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## RESEARCH ARTICLE

# COPING FROM PUBLIC HEALTH CRISIS - A SYSTEMATIC DESCRIPTIVE REVIEW IN INDIAN CONTEXT

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### ABSTRACT

**Background:** Globally, studies on psychological impacts of COVID-19 have reported heightened stress, anxiety, sleep disruption, and panic. 45% of US participants reported impacts of COVID-19 on their mental health. There is 20% increase in mental morbidities among Indians according to The Indian Psychiatry Society. The aim of this review was to summarize coping strategies adopted by different Indian population groups during COVID-19. **Method:** Articles published from March 2020 to October 2021 were searched systematically using PubMed database and Google Scholar search engine of which 21 papers were selected for final review. **Results:** This review reveals that the general population adopted emotion focused coping strategies whereas the healthcare workers have adopted problem focused coping more than emotion focused strategies. **Conclusion:** These differences could be due to the availability of different coping resources between the groups that may help them to deal with their stress. With such challenging circumstances and limited resources, it is critical to consider group specific approach that can help people maintain their mental health.

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## INTRODUCTION

Globally, studies on psychological impacts of COVID-19 have reported heightened stress, anxiety, sleep disruption, and panic. 45% of individuals in the US said the pandemic had affected their mental health (Sharma, 2020). There is 20% increase in mental morbidities among Indians according to The Indian Psychiatry Society (Sharma, 2020). Given India's strong socio-cultural framework and family culture, the mental health problems are regarded as social stigma. Attending therapy sessions, contacting a psychiatrist, or discussing mental health issues is not regarded as normal and acceptable by a major section of the Indian population (Sharma, 2020). The aim of this review was to summarize coping strategies adopted by different Indian population groups during COVID-19.

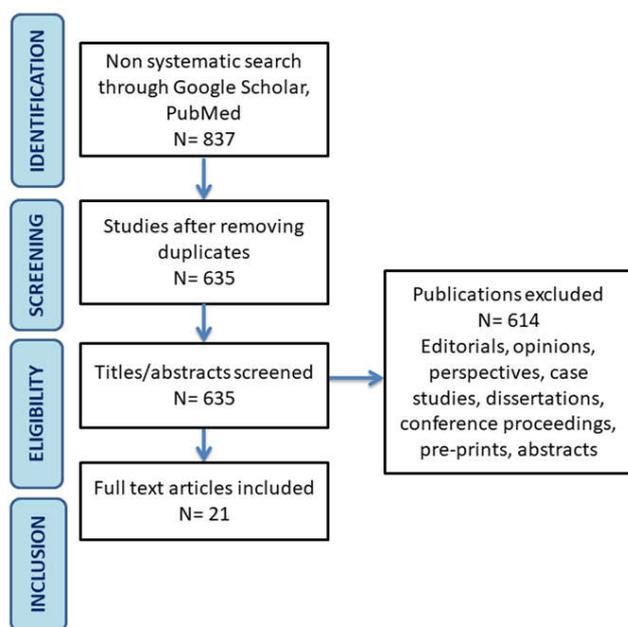
## MATERIALS AND METHODS

A systematic literature search was conducted utilizing the PubMed database and Google Scholar search engine and articles published from March 2020 to October 2021 were

searched manually. The review covered all original articles with open access published in English. Keywords such as "coping behavior", "coping strategies", "coping response", "mental health", "COVID-19", "Indian population", "healthcare workers", "nurses", "nursing officers", "doctors", "physicians" and synonyms were searched. Editorials, opinions, perspectives, case studies, analyses and dissertations, conference proceedings, pre-prints were excluded. Following the above searching method, a total of 837 papers were collected. After further duplicate removal and screening, 29 papers were shortlisted out of which 21 papers were selected for final review. These 21 eligible papers were full-text, open-access, primary data-based, original articles whose target population was Indian adults (18 years old and above), college students (18-25 years old), and healthcare workers residing across India (Figure 1). Insert figure 1 PRISMA Flowchart of papers selection process

## RESULTS AND DISCUSSION

In this review, three studies were conducted in south-western cities of India that are Mumbai, Ahmedabad, and Pune.



**Figure 1. PRISMA flow chart for study selection**

Four studies were conducted among South Indian population residing in Tamil Nadu, Kerala, one study was conducted in Uttarakhand, one in Kashmir and one in Kolkata. While the remaining 8 studies were conducted pan India across all the states. One study was conducted with Nigerian and Indian participants and one across different countries including India. The age range of participants from general adult population was 18 years to 65 years and above. The age range of healthcare workers was between 20 years to 60 years and for young population it was between 18 years to 25 years. The studies included both male and female participants with unequal distribution across studies. The educational qualification among the participants from general adult population varied from up to school education, diploma, undergraduate and postgraduate while the doctors, nurses, field staff and allied professionals were the participants in studies that focused on healthcare workers. Lastly, the young participants were current students enrolled in diploma, undergraduate degrees. The common coping strategies used by the Indians to improve their mental wellbeing are mentioned below.

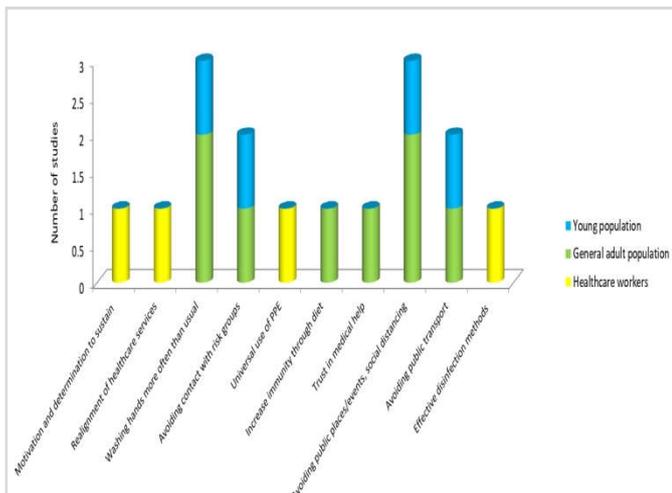
**Emotion focused coping:** Individuals may regulate their emotions under challenging conditions. Emotional imbalance is characterized by an unprecedented number of emotions, anxieties, and suppressing feelings (Stanislawski, 2019). The common findings indicate that emotion-focused coping is the most adopted of the several coping techniques to deal with the COVID-19 threat (George, 2020). Not just the general Indian population but healthcare and frontline professionals have frequently attempted to manage their emotions by being conscious of their negative feelings, avoiding negative thinking, and so on (George, 2020; Ahuja, 2021). Doing hobbies and having family time is most cited a means of emotional regulation (George, 2020). Maladaptive coping strategies included denying the existence of the virus and being infected with it (George, 2020; Dubey, 2020; Deepa, 2021; Gupta, 2021) having wishful thinking about medication and vaccination to cure the infection (George, 2020; Fenn, 2021), and some Indians believed that the dream of a better post-lockdown future engaged them in wishful thinking (Raj, 2021).

The denial coping strategy was found to be associated with behavioral detachment, ranting, and self-blame. Denial was also found to be associated with substance usage, and alcohol consumption (Deepa, 2021).

Fear and anxiety associated to pandemic as well as severe to moderate stress have been documented during this lockdown (8). People have been observed to avoid negative, false news and information regarding viruses in response to higher levels of stress, worry, and fear (George, 2020; Gupta, 2021; Fenn, 2021; Raj, 2021; Kanagaraj, 2020; Millar, 2021; Wasil, 2021; Javed, 2021). The “infodemic” has emerged as a new source of stress since the COVID-19 pandemic, thus infodemic management is playing important role in managing the mental health of the people around the globe. On the other hand, awareness messages have become a regular method for asking people not to worry and to rigorously adhere to the recommendations. It demonstrates a tendency in which those who are well-informed about the COVID-19 pandemic and have extensive understanding of COVID-19 were determined to be the least worried (Dubey, 2020). It is fascinating to note how a single piece of information can be both a source of stress for some people and a source of relief for others who live in the same location. Another method of coping used by people is to believe they are powerless since they are unable to do anything (Wasil, 2021). By some Indians, acceptance of the situation fostered by not regulating things that are beyond control and focusing solely on what they can control (Raj, 2020) by finding positivity (George, 2020; Javed, 2021), developing positive thinking and finding benefits emerged as key strategies adapted positively (Mathias, 2020).

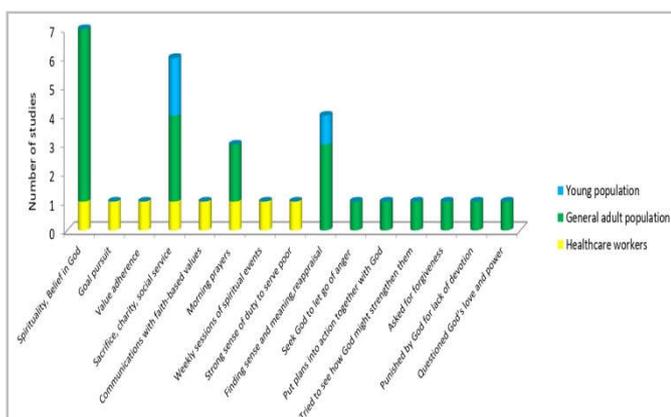
Peer support is viewed as a source of encouragement and connection that delivers a variety of positive emotions during times of difficulty (George, 2020; Ahuja, 2021; Deepa, 2021; Kanagaraj, 2020; Mathias, 2020; Rai, 2020). Praying together, working together, reminding each other about infection control, listening each other and comforting each other are few ways of peer support as reported (George, 2020). Few coping behaviors allow people to enhance their social and familial ties by seeking help, helping others, and boosting communication. By focusing on the positive aspects of the hardship, it strengthened the quality of the relationships, drew individuals closer together, and aided in the formation of strong bonds. Hash tags on social media platforms, such as #wearetogetherinthis were widely used to demonstrate support for one another and quickly became a trend. Moral support for humanity may be regarded as a constructive means of expressing oneself, although seeking social support for emotional reasons appears to be related with the display of negative feelings (Stanislawski, 2019). Why few researches suggest that seeking social assistance is the most commonly employed coping strategy? This can be understood in the context of collectivism in Indian culture and the joint family system practiced in the country, as well as the influential role of family members, particularly elders, in one's life (Mathias, 2020). Even more unique collectivistic measures like “Thaali Bajao” and “diya jalao” came into existence in India to express unity in the fight against COVID-19 served the psychological goal of uniting India by expressing support to one another as well as to healthcare workers (Ahuja, 2021). Eating good and/or nutritious food as well as taking care of one's diet were noted as health-related behaviors that helped people maintain their positivity during the pandemic and kept them healthy (Fenn, 2021; Millar, 2021).





**Figure 3. Commonly reported problem focused coping strategies by Indian population groups**

Because India is a multicultural country where multiple religions are practiced with all their soul and heart, it is not unusual to see people using religious coping mechanisms to deal with the pandemic. Spirituality was mentioned as an important coping resource, but so were reciting morning prayers and attending weekly spiritual events (George, 2020). People have used the lockdown as an opportunity to strengthen their relationship with God, possibly because they believe the pandemic is a punishment from God because God is not happy (19). Regardless of their religious beliefs, research shows that positive religious coping reduces stress. But why are sacrifice and social service (George, 2020; Wasil *et al.*, 2021; Mathias, 2020; Chandra, 2020) regarded as equivalents for meaning focused coping? Perhaps when aiding the impoverished during the pandemic, many felt a sense of serenity and joy. Small acts of social work and charity may help people feel more united by allowing them to contribute to the nation, no matter how small. In graph 3, seven studies reported believing in God and carrying a sense of spirituality was most followed meaning focused coping strategy by people. It is interesting to see that human made beliefs around the virus were more common among general people as they believed that the virus is a punishment from God, God is angry, etc. whereas the least spiritual behavior is visible among young people as reported in only two studies. The healthcare workers focused more on their moral values such as serving the community, social service etc. instead of following the human made beliefs about the problem.



**Figure 4. Commonly reported meaning focused coping strategies by Indian population groups**

## DISCUSSION

Because the COVID-19 pandemic has had unanticipated negative effects on people's mental health all across the world, this review was done to summarize commonly reported coping strategies used by various groups of people in India to cope with stress during COVID-19. The general public appears to have adopted more emotion-focused coping methods than problem-focused strategies such as watching TV more than usual, using social media, and mobiles, whereas healthcare workers appear to have adopted more problem-focused coping strategies. These findings contrast with those of other groups from more developed economies, such as China, where people have reported using maladaptive coping methods (Main, 2011) and avoidant coping strategies (Wang *et al.*, 2020) to address stress caused by COVID-19 rather than emotion centered coping strategies. People have been known to engage in religious activities during times of crisis, which was also recorded during the COVID-19 pandemic (Fatima, 2021). Spirituality was reported in over half of the studies in this review. These findings differ from those in Nigeria, where religious involvement decreased during the COVID-19 pandemic (Fatima, 2021). Similarly, in comparison to the Indian participants in a study, Australian students curtailed their TV watching, reading, or listening to news articles, including social media (Kochuvilayil, 2021). So, when faced with the same COVID-19 virus, what causes such disparities in coping strategy adoption across countries? The geographical components that define the cultural values of the people who live there, as well as available coping resources, could be two probable factors. According to the literature, cultural demands and resources influence situational needs and individual resources, which in turn influence stress evaluation (Aldwin, 2004). Furthermore, cultural views and values influence not just individual ideas and values, but also the reactions of others in the situation, all of which influence stress assessment (Aldwin, 2004).

### Recommendations

**The following recommendations are suggested for future research and implications**

**Social support based interventions:** According to this review, seeking social support during stressful situations is most reported coping mechanisms in 15 studies. Social support services should be expanded by increasing community understanding of the necessity of social supports, its role in mental health management, and ways to give social support. During the COVID-19 induced lockdown period in India, unusual gratitude deeds like as "diya jalao" and "thali bajao" were seen to show appreciation to the frontline COVID heroes. Thus, for those working in high risk areas, online counseling sessions and peer support systems, more such distinctive gestures could be promoted to demonstrate social support.

**Anti-stigma based intervention:** Due to the fear of violence, stigma, and prejudice against them, healthcare employees encounter obstacles that cause stress in their work lives. Many doctors, according to studies, find it difficult to tell their colleagues or employers about their mental health issues because of perceived stigma and the fear of harming one's future professional opportunities (24)<sup>1</sup>. Support from peers, family and friends are most reported coping strategy by 15

studies in this review, and seven studies reported cultural and spiritual beliefs around the COVID-19 disease among general people therefore, demystifying such myths and two-way communication should be promoted to reduce stigma associated with mental health and ways to provide social support should be promoted.

**Infodemic management:** In this review, seven studies reported having cultural and spiritual beliefs around the COVID-19 disease among general people as a way to cope with the problem. With no doubt, such beliefs are human made that lack strong scientific support and are based on spiritual practices of people. Five studies reported gathering information about COVID-19 as a way to cope with the emotions but may lack authentic source of such information. Thus, special awareness efforts should be undertaken both online and offline to give original and authentic information to the general population in order to increase health literacy. In such crisis scenarios, health literacy has a substantial impact on people's health seeking behavior and decision-making processes (25).

As a result, people should limit their exposure to pandemic-related information, as too much knowledge might lead to worry (25). Limiting exposure to crisis-related fake news could help cope with the stress that negative news and information can bring.

**Open communication platforms:** As reported by 12 studies, people are extensively using social media with increased use of mobiles every day, people in general should be encouraged to discuss mental health difficulties, stigma, worries, fallacies, and other matters openly. This can be done by creating a supportive network where people can share their concerns and collaborate on strategies. People should be taught how to communicate their emotions and thoughts in a healthy manner.

**Digital mental health based interventions:** Since the COVID-19 pandemic, the digital mental health market has exploded, and virtual behavioral health treatments have become increasingly popular. Folks are getting more interested in virtual spaces and programmes that provide users with a platform to communicate about their mental health difficulties and connect with other users digitally. As 12 studies in this review reported increased use of mobile, laptop, etc. people should be encouraged to create and use easily available virtual talk spaces. It will go a long way toward enhancing user adoption if such virtual platforms are available in local languages.

**Social media based interventions:** Since six studies reported increased use of social media and mobile among young people as their coping strategy, education and promotion of positive or healthy ways to use social media can be a useful technique for teaching youth how to manage their mental health difficulties and coping abilities. This can be accomplished by involving young people in discussions about common mental health challenges and coping strategies on easily accessible social media platforms.

**Family centered interventions:** As 15 studies reported social support being most adopted emotion focused coping strategy, to deal with youth's mental health difficulties, any trustworthy adult may help to establish a safe and comfortable environment as a way to provide social support. The function and relevance of family members, relationships, and community among the

young population must be encouraged for this aim. The parental monitoring of the source of stress, behavior change, and adoption of addictive coping mechanisms of young people is critical for early detection of vulnerable behavior and may act as an effective support strategy.

**Inclusion of physical activity:** Up to five studies reported increased TV watching hours than usual among people, this may indirectly reflect the decreased physical activity as a result of isolation, home quarantine, and crisis-induced lockdown conditions. Thus, people need to be encouraged to stay physically active even when they are isolated in their homes. In the long run, increasing inactivity may prove to be a dangerous consequence of such stressful situations. As a result, people must be encouraged to find new ways to incorporate physical activity into their daily lives.

## CONCLUSION

From this review, adult general population who is in easy approach by the researchers has been studied extensively such as friends, neighbors, colleagues, etc. It seems that the Indian general population is more concerned to deal with their emotions because of the pandemic stress than with dealing with the core problem whereas the Indian healthcare workers have focused on dealing with the stress caused by the problem rather than emotions. These differences could be due to the availability of different coping resources across the populations that may enable Indians to deal with their stress based on the resources they have. For instance, some people are able to manage their emotions more easily as they may lack the necessary coping resources to combat the stressful situation, such as masks, disinfectants, food resources to combat food insecurity, financial resources to combat financial crisis, and so on. We cannot deny that the struggle will intensify with each passing day, with fresh COVID-19 positives and death counts; the people's battle will intensify as well as will the stress produced by it. With such challenging circumstances and limited resources, it is critical to consider novel approaches that can help people maintain their mental health.

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