

The COVID-19 Curve ball: Psychological Priorities in the Post-pandemic World

Dr. Kanika K. Ahuja¹ and Dr. Megha Dhillon²

In early 2020, the COVID-19 pandemic took over almost all aspects of human life ranging from work routines and parenting styles to social behaviour. The pandemic brought in its wake, phenomena that most humans in contemporary times knew little about, for example, lockdowns, social distancing and mask-wearing. Life changed abruptly and drastically with no end in the sight to the adjustments demanded by the 'super-spreader' virus. The situations created by the pandemic have raised many important questions for the discipline of psychology. One question is about the responsibilities that psychologists owe to people during times like these. Can it be business as usual, or do we need to act and respond differently? Given the unprecedented and unpredictable nature of the virus, it would be naivety to think that it can be business as usual.

Data collected during the pandemic has indicated a substantial increase in mental health problems including anxiety and depression. According to a report released by the World Health Organization, the global prevalence of anxiety and depression increased by a massive 25% during the first year of the COVID-19 pandemic, augmenting the need for the world to pay more attention to mental health. Vlachantoni et al. (2022) studied the impact of social distancing measures aimed at controlling the spread of COVID-19 on social isolation among those over 70 instructed to shield at home. Among older people who hardly ever/never felt lonely before the pandemic, 33.7% reported some degree of loneliness between April 2020-January 2021. Further, measures initiated to curtail the spread of the virus and the burden on the health care systems of every country, meant that people with mental health vulnerabilities experienced delays in receiving the care they needed.

Compared to nonessential workers, essential workers have been more likely to report symptoms of anxiety or depressive disorder (42% vs. 30%), substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%) during the pandemic (Panchal, Kamal, Cox & Garfield, 2021). Members from marginalised groups including LGBTQ community members, ethnic and or religious minorities and women have been confronted with disproportionate losses (e.g., Salerno et al., 2020). As quarantine measures began, several countries, such as the U.S. reported increases in domestic abuse incidents ranging from 21% to 35% (Wagers, 2020). The National Domestic Abuse Hotline in the UK too saw a 25% increase in calls since stay-at-home measures were implemented (Kelly & Morgan, 2020). India witnessed the same trend with the National Commission of Women registering a significant

increase of 94% in complaints from women being assaulted in their homes during the lockdown.

Such outcomes require an acknowledgement of the fact that mental health professionals including psychiatrists, psychologists, and social workers have a critical role to play in the management of the pandemic as well its aftermath. Psychological adjustment may not come easily to everyone as activities that were suspended in the last two years are resumed. There is also evidence to indicate that patients are also 60% more likely to suffer lingering mental and emotional woes in the year following their infection (Xie, Xu, & Al-Aly, 2022). People who had COVID-19 are 35% more likely to suffer from anxiety, and nearly 40% more likely to suffer from depression or stress-related disorders. Among these patients, there was a 55% increase in the use of antidepressants, and a 65% increase in the use of anxiety medication. These patients were also more likely to have sleep disorders more likely to have thinking declines (e.g., forgetfulness, lack of focus).

Given that mental health has been a burning issue in the events that have unfolded in the last two years, dealing with the pandemic is not simply the arena of doctors. The prime responsibilities of mental health professionals pertain to offering the best care they can to the largest number of people they can. The emphasis needs to be on enhancing the accessibility and availability of mental health care services through awareness programs, telemedicine, telephone helplines, web portals and emergency services. It requires professionals to extend themselves to reach populations they may not have worked with earlier, work longer hours than they might otherwise be used to, conduct research in new domains using novel methods, have higher involvement in community-level work and in policy development. Further, it would require mental health professionals and their clients to adapt to a new form of interaction (for example, during psychological assessment and therapy) that is mediated by technology, as opposed to the usual face-to-face mode followed in earlier times.

The second question is about how the focal areas of various psychological sub-fields may diversify as we enter the post-pandemic phase. In all likelihood, the pandemic has already shaped the contours of every sub-field including health psychology, educational psychology, psychology of disabilities and organizational behaviour. Some reflection on these diversifications may be useful at this point. Health Psychology, still a nascent field in India, studies psycho-social

¹Associate Professor, ²Assistant Professor,
Department of Psychology, Lady Shri Ram College for Women, University of Delhi

factors that promote health as well as the prevention and treatment of disease and illness. Taylor (2018) writes that an important factor influencing the rise of health psychology was the change in illness patterns in developed countries in recent decades. Until the 20th century, the main causes of illness in the United States were acute disorders caused by viral and bacterial invaders.

However, the prevalence of acute infections declined because of better treatments and changes in public health stands. The focus thus shifted in the developed world to chronic illnesses including cancer, obesity, heart disease, diabetes and pain. Health psychology which arose largely in the 1970s has thus traditionally focused on studying chronic illness and its management. However, the pandemic has brought public attention back to infectious diseases, thereby creating a need for health psychologists to study psycho-social and cultural factors in the large scale spread of potent and life-threatening infections. This is also the time for health psychologists to create interventions and programs that can help people adjust to a new normal that requires them to be ever cautious in the face of new COVID-19 surges.

Another field faced with a novel set of priorities is Educational Psychology. The pandemic has drastically changed the global landscape of education. Suspension of face-to-face teaching during the pandemic has indicated clear losses for children's learning. A study analysed these losses by using data from the Netherlands, which underwent a relatively short lockdown of 8 weeks. The country enjoys an equitable system of school funding and the world's highest rate of broadband access. Yet the results revealed a learning loss of about 3 percentile points. Losses were up to 60% larger among students from less educated families (Engzell, Frey & Verhagen, 2021). The closure of schools has created major barriers to learning for children including lack of access to smart phones or tablets, poor internet connections and difficulty paying attention to online content. These challenges have been even greater for children who face multiple disadvantages such as being of the female gender, from groups considered as lower or backward castes and belonging to poor households. It appears that the shift to online education has exacerbated existing inequities within the education sector.

Educational psychologists are now tasked with studying the challenges and advantages of online education (especially when it is an outcome of circumstances rather than choice), particularly for young children. Interest must also be taken in training teachers with the skills that work best in virtual classrooms and determining the impact of being away from school on children's scholastic and social development. Given that the pandemic may surge again, educational psychologists must also equip educators, children and parents for hybrid education.

Among the marginalised populations most hard hit by the pandemic are persons with disability. People with disability who have underlying health conditions remain at higher risk of developing severe symptoms if infected with the virus. Additionally, persons with disability face several barriers in accessing public health information pertaining to the pandemic. Another concern has been with regards to the effects of social isolation on the development of children with disability who tend to have smaller peer networks than able-bodied children. Lockdowns have created an intense set of barriers that have made the availability of basic goods, services, and opportunities even harder for persons with disability. In this scenario, it is necessary to foster access that is disability sensitive by emphasizing the framework of Universal Design. Universal design is creating living and working environments or products that can benefit the widest possible range of people in the widest range of situations. Before the pandemic, the focus had been to create offline spaces and tools based on the principles of Universal Design. The shift to a technology-mediated, post-pandemic world now demands that these principles be applied to spaces that are virtual or hybrid in nature. This essentially amounts to the development of websites, apps, software, and online classrooms that promote inclusion alongside the widespread dissemination of digital literacy.

The place of work and the nature of work have both been impacted for good, too. The pandemic has caused workers to rethink the institution of work and nudged them towards greater self-determination. This may have fuelled 'the great resignation' (Hill, 2021). The increased level of savings during the pandemic especially in developed countries (as it was difficult to spend money and people figured out creative ways to downsize one's expenses) has led workers to leave jobs that do not pay well, do not offer decent work conditions, or do not have a trusted community at work. HR professionals must respond to this challenge and think of innovative ways to bring employee and their well-being at the centre of discourse, instead of just a profit orientation. Emergent changes in work practices (e.g., working from home, virtual teamwork) as also emergent changes for workers (e.g., social distancing, stress, and unemployment) have necessitated a swift response from practitioners. HR practitioners will have to especially address the needs of vulnerable categories of employees, motivate workers in virtual environments, nurture more participative and empathic team leaders, develop new performance management and appraisal systems for remote working populations, and training to recognize mental health issues. The learning from the experiences of the HR Professionals in managing crises posed by the COVID-19 pandemic and the phases they have navigated through will help to successfully manage similar crises in the future (Adikaram, Priyankara, & Naotunna, 2021).

Psychology will play an increasingly crucial role in solving world's most intractable challenges. Human behaviour is at the core of many of the biggest issues with which the world is grappling today- inequality, climate change, health and well-being, the future of work, education, and more contemporary issues like increasing vaccine confidence, pandemic fatigue, family burnout, fighting fake news and misinformation, etc. Psychologists should take their rightful place not just as a seat at the table but to actually head the table.

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