

Covid-19 and Mental Health What Has Been the Impact

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Summary

The COVID-19 pandemic and the subsequent orders issued to prevent its spread can lead to the appearance of mental health symptoms, both in people who have been infected with the virus and in the rest of the population that has been affected by the uncertainty associated with a pandemic and by the indirect effects on mental health, associated with loneliness, lack of social interactions, anxiety, depression, overwhelm, among others, giving figures that confirm this in older people and people with chronic illnesses; children and adolescents; people who are helping with the response, such as doctors and other health care providers; and people who have mental health problems. As such, people in social isolation, with restricted mobility and little contact with those around them are more vulnerable to psychiatric complications, ranging from isolated symptoms to the development of a mental disorder, such as insomnia, anxiety, depression and post-traumatic stress disorder. The mental health and well-being of entire societies have been severely affected by this crisis and it is a priority to address these two elements as a matter of urgency. However, people caught in fragile humanitarian settings or conflict situations are at risk of having their mental health completely overlooked.

Keywords: COVID-19; Coronavirus; Pandemic; Confinement; Anxiety Disorders; Mental Health

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Introduction

Currently, the world is facing a COVID-19 pandemic with a new coronavirus, SARS-CoV-2, which was initially observed in Wuhan, Hubei, China, in late 2019. Which has become a pandemic with an increasing number of cases worldwide? With the rapid spread of COVID-19, global health systems are experiencing challenges in preventing infections, identifying and managing COVID-19 cases, and ensuring effective strategies to protect public health. This has led governments to implement epidemic containment measures, such as school closures, social distancing and mandatory lockdowns. As a result, social isolation has increased mental health problems in children, adolescents, adults and the elderly. These challenges, while arising primarily from an infectious disease with physical health implications, can also profoundly affect mental health and well-being. People around the world face fear and concern for their personal safety, lack of effective vaccines or treatments, and adverse socioeconomic consequences such as unemployment and lack of access to necessary commodities from quarantine and confinement measures in different contexts [1-2].

The COVID-19 pandemic has not only caused consequences on the physical health of infected people and a large number of deaths worldwide, but also has very significant consequences in

all economic and social sectors, both globally and locally. Physical health problems, isolation, lack of social contact, difficulty in reconciling work and personal life, changes in routines and work problems begin to "take their toll" on people's mental health. At the expense of this terrible situation of growing mental health care needs, which was labeled as the "fourth wave", although it is known that in many countries that witnessed the pandemic, much of the population was greatly affected mental health and in turn affected mental health services, which gave way to overwhelm [3]. Since, these services should have been the fundamental tool to achieve quality of life, well-being and human development in the midst of the situation. In addition, COVID-19 can also affect the mental health and well-being of health professionals, especially those working as frontline providers. As COVID-19 cases affect the capacity of healthcare systems around the world, many healthcare providers are working beyond their usual hours to meet the growing demand for intensive care. WHO has issued a 31-point guide to alleviate these problems. These include guidelines to protect the mental health of populations of different age groups affected by COVID-19, with a particular focus on children, women, and service providers, recommending measures to reduce anxiety, depression, and stigma, etc [4].

This leaves healthcare providers vulnerable to anxiety, depression,

burnout, and insomnia. One review found that physicians face routine challenges in providing care to their patients, while the health care system generally requires physicians to keep records of their meetings between physicians and their patients, as well as various administrative responsibilities, are likely to increase during this epidemic. These mental health issues may not only affect health care providers' quality of care, clinical understanding, or decision-making ability, which may hinder COVID infection control, but may also have a significant impact on their health and well-being and quality of life. Therefore, it is extremely important to protect the mental health of medical personnel in order to control the epidemic and take care of their own health [5]. In addition, working without proper personal protective equipment and other precautions increases the fear of infection, which is becoming a growing concern as high infection rates are recognized [1,2]. People who survive COVID-19 may be at increased risk for mental health consequences. One in five people with the condition faced a diagnosis of anxiety, depression, or insomnia for the first time and were also twice as likely to have these as people with other conditions. Suicidal thoughts have increased from 8% to 10%, especially among young people (where this number increased from 12.5% to 1%). Mental health declines among those living in lower socioeconomic circumstances and those with

pre-existing mental health conditions [3]. Triggering disorders such as psychotic disorders, mood disorders and anxiety disorders; therefore, close contact with family and friends is recommended, either by electronic means, as well as a healthy expression of emotions and thoughts in order to maintain mental health, as well as avoiding exposure to news associated with the pandemic [4]. Mental health has great intrinsic value, as it relates to the core element that makes us who we are; that is, how we interact, connect, learn, work, suffer, and be happy. Good mental health enhances people's ability to maintain healthy behaviors to keep themselves and others safe during the pandemic. Which, good mental health also makes it easier for everyone to stay safe including older adults or contribute to the economic recovery of their communities. In addition, it ends up being essential in countries' response to COVID-19 and recovery from the pandemic [6,7].

Methodology

For the realization of this article "Covid-19 and mental health What has been the impact?" A bibliographic search was performed in databases such as Elsevier, Scielo, Medline, PubMed, Science Direct and Ovid; articles in English and Spanish were taken into account. From each database, the vast majority of articles related to COVID-19 and mental health were selected, including in the section of originals, reviews and case reports between 2020 and 2022, as well as MeSH terms were used: COVID-19, pandemic, mental health, confinement, anxiety, depression. Including all the documents that will deal with the results of studies about the mental health affectionation by COVID, the data found were between 15-40 records, using 22 articles for this document.

Results

The COVID 19 pandemic is an event of great impact on the entire

population worldwide; various sectors of the economic, political and social world have been affected as a direct consequence of the situation. From the health sector it is essential to report on the emerging phenomena during the global emergency, as well as the dynamics that are being created around, in this case, mental health [8].

COVID-19 has affected specific population groups in one way or another; healthcare workers, children, young people, the elderly and people with pre-existing health problems, people in humanitarian settings and situations of armed conflict. The problems studied were loneliness, nervousness, agitation, irritability and difficulty concentrating [Table 1].

On the other hand, worldwide, it was found that there is a 1:5 ratio of people who, as a result of COVID-19, have experienced insomnia, depression and anxiety for the first time. Among those resulting anxiety disorders, they are described in [Table 2].

From the onset of the pandemic to the present day, 6% of the population has consulted a mental health professional for some type of symptom, with the highest rate being 37% for anxiety and 35.5% for depression, and more than twice as many people using these mental health services were women. In Colombia, 52% of households reported a decline in adult mental health by 2020. The prevalence of mental health symptoms was higher in households where one household member lost a job and experienced a decline in income or more severe food insecurity, considering that, these shocks disproportionately affect poorer households. However, vulnerability to shocks goes hand in hand with socioeconomic vulnerability; and that the majority of households, over 79%, report a decline in their mental health, these households are in categories 1 and 2, and it is these households that have faced this situation of job loss and reduced income. Taking sex as a variable in the results, it is evident that women have lower levels of satisfaction than men. This is probably because women invest less time in entertainment activities and, on the other hand, deal with a higher proportion of domestic activities and care for other family members, especially when they are mothers; from this it is reasonable to think that this inequality may be more severe in the pandemic and lead to a greater decline in mental health. Considering that

Table 1: Problems experienced in containment by COVID-19.

Problems	(%)Presentation percentage
Loneliness	31%
Nervousness	38%
Agitation	39%
Irritability	39%
Difficult to focus	77%

Table 2: Anxiety disorders.

Anxiety disorders	
Panic Disorder	Illness Anxiety Disorder
Agoraphobia	Eating Disorders
Obsessive-Compulsive Disorder	Substance-Related and Addictive Disorders
Phobic Disorder	Sleep Disorders
Post-Traumatic Stress Disorder	

Table 3: Description of variables.

Variables	
Sociodemographic	Location, sex, age and educational level.
Transcendental strengths	Appreciation of beauty and excellence; gratitude; hope and Optimism; humor and spirituality.
Overall self-efficacy	General Self-Efficacy Scale.
Positivity	A single question which evaluated the perception towards the situation of confinement on a seven-item scale (1 = "I have only gotten negative things out of confinement"; 4 = "I have gotten positive and negative things"; 7 = "I have only Gotten things positive").
Psychopathological symptom	Depression, anxiety, irritability.

49% of male heads of household experienced a decline in mental health symptoms in at least one adult, this number increased to 58% in female-headed households with children. On the other hand, the prevalence of worsening mental health symptoms is significantly higher (66% vs. 51%) in single-person households compared to households with at least two people, related to the social isolation created by government containment measures in response to the pandemic, which exacerbated the loneliness of those living alone, as well as the burden of income generation and family work. Moreover, households in which adult mental health worsened during a pandemic, or in which marital conflict increased, had higher rates of mental health deterioration in children and adolescents. A 1:3 ratio was reported where 1:3 households had worse mental health-related symptoms in adults, children, and adolescents during the pandemic period, where new fears emerged; and 2% reported increased anxiety or worry. In addition, rates of mental health symptoms are higher in children and adolescents due to conflicts and arguments among family members. Specifically, among households that reported a frequency of conflicts and arguments between parents, 28% reported the appearance of new fears in children and adolescents, 33% more sadness, and 2% more anxious and worried [5]. From a study conducted by the authors Juan Manuel Fernández-Millán and Francisco Diaz Bretones, in order to quantify the affectation of mental health through surveys, even in hard-to-reach people, where sociodemographic variables (locality, sex, age and level of studies), transcendental strengths, general self-efficacy, positivity and the appearance of psychopathological symptoms were taken into account [7], It was evidenced that all populations had very good levels of significance, being the psychological variables those that have a greater predictive weight than the sociodemographic variables in the reported mental health symptoms. Among these variables the one with the highest significance was positivity, that is, the main effect of positivity and self-efficacy variables would be proven, showing that, at higher levels of these, lower levels of symptoms were reported. Speaking of the demographic variables, younger and less educated men seem to have higher levels of self-efficacy. Therefore, and given that this psychometric variable is an attenuating factor for negative mental health symptoms [8] [Table 3].

A study by Rodriguez J. assessed and demonstrated that one of the main mental health problems in people as a result of the COVID-19 pandemic is uncertainty, fear and stress. In other words, the current pandemic is having a negative effect on the mental health of people, especially those at high risk. The uncertainty associated with the disease, plus the impact of confinement

by the authorities and the threat of the disease, has increased stress, fear and depression in the population, which results in aggravating the mental health of people, a situation that affects health workers in the same way [9]. Of these health workers, a study showed that about 89% in high-risk environments have reported psychological symptoms. A study conducted by Ying Wang, Master of Science, with a total of 1257 workers, showed that among medical and nursing personnel 34.4% had mild disorders, 22.4% had moderate disorders and 6.2% had severe disorders immediately after the epidemic [10].

Discussion

The main objective of this article was to describe how COVID-19 was impacting mental health, taking into account that in a certain way the negative impact of the pandemic on mental health in children, adolescents, adults and health personnel is evidenced, where stressors and motivations to practice social distancing due to the COVID-19 pandemic seem to be difficult to process, which translates into poor mental health outcomes [11]. That is, all populations were directly and indirectly affected by it, altering thoughts and emotions, among others. Taking into account the results of the studies analyzed, one study indicates that there is a large percentage of health workers with psychological symptoms, depression, among others; but very similar to that reported in the other studies. While, all studies of prevalence of mental disorders in health workers, children, adolescents and adults, and there was the similarity that the female gender has more high figures than the male gender in terms of frequency of mental health problems, in comparison to another study where it is evidenced in women with several risk conditions, but even so, the on-line use of the surveys was limited, since there was less probability that older people or people with fewer resources or access to technology would participate, likewise, within the range of those who took the survey, the high risk was evidenced [12].

However, as mentioned above, there were marked differences between the outcomes, mostly in gender, living situation, loss of employment or reduction in work hours due to COVID-19 but not as much difference in terms of age, highlighting the demographic similarity of the two groups; these increases in negative mood symptoms are congruent with the findings of the previous study. These results show a cumulative vulnerability to the pandemic, as there is evidence of prior gender disparities in mental health. While the prevalence of depression in 2017 was 10.1% among women, it was 2.1% among men. Other data sources point in the same direction, as the prevalence of depressive symptoms

is nearly twice as high for adult women, 22.5 percent, compared with 12.9 percent for men [13]. Only 5 percent of women and less than 3 percent of men report having a new diagnosis or treatment for a mental health condition. Given the results on well-being, these percentages point to a lack of access, which is presumably related to the fact that during confinement access to psychological health services was relatively difficult and adaptation to the widespread use of telemedicine took time [14]. In this sample, the effect size for control patients was larger, especially for stress, in addition, severe depression was considered, while anxiety and stress were moderate, but care should be taken when considering this interpretation, given that this study and the previous one are not equivalent in nature. But caution should be exercised in considering this interpretation, since this study and previous research are not intrinsically equivalent because of such on-line surveys [14]. Regarding health care personnel, one of the studies in comparison to the others, mental health awareness should be discussed in both workforce and individual social contexts. That is; they should be trained in coping skills and treatment for anxiety, depression, and other mental health disorders and should be aware of the preliminary signs and symptoms of mental illness. Early intervention is crucial because mental health disorders can lead to dysfunction, internal distress, and, in the most extreme situations [15]. However, it is desirable to conduct further studies in larger samples and in different countries on these factors and to consider other cultural aspects to refine assessment processes and preventive intervention strategies [7].

Conclusion

Beyond the direct impact of the disease, the COVID-19 pandemic will amplify and accentuate existing socioeconomic and health inequalities. In addition to the direct impact of the disease, the COVID-19 pandemic will amplify and highlight existing socioeconomic and health inequalities around the world. These

inequalities would lead to an increased risk of indirect adverse effects on women's well-being known at the onset of the pandemic. Women are vulnerable to these inequalities and are likely to bear the health burden of the indirect impacts of COVID19. These results point to intersecting vulnerabilities, as gender roles and economic fragility interact creating unique challenges for women during the pandemic. It could be argued that having a good positive attitude, as well as self-efficacy in coping with traumatic situations, are some of the strategies employed by the general population [16], [17]. Many people experience increased stress and feelings of helplessness, uncertainty, frustration, and exhaustion, which are normal in times of crisis. Individuals are encouraged to reduce the stress caused by the pandemic by taking care of their mental health, taking time to engage in activities that bring them joy, connecting with others while observing adherence to social protocols, and taking care of their physical health [16]. We recommend that more educational and self-help materials be made widely available and accessible to all. Materials include easy-to-use, evidence-based screening tools, explanations of normal reactions and how to manage stress, and education about more severe symptoms of mental illness and when help is needed, and resources for affordable, accessible, and confidential treatment options and other resources for getting help [17]. Stressful life events, prolonged home confinement, anxiety, and excessive use of the Internet and social media are factors that can affect mental health during this pandemic. All populations worldwide face mental challenges due to COVID19. Despite the uncertainty of the current crisis, it is important to receive the physical, emotional, and mental care needed to grow and thrive. Therefore, it is important to seek out and utilize all available resources and therapies to help adolescents manage the adjustments caused by the pandemic. More research is needed to improve adolescent mental health during COVID19 and similar disasters [18].

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