

## DISASTER MANAGEMENT: PSYCHOLOGICAL IMPACT OF THE POST COVID-19 PANDEMIC

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### ABSTRACT

*Disaster management is the preservation of lives and property in the event of a natural or man-made disaster. It deals with various problems such as floods, typhoons or the spread of any disease. It is an organization that saves people from such turmoil. It works before, during and after a disaster. Strategic planning. It is managed and maintained to protect critical infrastructure. National Disaster Management (or disaster risk management) is the development of programs in which teams reduce risk vulnerability and adapt to disasters. Disaster management does not deviate or eliminate accidents; rather, it focuses on making arrangements to reduce the impact of disasters. Failure to plan can result in fatalities, loss of income, and damage to resources. Currently in the United States 67 percent of organizations have no emergency management plans. Incidents where disaster risk management is concentrated include acts of terrorism, industrial destruction, fire. The Post COVID-19 epidemic has revealed a limited response to this global catastrophe, including a reaction to the psychological impact. Both the economic crisis and the continuous media coverage of the shocking news have exacerbated the effect, including an increase in domestic violence, unemployment, and depression, age problem, selected important papers, self-published papers, PUBMED articles and news articles related to the post-traumatic stress management of the Post COVID-19 epidemic were collected last year, analyzed and used in writing this manuscript. The Post COVID-19 epidemic has revealed a limited response to this global catastrophe, including a reaction to the psychological impact. in this article I discuss all of the above and the psychological impact. of Post Covid-19 in India.*

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**Keywords:** *Disaster Management, Post COVID-19, Planning, Psychological Impact, Epidemic.*

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### Introduction

Most people are instructed to stay home longer and work in addition to those who have important responsibilities such as food delivery, pharmacy, health care work, and basic social services. This has led to a decrease in physical activity, which has a negative effect on mental health in the community because physical activity directly reduces normal negative emotions. This also affects a person's overall independence of free will. However, consideration of ethical principles is different from disasters, as under such circumstances one has to save as many patients as possible even if it affects certain human rights. This is a behavioral condition faced by caring physicians during testing. The role of long-term intimacy and communication with family members at home during a violent period while working can be stressful for employees especially if their job requires time to reach a higher level of focus. This disruption may reduce productivity and increase stress especially for highly intelligent people. This may require a change in the environment that is not easily achieved in the new job that arises from home lifestyles. The effects of claustrophobia, loneliness, and corporate need as factors contributing to

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the psychological impact of the Post-COVID-19 epidemic should be addressed. Claustrophobia is an anxiety disorder related to certain areas in which a patient is unable to sit. The confinement situation of the Post-COVID-19 epidemic is not really a “confined space” but is closely related to reduced daily activities. Both claustrophobia and anxiety-related anxiety produce a real “panic” and a sense of imminent death. In claustrophobia, anxiety is localized leaving some psycho-behavioral fields at ease. Respiratory devices (RPDs) may cause respiratory distress in people who are prone to panic attacks. The modern lifestyle has changed as more and more people choose to live alone without family members, and are more connected to the media and computers. This is in contrast to the small towns and villages of the past where direct communication and interpersonal communication were essential. These dramatic changes in human behavior have made such people vulnerable to the psychological effects of the Post-COVID-19 epidemic. Post-COVID-19 epidemic is different. Advanced technology makes it possible for people to update themselves on the shocking news that is going on. When you wake up in the morning, the first thing people do is look for the latest numbers of infected patients and death. The continuous increase in numbers increases fear and anxiety. Similarly, before people go to bed, they re-examine the numbers. This pattern has consequences. Post-COVID-19 news continues to make headlines, with daily death toll figures. This will be a source of stress and anxiety for those who are most exposed to it, especially those with a minor illness.

Measures to reduce the spread and spread of corona virus, from reducing “social isolation” to full-time, have had far-reaching economic consequences. This has increased the pressure especially on low-paid manual labor who rely heavily on their daily income to support their families. Low-income countries may not even be able to afford free preventive measures including PPE and vaccination. This will also increase the pressure on people’s mental health including health care providers. Early detection and detection, isolation, and isolation are important public health measures against the spread of Post-COVID-19 despite the development of effective vaccines against the virus. It is still a long way off for people worldwide to be vaccinated properly because vaccination rates are slower compared to the spread of the virus. This makes the community afraid of infection and afraid to approach or care for their infected relatives.

Currently, supportive care and problem prevention are key pillars of COVID-19 regulation in the background. Therefore, much emphasis is placed on measures to reduce human-to-human transmission in order to control and prevent the spread of society, especially to high-risk populations. This has included restrictions on recreational, tourism, transportation, and leisure activities. In this context, some people may have depression or anxiety disorders that require special treatment. The presence of important and recurring symptoms over time, such as panic attacks, increased drug use, persistent insomnia, nightmares, excessive daytime alertness, psychological complaints, anhedonia, and even suicidal thoughts should not be ignored, but diagnosed and treated appropriately. Healthcare providers should be educated and trained on how to recognize and reduce mental health problems related to the COVID-19 epidemic and how to respond to it. Mentally ill patients and victims of domestic violence should be followed, supported, and regularly counseled through video conferences. Virtual telepsychiatry plays an important role during epidemics of infectious diseases. It enables clinicians to communicate directly with those patients who need ongoing care in a safe environment. This will also reduce the level of fear in patients. Telemedicine interventions may improve some of the DV outcomes, providing a useful communication tool for DV testing. Health care workers should be properly trained in telemedicine communication skills if they want to gain the trust of DV victims while using this method. Although telephone conversations were helpful in flu clinical trials during the COVID-19 violence, this was not encouraged in psychotherapy interviews. There are some concerns about telephone consultation, which include a lack of confidence in the diagnosis of new patients and the inability to see the facial features of patients. However, it may be helpful if the diagnosis has already been established and there was sufficient prior communication and established trust between patients and the physicians treating them.

**Psychiatric Treatment** of Psychiatrists Mental health professionals may treat patients with major emotional distress caused by the effects of the epidemic on them, their families, or their communities. Healthcare providers may need counseling and assistance if they are experiencing psychological difficulties during and after the epidemic. It is important to emphasize that treating psychiatric patients in crisis should be a multi-faceted approach. Patients suffering from psychiatric disorders are at risk for the effects of COVID-19 because of four factors: (1) somatic risk; (2) mental and behavioral risk; (3) mental retardation, all related to the patient (Table 2); and finally (4) an accident caused by a mental health disorder during an epidemic. All four of these factors must be considered in the context of a disaster.

**Conclusion**

Psychological consequences are an important part of managing communicable epidemics. These effects can be very serious and can affect healthy topics, patients, and health care providers. Appropriate measures should be applied throughout the disaster risk management sector, including preparedness, mitigation, response, and recovery. These effects can be very serious and can affect healthy topics, patients, and health care providers. Appropriate measures should be applied throughout the disaster risk management sector, including preparedness, mitigation, response, and recovery. Domestic Violence Electrocadiography, Total Domestic Product, Protective Equipment, Post-traumatic Stress Disorder, Respiratory Equipment, World Health Organization.

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