



# The effect of coronavirus pandemic on psychological wellness and balancing techniques: a source of inspiration

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Comment on: Liang L, Feng L, Zheng X, *et al.* Effect of dialectical behavior group therapy on the anxiety and depression of medical students under the normalization of epidemic prevention and control for the COVID-19 pandemic: a randomized study. *Ann Palliat Med* 2021;10:10591-9.

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I am writing to provide comments for the article titled “Effect of Dialectical Behavior Group Therapy on the Anxiety and Depression of Medical Students under the Normalization of Epidemic Prevention and Control for the COVID-19 Epidemic: A Randomized Study” Written by Liang *et al.* (1). COVID-19 has had a profound impact on global mental health, causing anxiety and stress due to uncertainty. Lockdown leads to isolation and grief, compounded by limitations. The isolation that COVID-19 patients have endured has had a negative impact on their overall quality of life, mental health, and work-life balance. Moreover, long-term mental health issues resulting from this circumstance are possible. Therefore, in order to address these complex issues, time utilization interventions are crucial during the hospital stay (2). Job losses have created economic stress. Healthcare workers face stress, limited access to mental health services, the mental health of children affected by distance learning, and pre-existing medical conditions that are becoming increasingly worse. The COVID-19 epidemic has created panic and psychological pressure among the general public (3). Parent Positive was created in response to the pandemic’s spike in behavioral and emotional problems in kids. The goal of this widespread public health initiative is to combat the increase in these issues that have been seen in the UK. Parent Positive has shown a noteworthy decrease in emotional problems that parents report their children are experiencing (4). The local government has put in place

several restrictive anti-pandemic measures (e.g., restrictions on travel, family visits, gatherings, etc.) (5).

During the COVID-19 pandemic, WHO has guided countries, provided accurate information, supported research and vaccines, provided technical assistance, coordinated international efforts, issued policies, monitored and reported, and trained health workers, thus playing a central role in global pandemic management. A cross-sectional survey study conducted during the early stages of the COVID-19 pandemic in China among healthcare workers (HCWs) exposed to the virus revealed significant levels of anxiety, depression, insomnia, and distress in this population. According to our findings from a pilot randomised controlled trial (RCT), the COVID Coach self-management app may be able to improve HCWs’ well-being, especially in terms of reducing anxiety in the face of the COVID-19 pandemic (6). A recent study conducted in rural Uganda highlighted the twofold stress that people living with HIV experience in the midst of the COVID-19 pandemic. In particular, individuals starting antiretroviral therapy in Shinyanga demonstrated noticeably higher anxiety and depression scores than in 2018. Concurrent observations in wealthy countries show that during the pandemic, people with HIV experienced higher levels of stress, anxiety, depression, and feelings of loneliness (7). Above all, I would like to express my gratitude for the efforts of the authors in conducting this study and illuminating the important topic of mental health during the COVID-19

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pandemic. However, I have identified several places in the article that need correction and clarification. The methods section looks detailed but could benefit from a clearer explanation of the random selection process for group assignments. Specifically, how are participants randomly selected, and how are potential biases taken into account?

The rationale for using the Patient Health Questionnaire (PHQ-9) and the Generalised Anxiety Disorder Scale (GAD-7) should be provided, explaining why these particular tools should be used to assess depression and anxiety. In addition, three examinations tried other advanced intercessions for anxiety and depression side effects (8). Although statistical significance is important, the article does not discuss the clinical significance of the results. Are the observed changes in scores clinically significant? This needs to be resolved. The discussion will benefit from further analysis of the results, for example, by discussing the practical implications of the results and how they relate to previous research. The article discusses the benefits of DBT but does not address any potential limitations or challenges encountered when doing this therapy online.

The paper did not state whether other variables, such as participants' concurrent treatments or life events during the study period, were controlled. It is important to address potential confounding factors to ensure the validity of the results. The consequences phase should include a brief discussion of the study's barriers to provide context for readers and well-known capabilities of bias or mistakes. Across all reviews and districts, Coronavirus was accounted for to adversely affect clinical understudy populaces and was related to expanded degrees of anxiety, stress, and sadness (9). In conclusion, although the article makes a valuable contribution to the field of mental health interventions during the COVID-19 pandemic, several areas need further refinement and clarification. In addition, it would be helpful to acknowledge the limitations of the study and discuss potential directions for future research.

Once again, I would like to say that your continuous endeavours to reveal insight into the effect of the coronavirus on emotional wellness are valued.

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