

## The Silent Crisis: Unveiling Mental Health Challenges During the COVID-19 Pandemic

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### ABSTRACT

The global COVID-19 pandemic has generated major mental and psychological health problems worldwide. This review examined academic papers on the occurrence of mental health issues during the COVID-19 pandemic. Existing literature indicates that individuals affected by COVID-19 may experience a significant burden of mental health problems, such as depression, anxiety disorders, stress, panic attacks, irrational anger, impulsivity, sleep disorders, emotional disturbances, posttraumatic stress symptoms, and suicidal behaviour. Furthermore, various factors are associated with mental health problems in the context of COVID-19, including age, gender, marital status, education, occupation, income, place of residence, close contact with COVID-19 cases, exposure to COVID-19-related information and perception of survival likelihood. The current evidence suggests that there is a simultaneous occurrence of a psychiatric epidemic alongside the COVID-19 pandemic, which warrants attention from the global health community. Future epidemiological studies should focus on understanding the different patterns and timing of mental health problems in various populations. It is crucial to develop and implement comprehensive interventions to address the existing psychosocial challenges and promote mental well-being during the COVID-19 pandemic.

*Keywords: Mental health, COVID-19, Disorders, psychological*

The COVID-19 pandemic has rapidly spread across the globe (Zhu et al., 2020a). On January 30, 2020, the International Health Regulations (2005) Emergency Committee declared it a Public Health Emergency of International Concern (World Health Organization, 2020a). Subsequently, the World Health Organization (WHO) officially characterized it as a pandemic on March 11, 2020 (World Health Organization, 2020c). As of July 15, 2020, the latest data from the WHO indicates that more than 13 million individuals have been infected in 217 countries and regions worldwide, resulting in over 572,000 reported deaths (World Health Organization, 2020b). The responses of individuals and governments to this significant public health emergency have had a profound impact on the lives of millions of people, leading to changes in socializing, work, education, and daily life. Concerns about contracting the virus, increased work pressure, lifestyle adjustments, and deteriorating living conditions have contributed to mental health issues such as anxiety,

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sleep disorders, depression, frustration, and stress-related disorders (Pulvirenti et al., 2020; Zhang et al., 2020d).

The nature and seriousness of mental health issues can vary among individuals with different health conditions and social roles, primarily influenced by the risk of infection and its impact on lifestyle (Tan et al., 2020). Previous studies on the health consequences of infectious disease outbreaks, such as severe acute respiratory syndrome (SARS), H1N1 influenza, Middle East respiratory syndrome (MERS), and Ebola virus, have indicated the potential occurrence of mental health problems among healthcare workers and other populations during major public health emergencies. Similar reports have emerged during the COVID-19 pandemic as well. The United Nations has highlighted that the COVID-19 pandemic not only affects physical health but also increases psychological distress (United Nations, 2020). Therefore, understanding the mental health status of populations during this pandemic is crucial.

The rapid global spread of COVID-19 combined with enforced quarantines and nationwide lockdowns can trigger public panic (Bao et al., 2020; Dubey et al., 2020) and contribute to the spread of rumours and conspiracy theories (Addis et al., 2020; Ali, 2020).

Healthcare workers, in particular, face stress from managing patients, which can negatively impact their mental health, diminish their work capacity, and even lead to a decline in clinical competency (Greenberg et al., 2020; Liu et al., 2020c). These effects may be more detrimental than the direct consequences of the COVID-19 pandemic itself (Bao et al., 2020). Consequently, there is a need for a comprehensive understanding of the prevalence of mental health problems across various populations during the COVID-19 pandemic to enable policymakers to implement effective measures. Comparative studies encompassing multiple populations are still lacking. In our review, we analysed data from multiple groups of people to provide a comprehensive view of the prevalence of mental health problems during the COVID-19 pandemic and identify high-risk groups. Governments should incorporate mental health care into national public health emergency response plans and prioritize interventions for populations at increased risk.

### ***Prevalence of mental health problems during COVID-19 in different populations General population***

Multiple studies have documented the impact of mental health issues on the general population during the COVID-19 pandemic (Zhou SJ, Zhang LG, Wang LL, et al., 2020). Lei et al. conducted a study in Southern China, evaluating the mental health status of 1593 respondents aged 18 and above using the self-rating anxiety scale (SAS) and the self-rating depression scale (SDS) (Lei L, Huang X, Zhang S, et al., 2020). The study found that the prevalence of anxiety and depression was 8.3% and 14.6%, respectively. Individuals with someone in their social network who had been quarantined had a higher prevalence of anxiety (12.9%) and depression (22.4%) compared to those without such exposure (6.7% and 11.9%, respectively).

Liang et al. conducted a cross-sectional study assessing mental health among 584 youths using the General Health Questionnaire (GHQ-12), Negative coping styles scale, and PTSD Checklist-Civilian Version (PCL-C) (Tang W, Hu T, Hu B, et al. 2020). The study revealed that approximately 40.4% of participants had psychological problems, and 14.4% exhibited symptoms of posttraumatic stress disorder (PTSD). Another study focused on depression and anxiety among 8079 Chinese students using the Patient Health Questionnaire (PHQ-9)

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and the Generalized Anxiety Disorder (GAD-7) questionnaire, respectively. The prevalence rates for depression, anxiety, and comorbidity were found to be 43.7%, 37.4%, and 31.3%, respectively (Zhou SJ, Zhang LG, Wang LL, et al., 2020).

The impact of public health interventions such as quarantine and isolation on mental health was also examined in several studies. Tang et al. assessed PTSD and depressive symptoms in 2485 home quarantined participants using the PTSD Checklist Civilian Version, PHQ-9, and data on sleep duration (Tang W, Hu T, Hu B, et al., 2020). The study found that the prevalence of PTSD and depression was 2.7% and 9.0%, respectively. Other mental health problems reported included extreme fear and insufficient sleep.

Various methods were employed to evaluate mental health at the population level. Li et al. analysed Weibo posts from 17,865 active users before and after the declaration of the COVID-19 outbreak, using machine-learning predictive models (Li S, Wang Y, Xue J, et al., 2020). Negative emotions such as anxiety, depression, indignation, and sensitivity to social risks increased over time, while positive emotions such as happiness and life satisfaction decreased. Another study conducted among community-based adults in Wuhan, China, surveyed 1577 individuals using the GAD-2 and PHQ-2 to assess anxiety and depression, respectively. The prevalence rates for probable anxiety and depression were 23.84% and 19.21%, respectively (Ni MY, et al 2020;7(5): e19009).

In addition to cross-sectional studies, a longitudinal study surveyed 1738 respondents from 190 Chinese cities (Wang C, Pan R, Wan X, et al., 2020). The study assessed mental health twice: at the beginning of the outbreak and four weeks later. The results showed a statistically significant but not clinically significant reduction in mean Impact of Event Scale- Revised (IES-R) scores after four weeks. At the beginning, participants exhibited moderate-to-severe stress (8.1%), anxiety (28.8%), and depression (16.5%), which did not change significantly after four weeks.

While most studies focused on mental health impacts in Chinese populations, fewer studies explored the population-level mental health and well-being effects of the pandemic in other countries. For example, a study conducted in Turkey using the Hospital Anxiety and Depression Scale (HADS) and the Health Anxiety Inventory (HAI) found that 23.6% of participants scored above the depression cut-off point, while 45.1% scored higher than the cut-off points for anxiety (Roy D, Tripathy S, Kar SK, et al., 2020). Similarly, a study among 662 Indian adults revealed that over 80% of participants were preoccupied with COVID-19- related thoughts. Sleep difficulties, paranoia about infection, and distress were reported.

### ***Patients with COVID-19***

They have been found to experience negative mental health outcomes, according to empirical studies. Guo et al. conducted a mixed-method study comparing the mental status and inflammatory markers of 103 COVID-19 positive patients with 103 COVID-19 negative matched controls. The study revealed that COVID-19 patients had higher levels of depression, anxiety, and post-traumatic stress symptoms compared to non-COVID controls (Guo Q, Zheng Y, Shi J, et al., 2020). Additionally, levels of C-reactive protein (CRP), an inflammatory indicator, were positively correlated with depression symptoms in COVID-19 patients.

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A web-based survey among Chinese individuals identified a prevalence of generalized anxiety disorder (GAD), depressive symptoms, and deteriorated sleep quality among COVID-19 positive individuals as 35.1%, 20.1%, and 18.2%, respectively (Huang Y, Zhao N 2020). Suicidal behaviour among COVID-19 positive individuals has also been reported, highlighting the impact of the virus on psychosocial well-being (Hossain MM, Tasnim S, Sultana A, et al., 2020).

The psychological impact of COVID-19 may differ for patients with pre-existing mental health problems. Hao et al. evaluated mental health among psychiatric patients and healthy controls in China. Psychiatric patients had higher scores in PTSD symptoms, anxiety, depression, distress, and sleep disorders compared to healthy controls (Hao F, Tan W, Jiang L, et al., 2020). Worries about health, anger issues, impulsivity, and suicidal ideation were also more prevalent among psychiatric patients.

Reviews of multiple primary studies have provided further insights into the epidemiological burden on mental health among COVID-19 patients. A meta-analytic review of 12 studies found neuropsychiatric problems, including delirium, among patients (Rogers JP, Chesney E, Oliver D, et al., 2020). Confusion and agitation were common in intensive care unit patients, and altered consciousness was observed in patients who subsequently died. Dysexecutive syndrome was reported in a significant percentage of COVID-19 patients during discharge from the hospital.

These studies collectively demonstrate the adverse mental health outcomes experienced by patients who have tested positive for COVID-19, highlighting the need for comprehensive support and interventions for their psychological well-being.

### ***Healthcare Providers***

They have experienced significant mental health problems during the pandemic, with higher levels of fear, anxiety, and depression compared to non-clinical staff (Li G, Miao J, Wang H, et al., 2020). Frontline healthcare providers in direct contact with COVID-19 patients were more likely to experience these mental health challenges. Burnout was also prevalent among healthcare providers, but the frequency was lower among frontline workers compared to those in non-designated wards. Factors associated with mental health problems during COVID-19 include younger age, with studies reporting higher prevalence rates of anxiety and depressive symptoms among younger individuals. Other factors such as gender, occupation, and exposure to COVID-19 patients have also been identified as potential risk factors for mental health issues.

Overall, the COVID-19 pandemic has had a substantial impact on mental health in the general population, patients with COVID-19, and healthcare providers. The prevalence of anxiety, depression, and post-traumatic stress symptoms has been consistently reported across various studies, emphasizing the need for targeted mental health support and interventions during and after the pandemic.

***Factors associated with mental health problems during COVID-19***

Several studies have examined the influence of demographic factors on mental health during the COVID-19 pandemic. Here are the findings related to age, gender, marital status, and education:

**Age**

Studies have reported conflicting findings regarding the relationship between age and mental health problems during the pandemic. Some studies found that younger age was associated with a higher prevalence of anxiety and depressive symptoms (Kang L, Ma S, Chen M, et al., 2020). However, other studies have shown mental health problems to be more prevalent among older adults (Chew NWS, Lee GKH, Tan BYQ, et al., 2020). The relationship between age and mental health outcomes appears to be complex and may vary across different populations and contexts.

**Gender**

Female gender has been consistently identified as a common risk factor for mental health problems during the COVID-19 pandemic (Özdin S, Bayrak Özdin, 2020). Studies have shown that female individuals are more likely to experience anxiety and depression compared to males (Guo Q, Zheng Y, Shi J, et al., 2020). Perceived helplessness and symptoms of insomnia have also been found to be higher among female patients (Li X, Yu H, Bian G, et al., 2020).

**Marital status**

Marital status has been associated with mental health outcomes during the pandemic. For example, one study found that insomnia was related to marital status among medical staff (Li X, Yu H, Bian G, et al., 2020). The severity of psychiatric symptoms in individuals returning to the workplace was also found to be associated with marital status (Tan W, Hao F, McIntyre RS, et al., 2020).

**Education**

Education has been identified as a factor associated with mental health status and problems during the pandemic (Zhou SJ, Zhang LG, Wang LL, et al., 2020). Studies have shown that individuals with lower education levels may be at a higher risk of experiencing poor mental health outcomes (Lei L, Huang X, Zhang S, et al., 2020). However, there are conflicting findings, with some studies suggesting that higher academic stress among students with higher grades may contribute to higher prevalence of depressive and anxiety symptoms (Zhou SJ, Zhang LG, Wang LL, et al., 2020). It's important to note that these findings are based on studies conducted in various populations and may not be applicable to every individual. Individual experiences and factors influencing mental health can vary widely.

**Occupation and income**

Studies have shown that occupation and income are associated with mental health outcomes during the COVID-19 pandemic (Li G, Miao J, Wang H, et al., 2020). Healthcare workers, in particular, have been found to be at a higher risk of poor mental health, including sleep problems (Huang Y, Zhao N, 2020). Employees in local enterprises and individuals facing economic instability or challenges may also be more susceptible to mental health problems (Liang L, Ren H, Cao R, et al., 2020). These findings highlight the impact of occupational stress and economic conditions on mental health during the pandemic.

***Place of living and close contact with COVID-19***

The location or place of living has been associated with mental health problems (Lei L, Huang X, Zhang S, et al., 2020). Living in urban areas has been linked to higher rates of depression (Özdin S, Bayrak Özdin Ş., 2020). Additionally, individuals living in different cities within the same country may experience different levels of association with mental health outcomes. Close contact with COVID-19 patients, such as having a contact history or living in an epidemic area, has been found to impact mental health (Li G, Miao J, Wang H, et al., 2020). Suspected or confirmed cases among family members or relatives can add to the psychosocial burden experienced by healthcare providers.

***Comorbid physical health problems***

The presence of comorbid physical health problems, such as diabetes, cerebrovascular diseases, heart diseases, and other chronic conditions, has been identified as a risk factor for mental health problems during COVID-19 (Hao F, Tan W, Jiang L, et al., 2020). Chronic diseases have been associated with increased risk of anxiety, depression, and other mental health issues. It's important to note that these associations do not necessarily imply causation, and individual experiences may vary. Additionally, the impact of these factors on mental health can be influenced by various contextual factors and individual resilience.

***Comorbid mental health problems***

People with pre-existing mental health problems are highly vulnerable to experiencing psychological impacts during the COVID-19 pandemic (Li G, Miao J, Wang H, et al., 2020). Individuals with a clinical history of psychiatric comorbidity have been found to have higher levels of negative mental health impacts, including symptoms of anxiety, depression, stress, and insomnia (Hao F, Tan W, Jiang L, et al., 2020). Those with substance use disorders may also be more susceptible to subsequent mental health problems (Volkow ND., 2020). Additionally, individuals suffering from PTSD symptoms or with a history of depression or anxiety have been found to be at increased risk for mental health issues during the pandemic.

***Exposure to COVID-19 related news and social media***

Exposure to COVID-19 related news and information through social media and mass media has been associated with adverse mental health outcomes (Huang Y, Zhao N.,2020). Spending more than a certain amount of time per day on COVID-19 related news or focusing excessively on the topic has been linked to anxiety and depression among individuals (Ni MY, Yang L, Leung CMC, et al.: 2020;7(5)). These factors can either increase or decrease the risks of adverse mental health outcomes during COVID-19.

It's important to note that individual experiences may vary, and the impact of these factors on mental health can be influenced by various contextual factors and individual differences.

**METHODOLOGY**

The purpose of this study was to examine literature regarding mental health challenges that healthcare workers have faced during the COVID-19 pandemic. To gather information, various databases were searched. The search included all relevant articles published since January 2020. Due to the type of publications available, a formal systematic review was not possible, and a narrative review was conducted instead. This review prioritized observational studies and briefly summarized key themes from other types of publications. The majority of articles published, as well as all observational studies, were conducted in Chinese centres.

### *Limitations*

1. Lack of systematic approach: This review is not a systematic review, which means there might be a potential for selection bias in the search process. A systematic review follows a structured methodology to minimize bias and ensure a comprehensive search of relevant databases.
2. Limited appraisal and synthesis: Due to the lack of a systematic approach, a rigorous appraisal and synthesis of the global evidence were not conducted. This may affect the quality and reliability of the evidence presented in this review.
3. Lack of focus on specific mental health problems: The review did not focus on a specific mental health problem, which could have provided a more detailed analysis of the literature related to that specific issue. A focused approach would allow for a deeper understanding of the factors associated with a particular mental health problem during the COVID-19 pandemic.
4. Lack of context-specific analysis: The review did not separate and analyse context-specific correlates of mental health problems. Considering the variations in sociocultural, economic, and healthcare contexts across different regions, a context-specific analysis would have facilitated more targeted decision-making at the local level.
5. Early-stage research findings: The review is based on early-stage research findings available at the time, which may limit the generalizability and robustness of the conclusions drawn. As more epidemiological studies emerge, future reviews adopting a systematic approach will provide better evidence for policy-making and practice.

It's important to address these limitations in future research to improve the quality and reliability of evidence on mental health during the COVID-19 pandemic.

### **DISCUSSION**

Based on the existing studies, it is clear that the COVID-19 pandemic has had a significant impact on the mental health of various populations. The range of mental health problems reported includes depression, anxiety disorders, stress, panic, anger, impulsivity, somatization disorder, sleep disorders, emotional disturbance, PTSD, and suicidal behaviour.

The general population has experienced mental health problems as a result of the psychological and social factors associated with the pandemic. Fear of the ongoing outbreak, susceptibility to infection, and close contact with individuals with COVID-19 have contributed to mental health challenges. Individuals who have been diagnosed with COVID-19 have shown profound psychological distress, anxiety, depression, and other mental health problems.

Healthcare providers, particularly frontline workers, have faced unique challenges during the pandemic. Prolonged exposure to COVID-19 patients, pre-existing psychosocial issues, and inadequate institutional and social support have led to the deterioration of their mental health. Additionally, several socio-demographic and psychosocial factors have been identified as associated with mental health problems during the COVID-19 pandemic. Age has been a significant factor, with both younger and older individuals facing different risks. Women have been more susceptible to mental health problems compared to men. Marital status, education, economic challenges, and comorbid physical and mental health conditions have also been associated with mental health outcomes. Excessive exposure to COVID-19-

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related news and social media, lack of social support, stigma, inadequate personal preventive measures, and working in COVID-designated departments have further contributed to the risk of mental health problems.

Overall, the findings from this review provide valuable insights into the psychosocial epidemiology of the pandemic and offer perspectives on how to address and mitigate mental health problems through future research, policymaking, and practice.

### CONCLUSION AND SUGGESTIONS

Various studies have examined the impact of the COVID-19 pandemic on mental health in the general population, patients with COVID-19, and healthcare providers. In the general population, studies have found a significant burden of mental health problems, such as anxiety and depression. Factors like quarantine and having someone in the social network who was quarantined were associated with higher prevalence rates. Similar findings were observed in studies conducted in different countries, including Turkey and India.

Among patients with COVID-19, studies have shown higher levels of depression, anxiety, and post-traumatic stress symptoms compared to individuals without COVID-19.

Suicidal behaviour has also been reported among vulnerable individuals, driven by perceived susceptibility and fear of getting infected. For patients with pre-existing mental health problems, COVID-19 has exacerbated their symptoms, leading to higher levels of anxiety, depression, stress, and insomnia. Psychiatric patients have shown increased worries about their health, anger issues, impulsivity, and suicidal ideation.

#### *Scope for Further Research*

To better grasp the true burden of mental health problems and guide decision-making, there is a need for greater research and evidence mapping on mental health, especially in minority regions. Secondly, there is a need for a thorough evaluation of the risk factors for various mental health issues, as factors like pre-existing mental diseases and socioeconomic difficulties may have varied effects on different people. Thirdly, long term study designs must be used to analyse the temporality of mental health effects and track changes over time.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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