Review Article

Psychological impacts of COVID-19 and preventive strategies: A review

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Abstract

While the COVID-19 crisis is primarily a physical health crisis, it also contains the elements of a significant mental health crisis. At the best of times, mental health is critical to society's functioning. Numerous people are distressed as a result of the virus's immediate health consequences and the consequences of physical isolation. Many people fear infection, death, and the loss of family members. This article conducts a review of the literature on the following topics. To begin, it reviews the research on the psychological effects of COVID-19 on the general population. Second, the article examines the demographic groups that are most vulnerable to mental health problems (such as medical workers, children, and women). Thirdly, this study discusses protective factors and some broad-based preventive strategies, both individual and government-based. Based. We argue that the crisis has had a significant impact on the mental health and well-being of entire societies and that these issues must be prioritized in every country's response to and recovering from the COVID-19 pandemic.

Keywords: COVID-19, Mental health, Medical workers, Preventive strategies, Psychological Impacts
Introduction

Mental health is a condition of mental well-being in which individuals are able to cope effectively with life's numerous stresses, reach their full potential, function productively and fruitfully, and contribute to the community (Galderisi et al., 2015). Mental health has significant intrinsic value because it touches on the essence of what makes us human: our interactions, connections, learning, work, and experiences of suffering and happiness. Mental health supports an individual's capacity to exhibit healthy behaviors that keep them and others safe and healthy during a pandemic. Additionally, good mental health enables individuals to perform critical roles within their families, communities, and societies, whether caring for children and the elderly or contributing to their community's economic recovery (Modini et al., 2016).

Psychological distress is prevalent in populations. Numerous people are distressed as a result of the virus's immediate health consequences and the consequences of physical isolation. Many people fear infection, death, and the loss of family members. Individuals have been physically separated from family and friends. Millions of people are in economic distress as a result of losing or facing the loss of their income and livelihoods. Frequent rumors and misinformation about the virus, as well as profound uncertainty about the future, are common sources of distress. It is likely that the number and severity of mental health problems will continue to rise over time.

Additionally, certain population groups exhibit elevated levels of psychological distress associated with COVID-19. Frontline healthcare workers and first responders have been exposed to a variety of stressors, and maintaining healthcare workers' mental health is critical to sustaining COVID-19 preparedness, response, and recovery. Each community has a significant number of elderly residents and people with pre-existing health conditions who are fearful and lonely. Children and adolescents' emotional difficulties are exacerbated by family stress, social isolation, and for some, increased abuse, disrupted education, and uncertainty about their futures, all of which occur during critical stages of their emotional development. Women bear a disproportionate share of domestic stress and its broader consequences. Additionally, individuals trapped in fragile humanitarian and conflict settings risk having their mental health needs completely overlooked.

Despite this, the vast majority of mental health needs remain unmet due to the magnitude of the problem. Prior to the pandemic, there was a dearth of investment in mental health promotion, prevention, and care. This historical underinvestment in mental health must be rectified immediately in order to alleviate immense suffering among hundreds of millions of people and to mitigate long-term social and economic costs to society.

Mental health is one of the most overlooked facets of health care (Burns, 2010). Despite the fact that mental health conditions have a significant impact on individuals, families, and
society, little investment has been made in mental health, particularly in community-based services. Countries spend an average of 2% of their health budgets on mental health (WHO, 2003); the average amount spent by other sectors is unknown but is expected to be a fraction of that (WHO, 2003). International development assistance for mental health is estimated to account for less than 1% of total health assistance (WHO, 2003).

Existence of mental health problems during COVID-19 in population in general

When the environment changes, people frequently experience anxiety and a sense of insecurity. In the case of infectious disease outbreaks, when the cause, progression, and outcome of the disease are unknown, rumors spread and narrow-minded attitudes develop. According to studies, anxiety levels increased significantly following the SARS outbreak. Numerous studies have been conducted to determine the prevalence of mental health problems in the general population during COVID-19. For example, Cheng and Cheung (2005) examined anxiety and coping responses in the aftermath of the Hong Kong SARS outbreak. During the early stages of the SARS epidemic, trait anxiety, situational coping strategies, and coping flexibility were proposed as predictors of state anxiety. Seventy-two undergraduates from Hong Kong (31 men and 41 women) took part in a prospective, multiple time point study. An earlier study assessed participants' trait anxiety and coping flexibility. They reported their anxiety and coping mechanisms at each of the four time points during the outbreak five months later. The findings indicated that anxiety levels fluctuated across time points. The results of hierarchical linear modeling indicated that trait anxiety, as well as situational appropriate coping strategies such as avoidance and personal hygiene practice, were all significant predictors of state anxiety changes. Discrimination can occur as a result of anxiety and fear associated with infection. Other Chinese citizens targeted and blamed Wuhan residents for the COVID-19 outbreak, and Chinese citizens have since been stigmatized internationally, as evidenced by the use of the term 'China virus' and the media's use of terms such as 'Wuhan virus' and the 'New Yellow Peril' (Ren et al., 2020).

Fear is a well-documented (for centuries and in response to previous infectious outbreaks such as the plague), yet widespread, response to infectious outbreaks, and people react in a variety of and unique ways to the perceived threat. Hypervigilance, for example, can develop as a result of fear and anxiety and can progress to posttraumatic stress disorder (PTSD) and/or depression in severe cases (Perrin et al., 2009). Fear of the unknown, in this case the spread of the disease and its impact on people, health, hospitals, and economies, increases anxiety in both healthy individuals and those with preexisting mental health conditions (Rubin & Wessely, 2020). Because of pandemics, individuals, families, and communities experience hopelessness, despair, grief, bereavement, and a profound loss of purpose (Levin, 2019). Fear and uncertainty are fueled by feelings of loss of control, as the trajectory of pandemics is constantly changing, as is the advice on how to stop the spread of a pandemic. Public confusion, uncertainty, and fear can also result from perceived conflicting messages
from government or health officials (Han et al., 2018). Fear and intolerance of uncertainty motivate people to engage in negative societal behaviors (Rubin & Wessely, 2020). Uncertainty heightens anxiety, which results in behaviors aimed at averting uncontrollable situations that people fear. For instance, it has been observed that people are clearing supermarket shelves, resulting in global shortages of food and basic necessities such as toilet paper (Mao, 2020). This behavior is believed to occur for two reasons: first, because the threat of COVID19 is perceived as a 'real' threat that is expected to persist for an extended period of time, and second, to reclaim control (Mao, 2020).

While widespread panic is unlikely as a result of this pandemic, it could occur as a result of mass quarantine (Rubin & Wessely, 2020). The current state of the COVID19 illness already paints a picture of an inescapable and widespread quarantine – some of which is already taking place. In the case of mass quarantine, social isolation and an inability to tolerate distress contribute to increased anxiety and fear of being trapped and losing control, as well as the spread of rumours (Rubin & Wessely 2020). Rumors exacerbate feelings of insecurity and are inextricably linked to issues like panic buying and hoarding. The anxiety associated with this pandemic is exacerbated further by people being reminded of their own mortality, which can result in a 'urge to splurge,' or an increase in spending in order to alleviate fear and reclaim control (Arndt et al., 2004).

Cash holdings are expected to increase further as a result of the recent spike in Covid cases, as people prefer cash during times of uncertainty. Fear of lockdowns has compelled people to withdraw money from banks and carry cash — both for medical emergencies and to meet basic needs in uncertain times (X. Qin et al., 2020).

Along with cross-sectional studies, (C. Wang et al., 2020) surveyed a total of 1738 respondents from 190 Chinese cities, with 333 respondents participating in both data collection sessions. This study assessed mental health in the general population twice: at the outbreak's start and four weeks later, as the outbreak spread. After four weeks, the mean Impact of Event Scale-Revised (IES-R) scores decreased statistically significantly (from 32.98 to 30.76, p 0.01), but not clinically significantly, as both scores were above the cut-off for PTSD symptoms. Additionally, 8.1 percent, 28.8 percent, and 16.5 percent of participants initially reported moderate-to-severe stress, anxiety, and depression, respectively, which did not change significantly after four weeks.

**Prevalence of mental health problems during COVID-19 in Covid-19 Patients**

Patients infected with the 2019 coronavirus disease (COVID-19) experience varying degrees of psychological distress, including anxiety and depression, which may be associated with their prognosis. Psychological intervention can be used in a variety of ways to alleviate
psychological pain and enhance treatment effectiveness. Guo et al. (2020) discovered that a significant proportion of COVID-19 patients had depression and anxiety symptoms. CRP levels were positively correlated with PHQ-9 scores in patients with depressive symptoms. The greater the improvement in CRP level, the lower the level of depression. Two major concerns expressed by COVID-19 patients were the disease's stigma and unpredictability.

Yang et al. (2020) used the Hamilton depression scale (HAMD) and the Hamilton anxiety scale (HAMA) to assess all patients' mental health on the day of admission and one week after treatment. At the time of admission, all patients (including those on the isolation ward and observation ward) had significantly higher HAMA and HAMD scores than healthy volunteers. HAMA and HAMD total scores were both higher in the CVOID-19 group than in the General Pneumonia group. After one week of hospitalization and comprehensive psychological intervention, the HAMA and HAMD scores in the CVOID-19 group decreased significantly.

Vahedian-Azimi et al., (2020) demonstrated that the severity of anxiety, stress, and depression was high among the Iranian population during the COVID-19 pandemic. Patients with COVID-19 and medical students who spent time with patients with COVID-19 had a higher risk of developing mental illness than professional medical staff and the general population. They argued that continuous surveillance and monitoring of psychological distress in the event of an outbreak should become a standard component of global preparedness efforts. Vahedian-Azimi et al.

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**Mental health problems in healthcare workers during COVID-19**

It is critical to understand the psychological impact of the COVID-19 outbreak on health care workers in order to guide policies and interventions that promote their psychological well-being. Sun et al. (2020) categorized the psychological experiences of nurses caring for COVID-19 patients into four themes in a study. To begin, negative emotions such as fatigue, discomfort, and helplessness were induced in the early stages by high-intensity work, fear and anxiety, and concern for patients and family members. Second, self-coping strategies included psychological and life adjustment, altruistic behavior, team support, and rational cognition. Thirdly, they discovered growth under duress, which included increased affection and gratitude, professional responsibility development, and self-reflection. Finally, they demonstrated that positive and negative emotions coexisted. According to (Chatterjee et al., 2020), 34.9 percent of 152 study participants were depressed, while 39.5 percent and 32.9 percent, respectively, experienced anxiety and stress. Significant
predictors of psychiatric morbidity included health sector experience, duty hours, protective measures used, and altruistic coping. Multiple logistic regression analysis revealed that the majority of the variables were significantly associated with depression, anxiety, and stress level.

(Hong et al., 2021) conducted a cross-sectional survey of frontline nurses in multiple centers. 9.4 percent (n = 442) of the 4,692 nurses who responded to the survey had depressive symptoms, 8.1 percent (n = 379) had anxiety, and 42.7 percent (n = 2,005) had somatic symptoms. Around 6.5 percent of respondents (n = 306) expressed suicidal ideation. In summary, the study found that frontline nurses' overall mental health was poor during the COVID-19 outbreak, and several risk factors for nurses' psychological health were identified.

According to (Nie et al., 2020) research, 66 (25.1 percent) of the 263 frontline nurses surveyed reported experiencing psychological distress. Multiple logistic analyses revealed that working in an emergency department, being treated differently, having a negative coping style, and having a COVID19-related stress symptom were all positively associated with psychological distress. Psychological distress was negatively associated with perceived increased social support and effective precautionary measures.

In (Lasalvia et al., 2021), the study enrolled a total of 2195 healthcare workers (36.9 percent of the total hospital staff). 35.7 percent of participants were nurses, 24.3 percent were other healthcare personnel, 16.4 percent were residents, 13.9 percent were physicians, and 9.7 percent were administrative personnel. 9% of healthcare staff worked in intensive care units, 8% in less intensive COVID-19 units, and 7.6% in other front-line services, while the remainder worked in hospital units that were not directly involved with COVID-19 patients. Overall, 63.2 percent of participants reported COVID-related traumatic experiences at work, and 53.8 percent (95 percent confidence interval [CI] 51.0 percent –56.6 percent ) demonstrated symptoms of post-traumatic distress; additionally, 50.1 percent (95 percent CI 47.9 percent –52.3 percent ) demonstrated clinically significant anxiety, and 26.6 percent (95 percent CI 24.7 percent –28.5 percent ) demonstrated symptoms of at least m Multivariable logistic regressions revealed an increased risk of psychopathological consequences of the pandemic for women, nurses, healthcare workers directly exposed to COVID-19 patients, and those with pre-existing psychological problems.

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

While mental distress as a result of the pandemic has increased globally, the extent to which each community has been affected varies. Numerous studies were conducted during COVID-19 to determine the factors associated with mental health problems.

For example, in an epidemiological study (Ebrahimi et al., 2021), the prevalence of
depression and anxiety symptoms was determined during the COVID-19 pandemic. The study enrolled a total of 10,061 adults. Depression and anxiety symptoms were two to three times more prevalent in postpandemic samples than in prepandemic samples. Participants who primarily isolated themselves socially demonstrated significantly more symptoms than their counterparts. Females, minorities in ethnic and sexual orientation, younger adults, unemployed individuals, and participants with a psychiatric diagnosis reported a higher prevalence of psychological symptoms. Concern about the duration of physical-distancing protocols and frustration with autonomy were associated with an increase in depressive and anxiety symptoms. Increased ability to cope with a pandemic crisis was associated with a reduction in adverse symptoms. Physical activity, exposure to nature, and distraction through activities were all associated with a reduction in depressive symptoms but not with an increase in anxiety. The extent to which information about the pandemic was accessible was associated with decreased anxiety symptoms. Additionally, adherence to mitigation protocols was examined. Males and younger adults reported the lowest levels of adherence. Altruistic attitudes, as well as mandatory versus voluntary adherence, were associated with higher rates of adherence. Concern for the health of significant others was associated with a higher rate of adherence, whereas concern for the duration of pandemic protocols was associated with a lower rate of adherence.

Vitorino et al., (2021) discovered that participants had high rates of depressive symptoms (41.9 percent) and anxiety symptoms (29.0 percent). Negative spiritual/religious coping was positively associated with depressive disorder (odds ratio (OR) = 2.14 95 percent confidence interval (CI) 1.63–2.80; P 0.001) and anxiety disorder (OR = 2.46 95 percent CI 1.90–3.18; P 0.001), as well as with poorer social and environmental quality of life (P 0.001). Healthcare professionals had a lower prevalence of depressive symptoms (OR = 0.71, 95 percent confidence interval [CI] 0.55–0.93; P 0.001). Participants who had a friend or family member with COVID-19 had a lower psychological and environmental quality of life (P 0.05). Participants who had been socially isolated for a longer period of time were less likely to develop an anxiety disorder (OR = 0.99, 95% CI 0.98–0.99; P = 0.004).

According to a cross-sectional study (Z. Qin et al., 2021), students who never wore a face mask were more likely to experience psychological distress than students who wore a face mask frequently, as were students who exercised for less than 0.5 hours compared to students who exercised for more than 1 hour. These findings suggest that self-reported psychological distress was relatively common among school-aged children and adolescents during the COVID-19 pandemic.

**Disproportionate psychological effect of COVID-19**

There is growing concern that a pandemic of coronavirus disease (COVID-19) will disproportionately affect deprived segments of the population.

(Li et al., 2021) discovered an association between low parent education and low GDP per capita and child mental health problems. Additionally, they discovered that sleep
disturbances, physical activity of less than one hour per day, media exposure of more than two hours per day, non-parental care, poor parental mental health, and harsh parenting were all independently associated with child mental health problems, regardless of socioeconomic status. The research indicates that interventions targeting unhealthy lifestyles and an unfavorable family environment are necessary to alleviate socioeconomic disparities in child mental health problems.

Choi et al., (2021) conducted a survey of 166 fourth-graders in the Seoul metropolitan area to ascertain their psychological well-being and possibly related variables during the pandemic. According to the study, children experienced increased levels of stress during the COVID-19 pandemic, but their level of life satisfaction remained unchanged when compared to pre-COVID-19 surveys. Additionally, the pandemic had an effect on the quality of peer relationships and susceptibility to smartphone addiction, but not on perceived parenting styles or academic engagement. Interestingly, during the pandemic, peer relationship quality no longer predicted life satisfaction; however, perceived parenting styles and parent-child conversation time did.

According to another study conducted by Moulin et al., (2021), 7.1% of children demonstrated emotional difficulties and 24.7 percent demonstrated hyperactivity/inattention. Financial difficulties in the family, parental anxiety and depression symptoms, as well as sleep difficulties and screen time in children, were all associated with the presence of psychological difficulties.

(Mallik & Radwan, 2021) discovered that the prevalence of emotional, conduct, and hyperactivity were significantly higher than usual during the lockdown period. Boys were more likely to exhibit conduct disorder and hyperactivity both prior to and during lockdown. In comparison, the prevalence of emotional disorders was higher among girls prior to lockdown, but was nearly equal between boys and girls during the lockdown period. This study demonstrates that the new extreme measures being used to combat COVID-19 are having a disastrous effect on the mental health of children and adolescents.

Ausn et al. (2020) sought to analyze gender-related differences in the psychological impact of Spain's Covid-19 lockdown. A cross-sectional study was conducted using an online survey (n = 1041) and two measurements: two and five weeks after Spain declared a state of emergency and ordered residents to stay at home. According to the study's findings, women experienced more symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD), as well as feelings of loneliness and a lack of spiritual well-being, compared to men. The psychological impact of the pandemic is sustained over time and becomes more severe in cases of depression. Covid-19 appears to have a more psychologically damaging effect on women than on men.

Broche-Pérez et al. (2020) discovered that female participants had a significantly greater fear of COVID-19 than male participants. The gender of participants had a significant effect on
their fear of COVID-19. Female gender was associated with moderate and high levels of fear of COVID-19. The odds of a female having a middle fear level compared to a low fear level were 3.13 times greater than the odds of a male having a low fear level, and the odds of a female having a high fear level compared to a low fear level were 3.45 times greater than the odds of a male. Their findings corroborate international research indicating that women are more psychologically vulnerable during the COVID-19 pandemic.

According to Rania and Coppola's (2021) findings, people in general reported lower levels of happiness and mental health, as well as higher levels of loneliness, when compared to a normative sample. The lockdown and pandemic conditions caused by COVID-19 appear to have eliminated gender differences in perceptions of happiness and mental health, while increasing males' perceptions of loneliness. Additionally, those who lived alone reported feeling more lonely than those who lived with a partner or with a partner and children. Surprisingly, no significant differences in happiness or mental health were observed between those who had direct contact with the virus and those who did not. These findings should cause political decision-makers to reflect on the importance of paying closer attention to the psychological consequences of drastic measures such as a lockdown.

Liu et al. (2020) discovered that women reported significantly higher PTSS in the domains of re-experiencing, negative changes in cognition or mood, and hyper-arousal using hierarchical regression analysis and non-parametric test. Participants who reported better sleep quality or fewer early awakenings had a lower PTSS. The study argued that professional and effective mental health services should be developed to aid the psychological well-being of the affected population, particularly those living in the hardest-hit areas, females, and those with poor sleep quality.

**Protective factors and general preventive strategies to combat psychological problems**

1. Adaptability

Psychological resilience can be broadly defined as the capacity to sustain or reclaim psychological well-being in the face of stressful disabling conditions or following their resolution. While interconnectedness has increased dramatically over the last few decades, the vulnerability of billions of people worldwide to existing or novel pathogens has increased tragically without a corresponding increase in coping abilities x (J. Wang et al., 2020). Throughout history, various indices have been used to assess individuals' resilience and capacity to respond to social, economic, and political threats, including public health emergencies. Unfortunately, being more vulnerable to social threats such as pandemics may increase one's risk of developing psychiatric disorders. 25 2020 (Khan et al.) Notably, a general message of hope and social protection conveyed by healthcare regulatory authorities and scientists regarding not only the risk of infection but also the existence of containment measures that can be implemented in hospitals and throughout the community may enhance
Resilience and individuals' abilities to successfully respond to social threats (Lee & You, 2020).

2. Social assistance

A positive and significant sense of social support is associated with a decreased risk of developing psychological distress and psychiatric disorders. On the other hand, according to a recent online survey conducted in South Korea (Lee & You, 2020), the majority (72.0 percent) of respondents indicated that they would have social support if they were isolated due to COVID-19, while 28.0 percent stated emphatically that they would not. Adequate social support for the general population should be provided in relation to specific at-risk populations (e.g., infected patients, quarantined individuals, and medical professionals) by offering targeted, tailored messages based on the most reliable scientific evidence. Relevantly, in pandemic areas, a variety of mental health support strategies are required to facilitate lifestyle changes and re-adaptation activities following the occurrence of invalidating outbreaks. (Wang, J., et al., 2020)

3. Preventive measures in general

Specific community-level prevention strategies, such as (i) effective communication and (ii) provision of adequate psychological services, should be implemented to mitigate the psychological and psychosocial impact of the COVID-19 outbreak. Health education must be enhanced through the use of online platforms, social fear surrounding COVID-19 must be addressed appropriately, and stigma and discrimination must be recognized as major obstacles capable of reinforcing feelings of insecurity during a period of social crisis. Hospital protocols for the prompt and effective management of health emergencies must be implemented, and healthcare professionals must be provided with adequate protection.

The scientific community should provide adequate information to mitigate the impact of anxiety, frustration, and all other negative emotions that act as significant impediments to properly managing social crises and psychological consequences associated with pandemics. Unmet needs should be identified quickly by medical staff, who must communicate with the majority of patients frequently and in a timely manner in order to understand the risk of developing new symptoms or worsening preexisting psychological distress. Additionally, telephone helplines, Internet access, active social networks, and dedicated blogs and forums should be implemented to alleviate social isolation and loneliness and to enable specific populations (e.g., infected individuals in hospitals or quarantine settings) to communicate successfully with their loved ones. Marginalized groups, such as the elderly or those with psychological problems, should be able to consult with clinical psychotherapists actively in order to detect warning signs quickly. Finally, telemedicine should be fully implemented, particularly in areas where mental health services are underrepresented or have been significantly harmed by pandemic spread and lockdown restrictions. Importantly,
psychiatrists should be able to detect symptoms associated with initial psychological crisis, as well as the need for effective interventions based on personalization and monitoring of adverse drug reactions associated with psychoactive medications.

**Government and individual Efforts to reduce symptoms of mental disorders**

1. **Policy formulation by the governments**
   The risk and protective factors associated with them shed light on policy formulation in an attempt to alleviate the psychological toll of the COVID-19 pandemic on the general public. To begin, greater attention and assistance should be directed toward the aforementioned vulnerable segments of the population, including women, those over the age of 40, college students, and those suffering from chronic/psychiatric illnesses. Second, governments must ensure that COVID-19-related information is properly and timely disseminated. For instance, validating news/reports about the pandemic is critical to avert panic caused by rumors and false information. Health authorities should also keep information about preventative measures current (Tran et al., 2020) to reassure those who are fearful of infection. Thirdly, easily accessible mental health services are critical during a prolonged quarantine period, particularly for those in immediate need of psychological support and those who live in rural areas (Tran et al., 2020). Due to the limited and delayed availability of in-person health services as a result of the COVID-19 pandemic, remote mental health services can be provided via online consultation and hotlines (Liu et al., 2020). Finally, financial assistance (e.g., beneficial funds, wage subsidies) and new employment opportunities could be provided to individuals experiencing financial hardship or job loss as a result of the pandemic. Government intervention in the form of financial assistance, housing assistance, access to mental health first aid, and encouragement of healthy lifestyle behaviors at the individual level has been shown to be effective in reducing suicide rates associated with economic recession (McIntyre & Lee, 2020).

2. **Individual initiatives**
   Individuals can also take steps to alleviate their psychological distress symptoms. For example, it has been demonstrated that exercising regularly and adhering to a healthy diet pattern can effectively alleviate and prevent symptoms of depression or stress (Carek et al., 2011). In order to avoid pandemic-induced anxiety symptoms, it is also recommended to divert one's attention away from COVID-19-related news in order to avoid potentially false reports and contagious negativity. Additionally, it is critical to obtain information about COVID-19 from reputable news organizations and organizations and to seek medical advice only from properly trained healthcare professionals. Maintaining contact with friends and family during quarantine via phone calls or video calls can help alleviate the distress associated with social isolation (Huang et al., 2019).
Conclusion

Although the World Health Organization has deemed the Chinese government's measures effective and positive, there is an urgent need to continue making sustained and serious efforts to combat such diseases in the future (Z. Qin et al., 2021), because the emergence of another type of human disease from previously non-dangerous virus families can become a problem. At the time of the COVID-19 outbreak's peak, there is little comprehensive information on the disease's psychological effects on people, and people are experiencing severe negative emotions as a result of school and business closures. It has demonstrated a high prevalence of psychological distress caused by the spread of communicable diseases in society. For instance, individuals' fear and anxiety may be heightened as a result of their loss of trust in mental health services. While severe restrictions, such as the prohibition of domestic and international travel, are effective at controlling and managing the disease, they have a detrimental psychological effect on people. Anxiety about food scarcity is more pervasive. Additionally, spreading rumors has a detrimental psychological effect. As a result, psychiatric interventions are critical during epidemics of infectious diseases with a high mortality rate.

Recovery from the pandemic's negative consequences must include plans to address mental health issues among the general public and healthcare professionals. Mental health surveillance must be included in public health surveillance plans during and after this pandemic to ensure an adequate response to anticipated mental health issues (Levin, 2019). Fear and isolation of those who are ill or quarantined, disintegration of social support structures, disruption of routine activities that humans take for granted, and mental health consequences for health workers are all real and anticipated consequences of this pandemic.

As with any infectious disease outbreak, governments must take steps to contain the resulting epidemic of fear (Malta et al., 2020). Rapid communication is critical for disease control and prevention. Education campaigns should be launched to spread public health messages and encourage the public to take proactive measures, such as reporting symptoms of illness to health professionals (C. Wang et al., 2020).

It is critical to develop psychological interventions to improve mental health during epidemics. Raising public awareness of the government's efforts to combat the spread of rumors, transitioning from optional to mandatory restrictions, and informing the public about the patients' recovery process can all help reduce anxiety in society.

References:


