly. For example “kandhay kechna”, “rona”, “dil doobna”, “hath kanpna”, “sans phoolna”, “bayin hissay mein dard hona”, “dimagh ka sun hona”, “ thanday paseenay ana”, “gussa ana”. These expressions are cultural in nature. As per one respondent:

"Itna muje pta nai hai k ye aap kya pouch rai hain par ye sari cheezein muje hoti hain, muje lga ye sbko hua hai corona mein."

Translation:

"I don't know what you are asking. But, these things have happened to me; I thought this happens to everyone in corona."

Respondent no 19(Private Covid centre, Sialkot)

Some respondents confirmed the role of culture in spreading of the illness as well in contributing to an increased psychological distress. In the closely knit culture that the respondents live in, social distancing is considered unethical and against the norms. The culture of the respondents promotes unity, social engaging, gatherings and congregations etc. according to one respondent:

"Hamaray culture mein social distancing practice krna hi bohat bara jurm hai, meine mask pehen kr apnay muhally k logo se milna shuru kiya toh unhon ney mujse baat hi krni band krdi, ye keh kr k meine unkay sath badtameezi ki hai. Isey mein itna upset hua."

Translation:

"In our culture, practicing social distancing is a crime, I started meeting my neighbours with a mask, and they stopped talking to me saying that I have misbehaved with them. This made me so upset."

Respondent no 18(Private Covid centre, Sialkot)

While some respondents believe that they suffered more due to the culture than the pandemic itself. They were isolated and looked down upon by other members of the culture. Their

families were marginalized leading to extreme psychological distress. According to a respondent:

"Jab meri puri family ko Covid hua toh saray ird gird k logo ney hamaray ghar ka boycott krdiya, hum negative bi hogaye tb bi logo ka rawaiya nai badla, kaam wali ney ghar mein kaam krnay se inkar krdiya, newspaper aur doodh walay ko sath k logon ney mana krdiya. Muje aisay laga k humko bilkul alag krdiya gya hai."

Translation:

"When my whole family contracted Covid, then people around us boycotted us, even when our tests came negative, even then the attitude of people did not change. The housekeeper refused to work for us. The newspaper man and milkman were stopped by the surrounding people. I felt like we have been cornered."

Respondent no 7 (Public Covid centre, Sialkot)

According to the respondents, culture spreads a lot of misbeliefs as well. The gatherings play a role in spreading false or inaccurate news, this leads to extreme psychological distress.

As per one respondent:

"Mein masjid mein namaz parhnay gya toh wahan log baat kr rahay they k corona se theek nai hosakta koi bi, ye hamesha apkay sath rehta hai, wapis bi ajata hai. Muje bohat hi zyada dar laga. Jab muje corona hua toh muje laga k ab mein kbi nai bachun ga."

Translation:

"I went to pray in the mosque, there some people were talking about corona that no one can recover from corona, it remains with you all life, it also comes back, I was very scared. When I contracted corona, I felt like I will never survive this."

Respondent no 8 (Public Covid centre, Sialkot)

Some respondents opined that you should not challenge the culture as it is an important element in everyone's life. It does not play a role in increasing psychological distress; in fact, it reduces stress and guides to the right path. As per a respondent:

"Muje nai lagta k culture ka koi kasoor hai, ab ye bemari aai hai, iski waja se na hum masjido mein ja paraye hain na logo se mil paraye hain, log ye nai samaj rahay k jisko honi hogi hojayegi, ye social distancing se kch nai hota."

Translation:

"I don't think there is any fault of culture, now this disease is here, due to this we are not able to go to mosques nor are we able to meet people. People do not understand that it will happen to anyone. This social distancing will not work."

Respondent no 19(Private Covid centre, Sialkot)

According to the opinions recorded in this theme, the results show that people still have mixed opinion regarding the role of culture in spreading psychological distress. It should be noted here that most of the respondents confirmed the role of culture in spreading psychological distress. While a handful of the respondents refrained from commenting on the latter.

6.3.2 The new normal

Covid-19 has changed the societal dynamics of the people. It has become the new normal and everyone has to adhere to the new guidelines that have been presented by the

government. However, the SOPs that have been directed by the government and the lockdowns, closing of institutions and recreational activities to curb the virus are not being taken well by the people. This was confirmed by the respondents who had the similar opinions. They opined that "the new normal" has indeed taken a toll on their mental health and it is difficult to adhere to the SOPs directed by the government. According to one respondent:

"Humaray muashray mein mask pehna aik taboo hai, jo pehen leta hai usko babu kaha jata hai. Usko ye tanay miltay hain. Aur agar ksi ko mask pehanay ka keh diya jaye toh wo bura maan jata hai aur apni an ana masla bnaleta hai."

Translation:

"In our society, wearing a mask is a taboo; the person who wears it is referred to as a upper class. That person is teased. And if you ask someone to wear a mask, he considers it bad and makes an issue of his/her ego."

Respondent no 9 (Public Covid centre, Sialkot)

The respondents opined that the closure of recreational sites have made them very upset. Some said that it was a necessary step that needed to be taken by the government while others said that this should not have happened. As per a respondent:

"Ye tafreehi maqamaat ko band krdenay se kya faida hogya. Log waise bi toh ghoom rahay hain. Bnada ghar mein beth kr bore hojata hai, thora bahar nikalnay se kya hojayega."

Translation:

"What benefit was gotten from closing the recreational sites. People are still roaming around. A person gets bored sitting at home. What bad will happen if we went out for a bit?"

Respondent no 12(Private Covid centre, Sialkot)

According to another respondent:

"Acha hai hakumat ney lockdown laga diya. Hamaray logo ko jb tk paband na kro tb tk wo mana nai hotay. App khud dekh lo kitnay log hongay jo SOPs ki parwah krtay hain? Ye log aisey mana nai hosaktay."

Translation:

"It is good that government has imposed lockdown. Our people do not listen unless they are not restricted. You can for yourself that how many people care about the SOPs? These people cannot listen like this."

Respondent no 3 (Public Covid centre)

The norms of the culture are being challenged as per the respondents. They asserted that the culture needs to change now. Covid is here to stay and that people have to change their way of living in order to survive in this new world. The cultural norms need to be made lenient.

According to a respondent:

"Humsbko ab badalna paray ga. Ye hath milanay wala culture, sath jurh jurh k bethnay wala culture, sb cheezon ko khatam krna hoga abi k liye. Isi mein sbki bhalai hai."

Translation:

"We all have to change now, this handshaking culture, and the culture of sitting with close proximity. All these things need to be stopped for now. This is better for everyone."

Respondent no 13 (Private Covid centre, Sialkot)

6.3.3 Culture: A hurdle to seek mental health treatment

Mental health is still a very fresh concept in the Pakistani culture. Seeking mental health treatment is still very rare and people who opt for treatment have to go through a lot of emotional, economic, social and cultural suffering. According to the respondents, Culture is the central component that becomes a hurdle in letting people seek treatment. The norms made by the culture restrict people to open about their mental ailments, and force them to keep quiet by quoting the famous phrase that "what will people say." Thus, culture encompasses very prominent stigmas such as labeling, isolation, marginalization, etc. that become hindrances in seeking mental health treatment.

According to one respondent:

"Meine bohat mushkil se himat ki k mein help seek karun, mein result ki waja se pehlay hi boaht pareshan tha. Corona ney mazed halat kaharb krdi. Jab meine apnay waldain se ziakr kiya toh wo muje dantnay lagay k ye kaunse ajeeb baat kr rahay ho, aur kaise log muje pagal bulaye gain"

Translation:

"With great difficulty, I managed the courage to seek help. I was already stressed out due to my result. Corona made the situation much worse. When I talked to my parents about it, they started scolding me that what type of strange thing I am saying and how people will call me mad"

Respondent no 5 (Public Covid centre, Sialkot)

Another respondent shared her story:

"Meray walid ki corona se dardnaak death k baad mein shaded panic aur anxiety ka shikar

hogai. Muje admit karwana para. Wahan mujse meri aik rishtaydaar milnay aai aur mujse ye baat kahi k aisey waqto mein in jago par nai atay, tu larki ho bohat bura asar parta hai life par. Shadi kaise hogi?"

Translation:

"After the painful demise of my father due to corona, I started having severe panic and anxiety. I had to be admitted. A relative came to meet me there and said that in these times you should come to such places, it has a very bad impact on life. How will you get married now?"

Respondent no11 (Private Covid Centre, Sialkot)

According to the respondents, the cultural implications of seeking mental health treatment are way beyond enormous. The people don't accept you as part of the culture. The stigma pertaining to seeking mental health treatment is fueled by cultural norms and labels. As per one respondent:

"Muje aaj tk ye samaj nai aai k mera treatment karana theek tha ya nai? Kyun k treatment ki waja se meray ghar walon ko muje bohat hi isolation ko face krna para hai. Log accept nai krtay."

Translation:

"I have still not figured out that was I right in seeking treatment or not? Because of treatment my family and I had to face isolation. People do not accept."

Respondent no 10 (Public Covid centre, Sialkot)

As per one respondent:

"Jab mein corona se theek hua toh zehni halat bohat kharabi hogai, mein quarantine mein

reh reh kr depress hogya, toh muje treatment k liye bola gya. Mein wahan gya aur aik hafta unhon ney muje stay karwaya. Jb mein wapis aya toh sbka rawaiya badal gya mera sath, meray humsaye ney mujse kaha k ab mein job kr bi sakta hun ya nai."

Translation:

"When I recovered from corona, my psychological health deteriorated, I got depressed during quarantine. So, I was asked to get treatment. I went to the facility and they kept me for a week. When I came back, everyone's attitude changed with me. My neighbour asked me if I can still continue with my job or not."

Respondent no 18(Private Covid centre, Sialkot)

6.3.4 Cultural Practices

Cultural practices vary from culture to culture and form the essence of the cultural practices. People follow such cultural practices to seek help. Medical treatment and cultural practices go hand in hand and in most times stand against each other. People who are cultural centric prefer cultural method of treatment rather than wasting money and time on seeking medical expertise. The role of hakeem (Cultural healer) is of prime importance in our society according to the respondents.

According to one respondent:

"Muje toh hakeem sahab ki phakki se aram ajana tha, bus pheparay zyada kharab hogye isiliye meray ghar walay muje haspataal ley gaye."

Translation:

"I was getting relieved with healer's medicine; my lungs became very unwell so my children took me to the hospital."

Respondent no: 19 (Private Covid centre, Sialkot)

Cultural practices are very much part of the everyday lives of the individuals residing in the Pakistani culture. As per one respondent:

"Ye dawaiyan, ye dactar toh ab aaye hain, hamary waqto mein sirf hakeem sahab hi hotay they aur unki dawa mein hi shifa thi."

Translation:

"These medicines, these doctors have come now, in our times only cultural healers were there and only their medicine treated us."

Respondent no 12 (Private Covid centre, Sialkot)

While some respondents opined that it is not necessary for culture and science to collide. One can follow cultural practices and still take medical treatment as well. as per one respondent:

"Muje lagta hai k culture aur science ki jang hi nai hai, meine medical treatment bi lia hai aur lungs ko theek krnay k liye ginger tea bi pi. Dunno ko mix nai krna chahiye. Aik insan cultural aur educated dunno hosakat hai."

Translation:

"I feel that culture and science don't have a war, I have taken medical treatment and drank ginger tea to fix my lungs. They should not be mixed. A person can be cultural and educated at the same time."

Respondent no 4(Public Covid centre, Sialkot)

Regarding mental health, the cultural practices follow the religious path more, the hakeems (cultural healers) refer to quranic verses and amulets to draw away the evil eye. As per one respondent:

"Jaise hi meri ammi ko pta lga k mein zehni dabao ka shikar hun, wo apnay peer baba k pas gai aur taweez lekar aai, muje kch suratein parhnay ko kahin, baba jee ney hisaab lagaya k mera sar par saya hai."

Translation:

"The moment my mother came to know that I was suffering from psychological distress, she went to her spiritual healer (Peer baba) and brought an amulet for me, the healer calculated through his teachings that I am possessed by some supernatural being."

Respondent no 10 (Public Covid centre, Sialkot)

While some cultural practices are very effective in easing psychological distress. As per one respondent:

"Muje ksi ney btaya tha k salt lamps aur lavender oil se anxiety relieve hoti hai, to my surprise ye baat bilkul theek hai."

Translation:

"Someone told me that salt lamps and lavender oil relieve anxiety, to my surprise this is completely true."

Respondent no 17 (Private Covid centre, Sialkot)

The opinions of the respondents confirm the daunting role of culture in creating a hurdle to seek mental health treatment. This confirms the fact that culture indeed shapes the

perceptions of masses and tags stigmas to certain things, people and illnesses. Challenging the authenticity of the culture is itself a war within the community. Those people who manage to generate a debate are called liberals and are excluded from the culture and tagged as traitors.

6.4 Family

The research focuses on the psychological impacts of the pandemic on the people who suffered from COVID-19. Family is the first institution that a person is entitled to. The beliefs, values and cultural perceptions that a person inhabits are directly transferred through the family tree. Therefore, the role of family is prominent in determining psychological distress. The respondents gave their opinions regarding the role of family in handling psychological distress, if the family members were supportive or non-supportive. As per the respondents living in a closely knit culture promotes dependency of decisions. The decision making is not an individual process. The role of immediate family members is the determinant factor in taking a decision. Mental health is rarely discussed in the family as a topic, owing to this approach, taking about mental health and then seeking treatment is a huge step that takes a lot of convincing and sacrificing at the patient end. Due to the pandemic, people are spending more time with family members, they have become a reason of relief as well as a reason of fear.

6.4.1 Family support (emotional/psychological) during COVID-19

The respondents highlighted the elevated role of family members during the pandemic. When a person is suffering from psychological distress, he/she finds solace in the presence of their family members. However, it varies from case to case as mentioned by the respondents. Some family members do not support the idea of psychological distress as a

topic and seeking treatment for it. These conservative family members constitute most of the people in our culture.

According to one respondent:

"Covid mein sbse zyada support family ka ho toh hota hai. Lekin jb baat zehen k maslay par ati hai toh family bi support chor deti hai."

Translation:

"Family is the biggest support during Covid. But when it comes to psychological problem then family leaves your support.'

Respondent no 5(Public Covid centre, Sialkot)

Family support is pivotal in difficult times especially when you are in stress or psychologically vulnerable. But unfortunately, due to the cultural perceptions regarding mental health and psychological distress, People rarely support their other family members when they get to know of any mental illness. According to a respondent:

"Mein already depression ka shikar rahi hun, Covid mein ye zyada hogya. Muje lga ye moqa acha hai Covid ki waja se hi sai lekin meray waldain samjhay gain toh. So meine unko btaya aur unse treatment ki ijazat mangi. But things turned out differently, wo bohat gussa huway aur bilkul iss baray mein baat krnay se mana krdiya. My parents are well educated people."

Translation:

"I already have depression. It increased in Covid. I felt this is a good opportunity, though due to Covid but my parents will understand my situation. So, I told them and asked for permission for treatment. But things turned out differently, they were very angry and refused to talk about this. My parents are well educated people."

Respondent no 14 (Private Covid centre, Sialkot)

While, some family members have indeed been supportive regarding psychological distress. The respondents have opined that their family members supported them during their difficult times and even asked them to seek treatment as well. As per one respondent:

"Mein lucky hun k meray ghar walo ney muje support kiya, jb mein Covid se recover hokay ghar aya toh due to my trauma of being in ICU for a week. Mein bohat zyada suffer krnay lga. My brother came to my rescue aur doctor k pas lekar gya wo."

Translation:

"I am lucky that my family members supported me. When I came back after recovering from Covid then due to my trauma of being in ICU for a week, I started suffering a lot. My brother came to my rescue and took me to a doctor."

Respondent no 20 (Private Covid centre, Sialkot

Another respondent shared her story:

"Muje kbi nai laga tha k meray parents muje support karay gain. Isi darh se mein unko bta hi nai rai thi. Lekin meri bhen ney muje hosla diya aur aik din meine unko btaya k muje depression zyada horai hai aur ab ye physical hoti jarai hai. Meray parents ney bohat dehan se suna aur phr muje aik psychiatrist k pas lekar gaye."

Translation:

"I did not expect that my parents will ever support me. Due to this fear, I was telling them. But my sister encouraged me to do so and one day I told them that my depression is increasing and it is getting physical now. My parents listen to me carefully and then took me

to a psychiatrist."

Respondent No 1(Public Covid centre, Sialkot)

As per the opinion expressed by the respondents, family members, especially the parents, have a very important role in managing psychological distress. Their support can make or break a precious life.

6.4.2 Fear of transmitting the virus to any family member

One of many things that the respondents opined, the most similar of them, was the fear of transmitting the virus to their family members. Our culture promotes family values and a close relationship with the family. Out of love, people tend to fear not hurting their respective family members. COVID-19 has an equal impact on all people. One of the many fears that the people who contract the virus go through is the fear of spreading the virus to their parents, siblings and children.

As per one respondent:

"Muje apna dar nai tha jb muje Corona hua, muje ye dar tha k meri waja se meray bachon mein se ksi ko na hojaye."

Translation:

"I was not scared of Covid for myself. I was fearing that it does not affect my children due to me."

Respondent no 9 (Public Covid centre, Sialkot)

The respondents explained their experiences of how they isolated themselves in fear of transferring the virus to their family members. According to one respondent:

"Jb muje pehli baar Covid hua toh meine apnay apko isolate krlia takay meri biwi aur bachay isey bach sakain lekin unko bi hogya. Muje ye mehsoos hua k meri waja se sb bemar hogaye, mera betay ko hospital shift krna para."

Translation:

"When I first got Covid, I isolated myself completely so that my wife and kids remain safe but, they also got it. I felt like they all got sick because of me. My son had to be shifted to the hospital."

Respondent no 16 (Private Covid centre, Sialkot)

Some respondents have been traumatized for life because of the virus and their reason for transferability in the family. As per one respondent:

"Meri waja se ghar mein virus aya, meray se meray abbu ko virus lga aur wo survive nai kr sakay. Agar mein zyada khayal krti toh aaj wo zinda hotay. Ye sb meri galti hai."

Translation:

"The virus came in the house because of me. It transferred from me to my father, and he could not survive. If I were more careful, then he would have been alive today. This is all my fault."

Respondent no 7 (Public Covid centre, Sialkot)

The respondents shared the painful incidents of seeing their family members in pain due to the virus.

According to one respondent:

"Muje ghar mein sbse pehlay Covid hua, meray se meri Ammi ko Covid hogya. Mein toh recover kr gya lekin meri Ammi asthma ki mareez hai. Unko ICU mein shift krna para. Wo teen din ventilator par thi, wo teen din meray liye itnay dardnaak they. Mein bus har time ye soch raha tha k unki jaga muje hona chahiye tha. Sbko iss baat ka khayal krna chahiye k apnay liye na sai apnay parents k liye SOPs ka khayal karein."

Translation:

"I was the first one in the family to contract Covid, from me my mother got infected. I recovered but my mother is an asthmatic patient. She had to be shifted to ICU. She was on ventilator for three days; those three days were very painful for me. I was just thinking that I should have been there instead of her. Everyone should take care of this that they should follow the SOPs for their parents if not for themselves."

Respondent no 17(Private Covid centre, Sialkot)

The fear of transferring the virus is present in a huge amount among the respondents. COVID-19 has made everyone fearful of its ruthless existence. People have lost their loved ones because of this virus and this will forever be etched in their minds.

6.4.3 Peer pressure in seeking mental health treatment

When it comes to seeking treatment, the process of convincing your family members and your support groups is immense. The culture that the respondents reside in has a very low

understanding of mental health, and it is very rare to come out open about your illness and above all, seek treatment. People tend to look down upon the individuals who show the courage to seek treatment and degrade them by stigmatizing them as members of the culture. They are looked down upon and considered inferior and incapable.

As per one respondent:

"Meine bohat mushkil se apnay ghar walo ko treatment k liye manaya, pehlay toh wo baat sunay k liye tyar hi nai they, phr jb unhon ney meri halat dekhi toh unko andaza hua k meri depression kitni zyada barh chuki hai."

Translation:

"It was very difficult to convince my family for treatment. Firstly, they were not ready to listen to me, then when they saw my state, they realized that my depression has grown so much."

Respondent no 7 (Public Covid centre, Sialkot)

Convincing one's parents is the most difficult task as explained by one of the respondents.

"Meine bohat mushkil se himat ki k mein help seek karun, mein result ki waja se pehlay hi boaht pareshan tha. Corona ney mazed halat kaharb krdi. Jab meine apnay waldain se ziakr kiya toh wo muje dantnay lagay k ye kaunse ajeeb baat kr rahay ho, aur kaise log muje pagal bulaye gain"

Translation:

"With great difficulty, I managed the courage to seek help. I was already stressed out due to my result. Corona made the situation much worse. When I talked to my parents about it, they started scolding me that what type of strange thing I am saying and how people will call me

mad"

Respondent no 5 (Public Covid centre, Sialkot)

Some traumas are kept hidden from the family from the fear of not being understood. The respondents shared their traumatic experiences about their confessions of psychological distress to their families and the shocking reactions that they had to face. According to one respondent;

"Mein hamesha se darti rahi hun k mein kaise apni state k baray mein aur symptoms k baray mein ammi abbu se baat karun. Jab muje corona hua toh ye symptoms aur zyada hogya aur physical hogaye. Aik din muje bohat bura panic attack hua aur mein ghar walo k samnay gir gai. Jab hosh aya toh parents ko bta diya, unhon ney bilkul bi support nai kiya aur kaha k ye waqti hai aur mein bohat zyada soch rai hun."

Translation:

"I have always been scared to communicate about my state and symptoms to my parents. When I got corona then my symptoms increased and became physical. One day I had a very bad panic attack and I fell in front of my family, when I gained consciousness, I told my parent everything. They did not support me at all and said that this is for time being and I am thinking too much."

Respondent no 10(Public Covid centre, Sialkot)

Another respondent shared a heart wrenching story of his experience as psychological patient and the behaviour of his family members.

"Muje pehli baar jb depression ka attack hua tha toh mein bohat violent hogya tha, muje

asylum mein admit hona para, mein aik hafta wahan raha, us waqt mein 19 years ka tha, jb mein ghar aya toh meray walid ka rawaiya meray sath bilkul bi acha nai tha, wo muje har baat par tanay martay aur bohat gussa krtay. Bus ksi tarah waqt guzar gya, ab jb corona mein meray sath ye hua toh muje woi sb batein yaad anay lagi, ab ye sochta hun k meray bachay bi kya yai sochtay hongay meray baray mein."

Translation:

"When I first had an attack of depression, I became very violent so I had to be admitted in the asylum. I stayed there for a week; I was 19 years old at that time. When I came back home my father's attitude was not good with me. He used to tease me at everything and used to be very angry with me. Somehow, time passed, now, when I contracted corona, this started happening to me again. At that time all those incidents started coming back to me. Now I think that if my children also think the same about me or not?"

Respondent no 17 (Private Covid centre, Sialkot)

The responses of the people confirm the importance of the peer group in seeking mental health treatment. The results show that most of the family members were not supportive and criticized the action of seeking treatment. It is noteworthy that the respondents have used very similar cultural expressions to explain the reactions of the family members like "gussa hogaye", "chup honay ka bola", "taanay maray." i-e "got angry"," asked to remain quiet", "teased" respectively. This shows that the way of expressing is very cultural in nature.

6.5 Religious perspectives

Religion is a very important part in shaping the identities of people. Religious perspectives are considered to be the defining factors that lead people into making life choices, and also guard their thinking and understanding factors. The religious element as explained by the

respondents had an exemplary role to play in mental health perspective. On one hand, religion acts a guiding stone and path for people to follow, and on the other hand it restricts people from certain actions that are deemed sinful or unholy. All religions vary in their tradition, values and beliefs but there are commonalities in each one of them. Religion and culture are often seen overlapping in certain aspects, and people confuse both of them, but in reality, both are different institutions and influence people differently. Psychological distress is a very new concept in the religion as per the respondents. That is why it is mostly overlooked. Instead of seeking treatment for psychological distress, other alternatives like witchcraft, wizardry, spiritual healing and magic are preferred. This can be a cultural element as well, but it is inclined more towards the religious perspective because of the understanding and belief of people regarding psychological distress as a trial from God and wrath for disobedience. The respondents shared very detailed experiences of their lives and how religion triggered or provided relief from the pandemic.

6.5.1 Alternative practices

Many respondents shared that during the period of their deteriorating health, they seek refuge in religious practices. Many even claimed that they were able to get out of this distress because of the religious practices and prayers that they have followed. As per the respondents, they invested ample time in praying, crying for help from God, reciting the Holy Quran and other verses.

According to one respondent:

"Hamaray mazhab mein sab kch hai, ye toh bachon ney zor zabardasti ki k haspatal chalo warna meine toh ghar mein bi theek hojana tha."

Translation:

"Our religion has everything, the children forced me to go to the hospital, otherwise I would have gotten better at home."

Respondent no 19(Private Covid centre, Sialkot)

The religious practices have been transferred to the people through generations. From generations, people are seeking help and hope from the religious entities. The respondents shared how in their low times, God was their only hope.

As per one respondent:

"Jab muje corona hua toh muje lga k Khuda ka azaab mujpar nazil hogya hai. Mein itni takleef mein tha k mujse namaz nai parhi jati thi, lekin mein suratain parta rehta tha aur maafi mangta rehta tha."

Translation:

"When I had corona, I felt as if God's wrath has been sent to me. I was in so much pain that I could not pray. But I kept on reciting the verses and kept on asking for forgiveness."

Respondent no 2(Public Covid centre, Sialkot)

Another respondent shared her story:

"Jb corona k sath muje psychological distress hua toh meri dadi ney muje kch suratein parhnay k liye btai, mein harr roz unko parhti thi and to my disbelief it did work for me. Puri tarah se na bi sai lekin muje sakoon mehsus hota tha, religion hope hi ka toh naam hai."

Translation:

"When I got psychological distress with corona, then my grandmother gave me some Verses to recite, I used to recite them every day, and to my disbelief, it did work for me. Not fully, but I used to feel at peace. Religion is the other name for hope."

Respondent no 9 (Public Covid centre, Sialkot)

The respondents shared that another very important aspect that led them alternative practices was the evil eye. The evil eye is a very popular phenomenon in many religions, and it is considered as the main source of problems and distress among people. As per one respondent:

"Nazar toh lagti hai, log jaltay hain apse, apki kamyabion se, apki naimaton se. Aaj kal k bachay inn cheezzon par yaqeen nai krtay lekin nazar lagti hai. Ye jo mein itna bemar hogya sirf nazar ki waja se hua hai."

Translation:

"You get affected with Evil eye; people are jealous of you, of your successes, of your blessings. Today's young kinds do not believe in such things, but you do get affected by an evil eye. It is all because of evil ye that I have become so sick."

Respondent no 12 (Private covid centres, Sialkot)

Another respondent shared a story:

"Jab meine Psychiatric treatment start kiya toh meri amminey muje manzil parhnay ko di. Allah k kalam mein asar to hai na. Muje bohat zyada farq para. Iskya ilawa meine namazaein zyada parhna shuru krdi, jitni dher namaz mein hoti thi muje ksi cheez ka ehsas nai hota tha."

Translation:

"When I started seeking Psychiatric treatment then my Mother gave me a booklet of verses to recite. God's sayings have an effect. It affected me a lot. Apart from this, I started praying more, the time I spent in prayer, I did not feel anything."

Respondent no 10(Public Covid centre, Sialkot)

The respondents confirm that besides treatment, alternative practices are a source of hope and help for the people. Through these practices, the people are able to connect to God and also feel hopeful that the distressful time will pass. Religion as a source of strength is a very profound concept that has been studied for ages now.

6.5.2 Spiritual healing instead of mental health treatment

According to some of the respondents, spiritual healing is more effective than other mental health treatment methods. They opine that before this treatment was discovered, spiritual healing was used to help people come out of this difficult phase and they survived because they had religion by their side. They shared their reluctance to seek treatment from healthcare facilities, and the hard time they suffered because of it.

According to one respondent:

"*Muje koi zarorat nai thi treatment ki, muje aise hi itni dawaon par daal diya hai. Mein mazhaibi insan hun, masjid mein panch wagt ki namaz parhta hun, meray liye yai sb cheezein kafi hai."*

Translation:

"I did not need treatment; I have been given so many medicines without any reason. I am a religious person; I pray five times a day in the mosque. These things are enough for me."

Respondent no 8 (Public Covid centres, Sialkot)

Respondents shared their experiences about how they did not want to seek treatment because of the fear that it might provoke God's wrath. They believe that religion is enough for them to deal with all sorts of hurdles, even mental health ones. According to one respondent:

"Allah naraz hai mujse isiye mujpar ye bemari aai hai, meine koi gunah kiya hoga. Logon ko ye baat jahilon wali lagti hai lekin ye such hai. Pehlay covid hua phr ye zehni masla. Allah raazi hoga toh sb theek hojayegi."

Translation:

"God is not satisfied with me. That is why this illness has come upon me. I must have done some sin. People think that this is nonsense, but this is true. First, I had Covid, then this psychological issue. When God is satisfied with me, then things will get fine."

Respondent no 18 (Private Covid centre, Sialkot)

While some respondents also opined that religion and science could also go together. They shared that if medical treatment cures us, then religion gives us hope to live. Religion and treatment can go hand in hand, and one can seek treatment and also keep religious teaching and practices alternatively. There is no harm in combining both of them as both have their respective places in the world and are equally important. As per one respondent:

"*Meine treatment lenay k sath sath apni dua aur namazein jari rakhi, zarori nai hai k aik*

cheez ko hi follow krna hai, aik science hai toh dosra hamara mazhab, dunno ki apni importance hai."

Translation:

"I continued my prayers along with the treatment. It is not necessary to follow one thing. On the one hand, there is science, then on the other hand, there is our religion, both have their own importance."

Respondent no: 15 (Private Covid centre, Sialkot)

Another respondent while sharing her thought, said that:

"Ye koi jang nai hai, muje lga muje psychiatrist ki zarorat hai meine uso consult kiya. Ye concept k religion aur treatment aik sath nai chalta sakta is wrong, mera relgion meray liye bohat zyada important hai aur treatment meri body k liye important hai."

Translation:

"This is not a war, I felt that I needed a psychiatrist, so I consulted him. The concept that religion and treatment can go parallel is wrong. My religion is very important to me, and treatment is important for my body."

Respondent no 11 (Private Covid centre, Sialkot)

Another respondent shared:

"Mein khud aik doctor hun aur medical ko achay se samjta bi hun. Mein khud bohat se patients ko ye baat kehta hun k agar apko ibadat mein sakoon milta hai toh kro. Mein khud iss difficult phase se abi tk guzar raha hun aur mein puri koshish krta hun k Allah k sath apna mazboot rakhun."

Translation:

"I am a doctor myself and understand medical fully. I ask many of my patients that if they feel at peace in praying then they should do it. I am still going through this difficult phase and I try my best to keep a strong connection with God."

Respondent no 3 (Public Covid centre, Sialkot

6.5.3 Role of Spiritual healers

Spiritual healers play a very integral part in the religious practices that people follow. The war between medical treatment and religion has been ongoing. Religious or spiritual healers have their own place in one's own religion. As per some respondents, religious healing methods are way effective than medical methods and also make people closer to God. As per one respondent:

"Mazhab se doori ki waja se hi toh insan bemar hota hai jismani tor par aur zehni tor par bi. Meine bemar hotay hi sbse pehlay peer sahab se dua karwai, darbar sharif par hazri bi di aur taweez bi pehen liya. Inn bazurgo ki dawaon se toh sai hua hun mein."

Translation:

"A person gets sick physically and mentally because of his/her distance from religion. When I got sick, first of all I went to my spiritual healer (Peer) and asked him to pray for me, I visited the Sufi tomb and also wore the amulet. I have recovered because of the prayers of these saints."

Respondent no 2 (Public Covid centre, Sialkot)

Amulet and qur'anic recitations are part of the spiritual treatment that the spiritual healers

provide. As per one respondent:

"Jaise hi meri ammi ko pta lga k mein zehni dabao ka shikar hun, wo apnay peer baba k pas gai aur taweez lekar aai, muje kch suratein parhnay ko kahin, baba jee ney hisaab lagaya k mera sar par saya hai."

Translation:

"The moment my mother came to know a=that I was suffering from psychological distress, she went to her spiritual healer (Peer baba) and brought an amulet for me, the healer calculated through his teachings that I am possessed by some supernatural being."

Respondent no 10 (Public Covid centre, Sialkot

A respondent shared her experience with the spiritual healer:

"Meray ghar walay muje aik Sufi saint (unkay mutabik) k pas ley gaye, muje silsalo ka ilm toh nai hai par thora bohat parha hua hai, wahan aik sahab aaye aur meray samnay beth gaye, mujse poucha k pareshan kyun ho, meine kaha koi aisa masla nai jo aap hal kr sakain, meine unse kch sawalat kiye about his Sufi order jiskey jawab unky pas nai they, wo harbari mein uthay muje 2 khali kagaz pakraye aur kaha inko jala dena sb theek hojayegi."

Translation:

"My family took me to a Sufi saint (according to them), I don't have much knowledge about Sufi order but I have read about it. A person came there and sat in front of me, he asked me why I was upset, I told him that there is no such problem that you solve, I asked him some questions regarding his Sufi order, to whose answers he did not have, he stood up hurriedly, gave me two blank papers and told me burn them and everything will be fine."

Respondent no 11 (Private Covid centre, Sialkot)

Another respondent shared his experience regarding a spiritual healer:

"Mera abbu muje aik peer k pas lekar gaye, unhon ney muje dekha aur zor zor se mujpar cheeknay lag gaye k iskay andar se nikal jao, mein bohat dar gya, phr unhon meray sar par jharo mara aur meray abbu ko kaha k bura saaya hat gya hai."

Translation:

"My father took me to a spiritual healer, he saw me and started shouting at me that get out of his body, I was very scared, then he hit me with a broomstick and told my father that the evil spirit is gone from my body."

Respondent no 16 (Private Covid centre)

While some respondents opined that religion and treatment can go hand and hand.

As per one respondent:

"Mein apnay peer sahab par bohat yaqeen rakhta hun aur unhon ney hi muje kaha tha k treatment kara lo. Zaroroi nai har peer jail ho."

Translation:

"I believe in my spiritual healer very much, in fact he told me to seek treatment. It is not necessary that all spiritual healers are fake."

Respondent no 18 (Private covid centre, Sialkot)

Religious practices are a common and pivotal part of our culture; therefore, the religious perceptions and ideas shape our understanding of all the aspects related to mental and physical health. The results from the respondents show that religious beliefs collide with

medical treatment, and religion does become a hurdle in seeking mental health treatment

6.6 Decision of Treatment

The decision of treatment is of utmost importance for an individual. The decision of treatment for psychological distress is taken after passing through various stages of emotional and physical convincing. A person reaches this stage after immense self-convincing, preparing oneself for seeking psychological treatment in a society where mental health is disregarded and stigmatized is the most difficult decision as per respondents. The respondents shared their experiences regarding their process of reaching to the decision of treatment and how they handled the internal and external stress.

6.6.1 Realization

Realization is the first step towards seeking treatment. For one to seek treatment, it is necessary to realize and accept that there is a need for treatment. The respondents shared their experiences of realizing that they needed treatment. The pandemic acted as a trigger for all the respondents who were already in psychological distress and others who had psychological distress due to COVID-19.

As per one respondent:

"Realize krnay ka pta nai, lekin mein jb ghar aya covid se recover hokar toh muje feel hua k *agar meine doctor ko na dekhaya toh shayad mein suicide krlun."*

Translation:

"I don't know about realizing, but when I came back after recovering from covid, I felt if I didn't go see a doctor (Psychiatrist), I would maybe commit suicide."

Respondent no 5 (Public Covid centre, Sialkot)

Realization is a very tedious process. Thinking about getting treatment in a culture, which isolates people who come out as psychological/psychiatric patients is a very difficult step. The respondents shared experiences of self-realization. According to a respondent:

"Sbse mushkil phase yai hota hai k apko realize ho that you are not well, aap iss feeling ko ignore krtay ho, ye kehna nai chahiye par corona ney muje help kiya ye realize karanay mein k muje psychological treatment ki zarorat hai aur mein himmat bi ki."

Translation:

"The most difficult phase is to realize that you are not well, you ignore this feeling, it should be said but corona helped me to realize that I needed psychological treatment and I mustered up the courage."

Respondent no 4 (Public Covid centre, Sialkot)

Another respondent opined:

"Meri realization toh bohat hi pehlay hogai thi, muje toh dus saal ki umar se lagta hai k muje treatment ki zarorat hai par ghar walon ko manana bohat mushkil kaam hai."

Translation:

"I had the realization way back; I feel I need treatment since the age of 10 but convincing my parents is a difficult job."

Respondent no 14 (Private Covid centre, Sialkot)

However, there are some respondents who thought that they need no realization as they don't

suffer from a disorder and it is just a normal happening that will subside with time. As per one respondent:

"Ye itni bari baat nai hai, corona ki waja se hogya hai, kch arsay mein theek hojayegi, treatment ki kya zarorat, ab corona k liye treatment karao aur iskay liye bi?"

Translation:

"This is not a big thing, this has happened because of corona, this will get fine in some time, what is the need for treatment? Now we have to seek treatment for this and corona as well?"

Respondent no 19 (Private Covid centre, Sialkot)

Another respondent opined:

"Meine apko pehlay bi btaya k muje sirf thanday paseenay ata hai dil doobta hai, app ney muje treatment par hi pohancha diya hai, muje koi zarorat nai hai."

Translation:

"I have told you earlier that I only get cold sweats and heart burn, and you have driven me to treatment, I don't need any treatment."

Respondent no 2 (Public Covid centre, Sialkot)

The opinions from the respondents show that the individual population is still divided when it comes for realizing that they need treatment, while some realize it, but they face hurdles in convincing others, and some don't realize that there is anything wrong with them.

6.6.2 Family pressure

Family plays an important role in the decision of seeking treatment. According to the respondents, the real hurdle is not to convince one self but to convince the family members that there is a need for treatment. The cultural perceptions have made the seeking of mental health treatment very difficult with family members subsiding to the cultural norms and disregarding the mental health of their loved ones. As per one respondent:

"Muje toh sbse pehlay ye sunay ko mila tha log kya kaeingay, jaise logo ney meri body mein rehna hai. Covid ney meri tabiat aur zyada kharab ki hai, ye log nai samjhay gay."

Translation:

"The first thing I heard was that what will people say? As if the people are going to live in my body, Covid has deteriorated my health more, these people won't understand it."

Respondent no 3 (Public Covid centre)

Family pressure forces people to hide their illnesses from the fear of being stigmatized and referred to as "mad "or "Lunatic" as per respondents. People tend to look down upon the individuals who show the courage to seek treatment and degrade them by stigmatizing them as members of the culture. They are looked down upon and considered inferior and incapable.

As per one respondent:

"Meine bohat mushkil se apnay ghar walo ko treatment k liye manaya, pehlay toh wo baat sunay k liye tyar hi nai they, phr jb unhon ney meri halat dekhi toh unko andaza hua k meri depression kitni zyada barh chuki hai."

Translation:

"It was very difficult to convince my family for treatment. Firstly, they were not ready to listen to me, then when they saw my state, they realized that my depression has grown so much."

Respondent no 7 (Public, Covid centre, Sialkot.)

Convincing one's parents is the most difficult task as explained by one of the respondents.

"Meine bohat mushkil se himat ki k mein help seek karun, mein result ki waja se pehlay hi bohat pareshan tha. Corona ney mazed halat kaharb krdi. Jab meine apnay waldain se zikr kiya toh wo muje dantnay lagay k ye kaunse ajeeb baat kr rahay ho, aur kaise log muje pagal bulaye gain"

Translation:

"With great difficulty, I managed the courage to seek help. I was already stressed out due to my result. Corona made the situation much worse. When I talked to my parents about it, they started scolding me that what type of strange thing I am saying and how people will call me mad"

Respondent no 5 (Public Covid centre, Sialkot)

According to one respondent;

"Mein hamesha se darti rahi hun k mein kaise apni state k baray mein aur symptoms k baray mein ammi abbu se baat karun. Jab muje corona hua toh ye symptoms aur zyada hogya aur physical hogaye. Aik din muje bohat bura panic attack hua aur mein ghar walo k samnay gir gai. Jab hosh aya toh parents ko bta diya, unhon ney bilkul bi support nai kiya aur kaha k ye

waqti hai aur mein boaht zyada soch rai hun."

Translation:

"I have always been scared to communicate about my state and symptoms to my parents. When I got corona then my symptoms increased and became physical. One day I had a very bad panic attack and I fell in front of my family, when I gained consciousness, I told my parent everything. They did not support me at all and said that this is for time being and I am thinking too much."

Respondent no 10(Public Covid centre, Sialkot)

6.6.3 Fear of medication

One of the many reasons why individuals are scared of seeking mental health treatment is the fear of being given sedatives that will make them inactive and incapable of performing daily routine activities as per the respondents. The respondents shared their opinions and fears regarding the psychiatric medicines. According to one respondent:

"Muje sbse zyada dar medicines se lagta hai jo sula deti hain, muje lagta hai k wo medicines insan ko aur zyada weak krdeti hain aur insan uska aadi hojata hai."

Translation:

"I am scared most from medicines that makes you fall asleep; I feel those medicines make the person weaker and make the person addicted."

Respondent no 5 (Public Covid centre)

The respondents shared their experiences with psychiatric medicines and how it affected them.

As per one respondent:

"Medicines ney muje zyada slow krdiya,dimagh sojata tha, sun rehta aur tabiat ajeeb se rehti thi. Jab doctor ney medicine kam krni shuru ki toh muje bohat zyada feel hua. Mujse koi bi kaam nai hota tha."

Translation:

"Medicines made me very slow, my brain used to stay numb and my health used to remain strange. When the doctor started to taper down the medicine, then I felt very much. I could not do any work."

(Respondent no 1 (Public Covid centre, Sialkot)

However, some respondents opined that though the medications slow the person down but they are equally effective and the needed for the treatment to calm the mind down. As per one respondent:

"Psychiatric medicines jaise k Serotonin inducing medicines, apko slow krdeti hain, lekin ye bohat zyada important hoti hai. Hamaray dimagh ko aram ki zarorat hoti hai aur ye medcines aram pohanchati hain."

Translation

"Psychiatric medicines like Serotonin inducing medicines slow you down but, they are very important. Our brain needs rest and these medicines provide rest."

Respondent no 4 (Public Covid centre, Sialkot)

6.6.4 Seeking help

Seeking help is the last step of the decision of treatment. After successfully convincing yourself and the peers, the next step is seeking help from a professional. This process is also very tedious as there are not many psychiatrists in the town, according to the respondents.

The of psychiatrists and mental healthcare facilities makes the cost of treatment huge for the individuals and this also becomes a hurdle in following up the treatment.

As per one respondent:

"Psychiatric help lenay toh chalay jatay hain hum par yahan itni facilities kahan hain, do hospital hain kul Sialkot mein, aik jo na honay k barabar hai aur aik army ka hai."

Translation:

"We go to seek psychiatric treatment but there are very less facilities here, there are only two hospitals in total in Sialkot, one is close non existent and the other is of army."

Respondent no 18 (Private Covid centre, Sialkot)

Apart from lack of treatment centres and personnel's, the cost of treatment is very high and only a hand full of people can afford such kind of treatment. According to a respondent:

"Yahan treatment lena har ksi k bas a khel nai hai, bohat mehngai hai. Na sirf treatment mehnga hai balkay medicines usey bi zyada mehngi hai, sirf ameer log hi ley saktay hain ye treatment."

Translation:

"Seeking treatment here is not everyone's game to play, there is too much costliness. Not only the treatment is costly but the medicines more costly, only rich people can take this treatment."

Respondent no 10 (Public Covid centre, Sialkot)

While others shared how they have suffered from experiences related to psychiatrists and

their negligence in treating them and catering to their mental health needs. As per one respondent:

"Doctors hain hi kahan yahan, aik doctor jisko mein aatk nai bhoola woi sbka doctor hota hai, wo ksi ki baat hi nai sunta, wo ye nai sunata k apko kya masla hai bus khud se diagnose krdeta hai aur medicines likh deta hai."

Translation:

"There are no doctors here, one doctor that I have no forgotten till date, is almost the common doctor of everyone, he does not listen to anyone, he does not listen to your queries, only diagnoses and prescribe medicines."

Respondent no 6 (Public Covid centre, Sialkot)

Another respondent added:

"Psychiatrist toh bus naam k ban jatay hain, meri baat hi nai suni gai, mein kehti thi k mein chkra kr gir jati hun wo meri baat hi nai sunta tha, ignore krdeta tha, ab aisey k sath follow up kaisey kiya jaye."

Translation:

"These people become psychiatrist for namesake, I was not listened, I told him that I fall down with lightheadedness, he did not listen to me, and ignored me, now how to follow up with this kind of person."

Respondent no 10(Public Covid centre, Sialkot)

The responses given by the individuals in this section shows the effects of COVID-19 on the psychological health of individuals. COVID-19 has indeed served a big cause in triggering

psychological illnesses and have taken a serious toll on the mental health of many.

CHAPTER 7

MENTAL HEALTH; PERSPECTIVES ON THE COMMUNICABILITY OR NON-COMMUNICABILITY OF THE ILLNESSES

7.1Introduction

This chapter comprises of the findings against the third objective. It constitutes of three major themes. Section 7.2 explains the perspectives of the respondents against mental health being a communicable illness or not. Section 7.3 constitutes the perceptions regarding familial communicability, and Section 7.4 constitutes the role of Covid-19 in the communicability of the mental illness.

Whether mental health is communicable is not? is a question that arises every now and then. While not much literature is present on this particular aspect but from the provided literature, it is evident that the experts are divided in their opinion regarding the communicability of the mental illness, while some suggest that mental illnesses are not at all communicable and this opinion of communicability adds to the further isolation of the psychological distress people. The other opinions also are built on strong basis, such as familial communicability of the mental illness and the transferability of illnesses like depression and anxiety during the infant growing year from parents to children. In order to understand whether the state surrounds mental health being communicable or not, the respective respondents were asked through interviews about their views and how they interpret the above statement. The respondents shared their opinions and experiences regarding the above-mentioned topic and how much they agree of disagreeing with this phenomenon.

7.2 Perspectives

The respondents were asked to provide their respective opinions regarding what they think about mental health as communicable or not. The answers shared by the individuals are transcribed and translated below.

According to one respondent:

"*Muje toh lagta hai k mental health transfer hoti hai, ye nai pta kaise par meine dekha hai jo log bi mental patients k sath hotay hain, unkay attendants wagaira , wo sb bi ksi na ksi maslay ka shikar hotay hain."*

Translation:

"I feel that mental health is transferable, I don't know how but I have seen that people who are with mental patients, their attendants etc., they are all going through some problems."

Respondent no 1(Public Covid centre, Sialkot)

The respondents feel that people who have relatives or closed ones having mental illness are mostly at higher risk of mental health illness and may even have them too.

As per one respondent:

"Mein ye baat notice ki hai jo log psychological distress ka shikar hotay hain unki mental health evident hoti hai lekin jo unkay sath log hotay hain, unki himat hai, wo bi bohat zyada suffer krtay hain and shayad unko bi yai sb mislay bi hon."

Translation:

"I have noticed that the people who have psychological distress, their mental health is evident but the people who are with them, they have a lot of courage, they too suffer a lot, maybe they have the same problems as them."

Respondent no 17 (Private Covid centre, Sialkot)

While some of the respondents gave their own examples to emphasize on the statement that mental health is communicable. According to one respondent:

"Mein apni baat kr sakti hun k apki mental health ka apkay ird gird k logon par impact hota hai. Muje feel hota hai k meri waja se meri family members par bi affect hua hai, meri depression un tk bi pohanch rai hai, toh I am sure k ye communicable hai."

Translation:

"I can talk about myself that mental health does have an impact on the surrounding people. I feel that due to my family has also been affected, my depression is reaching them as well, so I am sure that it is communicable."

Respondent no 20(Private Covid centre, Sialkot)

Another respondent shared his opinion:

"Meine toh ye baat pehlay hi apnay ghar walo se kahi hai k meri mental health sb par affect kr rai hai, meine note kiya hai k meri biwi k bi symptoms anay lag gaye hain anxiety k aur ye bohat hi troublesome baat hai."

Translation:

"I have already told this thing to my family that my mental health is affecting them as well, I have noticed that my wife is also getting symptoms of anxiety and this is a very troublesome thing."

Respondent no 18 (Private Covid centre, Sialkot)

Some of the respondents although had other contrasting opinions regarding the statement. As per one respondent:

"I don't think transfer hota hai, ksi waja se isko non communicable kaha gya hai, muje zyada nai pta iskay baray mein lekin meine nai experience kiya ye aur na hi meray family ney kiya hai."

Translation:

"I don't think it transfer, it must be a reason that it is non communicable, I don't know much but I haven't experienced it and nor have my family experienced it."

Respondent no 14 (Private Covid centre, Sialkot)

Another respondent opined:

"Meine experience nai kiya ye, aur honestly, jisko psychological distress hota hai usi ko pta hai k wo kis qarab se guzar raha hai, baki sb toh support tk nai krtay toh feel krna toh mushkil hai."

Translation:

"I haven't experienced this, and honestly, the person who has psychological distress, only he/she know what pain he goes through, rest of the people do not even support, feeling it is very difficult for them."

Respondent no 6(Public Covid centre, Sialkot)

The respondents expressed mixed opinions regarding the communicability of the illness and

if it should be tagged as a communicable illness or not.

7. Familial communicability

Family history plays a crucial role in the communicability of mental illnesses. According to the respondents, their family history has a role to play in their present psychological condition. As per many of the respondents' psychiatric disorders travel from one generation to another, and this leads to an increased risk among people whose immediate family members suffered from mental illnesses in the past.

According to one respondent:

"Meri family history mein depression hai, meray abbu ko hai, dada ko hai, even meray bhai ko bi hai, lekin wo ye baat nai mantay hain, I think ye transfer hoti hai. Muje toh transfer hui hai apni family se hi."

Translation:

"My family history has depression, my father has it, my grandfather has it, even my brother has it, but they don't believe in this, I think it transfers. I have been transferred this from my family."

Respondent no 3 (Public Covid centre, Sialkot)

As per another respondent:

"Meri ammi ko shaded anxiety hai, shayad unko nana se aai hai. I really feel family mein bohat saray log hain jinko mental illnesses hain. Isliye communicability ka factor toh hai."

Translation:

"My mother has severe anxiety, maybe it has come from my grandfather. I really feel there are a lot of people who have mental illnesses in the family. That is why there is a communicability factor."

Respondent no 1 (Public Covid centre, Sialkot)

Some respondents shared their experience of familial communicability regarding their family and how they came to know about the illnesses in their respective families.

As per one respondent:

"Mein aik family gathering mein gai hui thi, bohat choti thi mein, wahan meray chachu ko panic attack hua, wo kafi zyada violent hogaye, uss waqt muje samaj nai aya, phr baad mein jaise mein barhi hoti gai muje aur pta laga k na sirf meray chachu ko, balkay meray abbu ko bi occasional attacks hotay hain."

Translation:

"I went to a family gathering, I was very young, there my uncle had a panic attack, at that time I did not understand, then as time passed, I got to know that not only my uncle but my father also has occasional attacks."

Respondent no 14 (Private Covid centre)

According to another respondent:

"Abbu ko gussa toh ata hi hai, lekin aik din ghar mein ksi larai ki wajas se wo gussa itna barh gya k unse sambhala nai gya aur wo behosh hogaye, uskay baad bohat arsay tk wo depression mein rahay."

Translation:

"My father used to get very angry, but one day due to some fight at home, his anger got out of control and he was not able to control it and he fell unconscious, after that for a very long time he remained in depression."

Respondent no 13 (Private Covid centre, Sialkot)

While some of the respondents had different opinion regarding the communicability of mental illnesses.

As per one respondent:

"Muje nai lagta k koi transfer hota hai, ab muje anxiety disorder hai lekin meray ghar mein aur ksi ko bi nai hai, sb bilkul theek hain."

Translation:

"I don't think it is transferred, now I have anxiety disorder but nobody in my family has it, everyone is completely fine."

Respondent no17 (Private Covid centre, Sialkot)

According to another respondent:

"Jisko jo bemari hoti hai usi ko hi rehti hai, I don't think transfer hoti hai, ye sirf aik myth hai aur kch bi nai, iski waja se kitnay zyada log isolation ka shikar hotay hain."

Translation:

"The illness remains with the one who has it, I don't think it is transferred, this is only a myth and nothing else, just because of this so many people suffer from isolation."

Respondent no 7 (Public Covid centre, Sialkot)

Familial communicability is one of the primary reasons for psychiatric disorders, and the respondents confirmed this. Some of the respondents had differing opinions, which shows the controversial nature of the statement.

7.4 Role of COVID-19 in triggering mental health communicability

COVID-19 has had some grave consequences on the mental health of individuals. The psychological distress among the people has risen to a threatening degree. According to most of the respondent's mental health is contagious and has transferred most during the pandemic.

As per one respondent:

"Aik banda agar depressed hai toh uski state ka asar sb par hota hai, Covid k darmiyan baray logo mein ye transfer hui hai. Isey mental illnesses barhi hain."

Translation:

"If one person is depressed then his/her state has an effect on others as well. It has transferred in a lot of people during Covid. This has increased mental illnesses."

Respondent no 3(Public Covid centre, Sialkot)

Another respondent added:

"Muje bohat baar ye feel hua hai k meri depression ki waja meray ghar ka mahol hai, jb sbko corona hua toh muje bilkul bi itna bura effect nai hua tha, but meray bhai ko depression hui, usko dekh dekh kr muje bi hogai."

Translation:

"I have felt this many times that the cause of my depression is my home's environment, when everyone had corona then I did not have a really bad effect, but my brother had depression, seeing him made me depressed too."

Respondent no 18(Private Covid centre, Sialkot)

COVID-19 has made more people vulnerable to psychological distress according to the respondents, the people who were catering to the covid patients has more mental illnesses transferred than others.

As per one respondent:

"Muje zyada depression tab hua jb mein apni Ammi ki treatment mein help ki, unko depression tha, muje unki zindagi mein hi depression k symptoms agaye they, phr jb unka inteqal hua toh mein mazed depression ka shikar hogaya."

Translation:

"I got more depression when I was helping in the treatment of my mother, she had depression, I got symptoms of depression before her death, when she died then I went into more depression."

Respondent no 6(Public Covid centre, Sialkot)

According to another respondent:

"Covid ney kafi bara role play kiya hai mental illness ko trigger krnay mein, pehlay jo log bemar nai they unko bemar krdiya aur jo log bemar nai they wo bemaron k sath reh kr bemar hogaye."

Translation:

"*Covid has played a very big role in triggering mental illness, it made people who were not sick before sick, those who were not sick became sick because of staying with sick people."*

Respondent no 7(Public Covid centre, Sialkot)

While some of the respondents gave opposing opinions and said that there was no communicability at least of mental stress/ psychological distress from person to person.

As per one respondent:

"Ye ajeeb baat sunraha hun k ye cheezein bi lag jati hain, muje nai yaqeen ata aur corona kafi hai lagnay k liye, ye sb anwi ki batein hain."

Translation:

"I am hearing this weird thing from you that this thing also transfers, I don't believe it and corona is enough to transfer, this is all baseless."

Respondent no 19(Private Covid centre, Sialkot)

According to one respondent:

"Aisa nai hota, aur mental health covid ki tarah thori hai k virus ki tarah ksi ko bi lag jaye, agar koi authentic research hui hai toh tb mana jasakta hai."

Translation:

"It does not happen like this, and mental health is not like Covid that it transfers from person to another like a virus, if there has been any authentic research on this then it can be considered."

Respondent no 16 (Private Covid centre, Sialkot)

It is evident from the opinions of the respondents that people are still uncertain regarding the communicability of mental health. Both arguments have a strong basis, and familial communicability has been proved through research, while mental health as a contagion is still under discussion on many platforms internationally. No work has been done in this regard in Pakistan till the publishing of this research.

CHAPTER 8

THE HEALTHCARE AND ECONOMIC ASPECTS

8.1 Introduction

This Chapter explains the fourth objective of the study; it is divided into two major themes. Section 8.2 constitutes the Economic aspects that become a hurdle in seeking mental health treatment during COVID-19. Section 8.3 explains the healthcare disparities that lay impediments in seeking mental health treatment during the pandemic.

8.2 Economic aspects

COVID-19 has disrupted all the arenas of lives and has had a profound impact on all the people worldwide socially, emotionally, economically, physically and politically, etc. Although all the mentioned arenas have suffered greatly one of the most affected sectors is the economy. COVID-19 has destroyed the world economies, leading them to reach a complete saturation point. All the aspects are interrelated though, a disruption in one sector leads to a disruption in the other as well. Deteriorating economic conditions have become a serious barrier in attaining psychological treatment for mental health issues. The high cost of treatments, the other rising economic costs due to COVID-19, such as physical health, lack of jobs, job cuts, salary cuts etc., are many reasons contributing to less focus on mental health treatment, according to the respondents.

8.2.1 Economic instability during COVID-19

Economic instability has impacted people all around the world, having more severe consequences in developing countries like Pakistan. People have reached a point where they have no money for basic treatment and other necessary needs as per the respondents. The relief packages provided by the government are not enough for the people. The loss of jobs

and salary cuts have made the lives of people even worse. As per one respondent:

"Corona ney pura nizam darham barham krdiya hai, meri company ney salary kam krdi hai, aisey waqt mein ye hona bohat zyada buri baat hai. Abi yai sochta hun k mein kaise sb expenses ko sambhalun ga. Treatment ka kharcha bohat zyada hai."

Translation:

"Corona has disrupted the whole system, my company has reduced the salary, it is a very bad thing that it has happened in these times. Now I think that how will I manage the expenses. The cost of treatment is very much."

Respondent no 18 (Private Covid centre, Sialkot)

Another respondent shared her experience:

"Guzara bara mushkil hogya hai, ghar ka kharcha, haspatal ka kharcha, aajkal k waqt mein qeemtein kam honay ki bajaye zyada hogai hai, kaise sb manage hoga."

Translation:

"It is difficult to survive, house expenses, hospital expenses, in today's time the prizes have gone up instead of decreasing, how will everything be managed."

Respondent no 7 (Public Covid centre, Sialkot)

The economic conditions of the country as a whole have been disrupted as per the respondents, and in times like these people need to be hopeful.

According to one respondent:

"Muashi halaat toh kharab hain, par ismein haqumat ki galti nai hai, logo ko samjhna

chahiye ye aik emergency soorat hai aur na gahani halat mein koi kch nai krsakta, apni savings ka istimal kiya jaye aur behtari ki umeed rakhi jaye."

Translation:

"Economic conditions are indeed bad, but it is not the government's fault. It should be understood that it is an emergency and no one can do anything during unintended consequences. Use your savings and be hopeful."

Respondent no 12 (Private Covid centre, Sialkot)

As per a respondent:

"Mushkil halaat hain, hum par bi aur puri duniya par, sab log muashi bohran ka shikar hai, aisey mein sbko tahamul se kaam lena chaiye aur behtari ki umeed rakhna chahiye, hakumat jo kr sakti hai kr rai hai."

Translation:

"These are difficult times upon us and worldwide. Everyone is under economic recession, in such a case, everyone should show patience and hope for the best. The government is going whatever it can."

Respondent no 8(Public Covid centre, Sialkot)

Some respondents strongly criticized the increase in prices and their expenses. As per one respondent:

"Hamaray pas koi bi bachat nai reh gai hai, meri job chali gai hai, meray ghar mein khanay k liye bi nai hai, itni mehngai hai k muje lagta hai k hum bi khatam hojaingay aisey hi."

Translation:

"We do not have any savings left, and my job has gone, I don't even have anything to at home, the costliness is so much that I feel we all will be finished like this."

Respondent no 9 (Public Covid centre, Sialkot)

According to another respondent:

"Economic condition toh kharabi hai hi lekin prizes jaise barhi hain, aisey mein bohat mushkil hogya hai survive krna, government ko aur bi kch krna chahiye, bohat log suffer kr rahay hain."

Translation:

"Economic condition is bad but, the way prices have risen, it has become very difficult to survive, the government should do more, many people are suffering."

Respondent no 1 (Public Covid centre, Sialkot)

8.2.2 Mental health treatment during COVID-19

Mental health has been greatly affected by COVID-19. Seeking treatment in midst of the pandemic, when the sole focus is getting emergency treatment is very difficult, but without proper mind functioning, there is no peace and survival according to the respondents, the respondents shared their experiences of getting mental health treatment during the pandemic and the hurdles they faced.

As per one respondent:

"Treatment ka kharcha hi itna zyada hai k mental health k treamtment k baray mein sochta hun, toh additional kharcha lagta hai, phr idea drop krdeta hun."

Translation:

"The cost of treatment is so heavy that when I think about mental health treatment then I feel it is additional spending so I drop the idea."

Respondent no 13 (Private Covid centre, Sialkot)

According to another respondent:

"Mein economically stable hun isiliye treatment ley saki, meray jaise bohat log hain jo mentally ill hain lein due to lack of resources wo nai lesaktay, unkay halat unko permit nai krtay, inkay liye kch krna chahiye."

Translation:

"I am economically stable that is why I could take the treatment, there are many people like me who are mentally ill but due to lack of resources they cannot seek treatment, their condition does not permit them, something should be done for them."

Respondent no 15 (Private Covid centre, Sialkot)

The economic conditions do play a hurdle in seeking treatment in the time of Covid but people have still opted to seek treatment for their welfare and wellbeing. As per one respondent:

"Economically stable honay ki baat yahan nai ati, baat apki mental health ki horai hai, agar iska ilaaj nai hoga toh aap kch bi nai kr saktay, sirf suffer karay gain."

Translation:

"Being economically stable is not the thing here, we are talking about your mental health, if it is not treated then you cannot do anything, you will only suffer."

Respondent no 10 (Public Covid centre, Sialkot)

According to another respondent:

"Jab baat sehat par ati hai toh compromise nai kiya jata, chahay mental health ho ya physical health ho, paisey aaj nai hain kal ajaingay, apni sehat se khelna nai chahiye."

Translation:

"When it comes to health then it is not compromised, whether it is mental health or physical health, you have money today, may not have tomorrow, you should not play with your health."

Respondent no 16 (Private Covid centre, Sialkot)

8.2.3 Cost of treatment

The cost of treatment for mental health is extremely high. People who have sought treatment have had to go through a lot of financial difficulties and some couldn't follow up their treatment due to the heavy cost of each setting with a psychiatrist or psychologist according to the respondents. The cost of medicines and treatment combined is not affordable by all the people and thus people fail to go back to their treatment. As per one respondent:

"Corona ki cost kya kam thi k jab treatment karany gaye toh per sitting ka charge 5000 lga, itnay paise nai afford kiye jasaktay."

Translation:

"The cost of Corona was less that when I went for treatment, I was charged 5000 per sitting, this much amount of money cannot be afforded."

Respondent no 6 (Public Covid centre, Sialkot)

According to one respondent:

"Bohat zyada charges hain treatment k, mujse psychologist ney 4000 liye for one sitting aur medicines k paise alag, it is not at all affordable."

Translation:

"The charges of treatment are immense, the psychologist took 4000 from me for one sitting and the cost of medicine was separate, it is not at all affordable."

Respondent no 20 (Private Covid centre, Sialkot)

Due to lack of psychiatrists and mental healthcare facilities in the public hospital, the respondents had to seek treatment in private facilities outside Sialkot.

According to one respondent:

"CMH mein jaga nai thi, public hospital k halaat kharab hai, isiliye meine Islamabad se treatment liya, travelling ka additional kharcha hogya, doctor k charges 5000 aur medicines k charges aleda."

Translation;

"CMH did not place, public hospital's condition was bad, that is why I sought treatment in Islamabad, there were extra charges for travelling, the doctor charges were 5000 and medicine charges were separate."

Respondent no 12 (Private Covid centre, Sialkot)

As per one more respondent:

"Treatment par bohat zyada kharcha hora hai, Covid ki treatment par bi bohat kharcha hua,

muje kafi sochnay para psychiatrist ko consult krnay k liye, aur phr Sialkot mein koi acha doctor bi nai hai, muje Lahore jana parhta hai."

Translation:

"Treatment is very costly, Covid treatment was also very costly, I thought a lot before consulting the psychiatrist, and then there was no good doctor, I have to go Lahore."

Respondent no 13 (Private Covid centre, Sialkot)

The opinions expressed by the respondents show the economic hurdles that they have faced while seeking treatment for mental health. The lack of mental healthcare facilities and professionals have increased the economic burden and have led people to opt for alternate cities for treatment.

8.2 Healthcare disparities

Health sector has been completely destroyed by the pandemic. The healthcare facilities and the professionals have reached their exhaustion point. The over saturated emergency wards lacks of medical professionals, space, equipment etc., has created havoc in the country. In a pandemic situation, the individuals are more concerned with getting treatment for the virus and less emphasis is on mental health treatment. But there are other reasons for the ignorance as well as per the respondents, lack of quality mental health treatment, lack of mental health professionals and the increased cost of treatment are major reasons that force people to not opt for treatment.

8.3.1 Availability of mental health treatment

As mentioned by the respondents, the mental health treatment facilities are close to non-existent, especially in Sialkot. There are over 10nregistered psychologists and four

psychiatrists in Sialkot1. The respondents explained that most of the mental health professionals are private and charge a heavy sum for per sitting.

According to one respondent:

"Treatment available hai par uska faida koi nai hai, jin jagho par available hai wahan par trust factor nai develop hota."

Translation:

"Treatment is available but it has no use, trust factor does not develop the places it is available."

Respondent no 3 (Public Covid centre, Sialkot)

As per another respondent:

"Treatment maujood hai, par bari anay mein waqt bohat lag jata hai, dactar masroof bohat hotay hain."

Translation:

"Treatment is present but it takes a lot of time for our turn, the doctors are very busy."

Respondent no 2 (Public Covid centre, Sialkot)

While some of the respondents had opposing views, according to one respondent:

"Psychiatrists bilkul bi available nai hain, jo available hotay hain wo apnay private clinics par bulatay hain, ya apnay out of city offices mein."

Translation:

1 https://www.marham.pk/doctors/sialkot/psychiatrist

"Psychiatrists are not at all available, those who are available call the patients to their private clinics or out of city offices."

Respondent no 18(Private Covid centre, Sialkot)

As per another respondent:

"Muje aik psychiatrist yahan milay they, unhon ney muje kaha k mein unkay pas lahore check karwa lun, jab mein gai toh unki fee k sath sath wahan ki medicines bi bohat mehngi thi."

Translation:

"I met a psychiatrist here, he asked me to visit him for a session in his Lahore office, when I went there, in addition to the fee, the medicines were also very costly."

Respondent no 15 (Private Covid centre, Sialkot)

8.3.2 Quality of treatment

If by any chance, the individuals get lucky in finding mental treatment, then the quality of the treatment is questionable as per the respondents.

According to one respondent:

"Mera experience kch acha nai raha hai, meray doctor meri baat hi nai suntay they, jo medicines usey farq bi nai parha, kch emergency hoti thi toh phone par consultancy bi mushkil se hi milti thi, bohat bura experience raha hai."

Translation:

"My experience has not been good, my doctor did not listen to me, the medicines which were given did not affect me, if there was any emergency then he was rarely available for online consultations, I had a very bad experience."

Respondent no17 (Private Covid centre, Sialkot)

As per another respondent:

"Meray doctor kabi bi zarorat k waqt available nai hotay they, he used to reply so late k waqt hi nikal jata tha."

Translation:

"My doctor was never available when he was needed, he used to reply so late that the time used to pass."

Respondent no 1 (Public Covid centre, Sialkot)

While some respondents shared their incidents of confidentiality. As per one respondent:

"Muje sbse bara dhachka tb laga jb muje pta chala k meine jo bi batein share ki thi psychiatrist se wo batein meray ammi abbu ko bi pta thi."

Translation:

"The biggest shock I got was when I found out that the things that I had shared with the psychiatrist were also known to my parents."

Respondent no 14 (Private Covid centre, Sialkot)

Another respondent shared her experience:

"Experience acha raha hai, mein theek bi hogai par ye baat mein nai bhulun gi k meri information meray parents ko pta thi, this is a breach of policy."

Translation:

"Experience was good, I got fine as well, but I will not forget that my information was shared with my parents, this is a breach of policy."

Respondent no 10 (Public Covid centre, Sialkot)

8.3.3 Physical health is a reason for disrupted mental health

According to the respondent's physical health has been a focal reason for deteriorating mental health especially in times of COVID-19, where an impact on the body had a profound impact on the emotional and psychological health.

According to one respondent:

"Waja toh covid hi bna hai, jisko pehlay koi zehni masla tha uska masla barh gya aur jisko nai tha usko hogya."

Translation:

"The reason has been Covid, those who had mental illness earlier worsened, and those who did not, got them."

Respondent no 7(Public Covid centre, Sialkot)

As per another respondent:

"Muje toh covid ki waja se hua hai. Covid ki waja se hi muje depression hui hai, jab aap physically theek nai hotay toh mentally bi stable nai rehtay."

Translation:

"I got it because of covid. It is because of Covid that I got depression, when you are physically not well then you are not stable mentally as well."

Respondent no 18 (Private Covid centre, Sialkot)

While some of the respondents emphasized on the fact that covid did trigger their embedded psychological distress.

As per one respondent:

"Muje already depression thi, lekin Covid se barhi zaror hai aur end point par agai k muje treatment seek krna hi para."

Translation:

"I already had depression, but Covid did increase it and brought it to an end point that I had to seek treatment."

Respondent no 14 (Private Covid Centre, Sialkot)

According to another respondent:

"Covid hi turning point bna hai, physical health kharab hui, Covid hua, phr sath mein mental health bi kharabi hogai, I think aisey hi shuru hota hai."

Translation:

"Covid has been the turning point, physical health deteriorated, had Covid, then mental health also deteriorated, I think it starts like that."

Respondent no 5 (Public Covid centre, Sialkot)

The responses of the individuals interviewed confirm that there were economic and health disparities, which became hurdles in seeking mental health treatment especially during the covid times. COVID-19 has disturbed the systematic functioning of almost all the sectors, causing a major setback to sectors like health and economy. Seeking mental health treatment during pandemic has proved to be a very challenging task.

CHAPTER 9

IMAGES COLLECTED FROM COVID CENTRES

9.1 Introduction

The third unit of data collection used in the current research is images collected from Covid centres. The pictorial evidence is of great importance. Some processes are difficult to explain because they are complicated. If you don't think words can adequately express anything, you can use an image to do so. Due to the devolution and dispersion of healthcare facilities in many significantly stricken countries, the current COVID-19 pandemic has carved a vast swathe throughout the world.

The details regarding the conditions of the Covid centres and the facilities given were provided by two healthcare professionals working at the respective public and private Covid centres of the targeted areas. The images were taken with help from the health professionals to keep the SOPs and other guidelines in regard. The images of the areas strictly restricted for professionals were clicked by the professionals as an appreciation for conducting a research on the ongoing pandemic.

9.2 Public Covid centre

The following images were taken of the Public Covid centre in the target area of the present research with the help healthcare professionals, who acted as key informants and provided with the detailed information of the Covid centre.

Figure 9.1: Public Covid centre (Sialkot)

9.2.1 Setting up the Covid wards for isolation

With the start of the pandemic and its hideous consequences, the public hospitals were made to prepare for establishing Covid centres right after the cases started to surge in the urban areas. Thus this Covid centre was established. As the government policy evolved, 5 isolation wards were added into the centre. There were 6 rooms set aside for quarantine and 40 beds were set aside for COVID-19 patients only.

Figure 9.2: Public Isolation Ward

It was made sure that the patients admitted in the Covid wards and patients who were in quarantine were not allowed any sort of interaction to restrain the virus from spreading.

As per the respondents the isolation was the most difficult part as they had no contact with the outside world and this triggered their psychological distress.

As per one respondent:

" Muje bohat depression feel hua jab mein akela tha, sbse dur hojana bohat zyada mushkil hai."

Translation:

"I felt severe depression when I was alone (in isolation), it is very difficult to stay away from everyone"

Respondent no 7 (Public Covid centre, Sialkot)

Figure 9.3: Public Covid ward

The corona patients were kept completely separate from normal patients and the wards designated for them were guarded.

Figure 9.4: Public ward for Covid suspected cases

9.2.2 Covid guidelines

As per our healthcare professional informant, the hospital created local guidelines based on WHO recommendations, which were shared with their academics and all on-duty doctors. They were able to provide superior patient care as a result of this. PPEs(Personal protective equipment), staff rosters, sampling, isolation, and quarantine, patient education, management, disinfection, suspected patient transfers, sample transport, and dead body treatment and burial were all addressed in the guidelines.

***Figure 9.5*:** Guidelines for Covid

9.2.3 Safety of healthcare professionals

PPEs were purchased on an emergency basis. The hospital had a relatively limited stock of personal protective equipment (PPEs) at the outset of the pandemic since they had never been utilized in such large quantities. Additionally, owing to border closures as well as other reasons, there was even a scarcity of PPE on the market. Existing personal protective

equipment (PPE) was only offered at an outrageous cost. Every doctor, nurse, or paramedic on duty at the hospital was equipped with the appropriate PPE for their level of responsibility.

However, the respondents did have their concerns when they were under treatment at the Covid centres.

According to one respondent:

"Jin facilities ki baat ki jati hai wo available nai hoti hain, public centre mein wards mein log had se zyada they, koi proper medicine avaible nai thi, doctor becharo k khud buri halat thi, aisey mein dartoh lagna hi hai."

Translation

"The facilities that are talked about are not available, there were more than enough people in the public centres, there was no proper medicine available, the poor doctors were not in a good state. In such circumstances it is bound to be scared."

Respondent No 2 (Public Covid centre, Sialkot)

Figure 9.6: Donning and Doffing areas

Drills for donning and doffing were performed on HCP in various batches on a regular basis.

An alternate rotation was established to further reduce the disease's impact. The department of medicine and infectious diseases collaborated to decide that health care personnel in high-risk COVID-19 regions would perform duty for a week before being isolated for the next two weeks.

But however the respondents told a different story

"Doctors ko bohat zyada thakaya hua tha, unki duty hours itnay hotay they k pura din aik hi doctor nazar ata tha."

Translation:

"The doctors were made exhausted; their duty hours were so severe that only one doctor was seen during the whole day."

Respondent no 6 (Public Covid centre, Sialkot)

9.2.4 Separate Covid counters

A separate COVID-19 Counter was established in both the ER and the OPD to make it easier for people with COVID-19 symptoms to go to the hospital and to safeguard healthcare personnel. The goal was to do prioritize and prevent suspicious cases from being mixed up with regular cases. At the same time, all presenters were given masks and sanitizers at the desk. Palliative care was also carried out using questionnaires and infrared cameras. To guarantee that adequate spacing was maintained while in line, social distancing rings were marked to impress upon the patients.

***Figure 9.7*:** Public Covid centre waiting area

Overall, as per the respondents, due to lack of facilities in the Public Covid centre and the atmosphere of the hospital, they felt disturbed and depressed. This also contributed to the rise and triggering of psychological distress.

9.3 Private Covid centre

The following images were taken of the Private Covid centre in the target area of the present research with the help healthcare professional, who acted as a key informant and provided with the detailed information of the Covid centre.

As due to restrictions of taking any photographic evidence the following images were provided by the hospital in regard of the research being conducted.

9.3.1 Setting up the Covid wards for isolation

The private hospitals set their isolation wards a bit late than the public hospitals. Covid facilities were established shortly after the number of patients in Sialkot began to rise. As a result, the Covid centre was founded. Two isolation wards were added to the centre when

government policies changed. Three rooms were set aside for quarantine, while 20 beds were reserved exclusively for COVID-19 patients. To prevent the virus from spreading, it was made sure that patients admitted to the Covid wards and patients in quarantine were not permitted to contact in any way.

As per the respondents, the situation of the private Covid centre was protective, but due to the overbearing restrictions and the fear of virus itself, there was an increase in psychological distress.

Figure 9.8: Private Covid centre ward

9.3.2 Covid guidelines

The Covid guidelines were same for the public and private hospitals. As per our healthcare

professional informant, the hospital created local guidelines based on WHO recommendations, which were shared with their academics and all on-duty doctors. They were able to provide superior patient care as a result of this. PPEs, staff rosters, sampling, isolation, and quarantine, patient education, management, disinfection, suspected patient transfers, sample transport, and dead body treatment and burial were all addressed in the guidelines.

9.3.3 Safety of Healthcare professionals

Personal protective equipment (PPE) was provided by the government to the private hospitals so that the staff would remain protected from the virus. But this hospital was donated PPE kits by the industrial sector of Sialkot as a gesture of support in the times of pandemic.

Figure 9.9: Private Covid centre doctors in PPEs

9.3.4 Provision of advanced medical equipment's

Being part of the private wing, this hospital had access to advanced medical equipment. The amounts of ventilators were more as compared to the public Covid centre. A large number of medications and medical equipment were imported from outside the country. Owing to their good repute among the industrialists, the hospital was provided funding for these equipment by the industrialists.

However, due to the heavy charges of the Covd treatment, the respondents felt that they were more than they can afford and this led to psychological distress not only among the patients but their family members as well.

Figure 9.10: Doctors attending a Covid patient

9.3.5 Setting up Covid ICU

The obstacles of establishing a COVID-19 ICU were enormous. Streamlining procedures for quick diagnosis, isolation, and temporary cleaning and emptying of wards in the new OPD

facility were all part of the project. Infrastructure, supplies, and personnel management were all prioritized. The wards have been remodeled and renovated.

Figure 9.11: Hallway of Private Covid centre

Figure 9.12: ICU of the Private Covid centre

The photographs were taken as proof that the infrastructure and healthcare facilities were competent and up to par. As the environment has a great role to play in triggering the symptoms of psychological distress, it was confirmed by the respondents that the environment had an indirect role to play in the psychological distress, it may not be the direct cause but the onset of symptoms did start from the hospitals. In terms of infrastructure, medical equipment, correct SOPs, adequate medical consultation, hygienic atmosphere, and patient intake, the photos revealed a significant difference between the public and private Covid clinics. The advantage of a public Covid centre is the lower cost when compared to a private centre. The disadvantages of a public Covid centre include lack of medical equipment, medical personnel, unsanitary surroundings, a saturation of patients, and non-adherence to SOPs. The advantages of a private Covid centre include the availability of medical equipment, medications, medical staff, hygienic conditions, adherence to SOPs, adequate infrastructure, and so on. The only disadvantage of a private medical centre is the high cost of their services, which outweighs all of the benefits.

CHAPTER 10

SOCIAL MEDIA

10.1 Introduction

This Chapter constitutes the role of social media in raising awareness against mental health during the pandemic. In the era of digitalization, social media has made its place quite evident. For the past decade, social media has been disseminating all sorts of information related to every aspect of the world and covering all the taboos that people cannot talk openly. Social media has become an essential tool of the digital industry. Apart from disseminating information, social media plays an active role in spreading awareness regarding different aspects, especially those areas which are less talked about, such as mental health, prostitution, AIDS, communicable diseases, etc. Social media communicates the opinions of people to and from people of all age groups. That is why it is easy to spread awareness through a social media page on Facebook then handing pamphlets to people. Social media acts as an easy and accessible medium to express thoughts, opinions and raise voices against injustice.

COVID-19 has been on the rise for a year now, disturbing and disrupting all aspects of life. There have been pandemics and epidemics in the past but the uniqueness of the pandemic apart from its deadly virus is that it has come in an era where social media rules. Social media has played a vital role in disseminating information regarding the novel virus as well as providing awareness, treatment regarding the virus. Various platforms on social media have been used to collect donations for the affected, connect to the donors, medicines, online pharmacies and above all online medical consultancies. The power of social media has helped millions of people in need. From providing medications to following SOP guidelines,

awareness messages, medical consultations, financial support, and treatment, social media has played its part well. Another aspect that came into highlight is the emotional support that social media portrayed in times of the pandemic. Psychological health cannot be disregarded in the time of a pandemic. People from all across the world are suffering from the same pandemic and its consequences and thus can relate to each another, social media has given them a medium to share, express, vent out and learn about/regarding the pandemic. It will not be considered wrong to say that social media has helped people deal with the pandemic in a more sensible fashion and has played a huge impact on the psychological health of the users as well. This theme has looked in to the social media platforms that have played their part in helping people deal with the psychological distress that has been caused by the pandemic. The study is conducted in Pakistan so the focus of all the findings will be related to Pakistani social media.

10.2 Corona Recovered Warriors (health warriors)

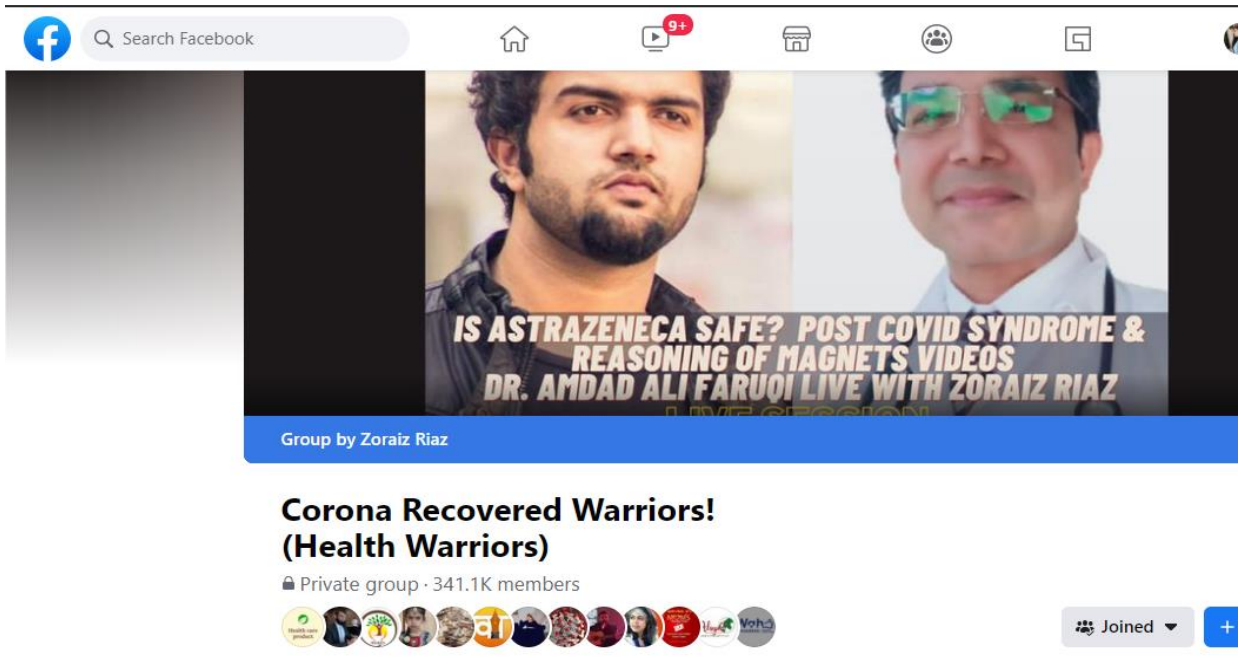

Figure10.1: Corona Recovered Warriors Homepage on Facebook

Corona recovered Warriors was a group started by a management student of Lahore University of management Sciences (LUMS) named Zoraiz Riaz. He was one of the many people who invested their resources to protect the families that were affected by the pandemic. The aim of the group is to connect people who have already recovered from Corona, and have the resources such as plasma, consultation, medication or any useful advice to help their other countrymen. The group started with 100,000 members within the first week of its creation and has now reached 340,000 members. (Salman, 2021)

The administrative panel constitutes of experts including doctors that cater to the questions and queries of the members and help them connect to the relevant person or department. Apart from providing medical help, the group has proved to be beneficial for emotional and psychological support as well. it entertains members who have any emotional trauma that they want to share and other members join and show complete support. The group has helped millions of people through direct and indirect means, proving the power the social media mighty and whole.

Figure 10.2: A Facebook post on the Corona Recovered Warriors homepage

Figure 10.3: Comments on the post shared

The people have greatly appreciated the initiative and joined in to provide their full support to the group along with their resources available forming a huge network of Covid help. During the third wave of the pandemic, the group extended their support to the neighbour country and formed a group there as well to provide the resources available to them. This group has garnered the most positive response and attention of the people not only in the country but worldwide. The emotional support provided by the people in the group has helped people overcome their problems related to Corona such as the loss of a loved one, fear of virus, uncertainty regarding the medications or vaccines, or just simply a platform for sharing.

10.3 AKU Psychiatry

In the heavy times of COVID-19, information regarding mental health was accurately depicted and disseminated by AKU Psychiatry. It provides latest information, innovation, research and status of mental health in Pakistan and internationally through tweets, online seminars, research papers etc. AKU has managed to provide readers with necessary information regarding mental health in the times of COVID-19 and how one's mental health can be affected through these difficult times.

Figure 10.4: Twitter account of AKU Psychiatry

Figure 10.5: A tweet shared on the Twitter handle of AKU Psychiatry

Mental health awareness and information seminars are promoted by AKU Psychiatry and its team members equally participate in the dissemination of information regarding mental health in general and in times of COVID-19.

Figure 10.6: Tweet shared regarding mental health on AKU psychiatry

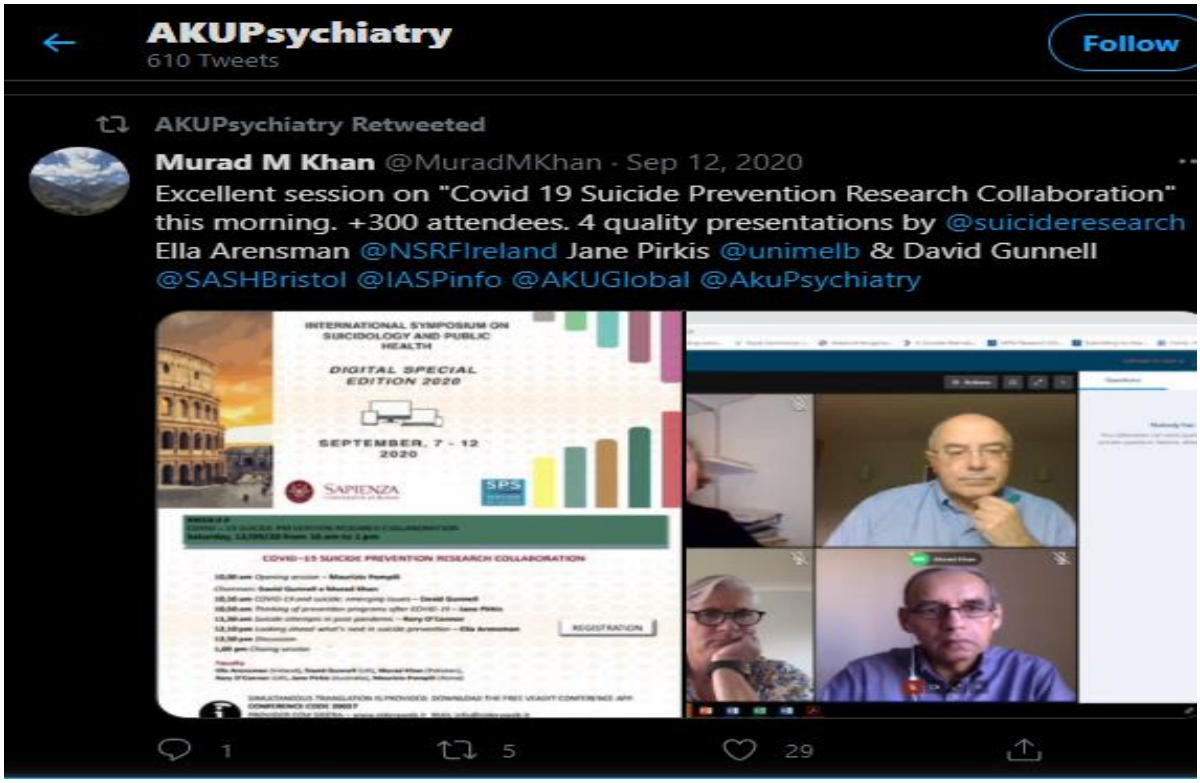

Figure 10.7: Information regarding a webinar on Covid-19

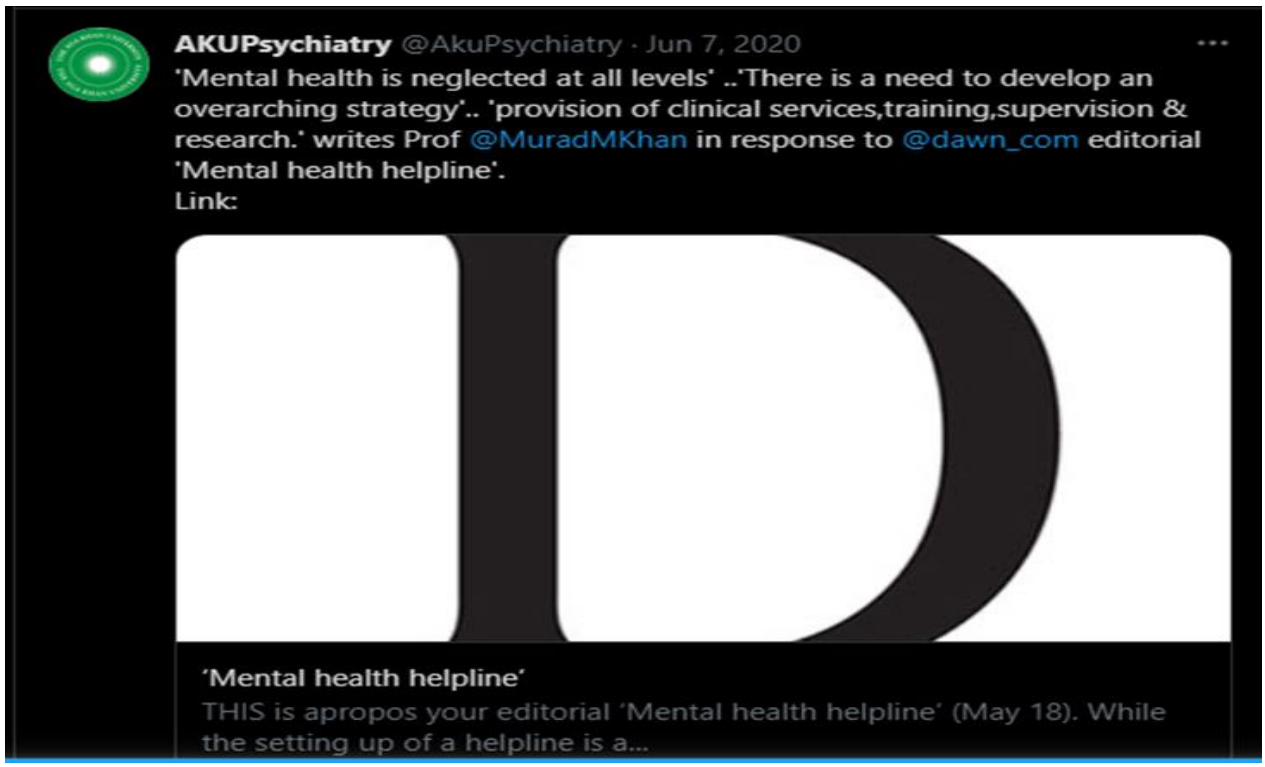

Figure 10.8: Post shared on AKU Psychiatry

AKU Psychiatry is one of the very few mediums in the country that talks about mental health

especially in times of the pandemic when mental health is ignored completely. It has conducted various workshops and seminars in collaboration with different medical organizations and healthcare experts to raise awareness regarding the symptoms and treatment of psychological distress during COVID-19.

Figure 10.9: Post shared regarding online webinar

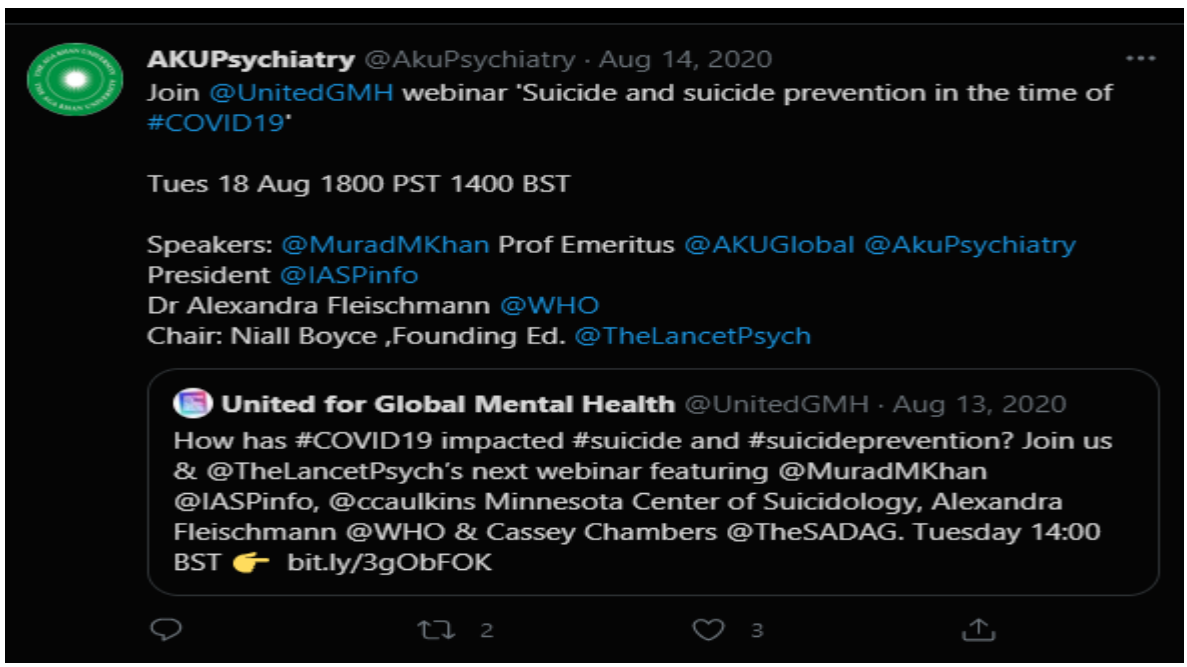

Figure 10.10: Post shared on Anxiety and Optimism webinar

10.4 UMANG Pakistan Application

UMANG app is first ever mental health helpline of Pakistan to be developed. It was developed by the group of young psychologists of Pakistan in early 2019, in an attempt to provide people who have mental health illness or are going through a serious trauma may reach out and seek help. The panel constitutes of 140 professional mental health experts. The helpline is available all through the day. This application came in a time where COVID-19 had not yet spread, but after the pandemic started this app was utilized by thousands of people in the need to find help for their corona related stresses and trauma like illness and death. As more and more people started reaching out to this helpline, people started recognizing the importance of such apps. Though there is limited information present on its outreach across Pakistan during COVID-19 but its impact has been mighty on the people.

Figure 10.11: Homepage of UMANG PAKISTAN

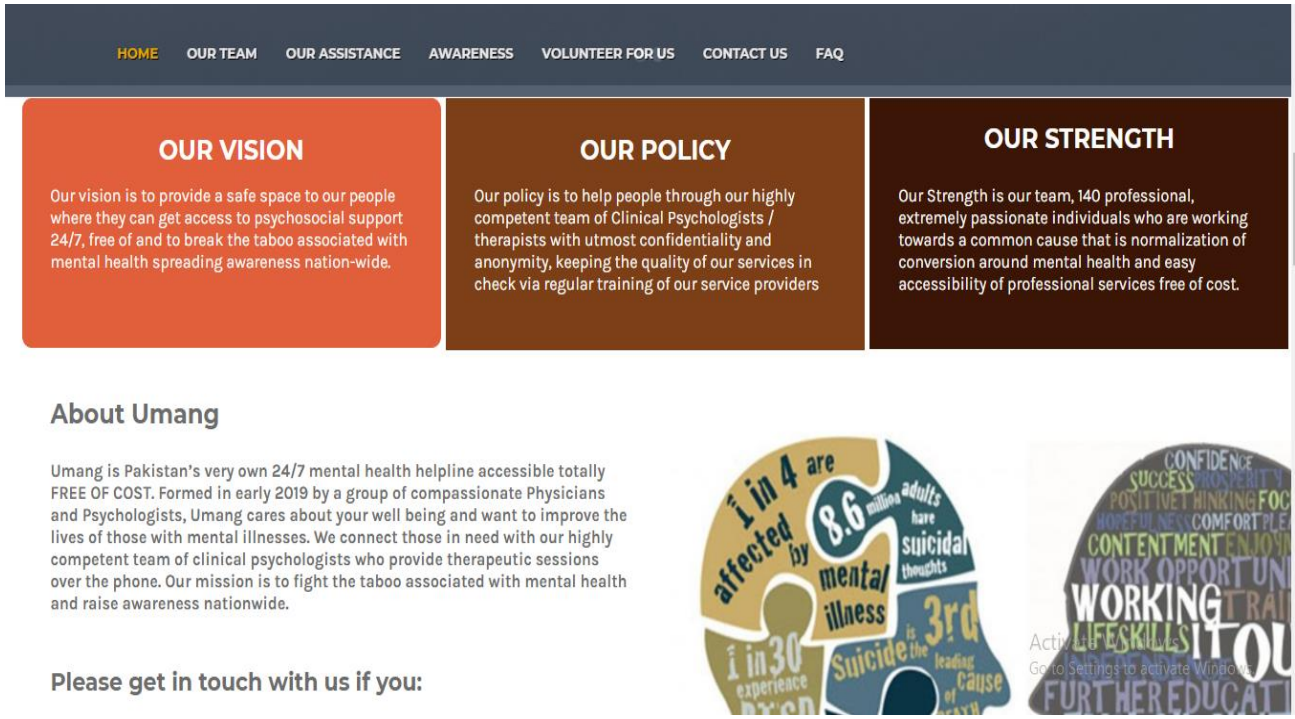

Figure 10.12: About UMANG

Figure 10.13: Details of UMANG

As mental health is a very uncommon topic that is rarely discussed in the Pakistani society, so there were only three such platforms found that were working for the mental health cause in Pakistan till the writing of this research. COVID-19 has indeed disrupted all aspects of life and has taken a great toll on mental health; the lack of importance given to mental health issues has indeed created a large void among the people, especially during a pandemic.

CHAPTER 11

DISCUSSION

This research explores how people perceive mental health and the concepts, definitions and perceptions that people have regarding mental health stigmas and tends to explore their understanding of mental health in the context of the COVID-19 pandemic. The conceptual understanding of people's perceptions and conception of mental health is aided by the patient's end of Arthur Kleinman's Explanatory Model of Illness. The research used qualitative methodology, which proved to be effective in attaining the experiences and perceptions of people regarding mental illnesses, stigmas, and their particular experiences during the pandemic.

Arthur Kleinman's explanatory model encapsulates four key arenas etiology (the cause of the illness), time and mode of onset (when, where and how the symptoms started appearing, as per their own opinion, pathophysiology (the functional/ physical processes that are related with the illness), as per the patient's opinion, and course of illness and treatment, as mentioned earlier.

It also includes the family context, role of community in shaping the perceptions etc., the spiritual and faith elements of the person's perception such as the spiritual healers etc. and the biomedical healing methods and treatments.

The current study revolves around all the arenas of the model. It elaborates in detail the cause of the illness (etiology). On the other hand, more emphasis has been laid upon time and mode of onset, pathophysiology and course of illness and treatment. As the research subjects are corona recovered individuals, so their perceptions were studied in relation to the current pandemic.

Psychological distress is defined as the condition of emotional turbulence, which is characterized by certain symptoms of depression (sadness, hopelessness, and isolation), and anxiety (constant fear, restlessness, panic). (Mirowsky & Ross, 2002) These symptoms may come forward in the form of somatic symptoms such as lack of energy, headaches and nausea. These symptoms may vary from culture to culture, depending on the social construction and perceptions of the people who belong to a certain culture. (Kleinman, 1991).

It is widely believed that the individual and collective experiences faced by the individuals during disease and illness is confined by the cultural norms, the state of being sad, depressed or lost maybe a universal expression to show discomfort, but it may have different intensities and take various forms within and between different societies. (Kleinman, 1991).

Illness as defined by Arthur Kleinman is the experience of human suffering, the perception and response of the individuals and the members of the culture regarding sickness. This includes the remaking of preexisting beliefs as a response to personal experiences encapsulating social situations within which the illness occurs. According to Kleinman, the illness is facilitated by language, beliefs, values and perceptions of the individuals. Kleinman explains explanatory models as culturally dominant beliefs and values that an individual has regarding suffering, illness, health and misfortune. He opines that illness experiences have cultural and social roots. (Kleinman, 1991)

As per the existing literature, etiology is defined as the factors that come together to cause the disease or an abnormal condition. (Lauren, 2018). This term is widely used in psychology to explain the cause of the illness. The respondents that were interviewed during the study outlined mostly biomedical factors that led to their psychological distress. The main factor that triggered or in general became the cause of illness as per most of the respondents was their time of extracting the COVID-19 virus. However, in relation to that,

they also stated other psychological and cultural and economic factors that increased, triggered their psychological distress; these stressors may be taken as social and cultural and in some cases economical in nature, as mentioned in the findings section. The above observations confirm the findings of the study conducted in the Northeast United States on Human Immunodeficiency Virus (HIV). Thirty-two qualitative in-depth interviews were taken from HIV patients, and their perceptions were conceptually analyzed through Kleinman's explanatory model of illness. The respondents had an idea that HIV can be transmitted from one person to another through sexual contact, injections, drugs or other equipment, but their causal explanations were beyond the biomedical explanations. The respondents did not just term the cause of illness as natural or biomedical in nature. They opined that the responsibility of contracting the illness lay on the patients, and the way they were transmitted was culturally and socially not widely an acceptable phenomenon even in the US. (Laws, 2016) This study is in line with the findings of the current study that highlights the cultural and social perceptions of contracting a psychological illness as socially and culturally no widely accepted. Kleinman's explanatory model of illness has contributed to finding and exploring the perceptions that people have of mental illness and the documentation of their experiences of psychological distress in the current pandemic in the present study. In the present study, the respondents opined that the cause of their illness was related to them contracting the virus and the perceptions of the society and culture in the perception of their illness. In addition to the above mentioned, other causes that were highlighted were familial communicability, the tragic loss of a loved one, and cultural factors like wizardry and witchcraft and health and economic costs like increased prices of treatment, etc.

The time and onset of the symptoms clinically are defined as the appearance of the symptoms of an illness for the first time. In the present study, the respondents had different

onset and times of symptoms. On the one hand, the time and onset of symptoms for most respondents were during the pandemic, specifically when they contracted the virus, after they recovered, during their quarantine period, while on the other hand, some respondents explained that their time and onset dates back before the pandemic, such as genetic transfer, early childhood trauma etc. This particular arena of Kleinman's explanatory model is also explored in another study conducted in the United Kingdom (UK) on Pashtun. A total of five Pashto speaking families were interviewed in order to explore their health beliefs. The respondents from the five families explained that the time and mode of onset of symptoms in most of them was due to a sudden episode, rage, childhood trauma etc. they also emphasized on their moving to the UK as their time and onset of symptoms which shows that they did have an idea about the psychological impacts of moving to UK, which is causing psychological distress among them. (Fazil, Wallace, & Hussain, 2006)

Pathophysiology is defined as the functional/ physical processes, which are related to the illness. The present study showcases the symptoms that are psychosocial and psycho-cultural in nature, such as crying, isolating, cold sweats, heartburn, heavy sweating, shivering, headache, anger, loss of appetite, palpitation and muscle fatigue etc. Kleinman's explanatory model of illness explains the perceptions of these respondents regarding their own symptoms, according to their own understanding and beliefs of illness. According to a study conducted on maternal depression in Pakistan. Kleinman's explanatory model of illness was used to explain the pathophysiological behaviour of maternal depression. The symptoms were mostly psychosocial and psycho cultural, e.g. muscle stiffness, crying, loss of appetite, exhaustion, sadness, difficulty in breathing, headaches, sleeplessness, anger, irritability, fear of the unknown, heart sinking and palpitations etc. (Sakina, Chaudhry, & Khan, 2020).

The fourth arena is the course and treatment of the illness. The course of the illness is defined as the natural history, such as the development of the illness in an individual, the

stages and speed of the process that the illness took etc. As per the current study, the illness varies among respondents, while some respondents opined that their present psychological condition is a result of the pandemic and will be over with pandemic, while on the other hand, some respondents gave a different perspective about their illness as being long term and demanding proper treatment. However, there was another dominant perspective also showing, that is the ignorance and less emphasis of people to treatment, rather than seeking proper treatment for the psychological distress, they emphasized on treating them with alternate methods. This is confirmed in the study about illness narratives of Pakistani women, in which the respondents seek to alternate methods that are cultural and religious in nature rather than biomedical treatment methods. (Sakina, Chaudhry, & Khan, 2020). The current study also demonstrates that one of the reasons for seeking alternative treatment is the health costs and financial instability of the individuals.

The treatment of the illness is attached to the course of the illness. In the present study, the treatment of the illness was considered to be a difficult hurdle. Psychological distress is considered to be a very new and emerging concept in society. Cultural and social barriers, like lack of awareness, social and emotional support, alternatives of treatments like witchcraft and wizardry, and religious beliefs come in the way of treatment as well as follow up of the treatment. Cultural alternative treatments like going to the Hakeems (cultural healers) are preferred by the people because of their wide availability. Religion, culture and mental health are broad domains that are interlinked. These discourses are studied separately, but very few studies are present that show the interlinkage of these broad categories. According to a study conducted by Eshun and Gurung, a decade of literature present of religion, culture, and mental health shows that there is a negative relationship between religion and mental health; individuals who are spiritually enlightened are less prone to psychological distress. (Eshun & Gurung, 2009).

Healthcare and spirituality have been linked since ancient times, but in the wake of the pandemic, spirituality and faith are becoming important areas of study, owing to their strong association with the ability to cope with the virus, post virus recovery and a hopeful attitude. The importance of spirituality and religion cannot be ignored in the pandemic era. Spirituality is defined as the quest to find a higher sense, which may be in terms of religion of belief in one God. (Oliwia Kowalczyk, Montane, Pawliszak, Tylkowski, & Bajek, 2020) The current pandemic has strengthened the role of religion in our daily lives by putting forward the aspect of death and suffering. The eastern concept of spirituality is strongly inculcated in believing in the will of God as the ultimate fate. The current study is in line with this perception as healthcare workers, even though belonging to the medical profession, feel the need to connect to God and ask for help.

Stigma is a multilayered term that constitutes cues that signal to stereotype and enforces prejudicial beliefs. The stigmas related to mental illness are usually explained by cognitive behaviour constructs. The process starts with marking the mental illness as a stigma followed by stereotypes, which are the brainchildren of cognitive products. The next step involves the categorization of social knowledge to determine the social group in which the mental illness falls. They are termed as social because they are wildly accepted notions of specific groups of people in society. The role of prejudicial beliefs comes into practice here as the stereotypes trigger emotional responses, which through an evaluative lens turns into a negative perception. (Corrigan, Larson, & Kuwabara, Social Psychology of the Stigma of Mental Illness (Public and Self-Stigma Models), 2010) According to a study conducted on HIV in the USA, the respondents were subjected to negative responses on their illness, and this led to delayed acceptance, some opined that they were conditioned to seeing negative reactions, while others opined that they are selective in informing people about their disease because of the stigmatization of the disease among masses. (Laws, 2016)

Psychological distress is defined as the condition of emotional turbulence, which is characterized by certain symptoms of depression (sadness, hopelessness, and isolation), and anxiety (constant fear, restlessness, panic). (Mirowsky & Ross, 2002) These symptoms may come forward in the form of somatic symptoms such as lack of energy, headaches and nausea, and these symptoms may vary from culture to culture, depending on the social construction and perceptions of the people who belong to a certain culture. (Kleinman, 1991). Psychological distress is usually termed as a non-specific medical condition, but studies have shown that psychological distress has its roots deeply engraved in the symptoms of depression and anxiety. This has raised concerns that psychological distress if remain untreated, will lead to long-term depression among the individual. Defining psychological distress as just a normal reaction to a stressor leads to increased concerns of challenging the norms of "normality" across different cultures. (Drapeau, Marchand, & Beaulieu-Prévost, 2012). This study was confirmed by the present study. The respondents, through their conception and perception of psychological distress, showed that they had an idea about mental health and psychological distress. They were, if not completely but partially, aware of what psychological distress is and how it is stigmatized in society.

The impact of COVID-19 on psychological distress is mighty. It has not only played a part in inculcating mental health illnesses in individuals but has also triggered the already embedded mental health conditions. The second wave proved to be less deadly as compared to the first wave in terms of mental health problems. A survey conducted in the city Wuhan in January 2020 showed that more than half of the people with COVID-19 complained of moderate to severe psychological symptoms. The reasons for the decreased psychological health figures is firstly, during the second wave, people who were suffering from COVID-19 were provided immediate psychological help. Psychiatrists, psychologists and other mental healthcare staff was immediately deployed in the Covid centres. Secondly, people had more

awareness regarding the virus and its possible consequences. The increased knowledge has led to many people preparing themselves mentally and emotionally for the virus and has reduced the risk of uncertainty and fear of death. (Zhang, Feng, Song, Yang, & Duan, 2021) The respondents of the current study explained how COVID-19 has acted as a stimulus for many individuals and has triggered mental disorders. This has resulted in feelings of hopelessness, depression, loneliness, fear and guilt of survival. If not controlled effectively, these symptoms may turn into permanent psychiatric problems.

It has been found that assortative mating of two people suffering from psychiatric disorders may transfer the genes of psychiatric disorders to the offspring. This will lead to an increase in illness communicability within the families. Parenting styles and prenatal patterns also have a part in familial communicability. The offspring living in a family having mental disorders will have poor mental health. Apart from genetics, the simple reason for the communicability of illness may be elevated stress levels during the initial formative years. Maternal depression is the mother of communicability of illness to the newborn either during the fetus stage or after birth. Brain development is highly affected by maternal depression, anxiety or stress. People who suffer from Post-Traumatic Stress disorder (PTSD) have close contact with people who have suffered PTSD. Besides mothers, the mental health of the father also plays a vital role in the psychiatric health of the children. Living with a person suffering from any psychiatric illness leads to adverse effects of childhood. Alterations in the gene make-up due to exposure to stress is a contributing factor to clustered psychiatric illnesses, which is termed transgenerational epigenetic inheritance and starts shortly after the gene of the baby is made. (Wainberg, et al., 2018). This was confirmed in the present study, where most of the respondents were certain that the psychological distress or disparity in the mental health they are facing is due to the phenomenon of mental health being a transferable entity. However, the literature present in this regard is less and close to nonexistent, but the

experiences and perceptions of the respondents in the current study confirm the communicability of the illness, especially in times of COVID-19.

The economic and healthcare disparities have taken a huge toll owing to the pandemic, and this has led to severe economic and health consequences. The lack of jobs, salary cuts, and increase in product prices in general and the treatment of the virus in specific is a far cry for people who are just about economically stable. In the midst of the pandemic, where the sole focus is on providing emergency treatment, mental health treatment takes a backseat. People tend to focus more on psychical treatment than mental health. .according to a study conducted, there are still no parameters to exactly measure the damage caused by COVID-19, but this is said with certainty that it will have a huge negative impact on the global economy. The pandemic has already disrupted the international trade markets with trade restrictions due to restrictions in travelling and global supply chains. It is believed by the economists that most of the major economies will suffer a loss of 2.4 %. The problem with the present predictions is that there is no certainty regarding the end of the virus. Until the virus reaches a standpoint, the economic upheavals will continue to take place, damaging the economy more and more with each passing day (Mishra, 2020) .

According to a study conducted in Pakistan regarding the healthcare system, the present condition of Pakistan's healthcare system is very unstable, though Pakistan has not been severely affected by the Pandemic, and if the choices made of the management practices and healthcare strategies were better, then Pakistan would have been at a more stable space with fewer death tolls. The current increase in the cases is due to the relaxation in the lockdown. Pakistan is home to a lack of infrastructure, properly crafted healthcare policies and corrupt governance, which has made the virus even more fatal than it already, is. (Khalid & Ali, 2020). In a situation where physical health is more at direct risk, mental health becomes secondary. The factors like financial conditions and a saturated healthcare system tend to

make people reluctant of seeking mental health treatment. The present study confirms the role of economic and healthcare disparity in adherence and seeking mental health treatment among the individuals in the pandemic.

The third unit of data collection used for this research was the images that were clicked of the two Covid centres that are the target location. The individuals were admitted to these Covid centres. The pictures were taken as a piece of evidence to document whether the infrastructure and healthcare facilities were adept and up to the mark. As the environment has a great role to play in triggering the symptoms of psychological distress, it was confirmed by the respondents that the environment had an indirect role to play in the psychological distress, it may not be the direct cause but the onset of symptoms did start from the hospitals. The pictures showed the remarkable difference between the public and private Covid centres, in reference to the infrastructure, presence of medical equipment, proper following of SOPs, adequate medical consultation, hygienic environment and amount of patient intake. The pros of public Covid centre is the nominal amount that is being charged as compared to the private centre, the cons of the public Covid sectors are many, the lack of medical equipment, medical staff, unhygienic conditions, saturation of patients, no adherence to SOPs etc. The pros of Private Covid centre are availability of medical equipment, medications, medical staff, hygienic conditions, adherence to SOPs, adequate infrastructure etc. while the only con of private medical centre is the heavy amount that they are charging for their services which overburdens all the advantages of the Private centre. The present study confirms the difference of public and private healthcare facilities.

The fourth unit of data collection used in the research is Social media. Social media has its positive and negative impacts. Social media has been used as a tool to disseminate information regarding COVID-19 and its odious consequences in general and also to raise awareness regarding psychological distress during the pandemic in specific. A study

conducted in India regarding the usage of social media as disseminating tool, shows that social media has positively disseminated information regarding pandemic. The people have found help through social media, such as donor contacting, online medical consultations, medicine shopping, and emotional support. Apart from providing information, social media has contributed as a platform for people to interact and provide emotional and psychological support as well. (Swarnam, 2020). The present study has shed light on the various social media platforms that are active in disseminating information regarding mental health during the pandemic. There are very few platforms that were found to spread awareness against psychological distress as compared to the mighty effect of the pandemic on the mental health of the individuals, in addition to that, social media has become an arena to share and garner emotional support in the times of pandemic

As per the researcher of the current study, South Asian communities have a distinct cultural arrangement. They are diverse in nature and have multiple subcultures, which identify themselves differently owning to different ethnic factors. Studies conducted in Pakistan have shown that the explanatory model of mental illness, presence of social stigma and alternatives of medical health like witchcraft and wizardry to mental health are very unique among the people residing in these cultures. Mental health problems for example panic, depression, anxiety, suicide, eating disorders and various others are rarely discussed and talked openly about in our society, beheld as a stigma by the families as well as community, and people turn a blind eye to their core presence, whether they relate to somatic causes and symptoms or non-somatic/psychological causes. This is particularly very common in case of the individuals, who are extremely vulnerable to suffer from those mental diseases; this can be largely due to the cultural and social impendent of the traditional society people foster in.

CHAPTER 12

AN INSIGHT INTO THE MENTAL HEALTH POLICIES OF PAKISTAN

12.1 What has gone by

Mental health policy is a collection of values, beliefs, and objectives for promoting mental health and lowering the burden of mental illnesses in a population. Pakistan is a country in the lower middle income group, with a population of over 180 million people. The health budget accounts for 3.9 percent of GDP. The overall health spending per capita is $85, while the government's health expenditure per capita is $21. Although there may have been an increase in the number of institutions and mental health workers in recent years, the data provided are discouraging. According to the Mental Health Atlas 2005, Pakistan has 0.24 total psychiatric beds per 10,000 people, with 0.2 psychiatrists and psychologists, 0.08 psychiatric nurses, and 0.4 social workers per 100,000 people. In most parts of the globe, mental health and mental illnesses are not treated with the same priority as physical health; instead, they are frequently overlooked or neglected. Although Pakistan is in the similar boat, it is currently among the 60% of nations with a mental health policy. This was first formed in 1997, and it included the main components of advocacy, education, and research promotion, prevention, treatment, and rehabilitation. The goal was to create training and teaching modules for primary care providers. Special facilities for mentally disabled people, crisis intervention, and counseling services for certain demographic groups were also considered. In 1986, the government established a national mental health program, which was completed in 2001. It intended to integrate mental health into primary care, combat stigma, and preserve fairness and justice principles in the provision of mental health and

drug addiction treatments as part of a broader health strategy. Depression, Epilepsy, Psychosis, Drug Dependence, and Mental Retardation were the five mental health issues that were highlighted for treatment provision in primary care. These were prioritized because they are prevalent, can be efficiently treated, are a source of widespread public concern, and, if left untreated, can result in a reduction in an individual's functional ability, affecting the family's overall health and well-being. A new mental health ordinance was passed in February 2001, replacing the old Lunacy Act of 1912 that concentrated on mental prevention and health promotion. (Irfan, The Concept of Mental Health Policy and its Journey from Development toImplementation in Pakistan, 2010)

12.2 The present situation

The present legislation is commendable since it incorporates human rights and mental health treatment. Surprisingly, no particular role or efficacy of public health intervention is described in this new mental health legislation. Although the government has legislation plans, they are not executed. Justice, asset recognition, fair opportunity and effective resource allocation, sustainability and community participation, and frequent review of mentally unstable entitlements are all lacking components. Federal health authority, and maybe even regional health authorities, has yet to be constituted, and practitioners have received limited training in the new legislation. The private sector, which makes up the majority of mental health care, is also overlooked. Furthermore, integrating the bill with present health financing and resources would be impossible. It is alarming that the laws have yet to demonstrate their effectiveness but are still only on paper. (Khan, Sayeed, Nasar, & Rasheed, 2020)

12.3 Critique

So, does just enacting a mental health strategy fix a country's psychological problems?

Certainly not, since a policy is nothing more than a piece of paper if it isn't put into action. Unfortunately, it appears that this is the situation in Pakistan. The issue, however, is not merely one of implementation. It began extremely early in the policy-making process, as this policy was developed without fully completing the first pre-requisite stage, namely obtaining information about population requirements, which necessitated formal study and fast assessment. There was very little evidence on which to base the strategy owing to the unavailability of scientific investigations, like new mental health prevalence statistics. Several missing connections leading to a non-functional mental health policy can be identified further down the road, such as the lack of any systematic reviews of prior policy and strategies as well as a connecting mechanism. An attempt to map out all stakeholders and get them on board for a consensual decision-making process and its execution was also absent. As a result, drawing a comprehensive picture of any such issue became difficult, and the mental health policy's vision, goals, objectives, and purposes became simply words. (Irfan, Implementation of mental health policy in Pakistan: A dream in search of reality, 2010)

12.4 The way forward

The country's future mental health strategy aims to establish a model based on bio-psychosocial elements and integrate psychological health into medical care at all levels. These policy trends offer guidance for the upcoming Five-Year Plan and Vision 2025, based on the concepts of resource production, community awareness, innovation, and establishing affordable and accessible services. The government encourages both consumer and family associations to get financial assistance. Formal coordination between the government departments responsible for mental health and the departments/agencies responsible for primary healthcare, child and adolescent health, and child protection is suggested, in addition to legislative and financial assistance. Similarly, the National Healthcare Program (Pakistan's

national health policy) focuses on poverty reduction and healthcare industry reforms to enable that patient with low or no resources receive healthcare. (Khan, Sayeed, Nasar, & Rasheed, 2020)

Despite numerous challenges and issues, it is heartening to see that mental health services are becoming increasingly prominent in the country's health-care delivery system. Despite a lack of resources and facilities, considerable work is being done in Pakistan's mental health sector.

CHAPTER 13

CONCLUSION AND RECOMMENDATIONS

13.1 Conclusion

Mental health and psychological distress are raising concerns, and current data indicates that there is little or no knowledge of the issue in low and moderate income communities, particularly in South Asian countries. There isn't much research done in Pakistan, therefore this study aims to investigate and highlight patient perspectives of mental health in relation to the pandemic. Individuals may have their own perspectives and interpretations on the subject, but the reality remains that they are in desperate need of therapeutic care that may not be acknowledged culturally. As a result, Kleinman's explanatory model has been utilized to investigate the whole experience of mental health as a disease, as well as individual views and expressions, especially in reference to the current pandemic. The research covers all four domains of the Explanatory Model; however it focuses on the onset time and mode, pathophysiology, and therapy. It may be used to describe both non-communicable and communicable diseases (NCDs and CDs), as well as pre- and post-diagnosis. This is the first study of its kind in Pakistan to use Kleinman's explanatory model, and it can be expanded to a larger scale to gain a better understanding of patient perceptions of psychological distress, its symptoms, and treatment in order to raise awareness, improve service provision, and ensure patient follow-up. This research has explored a very unique topic of mental health as a communicable disease or not. This is first study of Pakistan to explore this phenomenon.

13.2 Recommendations

There is no section of the mental health policy in Pakistan that addresses the necessary measures to be taken during the outbreak of a pandemic. The Mental health policy of Pakistan was first formulated in 1997; issues like prevention, lack of awareness, treatment, and rehabilitation were strongly addressed. The provisions included construction of more mental health facilities, vocational training to provide skillful workers, teaching hospitals for psychiatry and counseling services for people in dire need. The policy was not at all comprehensive, and failed to address multiple lacunae. It is a dire need to amend the policy for the future generations to come, and especially the last year is clear evidence and emphasizes the importance of a mental health framework to be introduced for the pandemic. The mental health policy needs to be amended keeping in view the pandemic situation at hand.

There is a dire requirement of a national debate among the policy maker and government representatives to voice the mental health problems such as depression, anxiety, suicide, eating disorders and various others, seldom addressed and talked about in Pakistani society, as they are viewed as a stigma and families as well as communities turn a blind eye to their existence, whether they pertain to somatic causes and symptoms or psychological; particularly in the case of pandemic, in which people are more likely to suffer from those mental illnesses, owing largely to the cultural and social environment of the traditional society of this developing country. The major stakeholders such as the people should be made part of the debate. The religious and cultural aspects should be well regarded and keeping in view the opinions and perspectives of the representatives, the necessary steps should be taken.

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APPENDIX 1: CONSENT FORM/K10 SCALE

TITLE OF STUDY

SURVIVING IN THE ERA OF COVID-19; A QUALITATIVE STUDY EXPLORING THE PSYCHOLOGICAL IMPACTS OF THE PANDEMIC

PRINCIPAL INVESTIGATOR

Name: Afsheen Talat

Department

Address

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PURPOSE OF STUDY

The purpose of this study is to determine the common socio-cultural and physical factors faced by people during COVID-19, which has disrupted various aspects of their lives causing severe psychological distress.

STUDY PROCEDURES

Interviews will be conducted to document the experiences of Covid recovered patients regarding psychological distress during the times of COVID-19

The interviews will be between the duration of 30 to 60 minutes through telephones in order to follow the SOPs. The interviews will be audio recorded.

CONFIDENTIALITY

Your responses stated in the interview will be anonymous. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in the personal possession of the researcher.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Participants telephone number for contact (mandatory):

Investigator's signature _____ Date _____

If you are willing to give your consent, please answer the following questions, so the researcher may find the relevant individuals for his/her study.

Please tick the answer that is correct foryou:	All of thetime (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often didyou feel tired out for no good reason?					
2. In the past 4 weeks, about how often didyou feel nervous?					
3. In the past 4 weeks, about how often didyou feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often didyou feel hopeless?					
5. In the past 4 weeks, about how often didyou feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7. In the past 4 weeks, about how often didyou feel depressed?					
8. In the past 4 weeks, about how often didyou feel that everything was an effort?					
9. In the past 4 weeks, about how often didyou feel so sad that nothing could cheeryou up?					
10. In the past 4 weeks, about how often didyou feel worthless?					

APPENDIX 2: INTERVIEW GUIDE

"SURVIVING IN THE ERA OF COVID-19; A QUALITATIVE STUDY EXPLORING THE PSYCHOLOGICAL IMPACTS OF THE PANDEMIC"

Tool: Interview Guidelines – COVID Patients

Interest Area	Prompts	Probes
Mental Health	Perception of mental health	• What is mental health? ○ How to do you define mental illness?

Psychological distress	Symptoms
	Medical help
		• What are set of symptoms/ signs for psychological distress?
		  • Do you have any of the mentioned symptoms?
		  • Are you taking any medical/psychiatric help?

Social Stigma	Social acceptance Marginalization Social norms Ignorant behaviour	• What do you think about social stigma? • Share your experience regarding any incidence of social stigma? • Have you faced any marginalization from the community? • What do you think about the behaviour of people around you?
Mental health as communicable	Family origins parents current pandemic sick family members Uncertainty	• Do you have a history of mental illnesses? • Do you think mental health is communicable? If yes how? • Do you think your mental health problems have transferred from one of your family members? • How has the work place affected your mental health? • How has COVID-19 contributed to increasing mental health problems?
Faith and Spirituality	Trial Wrath Belief in a greater power Strength	• How has your religion or spiritual path helped you in this pandemic? • What do you think about the role of religion in COVID-19? • Religion a source of strength or weakness?
Culture	Situational backlash Closely knit Taboo	• How has culture played a role in psychological distress? • Do you feel cultural beliefs become a hurdle in

	Mental health beliefs	following the SOPs? • What challenges, if any, did you face during COVID-19 with regard to culture?
Family	Peers Fear of transmission Emotional support	• How has the family support been in COVID-19? • Do you feel you can be a source of infection for them? • How do you cope up with the family isolation?
Economic costs	session fee Daily expenses Loss of jobs Increase in prices	• How has COVID-19 affected you economically? • How much expenditure has been increased due to the pandemic? • Do you feel the mental health treatment is expensive? • Have you suffered a wage cut? • How did you manage to pay for mental health sessions? If any/ • How has economic costs affected your view on mental health treatment, especially during pandemic?
Health costs	Availability of treatment Cost of treatment Quality	• Did you find any adequate healthcare facilities that provided mental health treatment? • Was the cost of treatment affordable? • How was the quality of the treatment? • Would you like to opt for the treatment again if required?
Infrastructure	Availability of facilities Environment	• Was the facilities offer in the Covid centres up to mark? • Do you think the environment of the Covid centre played any role in inducing psychological distress?

DEFINITION OF KEY TERMS

Chapter 1

Mental Health: Mental health is defined by the World Health Organization (WHO) as "a condition of well-being in which an individual recognizes his or her own potential, can cope with typical pressures of life, can work effectively and fruitfully, and can contribute to his or her community."

Sociocultural construct: A sociocultural construct takes into account both social and cultural dimensions, as well as their interrelationships. Individual expression and representation of cultural structures is referred to as culture. Family connections, emotional expression regulations, communication and affective styles, collectivism, and individuality are examples of these. Myths, temporal orientation, ethnic identity, spirituality and religion

Social Stigma: The severe dislike of a person or group on socially distinctive reasons that are seen as distinguishing them from other members of a society is known as social stigma. The broader society may therefore attach stigma to a person who deviates from their cultural standards.

Mental illness, physical impairments, and illnesses such as leprosy, illegitimacy, sexual orientation, gender identity, skin tone, education, nationality, ethnicity, religion, or criminality can all cause social stigma.

Social and cultural norms: Social and cultural norms are standards or expectations of conduct and cognition that are founded on common views among members of a certain cultural or social group. Norms provide societal standards for proper and unacceptable conduct that regulate what is (and is not) acceptable in interpersonal relationships, even if

they are typically unsaid.

Somatic causes: Somatic causes are defined by a strong focus on physical sensations like pain or tiredness, which leads to significant emotional discomfort and functional difficulties. You may or may not have another medical issue that is causing these symptoms, but your reaction to them is out of the ordinary.

Qualitative study: Qualitative research is defined as a market research method that focuses on obtaining data through open-ended and conversational communication. This method is not only about "what" people think but also "why" they think so.

Psychological distress: Psychological distress is described as a state of emotional turbulence marked by depression (sadness, despair, and isolation) and anxiety symptoms (constant fear, restlessness, panic).

Chapter 3:

Methodology: Methodology is defined as the system of methods that are selected to carry out a research. It basically is blue print to how the information for the research will be gathered and analyzed.

In-depth Interviews: In-depth interviewing is a qualitative research approach that entails conducting in-depth individual interviews with a small group of respondents to learn about their opinions on a certain concept, program, or issue. For example, we may inquire about participants' and staff's experiences and expectations connected to the program, as well as their opinions on program operations, processes, and outcomes, and any changes they perceive in themselves as a result of their participation in the program.

Chapter 5

Seena: Chest

Thanday paseenay: Cold sweats

Rooh: Soul/Spirit

Muashray: Society

Rasm: Customs

Riwaj: Traditions

Panic attack: A panic attack is a rapid onset of acute dread that results in strong bodily symptoms.

Dil bethnay: Heart sinking

Chirchara*:* Irritable

Molvi sahib: A learned teacher of Islam

Chamchirak: Bat

Chapter 6

Dardnaak: Painful

Palpitations: heartbeats that becomes more obvious all of a sudden

Hath kanpnay: Hand shivering

Kandhay kechna: Muscle stretching

Rona: Crying

Sans phoolna: Panting

Dimagh ka sun hona: numbness of brain

Pheparay: Lungs

Hakeem: Cultural healer

Peer baba: Sufi master

Taweez: Amulet

Khuda ka azaab: God's Wrath

Manzil: A booklets of Islamic versus for safety against supernatural beings.

Chapter 8

Na gahani halat: Unintended consequences