

Mental Health Impacts of the Covid-19 Pandemic: Literature Review

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The COVID-19 pandemic has changed the way of life for the entire world. For many months children stayed home from school, most adults worked from home, and leaders nationwide canceled many events. It seems everyone experienced the life-altering effects of the pandemic. The COVID-19 pandemic also adversely affected health care by reducing primary care office visits, preventative screening tests, the availability of mental health services (Jia et al., 2021). Many people experienced a decline in mental health status. One mental health survey from the CDC from April through June of 2020 noted a 31% increase in depression and anxiety symptoms. In this article, 13% of people claimed they started or increased substance use, and 11% claimed to have severe suicidal ideations during the last thirty days (Czeisler et al., 2020). Another article from when the shutdown orders changed reported slight improvements in these statistics noting a 13% increase in the average anxiety severity score and a 14.8% increase in the average depression severity score (Jia et al., 2021). These articles show that the pandemic caused mental health strain. The purpose of this literature review will be to look at quantitative studies that highlight the effects of the pandemic on mental health. By understanding the quantitative data, one will understand how the pandemic affected mental health care. Hopefully, this understanding will improve mental health care during future widespread times of disaster and emergencies.

Dynamic Monitor on Psychological Problems of Medical Aid Teams in the Context of Corona Virus Disease 2019: A Multi-stage and Multi-factor Quantitative Study

This article discusses how the pandemic has negatively affected the mental health of medical staff. During the pandemic, medical professionals have dealt with increased occupational pressure, the need to comfort sick and dying patients, a shortage of personal protective equipment, and the ever-changing medical information about COVID-19. This article aims to help improve future planning for global health emergencies. Improving these plans will ensure the mental health needs of medical staff are met sufficiently in future states of emergency.

Key Points

This research article attained quantitative information from a survey that used standardized screening tools to measure levels of anxiety, depression, physical symptoms of stress, and manifestations of post-traumatic stress disorder. The participants included in this study were 2,748 medical professionals who worked in Hubei Province when the pandemic began. Hubei Province in China is home to Wuhan, the pandemic's epicenter (Zhou et al., 2021). The tools used for this research were the PCL-C which assesses for post-traumatic stress disorder, The GAD-7, which measures the severity of anxiety; the PHQ-9, which is a depression screening tool; and the SSS-8, which assesses for somatic symptoms of mental health disorders (Zhou et al., 2021). This study showed that the negative impacts on the mental health of medical staff in the initial phase of the pandemic were higher than in later phases. The study attributed this to worry of self-contamination of COVID-19, possibly transmitting the disease to other people, including family members, and the effects of wearing full-body protective equipment for up to twelve hours every day (Zhou et al., 2021). The study also concluded that unmarried females had higher levels of anxiety and depression, which they attributed to a lack of close familial

support (Zhou et al., 2021). There were over 40 statistical correlations about the incidences of anxiety and depression given in this research study. In twenty-one instances, the p-value was less than 0.05, which means those instances are statistically significant. In twenty-four instances, the p-value was greater than 0.05, which means those instances were statistically insignificant (Zhou et al., 2021). This research article concluded that the pandemic's initial phase affected medical workers' mental health more negatively than later pandemic phases. They also concluded that young, unmarried women were at a higher risk of suffering from moderate to severe mental health problems due to the pandemic (Zhou et al., 2021).

Assumptions

The authors of this study assumed that health care workers are more likely to experience mental health problems during times of public health emergencies (Zhou et al., 2021). The increase in mental health problems is likely due to required quarantines, isolation, and high-stress levels in the workplace. In times of global health emergencies, it is essential to monitor the mental health of the medical professionals involved in caring for the sick and dying. Providing mental health services for these professionals will improve their work performance and patients' quality of care (Zhou et al., 2021).

Deficit/Conclusion

The COVID-19 pandemic has caused severe stress, anxiety, and depression. The importance of mental health services for medical professionals during health emergencies cannot be understated. The research study participants were Chinese health care professionals in Hubei Province, China (Zhou et al., 2021). The way culture affects the perception of mental health is

essential to consider. In China, mental health care has a long history of being stigmatized. Chinese culture certainly impacts the outcomes of this study. Therefore, one cannot unreservedly apply the study's implications to other cultures where the cultural attitude toward mental health is very different. The study does conclude that making mental health resources available to medical professionals is necessary (Zhou et al., 2021). This conclusion is likely valid for health care professionals in any cultural context during a global health emergency. If the nursing field does not accept this as a necessity, the mental health needs of front-line medical professionals will continue to be unmet in future times of crisis. Providing counseling, ensuring access to psychologists and psychiatrists, and providing time off are just a few ways employers can improve the mental health of medical professionals during times of global health emergencies. If governments or employers do not provide these services, the quality care given to patients could suffer.

Pregnancy in a Pandemic: Generalized Anxiety Disorder and Health Anxiety Prevalence

This article discusses how the pandemic has negatively affected the mental health of pregnant women. During the pandemic, pregnant women had virtual prenatal appointments, had to attend prenatal appointments alone, and had the prospect of giving birth without a support person present due to visitor restrictions. Prenatal appointments are typically where pregnant women can discuss concerns and learn what to anticipate during pregnancy (Rathbone et al., 2021). The limitations of prenatal appointments meant pregnant women were not seen as often and sometimes were not seen in person for several weeks to months (Rathbone et al., 2021). The purpose of this article is to explain how the COVID 19 pandemic

has affected the anxiety levels of pregnant women. Understanding these results will help policymakers understand the necessity of regular prenatal and postnatal health care.

Key Points

This research article attained quantitative information from a survey that used standardized screening tools to measure anxiety levels in pregnant individuals. The participants included in this study were 674 pregnant women, mainly from the United States, United Kingdom, and Australia (Rathbone et al., 2021). Each participant completed a survey that included demographic questions, questions related to the stage of pregnancy, a standardized assessment called the generalized anxiety disorder seven, and fourteen questions from another standardized assessment called the health anxiety inventory (Rathbone et al., 2021). Researchers only used the first fourteen questions from this assessment because these pertained to anxiety. This study showed the negative impacts on the mental health of pregnant women in that 94% of participants stated they believe COVID-19 has increased their anxiety level (Rathbone et al., 2021). Additionally, 90% of the women indicated their health anxiety is higher due to COVID-19 (Rathbone et al., 2021). One hundred and ninety-eight of the participants in this study were clinically diagnosed with generalized anxiety disorder. Two hundred and forty more of the participants stated they are not diagnosed but believe they experience symptoms of a generalized anxiety disorder (Rathbone et al., 2021). These findings are very significant because only 3% of the general population have a generalized anxiety disorder. However, this study found these rates were higher in pregnant women during the COVID-19 pandemic. This study only offers two p-values for predictors of generalized anxiety disorder, but the p-values mentioned in the study are less than 0.05 indicating those instances

are statistically significant. This research article concluded that research suggests the pandemic has caused an increase in the anxiety experienced by pregnant women (Rathbone et al., 2021). Under normal circumstances, pregnancy often causes heightened anxiety due to the medical implications, necessary lifestyle changes, and preparation for parenthood, among other things. This study suggests that the isolation created by the stay-at-home orders, worries of becoming infected with COVID-19, and the limited access to prenatal care have all caused increased anxiety.

Assumptions

The authors of this study assumed that pregnant women might feel more anxious during the COVID-19 pandemic because of increased feelings of isolation and loneliness. The researchers also assumed some anxiety might stem from fear of being exposed to the virus and the unknown harm that could cause the baby (Rathbone et al., 2021). Many women have become accustomed to being very involved in planning their birth in recent times (Rathbone et al., 2021). Due to the stay-at-home order, many pregnant women could not meet regularly with their providers and could not discuss all the elements of the birth plan. They missed the opportunity to become informed of their choices, the pros and cons, and other choices regarding the birth plan. This lack of communication could increase anxiety as some women get closer to a birth experience they feel they have not planned adequately. These factors likely did increase the level of anxiety in pregnant women. However, due to the lack of comparative data, it is impossible to know the exact cause of the increased anxiety (Rathbone et al., 2021).

Deficit/Conclusion

The COVID-19 pandemic has caused increased levels of anxiety in pregnant women. High anxiety levels in pregnancy can cause other complications during development and delivery. The importance of mitigating the causes of this increased anxiety cannot be understated. Unfortunately, the women surveyed did not complete anxiety level testing before pregnancy, so researchers could not compare their anxiety before and after pregnancy (Rathbone et al., 2021). Due to the global impact of the pandemic, comparing the pregnant women in the study to another group of pregnant women who were not experiencing the pandemic was impossible. Researchers had no comparative data available, which limited the reliability of the research findings (Rathbone et al., 2021). Although there are limits inherent in this research, the overall results were so drastically different from the norm that medical professionals cannot ignore them. When 94% of pregnant individuals are experiencing clinical signs of anxiety, the medical community must pay attention. The nursing field must accept this research and help lessen the anxiety of pregnant patients. They can take extra time, answer additional questions, check on the patient's mental health status, and suggest anxiety-reducing activities. The overall health of the pregnant mother and her baby will be impacted by reducing anxiety levels. Nurses can be part of the solution.

COVID-19 Pandemic in Sao Paula: A Quantitative Study on Clinical Practice and Mental Health Among Medical Residency Specialties

This article discusses how the pandemic has negatively affected the mental health of doctoral residents in Sao Paula, Brazil. Due to the pandemic, residents were taken away from their regular rotation sites and reallocated to Brazil's largest city to provide medical

professionals in hospitals that quickly became over-run with sick and dying COVID-positive patients. Medical residents are younger and less experienced medical professionals (Mendonca et al., 2021). Medical residents have graduated from medical school but are completing a residency before acquiring their medical license. During the pandemic, these young inexperienced residents became front-line medical professionals who were instantly responsible for life and death decisions regarding treatment of a virus no one understood yet. The purpose of this article is to explain research regarding symptoms of burnout, depression, and anxiety experienced by residents in Sao Paula, Brazil, during the height of the pandemic.

Key Points

This research article attained quantitative information from a survey that used standardized screening tools to measure burnout, depression, anxiety, and the impact COVID-19 played in the precipitation of these findings amongst medical residents. The participants included in this study were 1,392 medical residents who worked in Sao Paulo, Brazil, during the COVID-19 pandemic (Mendonca et al., 2021). The participants participated in this research survey by responding to an online survey in April 2020. This sample was a convenience sample. The tools used for this research were the Oldenburg Burnout Inventory OLBI, which assesses for professional burnout, the Patient Health Questionnaire PHQ-9, which assesses for depression; and the General Anxiety Disorder scale GAD-7, which measures the severity of anxiety (Mendonca et al., 2021). The researchers also developed a unique assessment tool to assess the residents' beliefs and clinical practice choices. The COVID-19 Impact Questionnaire CIQ-19 helped standardize these responses (Mendonca et al., 2021). This study showed that 65.8% of medical residents experienced depression, 49.7% experienced anxiety, and 49.2% experienced

burnout in April of 2020 during the COVID-19 pandemic (Mendonca et al., 2021). The mental health of medical residents was already a worldwide concern before the pandemic. The research article compares the current findings with results from a study conducted in 2014, which showed depression rates were 21.6%, anxiety rates were 41.3%, and burnout rates were 58.4% (Mendonca et al., 2021). All three measurements were higher in the study conducted during the pandemic. This study also broke down their findings among different medical specialty groups. Out of the 1,392 participants, 914 were in clinical specialties, 336 were in surgical specialties, and 142 were in diagnostic and therapeutic support type specialties (Mendonca et al., 2021). The clinical specialties residents had the highest rates of anxiety symptoms (52.6%) and burnout (51.2%) compared to the surgical and diagnostic specialties (Mendonca et al., 2021). Medical residents in clinical specialties typically see patients in clinical care settings daily. The study attributed these findings to the medical residents feeling underprepared to treat COVID-19 patients (Mendonca et al., 2021). In April of 2020, everyone was underprepared to treat COVID-19 patients, but, understandably, medical residents felt this even more. The medical residents had not completed their residencies and could not practice on their own yet. They also stated they did not have adequate personal protective equipment, and they continually worried about contracting COVID-19 and passing it on to their loved ones (Mendonca et al., 2021). The statistical information provided in this study was comprehensive. There were eighteen categories of information compared across the three specialty categories. In fourteen instances, the p-value was less than 0.05, which means those instances are statistically significant. In four instances, the p-value was greater than 0.05, which means those instances were statistically insignificant (Mendonca et al., 2021). This research article concluded

that medical residents in clinical specialties had a higher incidence of depression, anxiety, and burnout during the initial part of the COVID-19 pandemic. The research also revealed the mental health benefits of medical residents feeling like they had staff support during this time (Mendonca et al., 2021).

Assumptions

The authors of this study assumed that medical residents in clinical specialties were more likely to experience depression, anxiety, and burnout during the initial portion of the COVID-19 pandemic (Mendonca et al., 2021). These findings are likely due to the increased patient contact these residents had with COVID-19 patients compared to surgical and diagnostic/therapeutic resident specialty groups. Roughly 73% of clinical specialty residents, 60% of surgical residents, and 69% of therapeutic and diagnostic residents had contact with COVID 19 patients (Mendonca et al., 2021). Clinical residents' interactions with COVID-19 patients could also have caused higher stress levels. Surgical residents did take care of COVID-19 patients, but only if they were deemed healthy enough for surgery. These patients also would be under anesthesia for large portions of the interactive time. Diagnostic and therapeutic specialty residents also did have contact with COVID-19 patients but in less stressful capacities. Clinical specialty residents were likely helping decide on COVID-19 treatment regimens while people struggled to breathe and expressed fear of dying. Many of these patients likely did die. This study clearly shows that better access to mental health professionals will help improve the mental health of medical residents during times of public health emergencies (Mendonca et al., 2021).

Deficit/Conclusion

The COVID-19 pandemic has caused depression, anxiety, and feelings of burnout among medical residents. During these unprecedented times, mental health services for medical residents need to be a priority. Researchers conducted this quantitative study in one state in Brazil. The research gives a clear picture of the impacts of COVID-19 on the mental health of medical residents at the time of the study, but this study has several limitations. The causes for the increased depression, anxiety, and burnout rates can be guessed but not proven by this research. Further research to identify causes may help increase the understanding of how the COVID-19 pandemic has affected the mental health of medical residents (Mendonca et al., 2021). Additional research is also necessary to determine if medical residents in other locations experienced similar mental health problems during the pandemic (Mendonca et al., 2021). This study concluded that better access to mental health services would generally benefit medical residents and even more during the COVID-19 pandemic (Mendonca et al., 2021). If the nursing field does not accept these findings, nurse interactions with medical residents during the pandemic could suffer. Nurses need to work with the entire interdisciplinary health care team to meet each patient's needs. If the mental health needs of medical residents are going unmet, this member of the interdisciplinary health care team will be unable to give the best patient care possible. This deficit affects nurses because it affects patients. This research article presents further evidence that giving front-line workers access to mental health services will positively benefit patient outcomes.

Conclusion

The research presented in these three articles shows that the COVID-19 pandemic has adversely affected medical professionals' and patients' mental health. There are many ways

that this research can help improve patient outcomes, nursing practice, evidence-based practice/quality improvement efforts, and healthcare as a whole. Discussing the various mental health problems that the pandemic has exacerbated will help medical professionals to recognize, diagnose, and treat these problems when they arise. Early detection of mental illnesses can decrease the suffering experienced by the person with a mental health condition (Mental Health America, 2021). Early detection will also give the patient access to necessary interventions like psychotherapy and medication, drastically improving patient outcomes.

Nurses benefit from this research in two ways. Nurses benefit from this research by advocating for patients who need mental health services. Nurses can advocate for patients by asking the provider to refer them to a mental health professional. Nurses spend the most time with patients and are sometimes the first to notice mental health decline. Another way nurses benefit from this research is by being medical professionals that may need better mental health services due to the impacts of COVID-19. Hopefully, this research will help healthcare policymakers implement change to provide better mental health services for patients and medical professionals alike. This research can improve quality improvement efforts by helping employers to understand the need for better mental health services for employees. This research impacts all healthcare because employees with better mental health will impact their ability to give their best in each patient interaction.

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