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Mental Health Impact of COVID-19

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The bubonic plague of the 1300s and the Spanish flu during the 1900s had an enormous historical impact and prolonged consequences. The coronavirus disease 2019 (COVID-19) pandemic created a global socioeconomic and health crisis with widespread morbidity and mortality.¹ With no cure or vaccine, the Centers for Disease Control and Prevention and the World Health Organization (WHO) recommend social distancing, protective masks, virus and antibody testing, contact tracing, and quarantining to mitigate the impact of COVID-19.²

The COVID-19 pandemic has heightened the prevalence of mental illness, including rates of depression, anxiety, substance abuse, and suicide.^{3,4} Mood and anxiety disorders have escalated 3-fold in 2020, especially in people aged 18–29 years, compared to 2019.³ In addition to stress associated with the illness, stay-at-home orders and quarantining increased psychological turmoil through social isolation, job losses, school cancellations, financial crises, and difficulties accessing medical care.⁵

Vulnerable Populations

Most children and adolescents live in at least partial lockdown, with prolonged closure of schools and isolation impacting their cognitive, educational, emotional, and social well-being. Elderly people are a special risk population, especially those with prior comorbidities. About 80% of COVID-19-related deaths in the United States are among persons ≥ 65 years.⁶ Social disconnection among the elderly is detrimental and increases their rate of anxiety and depression.⁷ Health care workers are vulnerable to mental health issues due to fear of illness exposure, lack of social support, stigma, discrimination, and inadequate training or protective gear.⁸ Other vulnerable groups include migrants, refugees, women, children exposed to abuse, and anyone with preexisting mental or physical vulnerabilities.

Interventions

The United Nations Inter-Agency Standing Committee and WHO provided guidelines for psychological first aid to support distressed people and suggested appropriate management for patients with emotional disorders.⁹ The American Medical Association offers similar recommendations to counter mental health concerns.¹⁰ It is also important to address the personal issues of health care workers. Partnering new personnel with experienced colleagues will assist in efforts to monitor stress, teach safety practices, and create a safe space for open communication.¹⁰

Beyond group-specific interventions, distress helplines exist, and a Mental Health Gap Action Program provides guidance on addressing mental, neurologic, and substance use conditions.¹¹ A Coronavirus Aid, Relief, and Economic Security Act (CARES Act), granting \$425 million to the Substance Abuse and Mental Health Services Administration's remediation efforts, was passed by the US Congress.¹² The CARES Act responds to the pandemic and assists health care professionals and communities to promote recovery.

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