Mental Health in the Time of COVID-19 Pandemic: A Worldwide Perspective

Gaia Sampogna 1, Maurizio Pompili 2 and Andrea Fiorillo 1,*

1 Department of Psychiatry, University of Campania “L. Vanvitelli”, 80138 Naples, Italy; gaia.sampogna@gmail.com
2 Suicide Prevention Centre, Department of Neurosciences, Mental Health and Sensory Organs, Faculty of Medicine and Psychology, Sant’Andrea Hospital, Sapienza University of Rome, 00185 Rome, Italy; maurizio.pompili@uniroma1.it
* Correspondence: andrea.fiorillo@unicampania.it

Major infectious disease outbreaks, such as the novel coronavirus (COVID-19) pandemic, create significant distress for the general population, and pose a heavy burden on the healthcare systems called to care for affected individuals and contain the spread of the disease [1,2].

The current pandemic does not represent the first pandemic witnessed in the history of mankind, rather it represents the first one in the era of globalization, digitalization, and commodification. These are just some of the main features of modern society that have contributed to the spread of the pandemic and, at the same time, to its profound impact on the mental health of the general population [3,4].

The COVID-19 pandemic is more than a health crisis; it is a period characterized by deep fears, worries, and uncertainty, which heavily influence public behaviors. Several concerns have been reported from the general population, ranging from the threat to personal and family safety, to the difficulties in receiving a prompt diagnosis of the infection, to the use of containment measures that limit personal mobility, to the lack of effective treatments to be used [5,6]. The availability of vaccines has improved the situation significantly, but has also been associated with a variety of partially unexpected complications, as well as generating new inequities [7].

Taking into account these premises, it has been clearly and repeatedly stated that the COVID-19 pandemic has had a profound negative impact on the physical and mental health of the general population [8–10]. The pandemic can be considered as a new type of traumatic stressor, being an unexpected event, affecting the whole population worldwide and causing severe disruption to daily routines [11,12].

During this pandemic, traumatic stress reactions, including intrusive re-experiencing and heightened arousal, are frequent [13], and may be due to the direct threats to important life resources of the general population, such as safety, health, income [14,15], work, housing, and social support [16,17]. Furthermore, the traumatic stress reactions to the COVID-19 pandemic have been worsened since the beginning by indirect exposure, e.g., via mass media coverage and the infodemic phenomenon [18]; by the psychosocial consequences, in terms of unemployment, isolation [19], suicide/suicidal behaviors [20–22]; by the lack of clear and consistent guidelines about how to avoid and manage the infection [23].

The consequences of the pandemic are slightly different according to the target population considered. In particular, a high prevalence of mental exhaustion, burn-out syndrome, and insomnia/sleep disorders has been found in healthcare workers [24–26]. In disabled people and in those with pre-existing mental health problems, an increased risk of interruption to long-term treatments has been observed, associated with relapses or symptoms worsening, as well as with a higher risk of being infected with COVID-19 [27–31].

The specific risk factors identified for the development of these mental health disturbances include female gender, having had previous psychiatric or physical disorders, loneliness, time spent on the internet, and unemployment [32,33].
In the general population, high levels of distress [34] and post-traumatic reactions [35–37] have been found. Moreover, a specific type of health anxiety disorder related to COVID-19 has been described [38], which is associated with a higher risk of accessing mental health services in the long term.

In young people and adolescents, social isolation with suicidal ideation [39–42], depressive and anxiety symptoms, as well as sleep disorders [43–47] have been found to be more frequent.

All these special populations should be carefully taken into consideration, and their mental health needs should be evaluated and addressed through ad hoc interventions. In particular, people living with disabilities, or those affected by chronic physical and mental health disorders [48], require dedicated interventions, which are completely different from those needed, for instance, by pregnant women [49–53], the elderly [54,55], or young people [56–59].

These different populations are exposed to the same traumatic event (i.e., the pandemic), but its perception is highly variable, since it can be mediated and moderated by individual psychological and social factors, such as coping strategies and resilience styles [60–64]. For this reason, it is essential to develop ad hoc strategies targeting resilience, coping styles, and problem solving, in order to mitigate the negative effects of the pandemic.

The global crisis due to the COVID-19 pandemic started almost two years ago, and the spread of new variants of the virus has caused an increase in the infection rates, with the need for new lockdowns and adoption of further severe containment measures. The detrimental effects of the pandemic remain multifaceted, ranging from the global economic downturn to the extreme burden posed on healthcare systems worldwide, and to the risks related to the forced isolation due to lockdown measures [65]. These measures have been necessary in order to contain and limit the spread of the pandemic during its initial phase, but it is now necessary to evaluate their impact on mental health more effectively, and to think about how to “re-start”.

In this Special Issue, entitled “Mental health in the time of COVID-19”, several studies, carried out in different parts of the world, such as China [66], Canada [67], the UK [68], Greece [69], Poland [70], Norway [71], India [72], Mexico [73], Malaysia [74], Kenya [75], Saudi Arabia [76], and Switzerland [77], describe the impact of the pandemic on different dimensions of people’s mental health.

We hope that the data collected in this issue will be useful to disentangle the complex relationship between this new form of trauma and its long-term consequences on mental health. Moreover, these data could be useful to inform policy makers and international scientific societies [78–83], guiding them in the development of supportive strategies and interventions to address the long tail of consequences on mental health, and to improve the management of future events with a comparable worldwide impact.

Author Contributions: G.S., M.P. and A.F. conceived and draft the original version of the editorial. All authors approved the final version. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Not applicable.

Conflicts of Interest: The authors declare no conflict of interest.

References
1. American Psychiatric Association. Available online: https://www.psychiatry.org/psychiatrists/covid-19-coronavirus (accessed on 15 December 2021).
2. Ghebreyesus, T.A. Addressing mental health needs: An integral part of COVID-19 response. World Psychiatry 2020, 19, 129–130. [CrossRef]
3. Savelyev, Y. Essential features of modern society in sociological discourse. Work. Pap. Sib. Fed. Univ. J. Humaniit. Soc. Sci. 2013, 6, 1673–1691. [CrossRef]
4. Collins, P.Y. What is global mental health? World Psychiatry 2020, 19, 265–266. [CrossRef]
5. Abbott, A. COVID’s mental-health toll: How scientists are tracking a surge in depression. Nature 2021, 590, 194–195. [CrossRef]
6. de Pablo, S.G.; Vaquerizo-Serrano, J.; Catalan, A.; Arango, C.; Moreno, C.; Ferre, F.; Shin, J.I.; Sullivan, S.; Brondino, N.; Solmi, M.; et al. Impact of coronavirus syndromes on physical and mental health of health care workers: Systematic review and meta-analysis. J. Affect. Disord. 2020, 275, 48–57. [CrossRef]
7. De Hert, M.; Mazereel, V.; Detraux, J.; Van Assche, K. Prioritizing COVID-19 vaccination for people with severe mental illness. World Psychiatry 2021, 20, 54–55. [CrossRef]
8. Unützer, J.; Kimmel, R.J.; Snowden, M. Psychiatry in the age of COVID-19. World Psychiatry 2020, 19, 130–131. [CrossRef]
9. Marazziti, D.; Stahl, S.M. The relevance of COVID-19 pandemic to psychiatry. World Psychiatry 2020, 19, 261. [CrossRef]
10. Twenge, J.M.; Joiner, T.E. Mental distress among U.S. adults during the COVID-19 pandemic. J. Clin. Psychol. 2020, 76, 2170–2182. [CrossRef]
11. Fiorillo, P.; Gorwood, P. The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. Eur. Psychiatry 2020, 63, e32. [CrossRef]
12. Gorwood, P.; Fiorillo, A. One year after the COVID-19, What have we learnt, what shall we do next? Eur. Psychiatry 2021, 64, e15. [CrossRef]
13. Bridgland, V.M.E.; Mocek, E.K.; Green, D.M.; Swain, T.L.; Nayda, D.M.; Matson, L.A.; Hutchison, N.P.; Takarangi, M.K. Why the COVID-19 pandemic is a traumatic stressor. PloS ONE 2021, 16, e0241046. [CrossRef]
14. Hodgkin, D.; Moscarelli, M.; Rupp, A.; Zuvekas, S.H. Mental health economics: Bridging research, practice and policy. World Psychiatry 2019, 19, 258–259. [CrossRef]
15. Ormel, J.; Cuijpers, P.; Jorm, A.F.; Schoevers, R. Prevention of depression will only succeed when it is structurally embedded and targets big determinants. World Psychiatry 2019, 18, 111–112. [CrossRef]
16. Knapp, M.; Wong, G. Economics and mental health: The current scenario. World Psychiatry 2020, 19, 3–14. [CrossRef]
17. Ren, Z.; Zhou, Y.; Liu, Y. The psychological burden experienced by Chinese citizens during the COVID-19 outbreak: Prevalence and determinants. BMC Public Health 2020, 20, 1617. [CrossRef]
18. Rovetta, A.; Castaldo, L. Influence of Mass Media on Italian Web Users During the COVID-19 Pandemic: Infodemiological Analysis. JMIRx Med. 2021, 2, e32233. [CrossRef]
19. Kato, T.A.; Kanba, S.; Teo, A.R. Defining pathological social withdrawal: Proposed diagnostic criteria for hikikomori. World Psychiatry 2020, 19, 116–117. [CrossRef]
20. Elbogen, E.B.; Lanier, M.; Blakey, S.M.; Wagner, H.R.; Tsai, J. Suicidal ideation and thoughts of self-harm during the COVID-19 pandemic: The role of COVID-19-related stress, social isolation, and financial strain. Depress. Anxiety 2021. [CrossRef]
21. Green, M.F.; Lee, J.; Wynn, J.K. Experimental approaches to social disconnection in the general community: Can we learn from schizophrenia research? World Psychiatry 2020, 19, 177–178. [CrossRef]
22. Wasserman, D.; van der Gaag, R.; Wise, J. The term “physical distancing” is recommended rather than “social distancing” during the COVID-19 pandemic for reducing feelings of rejection among people with mental health problems. Eur. Psychiatry 2020, 63, e52. [CrossRef]
23. Patrucco, F.; Cavalli, F.; Fagonee, S.; Solidoro, P.; Undas, A.; Pellicano, R. Current treatment challenges in the COVID-19 pandemic. Pol. Arch. Intern. Med. 2021, 131, 854–861. [CrossRef]
24. Fino, E.; Bonfante, I.; Fino, V.; Bocus, P.; Russo, P.M.; Mazzetti, M. Harnessing distress to boost growth in frontline healthcare workers during COVID-19 pandemic: The protective role of resilience, emotion regulation and social support. Psychol. Med. 2021, 10, 1–3. [CrossRef]
25. Bryant, R.A. Post-traumatic stress disorder: A state-of-the-art review of evidence and challenges. World Psychiatry 2019, 18, 259–269. [CrossRef]
26. Lai, J.; Ma, S.; Wang, Y.; Cai, Z.; Hu, J.; Wei, N.; Wu, J.; Du, H.; Chen, T.; Li, R.; et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA Neto. Open 2020, 3, e203976. [CrossRef]
27. Dickerson, F.; Katsafanas, E.; Newman, T.; Origoni, A.; Rowe, K.; Squire, A.; Ziemann, R.S.; Khushalani, S.; Yolken, R. Experiences of persons with serious mental illness during the COVID-19 pandemic. Psychiatr. Serv. 2021. [CrossRef]
28. Wang, Q.; Xu, R.; Volkow, N.D. Increased risk of COVID-19 infection and mortality in people with mental disorders: Analysis from electronic health records in the United States. World Psychiatry 2021, 20, 124–130. [CrossRef]
29. Alonzi, S.; La Torre, A.; Silverstein, M.W. The psychological impact of pre-existing mental and physical health conditions during the COVID-19 pandemic. Psychol. Trauma 2020, 12, S236–S238. [CrossRef]
30. Chatterjee, S.S.; Barikar, C.M.; Mukherjee, A. Impact of COVID-19 pandemic on pre-existing mental health problems. Asian J. Psychiatr. 2020, 51, 102071. [CrossRef]
31. Murphy, E.; Svob, C.; Van Dijk, M.; Gameroff, M.J.; Skipper, J.; Abraham, E.; Yangchen, T.; Posner, J.; Shankman, S.A.; Wickrama-ratne, P.; et al. The effects of the pandemic on mental health in persons with and without a psychiatric history. Psychol. Med. 2021, 8, 1–9. [CrossRef]
32. Fiorillo, A.; Sampogna, G.; Giallonardo, V.; Del Vecchio, V.; Luciano, M.; Albert, U.; Carmassi, C.; Carrà, G.; Cirulli, F.; Dell’Osso, B.; et al. Effects of the lockdown on the mental health of the general population during the COVID-19 pandemic in Italy: Results from the COMET collaborative network. *Eur. Psychiatry* 2020, 63, e87. [CrossRef]

33. Giallonardo, V.; Sampogna, G.; Del Vecchio, V.; Luciano, M.; Albert, U.; Carmassi, C.; Carrà, G.; Cirulli, F.; Dell’Osso, B.; Nanni, M.G.; et al. The impact of quarantine and physical distancing following COVID-19 on mental health: Study protocol of a multicentric Italian population trial. *Front. Psychiatry* 2020, 11, 533. [CrossRef]

34. Li, Z.; Qiu, H.; Wang, Y.; Tian, J.; Ji, L.; Li, K. Anxiety and depression among general population in China at the peak of the COVID-19 epidemic. *World Psychiatry* 2020, 19, 249–250. [CrossRef]

35. Norrholm, S.D.; Zalta, A.; Zoellner, L.; Powers, A.; Tull, M.T.; Reist, C.; Schnurr, P.P.; Weathers, F.; Friedman, M.J. Does COVID-19 count? Defining criterion A trauma for diagnosing PTSD during a global crisis. *Depress. Anxiety* 2021, 38, 882–885. [CrossRef]

36. McElroy, E.; Shevlin, M.; Murphy, S.; Roberts, B.; Makhashvili, N.; Javakhishvili, J.; Bisson, J.; Ben-Ezra, M.; Hyland, P. ICD-11 PTSD and complex PTSD: Structural validation using network analysis. *World Psychiatry* 2019, 18, 236–237. [CrossRef]

37. Morina, N.; Sterr, T.N. Lack of evidence for the efficacy of psychotherapies for PTSD and depression in child and adolescent refugees. *World Psychiatry* 2019, 18, 107–108. [CrossRef]

38. Tyrer, P. COVID-19 health anxiety. *World Psychiatry* 2019, 18, 307–308. [CrossRef]

39. Pompili, M.; Innamorati, M.; Sampogna, G.; Albert, U.; Carmassi, C.; Carrà, G.; Cirulli, F.; Erbuto, D.; Luciano, M.; Nanni, M.G.; et al. The impact of Covid-19 on unemployment across Italy: Consequences for those affected by psychiatric conditions. *J. Affect. Disord.* 2021, 296, 59–66. [CrossRef]

40. Rooksby, M.; Furuzhashi, T.; McLeod, H.J. Hikikomori: A hidden mental health need following the COVID-19 pandemic. *World Psychiatry* 2020, 19, 399–400. [CrossRef]

41. McIntyre, R.S.; Lee, Y. Preventing suicide in the context of the COVID-19 pandemic. *World Psychiatry* 2020, 19, 250–251. [CrossRef]

42. Wasserman, D.; Isuse, M.; Wuestefeld, A.; Carli, V. Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *World Psychiatry* 2019, 18, 294–306. [CrossRef]

43. Krystal, A.D.; Prather, A.A.; Ashbrook, L.H. The assessment and management of insomnia: An update. *World Psychiatry* 2019, 18, 337–352. [CrossRef]

44. Qiu, D.; Li, Y.; Li, L.; He, J.; Ouyang, F.; Xiao, S. Prevalence of post-traumatic stress symptoms among people influenced by coronavirus disease 2019 outbreak: A meta-analysis. *Eur. Psychiatry* 2021, 64, e30. [CrossRef]

45. McCracken, L.M.; Badinlou, F.; Buhrman, M.; Brocki, K.C. Psychological impact of COVID-19 in the Swedish population: Depression, anxiety, and insomnia and their associations to risk and vulnerability factors. *Eur. Psychiatry* 2020, 63, e81. [CrossRef]

46. Janiri, D.; Carfà, A.; Kotzalidis, G.D.; Bernabei, R.; Landi, F.; Sani, G. Gemelli Against COVID-19 Post-Acute Care Study Group. Posttraumatic stress disorder in patients after severe COVID-19 infection. *JAMA Psychiatry* 2021, 78, 567–569. [CrossRef]

47. Karatzias, T.; Shevlin, M.; Hyland, P.; Ben-Ezra, M.; Cloitre, M.; Owkzarek, M.; McElroy, E. The network structure of ICD-11 complex post-traumatic stress disorder across different traumatic life events. *World Psychiatry* 2020, 19, 400–401. [CrossRef]

48. Li, Z.; Ge, J.; Yang, M.; Feng, J.; Qiao, M.; Jiang, B.; Bi, J.; Zhan, G.; Xu, X.; Wang, L. Vicarious traumatization in the general public, related to the COVID-19 epidemic. *J. Affect. Disord.* 2021, 236–237. [CrossRef]

49. Kinser, P.A.; Jallo, N.; Amstadter, A.B.; Thacker, L.R.; Jones, E.; Moyer, S.; Rider, A.; Karjane, N.; Salisbury, A.L. Depression, anxiety, resilience, and coping: The experience of pregnant and new mothers during the first few months of the COVID-19 pandemic. *J. Affect. Disord.* 2021, 307–308. [CrossRef]

50. McElroy, E.; Shevlin, M.; Murphy, S.; Roberts, B.; Makhashvili, N.; Javakhishvili, J.; Bisson, J.; Ben-Ezra, M.; Hyland, P. ICD-11 PTSD and complex PTSD: Structural validation using network analysis. *World Psychiatry* 2019, 18, 236–237. [CrossRef]

51. Chandra, P.S.; Nanjundaswamy, M.H. Pregnancy specific anxiety: An under-recognized problem. *World Psychiatry* 2020, 19, 332–337. [CrossRef]

52. Alderdice, F. Supporting psychological well-being around the time of birth: What can we learn from maternity care? *World Psychiatry* 2020, 19, 332–337. [CrossRef]

53. Glover, V. Prenatal mental health and the effects of stress on the foetus and the child. Should psychiatrists look beyond mental disorders? *World Psychiatry* 2019, 19, 331–332. [CrossRef]

54. Briggs, R.; McDowell, C.P.; De Loove, C.; Kenny, R.A.; Ward, M. Depressive symptoms among older adults pre- and post-COVID-19 pandemic. *J. Am. Med. Dir. Assoc.* 2021, 22, 2251–2257. [CrossRef]

55. Vannini, P.; Gagliardi, G.P.; Kuppe, M.; Dossett, M.L.; Donovan, N.J.; Gatchel, J.R.; Quiroz, Y.T.; Premnath, P.Y.; Amariglio, R.; Sperling, R.A.; et al. Stress, resilience, and coping strategies in a sample of community-dwelling older adults during COVID-19. *J. Psychiatr. Res.* 2021, 138, 176–185. [CrossRef]

56. Hoffmann, S.H.; Pisinger, V.S.C.; Rosing, J.A.; Tolstrup, J.S. Symptoms of distress among young Danes during the national lockdown in May 2020. *Eur. Child Adolesc. Psychiatry* 2021, 20, 1–10. [CrossRef] [PubMed]

57. Zainel, A.A.; Qotba, H.; Al-Maadeed, A.; Al-Kohji, S.; Al Mualili, H.; Ali, A.; Al Mannai, L.; Aladab, A.; AlSadi, H.; AlKarb, K.A.; et al. Psychological and coping strategies related to home isolation and social distancing in children and adolescents during the COVID-19 pandemic: Cross-sectional study. *JMIR Form. Res.* 2021, 5, e24760. [CrossRef]

58. Duarte, C.S.; Monk, C.; Weissman, M.M.; Posner, J. Intergenerational psychiatry: A new look at a powerful perspective. *World Psychiatry* 2020, 19, 175–176. [CrossRef]

59. Squegglia, L.M. Alcohol and the developing adolescent brain. *World Psychiatry* 2020, 19, 393–394. [CrossRef]
60. Sampogna, G.; Del Vecchio, V.; Giallonardo, V.; Luciano, M.; Albert, U.; Carmassi, C.; Carrà, G.; Cirulli, F.; Dell’Osso, B.; Menculini, G.; et al. What is the role of resilience and coping strategies on the mental health of the general population during the COVID-19 pandemic? Results from the Italian Multicentric COMET Study. *Brain Sci.* 2021, 17, 1231. [CrossRef]
61. Feldman, R. What is resilience: An affiliative neuroscience approach. *World Psychiatry* 2020, 19, 132–150. [CrossRef]
62. Park, C.L.; Finkelstein-Fox, L.; Russell, B.S.; Fendrich, M.; Hutchison, M.; Becker, J. Psychological resilience early in the COVID-19 pandemic: Stressors, resources, and coping strategies in a national sample of Americans. *Ant. Psychol.* 2021, 3, 715–728. [CrossRef]
63. Whitley, R.; Shepherd, G.; Slade, M. Recovery colleges as a mental health innovation. *World Psychiatry* 2019, 18, 141–142. [CrossRef] [PubMed]
64. Roepke, A.M. Psychosocial interventions and posttraumatic growth: A metaanalysis. *J. Consult. Clin. Psychol.* 2015, 83, 129–142. [CrossRef] [PubMed]
65. Eklund, M.A. The COVID-19 lessons learned for business and governance. *SN Bus. Econ.* 2021, 1, 25. [CrossRef]
66. Xu, T. Psychological distress of international students during the COVID-19 pandemic in China: Multidimensional effects of external environment, individuals’ behavior, and their values. *Int. J. Environ. Res. Public Health.* 2021, 18, 9758. [CrossRef] [PubMed]
67. Nwachukwu, I.; Nkire, N.; Shalaby, R.; Hrabok, M.; Vuong, W.; Gusnowski, A.; Surood, S.; Urichuk, L.; Greenshaw, A.J.; Agyapong, V.I.O. COVID-19 Pandemic: Age-related differences in measures of stress, anxiety and depression in Canada. *Int. J. Environ. Res. Public Health* 2020, 17, 6366. [CrossRef]
68. Dedryver, C.C.; Knaı, C. It’s easily the lowest I’ve ever, ever got to: A qualitative study of young adults’ social isolation during the COVID-19 lockdowns in the UK. *Int. J. Environ. Res. Public Health* 2021, 18, 11777. [CrossRef]
69. Jerg-Bretzke, L.; Kempf, M.; Jarzcek, M.N.; Weimer, K.; Hirning, C.; Gündel, H.; Erim, Y.; Morawa, E.; Geiser, F.; Hiebel, N.; et al. Psychosocial Impact of the COVID-19 pandemic on healthcare workers and initial areas of action for intervention and prevention-The egeFan/VOICE Study. *Int. J. Environ. Res. Public Health* 2021, 18, 10531. [CrossRef] [PubMed]
70. Zalewska, A.; Galczyk, M.; Sobolewski, M.; Białokoz-Kalinowska, I. Depression as compared to level of physical activity and Internet addiction among Polish physiotherapy students during the COVID-19 pandemic. *Int. J. Environ. Res. Public Health* 2021, 18, 10072. [CrossRef]
71. Berge, L.I.; Gedde, M.H.; Husebo, B.S.; Erdal, A.; Kjellstadli, C.; Vahia, I.V. Age and emotional distress during COVID-19: Findings from two waves of the norwegian citizen panel. *Int. J. Environ. Res. Public Health* 2021, 18, 9568. [CrossRef] [PubMed]
72. Chatterji, S.; McDougal, L.; Johns, N.; Ghule, M.; Rao, N.; Raj, A. COVID-19-related financial hardship, job loss, and mental health symptoms: Findings from a cross-sectional study in a rural agrarian community in India. *Int. J. Environ. Res. Public Health* 2021, 18, 8647. [CrossRef]
73. Rivera Rivera, N.Y.; McGuinn, L.; Osorio-Valencia, E.; Martinez-Medina, S.; Schnaas, L.; Wright, R.J.; Téllez-Rojo, M.M.; Wright, R.O.; Tamayo-Ortiz, M.; Rosa, M.J. Changes in depressive symptoms, stress and social support in mexican women during the COVID-19 pandemic. *Int. J. Environ. Res. Public Health* 2021, 18, 8775. [CrossRef] [PubMed]
74. Pang, N.T.P.; James, S.; Giloi, N.; Rahim, S.S.S.A.; Omar, A.; Jeffree, M.S.; Hayati, F.; Lim, M.C.; Kassim, M.A.M.; Ng, J.R. Relationships between psychopathology, psychological process variables, and sociodemographic variables and comparison of quarantined and non-quarantined groups of Malaysian University students in the COVID-19 pandemic. *Int. J. Environ. Res. Public Health* 2021, 18, 9656. [CrossRef]
75. Angwenyi, V.; Kabue, M.; Chongwo, E.; Mabrouk, A.; Too, E.K.; Odhiambo, R; Nasambu, C.; Marangu, J.; Seewanyana, D.; Njoroge, E.; et al. Mental health during COVID-19 pandemic among caregivers of young children in Kenya’s urban informal settlements. A cross-sectional telephone survey. *Int. J. Environ. Res. Public Health* 2021, 18, 10092. [CrossRef]
76. Alyoubi, A.; Halstead, E.J.; Zambelli, Z.; Dimitriou, D. The impact of the COVID-19 pandemic on students’ mental health and sleep in Saudi Arabia. *Int. J. Environ. Res. Public Health* 2021, 18, 9344. [CrossRef] [PubMed]
77. Fröhlich, S.; Imboden, C.; Iff, S.; Spörri, J.; Quednow, B.B.; Scherr, J.; Seifritz, E.; Claussen, M.C. Prevalence and risk factors of psychiatric symptoms among swiss elite athletes during the first lockdown of the COVID-19 pandemic. *Int. J. Environ. Res. Public Health* 2021, 18, 10780. [CrossRef]
78. Stewart, D.E.; Appelbaum, P.S. COVID-19 and psychiatrists’ responsibilities: A WPA position paper. *World Psychiatry* 2020, 19, 406–407. [CrossRef] [PubMed]
79. Kuzman, M.R.; Curkovic, M.; Wasserman, D. Principles of mental health care during the COVID-19 pandemic. *Eur. Psychiatry* 2020, 63, e45. [CrossRef] [PubMed]
80. McDaid, D. Viewpoint: Investing in strategies to support mental health recovery from the COVID-19 pandemic. *Eur. Psychiatry* 2021, 64, e32. [CrossRef] [PubMed]
81. Jorm, A.F.; Kitchener, B.A.; Reavley, N.J. Mental Health First Aid training: Lessons learned from the global spread of a community education program. *World Psychiatry* 2019, 18, 142–143. [CrossRef] [PubMed]
82. Sinha, M.; Collins, P.; Herrman, H. Collective action for young people’s mental health: The citiesRISE experience. *World Psychiatry* 2019, 18, 114–115. [CrossRef] [PubMed]
83. Reynolds, C.F. Optimizing personalized management of depression: The importance of real-world contexts and the need for a new convergence paradigm in mental health. *World Psychiatry* 2020, 19, 266–268. [CrossRef]