Kingdome of Saudi Arabia's People Mental Health during Covid-19 Pandemic: A Review

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Abstract

In 2020, a novel corona virus declared as pandemic by World Health Organization (WHO). The severe acute respiratory syndrome (SARS-Cov-2) is an emerging infection caused by widely spread pandemic corona virus disease 2019 (Covid-19). This severe novel corona virus was first reported in Wuhan city of China. On that time covid-19 pandemic is prompting fear of falling illness, dying, helplessness and stigma. Urgent and timely understand the mental health status is needed to help the community. This review is based on the articles and general population of Kingdome of Saudi Arabia to assess the degree of psychological impact during the pandemic. I have studied several research articles to understand the impact of covid-19 pandemic on Saudi's people and understand the mental health of Saudi's people during the Covid-19 pandemic. During the early stage of the outbreak, we collected data about several aspects of participant sociodemographic, knowledge, concerns, psychological impact, and mental health status. We assessed the psychological impact and mental health status using the Impact of Event Scale-Revised (IES-R), and the Depression, Anxiety, and Stress Scale (DASS-21). All through the beginning phase of the Coronavirus flare-up in Saudi Arabia, the outcomes showed that almost one-fourth of the tested overall public experienced moderate to extreme mental effect. Following explicit prudent steps seemed to defensively affect the person's psychological well-being. Our discoveries can be utilized to build mental mediations coordinated toward weak populaces and to carry out open emotional wellness methodologies in the beginning phases of the episode.

Keywords: Mental Health of Saudi • Coronavirus 2019 • SARS-Cov-2 • Lockdown • Communicable disease

Introduction

Coronavirus disease 2019 (Covid-19), is first reported in Wuhan City of China. It is a new communicable disease caused by a new strain of severe acute respiratory syndrome coronavirus (SARS-Cov-2). Firstly it was reported in December 2019, as pneumonia of unknown etiologic linked to sea food market. In 2020, 30th of January it was declared the outbreak as the Public Health Emergency of International Concern (PHEIC) and it was declared as pandemic on 11th of March 2020 by World Health Organization (WHO) [1]. The first case was reported on 7 March in Saudi Arabia. On that time number of Covid-19 patient were increases worldwide, majority of the confirmed cases were found in United States, Russia, Brazil and Italy. After reporting a first confirmed case in Saudi Arabia, the government of Saudi action were swift and immediate, started campaign on social media, encouraging to stay at home and to follow the instructions and guidelines of Ministry of Health. On 23rd of March 2020, lockdown was imposed on the city of Mecca, Madeena, Riyadh, with travel restriction in all over the country. During the Covid-19 pandemic proper lockdown has been done by the government of Saudi. Government people tried to clear all the complications related to covid-19, but due to lockdown people suffer some mental disturbance as well. The importance of research in the field of mental health is highlighted by the fact that it offers up-to-date data on the number of psychiatrists, psychologists, social workers, mental health nurses, and counsellors as well as the education they have received. The training and funding of mental health services that are required for the

population's requirements can be directed with the help of this information [2]. The advancement of the mental health care system and the achievement of the ultimate goal of a patient-oriented approach rather than a disease-oriented mind set depend heavily on research. Prior to 1975, there was essentially no mental health research conducted in the Kingdom of Saudi Arabia (KSA), but it has progressively developed since then. The average annual output increased from essentially zero before 1975 to one publication by the middle of the 1980s, tenfold by the mid-1990s, and nearly twice by 2006. The Kingdom is now in the forefront of mental health research in the Arab world as a result of this outstanding advancement in the field.

Literature Review

Coronavirus disease is currently experiencing a pandemic due to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19). The community needs urgent and timely understanding of the state of mental health in order to assist with the COVID-2019 epidemic, which is causing dread of being sick, dying, feeling helpless, and stigma [1]. We conducted a general population survey in Saudi Arabia as part of our inquiry to see how much the pandemic affected people's mental health. People are startled and terrified by the COVID-19 cases that are rapidly increasing throughout the world and the quick changes in how people live [2]. In the past, there have been numerous outbreaks, such as the SARS epidemic [3], where mild to severe post-traumatic stress symptoms have been noted in the most severely afflicted locations. Nearly one-fourth of the general population studied showed signs of moderate to severe psychological effect during the early stages of the COVID-19 outbreak in Saudi Arabia, according to the findings [4]. The person's mental health looked to be safeguarded by taking certain precautions [5]. Our findings can be used to develop psychological interventions for at-risk groups and to put public mental health measures into practise in the early phases of an outbreak [6].

One study during the swine flu (influenza A H1N1) outbreak found that 9.6% and 32.9% of the general population were very or moderately concerned about contracting the disease, respectively [7]. There have been reports of substance misuse as well as an influence on mental health following the Ebola, MERS, and SARS epidemics. There was a substantial correlation between

anxiety levels and avoidance behaviours during the MERS outbreak in Jeddah, western Saudi Arabia, according to a poll [8-10]. A recent study about the psychological effects of the COVID-19 pandemic conducted in China found that 8.1% of respondents reported moderate to high levels of stress and 16.5% and 28.8% of respondents reported moderate to high levels of depressive or anxiety symptoms [4,11], respectively. 53.8% of respondents showed moderate to severe psychological impact. Four weeks following the COVID-19 pandemic, anxiety and depressive symptoms did not improve [6, 7,12].

Discussion

Potential effects of such diseases on their health and the calibre of patient treatment, it is critical to look into mental health conditions among healthcare personnel. The prevalence of depression and anxiety among healthcare professionals from 3 notable Saudi regions and representing different specialties at the Ministry of Health was first examined in this study, which also looked at the prevalence of depression and anxiety during the COVID-19 outbreak in Saudi Arabia. 55.2% and 51.4%, respectively, of healthcare professionals showed signs of despair or anxiety, according to our research. Additionally, we discovered that the mean anxiety score was considerably greater among respondents who were nurses and females. Additionally, the mean sadness and anxiety ratings of healthcare professionals aged 30 to 39 were substantially higher than the general population [5]. A Chinese study conducted during the COVID-19 epidemic found that 1257 healthcare professionals had a high prevalence of psychiatric symptoms, primarily sadness, anxiety, and distress (50.4%, 44.6%, and 71.5%, respectively). Nurses and female respondents both reported more severe symptoms, in a similar vein. Furthermore, during the COVID-19 pandemic, Saudi Arabian ophthalmologists showed similar recent results for the prevalence of depression and anxiety (50.5% and 46.7%, respectively). Similar to the previous finding, female ophthalmologists had significantly greater levels of anxiety. In addition, a recent assessment of the pandemic's psychological effects on Saudi society found lower prevalence of depression and anxiety symptoms (40.9% and 29.9%, respectively) than in our study. Similar findings across the Saudi populace as a whole showed higher levels of stress, anxiety, and depression in medical professionals and women. A recent Jordanian study also revealed similar results, identifying ladies and pulmonologists as the healthcare workers most at risk for depression during the COVID-19 epidemic. However, compared to Jordan, our study found that the prevalence of depressive and anxious symptoms among healthcare professionals was substantially lower (78.1% and 70.8%, respectively). In a different Chinese study, nurses displayed indicators of psychological anguish as well as impatience and excitement [3]. The medical personnel were worried about infecting their families with the infection. In Saudi Arabia, at one of the country's largest emergency departments and a level I trauma hospital, emergency healthcare staff showed a similar overall anxiety prevalence (52%) in 2017. In contrast, there were twice as many people who had acute anxiety in our study. High job demands and work-related stress may contribute to anxiety in emergency situations. Other studies that were carried out among healthcare professionals during the SARS outbreak suggested some sources of distress: social stigmatisation, family members being shunned, social isolation, losing control, one's own health and the health of others, changes at work, and the spread of the virus. There could be severe psychological repercussions if anxiety symptoms are not recognised.

It is hardly shocking that nurses reported much higher mean scores for anxiety than other healthcare professionals. According to the research, nurses in particular are more likely than other healthcare practitioners to experience emotional discomfort like melancholy and anxiety as well as burnout as a result of stressful work environments. Frontline Saudi Arabian nurses showed signs of moderate stress as well as a high perception of COVID-19 infectivity and aversion to germs. Poor nurse-patient relationships, over commitment, and lower job rank are some of the characteristics that appear to increase the likelihood of Chinese nurses experiencing symptoms of anxiety [8]. Earlier research among healthcare professionals during pandemics showed that clinical staff (doctors and nurses) and staff who were caring for SARS

patients reported significantly greater levels of anxiety. Emergency room employees, first nurses and then doctors, had experienced higher than normal levels of distress as a result of the SARS outbreak. Healthcare aides used self-distractions, while nurses and doctors largely engaged in behavioural disengagement and planning to cope. As a result of their frequent, intimate contact with patients and lengthy workdays, frontline nurses may also be at a higher risk of contracting an infection.

Conclusion

The prevalence of depression and anxiety symptoms among Saudi Arabian healthcare professionals was 55.2% and 51.4%, respectively, with varying degrees of severity: half of them had mild disorders, and the remaining ones ranged from moderate to severe. However, there should be a greater focus on the mental health of nurses, female employees, and people in the 30-39 age range. Regular assessments of mental health should be implemented, particularly during pandemics. The physical requirements of healthcare professionals, such as enough sleep and secure times and locations to rest, must also be met. Along with promoting solidarity, charity, and social inclusion, promoting healthcare as a humanitarian and national obligation may help make it a more fulfilling experience. During the COVID-19 outbreak, psychological resilience and well-being may be improved by psychiatric and psychotherapy therapies. Finally, it is necessary to undertake long-term studies to monitor participants' mental health problems and develop evidence-based interventions.

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