

Psychological consequences of COVID-19

More than two and a half million people have already died as a result of COVID-19. There is now considerable evidence in epidemiological studies that the prevalence of mental health problems has substantially increased after the onset of the COVID-19 pandemic (e.g. Qiu et al., 2021; Schafer et al., 2022; Wang et al., 2020). This does not only apply to adults but to adolescents as well (Breux et al., 2021). The pandemic has had a direct impact on anxiety, depression, post-traumatic stress disorder, eating disorder and violence (Clemente-Suárez et al., 2021). In addition, one study has shown that paranoia and conspiratorial thinking are associated with COVID-19 (Larsen et al., 2021). Research has found an association between COVID-19 related conditions and the perpetration or experience of intimate partner violence during the earliest stage of the pandemic in a sample of adults in the United States (Davis et al., 2021). Respondents who reported testing positive to COVID-19 were two to three times more likely to experience or perpetrate interpersonal violence against an intimate partner. Also in healthcare workers with COVID-19 patients mental health risks have increased (Johnson et al., 2020; Mosheva et al., 2020; Salazar de Pablo et al., 2020; Sheraton et al., 2020). In a study amongst 350 healthcare workers in the US results revealed persisting mental health consequences of the COVID-19 pandemic among health care workers: Anxiety, depression, suicidal ideation, PTSD, and moral injury remained high over 90 days between September and December 2020 (Amsalem et al., 2021).

In this Special Issue a number of studies are published which investigate consequences of COVID-19 on mental health issues. In a large study on adult participants from the general population across 21 countries worldwide was found that fears of offering compassion to oneself and others, and of receiving compassion from others significantly predicted poorer mental health and social safeness during the COVID-19 pandemic (Matos et al., 2021). As suggested by the authors, compassion-focused interventions, may be used to reduce fears of compassion which might protect against mental health difficulties related to the COVID-19 pandemic.

In a study of Mansueto et al. (2021) life changes and health related consequences of COVID-19 outbreak were investigated in Italian health care workers. Results revealed that during the pandemic health care workers had different response to stress than the general population, i.e. fatigue and loneliness, which suggest that fatigue and loneliness need to be managed to ameliorate the health status of health care workers during the COVID-19 pandemic.

Rimawi and Almasri (2021) investigated the psychological impact of the COVID-19 outbreak on a specific group of health care workers with COVID-19 patients: radiologic technologists working quarantine centers in Palestine. Stress-induced cognition among radiologic

technologists who were involved in the care of COVID-19 patients was higher than average.

Akbari et al. (2021) investigated the role of metacognitions, intolerance of uncertainty, and emotion regulation in the relationship between fear of COVID-19 and health anxiety. Participants were individuals living in Iran with COVID-19 infected close family members, who had been hospitalized in an Intensive Care Unit. Results revealed that meta-cognitions, intolerance of uncertainty, and expressive suppression fully mediated the association between fear of COVID-19 and health anxiety accounting for 71% of the variance of health anxiety. The results of this study may lead to the development of interventions for close family members of COVID-19 patients.

Albery et al. (2021) validated the COVID-19 anxiety syndrome as measured by the C19ASS against measures of personality, health anxiety and COVID-19 anxiety in predicting levels of generalised anxiety and depression in the UK during the third COVID-19 lockdown in February 2021. They further investigated whether COVID-19 anxiety and health anxiety are associated with increased attentional bias to COVID-19-related stimuli. Results revealed that the perseveration component of the COVID-19 anxiety syndrome (C-19ASS) predicts generalised anxiety and depression scores independently of all other variables, including health anxiety and COVID-19 anxiety. In addition, this study showed there was an attentional bias towards COVID-19-related stimuli. These results support the concurrent validity of the C-19ASS.

In a cross-sectional and longitudinal study conducted in Canada and the US (Jagtap et al., 2021) the role of catastrophic cognitions in mediating a positive association between information seeking and health anxiety during the COVID-19 pandemic was investigated during April and May 2020. Greater informationseeking was associated with more catastrophic cognitions, which was associated with increased health anxiety. There was no evidence found for a directional relationship between information-seeking and health anxiety over time. Catastrophic cognitions significantly mediated the relationship between informationseeking and health anxiety both cross-sectionally and longitudinally.

Khosravani et al. (2021) investigated the effects of obsessive-compulsive (OC) symptom dimensions and OCD severity on suicidal ideation taking into account the role of stress responses in reaction to COVID-19 in a large clinical sample of patients with OCD. The study revealed that OCD patients with severe OCD are more likely to have suicidal ideation during the pandemic. Responsibility and unacceptable thoughts increased suicidal ideation in OCD.

Békés et al. (2021) investigated whether therapists were inclined to accept telepsychotherapy technology during the pandemic in Canada, China, Europe and the US. Results of their study suggest that

therapists' professional self-doubt and the perceived working alliance with their online patients are the most important factors in predicting their reported acceptance of telepsychotherapy during COVID-19.

Finally, Akbari et al. (2021) examined the mediating role of personalized psychological flexibility in the link between distress intolerance to psychological distress during the fourth wave of the pandemic in Iran. Distress intolerance and personalized psychological flexibility explained 52% of the variance in psychological distress, which increased to two-third of the variance after controlling for fear of COVID-19, satisfaction with life, and mindfulness.

Taken together, these studies provide a wealth of information for clinical psychologists and psychotherapists. Hopefully, this special issue will not only provide an overview of what already has been achieved with research in this area, but may eventually lead to a number of adapted interventions to decay COVID-19-related mental distress in clinical practice.

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