

Progression of Mental Health Issues During Covid-19

G. Sarvani, M.V.R Raju

Abstract: The COVID-19 virus, emerged at the end of 2019 began threatening the health and lives of millions of people within few weeks. At present all regions of the world, declared lockdown for controlling highly contagious and pandemic virus. During this lockdown period people are restricted to stay at home, for few weeks. During the idle stay at home for very long hours, will cause mental health problems, like stress, fear, anxiety, depression and sleep problems. In this present study, the researcher, made an attempt to study the impact on mental health of individuals during the lockdown period. The basic aim of this study: is to find out the viz. 1) "Mental health problems" and its influence on 'Gender, Age, Marital status and Occupation' differences; 2) The impact of "Life style during COVID-19 and Awareness of COVID-19 and, 3) Physical illness and Habits on Age and Gender " of individuals. The data has been collected through online questionnaire, and analyzed using "one way analysis of variance", t-test and Correlation. The study found that significant mental health problems attributed more in female than male folk. There is significant social dysfunction in female than male. Middle age group i.e. (30-44) have more stress and pressure of future and job shortening are creating depression. Moreover physical illness more in female group such as blood pressure and diabetes. **Key words:** Anxiety, Social Dysfunction, somatic problems, Depression

I. INTRODUCTION

Corona viruses are a large family of viruses that cause diseases ranging from the common cold to more serious ones. The COVID-19 Coronavirus was first detected in China in December 2019, and has since spread into all countries in the world. The present study observed, that, 'the messages for the general population', the World Health Organization (WHO) in January 2020, declared the outbreak of COVID-19, to be Public Health Emergency of international concern. WHO made the assessment that COVID-19 can be characterized as a pandemic, which generates stress throughout the population. The people also have affected by COVID-19, they deserved our support, compassion and kindness in order to reduce stigma. The public in general experiencing invisible, fear, pressure, strain and strain. But the stress and strain with Psychosocial wellbeing is as important as managing physical health. To avoid the Covid-19, take sufficient healthy food, engage in some physical activity, and stay in contact with family and friends creates, pleasure, happiness, which helps to avoid the pressure and strain. As a responsible citizen, you must know how to "De-stress", and keeping yourself psychologically well. This is "Not a Sprint, It's a Marathon". This Corona virus has quickly alerted governments and its public health systems, Countries have initiated preventive measures to limit the spread of virus.

Manuscript received on 27 November 2020 | Revised Manuscript received on 04 December 2020 | Manuscript Accepted on 15 December 2020 | Manuscript published on 30 December 2020.

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As Millions of lives have been significantly impacted, efforts are being made at a global, multi-level, to address through stress-coping-adjustment processes. Accordingly, in our country, the national government have taken stringent measures, and the Andhra Pradesh Government have also implemented all these measures. Corona viruses are a group of inter-elated viruses that spread diseases among the public in general and birds. The COVID-19 symptoms are fever, tiredness, and dry cough, throat pain, aches and pains, nasal congestion, running nose, or diarrhea, smell less, tasteless and eye infection. These symptoms are usually started mild and begin gradually. Some people become infected but don't attribute any symptoms about feel unwell. About 80% of the people recover from the disease without any special treatment if the patient detected early. Around 1 out of every 6 people who got tested as positive, of COVID-19 becomes seriously ill and develops difficulty in breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough, throat pain and difficulty in breathing should seek medical attention.

People can perceive COVID-19 from others who have tested positive. The disease can spread from person to person through their micro-splinters delivered from the nose, mouth or eye drops are strong agents to spread of Covid-19 from person to person or person to a group. These emitted splinters land on objects and surfaces around the person, stay alive for five to ten minutes. The people in and around that area, perceive that virus, and infected with COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 2 meter (6 feet) away from a person who is sick.

Maria Oquendo(2020) said that those who are already suffering from any kind of psychiatric problem are going to have a heightened anxiety response. Moreover these conditions increase the risk for suicidal behavior. Indian Psychiatry Society (2020), found that sudden rise in those suffering from mental illness is up to 20 per cent. And also at least one out of every five Indians is suffering from mental illness. Manu Tiwari (2020), stated that, the lockdown has had a massive impact on the lifestyle of people. They are now suffering from anxiety, panic attacks, and even alcohol withdrawal syndrome. Mostly are those who worry a lot and are addicted to any substance or alcohol. Raju MVR (2020) said that setting goals, minimizing distractions, building trust, reducing the use of social media, reading books, watching comedy videos, playing indoor games would help in offering comfort to those coping with Anxiety. Zandifan and Badrfan (2020) stated that 'the role of unpredictability, uncertainty, seriousness of the disease', misinformation and social isolation in contributing to stress and mental health.



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Shigemura(et al),(2020) Emphasized the economic impact of covid-19 and its effect on wellbeing, as well as the likely high levels of fear and panic behavior such as hoarding and stockpiling of resources, in the general population. Dong and Bovey,(2020) Pointed out that wide scope and spread of covid-19 could lead to a true mental health crisis, especially in countries with high case loads which would require both large scale psychosocial crises interventions and incorporation of mental health care in the future. According to Thiyamkiransingh and Raju MVR (2020) the psychosocial consequences from the fallout of the pandemic like Depression, Anxiety, stress, loneliness financial loss, rise domestic violence are a cause of worry, especially those working in the mental health community.

Duran and Zhu(2020) Pointed out that while western countries have incorporated psychological intervention into their protocols. Bao (et. al) (2020) Highlighted the services that were already being provided in china and also provided a list of strategies for general public to minimize out break related stress. a) Assessment of accuracy of information b) Enhancing social support c) Reducing the stigma associated with disease d) Maintaining as normal a life as feasible while adhering to safety measures e) Use of availability of psycho social services when needed. Raju MVR (2020) said communication is the key for parents to educate children about the impact of corona virus and the safety standards to follow in order to keep the virus at bay. This can also take an interesting format such as a story telling. The fear of losing dear ones and the possibility of getting infected is high among youngsters. We need to build confidence among them and help them erase their untold fears. Ho et al., (2020) Discussed the role of improved screening for mental disorders, improving links between community and hospital services, and providing accurate information to general public in order to minimize maladaptive responses such as panic and paranoia regarding the disease and its transmission. Lina et al.,(2020) Highlighted the role of anxiety as dominant emotional response to an outbreak and the need for adequate training of mental health care personnel and optimal use of technological advances to deliver mental health care. RajuMVR(2020) said, intends to provide counseling to 1)COVID-19 affected people and their families. 2)Those quarantined at home and their family members, 3) doctors, nurses and paramedical, personal of frontline department Revenue, police and Municipal Corporation etc. 4)Those working from home, people away from home and their kin,5)critically alcohol dependent, 6)those vulnerable to acute attacks of Blood pressure and Diabetes and 7) people in depression.

II. OBJECTIVES OF STUDY

- To find out gender difference and marital status on mental health problems.
- To find out differences among various age groups and occupations on mental health problems.
- To assess the influence of gender on lifestyle of public during the lockdown period.
- To assess the influence of gender and age on awareness of covid-19.
- To assess the influence of gender and age on illness and habits.
- To find out the relationship among sub variables of mental health problems.

III. METHOD

A. Sample

The sample of 107(Male 67and 40 Female) participants with age range from 18 to above 45 years. Participation was voluntary and anonymous. The purposive sampling method was used to include participants in the study. The data was collected through what's app and email of the respondents in Andhra Pradesh.

B. Measures

The questionnaire developed by Sarvani,G. and Raju, M.V.R. (2020) "The Mental Health Problems", "Lifestyle during lock down period" and "Awareness of covid-19" covered in the questionnaire, was classified into three broad categories. First category items related to Mental Health Problems during the lock down period (COVID-19), reliability 0.38. Second category items related to Lifestyle during lock down period, reliability 0.27. Third category items related to Awareness of covid-19, reliability 0.33. A total 34 items are listed in this questionnaire. It was a three point Likert scale - one indicated strongly dis-agree and three indicates strongly agree, with intermediary score of undecided. Reverse scoring was given for some of the negative statements present in the questionnaire.

IV. RESULT AND DISCUSSION

The researcher formed two multiple answer questions (checklist): viz.

- 1) What sort of problems experienced while stay at home.

Table: 1 Public experienced problems during the lockdown period

Various troubles	Frequency	Percentage
Unable to meet friends	35	23.9
Missing outdoor activities	31	21.3
Staying at home is a problem	12	8.3
Difficulty to follow lockdown rules	6	4.2
Fear of life	11	7.5
Nothing	44	30.1
Others	7	4.7

For first multiple answers check list felt(Table-1), that about 35(23.9%) indicated, unable to meet their friends, near and dear. About, 31(21.3%) attributed, that they can't enjoy outdoor activities,while 12(8.3%) shows, that staying at home is a problem, very few 6(4.2%) expressed, it is very difficult to follow lock down rules, some indicated 11(7.5%) the fear of life, no fear, nothing 44(30.1%) and others 7(4.7%).

- 2)How people are engaging during the lock down period

Table: 2 Public engaged during the lockdown period

Engaged activities	Frequency	Percentage
Physical exercise	51	19.1
Social media	79	29.6
Improvising skills	42	15.7
Book reading	35	13.5
Cooking/house keeping	49	18.4
Others	10	3.7

For the second multiple answers check list 79(29.6%) exhibited the highest, as most of the public spending more time in following social media, followed by 51(19.1%) expressed, that they are engaged in simple regular physical exercises, i.e. yoga, meditation and walking. But most of them are engaged 49(18.4%) in cooking and housekeeping activities i.e. (49(18.4%), nearly 42 (15.7%) respondents, concentrating on improvising skills, a reasonable size of the population, i.e. 35(13.5%) are spending time on book reading and painting, and others 10(3.7%). The study observed that the life styles of the public catching up new trends to engage themselves in the lockdown period.

The data analyses, under table -3 showed that female (M=4.70) have high mean score than male (M=3.94) in social dysfunction, while, t- test value 3.7 at 0.01 level which indicates that women have difficulty to overcome the problems at work place, difficulty to take decisions and difficulty to face future situations.

Table 3 : Differences of male and female on mental health problems of individuals

Mental Health problems	GENDER	NUMBER	MEAN	STANDARD DEVIATION	t-TEST
ANXIETY	MALE	67	14.1	2.36	1.54
	FEMALE	40	14.8	2.99	
SOCIAL DYSFUNCTION	MALE	67	3.94	1.04	3.7**
	FEMALE	40	4.7	1.47	
SOMATIC	MALE	67	1.31	0.6	0.01
	FEMALE	40	1.3	0.6	
DEPRESSION	MALE	67	4.16	1.38	0.32
	FEMALE	40	4.32	1.43	

**p<0.01

Remaining factors like anxiety and depression mean values are more in female than male but not significant. Which means female group is suffering with anxiety, insomnia and stress and pressure due to house hold chores.

Table -4 results indicated that Anxiety mean (M=15.2) value high in 30-44 age group compare with other groups, social dysfunction mean (M=4.32) value and somatic problems mean (M=1.34) high in above 45 age group. Depression Mean value (M=4.69) high in 30-44 age group and also this group is significant t-test value 3.36, significant at 0.01 level. Which means 30-44 age group is middle adulthood group has stress and pressure due to uncertainty of future and extending lockdown period.

Table 4: Differences among age groups of on mental health problems of individuals

Mental health problems	Age	NUMBER	MEAN	STANDARD DEVIATION	F-test
ANXIETY	18-29	46	14.02	2.75	1.63
	30-44	36	15.02	2.21	
	Above 45	25	14.16	2.85	
SOCIAL DYSFUNCTION	18-29	46	4.28	1.25	0.33
	30-44	36	4.08	1.1	
	Above 45	25	4.32	1.51	
SOMATIC	18-29	46	1.28	0.61	0.16
	30-44	36	1.27	0.61	
	Above 45	25	1.34	0.6	
DEPRESSION	18-29	46	3.91	1.15	3.36**
	30-44	36	4.69	1.65	
	Above 45	25	4.12	1.3	

**p<0.01

It is found that (Table 5), Married have more mental health problems compare with single or unmarried i.e. Anxiety (M=14.6), social Dysfunction (M=4.25), somatic problems (M=1.31) and depression (M=4.37).which indicates that married have many responsibilities of family, children and occupational work load etc. but there is no significant value of t- test.

Table 5: Differences of Marital status on mental health problems of individuals

Mental health problems	MARITAL STATUS	NUMBER	MEAN	STANDARD DEVIATION	t-TEST
ANXIETY	SINGLE	40	13.9	2.45	2.04
	MARRIED	67	14.6	2.69	
SOCIAL DYSFUNCTION	SINGLE	40	4.17	1.1	0.09
	MARRIED	67	4.25	1.36	
SOMATIC	SINGLE	40	1.3	0.56	0.12
	MARRIED	67	1.31	0.63	
DEPRESSION	SINGLE	40	3.97	1.07	2.03
	MARRIED	67	4.37	1.55	

It is noticed from Table -6 showed that Anxiety mean value (M=14.7) and somatic problems mean value (M=1.35) high in employees (government, private, professionals and self employed). It indicates that due to anxious about future, uncertainty of job all these increase somatic problems like head ache stomach ache etc. Others (home makers, retired, unemployed) have high mean value in social dysfunction (M=5.00) and depression (M=4.62) which indicates that uncertainty in lockdown; unemployment and home makers have more workload at home, all these factors increase social dysfunction and depression. More over others have (F=3.57) significant effect on social dysfunction.

Table 6: Differences among various occupation on Mental Health problems of individuals

Mental health problems	Education	NUMBER	MEAN	STANDARD DEVIATION	F-test
ANXIETY	Student	28	13.7	2.45	1.43
	Employee	65	14.7	2.36	
	Others	14	14.1	3.77	
SOCIAL DYSFUNCTION	Student	28	4.2	1.17	3.57**
	Employee	65	4	1	
	Others	14	5	2.3	
SOMATIC	Student	28	1.32	0.61	1.26
	Employee	65	1.35	0.64	
	Others	14	1.07	0.26	
DEPRESSION	Student	28	3.8	1.09	1.97
	Employee	65	4.4	1.54	
	Others	14	4.62	1.14	

**p<0.01

It is noted from Table -7 that (Health aspects) above 45 years age group have high mean(M=1.76) value in Illness compare with other groups. Which means above 45 age group people are suffering with chronic diseases like Diabetes and blood pressure etc. Moreover above 45 years age group is significant (F=8.57) at 0.01level. 18-29 age group have high mean (M=1.46) score on Habits like smoking and alcohol drinking.



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Remaining groups have less mean value in Habits. Young adults are more consume alcohol and smoking than middle and old adults.

Table -7: Differences among various age groups on health aspects of individuals

Health aspects	AGE	NUMBER	MEAN	STANDARD DEVIATION	F-test
Illness	18-29	46	1.13	0	8.57**
	30-44	36	1.11	0.55	
	Above 44	25	1.76	0.2	
Habits	18-29	46	1.46	1	1.06
	30-44	36	1.28	0.81	
	Above 45	25	1.16	0.55	

**p<0.01

Table - 8: Differences of male and female on Health aspects of individuals

Health Aspects	Gender	NUMBER	MEAN	STANDARD DEVIATION	t-TEST
Illness	MALE	67	1.22	0.67	0.87
	FEMALE	40	1.35	0.8	
Habits	MALE	67	1.49	1.02	2.66
	FEMALE	40	1.05	0.31	

*p<0.05

From Table -8, it is evident that illness and health problems more in female group (M=1.35) compare with male group. More over Habits like consume alcohol and smoking more in male (M=1.49) than female. And also male have significant (t=2.66) t value at 0.05level.

Table- 9: Differences among various age groups on social aspects of individuals

Social aspects	Gender	NUMBER	MEAN	STANDARD DEVIATION	t-TEST
Life style during lockdown period	MALE	67	13.85	2.53	0.09
	FEMALE	40	13.9	2.48	
Awareness of covid-19	MALE	67	24.04	2.32	0.44
	FEMALE	40	23.85	2.08	

As per Table -9 shows that “Life style during the lock down period” female (M=13.90) have more problems than male due to house hold chores, caring and engaging children in different activities etc. But there is no significant difference between male and female. “Awareness of Covid-19” male have high mean (M=24.04) value than female. Which indicates that male get more knowledge of covid-19 through watching TV, news paper and social media than female.

Table-10 Correlation Matrix of Mental Health problems of individuals

Mental Health problems	Anxiety/Insomnia	Social Dysfunction	Somatic problems	Depression
Anxiety/Insomnia	1	.39**	.22*	.48**
Social Dysfunction		1	0.13	.28**
Somatic problems			1	.22**
Depression				1

**p<0.01,*p<0.05

Table 10 shows that there is correlation between Anxiety and social dysfunction at 0.01level of significance (r=0.39), correlation between Anxiety and somatic problems at 0.05 level of significance(r=0.22) and correlation between Anxiety and Depression at 0.01 level of significance(r=0.48). There is correlation between Social

Dysfunction and Depression at 0.01 level of significance (r=0.28). Moreover there is significant relation between somatic problems and depression at 0.01 level of significance (r=0.22). It is indicated that anxious feelings effect on social dysfunction, somatic problems and depression. Social dysfunctions like future uncertainty and difficulty to face the situations are creating pressure and stress and its lead to depression. Moreover somatic problems like head ache and stomach ache effect on depression. So all these mental health problems are inter related and it's create mental illness during the lockdown period.

V. CONCLUSION

During the lockdown period, under Covid-19, brought huge change in our routine habits and in our life styles. People are facing many problems, due to non-availability of vegetables, milk and other domestic needs. The researcher collected data for about 20 days during the lock down period. In this study significant mental health problems attributed more in female than male folk. There is significant social dysfunction in female than male. Others (home makers, unemployed) have workload at home and increase unemployment etc are creating social dysfunction. Middle age group i.e. (30-44) have more stress and pressure of future and job shortening are create depression. Moreover physical illness more in female group, they are suffering with blood pressure, diabetes and mental illness.Suggestions:The Social networks should not encourage “spreading of false rumors or news”.The Social Networks should promptly and truthfully inform about Covid-19.

The Central/State Governments and The Police Department must actively counter the discriminatory attitudes and behaviors that emerge as a result of misrepresentations.Accept the medical support provided by the state/central governments.Need to introduce Psychological counseling servicesSocial support is very important to create confidence and to develop good mental heal, well being, to avoid the fear among their public.

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