

COVID-19 and Mental Health, What Has Been the Impact?

Juan Esteban Tafur Delgado¹, Carlos Andres Genes Vasquez², Nélida Hurtado Sará³, Brigeth Solanyi Duarte Mesa⁴, Oscar Mauricio Rodriguez Moreno⁵, Karen Dayana Jaimes Horta Médico⁶, Shadia del Socorro Hernandez Sampayo⁷, Andrea Marcela Daza Arrieta⁸

¹Residente Pediatría Universidad del Sinú, Colombia, <https://orcid.org/0000-0003-4382-2664>

²General physician, Universidad del Sinú, Colombia <https://orcid.org/0000-0001-8189-7363>

³General physician, Universidad del Sinú, Colombia <https://orcid.org/0000-0002-9749-1189>

⁴General physician, Universidad de Antioquia, Colombia

⁵General physician, Universidad de Santander, Colombia

⁶General physician, Universidad de Cartagena, Colombia

⁷Master's Degree in Clinical and Forensic Psychopathology with Emphasis in Attention to Victims, Universidad San Buenaventura sede Cartagena, Colombia

⁸General physician, Universidad Metropolitana, Colombia <https://orcid.org/0000-0002-2254-6819>

ABSTRACT

The COVID-19 pandemic and the subsequent orders issued to prevent its spread can cause the appearance of mental health symptoms, both of the people who have been infected with the virus, as well as of 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 it in older people and people with chronic diseases; 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. In this way, people in social isolation, with restricted mobility and with little contact with those around them are more vulnerable to suffering from psychiatric complications, which range 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 seriously affected by this crisis and it is a priority to address these two elements urgently. However, people caught up in fragile humanitarian settings or conflict situations risk having their mental health totally overlooked.

KEYWORDS: COVID-19; Coronavirus; Pandemic confinement; Anxiety-disorders; Mental health

INTRODUCTION

The world is currently facing a COVID-19 pandemic with a new coronavirus, SARSCoV2, which was initially observed in Wuhan, Hubei, China in late 2019. It has turned into 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 cases of COVID-19, and ensuring effective strategies to protect public health. This has prompted 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

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Address for correspondence: Juan Esteban Tafur Delgado, Resident Pediatrics, University of Sinu Colombia, <https://orcid.org/0000-0003-4382-2664>

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challenges, while primarily arising from an infectious disease with implications for physical health, can also profoundly affect mental health and well-being. People around the world are facing fear and concern for their personal safety, lack of effective vaccines or treatments, and adverse socio-economic consequences such as unemployment and lack of access to necessary commodities from quarantine and lockdown measures. in different contexts [1,2].

The COVID19 pandemic has not only caused consequences on the physical health of infected people and a large number of deaths around the world, but it also has very significant consequences on all economic and social sectors, both globally and locally. Physical health problems, isolation, lack of social contact, difficulty in reconciling with personal life, changes in routines, work problems begin to “take their toll” on people’s mental health. At the expense of this terrible situation of growing needs for mental health care, which has been branded as the “fourth wave”, although it is known in many countries that witnessed the pandemic, a large part of the population was affected in mental health to a great extent and in turn mental health services were affected, which gave way to overwhelm [3]. Since these services should be the essential tool to achieve quality of life, well-being and human development in the midst of the situation. Additionally, COVID19 may also affect the mental health and well-being of healthcare professionals, especially those working as frontline providers. As cases of COVID-19 strain the capacity of health systems around the world, many health care providers are working beyond their regular hours to meet the growing demand for critical care. The WHO has published a 31-point guide to alleviate these problems. These include guidelines to protect the mental health of populations of different age groups affected by COVID19, 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. A review found that doctors face routine challenges in providing care to their patients, while the health care system generally requires doctors to keep records of their doctor-patient meetings, as well as various administrative responsibilities, is likely to increase in during this epidemic. These mental health issues may not only affect healthcare providers’ quality of care, their clinical understanding, or their ability to make decisions, which may make it more difficult to control COVID19 infection but may also impact significant in your health and well-being and quality of life. Therefore, it is extremely important to protect the mental health of medical personnel to control the epidemic and take care of their own health [5]. Also, working without proper personal protective equipment and other precautions fear of infection is rising, which is becoming a growing concern as high infection rates are recognized [1,2]. People who survive COVID19 may be at higher risk for mental health consequences. One in five people with this condition faced a diagnosis of anxiety, depression or insomnia for the first time, and they were also twice as likely to have them 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. That is, the factors mentioned above are risk factors that predispose to mental health disorders [3]. Triggering disorders like; 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 a great intrinsic value, since it is related to the central element what makes us who we are; that is, how we interact, connect, learn, work, suffering and happiness. Good mental health improves people’s ability to engage in 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 contributing to the economic recovery of their communities. In addition, it ends up being essential in the countries’ response to COVID19 and the 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 carried out in databases such as Elsevier, Scielo, Medline, PubMed, ScienceDirect and Ovid; articles in English and Spanish were taken into account. The vast majority of articles related to COVID-19 and mental health were selected from each database, included in the original, review and case reports section between 2020 and 2022, likewise MeSH terms were used: COVID-19, pandemic, mental health, confinement, anxiety, depression. Thus, including all the documents that will deal with the results of studies about the impact of mental health by COVID, the data found were between 15-40 records, thus using 22 articles to prepare this document.

RESULTS

The COVID 19 pandemic is an event with a 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 [8,9]. COVID-19 has affected specific population groups in one way or another; health workers, children, young people, older adults and people with pre-existing health conditions, people in humanitarian settings and situations of conflict, where the problems studied were loneliness, nervousness, agitation, irritability and difficulty concentrating. Table 1 on the other hand, worldwide it turned out that there is a ratio of 1:5 people who, as a result of COVID-19, have experienced insomnia, depression and anxiety for the first time. Among those anxiety disorders that resulted, they are described in Table 2.

Table 1: Problems experienced in the COVID-19 lockdown.

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	

Since the start of the pandemic to date, 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 who used these mental health services were women. In Colombia, 52% of the households reported a decline in adult mental health for 2020. The prevalence of mental health symptoms was higher in households where one household member lost a job and they experienced decreased income or more severe food insecurity, taking into account that these shocks disproportionately affect the poorest households. Nevertheless, vulnerability to shocks goes hand in hand with socioeconomic vulnerability; And that the majority of households, more than 79%, report a decrease in their mental health, these households are in categories 1 and 2, and it is these households that have faced this situation of loss of employment and reduction of income. Taking gender 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 of 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 49% of male-headed households experienced a decrease 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, this is related to social isolation created by the government's containment measures in response to the pandemic, a fact that has exacerbated the loneliness of those who live alone, as well as the burden of income generation and family work. On the other hand, households in which adult mental health worsened during a pandemic, or in which marital conflict increased, had higher rates of mental health decline in children and adolescents. Since a relationship was reported where 1:3 households had worse symptoms related to mental health in adults, children and adolescents during the pandemic period, where new fears appeared; and 2% reported increased anxiety or worry. Additionally, rates of mental health symptoms are higher in children and adolescents due to conflicts and arguments between 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 [5,10]. From a study by the authors Juan Manuel Fernandez-Millan and Francisco Diaz Bretons, in order to quantify the impact on mental health through surveys, even in people with difficult access, where sociodemographic variables were taken into account (locality, sex, age and educational level), transcendental strengths, general self-efficacy, positivity and the appearance of psychopathological symptoms [7]; (Table 3).

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

It was evidenced that all the populations had very good levels of significance, with the psychological variables having a greater predictive weight than the sociodemographic ones, in the reported mental health symptoms. Among these variables, the one with the greatest significance was positivity, that is, the main effect of the positivity and self-efficacy variables would be verified, showing that, at higher levels of these, lower levels of symptoms were reported. Talking about demographic variables the younger and less educated men appear to have higher levels of self-efficacy. Therefore, and given that this psychometric variable is a mitigating factor for negative mental health symptoms [7].

In a study conducted by Rodriguez J. It was evaluated 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, increased stress, fear and depression in the population, which resulted in worsening people's mental health, a situation that affects health workers in the same way [9,11]. Of these health workers in one study, about 89% in high-risk settings reported psychological symptoms. through a study conducted by Ying Wang,

Master of Science, with a total of 1,257 workers, it was shown that among the medical and nursing staff, 34.4% had mild disorders, 22.4% had moderate disorders, and 6.2% had severe disorders immediately after of 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 evident. where stressors and motivations to practice social distancing due to the COVID-19 pandemic appear to be difficult to process, resulting in poor mental health outcomes [12]. 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 analysed, 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. Although, all the studies on the prevalence of mental disorders in health workers, children, adolescents and adults, and there was the similarity that the female gender has higher figures than the male gender in terms of the frequency of mental health problems, compared to another study where there is evidence in

women with several risk conditions, but even so, the online use of the surveys was a limitation, since there was less probability that older people or people with fewer resources would participate or access to technology, in the same way within the range of those who carried out the survey, the high risk was evidenced [11].

However, as mentioned above, if there were marked differences, between the results, mostly in terms of gender, life situation, loss of employment or reduction of work hours due to COVID-19, but not as much difference was noted in terms of terms of age, which highlights the demographic similarity of the two groups; These increases in negative mood symptoms are consistent 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, since the prevalence of depressive symptoms is almost double for adult women, 22.5%, 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 weather [9]. In this sample, the effect size of 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, as this study and the previous one is not equivalent in nature. But I know you should be careful when considering this interpretation, as this study and previous research are not intrinsically equivalent by such online surveys [12]. Regarding health personnel, one of the studies compared to the others, Mental health awareness needs to be discussed both in the workforce and in individual social contexts. Namely, they should be trained in coping and treatment skills for anxiety, depression, and other mental health disorders and should be aware of early signs and symptoms of mental illness. Early intervention is crucial because mental health disorders can lead to dysfunction, internal suffering, and in the most extreme situations [13]. Nevertheless, it is convenient to carry out new studies in other larger samples and in different countries about these factors and consider other cultural aspects to specify the evaluation processes and preventive intervention strategies [7].

CONCLUSION

Beyond the direct effect of the disease, the COVID-19 pandemic will amplify and accentuate existing health and socioeconomic inequalities. In addition to the direct impact of the disease, the COVID19 pandemic will amplify and highlight existing health and socioeconomic inequalities around the world. These inequalities would lead to a higher risk of indirect adverse effects on the well-being of women known at the beginning 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 the intersection of 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 to face traumatic situations, are some of the strategies used by the general population [14,15]. Many people experience heightened stress and feelings of helplessness, uncertainty, frustration, and burnout, which are normal in times of crisis. People 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 social protocols, and taking care of their physical health [16]. We recommend that more educational and self-help materials be 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 serious 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 confinement at home, anxiety and excessive use of the Internet and social networks are factors that can affect mental health during this pandemic. All populations globally are facing 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 use all available resources and therapies to help teens manage the adjustments caused by the pandemic. More research is needed to improve adolescent mental health during COVID19 and similar disasters [18-20].

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