CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4276921

Avalable online at: http://www.iajps.com *Research Article*

THE MEDIATING FACTORS OF MENTAL FLEXIBILITY AND INFLEXIBILITY ON THE EFFECTS OF THE COVID-19 PANDEMIC AND CONFINEMENT ON MENTAL HEALTH IN PAKISTAN

[1]Dr Faiza Rasool, [2]Dr Jawairia Zahid, [3]Dr Sadia Butt

[1]Sir Ganga Ram Hospital Lahore
[2]Services Hospital Lahore
[3]Jinnah Hospital Lahore

Article Received: September 2020 **Accepted:** October 2020 **Published:** November 2020

Abstract:

According to basic information, the COVID-19 pandemic is affecting the psychological well-being of about a quarter of the population. Few previous surveys have distinguished logical hazard factors and no distributed studies have investigated factors that might guide their adverse effects on emotional well-being. Mental adaptability is the foundation of well-being and mental strength. This review also examined the functions of mental adaptability, firmness in directing the impacts of COVID-19 hazard factors on three psychological well-being outcomes: Coronavirus by traumatic disorder, nervousness, misery. We hypothesized that mental adaptability would alleviate and mental firmness would fuel the unfriendly impacts of COVID-19 hazard factors on mental well-being. During the Pakistani public confinement (M ¼ 37.27 days, SD ¼ 11.26), 1039 adults (77% female, M ¼ 38.6 long, SD ¼ 13.4) completed an online examination. Twelve COVID-19 hazard factors were identified (e.g. duration of confinement, COVID-19 contaminated family, rising aggressive behaviour at home and undesirable living practices) and established a COVID-19 confinement index. Our current research was conducted at Mayo Hospital, Lahore from March 2020 to October 2020. As expected, the results demonstrated that, while controlling for sociodemographic factors, global mental adaptability and four of its sub-measures (self-adjustment, diffusion, values, submissive activity), helped to alleviate the embarrassing effects of COVID-19 hazard factors on emotional well-being. Interestingly and true to form, global mental determination and four of its sub-measures (lack of contact with the second present, combination, self-content, lack of contact with individual qualities) exacerbated the intrusive effects of COVID-19 danger factors on psychological well-being. The findings merge with those of the more in-depth study of mental adaptability, providing strong support for the use of ACT-based interventions to advance mental adaptability and emotional well-being during the COVID-19 pandemic.

Keywords: *Mental Flexibility, inflexibility, COVID-19 pandemic, mental health.*

Corresponding author:

Dr. Faiza Rasool,
Sir Ganga Ram Hospital Lahore

QR code

Please cite this article in press Faiza Rasool et al, ***The Mediating Factors Of Mental Flexibility And Inflexibility On The Effects Of The Covid-19 Pandemic And Confinement On Mental Health In Pakistan.,*** *Indo Am. J. P. Sci, 2020; 07(11).*

INTRODUCTION:

The Coronavirus 2019 (COVID-19) episode caused by SARS CoV- 2 was declared a pandemic on March 12, 2020 by the Word Wellbeing Organization. As the disease is transmitted through close contact between people, outrageous social distancing measures were used to control its spread [1]. Many countries were forced to implement large-scale containment measures to mitigate the dramatic spread of the infection and reduce the pressure on medical service cadres. Both the pandemic and the containment measures can cause tremendous pain. The pandemic itself is likely to create fear of infection, concern about the disease and its disappearance, and unease about future well-being and financial vulnerabilities [2]. This discomfort is further fueled by conflicting data on infection, the lack of a clinical cure and media immersion on passages, infection rates, crowded emergency clinics and other negative data about the pandemic. The extreme confines of the pandemic are an additional source of discomfort due to innate stressors such as control, social isolation, lost wages, limitations in action and fatigue. The disruptive effects of the current pandemic on emotional well-being and the extreme limitations of social distancing are beginning to be felt. Basic data from Chinese public containment showed that 36% of respondents reported mild to severe VIDOC-19 per traumatic disorder, 55% rated the mental effect of the episode as moderate to severe, 18.7% reported moderate to severe heavy manifestations and 29.9% moderate to severe nervousness [3]. An Pakistani review found that 38% of the limbs revealed post-human pressure and 21-23% detailed high discomfort, perceived pressure, sleep deprivation and problems with change (N ¼ 17, 149; Rossi et al., 2020). It is therefore important to distinguish between factors that diminish or intensify the antagonistic effects of the pandemic and related blockages on psychological well-being [4]. Thus, the reason for the current review is to investigate the function of mental adaptability (a mental asset) and its inverse, rigidity (a danger factor), in directing the impacts of the pandemic and the blockages on psychological well-being outcomes [5].

METHODOLOGY:

The example includes 1039 members who completed a web-based exam during Pakistan's mandatory lockout. All Pakistani residents aged 19 were qualified. Registration was done through social media and a snowball strategy, where members welcomed companions and associates to participate in the survey. The study was released as a review to investigate the mental effects of the COVID-19 pandemic. The exam was created on Qualtrics programming and took approximately 18-26 min to complete. Our current research was conducted at Mayo Hospital, Lahore from March 2020 to October 2020. An exact response rate was not practical to achieve, as registration was essential, conducted through social networks. Participants also demonstrated whether they were working in direct contact with COVID patients-19 or whether they were lucky enough to lose their job or receive a repeat blockage payment. They explained in detail whether they were single (i.e., not in a relationship), had any mental or medical problems, and whether they were taking psychological or psychopharmacological medication during the confinement. In addition, members showed whether they had been contaminated with COVID-19 and the severity of their indications when contaminated (rated on a 5-point Likert scale; 1 ¼ not at all authentic to 7 ¼ intense), and whether relatives had been contaminated, hospitalized or died as a result of COVID-19.

Figure 1:

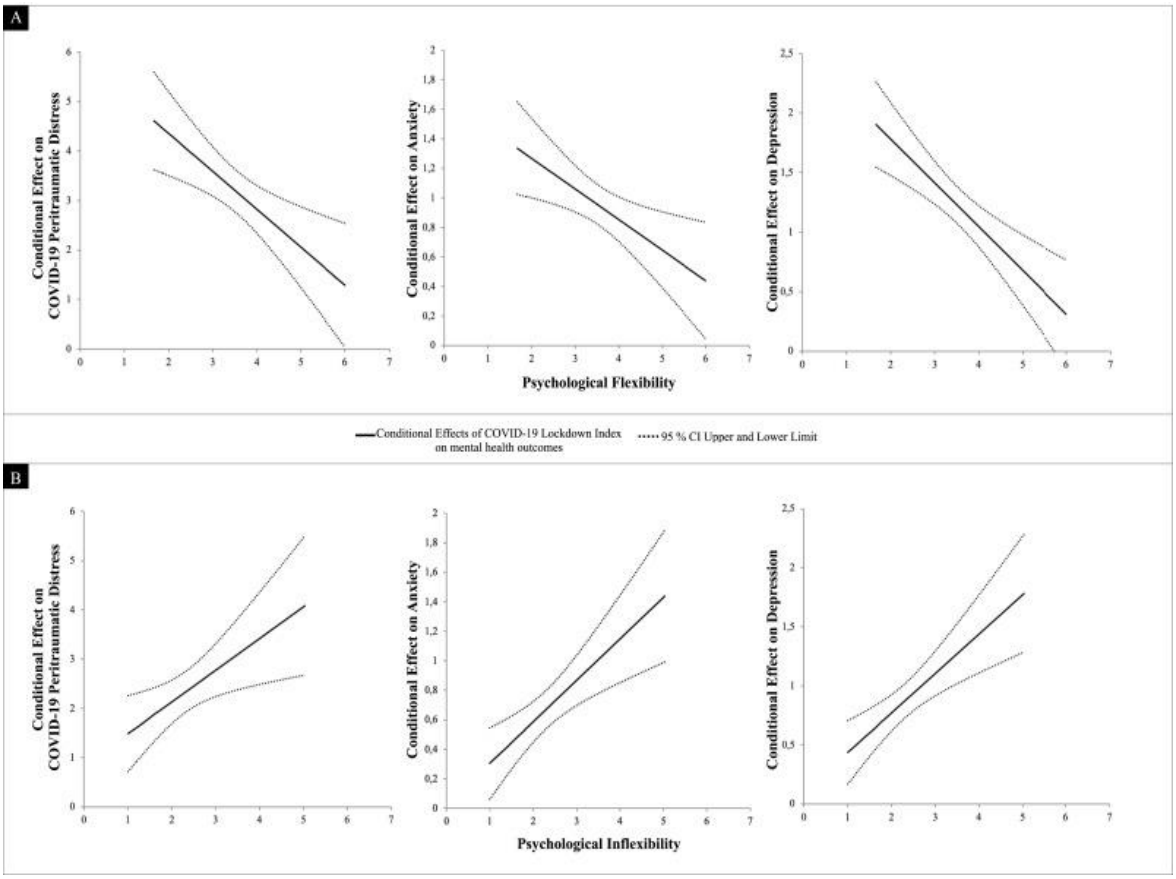

Table 1:

	COVID-19 distress			Anxiety			Depression		
	Coeff	*SE*	95% CI	Coeff	*SE*	95% CI	Coeff	*SE*	95% CI
Total indirect effect	**0.225**	0.028	0.172, 0.282	**0.090**	0.011	0.070, 0.112	**0.104**	0.013	0.079, 0.132
Acceptance	**0.013**	0.007	0.000, 0.027	**0.005**	0.003	0.000, 0.012	**0.007**	0.004	0.000, 0.014
Present moment awareness	–0.003	0.004	–0.014, 0.003	–0.002	0.002	–0.007, 0.002	–0.002	0.003	–0.009, 0.002
Self as context	–0.009	0.017	–0.043, 0.025	0.001	0.007	–0.013, 0.015	0.007	0.008	–0.008, 0.023
Defusion	**0.153**	0.027	0.104, 0.209	**0.069**	0.011	0.048, 0.092	**0.052**	0.011	0.033, 0.075
Values	0.014	0.015	–0.015, 0.046	0.003	0.006	–0.008, 0.015	0.007	0.007	–0.006, 0.022
Committed action	**0.057**	0.018	0.024, 0.096	**0.014**	0.007	0.001, 0.028	**0.033**	0.009	0.017, 0.053

Coeff, unstandardized coefficient of the indirect effect; SE, standard error; CI, 95% confidence interval based on 10,000 bootstrap samples. Significant mediations are displayed in bold.

RESULTS:

We collected information from 1035 Pakistani adults, 77.3% of whom were women. The age range was from 19 to 82 years old (M ¼ 38.6, SD ¼ 13.4). Almost all members (95.5%) were of Pakistani origin. About half (48.4%) had a four-year university education, 27.2%

had completed high school and 23.5% had completed postgraduate courses. Almost half (47.7 per cent) of the sample was either harnessed or living with a partner, while 53.7 per cent was single, bereaved or separated. In general, (63.7 per cent) were used, 14.5 per cent were understudies, and 5.8 per cent were unemployed. In terms of average wage, 13.7 per cent of members were below the optimal wage, 83.6 per cent were in the middle financial class, and 7.1 per cent were richer than normal. Table 1 summarizes fascinating information on the socioeconomics, factors relevant to COVID- 19 lockup, and their relationship to outcomes of emotional well-being. For COVID- 19 locking, members spent an average of 39.29 days locking, with an average of 2.62 mates. In total, 61.1% of members lived in the North, 23.1% in the Centre and 15.8% in the South. Just over half (54.6%) of the members were single during the lockout. A total of 179 members (18.3%) reported being contaminated with COVID-19, with a normal severity of manifestation of 1.82. The number of members who were infected with COVID-19 was 1,018. A total of 8.7% reported having a parent contaminated with COVID-19, 2.9% had parents who were hospitalized and 3.1% had parents who died from the Coronavirus. A total of 4.3% of members worked in direct contact with coronavirus patients, while 10.9% lost their jobs or were placed in rehearsal reserves. A total of 12.6% reported mental health problems, 15.8% reported actual medical conditions, and 14.9% were occupied with mental or psychopharmacological medication during confinement. The average score for adequacy of individual space in the home was 3.36, demonstrating that normal members had lacked individual space in their home. In particular, 36.8% of members reported moderate to high understanding of the lack of individual space in their homes.

Table 2:

Variable	% (*n*)	*M* (*SD*)	Range
Demographics			
Age years		38.86 (13.20)	18.87–81.03
Gender: female	73.5 (694)		
Currently working	66.4 (627)		
Currently studying	11.2 (106)		
Currently unemployed	9.6 (90)		
Retired	5.3 (50)		
COVID-19 lockdown variables			
Days in lockdown		35.70 (8.41)	10–90
Number of cohabitants		2.55 (1.21)	1–6
Living alone	23.3 (220)		
Perception of personal space[a]		3.70 (1.01)	1–5
Loss of work or receiving redundancy fund	24.3 (229)		
COVID-19 infected	18.9 (178)		
Severity of COVID-19 symptoms[b]		1.80 (0.90)	1–5
Family member infected	7.5 (71)		
Family member hospitalized	2.6 (25)		
Family member deceased	2.2 (21)		

[a]*Rated on a 5-point Likert scale from 1 (not at all) to 5 (very much).* [b]*Rated on a 5-point Likert scale from 1 (not at all serious) to 5 (very serious).*

Table 3:

	(1)	(2)	(3)	(4)	(5)	(6)
(1) DACOBS	1					
(2) GHQ	0.456**	1				
(3) ERQ cognitive reappraisal	–0.196**	–0.182**	1			
(4) ERQ expressive suppression	0.265**	0.116*	–0.005	1		
(5) COVID-19 risk perception	0.078	0.192**	0.074	–0.029	1	
(6) Affective response to pandemic	0.236**	0.300**	0.033	–0.102*	0.328**	1

***p < 0.01 (two-tailed).*
**p < 0.05 (two-tailed).*

DISCUSSION:

This review examined the functions of mental adaptability and firmness in directing the impacts of the COVID-19 pandemic and locking in relevant danger factors on psychological well-being. As expected, global mental adaptability and four of its sub-measures, namely self-definition, diffusion, values and submitted activity, mitigated the negative effects of the danger factors related to the locking of COVID-19 on psychological well-being [6]. Conversely, true to form, global mental determination and four of its sub-processes, lack of contact with the present, combination, self-content, and more importantly, lack of contact with values, exacerbated the adverse effects of COVID-19 lock-in risk factors on psychological well-being [7]. The function of mental adaptability as a defensive mental asset during a pandemic and the associated social limitations is consistent, with previous review having shown that mental adaptability is linked to improved emotional well-being in a wide range of contexts [8]. Acceptance is the primary measure of mental adaptability that does not affect the COVID-19 lock-in index and emotional well-being outcomes [9]. Suddenly, the partner in this cycle for mental resolution, experiential dodge, was identified with lower scores on the COVID-19 Locking Index and improved psychological well-being, while connections were powerless (r ¼ <0.12). Interestingly, undesirable lifestyle practices, which can be used as a method of maintaining a strategic distance from inner distress, were identified with less favorable psychological well-being outcomes [10].

CONCLUSION:

The results of this review indicated that mental adaptability and firmness directed the impacts of COVID-19 and lockup risk factors on psychological well-being. True to form, mental adaptability also mitigated, while mental firmness exacerbated the confounding effects of coronavirus locking risk factors on emotional well-being outcomes. Three measures of mental adaptability (self-determination, diffusion, and qualities), while their opposing partners (self-determination, combination, and lack of contact with values) had the most helpful and troublesome effects on psychological well-being, individually. Each of the major measures of mental adaptability reflects one of the three columns of adaptability, while each of the measures of mental firmness reflects one of the columns of firmness. Predictable with the ACT system, the findings recommend that participation in the mental adaptability measures enhances versatility when difficulties arise. These results show that general wellness mediations focusing on mental adaptability are likely to alleviate some of the adverse effects of the VIDOC-19 pandemic and lock in risk factors on emotional well-being. In addition, focusing on mental adaptability through ACT-based general wellness interventions has been shown to be an appropriate method to improve a wide range of wellness outcomes in the general community and in people with real conditions.

REFERENCES:

1. Abramowitz, J. S., Deacon, B. J., and Valentiner, D. P. (2007). The short health anxiety inventory: psychometric properties and construct validity in a non-clinical sample. Cogn. Ther. Res. 31, 871–883. doi: 10.1007/s10608-006-9058-1

2. Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., and Pakpour, A. H. (2020). The Fear of COVID-19 Scale: development and initial validation. Int. J. Ment. Health Ad. doi: 10.1007/s11469-020-00270-8
3. Alberts, N. M., Hadjistavropoulos, H. D., Jones, S. L., and Sharpe, D. (2013). The short health anxiety inventory: a systematic review and meta-analysis. J. Anxiety Disord. 27, 68–78. doi: 10.1016/j.janxdis.2012.10.009
4. Apolinário-Hagen, J., Drüge, M., and Fritsche, L. (2020). "Cognitive behavioral therapy, mindfulness-based cognitive therapy and acceptance commitment therapy for anxiety disorders: integrating traditional with digital treatment approaches," in Anxiety Disorders, ed. Y. K. Kim (Singapore: Springer), 91–329. doi: 10.1007/978-981-32-9705-0_17
5. Asmundson, G. J., Abramowitz, J. S., Richter, A. A., and Whedon, M. (2010). Health anxiety: current perspectives and future directions. Curr. Psychiatry Rep. 12, 306–312. doi: 10.1007/s11920-010-0123-9
6. Asmundson, G. J., and Taylor, S. (2020a). Coronaphobia: fear and the 2019-nCoV outbreak. J. Anxiety Disord. 70:102196. doi: 10.1016/j.janxdis.2020.102196
7. Asmundson, G. J., and Taylor, S. (2020b). How health anxiety influences responses to viral outbreaks like COVID-19: what all decision-makers, health authorities, and health care professionals need to know. J. Anxiety Disord. 71, 102211–102211. doi: 10.1016/j.janxdis.2020.102211
8. A-tjak, J. G., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A., and Emmelkamp, P. M. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. Psychother. Psychosom. 84, 30–36. doi: 10.1159/000365764
9. Bai, Z., Luo, S., Zhang, L., Wu, S., and Chi, I. (2020). Acceptance and Commitment Therapy (ACT) to reduce depression: a systematic review and meta-analysis. J. Affect. Disord. 260, 728–737. doi: 10.1016/j.jad.2019.09.040
10. Bishop, S. J. (2009). Trait anxiety and impoverished prefrontal control of attention. Nat. Neurosci. 12, 92–98. doi: 10.1038/nn.2242