

## Impacts On The Mental Health Of The COVID-19 Pandemic

Running Title:- Impacts On The Mental Health

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### Abstract

Worldwide hazards to mental health have never been greater due to the Coronavirus Disease 2019 (COVID-19) pandemic, a large virus outbreak in the twenty-first century. Psychological assistance is provided to patients and healthcare workers, but the general public's mental health also requires a lot of attention. This systematic review aims to provide a concise summary of the research on the effects of COVID-19 and associated risk factors on psychological outcomes in the general population. Extremely high levels of psychological distress, frequently above the threshold for clinical relevance, are associated with the COVID-19 pandemic. Reducing the risk that COVID-19 will have on mental health is an aim of global public health.

**Keywords:** COVID-19, Impact, Mental Health, Pandemic

### Background

Late in 2019, Wuhan, China, became the first place to identify COVID-19, a recently discovered novel coronavirus. The COVID-19 virus shares a family with the Middle East respiratory syndrome coronavirus (MERS-CoV), which is thought to have originated from snakes, bats, and pangolins at the Wuhan wet markets. The virus soon spread around the world, infecting many people and killing many of them, mainly the elderly and fragile. The community's attempts to control and limit the pandemic's spread have been hindered by prejudice and fear despite being easy to implement. The COVID-19 outbreak has already sparked fear, as evidenced by the empty toilet paper racks in stores, given rise to accusations against Asian racial groups, and influenced people's choices over whether to seek medical assistance when initial symptoms emerge. We investigate the causes of dread, fear, and discrimination in this editorial, explain the issues with their prevalence, and propose practical solutions for addressing the pandemic's effects on the general public's and medical professionals' mental health.<sup>1</sup>

People frequently experience unease and danger when the environment changes. When an infectious disease outbreak happens, rumors circulate, and narrow-minded views emerge due to the uncertainty surrounding the sickness's origins, progression, and outcomes. We are aware of the significant rise in worry brought on by the SARS pandemic. As demonstrated in Hong Kong, where around 70% of respondents reported feeling concerned about contracting SARS and believed they had a more significant probability of obtaining it than the common cold, anxiety, and fear of infection can lead to acts of discrimination. Since then, Chinese people have been vilified abroad because other Chinese people singled out and blamed Wuhan locals for the COVID-19 epidemic. The media has referred to the threat as the "China virus" as well as the "Wuhan virus" and the "New Yellow Peril."<sup>2</sup>

Fear is a common and well-known reaction to infectious epidemics, and people react to the perceived threat in different and exciting ways. Fear has long been used to defend against viral outbreaks like the plague. For instance, anxiety and terror can cause hypervigilance, which in severe cases can result in post-traumatic stress disorder (PTSD) and depression. Fear of the unknown, in this case, the spread of the disease and its implications on people's health, hospitals, and the economy, causes anxiety in healthy people and those with mental health conditions. People, families, and communities affected by pandemics experience despair, depression, grief, and a profound lack of purpose. Fears and

anxiety are fueled by a sense of loss of control due to the pandemics' unpredictable course and shifting advice for halting their spread. Perceived contradicting messages from public health or government officials can also cause confusion, anxiety, and fear.<sup>3</sup>

People behave in ways that are detrimental to society because of their fear of and intolerance for uncertainty. People respond in ways that will decrease the uncontrollable situations they fear since tension heightens feelings of worry. As an illustration, we've seen people emptying store shelves, which has caused a global shortage of food and essentials like toilet paper. First, because COVID-19 is believed to be a "real" danger that will last for a while, and second, as a means of regaining control, it is said that this behavior occurs.<sup>4</sup>

Although it's unlikely that this epidemic will result in complete panic, mass quarantine could. Given the severity of the COVID-19 illness, broad quarantines are already in effect in several locations. Social isolation, an inability to endure discomfort, anxiety, feeling trapped, losing control, and spreading misinformation all rise during a large quarantine.<sup>5</sup>

Rumors amplify uneasiness and are essentially linked to issues like panic buying and hoarding tendencies. Reminders of one's mortality exacerbate people's fear of this epidemic, which may lead to a "want to splurge" or an increase in spending to soothe anxiety and recover control. People have always looked for someone to blame to reduce their worry over illness epidemics. This anxiety and othering are commonly present during pandemics. For instance, the 2014 Ebola outbreak led to prejudice against persons of African descent because it was seen as an African problem. The 2009 H1N1 flu outbreak in the USA led to discrimination against Mexican and migrant workers. Over the past century, Southeast Asia has had a string of severe influenza outbreaks, including the H1N1 Pandemic of 1918, the H2N2 Pandemic of 1957–1958, and the Avian H7N9 Influenza of 2013. Asian countries have been scrutinized for avian influenza, and COVID-19 has been nicknamed the "Chinese virus" by confident world leaders. Since January 2020, instances of violence and hate crimes against people of Asian ancestry have increased, as has anti-Chinese sentiment generally in the UK and the USA due to the implementation of COVID-19.<sup>6</sup>

To protect vulnerable people and decrease the negative impacts of stigmatization, government and health officials must address rumors, false information, and public fear. In the end, laying blame in any circumstance can be detrimental to all parties and reduce resilience in people and communities in both the short and long terms. Fear and guilt might also result from a viral infection. People with the infection experience guilt or self-blame in addition to being the target of prejudice. A recent healthcare professional committed herself because she thought she had exposed the critically ill patients she was caring for to the COVID-19 virus. Unluckily, this sensation recently reached its peak. The endeavor to recover from the negative consequences of the pandemic must include plans for addressing mental health issues for both the general public and healthcare professionals. Public health surveillance during and after this pandemic must incorporate mental health surveillance tactics to respond to the anticipated mental health challenges adequately. The consequences of this pandemic on people's mental health as well as anxiety and isolation of those who are ill or quarantined, dissolution of social support networks, disruption of daily routines, and social support system disintegration are all natural and anticipated effects. Chong et al. (2004) found that 77.4% of medical staff who treated patients had mental health issues, such as anxiety, worry, melancholy, somatic symptoms, and sleep disturbances, during the SARS outbreak in 2003. Despite the potential seriousness and impact on mental health connected to the pandemic-affected patients and society at large, most healthcare professionals have received relatively little training in delivering mental health care in the face of such pandemics. Establishing and providing timely mental health treatment and mental healthcare training as part of professional development initiatives is vital.<sup>7</sup>

Governments must take action to halt the dread epidemic, as they would with any infectious illness outbreak. Rapid communication is essential when addressing disease prevention and control. Through educational initiatives, public health messages that stop the spread of disease and encourage individuals to adopt preventative actions, such as reporting illness symptoms to medical professionals, should be promoted.<sup>8</sup>

Practical approaches to maintaining our mental health during these challenging times include limiting the media we consume and obtaining information that enables us to take immediate action to protect ourselves and our loved ones. Accessing unapproved information can often unnecessarily heighten anxiety and worry. Out of concern for their safety and the safety of others, people are asked to stay inside their homes. Our mental health benefits from making sure to exercise each day, even if it means staying in the comfort of our homes. It's crucial to figure out how to maintain social ties when our physical distance from one another increases. Interpersonal connection impairments are related to poor physical, emotional, and mental health. Plan frequent phone calls or video conferences with family, friends, and coworkers to fill the gaps left by social distance. Being social creatures, we rely on one another. Even if we are being encouraged to engage in increasingly antisocial ways to deal with the challenges of this pandemic, we must remember that we are all in this together and respond accordingly.<sup>9</sup>

## Methods

On July 10th, 2022, PubMed, Medline, Embase, Scopus, and Web of Science were reviewed. We browsed Google Scholar to find other pertinent studies. COVID-19 OR SARS-CoV-2 OR Severe Acute Respiratory Syndrome Coronavirus 2 OR 2019nCoV OR HCoV-19 AND Mental Health OR Psychological Health OR Depression OR Anxiety OR PTSD OR PTSS OR Post-Traumatic Stress Disorder OR Post-Traumatic Stress Symptoms AND General Population OR general public OR Public OR community were the search terms used.<sup>10</sup>

## Discussion

Our review looked at the general population's mental health and its causes in light of the COVID-19 epidemic. The incidence of indicators of poor psychiatric outcomes in the general population is higher than it was before the pandemic. Prevalence rates vary between studies, and various measurement scales might have contributed to reporting patterns or potential global/cultural variations. For instance, some studies reported participants with scores over the cut-off threshold, but others only included people with moderate-to-severe symptoms (mild-to-severe symptoms). Due to the severity of the epidemic, the state of the economy, government readiness, the accessibility of medical facilities and supplies, and the efficient dissemination of COVID-related information, there were regional variations in the general public's psychological well-being during a widespread disease outbreak. Additionally, the stage of the epidemic in each place had an impact on the psychological responses of the populace. Negative psychological consequences were most frequently noticed towards the pandemic's beginning when people had to deal with the required quarantine, unexpected unemployment, and uncertainty surrounding the outbreak. When evaluating the psychological impacts brought on by the coronavirus pandemic, it is critical to consider the duration of psychiatric symptoms because acute psychological reactions to stressful or traumatic situations can occasionally be protective and of evolutionary relevance. When people are anxious and stressed about the outbreak, they are compelled to take precautions to protect themselves. A Follow-up study may be necessary after the COVID-19 pandemic to assess the psychological consequences of the pandemic over the long term.<sup>11</sup>

## Conclusion

This review examined the psychological well-being of the general public during the COVID-19 epidemic while concentrating on the pertinent risk variables. Negative mental symptoms were found to be extremely common in the majority of examinations. The COVID-19 pandemic poses an unprecedented risk to mental health in high-and middle-and low-income countries. Flattening the viral transmission curve and preventing mental illnesses including major depressive disorder, PTSD, and suicide must come first. There is an urgent need for government policy that integrates efforts to lower hazards to mental health with those to reduce viral risk.

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## Conflicts of Interest:

The writer states no disagreement of attentiveness.

## Ethics approval and consent to participate

It is not required for moral assent to assess since no health data will be assembled. The writer has exhaustively investigated moral matters counting, privacy, secrecy, misconduct, data forge and invent, dual publishing, capitulation, and replication in this research.

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