

Psychological Well-being and Mental Health across Nations during COVID-19 Pandemic

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Abstract

The novel corona virus disease (COVID-19) has easily crossed borders, infecting people worldwide. No country has remained untouched by the Pandemic. Along with other side effects of the epidemic, psychological well being and mental health of individuals is also getting affected. Present article seeks to uncover information about existing literature on psychological well-being and mental health among various populations in different nations of the world during COVID-19 outbreak. The study was mainly done using online resources such as Google scholar, pub med and National Digital Library of India. Bottom line of the review asserted that individuals of every community from every nation are undergoing immense psychological anguish through worrying about COVID-19 outbreak. Every section of the society has been distressed and ill-adjusted. Psychological well being is being deteriorated. Symptoms such as emotional distress, irritation and stress were associated with the social isolation and quarantine. Gender differences were observed in terms of psychological well-being. Sustained interventions such as broadening the use of digital mental health counselling services, online support system and are needed. As medical staff has the cardinal importance in combating the disease so focusing on their psychological health is fundamental. Based on the review studies it was concluded that relevant interventions are need of the hour.

Keywords: *Psychological Well-being, Mental Health, Covid-19, Countries*

Introduction

The 2019 novel corona virus outbreak (now known as SARS-CoV-2, triggering the Covid-19 disease) has spread from Wuhan to all over China and is being exported to a increasing number of countries, many of which have been transmitted further (Lipsitch et al.,2020). The COVID-19 outbreak is now spreading across China and around the world (He et al., 2020). The COVID-19 pandemic has put immense pressure on health care staff and its future effect has consequences for the physical and emotional well-being of the workforce. Rampant infectious disease occurrences, such as COVID-19, are associated with psychological issues and mental health problems (Bao et al., 2020). The pandemic has intensified and challenged human well-being worldwide and this public health emergency induces panic and leads to a range of psychological effects ranging from emotional reactions such as anxiety, depression and drug misuse to changes in behaviour such as sleeping problems and stress eating (Liu et al., 2020).

Ko et al. (2020) conducted an online study on 1904 respondents in Taiwan. Researchers intended to study the COVID-19 linked sources of information and psychological well being. The Internet was the principal source of information on COVID-19 .Researchers examined correlations of each source of knowledge with psychological well-being were analyzed through multiple regression analyzes to control for gender, age, education and COVID-19 concerns. They found that receiving COVID-19 information from the internet and the medical staff was negatively and positively linked to psychological well-being for non-health care employees, respectively; Receiving COVID-19 knowledge from structured lessons was significantly associated favourably with psychological well-being for health care staff. They also suggested that the use of the Internet as a source of information on COVID-19 has been substantially linked to decreased psychological well-being for non-health care staff. Further they found that there was greater psychological stability for the non-health care personnel receiving COVID-19 from medical staff in health care settings. Individuals, particularly older adults, may receive COVID-19 information from physicians for their ongoing chronic diseases on their regular or emerging visits.

Cao et al. (2020) carried out a study through qualitative interview in Beijing, China on 37 medical workers to explore the basic needs and their psychological well being. Living conditions, work time, workload, medical security, diet and sleep, emotions, coping strategies and bodily discomfort of the medical workers were studied. Patient Health questionnaire and Maslach Burn –out Inventory were employed to measure the well being of the medical workers. Researchers found that Health staff was under high stress. The emotional distress and burnout rates, however, were not significantly elevated overall.

Favieri et al. (2020) conducted a survey to understand the social and psychological effects of COVID-19 outbreak in Italy. 1639 participants participated in the study .5.1 percent reported Post Traumatic Stress Disorder symptomatology and 48.2 percent exhibited lower psychological well-being associated with COVID-19 spread. In women, lower than 50 years of age and with health risk factors, the lower psychological well-being was significantly greater. Decreased psychological well-being was observed in individuals who did not know

if they were infected, who had direct exposure or was unsure about their COVID-19 exposure, or who knew affected people. Researchers suggested the need for more research aimed at improving psychological approaches to mitigate the COVID-19 pandemic implications.

Badahdah et al. (2020) done an online research aimed at exploring the Physicians' (N=194) psychological well-being during COVID-19 spread in Oman. Research has shown that COVID-19 has affected mental health of physicians, particularly women and young physicians. Females registered greater stress than males did. Female doctors reported low psychological well-being, compared to male doctors. Older doctors experienced better well-being and lower stress rates relative to younger people. Researchers concluded that doctors were experiencing similar amounts of anxiety regardless of their gender and contact with COVID-19 patients. Both stress and anxiety have had a significant influence on physicians' overall well-being.

Tan et al. (2020) explored the psychological distress, depression, anxiety, and stress faced in the middle of the outbreak by health care workers in Singapore, and contrasted these among medically and non-medically trained hospital staff. 500 Health care professionals participated in the study. Researchers used the Depression, Anxiety, and Stress Scales (DASS-21) and the Impact of Events Scale–Revised instruments. The key finding was the prevalence of depression, stress, anxiety and post-traumatic stress disorder in all health workers.

Hu et al. (2020) suggested in a review based research that health care workers were vulnerable to mental health issues, especially those providing direct care for patients with confirmed or suspected COVID-19 pneumonia. The emotional wellbeing of health care workers is vital to resolving the outbreak of this epidemic and psychological help for health care workers is an important part of the recovery efforts and should not be ignored. Routine clinical monitoring of psychological distress for healthcare staff, particularly those working in hospitals that provide care to patients diagnosed with COVID 19, is required to identify those at high risk and who are directly involved in treatment. Overall, health care staffs, particularly those who care for patients with confirmed or suspected COVID-19, are the most vulnerable to mental health problems as a group. Researchers concluded that the emotional wellbeing of healthcare staff affected by the COVID-19 outbreak has not attracted sufficient publicity around the world. A basic objective and vital element of public health and safety should be the emotional well-being of health care staff.

Cao et al. (2020) carried out a research and studied the demographics (Gender, Region, Place of residence, Steady family income, Live with parents, and Relative or acquaintance got COVID-19.) and anxiety. 7143 students participated in the study. Findings of the study revealed that of the correlation study showed that anxiety symptoms ($P < .001$) were positively correlated with economic effects and effects on everyday life as well as delays in academic activities. Social reinforcement has, however, been negatively associated with anxiety level ($p < .001$). Researchers concluded that during epidemics the mental health of college students should be supervised.

A cross-sectional analysis aimed at studying medical workers' psychological condition during the COVID-19 pandemic revealed that the psychological distress was greater for the medical personnel than for the administrative staff. Researchers used the Hamilton Anxiety Scale and Hamilton Depression Scale. 2299 participants from medical and administrative staff were studied. Findings revealed that two groups differed significantly in severity of fear, anxiety and depression. Findings of the research suggested that the medical workers developing greater fear, anxiety and depression than the administrative staff. In addition, front-line medical workers working in the respiratory, emergency, ICU and infectious disease department is twice as likely to suffer from anxiety and depression as non-clinical workers with no chance of interaction with patients with corona virus pneumonia (Lu et al., 2020) .

Another study based on online web survey examined whether health-care staff had more psychosocial problems than non-medical ones staff at COVID-19 outbreak. A sample of Chinese participants (N= 2,182), (927 medical health workers and 1,255 nonmedical health workers.) participated in the research. Symptom Check List-revised, Insomnia Severity Index and the Patient Health Questionnaire-4, which included anxiety scale and depression scale, were used to measure the psychosocial problems. Results of the study revealed that medical health workers reported higher incidence levels of insomnia, depression, somatisation, and obsessive-compulsive symptoms than non-medical health care staff (Zhang et al., 2020).

Researchers expected a substantial rise in anxiety and depressive symptoms among people without pre-existing mental health problems, with some developing a post-traumatic stress disorder in coming time. Health and social care workers may be expected to be at high risk for psychiatric symptoms, especially if they work in public health, primary care, emergency services, emergency services and intense or critical care (Cullen et al., 2020).

Lebel et al. (2020) assessed some mental health factors (depression, anxiety, pregnancy related anxiety, sleep and social support) in (N=1987) pregnant respondents in Canada. Researchers used Edinburgh Depression Scale, PROMIS Anxiety Adult for assessing general anxiety, social support effectiveness questionnaire, pregnancy related anxiety questionnaire and Participants were inquired about how many minutes of physical weekly exercise they had and they were asked how many hours of sleep they received over the past month, each night. Findings of the study revealed considerably increased psychological distress relative to comparable pre-pandemic cohorts in pregnancy, with 37 percent reporting clinically relevant depression symptoms, 57 percent reporting clinically significant anxiety symptoms, and 68 percent reporting higher pregnancy-related anxieties. Greater social support levels and longer periods of sleep were correlated with lower psychological symptoms across the dimension. Additionally researchers concluded that they found fairly high rates of psychological discomfort among pregnant women during the COVID-19 pandemic, which can affect their children in the long term.

Acute stress disorder, depression, post-traumatic stress disorder, insomnia, irritability, frustration, and emotional fatigue are considered to be associated with quarantine and isolation of those suspected of contracting or carrying the virus (Brooks et al., 2020).

Jung and Jun (2020) explored Mental health and psychological response toward COVID-19 in South Korea. They reviewed and suggested that the deterioration of social support systems and the stigmatisation of patients are two of the most common issues. While people seek to prevent transmission of the virus, social support systems break up; places such as churches, schools, and workplaces have been shut down which reduce the benefits of social support and can trigger feelings of loneliness and fragility. They concluded that establishing a public network is important for checking the authenticity of media releases. Societies and mental health agencies will make concerted attempts to strengthen networks of social care and reduce stigma of the illness. Tailored mental health plan should be developed for various parts of the population.

Kazmi et al. (2020) assessed 1000 participants through online survey to study the impact of COVID-19 on the mental health. Researchers used the DASS-21 to study the anxiety, stress and depression among the population of India. Findings of the study suggested that Depression, Anxiety and Stress were significantly different across age, gender and employment. Depression has also been found to be high among individuals aged 15-35, anxiety has been found to be evident among those aged 21-25, and stress has been reported to be significant among those aged 21-25.

A study has investigated the impact of COVID-19 on the wellbeing of working adults. A sample (N=2231) of working adults extracted from social media. Researchers found that the magnitude of the pandemic predicted the negative impact of working adults rather than the positive. Additionally they found that the relationship was moderated by personality characteristics (i.e., openness, awareness) and social interaction (i.e., family interaction), meaning that people who are attentive are open to new experiences, and more immune to family ties. For COVID-19 Psychological Effect (Zhang et al., 2020).

A cross sectional study was conducted on a sample of 220 adults in Turkey. Study aimed at exploring the connections between resilience, dispositional hope, preventive behaviour, subjective well-being and psychological health among adults during COVID-19's early stages. Researchers used Preventive Behaviours Scale, The Dispositional Hope Scale, The Brief Resilience Scale, and The World Health Organization Well-Being Index and, The General Health Questionnaire. Research revealed that hope and resilience had a significant direct effect on psychological wellbeing and subjective well-being. Additionally researchers suggested that in times of crisis we should pay more attention to hope and resilience for the growth and enhancement of wellbeing and psychological health (Yildirim et al., 2020).

Prasad et al. (2020) studied the Remote workers' psychological wellbeing during pandemic in terms of Information Technology Industry in Hyderabad. Researchers used the multiple regression analysis and findings showed that peer, role Ambiguity, organizational Environment and Job Satisfaction greatly impacted the employees' psychological wellbeing. There were minute statistically relevant variations between the gender and age groups that influenced the psychological well-being of the studied employees.

Wang et al. (2020) studied the general public in China to better understand their psychological effects, anxiety, depression and stress rates during the initial COVID-19 outbreak period. Researchers conducted an online survey to study the demographic data, physical symptoms over the past 14 days, history of contact with COVID-19, COVID-19 knowledge and concerns, preventative precautions against COVID-19 and specific details needed with regard to COVID-19. Of the 194 Chinese cities, 1210 participants participated in the research. They used the Impact of Event Scale-Revised and Depression, Anxiety and Stress Scale (DASS-21). Findings of the study showed that more than half of the respondents rated the psychological impact as medium-to-severe during the initial phase of the COVID-19 spread, and around one third responded moderate-to - severe anxiety.

Samadarshi et al. (2020) examined and analyzed factors correlated with self-perceived stress during Nepal's COVID-19 spread. They studied 374 participants through online survey. Researchers used Sheldon Cohen Perceived Stress Scale to evaluate the levels of stress. Findings of the study showed approximately three-quarters of respondents classified their self-perceived stress as medium to high, with a low self-perceived stress recorded by about one quarter. Age and employment status were correlated with the outbreak having a significant psychological effect. Absence of public connection is unpleasant for health and wellbeing and social isolation increases 26 percent of the probability of premature mortality (South,2015).

Aside from health problems, it can be predicted that the majority of the population would feel the consequences of traumatic interactions associated with the disease and the social response: the failure to Information limitations on the attendance and proper treatment of the ill family and friends; demise of relatives, friends and family members; failure to conduct funerals, mourn and honour the deceased (Shultz, 2015).

Discussion

As the outbreak of the disease (COVID-19) is affecting the psychological well-being of the world various suggestions are being given. Vigo et al. (2020) advised that to sustain treatment and broaden social connections, a balance of rational, evidence-based public policy, risk communication, assertive digital communication and enhanced in-person critical resources are required to reduce the severe and long-term psychological illness consequences of COVID19. Attempting to address the mental health problems of medical staff is necessary in order to help prevent and manage the pandemic (Banerjee2020). In order to resolve the indirect mental health issues associated with the COVID-19 pandemic, immediate psychological crisis intervention model (PCIM) should be developed and delivered through the digital technology medium(Rana et al.,2020).

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