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Effects of the COVID-19 pandemic on mental well-being amongst individuals in society- A letter to the editor on “The socio-economic implications of the coronavirus and COVID-19 pandemic: A review”


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Dear Editor,

The insightful article by Nicola et al. regarding the socio-economic implications of the COVID-19 pandemic detailed the response from authorities, impact of the virus on various societal sectors and the social consequences of isolation measures [1].

In this letter, we present key information regarding the impact of protective social isolation policies, on the mental health of individuals in non-healthcare industries, drawing comparisons to the emotional trauma faced by healthcare staff on the frontline.

COVID-19 social isolation measures have had a profound impact on the psychological and mental well-being of individuals across society. Many of the anticipated consequences of isolation measures are themselves key risk factors for mental health issues including suicide, self-harm, substance misuse, and domestic and child abuse. Social interaction has been widely interlinked with psychological well-being, social opportunities and employment; thereby restriction of these measures are suggested to be profoundly distressing to those experiencing strict isolation. Previous epidemics have induced widespread fear, loneliness and psychological sequelae; COVID-19 is inducing similar effects. It has been reported that over 4000 arrests for domestic abuse offences have been made in the United Kingdom (UK) since the 9th of March, equating to roughly 100 a day; highlighting the potentially fatal impact of social isolation policies. The rise in domestic abuse cases are alarming and bring to light concerns surrounding the collateral psychological and mental health impacts of social isolation during the COVID-19 pandemic [2,3].

The implementation of a nationwide lockdown disrupts the day-to-day lives of the general public; the pandemic has caused an unprecedented shrinkage of the UK economy and the closure of businesses across the country. In combat, the UK government has provided financial support for businesses and the self-employed equating to 80% of their monthly wages. Due to the high demand for emergency funding, many self-employed individuals are resorting to short-term

bank loans to maintain lines of income. Those in low-paid, self-employed or insecure occupations experience the greatest impact due to loss of work or the temporary closure of their business. There have been reports of heightened feelings of anxiety and depression, with some fearful of post-lockdown anxiety and paranoia; the largest stressor being an overarching feeling of loss (loss of income, routine or social interaction). Other at-risk groups include children and students who have experienced closure of schools and/or universities causing significant disruption to daily routines, with factors such as exam postponement, accommodation expulsion and graduation cancellations contributing. Furthermore, there has been a significant detrimental impact to those suffering from ongoing mental health conditions, due to decreased access to support and resources. The COVID-19 pandemic has seen the incidence of domestic abuse dramatically increase globally because of reduced options for support, increased exposure to exploitative relationships and disaster-related instability within the household. Consequently, there has been a 32–36% increase in domestic abuse incidents in France, 21–35% increase across the USA, 25% increase in UK domestic abuse hotline calls and a 75% increase in Google searches relating to domestic abuse support. The social-distancing and sheltering-in-place measures are essential to minimising the spread of COVID-19; however, they are likely to dramatically increase the risk of domestic and inter-family violence [3,4].

The COVID-19 pandemic is posing unprecedented challenges to the mental well-being of healthcare workers due to various factors including increased societal pressure, lack of adequate safety provisions such as personal protective equipment (PPE) and being in an emotionally strenuous environment with numerous patients dying suddenly, alone and scared. A recent survey from YouGov, an international journal, involving 996 healthcare workers in the UK, for the Institute for Public Policy Research (IPPR), saw 50% of them admitting to being in a deteriorating mental state, with further questioning highlighting 21% of healthcare staff being more likely to quit as a consequence to the COVID-19 outbreak. This could result in the significant loss of

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approximately 300,000 healthcare workers in England alone [5]. The rise in anxiety, depression and self-reported stress are associated with sleep disturbance which catastrophically impacts the well-being of workers even further, especially whilst on ever-longer, more draining, shifts. Hence, coping strategies must be optimised to support frontline health and social care staff to mitigate symptoms of stress [3].

The COVID-19 pandemic is having far reaching effects into the mental well-being of individuals in society. Authorities must take into account not only the economic effects of social isolation, but the mental impact on the community also, implementing appropriate measures such as expansion of the “safe spaces” model, to help those suffering domestic abuse and the most vulnerable, preventing further detriment.

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