Impact Of COVID-19 Pandemic On Mental Health In Pakistan: A Systematic Review

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Abstract
Epidemics and pandemics ravage human population in different ways. Recent COVID-19 has engulfed the whole world and casted significant social and psychological impacts on individuals around the globe. This review article includes literature from January 2020 to November 2020 on the psychological impact of corona virus pandemic on individuals in Pakistan. Literature on psychological impact was searched via electronic databases and reputable websites including Google Scholar, PubMed, Elsevier, Science Direct, Scopus and Springer by using the searching keywords: COVID-19 and psychological problems, COVID-19 and mental health, impact of corona/novel corona virus and COVID-19 and medical personnel or health care professionals in Pakistan. Total of 12 articles were selected for review. The results of study highlighted the psychological impacts of COVID-19 on students, health workers, slum community and general public who were more likely to develop the stress, anxiety, and depression, post traumatic and additional indicators of mental distress like psychological distress associated with economic recession. It was concluded that Covid-19 should not be solely treated as a life-threatening virus and a risk for physical health, but the mental health services should also be promoted to safeguard the psychological impact of the virus on Pakistani population in general, and students and healthcare providers in particular.

Keywords: COVID-19, mental health, Pandemic, psychological issues, Pakistan

INTRODUCTION
Epidemics have been devastating human population in different ways since 1918. Spanish Flu in 1928, claimed nearly 50 to 100 million people around the globe. Spanish flu which was caused by H1N1 virus spread through birds. Again in 1957, Asian flu pandemic H2N2 caused approximately 1.1 million people. It was also caused by birds. Repeatedly, in 1968, Hong Kong flu H3N2, an influenza virus decimated around 1 million people globally, the latter H3N2 virus was mutated from earlier H2N2. In 2002 another virus called SARS-CoV: 2002-2003 took 770 lives and its outbreak was caused by an unknown source. Origin of many of these infections has been China and it spread from there to Hong Kong and around the world (LAM et al., 2003). Next influenza in 2009, named as swine flu and death toll caused by it ranged from 151700 to 575400 people (Kelly, 2020). Source of swine flu was different than earlier pandemics. It spread out through pigs initially, and then human to human transmission was reported. MERS coronavirus in 2012 was a respiratory disease having an unknown animal source and killed 858 people. Again in 2014, another pandemic ‘Ebola virus’ spread through bats, a haemorrhagic fever killed more than 11000 lives. Mortality and infections are still developing around the world (Cunha, 2004). Recent, COVID19 is a pandemic having unknown source.


**Outbreak of COVID-19 in Pakistan**

First case reported in Pakistan was marked on 26th February 2020, when two reported cases saw the light of the day (Siddiqui, 2020). Early cases of COVID-19 are linked with travelling history and patients had returned to Pakistan from Syria, Iran, and London (Ashfaq , 2020). First case of local virus transmission was reported from Sindh on 13 March, 2020 in a man of 52 years (Raza, 2020).

Pakistan’s initial response in combating the virus has been much focused. In the same effort, Pakistan refused to evacuate her students from China in the early days of COVID-19 breakout, when foreign students had to choose stay or go (Stevenson, 2020). Government’s refusal not only created a panic among Pakistani students in China, but it also sparked hue and cry at their homes. Parents of students along with opposition parties exerted pressure on the government to bring stranded students’ home (Saeed, 2020). However, government’s decision proved fruitful in ensuing days to keep the virus at bay.

Pilgrims from Iran pushed Pakistan into the vortex of COVID-19 pandemic. Every year, hundreds of thousands of pilgrims from every corner of the country visit Iran to serve their religious faith (Rehman, 2020). Pakistan was up against a Hobson choice when government of Iran forced many Pakistani pilgrims to leave their territory. Many Pakistanis were struck at Iran-
Pakistan border area. Consequently, Pakistan received stranded citizen at Taftan border in the first week of March, 2020 and installed remote quarantine camp. When the number of pilgrims crossed 6000, it eventuated in disarray and chaos. Doctors and nurses decried lack of medical equipment and many nurses and doctors were vulnerable to viral infection (Nafees & Khan, 2020).

First wave of COVID-19 and Reaction of Government of Pakistan
Shockingly, by the time when first two cases were reported and government started precautionary measures, eight thousand pilgrims had already entered the country. In short, unexpected influx of refugees and ensuing mismanagement not only threw cold water on Pakistan’s early efforts, but also paved the way toward indifferent spread of COVID-19 across the country. Around 60 percent of the cases were those who had recent visits to Iran, according to data by National Institute of Health (Mangi & Qayum, 2020).

Since Pakistan had realized he gravity of pandemic crisis, educational institutions were closed on 13th March, 2020 (Malik, 2020). It was followed by gradual lockdowns of different industries and institutions. On 21st March, 2020 international flight operation was suspended. Two days later, on 23 March Sindh and Baluchistan observed lockdown (Ahmed et al., 2020). On 24th March, Punjab declared lockdown. Meanwhile the pandemic situation kept on worsening and on 27th March, reported cases crossed 200. On 24th April, lockdown was extended to 9th May 2020. Although pilgrims from Iran played a seminal role in the spread of COVID-19 pandemic in Pakistan, yet religious congregation at the spot of Raiwind unleashed unimaginable viral transmission across the country. According to a report, approximately 80,000 people gathered at Raiwind congregational event during the pandemic crisis. People from all segments of the society joined the event and dispersed all over the country. This resounding disdain for virus transmission led toward irreversible loss. It became a super spreader event of COVID-19 and 27 percent of cases linked to the said event (Chaudhry, 2020).

Healthcare System of Pakistan and Pandemic
Pakistan faced another pressing challenge in the realm of medical facilities. Healthcare system of Pakistan was already under stress. Polio, Dengue, Hepatitis, and cancers of myriad forms have already posed a serious challenge to health system (Kurji et al., 2020). COVID-19’s onslaught added heavy burden on already faltering health system, doctors and paramedical staff have been clamouring for personal protective stuff to ensure their safety since the outbreak of pandemic in the country. During the pandemic many doctors and nurses were tested positive due to lack of medical equipment and this situation created anxiety and stress among health workers (Hashim, 2020).

When government imposed lockdown and started proliferating information through electronic and social media, a strong bout of apprehension and panic prevailed regarding dreadful alchemy of coronavirus COVID-19. However, after few days of lockdown, public uproar stared in different fabrics of the society in different forms. A wave of conspiracy theories regarding, origin, spread and treatment of coronavirus prevailed in social circles and confused masses through social
media ("Coronavirus outbreak fuels conspiracy theories on social media", 2020). People, especially in metropolitan cities, adhered to precautionary measures. Sequentially, there has been a strong public uproar for daily wage workers and their survival amidst lockdown. Eventually, government of Pakistan announced a special relief package worth 12000 PKR for poverty stricken masses to minimize the survival anxiety in public below poverty line (Gul, 2020). Meanwhile government opened construction industry to safeguard livelihood of many daily wagers (Raza, 2020). Standard Operating Procedures (SOPs) for many industries were crafted to lessen financial woes of working class (Lockdown SOPs: Three industrial units sealed in Karachi, 2020).

Coronavirus had malignant effects on the economy of Pakistan. Pakistan lost around 2.5 trillion rupees because of pandemic as reported by the government on 2\textsuperscript{nd} April. Government initiated different programs to support people financially. Plant for Pakistan reforestation program employed nearly 60000 people. It was estimated by Ministry of Planning that around 12 to 18 million citizens will become unemployed because of COVID-19. Under the given situation, multifarious uncertainties are linked with pandemic like, its infectious causes, fast and unknown transmission, serious public health impacts, and lack of health facilities to cater the situation, financial woes of a layman, and insecurity of livelihood have engendered serious and potential psychological problems (e.g., fear, anxiety, depression, and different phobias) are linked with contacting and meeting people. Medical health staffs around the country, which are directly exposed to coronavirus patients and quarantine centres, are highly vulnerable to infection and mental health issues ("COVID-19 Effect on Mental Health", 2020).

Coronavirus outbreak in Pakistan has unleashed serious challenges for medical health workers in Pakistan. Doctors and nurses encountered shortage of safety equipment necessary for disease prevention. Many doctors and nurses tested positive during the outbreak that caused a wave of fear and anxiety among the medical staff. Moreover, problem of contact with family members further aggravated the wellbeing of medical workers and their families. Furthermore, tiring working hours and excessive work load owing to a large number of COVID-19 patients also caused mental health issues in various forms (e.g., fear, anxiety, panic attacks, posttraumatic stress, distress, sleeping issues, contact phobias, frustration, helplessness, and interpersonal social isolation from family). Although, there exist multifarious mental health issues among healthcare workers, yet they tend not to receive psychotherapeutic intervention (Ahmed et al., 2020).

**COVID-19 and Global Mental Health Issues**

Mental health experts are of the opinion that epidemic affects the mental health of the entire population of the world by increasing the number of suicide cases along with fear, anxiety, depression, self-harm and some other symptoms. Documents published during SARS proposed that people are at greater threat of experiencing stress, depression and anxiety at such times. There is a fear and panic situation due to corona virus and people who have been affected by corona and their families are experiencing stigmatization and social exclusion which can cause serious mental health problems like, depression and social adjustment disorder. High level of fear can also cause irrational thoughts (Ahmed et al., 2020). Researcher are conducting studies on corona virus and its
possible effects on mental health issues like fear, anxiety and depression, post-traumatic stress disorder and obsessive-compulsive disorder.

A study was conducted by Gritsenko et al. (2020) to find the fear level due to COVID-19 among the population of different countries of the world. Sample size consisted of 850 males and female participants. Most of the sample consisted of university students. Data were collected by using the instrument of “Fear of COVID-19 Scale” that is a newly developed scale with a good alpha value and internal consistency and validity. The scale was specially related to the fear of corona virus. Results showed that respondents from Russia as compared to Belarus, reported the significant level of fear associated with corona virus.

COVID-19 also led to anxiety depression and trauma symptoms. A study was conducted by Shevlin et al. (2020) in the UK to examine the symptoms of anxiety, generalized anxiety, depression and trauma during COVID-19. The sample size consisted of 2025 UK adults. Questionnaires to measure anxiety, generalized anxiety, depression and trauma symptoms related to corona pandemic were administered. The scores on anxiety, depression, and trauma symptoms were significantly higher as compared to the previous studies.

The current pandemic has also increased the risk of post-traumatic stress disorder (PTSD), because the people are facing the sudden deaths of their loved ones. PTSD is a psychological disorder in which, a person experience or witnessed a traumatic event which is life-threatening and have flashbacks and nightmares for the said person. A study was conducted by Sun et al. (2020) to investigate the prevalence of post-traumatic stress disorder among Chinese people. Sample size consisted of 2091 Chinese people recruited from the city of Wuhan. Two type of instrument were administered. One was related to demographic variables and the second one was PTSD checklist. The results of the study were significant. Some Chinese showed acute symptoms of PTSD and the prevalence rate was 4.6 percent.

COVID-19 has also increased the risk of obsessive-compulsive disorder (OCD). Excessive hand washing and importance of personal hygiene due to fear of contamination has negative impact. A study was conducted by Davide et al. (2020) to find the connection between COVID-19 and OCD. A sample size of 30 men and women with OCD were selected and Yale-Brown Scale of OCD was administered before the quarantine to see the level and severity of OCD symptoms. After 6 weeks of quarantine, the test was administered again. The data were collected and analysed by SPSS. The results of paired sample t-test showed an increase and worsening of the symptoms of OCD during quarantine suggesting that there was a strong connection between the COVID-19 and worsening of OCD symptoms.

Outcomes of COVID-19 pandemic have impacted adversely on student’s mental health and their relationships, so psychological therapies and coping strategies are needed by the students to overcome the negative impacts of COVID-19 pandemic situation. Many studies have been conducted to examine the impact of current pandemic situation on students. Results of these studies have indicated a high level of stress, anxiety and fear among students. There is also a negative impact on student’s relationships. Studies also examined students’ psychological conditions before and after current pandemic situation (Chowdhury & Jomo, 2020).
Duraku and Hoxha (2020) conducted a study to examine students’ anxiety and stress and students’ attitudes toward online study. Exploratory mixed method design was used in this study. A convenient sample of 78 was selected in this study. Most of them were women and pursuing bachelor’s degree. The results of this study reported a moderate level of stress and mild mental and physical anxiety perceived by the majority of students. The perceived stress was positively correlated with student skills, specifically time management, procrastination and student life. Online learning allows students to divert attention from the epistemic and emotional support they provide.

Elmer and Al. (2020) examined social networks and mental health of students during and before the COVID-19 epidemic in Switzerland in April 2020. Many dimensions of social networks such as interaction, friendship, social support, peer study, and mental health indicators have been studied in both groups, such as depression, anxiety, stress, and loneliness. The sample of 212 Swiss undergraduate students who faced crises was compared with 54 students who did not experience crises. The results indicated that students' levels of stress, anxiety, loneliness and depression during COVID-19 were further aggravated compared to previous traumatic events. The study also concluded that specific concerns, loneliness on social networks, lack of interaction and emotional support and physical loneliness were negatively associated with mental health trajectories. The study emphasized on the importance of social interaction through online services and future strategies.

Purpose of study
Empirical studies had been conducted in the last year after the outbreak of COVID-19 in Pakistan that assessed the psychological impact of this pandemic on humans. The purpose of this paper was to review the literature that provides a summary of the published work and findings related to psychological impact of Covid-19 on individuals in Pakistan. We did a traditional literature review of documented work to recommend future research in the field impact of pandemic on mental health in Pakistan.

Method and Procedure
The literature search was completed via electronic databases and reputable websites including Google Scholar, PubMed, Elsevier, Science Direct, Scopus and Springer. The search terms used to retrieve articles were: COVID-19 and psychological problems, COVID-19 and mental health, impact of corona/novel corona virus and COVID-19 and medical personnel or health care professionals in Pakistan. Articles published from January 2020 to November 2020 were considered while searching literature.

Inclusion Criteria. Original empirical studies, review articles and commentaries that assessed the mental health problems were included. In this study, total 12 articles were selected for review in which 9 were original studies, 2 were review articles, and one commentary. Due to the given nature
of the mentioned publications, it was not possible to conduct the systematic review, therefore, it was decided to conduct a traditional literature review.

**Results**

**Table 1**

**Psychological Impacts of COVID-19 on Mental Health in Pakistan**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Author/s (Reference)</th>
<th>Year</th>
<th>Methodology</th>
<th>Population</th>
<th>Sample Size</th>
<th>Results of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Salman et al.</td>
<td>2020</td>
<td>web-based, cross-sectional study</td>
<td>University Students</td>
<td>1134</td>
<td>Students showed moderate to severe levels of anxiety and depression.</td>
</tr>
<tr>
<td>2</td>
<td>Sandesh et al.</td>
<td>2020</td>
<td>Cross-sectional survey</td>
<td>Health care professionals in all hospitals of Karachi</td>
<td>112</td>
<td>Participants showed moderate to high/sever levels of stress, depression and anxiety</td>
</tr>
<tr>
<td>3</td>
<td>Khattak et al.</td>
<td>2020</td>
<td>Cross-sectional survey</td>
<td>Nurses of 10 Hospitals in KP</td>
<td>700</td>
<td>Fear of COVID-19, secondary trauma and psychological distress were significantly associated. Leadership support decrease the studied variable</td>
</tr>
<tr>
<td>4</td>
<td>Namun &amp; Ullah</td>
<td>2020</td>
<td>Extracting suicide data from press reports</td>
<td>Pakistani Population</td>
<td>29 cases</td>
<td>COVID-19 related suicide included 12 suicides and 4 attempts related to economic recession and to fear of COVID-19 infection</td>
</tr>
<tr>
<td>5</td>
<td>Usman et al.</td>
<td>2020</td>
<td>Review Article</td>
<td>Healthcare Worker in Pakistan</td>
<td>Based on the data (February 12–</td>
<td>9282 HCWs diagnosed with COVID-19 infection reported stress and depression</td>
</tr>
<tr>
<td>No.</td>
<td>Authors et al.</td>
<td>Year</td>
<td>Study Design</td>
<td>Location(s)</td>
<td>Participants</td>
<td>Findings</td>
</tr>
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<tr>
<td>6</td>
<td>Ahmed et al.</td>
<td>2020</td>
<td>Pre-Post Study</td>
<td>Karachi, Pakistan, Kenya, Bangladesh, Nigeria</td>
<td>Slums’ residents</td>
<td>Mental health services reported to be limited or unavailable and gender-based violence was reported. Health care services were difficult to reach.</td>
</tr>
<tr>
<td>7</td>
<td>Irshad et al.</td>
<td>2020</td>
<td>Cross-sectional survey</td>
<td>Staff Nurses treating COVID-19 in hospitals of Lahore, Rawalpindi and Multan</td>
<td>107 nurses’ staff</td>
<td>Perceived threat of corona virus increased the anxiety and turnover intentions of nurses.</td>
</tr>
<tr>
<td>8</td>
<td>Raza et al.</td>
<td>2020</td>
<td>Phenomenological approach</td>
<td>Doctors and nurses working in corona wards</td>
<td>27 HCP</td>
<td>Health-care professionals experienced nervousness because of COVID-19 and fear of being infected as well as fear of taking virus to family, feeling of helplessness, feeling of loneliness and isolation.</td>
</tr>
<tr>
<td>9</td>
<td>Qasim et al.</td>
<td>2020</td>
<td>A descriptive online survey design</td>
<td>Health-care workers in Pakistan</td>
<td>476 health care workers</td>
<td>Due to COVID-19 pandemic HCWs were facing various psychological problems. Correlations were reported among consecutive work, work load, trauma and moral dilemmas.</td>
</tr>
</tbody>
</table>
Results in Table 1 show that majority researches included in this review are cross sectional quantitative survey studies and targeted populations are students and medical health workers and very few are qualitative, review article, and commentaries. Table 1 shows that Salman et al. (2020) conducted a cross-sectional study to measure the depression, anxiety, coping strategies and sources of distress. For this purpose, students of four Pakistani educational institutions were selected as a sample. Results of the study indicated that students who were above 31 years had significantly lower depression score than those who were under 30. Findings also indicated that female students had significantly higher level of anxiety and depression than male students. For coping strategies, majority of students had adopted religious/spiritual coping followed by active coping, self-distraction and acceptance. Sandesh et al. (2020) conducted the cross-sectional study in different hospitals of Karachi, Pakistan. All health care professionals who were in isolation wards due to being infected by corona virus were requested to participate in this research, and 112 health care professionals participated in this study. Mental health of professionals was accessed by Depression, Anxiety Stress Scale (DASS-21). Result of the study showed that 72.3% participants were suffering from moderate to very high depression while 85.7% participants were suffering from moderate to severe level of anxiety. Results also showed that 90.1% participants of this study were suffering in moderate to high level of depression. Another study included in this review was conducted to assess the mental health of medical health workers in three metropolitan cities of
Pakistan. In this study, a cross sectional study design was used and data were collected from 276 medical health workers through google form. The results of study showed that depression was significantly associated with the pandemic situation (Arshad et al., 2020). Results indicate that fear of being infected with coronavirus was another important factor that effected their mental health. Khattak et al. (2020) conducted a study to examine the effect of fear being infected by corona virus on nurses' turnover intent, secondary injury and trauma. The data were collected from the 10 big and various hospitals of province Khyber Pakhtunkhwa, Pakistan. Sample size was drawn through a convenient sampling technique (N=700) and study design was cross sectional. COVID-19 fear has been found to significantly affect the mental health of nurses. The study concluded that administration of hospitals should support, hearten and encourage the nurses to minimize the negativity and issues related to mental health. Table 1 also included a commentary wrote on economic recession and COVID-19 suicides in Pakistan which indicated to be associated with pandemic. In this commentary it was concluded that from January 2020 till writing date of commentary, there were 29 suicide case reported in Pakistan media both Urdu and English languages. Out of 29 suicidal cases 16 cases were related to COVID 19 issues, eight suicidal cases were related to economic recession due to COVID-19, and only four cases of suicide were related to fear of being infected by corona virus (Mamun & Ullah 2020).

The review result of all articles included in this study show that basic focus of research was to access the basic aspects of corona virus related mental health issues in major stakeholder (e.g., school and university students, health care professionals, and specific population of Pakistan). Several psychological factors associated with fear of being infected, workload, consecutive working hours, and uncertain situation and economic recession caused mental health issues like anxiety, stress and depression in people. There is a strong evidence that corona virus can be an independent risk factor for stress in people of Pakistan.

Discussion
The current review suggests that Pakistani population including healthcare workers, students and general population is under a lot of pressure, anxiety, depression, and related problems due to the COVID-19 epidemic. Women faced unparalleled burden of psychological and social impact of the epidemic as compared to men (Usman et al., 2020). These results are consistent with Rabbani et al. (2020).

The findings of this review suggest that pandemic situation had significantly increased the level of stress and also had negative psychiatric effects on mental health of young adults (Haider et al., 2020). This study is in line with the result of the study conducted by Boshra et al. (2020) to investigate the impact of corona virus and lockdown on individual’s mental health. The results of the study showed that anxiety was prevalent among individuals of age ranged 21-25 and stress level was high during COVID-19 attack.

Review also suggests that university students of Pakistan are affected due to covid-19 pandemic situation which has significant association with stress, anxiety, general distress and
others factors (Waqas et al., 2020). These findings are similar with the finding of the study conducted by Rogowska et al. (2020).

Covid-19 has also negatively affected the mental health of health care workers that appeared to correlate with consecutive work, work load, fear of being infected, rapid spread, lack of specific drugs agreements or vaccines, fear of being carrier of virus to family, helplessness. Previous studies in other parts of the world have also shown that epidemics can cause strong and volatile mental retardation effects on people especially on the medical workers. For many people, this can lead to onset of psychological symptoms, and aggravate the pre-existing diseases. People with the virus may have fear of illness or death, extreme anxiety, inability to help oneself, and a tendency to blame other people who are sick. Mental illnesses included in the previous studies are depression, anxiety, panic, physical symptoms, and post-traumatic stress disorder symptoms of dementia, delirium, psychosis and even suicide (Hall, 2008; Muller et al., 2014; Sim et al., 2010). As already noted, previous studies reported that health care workers, especially those who work in it emergency units, critically ill units, and infectious disease wards are at high risk of developing the negative impact of mental illness (Lai et al., 2020). Studies conducted during the SARS outbreak also found that emergency department employees were at increased risk of developing post-traumatic stress disorder (PTSD). Post-traumatic stress disorder (Maunder, 2009) is more likely to develop than medical care workers employees in the emergency psychiatric ward. There are no studies included in the current review estimated for PTSD in medical workers. This shows that health care workers are at high risk of developing adverse psychological effects.

One of the studies included in this review paper assessed the impact of leadership support on anxiety and depression among nurses (Khattak et al., 2020) and concluded that leadership support had mitigating impact on anxiety and depression among nurses. Impact of social support has been shown through a systematic review of the catastrophic impact of medical care workers on mental health. According to the that report, common risk factors for the development of mental illness were social support, communication, cope with illness and lack of training (Lai et al., 2020). The current review suggests that Covid-19 also resulted in the form of suicidal attempts and economic recession (Namun & Ullah, 2020). Similar results found related to economic recession in the study of Naryono and Sukabumi (2020). According to widely published research, suicide rates were projected to rise by 1% to 14.5 percent as a result of the Covid-19 epidemic (John et al., 2020).

During an epidemic, authorities usually concentrate on the biological and physical health of the population regardless of psychological needs (Azim et al., 2020). The review suggests that Pakistani government should undertake some programs to address psychological issues. Government should issue emergency psychological crisis intervention guidelines for people infected with COVID-19 just like the Chinese government, which has implemented some strategies to reduce the psychological burden on health workers. These include the establishment of psychological intervention teams, the use of shift duties, and online platforms with medical advice (Kelly, 2020). A similar suggestion was put forward by Rana in 2020 to develop the Crisis Intervention Plan and the Crisis Intervention Team development. Once again, the mental health
and psychosocial support services and other services that are relevant to this population must remain available at this time. Parents need to remain strong because children are very perceptive and they model their parents. Love and support for each other during the pandemic crisis may also mitigate the adverse effects of this crisis situation.

**Limitation**

Studies included in this review are having some limitations. Maximum studies that we included in the review were cross sectional studies and duration of studies for collecting data was from days to months. Studies included in the review paper are very few as, so results cannot be generalized. Only published articles have been included, if we had included dissertations on the mental health issues during Covid-19 in Pakistan, it could have presented more clear and wider picture.

**Conclusion**

COVID-19 Pandemic encompassed the entire world within a very short period of time. People across the Pakistan encountered multiple mental health issues. Population of all age groups including young, children and elderly became victim of mental health issues engendered by coronavirus pandemic situation. Healthcare professional as front-line warriors had endured physical toll and mental health problems during the first and second wave of Covid-19. We may conclude that Covid-19 should not be solely dealt as a life-threatening virus and a risk for physical health, but the mental health services should also be promoted to safeguard the psychological impact of the virus on Pakistani population in general, and students and healthcare providers in particular.

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