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Prevalence and Management of Mood Disorders during Covid-19: A Systematic Review

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Abstract:
Covid-19 brought a number of challenges in front of the people. The situation was highly ambiguous. The people were highly anxious as what was going to happen with them. Due to social distancing, there was less interaction among people therefore it was leading to the problem of loneliness. Passing the time in confine space was the challenge. There were more cases of anxiety and depression. The risk factors for suicide increased. As compare to administrative staff, treatment staff experienced high levels of anxiety, depression and fear. Those who were on medication they could not get the medication therefore their symptoms increased. Those who were on therapy the therapy was either discontinued or shifted to telephonic mode. The education should be provided to the persons with serious mental health conditions about the ways how to stay healthy during the covid-19. This difficult situation created the opportunity for the people to talk about mental health issues and hence awareness among masses increased. The need for more mental health professionals was realized.

Keywords: *Depression, Anxiety, Covid, coping*

In 21st century increasing numbers of global case are the important event for health aspect. As a result of continuous updates from health authorities the people are under high level of stress. Moreover, the level of anxiety across the viewers amplified because of the wide coverage from mass media about the impact of pandemic (Dantzer, Cohen, Russo & Dinan, 2018); Li, Yang, Qiu, Wang, Jian and Ji, et al., 2020). There is increase in individual perception of threat and worry when meet stressful factors such as fear of infection, prolonged confinement, boredom, frustration, lack of contact with other persons outside of those with whom one lives, insufficient information, financial loss and lack of personal space in the home (Brooks, Webster, Smith, Woodland, Wessely & Greenberg, et al. 2020). During pandemic period a mental health condition emerged which was considered as COVID Stress Syndrome (CSS) (Asmundson and Taylor, 2020). The Covid Stress Syndrome included fear due to contamination, perceptions of dangerousness, fear of stranger, maladaptive coping, some symptoms related to traumatic stress, checking/reassurance and to avoidance behaviour with respect to covid (Asmundson and Taylor, 2020). Anxiety has been expected in response to COVID-19 in Wuhan. There was high level of anxiety in the community as a result of outbreaks of disease, an escalating number of new cases, increased media communications and rising reports of deaths (Rubin and Wessely, 2020). In one of the studies Wang et al. (2020a) found that significantly greater psychological impact of the pandemic was experienced by students, females and those with specific physical symptoms like dizziness, myalgia and coryza. They reported higher levels stress, depression and anxiety. (Lu, Wang, Lin and Li, 2020). It was evident from many studies that as compare to administrative staff, treatment staff experienced high levels of anxiety, depression and fear. The treatment staff was in direct touch with COVID-19 patients. Mood characteristics and personality factors are considered as significant risk factors which directly influence evolution of health anxiety (Zhang, Zhao and Mao, et al, 2014).

At the time of Covid-19 in general population the occurrence of stress, depression and anxiety were seen in a meta-analysis and systematic reviews. It revealed that 33.7% had depression, 31.9% anxiety and 29.6% of participants had stress (Salari, Hosseinian-Far, Jalali, Vaisi-Raygani, Rasoulpoor and Mohammadi, et al., 2020). In a study in June 2020, the Centers for Disease Control and Prevention, 2020) also found that 11% had committed suicide in the last month, 26% percent had symptoms of trauma or stress or similar disorder or trauma and 31% of younger population in the United States experienced symptoms of depression or anxiety. In pandemic period, there is high probability that an adult women age ranging from sixteen to twenty-four undergone a decrease in psychological issues in developed countries (Banks, 2020). The concerns related to about Covid-19, symptoms and reactions to the pandemic across 9009 accomplished surveys spread over social media were analyzed by Nelson et al (2020). The study revealed that 48.8% of the total population were isolating themselves maximum time to avoid Covid-19 and 67.3% individuals were highly bothered about Covid-19. Rogers et al., (2020) performed a meta-analysis of 65 independent studies and concluded that there were many persons who had been infected but recovered from a high level of coronavirus infection involving Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). Such individuals were highly prone to issues of mental health in the longer-term involving anxiety, depression, post-traumatic stress disorder (PTSD) and fatigue. These patients rarely experienced similar symptoms even after being discharged from hospital. The neuropsychiatric expressions in 22.5% of more than 40,000 individuals who had Covid-19 was reported by Nalleballe et al(2020); which included disorders of mood, anxiety, seizures, encephalopathy and stroke. In study sample, it has been estimated that the disorder of mood disorders was prevalent in 3.8 percent population. In Indian population also depression, anxiety and stress were prevalent during the lockdown. In total, 25%, 28% and 11.6% of the participants were moderate to extremely severely depressed, anxious and stressed, respectively (Verma & Mishra, 2020).

Individuals in general population with mood disorders may be at higher risk (and vice versa) for COVID-19 because of numerous factors known to increase the risk of mental illness (Xiong, Lipsitz and Nasri, et al, 2020). The people from learning corrective information about handling their fears may be prevented by experiencing emotion dysregulation (Raudales et al., (2020), which usually lead to more Covid-19 distress. Emotion regulation is described as “the ability to observe, experience, evaluate and change emotional responses”. Emotion regulation includes internal processes which take place within the individual himself/herself and the external processes which involves others in the interpersonal environment that are accountable for achieving the goal (Thompson 1994). It is one of the core factors that would influence the degree to which the challenges of the pandemic negatively affect health and well-being of the individual. It is comprised of the unconscious or conscious efforts to make any change in experience, expression, magnitude and duration of emotions (Gross, 1998). The issues emotion among adolescents and children were increased during the Covid-19 pandemic as has been mentioned in the report of United Nations on May 13th, 2020. These emotional problems are primarily caused by social isolation, family stress, disturbance in educational activity and school, and uncertainty for the future which took place in crucial period of their emotional development (United Nations, 2020). The thought of accusing oneself that he/she has experienced is considered as self-blame; thinking about thoughts and feelings in relation to traumatic events is considered as rumination; catastrophize means to give more than required importance to the fear of experiences; accusing others for one’s own faults is referred as blaming; acceptance is to accept whatever you have experienced; positively refocus is to visualize enjoyable and happy contents rather than anxiety provoking events; refocusing on planning is to adopt practical strategies to bring the solution of something wrong which has happened; positive reappraisal means looking at the positive aspect of the stressful events for better growth and to put into perspective is to minimizing the seriousness of the traumatic event (Garnefski, Kraaij & Spinhoven, 2001).

Psychological resources of larger population are expected to be exhausted in adapting to changes in such a complex long-lasting emergency. They will not be able to adjust to the many problems in connection with the covid-19. It is evident from the studies that there are many poor physical and mental health consequences as an outcome of social-distancing (Morina, Kip, Hoppen, Priebe and Meyer, 2021). At community-based adult sample of United States a study was done which revealed findings similar with other researches concerned with enhancing loneliness and anxiety related with the orders of to be-at-home. but in terms of daily life, it generated contrary results with regards to the relationship between impact of pandemic and loneliness (Tull et al., 2020). There are five studies which has revealed a positive relationship between COVID-specific distress and changes in drinking. Moreover, in one study this relationship was explained by coping motives of the people (McPhee et al., 2020). There was high level of stress in classroom teaching because the teaching has been started in online mode due to Covid-19. The teachers had low familiarity and they were not prepared to teach through online mode (Kaden, 2020). Such population has underestimated the chances of catching the infection. Women look more serious and susceptible towards the infection than men. According to (Roberto et al., 2020) Individuals who are infected with Covid-19 may be held responsible catching infection and held accountable of low-compliance with state or federal mandates and recommendations.

1. Intervention Strategies

The intervention strategies are made more effective if early identification of the disease occurs in the beginning of any psychological illness. The psychological changes take place in citizen and medical workers due to health crises of COVID-19 pandemic. These changes in mental health are activated by anxiety, fear, insecurities and depression (Zhang, Zeng, Zhang, Du and Jiang, et al., 2020). During the global health crisis of pandemic, the World Health Organization (2020b) too has suggested certain strategies to develop required skills in global population to stay mentally healthy. In summary, the WHO recommended people to stay calm, involve in daily meaningful activities, engage in hobbies and be in touch through social media. Moreover, in case of high level of fear/anxiety talking to friends or counsellors, doing physical exercises and not to adopt negative coping methods such as drug/ alcohol to cope with mental health issues also helpful.

For the efficacy of the newly developed format, trainees and supervisors must first maintain general competence in evaluating and managing suicide risk through ongoing review of the current literature in relation to prevention of suicide. Such novel approaches to treatment can enhance confidence about managing client safety concerns among professionals (Clay, 2020). Hospitals in China during COVID-19 pandemic set up various psychological strategies for staff such as providing individual and group psychological interventions, starting online courses to handle psychological problems and providing psychological help through telephone (Chen et al., 2020). The empathic and mindful employed husband and wife enjoy more positive working and family experiences as has been found in a study conducted by Chen, Allen, and Hou (2020) on multi-wave data collected from over 100 matched dual-career spouses. There are many benefits of telemedicine which have been reported by the patients such as flexible way of scheduling the appointments, decreased time and financial burden related with transportation. In addition to that there was better treatment compliance due to lesser number of travel-related barriers (Rosic et al., 2020). In their research, Muñoz-Navarro et al. (2021) concluded that emotional regulation techniques improved anxiety symptoms and Covid-related worries. Results showed that the anxiety was decreased because of adaptive emotion regulation strategies. Further, there was emergence of poor mental health because faulty emotion regulation techniques mediated the relationship between Covid-related anxiety and worry. Further, Chen & Bonanno, 2020) suggested that the education should be provided to the individual with severe mental illness about methods how to keep healthy during the covid-19. They should also respond accordingly to health challenges when they occurred.

2. Conclusion

Thus, Covid-19 was extremely challenging period for the patients who were already under the treatment for any mood disorder. Due to fear of catching infection and maintaining the covid protocol the treatment compliance had become very difficult. Moreover, due to high level of ambiguity the people were highly anxious therefore the depressive symptoms, anxiety and stress could be easily observable. In such a difficult situation it is advisable to trust reliable information and to seek the help from health professionals.

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