**Name of Journal:** *World Journal of Clinical Infectious Diseases*

**Manuscript NO:** 72064

**Manuscript Type:** LETTER TO THE EDITOR

**COVID-19, stigma, and people with disabilities: A mental health perspective**

Swarnakar R *et al*. COVID, stigma, disability, and public health

Raktim Swarnakar, Shreya Santra

**Raktim Swarnakar,** Department ofPhysical Medicine and Rehabilitation, All India Institute of Medical Sciences, New Delhi 110029, Delhi, India

**Shreya Santra,** R. G. Kar Medical College and Hospital, Kolkata 700004, India

**Author contributions:** Swarnakar R contributed to conception and design; Swarnakar R and Santra S contributed to literature search and writing.

**Corresponding author:** Raktim Swarnakar, MBBS, MD, Senior Resident Doctor, Department of Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029, Delhi, India. raktimswarnakar@hotmail.com

**Received:** October 2, 2021

**Revised:** December 22, 2021

**Accepted: February 15, 2022**

**Published online:**

**Abstract**

Discrimination is an age-old ‘illness’ irrespective of its context. Stigma is a common factor that has been associated with disability and coronavirus disease 2019. The public health impact of stigma on differently-abled people during this pandemic is not known and it is a poorly investigated and neglected area. It is important to address the current research need in the concerned area and its implications for public health policymaking and changes in practices that it requires. Together we can win the war against pandemics if we reduce the mental distancing in all perspectives.

**Key Words:** COVID-19; Stigma; Disability; Mental health; Public health

Swarnakar R, Santra S. COVID-19, stigma, and people with disabilities: A mental health perspective. *World J Clin Infect Dis* 2022; In press

**Core Tip:** Currently, coronavirus disease 2019 (COVID-19) is known to be associated with stigma. Previously, it was known that disability is also associated with stigma. The public health impact of stigma on differently-abled people during the COVID-19 pandemic is not known and is a poorly investigated area currently. This letter would like to address the current research need in the concerned area and this would have implications for public health policymaking and changes in practices that it needs.

**TO THE EDITOR**

“Viruses do not discriminate and neither should we”[1].

Globally, coronavirus disease 2019 (COVID-19) has become a public health emergency. In such crisis, rumors, misinformation, fear, and lack of proper public health awareness make fertile soil for the stigma to grow incessantly[2]. Unfortunately, from historical ages to the modern era, infectious diseases and disabilities are independently associated with the social stigma. COVID-19 has already made a negative impact on mental health and stigma has just aggravated it. It is well known that people with disabilities face discrimination and stigma in different spheres of life and such a pandemic situation resulted in greater difficulty in individuals with disabilities than the able-bodied population.

Stigma invariably leads to concealment of COVID-19 symptoms and delayed treatment, which leads to greater dissemination of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection among the public. Many disabling conditions like people with spinal cord injury are particularly vulnerable to SARS-CoV-2 infection. People with disabilities already had physical barriers[3], but the pandemic has added mental and attitudinal barriers due to social stigma. In the context of pandemic crisis, such social stigma severely affects the mental health of people with disabilities. COVID-19 already has hampered social participation due to social distancing and has limited functional involvement due to home confinement and lockdown[4]. Moreover, vaccine inequity may also create further issues which need attention beforehand[5]. Furthermore, social stigma becomes an extra hindrance for better functionality and participation of these populations.

Social stigma in the context of mental health not only damages its victim but becomes also detrimental to the whole public health domain. Social stigma among individuals with disabilities during a pandemic can be prevented by: (1) Public health awareness program through proper information, education, and communication; (2) breaking the misconceptions about COVID-19; (3) considering people with disabilities as differently-abled; (4) improving provision of telerehabilitation emphasizing psychiatric telerehabilitation during the pandemic; (5) identifying barriers and planning to overcome them; and (6) online social-engagement, peer-group formation, and motivational sessions to boost morale and improve the mental well-being of individuals with special needs and disabilities.

Worldwide COVID-19 cases crossed 336 million, and the population with disability crossed one billion[6,7]. Putting this situation in the public and mental health perspective, COVID-19 has set a new-normal life whereas people with disabilities lead a new-normal life with different ability, and eradicating social stigma from this ‘new-normal life’ is each and everyone’s responsibility.

We, healthcare professionals from every domain, should keep closer surveillance so that the physical distancing does not become a mental distancing.

***What is the current understanding of this topic?***

Currently, COVID-19 is known to be associated with stigma. Previously, it was known that disability is also associated with stigma.

***What does this Letter-to-Editor add to the literature?***

The public health impact of stigma on differently-abled people during the COVID-19 pandemic is not known and is a poorly investigated area currently.

***What are the implications for mental health practice?***

This letter would address the current research need in the concerned area and this would have implications for public health policymaking and changes in practices that it needs.

**REFERENCES**

1 **World Health Organization**. Stigma discrimination. 2021. [cited 21 January 2022]. Available from: https://www.who.int/docs/default-source/wpro---documents/countries/malaysia/infographics/covid-19/english-stigma-discrimination.pdf?sfvrsn=2aa46d10\_2

2 **The United Nations International Children's Fund**. Social stigma associated with the coronavirus disease (COVID-19). 2021. [cited 21 January 2022]. Available from: https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19

3 **Armitage R**, Nellums LB. The COVID-19 response must be disability inclusive. *Lancet Public Health* 2020; **5**: e257 [[PMID: 32224295](http://www.ncbi.nlm.nih.gov/pubmed/32224295) DOI: 10.1016/S2468-2667(20)30076-1]

4 **Asundi A**, O'Leary C, Bhadelia N. Global COVID-19 vaccine inequity: The scope, the impact, and the challenges. *Cell Host Microbe* 2021; **29**: 1036-1039 [PMID: 34265241 DOI: 10.1016/j.chom.2021.06.007]

5 **Tomczyk S**, Rahn M, Schmidt S. Social Distancing and Stigma: Association Between Compliance With Behavioral Recommendations, Risk Perception, and Stigmatizing Attitudes During the COVID-19 Outbreak. *Front Psychol* 2020; **11**: 1821 [PMID: 32849073 DOI: 10.3389/fpsyg.2020.01821]

6 **World Health Organization**. WHO Coronavirus (COVID-19) Dashboard. 2021. [cited 21 January 2022]. Available from: https://covid19.who.int/

7 **World Health Organization**. Disability. 2021. [cited 21 January 2022]. Available from: https://www.who.int/health-topics/disability#tab=tab\_1

**Footnotes**

**Conflict-of-interest statement:** Raktim Swarnakar and Shreya Santra declare no conflicts of interest for this letter.

**Open-Access:** This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/

**Provenance and peer review:** Unsolicited article; Externally peer reviewed.

**Peer-review model:** Single blind

**Peer-review started:** October 2, 2021

**First decision:** December 9, 2021

**Article in press:**

**Specialty type:** Infectious diseases

**Country/Territory of origin:** India

**Peer-review report’s scientific quality classification**

Grade A (Excellent): 0

Grade B (Very good): B, B

Grade C (Good): C, C

Grade D (Fair): 0

Grade E (Poor): 0

**P-Reviewer:** Lin CY, luo W, Wang MK **S-Editor:** Wang LL **L-Editor:** Wang TQ **P-Editor:** Wang LL