STRENGTHENING MENTAL HEALTH AND SPIRITUAL SURVIVAL DURING THE COVID-19 PANDEMIC

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ABSTRACT

The COVID-19 pandemic brings significant threats to physical and mental health. Sometimes, mental health is forgotten. However, it is a crucial fact. Less is known about the temporary changes of mental health conditions due to the COVID-19 pandemic. This paper aims to describe the mental problems during the COVID-19 pandemic and how to strengthen the mental health and spiritual survival during the COVID-19 pandemic. This paper is a literature review. The literature was selected from PubMed and Google Scholar. The keywords were COVID-19, mental, spiritual, strengthening. To strengthen mental health, it needs support and strategy. Otherwise, the immune system will be decreased and the coronavirus will be easily infected the body. Sleep disorders, anxiety, depression, and suicide have increased lately. Therefore, it is very essential to strengthen mental health and spiritual survival during the COVID-19 pandemic.

Keywords: Covid-19, mental, spiritual, strengthening.

A. INTRODUCTION

There were sudden severe respiratory infections at the end of December 2020. They were caused by a new coronavirus. COVID-19. COVID-19 is coronavirus disease 2019. This new virus spread very quickly worldwide and caused pandemic. World Health Organization (WHO) declared this condition as a pandemic in March 2020. The COVID-19 pandemic has many impacts on our lives. Working must be done from home. Schools have to be attended online. Lockdown and activity restriction are also needed. Job losses and financial problems make the condition worsened. Those sudden abrupt conditions caused bad effects on mental health. Therefore, it is important to know how to strengthen mental health and spiritual survival during the COVID-19 pandemic (Schnell & Krampe, 2020).

The effect of the COVID-19 pandemic is not only in medical side, but it hits psychosocial and economic sectors. It is long term effect. It is not only lasted in one or two months, but it is more than one year. Travel ban and job loss cannot be avoided. Travel ban will further jeopardize economic flow. Social interaction is limited. Interaction must be done virtually as many as possible. Human is normally a social creature. It is hard to live in minimal real social interaction, especially for extrovert people. However, the social distancing strategy is effective in lowering the risk of infection. Therefore, it must be continued whilst maintaining effective virtual social interaction for working, learning, and communicating (Banerjee et al., 2021).

The major stressor can come from home-confinement regulation, lockdown, social isolation, jobless, school from home, and getting afraid to be infected. It can cause widespread distress. This can aggravate the preexisting diseases. Sleep disorder and a weakened immune system can happen. Many

studies showed that the COVID-19 pandemic had many significant impacts on mental health and wellbeing (Schnell & Krampe, 2020; Shah et al., 2020).

Mental health is a critical part of public health. It is related to depression, anxiety, premature morbidity, and decreasing life quality. World Health Organization (WHO) stated that mental health is a condition of wellbeing in which someone knows his or her capabilities. In this condition, the person can handle the normal stresses in life. He or she can to work productively. Finally, the person can contribute to his or her community. Some aspects of mental health are personal freedoms, social life, financial stability, and lifestyle (Schnell & Krampe, 2020).

This paper aims to describe the mental problems during the COVID-19 pandemic and how to strengthen the mental health and spiritual survival during the COVID-19 pandemic.

B.   METHOD

This paper is a literature review. The literature was selected from PubMed and Google Scholar. The keywords were COVID-19, mental, spiritual, strengthening.

C.   RESULT AND DISCUSSION

The COVID-19 pandemic has brought many impacts to our lives. One of them is a mental health problem. The uncertainty of future career, quarantine, and financial losses caused bad emotional reactions. These conditions also trigger unhealthy behavior such as substance use, sexual video watching, and obsessive compulsive disorders. Decreasing personal freedom during confinement may lead to increasing risks for psychiatric problems. There are already many studies revealed those negative effects such as psychological and emotional problems during the COVID-19 pandemic (Achraf et al., 2020).

In a study of eight countries for assessing levels on anxiety and depression, Genereux et al. (2020) found that almost one-third of respondents (30.2%) revealed high score for levels of anxiety and depression. However, two countries with the highest cumulative incidence of COVID-19 (i.e., Belgium and Switzerland) had the least score for the levels of anxiety and depression. This result was similar to other study (Genereux et al., 2020; Liang et al., 2020).

Students' psychological help support

The COVID-19 pandemic have a tremendous impact on human survival, economic flow, and daily lives. Big sport events are cancelled. So many businessmen are bankrupt. Unemployment is common anywhere. This condition might last long (Liang et al., 2020).

The COVID-19 pandemic is the trigger of some emotional distress. The psychosocial responses are varied. Those responses are anxiety, shame, depression, or weakness. More than 90% of participants had high fear scores. The impact of the COVID-19 pandemic on college students must not be forgotten. Chinese college students felt stressful during the COVID-19 pandemic. They were afraid of the future of their academic performance. It causes distress, anxiety, and depression among college students. One way to handle the psychological distress is looking for the professional help like psychologist consultation (Liang et al., 2020).

There were some guidelines from the China Health Commision to manage psychological problems for the population during the COVID-19 pandemic. To reduce the possibility of corona virus infection, there were online psychological counseling services. It was provided for whole day service. It was free. There were various psychological service resources available. However, neither professional counseling nor mental health services were used (Liang et al., 2020).

Emotional responses and management

There are three stages in decision-making process. The stages are as following (Liang et al., 2020):

1. Stage 1

   It is how the perception of psychological problems.

2. Stage 2

   This stage is self-assessment stage. In this stage, the person has his or her own willingness and ability to solve the problems by himself/herself.

3. Stage 3

   This stage involves other-assisted assessment. The option is to seek for help to a professional institution. This stage is considered when other solutions doesn't work.

Factors that determinate the decision for help-seeking process are previous experience with the help-seeking process, self-perception, self-efficacy, and convenience. Relations between perceived stress and emotional distress are different also between people. These conditions also related to decision-making process (Liang et al., 2020).

Perceived stress

The pandemic had an acute and large impact. It is a huge stressor. The stress level was higher compared to the stress level before the COVID-19 pandemic. However, the level of stress is different among people. It depends on the perceived stress. Perceived stress means a subjective reflection towards an event. Stress will be appeared when someone has no control over any emotional event. Later on, this condition can get worsened and become anxiety, depression, and post-traumatic stress disorder. It will have bad affects also on physical health such as high blood pressure, a higher risk of cardiovascular disease, and cerebrovascular disorders (Liang et al., 2020).

The effects of boredom

Boredom was one of the most common stressors during quarantine and home confinement in the COVID-19 pandemic. Boredom can induce emotional distress. It is related to monotony and repetition. It is also associated with higher level of stress. It is a risk factor for anxiety and depression. Obsessive-compulsive disorders are also one of the boredom effects. When boredom happens, people tend to feel lose control of themselves (Liang et al., 2020).

Emotion Theory

Fear in the COVID-19 pandemic usually is related to the life and belongings or properties. When the fear deepens, then depression and anxiety can arise. There is association between fear of the COVID-19 pandemic and fear of the future career. Emotion is essential in determining behavior. Emotion is a feeling that cause physical and psychological changes. It affects thinking process and behavior. Emotion is a complex process (Liang et al., 2020).

There are some theories regarding emotion. The James-Lange theory said that emotional response is affected by the physiological condition. It means that when there is an event that affected a person's physiological condition, then the emotion will develop based on the physiological condition previously (Liang et al., 2020).

The Cannon-Bard's theory is different from the James-Lange theory. This theory emphasized that an event takes place then the physiological response and emotional response happened at the same time (Liang et al., 2020).

The Schachter Singer's theory of emotion said that the physiological reaction happened after an event. After that, a person has to find out the reason of the physiological reaction, then he/she can acknowledge it as an emotion (Liang et al., 2020).

The Lazarus's theory of emotion said that after an event, a person appraises or label an event based on his or her previous experiences. It is associated with culture, religion, or other conditions. Based on the labeling, the formation of an emotion and the physiological response happen almost at the same time. Therefore, any kind of emotional reaction such as fear, anxiety, depression, boredom, panic, etc. can be associated with those theories above (Liang et al., 2020).

'Fear of COVID-19' and future career anxiety

Fear is a complex feeling. Fear can be due to anything. In the COVID-19 pandemic, fear is related to life and future. Emotion is a complex process. Fear is common form of emotion. It is encountered by any ages, races, and jobs. Fear is a sign of danger and awareness. Anxiety is a feeling of unpleasant. Anxiety usually comes up when fear is present. Therefore, the COVID-19 pandemic as a big disaster, can induce fear, anxiety, and depression. Hoax, waves of unauthentic information, and social media blows up make the negative emotions come up easily (Liang et al., 2020).

Anxiety is a threat to future happiness, self-esteem, and ability. Anxiety makes a person cannot think well. The COVID-19 pandemic induces anxiety about the future career development, especially for college students and working people. Therefore, people cannot think clearly and decide what to do next about their future career. Job loss and uncertain economic flow during the COVID-19 pandemic make the anxiety get worsened (Liang et al., 2020).

Fear is an alarm sign for psychology that something is not running well. Fear needs a solution to cope with. Anxiety is a helplessness condition. Anxiety means that people believe that they are not able to control and predict future situation. Depression is a psychological disorder that consists of a continuous emotion of grief and loss of interest. There is close relationship between anxiety, fear, and depression. Fear and anxiety are related to the future threat (Liang et al., 2020).

Mental symptoms and mental disorders

Mental symptoms are boredom, loneliness, bad sleep, anxiety, and depression. Mental disorders are schizophrenia, bipolar, depression, substance use disorder, eating disorder and obsessive-compulsive disorder. Chronic pain and dermatillomania (skin, hair, or nail picking) are also signs of mental symptoms (Almeda et al., 2021). The worst impact is suicide (Banerjee et al., 2021).

Suicide

The Coronavirus disease 2019 (COVID-19) affects economic flow. There is unemployment everywhere. It arises fear and anxiety. Psychiatric disorders risks are increased. At the end, it triggers suicidal thought, suicidal attempts, and suicide. The most vulnerable groups are the health workers, jobless people, elderly, homeless, and migrants. People with pre-existing mental problems previously are prone to suicide. Substance users are having higher risks of suicide. Suicide must be prevented by early detection (Banerjee et al., 2021).

The World Health Organization had stated that unemployment, stress, and panic contribute to risk of suicide. People die not because of the virus, but they die due to fear and panic. Suicide prevention is prioritized by the United Nations. Psychosocial factors and economic reasons are the most common contributors to suicide risks (Banerjee et al., 2021).

There are some theories of suicide as following (Almeda et al., 2021):
a.   Durkeim Theory
       This theory talks about insufficient integration in a group. There is lack of social interaction and regulation. Egoistic is dominant. In the COVID-19 pandemic, the confinement policy such as social distancing and quarantine make the social interaction decreased. This is the predisposition to suicidal risk.

Extreme financial problem such as unemployment, death of family members, and social interaction disruption contribute to increasing of suicidal risks.

b. Fatalistic Theory

This theory emphasizes extreme social regulations. Social distancing, limited the COVID-19 pandemic ravelling (travel ban), and lockdown are signs of threatening conditions. These conditions are risks for suicidal thought, especially for vulnerable people

c. Altruistic Theory

It is a theory of sacrifice. People tend to sacrifice themselves (commit suicide) due to infection because they are afraid of their loved ones getting infected

d. Joiner Theory

It is also called interpersonal theory. When someone feels hopeless about the future, the risks of suicide will be increased.

e. Social stress Theory

This theory is related to loneliness, isolation, individualism, and perceived competition. Lack of social integration is the risk factor of suicide.

Based on the category, the risk factors for suicide can be divided into some factors as following (Banerjee et al., 2021; Kontoangelos et al., 2020):

a. Loneliness, isolation, and boredom

The contributor factors are travelling ban or restriction, social and physical distancing, lack access to technology, confinement. Excessive use of gadgets in adolescents due to less face-to-face interaction can induce psychological distress.

b. Fear and uncertainty

This feeling can arise due to unknown the last period of infection, lack of exact treatment for the COVID-19 infection, misinformation, hoax, competition of health care services and facilities

c. Marginalization

Stigma, blame, afraid of crowd and strange people (xenophobia), and sensitive to all COVID-19 related things are reasons for marginalization. Suicidal risks are high for racial minorities. Mongoloid race is one of the risk factors of being discriminated during the COVID-19 pandemic. Children with autism and psychiatric patients need to have extra support during the COVID-19 pandemic

d. Psychological disorders

Some psychological disorders are anxiety, depression, post-traumatic stress disorders, and substance abuse

e. Relapse of psychiatric disorders

Relapse can happen due to lack access to health care facility, awareness, and medications

f. Economic fallout

Recession, financial crisis, unemployment, and loss of hourly working are related to economic burden and lead to suicide. Unemployment rate reached more than 2.5 million in the United States. This condition can happen in a long period. Many small factories and industries are bankrupt. Travel, entertainment, and tourism sectors are closed. The International Labor Organization forecast stated that around 25 million jobs are lost due the COVID-19 pandemic. Suicides rate might increase more than 6000 due to unemployment. Therefore, health care facilities must prepare mental health service more detail and comprehensive to prevent suicide.

g. Domestic abuse

Increased contact time with partners and children during the COVID-19 pandemic are risks factors for domestic abuse. Prolonged domestic abuse can trigger suicidal thought. Victims of

domestic violence are at increased risks of suicide. The families are in close contact for a long time during lockdown. Violence is easy to happen without any witness. Online helpline must be provided to take care of complaints and share burden before they have any suicidal thoughts. Women and children are the most vulnerable group in the domestic violence. They are too fear to report the violence because they are threatened and depressed. Depression for prolonged time lead to suicides.

h.   Increased access

Wrong usage of pesticides, medicine, and firearms as suicide tools

i.   Vulnerabilities (population at higher risk)

Elderly, adolescent, health workers (frontline workers), migrants, and homeless, victims of domestic abuse, poverty and lower economic status are vulnerable groups.

- Frontline workers are fear about getting infected and transmitted the infection to their families and friends. Pressure also come from work load. They have to face morbidity, isolation, and burnout every day. Self-blame and guilt lead to suicide. Lack of personal protective equipment and shifts flexibility further deteriorate the condition. Stigma from social circle and discrimination increase the difficulties in coping with the burden.
- Elderly feel lonely and neglected when they must implement home confinement and quarantine. They usually live alone apart from their children. Impairment of cognitive and sensory increases the risks of being un-useful. They lose their mobility. Lack of help for daily living activities from families may lead to depression
- Homeless people are at increased risks of suicidal thought. They have no proper shelters. Starvation and no money available make them death. Mental health problems increase the risk of suicides.

Pathophysiology of suicide: possible pathway among immunity, the COVID-19 pandemic, and psychosocial factors

Contributing factors to suicidal thought are from psychosocial and economic factors such as unemployment. However, it was found that suicide attempts patients had higher interleukin-6 (IL-6) concentration in the cerebrospinal fluid. In the severe cases of the COVID-19 infection, there is cytokine storm. IL-6, IL-8, IL-12, TNF-alpha (tumor necrosis factor-alpha), and NF-kB (nuclear factor kappa beta) concentration are elevated (Zhang et al., 2020).

Biological risk factors are suicide attempts previously, family history, substance abuse, and pre-existing psychiatry disorders. Psychosocial risk factors are frontline workers, migrants, stigma, and unemployment or any financial problems. Those biological risk factors and psychosocial risk factors together are called biopsychosocial risk factors. Biopsychosocial risk factors, psychiatric disorders previously such as depression, anxiety, post-traumatic stress disorders, and acute stress reaction together with immune-mediated mechanism contribute to suicidal thought (Zhang et al., 2020).

Risk factors for negative psychosocial impacts

There are some risk factors of negative psychosocial impacts. Those risk factors based on the research are female, elderly, young (student), and having comorbid diseases (high blood pressure, cardiovascular disease, diabetes, lupus, etc) (Almeda et al., 2021).

Anxiety and fear develop when there is information about the contagious coronavirus that can live on inanimate surfaces for a long time. Insomnia and depression in long time can force people to commit suicide. The uncertain period of how long the end of the COVID-19 pandemic is very burdensome. Suicide is begun with self-harm thoughts, negative thoughts and feelings. Fear and anxiety lead to impulsive behavior (Banerjee et al., 2021).

The Indian Psychiatric Society (IPS) recommended collaboration of suicide prevention, mental health support system, and research. Suicide is the top ten causes of death in the world. Men usually had higher rate. Psychiatric patients and drug users are also had higher risks of suicide. The COVID-19 pandemic has double effects of medical mortality and suicides risks. China, India, Bangladesh, Italy, United States, and other South-East Asian countries reported suicide due to the COVID-19 pandemic. The victims were mostly health workers, inpatients of psychiatric hospitals. When psychiatric patients are infected with the COVID-19, the risks of suicide are double. Contributing factors are stigma and lack access to medical care facilities. Increase od suicidal rate is approximately 1% in global worldwide (Almeda et al., 2021).

Self-negative thinking is associated with burnout, boredom, loneliness, fear, prolonged insomnia, and guilt. Homelessness and migration are also risks factors for self-negativity. Misinformation, misdiagnosis, and phobia to strange people (xenophobia) increase fear and anxiety (Almeda et al., 2021).

Getting infected by the COVID-19 caused negative emotions raise. Meanwhile, happiness and quality of life descend. Patients feel fear, and discrimination. People who had grief due to loss of their family during the COVID-19 pandemic are prone of mental problems. Thus, it is crucial to implement steps of strengthening the mental health strategy (Almeda et al., 2021).

Strengthening mental health strategies

The COVID-19 pandemic cause people doing home confinement and quarantine. These policies had negative effects on mental health and well-being (Achraf et al., 2020). Therefore, the strategies to strengthen mental health must be made in detail to prevent suicide (Banerjee et al., 2021).

The coping style

One effective strategy to reduce stress is coping style. Coping style means exert efforts to decrease the stress. These efforts can be from behavior and cognitive aspects. Coping style is divided into two parts, namely positive and negative. Positive coping style is related to better health and mental condition. Meanwhile, negative coping style cause the worsening of mental condition. Positive coping style can be done through problem solving, information seeking, and social supports. It is an active act to decrease stress and try to minimize the problem. Negative coping styles are avoidance and substance use. They are focused on emotional reactions, not looking for the solutions instead. Therefore, negative coping style is associated with a higher score for depression and anxiety (Liang et al., 2020).

Positive appraisal of the COVID-19 pandemic situation can help in lowering anxiety and depression. When the person has negative coping style, worrying will be increased. Females tends to have more negative coping styles compared to men. They usually show passive acceptance (Liang et al., 2020).

Social support

Social support is very crucial in the COVID-19 pandemic. Social support is derived from friends, family, work place, and neighbors. When social support is strong, people can survive from any fear and anxiety (Duan et al., 2020). Risk factor of suicide will be higher when families are not aware of any suicidal signs (Banerjee et al., 2021).

Physical activity

Physical activity is good for improving cardiovascular and respiratory fitness, and the immune system. It is good to maintain body posture. Physical acitivity is also good for a better sleep quality. Finally, physical activity can reduce emotional tension. It will prevent anxiety and depression as well (Rogowska et al., 2020).

The World Health Organization (WHO) suggested to be active during the COVID-19 pandemic. It is recommended to maintain moderate to high levels of physical activity. Many kinds of physical activity can be done at home without any specific tools (Rogowska et al., 2020).

Government and professional organization support

Government can support citizens by making public health policies as transparent as possible. Communication is the key. More health professionals are recommended to work together in supporting government programs (Schnell & Krampe, 2020).

Containment procedures such as social distancing, home confinement, quarantine, and self-isolation may have negative impacts on mental health. People with the mental health comorbidity may be affected more than normal people. Therefore, government must make a potential strategy to strengthen the mental health during the COVID-19 pandemic (Almeda et al., 2021).

Interventions for mental health are developing screenings for depression and anxiety diagnosis. The model must be balanced and based on the community condition. Telemedicine for consultation is recommended to minimize the risk of COVID-19 infections and transmissions (Almeda et al., 2021).

The Italian Society of Epidemiological Psychiatry had some recommendations for mental health care service during the COVID-19 pandemic as following (Almeda et al., 2021):
a. telemedicine by phone or or videoconference for outpatient care
b. emergency cases can come to mental health care directly
c. day care services are changed to online, i.e. by telephone and home care visits as needed
d. length of inpatients must be as minimum as possible
e. avoid admitting new inpatients except it is strongly needed
f. give training of personal protection equipment usage

The strategies above are done to minimize the inpatient care. Those steps are also decrease mental disorder patients visits to hospital or other mental health care services. Reducing mental health care face to face appointment might reduce fear and anxiety of being transmitted by the COVID-19 infection. The aims are to make mental problem patients feel more comfortable and safe in order to minimize the worsening of their preexisting diseases (Almeda et al., 2021).

The Australian government made some digital resources. Counselling, online peer support and emergency lines are provided. Users can get 10 initial individual sessions and additional session as needed up to 10 sessions (Almeda et al., 2021).

In Canada, there is a special system for long-term response for mental health and alcohol policy. All the services are provided virtually. It assured physical distancing (Almeda et al., 2021).

The United States has some recommendations for patient care as following (Almeda et al., 2021):
a. outpatient care can use virtual and telephone service
b. hospital programs implement screening test
c. screening, triage, and rapid tests are recommended before admission
d. special room for COVID-19 patients
e. virtual service
f. home care

The United Kingdom recommendations for COVID-19 care are (Almeda et al., 2021):
a. close contacts are avoided
b. decrease meeting duration
c. inpatient care can be done if benefits outweigh risks
d. Telepsychiatry for consultation and treatment

The WHO recommendations are as following (Almeda et al., 2021):
a. providing psychosocial support for all needed patients, especially with comorbid and elderly.
b. Stop giving stigma to patient with previously infected by the COVID-19.

The American Psychological Association (APA) made some e-resources for mental health. Telepsychology was also recommended. There were also scientific findings about how to deal with emotional impact during the COVID-19 pandemic. Special strategies about how to manage stress and anxiety regarding domestic violence were also provided (Almeda et al., 2021).

The United Nations (UN) recommended to do teleworking, telepsychiatry, and tele-counselling. The UN emphasizes how to access reliable information sources. Therefore, the COVID-19 pandemic management strategies should be collaboration of patients, doctors, and government. The collaboration has to cover researches for risk-assessment specific tools, prevention, and therapy. The data must be unbiased (Almeda et al., 2021).

Real emotional support must be provided although it is in virtual form. Thus, a good telecommunication is needed. Screening of mental problems can be provided through online questionnaires. The questionnaires are also developed for children. The score mostly used is for anxiety and depression during the COVID-19 pandemic. Information about how to manage stress must be provided. This is also important for people who had positive test result for the COVID-19 infection. It is essential to reduce stigma. Tips for working from home is important because it is a new activity for many professionals (Almeda et al., 2021).

A successful digital/online mental health strengthening strategy must be accompanied with training of the staff. The staff have to master digital infrastructures. The elderly is recommended to be supported in digital health services. The digital mental health care services can be used after the COVID-19 pandemic. Digital literacy skills must be improved to access better information and health care system (Almeda et al., 2021).

Besides mental health sector support, the United States National Strategy for Suicide prevention also include economic help to create safe environments. Self- awareness reduces social risks of poverty. Integration of suicide prevention, economic restoration program, and mental health strengthening need to be done in public health management program. Early detection for vulnerable groups such as frontline workers, psychiatric patients, and COVID-19 patients are critical. Online training and community programs are recommended (Banerjee et al., 2021).

Summary of recommendation for mental health strengthening are (Banerjee et al., 2021; Shah et al., 2020):
1. Integration with health services to provide ambulance in emergency situation.
2. Teleconsultation (virtual/phone), follow up existing patients, and teleconference for coordination between health care centers while maintaining privacy of the patients.
3. Online medication refill for pre-existing psychiatric disorders patients can be delivered to minimize face to face contact and reduce the transmission risks.
4. Clues and red flags for behavioral and verbal assessments are death wishes, feel hopeless, panic, history of suicide, substance use, alone, and low self- esteem. Trainer must give those clues to community, primary health center, police, and family in order to early detection of any suicidal attempts.
5. Psychoeducation for family.
6. Online media for communication must ensure the validity of information before spreading any news to community. They must be careful when reporting any suicide. The information has to be accurate and neutral. It must not create any panic or fear.
7. Recommendation for looking for information in the valid source such as from WHO (World Health Organization) or CDC (Center for Disease Control).
8. Limited sales on pesticides, medications, and any tools that can be used for suicidal tools.

9. Provide full support in essential needs such as food, water, medicine, and protective equipment (mask, soap, gloves, or hand sanitizer) for elderly, those who are living alone, or in isolation.
10. Protective personal equipment must be worn also when dealing with wild animals and farms.
11. Ensure 24hour online emergency number to help people who are going to commit suicide can have someone to tell the story and calm them not to do suicide anymore.
12. Economic sector support from government, including emergency funds, food, housing, and medicine for low socioeconomic group.

Ensure suicide prevention is the responsibility of all society. We must work hand in hand to reach better future. Early detection is the key point. All sectors need awareness. Those sectors are especially in economic (including workplace), mental health, mortality, and crisis response. Funding and coordination are needed (Banerjee et al., 2021).

Mental consequences of the COVID-10 infection might higher than the infection itself. Suicide is the most fatal condition. Positivism and resilience have to be built anytime to increase awareness (Shek, 2021). During the COVID-19 pandemic, the focus must not only on prevention in hygiene, but also in mental health problem (Shah et al., 2020).

Steps in focusing on mental health

There are some recommendations for steps in focusing on mental health as following (Shah et al., 2020):

a. Nurse, psychiatrists, psychologist, social workers, and family must work together to give support to patients
b. Mental health facilities and treatment must be provided, especially for patients with pre-existing psychiatric disorders.
c. Valid information about the progression, treatment, and prognosis has to be given to patients and family
d. Private and safe online platforms must be used when providing telemedicine.
e. Behavioral therapy can be given
f. Personal adjustment is done based on emotional response
g. Psychological first aid

Psychological first aid

Psychological first aid is very essential to give prompt and quick support on mental health during the COVID-19 pandemic. psychological first aid is an important intervention because it accommodates the needs of support and compassion going through the bad times in life. It is useful to prevent suicide (Shah et al., 2020).

There are five steps of psychological first aid intervention based on Johns Hopkin's tool. The steps are as following (Shah et al., 2020):

1. Rapport and reflective listening
   This step aims to build good connection with patient by improving listening techniques
2. Assessment
   In this step, we must evaluate the basic psychological needs of the patients in order to give empathy and support
3. Prioritization
   This step aims to triage by choosing the most important cases that requires emergency treatment
4. Intervention
   This step aims to handle distress by cognitive and behavioral treatment

5. Disposition and follow-up

This step aims to stabilize the condition. We must provide continuous support and monitor regularly.

If the five steps above are done successfully, patient can remain calm emotionally. They can be transferred to safe places. Those steps can be used to prevent suicidal attempts during the COVID-19 pandemic. Follow-up is mandatory. Therefore, patients with excessive fear, anxiety, depression, and distress must not be discriminated. They must be helped to improve their mental health and prevent suicide (Shah et al., 2020).

Reflections during the COVID-19 pandemic

The COVID-19 pandemic has been more than one-year battle until this paper was written. We still cannot extinguish it fully. Although the vaccines are already available, the number of COVID-19 infection still increased. All restorations need processes. Below are some reflections regarding the impact of the COVID-19 pandemic to our lives (Roy et al., 2020; Shek, 2021):

1. Digital divide

The COVID-19 pandemic has forced people to rely on online communication and devices. Working, studying, or buying daily needs must be done online to prevent risk of infection and transmission. Internet connection, gadgets, and computers (laptops) are the important tools.

Online learning has advantages such as:
- more flexible
- materials can be seen and studied many times
- more interesting

Some problems regarding online learning are:
- Not all students do not have proper infrastructures (computer, gadgets, nor good internet connection) due to financial factors
- Not all family can provide one computer/gadget for each child
- Eye sight
- Exercise/physical problem
- Radiation of internet usage for prolonged time
- Lack of intensive communication
- Less participation

2. Health Inequalities and Discrepancies

Prevention and treatment become the most crucial things in the COVID-19 pandemic management. There was once when the personal protective equipment was reduced in the markets. People did panic buying. They bought maskers, hand sanitizers, soaps, and scrubs at a large amount. Even, the high social economic level group was caught by candid camera while they are buying groceries in the market using full protective equipment like a doctor treating the COVID-19 patients in the isolation room. This is ridiculous. Frontline workers need a lot of protective equipment, but the high socioeconomic groups waste the precious personal protective equipment just for going to the supermarket. The shortage of personal protective equipment and screening tests are the sources of stress for frontline workers and all of society.

Treatment of the COVID-19 infection are varied depend on the quality of hospital. It is not equal based on social groups and area. Therefore, there are unavoidable discrepancies in health treatments and preventions.

Parental death due to COVID-19 infection during the childhood cause grief for children. Disable children and people who are living in street are increased due to poverty. They are at risk of getting infected without any affordable treatment.

3. Gender difference

Women have domestic burdens such as being caregivers and children online learning supervision. Some mothers are not familiar with Zoom, laptops, or any online learning tools. Therefore, fathers have to be more involved in household chores to support mothers.

4. Increased rate of poverty

There are greater chances for online or internet based industries such as online shops, electronic games, or gadgets/computer shops to survive during the COVID-19 pandemic. However, tourism, transportations, and unskilled workers are greatly hit by the COVID-19 pandemic. Unemployment and unpaid leaves are common during the COVID-19 pandemic. Those conditions trigger crimes, psychosocial distress, mental problems, divorces, and suicides.

5. Family Well-Being

Lockdown made family members stay together in home for long time. The advantages are more interaction among family members and cohesion. However, it can create conflicts and domestic violence, especially when the house is small. Parents burden in supervision is heavier. This induce conflict, especially when the parents are not familiar with online learning systems and tools. Parents must balance their online working and home parenting. Unfortunately, not all companies are able to provide paid leave for the parents during the COVID-19 pandemic.

6. Holistic Quality of Life

The COVID-19 pandemic does not merely affect physical well-being, but it also hits quality of life. The psychological consequences of the COVID-19 pandemic are anxiety, depression, and post-traumatic stress disorders. Social interaction is done virtually. Not all elderly is familiar with this technology. Spiritual wellbeing must not be forgotten during the COVID-19 pandemic. Finding meaning of life and praying are important ways of coping during the COVID-19 pandemic.

The elderly finds difficulties in getting regular treatment for their comorbidities. Transportation is limited. Therefore, telemedicine is recommended. When the elderly is not familiar with telemedicine, the family members can help them. If the comorbidity is psychiatry problem, then the family must give extra support to prevent suicide and maintain good life quality.

7. Economy or Life saving

Economic loss during the COVID-19 pandemic must be restored. However, this restoration has to be done based on health protocol implementation. Travel, tourism, transportation, and hotels are the most affected economic sectors. Economic restart has to be done very careful to prevent increasing death rates.

8. Consumption versus environmental protection

    Home confinement reduces carbon dioxide emission more than 20%. Carbon emission drop more than 5%. Pollution is getting less. Air quality is better. However, domestic and medical wastes are getting more and more. Consumption is limited in confinement period. We learn to feel satisfied. However, consumption can move economic flow. Therefore, it needs balance between consumption and environmental friendly zone.

9. Individual rights versus collective rights

    Government policies such as wearing facial masks are considered as breaking the human rights in some populations. Actually, it is the safest way to prevent ourselves of getting infected.

10. International Collaboration Versus International Competition

    International collaboration must be done to fight the COVID-19 pandemic together. However, there is political hoax that stated the COVID-19 pandemic is made by China. The World Health Organization was criticized that this organization had slow response. The most important thing to be done is cooperation, not blaming each other.

11. Prevention of Negative Well-Being

    Prevention of negative well-being can be done by helping others such as low socioeconomic level groups, giving emotional support for elderly and young people. Resilience and spirituality have to be strengthened.

12. Maintaining Positive Quality of Life under COVID-19

    Positive thinking about the COVID-19 pandemic are needed to maintain positive quality of life during the COVID-19 pandemic. We must understand that personal hygiene can prevent infection. Maintaining social support although virtually is very helpful to help each other. Being grateful for everything, maintaining a positive mindset, and embracing every seconds as a chance to be better are very essential.

    Multidisciplinary collaboration such as integration of mental health care, disease prevention, and treatment during the COVID-19 pandemic is very important to strengthen mental health and spiritual survival. Collaboration must be done in local, national, and international levels. Valid information must be provided for patients and attending physicians. Regular screening of patients and health workers are mandatory to prevent increasing risks of infection (Roy et al., 2020).

    Building social community collaboration can decrease loneliness. It is useful to increase resilience for adolescent, children, and elderly. Elderly should familiar themselves to virtual videoconference meeting with the family member to reduce loneliness (Roy et al., 2020).

    It is very urgent to recommend public mental health policies during the COVID-19 pandemic and afterwards. Psychologists, psychiatrists, and social worker has essential roles in the mental service management for society. We must view the COVID-19 pandemic as an opportunity to reflect ourselves and the society. By combining public health and mental health, it is possible to fight the COVID-19 infection together successfully (Kontoangelos et al., 2020).

D. CONCLUSION

The COVID-19 pandemic had tremendous impact on mental health. Spiritual survival must be strengthened by improving coping style and increasing physical activity. People must support

each other. Future research should be done to further explore which interventions might be better for improving mental health. The COVID-19 pandemic is a good chance to evaluate the psychological impacts in many population groups. It provides critical lessons that can be applied to future disasters. Simple advices that can be given are reduce the stress resources, limit social media, maintain usual rhythm although doing home confinement, positive thinking, and asking for professional help when facing difficulties.

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