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Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

SOCIAL IMPLICATIONS FOR PSYCHIATRIC PATHOLOGY OF DEPRESSIVE AND ANXIETY DISORDERS, ALCOHOL ADDICTION AND PSYCHOTIC DISORDERS DURING THE COVID-19 PANDEMIC IN ROMANIA. ANALYSIS OF TWO RELEVANT PSYCHIATRY HOSPITALS

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Revista de cercetare și intervenție socială, 2020, vol. 69, pp. 261-272

<https://doi.org/10.33788/rcis.69.16>

Published by:
Expert Projects Publishing House



On behalf of:
„Alexandru Ioan Cuza” University,
Department of Sociology and Social Work
and
HoltIS Association

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA
is indexed by Clarivate Analytics (Social Sciences Citation Index),
SCOPUS and CROSSREF

Social Implications for Psychiatric Pathology of Depressive and Anxiety Disorders, Alcohol Addiction and Psychotic Disorders during the COVID-19 Pandemic in Romania. Analysis of two Relevant Psychiatry Hospitals

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Abstract

The paper presents an analysis of the mental health status of the population who has used psychiatry services from two psychiatry hospitals in Galati and Iasi, before and during the Covid-19 social restrictions. The results allowed us to verify the hypothesis that there is a change in the profile of individuals that require a specific approach by the mental health specialists; as well the conclusions resulted from our research regarding the possible effects of the pandemic at community level. This could be a chance to establish and implement a plan of psychoeducational measures for vulnerable populations so as to prevent a social crisis. Our main aim is to convert this crisis into an opportunity to change the mentality of individuals and help them realize that the psychological health reflects on a person's quality of life.

Keywords: mental health, pandemic, psychoeducation, prevention, social crisis, alcohol addiction.

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Introduction

Just like the economic crisis in 2008, the actual pandemic is estimated to be the biggest worldwide economic crisis of the century. It will surely have a big impact on the world, as the long-term consequences have already started to be perceived. The main question that specialists are trying to answer now is how the world will look like at the end of this crisis induced by the COVID-19 pandemic (Rajkumar, 2020; Starace & Ferrara, 2020). At the same time, it is a matter of debate if the virus will manage to modify not only the national and international system, but also the social environment and individual (Torales *et al.*, 2020). Under analysis is also how decision and policy makers at national level will deal with the situation, as there is the possibility of imposing safety measures meant to ensure national protection and security (Druss, 2020).

The fastest change that is expected after this crisis will be the individual one (Radu *et al.*, 2014, Wang *et al.*, 2020). Every crisis is a chance for every person to look further from what is obvious and usual. The economic crisis in 2008 taught people that every previous catastrophe gave a chance to the blooming of the future. This loss of innocence is the mobility of the power to make actual chances for the people. We already know that touching things, being close to other people and breathing in a common, closed space is dangerous. Even after this situation mends, this feeling of insecurity will stay. It is possible that for some people, the usual handshake will still be avoided and sanitizing would become a second nature. In the same manner, an individual might feel better off alone, developing increased independence and creating the conditions for a big change in the perception of the usual routine. Knowing these aspects, we can expect for some people to ask themselves if it is worth using the social media, to reconsider the idea that the internet is a way of making life easier, and to transform this situation into a real change, realizing that there is no reason to do all these things with the aid of the internet, wishing to do everything they used to do through direct contact, signaling a return to the traditional way of human interaction (Sandu, 2010).

Total dependence on health specialists can lead people to change the way they access and assimilate medical information and health advice (Shao, Shao, & Fei, 2020). Because of the fast spread of the new coronavirus, the world was bound to accept the documented opinions of medical specialists. In the pre-pandemic time, it was easier for people to mock the opinions of scientists, as opposed to now, when professional opinions are essential and have a determined purpose, not only towards everyday life, but also towards the safety measures taken worldwide for stopping the spreading of the virus. It is a good moment to restore trust in people through a series of factors, among which the ones that are responsible for public health and the results of their work (Galea, Merchant, & Lurie, 2020, Kaufman *et al.*, 2020).

Their faith could boost people up, referring the new technologies. It is estimated that the pandemic will put to the trial all people's sense of responsibility. In the next period of time, each one of us will have to choose between trusting official statements and data, or unfounded theories. The state of mental health is the effort of permanently adapting to social, cultural and moral norms (Cace *et al.*, 2011). The influence of the socio-cultural model upon people will be reflected in the way they feel, think, act and in the capacity to integrate in the family and in the socio-professional environment. The state of crisis can have a rigid character, sometimes even repressive, bounding people to obey to the newly imposed norms.

This situation will influence the state of mental health and could lead to disorders such as neurosis, depression, anxiety or suicide. No matter what the perspective on life and the world, when it comes to death or disease, both concepts have the symbolic value of danger, of aggression against health, and lead to negative feelings. The disparity between social-cultural norms and personal needs will lead to conflicts, tension, antisocial behavior or avoidance, difficulty in socializing and communicating. The decrease of the social adaptive capacity has as an effect the onset of mental disorders (Anttila *et al.*, 2019).

The factors that trigger the maladaptation mechanism are: (1) the fear of change, of the unknown, the lack of trust in one's own power, the idea of being incapable to cope with the changes, inferiority complexes, fear of failure, uncertainty, suspicion; (2) the impossibility of the individual to separate from the group to which they belong; (3) the influence of the primal parental or traditional patterns in which an individual was raised and from which they cannot separate; (4) personality traits and strong tendencies towards rigidity and hostility towards the peers, avoidance, excessive and unreasonable caution (Bibbey *et al.*, 2013).

The reaction of people in moments of crisis is comparable to their reaction to life events and is of an emotional nature, the mutual actions through which the individual is behaving towards the causing agent. In the psychiatric spectrum, this reaction is a form of impairment of mental health. Schneider & Schneider (2004) and Duan, & Zhu (2020) divides psychological reactions in abnormal reactions to external life events and conflicting inner reactions. Even if we speak of the onset of reactive depression, reactive delirium or of the accentuation of personality traits that manifest as uncensored behaviors, the reaction is always a form of self-defense against an agent perceived as aggressive, and has a curative character.

Jasper (1997) talks about two types of reactions to a psycho-traumatic event: explosive primitive reactions (anger, aggressiveness, fits of hysterics), and reactions related to the personality (feelings of superiority, inferiority, social isolation), depending on each individual's experience. The environment strongly influences the mentality, behavior and way of life of people in a community. The events are lived at a fast pace, and they require plenty of effort in order to adapt and reintegrate, they can stimulate tension and conflict in inter-human contact, the requirements are increasing in number, and so does social pressure; the necessity

to comply installs, requiring from the individual to assimilate the events happening (Cojocaru, 2010). The quality of life will suffer changes. Feelings such as loss of interest in life, or even loss of life's purpose can appear as motivation decreases, and avoidant behaviors or retreat in imagination compensate the accumulated frustrations, the tendency to self-isolate and the acute feeling of insecurity (Yang *et al.*, 2020). As regards the consequences, disorders such as psycho-neurosis, psychosomatic afflictions, depressive episodes, addictive behaviors (especially towards substances, alcoholism), antisocial behaviors such as violence, suicide, difficulties in interacting with other people, conflicts, aggression, separation, divorce, disorders regarding social integration can occur (Chitescu *et al.*, 2018; Yao *et al.*, 2020).

Collective mental disorders have different characteristics compared to individual mental disorders. Collective neurosis, for example, manifests differently than psychiatric neurosis, and it is characterized by the transformation of existence into a long run, just like a conflict between needs and aspirations, between acts and results (Shi *et al.*, 2020; Pfefferbaum, & North, 2020). It generates tension, conflicts, a state of exhaustion, and lack of security, as adapting to the fast changes of the world becomes more difficult. The syndrome of freedom deprivation can install as a result of the special restrictions required by an emergency state on a national level (Raichenberg, Velthorst, & Davidson, 2019). The common psychopathological mechanisms, as they have been described in literature, are: (1) mental disorders of a reactive type, such as panic, clausturation, different phobias, insecurity, isolation, irritability, insomnia, depression, nightmares, nostalgia, hostility, confusion, delusional ideas of being followed, watched, religious delusions, eating disorders, perception disorders, suicidal thoughts or attempt of suicide, unsuitable conducts; (2) somatic disorders and psychosomatic disorders associated with nausea, excessive perspiration, sexual disorders, digestive disorders, respiratory disorders, cardiac disorders, other dermatological manifestations (Banerjee, 2020; Ho, Chee, & Ho, 2020, Li *et al.*, 2020, Wang *et al.*, 2020).

Another type of social imbalance is the syndrome of common alienation as an effect of social distancing. It is followed by difficulties regarding adaptation to the actual situation, and the feelings of alienation, inferiority, anxiety, panic attacks being accentuated (Ornell *et al.*, 2020). In the same context, the syndrome of common isolation is characterized by the feeling of being stigmatized by the surrounding people. It implies insecurity, anxiety, tension, insomnia, irritability, emotional retreat, as a form of self-defense, with the tendency of pathological self-isolation (Fiorillo & Gorwood, 2020).

Methodology

Our aim was to check the hypothesis that there is a change in the profile of individuals hospitalized in two psychiatry hospitals in Galati and Iasi, before and during the appearance of the Covid-19 social restrictions.

Methods

We have performed an analysis of the mental health status of the population who have used psychiatric services from two psychiatry hospitals, “Elisabeta Doamna” Psychiatry Hospital in Galati and “Socola” Institute of Psychiatry in Iasi, between January 1 and May 8, 2020, by gender and diagnosis, split in two intervals: the first two months of 2020 and the pandemic period, March 8 to May 8, 2020.

We compared the first two months of 2020 with March 8 to May 8, 2020 in each hospital and between the two hospitals.

Results

“Socola” Institute of Psychiatry, Iasi

The distribution of cases admitted after diagnosis between the 1st of January 2020 and the 29th of February 2020 from the total number of 2173 patients and from March to May from 967 patients:

Table 1. Distribution of pathology in Iasi

Diagnosis	January-February, 2020		March-May, 2020	
	Number of cases	Percentage	Number of cases	Percentage
Alcohol disorders	80	3.68	59	6.10
Anxiety disorders	10	0.46	11	1.13
Depressive disorders	363	16.70	202	20.88
Psychotic disorders	379	17.44	179	18.51
Other Pathologies	1341	61.72	516	53.38
TOTAL	2173	100	967	100

We can see that, between January and February 2020, psychotic disorders prevailed (379 cases), close enough to depressive disorders (363 cases), followed by alcohol pathology (80 cases) and anxiety disorders (10 cases). The distribution of cases admitted after diagnosis between the 8th of March 2020 and the 8th of May 2020, from the total number of 967 patients: depressive disorders are predominant (202 cases), close enough to psychotic disorders (179 cases), followed by alcohol pathology (59 cases) and anxiety disorders (11 cases). An increase can be noted of the cases for all of the four mental disorders, with a doubling of alcohol pathology and anxiety disorders.

Gender distribution. Male cases prevailed on female cases. The percentage of males is higher during the pandemic than over the first two months of 2020, while in females a decrease of the percentage in the same time interval can be noted.

Table 2. Gender distribution in Iasi

Gender	January-February, 2020		March-May, 2020	
	Number of cases	Percentage	Number of cases	Percentage
Males	1189	54.72	552	57.08
Females	984	45.28	415	42.92
Total	2173	100	967	100

“Elisabeta Doamna” Psychiatry Hospital, Galati

The distribution of cases admitted after diagnosis between January 2020 and May 2020.

Table 3. Distribution of pathology in Galati

Diagnostic	January-February, 2020		March-May, 2020	
	Number of cases	Percentage	Number of cases	Percentage
Alcohol disorders	520	23.54	273	36.89
Anxiety disorders	381	17.24	67	9.05
Depressive disorders	334	15.12	66	8.92
Psychotic disorders	279	12.64	135	18.25
Other pathologies	695	31.46	199	26.89
Total	2209	100	740	100

It can be noted that, between January and February 2020, alcohol pathology prevailed (520 cases), followed by anxiety disorders (381 cases), depressive disorders (334 cases) and psychotic disorders (279 cases). It can be noted that, between 8 March and 8 May 2020, alcohol pathology prevailed (273 cases), followed by psychotic disorders (135 cases). There is an increased percentage for alcohol pathology from 23.54% in the first two months of 2020 to 36.89% between 8 March to 8 May, and for psychotic disorders from 12.63% to 18.24%. For anxiety disorders we can observe a decrease from 17.25% to 9.06%, as well as for depressive disorders from 15.12% to 8.92%.

Gender distribution. There is a decrease in the percentage of females compared with males between the first two months of 2020 and the 8 March-8 May 2020 interval, 48.53% to 40.54%. The percentage of males increased from 51.47% to 59.46% for the same time interval. There is a decrease in the percentage of females compared with males between the first two months of 2020 and the 8 March-8 May 2020 interval, 48.53% to 40.54%. The percentage of males increased from 51.47% to 59.46% for the same time interval.

Table 4. Gender distribution in Galati

Males	1137	51.47	440	59.46
Females	1072	48.53	300	40.54
Total	2209	100	740	100

Discussion

Comparison by diagnosis between “Elisabeta Doamna” Psychiatry Hospital, Galati and “Socola” Institute of Psychiatry, Iasi

As can be noted, alcohol disorders were on top in Galati and psychotic disorders were quite close to depressive disorders in Iasi. Both depressive and psychotic disorders increased in Iasi between 8 March and 8 May 2020, and anxiety disorders doubled. Alcohol disorders continue the same increasing rate in Galati.

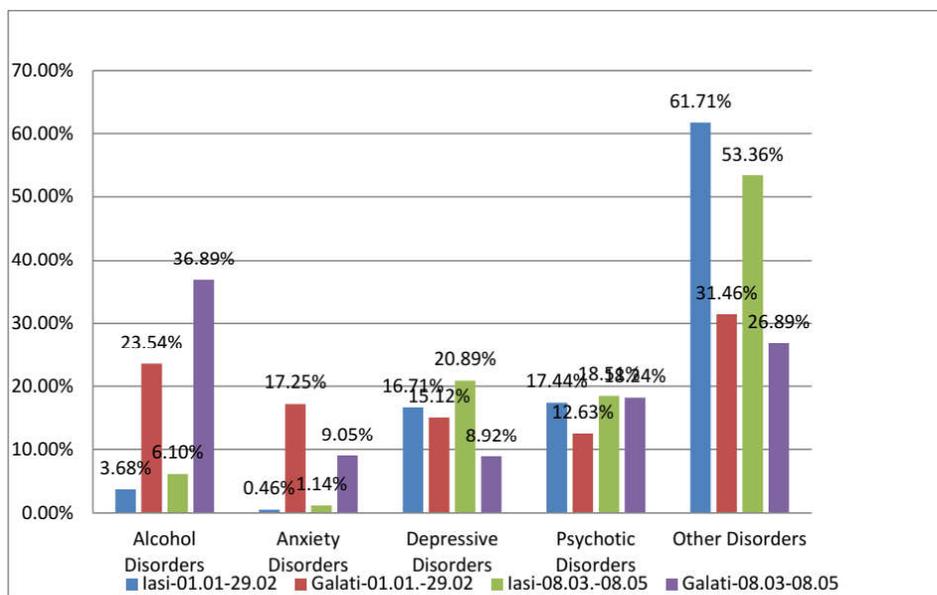


Figure 1. Distribution of pathology between hospitals by percentage and by periods

As can be seen from *Figure 1*, the percentage of alcohol disorders, anxiety disorders and psychotic disorders are increasing at both hospitals for both investigated intervals. The percentage of depressive disorders is increasing in patients during the pandemic period. The fact that in Galati the percentage of depressive disorders decreased in the second investigated period could be explained by the fact that some people managed their own stress, it was that they suffered mild or moderate depressive episodes that did not require hospitalization or they used telemedicine. We mention the fact that between March 8 and May 8, 2020, Romanian hospitals only hospitalized cases considered medical emergency.

The high percentage of hospitalizations with alcohol disorder shows that a consequence of stress was the decreased of the self-control capacity of the respective people, in close connection with their vulnerabilities, with the pre-existing addictive potential and poor impulse control (Penley & Tomaka, 2002).

Comparison by gender between “Elisabeta Doamna” Psychiatry Hospital, Galati and “Socola” Institute of Psychiatry, Iasi

The prevailing gender in both hospitals are males. The percentage of males is higher in Iasi (54.53%) than in Galati (51.47%). The percentage of male cases is higher in both hospitals for the pandemic interval. However, the number of female cases was smaller for the both hospitals in the 8 march-8 may interval

time. Perceived stress, positive and negative affect and sense of uncontrollability can be subjective experiences of the acute stress (Sapolsky, 2015).

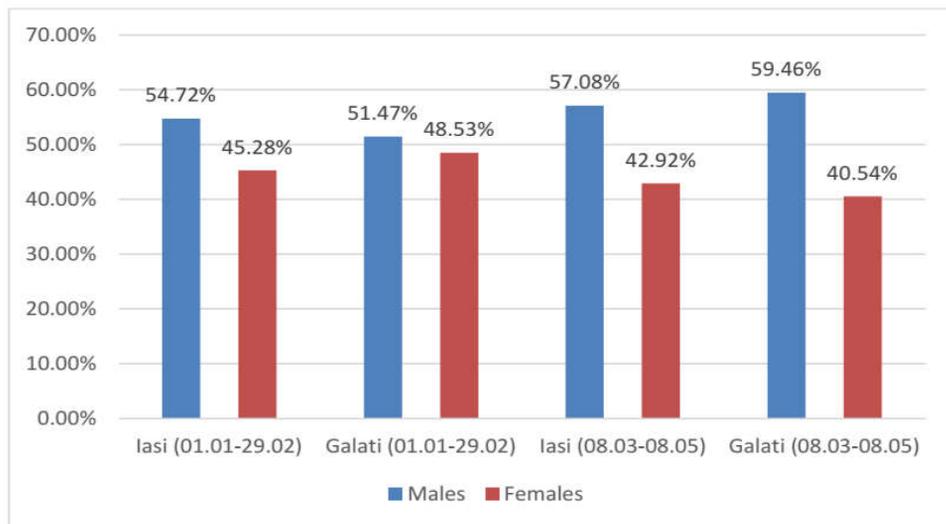


Figure 2. Gender distribution between both hospital by percentage and by period

Acute stress it could have a protective and adaptive function, easy reallocation of resources and improving survival chances in a challenging environment for the women then men in pandemic period. There are considerable individual differences in stress responses so maybe the men had maladaptive responses and the women are more resilient to the same stressor. Recently, studies have increasingly focused on individual difference in stress response. For example, studies suggest that the stress response may vary according to sex. The stressful pandemic period could suppresses cognitive functions such as executive function and may in the long-term negatively affect the risk of developing psychiatric and physiological problems, including depression, anxiety, schizophrenia, various addictive behaviours.

Conclusion

The environment strongly influences the mentality, behavior and way of life of people in a community. In the case of a crisis such as the one we are currently confronted with, we can talk about a forced environment that can result in the onset of mental health issues. Mental health depends closely on the aspects of human environment and its quality. Sudden changes in the way of life, such as the repercussions of a crisis, can affect mental health directly and on a long term, with multiple consequences. As regards the consequences, disorders such as depressive

episodes, addictive behaviors (especially towards substances, alcoholism), as well as antisocial behaviors, such as violence, suicide, difficulties in interacting with other people, conflicts, aggression, separation, divorce, disorders regarding social integration can occur. Another important aspect is the prevention of instability of the psycho-social element in the human collective. All these changes that are forced onto the community affect the freedom of the individuals and appeal to their completely balanced mental state. It is then obvious that there is a need of imposing safety measures both on common and individual levels during such times.

Acknowledgments

All authors contributed equally to this paper.

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