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Consequences of the covid-19 pandemic on the mental health of the population

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Abstract

The COVID-19 pandemic has produced many changes worldwide in terms of the response of institutions (e.g., governments, WHO) to reduce the transmission of the virus and its fatal effects. The mental health of the population during the pandemic was a somewhat secondary dimension, becoming especially visible during this period of the pandemic's retreat. Therefore, psychoeducation of the population for crisis situations is necessary, how to deal with stress in situations with high, unavoidable social pressure. Social restrictions, isolation, had negative consequences on people's well-being. In the case of most mental disorders already present, the intensity of symptoms has increased, as have phenomena such as domestic violence, the divorce rate. Lack of physical activity and increased stress led to various somatizations. People who had pre-existing symptoms of mental disorders developed them more during the pandemic. The need to socialize was counterbalanced by the fear that the "other" was infected, the suspicion was increased by mediating some data on the evolution of the spread of the virus. Basically, people were facing one of the most profound experiences of existence: the fear of death. These aspects show how necessary mental health strategies are in their implementation during periods of crisis such as COVID-19 and beyond.

Keywords: Crisis situations, mental health, COVID-19, psychological intervention, strategies

1. Introduction

The Covid-19 pandemic is coming to an end, but the period that humanity went through for more than two years changed the way we were used to living in conditions of a quality of life different from the place on the globe where we live. The emergence of this virus with potentially fatal effects has sent the world back in time to historical periods when people were fighting epidemics or pandemics. We used to read these things in history books or see them in documentaries. Many of us were taken by surprise, we didn't know much about the Covid-19 virus



at first, we suddenly went into quarantine and everything changed overnight. Our interactions became mostly digital, we started working from home, we spent more time with family members than we used to do inside our homes. A world crisis situation had begun to manifest itself in front of which even governments or specialized organizations did not know how to position themselves.

2. Psychosocial manifestations of people in the crisis triggered by the emergence of the Covid-19 virus

Governments had to take measures in an unforeseen crisis situation, but people were not used to such situations, so they received these measures with reluctance, fear or unconditional adoption. Protection against infection through hygiene, social distancing, wearing a mask, informing the population about identifying the specific symptoms of the disease, have spread quite quickly worldwide. Not only truthful information was spread, misinformation, vulnerability characterized as fear of being infected, individual personality traits, these factors influenced how people became compliant in the face of the restrictive measures announced by the authorities (Vally, 2021). Those who believed in conspiracy theories were resistant in following recommendations given by governments or public health organizations. Of course, beliefs in conspiracy theories regarding the emergence of the Covid-19 virus and disinformation through virtual means of communication such as social networks were associated, influencing and sustaining each other. People who spend a lot of time getting information from virtual space sources or those who are exposed with a high frequency to such a way of information, as well as those who have a low information filtering capacity and low self-control, have a strong tendency to distribute information from questionable sources. These people have a low efficiency of cognitive processing of information, as such an inhibition of the desire for authentic knowledge, of checking the facts or ideas that are accessible to them, being driven by impulses, not having much conscious control over their actions. Internet addiction is also correlated with time spent on social media where information is sourced.

Beliefs in conspiracy theories make people less compliant with rules to prevent or spread the virus, however, they have a significant risk perception, which may lead them to act in order to preserve their own interests. The fear of contamination, of death in the case of infection with the virus are also present in the case of this social category. Conspiracy theorists are resistant to anything coming from the government or specific agencies for fear of losing control over their decisions and actions. An adequate perception of the risk of being infected leads to the adoption of public measures without great reservations on the part of the general population. Those with pronounced agreeableness and social consciousness personality dimensions, show compassion towards fellow human beings, are responsible in carrying out their social missions, even if this involves some personal costs. Those with narcissistic and antisocial tendencies also tend to act in their own self-interest, viewing themselves as significantly more important and valuable compared to the rest. Food or drug hoarding behaviors are indicators of these personality types, which maximize individual interest and minimize public interest.

In the 1950s, The Health Belief Model was developed in the United States of America with the aim of explaining the failure of people to adopt effective strategies for healthy behavior in the



early stages of disease manifestation or, later, patients responses to symptoms and medical treatments (LaMorte, 2022). The model measures effectiveness in performing a behavior based on perceptions such as susceptibility to illness, severity of perceived illness, actions to treat and obstacles that may block them, cues that may lead to a decision to accept a behavior to maintain health. In this last situation, the belief in conspiracy theories becomes a bias in the adoption of protective measures against infection with COVID-19 when the information that supports this belief is transmitted in the virtual environment, where the cognitive processing and filtering capacity is altered. We also have to consider the limits of this model when we refer to individual beliefs regarding the possibility of contracting a disease, habitual, socially accepted behaviors that are not healthy (e.g. alcohol consumption or smoking), economic factors, as well as everyone's access to truthful information regarding the adoption of behaviors in accordance with public health strategies.

Tolerance of uncertainty also plays a role in the manifestation of prevention and treatment behaviors. In crisis situations such as the emergence of the COVID-19 virus and its variants, we tend to react according to some frames or mental schemes that are psychological biases, ways of thinking by referring to past situations, a kind of mental survival strategies if we can call them thus (Gordon, 2020). Confusion and indecision, even fear, can be maintained by such psychological biases in a de facto "normal" state during a global health crisis. Catastrophic thinking in terms of worst-case scenarios is not compatible with decision-making, focusing on the results of the pandemic presented as a rule in the form of statistical data is freezing the process of deciding and acting. Massive media coverage of the spread of the virus shapes the public's responses to the threat, how we understand the situation or how we behave, and how we imagine the public health crisis.

3. Existing and pre-existing trends in psychological distress during and after the pandemic

The psychosocial impact of the pandemic on the general population has prompted the implementation of public health strategies focused on behavioral and mental health interventions given the high levels of stress and anxiety, including substance use, with hotlines in the United States being heavily used for this purpose (Otu et al., 2020). These phenomena could not be related only to the duration of the pandemic, that is why hypotheses appeared regarding the psychological effects that will exist in the long term within the population. Social distancing, isolation, confusing information and full of unknowns, were also some clues of how the social environment will be marked in the post-pandemic period. Fear and anxiety, even if they could not be observed in their actual dimensions, were concentrated in the central core of psychic vulnerability in those moments. The limitation of normal human interactions created chaos starting from the fear of infection to the suffering of those who had relatives hospitalized following infection with the COVID-19 virus and whom they could no longer visit. The tension was also manifested at the level of social communities through the appearance of protests challenging the measures taken by governments, the limitation of freedom of choice regarding vaccination or movement outside the homes. Another



social consequence was the fear of losing jobs. Families were spending more time together in their homes than usual, so child abuse and domestic violence were also on the rise.

The World Health Organization informs about the fact that isolation, quarantine produce psychological effects such as increasing anxiety, intensifying depressive symptoms or increasing substance consumption. Some symptoms in this category may have existed before in an attenuated form. Vulnerable categories, women and children in particular, could not escape abusers due to the new social restrictions. At a general level, it was considered that there are tendencies to develop psychological conditions such as generalized anxiety or obsessive-compulsive disorder. In some situations, children's emotional development has been disrupted due to their separation from parents or relatives. The recommendation was that hospitalized adults maintain contact with children during hospitalization by phone or other means of remote communication. In other dramatic situations, children who lost their parents needed a supportive environment, counseling or psychotherapy in order to express their emotions of fear and sadness following the trauma they suffered. A continuously exposed category were the employees of the public health systems who exercised their profession in stressful environments, being constantly subject to a high risk of infection (Kumar et al., 2021).

Certain predisposing factors, existing even before the start of the pandemic, contributed to the way stress tolerance, coping mechanisms, and the intensification of disorders such as anxiety or depression manifested themselves. Somatization is a coping mechanism to deal with extreme stress, and this was manifested during the pandemic, when COVID-19 was primarily a medical illness with negative psychological consequences. In these conditions of increased psychological stress, somatization includes symptoms: persistent headache, nausea, gastrointestinal discomfort (Wankhade et al., 2022). The occurrence of these somatic symptoms in an intense way is determined by a number of factors: poor parental care of children in families, biological and genetic, demographic, intellectual and learning disabilities, depression, anxiety. The intense psychological stress manifested by a part of the population during the pandemic was determined by the distance from those significant to them, the lack of physical activities, the loss or decrease of income, loneliness. Psychologically caused somatization includes physical symptoms such as fatigue, dizziness, general malaise more or less localized in the body, abdominal discomfort, which cannot be explained by medical analyses. In patients with COVID-19, stress, anxiety, somatization increased in intensity, is indicating the experience of dealing with a serious illness. The existence of chronic fatigue before the pandemic may have been associated with chronic depression during the pandemic.

Considering the consequences of COVID-19 on the population, the Inter-Agency Standing Committee (IASC) launched an informative note through which, starting from the general definition of mental health and psychosocial support, it described the psychological symptoms of the population in the fight against the pandemic and directions for interventions (IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, 2020). During the epidemic, stress and worries increased among the population, among the specific stressors associated with COVID-19: the risk of being infected, specific symptoms and other diseases (e.g. fever) were attributed to COVID-19, the heightened concern of caregivers regarding children left



alone at home, the perception of the risk of physical and mental health deterioration. In this regard, the specialists had a series of advice for parents faced with a situation that they could not manage or managed with difficulty; the recommendations aimed for parents to inform children about COVID-19, to have established a daily schedule for children, to allow children to experience their emotions (e.g. sadness, frustration), to talk with children about what they think about COVID-19, to leave room for fun with them, to monitor their own concern that may affect children (Rich, 2021). Healthcare workers were exposed to additional stressors: stigmatization due to proximity to patients in the work environment, longer hours spent at work affecting the ability to provide social support, insufficient information on the consequences of prolonged exposure to the work environment with infected patients, fear of transmitting the virus to family or friends.

These negative psychological consequences can have long-term effects on the population, especially on families and vulnerable individuals: damage to social relationships, rejection of those infected, intense display of anger and aggression towards governments and public health workers, high domestic violence, mistrust of information received from governments and other authorities, inability or avoidance of those with pre-existing mental disorders to seek public health services. IASC has drawn several lines of interventions to support the mental and psychosocial health of the public, some of which are addressed to vulnerable social categories - the elderly, people with disabilities, others for adults and children.

The lack of mental health workers to intervene in crisis situations is a problem, given that those working in the public health system cannot detect, or can hardly detect, the negative psychological symptoms that patients have. Since health care workers cannot conduct diagnostic interviews in crisis situations, it is useful to administer short questionnaires, including in digital form, to detect the presence or absence of psychological symptoms. Even if the acute stress during the pandemic can be alleviated with its end, major depressive disorder, post traumatic stress disorder, generalized anxiety can appear or intensify, following the loss of significant people or traumatic events suffered (Taylor, 2019).

The Red Cross from USA launched an online course for providing psychological first aid to others, but also to have an intervention tool in self-management during a difficult period (American Red Cross, 2020). In 2021, the Romanian Ministry of Health implemented a telephone line for a psychological support program with the voluntary involvement of psychotherapists, the services being free also for workers in the public health system (Ministry of Health press release, 2021). Such distance learning and information services proved useful during the health crisis because they could be accessed by anyone with an internet or telephone connection. Unfortunately, as we know, in some areas of our country such technological connections are poorly implemented or non-existent.

Conclusions

The COVID-19 pandemic is almost over and it seems as if it never happened. Although the general public considered the medical side of the disease at its peak in its spread, some national and international agencies, even governments, began to pay attention to the link between physical and mental health in the management of social and health crises triggered by emergence of the new



influenza virus. As mental health professionals we must take into account the psychological consequences that the pandemic has left behind, because some of them are still manifesting or have the potential to manifest in the future. What we can learn from the COVID-19 pandemic in the future, is that psychological interventions must take place in the first phases of a crisis situation to be effective as much as possible, to contribute significantly to the management of the crisis as a whole. People can cope more easily with a public health crisis if they place more importance on how they inform themselves, how they keep in touch with those significant to them, how quickly they call on a mental health specialist when they notice or become aware of increased levels of stress, anxiety. Last but not least, employees in the public health system can benefit from psychological counseling or psychotherapy.

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