

# Mental Health Consequences of COVID-19

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The rapid worldwide spread of COVID-19 has created an enormous psychological burden with serious consequences on people's working and social lives. It is recognized that COVID-19 is associated with severe mental health repercussions mainly due to the sudden drastic change in daily life, fear of illness and death, generalized stress and financial adversities. The effects on mental health can be as severe as the physical symptoms of COVID-19 and are both short-term and long-term [1]. It is plausible to assume that there will be a multitude of mental health problems when the threat of COVID-19 is mitigated or overcome, which will include post-traumatic stress, adjustment disorders, anxiety, fear, depression and even an increase in suicide rates.

This article highlights some of the consequences of COVID-19 on mental health based on a rapidly growing literature. In a large study using data from 69 million individuals, 62 354 of whom had a diagnosis of COVID-19, it was found that COVID-19 patients were at increased risk of mental health problems, including anxiety and depression. There was a range of physical health risk factors for COVID-19, but it is not known if there were also psychiatric risk factors [2].

Sleep disturbances, which is a common consequence of stress, has also been frequently reported during the course of COVID-19 [3]. Social touch plays a silent but powerful role in human life, with important physical and mental health benefits throughout the life span. Touch is central in building the foundations of social interaction and attachment and can have unique, beneficial neurophysiological and epigenetic effects. The health risks of COVID-19 however necessitated unprecedented social distancing policies, including novel conditions of physical distancing [4]. The COVID-19 large periods of

confinement may also affect people's sense of time [5]. In addition, the effects of the COVID-19 pandemic and the subsequent restrictive measures on children's and adolescents' mental health have been profound [6]. Unemployment, increased family conflicts and deteriorating parental psychological health, as well as children's previous history of physical illness seem to be significantly associated with negative psychological effects.

The COVID-19 pandemic has put healthcare professionals across the world in an unprecedented situation, having to make impossible decisions and work under extreme pressure including coming into daily and intense contact with people who are losing their lives. These decisions may include how to allocate scant resources to equally needy patients, how to balance their own physical and mental healthcare needs with those of patients, how to align their desire and duty to patients with those to family and friends, and how to provide care for all severely unwell patients with constrained or inadequate resources. This may cause some to experience moral injury or mental health problems [7].

Moral injury is a term that originated from the military and can be defined as the psychological distress that results from actions, or the lack of them, which violate someone's moral or ethical code. Unlike formal mental health problems such as depression or post-traumatic stress disorder, moral injury is not a recognisable mental illness. Healthcare managers need to proactively take steps to protect their staff's mental wellbeing. Managers should be frank about the situations their personnel are likely to face. Staff should be supported by reinforcing teams which would seek regular contact to discuss decisions and check on wellbeing. Once the crisis begins to recede, staff should be actively monitored and supported [7].

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## Global Challenge

The COVID-19 pandemic represents a global challenge to public mental health. To avoid the adverse effects of COVID-19 on population's mental health, there is an urgent need for the effective and wide-scale implementation of public health practices and innovative mental health interventions. The COVID-19 pandemic poses a triple global public mental health challenge: (1) to prevent an associated increase in mental health problems and a reduction in mental wellbeing across populations; (2) to protect people with a mental health problem from COVID-19 and the associated consequences, given their increased vulnerability; and (3) to provide healthcare professionals and carers with appropriate public mental health interventions [8].

It would be helpful to include mental health professionals at national policy and public health decision-making processes. Mental health professionals may have a significant contribution to the development of resilience and optimal coping skills for caregivers and the general population. Advice can be offered on how to manage isolation and quarantine and how to minimise adverse psychological effects such as frustration, loneliness, stress, anxiety, confusion, anger and family problems.

Primary prevention of mental problems addresses risk factors exacerbated by COVID-19, such as socio-economic inequalities, poverty, debt, unemployment, parental mental disorder, work-related stress, poor physical health, physical inactivity, and social isolation. Secondary prevention focuses on early intervention for mental health problems and their related effects to those associated with COVID-19. Tertiary prevention is an intervention for people with a pre-existing mental health problem to prevent the consequences and disability of COVID-19, social isolation, stigma and discrimination.

The promotion of mental well-being is important and includes the value that individuals and societies place on mental health and well-being, and the implementation of interventions to enhance mental well-being. It is inevitable that COVID-19 will change our perceptions and practices regarding social habits. During the pandemic many of our personal encounters have been replaced by remote communications and video calling. These changes in our traditional habits are expected to continue but we do not know what impact they will have on mental health in the future.

## Ethics

COVID-19 presents new challenges for mental health

services as clinical management, ethical dilemmas and administrative complications need to be addressed. The COVID-19 pandemic also raises a number of bioethical issues concerning medical and nursing staff as well as government policy and care. Some of them are specifically related to mental health practice such as involuntary hospitalizations and the protection of people living in various forms of public facilities e.g., hostels, supported accommodation etc. Self-isolation carries its own risks, including those of loneliness and mental health deterioration, even for people without pre-existing mental health problems. Change or inability to work, financial difficulties, family problems may worsen these problems [9].

## Mitigation

Interventions should aim to mitigate the impact of the pandemic on mental health, by improving the well-being of the population and by preventing mental health problems' relapse. Such interventions should proportionately target vulnerable groups with a higher risk of mental health problems and poorer mental well-being compared to the general population.

Despite the existence of effective public mental health interventions, implementation is poor. Globally, only a minority of individuals with a mental health problem receive any treatment or intervention that may prevent the COVID-19-related mental health effects and promote mental wellbeing [10].

The relationship between physical and mental health has never been so important. People with severe mental health problems are three times more likely to suffer from physical health problems than the general population.

To improve personal well-being, various self-help programs with documented actions have been developed and implemented. Among them is «The Five Ways to Wellbeing» which is a simple set of practical actions that can be performed daily under unusual circumstances of self-isolation [11]. These include new knowledge, communication, senses, solidarity & volunteering and physical exercise. Acquiring new knowledge can give a sense of accomplishment and reward. The internet and the majority of lay press contain information that can stimulate learning and provide opportunities for skills development. There is also free tutoring on a range of easily accessible topics, including online libraries and audio books.

Despite the social constraints imposed by COVID-19

which reduce regular contact with others, there is more time to use modern technology, remote communication, telephones, etc. New social networking groups can also be set up between friends, family, colleagues and neighbours to support vulnerable people and manage new isolation guidelines. Gaining experiences from pleasant senses, smells, visual pleasures can positively affect our thoughts and improve enjoyment. Solidarity and voluntarism constitute additional ways of strengthening ties within a community and helping isolated and potentially lonely people.

Exercise and activity has been described as a «miracle cure», with impressive physical and mental health benefits. Reducing sitting or lying time, even if simply standing, is associated with improved physical health outcomes no matter how much exercise people do. A regular routine is important for physical and mental well-being and can help alleviate the impairment caused by the loss of normal daily work and school activities. Findings showed that people in Greece, during the first lockdown, adapted to the stress caused by the pandemic using predominantly positive active strategies [12].

Isolation can represent a new challenge for some by providing the opportunity to change their lifestyle and they could benefit from myriads of new initiatives emerged during these unexampled moments. The above simple suggestions, combined with new opportunities, might be able to improve the well-being of people with or without mental health problems under the adverse conditions of COVID-19.

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