

ARTICLE

Reflections about the impact of the SARS-COV-2/ COVID-19 pandemic on mental health

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In December 2019, the betacoronavirus SARS-CoV-2 was identified for the first time in humans in Wuhan, China. An initial local outbreak of respiratory infection has since culminated in a global pandemic (COVID-19), as declared by the World Health Organization, with 503,203 confirmed cases and 22,340 deaths worldwide as of March 26, 2020. Due to the rapid growth of COVID-19 cases, many countries have activated emergency plans and developed guidelines to control the disease and defend public health through social distancing interventions, such as suspending school activities, travel restrictions and home confinement.

Attention has been focused on the exponential increase in infections,¹ but this phenomenon – and its consequences – are certainly not limited to medical disease. Although the effects of the coronavirus on mental health have not yet been studied systematically, I would like to make a few relevant points about the mental health of the population during the ongoing pandemic.

First of all, psychiatric patients, a group so often forgotten and stigmatized,¹ should also be a target of care and concern. Mental illness is associated with increased susceptibility to infection.^{1,2} This vulnerability may be due to cognitive deficit, risk underestimation, insufficient personal protection or to confined conditions in psychiatric wards.^{1,2} In the presence of infection, psychiatric patients may not have equal and timely access to health care due to mental illness stigma in health institutions.¹ Psychiatric illness itself may also be a barrier to effective COVID-19 treatment.¹

The spread of fear, anxiety and even panic influences not only emotional responses to current circumstances, but also leads to a worsening of pre-existing psychiatric disorders.^{1,3} Affective and anxiety disorders, as well as obsessive-compulsive disorder (with its cleansing rituals), are now reinforced. Many patients have seen their regular medical appointments suspended, which can lead to an increased risk of psychiatric emergencies.^{1,3}

Secondly, the mental health of health-care professionals – the first line of defense against COVID-19 – should not be overlooked.^{3,4} The impact of extreme workloads, physical and mental exhaustion, insomnia, and the anxiety and fear of being infected or transmitting infection to loved ones by performing duties with little protective equipment is immeasurable.⁴ For health-care workers who already have a psychiatric disorder, this impact can only be aggravated.

Finally, the consequences of quarantine on psychological well-being should be discussed. With the pandemic, many activities have stopped, especially those involving human relationships, forcing adaptations that many people were not prepared for. Research has reported that wide-ranging, negative and possibly long-lasting psychological outcomes (anger, confusion and post-traumatic stress symptoms) may be associated with extended quarantine, fear of infection, frustration, a lack of basic supplies, insufficient information, financial problems and stigma.⁵

As a mental health professional, I consider it essential to pay attention to these factors so I can provide timely and appropriate mental health care directed to the needs of these different groups – a challenge for the near future.

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Disclosure

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