

Evaluation of the Perceptions About the Covid-19 Pandemic of Patients with the Diagnosis of Generalized Anxiety Disorder: A Qualitative Study

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Abstract: Covid-19 pandemic has raised concerns about how to deal with the psychiatric aspects of the pandemic and it was a matter of curiosity how the perceptions of individuals who already had a psychiatric diagnosis would be, especially a vulnerable diagnosis of Generalized Anxiety Disorder (GAD). We aimed to explore the perceptions about Covid-19 pandemic in a sample of individuals with the diagnosis of GAD. Qualitative data was obtained using a semi-structured interview questionnaire by a psychiatrist with 33 individuals diagnosed with GAD. 14 (42.4 %) of the participants were male, 19 (57.6 %) were female. Average age was 34.7. 7 (21.2 %) participants had Covid-19 infection. Three main themes were determined as "learning from the pandemic process", "impact of the pandemic process on changes in personal development", "effects on the psychiatric treatment process". Sub-themes; 'value of health', 'patience', 'importance of cleanliness and hygiene', 'changing world', 'difficulties of staying at home', 'necessity of preparing yourself for the worst', 'people are no good for anyone but themselves', 'things happen to happen' 'learning to be happy with little things', 'being able to read more books', 'uncertainty', 'spending time with children', 'enduring', 'discipline', 'negativities added to health', 'no changes', 'fires again, me again', and 'worsening with stress factor', 'awareness', 'experience', 'helped-it, it was good' have been detected. People with the diagnosis of GAD may be particularly vulnerable to the psychological effects of the COVID-19 pandemic. But their positive and negative appraisals and coping behaviours could prevent or ameliorate future problems. © 2022 NTMS.

Keywords: Covid-19; Generalized Anxiety Disorder; Impact of Stressor; Perceptions About the Pandemic.

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1. Introduction

After the new coronavirus (COVID-19) outbreak was declared a pandemic by the World Health Organization (1) in March 2020, extraordinary precautions were taken, such as quarantining all countries. The rapid spread of viral infection has raised concerns about how to deal with the psychiatric aspects of the pandemic in people with a diagnosis of psychiatric disorder and the impact of the COVID-19 pandemic on psychiatric

disorders has been an important research topic for scientists.

An important aspect of mental health that may be particularly affected by the coronavirus pandemic is generalized anxiety disorder. Anxiety is a normal feeling of worry, fear, nervousness, or apprehension that is experienced when facing or anticipating a perceived or real threat. Anxiety disorders, on the other

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hand, are characterized by persistent, overwhelming worry and fear that interferes with normal functioning and DSM-5 includes nine types of anxiety disorders (2). The types are highly comorbid and all are characterized by anxiety, fear, and related behavioral disturbances. Generalized anxiety disorder (GAD) is the most common type of anxiety disorder (3). The current prevalence of the disorder is between 1.6 % to 5.0 % in the general population (4).

Interestingly, individuals with 'high health anxiety' (possibly with generalized anxiety disorder) are more likely to misinterpret harmless bodily symptoms and emotions as evidence of dangerous illness (for example, benign muscle aches or coughing as a descriptive sign of being infected with COVID-19). This can increase their anxiety and distress and affect their behavior and decision-making capacity (5, 6).

In general, individuals have difficulty coping with uncertainty and this creates anxiety (7). COVID-19 has taken this uncertainty to a high level (8). Traumatic events like this can reduce people's sense of security, remind them of the reality of death, and have negative effects on their mental health. Questions that do not have a definite answer, such as when the epidemic will end and treatment methods; constant exposure to the information about the pandemic and its effects; reduction in social relationships due to the pandemic; and suggestions/prohibitions such as staying at home as much as possible may adversely affect the mental health of individuals (9).

Fear, anger, anxiety and panic about possible worse outcomes can precipitate boredom and feelings of loneliness and guilt about not being with family. In a person with a pre-existing psychiatric disorder, all these problems may reappear (10). Having a history of pre-existing psychiatric illness may cause people to experience anxiety and anger even 4-6 months after leaving quarantine (11).

Especially vulnerable individuals who already have a diagnosis of generalized anxiety disorder may be more vulnerable to public panic and anxiety triggered by the pandemic, which can worsen existing anxiety disorder symptoms. Due to the sudden outbreak and lack of experience with COVID-19, most mental health services were not ready and able to reach psychiatric patients during quarantine. As a result, the needs of psychiatric patients are neglected during the pandemic. Although there are many studies known to date on the impact of the COVID-19 pandemic on the mental health of the general population (12-14), on COVID-19 patients (15), and on healthcare professionals (16, 17), little research is available on the psychological impact on pre-existing psychiatric patients living in the community during the COVID-19 pandemic. Although most of them are quantitative, very little are qualitative studies (18).

Therefore, this study aimed to analyze the impact of fear, anxiety and distress related to COVID-19 on people suffering from generalized anxiety disorder and

their perceptions of social isolation, prevention behaviors and emotional impact of COVID-19 social conditions. We assumed that these individuals experienced a high psychological burden.

2. Material and Methods

This research is a qualitative study using semi-structured interview and document analysis methods. The study protocol was accepted by the ethical committees of the Non-Interventional Studies Ethics Committee at Ataturk University (2021-5/23).

2.1. Study population

Patients who applied to the psychiatry outpatient clinic of our hospital for 1 month and were diagnosed with Generalized Anxiety Disorder (GAD) according to DSM-5 diagnostic criteria with SCID-5 semi-structured interview form and clinical interview constituted the sample of our study.

Qualitative data was obtained by using a semi-structured interview form about the perceptions of the patients about the Covid-19 pandemic.

Informed consent was obtained from the patients for participation in the study, and the files and interview forms of those who were interviewed and gave consent were evaluated.

Those with mental retardation, hearing impairment, illiteracy and those who did not give consent to participate in the study were excluded.

2.2. Data Collection

The participants' age, gender, marital status, educational status, occupation, economic status, previous medical conditions, past or present psychiatric disorders, and medications they used were learned from digital hospital records and paper documents of interview notes kept confidential in envelope files by the interviewer.

The interviewer had permission to access the internal documents.

2.3. Evaluating perceptions about the Covid-19 pandemic process

It was prepared as a form asking them to indicate their perceptions by filling in the blanks. The contents were evaluated.

Qualitative data was obtained with a descriptive approach by making direct quotations from what the participants said (with their original formats), what was written and the contents of the documents.

2.4. Statistical Analysis

In the descriptive statistics of the quantitative findings of the study, number, percentage distribution and mean, standard deviations were used.

Nvivo12 program was used in the analysis of the qualitative data. The data was coded, codes were found from the events and facts that were frequently repeated or emphasized by the participants, themes were found

from the codes, and the codes of the data were interpreted according to the themes.

3. Results

Our sample consisted of patients between the ages of 18-65 years who applied to the psychiatry outpatient clinic between 01.07.2021 and 30.07.2021 due to anxiety symptoms and were diagnosed with Generalized Anxiety Disorder (GAD) according to DSM-5 diagnostic criteria.

1 person with hearing impairment and 3 people who did not consent to participate in the study were excluded from the study, and a total of 33 people were included.

14 (42.4 %) of the participants were male, 19 (57.6 %) were female. Average age was 34.7. 7 (21.2 %) participants had Covid infection.

When the patients were evaluated according to their past psychiatric histories; it was found that 18 (54.5 %) had a pre-existing diagnosis of generalized anxiety disorder, and 15 (45.5 %) were diagnosed with generalized anxiety disorder for the first time. Among those with a previous diagnosis of anxiety disorder 11 (61.1 %) participants described increase, 5 (15.2 %) participants described no change, 2 participants described decrease in anxiety symptoms during the pandemic process. Sociodemographic characteristics are illustrated in Table 1.

Table 1: Sociodemographic characteristics of the patients.

Patient	Age	Gender	Education	Occupation	Economical Situation	Pre-existing Anxiety Diagnosis	Had Covid-19 Infection	Change in Anxiety Symptoms
P1	27	F	University	House-wife	Modarate	-	-	-
P2	23	F	University	Student	High	Yes	-	Increase
P3	61	M	University	Officer	Modarate	Yes	-	No change
P4	18	F	Primary school	No work	Modarate	-	-	-
P5	49	M	High school	Self-employment	High	-	-	-
P6	32	M	University	No work	Low	-	Yes	-
P7	21	F	University	Student	Modarate	-	-	-
P8	39	M	University	Officer	Modarate	-	-	-
P9	32	F	University	Self-employment	High	Yes	-	Increase
P10	41	M	University	Officer	Modarate	Yes	-	Increase
P11	21	M	University	Student	Modarate	Yes	-	Increase
P12	30	M	Primary school	Self-employment	High	-	-	-
P13	29	F	University	Officer	High	Yes	-	Increase
P14	30	F	Primary school	House-wife	Modarate	-	-	-
P15	23	F	University	Student	Modarate	-	Yes	-
P16	24	F	University	Self-employment	High	Yes	-	No change
P17	19	F	High school	Student	Modarate	Yes	-	No change
P18	47	F	Primary school	House-wife	Modarate	Yes	-	Decrease
P19	42	F	High school	House-wife	Modarate	Yes	-	Increase
P20	55	M	Primary school	Self-employment	Low	-	-	-
P21	24	M	University	Student	Modarate	Yes	-	Increase
P22	30	M	Primary school	Self-employment	Modarate	-	-	-
P23	36	F	High school	House-wife	Modarate	Yes	-	Increase
P24	56	M	Primary school	Self-employment	Modarate	Yes	Yes	Increase
P25	26	F	University	Officer	Low	Yes	Yes	Decrease
P26	20	F	University	Student	Modarate	Yes	Yes	Increase
P27	45	M	University	Officer	High	Yes	Yes	No change
P28	48	M	High school	Self-employment	Low	-	-	-
P29	20	F	High school	Student	Modarate	-	yes	-
P30	23	F	University	Student	High	Yes	-	Increase
P31	31	F	Primary school	House-wife	Modarate	-	-	-
P32	58	M	Primary school	Self-employment	Modarate	-	-	-
P33	65	F	Primary school	House-wife	Modarate	Yes	-	No change

After the data obtained from the qualitative analysis of the interviews were coded, three general themes were established: “learning from the pandemic process”,

“the impact of the pandemic process on changes in their personal development”, “the effects of the pandemic process on the psychiatric treatment” (Table 2).

Table 2: Theme categories and sub-themes.

<p>1-Learning From the Pandemic Process</p> <p>a. Value of health</p> <p>b. Patience</p> <p>c. Importance of cleanliness and hygiene</p> <p>d. Changing world</p> <p>e. Difficulties of staying at home</p> <p>f. Necessity of preparing yourself for the worst</p> <p>g. People are no good for anyone but themselves</p> <p>h. Things happen to happen</p>
<p>2- Impact of the Pandemic Process on Changes in Their Personal Development</p> <p>a. Learning to be happy with little things</p> <p>b. Being able to read more books</p> <p>c. Uncertainty</p> <p>d. Spending time with children</p> <p>e. Enduring</p> <p>f. Discipline</p> <p>g. Negativities added to health</p> <p>h. No change</p>
<p>3- The Effects of Pandemic Process on the Psychiatric Treatment</p> <p>a. “Fires again, me again” and worsening with stress factor</p> <p>b. Awareness</p> <p>c. Experience</p> <p>d. Helped-it, it was good</p>

The first category of the theme “learning from the pandemic process” was to recognize the ‘value of health’. It included the expressions of people who had constant anxiety in their daily work, saying that health was more important than anything else.

“My husband and I used to argue all the time because of money, now I don’t think it matters, I only think about our health but nothing else” (P18).

“I have many diseases, diabetes, high blood pressure and others, I only think not to catch this infection and can’t see anything else” (P20).

“I have my own business and closed it immediately because of my fear, I say we can make a living somehow, just don’t get the virtüs” (P28).

While trying to comply with quarantine and precautions ‘patience’ was another category.

“In order not to go to the market, I even started to make my own bread at home, we will somehow endure this situation” (P14).

“While we were always together at home, we started to argue with my husband. I try to be patient with everything” (P13).

Besides some were satisfied with the cleaning and hygiene efforts, some of them complained.

“I understood the importance of cleanliness once again, I used to hardly wash my hands before, now I pay attention to the cleanliness of everything” (P22).

“I wasn’t as meticulous as now before, nowadays I spray everything with disinfectant, I even wash the fruits with soap, my hands don’t come out of the water, I’m tired” (P19).

Some stated their perceptions about the changing world in addition to those who stated the difficulties of staying at home.

“Everything has changed in an instant, all the balances in the world have changed and even the most powerful countries cannot cope with it” (P2).

“I can’t believe that the giants of the world are fighting for the mask, it’s like the world has turned upside down” (P21).

“Normally I like to spend time at home, but when it was forbidden, I felt trapped.” (P26).

“It used to be difficult to go to work before, but now I miss and say it was a blessing” (P3).

Some constantly thought about the worst scenarios and some stated that the anxiety of thinking that no one can help themselves when infected was the most distressing situation. There were also those who said that they could not believe that the most unexpected and what could be said about things happened.

“The situation of the patients in the intensive care unit keeps coming to my mind, I say that one day I can be like that, one of my relatives died and we couldn’t even go to his funeral, I can’t get it out of my mind” (P24).

“If I get infected, no one can even come close to me, I will be alone, I think I can’t even ask for water from anyone, there is no benefit from anyone in this life” (P27).

“It’s unbelievable, I wouldn’t believe these things if I saw them in my dreams. What else do I say to what happens every day?” (P10).

In the theme of the “impact of the pandemic process on changes in their personal development”, the category ‘learning to be happy with the little things’ was in the first sequence.

“I couldn’t believe that watching movies at home would make me so happy. I think I’m happier now, because everything outside is left outside” (P1).

There were also those who reported an increase in their activities such as “I started to read the books that I got out because of boredom at home, I missed it actually, I was far away after school.” (P16).

There were also those who reported that it was good for them to spend time with the children at home.

“In fact, no one at home could see each other’s faces, we were always outside, being a working mother distanced me from my children, this process made me more comfortable” (P25).

“We cook meals that children like and have fun together, actually, we haven’t done anything like this for a long time” (P31).

Uncertainty category included codes related to the diagnosis of the virus infection, its outcomes, fear of death, status of relatives, and intolerance to the unknown about the future.

“I wonder if I will catch this disease, what will be the result, or if I die, it is a frightening process” (P33).

“If it infects me or one of my family, if it is serious, if we stay in the hospital, or if one of us dies, we won’t even be able to see each other, no one will even come to our funeral, I don’t even want to think about being buried in a bag and like that anymore” (P5).

Despite the uncertainty of the disease, some patients insisted on going to the hospital and getting tested even if it was not considered risky, while others avoided knowing whether they were ill and being stigmatized.

“My son’s nose was running, I said if it is positive, if it infects all of us, just in case, I took him for a test right away, but it came out negative” (P23).

“I was sick but I didn’t want to go to the hospital, if they test and comes out positive, how will everyone look at me, they will put a big quarantine sign on our door, I said to myself, I used herbal medicines, it passed” (P8).

There were also those who stated that the constant obligation to obey the rules was a hard disciplinary process to endure.

“As if I’m in the military, rules, rules, rules, discipline is overwhelming” (P12).

Negative effects added to health due to the lack of access to adequate health services or because of contamination were also reported.

“My hypertension medication was over, I couldn’t print, they weren’t taking patients other than covid, two days later my blood pressure was up, I was in an emergency service” (28).

“I went to the emergency service for my stomach ache, I wish I hadn’t gone, I think it infected me there, and all family got the infection, we were devastated, we were in quarantine for 14 days” (P6).

There were also those who said that it had no effect on their life.

“It had no effect” (P33).

In the theme of “the effects of the pandemic process on the psychiatric treatment”, ‘worsening in such a stressful situation’ was the first category.

“What happened, of course, fires again, my palpitations have increased, I can’t sleep at all, I’m very bad” (P9).

“I don’t even watch TV anymore, I don’t want to response the calls, I’m afraid to get news that it has infected someone in my family immediately, my treatment was going well for a long time, everything turned upside down” (P11).

There were those who said it was good, it provided experience and improvement, and there were also those who gave simple answers as it contributed a lot to my treatment or it never effected.

“I said, “I think this is the worst thing what happens in life, it’s been an experience for me, I couldn’t think of other bad things for a while” (P18).

“It actually helped, it was nice, I learned to overcome my fears, albeit a little bit” (P17).

There were also simple responses that were thought to be related to their socio-cultural status.

“It has effected a lot” (P32).

“It did not effect” (P24).

4. Discussion

In our qualitative study, we aimed to understand the perceptions, feelings, experiences and reactions about Covid-19 pandemic of patients with generalized anxiety disorder (GAD).

On the theme of what they learned from the pandemic process; the value of health was at the first place and showed that they could put other concerns about daily functions in the back. Patience was sometimes a coping attitude shown in this unexpected panic situation, but sometimes it was an attitude that caused angry behaviors too (19).

The importance of cleanliness and hygiene was prioritized among the requirements of daily life and that they showed harmonious and motivated but sometimes exaggerated behaviors in complying with cleaning and

hygiene rules. Fear of contamination and getting the infection may be a reason of anxiety for these patients (20).

Besides perceptions such as 'the changing world and the necessity of being prepared and open to changes and preparing oneself for the worst' may be some part of constant anxiety and generalized anxiety symptoms (5). In addition, the symptoms of anxiety caused by quarantine and isolation related to the difficulties of staying at home were shared, and perceptions such as "things happen to happen" and the sense of decrease in trust have been reached regarding the belief that 'one has no good for anyone but himself' were existed with a review examining the effects of isolation on patients' mental well-being and behaviors which determined negative effects such as increased anger and anxiety scores in isolated patients too (21).

As the impact of the pandemic process on changes in their personal development positive contributions such as 'learning to be happy with little things', 'reading more books', 'spending time with children' were determined suggesting that people may experience positive quarantine experiences, including an increased sense of freedom, joy, and calmness due to increased leisure time and slower pace of life. With people being encouraged to work from home and some taking leave, leisure has increased and more opportunities to spend time with family have emerged, which may have led to increased well-being (22).

Negative statements such as 'discipline', 'endurance', and 'uncertainty' were detected too and these seem to be related with anxiety and anger. It was especially seen that anxiety increased about uncertainty and it could be said that it was significant for the increase in anxiety symptoms. The category of 'uncertainty' was associated with fear of death and anxiety and the role of uncertainty in anxiety is known (7) and this uncertainty regarding the COVID-19 pandemic is at its peak.

In our interviews, some patients felt threatened by the virus while others did not. Some reported problems about obtaining hospital care and negative effects on health. Due to the health anxiety triggered by this process, these individuals may apply to physicians and hospitals frequently. Conversely, individuals with high anxiety may also be reluctant to seek medical attention because of the concern that hospitals are source of contamination. Also, the fact that individuals with psychiatric symptoms have difficulty in getting medical help due to reasons such as citizens being asked to stay at home during the pandemic, may also have adversely affected these processes (23, 24).

When we look at the effect of the pandemic process on the psychiatric treatment; increase in symptoms were related may be due to worsening with stress factors that one said 'fires again me again' and not being able to go to the hospital but sub-themes such as 'experience' and 'helpful- it was nice' including some dealing and coping attitudes were detected too. It may also have

provided a practice for exposure and respond preventing therapies suggested in anxiety therapy (25). Another qualitative study evaluating perceptions of COVID-19 found that positive and negative emotions often coexist, but negative emotions predominate in the early stages of the epidemic and positive emotions emerge much more slowly, and stated that it is related to psychological or lifestyle adjustments (i.e. daily writing, awareness, exercise, distraction, humor and rationalization) and personal development (26). Although we have no data on lifestyle changes of participants in our study but the attitude towards personal development and coping strategies supports this.

Participants stated resilience, adaptability, and coping as well as negative experiences. Previous studies also showed that psychological resilience and flexibility are associated with greater well-being during quarantine (27, 28). Although people with existing psychiatric diagnoses are particularly vulnerable to the psychological impact of the COVID-19 pandemic, their positive and negative assessments and coping behaviors can prevent or ameliorate some problems. Our results seem to be consistent with another qualitative study carried out with patients with existing psychiatric diagnoses (22). Resilience may be related to know how to respond to challenges and feeling in control (29). An important aspect of this process that facilitates coping may be the availability of technology, opportunities such as social media, video communication, and being able to work and get education remotely.

In our study; some experiences confirmed the findings of previous studies, such as negative emotions and exacerbation of symptoms (10, 30). Others cited positive experiences such as resilience, adaptation, and coping. Emotional responses varied between individuals, and this seems in line with the literature suggesting that people experience a multitude of different emotions (10).

Our study showed that in a vulnerable group of generalized anxiety disorder, besides the negative consequences of the pandemic process, they could also exhibit good coping attitudes and resilience and produce positive perceptions.

5. Conclusions

Although people with existing psychiatric diagnoses are particularly vulnerable to the psychological impact of the COVID-19 pandemic, their positive and negative assessments and coping behaviors can prevent or ameliorate some problems.

Limitations of the Study

The interviews were conducted face to face and the results of the complaints and experiences of the participants of their own applications were evaluated. It is possible to mention that it is a realistic qualitative

evaluation. Since it is a retrospective evaluation, a comparison could not be made regarding conditions such as individual characteristics, lifestyle changes, supports and access to technology.

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There is no one to declare.

Conflict of Interests

The authors have no conflict of interest to declare.

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Author Contributions

Creating the design of the study: FTO, HAC, Determining the working method: FTO, HAC Conducting the study and collecting data: FTO, HAC, Analysis and statistical evaluation of data: HAC

Ethical Approval

The study protocol was accepted by the ethical committees of the Non-Interventional Studies Ethics Committee at Atatürk University (2021-5/23).

Data sharing statement

It can be shared if requested from the author.

Informed Consent

All the participants had signed the informed consent form prepared by researcher.

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