

Mental health needs during COVID-19 pandemic: A descriptive analysis

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Abstract

Back ground: The Covid-19 pandemic has alarming signal for individual and collective health and emotional and social functioning. In addition to providing medical care, health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients, and the public that should be integrated into general pandemic health care.

Aim: Assess the perceived need for mental health support during COVID-19.

Methods & Results: A cross-sectional study design was adopted. 78 university employees recruited in the study; they were participated in the sensitizing education programme on Coping during COVID-19 pandemics organized by their parental university. Participants were administered the self-instructed questionnaires for collecting data. The instruments are used are the Fear of COVID-19 Scale and Perceived Mental Healthcare needs during COVID-19 pandemic scale. The results evidenced that majority expressed uncomfortable when thinking of corona infection [56.4%] and expressed fear on getting infection [53.8%]. And also, majority accepted perceived need for mental health professional support during COVID-19 pandemics' [97.4%] & majority expressed [94.9 %] and suggested that people who are affected with covid-19 must obtain the help from mental health professionals.

Conclusion: COVID-19 pandemic is turning out to be a major stressor for most of humanity. The initial focus is necessarily on the physical consequences of the infection. However, there is recognition that the significant psychological consequences emerging out of this catastrophe need to be addressed.

Keywords: COVID-19, Mental Health, Pandemics, Psychological Support.

Introduction

"Good mental health is absolutely fundamental to overall health and well-being"

-Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization.

The COVID-19 outbreak was sudden and unexpected in most countries. The first known cases occurred in late December, 2019, and WHO declared it a pandemic on March 11, 2020. (Cucinotta D Vanelli M 2020). Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. So, it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic. Added to the fear of contracting the virus in a pandemic such as COVID-19 are the significant changes to our daily lives as our movements are restricted in support of efforts to contain and slow down the spread of the virus.

Faced with new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues, it is important that we look after our mental, as well as our physical, health. (WHO, COVID-19) "Just the fact of someone wondering if he is positive for COVID is like having a stigma and something that is threatening his life... and that affects, of course, his behavior. We know very well that panic leads to bad behavior and to psychosomatic problems as well, and that brings on somatic problems very, very easily, and we have to be careful and delicate with how we handle this," Countries are now facing an additional threat —a long period of economic instability. unemployment during and after the Great Depression led to an increased incidence of heart disease. "Unless we act now to address the mental health needs associated with the pandemic, there will be enormous long-term consequences for families, communities and societies (WHO, COVID-19). The coronavirus disease 2019 (COVID-19) pandemic may be stressful for people. Fear and anxiety about a new disease and what could happen can be overwhelming and cause

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strong emotions in adults and children. Public health actions, such as social distancing, can make people feel isolated and lonely and can increase stress and anxiety. However, these actions are necessary to reduce the spread of COVID-19. **Coping with stress in a healthy way will make you, the people you care about, and your community stronger. (CDC 2019)**

COVID-19 pandemic is turning out to be a major stressor for most of humanity. Never has such an event affected so many individuals all across the globe. The initial focus is necessarily on the physical consequences of the infection. However, there is recognition that the significant psychological consequences emerging out of this catastrophe need to be addressed. These could be arising out of direct consequences of infection or of restrictive measures imposed to curtail the spread of infection or the socio-economic impact of the pandemic. COVID-19 pandemic has left in its wake an unprecedented challenge for mental health services across the world. With almost all affected, mental health service delivery to address the psychological consequences at the individual level has become near impossible.

The primary focus of mental health interventions in the immediate aftermath of COVID-19 is to ensure safety, reduce distress and secondary stressors, enhance coping skills and promote recovery.

Phobic anxiety, panic buying, and binge-watching television (which has been associated with mood disturbances, sleep disturbances, fatigability and impairment in self-regulation) have been reported, and social media exposure has been associated with increased odds of anxiety (odds ratio 1.72 [95% CI 1.31–2.26]) and combined depression with anxiety. **(Gao J,Zheng P,Jia Y et al.2020)**

For people with COVID-19, lack of contact with their families or loved ones during quarantine and hospital stays can produce psychological instability.

The current coronavirus 2019 (COVID-19) pandemic not only poses a large threat to the physical health of our population, if we fail to act now, it will also have detrimental long-term consequences for mental health. Though social distancing is a crucial intervention to slow down the destructive effects of the pandemic, it can lead to isolation, decreased physical activity, and increased rumination, which might particularly hurt those with pre-existing mental illness. **(Figueroa CA and Aguilera A 2020)** Some patients will need referral for formal mental health evaluation and care, while others may benefit from supportive interventions designed to promote wellness and enhance coping (such as psycho-education or cognitive behavioral techniques). In light of the widening economic crisis and numerous uncertainties surrounding this pandemic, suicidal ideation may emerge and necessitate immediate consultation with a mental health professional or referral for possible emergency psychiatric hospitalization.

Materials & methods

Study design & participants

A cross-sectional study design was adopted. Participants recruited in the study were 78 university employees who were participated in the sensitizing education programme on Coping during COVID-19 pandemics organized by their parental university. Obtained written consent from the participants, who were voluntarily willing to participate in the study.

Procedure

The survey was completed by participants before starting the education programme. Convenience sampling method was applied for data collection. Participants were administered the self instructed questionnaires for collecting data. The instruments are used are the Fear of COVID-19 Scale (**Daniel Kwasi, Chung-Ying Lin, Vida Imani, Mohsen Saffari, Mark D Griffiths, and Amir H Pakpour. (2020)** comprises seven items which are used assess the fear and anxiety on COVID-19 and Perceived Mental Healthcare needs during COVID-19 pandemic scale **(Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020)** was having four questions related to assess the perceived mental healthcare needs during COVID-19. Participants were given the 30 minutes to fill the responses against questions, individualized questionnaires given for collecting data. No financial incentive was provided to the participants and anonymity was maintained to ensure the confidentiality and reliability of data. Total 80 participants were given questionnaires to fill the responses among two participants responses were discarded because of incomplete responses, so total 78 participants response sheets were taken for study.

Measures

Socio-demographic information

Socio-demographic data of the respondents was obtained through both open and close ended questions involving their age, gender, religion, educational attainment, some of the questions related to facilities during COVID-19 pandemics total 14 questions sheet was given to participants to fill the responses.

Fear of COVID-19 scale

Participants were assessed their level of fear on COVID-19 by giving individualized questionnaires sheet to fill the responses, the scale was standardized and validated consists of seven questions related to assess the fearful responses of COVID-19.

Perceived mental healthcare needs during COVID-19:

Participants were assessed their perceived mental healthcare needs during COVID-19 by giving individualized questionnaires sheet to fill the responses, was having four questions related to assess the perceived mental healthcare needs during COVID-19 and the scale was standardized and validated.

Results

Socio-demographic variables

As illustrated in the table-1, total 78 participants were included in the study, the mean age of participants is 49.15 years [mean(SD)=49.15(6.82)], majority participants were males [62.7%] & female[33.3%], as qualification of the participants majority were qualified with post graduation [69.2%], [29.6%] graduation & only [3.8%] were below graduation.

Table 1: Demographic characteristics of the sample
N=78

Socio-demographic characteristics		Total	Percentage
Age	Mean (SD)	49.15 (6.82)	
Gender	-Male	52	62.7
	-Female	26	33.3
Education	-Below graduate	3	3.8
	-Graduate	21	26.9
	-PG course and above	54	69.2
Occupation	-Non teaching	42	53.8
	-Teaching	36	46.2
Traveling to Work place	-Own vehicle	65	80.3
	-Public transportation	13	16.7
Residence	-Green zone	19	24.4
	-Orange zone	53	67.9
	-Red zone	06	7.7
Suffering with chronic illness	-Yes	07	9.0
	-No	71	91.0
Hand washing facilities in work place	-Yes	74	94.9
	-No	04	5.1
Safe seating facilities in work place	-Yes	77	98.7
	-No	01	1.3
Direct contact with public in work place	-Yes	28	35.9
	-No	50	64.1
Time spent for COVID-19 information per day	-<1 hour	52	66.7
	-1 to 2 hours	21	26.9
	-> more than 2 hours	05	6.4
Recently visited COVID-19 risk zone	-Yes	02	2.6
	-No	76	97.4
Having vulnerable people at home	-Yes	17	21.8
	-No	61	78.2

Among 78 participants [53.8%] were in nonteaching working in administrative positions & [46.2%] were

teaching professionals. Participants travelling to work place, majorities were using [80.3%] own vehicle & [16.7%] only using public transport. As participants were residing in risk zones majorities were resided in orange zone [67.9%],[24.45%] green zone and only[7.7%] were residing in red zone. Participants suffering with chronic illnesses majority [91.0%] were not suffering with any type of chronic illnesses only[9.0%] suffering with chronic illnesses like hypertension, diabetes, cancers ect. As per the safe facilities available at working place majority [94.95%] were expressed they have hand washing facility & only[5.1%] expressed not having hand washing facility at working place, about safe seating facility majority [98.7%] marked that they have safe seating facility& only [1.3%] were marked to not having safe seating facility at working place. Direct contact with public in work place majority [64.1%] were responded no & [35.9%] were responds yes, they were directly expose to public. Regarding time spent for COVID-19 information per day majority [66.7%] were less than a an hour,[26.9%] were expressed 1 to 2 hours & only [6.4%] were expressed they were spent more than 2 hours per day. Participants recently visited COVID-19 risk zone expressed only [2.6%] visited & [97.4%] were not visited. Regarding participants having vulnerable people at home expressed [21.8%] having vulnerable people like children, elders and pregnant women ect. [78.2%] expressed no.

Fear of COVID-19

Participants expressed fearful reactions on covid-19 regarding illustrated in table-2, feeling uncomfortable when thinking of corona virus, majority expressed [56.4%] were felt rarely,[14.1%] often, [7.1%] were felt very often, remaining [21.8%] were not felt uncomfortable. Participants reports on most afraid of Covid-19, majority expressed [53.8%] rarely, [16.7%] often, [6.4%] very often, remaining [23.1%] expressed no afraid. Participants felt sweaty hands when think about covid-19, majority [78.2%] no, only [14.1%] felt rarely, [3.8%] often and [3.8] felt very often. Participants expresses that feeling of afraid to loosing life because of covid-19, majority expresses [79.9%] no, only [16.7%] felt rarely,& [3.8%] often. Participants were felt nervous and anxious by watching news and stories about covid-19 on social media reported that majority [48.7%] rarely, [7.1%] often & [6.4%] felt very often remaining [37.2%] expressed no. Participants expressed cannot get sleep due to worrying about getting covid-19, majority [87.25] reported no, only [10.3%] felt rarely & [2.6%] felt often. Participants expressed palpitations when think about getting covid-19, majority expressed [73.1%] no, only [20.5%] felt rarely,[5.1%] often & [1.3%] felt very often.

Table 2: Distribution of sample based on their fear of COVID 19 N=78

Items	Not at all		Rarely		Often		Very Often	
	F	%	F	%	F	%	F	%
I am most afraid of coronavirus-19	18	23.1	42	53.8	13	16.7	5	6.4
It makes me uncomfortable to think about coronavirus-19	17	21.8	44	56.4	11	14.1	06	7.1
My hands become sweaty when I think about coronavirus-19.	61	78.2	11	14.1	03	3.8	3	3.8
I am afraid of losing my life because of coronavirus-19.	62	79.5	13	16.7	3	3.8	0	0
When watching news and stories about coronavirus-19 on social media, I become nervous or anxious.	29	37.2	38	48.7	6	7.1	5	6.4
I cannot sleep because I'm worrying about getting coronavirus-19.	66	87.2	8	10.3	2	2.6	0	0
My heart races or palpitates when I think about getting coronavirus-19.	57	73.1	16	20.5	4	5.1	1	1.3

Perceived mental healthcare needs among participants during COVID-19 pandemic

Participants expressed the need of mental health care during covid-19 pandemic regarding illustrated in the table-3, majority [97.4%] expressed it would be beneficial, if mental health professionals help people in dealing with the current COVID19 pandemic situation, [94.9 %] reported and suggested that people who are affected with covid-19 must obtain the help from mental health professionals, [84.6%] felt that necessary to get mental health help if one panics in lieu of the pandemic situation and [73.1] reports that it would be nice to talk to someone about your worries for the COVID 19 viral epidemics.

Table 3: Perceived mental healthcare needs among participants during COVID-19 pandemic N=78

Items	Yes		No	
	F	%	F	%
Do you think it would be nice to talk to someone about your worries for the COVID 19 viral epidemics?	57	73.1	21	26.9
Do you think it is necessary to get mental health help if one panics in lieu of the Pandemic situation?	66	84.6	12	15.4
Do you think it would be beneficial if mental health professionals help people in dealing with the current COVID19 pandemic situation?	76	97.4	2	2.6
Will you suggest people for obtaining mental health help to people who are highly affected by the COVID19 pandemic?	74	94.9	4	5.1

Discussion

Public health emergencies may affect the health, safety, and well-being of both individuals (causing, for example, insecurity, confusion, emotional isolation, and stigma) and communities (owing to economic loss, work and school closures, inadequate resources for medical response, and deficient distribution of necessities). These

effects may translate into a range of emotional reactions (such as distress or psychiatric conditions), unhealthy behaviors (such as excessive substance use), and noncompliance with public health directives (such as home confinement and vaccination) in people who contract the disease and in the general population. The present descriptive study assessed the mental health needs in the view of assessing the fear of COVID-19, and perceived needs of mental health services during COVID-19 pandemics' among selected employees of university. The results evidenced that majority expressed uncomfortable when thinking of corona infection [56.4%] and expressed fear on getting infection [53.8%]. And also majority accepted perceived need for mental health professional support during COVID-19 pandemics' [97.4%] & majority expressed [94.9 %] and suggested that people who are affected with covid-19 must obtain the help from mental health professionals, [84.6%] felt that necessary to get mental health help if one panics in lieu of the pandemic situation and [73.1] reports that it would be nice to talk to someone about your worries for the COVID 19 viral epidemics. The study results were supported with earlier studies, revealed a high prevalence of sleep disorders, anxiety, and depressive symptoms in the Moroccan population during the COVID-19 lockdown period. Moreover, false beliefs on sleep understanding were prevalent and were presenting a risk factor leading to sleep disorders, anxiety, and depressive symptoms. (Janati Idrissi A, et al. 2020).

The perceived mental healthcare need was seen in more than 80 % of participants. There is a need to intensify the awareness and address the mental health issues of people during this COVID-19 pandemic. (Roy, Deblina et al.2020) The pandemic is increasing demand for mental health services. Bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. Many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety. Meanwhile, COVID-19 itself can lead to neurological and mental complications, such as delirium,

agitation, and stroke. People with pre-existing mental, neurological or substance use disorders are also more vulnerable to SARS-CoV-2 infection, they may stand a higher risk of severe outcomes and even death. "COVID-19 has interrupted essential mental health services around the world just when they're needed most. (WHO, COVID-19)

Some groups may be more vulnerable than others to the psychosocial effects of pandemics. In particular, people who contract the disease, those at heightened risk for it (including the elderly, people with compromised immune function, and those living or receiving care in congregate settings), and people with preexisting medical, psychiatric, or substance use problems are at increased risk for adverse psychosocial outcomes. Prevention efforts such as screening for mental health problems, psycho-education, and psychosocial support should focus on these and other groups at risk for adverse psychosocial outcomes. Some patients will need referral for formal mental health evaluation and care, while others may benefit from supportive interventions designed to promote wellness and enhance coping (such as psycho-education or cognitive behavioural techniques).

Given that most Covid-19 cases will be identified and treated in health care settings by workers with little to no mental health training, it is imperative that assessment and intervention for psychosocial concerns be administered in those settings. Ideally, the integration of mental health considerations into Covid-19 care will be addressed at the organizational level through state and local planning; mechanisms for identifying, referring, and treating severe psychosocial consequences; and ensuring the capacity for consulting with specialists. (Pfefferbaum Betty, North, Carol S. 2020)

Individuals with pre-existent mental health conditions are a vulnerable group of people and are even more so during the COVID-19 pandemic due to the nature of their illness, life circumstances and their requirements for mental health support services. (Louise Murphy, Kathleen Markey, Claire O Donnell, Mairead Moloney, Owen Doody.2021)

Conclusion & Recommendations

The Covid-19 pandemic has alarming implications for individual and collective health and emotional and social functioning. In addition to providing medical care, already stretched health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients, health care providers, and the public activities that should be integrated into general pandemic health care. The result recommends that psychosocial services, which are increasingly delivered in primary care settings, are being offered by means of telemedicine. In the context of

Covid-19, psychosocial assessment and monitoring should include queries about Covid-19-related stressors (such as exposures to infected sources, infected family members, loss of loved ones, and physical distancing), secondary adversities (economic loss, for example), psychosocial effects (such as depression, anxiety, psychosomatic preoccupations, insomnia, increased substance use, and domestic violence), and indicators of vulnerability (such as preexisting physical or psychological conditions).

Declaration of interests

No conflicts of interest were declared.

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