

Post-Covid Mental Health Challenges to South-Asian Countries
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Mental health professionals have predicted a tsunami of psychiatric illness worldwide post-COVID-19 pandemic (Tandon, 2020). Delirium was the most common psychiatric illness in coronavirus sufferers during the acute phase of their illness. After one year of hospital discharge, significant depression, anxiety, post-traumatic stress disorder, and other psychiatric illnesses have been observed in these survivors. Lack of attention and concentration, poor memory, slowed mental processing speed, and poor quality of life are the other post-covid challenges for its survivors (Rogers et al.; 2020).

According to different review studies from south Asian countries, the prevalence of depression, anxiety, somatic complaints, substance use disorders, and insomnia in the general population is reported in the aftermath of COVID-19. In India, which has the highest empirical studies during and after COVID-19, gaming addiction is reported to have increased in adolescents, which took hype during the COVID lockdown (Balakrishnan et al., 2022). Furthermore, reviews suggest that Pakistan and Bangladesh had the highest prevalence of anxiety and depression. There is insufficient empirical evidence on post-COVID mental health challenges in Afghanistan, Bhutan, and the Maldives (Hossain et al., 2021).

The reasons behind COVID-19 inducing mental health issues after the pandemic among South Asian populations

are social prejudice and racism, which has exacerbated mental health issues amid the pandemic. The post-COVID economic reverberation has led to Heightened anxiety and depression. The isolation and social distancing between covid sufferers and the general population have also increased feelings of loneliness, depression, and anxiety. These post-COVID challenges have resulted in a dire need for psychological crisis intervention, especially in developing south Asian countries with fragile health and security systems with limited resources. Recent literature has highlighted a rise in mental health issues in South Asian countries like Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka post-COVID-19. These countries lack the essential mental health resources to deal with the mental health issues and challenges amid the pandemic.

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The workforce in these regions to handle mental health issues is disproportionate to the clinical population. Bangladesh has the lowest number of psychiatrists among the mentioned South Asian countries with its psychiatric population with a 0.13:100,000 ratio. The client-psychiatrist ratio of Maldives is 2.39 per 100,000 individuals. In India, this ratio is 0.4 for 10,000,000 and 0.4 for 18 in Sri Lanka. *Pakistan* has only one *psychiatrist* for every 10,000 persons with mental disorders (Tasman 2015).

The inadequate proportion of clients and mental health professionals is another challenge that can further aggravate the mental health issues of people suffering from post-COVID mental health. There is a dire need to establish a well-coordinated and Fully functioning team of mental health professionals in South Asian countries to fulfill the demands put on their poor and fragile mental health facilities. The team should include social workers, psychiatrists, health and clinical psychologists, and a general physician.

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