

COVID-19 and Psychological Impact

Subjects: [Health Care Sciences & Services](#)

Contributor: Nereida Bueno-Guerra

The worldwide mental health burden associated to COVID-19. The psychological symptoms associated to COVID-19 can originate from three different sources: lockdowns, pandemic life and virus infection (both COVID-19 and post COVID-19 condition). Within the psychological symptoms it can be found: anxiety, depression, post-traumatic stress, fatigue and cognitive impairment (i.e., 'brain fog', mental slowness, deficits in attention, executive functioning, working memory, learning, articulation, and/or psychomotor coordination). Plus, two psychological conditions associated to the COVID-19 pandemic have been coined so far by the World Health Organization: pandemic fatigue and post COVID-19 condition. The increase of psychological symptoms both in the general population and in frontline workers (especially health-care workers) generates an unprecedented number of psychological patients and it challenges national mental health systems.

mental health

psychological burden

anxiety

depression

stress

pandemic fatigue

The COVID-19 pandemic officially declared in March 2020 ^[1] is both “an epidemiological and psychological crisis” ^[2]. Aside from the harmful physical effects that the sickness may cause in infected patients, three collateral factors contribute to an unprecedented worldwide mental health burden in both infected and non-infected people: preventive isolation measures taken worldwide (i.e., lockdowns), drastic changes in daily life (i.e., deceased relatives, overflowed frontline workers, social distancing, curfews) and COVID-19 and post COVID-19 related psychological symptoms. The purpose of the present manuscript is to summarize the most up-to-date accumulated knowledge so far (5 January 2022) about the psychological impact of each factor (see **Table 1** at the end of this entry for a brief summary of its content).

Table 1. Brief summary of sources and symptoms of psychological impact related to COVID-19.

| Lockdowns | Pandemic Life | COVID-19 Infection |
|--|--|--|
| Not alarmingly affected global population but suicide vigilance is recommended | Global increase in the rates of anxiety, depression and post-traumatic disorders | COVID-19 infection: cognitive impairment and fatigue |
| Vulnerable subgroups: autism, pregnancy, homeless | Vulnerable subgroups: OCD, depression | Post COVID-19 condition (3 months after infection): cognitive impairment and fatigue over 2 months |
| Risk contexts: domestic violence, intrafamilial child abuse | Front-line workers more exposed, especially health-care workers | Post-intensive care syndrome in intensive care unit survivors: cognitive impairment and mental health problems |

| Lockdowns | Pandemic Life | COVID-19 Infection |
|--|--|---|
| Pandemic fatigue: demotivation to follow preventive measures | Abundance of cross-sectional rather than longitudinal and prospective studies, preventing causal knowledge | Both patients and their relatives (current carers) may be at risk of psychological impact |

systematic reviews, meta-analysis and longitudinal research over transversal or nation-specific studies, whenever possible. However, this strategy does not ensure the provision of causal or relational knowledge given the fact that most of the studies conducted and published so far are cross-sectional (i.e., measuring a specific population group in a specific point of time) rather than longitudinal (i.e., gathering several measures of a specific population group along a period of time) or prospective (i.e., starting the data collection before the pandemic outbreak, which may count as a baseline, and continuing afterwards, to allow for comparisons), and therefore, even systematic reviews may be biased in their conclusions.

In those cases where the broad vision also implied citing a vast number of studies, due to space restrictions, two selection criteria were applied: chronological order of publication (first-year pandemic stage: March to December 2020 and late pandemic stage: from January 2021 on) to illustrate any potential longitudinal tendency and the affiliation of the authors (citing at least one study per continent, if any) to illustrate any potential cross-cultural difference. Despite the efforts invested to avoid a Western vision of COVID-19 and its psychological impact, this entry may lack cultural diversity due to the low publication rate of low-income countries.

References

1. WHO. Director-General's Opening Remarks at the Media Briefing on COVID-19-11 March 2020. Available online: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-11-march-2020> (accessed on 5 January 2022).
2. APA. Psychological Impact of COVID-19. Available online: <https://www.apa.org/topics/covid-19/psychological-impact> (accessed on 5 January 2022).

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