ONLINE FEATURE

Pandemic One Year Later: A Reflection on the Current and Impending Mental Health Crises

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Key Points

- The SARS-CoV-2 pandemic has become a triggering event to increased levels of psychological distress across the general population.
- A demographic of people that have felt their future spiral out of control are the youth, adolescents, and young college students all over the world. Roughly 91% of the world's student population has been negatively affected.
- Of significant concern among the world's adult population is the impact the pandemic has on our diet and exercise habits, and how this interacts with mental health outcomes.
- Compared to the general population, healthcare workers have double the risk of impaired mental health, with two in five healthcare workers challenged by some form of psychological distress.
- The population that is most at risk of contracting a life-threatening form of the virus is the elderly. And yet, by encouraging isolation and 'cocooning', the elderly have reported significantly higher levels of anxiety and hopelessness in comparison to those under 65.
- Now is not time to continue to turn a blind eye to the issues that cause so much underlying grief. By being aware, listening and advocating, the future of mental health medicine in a post-pandemic world will hopefully be brighter.

Key Words: COVID-19, Pandemic, Mental health, Reflection

Introduction

As we continue to learn more about the long-term physical toll of COVID-19 infection on an individual's physical health, a new and more disturbing pandemic is beginning to emerge. This is the current and impending mental health crises facing our society in a post-social distanced, isolated world. The SARS-COV-2 pandemic has become a triggering event to increased levels of psychological distress across the general population. Due to the combined effects of COVID-19 infection and associated lockdowns, the overall mental wellbeing of the general population shifted significantly.

From the onset of the pandemic, psychological distress has been present. It was not long ago when images appeared through our social media of panicked shoppers buying toilet paper and essential supplies in bulk. The uncertainty of the future was playing palpable and playing out in real time. Within weeks people experienced loss of the world, we once knew. Lockdowns were enforced, travel limits were implemented, and people were told to stay home. This dramatic change in lifestyle culminated in responses of mental distress. Common responses reported by participants (n=20,000) of an online survey were depressive symptoms (41%), avoidant behaviour (39%) and stress (27%)¹.

A year after the 'hysterical' panic buying videos appeared, COVID-19 is by no means over. COVID-19 is by no means over. Despite the positive news of multiple vaccine types and a rollout of vaccination programs, we will be living with SARS-CoV-2 for a long time. We have adapted to this "locked down" way of life. Restrictions seem normal, online school seems normal, wearing a mask outside seems normal, socially distancing seems normal—but it is not. The acute signs of psychological distress are apparent. But the chronic signs of psychological distress caused by isolation, restrictions, social distancing, and lockdowns are not as evident. Unlike many physical conditions, mental health ailments are not easily observed and can be masked by individuals when in public.

In the relatively short period that we have lived with COVID-19, numerous studies, reviews, and opinion pieces have been published in peer-reviewed journals, news outlets, and blogs on the speculated and evident effects COVID-19 is having on the general public. In a review published in the Irish Medical Journal, Dr. Brendan Kelly² of the department of psychiatry at Trinity College Dublin draws our attention to the prevalence of mental health distress in the pandemic. In a longitudinal study of over 1200 participants, across 194 cities in China, researchers found a significant increase in psychological distress³. This distress was quantified as 54% of participants having moderate to severe symptoms of distress, and nearly a quarter reporting moderate to severe depressive and anxious symptoms. These findings were replicated in a study run by Maynooth University and Trinity College⁴. Of 1000 respondents to the online questionnaire, 41% reported feeling lonely, 23% reported clinically meaningful depression, 20% reported clinically meaningful anxiety and 18% reported clinically meaningful post-traumatic stress⁵. These findings are not just isolated to "feelings" or subjective reporting. In a survey of 195

psychiatrists by the College of Psychiatrists of Ireland, it was reported that the majority of psychologists reported a 79% increase in referrals for generalised anxiety, and over 50% for depression and panic⁶.

Unfortunately, due to the continuous cycle of lockdowns and restrictions placed on society to mitigate the risk of uncontrolled COVID-19 transmission, different cohorts of people have been exposed to various stressors. Regardless of how these stressors are handled by an individual, they do increase the risk of deteriorating mental health. As healthcare professionals in training, it is important that we are aware of and advocate for our own mental health and those around us.

Youth and Students

A demographic of people that have felt their future spiral out of control are the youth, adolescents, and young college students all over the world. Over the course of two school years, children across the world have had their education continually interrupted by school closures, online learning, and extended periods of time at home.

In light of this, there is significant concern among educators, psychologists and paediatric healthcare professionals regarding the impact the pandemic has had and will continue to have on youth. Children are still underdoing key developmental milestones as they acquire new skills and abilities when they interact with their peers, educators and the environment around them. A loss of these key interactions and forward progression could pose significant challenges for children in the months and years to come following the pandemic in the fields of education, employment and mental health⁷. Much of these findings are still unknown which should only heighten the need for action.

An area of life that has affected children, adolescents and young adults alike is education. Much of pre-lockdown learning for school children and adolescents involved faceto-face interaction with their mentors and peer groups. These social interactions have proven critical for not only knowledge acquisition but reaching key development stages. At school children are exposed to physical and cognitive tasks, encouraged to problem solve, as well as socialise and interact with peers and the world around them. However, due to enforced lockdowns and the closure of educational centres, roughly 91% of the world's student population has been negatively affected⁸. This home confinement and the initiation of "Zoom University", has been associated with students' feelings of uncertainty and anxiety due to the disruption in their education, physical activities, and opportunities for socialisation⁹.

And yet, given the current circumstances, it is controversial to suggest other ways to manage COVID-19 infection. However, there is pressure on policy makers to explore less disruptive social distancing strategies in terms of school functioning^{8,10}. This is in light of online learning being tiresome and arguably subpar in comparison to in person teaching, as well as lacking educational rigor when it comes to assessments and examinations^{8,10}.

Adults

Of significant concern among the world's adult population is the impact the pandemic has on our lifestyle and how this interacts with mental health outcomes. Flanagan et al.¹¹ highlighted this when comparing health behaviours before and during the COVID-19 pandemic. This online survey collected information

on dietary behaviours, physical activity, and mental health. Results of 7,000 participants were included and found overall scores for healthy eating to have increased across participants. This observation is hypothesised as being a result of eating out less and more time to plan meals at home. However, sedentary behaviours increased, and time spent in physical activity declined. This correlated with statistically significant weight gain in over a quarter of the participants. Those with obesity had a higher prevalence of weight gain than those of normal and overweight BMIs. Results concerning mental health found an increase in reported anxiety, which was significantly greater in people with obesity. These results highlight a critical association between lifestyle behaviours and mental health throughout the pandemic. The "quarantine fifteen" is not just a nuisance, but a genuine side effect of the peril we have put our bodies in-both physically and mentally during this period. As we begin to emerge from the pandemic, or learn to live while incorporating some normality, we need to advocate for positive lifestyle adjustments to correct some of the damage that has been done.

Healthcare Workers

Individuals who find themselves working on the frontline are at increased risks of burnout and distress. On a global level, reports have shown up to 86% of healthcare workers reported feelings of stress with the changes to their career and transmission of the virus¹². In China, a study of 1,257 hospital workers from January to February 2020 found high levels of distress and symptoms of depression in over half the workers¹³. Furthermore, over a third experienced anxiety and insomnia. Compared to the general population, healthcare workers have double the risk of impaired mental health, with two in five healthcare workers challenged by some form of psychological distress (i.e. depression, anxiety, and burnout). Lai et al.13 found three risk factors for poor mental health outcomes; 1) sex-females being more susceptible, 2) nurses at greater risk compared to other healthcare professionals, and 3) those serving in ICU departments.

As medical students embarking on our careers as doctors, it is distressing to see our mentors and future colleagues in turmoil. It is imperative that we recognize the challenges that they are facing and anticipate these for ourselves. It is important that we prioritise our mental health and well-being now and learn effective coping skills before undertaking a career of great importance.

Elderly

The population that is most at risk of contracting a lifethreatening form of the virus is the elderly. The global mortality rate of approximately 3-4% for healthy adults, for the elderly the rate is three times higher¹⁴. Accordingly, from the beginning of lockdowns and re-openings, the elderly was encouraged to isolate and "cocoon" from the outside world. This altruistic concern in protecting those most at-risk, this practice has led to a marginalisation of a vulnerable group of people. The consequence of these efforts has led to the elderly reporting significantly higher levels of anxiety and hopelessness in comparison to those under 65¹⁴. This increases the risk of developing neuropsychological disorders, as well as exacerbating pre-existing conditions of all forms¹⁴.

Of particular concern are psychiatric disorders. Roughly 20% of the world's population over 60 years lives with a

psychiatric disorder or neurological disease, with major depressive disorder among the most prevalent¹⁵. Although social distancing is an essential practice, it does promote feelings of loneliness, which increases one's risk of worsening severity and acquisition of a psychiatric disorder across all age groups. However, due to the natural aging process compounded with deteriorating cognitive function, the elderly is the most vulnerable to this risk.

Santini et al.¹⁶ highlight this social disconnection as a key catalyst for the negative cognitive spiral of thinking seen in mental distress. This spiral, as it worsens, may initiate the development of depression and anxiety. As this negative cycle occurs with social isolation, the individual becomes trapped in a box—with very little community or supports. This is not isolated to just the elderly; however, they do make up the most exposed population, especially those who live alone. It can also be made worse for those living with a chronic disease, and many of these conditions are prevalent in the elderly. Conversely, these conditions on their own increase the risk of depression and anxiety^{17,18}.

Concluding Remarks

Being social is inherent to humanity and our evolution as a species. Given the large body of evidence of psychological and emotional distress amidst the pandemic it is no surprise that human beings long for connection, relationship, and community. This longing is why we will endure hours of virtual meetings, online social gatherings, and "Zoom University" just to feel some sense of normalcy. Small acts of kindness brought communities together amidst isolation and encouraged our mental health in positive ways. In light of such acts, it is clear that humans care deeply for one another and continue to advocate for each other's circumstances and health. The pandemic has shed light on mental health advocacy-an issue that has been long-overlooked in our society. But now, may be more than ever, is not time to continue to turn a blind eye to the issues that case so much underlying grief. By being aware, listening and advocating, the future of mental health medicine in a post-pandemic world will hopefully be brighter.

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