

Psychosocial impact of COVID-19 confinement: qualitative analysis of anxiety, stress, and depression in the community population

Abstract

The COVID-19 was a pandemic that affected society worldwide. Its psychosocial repercussions impacted people in all areas of their lives, such as the economic, social, work, family spheres, and mental health. During a pandemic, different behaviors may arise, such as fear of death and illness. The psychological disturbances that appeared included insomnia, anxiety, depression, and stress, as well as feelings of helplessness, hopelessness, loneliness, and guilt. This symptomatology affected the mental health of the population. This was due to the social isolation caused by the COVID-19 pandemic. The stress factors related to this disease included prolonged quarantine periods, fear of infection, frustration, boredom, inadequate supplies, insufficient information, and financial losses. Mandatory preventive social isolation led to numerous psychological manifestations in people, varying in depth and persistence according to individual vulnerabilities and the strength or weakness of their ability to adapt to changes.

Keywords: COVID-19 pandemic, mental health disorders, social isolation, psychological distress

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Hermelinda Guzman Daniel, Claudia Gabriela Esquivel Franco, Adriana Mayela Cardenas Cortes, Alma Rosa Quiroz Guerra, Javier Moran Martínez

Autonomous University of Coahuila, Mexico

Correspondence: Claudia Gabriela Esquivel Franco, Faculty of Nursing, Autonomous University of Coahuila, Mexico, Tel 8712594493

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Introduction

COVID-19 brought a multitude of feelings, mostly negative. The main ones were: stress, anxiety, fear, sadness, loneliness due to mandatory social isolation, fear of becoming infected and dying, worry for family and loved ones who were exposed, distrust of neighbors and passersby who might be infected, and anger towards those who did not take precautions or follow social distancing guidelines to prevent contagion. People who were in social isolation, with restricted mobility and little contact with others, are vulnerable to experiencing emotional distress ranging from isolated symptoms to the development of a mental disorder, such as insomnia, anxiety, depression, and stress. Mental health problems and the acute increase in mental disorders depended on the magnitude of the pandemic, the degree of vulnerability of individuals, the response of health services, and the individual coping mechanisms of those affected by COVID-19. Furthermore, the fear of infecting or being infected exacerbated the situation. People began experiencing a higher level of symptoms starting in the third week of lockdown, when they were prohibited from leaving their homes. Emotional symptoms increased as the period of social isolation dragged on. The aftereffects of this pandemic affected families for years, causing psychological disorders.

Previous studies have repeatedly demonstrated the detrimental effects of social isolation on health; however, scientific evidence regarding the consequences of quarantine is limited.¹ In response to the COVID-19 pandemic, one of the strategies to reduce the spread of the virus was to impose quarantine on the population, considered one of the main public health tools for controlling infectious outbreaks.²

Consideration was given to whether the benefits obtained from this mandatory quarantine compensated for the possible psychological cost during that period, in which people were quarantined at home, since two forms of reaction were manifested by these people, on the one hand, some brought out the best in themselves and others presented stress, overwhelm and other psychological disorders.

Justification

The reason for undertaking this project was that the unavoidable transmission and repercussions of emotional disorders from COVID-19 minimized public interest in the psychosocial consequences experienced by those affected by the outbreak, as mental health problems manifested themselves in medium-term mental health issues.

During the COVID-19 pandemic lockdowns, most people were exposed to unprecedented and unpredictable stress. This increased levels of stress, anxiety, and depression. Several factors can be linked to depressive and anxious symptoms in people quarantined during a pandemic. Both can be considered a normal reaction to the stress generated. This sense of uncertainty, along with the limitations imposed by preventive social isolation measures, the possibility of dramatic changes to future plans, and the abrupt separation from social or family contexts, are frequent factors in cases of depression and anxiety. In circumstances of social isolation, these can manifest as part of an adjustment disorder or an adjustment reaction.

The COVID-19 pandemic was an unexpected and frightening event that struck the population, highlighting humanity's fragility and the vulnerability of its social structure. Currently, this virus is capable of spreading rapidly in various settings, its mission being to infect and continue surviving, causing multiple illnesses, including death, in those infected. Its rate of transmission led to a collapse of healthcare services, as the number of cases exceeded hospital capacity.

The lockdown at home created an unprecedented situation in our country, and consequently a significant impact on the physical and psychological well-being of people. The halt in economic activity, the closure of educational and recreational centers, and the confinement of people for weeks has created a complex situation with multiple stimuli caused by stress.

With social media technology, being physically isolated does not imply being socially isolated; thanks to communication, there is interaction and contact.

The contact facilitated by virtual communication devices, including the telephone, was crucial in helping people maintain routines, take advantage of the time to do schoolwork with their children, engage in enjoyable activities, or stay connected with their families at home; all of this kept them active and occupied. The lockdown carried a risk of repercussions on mental health, with symptoms persisting even in the long term. Frustration or uncertainty, a heightened sense of risk of infection, lack of supplies or inadequate information, loss of financial stability, or a prolonged period of quarantine—in any case, the psychological effects of confinement will appear to a greater or lesser degree depending on the individual's personality. Financial loss was a problem during the quarantine, as people were unable to work and tended to become financially unstable without prior planning. This created a level of anguish, stress, depression, and anxiety that jeopardized people's emotional well-being, causing psychological damage even for several months after the quarantine ended. This is why people with lower incomes were most affected by the economic stress.

Method

This study is based on a qualitative research approach, which allows for an understanding of the meanings, perceptions, and subjective experiences of individuals regarding the psychosocial impact of COVID-19. This approach is relevant because the phenomenon under study (anxiety, stress, and depression) involves emotional, social, and contextual dimensions that cannot be fully explained through quantitative measurement. The objective is to analyze the psychological impact of social confinement due to COVID-19 on individuals.

From the perspective of various authors, qualitative research seeks to interpret reality from the point of view of the participants, considering their social and cultural context.^{3,4}

Population and sample

This was an observational, descriptive study. The population consisted of residents of the San Miguel ejido. Ten people were selected—five men and five women of varying ages. The sample was randomly chosen, and interviews were conducted over five weeks. The instrument used was a survey composed of 13 nominal variables and 8 ordinal variables, defined during the interview.

This study is descriptive-interpretive, as it seeks to detail and understand the emotional experiences of the participants. It is cross-sectional, since the information was collected at a specific point in time. The design corresponds to a phenomenological approach, based on phenomenology, which allows for the exploration of personal experiences related to confinement and its effects on mental health.

The research was conducted in the ejido of San Miguel, where the experiences of the inhabitants during and after the COVID-19 lockdown were analyzed, considering their social, family and economic environment.

The sample was purposive and convenience-based, consisting of 10 participants (5 men and 5 women) of varying ages residing in an ejido (communal land) in Torreón, Coahuila. This type of sampling is characteristic of the qualitative approach, as it prioritizes the depth of information over statistical representativeness.

The primary data collection technique used was the semi-structured interview, which allowed for a flexible exploration of the participants' emotional experiences and perceptions. The instrument consisted of an interview guide with 13 nominal variables and 8 ordinal variables. The interviews were conducted over a five-week period, fostering trust and the collection of detailed information.

The procedure involved selecting participants, preparing the interview guide, conducting individual interviews, recording responses (written or recorded), and organizing and categorizing the information.

Data analysis

The analysis was conducted using thematic content analysis, based on content analysis, following the steps of exhaustive reading of the interviews, coding of information, identification of emerging categories, and interpretation of meanings. The main categories identified were: Anxiety, Stress, Depression, Fear of contagion, Economic impact, Family relationships, and Coping strategies.

The criteria for scientific rigor to guarantee the quality of the study were considered the criteria proposed by Yvonna S. Lincoln and Egon G. Guba: Credibility is through the validation of the information with the participants or known as internal validity; Transferability which is the detailed description of the context of the study or what we refer to as external validity; Dependability refers to the coherence of the methodological process or the reliability of the study; Confirmability is the neutrality of the researcher or the objectivity of the researcher.⁵

Ethical considerations

The ethical principles of research were respected, informed consent was obtained, and the confidentiality of information and anonymity of participants were guaranteed. The bioethical principles of autonomy, non-maleficence, beneficence, and justice were considered, as well as the integrity of the researcher and the responsible handling of data.

Ethical considerations and ethics committee approval

This research involved the participation of human subjects; therefore, the ethical principles established for studies in health and social sciences were respected. The research protocol was reviewed and approved by a Research Ethics Committee, authorizing its execution in accordance with the principles of the Declaration of Helsinki and national regulations for research involving human subjects.

All participants received clear information about the study's objectives, the voluntary nature of their participation, and the confidentiality of the data provided. They subsequently signed an informed consent form before the interviews began. Anonymity was guaranteed through the assignment of identification codes (P1, P2, P3...) and the secure storage of the collected information.

Potential risks and mitigation measures

Because the interviews addressed experiences related to anxiety, stress, depression, fear of contagion, and losses resulting from the COVID-19 pandemic, there was a possibility that some participants experienced emotional distress when recalling difficult situations experienced during lockdown.

To mitigate these potential negative effects, the interviews were conducted in a private, safe, and confidential environment, respecting the participants' pace and emotional state at all times. Participants were informed that they could suspend or end the interview at any

time without consequence. Furthermore, if significant signs of emotional distress were identified, referrals to psychological support services available at local health institutions were considered.

Inclusion and exclusion criteria

Inclusion criteria

- People over 18 years of age.
- Residents of the San Miguel ejido, Coahuila.
- Having lived through the COVID-19 lockdown period.
- To agree to participate voluntarily through informed consent.
- Be willing to share your emotional experiences related to the pandemic.

Exclusion criteria

- Minors
- Residents who did not reside in the community during the lockdown.
- People with severe communication difficulties that prevented the interview.
- Participants who decided to withdraw from the study during the process.

Consolidated guide were considered. Criteria for Reporting Qualitative Research (COREQ), which guides the transparent and systematic presentation of qualitative studies based on interviews and focus groups. This guide made it possible to organize aspects related to study design, participant selection, data collection process, analysis, and interpretation of results.

Interview guiding question

The main guiding question of the semi-structured interview was:

“How did you experience the COVID-19 lockdown and what effects did it have on your emotional, family, social and economic life?”

From this question, secondary questions were developed related to experiences of anxiety, stress, depression, coping strategies, family relationships, and changes in daily life.

Text to add to the Results section (with direct quotes)

Emotional experiences during lockdown

Participants described various emotions related to the lockdown, with fear, anxiety, and uncertainty predominating regarding the risk of infection and the economic consequences of the pandemic. One participant expressed:

“We lived in great fear, we thought that if we got sick we would never leave the hospital” (P3).

Another interviewee stated:

“My biggest concern was infecting my family because I had to keep working” (P7).

Likewise, social isolation generated feelings of sadness and hopelessness in some participants:

“My mood was at rock bottom, I didn’t know what to do anymore, everything looked sad and empty” (P5).

Economic impact and work-related stress

The economic aspect was identified as one of the main sources of stress. Some participants reported partial loss of salary or unemployment during the crisis.

“At work they only paid us half our salary and that worried us a lot” (P2).

Another participant commented:

“The hardest thing was not knowing if there was going to be work and how we were going to support the family” (P9).

Coping strategies and resilience

Despite the difficulties, the interviewees developed coping strategies focused on family life, spirituality, and learning new skills. One participant noted:

“We learned to live together more as a family and to value the time we spent together” (P1).

Similarly, another interviewee stated:

“Faith in God was what helped us stay calm and move forward” (P6).

Positive changes related to personal growth were also identified:

“After the pandemic I learned to value life more and take better care of my health” (P10).

Results

The respondents were 5 men and 5 women. The ages of the men surveyed ranged from 27 to 48 years, and the women from 31 to 67 years. All were married, except for the one who separated from her husband due to the consequences of COVID-19. The ages of the children in this population ranged from 2 to 48 years. Some of their grandchildren lived with them. 7 respondents lived in their own homes, 2 in rented accommodation, and one with relatives. The number of people living in the respondents’ homes ranged from 2 to 6 people.

The women’s occupations: three are housewives who do not work, two are domestic workers; the men: two are security guards, two are nurses, and one is a radiology technician. All respondents have a fixed income; none are self-employed. Regarding social security, eight have IMSS (Mexican Social Security Institute), one had SEDENA (Mexican Army), and one had no social security coverage. In terms of employment, all the men continued working at their workplaces, while only one woman continued working; the other two were laid off due to the pandemic. In their social context, they lived with their families and partners, and they were doing well. They went to their workplaces to work while maintaining social distancing and taking all necessary precautions.

They endured the phases of the contingency by staying away from events, only going out when necessary, such as grocery shopping. During difficult times, they went out to buy medicine, continued washing their hands, and remained in quarantine following government guidelines. They experienced this contingency with great fear of becoming ill if they didn’t follow hygiene protocols and stay home. They have great faith in God that all of this will pass soon. They were worried because the number of infected people was increasing daily. They lived through this phase with great caution and following the appropriate measures as directed by the authorities. They experienced critical and delicate moments, perhaps the most crucial moments

of their lives. They lived through it calmly, with great faith in God, responsibly, fearing infection, experiencing a lot of tension, feeling insecure, and avoiding events.

At everyone's workplace, the situation was handled by following all the hygiene measures imposed by the government. Others felt that their workplaces implemented adequate hygiene measures, such as using hand sanitizer and face masks. Still others said that their workplaces handled the situation very poorly and that they were only paid half their salary. This was a worrying situation for employers.

Initially, they agreed with how the government handled the crisis, saying that the measures taken were appropriate. They said the government only reported the number of infected people, but didn't provide them with food baskets, face masks, or hand sanitizer, as they thought they would die of hunger, not from the virus. Some say the government mishandled the crisis, while others interviewed say it handled it well, although it is hurting them financially. They say they aren't doing entirely well and that the government should have banned entry to people from Europe, where there were many infections, without neglecting the United States, or implemented stricter screening protocols for entry. They feel that sometimes the government didn't act prudently, and they are worried that those who didn't comply with the safety measures should have been punished.

Their spirits were still good; they hoped to get through this with great enthusiasm and faith. Others said they no longer watched the news on television to avoid alarm and wanted the whole crisis to be over. Still others said their spirits were at rock bottom and they didn't know what to do anymore. They were sad, seeing everything desolate, just waiting on God and hoping it would all be over quickly. They were happy to be spending more time with their families. They were worried but calm despite the situation. They were happy and joyful to be home. They felt very good; they weren't afraid or living in panic, they just took precautions, with a good, enthusiastic attitude. Another said they did feel stressed. Another interviewee said they felt excellent, with a lot of strength to get through this situation.

Their concern was that the same thing wouldn't happen as in Spain and Italy.

For some, their concern was their children, their grandchildren, and the health of their family; for others, their concern was that their husband would get sick and be unable to work. They worried about the whole family getting sick and ending up in the hospital from which they would never leave, about the lack of work, about the economic situation, about their husbands getting infected with COVID-19, about the family getting infected due to the lack of resources in the hospitals that the crisis was worsening instead of improving.

Their comfort was that all this would pass quickly and that God would be with them. Other interviewees said that neither they nor their families got sick. They said that one day all this would end soon and everything would return to normal: having a job, having faith in God and that everything would turn out well, that the pandemic would soon be over, and knowing that their husbands had secure jobs.

The skills they learned during that crisis included living together as a family and becoming closer than before. Others acquired the habit of reading, cooking, studying the Bible, and learned baking. They learned to meditate, cared for their children, and persevered with their families. In the face of illness, they valued life more, acquired the skill of washing their hands frequently, practiced tolerance, listened to their families, and gained administrative skills, primarily in managing money to meet basic needs in the long term. They also learned to use

computers, make desserts and food, and developed patience. Family life improved, and they learned to take better care of their health and become better people within their families.

They say their lives changed after the pandemic. They learned to value people. Their lives took a complete turn. They experienced a drastic economic shift, as well as improvements in all aspects of their health. They say that as a result, they take care of the planet by not polluting the environment, and they continue to protect themselves from illnesses. They changed some of their household routines and many of their attitudes in order to be better. They followed the authorities' instructions, becoming more aware of everything they did in life. They appreciated the small details. They were afraid of getting infected because they thought they were the only ones going out to work and buy groceries, and they worried that if they got infected, their children would be left alone.

The things they missed most during the contingency were: not seeing their relatives, going to church, seeing friends, going for walks, going to parties, going to dance centers, going to the temple, their grandchildren going to school, family gatherings, walking in the street, going to parties, playing sports, going to play soccer, going to school.

His main pastimes during confinement were: watching television, playing with his grandson, helping them with their homework, playing board games, walking, talking to his children on video calls, reading, sleeping, making the most of family time, being close to his children, and helping them with their homework.

According to other interviewees, their priorities during the lockdown were: family, taking care of their health, food, eating, work, making life as normal as possible, having food on hand, and taking appropriate measures in the face of the situation.

Activities they did during the lockdown that they didn't usually do before were: reading, spending time with family, playing with their children, being indoors, watching television and eating too much, helping their children with schoolwork, playing with them and doing some fun games and exercises, and preparing a meal for them in the kitchen.

Before the lockdown, they were interested in acquiring things that are no longer so important to them: some interviewees mention that they were not thinking about acquiring anything, and others say that they did plan to buy a motorcycle to get around faster, acquire a water-based air conditioner, build a room for my children who are already growing up.

After the lockdown, what experiences would you like to have: Seeing my family, traveling, visiting friends and family, going back to church, going for walks with my family, leaving my house, visiting my sister, traveling with my husband, going for walks with my daughters in the park, family unity, living life my way, doing the same things I did before, always being close to my children, continuing to do all kinds of outdoor activities, taking my children to see the beach.

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Coping strategies and resilience

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Psychosocial stressors significantly contribute to many anxiety disorders. They can promote, aggravate, or even be the exact cause of anxiety and stress. Difficulties in interpersonal, academic, and professional relationships, threats of loss, social and economic needs, changes in lifestyle, etc., are attributed to the origin of adjustment disorders and generalized anxiety disorder. The current COVID-19 emergency has brought about many changes in different aspects of the respondents’ lives, from how they live their daily routines, how they shop, how they work, to how they relate to their own families. Changes lead to more changes. Given this situation, the impact of social isolation on the lives and mental health of each of the interviewees is uncertain, but there are many possibilities.

Discussion

The findings of this study confirm that the COVID-19 pandemic had a profound impact on the mental health of the participants, primarily manifested as anxiety, stress, and depression. These results are consistent with international evidence documenting that large-scale health crises produce significant psychological effects in both the short and long term.

First, the results show that social isolation, uncertainty, and fear of contagion were key factors in the emergence of emotional symptoms. This finding aligns with the report by Samantha K. Brooks et al.,⁶ who indicate that prolonged quarantine is associated with negative

psychological effects such as post-traumatic stress, confusion, and anger, especially when combined with economic losses and a lack of clear information. Similarly, Jianyin Qiu et al.⁷ demonstrate that fear of contagion and uncertainty are central factors in the increase in anxiety during the pandemic.

From a qualitative research perspective, the results of this study allow us to go beyond the identification of symptoms, delving into the meaning that participants attribute to their experiences. In this sense, John W. Creswell³ argues that qualitative research allows us to understand how individuals interpret complex phenomena in specific contexts, which is evidenced in this study by identifying narratives related to fear, faith, resilience, and adaptation.

Furthermore, the diversity of emotional responses observed—ranging from anguish and hopelessness to positive and coping attitudes—reflects the stress and coping theory proposed by Richard S. Lazarus and Susan Folkman,⁸ which states that the response to stressful situations depends on the individual’s cognitive appraisal and the resources available to cope. In this study, some participants developed adaptive strategies such as strengthening family bonds, cultivating spirituality, and acquiring new skills, demonstrating resilience.

Furthermore, the results show that the economic impact was a key factor in the decline of mental health. Job loss or reduced income generated constant anxiety and worry, which aligns with the findings of David Gunnell et al.,⁹ who highlight that economic crises stemming from the pandemic increase the risk of mental disorders, including depression and anxiety.

From a sociological perspective, Émile Durkheim had already pointed out that social crises can disrupt the emotional stability of individuals by altering the structures of social integration. In this study, the disruption of routines, the limitation of social interactions, and collective uncertainty created a scenario conducive to psychological distress.

Another relevant aspect is the reinterpretation of the lived experience. Participants not only reported negative effects, but also learning and changes in their values, such as a greater appreciation for family and health. This phenomenon can be interpreted from the perspective of post-traumatic growth theory proposed by Richard G. Tedeschi and Lawrence G. Calhoun,¹⁰ who maintain that people can experience positive changes after facing adverse situations.

Regarding the methodological approach, the findings reinforce the relevance of the qualitative phenomenological design, as it allowed for an understanding of the experiences from the participants’ own perspectives. As Norman K. Denzin and Yvonna S. Lincoln⁴ point out, qualitative research makes it possible to interpret social reality as a subjective construct, which is essential in the study of complex psychosocial phenomena.

Furthermore, the use of content analysis allowed for the identification of emerging categories that reflect the complexity of the phenomenon under study, such as fear, uncertainty, resilience, and adaptation. According to Klaus Krippendorff,¹¹ this technique is fundamental for interpreting meanings in qualitative data.

However, it is important to acknowledge some limitations of the study. The small sample size and its non-probabilistic nature limit the generalizability of the results. Nevertheless, as Robert K. Yin¹² argues, the goal of qualitative research is not statistical generalization, but rather a deep understanding of the phenomenon.

Taken together, the results show that the pandemic not only affected physical health but also generated a psychosocial crisis requiring comprehensive attention. Understanding these experiences from a qualitative perspective provides key elements for designing mental health interventions focused on the real needs of the population.

Conclusion

Furthermore, individuals subjected to the stress of the outbreak may experience distress, anxiety, and a significant decline in social and occupational functioning. This pandemic, with the subsequent social isolation, has significantly impacted mental health both during and after the outbreak, generating pathological emotional responses that can persist long-term, including highly disabling mental disorders such as stress, anxiety, and depression.^{13,14}

Pandemics and the subsequent social isolation have significantly impacted people's mental health, both during and after COVID-19, with sustained pathological emotional responses manifested as disorders such as anxiety, stress, and depression. Social isolation, uncertainty, and changes in daily life were key factors in this psychological impact.^{6,15} The current pandemic has led to an increase in psychopathology among the exposed population.

The interviewees have been forced to acquire skills and abilities to prevent or reduce emotional distress. However, the adaptability of the people was also evident, as they developed coping strategies and reinterpreted their experiences, which coincides with findings that highlight the importance of resilience in contexts of health crises.^{6,13}

Acknowledgments

None.

Conflict of interest

The authors declares that there are no conflict of interest.

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