AFTERMATH OF COVID-19 ON MENTAL HEALTH

by

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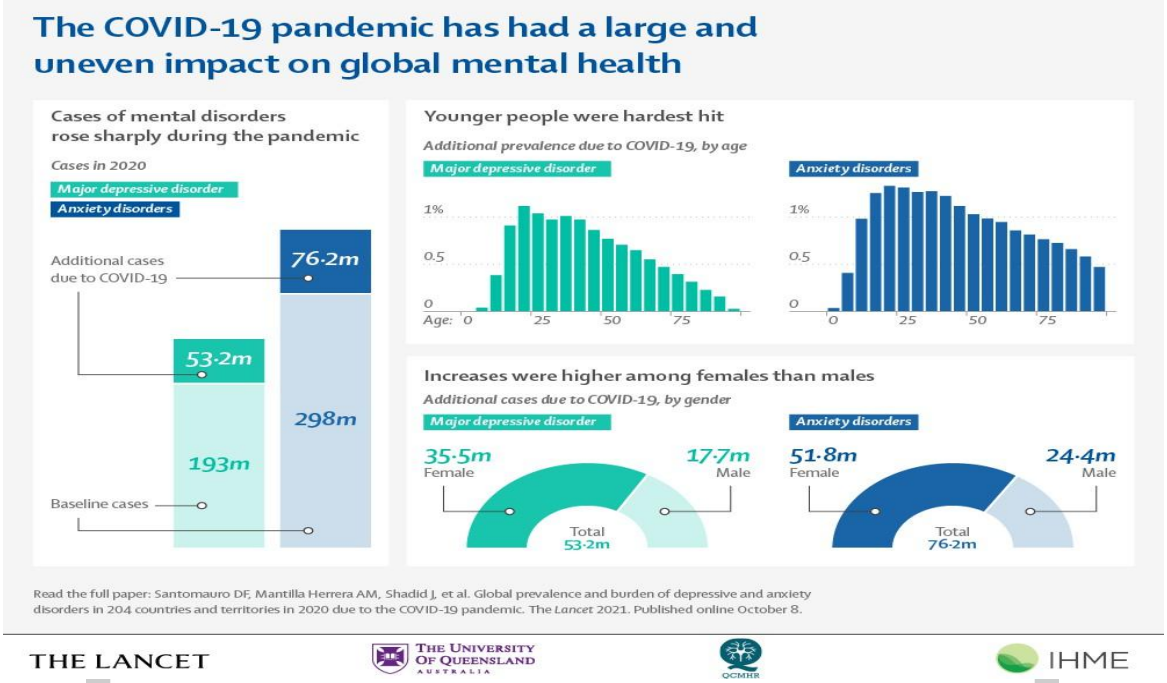
Abstract

The unpredictability and uncertainty of the COVID-19 pandemic; the associated lockdowns, physical isolation, and other containment techniques; and the resulting economic meltdown may raise the incidence of mental health disorders and worsen health inequality. Preliminary results indicate that previously healthy persons, particularly those with pre-existing mental health concerns, experience unfavourable mental health outcomes. Despite the diversity of global health systems, efforts have been made to adapt mental health care delivery to the COVID-19 standards. Concerns about mental health have been addressed through the public mental health response and through the adaptation of mental health services, with a focus on infection control, changing access to diagnosis and treatment, ensuring continuity of care for mental health service users, and paying attention to new cases of mental illness and populations at high risk of mental health problems. Experts, clinicians, and service users should work together to develop long-term mental health care delivery system adjustments that are specifically designed to close gaps in health-care delivery. Thorough and ongoing evaluation of health and service-use outcomes in mental health clinical practise will be crucial in identifying which practises should be expanded and which should be phased out. The interconnection of the world made society vulnerable to this condition, but it also provides the infrastructure to correct previous system failures by disseminating outstanding practises that can result in long-term, efficient, and equitable mental health treatment delivery. As a result, the COVID-19 pandemic may present an opportunity to improve mental health care.

Introduction

The COVID-19 epidemic was unexpected and unexpected in most countries. The first cases were detected in late December 2019, and on March 11, 2020, the WHO declared a pandemic. COVID-19's evolution remains unpredictable, which is exacerbated by the heterogeneity of health systems around the world and the difficulties in obtaining precise infection and immunity data. Given the severity of the epidemic, most countries used lockdown as a method of containment. COVID-19 has elevated known risk factors for mental health issues. Lockdown and physical separation, combined with unpredictability and uncertainty, can lead to social isolation, income loss, loneliness, inactivity, limited access to basic services, increased access to food, alcohol, and online gambling, and decreased family and social support, especially among the elderly and vulnerable. The prevalence of COVID-19 varies significantly by race and ethnicity (and accompanying mortality). The COVID-19-caused economic crisis will result in unemployment, financial uncertainty, and poverty, limiting access to health care (especially in insurance-based systems), negatively impacting physical and mental health and quality of life. These economic circumstances can wreak havoc on previously healthy people's mental health and have a harmful impact on individuals who already have mental problems. The economic breakdown that is likely to occur as a result of the pandemic will most likely exacerbate health-care disparities and will disproportionately affect socially disadvantaged patients, including ethnic minorities, who have less access to health care and receive lower-quality care than white populations. Sooner or later, health-care systems will face widespread demand to address COVID-19-related mental health disorders. International organisations such as WHO have called for the inclusion of mental health and psychosocial support in the COVID-19 response, and a UN policy brief suggests that investing now will reduce mental health consequences afterwards. The economic devastation induced by the epidemic, on the other hand, may preclude an adequate mental health response. Given the lack of a SARS-CoV-2 vaccine, uncertainty about future epidemic waves, and the risk of long-term mental health repercussions, we need both short-term and long-term answers. In this research paper we are going to discuss the after-effects of Covid-19 on the mental health of people and how we can attain help for these issues.



SOURCE: (INSTITUTE FOR HEALTH METRICS AND EVALUATION)[1]

Research Questions

1. What are the after-effects of Covid-19 on the mental health of people?
2. How to raise awareness about mental health among people?

Research Objectives

1. To study the after-effects of covid-19 on the mental health various types of people.
2. To raise awareness about mental health among people.

Research Methodology

For the purpose of gathering information and conducting research for this research paper, secondary sources of data, such as research papers, information from appropriate governmental sources, and literary works, such as books by well-known authors, have been taken into consideration. To enable flexible and effective analysis of data from many sources, material has been developed.

Hypothesis:

The mental health of people after the pandemic has worsened.

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[1] Institute for Health Metrics and Evaluation, *COVID-19 Pandemic Has Had Large and Uneven Impact on Global Mental Health*, HealthData.org (Dec. 15, 2021), https://www.healthdata.org/infographic/covid-19-pandemic-has-had-large-and-uneven-impact-global-mental-health

Review of Literature:

1. https://covid19-data.nist.gov/pid/rest/local/paper/how_mental_health_care_should_change_as_a_consequence_of_the_covid_19_pandemic

   In light of the pandemic brought on by the COVID-19 virus, this essay explores the various ways in which mental health treatment should adjust in order to be effective. It offers details regarding the effects that the epidemic had on the entire world community as a whole.

2. "How Mental Healthcare Should Change as a Result of Covid-19 Pandemic."

   cgmh.ucsd.edu, 16 July 2020.

   This research paper gives us with information regarding the topics that I will be discussing in my research paper, which are the aftereffects of covid-19 on a range of various types of people. Specifically, the information pertains to the issues that I will be covering in my research paper. It offers in-depth information about the psychological well-being of the general people in our country.

3. https://pubmed.ncbi.nlm.nih.gov/32489190/

The affects that covid-19 has had on people's mental health as well as the ways that it has altered their lives are discussed in this research article.

4. https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Signs-your-Teen-May-Need-More-Support.aspx

   This article specifically explores the effect of covid-19 on the mental health of children on different age groups of children. How they can cope with it, recognizing it and who to go to help to.

5. https://www.sciencedirect.com/science/article/pii/S2666560322000627?via%3Dihub

   This article explores the effect of covid-19 on the mental health of college and school students. It also provides relevant studies and statistics.

6. https://www.tandfonline.com/doi/full/10.1080/0167482X.2021.1940944?cookieSet=1

   In this article we investigated the effects of the COVID-19 outbreak on social

support and anxiety levels in healthcare professionals.

7. https://www.evidence-based-psychiatric-care.org/wp-content/uploads/2020/10/Rivista_SIP_3_20.pdf

   This paper describes a structured programme to make the Mental Health Department more effective and efficient in contrasting the expected short, medium, and long-term psychological effects of the epidemic and lockdown, both in the general population and in first-line health-workers; and prevent psychiatric symptoms as much as possible by integrating socio-health measures for relevant social needs. Research suggests this programme may assist a second wave.

8. https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---mental-health

   This article gives us information on how to take care of our mental health and who to talk to when we are having issues. It also tells us how to take care of our physical health.

9. https://www.undp.org/blog/addressing-mental-health-during-covid-19?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR

   In this blog the author talks about his own experience and the people around him during the pandemic. How it has affected everyone and will continue to do so after as well.

10. https://covid-19.conacyt.mx/jspui/bitstream/1000/2791/1/1102705.pdf

11. https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731

    This article deals with how to take care of your health during the pandemic.

12. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

    This article deals with the Implications of COVID-19 for Mental Health and Substance Use.

13. https://reliefweb.int/report/world/greatest-need-was-be-listened-importance-mental-health-and-psychosocial-support-during

    This article talks about the importance of mental health and psychological support during the pandemic.

14. https://www.hhs.gov/coronavirus/mental-health-and-coping/index.html

    This website provides a collection of resources and methods that can assist you or

someone you know in coping with stress, dealing with bereavement, communicating with children about COVID-19, and supporting older persons and veterans in remaining healthy during the pandemic. These resources and methods include communication with children about COVID-19, communicating with children about COVID-19, and communicating with children about communicating with children about COVID-19.

15. https://jamanetwork.com/journals/jama/fullarticle/2773479

This article deals with older adults during the pandemic and how it had affected them and their mental healths.

After-effects of Covid-19 on the various types of people

1. **Impact on young children (3-6 years old):** Even before a child is born, stress has a harmful impact on him or her. Parents, particularly pregnant mothers, are psychologically sensitive to anxiety and sadness during stressful times, which is biologically linked to the foetus's well-being. The pandemic and lockdown have a greater impact on young children and teenagers' emotional and social development than on adults. During the ongoing epidemic, it was revealed that younger children (3-6 years old) were more likely than older children to demonstrate symptoms of clinginess and concern over family members falling ill (6-18 years old). The older youngsters, on the other hand, were more prone to inattention and continuously questioned COVID-19. All children, regardless of age, demonstrated severe psychological issues such as increased irritability, inattention, and clinging behaviour. According to the findings of parent-completed questionnaires, today's youngsters are uncertain, fearful, and alone. Children also reported sleep difficulties, nightmares, poor appetite, irritability, inattention, and separation anxiety. Signs of stress include:

i. fussiness and irritability, more easily frightened and crying, and being more difficult to console
ii. Having difficulty falling asleep and waking up frequently during the night
iii. Feeding problems such as nausea and vomiting, constipation or loose stools, or new stomach pain concerns
iv. being anxious when separated from their family, clinginess, unwillingness to mingle, and fear of going outside

v. striking, yelling, biting, and more frequent or severe tantrums

vi. Bedwetting after they have been toilet trained

vii. abrasive behaviour

1. **Impact on school and college-going children:** Pre-lockdown learning for children and teenagers was predominantly one-on-one engagement with mentors and peer groups around the world. Unfortunately, widespread school and college closures have harmed almost 91% of the world's student population. Children and adolescents who are kept at home face uncertainty and anxiety as a result of disruptions in their education, physical activity, and socialisation opportunities. The absence of a regular school setting for an extended period of time produces habit disruption, boredom, and a lack of imaginative ideas for participating in various academic and extracurricular activities. As a result of not being able to play outside, meet friends, or participate in in-person school events, some children have showed lower levels of affect. Because of the long- term shift in their routine, these children have become more clingy, attention-seeking, and reliant on their parents. It is believed that students would avoid coming to school once the lockdown is removed and will struggle to establish rapport with their mentors once the schools reopen. As a result, limiting their freedom of mobility can have a long- term negative influence on their psychological well-being.

According to reports, panic buying during times of stress is an instinctual survival behaviour. Hoarding behaviour among children has escalated throughout the current epidemic. It has also been observed that social distancing is primarily viewed as a social responsibility among adolescents, and it is more sincerely followed if motivated by prosocial goals to avoid others from being unwell. Furthermore, children's increased use of the internet and social media as a result of prolonged confinement at home predisposes them to obsessively use the internet, access unpleasant content, and increase their sensitivity to bullying or mistreatment. Worse, because schools are closed and legal and preventative services are unavailable during lockdown, children are rarely in a position to report violence, abuse, and harm, especially if they come from abusive households.[2]

2. **People with pre-existing metal health disorders:** Those with pre-existing mental health issues may be at a higher risk of SARS-CoV-2 infection than those without mental health issues due to their living circumstances. Severe mental illness, substance abuse, and homelessness are all risk factors for SARS-CoV-2 infection and a severe course of COVID-19, and they have also been connected to other risk factors, such as

concurrent medical problems. People with mental illnesses are more likely to become infected (and thus contract COVID-19), and they are more likely to develop severe organ malfunction and die in critical care units than people without mental illnesses. SARS-CoV-2 could disrupt the stress system, leading to the development or aggravation of psychiatric problems. Because they may already have some cognitive decline, the elderly are especially vulnerable to severe COVID-19 illness and mental-health difficulties. People with pre-existing mental health conditions have reported increased symptoms and decreased access to services and supports since the onset of the COVID-19 outbreak. Early discharge from mental facilities and disruption of face-to-face psychiatric care have become more common, potentially leading to relapse, suicidal behaviour, a lack of access to medical care, and social isolation. Quarantine and lockdown may have a disproportionate impact on people who already have mental health problems: increased anxiety and despair, as well as a high frequency of post-traumatic stress disorder and insomnia, have been reported. Simultaneously, physical separation has limited access to a variety of family, social, and mental health services. People suffering from severe mental diseases and associated socioeconomic challenges are particularly vulnerable to the pandemic's direct and indirect repercussions. During the COVID-19 pandemic, patients with eating disorders, autism spectrum disorder, dementia, and intellectual and developmental impairments experienced heightened symptoms and vulnerability. All of these disorders can be exacerbated by confinement at home, disruption of daily routines, and physical separation, making it difficult for service users and carers to cope for dangerous diseases. Physical separation can be difficult in some instances, either because of the nature of the patients' difficulties (for example, those with learning disabilities) or because of congestion (eg, prisons). The frequency of deaths in assisted living institutions has increased worldwide, particularly among the elderly and persons with learning difficulties.

3. **Healthcare workers:** Employees in health-care settings, particularly those on the front lines, have experienced negative results as a result of stress exposure and the fear of infecting themselves or their loved ones. A cross-sectional study of 1257 health-care professionals from 34 Chinese hospitals found that 634 (50%) had depression symptoms, 560 (45%) had anxiety, 427 (34%) had insomnia, and 899 (72%) had distress. These symptoms were more common in women than males, nurses than physicians, Wuhan respondents than those from other cities, and frontline employees directly involved in COVID-19 diagnosis and treatment or providing nursing care for affected patients than those in other health-care occupations. Common risk factors were

a lack of social support and communication, as well as maladaptive coping mechanisms and a lack of training (usually a lack of disaster training). When people are subjected to trauma for which they are unprepared, they are compelled to take action – or, conversely, are unable to take action – that violates their moral code. These difficulties, which are typically observed in military contexts, were encountered by health-care workers during the COVID-19 pandemic, which necessitated difficult decisions about how to prioritise scarce or insufficient resources, potentially resulting in deaths that would not have occurred under normal circumstances.

People who have or had Covid-19: COVID-19 individuals may develop psychological issues due to lack of family contact during quarantine and hospitalisation. COVID-19 survivors discharged from the hospital have high rates of post-traumatic symptoms. In a systematic analysis, post-traumatic stress disorders were 322% (95% CI 237-420%), depression was 149% (1218-22%), and anxiety was 148%. (112-194). Post-intensive-care syndrome can cause cognitive, psychosocial, and neurological issues in COVID-19 patients. Helms and colleagues reported that 15 (33%) of 45 COVID-19 survivors discharged from ICUs had dysexecutive syndrome. Reports suggest a post-viral depression-like condition. SARS-neurotropic CoV-2's concept emphasises the need to analyse both short- and long-term nervous system effects.

How to raise awareness about mental health among people?

As governments take steps to restrict migration as part of their efforts to reduce the number of people infected with COVID-19, an increasing number of us are making major adjustments to our day-to-day routines to accommodate these new restrictions. It takes some time to adjust to the new realities that come with working from home, having a temporary loss of employment, home-schooling one's children, and not having as much face-to-face interaction with one's other family members, acquaintances, and co-workers. It is difficult for all of us to adjust to changes in our lifestyles such as these, as well as to manage our anxiety about becoming infected with the virus and our concern for those in our immediate circle who are particularly susceptible. People struggling with issues related to their mental health may find them particularly challenging. The good news is that there are a lot of things that each of us can do to take care of our own mental health as well as the mental health of those who might require some additional assistance and care.

- Keep Informed: Pay close attention to the recommendations and direction that come from both the national and the local authorities in charge of your situation. Maintaining

awareness of what's going on in the world today can be accomplished by staying tuned in to credible news providers, such as radio and television broadcasts on both a national and local basis.

- Have a routine: Keep as much as possible of your typical routines, and if you can't, try to establish some brand new ones.
- Minimize newsfeeds: You should make an attempt to restrict the amount of distressing or stressful news that you subject yourself to by viewing, reading, or listening to it. This will help reduce the amount of stress that you experience. Make it a point to look up the most up-to-date information at specific times during the day, doing so at least once but preferably twice.
- Alcohol and drug use: Limit your alcohol usage or avoid it entirely. Don't start drinking alcohol if you've never done it before. To cope with anxiety, boredom, and social isolation, avoid using alcohol and drugs. There is no evidence that alcohol use protects against viral or other illnesses. In truth, the opposite is true, because unsafe alcohol use is associated with an increased risk of infection and poor treatment outcomes. Also, be aware that alcohol and drug use may prohibit you from implementing adequate infection-prevention measures, such as hand hygiene compliance.
- Social Media: Share stories that will lift people up and give them hope on your social media sites. If you come across any incorrect information, please correct it.
- Don’t discriminate: Fear is a natural reaction in uncertain situations. Fear, on the other hand, can be transmitted in ways that are damaging to others. Remember:

i. Please be considerate. Do not treat individuals unfairly because you are concerned about the spread of COVID-19.
ii. People who have coronavirus should not be treated differently.
iii. Make no exceptions for medical professionals. Health providers deserve our respect and gratitude.
iv. COVID-19 has had an impact on people in a number of countries. Don't attribute it to any specific group.

There are various organisations one can call and ask for help, but the centre has launched one which is listed below:

The Union Social Justice and Empowerment Ministry set up a 24-hour, toll-free helpline for people who are having trouble with anxiety, stress, depression, suicidal thoughts, and other mental health problems.

The Ministry says that anyone in the country can call 1800-599-0019 to get in touch with the KIRAN mental health rehabilitation helpline. The Ministry of Health says that the helpline was made because "mental illness has become more common, especially in the wake of the COVID-19 pandemic."

Conclusion

During the crisis caused by COVID-19, it is absolutely necessary for every community to put community-based initiatives into action in order to provide assistance to individuals who are resilient as well as those who are mentally fragile. The relevant authorities and policymakers should swiftly develop specific behavioural policies in order to lessen the burden of sickness and the catastrophic mental health repercussions that have resulted from this outbreak. The psychological impact of fear and anxiety caused by the rapid spread of the pandemic needs to be clearly recognised as a priority for public health, and this recognition needs to be done in a clear and unambiguous manner. This recognition needs to be done in a clear and unambiguous manner because it is a priority for public health.

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