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**CRITICAL HEALTH CONDITIONS AND MENTAL HEALTH**  
**DURING PANDEMIC COVID-19**

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**Abstract**

Despite the few observational studies available in the COVID-19 field, the available literature collected in this research indicates that the pandemic has a multifaceted response from medical professionals dealing with chronic illnesses and mental health, as cited by Abel and McQueen (2020). Amid the confusion and stress of COVID-19, it is imperative to note that patients need medical attention, especially those suffering from chronic illnesses. Patients suffering from heart, lungs, and kidney diseases need to keep seeing their doctor, have their prescription refilled, and stay diet with or without the pandemic (Danhieux et al., 2020). This paper has highlighted two research questions acting as the guide for this literature review. The researcher collected data from renowned electronic databases such as MEDLINE, PMC, and Cochrane Library. It is indicated that the healthcare department needs to review its medical policies to accommodate the proper integration of telemedicine (Sampa et al., 2020). The pandemic has made it clear that the healthcare system needs to adjust its policies and rules around patients suffering from chronic illnesses and mental illnesses.

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*Keywords:* Coronavirus disease, COVID-19, critical health conditions, pandemic



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## 1. Introduction

Amid the confusion and stress of COVID-19, with the world shutting down and imposing social distancing rules, it is imperative to understand that chronic health conditions still need attention. Anecdotal evidence indicates that individuals with significant heart illnesses and chest pains will avoid emergency rooms at all costs, as cited by Alharbi et al. (2020). People who had diabetes before the pandemic still have diabetes during the epidemic. The amount of care needed before the pandemic is the same amount of care required during the pandemic. The pandemic has caused a shift in many practices, but that has not changed how people operate and practice their lifestyle (Bhaskar et al., 2020). If one was diagnosed with congestive heart failure, and the doctor advised them to manage their weight before the pandemic, the instruction still stands during the pandemic. This paper seeks to evaluate the rate at which such individuals are experiencing critical health conditions and mental challenges were affected by the pandemic, as indicated by Carmassi et al. (2020). Mental health is a primary issue that has been ignored before and during the pandemic leading to increased challenges for the mentally ill. The pandemic has made it possible for the world to discuss behavioral health and mental health.

Behavioral health refers to the connection between the well-being and health of the mind, body, spirit, and behaviors. This involves eating and drinking habits and exercising and how they impact mental or physical health, as indicated by Druss (2020). In the 70s and 80s, behavioral health was referred to as the practice that would promote health and prevent illnesses. Later, the description was expanded to include the management of diseases. When operating as a discipline, behavioral health encompasses marriage and family counseling, psychiatric, mental health, and addictions treatment mostly provided by social workers, psychiatrists, counselors, physicians, and neurologists, as indicated by Extance (2020). The pandemic has greatly affected behavioral health because people have been forced to operate from their homes, no social interactions, and avoid red-alert areas such as hospitals. People who have developed mental challenges or chronic health problems and rely on behavioral health interventions have been greatly affected since no one is willing to risk their lives and engage in any social activity (Galea et al., 2020). Many have neglected their routines because of the pandemic resulting in advanced health challenges. Individuals with constant and regular appointments with the doctors have defaulted the physical examinations, with most of them opting for telehealth. Others who need drugs from the pharmacists have changed their usual dosage because of the drugs' unavailability and closure of the reliable chemists (Chevance et al., 2020). This paper will analyze the direct effects of COVID-19 to people who relied on behavioral and mental health for their wellness.

## 2. Methodology

The current paper is a literature review of the existing literature on interventions to the COVID-19 contagion and the mental health symptoms. The paper will seek to evaluate the changes experienced among the populations in the country and how these altercations affected their health with a prime focus on those who were previously diagnosed with chronic diseases and mental illnesses, as indicated by Cullen, Gulati, and Kelly (2020). The researcher collected relevant information from the most attuned literature developed by individuals in positions of authority before and during the pandemic, such as medical doctors and medical researchers. It is imperative to establish that the paper will depend on a comprehensive collection

of articles from the most reliable and renowned electronic databases such as PubMed, Cochrane Library, EMBASE, PMC, MEDLINE, and Science.gov. To identify the latest and most relevant articles, the researcher used keywords such as COVID-19, mental health, psychiatry, effects of coronavirus, mental challenges and COVID-19, and behavioral health. The articles collected were filtered in terms of the information they contained and the date of publication, with a range of 5th March 2020 to 5th August 2020. Articles within the 6-month window were thought to have the most critical information about the pandemic and the rate at which it affected various groups of people, including those living with chronic illnesses such as diabetes, heart diseases, lung and kidney diseases, cancer, asthma, COPD, and mental illnesses.

### **3. Research Questions**

RQ1: People with chronic illnesses need regular check-ups with their doctors; how do they schedule their appointments during the COVID-19?

RQ2: The imbalance of routine medical treatment during COVID-19 has affected mental illness patients; how can they receive uninterrupted care?

### **4. Scheduling Appointments**

Individuals suffering from heart, kidney, or lung diseases need to schedule regular appointments with medical specialists. Most of them are under medication and strict instructions on how to conduct their lives. After the pandemic, it became quite difficult for such people to continue visiting the hospital for regular appointments because of the risk of transmitting COVID-19, as indicated by Horesh and Brown (2020). Most doctors were pre-engaged with the coronavirus patients whose numbers were becoming overwhelmingly more than the healthcare practitioners would cover. The department of health has continually announced its limited workforce, and with the pandemic, the situation has become more challenging. It is imperative to highlight that COVID-19 has exposed the healthcare system and the policies developed to care for chronic illnesses patients.

It is devastating to learn that people with fundamental medical circumstances are at a higher risk of succumbing to COVID-19 than healthy. For instance, people with lung illnesses such as COPD have a limited pulmonary reserve, making it easy for the respiratory system to breakdown if the virus finds its way. A wide array of literature indicates that people living with congestive heart failure, high blood pressure, and hypertension develop severe symptoms from COVID-19, including devastating effects on the kidneys, as indicated by Mella-Abarca et al. (2020). Findings suggest that some virus effects are irreversible, meaning that they will have weakened organs upon recovery. Managing chronic conditions during a pandemic has proven technically challenging since people need to adjust their daily routines and deal with novel obstacles such as appointments. Most clinics have postponed physical appointments for routine check-ups to avoid exposing staff or patients to COVID-19 (Ripp et al., 2020). Such clinics have transitioned from in-person visits to telehealth, allowing them to keep in touch with patients and their symptoms and propose changes to their treatment plans. Telehealth is challenging for geriatric patients who do not understand the technology and how it is applied. Doctors find it challenging to use telehealth because some assessments can be faulted, especially where physical examination is required (Pfefferbaum & North, 2020). These patients could safeguard themselves from acquiring COVID-19, but they indeed suffer from

their underlying condition because of a lack of prescription refills. Some medications are not sold over-the-counter, thence proving challenging to receive the drugs when their conditions worsen.

## 5. Imbalance of Routine Medical Treatment

Both chronically ill patients and the mentally ill are adversely affected by the coronavirus because of the changed medical care landscape. Mentally ill patients need to continue with their regular dosage and various therapies. Since the pandemic, it has become rather technical for them to visit their regular psychiatrists for the interventions (Kontoangelos et al., 2020). Patients need uninterrupted care with clinicians being more alert because of the danger most mentally ill patients face. They need to be proactively screened for suicidality because social isolation, fear, and economic uncertainty have increased the known risk factors for suicide and depression. Telehealth has improved the connection between physicians and mentally ill patients and reported concerns about establishing privacy, rapport, security, and technology knowledge (Holmes et al., 2020). These barriers can only be overcome by expanding mental health policies, providing patients with information about telehealth opportunities, and integrating telepsychiatry into reimbursement and treatment workflow.

## 6. Conclusion and Discussion

Patients suffering from chronic illnesses need to have prescription refills, stay of diet, maintain a regular appointment with the doctor, and avoid transmitting COVID-19. With the changing medical landscape due to the pandemic, mentally ill and chronically ill patients need to adopt the new changes to remain healthy (Perrin et al., 2020). In response to the research questions, patients need to alter their beliefs about telehealth and work at conquering their fears. It is important to establish that healthcare policies should be altered to include telehealth as a primary way of scheduling appointments and seeing patients (Paterson et al., 2020). The paper denotes that patients need to receive their usual drugs other than scheduling appointments without which their conditions will worsen.

The COVID-19 pandemic has affected all people psychologically, from children to adults, with the sudden change in lifestyle and the rate at which people died from the virus. Some children have been separated from their parents because of the risk of coronavirus posing a risk of psychiatric disorders (Sampa et al., 2020). Some children who contracted the virus were isolated and quarantined; such children were more likely to develop adjustment disorder, acute stress disorder, and posttraumatic stress disorder. Both children and adults are experiencing a substantial change to their repetitive and social substructure, leading to the development of psychological challenges. According to the CDC, the pandemic has affected more people indirectly than it has affected people directly, according to Walton, Murray, and Christian (2020). More practitioners need to specialize in behavioral health to prevent illnesses, offer interventions, and make it possible for individuals suffering from chronic illnesses and mental illnesses to note positive life improvement.

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