

## **COVID 19 and Mental Health**



**Susan Alexander, PhD**

**Summary**

The mental health aspects of the Covid-19 pandemic have been clearly documented. Significant portions of the population are suffering from the stress of social isolation, economic privation, and an uncertain future. Particularly vulnerable are those in their thirties and younger.

Survivors of the virus also experience symptoms of psychiatric disorders, and the impact of the pandemic can be expected to linger for a decade or more.

The stigma associated with mental health issues is a significant stumbling block to providing assistance to sufferers.

It is imperative for civic and business leaders to identify the vulnerable and provide appropriate support that offers engagement and empathy. Those who embrace the opportunity to create environments where fundamental needs for well-being are met will stand apart for having made a significant contribution to societal and economic recovery after Covid-19.

## Introduction

A new decade, 2020 started well. Economies were booming. Unemployment was low. It was easy to overlook reports of a virus that was spreading in Wuhan, China. Few people in the West would even have been able to find Wuhan on a map. The general attitude was, “It can’t happen here.”

By February, epidemiologists and public health officials were beginning to be alarmed. On 9 March, Italy locked down. On 11 March, the World Health Organisation declared COVID-19 to be a pandemic. On 14 March, Spain followed Italy. The UK lockdown began on 16 March. France and Germany locked down on the 17<sup>th</sup> and 23<sup>rd</sup>, respectively. Across the Atlantic, New York City was locked down on 22 March.

The death tolls began to rise. As of 9 August, there were 19.5 million confirmed cases worldwide and 724,000 deaths, with experts agreeing that the numbers under-represented the actual reality. The US led the world with 5.1 million cases and 164,000 deaths, followed by Brazil with 3.01 million cases and 101,000 deaths.<sup>1</sup>

To date the primary foci have been scientific attempts to understand the disease and medical efforts to determine how best to treat it. A parallel issue has been economic and how governments should best support businesses and employment. Much less has been done to address emotional health.

Throughout the pandemic, a key concern has been the well-being of the general population during months of uncertainty and isolation. Not surprisingly, many people have reported mental health problems. Humans are social animals and enduring weeks of separation from family and friends is bound to be stressful.

The following pages examine the research on the mental health impact of Covid-19 and a proposal about how both companies and communities could best address this concern.

## The Pew Research Center Study

A study by the prestigious Pew Research Center found that more than one third of Americans have shown clinical signs of depression, anxiety, or both since the pandemic began.<sup>2</sup> In the case of financial stressors, 55% of people experienced mental health issues.<sup>3</sup>

In addition, 20% of those queried reported that they have had a physical reaction when thinking about the pandemic, as it is known that stress and anxiety

---

<sup>1</sup> <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

<sup>2</sup> <https://www.pewresearch.org/fact-tank/2020/05/07/a-third-of-americans-experienced-high-levels-of-psychological-distress-during-the-coronavirus-outbreak/>

<sup>3</sup> <https://www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/>

manifest themselves somatically.<sup>4</sup> 32% have had trouble sleeping and 46% felt “on edge.”

Pandemic stress is significantly higher in young people. According to Pew, one-third of adults ages 18 to 29 are in the high distress group, compared with just 15% of adults 65 and older.

## **Katrina Brain**

The long-term consequences of collective trauma can last a decade or more.

Another Pew Research Center study described what the author called “Katrina brain,” a syndrome of symptoms resulting from the 2005 New Orleans hurricane. According to a Center for Disease Control expert ([www.cdc.gov](http://www.cdc.gov)), who manages hurricane response teams, mental illness and substance abuse are the primary long-term effects of such disasters. A hurricane and a pandemic may be two different stressors, but it would not be surprising to see the psychological toll of Covid-19 persist for some time.

## **Tracing the impact of the virus in the UK**

A study by Great Britain’s Mental Health Foundation followed the mental health impact of the lockdown longitudinally.<sup>5</sup>

**In the first period, in mid-March, before the lockdown began in the UK, it was found that:**

- 62% of all adults felt anxious or worried, rising to 74% of students and 71% of women, while 30% of adults felt afraid and 22% felt panic.

Key reasons for anxiety were:

- Becoming ill – 58%
- Being separated from family and friends – 54%
- Coping with the uncertainty – 53%

22% of people said that they were care givers and worried about what would happen if they became ill.

**In early April, a week into lockdown:**

24% of adults experienced loneliness, with 44% of young adults aged 18-24 feeling lonely.

---

<sup>4</sup><https://www.pewsocialtrends.org/2020/03/30/most-americans-say-coronavirus-outbreak-has-impacted-their-lives/>

<sup>5</sup> <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic>

Reasons for stress were

- Becoming ill: 65%
- Being separated from family and friends: 65%
- Worried about someone who was particularly vulnerable: 47%

67% of young adults aged 18-24 worried about their education or careers being interrupted.

One in five people (20%) drank more alcohol to cope with stress. This was more common among people with greater incomes.

Nearly four out of ten people (38%) said that eating too much has been a way to help them cope.

The proportion of people who reported that they were not coping well was higher for those who were unemployed (25%) or a full time student (24%) than for the employed (13%) or the population as a whole (13%).

Contacting family via phone or video chat was a key way of helping 63% of people cope.

27% of students and 26% of those unemployed reported feelings of hopelessness.

Higher proportions of people with long-term health conditions (62%), single parents (50%), young people aged 25-34 (63%) and women (62%) reported having been anxious or worried compared to the overall adult population.

Higher proportions of single parents (44%) and young people (47%) reported feeling lonely compared to the overall adult population (26%).

Higher proportions of young people aged 18-24 (30%), adults aged 25-34 (28%), and single parents (30%) reported feeling hopeless compared to the overall adult population (18%).

17% of people reported feelings of panic.

Most cases of deteriorating mental health were closely linked to people's employment and economic situation. 45% of those unemployed worried about having enough food, while 45% of students worried about their mental health problems worsening. 33% of people had financial concerns like going into debt; this rose to 52% among the unemployed.

## **Confirming Evidence**

A study undertaken by the University of Luxembourg found that one in three residents of the Grand Duchy reported that their mental health declined during the COVID-19 crisis. Younger people fared worse than older. Of those aged 18-44, approximately 37% reported worsening mental health. This figure drops for each age group, with older people doing better. Among the group 65 years and older, only 22% experienced worsening mental health. The most important factors associated with the

decline in mental health were physical health, income, and employment characteristics.<sup>6</sup>

The Pew study also confirms these findings about younger people faring worse than older. One-third of adults aged 18 to 29 were in the high distress group, compared with just 15% of adults 65 and older.

## **The Psychological Impact on Virus Survivors**

A study has found that more than half of people who received hospital treatment for Covid-19 suffered from a psychiatric disorder a month later.<sup>7</sup>

Professionals from the San Raffaele Hospital in Milan found that 55% of patients who had been treated for the Covid-19 virus experienced at least one psychiatric disorder. Based on interviews and self-assessment questionnaires, 28% of patients showed post-traumatic stress disorder (PTSD), 31% experienced depression, and 42% had anxiety. In addition, 40% of patients suffered from insomnia and 20% exhibited obsessive-compulsive (OC) behavior.

The findings paint a grim picture of the aftereffects of the virus. PTSD, major depression, and anxiety are all high-burden non-communicable conditions associated with years of life lived with disability.

The study found that women, who were less likely to die from Covid 19 than men, suffered more than men psychologically and that patients with a history of psychiatric disorders suffered more than those without.

The findings increase concerns about the psychological effects of the virus. Possible culprits include social isolation, the traumatic impact of a novel severe and potentially fatal illness, concerns about infecting others, and social stigma.<sup>8</sup>

## **The Stigma of Mental Health Issues**

The mental health issues associated with the virus are compounded by the fact that *only 50% of employees are comfortable discussing them*. A poll conducted by the American Psychiatric Association found that one third of employees worry about retaliation or dismissal if they seek mental health care.<sup>9</sup>

---

<sup>6</sup><https://statistiques.public.lu/en/news/social-conditions/social-life/2020/07/20200702/index.html>

<sup>7</sup> <https://www.sciencedirect.com/science/article/pii/S0889159120316068>

<sup>8</sup><https://www.theguardian.com/world/2020/aug/03/survivors-of-covid-19-show-increased-rate-of-psychiatric-disorders-study-finds>

<sup>9</sup><https://www.psychiatry.org/newsroom/news-releases/about-half-of-workers-are-concerned-about-discussing-mental-health-issues-in-the-workplace-a-third-worry-about-consequences-if-they-seek-help>

This is deplorable, as being able to be psychologically safe, to feel free to be oneself at work and in society, is identified as key driver in engagement and innovation.<sup>10</sup>

## **Conclusions**

The one-third of adults aged 18 to 29 who are in the high distress group are the same demographic that is essential for social and economic innovation. To avoid losing a generation, civic and business leaders need to devote extra resources to nurturing this group through a recovery period.

The need for psychological support will remain high for years. Responsive leadership is required to ensure a full range of mental health needs are addressed. The first task is to identify the vulnerable. This can be done by taking an emotional “temperature” of the group that identifies the resilient as well as the troubled. The reluctance of people to discuss mental health issues, especially at work, makes this a particular challenge, but one that can be overcome by adopting a method that is sympathetic and non-threatening.

An optimum solution is BestFit ([www.bestfithi.com](http://www.bestfithi.com)), a platform that uses engaging indirect questions and leverages gamification techniques to construct an emotional thermometer/vulnerability index. The resulting profile with its appealing insights gives the individual a feeling of being understood and works against a sense of isolation and loneliness. For an organisation, the profile identifies clusters that need support and provides a context for action.

Leaders who embrace the opportunity to create environments where fundamental needs for well-being are met will stand apart for having made a significant contribution to social and economic recovery after Covid-19.

---

<sup>10</sup> Ibid.