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# Mental Health Impacts of COVID-19 Pandemic: A Critical Review

Mobeen Rafaqat<sup>1</sup> | Nimra Batool<sup>1</sup> | Malik Ihsan Ullah Khan<sup>1\*</sup> | Sikandar Hayat<sup>1</sup>

<sup>1</sup>Institute of Molecular Biology (IMBB), University of Lahore, Lahore, Pakistan

**\*Correspondence**

Malik Ihsan Ullah Khan

Email:

[ihsan.ullah@imbb.uol.edu.pk](mailto:ihsan.ullah@imbb.uol.edu.pk)

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## ABSTRACT

During the coronavirus (COVID-19) epidemic, a variety of psychological issues and serious effects for mental health, such as uncertainty, frustration, stress, sadness, suicidal thoughts, and worry arose gradually up to 25%. This study aims to find the impacts of COVID-19 on mental health of people. From literature studies it was analyzed that how coronavirus affects the psychological health especially of health care workers and infected patients. The significance of risk and protective variables in the development of mental diseases in susceptible persons has also been studied. COVID-19 had affected not only the mental health of COVID-19 patients, but also their relatives, healthcare personnel, children, and the general public. Protocols for assistance, similar to those used in disasters, should encompass key areas for both the individual and communal mental health of the population. Improving sleep, relaxation, and mood might aid clinical decision making during important moments, such as when there is an influx of sick persons and COVID-19 therapies are being implemented. The psychosocial advice given by the WHO, CDC, and the NHS, among others, should be addressed to solve these mental health issues and return to normalcy.

## 1. CORONAVIRUSES

Coronaviruses (CoVs) are positive-strand RNA viruses that are enveloped containing large genomes (26-32 kb). Some of the enveloped Coronaviruses belonging to *Coronaviridae* subfamily attacking birds and mammals were previously known to cause self-limited illness in humans, mainly affecting the respiratory system. Coronaviruses on the other hand, have become major pathogens again over the last 20 years, causing serious outbreaks like the severe acute respiratory syndrome (SARS-CoV) in 2002 and the Middle East respiratory syndrome (MERS-CoV) in 2012. The source of

the epidemic, which was thought to be linked with wet animal market and a seafood in Wuhan, China, was identified in December 2019 as a novel type of coronavirus, and on February 11 in year 2020, the world health organization (WHO) named the disease as COVID-19. The novel coronavirus belonging to the beta coronavirus group, and its sequence was 88% related to two bat-origin SARS-like CoVs (Wang *et al.*, 2020b). Back in the early 2000s, the illness known as severe acute respiratory syndrome (SARS) was also connected to a highly contagious coronavirus. Since then, the SARS virus has been added and proven to be treatable. The virus that causes the

condition is the severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), also known as the 2019 new coronavirus (Wu *et al.*, 2020).

On the angiotensin-converting enzyme 2 (ACE-2) receptor, spike proteins of virus attached and then the resulting complex leads to the proteolysis of host serine protease enzyme as a result virus enter the host cell. For passing through the cell membrane transmembrane serine protease 2 (TMPRSS-2) and ACE-2 receptors (Nejat *et al.*, 2023) are needed by virus. It is typically transmitted between people by respiratory droplets produced by coughing and sneezing. The lungs are the organs most impacted by COVID-19 because the virus enters host cells via the enzyme ACE2, which is prevalent in type II alveolar cells. As the alveolar illness advances, respiratory collapse and death may occur. ACE2 might possibly be the virus's entry point into the heart, producing acute cardiac damage. People who already have cardiovascular disease have the poorest prognosis (Lamers and Haagmans, 2022). The virus is likely to have originated in animals. Because of its extraordinary speed of transmission, a new type of virus made news all across the world in early 2020. This is not the first time a coronavirus has made headlines; a coronavirus was also responsible for the 2003 SARS outbreak. The SARS virus, like the 2019 virus, was discovered in animals before spreading to people. The SARS virus is likely to have originated in bats and then spread to another species, and finally to people. When the SARS virus was transferred to humans, it spread swiftly. What makes COVID-19 so remarkable is the lack of a medicine or cure to help halt its fast transmission from person to person (Rana *et al.*, 2021)

On March 11, WHO classified the COVID-19 outbreak a "pandemic" because of rapid spread of SARS-CoV-2 around the world with the higher mortality rate. While majority of SARS-CoV-2 patients had a benign clinical history, roughly 5% of the patients experienced severe lung problems or possibly multiple organ failure. Though it also varies by region, the average mortality ratio was found to be 4% (Lamers and Haagmans, 2022). As of the end of June 2020, the epidemic had affected 216 countries worldwide, 10,021,401 people were exposed to the SARS-CoV-2, out of which 499,913 people died. WHO has designated the novel coronavirus as '2019-nCoV' or '2019 novel coronavirus' or 'COVID-19' as the cause of the current pneumonia outbreak (Hui *et al.*, 2020).

Coronaviruses are naturally classified into four primary categories that mostly cause respiratory system and gastrointestinal infections:

*Alphacoronaviruses*, *Betacoronaviruses*, *Deltacoronaviruses* and *Gammacoronaviruses* are the four types of coronaviruses (Woo *et al.*, 2012). Coronaviruses are ssRNA viruses that are enveloped and large, present in humans and other animals such as birds, pigs, cattle, chickens, cats, and dogs. Coronaviruses are responsible for neurological, gastrointestinal, and respiratory illness. In clinical practice, the most prevalent coronaviruses are HKU1, NL63, OC43 and 229E which often induce common cold symptoms in immunocompetent patients (Zhu *et al.*, 2020).

After infection, SARS-CoV-2 can be found in several organs such as the blood, alveolar lavage fluid (Li *et al.*, 2024), saliva, nasopharynx, eye, gut, and feces. Infection control and prevalence are facing substantial hurdles due to the high rate of SARS-CoV-2 transmission and the unknown of the main



pathways of transmission. Close contact and respiratory droplets, according to study, are two of the most common modes of transmission (Falahi *et al.*, 2023).

Drops infected with the COVID-19 virus can spread up to two meters and can be left on surfaces for several days under ideal weather conditions (Kampf *et al.*, 2020). According to a study on other COVID-19 attributes, the disease's sensitivity in people is determined by their age, physical health, and biological factors. People with weakened immune systems, the elderly (average age 60 and older), and those with renal and liver problems are among them (Adhikari *et al.*, 2020). Pregnant women, smokers, cardiac patients, chronic lung obstruction, asthma, diabetes, and hypertension patients are more likely to be exposed to the virus. The average death rate from illnesses was greater in elderly persons than in young people (Meo *et al.*, 2020).

Some frequent symptoms associated with the 2019 coronavirus include shortness of breath, a cough that worsens over time, and a low-grade fever that progressively raises body temperature. The whole set of symptoms is currently being researched. Body pains, sneezing, cough, sore throat, fever, headache, runny nose exhaustion, chills, and loss of taste. COVID-19 can be diagnosed based on following symptoms: fever, low lymphocyte count, pneumonia, normal or low white blood cell count. Severe chest infection has also been reported in Wuhan region during the pandemic. The 2019 coronavirus is diagnosed in the same way as other viral infections by using tissue sample, saliva, and blood. Blood sample can be extracted by needle or use cotton swab for saliva or respiratory secretions from nose or back of throat (Kevadiya *et al.*, 2021).

## 2. MENTAL HEALTH

Main factors that contribute to deteriorating the psychological health are emotional and social factors like income, surrounding environment, family behavior, genetic issues etc. Mental health affect way of thinking and how a person acts during a particular condition. Good psychological health is very important during all the stages of life because if a person has bad mental health, it will disturb his life very badly. Some biological factors are also equally important like genes, abuse or trauma, family history that affect daily life activities, physical health, and relationships. Such connections are an important part of life so physical circumstances, interpersonal relationships and lifestyle can play role in disturbing the mental health (Gone, 2008). Anxiety, despair and stress interrupt people's mental health and routines. Everybody is at risk of developing psychological issues at any stage of their life (Hansson *et al.*, 2013).

Lifestyle choices, biological variables, socioeconomic and social situations are some main factors. It is very important to maintain healthier lifestyle for prevention of psychological issues. During pandemic many people were found to be stressed and at risk of suffering mental issues like stroke, agitation, delirium, and brain disorders. People that use drugs, suffering from neurological diseases are at higher risk of developing such diseases. During pandemic mental health services were restricted that results in spread of such problems especially fear of COVID, due to quarantine, restrictions on movement and gatherings etc. In this review, we will look at how COVID-19 impacted the mental health of children, women, patients, and the public.

### 2.1 Psychological Impacts

The explosive increase in infections has received a lot of attention, but this phenomenon

and its repercussions are far from confined to medical sickness. Although the impacts of the coronavirus on mental health have not yet been thoroughly investigated, I would like to raise a few pertinent comments concerning the population's mental health during the continuing epidemic. First and foremost, mental patients, a population that is frequently overlooked and vilified, should be a focus of care and compassion. Infection susceptibility relates to mental disorders (Seminog and Goldacre, 2013). This susceptibility might be attributed to cognitive impairment, risk underestimating, poor personal protection, or restricted settings in mental facilities. Due to mental illness stigma at health facilities, psychiatric patients may not have equitable and timely access to health care in the presence of infection. Psychiatric disease may potentially be an impediment to successful COVID-19 therapy (Santos, 2020).

The spread of fear, concern, and even panic modifies not just emotional reactions to current events, but also exacerbate pre-existing mental issues. Depressive and stress problems, as well as intense disorder (and accompanying cleaning rituals), are being highlighted now. Many patients' regular medical appointments have been cancelled, raising the danger of psychological breakdowns. Second, as the first line of defense against COVID-19, health-care personnel's mental health should not be overlooked. Severe workloads, physical and mental stress, insomnia, and the fear of becoming ill or infecting loved ones because of doing tasks with insufficient protective gear have an immeasurable impact. This effect can only be exacerbated for health-care employees that already have a psychological illness (Lai *et al.*, 2020).

Mental health is a condition in which a person fulfill his/her potential, cope with life and able to work successfully. A study shown that people that work in human rights support programs like domestic violence may

experience anxiety, depression, post traumatic symptoms. As during pandemic people must live alone during quarantine period, they have experienced many mental health issues due to coronavirus stress. Almost all mental health services like domestic violence support processes postponed or cancelled due to coronavirus and lockdown (Su *et al.*, 2021).

COVID-19 spread influenced mental health services, treatment, and care. Some doctors preferred to reduce mental health services during pandemic because it can boost immune system for fighting against coronavirus. Many mental wards were transformed into quarantine units. This results in increase in number of mental health issues. Coronavirus outbreak effected economic and social environment in addition to health issues that disrupted physiological discomfort and resulted in mental problems. This issue received the attention of researchers in analyzing the impacts of COVID-19 on mental health. Many other issues have been found that were linked to mental health like uncertainty about the future, hunger, eating disorders, alcohol consumption, depression, stress, and anxiety. A research study described that mental health can be disturbed by social status, work stress, loss of friends or family (Evanoff *et al.*, 2020).

COVID -19 pandemic that infected 11 million people and killed over half million patients also resulted in panics, anxiety disorder, sleeplessness, post-traumatic stress disorder etc. So, psychiatrists and psychologists should be aware of this problem and be prepared for post-pandemic mental health implications. In this situation mental health services could be beneficial for treating mental disorders and problems by dispensing drugs for neurological and psychiatric and use, outpatient consultation, psychiatric hospitalization (Clemente-Suárez *et al.*, 2021).

The confirmed COVID-19 pandemic is attributable to the global scale severity of the



current public health crises, which have affected over 210 nations worldwide. Currently, the entire extent of economic and social implications cannot be foreseen, but several governments throughout the world have implemented complete or partial lockdowns, which can be understood.

## 2.2 Psychophysiological Stressors

Clinical health psychology main pillar is psychophysiology. Its main objective is to learn how psychological and social issues influence an individual's physiological balance. During COVID-19 pandemic social disengagement, economic insecurity, uncertainty, anxiety, isolation are becoming new stressors of mental health. Acute fear is not harmful for somebody mental health, but it becomes when dysregulation of the hypothalamus-pituitary-adrenal axis, eating disorders, sleep/wake cycle disturbance, endocrine function, level of hyperarousal, autonomous neurological systems and immunological disturbances occur (Zhang *et al.*, 2020).

Research studies shown that mental stress increased the higher production of corticotropin-releasing hormone in amygdala and hypothalamus that are the precursors of cortisol synthesis. corticotropin-releasing hormone alter mucosal mast cells and increase the release of tumor necrosis factor alpha and inflammatory cytokines that affect gut epithelial cells directly and boost gut porosity. These factors are involved in mental health issues. Many other variables that play role in raising comorbidities among people include physical inactivity due to quarantine which is a worldwide concern. As quarantine is a long-term suppressive measure many problems may occur like heart diseases, endothelial, oxidative stress problems, and diabetes. Restrictions on movement and daily activities results in more sedentary behaviors and people may consume

more that cause worsening of physiological effects (Martinez-Ferran *et al.*, 2020).

For fighting against COVID-19, vaccines are very efficient in boosting immune system. The present approach reviews the COVID-19 impacts on physical health and reducing transmission risks. This method diverts focus away from the psychological effects of social pressures. According to the writers, most of the world's population does not believe incarceration influences overall mental health. Some individuals' irresponsible conduct (e.g., large meetings, coughing without covering their faces, physical contact) exacerbated the Spanish flu epidemic, which killed more than 50 million people. Today's mass media and government platform have the potential to enhance prevention and boost societal morale (West *et al.*, 2020).

Fake news and political power struggles, on the other hand, have controlled social networks and TV shows alongside the epidemic, increasing suspicion and insecurity. Furthermore, mounting worries about the economic effects, potential second waves, and market uncertainty are key social stresses that have yet to be explored in the long run. The socioeconomic catastrophe caused by the COVID-19 pandemic might have a major impact on global GDP, amounting to around \$20 trillion, with drops ranging from 3 to 15% depending on which country (Clemente-Suárez *et al.*, 2021).

However, because pandemics seldom impact everyone evenly, official actions must be well-planned and well-adjusted. Gender differences, race, or socioeconomic position all need the same amount of assistance during and after the COVID-19 pandemic. Most socially vulnerable people are at danger of viewing the COVID-19 epidemic as a once-in-a-lifetime horrific event. Some writers feel that the COVID-19 problem should be approached through the lenses of trauma, danger, and fear,

with specific consideration given to new people who are less capable of developing constructive coping methods. Furthermore, those with lower academic credentials, poor social status groupings, and gendered variations must be treated immediately and appropriately to avoid future mental illness (Park *et al.*, 2020).

Finally, special consideration should be given to the social and occupational situations of people who have been on the front lines of the virus's spread, such as health workers. Health care workers are an elevated category in terms of mental health. Early intervention measures to alleviate workplace stress may aid in the management of PTSD in hospital settings (Kaufman *et al.*, 2020). Positive coping mechanisms, psychological moods, support networks, burnout, and personal well-being among these employees should be thoroughly researched throughout the epidemic. All of these investigations would allow for the identification, diagnosis, and treatment of cases of sleeplessness, melancholy, anxiety, burnout, and PTSD, hence minimizing unwanted mental health issues in front-line and critical care unit personnel (Nogueira *et al.*, 2020).

### 2.3 Impacts on Mental Health of Affected Patients and Their Families

Individuals who screened positive with COVID-19 must deal with their condition's dread, stress, and ambiguity, as well as physical suffering and isolation from loved ones. For those that have family and friends afflicted by COVID-19 are worried and separated. People who lose a family member frequently do not have the chance to be present in their final moments or to hold funerals, which can have a tremendous effect on grief and have an influence on mental health. Some COVID-19 patients have been stigmatized, discriminated against, and intimidated. This can cause individuals to conceal their sickness to avoid prejudice, hinder them from obtaining health

treatment, and discourage them from adopting healthy practices, all of which undermines attempts to contain the epidemic. It can also heighten feelings of dread and sadness in patients and family members (Zhao *et al.*, 2020).

### 2.4 Impacts on Mental Health of Children

Due to closure of schools, their social activities, and restrictions on their get together are some main reasons for frustration among children which contribute to affecting their psychological health. A research study has shown that about 86% of the children have affected from mental issues due to pandemic and that research study conducted in Spain. Kids were having difficulty concentrating, were irritated, restless, apprehensive, and felt lonely. Anxiety and social exclusion are likely to have an impact on brain health and development, especially young kids at risk of experiencing lifelong problems because of extended exposure to toxic stress and deficiency in nourishment, stimulation, and health care. During lockdown, children spend more time with their relatives, but when there is existing abuse in the home - or the danger of it - this is far more likely to happen. Parents and careers must ensure that their kids feel safe and loved (De Miranda *et al.*, 2020).

### 2.5 Impact on Women

In many circumstances, women report higher degrees of anxiety and sadness than males. During the COVID-19 epidemic, 66% of women reported being anxious, compared to 34% of males, according to a poll on stress levels in the Indian population. Similarly, during the epidemic in China, women reported greater symptoms of anxiety and despair than males, according to research. Increased stress and lockdown can also lead to an increase in violence towards women, with estimations estimating that if lockdown lasts at least six months, 31 million extra incidences of gender-



based violence will occur globally. Domestic violence has a negative impact on one's mental health, including sadness, anxiety, and post-traumatic stress (PTSD). Governments must prioritize the prevention and redress of violence as a core component of COVID19 response strategies, including the creation of safe spaces for victims and families to report abuse and seek assistance (Almeida *et al.*, 2020).

## 2.6 General Populations Affected

Even for individuals who are not directly affected by COVID-19, the repercussions of social exclusion and economic damage are felt broadly across cultures. Nobody is exempt from the strains that the epidemic is putting on areas and communities. Fear, loneliness, melancholy, and anxiety are widespread in persons who are terrified of disease, death, losing relatives, losing their money or livelihood, being socially isolated, and being separated from loved ones, according to preliminary research. These really are major risk factors not only for short-term mental health difficulties (Lee and You, 2020).

Previous epidemics have demonstrated the harmful impact of infectious illness outbreaks on the psychological health of persons exposed. The COVID-19 pandemic in Asia had a significant effect on the mental health of individuals who were exposed, with surveys revealing that up to 55% recovered patients had stressful situations and 20% of rehabilitative people experienced depression. The SARS outbreak was apparently linked to an increase in suicide fatalities among those aged 65. During the COVID19 epidemic, comprehensive research from 194 cities in China found that 30% showed moderately severe anxiety symptoms and 17% experienced moderate to severe depressed symptoms. According to one poll conducted in the United Kingdom, one in every five persons is anxious about social isolation, while one in every ten is

concerned about finances, jobs, or the virus (O'Connor *et al.*, 2021).

People employ many coping techniques to deal with these pressures, some of which are hazardous, such as increased alcohol consumption, which can worsen difficulties like Interpersonal Aggression, narcotics, or spending a lot of time on dangerously addictive habits such as games and betting. According to Canadian statistics, around 25% of the people aged 16-59 boosted their beer use during the epidemic. Isolation causes stress because when people sit in with friends, family members, they feel comfortable and happy. Domestic abuse, which has a negative influence on psychological health, has become more prevalent (Wang *et al.*, 2020a).

## 2.7 Aggression, Anxiety, Post-traumatic Stress disorder and Frustration

Whenever a pandemic strikes, the government's initial response is one of enormous fear and paranoia that the probable health and social results of the virus disease outbreak could be less or more expected and will most likely involve: decreased perception health; deleterious group events due to anxiety and interrupted awareness of risks, which include emotional pain responses like frustration, fear, insomnia, and risky behaviors such as elevated smoking rates. Patients with confirmed or suspected COVID-19, as well as those who are isolated, are more prone to experience frustration, loneliness, and rage than in past outbreaks (Shigemura *et al.*, 2020).

Research was conducted in China that included 2090 inhabitants and found that after the pandemic the prevalence rate of mental health issues in China was 4%, whereas a higher incidence of post-traumatic stress (18.4%) was documented among highly risky public, like those people that are living in province of China with the highest number of coronavirus confirmed samples. Likewise, victims and



health care workers are physiological issues due to PTSD. Another research was done at a Beijing hospital with medical professionals and health workers that provide services in high-risk areas like construction sites. Coronavirus isolated infected patients were reported suffering from PTSD and other mental illnesses such as anxiety, despair, frustration, and dread as compared to those who did not follow the same tactics (Wu *et al.*, 2009). In Pakistan people feel uncertainty not just by the epidemic, but also by the fact that most of the population is disturbed about their professional and next meal owing to the lockdown, mental problems such as anger and frustration would be frequent. Similarly, health care workers operating in quarantine facilities without PPEs and the death of their connected personnel might experience a variety of Symptom severity. So, mental health professionals should use therapies such as the stress adaption model to reduce stress amongst medical employees (Sohil *et al.*, 2021).

## 2.8 Obsessive-compulsive disorder (OCD)

Pollution preoccupation is a persistent uncomfortable problem linked with individuals' hygiene, and a person has a constant want to wash or sterilize, and such a disease is commonly categorized as phobias. In the event of an infectious virus-caused pandemic, this type of OCD might cause an increase in panic episodes, causing disruption and functional impairment in the patient (Williams *et al.*, 2013). Such a condition must be properly and routinely checked, like in Pakistan, where only the upper class visits psychological health doctors and the general populace is not registered with psychotherapists, and therefore suffers greatly in such a circumstance. Psychologists and psychiatrists should endeavour to resolve such mental difficulties in the general population with great care, by paying greater attention to such oncoming concerns. Currently, numerous

scientists are undertaking various research to examine the effect of the COVID-19 viral pandemic on mental health, showing that quick steps by organizations and health officials are required to prevent the mental health harm caused by the Corona virus.

Aside from physical pain, patients with suspected or confirmed COVID-19 have a significant psychological burden as well as other health-related issues. These people may experience fear of catastrophic illness consequences and contagion. As a result, proven or suspected patients endure mental difficulties such as loneliness, worry, denial, sleeplessness, hopelessness, and despair, which leads to decreased adherence to treatment. Some of these people may also be prone to rage and suicidal ideation. Due to uncertainty about the health condition, suspected isolated persons may experience dread and worry, leading to the development of obsessive-compulsive symptoms and disorders such as repetitive hand washing, temperature monitoring, and adherence to other preventative procedures. Moreover, social alienation, stigma, loss of money, and stigmatization may result from the health agencies' severe quarantine conditions and mandatory contact tracking rules (Xiang *et al.*, 2020).

Greater workload, prejudice, and isolation are regularly observed among frontline medical professionals since their role demands them to care for infected persons, maintain close contact with infected families. As a result, individuals are more prone to experiencing dread, physical tiredness, sleep issues, and emotional disorders. A recent survey with thirteen thousand healthcare workers indicated that approximately half of the participants (50.7%) exhibit symptoms of depression, 44.7% have anxiety, and 36.1% have disturbed sleep. Additionally frustrating news and less knowledge about the COVID-19 may cause uncertainty, anxiety, and fear among the community (Bao *et al.*, 2020). So, under



lockdown conditions, the whole people may experience restlessness, impatience, and dissatisfaction on a massive scale. Those patients that require hospitalization may be concerned about the high risk of cluster contagion. Furthermore, owing to isolation measures and transportation limitations, outpatients with SMI are having difficulty receiving maintenance therapy, which may result in mental fading and irrepressible behaviors (Brooks *et al.*, 2020).

## 2.9 Strategies for Addressing the Emotional Effects of the COVID-19 Pandemic Through Emergency Psychosocial Disaster Interventions

Even though the coronavirus impacts on the psychological health have not explored analytically, they are expected to be significant based on actual community reaction. National Health Commission of China took significant steps on January 26th, 2020, to this problem by notifying that measures should be taken to overcome COVID-19 psycho-social results (National Health Commission of China 2020). As a result, WHO's Department of Mental Health and Substance Use on March 18, 2020, developed an outline describing that considerations should be taken to overcome mental health discomfort (Xiang *et al.*, 2020).

## 2.10 Pervasive Anxiety

Loneliness as a result of limitations and shutdown procedures is associated with emotions of uncertainly and spread of mutated variants of COVID-19 resulted in stress and anxiety. Due to widespread isolation and deprivation anxiety may be directly associated for example, sleeplessness was followed by post-traumatic stress disorder and sadness. Furthermore, anxiety is connected to weariness and decreased performance in healthcare personnel, but tedium and isolation are clearly relevant to rage, sufferings associated with quarantine and frustration. Furthermore, other

devastating consequences of widespread anxiety during a pandemic time may include perceived diminished social support, isolation from family members, lack of independence, ambiguity, and dullness (Lee and You, 2020).

## 2.11 Xenophobic Behavior and Social Stigmatization

Stigmatization and xenophobia are two of the most damaging effects of pandemic illnesses on psychological and social elements of life. Many times, throughout history, the linkages between the global economy, xenophobic behavior, and disease dangers have been documented. Along with the emergence of the Corona virus, xenophobia and bigotry flourished. Individuals and groups who are stigmatized are frequently exposed to rejections, social phobia, humiliation, loneliness, physical assault, and even exclusion from job, accommodation, training, and health facilities (Hamza Shuja *et al.*, 2020).

Even during recent epidemic, many persons of Asian and Chinese ancestry have faced societal prejudice and xenophobic, as well as heightened attacks during physical and online interactions. For example, the Chinese population in the United Kingdom has complained of being subjected to racial remarks, and assault incidents have also been documented. Similarly, the Chinese Embassy in Germany observed an upsurge in cases involving Chinese citizens ever since epidemic. Children from Asian households were also rejected and teased in several Parisian middle schools because of their ethnicity. Furthermore, residents of Wuhan, China, faced prejudice depending on their geography (Jakovljevic *et al.*, 2019).

People who have been discharged from isolation could also cause psychological trauma. With that kind of a reactions from civilized and educational nations, third-world countries like Pakistan, in which most of the

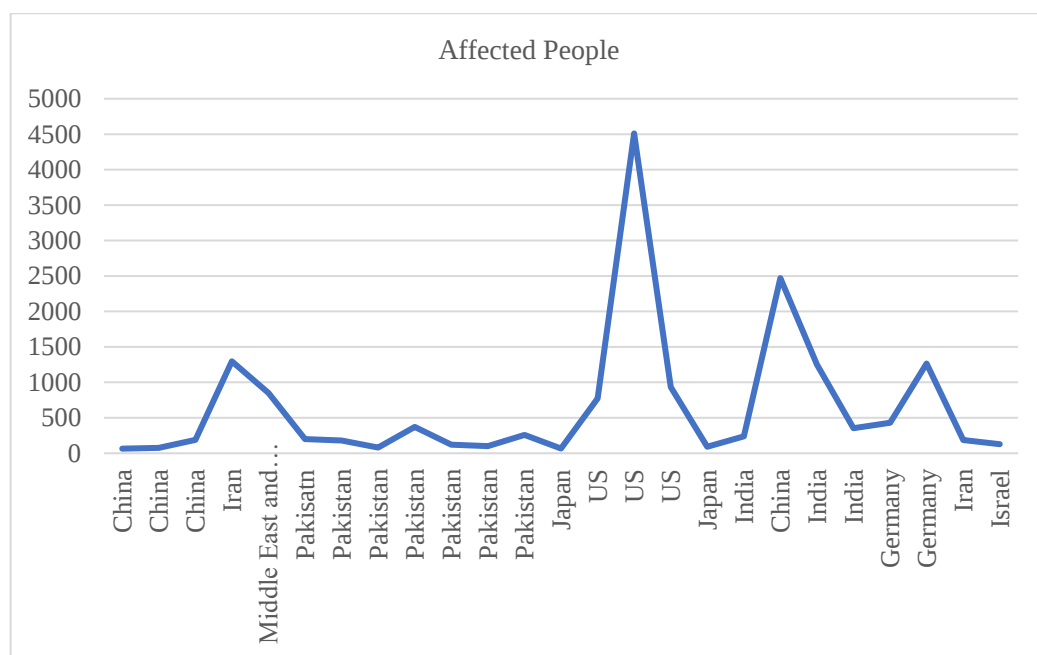


population lacks basic knowledge, this stigmatizing conduct against suspicious and proven cases and their families seems to be on the rise. As a result, doctors and psychologists must act objectively and assist in educating the people to resolve their anxiety and reduce stigmatization of afflicted groups (Hamza Shuja *et al.*, 2020).

## 2.12 Frustration and Boredom

Confinement, unusually small social interaction with others, and loss of customary

routines are all associated with stress, restlessness, social exclusion, and anger. As described, irritation and persistent loneliness appear to be caused by inhibitions in everyday activities, interruptions in social demands, and a lack of participation in accessing social media. Hopelessness unfortunately along with other personal qualities like extreme sensory processing patterns and childhood maltreatment may cause suicidal behavior but during pandemic quarantine period results in intolerable anger and other bad repercussions (Engel-Yeger *et al.*, 2016).



**Figure 1.** Graph shows the number of people affected from mental issues in different countries

## 3. CONTROL MEASURES

Sadly, social networking beliefs undervaluing social distancing/ self-care, trying to promote efficient and even harmful treatment options, and dismissing the enormity of the potential impacts of coronavirus in cases reported has resulted in the disease spreading rapidly in nations such as the United Kingdom, United

States, Brazil, Spain. Because of limited control measures for new cases and a lack of efficient therapy methods, the epidemic scenario had been dire. The most of the world's largest economies were able to partially restrict the infection's fast spreading or have a favorable influence on morbidity associated with coronavirus. The social and economic costs to their economies, as well as the



emotional effects on their cultures, have been enormous. Fraud, disinformation, and a lack of personal and social distancing disciplines in culture are the characteristics that drive COVID-19 growth in far less developed economies, particularly in America, with direct ramifications for the population's everyday life of the patients (Delgado *et al.*, 2020).

A period of stability following COVID-19 is a favourable occurrence for the global population, including those countries which have not been badly chronically infected but now must limit their citizens' mobility and restrict several of them to their own houses and apartments to protect transmission of pathogens, particularly among vulnerable populations. The most populous nations in Western Europe are preparing for a progressive confinement procedure and a restoration to regular activities in July 2020. Because a vaccination has not yet been discovered, and pharmaceutical therapy and mechanical breathing have significant death rates, this approach will be accompanied by uncertainty. Furthermore, it is unclear if a healed patient may get contaminated again, harm others, and spread the virus. As previously stated, the European nations that were initially at the core of the epidemic have been displaced by nations with inferior health systems and fewer financial opportunities to deal with the issue. Before, during, and after an epidemic or pandemic, mental care policies and response methods must be established. Social workers, Psychiatrists, Psychologists for example, will be on the front lines and take a lead in emergency preparedness and preparation. They need social and health protection mechanisms in place to execute their job meaningfully (Uddin *et al.*, 2020).

Procedures for assistance, like that used in disasters, must encompass major aspects both for personal and communal psychological health of the nation. This should be investigated whether clinical paths may be designed to facilitate adequate and equal medical aid and care. It is critical to keep the public aware about social distancing and self-care methods to prevent them from blaming society for the growth of COVID-19 cases and congested hospitals, which might lead to class division and discrimination. The psychosocial suggestions posted by the WHO, CDC, and the NHS, and many others, must be regarded in attempt to reach these psychological symptoms and return to normalcy. Because mental factors are linked to global morbidity and the COVID-19 disease outbreak, and because both will be prevalent for some time, investments in investigation and tactical measures to enhance mental health are required (Clemente-Suárez *et al.*, 2021).

Rest, improving sleep patterns and moods may aid medical decision during key moments, including when there is an upsurge of people infected with deadly virus, treatments are implemented. As a result, an outstanding plan for picking the appropriate psychological health action should be developed to decrease lengthy impacts on most affected citizens. Even during COVID-19 disease outbreak, the primary psychological and social and work stressors, like fear, psychological anguish, workmate mortalities, and frustration caused by a lack of treatment options, contributed to higher Clinical depression stages in the front of the medical professionals relative to non-professionals (Altena *et al.*, 2020).

**Table 1.** Some COVID-19 preventative methods

| Everyone Should                           | Description                                                                                                                                                                                                                                          |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wash hands properly                       | Wash hands properly before and after eating food, caring patients, after, before and after using washroom, before and after using mask, before preparing and cooking food.                                                                           |
| Maintain social distance                  | Within home close contact with family members or sick people should be maintained at least six feet.<br>Outside the home: It is also necessary to maintain the same distance outdoors.                                                               |
| Cover your mouth during sneezing or cough | Everybody should cover their mouth or wear mask while sneezing or coughing and discard used masks carefully.                                                                                                                                         |
| Disinfection and cleaning                 | People should regularly disinfect or clean commonly used things or places like countertops, buttons, door, tables, toilets, sinks, faucets, handles, light switches, keyboard, and telephones. Before disinfection clean the dirty places carefully. |
| Regularly health monitoring               | People should also take care of themselves regularly and check for common symptoms like fever, cough, breathing issues, headache, nausea etc.                                                                                                        |

#### 4. CONCLUSION

As the most common modes of transmission is through respiratory droplets and close contact, the COVID-19 virus has had a significant effect on mental health. A pandemic that infected nearly 10 million people and killed over half a million would almost certainly result in insomnia, posttraumatic stress disorder, generalized anxiety disorder, and fear, like other disasters (e.g., tsunamis, hurricanes, terrorism, wars). The primary psychological stressor is the quarantine. Before, during, and after a pandemic or epidemics, access to mental health policies and appropriate responses must be put in place. Social workers, psychiatrists, psychologists, should be on the front lines and take the initiative in urgent design and management. The most crucial thing is that WHO

precautionary measures for COVID-19 should be followed in future to prevent all of the troubles that arise as a result of this pandemic.

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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