Mental Health During COVID-19

Mental Health Impact on COVID-19 Survivors, Healthcare Workers, and the General Population

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Journal Article

Zürcher, S. J., Kerksieck, P., Adamus, C., Burr, C. M., Lehmann, A. I., Huber, F. K., & Richter, D. (2020). Prevalence of Mental Health Problems During Virus Epidemics in the General Public, Health Care Workers and Survivors: A Rapid Review of the Evidence. *Frontiers in Public Health*, 8(560389). doi:10.3389/fpubh.2020.560389

Search Terms

- covid + mental health: 12,062 results
- Psychotherapy + COVID: 769 results
- psychotherapy for covid survivors: 12 results

Objectives & Methods

- Evaluate mental health impact arising from pandemics
 - Inform practice about potential mental health issues and implications arising from current COVID epidemic
- Offer a rapid synthesis, "rapid review", of evidence to inform decision-making processes in health care systems
 - 2,855 articles screened; 74 selected; quantitative articles reporting on mental health rates

"Rapid Review" Article

- Review of 74 articles published in the last 20 years
- Rapid review = a faster version of a systematic review; accelerated review processes; streamlined methods aiming at providing relevant evidence in a timely and efficient manner
- Study into mental health issues that arise in specific populations that are exposed to a major infectious disease pandemic:
 - SARS-CoV-1 from 2003
 - Swine flu (H1N1)
 - Middle East respiratory syndrome coronavirus (MERS-CoV)
 - Avian influenza (H7N9)
 - Ebolavirus
 - Recent worldwide SARS-CoV- 2

Overview of Article

- Three categories of people were analysed: 1) general public,
 2) health care workers, and 3) virus disease survivors
- Findings:
 - Wide range of mental health problems arose during pandemic situations including anxiety, depression, PTSD and stress related symptoms or disorders, as well as paranoid ideation, hallucinations, and insomnia
 - Various factors lead to mental health challenges:
 - Impact of disease itself, intensive illness, hospitalizations, fear of death and impact on long-term well-being
 - Ancillary impact from mass quarantines, isolation and economic loss

Summary

 Wide discrepancy between research, depending on timing of when research was conducted and country

	General Public	
	Highest	Lowest
Anxiety	MERS 48.6%	CoV-2 0.7%
Depression	CoV-1 32.4%	Ebolavirus 1.4%
PTSD/stress	Ebolavirus 76.4%	H1N1 2.0%
	Health Care Workers	
	Highest	Lowest
Anxiety	H1N1 88%	H1N1 1.5%
Depression	CoV-2 49.1%	Ebolavirus 2.3%
PTSD/stress	CoV-2 71.5%	CoV-1 1.5%
	Survivors	
	Highest	Lowest
Anxiety	Ebolavirus 94.4%	CoV-1 13%
Depression	CoV-1 50.5%	Ebolavirus 11%
PTSD/stress	CoV-2 96.2%	Ebolavirus 1.2%

Recommendations for Therapists

- 1. Clinical monitoring of risk groups that are vulnerable to psychological impairments
- 2. Routine outcome monitoring for various affected populations to track their mental health and well-being
- 3. Monitoring and measurement of mood, sleepquality, or medication adherence
- 4. Psychoeducation around the utilization of apps to track biometrics such as sleep and stress signals
- 5. Utilization of artificial intelligence programs which help clinicians predict relevant psychiatric outcomes

Commentary

• Pros

- Fast, thorough study
- Free and accessible by a wide variety of caregivers with high levels patient interaction: primary care physicians, ER physicians, physical therapists and other healthcare personnel

• Cons

- Definitions vary across various countries; what constitutes symptoms of stress, PTSD and depression
- Cultural differences in response to pandemics
- We're in the peak of COVID pandemic; more time will be necessary to fully grasp impact

Personal Reflection

- Different types of mental health issues based on type of roles during the pandemic
- Timing of study determines results
- Monitoring biometrics such as sleep and stress through smartwatches and apps
- Positive outcomes: more family time; work-life balance, new health regimens such as yoga, meditation, exercise, and increased opportunity to connect via online platforms



APPENDIX

Impact on General Public

- Depend on several factors including proximity to the pandemic hotspots, having to be hospitalized or interact with health care/hospital settings during the pandemic, being quarantined, or having an infected family member
- Further factors affecting mental health: being female, suffering from a chronic physical illness, poor self-rated health, and dissatisfaction with the handling of the pandemic

Health Care Worker Impact

- Severity of impact depends on how directly involved in patient care, working in high risk units, conscripted workers who were obligated to provide support, and those that needed to be quarantined due to the nature of their work.
- Further factors that affected mental health: being younger in age, being single, fear of adversely affecting relatives, pre-exposure to traumatic events or having a history of mental health problems
- COVID specific impact: 49.1% of healthcare workers showed symptoms of depression and 71.5% showed symptoms of PTSD/stress, both categories higher than any other pandemic-related illness

Pandemic Survivor Impact

- Severity of impact related to history of mental illness, fear of permanent physical damage or close encounters with death, a longer than typical duration of quarantine or illness, having late-arising physical complications from the illness (i.e. late sequelae), and impairment of ability to work.
- Among pandemic survivors, COVID survivors ranked highest in terms of signs of PTSD/stress among other pandemic illnesses with 96.2% of survivors showing symptoms