Mental Health and Wellbeing in HEIs during and after the COVID-19 Pandemic

University of Technology & Applied Sciences, Rustaq

Department of English Language & Literature (ELL)

Holi Ibrahim Holi Ali, PhD

E-mail: Holi.ibrahim.rus@cas.edu.om

This article endeavours to provide an informal account of the mental health and psychological wellbeing of faculty members and students in higher education institutions (HEIs) during and after the COVID-19 critical period, based on my general reading of what many of them expressed on the Web. The COVID-19 pandemic has rapidly spread across the globe, causing massive disruptions to everyday life in all sectors, including higher education (HE). Students' and faculties' mental health has been a major concern for HEIs as a significant number of students have experienced psychological distress and mental health issues. The COVID-19 pandemic has been a period of upheaval for students and faculty members around the world. In some cases, the ensuing mental health issues could impede academic success and negatively impact academic staff's performance. Overwhelmingly, the pandemic has made teaching and learning more stressful and demanding. COVID-19 has caused serious problems, not only for physical health, but also for individuals' wellbeing and psychological equilibrium and resilience (https://www.mdpi.com/2227-9067/8/6/438). In a highly interconnected and globalized world, the impact of the pandemic on social, psychological and economic levels has become evident since the outbreak of COVID-19. The closure of HEIs and the resultant physical distancing guidelines and isolation – and other unexpected changes to their lives – seem to have had a considerable impact on the mental health and psychological wellbeing of both students and faculty members (https://doi: 10.3390/ijerph17217857).

To prevent widespread transmission of the COVID-19 virus among the staff and student population, HEIs worldwide have rapidly switched from in-person and on-site teaching to a virtual learning mode of study. In Oman and elsewhere, having a relative or an acquaintance infected with COVID-19, coupled with the concomitant economic stressors and academic calendar delays, have been associated with an increased level of anxiety symptoms. Therefore, there are growing concerns related to the impact of COVID-19 on the mental health of vulnerable groups of students

and faculty members. However, the workplace environment can play a crucial role in moderating or worsening the mental health of people facing this deadly pandemic (https://www.ajtmh.org).

The fear of COVID-19, quarantine and strict control measures, as well as social isolation that were enforced during the current COVID-19 pandemic, could all result in the deterioration of the psychological status of various social components, including the teacher and student populations. Mental health issues related to the health emergency, such as anxiety, depression, post-traumatic stress disorder (PTSD) and sleep disorders are more likely to affect the student and teacher populations (https://doi: 10.3390/ijerph17217857). Job insecurity, long periods of isolation and uncertainty about the future could severely worsen the psychological condition, especially in younger people and in those with a higher educational background. Moreover, the economic and productive consequences of a pandemic can affect job sectors for many years to come.

HEIs need to have a better understanding of the psychological conditions of staff members and students during the pandemic, integrating individual and social perspectives, and providing insight into possible individual, social and occupational approaches to this "psychological pandemic". The various psychological problems that will arise once the acute coronavirus emergency phase has passed are not receiving the necessary attention. The lack of personal protective equipment (PPE), the nagging inner reminder to wear a mask and avoid physical contact and proximity, the fear of being infected and passing the virus on to family members, the conflict between safety procedures and the desire to provide support, longer working hours, pressing multitasking and the stigmatization of people working in high-risk environments can deeply affect the mental wellbeing of staff (http://doi:10.22365/jpsych.2020.314.293).

In response, faculty members may develop a range of reactions – behavioural (e.g., consequences on performance), physical (e.g., headache, gastric disturbances) and psychological (e.g., mood swings, lowered motivation, depressive thoughts, suicidal thoughts, eating patterns disorder, increase in social isolation and disruption of sleeping patterns) – as well as reactions, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss and stigma (https://www.moh.gov.om/documents/272928/1314763). In addition to the problems created by the pandemic, public health strategies, such as mandatory isolation or quarantine in governments' temporary shelters, or the call for people to return to their homes, and social distancing, increase the feelings of loneliness, leading to mental health problems that could eventually lead people to

commit suicide. On the other hand, the availability of a secure procedure to manage the risk of contagion and the availability of PPE seems to mitigate the risk of mental health and emotional concerns (https://www.moh.gov.om/documents/272928/1314763).

In addition to the biological and physical harm related to COVID-19, psychological impacts are highly expected too. The mental health impacts of the COVID-19 pandemic are not age- or gender-related, as these impacts could affect individuals irrespective of their sociodemographic differences and backgrounds. Symptoms such as anxiety, mental disorder, fear of infection and death, anger, hopelessness, stigma and blame could all happen during such a pandemic. Psychological symptoms may evolve into a well-established psychiatric illness, such as post-traumatic stress symptomology, depression, paranoia, panic, delirium and suicidal ideation, especially among the young generation who have high self-blame (https://www.moh.gov.om/documents/272928/1314763).

During the COVID-19 pandemic, individual counselling has comprised the great bulk of mental health support and the offer of psychological services to both students and the academic faculty (http://doi: 10.22365/jpsych.2020.314.293). There is a need for more proactive organizational approaches and measures that could be less stigmatizing and more effective. Additionally, offering training on how to manage depression and anxiety disorder would be helpful. When traumatized faculty members and students start returning to campus, HEIs need to vet students' mental health as diligently as they do their physical health. The COVID-19 pandemic is likely to have a long-lasting impact on all people's – including students' and faculty members' – mental health and the services that support them should be provided (http://doi:10.22365/jpsych.2020.314.293). Faculty members should be trained on how to use digital technologies and telehealth applications to enable them to deal with and manage themselves for mental health issues during and after this pandemic. Finally, all HEIs should develop a protocol for mental health and wellbeing during and after the COVID-19 pandemic, and these protocols should be in line with expert recommendations in the mental health and wellbeing fields. HEIs should also focus on building a "culture of health" to reduce the burden and effects of the pandemic and maximize the overall mental health and psychological wellbeing of their faculty members and students, and protect teachers from burnout and fatigue.