

Published: May 31, 2024

Citation: Dailey, S., F., 2024. Navigating Mental Health Amidst COVID-19: Understanding Symptoms, Sociodemographic Patterns, and Practice Implications. Medical Research Archives, [online] 12(5). <https://doi.org/10.18103/mra.v12i5.5381>

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DOI: <https://doi.org/10.18103/mra.v12i5.5381>

ISSN: 2375-1924

EDITORIAL

Navigating Mental Health Amidst COVID-19: Understanding Symptoms, Sociodemographic Patterns, and Practice Implications

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ABSTRACT

This article explores the nuanced relationship between COVID-related stressors and mental health outcomes, with a particular focus on sociodemographic patterns and implications for practice. It illuminates the psychological impacts of the pandemic, explores sociodemographic disparities outcomes among historically marginalized communities, and offers recommendations for practitioners and policymakers to address mental health challenges. It reviews current research highlighting the direct correlation between pandemic-related stressors and heightened levels of depression, anxiety, and economic instability across diverse demographic groups, while also exploring the most widely reported barriers these communities face in accessing mental health services. Through a comprehensive review of the literature, key strategies for addressing mental health disparities emphasize the importance of promoting social connectedness and dispositional mindfulness as protective factors. By integrating culturally responsive interventions, promoting mental health literacy, building resilience and coping skills, strengthening support systems, and advocating for policy changes, this article contributes to efforts aimed at reducing mental health inequities and promoting equitable access to care for all individuals affected by the pandemic.

Keywords: COVID-19 pandemic, mental health, sociodemographic disparities, resilience, treatment paradigms

Navigating Mental Health Amidst COVID-19: Understanding Symptoms, Sociodemographic Patterns, and Practice Implications

The COVID-19 pandemic has posed unprecedented challenges to global health, economies, and social structures, intensifying existing vulnerabilities and inequities across various domains.¹⁻³ Historically marginalized populations, including racial and ethnic minorities, low-income individuals, immigrants, and LGBTQ+ communities, have borne a disproportionate burden of the pandemic's impacts.⁴ Alongside higher rates of infection and mortality,⁵ these communities have faced intensified challenges, exacerbating existing health disparities.⁶ In addition to the direct threats to physical health, the pandemic has triggered a parallel crisis concerning mental health and well-being. As societies confront ongoing unprecedented challenges, grasping the prevalence of mental health symptoms becomes crucial for understanding the full extent of the impact and implementing effective interventions.

This article provides a comprehensive analysis of the lasting impact of the COVID-19 pandemic on mental health across diverse populations. It underscores the necessity for a comprehensive approach in understanding and mitigating these complex issues, emphasizing the significance of social connectedness and dispositional mindfulness as mitigating factors. This article provides therapeutic strategies rooted in cultural responsiveness and trauma-informed practices, prioritizing the resilience and inherent strengths of affected communities.

Impact of the COVID-19 Pandemic on Mental Health

The COVID-19 pandemic, recognized globally as a collective trauma, has led to a decline in mental well-being and a surge in mental illness across various populations.⁷⁻⁹ This crisis is marked by direct correlations between COVID-related stress and heightened levels of depression, anxiety, feelings of isolation, and economic uncertainty among general and clinical populations.^{1,10} For instance, during the first few months of the pandemic, a study examining 1,242 adults under the same government-issued stay-at-home mandate in the United States reported mean anxiety and depression scores of 58.07 ± 9.6 and 55.18 ± 10.49 , respectively, with the majority exhibiting clinically significant symptoms of anxiety (66.90%) and depression (52.49%).⁸ Similar trends were reported globally by Xiong et al. (2020),¹¹ who reported increased rates of anxiety, depression, post-traumatic stress disorder, psychological distress, and stress across eight countries during the COVID-19 pandemic.

In line with historical patterns associated with public health crises, more severe and persistent physical and psychosocial consequences are observed for historically vulnerable and minoritized groups.^{8,10} Non-Hispanic Black and Hispanic Americans exhibited nearly double the COVID-19 positivity rates compared to White counterparts,⁵ experiencing greater disruptions in educational access, healthcare, and employment, with persistent disparities persisting in infection rates, vaccination access, fatalities, and unemployment rates for

racial and ethnic minorities.^{12,13} Social distancing mandates intensified social isolation and loneliness, particularly impacting vulnerable groups, such as the elderly and individuals living alone, thereby exacerbating risks for depression and anxiety.^{14,15} The enduring psychological effects of these measures remain less understood, as quarantine and social distancing abruptly disrupted social support networks, fostering conditions for lasting impacts on mental well-being.^{16,17}

Persistent trends in anxiety, stress, and psychological concerns during the pandemic's initial phases suggest chronic impact, especially among individuals with pre-existing trauma or mental health disorders.¹⁸ Parker et al. (2022)¹⁰ found pre-existing trauma exposure correlated positively with increased levels of anxiety and depressive symptomatology, with higher reported experiences of trauma associated with elevated mental health concerns. Furthermore, the pervasive uncertainty surrounding the pandemic trajectory, coupled with concerns regarding health and financial stability, contribute to elevated levels of anxiety and stress.³ Those directly affected by the virus, such as survivors and healthcare workers, report prolonged mental health challenges, including high levels of burnout and post-traumatic stress.¹⁹

Marginalized communities, encompassing low-income and underserved individuals, racial and ethnic minorities, and rural populations, face notable barriers in accessing mental health services, exacerbating preexisting disparities in healthcare access.¹² Economic repercussions, such as widespread unemployment and

financial strain, heighten mental health concerns for many individuals.²⁰ Additionally, increases in substance use as coping mechanisms amidst pandemic-induced stressors and social isolation are evident within the literature.²¹

The emotional impact of the pandemic transcends age groups, affecting various demographics in distinct ways. Children and adolescents, for instance, continue to grapple with disruptions to education, social interactions, and family dynamics, leading to chronic instances of anxiety, depression, and behavioral concerns.²² Similarly, older adults, particularly those in long-term care facilities, face heightened feelings of loneliness, depression, and mortality concerns due to restrictions on visitations and increased susceptibility to severe illness.²³ Meanwhile, university students and young professionals encounter significant disruptions to their academic and career trajectories, resulting in stress, anxiety, and feelings of hopelessness about the future.²⁴ However, in this changing landscape of reliance on digital technology and communications, access to digital mental health resources and telehealth has become essential; nevertheless, technological challenges and disparities persist, hindering the ability of some individuals to benefit from virtual mental health services.²⁵

The persistent impact of the COVID-19 pandemic clearly extends beyond individual mental health, encompassing societal and cultural shifts that may have far-reaching consequences for mental well-being. Healthcare systems and providers continue to confront unprecedented challenges, leading to burnout, moral injury, and psychological distress among frontline workers.¹⁹ The

pandemic has also fueled stigma and discrimination, heightening levels of prejudice and discrimination for certain groups, exacerbating psychological distress.²⁶ Understanding more specifically how these factors intersect with mental health outcomes can provide crucial insights into addressing disparities and tailoring interventions effectively. In the following sections, we delve into these sociodemographic dimensions to elucidate how they contribute to vulnerability, resilience, and access to mental health resources. By acknowledging these varied dimensions, culturally responsive strategies can be identified to address the evolving mental health needs of individuals and communities amidst the ongoing pandemic and its aftermath.

Sociodemographic Associations with Mental Health Symptoms

The impact of the COVID-19 pandemic on mental health is not uniform across populations, with certain sociodemographic factors playing a significant role in shaping individuals' vulnerability to psychological distress and their access to support resources. Understanding these associations is crucial for developing targeted interventions and addressing disparities in mental health outcomes. In this section, we explore the influence of various sociodemographic factors on mental health symptoms during the pandemic.

AGE

Age has emerged as a key factor influencing vulnerability to mental health symptoms during the COVID-19 pandemic. Research indicates that older adults may experience

heightened anxiety and depression due to concerns about their increased risk of severe illness and mortality from COVID-19.²³ Additionally, older adults, who were more likely to live alone or be separated from loved ones during lockdowns and social distancing measures, may face challenges related to social isolation and loneliness.¹⁶ However, younger age groups, including adolescents and young adults, are also vulnerable to post-pandemic mental health concerns. Disruptions to education, employment, and social activities, coupled with uncertainties about the future, can contribute to feelings of anxiety, depression, and existential distress among young people.²¹ Moreover, the transition to remote learning and virtual social interactions, or what Dotson et al. (2022)²⁷ refers to as 'emotional distancing', may exacerbate feelings of disconnection and loneliness among adolescents and college students.²⁸

Despite these vulnerabilities, age can also confer resilience in the face of adversity. Older adults may possess greater coping skills and life experience to navigate challenging circumstances, enabling them to maintain psychological well-being despite the stressors associated with the pandemic.¹ Similarly, younger individuals may demonstrate adaptability and resourcefulness in leveraging technology and social networks to maintain social connections and access support resources during periods of physical distancing.

Understanding the differential impact of age on mental health outcomes during the COVID-19 pandemic is essential for tailoring interventions that address the unique needs of diverse age groups. Interventions aimed at

older adults may focus on mitigating social isolation through telehealth services, virtual social activities, and community outreach programs. For younger populations, interventions may emphasize promoting resilience-building skills, providing mental health education and resources, and fostering peer support networks.

GENDER

Gender disparities in mental health have long been documented and were further exacerbated by the COVID-19 pandemic. Research indicates that women are disproportionately affected by mental health symptoms during the pandemic, experiencing higher rates of anxiety, depression, and psychological distress compared to men.²² Several factors may contribute to these disparities, including differential exposure to stressors, caregiving responsibilities, and societal expectations related to gender roles.

Researchers report that women, particularly those in caregiving roles, experienced heightened stress and emotional strain due to increased caregiving responsibilities during periods of lockdown and quarantine.²⁹ The closure of schools and childcare facilities, coupled with disruptions to support services, exacerbated the burden of caregiving for women.³⁰ Many industries with essential workers, including healthcare, retail, and caregiving, have a higher percentage of female employees.³¹ Consequently, women, especially those from low-income and minority backgrounds, faced increased safety concerns due to this overrepresentation, leading to higher virus exposure and greater risks of unemployment and burnout, contributing to food and housing

insecurities.^{8,32} The strains placed on healthcare systems by COVID-19 infections disproportionately affected women's health, especially pregnant women and those with reproductive health needs.³³ Finally, the notable increase in domestic violence incidents during the pandemic is also significant for understanding disproportionate impacts of COVID-19 on women.³⁴

Men have also encountered significant mental health challenges amid the COVID-19 pandemic, stemming from social isolation, economic instability, and disruptions to employment. The resultant isolation and loneliness have notably harmed men's mental well-being, correlating with increased rates of depression, anxiety, insomnia, and substance use.³⁵ Recent studies highlight men's heightened susceptibility to COVID-19 infection, hospitalization, and mortality, contributing to their elevated psychological distress, as evidenced by higher rates of depressive symptoms, suicidal ideation, and mental health visits.^{36,37} Moreover, traditional gender norms promoting stoicism and self-reliance may deter men from seeking help for mental health issues, resulting in underreporting and delayed treatment. Additionally, men may encounter barriers to accessing mental health services, including stigma, lack of awareness, and limited availability of culturally sensitive resources. These gender differences in experiencing psychological distress and accessing support underscore the necessity for tailored approaches to address men's specific mental health needs, accounting for factors such as intolerance of uncertainty, emotion regulation, social support, financial stressors, and unemployment rates.^{35,38}

While research is limited, non-binary individuals confront distinctive mental health challenges amid the COVID-19 pandemic. Heightened social isolation and loneliness, compounded by reduced access to gender-affirming resources consequent to pandemic-related restrictions, exacerbate preexisting difficulties in identity affirmation and acceptance.³⁹ Economic instability and safety concerns add further strain. Accessing gender-affirming healthcare and support services, which was already a challenge pre-pandemic, was further hindered by limited resources.³⁹ Together, such limitations have been associated with elevated levels of depressive symptoms, anxiety, and suicidal ideation.

Given these unique considerations, addressing gender disparities in mental health burden requires a multifaceted approach that recognizes and addresses the intersecting social, economic, and cultural factors that contribute to differential mental health outcomes. Interventions aimed at promoting gender equity in mental health may include targeted outreach and education campaigns, training healthcare providers to recognize and address gender-specific mental health needs and expanding access to gender-sensitive mental health services and support groups. For historically underserved groups, such as non-binary individuals, tailored approaches that prioritize inclusive mental health support services that address intersectional needs are essential.

SOCIOECONOMIC STATUS

Socioeconomic status (SES) plays a significant role in shaping individuals' access to mental health resources and their vulnerability to

mental health symptoms. Existing literature indicates that individuals with low SES disproportionately experienced economic hardship and increased health risks during the COVID-19 pandemic.⁴⁰ Several factors, present even before the pandemic, contribute to these disparities including poverty-related stressors, greater challenges in accessing health and mental health care, and limited availability of culturally competent care providers.⁴¹ COVID-19 further highlighted issues of food insecurity, housing insecurity, income inequality, and health disparities that disproportionately affect low SES communities.⁴²

Recent longitudinal studies investigating the post-pandemic impact on mental health across socioeconomic strata have revealed nuanced patterns.⁴³ While individuals from higher socioeconomic backgrounds experienced heightened anxiety and depression due to reduced social interaction, increased health risks, and financial concerns, they also benefited from greater access to resources and support networks. However, unique stressors associated with their socioeconomic status, such as job insecurity and financial asset maintenance, were noted. A comprehensive understanding of these dynamics can guide tailored interventions to address the mental health needs of higher SES individuals effectively.

Mental health resources must tailor approaches to meet the diverse needs of individuals across socioeconomic status (SES) groups. For those with lower SES, prioritizing affordability, accessibility, and targeted outreach can help overcome financial barriers and reduce stigma. Conversely, individuals with higher SES may benefit from specialized

services like executive coaching and tailored stress management programs.⁴⁴ To address work-related stressors and promote mental health in the post-COVID-19 employers can implement strategies to support employee mental health, such as providing access to mental health resources, offering flexible work arrangements, and promoting a supportive work culture that prioritizes employee well-being.⁴⁵ Mental health professionals can collaborate with employers to develop workplace interventions and policies that promote mental health awareness, resilience, and work-life balance.

ETHNICITY AND CULTURE

Ethnicity and cultural factors play a crucial role in shaping individuals' coping mechanisms and resilience in the face of adversity. The COVID-19 pandemic has highlighted significant disparities in mental health outcomes among different racial and ethnic groups, with minority populations experiencing higher rates of mental health symptoms compared to non-Hispanic white individuals.⁵ Several factors contribute to these disparities, including systemic racism, discrimination, and disparities in access to healthcare services.

Minority populations may face unique stressors related to the pandemic, including higher rates of COVID-19 infection and mortality, economic instability, and barriers to accessing culturally competent mental health care.¹² Moreover, experiences of racial discrimination and social marginalization may contribute to feelings of anxiety, depression, and trauma among minority individuals, exacerbating existing mental health disparities. Conversely, factors such as cultural

identity, community support, and resilience can serve as protective factors against mental health issues among minority populations.⁴⁶ Strong cultural and social connections may provide a source of strength and support during times of crisis, buffering against the impact of stressors on mental well-being.⁴⁷

Addressing mental health disparities among different racial and ethnic groups requires a culturally responsive approach that acknowledges and respects individuals' cultural backgrounds and lived experiences.⁴⁸ Interventions aimed at promoting mental health equity may include efforts to reduce systemic racism and discrimination, increase access to culturally competent mental health services, and engage communities in culturally relevant mental health promotion and prevention initiatives.⁴⁶ Moreover, collaboration with community organizations and cultural leaders can help foster trust and facilitate the delivery of culturally tailored mental health interventions. Relatedly, in the next section, we explore the significance of social connectedness as a versatile protective factor across diverse sociodemographic groups and, building upon the importance of culturally responsive approaches, we also examine how connectedness and dispositional mindfulness promote well-being within various cultural contexts.

Significance of Social Connectedness and Dispositional Mindfulness

Social connectedness and dispositional mindfulness emerge as versatile protective factors with global applicability across diverse sociodemographic groups. Unlike culturally bound characteristics or attributes, social

connectedness and dispositional mindfulness tap into fundamental human experiences transcending cultural divides.^{23,28} Primarily, social connectedness addresses the universal need for interpersonal bonds and belongingness, which is recognized across cultures.⁴⁹ Numerous empirical studies consistently demonstrate the association between social connectedness and lower levels of loneliness, anxiety, depression, and anger.^{50,51}

Beyond mere access to social support networks, social connectedness has been found to moderate feelings of depression and suicidal ideation.⁵² Bolstering social connectedness as a clinical intervention spans various contexts, such as addressing post-traumatic stress in veterans to burnout among healthcare professionals.^{53,54} Even as a standardized treatment protocol for dementia, social connectedness underscores its versatility and effectiveness in promoting mental well-being.⁵⁵

Clinical interventions aimed at increasing social connectedness encompass a variety of approaches designed to foster meaningful relationships and enhance interpersonal bonds. Such interventions include group therapy, social skills training, support networks, community engagement programs, relationship-building exercises, social integration activities, peer counseling programs, and social networking technologies.⁵⁶ These interventions aim to provide individuals with opportunities for social interaction, support, and connection, with a strong emphasis on improving perceived quality of social connections. In the context of COVID-related stress, social connectedness was identified as a critical

factor in promoting psychological well-being and resilience.^{1,57}

Likewise, dispositional mindfulness, rooted in non-judgmental awareness of present experiences, transcends cultural nuances.⁵⁸ The core principles of dispositional mindfulness—awareness, acceptance, and self-regulation—are universally applicable and have demonstrated high levels of clinical efficacy.²¹ Mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) consistently show efficacy in reducing symptoms of anxiety and depression.⁵⁹ Dispositional mindfulness serves as a potent protective mechanism against stress and adversity.⁶⁰ moderating distress symptoms associated with social distancing mandates during the COVID-19 pandemic.^{1, 61,62}

In summary, social connectedness and dispositional mindfulness are highly versatile and effective strategies for bolstering mental resilience and well-being across diverse populations, mitigating the enduring impact of the COVID-19 pandemic.²² Their adaptable frameworks cater to varied sociodemographic needs and preferences, enhancing their relevance and effectiveness.^{21,23,28} Specifically, mental health providers can leverage social connectedness and dispositional mindfulness as foundational elements of therapeutic strategies, addressing disparities through culturally responsive and trauma-informed practices.^{10,29,38}

Culturally Responsive and Trauma-Focused Approaches

In addressing the enduring mental health repercussions of the pandemic, a paradigm

shift from deficit models to strengths-based approaches has emerged. Central to this transition are interventions that prioritize a strengths-based, growth mindset.⁴ These approaches diverge from traditional models by emphasizing individuals' inherent resilience, talents, and capacities rather than solely focusing on pathology. Through collaborative exploration, individuals are empowered to recognize and leverage their strengths, fostering adaptive coping mechanisms to confront challenges. Positive psychology interventions, as an example, promote well-being by cultivating positive emotions, character strengths, and a sense of purpose, thereby fostering social connections and fortifying mental resilience.⁴⁶ Mindfulness-Based Stress Reduction (MBSR) stands as another example, offering individuals tools to cultivate present-moment awareness and acceptance through meditation and mindful practices.⁵⁹ By enhancing emotional regulation and interpersonal relationships, MBSR equips individuals with vital skills to navigate stressors and cultivate meaningful connections. Other interventions, such as Compassion-Focused Therapy (CFT) integrate mindfulness and compassion to nurture self-compassion and empathy for others, fostering deeper social bonds and emotional resilience.⁶³

Informed by principles of trauma-informed care, these approaches prioritize safety, empowerment, and collaboration, creating environments conducive to healing and resilience-building. By integrating these resilience-focused approaches into mental health services and community support systems, we can effectively address the enduring mental health impacts of the

pandemic, fostering healing and promoting well-being amidst ongoing adversities. In the next section, we discuss ways in which these interventions have been practically applied within current literature, with particular attention to those aimed at fostering connectedness and mindfulness.

Practical Applications for Mental Health Practice

TELE THERAPY AND DIGITAL MENTAL HEALTH SERVICES

The widespread utilization of teletherapy and digital mental health services during the pandemic has significantly transformed the landscape of mental health care delivery, presenting novel opportunities for accessibility and convenience for both general and vulnerable populations. Teletherapy platforms facilitate individuals in accessing mental health support from the comfort of their residences, thereby circumventing barriers such as transportation limitations, scheduling conflicts, and the stigma associated with traditional face-to-face therapy.⁶⁴ Mental health practitioners can capitalize on teletherapy platforms to administer evidence-based interventions, provide psychoeducation, and offer support services to individuals across diverse geographic locations and demographic profiles.

Furthermore, digital mental health tools, including smartphone apps, online support groups, and self-help resources, serve as adjuncts to traditional therapy approaches, empowering individuals to actively engage in managing their mental health. Beyond mere convenience, digital interventions have also

expanded the accessibility of resilience-based approaches, offering scalable platforms for mindfulness practices, virtual support communities, and evidence-based interventions for social connectedness. For instance, group therapy sessions conducted via teletherapy platforms provide a forum for mutual support, shared experiences, and collaborative coping strategies among participants.⁵⁶ Additionally, online mindfulness courses are accessible globally, assisting individuals in developing stress management skills and enhancing self-awareness, irrespective of cultural or linguistic disparities. The availability of smartphone apps offering mental health resources in multiple languages further broadens the accessibility of such interventions.

PRIMARY CARE SETTINGS

The integration of mental health services within primary care settings is imperative for enhancing access to mental health care and comprehensively addressing the needs of individuals, encompassing both general and vulnerable populations. Primary care providers assume a pivotal role in recognizing and managing mental health issues, thereby facilitating early intervention and facilitating appropriate referrals to mental health resources and services. Collaborative care models, involving interdisciplinary teams comprising primary care providers, mental health specialists, and community-based organizations, serve to optimize care coordination, expedite intervention, and enhance outcomes for individuals across diverse demographic backgrounds. Primary care providers are also well-positioned to promote social connectedness by facilitating connections to community resources and encouraging participation in group activities

aimed at nurturing interpersonal relationships.⁸ Activities may include support groups and health education classes for patients to share experiences and offer mutual support. They can also collaborate with local community organizations to provide opportunities for social engagement and educate patients about available community resources.

In regard to dispositional mindfulness, primary care providers can incorporate mindfulness-based interventions into their treatment plans for patients experiencing mental health issues. This may involve recommending MBSR or mindfulness-based cognitive therapy (MBCT) programs, which have been shown to be effective in reducing symptoms of anxiety and depression.⁵⁹ Providers can also teach patients simple mindfulness techniques, such as deep breathing exercises or body scans, that can be practiced independently at home. If available, providers can encourage patients to participate in community-based mindfulness programs or support groups, which offer opportunities for social interaction and support.

COMMUNITY-BASED INTERVENTIONS AND SUPPORT NETWORKS

Community-based interventions and support networks play a vital role in promoting mental health and resilience, especially amid the challenges brought on by the pandemic, affecting both general and vulnerable populations.⁶⁵ The intent of these interventions is to harness the collective strengths and resources inherent in communities to promote mental well-being. Through initiatives such as community

organizing and peer support groups, community-based interventions cultivate a sense of belonging, mutual support, and inclusivity. These initiatives, facilitated by community organizations, faith-based groups, and grassroots initiatives, provide invaluable resources, support, and opportunities for social connections, fostering a profound sense of belongingness and collective resilience.⁴⁸ Platforms such as peer support groups, mutual aid networks, and community mental health centers serve as essential avenues for individuals to share experiences, access information, and receive emotional support, thereby facilitating coping mechanisms during times of adversity. By leveraging local resources and establishing partnerships with community entities, mental health practitioners can reinforce a sense of belonging and resilience within communities, which holds particular significance in times of crisis.⁶⁶ These collaborative efforts not only address immediate mental health needs but also contribute to long-term community well-being by harnessing existing strengths and resources.

These community-based interventions and support networks also have a profound impact on mental health literacy and awareness. Psychoeducation and mental health literacy campaigns are essential tools for raising awareness, reducing stigma, and empowering individuals from both general and vulnerable populations to take proactive steps in safeguarding their mental health. By providing accurate information about mental health, stress management, coping strategies, and available resources, these campaigns empower individuals to recognize signs and symptoms of mental health conditions, seek timely support, and engage in self-care

practices that foster resilience and well-being.

Conclusion

The COVID-19 pandemic has acted as a crucible, testing the resilience of individuals, communities, and healthcare systems worldwide. As mental health symptoms continue to proliferate, exacerbated by the protracted nature of the crisis, addressing these challenges demands a comprehensive and inclusive approach. By elucidating the prevalence of mental health symptoms, delineating sociodemographic associations and implications for practice, this article underscores the urgency of prioritizing mental well-being amidst the subsequent years of the COVID-19 pandemic. Through concerted efforts and targeted interventions, we can forge a path towards healing, resilience, and collective recovery in the post-COVID era.

Conflict of Interest:

None

Funding:

None

Acknowledgements:

None

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