



## IMPACT OF CORONA PANDEMIC IN PEOPLE'S DAILY LIFE AND ALSO ON MENTAL HEALTH

### Psychiatrist

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### ABSTRACT

SARS-CoV-2 is not just a virus causing pandemic, but affecting whole world in a horrible way which no one has seen in their lifetime. The current COVID-19 pandemic is prompting fear of falling sick, dying, helplessness and stigma. Urgent and timely understanding of mental health status is needed to help the community. Our study was designed to survey the general population in India to assess the degree of psychological impact during the pandemic.

During the early stage of second wave of outbreak, we conducted an online-based survey to collect data about participants' socio-demographic status, concerns, psychological impact, and mental health status. We assessed the mental health status using the Hamilton Anxiety Rating Scale (HAM-A).

Our study showed, there were gross changes in lifestyle during this pandemic period. Economically majority of the people had reduced earning or were not earning at all. There were generalized increase in anxiety among population which were assessed both objectively using HAM-A score and subjectively. Worry about self or family members getting infected was the most common phenomenon. Radical change in behavioral pattern like increased faith in almighty, increased washing and cleaning behavior were noted significantly. Sleep disturbance was another important aspect. Spending more time on social media and nurturing hobbies was another prominent feature during this period. Following general precautionary measures and waiting for vaccination had become the social norms.

This study conclusively suggests that we are seeing a parallel pandemic of anxiety and gross behavioral change along with covid 19 pandemic.

### KEYWORDS

#### INTRODUCTION:

Coronavirus disease 2019 (COVID-19) is a new communicable disease caused by the new strains of severe acute respiratory syndrome coronavirus, SARS-CoV-2 [1]. The first outbreak reported was in December 2019, in Wuhan, China, as pneumonia of unknown etiology linked to a seafood market exposure [2]. On January 30, the World Health Organization (WHO) declared the outbreak as a Public Health Emergency of International Concern (PHEIC) and a pandemic On March 11 [3].

As a result of this pandemic situation, a socio-economic crisis and profound psychological distress rapidly occurred worldwide. Various psychological problems and important consequences in terms of mental health including stress, anxiety, depression, frustration, uncertainty during COVID-19 outbreak emerged progressively.[4,5,6] Common psychological reactions related to the mass quarantine which was imposed in order to attenuate the COVID-19 spread are generalized fear and pervasive community anxiety which are typically associated with disease outbreaks, and increased with the escalation of new cases of second wave together with inadequate, anxiety-provoking information by media.[7] The psychological reactions to COVID-19 pandemic may vary from a panic behavior or collective hysteria [8] to pervasive feelings of hopelessness and desperation which are associated with negative outcomes including suicidal behavior.[5] Importantly, other health measures were also compromised by abnormally elevated anxiety.[9]

As the general population became increasingly exposed, anxiety-provoking topics related to this emergence of the health and socio-economic crisis need to be rapidly identified to early detect dysfunctional processes and maladaptive lifestyle changes potentially leading to the onset of psychiatric conditions.[10]

#### METHODOLOGY:

This cross sectional study based on online questionnaire via different social media platforms including Facebook/ WhatsApp was conducted on 200 participants.

During the early phase of second wave, we conducted an online-based survey using Google form. The surveys collected data about several aspects of participants' sociodemographic, knowledge, concerns, psychological impact, and mental health status. We assessed the psychological impact and mental health status using the Hamilton Anxiety Rating Scale (HAM-A).[11]

#### RESULT AND ANALYSIS:

Amongst the participants, most were between 20- 40 years age group (54%), followed by 40-60 years- 31.5%. 4% came from less than 20 years & 10.5% are from more than 60 years. (Table 1)

**Table 1: Distribution of study population according to Age, Sex, Marital status, Education and Occupation status. (N=200)**

| Age group                |     |
|--------------------------|-----|
| more than 60 years       | 21  |
| 40 to 60 years           | 63  |
| 20 to less than 40 years | 108 |
| less than 20 years       | 8   |
| Gender                   |     |
| Female                   | 87  |
| Male                     | 113 |
| Marital status           |     |
| Married                  | 122 |
| Single                   | 71  |
| Widowed                  | 7   |
| Education                |     |
| 10+2                     | 29  |
| Graduate                 | 89  |
| Post-graduate            | 73  |
| Post-doctoral            | 9   |
| Occupation               |     |
| Govt. employee           | 53  |
| Home maker               | 10  |
| Private set-up           | 46  |
| Retired                  | 11  |
| Self-employed            | 39  |
| Unemployed               | 41  |

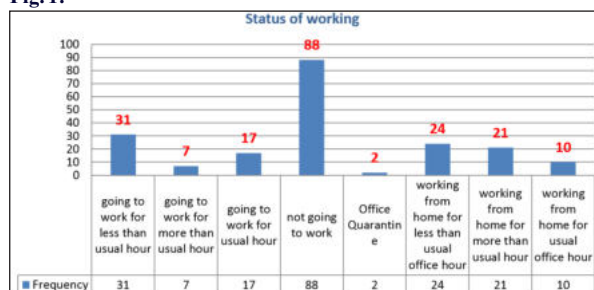
Majority of the participants were males (56.5%) and rest were female. 61% were married, 35.5% are single and 3.5% were widowed. (Table 1)

Largest fraction of the sample (44.5%) was graduates, whereas post graduates are not far behind (36.5%). 4.5% are post doctorate and 14.5% in 10+2 level. (Table 1)

More than one fourth (26.5%) of the participants are government employee, whereas 23% and 19.5% were from private sector and self employed respectively. 20.5% were unemployed, 5.5% were retired

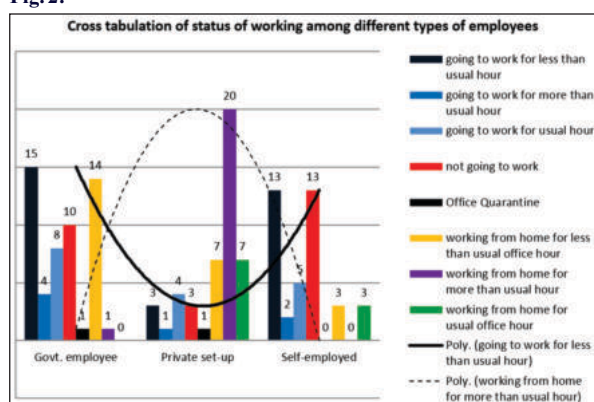
and 5% home maker. (Table 1) Nearly half (44%) of the respondents were not going to work and approximately one fourth were working from home. 1% were in office quarantine. (Fig. 1)

Fig. 1:



Amongst government employees, 15 (28.3%) service holders were going to work for less than usual hours and 14 (26.4%) were doing work from home for less than stipulated times. (Fig. 2)

Fig. 2:

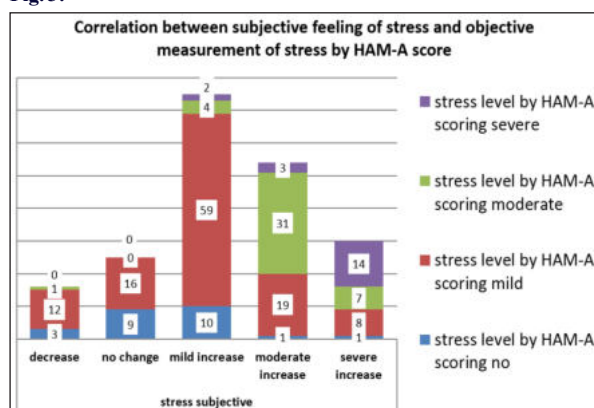


In the section of private sector (23%), most (n= 20) (43.5%) were doing work from home for more than usual hours and 7 (15.2%) respondents each in less than stipulated times and normal times respectively. (Fig. 2)

In self employed fraction, 6.5% were not going to work and same numbers going to work for less than usual hours. (Fig. 2)

43% of the respondents were earning as before, whereas 32% were not earning at all. Earnings reduced in 23% and increased in 2%.

Fig. 3:



Amongst government employees, most (n=40) (75.5%) were earning as before whereas it was reduced slightly and grossly in 7 (13.2%) and 6 (11.3%) respectively.

In private sector also, most (n=28) (60.9%) were earning as before whereas it was increased in 3 (6.5%) and reduced slightly and grossly in 10 (21.7%) and 3 (6.5%) respectively.

Self employed group were the worst sufferers- income reduced slightly

and grossly in 6 (15.4%) and 14 (35.9%) respectively. 6% were not earning at all.

This global pandemic caused increase in stress level in most of the population. It was reported to be increased in mild, moderate and severe form in 37.5%, 27% and 15% respectively. However, 12.5% claimed to have no change.

Stress level also calculated by using HAM-A scale, which suggested increase in mild, moderate and severe pattern in 57%, 21.5% and 9.5% respectively. No change seen in 12%.

The corroboration between subjective feeling of stress and objective measurement by HAM A scale shows concordance- most of the participants with mild increase in stress levels (n=75) showed mild increase in HAM A scoring. Moderate and severe groups showed similar correlation. However, most of those claiming to have no change or reduction, actually showed mild elevation in HAM A scoring. (Fig. 3)

Most of the participants had no substance abuse (n=129). Moreover this habit was reduced and static in 25 and 13 respondents respectively. But older substance abuse pattern increased in mild and marked form in 16 and 9 respectively. 6 participants recently developed addiction and 2 were using additional means.

However stress level is seen pervasive in all fractions, also in those with marked dependence. Those without addiction, stress level are seen to increase in mild, moderate and severe form in 26.5%, 16.5% and 7% respectively. But amongst 'marked increase in previous addiction group' - most (n=5) were having moderate increase in stress levels and 2 showed marked increase. Those with 'mild increase in addiction' were feeling stress, - 6 each in moderate and severe categories. 2 respondents, who started additional abuse, felt moderate increase in stress levels. So it is evident that substance abuse is not related to stress relieve.

Most of the participants were worried about getting family members infected (n=173) (86.5%) and him/herself infected (n=137) (68.5%). 37% were worried about transportation to working place and 13% apprehending loss of job. 31% of respondents were anxious regarding buying essential items.

Different types of change in behavioral patterns were seen. Most (n=113) were spending more time in social media and approximately one third (n=60) were gathering knowledge about covid. Approximately half (n=97) had spent more time in watching movies, 60 in nurturing hobbies like painting, gardening and approximately one fourth (n=51) in reading storybooks. Almost one third (n=61) donated for social causes.

Sleep disturbances were seen in 22% whereas repeated washing and cleaning were seen in 23%. 14.5% of respondents showed increased faith in Almighty, whereas more preoccupation with rituals was seen in 4.5%.

Majority (n=185) were following general precautionary measures like wearing mask, physical distancing, hand washing.

Most of the participants (50.5%) curtailed budget for nonessential items and 15.5% developed alternative sources of income. Fear of job losses were seen mostly in private sector (34.8%).

Most of the respondents strongly opposed and actively protested in the issue of harassment of medical personnel (73%). 23% felt it should not be done whereas 4% were in view that there must be some logic behind such heinous crimes.

## DISCUSSION

This survey is an attempt to understand the socioeconomic and psychological impact of covid 19 on general population. Most of the participants are young (20-40 yrs age group), males, educated, married. Approximately one fourth is government employee whereas private sector and self employed group comprises 23% and 19.5% respectively.

Approximately half of the participants are not going to work whereas one fourth is working from home. Most of the government employees are going to work whereas majority of private sector workers are doing work from home.

Nearly half of the respondents are earning as before whereas 23% showed gross reduction & 32% are not earning at all. Most of the employees of both government and private sector are earning almost similar but self-employed are the worst sufferers.

Most of the respondents showed concern about contracting illness among themselves and family members. Engagement in various platforms of social media seen in most and many are acquiring knowledge of covid from these.

A Brighter aspect of study is that a large fraction has come out for charity in this crucial hour. Also majority are following general precautionary measures like physical distancing, wearing mask, maintaining hand hygiene etc. Most of the participants supported active protests against harassment of health care workers.

Darker sides of study are few people still don't condemn harassment of health care workers. Fear of job loss (mostly in private sector), sleep disturbances and feeling of increased stress level are seen in most. Loss of income and emotional difficulties are most frequently reported problem in epidemic. This study also showed that substance abuse cannot alleviate stress, rather promotes it.

## CONCLUSION

This global pandemic has created unprecedented chaos that no one can imagine. The study done on general population in India showed impact of lockdown, economic uncertainty and increased stress level in the major portion of the society. Media coverage in this juncture has become a double edged sword. Most of the people are following Government described measures like using mask, frequent hand washing and social distancing to fight this battle and have already taken/waiting for their turn to come to take covid19 vaccine and to end this pandemic. The psychological impact of fear and anxiety induced by the rapid spread of pandemic needs to be clearly recognized as a public health priority for both authorities and policy makers who should rapidly adopt clear behavioral strategies to reduce the burden of disease and the dramatic mental health consequences of this outbreak.

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