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COVID-19 and Mental Health: The Existing Literature



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ABSTRACT

With almost 22,840,695 cases and 4,684,181 confirmed deaths documented to date, the covid-19 pandemic is a severe health disaster affecting multiple countries. Widespread breakouts have been linked to negative mental health repercussions. With this in mind, existing material on the COVID-19 outbreak that was relevant to mental health was found using the PubMed database. Published papers were categorized and summarised based on their overall themes. According to preliminary research, anxiety and depression (16-28%), as well as self-reported stress (8%), are prevalent psychological reactions to the COVID-19 pandemic and may be linked to sleep disturbances. This risk is moderated by several individual and systemic factors. Both the requirements of the people concerned and the essential preventive recommendations must be considered when preparing services for such populations. The existing material comes from only a few of the countries affected, and it may not reflect the experiences of people in other areas of the world. Finally, a common response to the COVID-19 pandemic is subsyndromal mental health disorders. More representative research from other impacted nations is needed, especially in disadvantaged groups. In this review study, I'll look at how COVID-19 affects human mental health.

INTRODUCTION:

A pandemic is more than just a medical catastrophe; it has far-reaching consequences for people and society, resulting in turmoil, anxiety, stress, stigma, and xenophobia. Individual behavior as a unit of society or a community has a significant impact on the dynamics of a pandemic, including the intensity, flow, and after-effects. As more people are forced to stay at home in self-isolation to prevent the infection from spreading further at a societal level, governments must take the required steps to provide mental health care following doctors' recommendations. Professor Tiago Correia wrote in his editorial that health systems around the world are assembling only to combat the COVID-19 epidemic, which has the potential to have a significant impact on the treatment of other diseases, including mental health, which normally worsens during pandemics. The unique coronavirus disease – formally recognized as COVID-19 by the World Health Organization – began as a cluster of unexplained pneumonia cases in Wuhan, China, and has since spread to countries all over the world. Over 720,000 confirmed cases and 33,000 deaths attributed to this disease have been documented as of March 30th, 2020. To combat the spread of COVID-19 in the aftermath of this global health crisis, strict public health measures have been established.

Infectious disease outbreaks, such as COVID-19, are linked to psychological distress and signs of mental illness. Psychiatrists all across the world should be aware of these symptoms, their correlates, and management options that take into account both the needs of various populations and the preventative steps needed to stop COVID-19 from spreading. They should also be aware of gaps in the existing literature, which may need to be filled in over time as more clinical experience and research is gained. The current review was created with the above goals in mind: to summarise the existing literature on mental health risks associated with the COVID-19 epidemic.

Fear, worry, and tension are all natural responses to perceived or real dangers, as well as uncertainty and the unknown. As a result, people's fear of the COVID-19 outbreak is both reasonable and understandable.

In a pandemic like COVID-19, the fear of getting the virus is compounded by the considerable changes to our daily life as our movements are restricted in support of efforts to contain and slow the virus's spread. Working from home, being unemployed for a short period, home-schooling children, and a lack of physical touch with other family members,

friends, and co-workers are all new realities that demand us to look after our mental and physical health.

India is unprepared to deal with a mental health catastrophe. Public statistics on mental health problems were already dismal before the COVID-19 pandemic. In India, 25 percent of years lived with disability are due to mental health issues. Depression is the biggest cause of disability in India, impacting around 56 million people, while anxiety disorders affect another 38 million people. Half of all mental illnesses begin before the age of 14, and suicide is the second greatest cause of death among young people ages 15 to 29. Someone commits suicide every 40 seconds. More than one in every five people living in conflict-affected areas suffers from mental illness, and people with severe mental illnesses live 10-20 years longer than the overall population.

The COVID-19 pandemic has had a complicated, diverse, and wide-ranging impact on mental health, affecting all aspects of society and populations. The tremendous rise in mental health requirements is putting a strain on already overburdened mental health services in our country, which are underfunded and under-resourced. COVID-19 has shown major gaps in mental health treatment, and the Government of India now, more than ever, must prioritize and ensure that high-quality mental health care is available to everyone, everywhere. Those who already have poor mental health face a variety of dangers, including increasing rates of mental illness and disruptions to therapy, medications, and support services. COVID-19 has been shown in studies to aggravate current mental health symptoms or precipitate relapse in those with a history of mental illness. In an online study in India, 12 percent of people with a prior documented mental health illness said feelings of suicide were the most challenging obstacle, while 6 percent said substance use was a problem.

COVID-19 has had a significant influence on mental health services, causing care and treatment to be disrupted. To boost capacity to handle the physical effects of COVID-19, some specialized mental health services have been reduced. Several general hospital mental wards have been transformed into COVID-19 units, resulting in the discharge of a large number of multiple sick patients. Community-based psychosocial support activities have also been severely impacted, with groups, associations, and community-based initiatives that used to bring people together regularly now unable to meet for months due to the pandemic. Physical separation and a lack of personal protective equipment (PPE) have also hampered the ability to continue caring for those suffering from severe and acute illnesses. Fear of

infection has reportedly diminished the demand for face-to-face mental health care, particularly among the elderly. To different degrees of success, several agencies have had to move to remote mental health care, giving consultations via digital platforms or by phone. India is putting money into cutting-edge digital and telecommunications technologies, as well as more mental health specialists.

IMPACT ON HEALTH WORKERS:

On the front lines of the COVID19 epidemic, doctors, nurses, and paramedics may be more exposed to mental health disorders. Long work hours, a lack of protective equipment and supplies, a high patient load, a lack of effective COVID19 medication, the death of a colleague after COVID19 exposure, social distancing and isolation from family and friends, and the dire situation of their patients may all hurt health workers' mental health. The productivity of health workers may steadily decline as the pandemic spreads. Workers in the healthcare field should take short breaks in between shifts to calmly and relaxedly address the problem.

Workers on the front lines are important in combating the outbreak and preserving lives. However, they are under a great deal of stress, and while the number of deaths among health workers is increasing, the rate of mental illness is increasing even faster. Frontline employees, particularly healthcare personnel, are at a higher risk of mental illness, which can include suicide attempts, burnout, and stigmatization. They will be unable to play their critical role in halting the outbreak without assistance. It is critical to ensure that health care employees have adequate mental health. 89 percent of healthcare professionals in high-risk scenarios reported psychological consequences, according to research from the 2003 SARS outbreak. A study of healthcare workers in China, the country most affected by the COVID-19, found that 50.4 percent of them had depression, 44.6 percent had anxiety, 34% had insomnia, and 34% had distress (71.5 percent).

We can't afford to lose our health workers; therefore, we need to start supporting their mental health right away to ensure a stable workforce throughout the pandemic response and recovery. India has established specific teams to provide mental health care to medical personnel. Personal stress and mental health screens, which comprise an assessment of COVID-19 occupational exposure, prior history of stress and mental health issues, and new personal and family stressors that have arisen since the pandemic began, and current presenting problems such as increased use of alcohol or drugs, are among the initiatives.

Workshops, support groups run by social workers and other professional staff, individual assessments, and mental health therapy are also available.

IMPACT ON GENERAL POPULATIONS:

Even for those who are not directly affected by COVID-19, the effects of social isolation and economic fallout are felt widely across societies. As a result of the COVID-19 outbreak, large portions of India's population are feeling heightened anxiety, sadness, stress, and loneliness. The pandemic's pressures on communities and countries are felt by everyone. People are afraid of infection, dying, losing family members, losing their income or livelihoods, being socially isolated, and being separated from loved ones, according to the findings of preliminary studies. These are risk factors not only for short-term mental health issues but also for long-term mental health issues.

Infectious illness outbreaks have had a significant impact on the mental health of persons who have been exposed in the past. The 2003 SARS outbreak in Asia had a significant impact on those who were exposed, with surveys revealing that up to 50% of recovered persons had anxiety symptoms and 20% of rehabilitated people experienced depression. The SARS outbreak was also linked to a spike in suicide fatalities among people aged 65 and up. People adopt a variety of coping techniques to cope with these pressures, some of which are hazardous, such as increased alcohol consumption, which can exacerbate issues like Interpersonal Violence, drugs, or spending more time on potentially addictive behaviors like gaming and gambling.

To cope with these pressures, people use a range of coping mechanisms, some of which are dangerous, such as increasing alcohol use, which can exacerbate issues like Interpersonal Violence, drugs, or spending more time on potentially addictive behaviors like gaming and gambling.

There is evidence that if national authorities manage quarantine correctly, it does not cause long-term mental health problems, even though it is inconvenient for people. However, if done incorrectly, it can have short- and even long-term mental health consequences. Even if the obstacles are unprecedented, natural resilience is emerging - something that will be critical in ensuring that societies can operate and people recover from the pandemic's effects. The COVID-19 experience may bring us closer together and make us friendlier to one another. We are noticing a rise in mental health awareness during COVID-19. Positive

coping methods have been documented in various regions and societies. Efforts are being made, and organizations are launching creative efforts to help overcome obstacles and address mental health needs during these trying times. The phrase "We are all in this together" expresses the universality of this shared experience, and many people are extending psychosocial and social support to one another.

Table No. 1: - Observational studies of mental health concerns related to COVID-19.

Country of origin	Populations studied	Methodology	Study instruments	Results
China	General population (n=1210)	Online survey	Depression, Anxiety and Stress Scale (DASS-21); Impact of Event Scale-Revised (IES-R)	16.5% moderate to severe depressive symptoms; 28.8% moderate to severe anxiety symptoms; 8.1% moderate to severe stress
China	Medical staff treating patients with COVID-19 (n = 180)	Cross-sectional, self-rated questionnaire	Self-Rating Anxiety Scale (SAS); General Self-Efficiency Scale (SES); Stanford Acute Stress Reaction Questionnaire (SASR); Pittsburgh Sleep Quality Index (PSQI); Social Support Rate Scale (SSRS)	Mean anxiety scores 55.3 ± 14.2 ; anxiety positively correlated with stress and negatively with sleep quality, social support, and self-efficiency ($p < .05$, all correlations)
China	General public (n = 214); front-line nurses (n = 234); non-front-line nurse (n = 292)	Cross-sectional, a self-rated survey using a mobile app	The Chinese version of the Vicarious Traumatization Scale	Traumatization related to COVID-19 higher among non-front line than front-line nurses ($p < .001$); Traumatization among the general public

				higher than for front-line nurses ($p < .005$) but not non-front-line nurses
China	Individuals in self-isolation for 14 days (n = 170)	Cross-sectional, self-rated questionnaire	Self-Rating Anxiety Scale (SAS); Stanford Acute Stress Reaction Questionnaire (SASR); Pittsburgh Sleep Quality Index (PSQI); Personal Social Capital Scale (PSCI-16)	Mean anxiety score 55.4 ± 14.3 ; Anxiety positively correlated with stress and negatively with sleep quality and social capital; social capital positively correlated with sleep quality. ($p < .05$, all correlations)

CONCLUSION:

I conclude from the above review paper that the COVID-19 pandemic has prompted a robust and multifaceted response from psychiatrists and allied professionals and that mental health is being considered on several levels, including the general public, healthcare staff, and vulnerable groups. Despite the low quality of evidence in the current literature, it still provides a wealth of useful insights and suggestions for all professionals working in this sector, whether they work in psychiatric or general hospitals or the community. As the number of patients affected by the pandemic grows, the psychiatric profession, particularly in Asian countries, faces a challenge as well as an opportunity: the challenge of addressing the numerous barriers and limitations identified in the above literature, as well as the opportunity to implement those suggestions or recommendations that are feasible at a local or regional level. COVID-19's long-term mental health effects may take weeks or months to manifest, and controlling them requires a dedicated effort not just from psychiatrists but from the entire healthcare system. More studies, even early or pilot studies, are needed to estimate the breadth of the pandemic in other countries, particularly in those where mental health infrastructures are less developed and the impact is expected to be greater. COVID-19's influence on additional vulnerable populations, such as children and adolescents, those living in isolated or rural locations with limited access to health care, and those from poorer

socioeconomic backgrounds, should be assessed by researchers. Furthermore, time-limited, culturally responsive mental health therapies that may be taught to healthcare personnel and volunteers are needed. Such interventions should be tested when they are produced, so that information about effective therapy procedures can be broadly communicated among individuals working in this sector.

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