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Study of the Prevalence of Changes in Mental Health Status brought about by the Events of the COVID-19 Pandemic (2020) on an Urban Population through an Online Survey

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Abstract: ***Objectives:*** ***1. To study the prevalence and extent of mental health changes brought about by the events of the COVID-19 pandemic in 2020 among the subjects. 2. To study the effects of the events of the COVID-19 Pandemic on the Mental Health Status of the subject.*** ***Justification:*** ***The COVID-19 Pandemic has come forth as one of the deadliest outbreaks of a disease known to man. While its implications on physical health have been well elaborated, the impact of the pandemic on mental, social and emotional aspects is bleakly described. The mental health of the general public requires significant focus.*** ***Methodology:*** ***An online survey was administered through social media platforms among India's general urban population. The sample included 508 participants who agreed to the informed consent form. The assessment of mental health status (based on standard criteria and definitions) was done through several open and closed-ended questions. Psychological distress related to COVID-19 (anxiety, depression, and peritraumatic stress symptoms) and the openness to approaching counselling were assessed. Quantitative data was assessed through tables and graphs. Open-ended questions were analysed based upon the standard criteria and definitions of good mental health.*** ***Result and Implication:*** ***While the responses were varied, they indicated a significantly stressful condition among all groups surveyed. Situational anxiety, frustration, and emotional disturbance were common occurrences in response to the changing dynamics of the pandemic. Therefore, mental health services and facilities need to be promoted and better developed. By targeting at-risk groups, increasing the priority of mental health management, by destigmatising myths associated with mental health, such issues can be mitigated.***

Keywords: COVID-19, Pandemic, Indian Lockdown 2020, Mental Health and Well-Being, Psychological Distress, Online Survey

1. Aim and Objectives

a) To study the prevalence and extent of mental health changes brought about by the events of the COVID-19 pandemic in 2020 among the subjects.
b) To study the effects of the events of the COVID-19 Pandemic on the Mental Health Status of the subject.

2. Research Hypothesis

What is the prevalence of changes in mental health status brought about by the events of the COVID-19 pandemic in 2020 on an urban population?

3. Introduction and Justification for Study

In December 2019, a cluster of atypical cases of pneumonia was reported in Wuhan, China, which was later designated as Coronavirus disease 2019 (COVID-19) by the World Health Organisation (WHO) on 11 February 2020 (Anand et al., 2020). The causative virus, SARS-CoV-2, was identified as a novel strain of coronaviruses that shares 79% genetic similarity with SARS-CoV from the 2003 SARS outbreak (Anand et al., 2020). On 11 March 2020, the WHO declared the outbreak a global pandemic (Anand et al., 2020).

Declines in tourism, aviation, agriculture, and the finance industry owing to the COVID-19 outbreak are reported as massive reductions in both supply and demand aspects of the economy were mandated by governments internationally (Nicola et al., 2020). The wake of the events of the pandemic brought with it not only financial instability, but also affected the socio-emotional lives of the general population.

The uncertainties and fears associated with the virus outbreak, along with mass lockdowns and economic recession are predicted to lead to increases in suicide as well as mental disorders associated with suicide. (Xiong et al., 2020). For example, McIntyre and Lee (2020b) have reported a projected increase in suicide from 418 to 2114 in Canadian suicide cases associated with joblessness. The foregoing result (i. e., rising trajectory of suicide) was also reported in the USA, Pakistan, India, France, Germany, and Italy (Mamun and Ullah, 2020; Thakur and Jain, 2020). Separate lines of research have also reported an increase in psychological distress in the general population, persons with pre-existing mental disorders, as well as in healthcare workers (Hao et al., 2020; Tan et al., 2020; Wang et al., 2020b).

This has provoked the need to explore other psychological triggers in response to the pandemic, as well as provide solutions and mitigation strategies for the same. A study showed relatively high rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark. Risk factors associated with distress measures include female gender, younger age group (≤40 years), presence of chronic/psychiatric illnesses, unemployment, student status, and frequent exposure to social media/news concerning COVID-19 (Xiong et al., 2020). Another article showed that most participants reported experiencing at least one psychiatric symptom related to COVID-19. Being younger, female, not in a relationship, having a below-average income, being diagnosed with the disease, living

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alone during the outbreak, having a close relative in a high-risk group, and negatively self-rating one's health status were associated with elevated distress (Yael Lahav, 2020).

The objective of this article is to evaluate the prevalence of mental health changes and associated symptoms like anxiety, depression, peritraumatic and posttraumatic stress diseases in response to the events of the pandemic. Another goal is to assess the openness of the population surveyed to counselling.

4. Methodology

Study Design: Cross-sectional study
Study Type: Online survey
Survey Method: Online Questionnaire with Open-ended and closed-ended questions

Duration of Project:
a) Period required for data collection: 2 Months
b) Period required for analysis of data: 1 Month

Sample Size: 508. Considering the urban population size to be 20, 00, 000, the study expected results with 95% confidence level and 5% relative precision. The study required a minimum of 385 subjects, but was expanded to a convenient sample to gain more perspective into the situation.

Inclusion criteria
Subjects are literate and between the ages 16 and 90, inclusive of all despite previous medical diagnoses.

Exclusion criteria

All who refused to sign the informed consent form.

Method of Analysis

An online survey was administered through social media platforms among India's general urban population based in 4 cities (Bengaluru, Chennai, Mumbai, Hyderabad). The sample included 508 participants who agreed to the informed consent form. The assessment of mental health status (based on standard criteria and definitions) was done through several open and closed ended questions. Psychological distress related to COVID-19 (anxiety, depression, and peritraumatic stress symptoms), and the openness to approaching counselling were assessed. Quantitative data is represented through tables, bar graphs and pie charts, produced on Meta Charts. Total number of subjects surveyed (N=508) have been divided into two groups:

a) Subjects diagnosed with mental illnesses
b) Subjects undiagnosed with mental illnesses

The conclusions in each category have been compared to the age groups and social strata they belong to, to evaluate the risk groups and the extent of changes in mental health status. Open ended questions were analysed based upon the standard criteria and definitions of good mental health.

Informed Consent Form: (English)

Consent Type: Informal Written Consent with a right to anonymity provided along with the link to the questionnaire.

Justification: As the survey was conducted online, the subjects could participate in it by agreeing to the statement given below. As it is targeted towards the general population, an informal approach to consent was chosen. Their identity would remain anonymous, while maintaining the sanctity of the survey. There was an attempt to reduce manual errors.

Informed consent: "By giving consent to the survey being conducted, you are hereby contributing to the field of science out of free will. There will be no reward provided for your responses. Information that is being given below will be used for research purposes alone and will not be forwarded to anyone. The organizing team will not be held responsible for any hindrances that may be caused along the way. Please read all instructions carefully to ensure the most accurate outcome. There are 24 questions and then an opinion column. Please answer all of the questions THAT BELONG TO YOUR CATEGORY ALONE (the categories have been divided pagewise) as honestly as you can and as much detail as possible. "

5. Statistics and Data Interpretation

The data collected has been represented through tables, graphs and charts.

a) General Information (N = 508)

Table 1

Age Distribution (In Years)	Number of Responders	Percentage
Under 20	213	41.93%
21-45	135	26.58%
46-65	145	28.54%
65+	15	2.95%
Gender Distribution	Number of Responders	Percentage
Females	316	62.20%
Males	177	34.84%
Others	1	0.20%
Did not disclose	14	2.76%
Occupation	Number of Responders	Percentage
Student	266	52.36%
Employed	133	26.18%
Homemaker	55	10.83%
Unemployed	12	2.36%
Retired	28	5.51%
Others	14	2.76%

b) Data representation from subjects undiagnosed with mental disorders (N = 494)
Closed-Ended Questions Response Representation (N = 494)

1) Noticeable behaviour changes: This graph studies the responses given by the subject to whether the pandemic has made them feel emotionally different, expressed as a Pie Graph

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Q: Has the pandemic made you feel different? Can you feel yourself acting in a manner you haven't acted before, say gloomy and impulsive, for example?

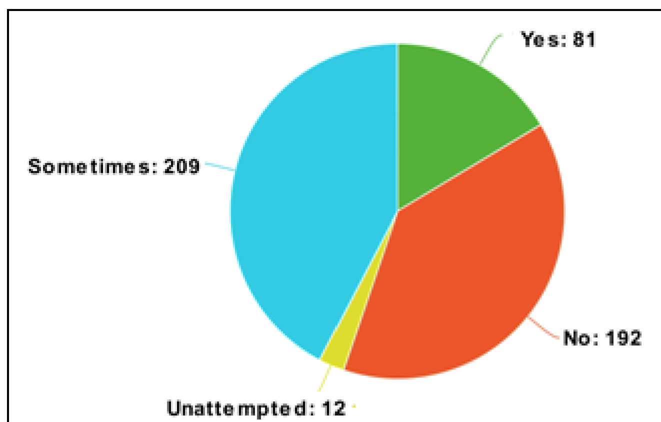

Table 2

Options	Number of Responders	Percentage
Yes	81	16.40%
Sometimes	209	42.30%
No	192	38.87%
Unattempted	12	2.43%

2) Mood swings and emotional overload: This graph studies the responses given by the volunteers to whether they have experienced mood swings and emotional overload more than usual, expressed as a Pie Graph

Q: Have you been experiencing frequent mood swings and emotional overload from time to time?

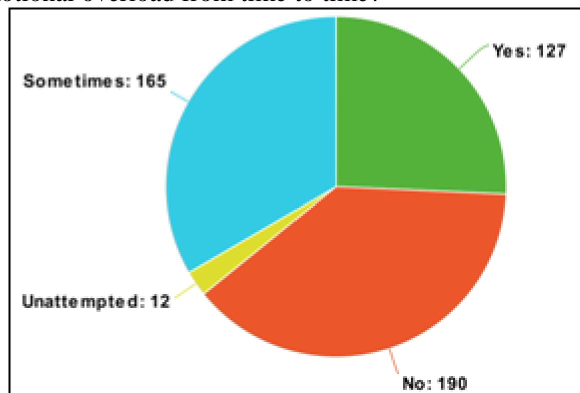

Table 3

Options	Number of Responders	Percentage
Yes	127	25.71%
Sometimes	165	33.40%
No	190	38.46%
Unattempted	12	2.43%

3) Nightmares and Nervous Activity: This graph studies the responses given by the volunteers to whether the pandemic has made them nervous and jittery more frequently than usual, expressed as a Pie Graph

Q: Are you reliving terrifying experiences, facing nightmares, and finding yourself nervous and jittery at random times?

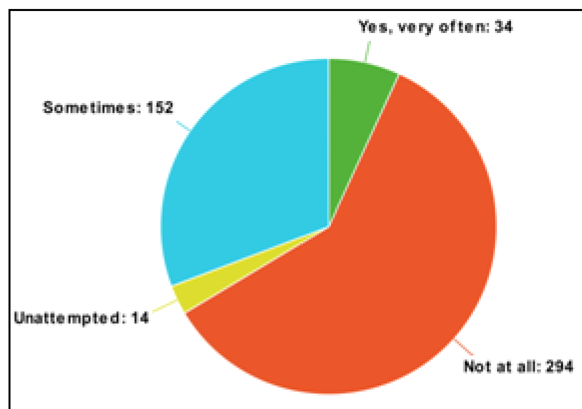

Table 4

Options	Number of Responders	Percentage
Yes, very often	34	6.88%
Sometimes	152	30.77%
Not at all	294	59.52%
Unattempted	14	2.83%

4) Feeling Trapped, Claustrophobic or Isolated: This graph studies the responses given by the volunteers to whether they have felt trapped, claustrophobic or isolated during this period, expressed as a Pie Graph

Q: Do you feel trapped, claustrophobic, or isolated?

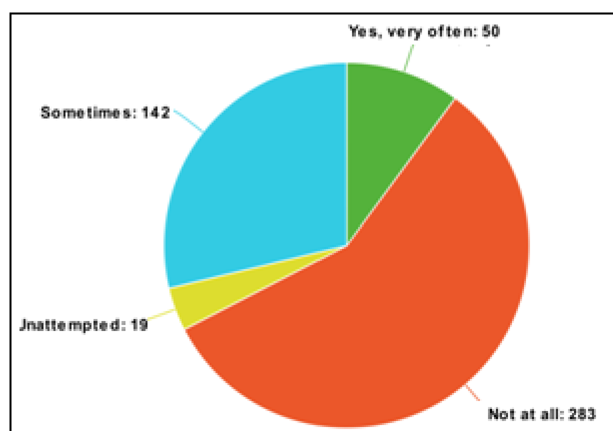

Table 5

Options	Number of Responders	Percentage
Yes	50	10.12%
Sometimes	142	28.74%
Not at all	283	57.29%
Unattempted	19	3.85%

5) Appearance of symptoms like hunger, thirst, anger, self-harm, etc: This graph studies the responses given by the volunteers to whether they have felt severe symptoms during this period, expressed as a Pie Graph

Q: Do you feel any of the following symptoms at random times of the day-thirst, hunger, having an itchy throat, dizziness, tiredness, irritability, lethargy

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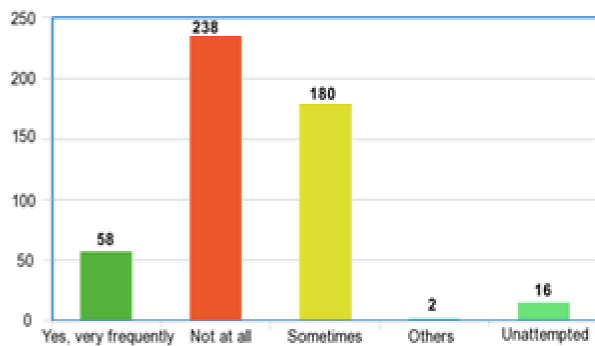

Table 6

Options	Number of Responders	Percentage
Yes, very frequently	58	11.74%
Sometimes	180	36.44%
Not at all	238	48.18%
Others	2	0.40%
Unattempted	16	3.24%

Q: Have you been experiencing any of the following-an increased desire for self-harm, anger, or hatred towards events that have occurred in the past/ present, hopelessness, severe disappointment, or anything similar?

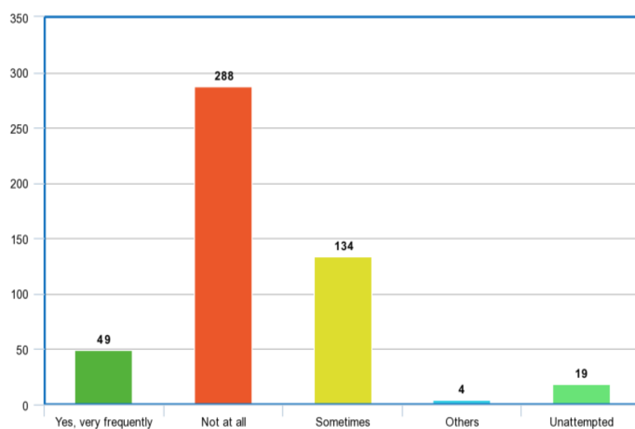

Table 7

Options	Number of Responders	Percentage
Yes, very frequently	49	9.92%
Sometimes	134	27.12%
Not at all	288	58.30%
Others	4	0.81%
Unattempted	19	3.85%

6) Approached help before: This graph studies the responses given by the volunteers to whether they have approached professional help before this period, expressed as a Pie Graph

Q: Have you approached a parent/ friend/ counsellor for help in the past or even now?

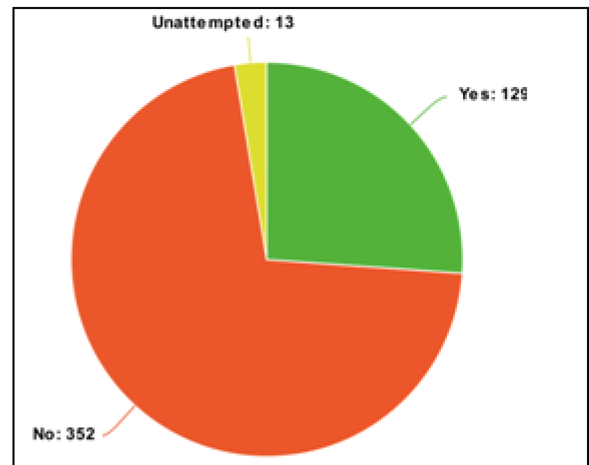

Table 8

Options	Number of Responders	Percentage
Yes	129	26.11%
No	352	71.26%
Unattempted	13	2.63%

7) Readiness to seek counselling (Graded on a 10 point scale): This table studies the responses given by the volunteers to whether they are willing to approach counselling in the future if need be.

Table 9

Grade	Unattempted	1	2	3	4	5	6	7	8	9	10
Responses	12	44	19	25	27	44	42	63	69	48	101

Table 10

Options	Number of Responders	Percentage
1-3 (Least Willing)	88	17.81%
4-6 (Undecided)	113	22.88%
7-10 (Most Willing)	281	56.88%
Unattempted	12	2.43%

Open-Ended Questions Response Representation (N = 494)

8) Description of the pandemic

Most common words used to describe the pandemic have been mentioned below. The words have been classified into negative, neutral and positive words based upon meaning.

Negative words: anxiety-filled, frustrating, irritating, lonely, gloomy and sad, restricting, enraging, scary, stressful, tiring, claustrophobic, abnormal, lethargic, shocking, wasteful, uncertain, disappointing, empty, challenging, uneasy, emotional, panic-inducing, ridden with financial insecurity, draining, overwhelming, overworked.

Neutral words: monotonous, boring, nothing special, manageable, inconsequential.

Positive words: peaceful, motivating, good, happy, relaxing, hopeful, patient, inspiring, time to enjoy with family and/or nature, stress-free, focusing on studies, calm, optimistic, pragmatic, energetic, vigilant, learning to adapt, time for introspection, creative, purposeful, pleasant.

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c) **Data Representation From Subjects Diagnosed With Mental Disorders (N = 14)**

Closed-ended questions response representation (n = 14)

1) General information (diagnosis)

Table 11

Name of Disorder	Number of Responders	Percentage
General Anxiety Disorder	8	57.14%
General Anxiety Disorder and Clinical Depression	5	35.72%
Bipolar Disorder	1	7.14%

2) Increased appearance of symptoms in the pandemic: This graph studies the responses given by the volunteers to whether the symptoms of their disease have appeared with increased frequency during this period, expressed as a Pie Graph

Q: Has the pandemic and its associated events accelerated the appearance of the symptoms of the associated disease?

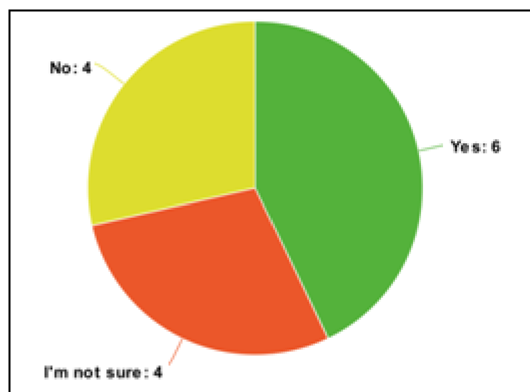

Table 12

Options	Number of Responders	Percentage
Yes	6	42.86%
No	4	28.57%
I'm not sure	4	28.57%

3) Approached help before: This graph studies the responses given by the volunteers to whether they have approached professional help before, expressed as a Pie Graph

Q: Have you approached a parent/ friend/ counsellor for help in the past or even now?

Table 13

Options	Number of Responders	Percentage
Yes	13	92.86%
No	1	7.14%

Note: The subject who did not approach counselling showed immense readiness to visit a psychologist if need be. (On a 10 point scale, score marked was 8)

Open-Ended Questions Response Representation (N = 14)

Description:

Words used to describe the pandemic-

Negative words: horrible, boring, anxiety-filled, scary, useless, confusing, lethargic, tiring, annoying, restless, lonely, gloomy, irritable, stressful, busy

Positive words: Great, sometimes exciting

2. New Symptoms: Appearance of new symptoms different to those previously experienced:

Impulsive Rage, Hypophagia, Troubled Sleep Cycle, Emotional Outbursts, Anxiety

d) **Data Representation From Additional Questions (N = 508)**

Closed-ended questions response representation (n = 508)

1) Nature of support system: This graph studies the responses given by the volunteers to how stable their homes, neighbourhoods or work environments were, as a Pie Graph

Q: Do you have a strong support system at home, neighbourhood, or in your work environment?

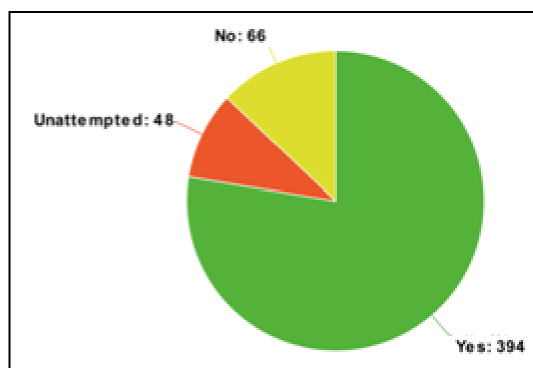

Table 14

Options	Number of Responders	Percentage
Yes	394	77.56%
No	66	12.99%
Unattempted	48	9.45%

2) Assessing work or familial stress: This graph studies the responses given by the volunteers to whether they faced undue stress from work or family, expressed as a Pie Graph

Q: Are you feeling stressed because of work, work-related issues, or familial issues?

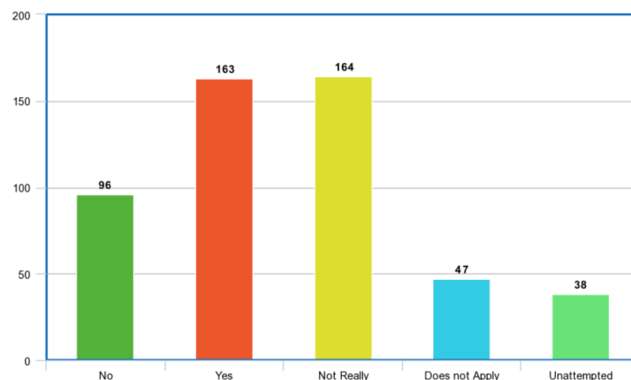

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Table 15

Options	Number of Responders	Percentage
Yes	163	32.09%
Not really	164	32.28%
No	96	18.90%
Does not apply	47	9.25%
Unattempted	38	7.48%

3) Hobbies and Passions: This graph studies the responses given by the volunteers to whether they pursued their hobbies and passions during the pandemic, expressed as a Pie Graph

Q: Have you been pursuing your hobbies or passions (if any) during this time?

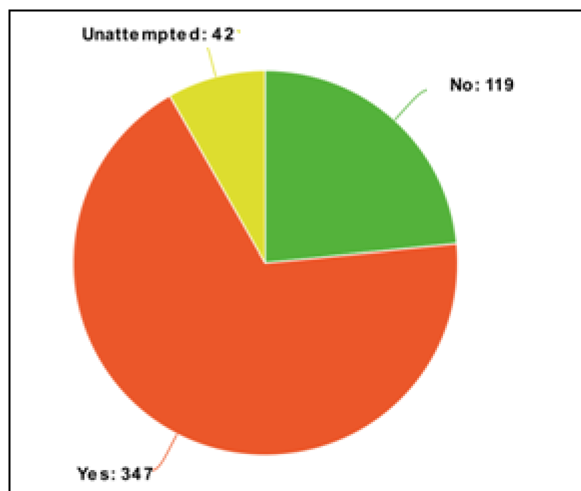

Table 16

Options	Number of Responders	Percentage
Yes	347	68.30%
No	119	23.43%
Unattempted	42	8.27%

4) Schools, colleges and online classes: This graph studies the responses given by the volunteers to whether it was appropriate for schools to be conducting online classes and assignments during this time, expressed as a Pie Graph

Q: As a student or parent, do you think it is appropriate for schools and colleges to be conducting online classes at the time of this pandemic?

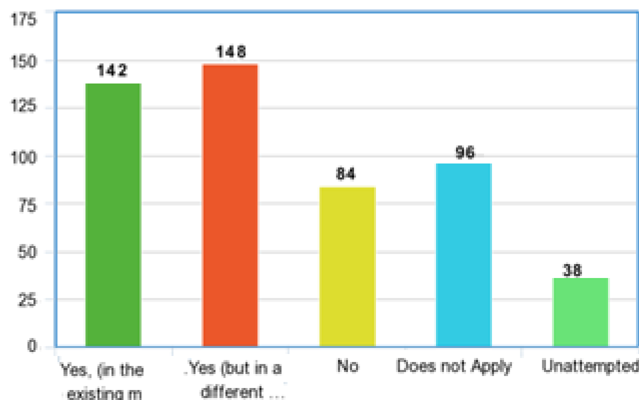

Table 17

Options	Number of Responders	Percentage
Yes, I must not lose a year. Who knows when this is going to end	142	27.95%
Yes, but I wish things were conducted in a different manner	148	29.13%
No, I am finding it difficult to focus on the classes being conducted	84	16.54%
Does not apply to me	96	18.90%
Unattempted	38	7.48%

6. Summary of Data Interpretation

The assessment of mental health status (based on standard criteria and definitions) was done through several open and closed ended questions. Psychological distress related to COVID-19 (anxiety, depression, and peritraumatic stress symptoms), and the openness to approaching counselling were assessed.

1) Interpretation of Data for Subjects without Diagnosed Mental Illnesses:

a) Most of the questions required answers in a graded manner, with 'Yes' being with highest likelihood, followed by 'Sometimes' and then 'No' with the least likelihood (pertaining to the question, as appropriate).

b) Most of the subjects who have been mildly to moderately affected by the events of the COVID-19 Pandemic (judged by the responses 'yes' and 'sometimes' to the closed-ended questions (Tables 2-6) and their responses to the open-ended question) belonged to the under 20 category (65.73%) and by the 21-45 (54.81%) category, followed by the 65+ category (40%) and 46-65 category (33.10%). Among the subjects who said 'no', most of them were from the 46-65 (66.90%) and the 65+ category (60%), followed by the 21-45 category (45.19%) and the under 20 category (34.27%).

c) The subjects who have been severely affected by the pandemic (Table 7) include the under 20 category (57.28%), followed by the 21-45 category (45.19%), 65+ category (33.33%) and the 46-65 category (22.07%).

d) Women are the most affected dynamic, and the most severely affected segment is that of the students, followed by the employees and others, and then the retired subjects (Table 1).

e) Postulations:

- It raises sensitive questions about the functioning of educational institutions during this period.
- Students have expressed concern regarding the pressures of online classes, the stress of online exams, and incomplete learning due to the inability of the institution to conduct practical classes.
- Isolation and fear of infection have also taken an adverse effect on mental health.

f) While most of the subjects have not experienced extreme symptoms like self-harm, minor emotional imbalances like tiredness, dizziness, lethargy, irritability are common. Polydipsia, polyphagia, nervousness, itchy throats are some common symptoms experienced by the subjects, indicative of the physical expression of anxiety and depression.

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g) Most of the subjects had not approached professional help previously (Table 8), but were willing to if need be (Tables 9-10). It showed a positive mindset towards mental health and a readiness to address issues related to it.

2) Interpretation of Data for Subjects With Previously Diagnosed Mental Illnesses:
a) Most of the questions required answers in a graded manner, with 'Yes' being with highest likelihood, followed by 'Sometimes' and then 'No' with the least likelihood (pertaining to the question, as appropriate).
b) Amongst the subjects previously surveyed (N=14), 6 members felt their condition aggravate, in terms of existing symptoms, as well as the expression of new symptoms, that could be a part of their existing disease or a dimension of a new disease.
c) 13 subjects had approached professional help before and all members were willing to approach a counsellor in the future.

3) Interpretation of Data for Additional Questions:
a) These questions aimed to understand the environment and the setting the subjects came from. Of all the members surveyed, 77.56% came from stable households and had strong support systems.
b) 32.09% of the subjects were experiencing work-related stress.68.30% of the subjects had been pursuing their hobbies to keep a healthy mindset.
c) Expressing concerns with the functioning of educational institutions, 29.13% of the subjects requested a change in the way the classes were being conducted.

7. Implication

Given that the COVID-19 Pandemic has clearly caused disturbances in mental health, mental health services and facilities such as helplines, rehabilitation, psychotherapy and counselling need to be promoted, be made increasingly available and better developed. By targeting at-risk groups, increasing the priority of mental health management during such periods, and by destigmatising and debunking myths associated with mental health, such issues can be mitigated.

8. Solutions and Recommendations

While it is understandable that a lockdown is one of the most effective ways to prevent the spread of the COVID-19 infection, the rise of mental health issues along with it needs to be tackled.

1) Mental health education is the first step for addressing all such issues. Educating students in the early stages about the characteristics of good mental health and the causes, symptoms and warning signs of mental illnesses is an effective way through which young adults can understand and address a significant number of concerns by themselves. This will allow them to approach help both unhesitatingly and quickly.
2) Considering that the lockdown does not allow movement of people from one place to another, online therapy sessions on suitable platforms can be conducted for betterment of the affected population. Even though such platforms exist, there is a need to popularise them and increase their viewer base. Conducting workshops, meetings and discussions can tackle both the lack of knowledge and psychological healing. Television programmes that debunk myths and disseminate true information and knowledge should be introduced free of cost.
3) Destigmatising mental illnesses is an important step that needs to be done with sensitivity over time.
   a) Not only is there a need to change the mindset of people, adding a light of positivity to mental illnesses, several myths surrounding mental health need to be debunked.
   b) Government aided organisations, NGOs and social movements can assist in this cause. Online advertisements, posters and channels that promote mental health awareness have clearly been lacking in the pandemic.
4) Psychotherapy is the best form of treatment.
   a) Talking to a therapist and recounting traumatic experiences, visiting camps and organisations specialised for this purpose.
   b) However, exploitation of people in the name of therapy has been reported more than often, and hence needs to be addressed. The regional governments could promote licensed and professional therapists for the benefit of the affected.
5) Online support is available through AASRA-an organisation that provides free and confidential support to those in distress, preventing those in crises from taking adverse steps. NIMHANS, Bangalore, also provides psychosocial support and mental health services through a free helpline. Such efforts must be popularised, improved and magnified for the benefit of all.
6) The rural population is also at risk during this period. With the closure of small businesses and a drop in the price and demands of crops, severe mental health disturbances have become a common occurrence. Protests and suicides are manifestations of this, several of which have been identified during this time. Along with monetary benefits proposed by the government, free counselling and therapy can be extended to ensure holistic welfare of the rural population during this period.
7) The National Mental Health Survey (NMHS) of 2015 assessed the mental health situation of Indians, aimed at being nationally representative by including both rural and urban areas from 12 states of India.
   a) It provided several vital recommendations that could cause wide reaching changes in the field of mental health studies.
   b) Modifications suitable towards the COVID-19 Pandemic can be introduced to address this situation.
   c) For example, the survey states ". . . In addition, existing platforms of educational institutions and workplaces should be strengthened to include a mental health agenda. Such programmes should first be initiated in DMHP sites based on the experiences of pilot studies and expanded in the next phase. " (citation from NMHS 2015). In lieu of the pandemic, mental health awareness can also be incorporated in online teaching. A dedicated channel for mental health assistance that allows troubled students to share their situation and woes, with a mentor or

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therapist assisting them in these times has proved to be helpful. In such a manner, a pre-existing manuscript can be repurposed to tackle the problems of the present.

8) Most importantly, addressing mental health issues must be made a priority in case such events occur in the future. Facilities must be built and improved, and their features must be accessible and prompt.

9. Scope for Further Research

1) The survey was conducted online, restricted to users of the messaging applications, and is thus not exclusive of random error. A personal discussion with affected subjects or a door-to-door survey may provide a wider field of possible solutions, as well as reduce the margin of error.
2) This article is simply a preliminary approach to mental health through a statistical survey and interpretation of its data. It does not dwell deep into the neurophysiological causes for the alterations in mental health.
3) An inadequate number of subjects diagnosed with mental diseases prevent extrapolations of the associated findings to the population. An expansion of the same could be considered.
4) An entire dynamic of the population, the rural group has not been approached. A large scale survey involving a larger sample size is the best scope of improvement for this project.

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[12] AASRA, http://aasra.info/
[13] NIMHANS and its efforts toward suicide prevention, https://nimhans.ac.in/3rd-national-conference-mhecon-2020-on-suicide-prevention-current-challenges-and-innovations/

Attachments

[1] Online Survey Link: https://docs.google.com/forms/d/e/1FAIpQLSc2deGQI53InNv4EyrcJ67JcxJTEVPfZW53d6BK_F_lNoKMVA/viewform
[2] Response sheet: https://docs.google.com/spreadsheets/d/1fQbnSKbkiJp88Y4IvjD69HVyDyWLl9eGJ0Gbvbd7LkU/edit?usp=sharing

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