



## The Contributions of Psychologists and Social Workers in Providing Support to Families Impacted by Substance Use Disorders Amidst the Covid-19 Pandemic: Review

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### Abstract

**Background:** The COVID-19 pandemic has exacerbated existing mental health challenges, particularly for families affected by substance use disorders (SUD). This paper reviews the critical roles of psychologists and social workers in addressing the psychological and social impacts of addiction within the context of the pandemic.

**Methods:** Utilizing a comprehensive literature review methodology, relevant studies from the Medline database were analyzed, focusing on the intersection of COVID-19, mental health, and addiction.

**Results:** The findings reveal a significant increase in mental health issues, including anxiety, depression, and substance use exacerbation, among families grappling with SUD during the pandemic. Psychologists and social workers have been pivotal in delivering essential services, such as teletherapy, psychoeducation, and crisis intervention, which have adapted to the constraints imposed by social distancing measures. Key interventions identified include fostering resilience among families, promoting coping strategies, and facilitating access to community resources.

**Conclusions:** In conclusion, the pandemic has highlighted the urgent need for integrated mental health services that address both addiction and associated family dynamics. The contributions of mental health professionals are indispensable in mitigating the adverse effects of COVID-19 on families affected by SUD. Future research should aim to explore the long-term impacts of the pandemic on addiction recovery and the effectiveness of virtual support services.

**Keywords:** COVID-19, substance use disorders, mental health, psychologists, social workers.

## 1. Introduction

In January 2020, the World Health Organization (WHO) designated the outbreak of the novel coronavirus illness, COVID-19, as a Public Health Emergency of International Concern. The WHO indicated a significant danger of COVID-19 transmission to other nations globally [1]. In March 2020, the WHO determined that COVID-19 might be classified as a pandemic. The WHO and global public health agencies are taking measures to limit the COVID-19 epidemic. This crisis is creating stress throughout the populace. This document's thoughts have been formulated by the WHO Department of Mental Health and Substance Use as a set of messages intended for communication to promote mental and psychosocial well-being among various target groups during the epidemic [2]. The COVID-19 epidemic impacts not only physical health but also mental health and overall well-being. The ongoing epidemic is altering objectives for the general populace while simultaneously challenging the agendas of health professionals, including psychiatrists and other mental health practitioners [3].

Globally, psychiatric clinics are adapting their practices to provide treatment and support for those with mental health issues, as well as for others who, although not mentally ill, are experiencing the psychological repercussions of the epidemic. The need for psychiatric assistance is expected to rise in the next weeks or months, necessitating a reevaluation of our existing methods. From a psychopathological perspective, the ongoing epidemic represents a novel stressor or trauma for mental health practitioners [4]. COVID-19, the illness caused by the novel coronavirus identified in December 2019, has elicited widespread concern and heightened anxiety. Although the impact of the coronavirus on mental health has not been comprehensively examined, it is expected that COVID-19 will have far-reaching consequences, particularly in light of current public responses.

## 2. Methods

This study intends to examine the most recent studies about the mental and psychological impacts of the pandemic on the general population. The literature review was conducted using the Medline database. It concentrated on all research related to the COVID-19 pandemic and psychiatry. The keywords were derived from titles, abstracts, and keywords, namely "COVID-19," "psychiatry," and "mental health." Only English-language articles were included.

## 3. Psychological methodologies

The COVID-19 pandemic will impose an unprecedented strain on patients and healthcare systems worldwide, and individuals with severe mental diseases should get accurate information on medical treatment techniques for COVID-19. Addressing the psychological and social aspects of this pandemic for sufferers will also be crucial. Worry may both intensify and be intensified by pre-existing anxiety and depression symptoms [5]. Psychiatrists can play a vital role in enhancing the well-being of affected individuals and their families. Key interventions may involve educating about prevalent adverse psychological effects, promoting health-enhancing behaviors, facilitating problem-solving, and empowering patients, their families, and healthcare providers. The current emphasis on the worldwide transmission of COVID-19 may divert public attention from the psychological costs experienced by afflicted people and the broader society [6].

The rising mental health concerns associated with this pandemic may evolve into enduring health challenges, loneliness, and stigma. Global health strategies must be used to mitigate psychological stresses, especially those associated with isolation/quarantine, fear, and susceptibility among the general populace. Media and social network information must be meticulously regulated, and internationally endorsed community-supportive psychological therapies should be encouraged. The paramount action we may take is to reduce viral transmission by adhering to stringent cleanliness practices and maintaining social distancing [7]. A reduced number of infections in the general population correlates with a decreased risk of infection for long-term care residents [8]. The COVID-19 pandemic has resulted in elevated rates of psychiatric symptoms, making mental health considerations particularly pertinent, as mental health

disorders such as depression, anxiety disorders, posttraumatic stress disorder, and substance use disorders are prevalent among individuals with chronic pain. Mental health issues linked to the COVID-19 pandemic may aggravate pre-existing disorders, thereby negatively affecting pain management treatment results [9]. In patients with mental problems infected with COVID-19, antiviral medications should be used with psychotropic agents, including antipsychotics, antidepressants, and anxiolytics. Without adjunctive therapy, the use of antiviral medicines may precipitate relapses in individuals with psychiatric illnesses [10].

Siskind et al. [11] concentrate on particular suggestions associated with the prescription of clozapine from a pharmacological perspective. Amid the persistent COVID-19 epidemic, psychiatrists are confronted with requests from patients, their families, and advocacy organizations to facilitate access to clozapine, a medicine essential for continuous patient treatment. Clozapine may be linked to an increased risk of pneumonia, probably owing to sialorrhea and aspiration rather than neutropenia. Acute systemic infection may elevate clozapine levels, resulting in acute clozapine toxicity symptoms such as drowsiness, myoclonus, and seizures. Despite parallels with other pandemics and a swift reaction from the scientific community to comprehend COVID-19 and mitigate its global repercussions, significant uncertainties remain, particularly due to the unusual characteristics of COVID-19 and the disparate governmental reactions to the crisis globally. Consequently, there is an essential need for health psychology studies to comprehend the prospective physical and mental effects of COVID-19 on front-line healthcare personnel [12].

Numerous factors contribute to this. Psychological variables significantly influence adherence to public health initiatives, such as vaccination, and affect individuals' coping mechanisms regarding the fear of illness and associated losses. These are undeniably critical factors to consider in the therapy of any infectious illness, particularly COVID-19. Psychological responses to pandemics include maladaptive behaviors, emotional turmoil, and defensive reflexes. Individuals predisposed to psychiatric issues are particularly susceptible. An online evaluation was developed to analyze the pattern of posttraumatic stress symptoms in clinically stable COVID-19 patients [13]. This research recruited 730 COVID-19 participants, of whom 714 satisfied the inclusion criteria. The average age of the participants was  $50.2 \pm 12.9$  years, with males comprising 49.1% of the sample, and 25.8% having lived alone before admission. The prevalence of substantial posttraumatic stress symptoms was 96.2% (95% CI: 94.8–97.6%). Forty-nine to eight percent of individuals deemed psycho-educational services beneficial [14]. The fast transmission rates of COVID-19, along with disparaging media coverage in popular communication platforms and social prejudice against COVID-19 patients, may lead to an increased incidence of self-reported posttraumatic stress symptoms [15].

Health anxiety arises when observed body sensations or alterations, particularly those associated with infectious illnesses (e.g., fever, cough, muscular pain), are interpreted as indicators of illness. High health anxiety may significantly affect behavioral responses to the perception of infection. Some individuals with elevated health anxiety may see hospitals and medical facilities as sources of infection, thereby avoiding medical care. Conversely, individuals with elevated health anxiety often want health-related information and comfort, typically from medical professionals. Consequently, individuals may see many physicians or even frequent hospital emergency departments in their quest for reassurance that their physical feelings and alterations are not attributable to infection [16]. The apprehension around 2019-nCoV is largely attributable to its novelty and the ambiguities over the potential severity of the ongoing epidemic. The apprehension around 2019-nCoV far exceeds that of seasonal influenza, despite the latter having resulted in a much higher mortality rate. The Morning Consult (2020) survey indicated that 37% of Americans expressed significant fear over 2019-nCoV, whereas 27% were similarly concerned about seasonal influenza. Furthermore, a majority of respondents (62%) reported more apprehension about 2019-nCoV compared to seasonal influenza. The nature and effect of 2019-nCoV on mental health have yet to be ascertained; however, current research provides insights that may aid in anticipating potential outcomes. Studies on psychological responses to past epidemics and pandemics indicate that several psychological vulnerability factors may contribute to coronaphobia, including individual differences such as intolerance of uncertainty, perceived susceptibility to disease, and anxiety [17].

During epidemics, the population experiencing mental health issues sometimes surpasses the number of individuals infected by the virus. Individuals infected with COVID-19, or suspected of infection, may exhibit pronounced emotional and behavioral responses, including dread, boredom, loneliness, anxiety, sleeplessness, or wrath. It is essential to integrate public mental health policy with epidemic and pandemic response tactics before, during, and after the occurrence. Mental health specialists, including psychologists, psychiatrists, and social workers, should assume a primary role in emergency planning and management teams. In light of the humanitarian issues posed by the continuing epidemic, we believe that COVID-19 necessitates a public mental health emphasis. COVID-19 is the first significant pandemic of our time, necessitating the exploration of concealed potential for reflection and response as a global community. COVID-19 presents a problem not just as a public health concern but also in terms of its mental framing. The integration of public health and mental health may result in positive transformations in the globe due to the impacts of COVID-19, rather than negative ones [19].

#### **4. Psychiatric care of the elderly during the pandemic**

Older persons are more susceptible to natural catastrophes and crises, and those afflicted with dementia have restricted access to correct information about the COVID-19 pandemic. They may have challenges in recalling safety protocols, such as mask-wearing, or in comprehending public health information [20]. Mental health practitioners, social workers, nursing home managers, and volunteers need to provide mental health care for those with dementia. Monitoring the health of the elderly in long-term care is crucial not just for their well-being but also to save the healthcare system from being inundated with severe COVID-19 cases [20]. Mental health issues are prevalent in older Chinese persons (i.e.,  $\geq 55$  years), with a reported prevalence of depressive symptoms at 23.6% in this demographic. The fast spread of the severe acute respiratory syndrome coronavirus (SARS-CoV-2) and elevated mortality rate may heighten the risk of mental health issues and intensify pre-existing psychiatric symptoms, hence further diminishing everyday functioning and cognitive abilities. Stakeholders and health policymakers must work to address this obstacle to provide high-quality, timely psychological crisis treatment to older individuals living in the community [21].

#### **5. Psychological impacts of the pandemic on children**

A specific scientific concern pertains to the appropriate psychological development and well-being of youngsters. Detachment from caregivers may increase the likelihood of mental problems. Youngsters subjected to isolation or quarantine during pandemic illnesses had a heightened propensity for developing acute stress disorder, adjustment disorder, and grieving; 30% of these youngsters fulfilled the clinical criteria for posttraumatic stress disorder [22]. Children are undergoing significant changes to their daily routines and social structures due to the COVID-19 pandemic, necessitating that the information presented considers the child's age and comprehension level. Effective and sensitive communication on life-threatening illnesses significantly enhances the long-term psychological welfare of children and their families. Disregarding the immediate and long-term psychological ramifications of this worldwide scenario would be egregious, particularly for children and adolescents, who constitute 42% of the world's population [23].

A significant concern during this epidemic is the difficulty families and caregivers have in managing young children with special needs, such as autism spectrum condition (ASC). Typically, these children get treatments for many hours weekly at home with specialized therapists or in dedicated hospitals and institutions. Parents and caregivers of young children with Autism Spectrum Conditions (ASC) may be assisted in managing their children by elucidating the nature of COVID-19, using serious games, utilizing online treatment for high-functioning children, and conducting weekly online consultations for parents and caregivers [24]. The Coronavirus disease 2019 (COVID-19) is altering familial dynamics. Parents and caregivers are endeavoring to work remotely or are unable to do so while attending to youngsters, without certainty throughout this circumstance. During health crises, school closures exacerbate violence and vulnerability among youngsters. The incidence of reported child maltreatment increases during periods of school closures. Parents and children are experiencing heightened stress, media sensationalism, and terror;

all of which undermine our ability for tolerance and long-term contemplation. The economic ramifications of the crisis exacerbate parental stress, maltreatment, and aggression toward children for many individuals [25].

## **6. Psychiatric ramifications of the pandemic in several nations**

In Italy, around 25% of the total illness burden is ascribed to neuropsychiatric diseases. The community-based Italian psychiatric support is included in the National Health System, including 183 Mental Health Departments, and serves around 780,000 patients. Patients are being monitored continually, mostly via internet connectivity. Nonetheless, the genuine duration of stress and social isolation may elevate the likelihood of recurrence and fresh episodes. Currently, individuals are compelled to live in isolation, since social separation is the most efficacious method to curtail the transmission of the virus. Prolonged social isolation may increase the risk of mental problems, including anxiety, mood disorders, addiction, and thinking disorders [26]. The crisis in the USA has highlighted the degree of connectivity among its institutions, including medical, public health, political, economic, and educational sectors. The ongoing epidemic distinctly highlights the worldwide interconnectedness of contemporary existence and the constrained relevance of country, religion, and political affiliations when confronted with a shared peril. They are unable to completely foresee the enduring consequences of this epidemic on our civilizations. Telemedicine has been established at an unprecedented pace to address patient demands. Regulatory obstacles to accessing many patients were dismantled virtually instantaneously. They may use more platforms and traverse state boundaries to provide treatment, which are significant modifications that enable us to reach a greater number of patients. They are collectively encountering a stressor that impacts various sectors of the population differently [27]. Economic repercussions and societal disturbances have been documented in Japan. This is not the first instance in which the Japanese populace has encountered invisible agent situations, sometimes referred to as CBRNE (chemical, biological, radiological, nuclear, and high-yield explosives). In 1945, two atomic blasts occurred; the sarin gas attacks in 1995, the H1N1 influenza pandemic in 2009, and the Fukushima nuclear catastrophe in 2011 all inspired anxiety and peril linked to invisible threats. These incidents incited societal upheavals. Excessive and spectacular news headlines and visuals exacerbated anxiety and dread in these circumstances, while also promoting rumors and exaggerated information as people sought to compensate for the lack of knowledge with speculation. The impacted individuals experienced social rejection, discrimination, and stigmatization [28].

## **7. The valiant efforts of healthcare professionals during the COVID-19 pandemic**

During a pandemic, the demands on healthcare personnel are extraordinary, and work-related stress disproportionately impacts healthcare workers. This stress is associated with excessive workloads in emotionally charged environments, potentially leading to increased patient safety incidents, medical errors, diminished service quality, as well as challenges related to staff retention and psychological well-being. ECT practitioners must collaborate with senior anesthetic colleagues to provide a secure environment for ECT and choose the most suitable personal protective equipment (PPE) to use. The COVID epidemic is a dynamic condition, and ECT practitioners must be informed about changes and developing legislation. Consistently get current information and clinical direction from credible national and international scientific and medical organizations, such as the Health Service Executive in Ireland [29].

Front-line essential workers, including healthcare professionals and emergency responders, as well as non-healthcare personnel such as social workers and correctional staff, may be particularly susceptible to moral damage during this period. Recommendations for clinicians offering psychological support during and after the COVID-19 pandemic include assisting front-line workers and those impacted by the virus. Clinicians should recognize that individuals experiencing moral injury-related mental health disorders may be reluctant to discuss feelings of guilt or shame, often emphasizing more traditionally traumatic aspects of their condition instead. Clinicians providing psychological therapy to patients should persist in their efforts while implementing necessary precautions, such as using Skype, Zoom, telephone, or other platforms for treatment. Clinical care teams must implement measures to guarantee that vulnerable populations,

including survivors of domestic abuse and those with severe mental disorders, retain access to treatment and support networks [30].

A thorough evaluation of the psychological impact of the COVID-19 pandemic on hospital personnel across all ranks and roles is essential to provide early and suitable treatments. Improving the psychological wellness of medical personnel during the COVID-19 pandemic is as crucial as combating the epidemic. In the ongoing COVID-19 pandemic, it is both an ethical obligation and a public health duty to maintain the functionality of community psychiatric services, especially for the most vulnerable populations, including those with mental illness, disabilities, and chronic diseases. Simultaneously, it is essential to mitigate the transmission of COVID-19 inside the outpatient and inpatient services associated with Mental Health Departments [31]. In the context of this extensive contagious public health crisis, medical personnel are experiencing significant physical and psychological strain. Personnel expressed concern with the lack of protection equipment and feelings of inadequacy when confronted with severely sick patients. Numerous personnel said that they did not need a psychologist, but rather wanted uninterrupted rest and enough protective gear. Ultimately, they recommended training in psychological techniques to address patients' anxiety, panic, and other emotional issues, and, if feasible, for mental health professionals to be available to provide direct assistance to these patients [32].

#### **8. Telemedicine and psychological assistance during the pandemic**

This is unequivocally the first pandemic of the digital era, and studies on social media misinformation during crises underscore the need to provide substantial updates at consistent intervals from credible sources. In the absence of updates from official sources, misinformation tends to flourish. The COVID-19 pandemic has transpired in an era of unprecedented human connectivity. Although physical connectedness via extensive travel has expedited the global dissemination of the illness, technological connectivity offers a means that, if used judiciously, may alleviate its impacts. An unforeseen consequence of the COVID-19 pandemic is that university public hospitals have implemented exceptional containment measures, including instructing non-essential medical personnel to remain at home. Medical students in surgical departments are now inactive due to the cancellation of non-urgent surgical procedures until further notice. Blended learning, characterized by the integration of traditional face-to-face instruction with asynchronous or synchronous e-learning, has rapidly proliferated and is now widely used in medical education [33]. As the epidemic persists and clinical research advances, it is certain that clinical researchers have difficult choices about the continuation of existing clinical studies because of the pervasive COVID-19 pandemic. Despite the guidelines provided by local and national organizations, the principal investigator (PI) is ultimately responsible for assessing the risk-benefit ratio of current research. When making research choices, principal investigators should evaluate all aspects influencing the risk-benefit ratio of ongoing research throughout this period [34].

In a Parisian psychiatry department, psychiatrists and psychologists were initially hesitant to use telepsychiatry; nonetheless, the pandemic necessitated a transition of 90% of our outpatient and liaison psychiatry services to telepsychiatry. This rapid transition is well received by patients, psychiatrists, and psychologists. To mitigate the mental health challenges faced by both medical and nonmedical hospital personnel subjected to excessive workloads, stress, challenging ethical dilemmas, and numerous fatalities, as well as confinement and the apprehension of contamination for themselves and their families, we have proposed a specialized hotline for psychiatric teleconsultation, which has garnered a favorable response [35]. In Italy, a psychiatric department transitioned nearly all outpatient visits to telemedicine sessions. They have little, if any, expertise with telemedicine; yet, they had no alternative. Most patients used the telephone. In October 2019, their unit implemented a policy prohibiting handshakes to mitigate hospital infections. Each room in their apartments has a notice encouraging individuals to greet one another with a smile rather than a handshake. They recognized that handwashing and refraining from handshakes were essential, although insufficient, precautions. They rapidly observed that some individuals who meticulously cleaned their hands and refrained from touching others or objects nevertheless contracted the infection anyhow. Concerning the provision of services only by telephone, telemedicine, or other technology. The majority of doctors have not included telemedicine in their standard practice.

The COVID-19 crisis and worldwide epidemic may represent a pivotal moment for digital mental health; however, the precise nature of that description remains uncertain. Proper utilization of telehealth and application tools during the current crisis, along with investment in personnel and training to assist them in addressing the potential mental health repercussions, will solidify the future of digital mental health as an integral aspect of overall mental health. Altering the trajectory favorably requires financial resources, research, policy modifications, training, and equality; yet these efforts will consistently provide greater returns at each stage. The concept of "action at a distance" may serve as the new paradigm for clinical researchers during the COVID-19 epidemic, which might need social separation over the next 18 months. Therapists should reduce in-person interactions with at-risk groups. However, they must also endure, adjust, and assist elderly patients and research participants during the epidemic. Recommendations for mitigating the impact of social isolation on older persons participating in clinical research include using clinical research platforms to interact with this demographic and document the progression of an unparalleled public health crisis [36]. A novel psychological crisis response paradigm was established via internet technologies during the COVID-19 pandemic. The innovative concept from West China Hospital incorporates doctors, psychiatrists, psychologists, and social workers into online platforms to provide psychological interventions for patients, their families, and medical personnel. The primary concept is to integrate Internet technology with the whole intervention process, while also merging early intervention with subsequent rehabilitation. It is significant that, despite the prevalence of mental health issues among patients and healthcare workers in these environments, the majority of health professionals operating in isolation units and hospitals lack expertise in mental healthcare provision [37].

A novel, realistic, and accessible therapeutic technique for addressing the psychological and mental issues arising from quarantine is urgently required. Alongside traditional in-person psychiatric therapy, remote textual counseling may develop as a novel modality in the case of a public health emergency. Structured letter therapy is a viable psychological therapeutic method. Structured letter therapy must have a Patient Page, an Intervention Page, and a Continuation Page [38]. Online psychological self-help intervention systems, such as online cognitive behavioral therapy for depression, anxiety, and insomnia (e.g., via WeChat), have been established. Moreover, many artificial intelligence (AI) programs have been used as therapies for psychological crises during the pandemic. Online mental health services used during the COVID-19 pandemic are enhancing the formulation of public emergency interventions in China, perhaps improving the quality and efficacy of these treatments. The psychological aid hotline teams, comprised of trained volunteers, provide telephone counsel to address mental health issues related to the 2019-nCoV outbreak. Numerous medical professionals are benefiting from these treatments, demonstrating positive outcomes, and their availability is being extended to other individuals and healthcare facilities. Comprehending the mental health response during a public health catastrophe may assist medical professionals and communities in preparing for a population's reaction to a crisis [39-44].

## **9. Pandemic and Social Psychiatry**

The COVID-19 epidemic has precipitated stigma and xenophobia, which have become significant components of public debate and an unfortunate, but commonplace reality. We have seen heightened hostility towards certain groups with elevated infection rates, resulting in patients experiencing both actual and perceived stigma, along with higher anxiety and sadness. The amalgamation of the stigma around mental illness and the stigma directed at specific COVID-positive individuals may result in dual stigma, hindering adherence to psychiatric treatment and thereby increasing morbidity [45]. Mitigating stigma requires both domestic and global initiatives. To effectively tackle these difficulties and research topics while recognizing the global character and significance of the crisis we are experiencing, there is an urgent need for cooperation and consensus guidelines from psychiatric organizations and their members [40]. The COVID-19 pandemic presents distinct obstacles to the prevention, diagnosis, and treatment of the virus inside jails, necessitating urgent attention. Implementing social distance to mitigate disease transmission is impractical in prisons because individuals are confined to limited living quarters and facilities often operate over capacity. Handwashing may be compromised by laws that restrict access to soap or mandate individual purchase of soap [46-48].

Numerous correctional facilities limit access to hand sanitizer, which includes alcohol, due to concerns that people may consume it. In addition to structural obstacles to disease prevention, there are administrative problems that hinder prompt access to healthcare experts during illness. This is particularly alarming since prisons house a significant number of individuals with preexisting health issues, rendering them more vulnerable to severe COVID-19 infections [49]. Coronavirus illness (COVID-19) will likely be transferred to those suffering homelessness, posing a significant issue, particularly in North America. When communities implement a lockdown to mitigate COVID-19 transmission, there are limited emergency planning strategies for the transportation and accommodation of the substantial homeless population. During lockdowns, public venues are blocked, mobility outside residences is limited, and primary transportation routes may be obstructed, all of which may adversely impact those facing homelessness [50]. The method and location for relocating unsheltered individuals suffering homelessness during the implementation of quarantines and lockdowns remain unclear. Inadequate execution of effective infection prevention and control methods might affect the worldwide dissemination of COVID-19. These include prompt identification, source management, and supplementary measures at the point of treatment for individuals under investigation or with confirmed COVID-19. The several elements affecting the COVID-19 pandemic are not distinctive. Elevated population density, filthy circumstances, and insufficient healthcare infrastructure were central to the Zika pandemic [51]. In each infectious disease emergency, public health workers must also confront the pandemic of dread. Inadequate preventative and treatment efforts, including herbal medicines, and inflated statistics on COVID-19 instances have proliferated on social media. The COVID-19 pandemic's fast proliferation and scale incited concern and instances of bigotry against individuals of Asian heritage. Trust fosters social connections and collaboration among healthcare workers. Trust has been shown to enhance retention, motivation, performance, and quality of treatment. One method to foster confidence between organizations and healthcare providers is via the regular dissemination of information [52].

## 10. Conclusions

There is an increased need for research papers that will scientifically investigate the psychological elements and repercussions of this unexpected and severe pandemic, based on an assessment and analysis of the entire content of the articles. The COVID-19 pandemic will generate unparalleled health and societal issues worldwide. Individuals with severe mental diseases will face an exceptionally elevated danger at this time, as will the public mental health care system essential for providing them treatment. Constructive peer support, therapeutic assistance, and early mental health treatments will enhance the quality of care for both practitioners and patients. We must avoid disinformation and exercise responsibility in our media sharing. It is crucial to recognize that widespread chaos and anxiety stemming from uncertainty over an infection might inflict more harm than the virus itself.

In light of the escalating concerns around the COVID-19 epidemic, psychiatrists must prioritize the integration of mental health services within healthcare provision. Early diagnosis of distress and prompt psychological therapies may not only avert crises during pandemics but also assist in mitigating their extent. When formulating psychological therapeutic measures in response to COVID-19, it is essential to recognize the particular reactions of confined children to mental anguish. Monitoring the health of the elderly in long-term care is crucial not just for their well-being but also to save the healthcare system from being inundated with severe COVID-19 cases. Media and social network information should be meticulously regulated, and community-oriented psychological therapies should be widely advocated. Psychological care for frontline personnel impacted by COVID-19 should be addressed and made more accessible.

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مساهمات الأخصائيين النفسيين والعاملين الاجتماعيين في تقديم الدعم للأسر المتأثرة باضطرابات تعاطي المواد خلال جائحة كوفيد-19: مراجعة

#### الملخص

**الخلفية:** تفاقمت التحديات المتعلقة بالصحة النفسية بسبب جائحة كوفيد-19، خاصة بالنسبة للأسر المتأثرة باضطرابات تعاطي المواد (SUD). تستعرض هذه الورقة الأدوار الحيوية للأخصائيين النفسيين والعاملين الاجتماعيين في معالجة التأثيرات النفسية والاجتماعية للإدمان في سياق الجائحة.

**الطرق:** باستخدام منهجية مراجعة شاملة للأدبيات، تم تحليل الدراسات ذات الصلة من قاعدة بيانات "مدلاين"، مع التركيز على تقاطع كوفيد-19 والصحة النفسية والإدمان.

**النتائج:** أظهرت النتائج زيادة كبيرة في مشاكل الصحة النفسية، بما في ذلك القلق والاكتئاب وتفاقم تعاطي المواد، بين الأسر التي تواجه SUD خلال الجائحة. لعب الأخصائيون النفسيون والعاملون الاجتماعيون دورًا محوريًا في تقديم خدمات أساسية مثل العلاج عن بُعد، والتعليم النفسي، والتدخل في الأزمات، والتي تم تكييفها مع القيود التي فرضتها إجراءات التباعد الاجتماعي. وشملت التدخلات الرئيسية تعزيز المرونة بين الأسر، وتعزيز استراتيجيات التكيف، وتسهيل الوصول إلى الموارد المجتمعية.

**الاستنتاجات:** في الختام، سلطت الجائحة الضوء على الحاجة الملحة إلى خدمات الصحة النفسية المتكاملة التي تعالج كل من الإدمان وديناميكيات الأسرة المرتبطة به. تعد مساهمات المتخصصين في الصحة النفسية أساسية في التخفيف من الآثار السلبية لجائحة كوفيد-19 على الأسر المتأثرة بـ SUD. ينبغي أن تركز الأبحاث المستقبلية على استكشاف التأثيرات طويلة الأجل للجائحة على التعافي من الإدمان وفعالية خدمات الدعم الافتراضية.

**الكلمات المفتاحية:** كوفيد-19، اضطرابات تعاطي المواد، الصحة النفسية، الأخصائيون النفسيون، العاملون الاجتماعيون.