

MENTAL DISTRESS AND HUMAN RIGHTS VIOLATIONS: PROTECT RIGHTS, DIGNITY AMID COVID-19 CRISIS

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INTRODUCTION

They say the crisis was the most acute for minority groups such as Dalits, informal workers. The review identified human rights violations associated with adverse mental health consequences such as travel restrictions including solitary confinement and closure, lack of resources, discrimination, xenophobia, discrimination, loss of access to schools and proper education, lack of access to information, and inequality of access to mental health services. high. In addition, the findings of this review emphasize several points in improving our understanding and knowledge of human rights restrictions and violations and their association with mental health during the COVID epidemic. Given these findings, we would like to point out that the rights of people and vulnerable people must be protected in this time of violence and in view of the fact that mental health is one of the fundamental rights, it needs to be prioritized at public policy level.ⁱ Human rights and mental health are so vulnerable that sometimes public health practices and public policy can jeopardize the great interests of the poorest or most vulnerable. Evidence-based policies may not be representative of all members of the public. Therefore, ethical and rights-based approaches to ensuring that no further damage or deprivation of rights of individuals / groups is a feeling to be taken after the epidemic. Scholars of the Social Science in Humanitarian Action Platform on Friday called on the government to protect the rights of the poor and marginalized in society during the COVID-19 epidemic.

In the ongoing crisis, with more than 20 million cases of COVID-19 cases, human rights, basic services and life-saving items must be prioritized for the poorest and most discriminated Indians facing the 'stress multiplier' of COVID. Evidence from researchers is based on evidence. "The first wave of 2020 that has identified the impact of the epidemic on the existing

vulnerability of disadvantaged groups due to inadequate access to basic services - from food to water and sanitation, employment and health," scholars said in a statement.

Reviewing the impact of the first wave, academics said the problem was particularly acute for disadvantaged and minority groups such as Dalits and illegal workers.

"While the current outbreak appears to be one of the highest rates of infection and mortality across the country, including middle-class and high-income individuals, researchers warn that to date, reporting has focused on Indian cities and the overall level of impact on rural areas." Scholars have suggested a quick step to end the cycle in the short term, more transparent about COVID data and stronger long-term response processes.

Professor Lyla Mehta, Professor Fellow of the UK-based Institute of Development Studies and co-author of the SSHAP forum, said and contempt constitutional values. It is important that discriminatory practices are stopped, and that basic provisions, medicines and vaccines are made free of charge for all."

SCALE OVERWHELMING

The institute's researcher and co-author of the forum, Dr. Shilpi Srivastava said: "The standard of living of people and lives that is now lost in India is very high. For the most discriminated groups we know that the epidemic exacerbates existing inequality and vulnerability and without support their future will be in jeopardy. They should be included in future rehabilitation programs and their voices, information and needs should be prioritized in policy-making and preparedness programs. "

The first case of the COVID-19 epidemic in India was announced on January 30, 2020 from Wuhan, China. The virus spread and encompassed all walks of life. It began to affect the population and was declared an epidemic in more than nineteen areas because the authorities implemented the Epidemiology Act, 1897.

After that, in further attempts to contain the Prime Minister he used the nation's clever mouth shut for an indefinite period of time. Separation and segregation from society became the norm, educational institutions, commercial centers were closed and many offices, businesses and

companies turned to work at home. People are locked up in their homes and only hit the streets during emergencies. Road construction and construction work were delayed for a long time.ⁱⁱ

Unsure of when the situation will return to normal, such restrictions imposed on the human race, invaded the very roots of their human rights. Even now, the Government is obliged to protect human rights and ensure that every Indian citizen has access to basic services.

On March 11, 2020, the World Health Organization (WHO) declared a public health emergency of international concern in response the global pandemic of the novel Coronavirus disease (SARS-COV-2). To reduce the spread of the virus, countries have implemented urgent emergency health measures. These measures include stay at home orders and the closure of schools which have led people to reorganize their lives and necessitated changes in livelihood and health services.ⁱⁱⁱ

In responding to public health emergencies, governmental authorities have to navigate the delicate balance between protecting the public's health and safeguarding their inherent human rights including education, freedom of movement, and access to health care. Measures to prevent the spread of infectious diseases are not zero-sum trade-offs and can decrease fatalities but also increase suffering if human rights are not respected. As such, while being protected from clear public health threats, many people, especially vulnerable populations, may be deprived of their inherent human rights.^{iv} We are in favor of using science to achieve globally shared objectives, but it is important to consider all sources of evidence in addition to the infectious diseases realm in the contexts of known tradeoffs—between lockdown and freedom to assert social and economic freedom. We recommend nations focus both on minimizing fatalities and protecting human rights. The United Nations (UN) defines human rights as: “...fundamental to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. These rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more such as a safe & clean environment have become important to uphold. Everyone is entitled to these rights, without discrimination or threat of any kind”.^v

Within bioethics, the needs of different populations marked as vulnerable have even more urgent and impactful implications because applying the human rights lens focuses on highlighting and protecting the rights withing vulnerable populations. Vulnerable populations are defined as “groups and communities at a higher risk for poor health as a result of the barriers

they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability”.^{vi} The principle of vulnerability is pertinent in the context of global disasters. It emphasizes ethical discourse on ameliorating the conditions that produce vulnerability, rather than on emergency actions focused on saving lives.^{vii} Vulnerability is a global phenomenon but in the context of the pandemic it is exacerbated in many societies where inequality and access to basic freedoms is restricted. In lower- and middle-income countries (LMICs) such freedoms can easily be impacted due to existing system challenges and adverse social determinants of health. In High Income Countries (HICs), similar challenges surface during pandemic, and vulnerable groups have also been systematically marginalized.

Mental health is integral, closely related to, and dependent upon the realization of human rights.^{viii} In the context of the coronavirus disease 2019 (COVID-19) pandemic, reports highlight gross undermining of mental health and violations of individual civil liberties and fundamental rights such as mobility rights, access to accurate information, access to proper protection for health workers, right to education, and discrimination against marginalized populations.^{ix} Human rights protection and mental health needs are not always adequately integrated into emergency response policy and management. The evidence highlights that vulnerable populations, including those living in abusive families, individual with disabilities, children, elderly, domestic caregivers, health care workers (HCWs), and ethnic and marginalized communities, are especially at risk for mental health distress with the psychological needs of these populations not likely to be fulfilled without meaningful legislation and intervention.^x There have been long standing concerns within the field of mental health that the human rights of psychiatric populations and individuals and communities under psychosocial distress tend to be ignored. From mental health policy perspectives, how human right policies and practices is integrated in emergency response policy and management has not been focused. There are several aspects of vulnerability, disability, coerciveness of treatment and system level oppression that have been key concerns. In this review we focus on rights associated violations and grievances that would potentiate further mental distress and long-term harm to critical subsections of at-risk populations that will be negatively impacted.

RIGHT TO HEALTH

The right to health is an integral part of all human rights that now exist in Indian society. India finds itself in big trouble after the launch of Lockdown. During the ongoing housing closure in March, those in charge of various provinces and UTs most of them changed their focus to preventing the epidemic; which meant keeping the community safe in their homes, closing many hospitals, clinics and pharmacies.

Therefore, vaccination schedules were reduced, restricted movement of inpatients and outpatients, emergency treatment in critically ill patients, reduced laboratory tests and limited access to mental health care. The National Department of Health has released a report that includes mainly all institutions, sub-centers, primary health centers, district and district hospitals and private hospitals.

The data obtained from this report show that there has been a significant decline in calcium and iron delivery in pregnant women and a significant decline in obstetric surgery that has led to the shooting of unborn babies at home. Apart from this, research has also shown that childhood immunizations are a bit confusing as at least 1lakh (approximately) children have not yet received their BCG vaccine which provides protection against TB. Another 2 lakhs (approx.) Missed the pentavalent vaccine and the rotavirus vaccine. NHM data also shows that the treatment of inpatients, patients and emergencies is significantly lower in all diseases.

The epidemic also halted laboratory investigations and HIV testing for several days. A closer look at the results of the study shows that in an effort to stem the tide of this epidemic and its deadly effects, many people are not feeling well at home.

RIGHT OF ACCESS TO INFORMATION

Access to information is considered one of the fundamental human rights. The government should provide access to the right kind of information about health problems, remedies and how to prevent them. The Indian government has satisfactorily distributed accurate information about the symptoms of the disease, the steps to take and the threat it poses to the individual. In line with this, it also gives the public the right to inform the public of possible action by the

authorities in the event of such an accident, the consequences of violating the rules imposed by the Government and the public's response to ongoing efforts.

The purpose of this is to ensure that its citizens can make the necessary health decisions in advance. The minimum notice 4 hours before the national closure authorization is completely contrary to the purpose of this right, leaving people frustrated and scared as most of them are not yet ready to take care of themselves and their families in the coming days. These stories, though small, when reaching their audiences are often incorrect about the number of cases due to the size under which tests and similar research are used for political reasons.

THE RIGHT TO PROTECTION

Everyone deserves to be protected, especially when it comes to health workers. Therefore, it classifies it as a fundamental human right. Health workers in all provinces should be provided with relevant health-related information as well as protective clothing and safety equipment. Doctors in India were treating their patients wearing home-made hazmat suits, masks and without gloves.

There have been ongoing reports of shortage of N95 masks and the government is doing very little to address that. The government needs to develop appropriate guidelines for treating patients who have been tested for good health and to provide for the immediate production and transport of personal protective equipment (PPE). Recent research indicates that more than 50 physicians who have been diagnosed continue to treat patients.

RIGHT TO PRIVACY

The right to privacy cannot be ignored when it comes to highlighting the rights of modern human rights. The same is also recognized as a fundamental right under Article 21 of the Constitution. The spread of this epidemic has caused the public to become increasingly concerned about their privacy. Facebook and WhatsApp records reveal a very secretive list of confidential information of a few passengers visiting New Delhi during the Corona written by the Government itself. Although the Government says it was for security purposes, such

information leaked on social media is unacceptable and disruptive. Another government action that interferes with public privacy is the launch of the Aarogya Setu app. This is a tracking system that allows citizens to know if they have been in contact with anyone with the virus. The creators claim that the data is compiled and nothing is shared with a stranger, and the location tracking feature is not intended to violate privacy but is a feature that sends reports directly to the government. However, it can be considered as a covert method of monitoring most people. The information included in this application may be misused if it falls into the hands of criminals. Citizens are not obliged to download this app but the Government has been actively promoting it.

MOBILITY RIGHTS, QUARANTINE, AND LOCKDOWN

According to international human rights law, travel restrictions involving locks or solitary confinement due to a public health emergency must be made for a legitimate purpose, based on scientific evidence, limited time, and respect for human dignity.^{xi} Solitary confinement is effective in reducing the spread of infectious diseases, but they present negative effects on increasing the risk of people having a psychological impact including suicide and other behavioral symptoms.

In our review, three studies reported an increase in suicide rates in several countries due to travel restrictions and closures. In Colombia, the closure of the country has increased the risk of suicide among people at risk and among those with pre-existing conditions such as emotional problems, financial problems, and job loss.^{xii} One in 13 Colombian adults reported a serious suicide risk; people who experience episodes of depression or poor sleep quality including insomnia, have a higher risk of suicidal behavior than in the general population. In Pakistan, most of the suicide cases being investigated were committed by people who had been economically affected by the economic and financial crisis caused by the closure.^{xiii} Similar findings have been reported in India where suicide rates are rising as cases of COVID are on the rise, especially among people with pre-existing mental illness and those in dire economic straits.^{xiv}

Travel restrictions were also found to be associated with psychological well-being and well-being in developed countries. In Italy, restrictions on Lockdown closure alleviate other

psychological and behavioral symptoms such as anxiety in patients with dementia (46). In the United Kingdom, since the start of the ban, only 9% of participants surveyed reported being mentally or physically traumatized during the closure.^{xv} About 18% reported suicidal thoughts or self-harm in the first month of the closure and 5% reported that they had committed suicide at least once since the closure. Reported periods of abuse, self-harm, suicidal ideation, and self-destructive behavior were highest among women, blacks, Asians and minority groups, people experiencing social and economic disadvantages, unemployment, disability, chronic illnesses, mental disorders and COVID-19 diagnosis. In addition, a study conducted in the United States found an increasing number of patients suffering from osteoporosis reporting post-traumatic mental health outcomes compared with pre-incarceration and a growing number of patients reporting post-traumatic stress disorder.^{xvi}

SHORTAGE OF SUPPLIES AND EQUIPMENT FOR HCWS

According to international human rights law, travel restrictions involving locks or solitary confinement due to a public health emergency must be done for a legal purpose, based on scientific evidence, limited time, and respect for human dignity.^{xvii} Isolation is effective in reducing the spread of infectious diseases, but it does have negative effects on increasing the risk of people having a psychological impact including suicide and other behavioral symptoms.

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Travel restrictions were also found to be associated with mental health and well-being in developed countries. In Italy, Lockdown closure restrictions alleviate other psychological and

behavioral symptoms such as anxiety in patients with dementia.^{xxi} In the United Kingdom, since the ban began, only 9% of respondents reported being mentally or physically traumatized during the closure.^{xxii} About 18% reported suicidal thoughts or injuries in the first month of the closure and 5% reported suicide at least once since the closure. Reported periods of violence, self-harm, suicidal ideation, and self-destructive behavior were highest among women, blacks, Asians and minority groups, people experiencing social and economic disadvantages, unemployment, disability, chronic diseases, mental disorders and COVID-19 diagnosis. In addition, a study conducted in the United States found an increasing number of patients suffering from osteoporosis who reported traumatic mental health outcomes compared with pre-incarceration and a growing number of patients reporting post-traumatic stress disorder.^{xxiii}

CHILD RIGHTS

According to the Declaration of the Rights of the Child,^{xxiv} children's rights include protection, education, health care, shelter and healthy food. Numerous studies have identified the effects of this epidemic on children's behavioral health, growth and development, physical health, and educational outcomes, with potentially significant differences in age and gender. In China, the national government imposed a decline in foreign employment and communication between people, including children, for fear of spreading the virus. This has had a devastating effect on children's mental, social, and moral health. In particular, she found that during confinement, Chinese children, ages 7-11, who felt insecure and anxious, were at greater risk of developing symptoms of depression and anxiety.^{xxv} Also, the closure of schools and educational institutions in China during school closures has disrupted the learning and education process. It also deprives students of the sense of stability and normalcy provided by the school. In a study of 8,140 students in various fields of study, the number of students who reported symptoms of depression and anxiety was high, especially for those preparing for interrupted entry exams.^{xxvi} The same study reported that female and male students differed in their perceptions of psychological impact due to loss of access to schools during COVID-19 and girls suffered significant psychological effects, including stress, anxiety, and depressive symptoms.^{xxvii} Also, certain aspects of children's rights, such as health care, shelter, and nutrition, were also affected. In particular, families facing land closures and the financial pressures associated with COVID-19, strive to provide basic necessities and daily necessities,

leading to negative mental health consequences for family members such as depression, anxiety, and depression.^{xxviii}

RIGHTS OF ELDERLY INDIVIDUALS

In recent years, there have been significant support efforts to support the rights of older persons, including full respect for their needs, privacy, and health care.^{xxix} During COVID-19, older people are found to have limited access to free movement that includes open and public areas that limit their ability to exercise and engage in leisure or other important activities - which impair their mental health and well-being.^{xxx} In our review, we have identified two studies in developed countries, and there are no studies related to the number of adults in developing countries. A Spanish study of adults living in a community with mild mental retardation or dementia found that forced closure, time away from home, and social isolation had serious psychological consequences and sleep disorders that plagued elderly adults living alone.^{xxxi} In contrast, one study found that factors associated with COVID stress, other than the loss of a loved one, were not statistically related to the decline in mental health status among the elderly during home stay; participants have shown resilience in managing COVID-related stress challenges due to inadequate personal resources.^{xxxii}

DISPROPORTIONATE IMPACTS ON MINORITIES AND PSYCHIATRIC PATIENTS

In line with the UN Convention on Civil and Political Rights, minority ethnic, racial, religious, or linguistic minorities are designed to access health services freely without discrimination.^{xxxiii} In the United States, with the highest number of COVID-19 cases confirmed since August 2020 (Johns Hopkins University, 2020),^{xxxiv} the population is most affected by race and ethnicity. The prevalence of COVID-19 infection has been reported to be higher in minority groups than whites given health inequality, access to social services, and other existing social structures such as structural discrimination and racism, and these inequalities and rights violations are likely to lead to higher mental health problems in races and sub-races. Various studies investigating the differences between COVID-19 racial and ethnic awareness have found that

African-Americans and Hispanics are less likely to be informed of the epidemic and effective prevention strategies.^{xxxv} These findings are consistent with other studies in India where mentally ill patients from poor backgrounds had limited access to online information, media, and online health information.^{xxxvi} Unequal access to information and lack of appropriate health care during closure endanger their physical and mental health.

The prevalence of infectious diseases often exacerbates racism and xenophobia, especially in minorities.^{xxxvii} This has a detrimental effect on the health of a few disadvantaged people and indirectly deprives them of access to health care.^{xxxviii} Various studies linking xenophobia with mental health among ethnic / religious minorities: a survey of non-Muslim Indians found that fear, general xenophobia, and xenophobia, as well as socialization, had a negative impact on their emotional and psychological well-being.^{xxxix} In another study, researchers examined the physical and mental health of several migrant workers in 140 locations throughout India, including construction sites, relief camps, government hostels, and shelters during the COVID-19 violence. Their findings underscore the fact that economic, social, and environmental degradation is distressing immigrants and is detrimental to their mental health, reducing their resilience, and disrupting their standard of living.^{xl} The impact was significant for pregnant women as respondents felt frustrated and worried about poor health outcomes due to the epidemic.

Similarly, the unintended consequences of strict legal closure during COVID-19, including lack of access to medication by mental health professionals and lack of mobility, have had a negative impact on treatment compliance among psychiatric patients. Specifically, in India, a study of critically ill patients during closure found that 80% of patients missed their time and failed to communicate with their mental health professionals, 30% showed signs of recurrence during closure, and 22% discontinued their psychiatric treatment and patients from low socioeconomic status, low literacy rates, and adequate community support that reflects limited information on COVID-19.^{xli} A similar pattern was observed among patients with Obsessive-compulsive disorder (OCD) in Italy. In the group of patients with OCD who had completed evidence-based OCD treatment before incarceration, there was a significant decrease in OCD symptoms compared with the pre-incarceration period. The author speculated that local closures and limited access to mental health facilities may have discouraged patients from seeking help and delayed the necessary interventions.^{xlii}

Psychiatric patients in China were found to show higher levels of anxiety, depression, and symptoms of depression compared to the normal population.^{xliii} Another study from China found that sleepy patients had significantly worse sleep quality, longer sleep duration, and better sleep performance due to home isolation and inadequate information. Due to travel restrictions, cancer patients in Ghana were unable to participate in activities that included recreational activities, making their mental health difficult.^{xliv} Although mentally ill patients often face high levels of social stigma,^{xlv} in this review, a study conducted in China reported that patients with mental illness had never experienced further stigma during the COVID-19 (44) violence. However, in India, isolation and homelessness have forced many mentally ill patients to live in unsafe housing and to increase their exposure to domestic violence. In India, ~ 63.6% of psychiatrists reported experiencing verbal and physical abuse to others and 30.3% of their caregivers expressed an excessive sense of responsibility for caring for patients in addition to other related responsibilities, such as financial issues related to land closure.^{xlvi}

STRENGTHS AND LIMITATIONS

This review followed the guidelines for a quick review. The review highlights human rights violations that affect the mental well-being of the affected people. We summarize international or national treaties and policies that enforce human rights during emergencies as a reminder of what we should look for and respect for countries that need to be held accountable. Our findings contribute to a better understanding of the impact of the COVID epidemic on human health. This review has some limitations, however. The research team has tried to identify and insert as many published papers as possible; however, due to the newness of the topic, the topics described were limited and the immediate emergence of this epidemic and the corresponding scholarly writings would have resulted in the omission of some relevant articles. There are difficulties in compiling a comprehensive list of human rights as they vary based on factors such as the target population and the country of interest.^{xlvii} Also, non-data-driven articles were not included in our analysis, which may have influenced the outcome of this review. However, this approach was used to ensure that peer-reviewed articles included reinforce our results. In addition, the research team attempted to compile the results based on themes reported in the WHO report.^{xlviii} We have included only articles that address research questions that focus on

the review and therefore, producing results in a different context and population should be done with caution.

CONCLUSION

Constructive criticism of Government actions is justified. The government needs to communicate freely with its people, which will help them build trust and transparency through his actions. Human rights will not be regarded as a luxury that should be protected only in times of disaster, but should be preserved on a daily basis. Implementing appropriate programs, ensuring that basic rights are available to all citizens will make them feel safe and co-operative with Government. Having said that and done, Government has done a great job of closing the door on time to prevent this catastrophe and to prevent people from becoming infected. It has been able to provide basic necessities such as food, shelter and regular inspections at least in some parts of rural India. The government has also decided to establish a series of 20 stores known as Suraksha Stores that will provide for the daily needs of citizens during the strict housing closure. The Department of Foreign Affairs immediately closed all gymnasiums, restaurants etc. and prevented mass gatherings, such responses were marked as positive and impressive by the WHO. Henk Bekedam, a WHO representative, also said that India was doing very well in responding to positive development.

Finally, it acknowledges the implications of the guidelines and policies for diverse individuals and therefore, efforts to improve policy maker engagement may be beneficial in addressing the mental health consequences of public health emergencies and civil society organizations and human rights activists.^{xlix} (Including living experience representatives), health care providers, and policymakers should work together to identify policies, services, and human rights-based interventions that have a lasting impact on the mental health of key people during emergencies.¹ We will be better used to understand the trade and the reconciling relationship between physical health, mental health, human rights, and individual rights, that there can be better statements in the global report of the goals driven by the values, shared as a result of this trade and relationships and a thorough consideration of many relevant scientific fields (including but not limited to, infectious diseases) in order to establish a more acceptable balance policy.

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