

Mental health in the Peruvian population during COVID-19

Salud mental en la población peruana durante la COVID-19

Paola Llamocuro-Mamani, Frida Medrano-Espinoza* and David Montealegre-Soto

School of Human Medicine, Universidad Privada San Juan Bautista, Lima, Peru

Abstract

Mental health as a response to the COVID-19 pandemic is an important subject. This article makes a comparison with the Peruvian population, releasing many studies, and adding the factors associated with its development.

Keywords: Mental health. COVID-19. Peru.

Resumen

La salud mental en respuesta a la pandemia de COVID-19 es un tema importante. En este artículo se hace una comparación en la población peruana dando a conocer diversos estudios, agregando los factores asociados a su desarrollo.

Palabras clave: Salud mental. COVID-19. Perú.

To the editor:

We have read with much appreciation the article published by Pérez-Cano et al.¹ with the title *Anxiety, depression, and stress in response to the coronavirus disease-19 pandemic*, whose conclusions show that, in the Mexican population, of a total of 613 participants, more than 40% had anxiety, 41.3% depression and less than 30% stress. We consider this study to be highly important, since mental health is an essential issue in current context. In our country, in 1,064 participants, 88.3% were found to have symptoms such as concern, fear, and helplessness, and 56.4% had stress due to social isolation², which are higher figures in comparison with those of the aforementioned study¹. In another study with 67 participants, 43.3% had anxiety, with 20.9% having mild, 13.4% moderate, and 9% severe anxiety during social isolation³.

Similarly, a technical document of the Mental Health Plan of Peru refers that a survey was conducted on the mental health of the population during the COVID-19 pandemic and curfew, and of the 58,349 respondents, 28.5% had symptoms associated with depression, which occurred mostly in subjects aged 18-24 years, 30.8% in women and 23.4% in men. These figures are lower than those obtained in the study by Pérez-Cano et al.¹, in which 41.3% of the population had symptoms associated with depression. On the other hand, the Ministry of Health of Peru offers a Strategic Plan to prevent, monitor, control and reduce the impact of the pandemic on the population's mental health⁴. Among the factors associated with these manifestations, economic problems for buying food and medicine during the pandemic, family

*Correspondence:

Frida Medrano-Espinoza
Avda. José Antonio Lavalle s/n
Ex Hacienda Villa, Chorrillos
C.P. 15067, Lima 1507, Perú
E-mail: frida.medrano@upsjb.edu.pe

Date of reception: 26-11-2020
Date of acceptance: 27-12-2020
DOI: 10.24875/CIRUE.M23000339

Cir Cir (Eng). 2021;89(3):405-406
Contents available at PubMed
www.cirugiaycirujanos.com

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members with COVID-19, and the time of social isolation have been reported². Inappropriate use of the media can generate misinformation, health personnel stigmatization, panic buying, and increase the risk of anxiety, which is why people should be more selective with TV news and with the use of unofficial social networks¹. Finally, the recommendations given to us by the World Health Organization include a higher investment of economic resources in the mental health sector, since if the course of the pandemic continues, the demand for these services is likely to increase⁵.

Acknowledgements

We thank our parents, who always gave us their unconditional support.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments have been performed on humans or animals for this research.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors declare that they have no conflicts of interest.

References

1. Pérez-Cano HJ, Moreno-Murguía MB, Morales-López O, Crow-Buchanan O, English JA, Lozano-Alcázar J, et al. Anxiety, depression, and stress in response to the coronavirus disease-19 pandemic. *Cir Cir*. 2020;88:562-8.
2. Cuenca Jaque CR, Osorio Tarrillo ML, Pastor Ramos JL, Peña Pasapera GP, Torres Vásquez LE. Economic and health aspects in times of quarantine for COVID 19 in the Peruvian population, year 2020. *Rev Fac Med Hum*. 2020;20:630-9.
3. Oblitas González A, Sempertegui Sánchez N. Ansiedad en tiempos de aislamiento social por COVID-19. Chota, Perú, 2020. *Avances en Enfermería*. 2020;38:11-21.
4. Ministerio de Salud del Perú. Plan de salud mental (en el contexto COVID-19). Documento Técnico. MINSA. Perú; 2020. p. 13. Disponible en: <https://www.gob.pe/institucion/minsa/informes-publicaciones/656521-plan-de-salud-mental-en-el-contexto-de-covid-19>
5. Organización Mundial de la Salud. Los servicios de salud mental se están viendo perturbados por la COVID-19 en la mayoría de los países, según un estudio de la OMS. 2020. (Consultado el 21 de octubre de 2020.) Disponible en: <https://www.who.int/es/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>