

COVID-19 and the Psychological Effects: An Indian Review

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Abstract

Several studies have highlighted the psychological effects of COVID-19 in children and young adults especially during the lockdown period. Studies and surveys suggest an increase in mental health issues due to the impact of COVID-19. The paper aims to bring out some strategies and approaches to bring down mental health deterioration and also look at the causes and key areas for its origin.

Keywords: *COVID-19, lockdown, psychological impact, mental health, strategies*

Introduction- The situation

The corona virus outbreak or the COVID-19 is a mammoth pandemic that anyone has experienced, especially children and adolescents in this century. The COVID-19 spread continued at a fast pace, with a total number of cases reported worldwide as of June 17th, 2020 were 8,264,468 and 3,54,161 total number of COVID-19 cases in India with death tally at 11,921 of India (WHO, 2020). COVID-19 continues to affect healthcare needs and other domains of human life, be it social, emotional, physical and mental wellbeing. With the COVID-19, there has been a lot of distress around illness, death and uncertainty regarding the future among the population along with disturbances in psychosocial behaviour, affecting a large proportion of the population worldwide (Sultana & Ananthapur, 2020). Most studies have indicated negative psychological effects like post-traumatic stress, confusion and anger. Stressors included longer quarantine duration, fear of infection, helplessness, frustration, boredom, inadequate supplies, inadequate information, financial loss and stigma (Das, 2020). Varshney et al. (2020) note increasing day-to-day concerns regarding health and livelihood with progression of disease. Overall, among the 653 respondents, 33.2% had significant (mild/moderate/severe) psychological impact regarding COVID-19. Since these findings were during the early phase of COVID-19 outbreak in the country, chances are they could have changed over time and hence, should be interpreted accordingly. Also, the study shows males had a lesser psychological impact of COVID-19 outbreak as compared to their female counterpart, showing them at a higher risk of falling mental health. Reddy,

Revanth, Jezreel, Afeen & Khairkar (2020) report among 891 responses, depression was found in 22%, anxiety in 15% and stress in 10% individuals and 27.5% with either of them. To note, widow/divorcee and/or unmarried had significantly more depression, anxiety & stress compared to married ones.

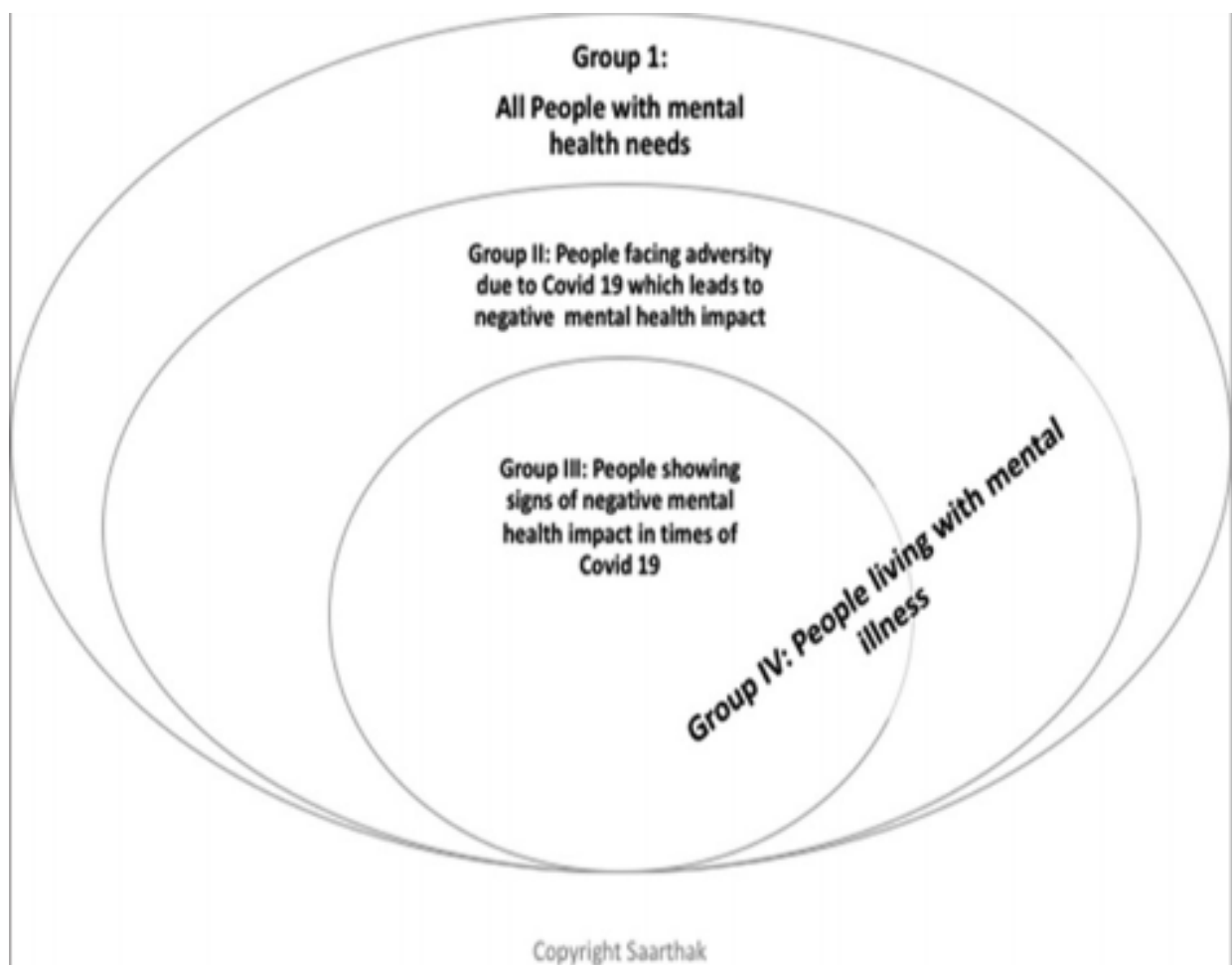
A large part of the Indian population has diverse and vulnerable life situations such as the elderly and those living poor conditions, having chronic or acute ailments, migrant labourers and people stranded in locations other than their own homes, individuals who are quarantined either in their own homes or other setups available by the government and their family members- they may show signs and symptoms of mental distress and emotional problems (Das, 2020). Further, Das (2020) also mentions all large-scale disasters have had notable negative impact on people such as depression, post-traumatic stress disorder, substance use disorder, behavioural disorders, domestic violence and child abuse. Noting the widespread transmission of COVID-19 in India, the only possible solution that could help in controlling the situation was to put up a lockdown- an emergency protocol preventing movement of people from one area to another. During lockdown, all educational institutions, shopping malls and local markets, factories and industries, offices, forms of transportation are completely shut down except emergency services such as hospitals, police stations, fire stations and groceries (Chakraborty & Chatterjee, 2020). Although lockdown can be thought of as a successful strategy to control the situation, it has an adverse psychological effect. The on-going lockdown in India tends to induce fear and worries thus forcing us to alter our normative ways of living ultimately resulting in

catastrophic effects on self, family and health of the community. Such situations indicate diathesis for close bio-psychosocial risk factors for depression and anxiety along with higher mortality rate (Xiang et al., 2020). Significant mental health concerns have been indicated especially after the declaration of lockdown in India on 24th March, 2020 such as anxiety, worries and insomnia (Varshney et al., 2020). There is risk of anxiety, depression, substance abuse, loneliness, domestic violence and real probability of child abuse, due to the schools being shut (Das, 2020). In the research paper by Tang et al. (2020), it is reported by university college students are more prone to depression than post-traumatic stress disorder with fear as an important predictor of both depression and post-traumatic stress disorder. The lockdown can have varied psychological impact for different age groups: children may feel restless due to lack of options for their engagement, elderly may feel restriction in their movements and adults may feel burdened with chores at home in absence of house help (Chakraborty & Chatterjee, 2020). Miglani (2020) notes a significant association between anxiety and people who are self-employed. Anxiety is more in the age group of 41-50, persons staying alone, in the containment zone and those who had acquaintances/ friends

suffering from COVID-19 are also found to be significantly anxious and respondents in the age group of 31-40 are found to be more apprehensive about financial loss. Fear of getting infected is significant in people aged 60 years and above probably due to prevailing co-morbidities in old age.

Moreover, it is being noted that the COVID-19 pandemic may continue to have increased long-term adverse consequences on children and adolescents in comparison to adults (Shen et al., 2020). Ghosh, Dubey, Chatterjee and Dubey (2020) in their review paper have outlined various impact factors in the context of children. Some of them are:

- Psychosocial impact on quarantined children- Various studies highlight psychological burden, psychosocial stigma and neurological manifestations when in quarantine (Brooks et al., 2020). Children quarantined at institutional setups tend to be the worst sufferers as they lack parental support and companionship making them feel anxious, stressed, detached from their parents, feeling insecure and may even be causing long term psychological consequences like PTSD, depression, psychosis, delinquency and anxiety (Liu, Bai, Huang, Shi & Lu, 2020).



- Effects of school closures- If the education disruption is prolonged, it might threaten the Right to Education as quoted by UNESCO Director General, Audrey Azoulay. Schools promote physical activity, personal hygiene, healthy food and body habits (Sylva, 1994). Physical inactivity, disturbed sleep patterns, awful diet and food choices, sedentary lifestyle, prolonged usage of gadgets like phones and laptops during lockdown and school closures will ultimately lead to childhood obesity and reduced cardio-respiratory fitness (Rundle, Park, Herbstman, Kinsey & Wang, 2020).
- Child abuse, domestic violence and teenage promiscuity- There has been an increasing number of reports of child abuse, neglect, exploitation and domestic violence at the time of COVID-19 and lockdown (UNICEF, 2020). COVID-19 along with the negative impacts such as loss of parental affection and care, financial crisis, school closures and discontinuation will certainly outrage the risk of sexual exploitation, teenage pregnancy, transactional sex as similarly faced by children from Africa after ebola epidemic (Dubey et al., 2020).

Figure 1: Mental health concentric in times of COVID-19

Source: Bhagat, A., 2020

An illustration (Figure 1) laid down by Bhagat (2020) tries to put light on four types of mental health needs in times of COVID-19, believed not only to be an effect of the pandemic but also as a result of socio-economic consequences that the pandemic has led to. These groups are described as:

- Group I- Universal need for mental health
With the increasing levels of anxiety across the population, more information, skills and coping strategies for mental health awareness is required.
- Group II- People facing adversity in times of COVID-19 (Bhattacharya, Chatterjee, Bhattacharyya, Gupta, & Banerjee, 2020)
The psychosocial realities of loss, helplessness, hopelessness, adversity and risks faced by children under difficult circumstances, gender-based, caste-based and disability-based discrimination, violence, neglect, unemployment, malnourishment,

decreased access to health care services and pertaining poverty are likely to increase morbidity and mortality related to mental health problems.

- Group III- People who develop mental health problems during the COVID-19 pandemic
Psychiatric disorders such as anxiety disorders, adjustment disorders, depressive disorders and mood disorders are likely to rise in number. With an increasing number of alcohol and substance abuse incidences *and* risk taking and impulsive behaviours.
- Group IV- People with mental health concerns developed prior to the COVID-19 pandemic
For people with pre-existing mental illnesses, their condition is likely to worsen (Tang et al., 2020). A study from Basque had found a greater psychological impact on younger people and those with pre-existing illnesses (Gorrochategi, Munitis, Santamaria & Etxebarria, 2020).

Stressors during quarantine

Duration of quarantine

Studies show the longer the duration of quarantine, the poorer the mental health, specifically post-traumatic stress symptoms (Hawryluck et al, 2004; Reynolds et al., 2008), avoidance behaviours and anger (Marjanovic et al., 2007).

Fears of infection

Participants reported fears about their own health or fears of infecting others (Bai et al., 2004; Cava et al., 2005; Desclaux et al., 2017; Hawryluck et al., 2004; Jeong et al., 2016; Maunder et al., 2003; Reynolds et al., 2008; Robertson et al., 2004) and were more likely to fear infecting family members (Bai et al., 2004). They also became particularly worried if they experienced any physical symptoms potentially related to the infection (Desclaux et al., 2017) and fear that the symptoms could reflect having the infection continued to be related to psychological outcomes several months later (Jeong et al., 2016)

Frustration and boredom

Confinement, loss of usual routine, and reduced social and physical contact with others were frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which was distressing to participants

(Blendon et al., 2004; Braunack-Mayer et al., 2013; Cava et al., 2005; Desclaux et al., 2017; DiGiovanni et al., 2004; Hawryluck et al., 2004; Reynolds et al., 2008; Robertson et al., 2004; Wilken et al., 2017). This frustration was exacerbated by not being able to take part in usual day- to- day activities, such as shopping for basic necessities (Hawryluck et al., 2004).

Inadequate supplies

Having inadequate basic supplies such as of food, water, clothing or accommodation during quarantine was a source of frustration (Blendon et al., 2004; Wilken et al., 2017) and continued to be associated with anxiety and anger 4–6 months after release (Jeong et al., 2016)

Inadequate information

Many participants cited poor information from public health authorities as a stressor, reporting insufficient clear guidelines about actions to take and confusion about the purpose of quarantine (Braunack-Mayer et al., 2013; Caleo et al., 2018; Cava et al., 2005). Lack of clarity about the different levels of risk, in particular, led to participants fearing the worst (Desclaux et al., 2017).

Stressors post quarantine

Finances

Financial loss can be a problem during quarantine, with people unable to work and having to interrupt their professional activities

with no advanced planning; the effects appear to be long lasting. In several studies, the financial loss as a result of quarantine created serious socio-economic distress (Pellecchia et al., 2015) and was found to be a risk factor for symptoms of psychological disorders (Mihashi et al., 2009) and both anger and anxiety several months after quarantine (Jeong et al., 2016). People who are quarantined and have lower household incomes might require additional levels of support, along with those who lose earnings while in quarantine such as self-employed people unable to work or salaries staff not able to take paid leave.

Stigma

In a comparison of healthcare workers quarantined versus those not quarantined, (Bai et al., 2004) quarantined participants were significantly more likely to report stigmatisation and rejection from people in their local neighbourhoods, suggesting that there is stigma specifically surrounding people who had been quarantined. Participants in several studies reported that others were treating them differently: avoiding them, withdrawing social invitations, treating them with fear and suspicion, and making critical comments (Cava et al., 2013; Desclaux et al., 2017; DiGiovanni et al., 2004; Hawryluck et al., 2004; Lee et al., 2005; Maunder et al., 2003; Pan et al., 2005; Pellecchia et al., 2015; Reynolds et al., 2008; Robertson et al., 2004; Wester et al., 2019; Wilken et al., 2017).

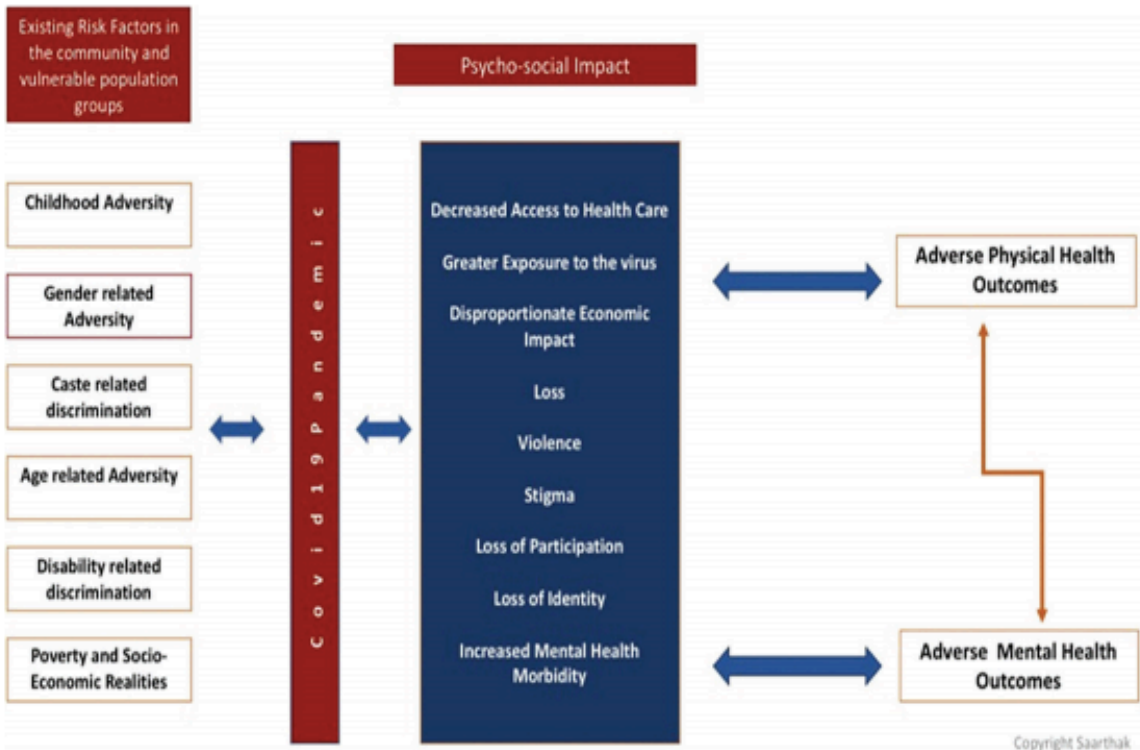


Figure 2: Relationship between mental health psycho-social impact and COVID-19

Source: Bhagat, A., 2020

Through the medium of the illustration (figure 2), Bhagat (2020) tries to explain that there are pre-disaster vulnerabilities in the society such as gender or caste related adversities, poverty or discrimination on the basis on disability, which ultimately have an impact on the mental health of the individuals. Amidst the pandemic, these adversities are likely to magnify.

Vulnerable population groups	Probable reasons of mental health issues during COVID-19 pandemic	Recommended intervention strategies for COVID-19 related mental health problems
Children	<ul style="list-style-type: none">• Alterations in their daily routine• School closures and restriction of outdoor movements• Not being able to meet their friends	<ul style="list-style-type: none">• Reducing screen-time• Engaging in creative and mentally stimulating indoor activities• Management of anxiety by identifying their emotional needs• Making ways to keep in touch with their friends
Geriatric population	<ul style="list-style-type: none">• Co-morbid conditions causing fear and anxiety of the consequences of getting infected• Difficulty in day-to-day activities for those living alone• Social isolation due to lockdown• Difficulty in availing online or telemedicine services for healthcare due to challenges in handling smartphones or computers	<ul style="list-style-type: none">• Giving out clear, concise and necessary information• Assurance and assistance including medications• Connecting with loved ones living away• Engaging in recreational activities
Migrant workers	<ul style="list-style-type: none">• Less familiar in their new environment in which they temporarily live• Concerned about their families who are living elsewhere• Financial and economic loss	<ul style="list-style-type: none">• Treating with dignity, respect, empathy and compassion• Providing assurance of mental and physical support and economic assurance

People with existing mental illnesses	<ul style="list-style-type: none">• Trigger factor- Isolation, Quarantine and being confined at home• Tele-counselling sessions not be as effective as face-to-face sessions• Alterations in the daily routine of people with pre-existing mental illness	<ul style="list-style-type: none">• Providing access to treatment through telemedicine consultations and video consultations• Adequately modifying their counselling sessions to help them cope• Involving family members in their care and attention
People with COVID-19, contacts, survivors, family members	<ul style="list-style-type: none">• Complete isolation from near and dear ones• The feeling of being the cause of transmitting the disease to others• Discrimination causing emotional trauma	<ul style="list-style-type: none">• Addressing the grief and trauma faced by people with COVID-19 and their family• Creating self-help platforms<ul style="list-style-type: none">• Helping cope with emotional loss• Providing them the mental and physical comfort at their isolation sites or hospitals

Roy et al. (2020) elucidates probable reasons of mental health issues and recommend intervention strategies for them specifically for each different population group.

Mitigation strategies

Proposing and practising interventions for the better is not an individual task rather a team effort having victims (the target group), paediatricians or other specialists, psychologists, social workers, hospital authorities, government and non- governmental organisations. Parents, peer groups and teachers also play an important part in planning interventions, when the victim is a child.

Bhagat (2020) recommends a three-tier intervention process, namely:

1. At the primary level- The emphasis must be on “enabling and enhancing skills for

coping” with availability of more supportive resources and accessible information. Interventions must be both psychological and social including:

- Empathetic relationships with dignity and participation
 - Equitable access to resources and information
 - Returning to education and work
 - Early recognition of mental health and psychosocial problems and referrals
 - Support for those with pre-existing mental health problems
2. At the secondary level- Creating social support groups and helplines *and* building resilience can benefit those with mental health illnesses, or facing distress and dysfunction. Activities can include:
 - Dissemination of information about mental health
 - Facilitation of mental health services to support individuals with early signs and symptoms
 - Guided self-help programs through webinars and online training and learning platforms
 - Tele-psychiatry and tele therapy
 3. At the tertiary level- Rather than a focusing on large-hospital setup, interventions can prove fruitful in the local community, having three roles:
 - Provision of biological, psychological and social interventions with existing mental health problems
 - Knowledge management and creation of tools for implementation at the primary and secondary levels
 - Influencing policy through evidence-based initiatives

Galea et al. (2020) suggested three main preventive strategies for better mental health amongst populations:

1. Planning for loneliness due to isolation being faced by the populations such as ways of intervention, taking lead of digital technologies.
2. Having mechanisms for surveillance, reporting and intervention for individuals at

risk or abuse like those of domestic violence and child abuse. These numbers can see a decline if provision of safe spaces are available and social service systems are creative in their approach.

3. Boosting up mental health services to deal with psychological aspects especially being caused by the COVID-19 pandemic. Scaling up treatment, training local communities for psychological first aid and checking with one another to provide support can add to other helpful strategies to sail through the crisis.
4. To bolster the mental health system and prepare for the parallel challenges that COVID- 19 has brought with it (Das, 2020).

The WHO (2020) 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 (Das, 2020).

Conclusion

In sum, the review so far suggests that the psychological impact of the COVID-19 pandemic is huge and can even be long-lasting. The initially used term ‘social isolation’ must be interchanged with the term “physical isolation”, which can further help in the management of psychological issues running on a major pace among the populations. Also. It puts light on how crucial the actual provision of support systems and measures are. Review suggest there can be long-term consequences affecting almost everyone- the people who are quarantined, health officials, government and the whole system that had mandated the guidelines of quarantine among others. Through the review, it can further be analysed that there is a great amount of research still needed in the area of psychology with relevance to the pandemic across populations and various regions of the world.

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