



Silent Pandemic: COVID-19 and Depression from Global Health Perspective

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Abstract

The COVID-19 pandemic, though primarily a physical health crisis, has triggered into what might be called a 'silent pandemic' of mental health issues; In particular, Depression. This paper considers the implications of COVID-19 for global mental health, particularly given the large increase in depression rates by 25% during the pandemic. The research underscored how socio-economic stressors of job losses, isolation and educational breaks only made mental health a bigger issue around the world. Major Depressive Disorder (MDD) was found to be particularly problematic for women, young adults, and for those of low income. These enhanced by the psychological toll of quarantine and isolation, especially for those in prolonged isolation, increased the odds of PTSD, anxiety and perceived stigma. The paper also looks at international and Canadian approaches to solving these problems, including the recently launched digital mental health campaign Wellness Together Canada. We explore the role of healthcare professionals, particularly nurses, in helping to identify, support and treat people with depression during the pandemic and call for integrated and compassionate care alongside reform of long term mental health policy from future crises.

Keywords: Major Depressive Disorder (Depression), SARS-CoV-2 (COVID-19)

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The global pandemic caused by the coronavirus SARS-CoV-2 (COVID-19) left an indelible imprint on the world, raising international concerns regarding global health practices and readiness for future outbreaks. With the pandemic affecting physical wellbeing, a parallel pandemic also brewed silently, affecting mental wellbeing.

Thesis Statement: Individuals during and after COVID-19 still dealt with the global issues of social readjustment and disrupted social functioning, leading people in a state of immense emotional distress - feelings of overwhelm, anxiousness, and fear - masking the growth of the silent pandemic of Depression (World Health Organization, 2022).

COVID 19 and Depression: identifying the problem

COVID-19 is a respiratory disease caused by coronavirus SARS-CoV-2. It is a contagious disease (person-to-person transfer) originating in Wuhan, China. It spreads from a person's mouth and nose in small liquid particles when they cough, sneeze, speak, or breathe (World Health Organisation, 2020). Recurrent symptoms include loss of taste and smell, fever, cough, and fatigue; unusual symptoms include sore throat, irritated eyes, diarrhoea, and headaches (World Health Organisation, 2020).

With the question seen from the lens of a global health framework that involves study, research, and practice that prioritizes improving health and achieving equity worldwide (Rutgers Global Health Institute, 2022). It puts the spotlight on the compounded vulnerabilities brought forward by the pandemic; Positioning Depression not just as a mental health/psychiatric disease but as an indicator of the devastated economies, global inequities and societal meltdown. The question also references WHO's Mental Health Reports and data from Canada's national digital mental health platform for the years 2019-2023.

Post-COVID-19 Depression, post-traumatic stress disorder, and anxiety showed long-term consequences in the number of affected individuals that directly substantiated increased inefficiency and economic decline. Prioritization of mental health and support services should be an urgent consideration to address these concerns globally.

Mental health, due to its multifaceted nature, is the most critical and integral part of a person's wellbeing, being a crucial indicator of their response to crisis.

Depression is currently one of the leading causes of disability worldwide. A 25% increase in prevalence of anxiety and depression has been noted since COVID-19 by the WHO. Although an unprecedented rise in cases worldwide, it may still have long-lasting and complicated effects on society.

History and Policy of Mental Health Services Amid COVID-19

The state of mental health pre-COVID-19 emphasized low life expectancy among individuals with severe mental health issues. COVID-19 witnessed increased systemic service inadequacies and socio-economic disparities, which affected individuals with and without mental health issues (Nations, 2022). WHO member-states reported the inadequate nature of public health measures and services for mental, neurological, and substance use conditions and disruptions in life-saving service mental health, including Depression and suicide prevention (World Health Organization, 2020).

Major Depressive disorder (MDD) is classified as a mood disorder in the Diagnostic and Statistical Manual of Mental Disorder (V), which characterizes the persistence of five or more symptoms that cause significant distress among the individual, not including mania. The characteristic symptoms include depressed mood, lack of interest in most or all activities, lack of appetite and consequent weight loss, insomnia/ hypersomnia, and weight gain, suicidal ideations, loss of energy/fatigue, but are not limited to these (World Health Organization, 2023).

COVID-19 resulted in declining mental health treatment due to restrictions, inaccessibility, and complete lockdown. As a result, in 2019, the WHO's flagship mental health program to address the increased risk of mental health challenges amid the pandemic gained a spotlight. The WHO initiative was created from system-level action with long-term goals to transform the state of public mental health measures (Nations, 2022). The mental health initiative was an ambitious project aimed at increasing mental health care for over 100 million people across 12 countries. The program aimed to have two primary goals:

- a) Advancing mental health policy, advocacy, and human rights and
- b) Scaling up interventions and services across community-based, general health, and specialist settings (Nations, 2022). Contributing to mental health services by countries showed increased preparedness for future pandemics (Kestel et al., 2025).

The WHO Mental Health Report: Transforming Mental Health for All (2022) outlined a plan for governments, academia, health professionals, and society to support the global transformation of mental health. It prioritized the need to support the population in thriving by highlighting where and why change is needed and how to achieve it. Aiming to change the shape and strengthen the nature of mental health support measures. (Nations, 2022). Although the report commendably highlighted deficiencies in systems, the implementation of those ideas remained rocky in the geopolitical context. Many underdeveloped nations still stigmatize mental health and consider working on it a taboo. The significant barriers faced due to socio-economic and cultural thought processes were also significant factors in undermining the role of the WHO's Mental Health Program, mainly because of the limited resources allocated to address socio-economic and

cultural barriers. Developed nations could greatly benefit from this, whereas developing nations were left behind.

In April 2020, the Canadian government and a consortium of leaders in digital mental health and substance use support launched Wellness Together Canada (WTC), an online platform providing a virtual network of mental health and substance use support (Canada, 2022). In 2022, the Canadian Ministry of Mental Health and Addictions launched Pocketwell, a free companion to the WTC online portal. It provides Canadians access to mental health and substance use services and tracks their mental wellbeing (Canada, 2022).

These platforms, though promoting easily accessible and technology-driven care, raise concerns and doubts regarding their long-term efficacy and consumer interaction. Communities that may be at a higher risk of deterioration of mental health, like Indigenous communities, Low-income backgrounds, and older populations, may encounter hurdles because of limited access to the internet or digital literacy, making it hard for them to reach these resources. The 'self-guide' nature of these platforms may also induce a negative bias towards contacting professionals for mental health issues and just using self-help measures.

These measures may reflect increased efficacy in addressing mental health issues and a progressive direction in policy-making; however, the actual impact depends on systemic changes and digital access.

Canadian Case Study: Socio - economic impacts of Covid-19 on Mental health

From the global community, I will put a microlens on Canadian society. Canadians experienced social and economic turmoil due to COVID-19, which led to significant job losses, industrial lockdowns, and closures, as well as disruptions to the school year. COVID-19 endangered an individual's physical and economic stability and posed a higher risk of mental trauma and instability. As a result, the rates of Depression, Post-traumatic Stress Disorder (PTSD), domestic violence, and opioid overdoses have reached an alarming high (Canadian Mental Health Association, n.d.).

Canadian data confirmed that individuals 14-25 years of age, specifically women, exhibited the highest rates of Depression, with diagnoses nearly doubling that from the pre-pandemic period (Canada, 2021)

Studies globally also reported an increase in MDD (Major depressive disorder) and PTSD in individuals who were held in quarantine. Majorly impacted communities were students and isolated women.

However, taking into consideration an alternative counterargument and interpretation of the finding. The observable surge in mental health diagnoses - specifically Depression, anxiety and PTSD - may relatively reflect the shift in the public awareness and development of the mental health realm post-COVID-19. What may seem a surge might be a result of the under-accountability and underdiagnosis of mental health due to the prevalence of societal stigma, lack of mental health resources and infrastructure and limited mental health literacy - resulting in a high prevalence of false negatives of underdiagnosis, incorrect identification and recording of mental health concerns. The amplified attention to mental health during and post-Covid might have reduced the false negatives, thereby resulting in a sudden exacerbation of Depression and related disorders. Thus, the post-pandemic rise in depression could be a misrepresentation of previously unacknowledged undiagnosed cases due to improved mental health literacy rather than a true epidemiological surge - highlighting the complex interplay of the literacy, social awareness and system dynamics.

Gender Differences: Incidence of Depression due to Covid 19

Depression is the third highest in the Global disease burden and is the leading cause of loss of quality of life (Albert, 2015). In the duration of and after COVID-19, the reporting and diagnosing of MDD rose significantly and in disproportion, with most of the diagnoses as stated above for women aged 14-25 years. Individuals with low reported income were considered the most vulnerable population during and after the COVID-19 pandemic (Albert, 2015). In the second pandemic wave, 15% of Canadians in the age bracket of 18 years or older were at risk of MDD, of which 18% were men and 13% were women, in comparison to the 7% pre-pandemic (Worley, 2006).

Studies prove that the risk of MDD is similar between males and females pre-puberty. However, the chance of risk in females increases with the onset of puberty (Albert, 2015). A dose-response relationship states that each increase in the number of COVID-19-related risk factors corresponds to an increase in the prevalence of MDD, ranging from 2% in individuals with no risk factors to 62% in those with five or more risk factors (Canada, 2021).

The gender disparities are often explained biologically, with a focus on hormonal variation during puberty, menopause, and pregnancy, which is believed to impact hippocampal volume and emotion regulation (Albert, 2015). Basing the gender gap solely on biology is redundant. Other determinants, including gender stereotypes, caregiving burden dependence on economic factors, plausible cases of domestic violence, etcetera, may also play a role in the accessibility of mental health for women.

In contrast, men might display significantly lower rates of MDD but have a higher rate of suicidal tendencies and mortality rate due to suicide, often accredited to gender norms and taboos around men seeking help (Townsend et al., 2019)

Psychological Impacts of Isolation and Quarantine on Mental Well-Being

COVID-19 led to restrictions as part of public health measures to contain its spread; these included daycare closures, travel bans and restrictions between provinces, a government-mandated 14-day quarantine for international travellers, and prohibitions on social gatherings, as well as a complete lockdown.

A study on Bahraini participants (2021) aged >18 who underwent isolation or quarantine determined that these individuals are highly susceptible to MDD PTSD, perceived stigma (rejection and avoidance by their colleagues and family members due to the fear of infection, shunned, marginalized, and insulted in the workplace, rejected use of services and schooling), and, to a lesser extent, distress (Jassim et al., 2021). Depression and PTSD symptoms were excessively high among college students and significantly high for females, those with severe mental disorders, and knowledge of COVID-19 fatality (Jassim et al., 2021).

The psychological impact of quarantine (restricting the movement of individuals exposed to a contagious disease to see if they become sick) and isolation (separating sick individuals from quarantinable communicable disease from the non sick population) aggravated the issue of limited physical activity, dietary alterations, feelings of loneliness, confusion, anger, and financial loss (CDC, 2024). Current research suggests that isolated individuals are at a high risk of MDD and PTSD as compared to quarantined individuals (Zheng et al., 2021). This is due to primary and secondary stressors such as social distancing measures, which lead to heightened feelings of loneliness, suicidal ideations, anxiety, lack of social interaction, distancing from loved ones and family members, as well as knowledge of Covid 19 fatality (Zheng et al., 2021). Moreover, hospital isolation can exacerbate the risk of MDD. Conversely, perceived stigma is higher in individuals who were isolated due to the prevalence of social stigma and discrimination and stigmatizing language such as "COVID-19 suspect" (Jassim et al., 2021).

Influence of COVID - 19 and Depression on Education

.COVID-19 has increased the occurrence of cases of Depression, especially among young adults and has had condescending effects on their education. Global scale restrictions during the time of covid like the closure of schools and the hasty shift to online learning from in-person or on-campus learning, creating a barrier between the 'COVID-19 Normal' and 'normal' or mundane routines and inhibiting face-to-face social interactions among the younger crowd, which are building blocks of cognitive and emotional development in youth.

For instance, higher depression scores, as indicated by Akaike Information Criterion (AIC) values, reduced the likelihood of attending subjects such as language (mean [SD] AIC = 47.3) and math (mean [SD] AIC = 47.80) (Duncan et al., 2021). AIC is used for evaluating the good fit of a model to data; i.e., the lower the AIC value, the better the fit (Duncan et al., 2021). Since the relationship between depression score and attendance level is low, the participants were a good fit for the study. Hence, the study found that as depression scores increase, the likelihood of participants attending math and language classes decreases (Duncan et al., 2021).

The change in routine, social adjustment and social isolation induced depressive symptoms, hampering children's motivation, concentration and academic achievement (Almeida et al., 2021). The shift to online schedules also led to the formation of new methods of studying. Due to academia shifting online, most structured classrooms lost their structure, which led to a loss in discipline and an increase in academic dishonesty. This led to the deterioration of consistent study habits and skills related to gaining and imparting education and knowledge (Almeida et al., 2021). The global overview shifts our focus somewhat from the redundancy that this has led to in academic progression and behavioural resilience.

Implications for Professional Practice

Nurses can prioritize patient safety by incorporating direct interventions to prevent and reduce the symptoms (Hwang et al., 2019). Nurses must be aware of the increased risk of Depression among individuals (significantly younger adults between 14-25 years) due to social isolation, fear of infection, fear of the COVID-19 virus, death of a loved one, uncertainty, economic and financial stress which heighten the risks of MDD.

Prevention of risk and suicidal ideations can be attained by educating the participants about Depression, its symptoms and treatment options provided by the nurses (Chand et al., 2022; Hwang et al., 2019). Nurses should be prepared to teach how to promote overall health and wellbeing by:

- a) reinforcing mindfulness and rationales for medications and therapies,
- b) describing the negative triad regarding self, the world and the future as a symptom of Depression,
- c) helping participants challenge negative thoughts as the strategy to decrease negative rumination,
- d) Provide information on support groups and emphasize the importance of psychotherapy (Chand et al., 2022).

Nurses must be trained to identify and assess depressive symptoms, such as the detection of continued sadness, lack of interest in all activities, and changes in sleep and eating patterns. Emotional support from the nursing team should be the utmost priority since isolation and fear have triggered negative feelings and perceived stigma within the participants. For a more effective response, they should also be trained in compassion, non-judgemental listening and empathetic communication.

Collaborative efforts with the mental health department and professional care should be mandatory and are essential for individuals showing moderate to high-risk factors or symptoms. These efforts could be organized through Interdisciplinary work and telemedicine, for example, Wellness Together Canada, an intervention program based on personalized and tailored needs.

Except for clinical referrals, nurses can also support their patients through comprehensive rehabilitation and coping mechanisms or exercises, per current support systems. Imparting knowledge about mindful practices and a growth mindset and offering psychoeducation on Depression can prove to be helpful measures for reducing pessimistic thought patterns. Monitoring suicidal risk, helping a patient set realistic goals and inclusivity of Familial care after consent are integral strategies which can enhance care outcomes and should be emphasized and used holistically (Chand et al., 2022).

Conclusion

The COVID-19 pandemic highlighted the bare nature of structural inconsistencies and vulnerabilities in mental health systems, emphasizing the need for global collaboration. Depression during that period emerged as a condemning and under-addressed issue of public health. A significant lesson from the pandemic is the acute need for the integration of mental health care into health systems, placing the same priority on it as physiological care. The need for social readjustment and how social functioning changed led to economic instability, social bereavement and healthcare inaccessibility, which further led to the elevated numbers of cases of Depression. These outcomes highlighted the need for sustainability, inclusivity, and proper, well-funded mental health programs at both national and global levels.

Instead of just investing in research, governments and health professionals should focus on the practical implementation of solutions and the integration of mental health with emergency preparedness, social care, and health strategies. The pandemic was a gentle yet stern reminder that no society is complete or

resilient, ignoring or overlooking the aspect of mental health and without its recognition as foundational to collective wellbeing.

References

1. Albert, P. (2015). Why is depression more prevalent in women? *Journal of Psychiatry & Neuroscience: JPN*, 40(4), 219–221. <https://doi.org/10.1503/jpn.150205>
2. Almeida, I. L. de L., Rego, J. F., Teixeira, A. C. G., & Moreira, M. R. (2021). Social Isolation and Its Impact on Child and Adolescent Development: a Systematic Review. *Revista Paulista de Pediatria*, 40(40). National Library of Medicine. <https://doi.org/10.1590/1984-0462/2022/40/2020385>
3. Best, L. A., Law, M. A., Roach, S., & Wilbiks, J. M. P. (2020). The Psychological Impact of COVID-19 in Canada: Effects of Social Isolation during the Initial Response. *Canadian Psychology/Psychologie Canadienne*, 62(1). <https://doi.org/10.1037/cap0000254>
4. Canada, H. (2022, January 14). *Government of Canada improves digital access to mental health and substance use resources during the COVID-19 pandemic*. Wwww.canada.ca. <https://www.canada.ca/en/health-canada/news/2022/01/government-of-canada-improves-digital-access-to-mental-health-and-substance-use-resources-during-the-covid-19-pandemic.html>
5. Canada, P. H. A. of. (2021). Symptoms of major depressive disorder during the COVID-19 pandemic: results from a representative sample of the Canadian population. *Www.canada.ca*, 41(11), 340–358. <https://doi.org/10.24095/hpcdp.41.11.04>
6. Canadian Mental Health Association. (n.d.). *Policy Brief COVID-19 AND MENTAL HEALTH: HEADING OFF AN ECHO PANDEMIC INTRODUCTION: THE IMPACT OF COVID-19 ON MENTAL HEALTH*. Retrieved October 16, 2023, from https://cmha.ca/wp-content/uploads/2021/07/EN_COVID-19-Policy-Brief.pdf
7. CDC. (2024, April 17). *Legal Authorities for Isolation and Quarantine*. Port Health. <https://www.cdc.gov/port-health/legal-authorities/isolation-quarantine.html>
8. Chand, S. P., Arif, H., & Kutlenios, R. M. (2022). *Depression (Nursing)*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK568733/#:~:text=Encourage%20patient%20to%20do%20as>
9. Duncan, M. J., Patte, K. A., & Leatherdale, S. T. (2021). Mental Health Associations with Academic Performance and Education Behaviors in Canadian Secondary School Students. *Canadian Journal of School Psychology*, 36(4), 082957352199731. <https://doi.org/10.1177/0829573521997311>
10. Hwang, J.-I., Kim, S. W., & Chin, H. J. (2019). Patient Participation in Patient Safety and Its Relationships with Nurses' Patient-Centered Care Competency, Teamwork, and Safety Climate. *Asian Nursing Research*, 13(2), 130–136. <https://doi.org/10.1016/j.anr.2019.03.001>
11. Jassim, G., Jameel, M., Brennan, E., Yusuf, M. A., Hasan, N., & Alwatani, Y. (2021). Psychological Impact of COVID-19, Isolation, and Quarantine: A Cross-Sectional Study. *Neuropsychiatric Disease and Treatment*, 17, 1413–1421. <https://doi.org/10.2147/ndt.s311018>

12. Kestel, D., Chisholm, D., & Schafer, A. (2025). The WHO Special Initiative for Mental Health: increasing access to mental health services for millions of people. *World Psychiatry*, 24(1), 137–138. <https://doi.org/10.1002/wps.21286>
13. Nations, U. (2022, October 10). *The State of Mental Health Globally in the Wake of the COVID-19 Pandemic and Progress on the WHO Special Initiative for Mental Health (2019-2023)*. United Nations. <https://www.un.org/en/un-chronicle/state-mental-health-globally-wake-covid-19-pandemic-and-progress-who-special-initiative#:~:text=It%20is%20estimated%20that%201>
14. Rutgers Global Health Institute. (2022). *What Is Global Health?* Rutgers Global Health Institute. <https://globalhealth.rutgers.edu/what-we-do/what-is-global-health/>
15. Townsend, L., Musci, R., Stuart, E., Heley, K., Beaudry, M. B., Schweizer, B., Ruble, A., Swartz, K., & Wilcox, H. (2019). Gender Differences in Depression Literacy and Stigma After a Randomized Controlled Evaluation of a Universal Depression Education Program. *Journal of Adolescent Health*, 64(4), 472–477. <https://doi.org/10.1016/j.jadohealth.2018.10.298>
16. World Health Organization. (2020). *Coronavirus*. World Health Organization; World Health Organization. https://www.who.int/health-topics/coronavirus#tab=tab_3
17. World Health Organization. (2022, March 2). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*. World Health Organization. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>
18. World Health Organization. (2023, March 31). *Depressive Disorder (Depression)*. World Health Organisation. <https://www.who.int/news-room/fact-sheets/detail/depression>
19. Worley, H. (2006, June 1). *Depression a Leading Contributor to Global Burden of Disease*. PRB. <https://www.prb.org/resources/depression-a-leading-contributor-to-global-burden-of-disease/>
20. Zheng, J., Morstead, T., Klaiber, P., Umberson, D., Kamble, S., & DeLongis, A. (2021). Psychological distress in North America during COVID-19: The role of pandemic-related stressors. *Social Science & Medicine*, 270, 113687. <https://doi.org/10.1016/j.socscimed.2021.113687>