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RESEARCH ARTICLE

IMPACT OF COVID-19 PANDEMIC AND LOCKDOWN ON MENTAL HEALTH IN INDIA AND MENTAL HEALTH INTERVENTIONS: A LITERATURE REVIEW

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| ARTICLE INFO | ABSTRACT |
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| Article History: Received 05 th June, 2020 | COVID-19 pandemic is turning out to be a major stressor for most of the people. Mental health is a crucial aspect that needs to be addressed during this pandemic. Millions of people in India has pushed |
| Received in revised form | into forced isolation and unemployment during this coronavirus crisis. In India, mental health issues |

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Corona virus, Covid -19, Pandem ic, Lockdown, Mental health issues, Psychological/ Mental Health First Aid (MHFA) crucial aspect that needs to be addressed during this pandemic. Millions of people in India has pushed into forced isolation and unemployment during this coronavirus crisis. In India, mental health issues following the Covid-19 pandemic and lockdown are varied, from simple fear to depression and even suicide. The lockdown and social distancing have also led to several changes in activities of daily living, which ultimately responsible for many mental health issues like fear, distress feeling of emptiness, panic, sleeplessness, night mares, irritation, various anxieties, depression and suicide. It is necessary to educate all health care providers including community leaders and common people for early assessment of mental health issues and train them with basic psychological and Mental health first Aid (MHFA), which may be helpful to decrease the rate of mental health crisis during this pandemic.

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INTRODUCTION

The Corona virus episode became visible when China informed the World Health Organization in regards to pneumonia instances of an obscure reason in Wuhan City on 31st December 2019. This contagious disease spread to more Provinces in China, and subsequently to the rest of the world. The WHO has proclaimed it a pandemic. The infection has been named SARS-CoV-2 and the disease is called COVID-19. As a preventive measure against the COVID-19 pandemic, Government of India, under Prime Minister Narendra Modiji requested an across the country lockdown for 21 days, on 24th March 2020, restricting development of the whole 1.3 billion populace of India.¹ It was requested following a 14-hour deliberate open time limitation on 22nd March, trailed by requirement of a progression of guidelines in the nation's COVID-19 influenced regions.^{2,3} The lockdown was put when the quantity of affirmed positive coronavirus cases in India was around 500.1 The lockdown had slowed the growth rate of the pandemic by 6 April to a rate of doubling every six days,⁴ and to a rate of doubling every eight days by 18 April.⁵ As the end of the primary lockdown time frame drew closer, State Government and other advisory committees suggested broadening the lockdown.6

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The administrations of Odisha and Punjab stretched out the state lockdowns to 1st May.⁷ Maharashtra, Karnataka, West Bengal and Telangana followed suit.^{8,9} On 14th April, Prime Minister Narendra Modiji expanded the country lockdown until 3rd May, with a restrictive relaxations after 20th April for the areas where the spread had been contained or was minimal.¹⁰ On 1st May, the Government of India expanded the lockdown further by about fourteen days until 17th May, across the nation. The Government partitioned all the areas into three zones dependent on the spread of the infectiongreen, red and orange—with relaxations applied accordingly.¹¹ On 17th May, the lockdown was additionally reached out till 31st May by the National Disaster Management Authority.¹² On 30th May, it was reported that the continuous lockdown would be additionally reached out till 30^{th} June in control zones, with services resuming in a staged way beginning from 8^{th} June. It is named as "Unlock 1".¹³ Novel Corona Virus Disease (COVID-19) starting from China has quickly crossed fringes, tainting individuals all through the entire world. This phenomenon has led to a massive public reaction; the media has been revealing ceaselessly across fringes to keep all educated about the pandemic circumstance. All these things are creating a lot of concern for people leading to increased levels of anxiety. Pandemics can intensify levels of stress; Anxiety is a common response to any stressful situation.

Impact of lockdown on mental health: In India, the most importantly reactions to the pandemic has been dread and a feeling of clear and approaching peril. Fears have run from those dependent on realities to unwarranted feelings of dread dependent on data/deception flowing in the media, especially social media. The fears of contracting the illness are also frequent and range from misinterpreting every cough or fever as a COVID-19 infection, wanting a test done for reassurance even though there are strict guidelines for testing, to hoarding medications despite there not being indications for their generalized us e. Aside from the warnings in regards to hand washing, questions about whether to utilize a cover, what kind of mask, what type of physical or social distancing to keep up, what surfaces need sanitization with what? There are additionally genuine concerns o foccupation or job losses and economic slowdown during and following the pandemic. The rundown is unending and prompts a pattern of concern, distress, and worry. The social isolation and lockdown have additionally prompted a few changes in everyday routines, redistribution of home errands, extensive work from home and more time spent through with those living together.

Despite the significance of social/physical distancing, such a necessity has implied long separation from families, monetary pressure and relational strain. Responses run from fatigue, boredom, moodiness to anger, irritation and frustration. Using mind-alerting substances is another maladaptive coping. A sense of loss of control and uncertainty are undoubtedly the pathogenic agents for panic, anxiety, and depression. An increased rate of violence against women and children (more in girls) have reported by UN WOMEN in the COVID-19 times. Boredom, sleeplessness, nightmares, feeling of emptiness, panic attacks, feeling anxious, fear of contracting COVID-19, fear of spreading the infection to others, feeling of imprisonment, health anxiety, anxiety related to uncertainty about future, anxiety about death and dying in unusual and unnatural circumstances without access to other relatives are some of the psychological issues that occur in older adults.¹⁵

During the corona pandemic, an online survey, related to awareness, attitude, anxiety experience, and perceived mental health care needs in the community was conducted in the Indian population. The participants have a place with 25 states or union territories of the country with maximum portrayal from Uttar Pradesh, trailed by Odisha, Haryana, and West Bengal. Roughly 87% of the members were Hindus. An online survey were conducted by researchers using a semi-structured questionnaire using a non-probability snowball sampling technique. A sum of 662 responses were gotten. The responders had a moderate degree of information about the COVID-19 disease and sufficient information about its preventive viewpoints. The mentality towards COVID-19 indicated people groups' readiness to follow government rules on isolation and social/physical distancing. The anxiety levels recognized in the examination were high. More than 80 % of the individuals were engrossed with the contemplations of COVID-19 & 72% announced the need to utilize gloves, and sanitizers. In this investigation, sleep disturbances, distrustfulness about getting COVID-19 disease and trouble related social media were accounted for in 12.5 %, 37.8 %, and 36.4 % members respectively. The apparent mental social insurance need was found in more than 80 % of members.

Researchers expressed that there is a need to strengthen the mindfulness and address the mental health issues of individuals during this COVID-19 pandemic. ¹⁴ Michael Y Ni et al led an online study by means of WeChat, the most broadly utilized internet based life stage in China, which was administered to 214 health professionals and 1577 community-based adults in Wuhan. Probable depression and probable anxiety were assessed by the validated Patient Health Questionnaire-2 (cuto $ff \ge 3$), and Generalized Anxiety Disorder-2 (cutoff \geq 3), respectively. To examine factors associated with probable depression and probable anxiety, a multivariable logistic regression analysis was used. Of the 1577 community-based adults, about one-fifth of respondents reported p robable depression (n=303, 19.21%, 95% CI 17.3-21.2) and probable anxiety (n=376, 23.84%, 95% CI 21.8-26.0). Additionally, of the 214 health professionals, about one-fifth of surveyed health professionals reported probable depression (n=41, 19.2%, 95% CI 14.1-25.1) or probable anxiety (n=47, 22.0%, 95% CI 16.6-28.1). Daily approximately ≥ 2 hours spent on COVID-19 news via social media by around one-third of health professionals and community-based adults. Spending ≥ 2 hours daily on COVID-19 news via social media and close contact with individuals with COVID-19 were associated with probable depression and anxiety in community-based adults. In both health professionals and community-based adults, social support was associated with less probable depression and anxiety.

India's corona virus emergency has driven millions into forced isolation and joblessness. Health specialists caution that anxiety, depression and suicide are on the rise and that mental health could be the country's next emergency. An ongoing study by the Indian Psychiatry Society (IPS) found that the quantity of psychological instability cases had expanded by 20% since the lockdown, and that at any rate one of every five Indians were influenced. The IPS cautioned that the loss of vocation and expanding levels of financial difficulty, disconnection, domestic violence, in the midst of the pandemic could trigger new mental health crisis in India and may considerably increase the risk of suicide. Mental Health Specialists caution that kids are at specific danger of creating mental health issues because of the pandemic, referring to constrained confinement and expanded degrees of family violence during the lockdown as hindering to their prosperity. The current circumstances are going to create the risk factors for mental health issues in children when they grow up. If adults are more stressed out, they are more likely to be violent to their kids and thus cases of child abuse might go up. So obviously this is a gigantic warning. A recent survey by independent researchers reported suicide as the leading cause of non-COVID-19 related deaths during India's lockdown. As per the study, 343 individuals died by suicide since March this year, with 125 of them because of fears of disease, forlornness, an absence of opportunity of development, and the inability to return home. The investigation likewise referred to monetary misery and alcohol withdrawal as suicide factors. As per experts, individuals especially in danger of suicide are those battling with alcohol withdrawal.

Mental health interventions: Steps may be taken to ensure emotional and psychological wellbeing in order to address mental health distress. At organizational level, comprehensive, multidisciplinary plan may be established, involving psychiatrists, medical and emergency teams and nursing staff, and who work at the frontline. This will allow the integration of psychiatric interventions in the management of patients with corona virus and their families. To avoid panic and confusion, clear and consistent information regarding the disease and management plan should be provided to everyone. As we try to limit exposure for the public and healthcare workers, the already strained frontline workers are left to deal with the psychological stress of patients. To deal with the psychological burden of the disease, it is essential to offer tele-psychiatry in all medical settings. Institutional guidelines need to be developed to address mental health issues in patients, general population, and healthcare workers to ensure the availability of specialist care. Telemedicine services can be provided and should be readily available through phone call, video calls, text messaging and online forums to everyone owning a telephone or a computer. In order to prevent the long term effects of mental health distress, the China government has set up telemedicine units to give appropriate advice, guidance, spread awareness and provide psychological counseling to those who are in need of it.¹

Psychological and mental health first aid (MHFA): Psychological first aid¹⁹ aims to minimize the mental health damage occurring as a result of an environmental insult and also identify those vulnerable to more severe problems. It also recognize those in need of specialized treatment services. To approach the person with a problem is the first step to successful administration of Mental Health First Aid (MFHA). Psychological First Aid is a psychological intervention offered to survivors of disasters or disease outbreaks such as that of COVID-19. It emphasizes provision of informational care compassion for survivors, and creating space for listening to their stories, in order to ease their early rehabilitation. In crises, it is important to provide adequate information, safety, comfort and basic needs. In the current covid-19 circumstances, where fear, 'pandemic anxiety' may make one feel out o fcontrol, psychological or mental health first aid (MHFA) can be a helpful way to aid people in managing their experiences and emotions.¹⁸ Psychological and Mental Health First Aid is a potentially life-saving skill that we all need to have. Providing more people with basic Psychological and Mental Health First Aid skills will help to decrease the rate of suicide.²⁰

Lockdown, Quarantine, isolation and social distancing can be psychologically distressing for many people in this COVID 19 pandemic. Health care provider can take effective action by providing trustworthy and reliable information. They need to explain the rationale of quarantining and social distancing, promote reliable sources of information, inform patients what symptoms to watch out for and what symptoms not to worry about. They can also encourage people to remain in touch with each other over virtual means and can address stigma also. Persons with significant distress need to be referred to a mental health professional. Psychological issues like distress, anxiety following the pandemic are likely to be common. Most affected will require only brief assessments and immediate support. This will require all front-line personnel to be competent in simple psychological assessment of the affected in the community and treatment settings of COVID-19.¹⁵ All health care providers need to be trained in assessment of psychological and mental health issues and in implementing Mental Health First Aid (MHFA)

to the people, who are in psychological and mental distress in disastrous condition like covid-19 at primary, secondary and tertiary health care settings level.

Conclusion

The impact of Covid-19 pandemic, lockdown, quarantine and social isolation on public mental health are varied from simple distress to panic attacks, anxiety, depression and even suicide. To combat with this situation in future, health care providers need to be trained in performing psychological assessment and providing Mental Health First Aid (MFHA) to the affected person in community as well as in hospital settings. In India, there is an urgent need to provide more people with basic Psychological and Mental Health First Aid (MHFA) skills to deal with the mental health issues which will arise during pandemic situation like Covid-19.

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