



Viewpoint

## **Mental health implications of COVID-19 and lockdown among general and special populations: An Indian perspective**

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**Date of Submission :** 15 April 2021

**Date of Acceptance :** 19 May 2021

### **Introduction**

The Coronavirus Disease 2019 (COVID-19), caused by Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2), was declared a pandemic by the World Health Organization in March 2020 (Wang et al., 2021). When the whole world was combating unprecedented circumstances, India witnessed a laudable nationwide coordinated effort during the first wave to flatten the COVID-19 growth curve. However, unfortunately, while the world is still recuperating from the brunt of the pandemic, India is struck by the lethal second wave. With thousands of lives lost since March 2021, the actual extent of the damage in India wreaked by the second wave remains unquantifiable.

The disastrous impacts of COVID-19 are not just limited to physical health and well-being but also bring with itself a significant

setback on the mental health front, precipitated by socio-economic determinants (Roy et al., 2020). Last year in 2020, governments of numerous countries had to enforce temporary lockdowns for pandemic containment. As a result, the COVID-19 pandemic went from an immediate health emergency to a global economic and social crisis, particularly in developing nations, contributing to severe mental health deterioration amongst the vulnerable population. The primary mental health issues that have been reported were stress, anxiety, depressive symptoms, post-traumatic stress disorder, insomnia, denial, anger, and fear. In addition, the grief and depression resulting from the loss of a loved one, anxiety and panic due to uncertain future, unemployment, and financial turmoil, and added psychological effects of lockdown and quarantine have led individuals to resort to devastating measures such as suicide (Carvalho et al., 2020; Roy et al., 2020).

COVID-19 has taken a toll on mental health, not just in those affected by the disease but also in their family members and certain other vulnerable groups. Fear and anxiety of contracting COVID-19, coupled with non-availability of medicines in rural pharmacies during lockdowns has led to mental health

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**How to cite article:** Sharma, S., Mehra, M., Dayal, S. (2021). Mental health implications of COVID-19 and lockdown among general and special populations: An Indian perspective. *Indian Journal of Health, Sexuality and Culture*, 7 (Special), 87-90.

**DOI:** 10.5281/zenodo.5229265

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deterioration in individuals with pre-existing mental health issues and the geriatric population, who are already experiencing cognitive decline, social isolation, and loneliness (Roy et al., 2020). Emotional and behavioral changes in children have been observed by parents due to the closure of schools and outdoor recreational activities (Roy et al., 2020; Singh et al., 2020). Strict nationwide lockdown severely impacted businesses, triggered unemployment, and household incomes fell sharply, which was a leading cause of suicides last year (Rawal et al., 2020; Roy et al., 2020; Thakur et al., 2021).

With the beginning of the lockdown, the states decided to shut down all cinema halls, gyms, health clubs, and museums and banned the gathering of people for cultural, social, or religious activities, including temples, monasteries, churches, and mosques. Lockdown, though considered to be an effective measure in slowing the spread of the COVID-19, had diverse socio-economic adverse effects (Adhanom Ghebreyesus, 2020; Arafat et al., 2020; Chander et al., 2020; Roy et al., 2020; Thakur et al., 2021), such as the following: -

- Panic buying and hoarding of goods creating a shortage of goods and supplies.
- Due to travel restrictions, many migrant laborers remained stranded at different places resulting in serious havoc. As the second wave surged, many migrants feared the loss of jobs, and this has triggered an exodus of workers, flocking train and bus terminals in a bid to get back home.
- Due to lockdown, the normal bereavement process of families has been disrupted.
- The impact on education was severe. Parents experienced increased pressure to

work from home themselves and taking care of their children's education and future as the education system came to a halt.

- The travel restriction to and from different international destinations has drastically affected hotel industries.
- Being majorly an agricultural economy, the travel restriction and lockdown affected every stage of the food supply chain, including food production and distribution. This led to a sudden price hike, black marketing, and shortage of products. In addition, the restriction on gathering also affected the sowing of crops.
- Rising unemployment and hefty losses in businesses caused by COVID-19 lockdown have increased economic instability and social disparities, due to which poor, marginalized people with limited sources of income and daily wages were most severely affected.
- The economic recession has put significant financial pressure on many families, which might increase unhealthy conflict, family breakdown, abuse, depression, and domestic violence.

With the advent of the second wave, India has been stunned with grave psychological ramifications of COVID-19, irrespective of socio-economic status. This has little to do with lockdown and may be attributed to higher morbidity and mortality in the second wave, in both younger and geriatric population, extreme shortage of resources such as workforce, medicines, oxygen, hospital beds, etc. Moreover, social media have been flooded with news causing negative psychological impacts on the general population. The infodemics of misinformation and inaccurate conception spread quicker from fake and unauthorized

news portal websites, contributing to myths and rumors in society.

The frontline workers, including doctors and nurses, are working under extreme pressures with scarce resources, which affects their personal and family life and causes moral injury and mental health deterioration. Apart from being at high risk of infection, the healthcare workers, including doctors, are subject to criticism by family members of COVID-19 patients, the community, and even the media. Numerous incidences of violence on doctors at the hospitals, eviction from house owners, social discrimination have been reported (Neto et al., 2020; Roy et al., 2020).

It is clear that India still lags far behind to cater to the needs of the rising disease. Channelizing adequate workforce and medical supplies and universal vaccination and expedition of first dose drive is the need of the hour. States should boost the pharmaceutical companies to meet the increasing demand for medication and equipment and impose price-capping. Many national and international NGOs, government agencies, and social groups are coming forward to deliver medical supplies timely. New Infrastructure development in such a short time is a daunting task. In this regard, schools and open grounds, gurudwaras, temples, and mosques have opened doors to sick patients as COVID-19 care facilities. The state should enforce electricity-based oxygen generators or small oxygen manufacturing plants in every hospital, depending upon the number of beds. Strict laws must be implemented to protect the exhausted, burnt-out doctors and other frontliners from the public wrath. Although electronic media has been helpful in fast-tracking medical supplies, it should be kept under surveillance so that only correct information through reliable platforms

should be given. Unauthorized websites should be banned to avoid misleading the masses. By investing and expanding the scope of health research and establishing well-equipped laboratories, the government needs to be prepared for another phase of re-emergence or the next phase of the outbreak of the virus on account of its rapid mutation.

In India, where there is an acute shortage of psychiatrists and psychologists, it is impossible to extend mental health services to the entire population. A bottom-up three-tier system, consisting of basic psychological support by front liners in the first-tier, specialist psychological support by clinical psychologists, nurses, and social workers in the second-tier, and management by psychiatrists in the third-tier, has the potential to reduce the burden on mental health specialists (Pandya et al., 2020). Telepsychiatry or e-mental health services seem to be a safe, convenient, cost-effective, and sustainable method to address mental health concerns (Kaufman et al., 2020; Pandya et al., 2020). Further, the Department of Psychiatry, NIMHANS has defined the framework for administrators and health care supervisors to address the mental health concerns of health care workers in COVID-19 treatment settings, which is adaptable across the country. This may help alleviate anxiety, depression, panic and other mental health sequelae among the 'COVID-warriors', immediately as well as in the long term (PTI, 2020).

**Acknowledgements:** None

**Declaration of interests:** None

## References

Adhanom Ghebreyesus, T. (2020). Addressing mental health needs: an integral part of COVID-19 response. *World Psychiatry*, 19(2), 129-130.

- Arafat, S., Kar, S.K., Marthoenis, M., Sharma, P., Apu, E.H. & Kabir, R., (2020). Psychological underpinning of panic buying during pandemic (COVID-19). *Psychiatry research*, 289, 113061.
- Banerjee, D. (2020). Psychological preparedness for the COVID-19 pandemic, perspectives from India. *Psychiatry research*, 288, 112999.
- Carvalho, P., Moreira, M., de Oliveira, M., Landim, J. & Neto, M. (2020). The psychiatric impact of the novel coronavirus outbreak. *Psychiatry research*, 286, 112902.
- Chander, R., Murugesan, M., Ritish, D., Damodharan, D., Arunachalam, V., Parthasarathy, R., Raj, A., Sharma, M.K., Manjunatha, N., Math, S.B. & Kumar, C.N. (2020). Addressing the mental health concerns of migrant workers during the COVID-19 pandemic: An experiential account. *The International Journal of Social Psychiatry*, 20764020937736.
- Kaufman, K. R., Petkova, E., Bhui, K.S. & Schulze, T.G. (2020). A global needs assessment in times of a global crisis: world psychiatry response to the COVID-19 pandemic. *BJP sych Open*, 6(3), 48.
- Neto, M., Almeida, H., Esmeraldo, J., Nobre, C., Pinheiro, W., Oliveira, C., Sousa, I., Lima, O., Lima, N., Moreira, M., Lima, C., Júnior, J. & Silva, C. (2020). When health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak. *Psychiatry research*, 288, 112972.
- Pandya, A., Saha, S., Kotwani, R. & Patwardhan, V. (2020). Three tier mental healthcare service delivery during COVID-19 pandemic in India. *J Mental Health Hum Behav*, 25, 143-145.
- PTI. (2020). Coronavirus: NIMHANS releases guidelines for health workers mental health needs, *Deccan Herald*. Available at: <https://www.deccanherald.com/national/coronavirus-nimhans-releases-guidelines-for-health-workers-mental-health-needs-861905.html> [Last accessed: 12/05/2021]
- Rawal, V., Manickum, A., & Rawal, V. (2020). Are distress deaths necessary collateral damage of Covid-19 response? Available at: <https://www.newsclick.in/Are-Distress-Deaths-Necessary-Collateral-Damage-of-Covid-19-Response> (Last accessed: 12/05/2021)
- Roy, A., Singh, A. K., Mishra, S., Chinnadurai, A., Mitra, A., & Bakshi, O. (2021). Mental health implications of COVID-19 pandemic and its response in India. *The International Journal of Social Psychiatry*, 67(5), 587-600.
- Singh, S., Roy, D., Sinha, K., Parveen S., Sharma, G. & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry research*, 293, 113429.
- Thakur, N., Kumar, M., & Vaishali. (2021). Stimulating economy via fiscal package: The only way out to save vulnerable workers lives and livelihood in Covid-19 pandemic. *J Public Affairs*, e2632.
- Wang, C., Chudzicka-Czupa, A., Tee, M., Núñez, M., Tripp, C., Fardin, M., Habib, H., Tran, B., Adamus, K., Anlacan, J., García, M., Grabowski, D., Hussain, S., Hoang, M., Hetna, M., Le, X., Ma, W., Pham, H., Reyes, P., Shirazi, M., Tan, Y., Tee, C., Xu, L., Xu, Z., Vu, G., Zhou, D., Chan, N., Kuruchittham, V., McIntyre, R., Ho, C., Ho, R. & Sears, S. (2021). A chain mediation model on COVID-19 symptoms and mental health outcomes in Americans, Asians and European. *Sci Rep*, 11, 6481.