

# COVID-19 AND MENTAL HEALTH

Arti Ojha

Department of Home Science, N.K.B.M.G College, Chandausi

Email: [artitripathi2121@gmail.com](mailto:artitripathi2121@gmail.com)

Ph No.: +91 7906691966

## ABSTRACT

The novel coronavirus disease pandemic originated in Wuhan, China, at the end of 2019 and has now rapidly spread over the world. The Coronavirus Disease 2019 (COVID-19) outbreak was declared a pandemic and a general health emergency of worldwide concern on Jan 30, 2020, by the World Health Organization (WHO)

The threats of the pandemic are not limited to physical health only. The global public health, epidemiology and social systems are collapsing as well under the spread of the disease. The ICUs have been completely overwhelmed in some countries. Extreme pandemic prevention measures such as the compulsive closure of schools and the abeyance of all nonvital productions and commercial activities are seriously affecting the daily life of the general citizens, and working activities, and thus putting the private economic organizations of both small-scale and large-scale investments in danger.

The quality and magnitude of impact on common masses are determined by many vulnerability factors like developmental age, educational status, pre-existing mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection.

There is an increasing demand for long-term and development research on the mental health of people during the pandemic as well as post-pandemic. Obsessive-compulsive disorders or depressive anxiety are causing a pernicious impact on the mental balance of people affected by the COVID-19 pandemic. This requires close monitoring in clinical practice. For this, innovative policies with direct and digital collaborative networks of psychiatrists, psychologists, paediatricians, and community volunteers are deemed necessary.

**Keywords:** - Covid-19, mental health, pandemic, Sars-Cov-2, disease, age groups.

## INTRODUCTION

Since the first confirmed case of COVID-19 was reported in India on Jan 27, 2020, this disease has greatly impacted every aspect of society. Analogous to other countries, extensive measures such as physical distancing, lockdown, and quarantine were instigated in the middle of March 2020, in response to the rising number of cases and deaths attributed to COVID-19.

Although these measures might have mitigated the spread of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) that causes COVID-19, undoubtedly have affected the social and mental health of individuals from across the board. So far, based

on probability samples, a rise in psychological distress in April 2020, compared with in 2018–19, has been reported among adults and children likewise (Moreno et al., 2020a).

Self-confinement and quarantine over a long period can hurt one's mental health. In a recently published assessment in *The Lancet*, it was stated that long-term apathy, loss of freedom and precariousness can cause a decline in an individual's mental equilibrium (Dotson et al., 2020). Under the present situation, every age group is confronted with a mix of emotions as well. They can be placed in a situation or an environment that may be new and can be potentially damaging to their mental health.

The objective of this **review article** is to draw the attention of the concerned authorities worldwide to not only the physical aspects of COVID-19 but also its psychological effects as well. The various effects on the mental health of the general masses have been divided into age groups to better facilitate the understanding of the effects.

### ***Young children***

Stress hurts the foetus too. Due to stress during pregnancy parents particularly mothers are in a state of emotional vulnerability and can experience dysthymia and apprehension which can adversely affect mentally as well as physically both, the mother and foetus (Patra & Patro, 2020). This is one of the major causes of miscarriage around the world. In one of the preliminary studies during the ongoing pandemic, it was found that younger children (3-6 years) showed symptoms of clinginess and fear if family members were infected while older children (6-18 years) were likely to develop inattention and were persistently inquiring regarding COVID-19 (Singh et al., 2020). However severe psychological conditions of irritability and clinginess were depicted by all age groups. Moreover, based on questionnaires by parents, findings reveal that the child also suffered from disturbed sleep, poor appetite, frequent nightmares, agitation and separation-related nightmares (Patra & Patro, 2020; Singh et al., 2020).

### ***School Going and College Students***

The pre-lockdown was a period where the method of learning for adolescents and children, all around the globe, had a major involvement of face-to-face physical interaction of peer groups and mentors. Unfortunately, the nationwide closures of schools and colleges have negatively impacted over 91% of the world's student population (Patra & Patro, 2020). The long-term absence of the organisational setting school has resulted in a disbalance in the daily routine and apathy of children. There is a lack of inventive thinking and engagement in various activities. An increased percentage of children have developed introverted personalities due to long-term confinement (Makela & Peters, 2004). They have displayed lesser impact on the inability to play outdoors, not meeting friends and not partaking in in-person school activities. The children became clingy and more attention-seeking due to long-term shifts in their routines. And now, even after the upliftment of lockdown, children resist going to school (Patra & Patro, 2020). As a result of long-term inhibition of the movement of children, there has been a negative effect on their overall mental well-being.

### ***Young People of Age 20-25 yrs.***

The quarantine can be a cause of increased anger, stress, and dangerous habits such as online betting. This is particularly true for young people (Moreno et al., 2020a). In the examples of pandemics recorded in history, it has been revealed that quarantine has made children more likely to have acute stress disorder, adjustment disorders, and grief than those who had not been quarantined. Reports have shown that of the people that have called on helpline a major group belonged to this age group. There could be a potential increase in alcohol use disorders and domestic violence as increased alcohol trade and domestic use has

been reported in various parts of the country as well(Dotson et al., 2020). The risk is high for both young people and the elder as well. Although the reported and analysed data is far few, people including children are at a higher risk of physical and domestic abuse at their house during this time of the pandemic(Arango et al., 2020). This pandemic can also further aggravate mental health imbalance—and thus limit the already scant access to mental health services—in people living in benignant and conflict settings. On the positive side of the spectrum, people could benefit from the reduction in exposure to chronic psychosocial stressors

### ***People with Pre-Existing Mental Illness***

Individuals suffering from pre-existing mental health disorders have been shown to possess a higher risk of getting infected with COVID than those without mental health disorders due to their life circumstances. Factors which increase the probability of a severe case of COVID-19 can include alcohol or drug misuse, severe mental illness, and homelessness. These are all factors which have been related to comorbid physical conditions as well. Analytics has revealed that individuals with mental imbalance are in increased danger of getting infected in general (and thus are potentially at increased risk of getting infected with COVID-19), and are more likely to develop severe organ dysfunction and die in ICUs than people without mental disorders(Dotson et al., 2020; Moreno et al., 2020b). SARS-CoV-2 might also cause dysregulation of the stress system, which could contribute to the development or exacerbation of psychiatric disorders. Physical distancing can be challenging in these contexts, either because the nature of patients' conditions makes it difficult to manage (e.g., people with learning disabilities) or because of overcrowding (e.g., prisons). Increased death rates in assisted living facilities have been reported worldwide, especially among older people and people with learning disabilities.

Increased poorer services and support and increased symptoms have been reported by individuals with pre-existing mental health disorders ever since the offset of COVID-19. People are discharged ahead of time from psychological wards and interference in face-to-face psychotic care has become common. As a result of this, the repercussions have been far too severe which include relapse in behaviour, suicidal tendencies, unapproachable medical care, and social separation(Dotson et al., 2020). A particular group which has a high chance of being affected by the lockdown and quarantine include individuals who had mental health problems before the pandemic. These individuals also have described increased symptoms of depression and higher rates of PTSD and sleep disorder. Simultaneously, physical distancing has reduced the availability of familial, and psychosocial support. More times than often people with serious mental illness also have an associated sociological and economic disadvantage and these individuals are particularly in danger of both the direct and indirect effects of the pandemic.

### ***Elderly people***

The ailing immune system, pre-existing diseases, a busy schedule of friends and family, and many such clinical and social reasons have made senior citizens more susceptible to the COVID-19 outbreak. Reports worldwide have indicated an increased death rate in assisted living facilities, especially among older and people with learning disabilities(Lebrasseur et al., 2021; *Older Adults Risks and Vaccine Information | Cdc*, 2022). Doctors across the world have stated that senior citizens (people above the age of 60 years) are more prone to getting infected by Severe Acute Respiratory Syndrome Corona Viral Disease (SARS-COVID-19) ignoring their pre-existing health conditions. Their mental health has taken a major hit due to isolated contact in the COVID-19 outbreak. Social Distancing

can cause distress, anguish and anxiety as well as trigger a traumatising situation for elderly people (Moreno et al., 2020). The senior citizens depend on youthful for their daily needs, and quarantine can cause critical damage to a family system

They can commonly show symptoms such as irritating and shouting behaviour, changes in sleeping behaviour and emotional outbursts. The younger members of the family should clear some time of their schedule to talk to the elderly members of the family and try to engage in some of their daily activities if possible (Moreno et al., 2020b). In these times all but a simple telephone call is more than enough to ease the turbulent emotions of elderly people and calm them (COVID-19, n.d.). WHO recommends regular inquiry of elderly citizens living at nursing facilities or with their families.

### **Health Workers**

Front-line workers such as doctors and nurses who fight COVID-19 on daily basis have escalated susceptibility to developing syndromes relating to psychological health working. The unease of contracting a disease, lengthy spells of work, lack of supplies and safety gear, overload of patients, no reliable treatment available for the disease, death of their colleagues after exposure to COVID-19, isolation and social distancing from their friends and families, and the harrowing situation of their patients has taken a negative toll on the mental health of health workers. In a cross-sectional study 65 of 1257 healthcare workers in 34 hospitals in China, 634 (50%) reported symptoms of depression, 560 (45%) reported anxiety, 427 (34%) reported insomnia, and 899 (72%) reported distress (Lai et al., 2020). These symptoms were more common in women than in men, in nurses than in physicians, in respondents from Wuhan than in those from other cities, and in frontline workers directly engaged in the diagnosis and treatment of COVID-19 or providing nursing care for affected patients than in those fulfilling other health-care roles (Lai et al., 2020). Health workers should take short respites during their working hours. They should also deal with the present scenario in a relaxed manner.

### **Mental health service responses to COVID-19**

With challenges come opportunities. In the same manner, the COVID-19 pandemic has provided an opportunity to improve the structural and economic effectiveness of different mental health institutes across the country (Moreno et al., 2020). Centred around this opportunity we can also rethink the conventional approach to systematic planning with greater inclusion of service users. And representative populations who experience health disparities which included people who have been disproportionately affected by the pandemic due to economic factors. Persisting problems can exist in people who are especially affected by the scarcity of viral-containment strategies and recession-related psych-traumatic stress (COVID-19, n.d.). Professional psychological support is necessary for these people and this is the most likely populace to be affected by public messaging emphasising the usefulness of voluntary quarantine and the compassion of self-isolating.

The public health response to COVID-19 should not only provide clear, concise, and accurate information about quarantine and infection rates to reduce uncertainty but also aim to increase mental health literacy. Mental disorder strategies should include self-care, education and family support. It should also involve multiagency collaboration among housing, education, and employment services, with support from the voluntary and mental health sectors (Hailemariam & pathare, 2020). These agencies should use social support networks and collaborate with local societies to help solve the already identified stress indicators and stir up those still in need of help from mental health institutes. Some countries

have supplemented community support systems by reassigning staff, and volunteers have boosted staff numbers.

Vulnerable populations, including patients with mental health issues, have been disproportionately affected by changes to public transportation systems, housing and emergency shelter infrastructure, and unemployment, as well as by social isolation and loneliness. The people who are most likely to require mental health support as a result of the social and economic consequences of the pandemic and pre-existing health-care inequalities—e.g., ethnic minorities, people living in poverty, people living in conflict situations—are also the people who have been hit hardest by COVID-19. In the UK and the USA, grassroots and community organisations run by and for Black and other racial minority communities, who have been disproportionately affected by COVID-19, are providing mental health support (Arango et al., 2020; Dotson et al., 2020). Healthcare systems should anticipate an increase in unmet mental health needs in these vulnerable groups and promote adaptations that narrow gaps in access to care

## CONCLUSION

Although the rate of Covid-19 infection was low among young children and adolescents, the stress confronted by their condition is highly vulnerable. On the other hand, the chance of emotional vulnerability is even higher among adults and elders. Many cross-sectional studies have been conducted to analyse the impact of Covid-19 and the lockdown on common masses. The results of these studies show the nature and extent of this impact based on several susceptibility factors such as already established mentally challenging conditions, educational status, developmental age, poor economic status and quarantine due to infection. The containment measures like the closure of schools, & mediums of entertainment have caused debilitating psychological and developmental attainment. Compulsive use of the Internet and social media puts people at an even higher risk. The main focus of the health care policy and system makers should be interventions and promotions to the public mental health system at large by taking the topographical contextual criterion into account to better meet the requirements of people.

## REFERENCES

1. Arango, C., Wykes, T., & Moreno, C. (2020). Mental health care and COVID-19. *The Lancet. Psychiatry*, 7(12), 1013. [https://doi.org/10.1016/S2215-0366\(20\)30480-6](https://doi.org/10.1016/S2215-0366(20)30480-6)
2. *COVID-19: How to manage your mental health during the pandemic*. (n.d.). Mayo Clinic. Retrieved December 29, 2022, from <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731>
3. Dotson, S., Ciarocco, S., & Koh, K. A. (2020). Disaster psychiatry and homelessness: Creating a mental health COVID-19 response. *The Lancet Psychiatry*, 7(12), 1006–1008. [https://doi.org/10.1016/S2215-0366\(20\)30343-6](https://doi.org/10.1016/S2215-0366(20)30343-6)
4. Hailemariam, M., & pathare, soumitra. (2020). The missing global in global mental health. *The Lancet Psychiatry*, 7. [https://doi.org/10.1016/S2215-0366\(20\)30398-9](https://doi.org/10.1016/S2215-0366(20)30398-9)
5. Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers

- Exposed to Coronavirus Disease 2019. *JAMA Network Open*, 3(3), e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>
6. Lebrasseur, A., Fortin-Bédard, N., Lettre, J., Raymond, E., Bussièrès, E.-L., Lapierre, N., Faieta, J., Vincent, C., Duchesne, L., Ouellet, M.-C., Gagnon, E., Tourigny, A., Lamontagne, M.-È., & Routhier, F. (2021). Impact of the COVID-19 Pandemic on Older Adults: Rapid Review. *JMIR Aging*, 4(2), e26474. <https://doi.org/10.2196/26474>
  7. Makela, C. J., & Peters, S. (2004). Consumer education: Creating consumer awareness among adolescents in Botswana. *International Journal of Consumer Studies*, 28(4), 379–387. <https://doi.org/10.1111/j.1470-6431.2004.00402.x>
  8. Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., Cannon, M., Correll, C. U., Byrne, L., Carr, S., Chen, E. Y. H., Gorwood, P., Johnson, S., Kärkkäinen, H., Krystal, J. H., Lee, J., Lieberman, J., López-Jaramillo, C., Männikkö, M., ... Arango, C. (2020a). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry*, 7(9), 813–824. [https://doi.org/10.1016/S2215-0366\(20\)30307-2](https://doi.org/10.1016/S2215-0366(20)30307-2)
  9. *Older Adults Risks and Vaccine Information* | cdc. (2022, October 26). <https://www.cdc.gov/aging/covid19/covid19-older-adults.html>
  10. Patra, S., & Patro, B. K. (2020). COVID-19 and adolescent mental health in India. *The Lancet Psychiatry*, 7(12), 1015. [https://doi.org/10.1016/S2215-0366\(20\)30461-2](https://doi.org/10.1016/S2215-0366(20)30461-2)
  11. Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations. *Psychiatry Research*, 293, 113429. <https://doi.org/10.1016/j.psychres.2020.113429>