

## APPENDIX

### Studies in 2020 reporting prevalence rates of psychological responses to COVID-19.

Author; country	Population	Scale	Main findings
Hao et al; <sup>(5)</sup> China	Psychiatric patients n = 76 Age 32.8 ± 11.8 yr 37.1% female  Healthy controls n = 109 age 33.1 ± 11.2 yr 62.4% female	IES-R, DASS-21, ISI	Psychiatric patients vs. healthy controls: <ul style="list-style-type: none"> <li>• 31.6% vs. 13.8% PTSD</li> <li>• 23.6% vs. 2.7% anxiety</li> <li>• 22.4% vs. 0.9% depression</li> <li>• 17.0% vs. 0.9% stress</li> <li>• 27.6% vs. 0.9% insomnia</li> </ul>
Almandoz et al; <sup>(6)</sup> USA	Patients with obesity n = 123 Age 51.2 ± 13.0 yr 87.0% female	QIDS-SR – self-designed (lifestyle behaviours, COVID-19, employment)	<ul style="list-style-type: none"> <li>• 72.8% anxiety</li> <li>• 83.6% depression</li> <li>• 61.2% stress eating</li> </ul>
Cao et al; <sup>(7)</sup> China	Medical staff n = 37 Age 32.8 ± 9.6 yr 78.3% female 43.2% doctors; 51.3% nurses; 5.5% clinical technicians	PHQ-9, MBI	<ul style="list-style-type: none"> <li>• Doctors: 6.3% depression</li> <li>• Nurses: 31.6% depression</li> <li>• Entire sample: 18.9% depression</li> </ul>
Rohde et al; <sup>(8)</sup> Denmark	Case notes of patients under psychiatric services in Central Denmark Region n = 1,357 case notes from 918 patients Age (female) 36.3 ± 14.3 yr Age (male) 40.9 ± 13.8 yr 67.6% female	–	<ul style="list-style-type: none"> <li>• 39.7% anxiety</li> <li>• 12.8% unspecific stress</li> <li>• 10.8% depression</li> <li>• 11.0% delusions</li> <li>• 0.019% PTSD symptoms</li> <li>• 0.063% obsessive-compulsive symptoms</li> </ul>
Bo et al; <sup>(9)</sup> China	COVID-19 patients n = 714 Age 50.2 ± 12.9 yr 50.9% female	PCL-C	<ul style="list-style-type: none"> <li>• 96.2% significant PTSS</li> <li>• 49.8% considered psycho-educational services helpful</li> </ul>
Balkhi et al; <sup>(10)</sup> Pakistan	General population in Karachi, Pakistan n = 400 50.0% female	Self-designed (psychological impact of COVID-19)	62.5% anxious on a daily basis
Lee et al; <sup>(11)</sup> USA	Adults n = 1,237 45% female	CAS, GAD-7, PHQ, WSAS	<ul style="list-style-type: none"> <li>• 25.4% coronavirus anxiety</li> <li>• 36.0% generalised anxiety</li> <li>• 40.3% depression</li> <li>• 35.0% functional impairment</li> </ul>
Guo et al; <sup>(12)</sup> China	COVID-19 patients n = 103 Age 42.5 ± 12.5 yr 42.7% female  Matched controls n = 103 Age 41.5 ± 13.1 yr 47.6% female	PHQ-9, GAD-7, PSS-10, PCL-5	Patients: <ul style="list-style-type: none"> <li>• 60.2% depression (17.5% moderate to severe)</li> <li>• 55.3% anxiety (6.8% moderate to severe)</li> <li>• 1.0% PTSD</li> </ul>
Fekih-Romdhane et al; <sup>(13)</sup> Tunisia	Tunisia general population n = 603 Age 29.2 ± 10.4 yr 74.0% female	IES-R, MSPSS, self-designed (COVID-19 knowledge and behaviour)	33.0% reported PTSD symptoms
Chew et al; <sup>(14)</sup> Singapore, India	Healthcare workers from major hospitals in Singapore and India n = 906 53.0% Singapore, 47.0% India 64.3% female 39.2% nurses; 29.6% physicians; 10.6% allied healthcare professionals	DASS-21, IES-R	5.7% anxiety, 10.6% depression, 5.2% stressed, 7.4% PTSD Most commonly reported physical symptoms: <ul style="list-style-type: none"> <li>• 31.9% headache</li> <li>• 33.6% throat pain</li> <li>• 26.7% anxiety</li> <li>• 26.6% lethargy</li> <li>• 21.0% insomnia</li> </ul>

Choudhury et al, <sup>(15)</sup> England	Staff at a tertiary cardiac centre in the northwest of England n = 106 67% female	Self-designed (COVID-19 knowledge and behaviour), PHQ-9, PSS-4, GAD-7	<ul style="list-style-type: none"> <li>• 53.0% depression</li> <li>• 61.0% anxiety</li> </ul>
Tan et al, <sup>(16)</sup> Singapore	Medical personnel n = 296  Non-medical personnel n = 174	DASS-21, IES-R	<p>Medical personnel:</p> <ul style="list-style-type: none"> <li>• 10.8% anxiety</li> <li>• 8.1% depression</li> <li>• 6.4% stress</li> <li>• 5.7% PTSD</li> </ul> <p>Non-medical personnel:</p> <ul style="list-style-type: none"> <li>• 20.7% anxiety</li> <li>• 10.3% depression</li> <li>• 6.9% stress</li> <li>• 10.9% PTSD</li> </ul>
Elbay et al, <sup>(17)</sup> Turkey	HCWs n = 442 Age 36.05 ± 8.69 yr 56.8% female	DASS-21	<ul style="list-style-type: none"> <li>• 64.7% depression</li> <li>• 51.6% anxiety</li> <li>• 41.2% stress</li> </ul>
Yin et al, <sup>(18)</sup> China	HCWs n = 371 Age 35.3 ± 9.5 yr 61.5% female	PCL-5, PSQI	3.8% PTSD
Rossi et al, <sup>(19)</sup> Italy	HCWs n = 1,379 Age 39.0 ± 16.0 yr 77.2% female	GPS, PHQ-9, GAD-7, ISI, PSS	<ul style="list-style-type: none"> <li>• 49.38% reported PTSS</li> <li>• 24.73% reported symptoms of depression</li> <li>• 19.80% reported symptoms of anxiety</li> <li>• 8.27% reported insomnia</li> <li>• 21.90% reported high perceived stress</li> </ul>
Forlenza & Stella, <sup>(20)</sup> Brazil	Outpatients attending a psychogeriatric clinic n = 72	HADS, NPI-Q	<ul style="list-style-type: none"> <li>• 37.7% exacerbation of pre-existing symptoms</li> <li>• 20.8% report new mental health symptoms</li> <li>• 60.0% psychiatric or psychological distress</li> <li>• 57.0% sleep complaints</li> <li>• 64.3% depression/dysphoria</li> <li>• 50.0% anxiety</li> <li>• 65.7% apathy</li> <li>• 60.0% irritability</li> <li>• 67.1% nocturnal behaviours</li> <li>• 58.6% appetite/eating behaviours</li> <li>• 23.0% paranoid symptoms</li> </ul>
Yuan et al, <sup>(21)</sup> China	Parents with children hospitalised during COVID-19 n = 50 Age 36.8 ± 5.2 yr 62% female  Parents with children hospitalised during other periods n = 50 Age 37.2 ± 5.4 yr 52% female	HADS, VDAS, SF-36	<p>During COVID-19 period:</p> <ul style="list-style-type: none"> <li>• 42.0% anxiety</li> <li>• 48.0% depression</li> </ul> <p>Non-COVID-19 periods:</p> <ul style="list-style-type: none"> <li>• 8.0% anxiety</li> <li>• 8.0% depression</li> </ul>
Ng et al, <sup>(22)</sup> Hong Kong	Cancer survivors n = 72 Age 52.96 ± 8.34 yr  Healthy controls n = 45 Age 57.78 ± 8.77 yr	HADS, Brief COPE, SHAI, PCS	<p>Cancer survivors:</p> <ul style="list-style-type: none"> <li>• 8.3% borderline anxiety</li> <li>• 9.7% borderline depression</li> <li>• 4.2% clinical anxiety</li> <li>• 5.6% clinical depression</li> </ul> <p>Healthy controls:</p> <ul style="list-style-type: none"> <li>• 6.7% borderline anxiety</li> <li>• 4.4% borderline depression</li> <li>• 6.7% clinical anxiety</li> <li>• 6.7% clinical depression</li> </ul>
Cao et al, <sup>(23)</sup> China	Undergraduates of Changzhi Medical College n = 7,143 67% female	Self-designed (COVID-19 knowledge and behaviour), GAD-7	24.9% anxiety

Zhang et al; <sup>(24)</sup> China	College students practising social distancing at home n = 66 Age 20.70 ± 2.11 yr 62% female	DASS-21, BPAQ, self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>• 28.79% stress</li> <li>• 45.45% anxiety</li> <li>• 22.73% depression</li> <li>• 84.85% worried or very concerned about COVID-19</li> </ul>
Tang et al; <sup>(25)</sup> China	Home quarantined university students n = 2,485 60.8% female	PCL-C, PHQ-9	<ul style="list-style-type: none"> <li>• 2.7% probable PTSD</li> <li>• 9.0% depression</li> </ul>
Odriozola-González et al; <sup>(26)</sup> Spain	Members of university n = 2,530 Age 27.9 ± 12.4 yr 66.1% female	DASS-21, IES	<ul style="list-style-type: none"> <li>• 35.2% anxiety</li> <li>• 48.1% depression</li> <li>• 40.3% stress</li> <li>• 50.4% moderate to severe impact of outbreak</li> </ul>
Liu et al; <sup>(27)</sup> USA	Young adults aged 18–30 yr n = 898 Age 24.5 yr 81.3% female	CD-RISC-10, Distress Tolerance Scale, MSPSS, Two-Way Social Support Scale, UCLA-3 Short Form, Self-designed (COVID-19 related worry), PHQ-8, GAD-7, PCL-C	<ul style="list-style-type: none"> <li>• 61.5% high loneliness</li> <li>• 72.0% low resilience</li> <li>• 74.1% low distress tolerance</li> <li>• 43.3% high levels of depression</li> <li>• 45.4% high anxiety scores</li> <li>• 31.8% high PTSD symptoms</li> </ul>
Zhang et al; <sup>(28)</sup> China	Patients with COVID-19 n = 57 Age 46.9 ± 15.4 yr 49.1% female  Under quarantine n = 50 Age 36.2 ± 10.9 yr 46% female  General public n = 98 Age 29.6 ± 12.7 yr 65.4% female	PHQ-9, GAD-7	<p>Patients:</p> <ul style="list-style-type: none"> <li>• 29.2% depression</li> <li>• 20.8% anxiety</li> </ul> <p>Under quarantine:</p> <ul style="list-style-type: none"> <li>• 9.8% depression</li> <li>• 10.2% anxiety</li> </ul> <p>General public:</p> <ul style="list-style-type: none"> <li>• 34.7% depression</li> <li>• 19.6% anxiety</li> </ul>
Madani et al; <sup>(29)</sup> Algeria	Internet users living through first confinement n = 678 40.3% female	Self-designed (COVID-19 impact)	<ul style="list-style-type: none"> <li>• 50.3% reported feeling anxious</li> <li>• 48.2% reported feeling stress</li> </ul>
Lei et al; <sup>(30)</sup> China	Chinese population n = 1,593 Age 32.3 ± 9.8 yr 61.3% female Affected by quarantine: n = 420 Unaffected by quarantine: n = 1,173	Self-designed (COVID-19 knowledge and behaviour), SAS, SDS	<p>Entire sample:</p> <ul style="list-style-type: none"> <li>• 8.3% anxiety</li> <li>• 14.6% depression</li> </ul> <p>Under quarantine:</p> <ul style="list-style-type: none"> <li>• 12.9% anxiety</li> <li>• 22.4% depression</li> </ul> <p>Not under quarantine:</p> <ul style="list-style-type: none"> <li>• 6.7% anxiety</li> <li>• 11.9% depression</li> </ul>
Qi et al; <sup>(31)</sup> China	COVID-19 patients n = 41 58.5% female	GHQ-12, PCL-C, SAS, SDS, FS-14, SSRS, SCSQ	<ul style="list-style-type: none"> <li>• 43.9% general mental health problems</li> <li>• 12.2% PTSD symptoms</li> <li>• 12.2% both anxiety and depression</li> <li>• 12.2% only depression</li> <li>• 2.4% only anxiety</li> <li>• 53.6% chronic fatigue</li> </ul>
Wu & Wei; <sup>(32)</sup> China	Frontline medical staff from a designated hospital for COVID-19 n = 60 Age 33.5 ± 12.4 yr 73.3% female  Frontline medical staff from non-designated hospital n = 60	SCL-90, SDS, SAS, PSQI, PCL-C	Designated hospital staff: 26.7% severe insomnia (Total PSQI 17–21)

	Age 33.8 ± 11.9 yr 75.0% female		
Xu et al; <sup>(33)</sup> China	Surgical medical staff n = 120	Self-designed (anxiety, depression, dream anxiety) SF-36	<ul style="list-style-type: none"> <li>• 46.7% anxiety</li> <li>• 40.0% depression</li> </ul>
Zhang et al; <sup>(34)</sup> China	Persons in China n = 2,182 64.2% female 42.4% medical health workers	ISI, SCL-90-R, PHQ-4 (GAD-2 and PHQ-2)	<p>Non-medical health workers vs. medical health workers:</p> <ul style="list-style-type: none"> <li>• 30.5% vs. 38.4% insomnia</li> <li>• 8.5% vs. 13.0% anxiety</li> <li>• 9.5% vs. 12.2% depression</li> <li>• 0.4% vs. 1.6% somatisation</li> <li>• 2.2% vs. 5.3% obsessive-compulsive symptoms</li> </ul>
Yang & Ma; <sup>(35)</sup> China	<p>General population in China Before outbreak (end-December 2019) n = 11,131 Average age 37.78 48% female</p> <p>During outbreak (mid-February 2020) n = 3,000 Average age 34.7 yr 50% female</p>	Emotional Well-being Scale	74% decline in emotional well-being after the outbreak
Abdessater et al; <sup>(36)</sup> France	Members of the French Association of Urologists in Training n = 275 Age 29.5 ± 0.5 yr 30% female	Self-designed (COVID-19 knowledge and behaviour)	92.0% stressed
Lwin et al; <sup>(37)</sup> NA	> 20 million social media (Twitter) posts	–	<p>Change in proportion of daily tweets from January to April:</p> <ul style="list-style-type: none"> <li>• Fear: &gt; 50% to &lt; 30%</li> <li>• Anger: ~10% to &gt; 20%</li> <li>• Joy: ~10% to ~30%</li> <li>• Sadness: Maintained at &lt; 10% but still doubled over the course of time</li> </ul>
Teufel et al; <sup>(38)</sup> Germany	People in Germany n = 12,244	GAD-7, PHQ-2	<ul style="list-style-type: none"> <li>• 11.9% depression</li> <li>• 10.0% generalised anxiety</li> </ul>
Zhou et al; <sup>(39)</sup> China	Junior and senior high school students in China n = 8,079	Self-designed (COVID-19 knowledge and behaviour), PHQ-9, GAD-7	<ul style="list-style-type: none"> <li>• 43.7% depression</li> <li>• 37.4% anxiety</li> <li>• 31.3% comorbid anxiety and depression</li> </ul>
Gao et al; <sup>(40)</sup> China	Chinese citizens n = 4,872 Age 32.3 ± 10.0 yr 67.6% female	Self-designed (social media exposure), WHO-5, GAD-7	<ul style="list-style-type: none"> <li>• 48.3% depression</li> <li>• 22.6% anxiety</li> <li>• 19.4% combined depression and anxiety</li> </ul>
Li et al; <sup>(41)</sup> China	Health professional students n = 1,442	K6, IES-R	<ul style="list-style-type: none"> <li>• 26.6% clinically significant psychological distress</li> <li>• 11.1% probable ASR</li> <li>• 9.1% both distress and ASR</li> </ul>
Wang et al; <sup>(42)</sup> China	General Chinese population n = 1,210 67.3% female	Self-designed (COVID-19 knowledge and behaviour), IES-R, DASS-21	<ul style="list-style-type: none"> <li>• 16.5% moderate to severe depressive symptoms</li> <li>• 28.8% moderate to severe anxiety symptoms</li> <li>• 8.1% moderate to severe stress</li> </ul>
Meng et al; <sup>(43)</sup> China	Seniors in China n = 1,556 61.3% female	PHQ-9, GAD-7	37.1% depression and anxiety
Jiang et al; <sup>(44)</sup> China	Patients in Wuhan undergoing the methadone maintenance treatment programme n = 17	PHQ-9, GAD-7	Average number of visits decreased from 127 persons per day to 109 persons per day

Li et al; <sup>(45)</sup> China	General population of Chinese residents n = 5,033 66.7% female	GAD-7, PHQ-9	20.4% anxiety or depression or both
Mamun & Ullah; <sup>(46)</sup> Pakistan	Suicide data from press reports	–	16/29 suicide reports were related to COVID-19 issues: <ul style="list-style-type: none"> <li>• About 9 were due to economic recession</li> <li>• 4 were due to fears of COVID-19 infection</li> </ul>
Wang et al; <sup>(47)</sup> China	General Chinese population n = 1,738	Self-designed (COVID-19 knowledge and behaviour), IES-R, DASS-21	<ul style="list-style-type: none"> <li>• 8.1% moderate to severe stress</li> <li>• 28.8% moderate to severe anxiety</li> <li>• 16.5% moderate to severe depression</li> </ul>
Zhou et al; <sup>(48)</sup> China	Frontline healthcare workers n = 1,001 Age 33.8 ± 6.6 yr 88.9% female	SCL-90, PSQI, CPSS	
Cai et al; <sup>(49)</sup> China	Doctors, nurses, and other hospital staff throughout Hunan province n = 534 Age 36.4 ± 16.2 yr 68.7% female 46.4% nurses; 43.6% doctors; 9.0% medical technicians; 1.0% hospital staff	Self-designed (COVID-19 knowledge and behaviour)	40.6% moderately or very nervous or frightened in the ward Strict protective measures, knowledge of virus prevention and transmission, social isolation measures, and positive self-attitude were coping strategies used most frequently. Seeking help from family and friends was endorsed as a helpful strategy. Medical staff did not wish to reduce stress by consulting a psychologist.
Brown et al; <sup>(50)</sup> USA	Affected hip and knee arthroplasty patients n = 360 Age 65 yr 58% female	Self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>• 60.0% moderately to severely anxious about not knowing when the procedure would be rescheduled</li> <li>• 79.4% isolated or lonely</li> </ul>
Colizzi et al; <sup>(51)</sup> Italy	Parents and guardians of individuals with autism spectrum disorder n = 527 Age of children with autism 13.0 ± 8.1 yr	–	<ul style="list-style-type: none"> <li>• 35.5% reported more intense behavioural problems during outbreak</li> <li>• 41.5% reported more frequent behavioural problems during outbreak</li> </ul>
Colle et al; <sup>(52)</sup> France	Patients from the psychiatric department n = 376 Age 46.0 yr 57.1% female	–	<ul style="list-style-type: none"> <li>• 63.1% exacerbation of anxiety</li> <li>• 20.8% exacerbation of depression</li> <li>• 15.1% exacerbation of substance abuse</li> </ul>
Frank et al; <sup>(53)</sup> Germany	Patients with mental illnesses treated in Technische Universität München, München, Germany n = 196 Age 47 ± 15.8 yr 54% female  Affective disorders (n = 121); schizophrenia and related disorders (n = 41); addictive disorders (n = 21); other conditions (n = 13)	CGI	<ul style="list-style-type: none"> <li>• Patients from all groups: &gt; 50% felt that they had to endure much more mental distress due to the pandemic</li> <li>• Patients with affective disorders: 1 in 4 reported increased difficulties sleeping</li> <li>• Patients with addiction: ≥ 50% complained that their daily routines were badly affected, they were afraid of the future, had financial worries, suffered from isolation and had increased irritability</li> </ul>
Gupta; <sup>(54)</sup> Canada	Patients with primary PTSD diagnosis n = 20 85% female	–	<ul style="list-style-type: none"> <li>• 55.0% recent onset of difficulty falling asleep</li> <li>• 70.0% fragmented sleep recently and waking up 2–3 times due to disturbing dreams</li> </ul>
Hao et al; <sup>(55)</sup> China	Patients with epilepsy n = 252 Age 29.3 ± 11.3 yr 52.4% female  Healthy controls n = 252	K6	Patients vs. healthy controls: 13.0% vs. 2.0% psychological distress

	Age 29.4 ± 11.5 yr 52.4% female		
Plunkett et al; <sup>(56)</sup> Ireland	Patients attending community mental health team for anxiety disorder n = 30 Age 38.8 ± 12.8 yr 60.0% female	BAI, HAMA, CGI-Severity, GAF, Y-BOCS, CGI-Improvement	<ul style="list-style-type: none"> <li>• 50.0% reported deleterious effect of COVID-19 on mental health</li> <li>• 40.0% reported deleterious effect of COVID-19 on anxiety</li> <li>• 26.7% patients had disimprovement in symptoms, as reported by clinician</li> <li>• 46.7% patients had improvement in symptoms as reported by clinician</li> </ul>
Prasad et al; <sup>(57)</sup> India	Patients with Parkinson's Disease n = 100 Age 58.06 ± 10.04 yr 30% female  Caregivers n = 100 Age 44.14 ± 13.79 yr 49% female	Self-designed (COVID-19 knowledge and behaviour)	<p>Patients:</p> <ul style="list-style-type: none"> <li>• 8.0% perceived a higher risk of contracting COVID-19</li> <li>• 11.0% reported or perceived a worsening of or new symptoms following the onset of the COVID-19 pandemic</li> </ul> <p>Caregivers:</p> <ul style="list-style-type: none"> <li>• 4.0% perceived a higher risk of contracting COVID-19</li> <li>• 10.0% reported or perceived a worsening of or new symptoms following the onset of the COVID-19 pandemic</li> </ul>
Rivetti & Barruscotti; <sup>(58)</sup> Italy	Female patients with diagnosed telogen effluvium of at least 4–24 mth duration n = 25 Age 36.3 yr 100.0% female	–	<ul style="list-style-type: none"> <li>• 8.0% required psychological counselling due to worry</li> <li>• 56.0% perceived a worsening of their medical condition</li> </ul>
Shalash et al; <sup>(59)</sup> Egypt	Parkinson's Disease (PD) patients and controls  PD patients n = 38 Age 55.6 ± 9.96 yr 23.7% females  Controls n = 20 Age 55.6 ± 5.71 yr 30.0% female	DASS-21, International Physical Activity Questionnaire, PD Questionnaire	PD patients vs. healthy controls: <ul style="list-style-type: none"> <li>• 60.5% vs. 30.0% depression</li> <li>• 60.5% vs. 25.0% anxiety</li> <li>• 52.6% vs. 25.0% stress</li> </ul>
Siniscalchi et al; <sup>(60)</sup> Italy	Adults with celiac disease who had been on a gluten-free diet for at least 6 months n = 276 Age 39.0 ± 12.5 yr 75.7% female	CD-QOL	<ul style="list-style-type: none"> <li>• 60.1% worried about pandemic</li> <li>• 39.4% disturbed/tense thinking about COVID-19</li> </ul>
Sun et al; <sup>(61)</sup> China	People living with HIV in China n = 703	–	<ul style="list-style-type: none"> <li>• 60.8% depression</li> <li>• 49.8% anxiety</li> <li>• 38.5% recent insomnia</li> </ul>
Termorshuizen et al; <sup>(62)</sup> USA, Netherlands	People with eating disorders n = 511 (USA) Age 30.6 ± 9.4 yr 97.0% female  n = 510 (Netherlands) 99.0% female	Self-designed (COVID-19 impact on eating disorders), GAD-7	Eating disorder behaviour in past 2 weeks USA sample: <ul style="list-style-type: none"> <li>• 23.0% binge eating</li> <li>• 48.0% restriction</li> <li>• 35.0% compensatory behaviours</li> <li>• 57.0% anxiety about being unable to exercise</li> </ul> Netherlands sample: <ul style="list-style-type: none"> <li>• 14.0% binge eating</li> <li>• 39.0% restriction</li> <li>• 38.0% compensatory behaviours</li> </ul>
Umucu & Lee; <sup>(63)</sup> USA	People with self-reported chronic conditions and disabilities n = 269 Age 39.37 ± 12.18 yr 43.9% female	PSQ-8, Brief COPE, PERMA-Profilier (Well-being), PHQ-4	Moderate level of stress, depression and anxiety based on mean scores reported. Acceptance and self-distraction were the most frequent coping strategies used. Denial was the least commonly used strategy, followed by substance use as the second least.

Zhao et al, <sup>(64)</sup> China	Post-transplant patients residing in Wuhan during the outbreak n = 492	–	<ul style="list-style-type: none"> <li>• 69.7% fear</li> <li>• 11.0% depression</li> </ul>
Zhou et al, <sup>(65)</sup> China	Psychiatric outpatients n = 2,065 71.5% patients with pre-existing psychiatric disorders; 28.5% new patients	GAD-7, PHQ-9, ISI	<p>Entire sample:</p> <ul style="list-style-type: none"> <li>• 25.5% anxiety</li> <li>• 16.9% depression</li> <li>• 26.2% insomnia</li> </ul> <p>Patients with pre-existing psychiatric disorders:</p> <ul style="list-style-type: none"> <li>• 20.9% reported deterioration of their mental health condition related to the pandemic</li> <li>• 22.0% could not receive routine psychiatric care due to suspended hospital visits</li> <li>• 18.1% have self-reduced medication dosages</li> <li>• 17.2% have stopped taking their medication due to lack of access to prescriptions</li> <li>• 7.4% sought online help for medical care</li> </ul> <p>New patients</p> <ul style="list-style-type: none"> <li>• 24.5% could not receive timely diagnoses and treatment</li> </ul>
Ma & Miller, <sup>(66)</sup> various	Chinese students studying abroad n = 182 Age 26.5 ± 4.9 yr 57.0% female	STAI, self-designed (discrimination, fear, living conditions), PSSS	<ul style="list-style-type: none"> <li>• 31.3% perceived discrimination from the local community</li> <li>• 58.2% perceived discrimination from the media</li> <li>• 72.0% afraid of being infected</li> <li>• 73.1% afraid of family/friends being infected</li> </ul>
Saurabh & Ranjan, <sup>(67)</sup> India	Quarantined children and adolescents n = 121 Age 15.4 yr 14.88% female	Self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>• 68.59% worry</li> <li>• 66.11% helpless</li> <li>• 61.98% fear</li> </ul>
Xie et al, <sup>(68)</sup> China	Primary school students in Hubei n = 1,784 43.3% female	CDI-S	<ul style="list-style-type: none"> <li>• 22.6% depressive symptoms</li> <li>• 18.9% anxiety symptoms</li> </ul>
Liang et al, <sup>(69)</sup> China	Chinese youths (aged 14–35 yr) n = 584 61.2% female	Self-designed (COVID-19 knowledge and behaviour), GHQ-12, PCL-C, SCSQ	<ul style="list-style-type: none"> <li>• 40.4% prone to psychological problems</li> <li>• 14.4% PTSD symptoms</li> </ul>
Xue et al, <sup>(70)</sup> China	General population in China who were medically isolated n = 707  Those in reported self-isolation n = 3,012  Those in non-reported isolation n = 10,786	–	<ul style="list-style-type: none"> <li>• Medically isolated: 76.7% difficulty falling asleep at least once in past week</li> <li>• Under self-isolation: 51.0% difficulty falling asleep at least once in past week</li> </ul> <p>The prevalence of sleep problems was high during the first 2 weeks of medical isolation and decreased thereafter</p>
Zhu et al, <sup>(71)</sup> China	Under quarantine n = 1,443, 59.5% female Not under quarantine n = 836, 60.0% female	SRQ-20, GAD-7, PHQ-9	<p>Under quarantine</p> <ul style="list-style-type: none"> <li>• 15.0% general psychological symptoms</li> <li>• 22.2% anxiety</li> <li>• 22.1% depression</li> </ul> <p>Not under quarantine</p> <ul style="list-style-type: none"> <li>• 13.4% general psychological symptoms</li> <li>• 20.8% anxiety</li> <li>• 20.8% depression</li> </ul>
Zarghami et al, <sup>(72)</sup> Iran	COVID-19 patients n = 82 (32 inpatients, 50 outpatients) Age of inpatients 40.3 ± 14.4 yr Age of outpatients 43.6 ± 15.8 yr 61.0% female	PHQ-9, GAD-7, PSS-14	<ul style="list-style-type: none"> <li>• 15.9% adjustment disorder</li> <li>• 29.3% insomnia</li> <li>• 3.7% major depressive disorder</li> <li>• 6.1% generalised anxiety disorder</li> <li>• 15.9% had 2 psychiatric illnesses</li> <li>• 37.3% depression (PHQ-9)</li> <li>• 28.9% anxiety (GAD-7)</li> <li>• Those with hospital admission (n = 30): 60.0% incidence of mental illness</li> </ul>

			<ul style="list-style-type: none"> <li>Those without hospital admission (n = 52): 28.8% incidence of mental illness</li> </ul>
Zhou et al; <sup>(73)</sup> China	Suspected COVID-19 patients n = 63 Age: 33.9 yr 52.3% female	HADS	23.8% reported hospital anxiety and/or depression
Ahmad et al; <sup>(74)</sup> Iraq	Social media users in Iraq n = 516 43% female	Self-designed	38.6% psychologically affected
Ahmed et al; <sup>(75)</sup> 30 different countries	Dentists n = 650 75% female	Self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>87.0% afraid of getting infected with COVID-19 from either a patient or co-worker</li> <li>90.0% anxious when treating a coughing patient or patient suspected to be infected with COVID-19</li> <li>92.0% afraid of carrying the infection from dental practice to their families</li> </ul>
Md Hazir et al; <sup>(76)</sup> China	Chinese people n = 1,074 Age 33.5 ± 11.1 yr 46.8% female	BAI, BDI, AUDIT, WEMWBS	<ul style="list-style-type: none"> <li>29.0% anxiety (12.9% severe)</li> <li>37.1% depression</li> <li>32.2% hazardous drinking or worse</li> </ul>
Amerio et al; <sup>(77)</sup> Italy	Italian general practitioners n = 131 Age 52.3 ± 12.2 yr 49.1% female	Self-designed (COVID-19 knowledge and behaviour), PHQ-9, GAD-7, ISI, SF-12	22.9% at least moderate depressive symptoms
Barbato & Thomas; <sup>(78)</sup> United Arab Emirates	Italian foreign workers in United Arab Emirates n = 148 Age 41.4 ± 7.7 yr 76% female	IES-R, PHQ-8, GAD-7	<ul style="list-style-type: none"> <li>22.3% PTSD</li> <li>20% depressive symptoms</li> <li>23% anxiety</li> </ul>
Barello et al; <sup>(79)</sup> Italy	HCWs assisting COVID-19 patients n = 376 Age 40 ± 11 yr	MBI	<ul style="list-style-type: none"> <li>37.0% high emotional exhaustion</li> <li>24.7% high depersonalisation</li> <li>45% high frequency of physical symptoms</li> </ul>
Büntzel et al; <sup>(80)</sup> Germany	Oncologists n = 47 Patients n = 146	Self-designed (COVID-19 knowledge and behaviour)	<p>Physicians:</p> <ul style="list-style-type: none"> <li>52.0% anticipated negative impact of the crisis on their own mental and physical health</li> <li>21.0% feared the consequences of mental health specifically</li> <li>40.0% worried about getting infected by COVID-19</li> <li>33.0% emotionally stressed or burned out</li> </ul> <p>Patients:</p> <ul style="list-style-type: none"> <li>43.0% expected long-term impact on physical health</li> <li>34.0% described medical staff as emotionally stressed or burned out</li> </ul>
Buonsenso et al; <sup>(81)</sup> Sierra Leone	Householders n = 78 21.8% female	Self-designed (COVID-19 knowledge, impact and behaviour)	<ul style="list-style-type: none"> <li>57.7% anxiety</li> <li>82% difficulty providing food for family</li> </ul>
Cai et al; <sup>(82)</sup> China	HCWs treating COVID-19 n = 1,521 75.5% female	SCL-90, CD-RISC, SSRS	14.1% psychological abnormality
Chen et al; <sup>(83)</sup> China	Paediatric medical staff in Guiyang, China n = 105 Age 32.6 ± 6.5 yr 90.5% female	SAS, SDS	<ul style="list-style-type: none"> <li>18.1% anxiety</li> <li>29.5% depression</li> </ul>
Choi et al; <sup>(84)</sup> Hong Kong	Hong Kong general population n = 500 Age 47.26 ± 15.82 yr 54.80% female	PHQ-9, GAD-7, Global Rating of Change Scale	<ul style="list-style-type: none"> <li>19.8% depression</li> <li>14.0% anxiety</li> <li>25.4% deterioration in mental health</li> </ul>
Civantos et al; <sup>(85)</sup> USA	Otolaryngology physicians n = 349 39.3% female	Mini-Z Burnout Assessment, GAD-7, IES, PHQ-2	<ul style="list-style-type: none"> <li>21.8% burnout</li> <li>47.9% anxiety</li> <li>60.2% distress</li> <li>10.6% depression</li> </ul>



Consolo et al; <sup>(86)</sup> Italy	Dental practitioners n = 356 39.6% female	Self-designed (COVID-19 knowledge and behaviour), GAD-7	<ul style="list-style-type: none"> <li>4.2% experienced fear intensely</li> <li>42.7% minimal anxiety; 33.3% mild anxiety; 15.2% moderate anxiety; 8.7% severe anxiety</li> </ul>
Dixit et al; <sup>(87)</sup> Bangladesh, India, Indonesia, Nepal	General population in Bangladesh, India, Indonesia and Nepal n = 54,8 61.3% India; 22.3% Nepal; 10.2% Bangladesh; 6.2% Indonesia Age 32.6 ± 10.3 yr 60% male	Self-designed (binge watching)	73.7% had considerable increase in binge watching
Dong et al; <sup>(88)</sup> China	Hospital staff n = 4,618 86.7% female	Self-designed (COVID-19 knowledge, behaviour and impact), HEI	<ul style="list-style-type: none"> <li>24.2% high levels of anxiety and/or depressive symptoms</li> <li>14.9% mild negative emotions</li> <li>5.5% moderate negative emotions</li> <li>3.8% severe negative emotions</li> </ul>
Du et al; <sup>(89)</sup> China	Frontline HCWs from two Wuhan-based hospitals n = 60 Age 37.65 ± 9.72 yr 68.3% female  HCWs in the outreach team n = 74 Age 34.66 ± 6.1 yr 54.1% female	Self-designed (sleep quality), PSS, BDI-II, BAI	<ul style="list-style-type: none"> <li>12.7% mild depressive symptoms</li> <li>20.1% mild anxiety symptoms</li> <li>59.0% moderate to severe perceived stress</li> <li>61.7% poor sleep quality</li> </ul> <p>Fear of self and colleagues getting infected ranked as the top source of stress and anxiety</p>
Durankuş & Aksu; <sup>(90)</sup> Turkey	Pregnant women n = 260 Age 29.6 ± 3.8 yr	EPDS, BDI, BAI	35.4% at risk of depression
El-Zoghby et al; <sup>(91)</sup> Egypt	Adult Egyptians n = 510 65.9% female	IES-R, self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>41.4% severe impact</li> <li>34.1% stress from work</li> <li>55.7% financial stress</li> <li>62.7% stress from home</li> <li>53.9% horrified</li> <li>52.0% helpless</li> <li>66.3% apprehensive</li> <li>64.7% increased care for family members' feelings</li> </ul>
Forte et al; <sup>(92)</sup> Italy	Italian general population n = 2,286 Age 29.6 ± 11.4 yr 74.0% female	Self-designed (COVID-19 PTSD), IES-R, SCL-90, PSQI, STAI-Y	29.0% PTSD
Forte et al; <sup>(93)</sup> Italy	Italian general population n = 2,291 Age 30.0 ± 11.5 yr 74.6% female	Self-designed (mood scales), IES-R, SCL-90, STAI-Y	<ul style="list-style-type: none"> <li>31.4% psychopathological symptoms</li> <li>37.2% anxiety</li> <li>27.7% PTSD symptoms</li> </ul>
Gómez-Salgado et al; <sup>(94)</sup> Spain	General Spanish population n = 4,180 Age 40.3 ± 13.2 yr 74.0% female	GHQ-12	72.0% psychological distress
González-Sanguino et al; <sup>(95)</sup> Spain	General Spanish population n = 3,480 Age 37.82 yr 75% female	PHQ-2, GAD-2, PCL-C-2, InDI-D, UCLA-3	<ul style="list-style-type: none"> <li>18.7% depression</li> <li>21.6% anxiety</li> <li>15.8% moderate to extreme PTSS</li> </ul>
Hou et al; <sup>(96)</sup> China	HCWs n = 1,472 76.5% female	SSRS, CD-RISC, SCL-90	7% psychological abnormality
Huang & Zhao; <sup>(97)</sup> China	Chinese public n = 7,236 Age 35.3 ± 5.6 yr 54.6% female	GAD-7, CES-D, PSQI	<ul style="list-style-type: none"> <li>35.1% anxiety</li> <li>20.1% depression</li> <li>18.2% poor sleep quality</li> </ul>
Kang et al; <sup>(98)</sup> China	Doctors and nurses in Wuhan n = 994 85.5% female	Self-designed (COVID-19 knowledge and	<ul style="list-style-type: none"> <li>34.4% mild disturbances (on all scales)</li> <li>22.4% moderate disturbances (on all scales)</li> <li>6.2% severe disturbances (on all scales)</li> </ul>

	81.6% nurses; 18.4% doctors; 31.1% worked in high-risk departments	behaviour), PHQ-9, GAD-7, ISI, IES-R	
Khanna et al; <sup>(99)</sup> India	Ophthalmologists and ophthalmology trainees n = 2,355 Age 42.5 ± 12.1 yr 43.3% female	PHQ-9	<ul style="list-style-type: none"> <li>• 32.6% some degree of depression</li> <li>• 6.9% moderate depression</li> <li>• 4.3% severe depression</li> </ul>
Killgore et al; <sup>(100)</sup> USA	USA adults n = 1,013 55.9% female	UCLA-3, PHQ-9	<ul style="list-style-type: none"> <li>• 43% reported high loneliness</li> <li>• 54.7% of lonely participants reported moderate to significant depression</li> </ul>
Killgore et al; <sup>(101)</sup> USA	General USA population n = 1,013 56.0% female	PHQ-9, COVID-19 pandemic worry scale, ISI	<ul style="list-style-type: none"> <li>• 56.0% insomnia</li> <li>• 19.8% moderate range</li> <li>• 5.2% severe range</li> </ul>
Lai et al; <sup>(102)</sup> China	HCWs treating COVID-19 patients n = 1,257 96.4% female 60.8% nurses; 39.2% physicians	PHQ-9, GAD-7, ISI, IES-R	<ul style="list-style-type: none"> <li>• 50.4% depressive symptoms</li> <li>• 44.6% anxiety symptoms</li> <li>• 34.0% insomnia symptoms</li> <li>• 71.5% distress symptoms</li> </ul>
Lee & You; <sup>(103)</sup> Korea	Korean residents n = 973 Age 46.31 ± 14.94 yr 50.1% female	Self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>• 51.3% perceived neither high nor low risk related to COVID-19</li> <li>• Perceived severity of COVID-19 (48.6% high, 19.9% very high)</li> <li>• 67.8% reported practising hand hygiene</li> <li>• 63.2% reported always wearing a face mask outside</li> </ul>
Li et al; <sup>(104)</sup> China	Female HCWs n = 4,369	PHQ-9, GAD-7, IES-R	<ul style="list-style-type: none"> <li>• 14.2% depression</li> <li>• 25.2% anxiety</li> <li>• 31.6% acute stress symptoms</li> </ul>
Li et al; <sup>(105)</sup> China	Chinese residents n = 3,637 Age 34.46 ± 9.62 yr 63% female	ISI, GAD-7, PHQ-9, IES-R	<ul style="list-style-type: none"> <li>• 12.5% developed new-onset insomnia and worsened insomnia symptoms</li> <li>• 17.6% had COVID-19 related stress</li> <li>• Anxiety increased from 16.1% to 27.5%</li> <li>• Depression increased from 22.7% to 31.2%</li> </ul>
Li et al; <sup>(106)</sup> China	Medical staff personnel in Wuhan n = 219 78.0% female  Medical staff personnel in Ningbo n = 729 76.4% female	AIS, SRQ-20	<ul style="list-style-type: none"> <li>• Staff in Wuhan: 58.9% insomnia</li> <li>• Staff in Ningbo: 25.0% insomnia</li> </ul>
Liu et al; <sup>(107)</sup> China	Medical staff n = 512 84.5% female	Self-designed (COVID-19 knowledge and behaviour), SAS	12.5% anxiety (10.35% mild)
Liu et al; <sup>(108)</sup> China	General public in China n = 608 58.7% female	STAI, SDS, SCL-90	<ul style="list-style-type: none"> <li>• 15.8% state anxiety</li> <li>• 4.0% trait anxiety</li> <li>• 27.1% depression</li> <li>• 7.7% psychological abnormalities</li> </ul>
Liu et al; <sup>(109)</sup> China	Residents in Wuhan and surrounding cities n = 285 54.4% female 43.5% currently in Wuhan	PTSD Checklist for DSM-5 (PCL-5), PSQI	7.0% PTSS
Mazza et al; <sup>(110)</sup> Italy	General Italian population n = 2,766 Age 32.9 ± 13.2 yr 71.6% female	DASS-21, PID-5-BF	<ul style="list-style-type: none"> <li>• Depression (17% high)</li> <li>• Anxiety (7.2% high)</li> <li>• Stress (14.6% high)</li> </ul>
Mo et al; <sup>(111)</sup> China	Nurses treating COVID-19 n = 180 Age 32.7 ± 6.5 yr 90% female	SOS, SAS	<ul style="list-style-type: none"> <li>• 14.4% not good or bad sleep quality</li> <li>• 39.9% score rate for total stress load</li> <li>• 22.2% scored &gt; 50</li> </ul>

Moccia et al, <sup>(112)</sup> Italy	General Italian population n = 500 59.6% female	K10, TEMPS-A, ASQ	<ul style="list-style-type: none"> <li>38.0% psychological distress (19.4% mild likelihood)</li> <li>18.6% moderate to severe likelihood)</li> </ul>
Morgantini et al, <sup>(113)</sup> various	Healthcare professionals from 60 countries n = 2,707	–	51.4% burnout
Ni et al, <sup>(114)</sup> China	Community-based adults in Wuhan n = 1,577  Health professionals in Wuhan n = 214	GAD-2, PHQ-2, MOS-SSS	<p>Community-based adults:</p> <ul style="list-style-type: none"> <li>23.84% probable anxiety</li> <li>19.21% probable depression</li> </ul> <p>Health professionals:</p> <ul style="list-style-type: none"> <li>22.0% probable anxiety</li> <li>19.2% probable depression</li> </ul>
Ozdin et al, <sup>(115)</sup> Turkey	Turkish people n = 343 Age 37.2 ± 10.3 yr 49.2% female	HADS, HAI	<ul style="list-style-type: none"> <li>23.6% depression</li> <li>45.1% anxiety</li> </ul>
Padala et al, <sup>(116)</sup> USA	Participants from ongoing geriatric clinical research studies n = 51 Age 69.3 ± 9.4 yr 47% female 60.7% veterans; 39.3% caregivers	Self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>78.0% felt safe or very safe attending the scheduled research appointment</li> <li>86.0% felt that the general public was panicked or very panicked about the pandemic</li> </ul>
Pedrozo-Pupo et al, <sup>(117)</sup> Columbia	Columbian adults n = 406 Age 43.9 ± 12.4 yr 61.8% female	PSS-10	14.3% high perceived stress
Podder et al, <sup>(118)</sup> India	Doctors in India n = 384 (144 dermatologists, 240 non-dermatologists) Age of dermatologists 33.7 ± 9.3 yr 52.4% female Age of non-dermatologists 30.8 ± 7.8 yr 40.0% female	PSS-10, self-designed (risk factors of stress)	<ul style="list-style-type: none"> <li>Dermatologists: 9.7% high stress</li> <li>Non-dermatologists: 12.5% high stress</li> </ul>
Qiu et al, <sup>(119)</sup> China	General Chinese population n = 52,370 64.73% female	CPDI	35.0% psychological distress
Ren et al, <sup>(120)</sup> China	General Chinese public n = 1,172	PHQ-9, GAD-7, SCL-90 (somatisation), PSS-10, CD-RISC-10, MINI-SD, ISI, PCL-5	<ul style="list-style-type: none"> <li>18.8% depression</li> <li>13.3% anxiety</li> <li>2.8% high risk of suicidal behaviour</li> <li>7.2% clinical insomnia</li> <li>7.0% clinical PTSD symptoms</li> <li>67.9% moderate to high perceived stress</li> </ul>
Roy et al, <sup>(121)</sup> India	Residents in India n = 662 Age 29.09 ± 8.83 yr 51.2% female	Self-designed (COVID-19 knowledge and behaviour)	<ul style="list-style-type: none"> <li>82.2% preoccupied with thinking about the COVID-19 pandemic over the past week</li> <li>12.5% had difficulty sleeping as they were worried about the pandemic</li> <li>36.4% affected by posts on social media about the pandemic</li> <li>46.1% affected by news about the pandemic</li> <li>83.5% felt it would be beneficial if mental health professionals help people in dealing with the current pandemic</li> <li>82.9% would suggest for others to obtain mental health help if they were highly affected by the pandemic</li> </ul>
Saccone et al, <sup>(122)</sup> Italy	Pregnant women n = 100	IES-R, STAI (short form), Visual analogue scale for anxiety	68.0% anxiety
Sahu et al, <sup>(123)</sup> India	Orthopaedic surgeons from India n = 611	Self-designed (COVID-19 knowledge and behaviour)	22.5% definitely stressed

Shacham et al; <sup>(124)</sup> Israel	Dentists and dental hygienists in Israel n = 338 Age 46.39 ± 11.2 yr 58.6% female, 58.6% dentists	COVID-19-related factors questionnaire, Demands Scale- Short Version, General Self-Efficacy Scale, K6	11.5% at risk of elevated psychological distress
Shapiro et al; <sup>(125)</sup> Israel	General population of Israelis n = 503 Age 47.0 yr 61.0% female	PHQ-2	<ul style="list-style-type: none"> <li>• 24.1% high or very high anxiety levels</li> <li>• 13.0% at risk of depression</li> </ul>
Shen et al; <sup>(126)</sup> China	Nurses in ICU ward in Wuhan n = 85	–	<ul style="list-style-type: none"> <li>• 45.0% difficulty sleeping</li> <li>• 28.0% nervousness</li> </ul>
Simpson et al; <sup>(127)</sup> USA	Board-eligible or board-certified psychiatrists in the United States or in an accredited training programme n = 101	–	<ul style="list-style-type: none"> <li>• 76.0% worried about contracting COVID-19</li> <li>• 95.0% worried about patients contracting COVID-19</li> </ul>
Somma et al; <sup>(128)</sup> Italy	General Italian population n = 1,043 Age 32.8 ± 12.7 yr 81.5% female	SDQ EPS, PID-5-SF, CBQ	13.2% emotional problems
Sønderskov et al; <sup>(129)</sup> Denmark	Denmark residents n = 2,458 Age 49.1 yr 51% female	WHO-5 (wellbeing), questionnaire (anxiety and depression)	Entire sample: 25.4% probable depression
Song et al; <sup>(130)</sup> China	Medical staff working in emergency department of hospitals with COVID-19 wards n = 14,825 Age 34.0 ± 8.2 yr 64.3% female	PSSS, CES-D, PCL-5	<ul style="list-style-type: none"> <li>• 25.2% depressive symptoms</li> <li>• 9.1% PTSD</li> </ul>
Suleiman et al; <sup>(131)</sup> Jordan	Jordanian doctors who might be in first contact with COVID-19 patients n = 308 Age 30.3 ± 5.8 yr 36.7% female	Self-designed (COVID-19 knowledge and behaviour)	90.9% anxious about possibility of spread of COVID-19 and increase in number of positive patients
Sun et al; <sup>(132)</sup> China	Those working in a hospital in China n = 442 83.3% female	2019-nCoV impact questionnaire, IES	<ul style="list-style-type: none"> <li>• 86.2% more stressed at work than before</li> <li>• 75.6% worried about being infected</li> <li>• 32.6% experienced stigma</li> <li>• 63.3% felt friends and family were worried about getting infected through them</li> </ul>
Sun et al; <sup>(133)</sup> China	General Chinese population n = 6,416 Age 28.2 ± 9.2 yr 53.0% female	Self-designed (COVID-19 impact on addictive behaviours)	<ul style="list-style-type: none"> <li>• 46.8% increased dependence on internet use</li> <li>• 16.6% longer internet use</li> <li>• 4.3% severe internet addiction</li> <li>• 18.7% of 331 ex-drinkers relapsed</li> <li>• 25.3% of 190 ex-smokers relapsed</li> </ul>
Suzuki; <sup>(134)</sup> Japan	Postnatal mothers who gave birth to singleton healthy babies at Japanese Red Cross Katsushika Maternity Hospital  Controls n = 148 100.0% female  COVID-19 group n = 132 100.0% female	EPDS, Mother-to-Infant Bonding Scale Japanese version	COVID-19 patients vs. healthy controls: <ul style="list-style-type: none"> <li>• 14.4% vs. 14.9% depression</li> <li>• 29.5% vs. 15.5% problems with bonding</li> </ul>
Tan et al; <sup>(135)</sup> China	Members of the workforce living in Chongqing n = 673 Age 30.8 ± 7.4 yr 25.6% female	IES-R, DASS-21, ISI	<ul style="list-style-type: none"> <li>• 10.8% PTSD</li> <li>• 3.8% anxiety</li> <li>• 3.7% depression</li> <li>• 1.5% stress</li> </ul>

	18.1% management/executive staff		<ul style="list-style-type: none"> <li>2.3% insomnia</li> </ul>
Taylor et al; <sup>(136)</sup> Canada, USA	General public in Canada and America n = 5,854 57.7% USA; 42.3% Canada Age 49.8 ± 16.2 yr old 47% female	Self-designed (COVID-19 knowledge and behaviour), PHQ-4, SHAI, OCI-R, XS, MCSD-SF	<ul style="list-style-type: none"> <li>28.0% elevated anxiety</li> <li>22.0% depressive symptoms</li> </ul>
Temsah et al; <sup>(137)</sup> Saudi Arabia	Healthcare workers n = 582 Age 36.0 ± 8.5 yr 75.1% female	Self-designed (COVID-19 and MERS-CoV), GAD-7	11.0% moderate high or high anxiety
Tian et al; <sup>(138)</sup> China	Ordinary Chinese citizens n = 1,060 Age 35.01 ± 12.8 yr 48.2% female	SCL-90	<ul style="list-style-type: none"> <li>3.1% (Scores of 4–5 on ≥ 1 SCL-90 dimension)</li> <li>62.8% (Scores of 3–4 on ≥ 1 SCL-90 dimension)</li> </ul>
Uvais et al; <sup>(139)</sup> Gulf Cooperation Council countries	Malayalam-speaking expats in Gulf Cooperation Council countries n = 157 5.1% female	PHQ-9, GAD-7	<ul style="list-style-type: none"> <li>22.4% anxiety</li> <li>29.7% depression</li> </ul>
Van Agteren et al; <sup>(140)</sup> Australia	General population recruited during COVID-19 n = 673 Age 44.8 ± 14.7 yr 65.0% female  General population recruited during non-COVID-19 period n = 1,624 Age 42.7 ± 11.4 yr 46.0% female  General population help-seeking group recruited during non-COVID-19 period n = 340 Age 42.6 ± 11.8 yr 58.0% female	DASS-21, MHC-SF, Satisfaction With Life Scale, Brief Resilience Scale	<ul style="list-style-type: none"> <li>COVID-19 cohort: 79.0% had problematic mental health outcomes</li> <li>General population: 52.0% had problematic mental health outcomes</li> <li>General population help-seeking: 58.0% had problematic mental health outcomes</li> </ul>
Varshney et al; <sup>(141)</sup> India	India residents n = 653 Age 41.82 ± 13.85 yr 24.8% female	IES-R	33.2% reported significant psychological impact
Voitsidis et al; <sup>(142)</sup> Greece	Greek general population n = 2,363 76.2% female	AIS, IUS-12, De Jong Gierveld Loneliness Scale, PHQ-2, self-designed (COVID-19 negative attitudes)	37.6% insomnia
Wang et al; <sup>(143)</sup> China	HCWs in Wuhan n = 123 Age 33.8 ± 8.4 yr 90% female	PSQI, SAS, SDS	<ul style="list-style-type: none"> <li>38.0% sleep disturbances</li> <li>7.0% anxiety</li> <li>25.0% depression</li> </ul>
Wang et al; <sup>(144)</sup> China	General population in China n = 600 Age 34 ± 12 yr 55.5% female	SAS, SDS	<ul style="list-style-type: none"> <li>6.3% anxiety</li> <li>17.2% depression</li> </ul>
Wu et al; <sup>(145)</sup> China	Pregnant women in their third trimester of pregnancy  Group 1: investigated before January 21, 2020 n = 2,839 100.0% female  Group 2: investigated after declaration of human	EPDS	<ul style="list-style-type: none"> <li>Group 1: 26.0% depression</li> <li>Group 2: 29.6% depression</li> <li>Overall: 26.0% vs. 34.2% (before 21 January 2020 vs. between 5 and 9 February 2020)</li> </ul>

	transmission of COVID-19 on January 20, 2020 n = 1,285 100.0% female		
Wu et al, <sup>(146)</sup> China	Post-discharged COVID-19 survivors n = 370 Age 50.5 ± 13.1 yr 45.1% female	GAD-7, PHQ-9	<ul style="list-style-type: none"> <li>• 13.5% anxiety</li> <li>• 10.8% depression</li> <li>• 6.2% comorbid anxiety and depression</li> <li>• 29.5% sleeping disorders</li> <li>• 39.2% feeling nervous, anxious or on edge</li> <li>• 1.1% suicidal thoughts</li> </ul>
Xing et al, <sup>(147)</sup> China	Medical personnel with at least 1 year of work experience n = 548 72.1% female	SCL-90	<ul style="list-style-type: none"> <li>• 33.0% somatisation</li> <li>• 37.2% obsessive-compulsive</li> <li>• 29.7% depression</li> <li>• 34.1% anxiety</li> <li>• 33.6% hostility</li> <li>• 40.0% phobic anxiety</li> <li>• 32.3% psychoticism</li> <li>• 32.7% overall average</li> </ul>
Yang et al, <sup>(148)</sup> Korea	Physical therapists n = 65 47.6% female	Self-designed (COVID-19 knowledge and behaviour), GAD-7, PHQ-9	<ul style="list-style-type: none"> <li>• 32.3% anxiety</li> <li>• 18.5% depression</li> </ul>
Yassa et al, <sup>(149)</sup> Turkey	Non-infected women with a confirmed pregnancy over 30th gestational week n = 172 Age 27.5 ± 5.3 yr 100.0% female	–	<ul style="list-style-type: none"> <li>• 80.2% were concerned about the coronavirus outbreak</li> <li>• 51.7% felt more vulnerable/weak during the outbreak because they were pregnant</li> </ul>
Zanardo et al, <sup>(150)</sup> Italy	Mothers who gave birth during COVID-19 n = 91 Age 33.73 ± 5.01 yr	EPDS	28.6% postpartum depression
Zhang & Ma, <sup>(151)</sup> China	Chinese residents in Liaoning Province n = 263 Age 37.7 ± 14.0 yr 59.7% female	Self-designed (COVID-19 knowledge and behaviour), IES	7.6% moderate to severe traumatic stress
Zhang et al, <sup>(152)</sup> Iran	Healthcare staff n = 304 Age 35.1 ± 9.1 yr 58.6% female	SF-12, PHQ-4, K6	<ul style="list-style-type: none"> <li>• 20.1% distress</li> <li>• 20.6% depression</li> <li>• 28.0% anxiety</li> </ul>
Zhang et al, <sup>(153)</sup> China	Medical staff n = 1,563 82.7% female	ISI, PHQ-9, GAD-7, IES-R	<ul style="list-style-type: none"> <li>• 36.1% insomnia</li> <li>• 50.7% depression</li> <li>• 44.7% anxiety</li> <li>• 73.4% stress</li> </ul>
Zhao et al, <sup>(154)</sup> China	General public in China n = 1,630 Age 29.17 ± 10.58 yr	PSS, PSQI, SAS, RSE	36.38% were poor sleepers

AIS: Athens Insomnia Scale; ASQ: Attachment Style Questionnaire; ASR: acute stress reaction; AUDIT: Alcohol Use Disorder Identification Test; BAI: Beck Anxiety Inventory; BDI: Beck Depression Inventory; BPAQ: Buss-Perry Aggression Questionnaire; CAPE-42: Community Assessment of Psychic Experiences-42; CAS: Coronavirus Anxiety Scale; CBQ: COVID-19 Causal Belief Questionnaire; CD-RISC: Connor-Davidson Resilience Scale; CD-RISC-10: Connor-Davidson Resilience Scale-10; CDIS: Children's Depression Inventory – Short Form; CD-QOL: Celiac Disease Quality of Life Measure; CES-D: Center for Epidemiological Studies Depression Scale; CGI: Clinical Global Impression; COPE: Coping Orientation to Problems Experienced; CPDI: COVID-19 Peritraumatic Distress Index; CPSS: Chinese Perceived Stress Scale; CSDC: Child Stress Disorders Checklist; DASS-21: Depression, Anxiety and Stress Scale; DES-II: Dissociative Experiences Scale; DSM: Diagnostic and Statistical Manual of Mental Disorders; EPDS: Edinburgh Postpartum Depression Scale; FCV-19S: Fear of COVID-19 Scale; FS-14: Fatigue Scale-14; GAD-2: Generalized Anxiety Disorder-2; GAD-7: Generalized Anxiety Disorder-7; GAF: Global Assessment of Functioning; GHQ-12: General Health Questionnaire-12; GHQ-28: General Health Questionnaire-28; GPS: Global Psychotrauma Screen; GSES: General Self-Efficacy Scale; HADS: Hospital Anxiety and Depression Scale; HAI: Health Anxiety Inventory; HAMA: Hamilton Anxiety Scale; HAMD: Hamilton Depression Scale; HCW: healthcare worker; HEI: Huaxi Emotional-Distress Index; IES: Impact of Event Scale; IES-R: Impact of Event Scale-Revised; InDI-D: Day-to-Day Discrimination Index; ISI: Insomnia Severity Index; IUS-12: Intolerance of Uncertainty Scale; K10: Kessler Psychological Distress Scale-10; K6: Kessler Psychological Distress Scale-6; MBI: Maslach Burnout Inventory; MCSD-SF: Marlowe-Crowne Social Desirability Scale Short Form; MERS-CoV: Middle East respiratory syndrome coronavirus; MHC-SF: Mental Health Continuum – Short Form; MINI-SD: Mini International Neuropsychiatric Interview for

Suicidality Disorders Studies; MOS-SSS: Medical Outcome Study Social Support Survey; MSPSS: Multidimensional Scale of Perceived Social Support; NPI-Q: Neuropsychiatric Inventory-Questionnaire; NRS: numeric rating scale; OCI-R: Obsessive-Compulsive Inventory-Revised; OER: Online Ecological Recognition; OSSS-3: Oslo Social Support Scale-3; PANSS: Positive and Negative Syndrome Scale; PCL-5: PTSD Checklist-5; PCL-C: PTSD Checklist-Civilian; PCL-C-2: PTSD Checklist-Reduced; PCS: Pain Catastrophizing Scale; PERMA: Positive emotion, Engagement, Relationships, Meaning and Accomplishment; PHQ-2: Patient Health Questionnaire-2; PHQ-4: Patient Health Questionnaire-4; PHQ-9: Patient Health Questionnaire-9; PID-5-BF: Personality Inventory for DSM-5-Brief Form-Adult; PID-5-SF: Personality Inventory for DSM-5 Short Form; PPE: personal protective equipment; PSAS: Psychological Stress and Adaptation at work Score; PSQ-8: Perceived Stress Questionnaire-8; PSQI: Pittsburgh Sleep Quality Index; PSS-10: Perceived Stress Scale; PSSS: Perceived Social Support Scale; PTSD: post-traumatic stress disorder; PTSS: post-traumatic stress symptoms; QIDS-SR: Quick Inventory of Depressive Symptomatology (Self-Report); RSE: Rosenberg Self-Esteem Scale; SAS: Self-Rating Anxiety Scale; SASR: Stanford Acute Stress Reaction Questionnaire; SCL-90-R: Symptom Checklist-90-Revised; SCSQ: Simplified Coping Style Questionnaire; SDQ: Strengths and Difficulties Questionnaire; SDQ EPS: Strengths and Difficulties Questionnaire emotional problems scale; SDS: Self-Rating Depression Scale; SF-12: short form-12; SF-36: short form-36; SHAI: Short Health Anxiety Inventory; SMSP-A: Severity Measure for Specific Phobia-Adult; SNAP-IV: Swanson, Nolan and Pelham Rating Scale-IV; SOS: Stress Overload Scale; SRQ: Stress Response Questionnaire; SRQ-20: Self-Reporting Questionnaire-20; SSRS: Social Support Rating Scale; STAI: State-Trait Anxiety Inventory; STAI-Y: State-Trait Anxiety Inventory (Form Y); SWLS: Satisfaction with Life Scale; TEMPS-A: Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire; UCLA-3: UCLA Loneliness Scale; USA: United States of America; VDAS: Van Drem Anxiety Scale; WEMWBS: Warwick-Edinburgh Mental Wellbeing Scale; WHO-5: World Health Organization-Five Well-Being Index; WSAS: Work and Social Adjustment Scale; XS: Xenophobia Scale; Y-BOCS: Yale Brown Obsessive Compulsive Scale