Covid-19 Pandemic's Impact on Mental Health

Thalia Audina

Faculty of Public Health, Muhammadiyah University of Jakarta
K.H. Ahmad Dahlan State, Cireundeu, Ciputat, Jakarta Selatan, 15419
E-mail: thaliaaudina79@gmail.com

ABSTRACT

Background: The Covid-19 pandemic in Indonesia, apart from having an impact on physical health, also has an impact on psychological or mental health. Psychological impacts during the pandemic include post-traumatic stress disorder, depression, anxiety, frustration, fear of infection, insomnia, and feeling helpless. Aim: This study was conducted to determine the impact of Covid-19 on mental health, as well as to find out strategies in dealing with these impacts so that they survive in the Covid-19 pandemic era. Methods: This study uses literature with the object of mental health research during the Covid-19 pandemic, several journal sources and related articles are reviewed and grouped. Results: This study shows that Covid-19 has an impact on mental health by people in various parts of the world. In Indonesia, mental health problems, such as anxiety, depression, trauma due to the Covid-19 pandemic are also being felt in real terms at this time. Conclusions: The COVID-19 pandemic has a major impact on mental health. The government's strategy and community participation are expected to be able to face mental health challenges due to the Covid-19 pandemic.

Keywords: *Mental health, Depression, Anxiety, Covid-19*

INTRODUCTION

The World Health Organization (WHO) declared Covid-19 a pandemic, which is the highest level of infectious disease, on March 11, 2020. During the pandemic, countries have implemented various policies to prevent the spread of Covid-19, such as closing schools, workplaces, and public transportation, social distancing, and international and domestic travel restrictions. Pfefferbaum reports that H1N1 causes a public health crisis, affecting people and local communities. Research by Wang investigating the public's psychological response to Covid-19 showed that a third of their survey respondents reported experiencing anxiety (Lee et al, 2021). Anxiety is something that cannot be avoided when under stressful conditions such as during the COVID-19 pandemic. One particular type of anxiety that is important to mention is health anxiety. It is characterized by a misinterpretation of bodily sensations, dysfunctional beliefs about health, and maladaptive disease coping behaviors. Adverse consequences that can arise are excessive hand washing, social withdrawal, panic buying, and excessive spending on hand sanitizers, medicines, and protective masks (Pedrosa et al, 2020).

Survey of Family Resilience during the pandemic conducted by the Bogor Agricultural University (IPB), of as many as 66 percent of married female respondents indicated that the most common psychological disorders experienced were easily anxious and restless (50.6 %), easily sad (46.9 %), and difficulty concentrating (35.5 %). This condition needs to be a concern considering that women play a very important role in managing the household (Vibriyanti, 2020). In a pandemic situation, it is easy for the elderly to feel anxiety which affects their physical health condition. In addition, as part of the high-risk group for COVID-19, the elderly are currently being instructed to stay at home and self-isolate. The elderly also have less access or social networks, thus preventing them from maintaining virtual connections with others. This time of pandemic may increase suicidal behavior among older adults. For example, after the SARS epidemic in 2003, the suicide rate among the elderly increased by 30% (Pedrosa et al, 2020). Due to the emergence of the coronavirus disease 2019 (COVID-19), the outbreak caused by the severe infection of 2 SARS-CoV-2 in the Chinese city of Wuhan, socio-economic crisis and psychological stress is rapidly unfolding around the world. Many psychological problems and important consequences in terms of mental health including stress, anxiety, depression, frustration, during the COVID-19 outbreak emerge progressively (Serafini, 2020). A common psychological reaction associated with the mass quarantines imposed to contain the spread of COVID-19 is the widespread fear of the general public. Anxiety is usually associated with disease outbreaks and the escalation of new cases along with inadequate information and triggers anxiety by the media. Psychological reactions to the COVID-19 pandemic can range from panicking behavior or collective hysteria and feelings of hopelessness to including suicidal

behavior. In the modern world where all individuals can thrive on traveling and communicating, today are forced to do isolation and social distancing which creates feelings of frustration and uncertainty. The situation of the COVID-19 outbreak shows that most individuals are emotionally inseparable from the detrimental effects that directly cause everyone to become weak and helpless. Social distancing and regional restrictions have been implemented first in China and then in most European countries where Italy and Spain saw significant growth in the number of positive cases in 2020 (Serafini,2020).

Mental health problems become an inevitable issue in this Covid-19 pandemic. The Covid-19 pandemic is a new source of stress for the world community today. This can lead to self-stigma and social or community stigma that can affect mental health. Depression is a mental disorder that often occurs in society which is characterized by symptoms such as sleep disturbances and decreased appetite. Depression ignorance can burden the mind and produces impairment of the immune system. Results from the UK study showed that levels of anxiety, depression, and trauma symptoms were higher in British adults than 18-year-olds. The results of other studies indicate that the government needs to pay attention to mental health due to COVID-19 (Maulida et al, 2020).

Globally, there are four main risk factors for depression that have emerged as a result of the Covid-19 pandemic. First, the factor of distance and social isolation. The feeling of isolation due to social distancing orders has affected their mental health conditions, such as depression and suicide. Second, the economic recession due to Covid-19 has triggered a global economic crisis. Third, stress and trauma to health workers. A survey of 2,132 nurses from all over Indonesia conducted by researchers from the Department of Mental Nursing, Faculty of Nursing University of Indonesia from April to May 2020 showed that more than half of health workers experienced anxiety and depression, some even thought of committing suicide. Fourth, stigma and discrimination. The stigma of Covid-19 can trigger suicide cases around the world. In India, for example, a man committed suicide after facing social and religious discrimination on suspicion of being infected with Covid-19. In Bangladesh, a man committed suicide after being isolated by his neighbors because he was diagnosed with Covid-19 (Winurini, 2020). This paper aims to find out about people's mental health, especially depression and anxiety due to the Covid-19 pandemic. Furthermore, knowing the strategy in dealing with these impacts to survive in the era of the Covid-19 pandemic.

METHODS

Database searches include Google Scholar, Science Direct, Lancet, and Pubmed with keywords depression and/or anxiety in the face of Covid-19. The study used literature with the object of mental health research during the Covid-19 pandemic. The next stage is to select related articles and journals that meet the criteria limits, which are published in 2020-2021 with full text in either

English or Indonesian. The inclusion criteria in this literature review are focused on the mental health community in dealing with Covid-19, which are depression and/or anxiety. While the exclusion criteria in this literature review are articles on mental health for health workers, patients, and students. The search for articles began from April 2020 to May 2021, with keywords that had been determined by the researcher. Researchers examine articles that meet the criteria and group them according to the results of the study to proceed to the discussion.

RESULTS AND DISCUSSION

In a cross-sectional study, the median score for depression was a score of 6. Then in the Philippines, Indonesia, and Paraguay, the median score for depression was higher than the overall median. Meanwhile, South Korea and the Democratic Republic of Congo have scores below the median. The current social isolation affects the mental health of young and middle-aged individuals, such as loneliness, depression, and stress. The COVID-19 pandemic has also significantly affected the world's economy on April 29, the International Labor Organization reported that one in six young workers lost their job due to COVID-19. Olesen argues that job loss affects mental health and vice versa that poor mental health can also lead to unemployment.

In addition, this study also confirmed that depression was higher in the group that experienced discrimination at the national level due to COVID-19 than in the group that did not experience it. Therefore, on February 11 WHO recommended not to use discriminatory terms, such as the Wuhan virus or Wuhan pneumonia, instead of using neutral terms such as COVID-19 or coronavirus as official names (Lee et al, 2021).

The COVID-19 pandemic has forced communities to quarantine under strict conditions, isolation and the fear of being in quarantine are driving anxiety. The fear of a pandemic also causes stress and insomnia, the limited activities of which create frustration and monotony. Junling gao explained that people getting information from social media about rising deaths globally has created worries. It was later supported from this study that depression rates were higher during quarantine than before (Maulida et al, 2020).

Figure 1. Distribution of depression by country

The COVID-19 pandemic research on the mental health of youth that growing up in poverty was carried out in four low/middle-income countries such as Peru, India, Ethiopia, and Vietnam. The results showed that the level of minimally mild anxiety (depression) was highest in Peru at 41% (32%) (95% CI 38.63% to 43.12%; (29.49–33.74)), and the lowest in Vietnam at 9% (9%) (95% CI 8.16% to 10.58%; (8.33-10.77)). Women are the most affected in all countries except Ethiopia. Pandemic-related stress is a risk factor for anxiety and depression. Although the stress factor was found to vary in each country. These stress factors include increased health expenditures such as in Peru, economic and food difficulties in Ethiopia, and hampered educational and work activities (Porter C et al, 2021). Another study conducted in China on 5,851 individuals found the prevalence of depression, anxiety, and the combination of depression and anxiety during the Covid-19 period was 48.3% (95% CI 46.9% -49.7%), 22.6% (95% CI 21.4% -23.8%) and 19.4% (95% CI 18.3%

-20.6%) of participants, respectively. Moghanibashi-Mansourieh (2020), Respondents who had been exposed to COVID-19 reported higher rates of anxiety, accompanied by depression, than those who had no exposure experience (incidence rates 31.6% and 12.6%, respectively) (Machado DB et al, 2020).

The Dutch study examined the impact of the COVID-19 pandemic on mental health in people with a history of pre-existing mental health illness. This study uses four scoring systems, use Quick Inventory of Depressive Symptoms (QIDS) to assess depression, Beck Anxiety Inventory (BAI) to assess anxiety, Penn State Worry Questionnaire (PSWQ) to assess worrying, and De Jong Gierveld Loneliness Scale (DJGLS) to assess loneliness. Although people with depressive, anxiety or obsessive-compulsive disorders scored higher on all four symptom scales than people without this mental health disorder, both before and during the COVID-19 pandemic, they did not report a greater improvement in symptoms during the pandemic. People without depression, anxiety, or obsessive-compulsive disorder showed greater improvement in symptoms during the COVID-19 pandemic.

The study assessed that the increased symptom levels among this population may in part represent the normal sadness and fear of responding to an unprecedented crisis (Pan KY et al, 2021).

Furthermore, in a descriptive study, the prevalence of depressive symptoms in the United States (US) was more than 3 times higher, from 8.5% before COVID-19 to 27.8% during the COVID-19 pandemic. Individuals with lower social class, lower economic resources, and greater exposure to stressors (eg, job loss) report a greater burden of depressive symptoms. We found a shift in depressive symptoms, from fewer people without symptoms to more people with symptoms of depression during COVID-19 than before COVID-19. It was also found that the lower-income group was at greater risk of depressive symptoms than the higher-income group, and saving less than \$5000 in the household was associated with a 1.5-fold increase in the likelihood of depressive symptoms, or a 50% greater risk.

Figure 2. The severity of symptoms before and during the COVID-19 pandemic about severity and chronicity of depression, anxiety, or obsessive-compulsive disorder

Based on the Patient Health Questionnaire-9 depressive symptom score, the sample population was grouped into categories before and during COVID-19. Overall, the prevalence was 1.5-fold higher for mild depressive symptoms, 2.6-fold higher for moderate depressive symptoms, 3.7-fold higher for moderate depressive symptoms, and 7.5-fold higher for the category of major depressive symptoms during COVID-19 compared to before COVID-19 (Ettman CA et al, 2020).

Figure 3. The odds ratio of depressive symptoms based on exposure to Covid-19 as a stressor

Strategies that can be implemented include (i) implementing effective communication and (ii) providing psychological services to reduce the psychological impact of the COVID-19 outbreak. Health education needs to be improved by using online platforms, social fears related to COVID-19 need to be handled properly. Then stigma and discrimination need to be addressed as the main challenges in this period of social crisis. The scientific community must provide the right information to mitigate the

and all negative barriers to the proper crisis associated with populations such as history of should be able to psychotherapist to telemedicine should areas where mental reached or are rapid spread of the restrictions (Serafini

Adaptation is

able to make adjustments to a place or environment that is seen as something new. Because life must

Resource	OR (95% CI) ^a	P value
Education		
<High school	0.86 (0.41-1.77)	.68
High school graduate or GED	1.58 (0.96-2.60)	.08
Some college	1.45 (0.97-2.16)	.07
≥College	1 [Reference]	NA
Marital status		
Married	1 [Reference]	NA
Widowed, divorced, or separated	2.08 (1.29-3.36)	.003
Never married	1.85 (1.17-2.94)	.008
Living with partner	1.27 (0.74-2.18)	.39
Household income, \$		
≤19 999	2.37 (1.26-4.43)	.007
20 000-44 999	1.32 (0.78-2.24)	.31
45 000-74 999	1.04 (0.63-1.72)	.88
≥75 000	1 [Reference]	NA
Household savings, \$		
≤4999	1.52 (1.02-2.26)	.04
≥5000	1 [Reference]	NA
COVID-19 stressors		
Low	1 [Reference]	NA
Medium	1.77 (1.16-2.71)	.008
High	3.05 (1.95-4.77)	<.001

impact of anxiety, frustration, emotions that are important management of the social the pandemic. Marginalized the elderly or those with a psychological problems actively consult a clinical detect early signs. Finally, be implemented especially in health services have not been severely disrupted by the pandemic and regional G et al, 2020).

the ability of individuals to be

go on, the first step is acceptance. If we have accepted that the current conditions are not normal, then we are ready to adapt. Success in adapting will give resilience to a person. However, everyone's ability to adapt is different (Vibriyanti, 2020). Mental health problems due to the Covid-19 pandemic have become a concern for the government. The government also has launched a mental health psychological consultation assistance service or called "Sejiwa". This service is intended to help to deal with the potential threat of public psychological pressure in this Covid-19 pandemic's situation. In practice, people who need psychological services can call the hotline 119 ext 8. As a preventive measure, the government through the Ministry of Health has launched the Guidebook for Mental Health and Psychosocial Support in the Covid-19 Pandemic, referring to WHO policies. To be optimal, the Ministry of Health seeks to involve the community through the Covid-19 Alert Village. Then it was revealed to be the Mental Health Alert RT/RW to work together with relevant cross-professions, from the provincial and district Health Offices to Public Health Center (Puskesmas). Here, clinical psychologists educate and provide practical skills guidance to the public (Winurini, 2020).

CONCLUSION AND SUGGESTIONS

The COVID-19 pandemic presents new challenges for human beings. Not only the spread of the virus and disease deaths for risk groups but also the emotional, behavioral, and psychological impact on the population. Measures to prevent the transmission of disease, including quarantine, social isolation can affect the population's behavior and lead to psychological disorders. The psychological impact such as fear and anxiety caused by the rapid spread of the pandemic needs to be identified in public health for authorities and policymakers who must urgently adopt clear behavioral strategies to reduce the burden of disease and the dramatic mental health consequences of this outbreak. It is recommended that health providers and the government must develop further strategies to ease the mental health burden by providing emotional support to the entire population, especially to vulnerable individuals. In addition, the government's health policy in dealing with the Covid-19 pandemic in the future needs to consider the mental health characteristics in the community, such as the practice of prevention activities and experiences of discrimination to minimize the negative effects of the COVID-19 policy.

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