

2019 (COVID-19) outbreak. For the people who are subjected to quarantine, it is typically an unfriendly and cold experience. Separation from the families, loss of independence, uncertainty about sickness condition, and tediousness can all have serious long-term consequences on mental and psychological health of people. Suicide has been reported, and there has been a lot of rage and lawsuits filed in the aftermath of prior outbreaks when quarantine was imposed. The psychological costs of mandatory mass quarantine must be carefully assessed against the potential advantages [4-6] financial issues is one of the inevitable things that had occurred due to the lockdown which further leading to adverse effect on human wellbeing [7,8]. These factors essentially leading to significant level of stress and psychological difficulties in the general population, resulting in uncertainty, fear of getting infected and sickness in themselves and their families, as well as a loved one [9,10]. Separation from friends, loss of liberty, loss of physical contact, employment, recreation, freedoms, monotony [11], and uncertainty about the disease's prognosis can all have profound repercussions that will surely lead to widespread emotional anguish [12]. To stop the spread of COVID-19 infection most of the institutions including schools and colleges are closed leading to disruption of daily routine of children's leading to severe effects on mental health of progenies. Parent's psychological stress due to lockdown may result in inadequate parenting and further psychosocial effects on children. To prevent these psychosocial outcomes the government and family social care agencies should collaborate to prevent the negative outcomes and make the experience as satisfactory and friendly as possible. Quarantine would be effective if we take into account its psychosocial impact on people lives and take measures to reduce its effects. Those who have been previously isolated and those working in the hospitals and various institutes to combat the outbreak are also at risk of being traumatized: they are looked with fear and mistrust as probable "plague spreaders. Definitely, part of population presents to be stronger towards the psychosocial impact of quarantine than other part of population because that part of population is socially, financially and friendly strong and thus will be flexible towards changes. But impact of changes will surely affect each and every part of population to varying degrees.

LITERATURE REVIEW

Negative impacts of isolation and quarantine

Psychological wellbeing issues due to COVID-19 are well known and after conservative approximations, psychological effect had not reached ultimate level and is predicted to endure the present epidemic. Obsessive compulsive symptoms, nervousness, terror attacks, gastric issues, sleeplessness, as well as depressive symptoms and post-traumatic stress disorder, are the most common mental disorders coming into account [13,14]. These psychological impacts are not only due to direct outcome of the disease, but these are also significantly determined by the effects of longstanding

quarantine that is, absence of physical communication with familiar ones. The Lancet journal had stated points which create a factual plus worrisome image that suggests that isolation even for brief periods of time can have long term mental health issues, with psychiatric signs and symptoms appearing years after [15]. Isolation for longer period of time may result an undesirable influence on bodily and emotional health, disturbing sleep and eating patterns and limiting opportunities for mobility [16]. As a result of confinement of human population due to quarantine the everyday activities and enjoyment sources is disturbed causing serious effects on psychological and mental health issues [17]. Furthermore, we have begun to act "like if" other individuals are possibly detrimental to our health and the health of our loved ones, in accordance with present standards. This chain of events has bred a new global mind-set based on vulnerability to harm, in which being in close contact to other people is a direct threat [18]. To date, an increasing number of people are avoiding social interactions on their own volition, rather than because they are forced to.

Stressors during quarantine

Extended periods of remoteness have been associated with deprived psychological health, notably post-traumatic stress symptoms, avoiding people around, and anger, according to studies. In spite of the fact that the time during which people will be isolated is not known but some studies have reviled that those who were isolated for longer time had significantly more of stress and traumatic symptoms than those who were separated for less number of days [19-21]. Some studies have shown that people who are not isolated are more worried than people who are isolated as they are in constant fear and anxiety of infecting others. They became especially concerned if they had any physical symptoms that could be linked to the infection, and the anxiety that the signs could indicate infection was linked to psychological consequences several months later.

Although only a small percentage of members are worried about becoming infected or spreading the virus and it includes mainly who pregnant women and educated people.

Broadness, anger and a sense of isolated from rest of family were regularly reported as a result of confinement, change of daily routine activities, and limited psychosocial contact with society. The inability to engage in normal day to day activities, such as shopping for basic supplies or participating in social networking activities over the phone or the internet, added to the irritation.

Having insufficient basic necessities (e.g., nutrition, liquid, clothing, or housing) during quarantine was a source of dissatisfaction, and stress and resentment persisted 4–6 months after release. It seems that not being able to acquire regular medical treatment and prescriptions was also a concern.

Poor information from public health officials was noted by many study participants as a source of stress, with

inadequate directions about what people supposed to do and confusion about the aim of being isolated. Following the SARS outbreak in Toronto, participants believed that confusion arose from discrepancies in the manner, approach, and content of numerous public health messages due to a lack of coordination among the various jurisdictions and levels of government engaged. Participants were fearful of the worse due to a lack of information regarding the various levels of danger. Participants also expressed dissatisfaction with health and government officials' lack of candour on the pandemic's severity. Perceived difficulty complying with quarantine protocols was a major predictor of post-traumatic stress symptoms, possibly due to a lack of clear rules or explanation.

Vulnerable groups

Studies have shown that quarantine had disproportionately affected the most prone people which further increasing the health disparities among population. People with psychological disturbances or enduring sicknesses, assumed or diseased patients, doctors, workers, especially those who are in contact with patients with underlying ailments or infected with COVID-19 virus and people who are less economically strong, and those who resides in harshly affected zones, all require special attention and added support during and after quarantine. Isolation, loneliness, and absence of normal health that is people with underlying diseases are more prone to a psychological impact. Fear of getting infected and risk of transmission of the virus to others, defaming attitudes from people who are not infected and increasing burden of patients may influence frontline workers who are at high risk of infection [20-22]. Concerns about bodily manifestation that may be related to the viral disease itself or [23], fear of long term undesirable effects due to possibly deadly viral illness [24], and being worried about infecting your loved ones and families may negatively affect suspected or diagnosed COVID-19 patients quarantined in a government facility or hospital [25,26]. Furthermore, side effects of COVID-19 medication, such as corticosteroid induced sleeplessness, and infection symptoms, such as malaise and breathlessness, may enhance susceptibility during confinement. Additionally, the socio demographic effects of confinement, such as increased job losses and financial uncertainty, may affect individuals who are less financially well off [27,28]. Although much intelligence have shown that male being infected have a poorer prediction but there is an increasing number figure of indication to state that the mental impact is more profound in women, who tended to exhibit more psychological depression and distress. Occupational categories are one of the most affected people's due losses of financial support [29].

DISCUSSION

Managing the psychological effects of isolation and quarantine

The agony we're feeling is a natural human reaction to a terrible catastrophe. Identifying and accepting these sentiments helps to keep them from spiralling out of control. Giving up, delegating, and whining are all attitudes that can help us in the early stages of a crisis, but over time can become ingrained, illimitable, and end up deteriorating the problem, increasing into a steady descent into depression. Recognition of these forms in one's intellectual courses and behaviour as soon as possible is the most effective method to move in the added route and discontinue the malicious cycle that is leading to worldwide rejection and that defines the g severe types of depression. This disease is unavoidably forcing us to redefine our connection style which is more of related to distance rather than proximity. Physical communication is now swapped by decreased input, and the making digital of lives, which has now begun with the introduction of mass media, technology, and cybernetic realism, which is decreasing our man to man interaction. Deserting the idea that "everything will return to normal" instead of it we should challenge the fluctuations that are occurring with so much flexibly helps in preventing the psychosocial impact on people. The complexity and worth of our personal connections with the people around, as well as our participation in clusters and societies, are some most important determinants of social flexibility. Lonesomeness, on the other hand, appears to be one of the most important determinants of human well-being, survival, and contentment. It is important to deliver clear and exact information on the problem and emergency management amid an atmosphere of uncertainty and dread. Complying with quarantine, being able to return to normal job, and having a good comprehension of the outbreak's information were all linked to less mental health difficulties. To get an required equilibrium between the protecting mental health of people and prevention of pandemic, health officials and government should collar and take preventive measures, such as give adequate and clear evidence about the pandemic in form of facts and advice the probable work that can be done such as restarting normal work or work from home through the net services accessible for people who are isolated to reduce monotony and expand linking with others. Health workers and policymakers should also take in account psychosocial impacts due to isolation, and interventions to mitigate the mental health repercussions of quarantine and empower wellness, particularly among vulnerable populations in pandemic situations, must be identified and informed as soon as possible. Quarantine can be a great way to strengthen parent child contact, get kids involved in family events, and boost self-esteem and confidence. Family relationships can be strengthened and children's psychological needs can be met with the correct parenting technique [30]. Disease can result in one of the traumatic event in their lives where people struggle to recover which may result in positive impact

on their lives sometime. Cognitive processes halt in the face of anguish or emotional distress, and no response or behaviours is possible. As a result, parents should look for opportunities to share happiness, moments of enjoyment, and playfulness with their children. Due to the increased mass communication through the television children are continuously exposed to news and therefore parents should continuously talk with their child and answer the questions cautiously. This may aid in the management of fear and anxiety in youngsters, as well as the avoidance of panic. Individual preventive techniques, such as physical distance and personal cleanliness measures, may also be beneficial for parents to share and support. Finally, using age appropriate formats such as cartoons and movies may assist children in comprehending the disease. Despite considerable disruptions to everyday life, such as schools, parents of especially young children should make steady and friendly environment for their children though out the quarantine. Given the changing situation with the Coronavirus and related public health actions, special attention must be paid to the mental health of persons who are subjected to quarantine. In addition, to decrease mental health impacts and maintain COVID-19 containment, effective therapies should be used as part of a science based quarantine approach. Earlier when the pandemic had started when quarantine is very important, the public of the importance and profits of solitary confinement, providing clear quarantine guidelines, and confirming adequate supply and care, particularly for people with backward groups and economically insecure, could help to increase compliance and reduce the harmful effects of quarantine. Online psych educational meetings and fast admittance to computerized psychological well-being care could be useful. Individuals under isolation, especially the individuals who might be lopsidedly impacted, like individuals with a background marked by dysfunctional behaviour, suspected or analysed patients, and cutting edge labourers, ought to be educated and given powerful and opportune emotional well-being and social help, including advising administrations gave by hotline and online applications, populace level arrangements and rules, and remotely conveyed mental mediations. Furnishing clear correspondence with ordinary and straight forward updates about the COVID-19 flare up, encouraging individuals to initiate their interpersonal organizations to work on their association with others and keep up with their typical day by day schedule when appropriate and guaranteeing fundamental supplies could all assist with mitigating sensations of segregation and fatigue? After quarantine, quarantine procedures are likely to have long term consequences on mental health. To avoid inevitable repercussions consecutively maintaining of mental wellbeing, regular assessment for psychological symptoms is required following quarantine, especially for vulnerable groups. Mental health is still one of the ignored subjects and more research in this aspect need to be done and various interventions and public health measures need to be taken for prevention as well as treatment of mental

health. Also, early identification of risk factor which leads to poor psychological outcome may help in decreasing the long term effects.

CONCLUSION

Man is social animal that is he can't survive in isolation is described by one of the greatest Greek philosophers that reminds us, that the absence of associations eliminates crucial circumstances for the development of personality and identity. Changes in our everyday lives, feelings of loneliness, job losses, financial hardship, and sadness over the death of a loved one all have the potential to negatively impact many people's mental health. Although our first reaction to the situation is to react furiously to the situation and also with those who are not taking correct quarantine measures but there is more need of universal sympathetic attitude. In an uncertain environment, it's critical to provide clear and specific information about the problem and how to deal with it. So this gives an idea why there is urgent requirement to deal with mental health side effects due to quarantine. There is also a need for suggestions on how to successfully and responsibly control emotions. There is need to identify people with higher risk that is psychologically vulnerable and identification of the risk factors among people which can be used for risk stratification and then finding out important intervention which can help to reduce long term psychological impacts. Also now finding out measures to reduce the psychological impacts and its correct implementation. There should be interventional programs to reduce psychosocial effects among people. Psychological interventions that can identify and target people who are more prone to psychological burdens may be useful in long term.

REFERENCES

1. WHO. Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). 2020.
2. MOH. Coronavirus (COVID-19) latest updates. 2020.
3. World Health Organization (WHO). Global surveillance for COVID-19 caused by human infection with COVID-19 virus: interim guidance. 2020.
4. Centres for Disease Control and Prevention (CDCP). Quarantine and isolation. U.S. Department of Health and Human Services, 2017.
5. Manuell ME Cukor J. Mother Nature versus human nature: public compliance with evacuation and quarantine. *Disasters* 2011; 35:417-442.
6. Barbisch D, Koenig KL, Shih FY. Is there a case for quarantine? Perspectives from SARS to Ebola. *Disaster Med Public Health Prep* 2015; 9:547-553.
7. Miles SH. Kaci Hickox: public health and the politics of fear. 2015; 15:17-19.
8. Rubin GJ Wessely S. The psychological effects of quarantining a city. *BMJ* 2020; 368:m313.

9. Damir H. Psychiatry of pandemics: A mental health response to infection outbreak. Bern: Springer 2019.
10. Taylor S. The Psychology of Pandemics: Preparing for the Next Global Outbreak of Infectious Disease 2019. Newcastle: Cambridge Scholars Publishing, 2019; 155.
11. Malathesh BC, Chatterjee SS, Das S. Overview of mental health issues of COVID-19: Need of the hour. *Gen Psychiatry* 2020; 33:e100233.
12. Giallonardo V, Sampogna G, Del Vecchio V, et al. The impact of quarantine and physical distancing following COVID-19 on mental health: study protocol of a multi centric Italian population trial. *Front Psychiatry* 2020.
13. Lima CKT, Carvalho PMM, Lima IAAS, et al. The emotional impact of coronavirus 2019 N CoV (new coronavirus disease). *Psychiat Res* 2020; 287:112915.
14. Bai Y, Lin CC, Lin CY, et al. Survey of stress reactions among health care workers involved with the SARS outbreak. *Psychiatr Serv* 2004; 55:1055-1057.
15. Rogers JP, Chesney E, Oliver D, et al. Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry* 2020; 7:611-627.
16. Leigh-Hunt N, Bagguley D, Bash K, et al. An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health* 2017; 152:157-171.
17. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395:912-920.
18. Cacioppo JT, Hughes ME, Waite LJ, et al. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006; 21:140-151.
19. Marjanovic Z, Greenglass ER, Coffey S. The relevance of psychosocial variables and working conditions in predicting nurses' coping strategies during the SARS crisis: an online questionnaire survey. *Int J Nurs Stud* 2007; 44:991-998.
20. Reynolds DL, Garay JR, Deamond SL, et al. Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiol Infect* 2008; 136:997-1007.
21. Blendon RJ, Benson JM, DesRoches CM, et al. The public's response to severe acute respiratory syndrome in Toronto and the United States. *Clin Infect Dis* 2004; 38:925-931.
22. Braunack Mayer A, Tooher R, Collins JE, et al. Understanding the school community's response to school closures during the H_{1N1} 2009 influenza pandemic. *BMC Public Health* 2013; 13:344.
23. Cava MA, Fay KE, Beanlands HJ, et al. The experience of quarantine for individuals affected by SARS in Toronto. *Public Health Nurs* 2005; 22:398-406.
24. Nardone G, Portelli C. Knowing through changing: The evolution of brief strategic therapy. United Kingdom: Crown House 2005.
25. Wang Y, Shi L, Que J, et al. The impact of quarantine on mental health status among general population in China during the COVID-19 pandemic. *Mol Psychiatry* 2021; 26:4813-4822.
26. Li Z, Ge J, Yang M, et al. Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain Behav Immun* 2020; 88:916-919.
27. Zhang WR, Wang K, Yin L, et al. Mental health and psychosocial problems of medical health workers during the COVID-19 epidemic in China. *Psychother Psychosom* 2020; 89:242-250.
28. Que J, Shi L, Deng J, et al. Psychological impact of the COVID-19 pandemic on healthcare workers: A cross sectional study in China. *Gen Psychiatry* 2020; 33:e100259.
29. Desclaux A, Badji D, Ndione AG, et al. Accepted monitoring or endured quarantine? Ebola contacts' perceptions in Senegal. *Soc Sci Med* 2017; 178:38-45.
30. Reynolds DL, Garay JR, Deamond SL, et al. Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiol Infect* 2008; 136:997-1007.