

# Likely Exacerbation of Psychological Disorders from Covid-19 Response

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## Abstract

Anxiety and fear felt by people around the world regarding the coronavirus pandemic is real and can be overwhelming, resulting in strong emotional reactions in adults and children. With depressive and anxiety disorders already highly prevalent in the general population (300 million worldwide), depression and/or anxiety specifically because of the pandemic response is likely. Moreover, the current state of panic in the face of uncertainty is apt to produce significant amounts of stress. While this situation has the potential to cause psychological disorders in previously unaffected populations, perhaps more impactful is the exacerbation of symptoms of many existing disorders including anxiety, depression, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD) and hoarding disorder.

## Keywords

COVID-19, health effects, mental health, outcomes, psychology, pandemic

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Anxiety and fear felt by people around the world regarding the coronavirus pandemic is real and can be overwhelming, resulting in strong emotional reactions in adults and children.<sup>1</sup> With depressive and anxiety disorders already highly prevalent in the general population (300 million worldwide), depression and/or anxiety specifically because of the pandemic response is likely.<sup>2</sup> Moreover, the current state of panic in the face of uncertainty is apt to produce significant amounts of stress. While fear, worry, depression, and stress are normal responses and perceived threats, practitioners should be vigilant for these reactions among individuals who displayed no prior symptomology. That said, symptoms should be viewed in context to the pandemic; for example, there could be increased awareness of the boundary line between psychological disorder and normal, transient reactionary behavior. Moreover, while the current pandemic has the potential to cause psychological disorders in previously unaffected populations, perhaps more impactful is the exacerbation of symptoms of many existing disorders including anxiety, depression, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD) and hoarding disorder.

Beyond contracting the disease, anxiety, depression, and stress is likely to occur in most of the population because of outcomes related to the outbreak, including but not limited

to social isolation, food insecurity, increased caretaking responsibility, acute unemployment. Mandates to “shelter in place” for an undetermined amount of time can contribute to a myriad of problems; the act of quarantine itself produces negative psychological effects, including depression, anxiety, sleep disturbance, fatigue, PTSD, confusion, and anger, which is often coupled with stressors, like frustration, infection fears, inadequate information, financial loss, and stigma.<sup>3,4</sup> Food insecurity is also an issue related to self-quarantine, as individuals are being asked to remain isolated in their homes where there is limited access to food; moreover, food insecurity, in general, has been linked to poor mental and physical health outcomes, including depression.<sup>5,6</sup> Families quarantined at home also experience increased caretaking responsibilities and homeschooling, which can contribute to emotional burnout, as parents

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actively need to manage insecurity, anxiety, and stress.<sup>7</sup> Finally, isolation also disallows people to be at their place of employment, which can affect individual health and well-being.<sup>8</sup> Telework has been hastily deployed during the pandemic with scant attention given to the negative emotional and psychological effects correlated with working in isolation at home. Millions of workers worldwide have been shunted into home offices for self-isolation purposes.<sup>9</sup> Among the troubling issues reported by workers prevented from in-office work are anxiety due to loss of status, worry over lack of recognition by superiors, and fear of inferior work evaluations all of which can lead to apprehension about the future, for example, diminished promotional opportunity.<sup>10</sup> Isolated individuals unable to engage in telework during the pandemic may face even greater risk of poor mental health outcomes. Not being able to work can lead to job insecurity, which is associated with increased depressive symptoms, poor mental health and physical outcomes, and an increased risk of suicide (0.79% per 1% unemployment).<sup>11-14</sup> One study showed that increased job insecurity due to COVID-19 was linked to increased depressive symptoms and indirectly linked to increased anxiety symptoms owing to increased financial concerns.<sup>15</sup>

The emergence of psychologically disordered symptoms is a reasonable response to abnormal circumstances. Outbreak-related symptoms in individuals not previously diagnosed with a psychological disorder can be expected to wane as the provoking stressor diminishes; alternatively, individuals with pre-existing diagnoses may react more severely.

Alongside arising adverse mental health outcomes, other disorders could develop or become intensified, like PTSD, OCD, or hoarding disorder to name a few. The shift required upon society presents the reality of an enforced new normal that consists of unemployment, severe shortages of supplies—which plays upon a base survival instinct—and an abnormal segregation leading to loneliness that could cause new or unravel existing trauma. PTSD, which affects 8 million adults annually in the US, is defined by the development of a cluster of symptoms following exposure to a traumatic event.<sup>16,17</sup> Interruption of a routine daily schedule and dramatic new norms could be considered a traumatic event. Within this new paradigm, messages of “wash your hands” have become a global anthem for the pandemic, as people actively seek to keep pathogens at bay. For those afflicted with OCD (1.1%-1.8% in US per DSM-5),<sup>16</sup> the repetitive and ritualistic cleaning and handwashing could intensify, leading to a relapse of symptoms. Additionally, the increased stockpiling of food and medical supplies could perpetuate individuals affected by hoarding disorder (2%-6% in US per DSM-5)<sup>16</sup> or diagnostically progress to hoarding disorder, a predictable outcome as people continue to accumulate items.

Ironically, populations worldwide are being asked to perform protective behaviors, which may negatively impact psychological health and could even result in the development of maladaptive behavior, all under the guise of keeping people “medically” safe. Social distancing, self-isolation and quarantine are being instructed as precautions and safeguards against the pathological effects of coronavirus, with seemingly little to no direction about how to protect populations who may develop or who are currently afflicted by adverse mental health diagnoses. To this end, the Centers for Disease Control and Prevention recommends that people with preexisting mental health conditions continue with the treatment protocols currently in place and be vigilant for new or worsening symptoms.<sup>1</sup> However, this might prove nearly impossible as mental health treatment becomes secondary as medical professionals turn their focus to the pandemic possibilities of the coronavirus. Ultimately, a holistic approach to pandemics in the world needs to be comprehensive and consider both psycho- and physiological diseases of exposed populations.

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