

Losses and learning amidst COVID-19

COVID-19 continues to evolve rapidly and spread across the globe, with more than 52 million confirmed cases and over 1.3 million deaths in 220 countries. With the escalation in virus transmission, we are witnessing its spiralling, disruptive effects on the global, community as well as individual functioning, leading to human, economic, material and environmental losses. The pandemic has created immense changes in lives and the losses on people worldwide irrespective of diversities such as age, gender, race, culture and economic development of countries are comparable; however, the severity of their impacts is inequitable. The Cambridge dictionary defines loss as the fact that an individual no longer has something or has less of something, or a disadvantage caused by someone leaving or when something has been taken away. Several losses that we are experiencing since the outbreak are unforeseen and difficult to define. COVID-19 has led to unimaginable mortality rates and long-term physical health consequences. Losses in personal and national health security pose as people's hesitance in accessing healthcare due to the fears of putting oneself at risk of contracting the coronavirus, and inability to access healthcare due to shortage of resources, increased demand of doctors and overloaded health system. The pandemic represents a global challenge to the economy and food supply. Stringent measures restricting economic and social activities have disrupted the labour markets worldwide, irrespective of developed/developing, industrially advanced/backward, high-income countries or diversified economies, creating an existential threat to several economies. The unexpected scenario resulted in widespread fears of recession and job loss. According to the International Labour Organization, almost half of the world's 3.3 billion workforces are at risk of unemployment. The informal sector within the developing world has been affected substantially with no means to work remotely, lack of welfare protection and diminished

access to health care. Data available indicate that the wages of these workers dropped by an estimated global average of 60% in the first month of the devastating crisis. Although several countries have implemented unemployment relief, people remain apprehensive as there are no guarantees for the duration of wage support due to the seemingly never-ending pandemic. According to the Sustainable Development Goals Report (2020), this unprecedented economic crisis has weakened a 15-year global effort to achieve global sustainable development goals, including mitigation of poverty and improving healthcare and education, by reversing years of gains. Mandatory lockdowns and border closures to prevent community transmissions

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of the disease, disruption in goods supply, inaccessibility to social services and the financial crisis have increased the risk of living in hunger and poverty. The World Health Organization estimated the number of undernourished people at nearly 690 million or 8.9 of the global population in 2019 and reports indicate that the pandemic may add another 132 million people to the estimates in 2020.

The widespread outbreak has affected people globally on a micro and macro level and the losses have been accompanied by adverse mental health consequences. Misinformation regarding the new virus, its severity and morbidity, lack of proven drug treatments or vaccines, uncertainty regarding its course and progression, multiple losses incurred, and social isolation contribute to a feeling of vulnerability, stress and psychological morbidity. Suicide and self-harm rates have increased variably in many countries since the outbreak of the contagion, indicating a deterioration in public's mental health. Studies that modelled the impact of COVID-19 on suicide rates predicted a surge ranging from 1% to 145%, it was also observed that the mental health of children and young people was disproportionately affected due to the pandemic, relative to older adults, suggesting increase in suicide and self-harm.

Literature is available addressing the link of the outbreak to fear of infection, anxiety, sleep disturbances, substance abuse, and depression in the general population, with anxiety being the widespread emotional response. Health anxiety, mistrusting public authorities and scapegoating specific populations can increase due to inaccurate and exaggerated information from the media regarding Covid-19. Fear of economic crisis and reduced resources created increased panic in the general population globally that led to the stockpiling of food and commodities. Although the infection-reducing measures of stay-at-home orders and confinement were mandated by governments globally to control the pandemic and create a safety net, these have impacted people's freedom, limiting them to their homes. For some, this was at a cost of their safety and security with increased risk of child

abuse and domestic violence. The 12-month prevalence of sexual/physical violence in women and girls between the ages of 15 to 49 years worldwide as reported by the United Nations is around 243 million. The emergence of the COVID-19 pandemic has seen a spike in this number with a substantial increase in domestic violence reports and calls to intimate partner violence emergency support lines in several countries. However, this is not a new trend as increased abuse has been an observed pattern in many emergencies where disease outbreaks, natural disasters and economic crises were added stressors. Racial discrimination has intensified in many places, particularly against East Asian and Southeast Asian people. The coronavirus pandemic has given rise to a devastating double pandemic of violence and racial discrimination with immense physical, emotional and social consequences. The absence of physical presence of family and friends leading to loneliness has become a universal experience through virtual platforms that are available to connect. The pandemic has a possible detrimental impact on the student population with rising apprehensions and uncertainties about their academic stability, future education and employment opportunities. There is an aspirational gap with ambitions on hold and young people are losing hope about their future. Meanwhile, school closures and online learning/homeschooling can be equally stressful for young children and parents. This impact is likely to be experienced inequitably by families, the most vulnerable being single parents, working mothers, parents with unsteady employment and those in the lower socio-economic strata. Children can be affected by the loss of social stimulation and engagement, structured physical activities and free accessibility to food and healthcare. As children and youth are isolated from peers, teachers, extended families and community networks, mental health conditions may increase. School closures and social distancing may result in increased loneliness in children and youth during the COVID-19 pandemic. Studies in youth indicate school connectedness as beneficial for their self-esteem, better academic achievements, positive mental health and life satisfaction and lower rates of risk-taking behaviours, substance abuse violence

and gang involvement, and a lack may affect those who are at greater risk for feeling disconnected or alienated from others. Unexpected disruption of social connections, loneliness and reduced support ensuing from the strategies intended to protect our senior citizens have had more serious impacts on their physical health, mental well-being and quality of life. The sudden cessation of outdoor activities and physical exercise have profoundly changed the lifestyle of our geriatric population. Uncontrolled fears around their existing comorbid health conditions, vulnerability to the infection and disabling loneliness potentially increase their proneness to anxiety, agitation, depression and suicidal behaviours.

With the increased death toll due to COVID-19, many families have lost their grandparents, parents, siblings, partners or children. Researchers estimate that for every individual who dies in the pandemic nine close family members are affected and the ripple effects due to the deaths and associated losses may last for several years. The unexpected changes experienced during the pandemic accompanied by feelings of loss can be compounded with different experiences of grief. Although grief is often thought of as associated with loss by the death of a loved one, it is also a natural response to the losses. Besides grieving the loss of a loved one due to the contagion, we may experience ambiguous losses and anticipatory grief that occurs due to the uncertainties about the ability to return to normal life or predict about the future as the pandemic continues. Often the grief process is frozen due to a lack of clarity of what is the person's loss or what is lost, and this delays acceptance, closure and inability to move on with life. In the current crisis, the healing process can be thwarted by increased anxiety, a heightened sense of loss, increased isolation and loss of social networks. Many undergo unrecognized or disenfranchised grief associated with feelings of loss of self-confidence, and loss of security and control over life. However, they are unable to express the loss due to apprehensions of being misunderstood or invalidated by significant others or society.

Grief may be exhibited through a variety of

emotional reactions such as anger or denial, besides sadness and sorrow. As we navigate through the different stages of grief as proposed by Kubler-Ross & Kessler, finding acceptance for the loss is imperative to move on with the new reality and learning to live with it.

The pandemic has no doubt altered our lives. It has opened our eyes that we are affected equally in illness, suffering and loss despite the man-made categorization based on economy, race, colour and religion. The virus has made us think about how short-lived and transient life is; what we have today, may not be there tomorrow. We have realized important life lessons as it has taught us to reorganize our priorities, cherish life and live every moment by accepting the 'new' normalcy. The lockdown and work-from-home orders have retarded our rat-race and gripping pressure to be productive and competent although our sense of security regarding the future has been compromised. For those who have been grappling to find a balance between work and home life, and craving to take a break from burnout, this has been an opportunity to understand that it is not always important to be on the go. People are learning to slow down in life, revive their interests, be mindful and enjoy being in the present. We have witnessed a rise in numbers of suicides, domestic violence and substance abuse over the months of COVID-19 due to the unanticipated losses, growing frustrations and staying at home. However, this has been an opportunity for several families-spouses, parents and children to spend quality time together, express their feelings, understand each other, be validated and strengthen bonds. The change in work routines and unavailability of childcare have affected several families, particularly single parents but many have prioritized the prospects to enhance their parent-child attachment bonds. Social isolation and physical distancing have opened our eyes to the need for touch, hugs, social supports and relationships. We have learned promptly to appreciate interpersonal relationships and the time spent together with families and friends. Prevalent technologies for communication such as the internet and telephone have unexpectedly become a blessing and have helped us

revive our lost conversations with our loved ones. The isolation and quarantine measures can be challenging for those susceptible to emotional eating to cope with anxieties, fear, stress or boredom, causing weight management issues or obesity. For those who took physical health for granted, the contagion has enforced more focus on the need to maintain a healthy lifestyle to prevent the pandemic of lifestyle-related ailments that could compromise our susceptibility to this complex virus. The 'new normal' has reduced our expenses, taught us to be satisfied with what we have and facilitated to shift our focus from a materialistic to minimalistic lifestyle. Financial insecurity and job uncertainties have made us mindful of our spending habits and the need to save for a rainy day. The virus has taught us to give to people and appreciate the essential workforce, especially the frontline workers who are in the fight to hold lives together.

Positivity and a sense of gratitude help us navigate through difficult times. During this crisis, it is vital to have realistic positive thinking than be an unrealistic optimist. Decisions based on accurate and unbiased evaluations empower us to reasonably accept potential susceptibility to COVID-19 threats rather than feeling overwhelmed with biased expectations and take adequate precautionary measures rather than undermining them. Improving one's resilience and social support are crucial as they are essential protective factors that may aid in the re-adaptation process to a new normalcy. Although physical and social distancing is a requisite to control the transmission of the virus, effective communication of feelings and seeking emotional support are vital for attenuating the crippling control that the pandemic has gained over lives. With the growing numbers of coronavirus cases despite stringent measures, there will be an exponential increase in mental health crisis. Recognition of the inequities in psychosocial impact of COVID-19, based on age, gender, culture and socioeconomic status, is essential for mobilization of community-based interventions. The provision and accessibility of mental health services to the vulnerable groups should be enhanced. It is essential to raise awareness in the general population regarding the emerging mental health issues during the pandemic and extend support and coping

strategies to those in need. The ramifications of COVID-19 will linger for years as seen in past pandemics. It is pertinent to provide appropriate safety nets to the public and essential workers to deal with the evolving mental health crisis. This is only possible with collaborative efforts from all the stakeholders, including the government, policy makers, healthcare and mental health professionals and the community.

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