



ORIGINAL RESEARCH PAPER

Psychiatry

PSYCHOLOGICAL IMPACT OF COVID-19 LOCKDOWN: AN ONLINE SURVEY FROM KASHMIR.

KEY WORDS:

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ABSTRACT

Aims and Objectives To assess the psychological effects on corona virus disease (COVID-19) on general population. **Methods:** A cross-sectional study design was implemented to assess the potential psychological distress during the COVID-19 pandemic in Kashmiri population within the first 2 weeks after implementation of strict personnel restrictions, by using an anonymous online survey. The data was collected by using an online survey platform as per Indian Government's recommendations to minimize face-to-face or physical interaction. Target group included all members of the public exceeding the age of 16 years. Additionally, using the principles of snowballing, the online survey was distributed in social and print media with a request to pass it on to others. The data was collected, without collecting information that could identify the respondents. A total of 568 people answered the questionnaire. 360 individuals had to be excluded due to incorrect completion (e.g., not fully completed). Analysis was based on 208 individuals (women: N = 98, men: N = 110; **Results** Majority of the sample (61.5%) belong to the age group of 17-30 years of age with having more male participants (52.9%). 35.6% of the sample were single. Most of the participants were employed in private sector (36.1%) compared to only 22.6% who were govt. employees. Most of the participants (61.5%) were living in a family with 5-8 members. Likewise in table 2, we can find that 28.4% of the participants were I high risk group for COVID-19 as they were frontline workers during covid. **CONCLUSIONS** To conclude, this survey suggests that majority of the participants were experiencing anxiety and depression, due to lockdown and the prevailing COVID-19 pandemic.

INTRODUCTION

The first outbreak reported was in December 2019, in Wuhan, China, as pneumonia of unknown etiology linked to a seafood market exposure. 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. [1]

The emergence of a novel severe acute respiratory syndrome coronavirus (SARS-Cov-2) encroaching newer territories all over the world. [2]

Increase in the cases of COVID-19 all over the world have left people alarmed and frightened. During previous pandemics people were moderately worried about the possibility of being infected. However previous epidemics showed an impact on mental health anxiety and avoiding behaviors. In COVID-19 pandemic the psychological impact was found higher as compared to previous pandemics. [3-7]

Although social activities have been restricted in most countries, almost all non-essential individual movements were prohibited due to quarantine, while the local hospitals received suddenly thousands of critically ill COVID-19 patients and were forced to implement their emergency protocols. The general population as well as most of the front-line healthcare workers became vulnerable to the emotional impact of COVID-19. [8,9]

Common psychological reactions related to the mass quarantine which was imposed in order to attenuate the COVID-19 spread are generalized fear and anxiety which were typically associated with disease outbreak. Other psychological issues were hopelessness, helplessness and severe depression and even suicidal behavior. [10-13]

This study aims to measure the degree of psychological

responses resulted from the COVID-19 pandemic on general population.

Aims and Objectives

To assess the psychological effects on coronavirus disease (COVID-19) on general population.

Methods:

A cross-sectional study design was implemented to assess the potential psychological distress during the COVID-19 pandemic in Kashmiri population within the first 2 weeks after implementation of strict personnel restrictions, by using an anonymous online survey. The data was collected by using an online survey platform as per Indian Government's recommendations to minimize face-to-face or physical interaction.

Target group included all members of the public exceeding the age of 16 years. Additionally, using the principles of snowballing, the online survey was distributed in social and print media with a request to pass it on to others.

The data was collected, without collecting information that could identify the respondents. A total of 568 people answered the questionnaire. 360 individuals had to be excluded due to incorrect completion (e.g., not fully completed). Analysis was based on 208 individuals (women: N = 98, men: N = 110;

Statistical Analysis

All the data was collected and appropriate statistical analysis was done by using SPSS software version 20.0.

Procedure

Data collection took place over 3 weeks after the government imposed measures with strict personal recommendations against the spreading of the COVID-19 virus. These measures were implemented 14 days after the COVID-19 infection in

Kashmir were detected.

RESULTS

Table 1: Socio-demographic Profile of the sample

Characteristic	Frequency	Percent	
Age	17- 30years	128	61.5
	31-50 years	76	36.53
	51-70 years	4	1.92
Gender	Female	98	47.1
	Male	110	52.9
Marital Status	Single	130	62.5
	Married	74	35.6
	Separated	1	0.5
	Widowed	2	1.0
	Other	1	0.5
Occupation	Govt. Employee	47	22.6
	Employee in Private	75	36.1
	Self-employed	13	6.2
	Retired	2	1.0
	Homemaker	3	1.4
	Unemployed	68	32.7
No. of Family Members	2-4 Members	58	27.9
	5-8 Members	128	61.5
	More than 8 members	22	10.6

Table 1 shows the demographic details of the sample. Majority of the sample (61.5%) belong to the age group of 17-30 years of age with having more male participants (52.9%). 35.6% of the sample were single. Most of the participants were employed in private sector (36.1%) compared to only 22.6% who were govt. employees. Most of the participants (61.5%) were living in a family with 5-8 members. Likewise in table 2, we can find that 28.4% of the participants were I high risk group for COVID-19 as they were frontline workers during covid.

Table 2: Percentage of people falling in high risk group for COVID-19.

High risk / Vulnerable Group/ Frontline Worker	Frequency	Percent	Total
No	149	71.6	208
Yes	59	28.4	

Table 3: Effect of Lockdown on life and relationships with others.

	With Family Members		With Spouse/ Partner		With children		With parents		With Neighbours		With Office Colleagues	
	N	%	N	%	N	%	N	%	N	%	N	%
Marked Improved	18	8.7	24	11.5	31	14.9	34	16.3	14	6.7	15	7.2
Markedly Worsened	8	3.8	8	3.8	4	1.9	6	2.9	11	5.3	15	7.2
No Change	108	51.9	127	61.1	127	61.1	99	47.6	54.3	25.6	119	57.2
Slightly Improved	49	23.6	28	13.5	35	16.8	46	22.1	49	23.6	30	14.4
Slightly worsened	25	12.0	21	10.1	11	5.3	23	11.1	21	10.1	29	13.9

Table 3 shows the effect of lockdown on relationship of participants with others. Almost half of the population reported no change, however the rest reported change in relationship due to lockdown both in positive and negative ways. There was marked improvement in relation with parents (16.3%), followed by children (14.9%) and with spouse (11.5%). However there was marked worsening of relationship with colleagues (7.2%) followed by neighbours (6.7%).

Table 4: Effect of Lockdown on emotions and feelings.

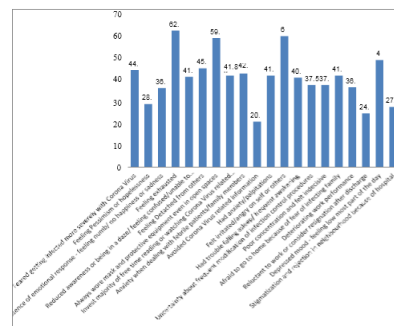
	Sadness		Anxiety		Irritability		Frustration		Loneliness	
	N	%	N	%	N	%	N	%	N	%
Can't say	2	1.0	5	2.4	4	1.9	29	13.9	6	2.9
Markedly decreased	4	1.9	14	6.7	32	15.4	5	2.4	6	2.9
Markedly Increased	50	24.0	74	35.6	28	13.5	16	7.7	49	23.6
No Change	39	18.8	53	25.5	92	44.2	119	57.2	84	40.4
Slightly decreased	3	1.4	5	2.4	18	8.7	10	4.8	3	1.4
Slightly Increased	110	52.9	57	27.4	34	16.3	29	13.9	60	28.8

Table 4 shows the effect of lockdown on participants' emotions and feelings. It is clear from the table that is marked increase in anxiety (35.6%) followed by sadness (24%), loneliness (23.6%), and irritability (13.5%). Overall majority of participants reported increase in negative feelings and emotions as compared to few participants who reported decrease in such emotions.

Table 5: Effect of Lockdown on daily routine schedule.

	Watching Movies		Playing indoor Games		Spend ing		Reading books		Use of social media		Drawin g/ paintin g		Smoki ng & Substa nce use	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Can't say	4	1.9	6	2.9	7	3.4	6	2.9	2	1.0	10	4.8	42	20.2
Marke dly decrea sed	32	15.4	9	4.3	33	15.9	51	24.5	4	1.9	7	3.4	1	.5
Marke dly Increas ed	28	13.5	19	9.2	24	11.5	13	6.2		50.0	14	6.7	8	3.8
No Chang e	92	44.2	107	51.4	76	36.5	86	41.3	44	21.2	60.	28.1	63.	30.9
Slightly Decreased	18	8.7	14	6.7	21	10.1	19	9.1	2	1.0	14	6.7	7	3.4
Slightly Increased	34	16.3	53	25.5	47	22.6	33	15.9	52	25.0	38	18.3	17	8.2

Table 5 shows how lockdown has affected our daily routine life. From the table it is evident that there is marked decrease in reading books (24.5%) and and spending (15.9%), while as there was marked increase in use of social media (50%). Almost half of the population reported no such significant change in their daily routine.



Graph: Summary of different feeling about COVID-19 infection.

The graph shows that most of the people reported feeling exhausted (62.5%) followed by feeling irritated and angry on self and others (60%), always wore mask even in open spaces (59.1%), depressed mood (49%), feeling detached from others (45.2%) and fear of getting infected more severely by corona virus (44.2%).

Discussion

The emergence of COVID-19 outbreak in 2019 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection lead to psycho-social crises globally. Due to implementation of emergency protocols related to restrict the spread of COVID-19 infection world social activities have been restricted worldwide. Suspected with infection were kept in quarantine and those infected with the virus were kept in isolation.

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. [14-16]

In our study that most of the people reported feeling exhausted (62.5%) followed by feeling irritated and angry on self and others (60%), always wore mask even in open spaces (59.1%), depressed mood (49%), feeling detached from others (45.2%) and fear of getting infected more severely by corona virus (44.2%). Other studies found that common psychological reactions related to COVID-19 spread are generalized fear and anxiety, hopelessness, acute traumatic reactions, depression and suicidal behavior. Significant levels of anxiety, anger, confusion, and stress were found in individuals who were kept in isolation and quarantine. [17, 18]

It was not only the disease itself but also the frequent media exposure which also caused the distress. The 24/7 coverage of COVID-19 on rolling news channels, sensationalist headlines in national newspapers, and misinformation on social media have also stimulated anxiety and fear among the general public. People became suspicious towards others in terms of disease spread. People started thinking and even believing that if they will get infected they might die, so there was chaos everywhere. [19,20]

CONCLUSIONS

To conclude, this survey suggests that majority of the participants were experiencing anxiety and depression, due to lockdown and the prevailing COVID-19 pandemic.

Limitations:

The survey was limited to those, who had access to a smart phone device and it can be said that the study participants may not be representative of people from various strata of the country.

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