

The Impact of Covid-19 on Mental Health

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Short Communication

Corona virus illness (Covid-19) has spread over the world. The new Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) that causes Covid-19 is thought to have started at a seafood market in Wuhan, China. The infection is thought to have spread from live animals to humans at the market. The virus then spread over the world via human-to-human transmission. Fever (85.6%), a new and persistent cough (65.7%), weariness (42.4%), dyspnoea (21.4%) and loss of taste and/or smell are among the Covid-19 symptoms. There have also been reports of neurological and gastrointestinal problems. Diarrhoea, vomiting, nausea, stomach discomfort, dizziness and headache are examples of symptoms that might be caused by a systemic sickness rather than a particular neurological ailment.

Beyond the most widely reported covid-19 symptoms, there have been requests for action to address the disease's psychosocial effect. Direct consequences of covid-19 infection on the central nervous system, including as encephalitis, ICU-related trauma, worsening of pre-existing mental problem and the wider pandemic impact of isolation and anxiety caused by social distance, lockdowns and quarantine are among them. Delirium was reported as a prevalent acute symptom in a comprehensive evaluation of the mental and neuropsychiatric manifestations of severe acute respiratory syndrome (SARS), Middle East respiratory disease (MERS) and Covid-19. Patients with Covid-19, according to Rogers may also have similar diseases and symptoms, as well as sleeplessness, during the acute stages of infection.

Covid-19-related anxiety has been found to predict general somatic symptoms, primarily exhaustion, followed by gastrointestinal (GI) symptoms in the general population of the United Kingdom (UK). Several somatic symptoms were identified in 140 ICU nurses in China: (a) dyspnoea (30.7%), dizziness (17.9%), headache (19.3%), nausea (21.4%); (b) chest discomfort/palpitation (31.4%), xerostomia (15.7%) and fatigue (21.4%); and (c) chest discomfort/palpitation (31.4%), xerostomia (15.7%) and fatigue (21.4%). They were linked to accidents and the breakdown of personal protective equipment (PPE), raising concerns of covid-19 infection.

Despite testing negative for covid-19, a teenage boy in Italy showed with somatic symptoms typical of the disease (fever, elevated heart rate to 130 bpm, delirium, breathing trouble, changed taste and smell and overall malaise). There was also a depressed mood and intense concern over his bodily problems with delusional severity. Given a history of Functional Neurological Disease (FND) and the start of an eating disorder in February 2019 in reaction to GI pain, a diagnosis of SSD seemed warranted. However, there is no mention of the covid-19 test's reliability, i.e., if the test was repeated and determined to be negative. In the other papers, there is likewise no mention of any covid-19 testing. As a result, we can't say for sure whether individuals were suffering symptoms of true covid-19 infection or the somatising effects of covid-19-related worry.

Given the occurrence of weariness after infection with a variety of viruses, including earlier coronavirus pandemics, it is fair to expect that covid-19 infection will represent a similar hazard. Fatigue and other symptoms are still being reported months after covid-19 infection at the time of writing.

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