

The Impact of COVID-19 to Mental Health

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Abstract

The global COVID-19 pandemic is attacking the world. All countries worldwide are trying to prevent transmission by applying regulations and restrictions. Regarding these guidelines-lockdown, social distancing, border closure, and travel bans—there are indeed negative impacts in many aspects since people need to adjust to a new everyday life. However, this literature review focuses on people's mental health by analyzing their background, including age, gender, occupation, and home living.

Keywords: COVID-19, Mental Health, Stressor, Coronavirus

1. Introduction

It has already been a year and a half since we have been through a pandemic. Usually, we could not do our regular activities like going to our office, doing our work or going to school and getting lessons from our teacher, or even going out to public spaces with many people. The particular reason for this circumstance is because of the Coronavirus disease 2019 (COVID-19), which began in Wuhan, Hubei Province, in 2019.

According to the World Health Organization (WHO), COVID-19 is a new disease because by the new Coronavirus called SARS-CoV-2, which has not been previously identified in humans. COVID-19 causes mild symptoms in most cases, including dry cough, tiredness, and fever, though fever may not be a symptom for some older people [1]. As well as, WHO published an article on June 26th, 2020 there were over 9.472.473 reported cases of positive

COVID-19 confirmed on a global scale with 484.236 reported death cases. [2]

Firstly, let us look at the number of positive and dead cases of COVID-19 that WHO has announced. Because Coronavirus officially is a severe global problem, lockdown and social distancing have been enacted in numerous countries to reduce the increasing number of COVID-19 cases. These actions demonstrate that all citizens must stay in their homes and minimize their outside activity. The government's policies are worthed to be considered for civilian safety. Moreover, doing COVID-19 guidelines properly may help decrease the number of COVID-19 cases. Globally there have been 198,778,175 confirmed cases, including 4,235,559 deaths reported by WHO on August 3rd, 2021 [1].

As of August 3rd 2021, a total of 3,886,112,928 vaccine doses have been administered [1].

Entering standard regulations, staying at home, social distancing, and following other COVID-19 guidelines are completely different encounters that surely affect people's mental health [3]. This situation challenged all the people to adjust to the current condition. The adaptation process itself brings individuals to specific issues related to mental health, for example, psychological problems, such as anxiety, stress, depression, and many more. Population-based on age, nation, job, or gender get affected by this concern.

2. Method

This literature review is written qualitatively by sorting and examining previous scientific journals related to the topic; of mental health conditions during the COVID-19 pandemic.

3. Review of Literature

According to Roy et al. (2020) [28], people can become more anxious by getting information related to an illness. When many people spend their time at home, they tend to use social media as the medium to obtain information regarding the news of COVID-19. The information they get makes them worry and distressed. Research that measures anxiety toward pandemics shows that 72 percent of people felt worried for themselves and their people [28]. It is also supported by North and Pfefferbaum (2013), who mentioned that those who are exposed to overwhelming disaster event news are likely to have higher stress levels [16].

Based on this journal mentions some categories of individuals aware of COVID-19, individuals who are working are considered to be significantly higher in terms of pressure than individuals who are not working[16]. In addition, awareness of COVID-19 differs significantly based on education level; people with higher education status will affect individual and group awareness of preventing

the spread of pandemic outbreaks [17]. Furthermore, with age, mature people tend to have cognizance of self-safety, but lower levels of stress or anxiety. They have the highest possibility of getting infected with COVID-19[18]. Following up with income categories, a study noted that most respondents were concerned about financial limitations during the lockdown and difficulty to adjust to a new normal lifestyle[19].

3.1 Pandemic

The disease can go widespread in certain areas. Therefore, there is a measurement level of disease to know how critical a situation can be. While an epidemic is a sudden increase in disease cases beyond the expected number in the population of an area, a pandemic is an epidemic going around in several continents [4].

3.2 Affected Population

The pandemic has occurred affected all aspects, including mental health issues. Currently, COVID-19 is affecting society, the level of anxiety, stress, and depression. The age is owned chiefly from 15 to 35 years and is primarily female. From the perspective of employment also, there is a significant difference between those employed and unemployed in terms of stress and depression. In contrast, there is no significant difference between both [5].

According to Age

Mental health is related to many things, one of which is physical health. A strong link has been found between mental and physical health [12]. Good physical health will produce good mental health and vice versa. Physical health itself can not be separated from the age factor. The age group consists of children, young adults (student or college students), working-age adults, and older adults [13].

For the individuals distanced physically, this pandemic has resulted in many quarantine and social isolation. Although these initiatives are necessary to prevent the spread of the novel Coronavirus, it is causing widespread mental

health effects, including depression and loneliness, among younger and older individuals [13].

Some points that catch authors' attention such as older people are more aware of the disease as shown by being aware of self-safety by wearing their mask and they are more obedient to the social distancing rules. On the contrary, nevertheless having awareness about COVID-19 is not necessarily able to reduce anxiety and individuals who have more understanding of IBD (Inflammatory Bowel Disease) knowledge have a tendency to have more anxiety [20].

Variable and Distribution (n)	Awareness COVID-19			Anxiety			Compliance on Social Distancing		
	Mdn	H	p	Mdn	H	p	Mdn	H	p
Age									
18 - 30	70	4.641	.098	6	27.691	.000	54	2.679	.262
31 - 45	71			4			54		
>46	69.5			2			54		
Education									
SMA	69	10.457	.005	7	38.956	.000	54	3.149	.207
Undergraduate	70			6			53		
Postgraduate	71			4			54		
Income									
< 1.000.000 IDR	69	7.768	.051	7	22.981	.000	54	1.640	.650
1.000.000-3.000.000 IDR	71			5			54		
3.000.000-5.000.000 IDR	70.5			4			54		
>5.000.000 IDR	71			4			52		

Figure 1 Kruskal Wallis Analysis toward awareness of COVID-19, anxiety, and obligation obeying social distancing in perspective from age, education, and income (source: Afrita, et al. 2020, pp. 9)

From the table above, anxiety was significantly higher at ages 18-30 compared to ages 31-45, it can be concluded that people that categorize young adults are at risk of

being more anxious than older adult individuals. As a matter of fact that older individuals show lower levels of anxiety even though this group was reported as having high risk of contracting COVID-19, the fact that young adult individuals show more level of anxiety or stress because they were aware of being infected with COVID-19. All things considered, the more mature age has a lower levels of anxiety and the younger people's requirements to get more attention so they can follow the policies that the government gave.

According to Gender

The Analysis of Mann-Whitney U toward Awareness of COVID-19, Anxiety, and Compliance on Social Distancing is seen from Gender and Work Status

Variable and Distribution (n)	Awareness of COVID-19			Anxiety			Compliance on Social Distancing		
	Mdn	U	p	Mdn	U	p	Mdn	U	p
Gender									
Male	70	14080.5	.547	3	10412.5	.000	51	12031.5	.008
Female	70			6			54		
Work Status									
Employed	69	17261.0	.021	7	13961.0	.000	54	18469.5	.210
Unemployed	71			4			53		

Figure 2 TheMann-Whitney U Analysis towards awareness of COVID-19, anxiety, and obligation obeying social distancing in perspective from gender and work status (source: Afrita, et al. 2020, pp. 7)

Previous studies show that the psychiatric impact during the COVID-19 pandemic was greater in females, female having anxiety then male according table above. Bahrami & Yousefi once said that anxiety is experienced more by females because they have more metacognitive beliefs. Metacognitive beliefs are about inability to control their anxiety and believe that worries should be avoided [21]. it is also has linear meaning from Capobianco et al. (2020) that there is a positively notable correlation of symptoms for anxiety and depression [29].

According to Occupational

As stated by Evans J. & Repper J. [6], there is a relation between employment and mental health. Working is not only for financial benefits, but it also providing people's sense of

life purpose, goals, belongings, recognition, and status. Having an occupation also brings encouragement of realistic rather than pessimistic appraisal in the future [7].

Since COVID-19 pandemics, the regulation itself has increased the unemployment rate. According to the Congressional Research Service [8], the unemployment rate hit its highest point in April 2020 since the latest data collection in 1948. Works that need physical presence receive a huge negative impact. As a result, the countries with the most labour market institutions, such as European countries—Italy, Germany, Spain—get more affected financially. Those workers who are less educated and Hispanic experience the disadvantage. Additionally, precarious work and temporary-contract workers are at risk. On the other side, people who are able to work remotely can still manage their work [9].

In contrast, there are several sectors which grow during this hard time, for instance computer services, telecommunications [9]. The problem does not stop for either unemployment and employment. Even if workers are still able to maintain their job, they still have things to be concerned about. They need to throw themselves into the new work style which is known as “Work from Home” (WFH). It is truly a challenge to some people to work from home even though they have adequate digital equipment [14].

Various drawbacks seem to approach the worker such as how they can manage their work-life balance since both of the activities take in the same place — home, they can not separate clearly, when it is time to go work and when it is time to enjoy leisure time, or it is known as “always-on culture”. The environment at home might not be as pleasant as in the office. There is a high possibility of

distraction, whether it is from tools (internet connection, etc.) or from family members. As a result, these will lead to mental health issues [11][14].

The absence of psychological separation from work has a relation towards negative activation and fatigue [15]. As stated by Watson (1998), work is frequently linked with job stress. When workers do not completely detach from their work, stressors might also additionally stay mentally present and as a consequence, terrible activation and fatigue will increase.

According to Continent

The outcomes from each country might be different, it all depends on their country specialisation. Presumably, the countries that are negatively affected are the countries whose specialisation is in labour market institutions such as Spain, United Kingdom, and Italy[9].

Since there are travel bans and border closures in majority countries around the world, these regulations are decreasing the tourist arrival and the workers in this field are getting the same impact.

3.3 Causes of the Affected Population

The COVID-19 pandemic changed our daily habits, not only that but also our behavior, thinking, and response to something. Fear, worry, and stress are normal and understandable because people are experiencing it during COVID-19 pandemic [22].

The economic recession caused by the COVID-19 pandemic has negatively affected many people’s mental health. Moreover, it created new barriers for people already suffering from mental illness and substance use disorders [23].

A recently concluded systematic review and meta-analysis on the prevalence of psychological morbidities among the general population, health-care workers, and COVID-19 patients amidst the COVID-19 pandemic reported that about half of the population faced psychological impacts of the COVID-19 pandemic [24]. About 40 percent of people are having poor sleep quality, 34 percent are experiencing stress and psychological distress [25]. An online Indian survey has reported that about 40.5 percent of the participants reported anxiety or depressive symptoms. Almost three-fourth (74.1%) of the participants reported a moderate level of stress, and 71.7 percent reported poor well-being [26].

The particular mental health issues during the COVID-19 pandemic are emotional problems like fear, frustration and depression; impairment in sleep, cognitive issues such as poor concentration and memory; psychological and personality issues, include emotional outbursts, incapable interacting with others; and suicides [27].

4. Conclusion

In brief, the global COVID-19 pandemic is not only attacking the human body physically, but also psychologically. Entering the new lifestyle makes all people around the world adjust to their current condition. The condition of each individual from different backgrounds are also unassociated, starting from people's age, gender, occupation, and citizenship.

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