

Mental Health Consequences of the Coronavirus Pandemic

Sir,

The coronavirus disease 2019 (COVID-19) outbreak has induced social and health crisis around the world. It has caused remarkable threats to global mental health. Stress, depression, anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, and insomnia have significantly increased after this pandemic. In a recent study, conducted with the Spanish population, almost 18% of the sample displayed depressive symptoms, 21% anxiety, and 15% had PTSD symptoms.¹ Almost comparable findings have been reported in various studies done across different regions of the world with diverse populations. To see how this pandemic has affected mental health, a meta-analysis based on 13 studies conducted in Asian countries, reported more than 20% prevalence of anxiety, depression, and insomnia, with differences in gender and occupation.² COVID-19 related fear, obsessions, PTSD, and anxiety are common in adults surviving from COVID-19. The infection has also increased the distress, fear, and uncertainty among Pakistani healthcare staff and frontline paramedics.³ Quarantine additionally contributed to psychological distress, diagnostic symptoms of PTSD, and depression. Moreover, during lockdown measures, anger, aggression, impulsivity, worry, and suicidal ideation increased in patients who previously had some psychiatric illness.⁴

Psychosocial correlates of poor mental health were having symptoms associated with the COVID-19 infection, high levels of COVID-related fear, obsessions, stress, worry, and past mental or neurological disorders. Moreover, low distress tolerance and discrimination were significant correlates of pathological levels of depression, anxiety, and PTSD symptomatology,⁵ while, financial stability, resiliency, coping skills, optimism, and having trust in the reliability of the corona-related news, were inversely associated with psychological impediments. Likewise, a sense of belongingness, hope, self-compassion, general well-being, and perceived social support was negatively associated with psychological distress. Additionally, fear of being stigmatised and a high level of loneliness were the main risk factors for psychological pathology, while social support and spiritual well-being were the leading protective factors against depression, anxiety, and PTSD.⁶

The COVID-19 has affected different segments of the population differently. Studies have shown that compared to males, females exhibited more symptoms of anxiety, depression, and trauma. They were almost twice as vulnerable as men. The higher distress in the female gender may be because women have to perform the caregiving role. They have a higher tendency to ruminate and have to manage the work-family balance. Besides, the more noteworthy effect was seen in

young, and especially the students. The higher distress in youth may be because their cognitive and coping skills are not yet fully developed and they are mostly dependent on others, and less resourceful to deal with a crisis. They have limited experience to handle the adversity.² Another source of stress during the COVID-19 is the frequency and content of information that a person receives. To get an excessive amount or too much information was found to be predictor and risk factor for anxiety, while having accurate information acted as a protective factor against anxiety. Therefore, one of the major predictors of well-being is the content, type, and source of information.⁷ Furthermore, those individuals who had prior illnesses before the onset of this pandemic and those who faced discriminatory attitudes due to the COVID-19 illness, developed anxiety and stress symptoms.⁸

This article aimed to raise awareness of psychological problems that emerged after the onset of COVID-19 across the globe. Based on the empirical research on COVID-19, psychological services and crisis interventions are needed to reduce stress, anxiety, depression, and PTSD symptoms. New terminologies, such as "coronaphobia," have been introduced that depict the seriousness of the situation.

Further studies are needed to explore the trajectory of corona-specific psychological complications over time. Specialised psychological support is required to those individuals who had some pre-existing psychiatric or persistent physical illnesses, had the fear of one's own or experienced some loved one's death, lost the job and poor social or material support, front-line workers and medical staff, having the history of suicide, and those who are isolated and withdrawn. Besides women, children, young people, minority groups, students, and individuals with disabilities and substance use need considerable attention. The provision of sufficient financial support from the government would help in lessening the psychiatric complications. Further studies are needed to separately explore the cultural and socio-economic factors in the development of behavioural, emotional, and cognitive problems.

CONFLICT OF INTEREST:

Authors declared no conflict of interest.

AUTHOR'S CONTRIBUTION:

NAC: Conception and writing of the manuscript.

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