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# Adverse Impact of Covid Pandemic with Reference to Psychological Effects on Indian Society

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**ABSTRACT:** It was an online survey conducted under the aegis of the Indian Psychiatry Society. Using the Survey Monkey platform, a survey link was circulated using the Whatsapp. The survey questionnaire included perceived stress scale, Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Warwick-Edinburgh Mental Well-being Scale to assess perceived stress, anxiety, depression, and mental well-being, respectively. The survey link was circulated starting from April 6, 2020 and was closed on April 24, 2020. During the survey, a total of 1871 responses were collected, of which 1685 (90.05%) responses were analyzed. About two-fifth (38.2%) had anxiety and 10.5% of the participants had depression. Overall, 40.5% of the participants had either anxiety or depression. Moderate level of stress was reported by about three-fourth (74.1%) of the participants and 71.7% reported poor well-being. The present survey suggests that more than two-fifths of the people are experiencing common mental disorders, due to lockdown and the prevailing COVID-19 pandemic. This finding suggests that there is a need for expanding mental health services to everyone in the society during this pandemic situation.

**KEYWORDS:** India, Covid, pandemic, mental, stress, depression, anxiety, survey, lockdown, patient

## I. INTRODUCTION

Among COVID-19's many effects on society, one of the most insidious is the way it has affected global mental health, giving rise to new challenges and aggravating pre-existing issues. In this article, Subhra Sarkar, who is currently pursuing a PhD in psychiatric nursing, discusses the ways in which the pandemic has affected the mental health of a large segment of the Indian population. COVID-19 has created a global crisis that the world was not prepared for. Lack of known strategies to control this pandemic, lockdowns, loss of work and shelter, sudden overflow of patients in hospitals, <sup>2</sup>closed educational institutions and more such disruptions have led to a huge impact on every aspect of human life around the globe. Some of these aspects include work and education, physical and mental health conditions, family dynamics, and social relationships. While many of these effects are being discussed on news portals and social media on a daily basis, COVID-19's impact on mental health remains one of the least recognized and least addressed aspects, especially in India.<sup>1</sup>

As a researcher in the field of mental health, where my work involves attending to patients with mental illness in the inpatient as well as outpatient departments of a specialized mental health institute in India, I find addressing this issue to be of utmost importance at this critical juncture. This conviction is bolstered by my interactions with the community at large. Lack of recognition and discussion regarding mental health issues<sup>3</sup> is not unique to the COVID-19 situation. Mental health issues have long been equated with psychotic disorders with symptoms like disruptive behaviour, hallucinations etc. Only recently have increased awareness of mental health issues shifted the focus to common but less obvious mental health symptoms. Conversation about other mental health issues, like depression, anxiety, attention-deficit/hyperactivity, and learning disabilities, has finally been stirred.<sup>4</sup>

The pandemic has had a huge impact on people's mental health, both positive and negative. The lockdowns have given some people an opportunity to work (or study) from home, enabling them to spend more time with their family and build relationships. This, in turn, can enhance psychological wellbeing and a feeling of contentment. But this is the story of only a small section of the population. The larger population is facing a strong negative impact of COVID-19 on their mental health. For example, COVID-19 positive patients often suffer from depression, anxiety, and post-traumatic stress related to the disease. Frontline workers often face stigma from their community and family and have



to deal with the fear of getting infected. They also suffer from burnout, anxiety, and insomnia related to overwhelming workloads.<sup>5</sup>

While the challenges faced by COVID patients and frontline workers are relatively more noticeable, the issues that go unnoticed and unaddressed are that of the general population. Studies reveal that mental health issues like anxiety, depression, stress, psychological distress, loneliness have emerged progressively among the general population during the COVID-19 outbreak. Increased suicidal ideation and suicide, specifically among youth are an important concern during this time,<sup>6</sup> which could be triggered by the isolation during the quarantine during the lockdown period. Clinical observation often shows an increase in alcohol and drug use, as well as severe withdrawal symptoms due to the sudden unavailability of alcohol and other addictive substances during the lockdown. However, progressively significant work is being done to increase awareness about mental health and to strengthen mental health services in India. For example, the Government of India has initiated programs like the National Mental Health Program (NMHP) and District Mental Health Program (DMHP). During the initial lockdown period, under the mandate of the Ministry of Health and Family Welfare, Govt. of India, the three central mental health institutions,<sup>7</sup> National Institute of Mental Health and Neuro-Sciences (NIMHANS), Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), and Central Institute of Psychiatry (CIP) initiated a national helpline to provide support for mental health concerns arising out of COVID-19. But such mental health services still remain inaccessible to a large population in India. One of the main reasons for this is stigma. My interactions with the community have often revealed that people do not want to consult a psychiatrist or visit a mental health facility because of the social stigma associated with the same<sup>8</sup>. Discussion of mental health issues on news and social media often does not help the majority of the Indian population due to a lack of education as well as language gaps, given that most of such coverage takes place in English. Some other important barriers include uneven distribution of mental services, economic inequality, and lack of enough trained mental health professionals. While the growing conversation regarding mental health is indeed driving a slow yet significant change, these conversations are driven by and centred around those who already have access to mental health services. This has uncanny parallels with COVID-19: if one doesn't get tested, one doesn't get diagnosed. But the lack of diagnosis does not mean the disease doesn't exist.<sup>9</sup>

Two other reasons why these issues go unaddressed are lack of knowledge, which results in an inability to recognize the symptoms, and limited access to mental health services.<sup>10</sup> For a large fraction of those who are vulnerable, limited education leads to not only a lack of awareness of mental health issues, but also a lack of vocabulary to express those issues. Again, disorders like depression, somatization and hypochondriacal disorder, which are classified as mental and behavioural disorders in ICD-10, may present only with physical symptoms like pain. This often leads individuals with these conditions to bypass mental health facilities and approach general healthcare facilities.<sup>11</sup> Such patients often go undiagnosed. This is also complicated by the lack of skilled mental health personnel and excessive burden of patients in general healthcare facilities. Mental health issues also go unidentified due to one's inability to express emotional stress. During clinical practice, it is often seen that men and women with minimal educational exposure and lack of self-awareness find it difficult to identify and express their emotional stress and low mood, eventually resulting in not seeking help and suffering in silence. Due to their cultural beliefs, women often accept stress related to emotional and physical abuse, domestic violence, and repression (occurrences of which, according to studies, have significantly increased during the COVID-19 pandemic) as normal.<sup>12</sup>

Traditional gender roles play an important role in the lack of reporting of men's mental health issues as well. Studies show that although men are less likely to develop depression than women, they are more likely to die by suicide, indicating that many men may have unidentified and undiagnosed mental health issues.<sup>13</sup> From interactions with people of all genders, we gathered that men find it more difficult than women to seek help due to cultural and social beliefs. These include beliefs related to the ability to control emotions, the need to have a 'tough' personality, and other such masculine stereotypes. It is thus understandable how the impact of loss of work and financial constraints during this time might remain unreported or underreported in men. However, India has long been in a mental health pandemic, which is now being exacerbated by COVID-19.<sup>14</sup> Lack of language on the part of the sufferers, lack of functional knowledge on dealing with mental health issues on the part of their family and friends, and apathy by the rest, has led to this pandemic. The only way forward is a sustained conversation regarding mental health in an understandable language- one that is inclusive. Mental health issues, if experienced by an individual, need to be accepted as normal because they are. The important thing is to take action and reach out for professional help.<sup>15</sup>

Countering this hidden pandemic requires collective effort by various stakeholders, including health professionals, community health workers, persons affected by mental illness, family members, school teachers, workplace managers,





police, civil society organizations, community heads, and policymakers. Such concerted effort needs to be directed towards the development of new infrastructure around mental health care that recognizes the crisis as institutional, as well as towards the continuous expansion of existing resources.<sup>16</sup>

## II. DISCUSSION

Social disruptions from the pandemic and changes in gender norms (moving closer to equal roles in the home) that defines, our new 'normal' have generated heightened levels of psychological distress, impacting the quality of relationships among parents and children. In March, 2020, schools across India were shut down to curb the transmission of COVID-19. Children have been at home for longer periods of time than ever before in recent memory. Closure of schools, lack of extracurricular and outdoor activities,<sup>17</sup> altered eating and sleeping habits, lack of peer-time have fostered monotony, anguish, irritation, and diverse neuro-psychiatric symptoms. Although home should be the safest place for a child, sexual, psychological and physical abuse have shown a significant rise. This has unfolded an unparalleled global mental health problem and it presents a unique challenge to psychological resilience across the world. This may soon lead to an outbreak of a 'second pandemic' of mental health crises.<sup>18</sup>

Children of single parents, including medical professionals taking care of COVID-19 patients, are likely to suffer from adjustment difficulties if their parent gets quarantined. In addition, transient or prolonged parent-child separation may lead to significant psychosocial impact. It has been reported that the most common psychosocial and behavioral problems among children and adolescents in the pandemic were inattention, clinginess, distraction and fear of asking questions about the pandemic.<sup>19</sup> This risk is greatly increased in those with pre-existing mental health conditions. In the midst of the COVID-19 pandemic, helpline numbers for mental health counselling are seeing a huge surge in calls, with anxiety and adjustment issues topping the list. In addition, domestic violence incidence in India is at a 10-year high during the COVID-19 lockdown. Thus, the COVID-19 disease itself, and its ripple effects of quarantine and nationwide lockdowns have and will induce acute panic, anxiety, obsessive behaviors, paranoia, and depression, and may also lead to post-traumatic stress disorder (PTSD) in the long run. Identification of children and adolescents at risk by health care providers is especially important during clinical visits/teleconsultation.<sup>20</sup> It is important to screen for psychiatric and psychosocial effects of social distancing and quarantine on families. Asking direct questions on wellbeing and safety at home will be a critical approach to screen children at risk of or experiencing domestic abuse. Other vital interventions for families include suggesting mental health resources, contact or emergency numbers and counseling.<sup>21</sup>

The current pandemic is a lingering stressor that may damage our mind and body, resulting in long-term health consequences. The impact of stress and adversity on physical and psychological wellbeing should be increasingly focused on in a pediatric clinic as the need of the hour. Proactively preventing psychosocial crisis, fostering psychosocial wellness and developing cost optimal widely accessible intervention models should be the topmost priority for the government, health care personnel and other stakeholders.<sup>22</sup>

India reported its first COVID-19 case on 30 January 2020 from Kerala and ever since the numbers have increased each day. The current statistics from the Ministry of Health and Family Welfare as of today (25 April 2020; 15:15 IST) reveal that there are approximately 18,668 active cases and 775 deaths from COVID-19 in 31 states and union territories (MoHFW, 2020). The states which are worst affected in India include, Maharashtra, Gujrat, Delhi, Rajasthan, Tamil Nadu, Madhya Pradesh and Uttar Pradesh. Soon after, WHO a declared novel coronavirus disease a pandemic on 11 March 2020, it called the member states to take immediate actions and scale up response to disease which includes treat<sup>23</sup>, detect and reduce transmission. In order to contain the spread of disease, the entire nation was lockdown for 21 days from 25 March 2020 to 14 April 2020, which later was extended as a national response in view of growing number of cases till 3 May 2020. Indian response to the pandemic was quick as the country sealed its international borders and enforced an immediate lockdown, this judicious move was applauded by WHO as 'tough and timely'.<sup>24</sup> The lockdown time has provided the government machineries to organise towards its preparedness for a likely upsurge in infection rate in subsequent weeks. At the same time the country combats with the unique pre-existing challenges, such as large population size of 1.35 billion across various states, broadening socioeconomic inequalities and health disparities.<sup>25</sup>



### III. RESULTS

In India, 10 per cent of the population has common mental disorders and 1.9 per cent of the population suffers from severe mental disorders. Schizophrenia, bipolar affective disorder (BPAD), depression, anxiety disorders, psychoses, phobia, suicide, mood disorders, neurotic or stress related disorders, post-traumatic stress disorder, marital disharmony, sleep disorders, alcohol dependence and substance misuse and dementia are becoming common problems in the general population<sup>26</sup>

The major challenges faced by Indian mental health system is lack of knowledge about the mental illnesses as well as lack of adequate mental health services. The inadequacy exists in both areas, for example, infrastructure and human resources (Srivastava et al., 2016). India spends < 2 per cent of its annual health budget on mental health which is far less than many countries of the world. Mahajan et al. (2019) in their analysis of the Indian mental health system concluded that health-care utilisation depends on robust information, education and communication (IEC) efforts. However, they noted that IEC activities were merely restricted to preparing posters and distributing pamphlets, rather than being population-centric, targeted toward local situation, uniform in coverage, highly visible and continuous over time. Due to lack of awareness, stigma is observed which results in poor utilisation of the available services and problems continue to compound and persist. What is required is effective engagement of communities in preventing and promoting mental health of the populations. In context of the present COVID-19 situation where there is likelihood of grave mental health problems in communities, with the given challenges it is going to be an uphill task for the nation.<sup>27</sup>

### IV. CONCLUSIONS

While discussing the contributory factors, there could be instantaneous discussion on protective factors that may aid in promoting good mental health among population. In the current scenario where physical health is a priority due to the spread of the virus, the subsidiary issues and concerns have to be checked and prevention at level of individuals, families and communities. Galea et al. (2020) suggested three main preventive strategies for better mental health amongst populations; planning for loneliness, having mechanisms for surveillance, reporting and intervention for individuals at risk or abuse, and lastly and most importantly to bolster the mental health system and prepare for the parallel challenges that COVID-19 has brought with it.

The WHO (2020b) too has shared strategies to enable global populace to stay mentally healthy during this unprecedented global health crisis. In summary, it implores people to engage in routine activities, stay calm, indulge in hobbies, stay connected through social media, talking to friends or counsellors in case of unmanaged anxiety or fear, doing physical exercises and not resorting to alcohol or drug to deal with emotional problems<sup>28</sup>.

At the national level too, the government agencies are issuing advisories to institutions to run dedicated psychosocial and mental health helplines for resolving any issues that may be affecting individuals during the lockdowns. Many such helplines have become active and available through premier educational institutes in the country. The positive messages in social media are being circulated through active citizen groups, civil society organisations and government agencies to spread awareness and share strategies to keep a check on individuals' mental health.

India is a land of yoga and spirituality; it has great legacy of the mindfulness and meditative practices that had been the part of tradition. Such practices have known to alleviate mental sufferings. It can prove to be of tremendous value and help to incorporate meditation in our daily regimen for better mental and physical health.<sup>29</sup>

While prevention and promotion should be of paramount importance, at the same time adequate services for people who need treatment should be made available. There must be follow up sessions with those with mental illness as the situation may aggravate their illness and they may require constant monitoring and counselling. The educational institutes must reach out to their students to provide guidance and enable them to stay calm during this crisis alongside curricular inputs. The collective conscience of the community needs to be awakened towards the economically deprived, disabled, elderly or anyone whom they know would require physical or mental support through effective messages and awareness campaigns on the media.<sup>28</sup>

The victorious Corona Warriors have emerged as coveted and significant healthcare human resources in this crisis situation who have been working very hard and taking personal risk while treating coronavirus patients in a most stressful environment. In addition, the other such important frontline workers are police, the essential services providers, the government officials who are taking the challenge head-on. It is imperative for the governments and the



communities to be empathetic towards them and must laud their efforts, dedication and diligence instead of stigmatising them. They need to be protected physically, mentally, legally and financially for their unflinching courage and service.<sup>29</sup>

In conclusion, the current global pandemic situation necessitates a multipronged approach towards healthcare delivery. It needs a holistic delivery model that takes into cognizance the multidimensional physical, mental, social and spiritual health of patients and communities. The public health systems must be strengthened to incorporate these aspects of health care delivery by making their workforce more responsive and prepared to handle the burden of pandemic. The governments may organise and provide uninterrupted access to critical services to the most vulnerable groups and populations.<sup>30</sup>

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