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Out of place is what I feel,
No one is here to share how I feel.
Meditation is what I need,
Levitating on my piles of medicine.

- *Karun Partap Singh Jamwal*



Covid-19 and its impact on Mental Health

Group III

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2. Kavya. K
3. Khan Owais Saadat
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Direct and Indirect Impact

Hypothesis

*Covid-19 has
adversely affected
Mental Health*

Methodology

Secondary data

Quantitative Approach

Correlational study



Pre-Existing Conditions



- Disruption of care to Severe Mental Illnesses
- 8 of 12 countries - worsening of psychiatric conditions
- Effect on social therapy
- High rates of anxiety (6.33% to 50.9%)
- Depression (14.6% to 48.3%)
- PTSD (7% to 53.8%)
- Psychological distress (34.43% to 38%)
- Stress (8.1% to 81.9%)
- Depression and anxiety disorders have increased by 35 % in India.

Onset of new illnesses

- 12 % increase in Anxiety
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- Recurrent Depressive Disorder
- Fear of infecting family members
- Physical distancing, home confinement, quarantining, loneliness
- Economic hardships, insecurity
- Shortage of resources
- Continuous media reporting

Pregnant and Postpartum women



Prenatal phase is a vulnerable time for women

- 7 to 20 % women suffer from anxiety and depression generally in prenatal phase
 - After the Pandemic, the number for anxiety has increased up to 50 to 60 %
 - Depression has also grown upto 30 to 35 %
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Why?

Concerns in pregnant and postpartum women due to Covid-19

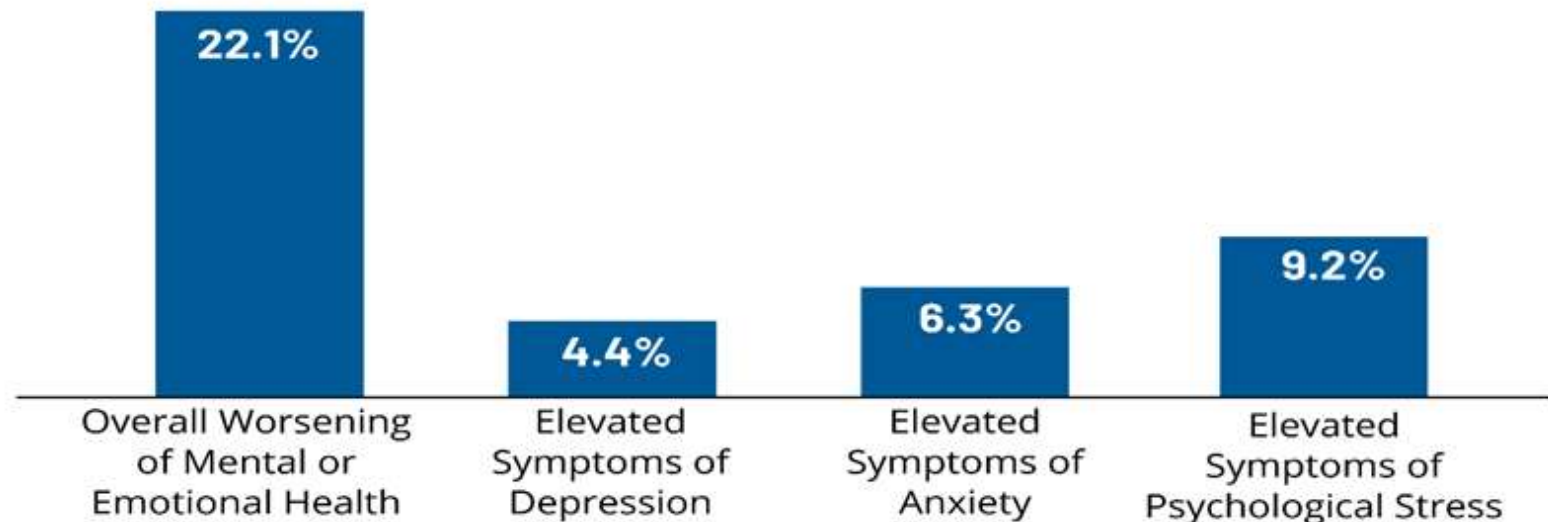
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Children and Adolescents



- 27% report anxiety and 15% depression
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 - Despite this, 40% did not ask for help.
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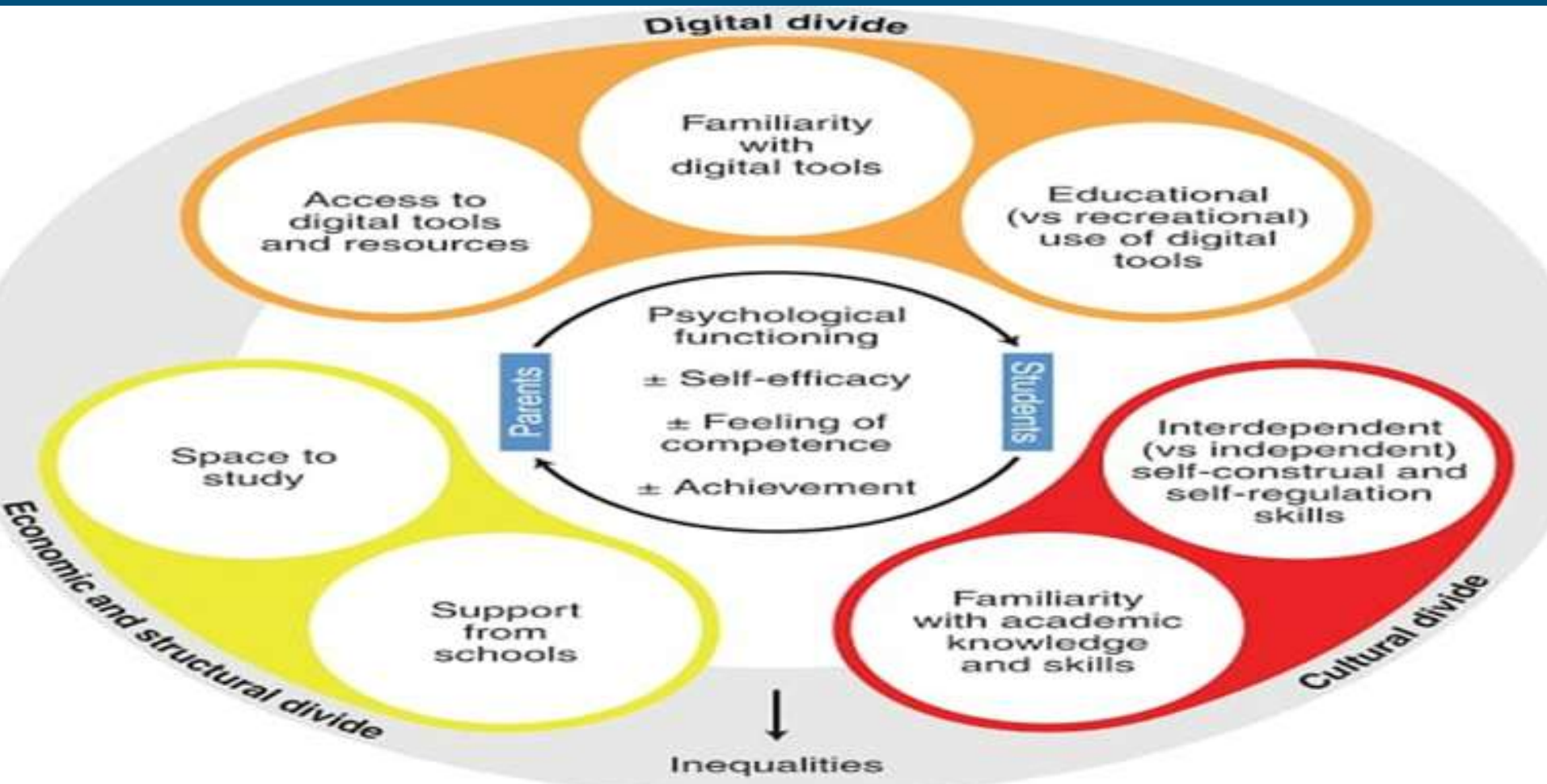
Share of Parents Reporting Worsening Mental Health For Their Children Ages 5-12, October - November 2020



Online Learning

A blessing in disguise

- Zoom Fatigue
 - Lack of Interest
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Older Adults



- Technological divide
 - Feeling of abandonment
 - Higher risk
 - Intergenerational Bonding
-

People with Disabilities



Increased instances of suicidal thought, anxiety and panic .

- Mental Health of 75% of PWDs affected
 - 81.6% experienced high level of stress
 - Duration of lockdown
-

Frontline Workers



- Risk of infection
- Sense of helplessness
- Post Traumatic Stress Disorder
- Lack of social support
- Death

Violence against Women



What is VAW?

Effects of Covid-19 on VAW

- Lockdowns and close confinement
 - Non-consensual sex and unwanted pregnancies
 - Recession and financial crises
 - Non-availability of redressal services
 - Increase in cyber-crimes
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The Shadow Pandemic: Violence Against Women and Girls and COVID-19

Globally,

243 million



women and girls aged 15-49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months.

The number is likely to **INCREASE** as security, health, and money worries heighten tensions and strains are accentuated by cramped and confined living conditions.

Emerging data shows that since the outbreak of COVID-19, violence against women and girls (VAWG), and particularly domestic violence, has **INTENSIFIED**.

In **France**, reports of domestic violence have increased by **30%** since the lockdown on March 17.

In **Argentina** emergency calls for domestic violence cases have increased by **25%** since the lockdown on March 20.



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Increased cases of domestic violence and demand for emergency shelter have also been reported in **Canada, Germany, Spain, the United Kingdom** and **the United States**.

As stay-at-home orders expand to contain the spread of the virus, women with violent partners increasingly find themselves isolated from the people and resources that can help them.

87,000 women

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than **40%** of women who experience violence report these crimes or seek help of any sort.

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National responses to COVID-19 must include:



Services to address violence against women and girls, including increased resources to support shelters, hotlines and online counselling. These essential services should be expanded and adapted to the crisis context to ensure survivors' access to support.



A strong message from law enforcement that **impunity will not be tolerated**. Police and Justice actors must ensure that incidents of VAWG are given high priority and care must be taken to address the manifestations of violence emerging in the context of COVID 19.



Psychosocial support for women and girls affected by the outbreak, gender-based violence survivors, frontline health workers and other frontline social support staff must be prioritized.

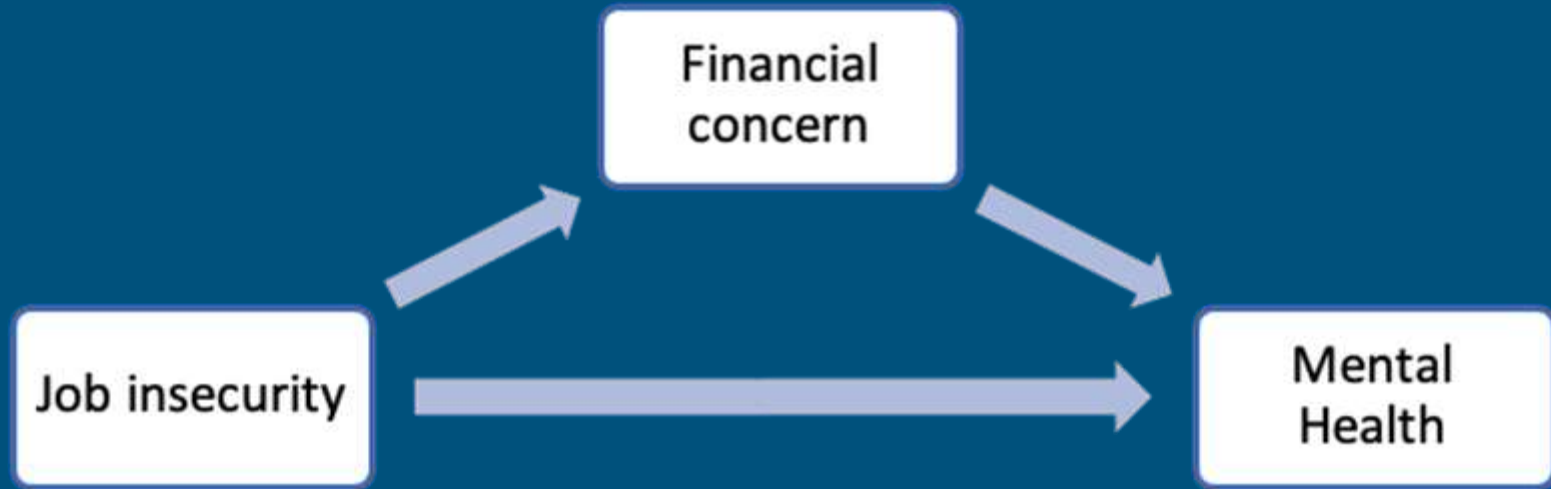
UN WOMEN

Mental health impacts of VAW

- PTSD
- Increase in anxiety
- Depression
- Suicidality
- Sexual Dysfunction
- Substance abuse
- Psychological forms of VAW

1 in 3 women experience VAW

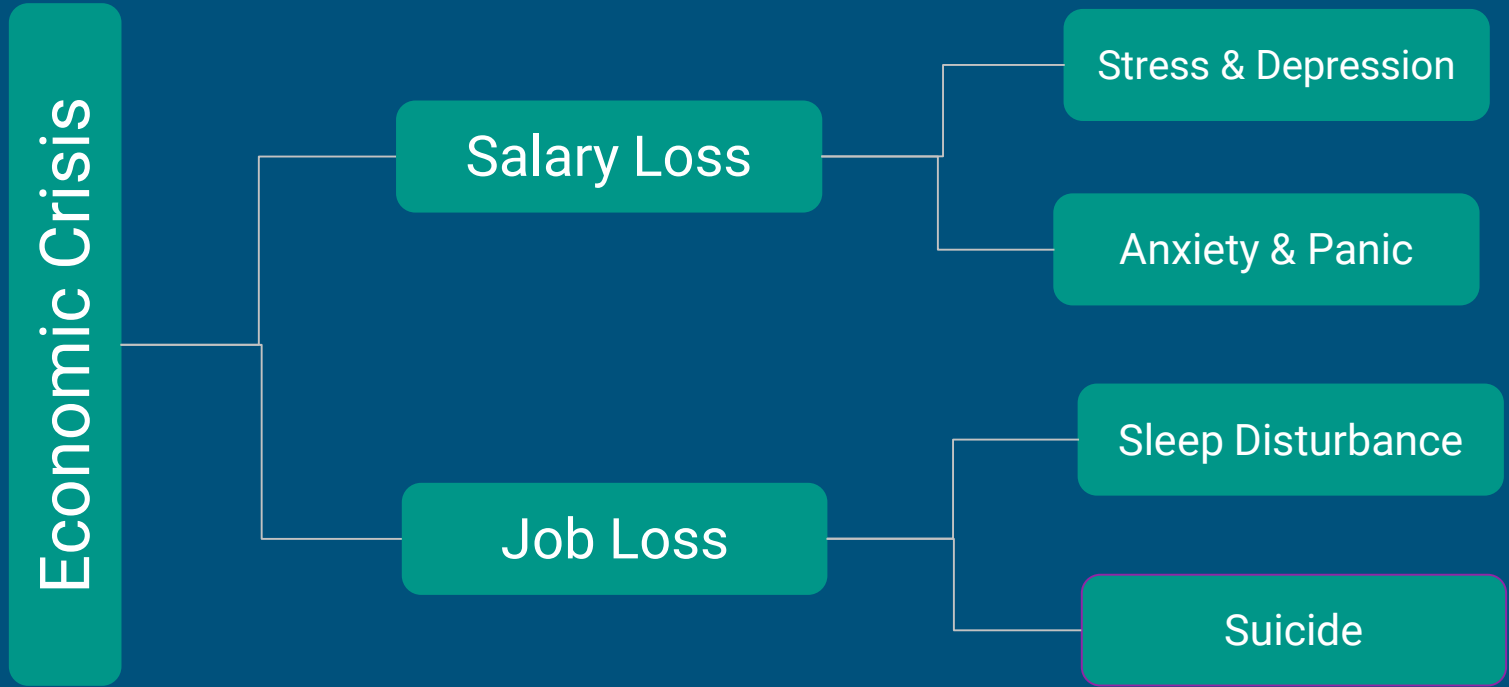
Economic Crisis and Mental Health



Factors Affecting Mental Health

- Job insecurity
- Adverse employment environment
- Long periods of quarantine and isolation
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- Uncertainty about the future



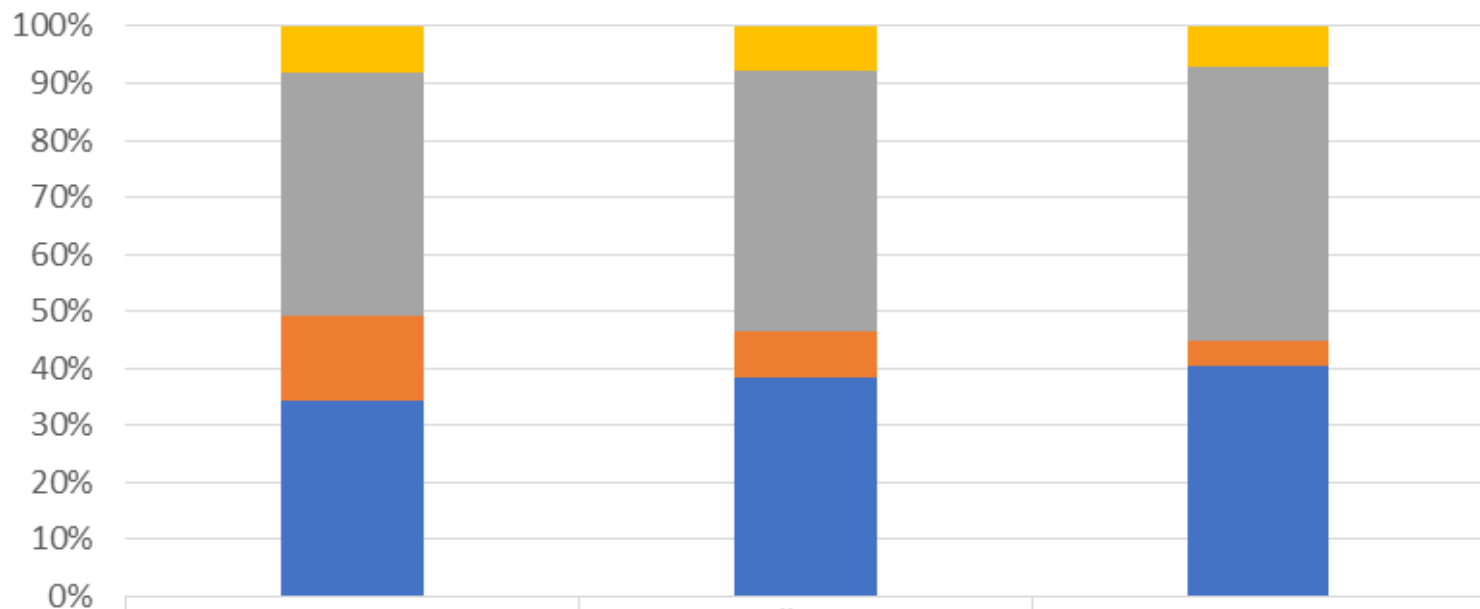


Substance Abuse Disorder



Modern life, too, is often a mechanical oppression and liquor is the only mechanical relief -Ernest Hemingway

- Higher risk of getting infected
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Social Stigma



- Othering and discrimination
 - Lead to guilt
 - Ostracisation
 - Delay in treatment
 - Hesitance to seek medical treatment
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Suggestions

- Psychological crisis interventions for high-risk individuals
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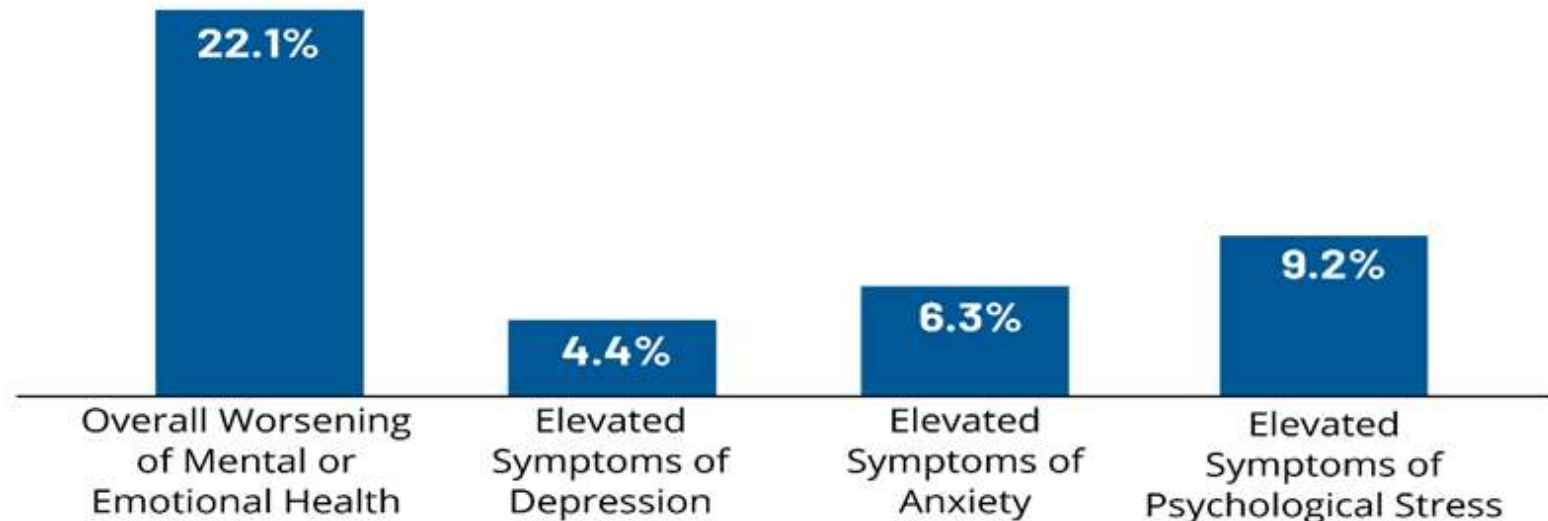
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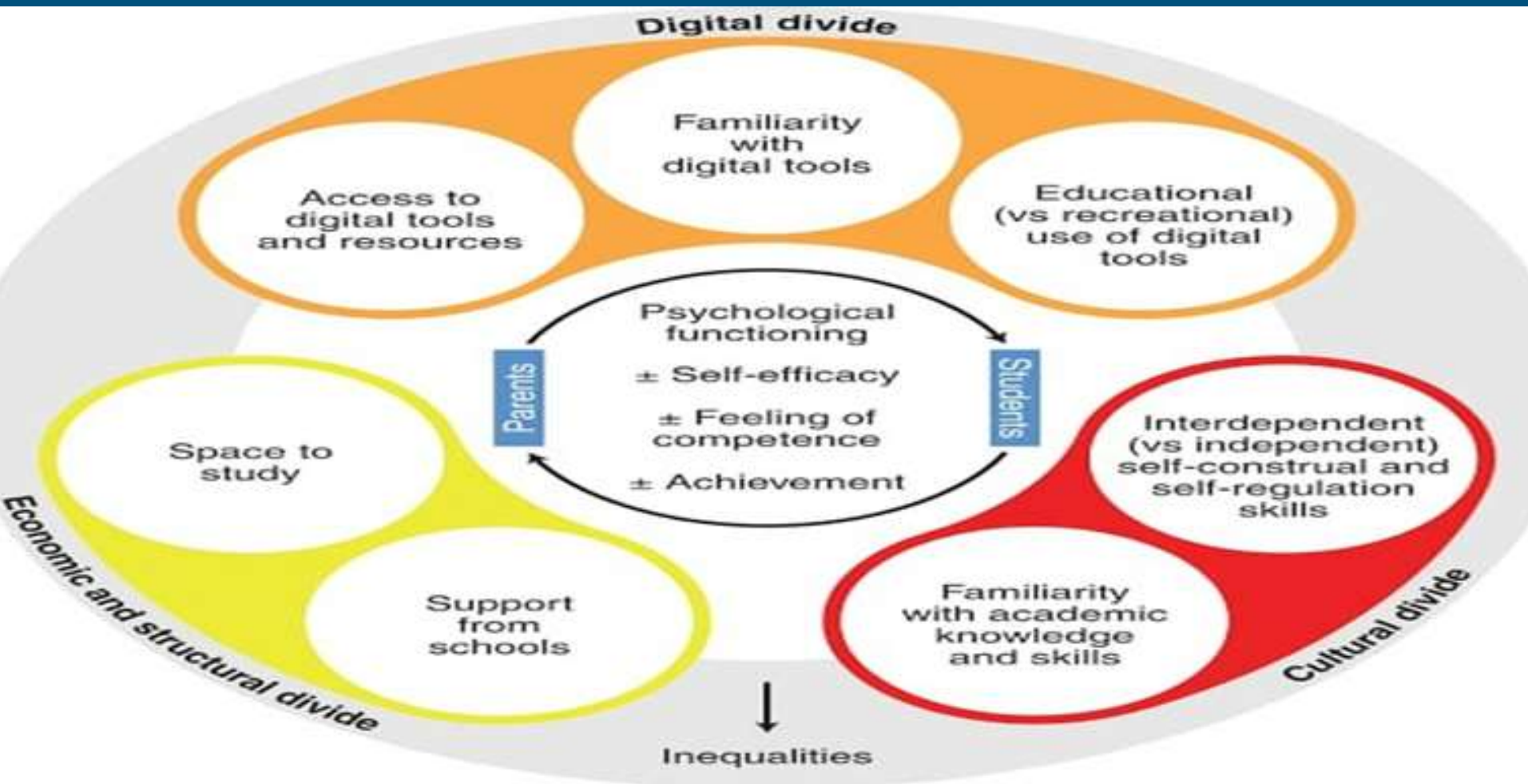
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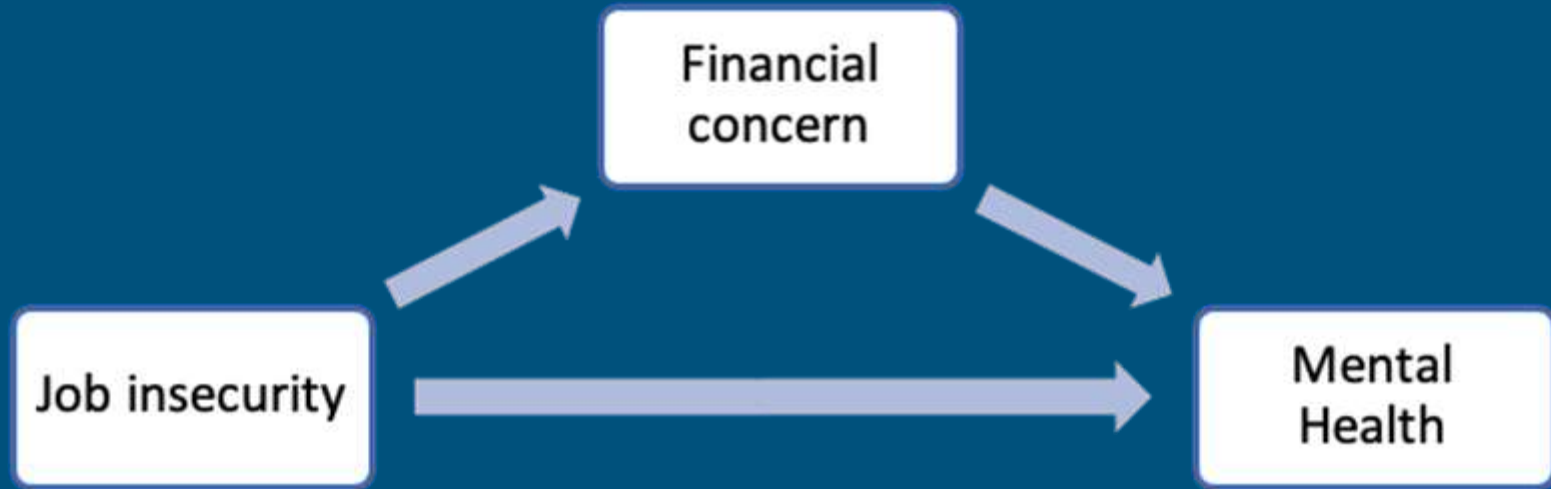
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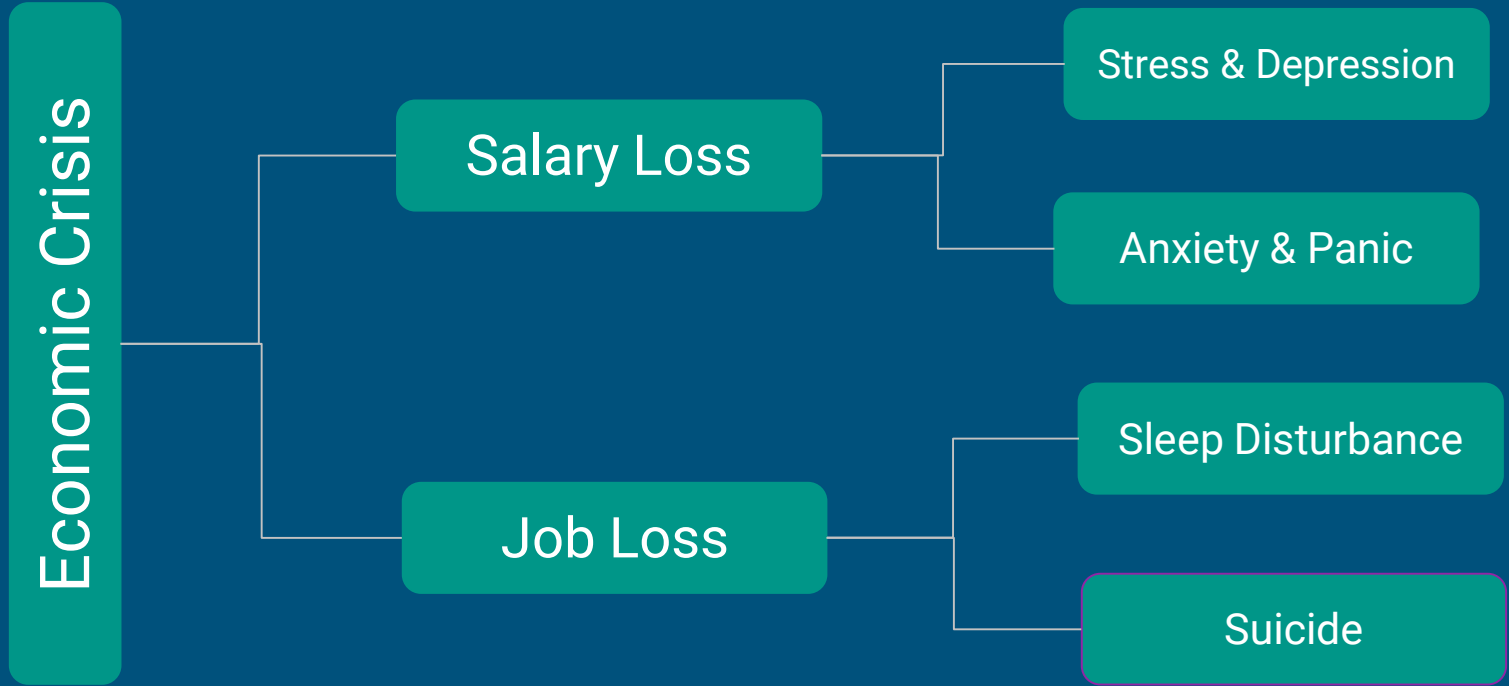
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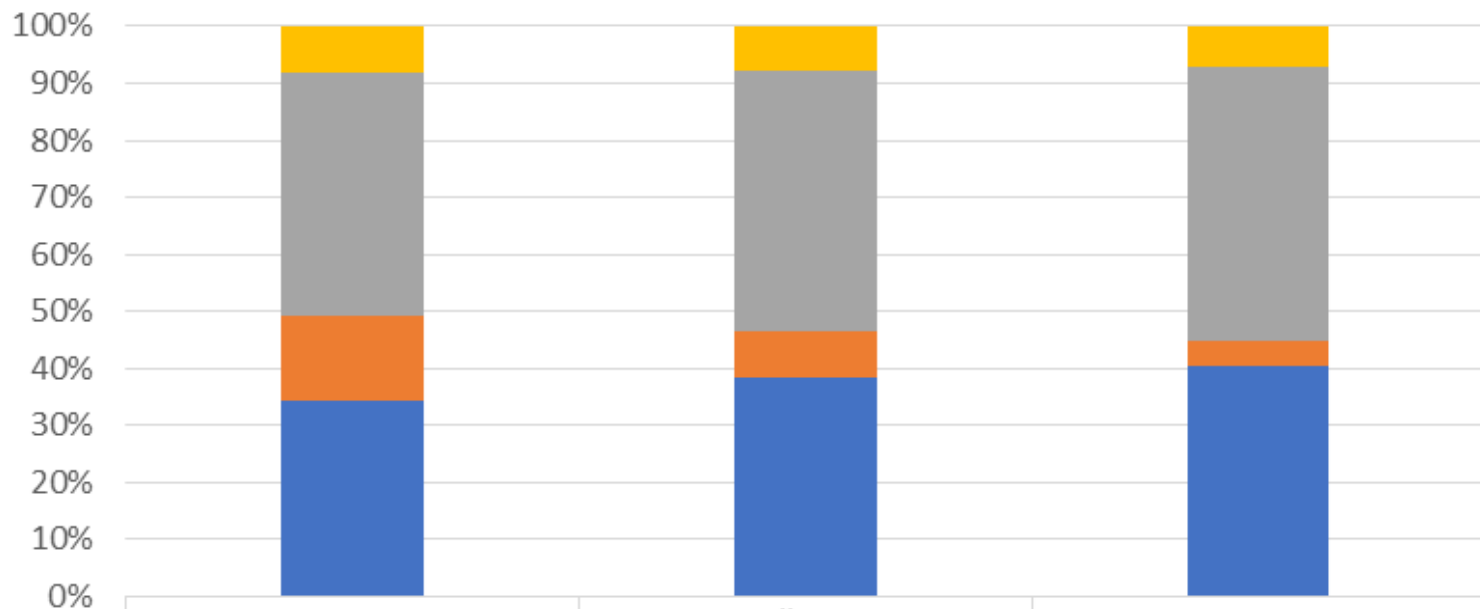


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COVID-19 AND ITS IMPACT ON MENTAL HEALTH

A research project by,

- | | |
|----------------------------------|-----------------------|
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ACKNOWLEDGMENT

This work would not have been possible without the kind support and the help of many individuals and organizations. We would like to extend our sincere thanks to all. We are highly indebted to the National Human Rights Commission for providing us with this opportunity that has allowed us to work on this research project and has helped us enhance our practical knowledge in the field of human rights.

We would also like to express our heartfelt gratitude to our Project Mentor **Ms. Aakanksha Sharma**, for providing us with the necessary guidance and support in completing the research project successfully.

ABSTRACT

This project has focussed on the mental health impact of Covid-19. This is a secondary study of data that focuses on groups of elderly, children, and adolescents. Using research articles, we have analyzed the trend in the number of cases reported. Additionally, effect on people with Substance Abuse Disorder, Stigma related to Covid-19 have been covered. Further, we have also dealt with the effect on the special categories of Persons of Disabilities, Pregnant and Postpartum women and Front-line Workers. The indirect impact in the form of Economic Recession and Violence Against Women has also been evaluated. The primary aim of the project is to measure the impact of Covid-19 on mental health. We have attempted to analyze the consequences of isolation and social distancing on select groups.

This paper seeks to recommend changes that can be enforced that would lessen the impact of a pandemic like Covid-19 on Mental Health.

Keywords: *Mental health, Covid-19, Stigma, Economic crisis, Zoom burnout, Social development, Front-line health care workers, Violence against women, Pregnant women, Elderly, Substance Abuse.*

INTRODUCTION

Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. It is normal and understandable that people are experiencing fear in the context of the Covid-19 pandemic.

Added to the fear of contracting the virus in a pandemic such as Covid-19 are the significant changes to our daily lives as our movements are restricted in support of efforts to contain and slow down the spread of the virus. Faced with new realities of working from home, home-schooling of children, and lack of physical contact with other family members, friends, and colleagues, it is important that we look after our mental, as well as our physical, health. Additionally, temporary unemployment and reduced earning capacity have put us on a tight budget and have caused undue stress.

The given paper attempts to analyze the direct impacts of Covid-19 on the mental health of the citizens by dividing them into the following categories viz. children and adolescents, older adults, pregnant and postpartum women, people with disabilities (PWD), pre-existing mental health conditions patients, and the onset of new ones and the front-line workers. It also tries to analyze the indirect impacts of Covid-19 such as the economic crisis, substance abuse, domestic violence mental health.

Hypothesis

Given the increase in stress levels, we believe that the Covid-19 pandemic has affected our mental health. We hypothesize that **Covid-19 has adversely affected mental health.**

SIGNIFICANCE OF STUDY

Most importantly this study focuses on mental health awareness and how Covid-19 has impacted every section or even worsened it so that, the stigma associated with mental health care can be broken. It also reveals that if you have one mental illness that goes untreated, you are at a greater risk for developing co-occurring disorders. The statistics & figures demonstrate how prevalent mental illness is for millions. This research also advises measures to revive mental health services so that they can be offered even amid calamities.

Specifically, this research will benefit the following:

Community – This study raises community awareness about mental health as a concern and how it's worsening as a result of Covid-19 necessitates quick attention.

Academic Institutions and administrators – through this research, academic institutions and administrators may promote programs and advocacies regarding mental care that can help people deal with their problems even during a pandemic.

Mental health advocates – the result of this research will provide valuable information for the advocates to further their campaign on spreading awareness on how to deal with diverse mental health difficulties and how to stop stigmatizing those with mental health disorders.

Mental illness patients – People with mental health issues will be directly benefited from this research as its findings may encourage them to consider approaching help as they come to know that they are not alone.

Future Researchers – this study covers information involving meditation as an approach to reduce anxiety levels. Thus, the result of this study can be used for future discussions on the capabilities of meditation in alleviating other mental health concerns.

METHODOLOGY

This report has been written using a non-doctrinal research methodology. Secondary sources like reports, advisories, research articles, news report sites, etc. were used. The students have gone through different research articles and the statistics mentioned in them.

The researchers have taken the help of the National Human Rights Commission's advisories and other public bodies such as the Indian Institute of Public Health Hyderabad. These databases were the prominent source of information. A careful analysis will help the researcher to gather sound information on the subject. It has segments that talk extensively about the mental health of different sections of people affected by Covid 19. It is not exhaustive but provides relevant authoritative information.

REVIEW OF LITERATURE

Sarah Perzow, “Mental Health of Pregnant and Postpartum Women in Response to the COVID-19 Pandemic.”, Journal of Affective Disorders Reports, 2020 involves the longitudinal study on 135 women regarding the mental health of Pregnant and Postpartum women after Covid-19 came into effect, though the present study is longitudinal, the correlational nature of the data precludes causal conclusions regarding the effect of the pandemic on mental health.

Sanjeet Baghchi, ‘Stigma during the COVID-19 pandemic Healthcare workers and patients who have survived COVID-19 are facing stigma and discrimination all over the world’, 2020, deals with the stigmatisation of Covid-19 – patients and workers.

Bhattacharya, Prama, Debanjan Banerjee, and TS Sathyanarayana Rao. “The ‘Untold’ Side of COVID-19: Social Stigma and Its Consequences in India.”, 2020 is an excellent work, tracing the historicity of stigmatisation of infectious disease. It details the social aspects of othering and the psychological impact of the same.

National Institute of Mental health and Neuro Sciences, 'Mental health in the times of Covid 19', 2020 was used to analyze the onset of new mental health issues during Covid-19. It is an exhaustive piece of literature that deals with all aspects of mental health impact of the pandemic.

Murthy G.V.S., Lewis et. al, ‘A strategic analysis of the impact of Covid-19 on Persons with Disabilities in India’, 2020 This source is equipped with the statistics w.r.t PWDs suffering from mental health issues due to Covid-19. It analyzed the impact of lockdown on the mental health of PWDs who participated in it.

Ritwik Ghosh, Payal Biswas, ‘Covid-19 and Addiction’, 2020, this source dealt with the increased risk of Covid-19 in people with substance abuse and the reasons why substance abuse increased in India during the pandemic.

'Impact of Covid-19 on global mental health: A brief 2020' & 'Tackling mental health impact of Covid-19 crisis-OECD', 2020 are the major sources of the database used for the research and statistics on the deterioration of pre-existing mental health issues.

Nair Vasundharaa S., Banerjee Debanjan, “Crisis Within the Walls”: Rise of Intimate Partner Violence During the Pandemic, Indian Perspectives, 2, Frontiers in Global Women's Health, 2021, The authors have aimed to study the increase in events of Intimate partner violence during the course of the pandemic in India. They have lucidly analyzed the various facets of IPV or Domestic violence with the help of previously completed research on the same. Further, they have studied the impact of the pandemic and its various aftereffects on IPV. They have drawn comparisons to research on the effects of previous disasters and epidemics on IPV. Finally, they have concluded the paper by raising the need for mental health literacy and by suggesting various ways in which it can be achieved in order to curb occurrences of IPV, in the wake of the pandemic in India.

DIRECT AND INDIRECT IMPACTS OF COVID-19 ON MENTAL HEALTH

DIRECT IMPACTS

1. Impact on the mental health of children and adolescents

CHILDREN:

During childhood, sound mental health is every bit as important as physical health for achieving developmental milestones. It helps children with their emotional wellbeing and social skills.

In addition, mentally healthy children function well at home, in school, and in their communities and have greater chances of leading a happy and successful life. On the contrary, poor mental health during childhood can severely impact the way children learn, behave, or handle their emotions.

The Covid-19 pandemic brought a complex array of challenges that had mental health repercussions for everyone, including children and adolescents. Grief, fear, uncertainty, social isolation, increased screen time, PTSD, and parental fatigue have negatively affected the mental health of children. Friendships and family support are strong stabilizing forces for children, but the Covid-19 pandemic has also disrupted them¹. The mental health of millions of children worldwide has been put at risk, with at least one in seven forced to remain at home under nationwide public health orders – or recommendations – during the Covid-19 pandemic. More than 330 million youngsters have been stuck at home since the virus spread uncontrollably this time last year². It has become difficult for parents to calm their children's anxieties because of the uncertainty and stress in their own lives. The occupational or emotional challenges parents face are interfering with their usual ability to address their children's needs and worries. When will the school reopen? When can they go out and play? When can they visit their favourite places? These are some common questions that children may be worrying about.

¹ . Impact of covid-19 on young minds, available at <https://www.cureus.com>

² . UNICEF Report, 2021.

It is not unusual for children to experience negative emotions such as fear, disappointment, sadness, anxiety, anger, loss, etc. But it is the prolonged, restrictive, and widespread nature of the Covid-19 pandemic that has exacerbated the situation. Increased screen time, strained family relations, or sedentary lifestyle at home pose an additional challenge

Usually, children are resilient. However, due to the prolonged continuity of the pandemic mental health can be seriously impacted. Some of the behavioural symptoms that indicate professional clinical help are as follows³

1. In children younger than five years: thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behaviour, or withdrawal from interaction.
2. In children between 5 to 10 years old: irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from activities and friends.

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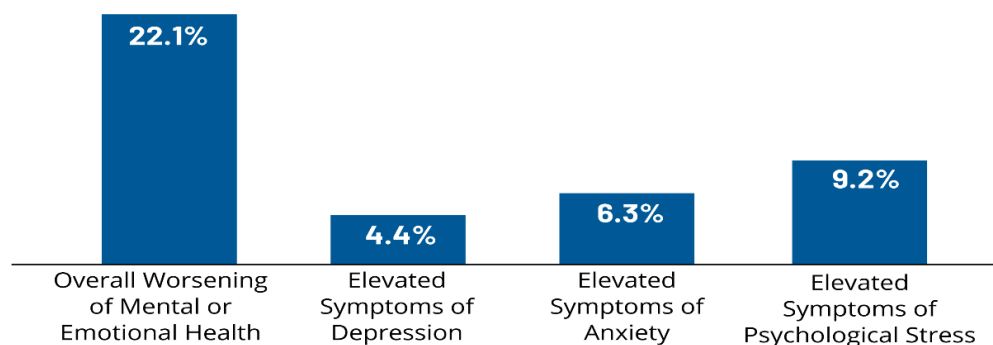


Fig. 1

³ . Children's Mental Health – UNICEF India.

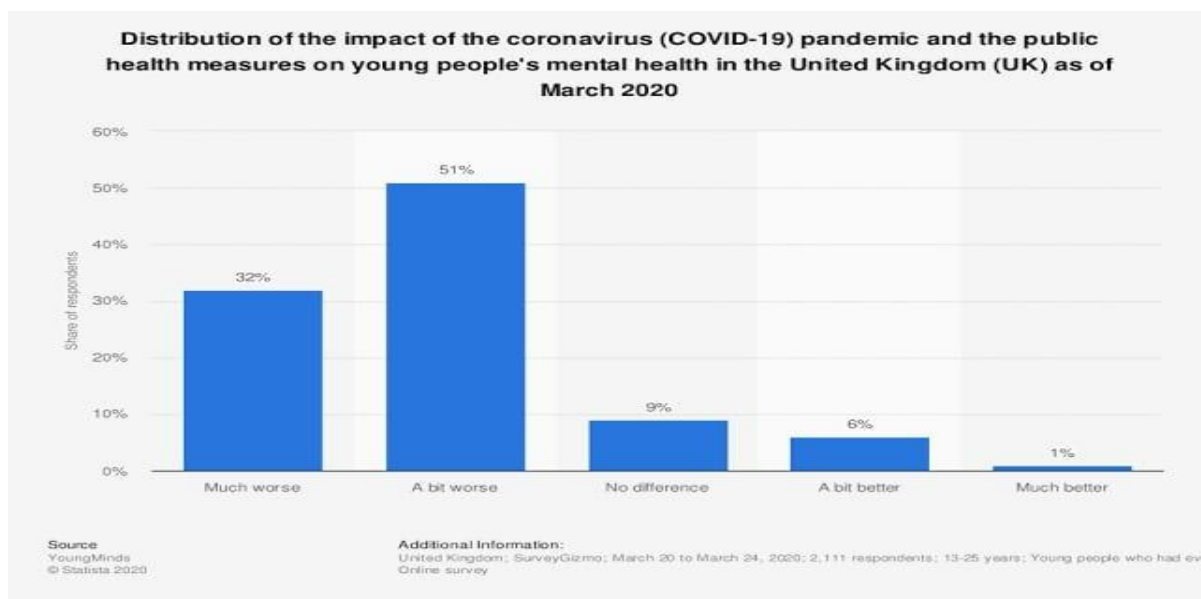


Fig. 2

ADOLESCENTS:

A study was conducted among the Adolescents population of Europe. Among the participants, **27% reported feeling anxiety and 15% depression in the last seven days.** For 30%, the main reason influencing their current emotions is the economic situation. The general situation in the countries and their localities has affected the daily life of young people as **46% report having less motivation to do activities they usually enjoyed. 36% feel less motivated to do regular chores.** Their perception of the future has also been negatively affected, particularly in the case of young women who have and are facing particular difficulties. 43% of the women feel pessimistic about the future compared to 31% of the male participants

A situation that generates deep concern and is a call to national health authorities is that 73% have felt the need to ask for help concerning their physical and mental well-being. **Despite this, 40% did not ask for help.**

This figure rises to 43% in the case of women. Health centers and specialized hospitals (50%) followed by worship centers (26%) and online services (23%) are the main mechanisms where they would seek help if needed.

Despite facing great difficulties, many adolescents and young people have found different ways to face new challenges and cope with their emotions. However, some behavioural symptoms that indicate professional clinical help are as follows: hyperactivity or fidgeting,

sleeping, and eating disturbances, agitation, increased conflicts, physical complaints, delinquent behaviour, and poor concentration⁴

Online learning: a blessing in disguise:

As a result of the Movement restriction orders imposed in many countries, education is one of the most affected sectors. According to a study⁵, the Pandemic has threatened the education of 577 million students in the world.

Also, 3 out of 10 parents complain of their child suffering from emotional or mental anxiety due to social distancing and school closure⁶. Some of the major impacts of online learning on students' mental health are as follows:

1) Lack of interest:

Humans are social animals, and the most introverted ones also need to see faces and have human interactions once in a while. The children have grown to lose interest in their classes. Most of them switch off the camera and go about their other activities. The lethargy has inculcated the loss of interest in not only the studies but everything overall. The pressure of after-school homework and assignments has triggered a great toll on the mental health and mood⁷.

2) Stress and anxiety:

The concentration levels of students dropped in online learning as the eye meanders elsewhere on the screen. This in response made it difficult for most students to keep up with the teachings. The pressure to concentrate and produce the required results has resulted in a great amount of stress and anxiety. Tasks, assignments, and homework slacked. Most children were seen lagging and succumbing to the pressure. The mental state of the children was fragile and tampered with. They are unable to maintain a balance between home life and class time and to follow a routine schedule. They also suffered from distractions at home. As a result, they procrastinate and set things aside. This, in turn, results in stress and anxiety⁸. Also owing to the lack of technology and connectivity, particularly among the rural and disadvantaged groups many students are unable to continue their education. This has also led

⁴ . Adolescents in covid-19 : UNICEF.

⁵ . Education disruption due to covid-19: UNESCO.

⁶ . Education in times of covid: The times of India.

⁷ . <https://www.healthshots.com>

⁸ . Effects of online learning on mental health: India Today.

to anxiety among students. Also, many students have committed suicide due to this disadvantage⁹.

3) **Zoom fatigue:**

Zoom fatigue refers to the exhaustion after having attended zoom classes, or video conferences. With the screen time increasing drastically, the mind is overwhelmed with information and the brain finds it rather difficult to register all the information. Over involvement of parents also has added to the pre-existing anxiety and stress. Parents are confined to the walls of their houses and have taken it upon themselves to get extensively involved with their children and their online classes¹⁰.

4) **Social and emotional development:**

Age 6-10 is a very important phase and the school plays a very important role in the social and emotional development of children. However, due to the closure of schools many children in near future from social or emotional disorders that can have adverse effects on their mental health¹¹.

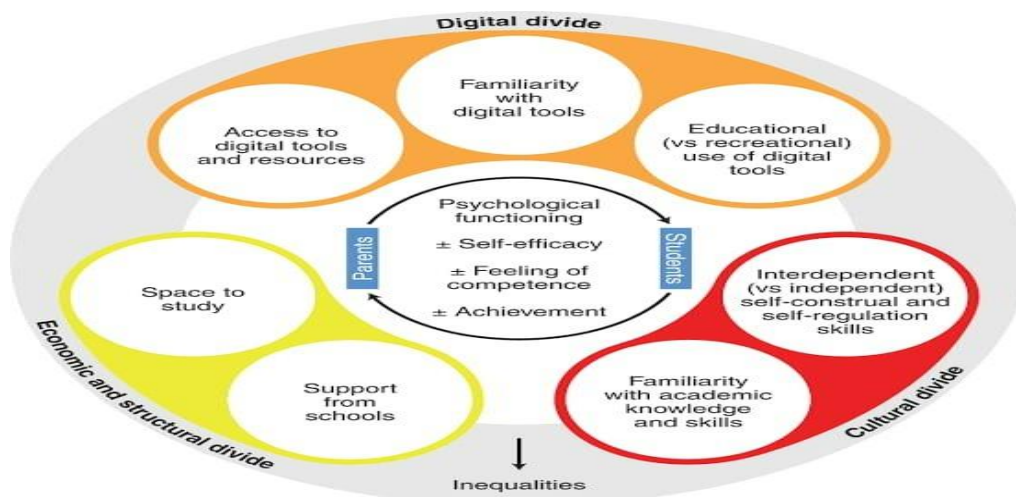


Fig. 3

5) **Lack of interaction and social isolation:**

Many students are suffering from feelings of loneliness, lack of motivation, and isolation. Also, the communication skills of students get affected due to a lack of interaction

6) **Increased access to the internet:**

Spending more time on virtual platforms can leave children vulnerable to online sexual exploitation and grooming, as predators look to exploit the Covid-19-19 pandemic. Also,

⁹ . Hike in Students Suicide – Consequences of Online classes: NCBI

¹⁰ . Zoom fatigue in students: India Today.

¹¹ Psychology of young Minds in times of covid: The Psychology Club.

unstructured time online may result in viewership of children to harmful and violent content as well as cyberbullying. All these can have an adverse impact on mental health like low self-esteem, impulsivity, poor sleep quality, aggression or depression, poor sleep quality, and suicidal tendencies.

2. Impact on the mental health of older adults

Although all age groups are at risk of contracting Covid-19, older people face a significant risk of developing severe illness if they contract the disease due to physical and psychological changes that come with aging and potential underlying health conditions.

A study done by NGO Agewell Foundation has revealed an increase of over 50% among the age group when it came to such mental health disorders and symptoms of this stress include anxiety, sleeplessness, nightmares, depression as also a weakness, and fatigue.

Over 70% in 5,000 elderly people respondents complained that they had experienced sleeplessness, insomnia, or nightmares due to poor quality of sleep. Starting of Covid-19 has thus had a deep and long-lasting impact on the health of a majority of the elderly population, including their mental health.

The psychological effect of Covid-19 on elderly

Early studies have already reported an increase in anxiety, and depression in the general population, especially those facing extended lockdowns. These effects magnified in the elderly population due largely to stricter lockdown, the higher threat of illness, and loss of social support. Prior studies have also reported that even outside of crisis time, the elderly population has relatively high rates of depressive symptoms, which is troubling in the face of evidence that those suffering from pre-existing mental health conditions have been most affected by the negative psychological consequences of lockdown. While increased mental health problems in the general population may be already be caused for concern go beyond psychological well-being in the elderly.

The second wave, “Five horsemen of the apocalypse”

According to a study by Delhi-based NGO ¹² Agewell Foundation, the second wave of the pandemic has adversely impacted the mental health of senior citizens. Compiling data of over 5,000 senior citizens across the country, the study revealed that the pandemic not only hit the health condition of the elderly population but also affected their physiological

¹² Agewell Foundation, a non-profit Indian organization has been working for the welfare and empowerment of older people of India.

being. The study found complaints of experiences of anxiety due to rising Covid-19 cases and causalities around them.

Janardan Pandey 67, trembled with fear after he and his family tested positive,” I had heard a lot of negative stories around and, my wife and I suffer from blood pressure and diabetes, so it was scarier,” he told in an interview to Indianexpress.com¹³.

“My body was falling apart, it was very weak, the feeling of fatigue was intense. I did wonder at some points whether I would survive this,” said 73-year-old Prabir Chakravorty as he recall his 25 days isolation period after testing positive for covid in April¹⁴.

Technology

A recent study shows that about ¹⁵40% of elderly individuals were unprepared to use telehealth resources, predominantly due to a lack of skills to effectively make use of the technology. These Covid-19 waves made us all dependent on the online world and whosoever is not involved in it is surely at a disadvantage in comparison to the rest of the population. The elder generation all has been a little behind in teams of technology so they suffer these waves more than anyone else.

Telehealth, or the act of providing healthcare digitally, and remotely, has become commonplace in many countries. However, this shift has had fewer positive effects on the elderly than on other populations. A recent study showed that about 40% of the elderly individuals were unprepared to use telehealth resources, predominantly due to a lack of skills to effectively make use of the technology.

The highest adoption of telemedicine use has been those aged 20-44, despite the fact that the elderly population generally have the highest yearly number of doctor and hospital visits. Although there have been some recent efforts to create virtual geriatric clinics to support the elderly during the pandemic, research has shown these have been varying success, and have been met with a variety of problems related to difficulties with technology use. Therefore, despite being the group most in need of telehealth community has benefited from their implementation the least.

¹³ Interview of Janardan Pandey done by Indian newspaper known as Indian Express

¹⁴ Interview of Prabir Chakravorty done by Indian newspaper known as Indian Express

¹⁵ Study done by Frontiers in Psychiatry

Changing nature of family

R Subrahmanyam, Secretary, Ministry of social justice and Empowerment, said elderly care requires not an only financial investment but probably more important than the financial investment is the emotional investment and inter-generational bonding.

With the changing nature of the family structure, this relationship has also come strain. There is a need to recognize this social reality and find a solution – both for strengthening family structures and at the same time, providing for viable alternatives for taking care of the elderly.

Around the world

According to ¹⁶W.H. O, over 95% of these deaths occurred in those older than 60 years. More than 50% of all fatalities involved people aged 80 years or older. Reports show that 8 out of 10 deaths are occurring in individuals with at least one comorbidity, in particular those with cardiovascular disease, hypertension, and diabetes, but also with a range of other chronic underlying conditions.¹⁷

¹⁶ World health organization, direct international health within the United Nations's system and lead partners in global health response.

¹⁷

3. Impact on the mental health of pregnant and postpartum women

Positive mental health is especially crucial during pregnancy and after the birth of a child. The current evidence consistently shows a link between depression, anxiety, and small for gestational age, low birth weight, and premature delivery during pregnancy.

Postpartum depression has also been identified as one of the causes of mothers' poor bonding with their newborns. Even normal visits to health care institutions for antenatal care and infant immunization are likely to cause tremendous concern in women about their health and that of their unborn or newborn baby during the present Covid-19 pandemic.

In an article in The Indian Express, Dr. Manjula S. Patil discusses this issue. She notes that the period from pregnancy till the first year of childbirth is very vulnerable for women with about 7 to 20 percent of the women in the perinatal phase suffering from anxiety and depression. Now the Pandemic has shown an increase of anxiety in the number of prenatal women nearly up to 50 to 60 percent and the increase of depression is about 30 to 35 percent¹⁸. Not only Dr. Patil but the Centre for Disease Control and Prevention by the US Department of Health and Human Services, Atlanta has also considered pregnant and postpartum women as vulnerable to the Pandemic.

A longitudinal research study conducted by the Department of Obstetrics and Department of Psychology of different states of the USA¹⁹ on 135 women in their early pregnancy phase found that they had higher anxiety and depression symptoms and felt higher loneliness than the pre-covid times.

¹⁸ Dr. Manjula S. Patil, COVID-19: Mental health problems in pregnant and postpartum women during the pandemic, The Indian Express, February 28, 2022, 8:20 AM, <https://indianexpress.com/article/parenting/health-fitness/covid-19...>

¹⁹ Sarah E.D. Perzow, Ella-Marie P. Hennessey, M. Camille Hoffman, Nancy K. Grote, Elysia Poggi Davis, and Benjamin L. Hankin, NCBI, Mental health of the pregnant and postpartum women in response to the COVID-19 Pandemic, [Mental health of pregnant and postpartum women in response to the COVID-19 pandemic \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/35444441/)

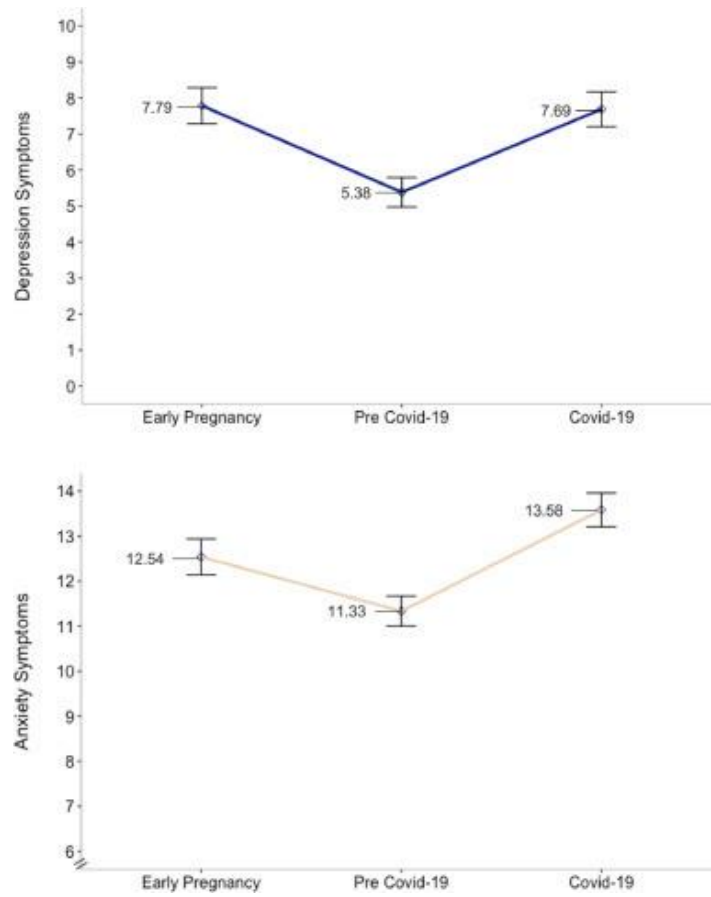


Fig. 4: Change in response to Covid-19 Pandemic in the symptoms of depression and anxiety²⁰

²⁰ Supra2

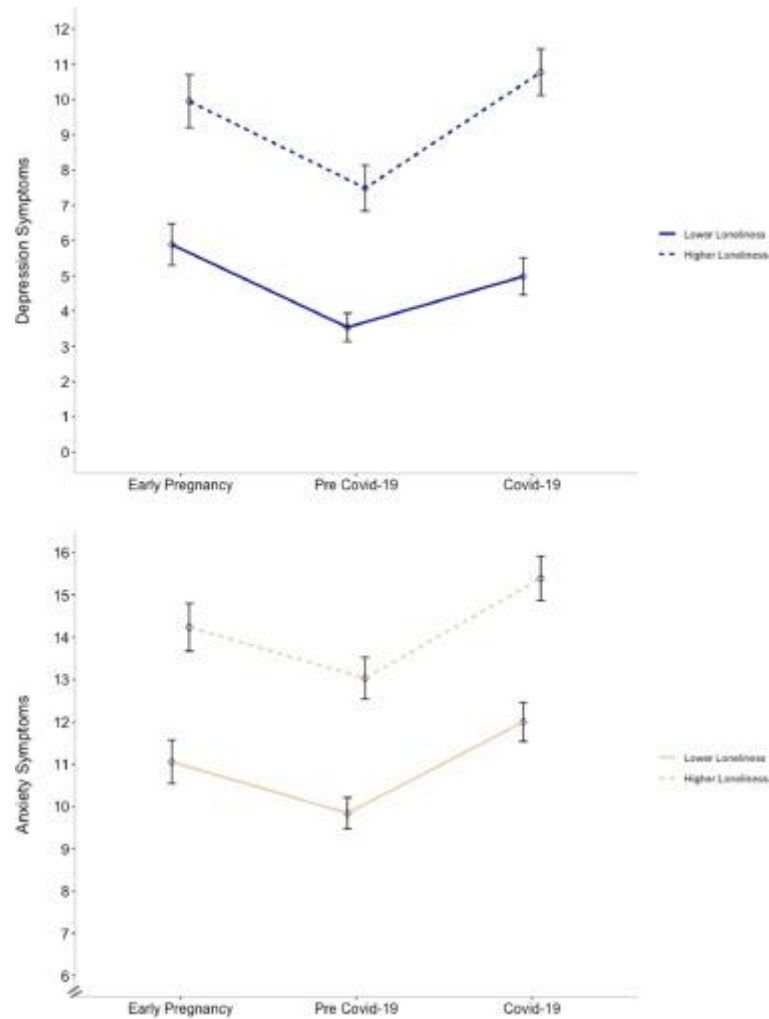


Fig. 5: Loneliness and change in symptoms of depression and anxiety amidst Covid-19 Pandemic²¹

The prenatal mental health issues in women are likely due to the following concerns about Covid-19 emerging in their minds,

1. What can I do to avoid contracting the infection?
2. What effect will the virus have on my unborn child?
3. Will my mother or husband be permitted to accompany me throughout labor and delivery?
4. Will I be able to get around if I go into labor?
5. Is going to the hospital for prenatal checkups or scans safe?

²¹ Supra2

6. Is it okay to use hand sanitizer excessively when pregnant?

7. Should I get a Covid-19 test?

Covid-19-related anxiety and psychosocial suffering in postpartum women might occur due to the following questions,

1. Will I pass on an infection to my kid if I get sick?

2. Is it safe for my infant to be breastfed?

3. Will my child become ill?

4. Is immunizing my child safe?

The mental health of pregnant and postpartum women has been negatively affected due to the Pandemic which is an important aspect of the Covid-19 aftermaths that needs to be addressed.

4. Impact on the mental health of people with disabilities (PWD)

The effective applicability of Goal 3 of sustainable development goals which emphasizes access to quality and essential health care services is the need of the hour when global economies are hit by Covid 19 pandemic. People with disabilities who are considered as “only receivers of care” faced many difficulties due to inaccessible physical infrastructure, disruption of transportation, financial recession, etc. The mental health of marginalized communities is seriously impacted who already have restricted access to socioeconomic resources. The social distancing measures have led to loneliness and social isolation in people associated with disabilities.

The mental health of people with disabilities

From a survey which was conducted by the Indian Institute of Public Health, Hyderabad, it was found out that persons with disabilities [75%] were going through various factors such as suicidal thoughts, anxiety, panic, etc.²² Mental Health Support Services were very much needed for the betterment of persons with disabilities as loss of employment, fear of getting Covid 19, and financial crisis was considered as contributing factors. Other psycho-social problems which caused distress are abandonment, issues in family relationships, segregation due to stigma, etc. High levels of stress were experienced by 81.6% of persons with disabilities. Not only the persons with disability but the related persons who are the caregivers- also experienced stress [58.2%] when therapy sessions were ceased due to the effect of lockdown²³. The predominant factor which led to the deteriorating mental health of individuals was the duration of the lockdown. Covid 19 has further exacerbated the challenges in mental health care and treatment which is already considered as a difficult barrier for people with disabilities.

As per the 2018 survey by National Statistical Office, it was reported that 3.9 million persons in India were living with psychosocial disabilities.²⁴ Due to the pandemic, there was an interruption in essential services such as free medication which increased anxiety and intellectual disorders. The financial support which was provided by the Government of India for persons affected with psychosocial disabilities was also not found adequate by low-income

²² https://phfi.org/wp-content/uploads/2020/12/COVID-impact-final-report-IIPH-to-CBM-HI_02122020.pdf

²³ <https://www.hindustantimes.com/ht-insight/public-health/impact-of-covid-19-on-persons-with-disabilities-in-india-101625105679386.html>

²⁴ <https://scroll.in/article/983281/coronavirus-indias-inadequate-disability-pensions-pushed-its-mental-health-patients-to-the-brink>.

families. The access to information pertaining to psychological support, mental health/ care was not available to 74% which is in total 103 people out of 139 people²⁵.

²⁵ <https://theprint.in/india/42-5-indians-with-disabilities-faced-problems-accessing-healthcare-in-lockdown-finds-study/557493/>

5. Impact on the mental health of front-line workers

Prior to the Covid-19 pandemic, working in the healthcare sector was stressful. Previous research on mental discomfort in healthcare workers found that, compared to other employees, Health Care Workers (HCWs) were more likely to suffer from psychiatric problems, and about half of all physicians were burnt out. Doctors had higher suicide rates than the general population.

The new Coronavirus pandemic has the potential to increase workplace stress and cause psychological suffering in particular healthcare professionals. Surprisingly, research into the emotional effects of previous pandemics on medical personnel has revealed that anguish lasts not just during the pandemic, but even long after the survivors have been exposed, healthcare workers are dealing with a lot of unexpected stress. Despite research linking longer shifts to negative effects on both employees and patients, most frontline healthcare workers are likely to become mentally and physically exhausted as a result of longer shifts and greater workloads. On the other hand, the nature of their work is unfamiliar²⁶. Some of the characteristics of the Covid-19 outbreak that are affecting many healthcare workers in new ways are as follows:

Risk of infection

People who care for victims of other types of unexpected tragedies, such as terrorist attacks, have been associated with anxiety and sadness; nevertheless, Covid-19 varies from other tragedies in ways that alter its overall psychological impact. The most obvious distinction is the risk of infection to medical professionals caring for the ill. Healthcare employees must deal with the unsettling reality that they are frequently exposed to the potentially harmful virus and are at risk of infecting their own family and co-workers.

Sense of helplessness

Another distinctive feature of the Covid-19 pandemic is the feeling of helplessness felt by healthcare workers who lack access to the beds and equipment they need to provide the best possible care to patients.

The dearth of social support

²⁶ De Kock, Latham, Leslie. "A Rapid Review of the Impact of COVID-19 on the Mental Health of Healthcare Workers: Implications for Supporting Psychological Well-Being." *Biomedicine* (Springer), 2021.

Healthcare workers and first responders were severely harmed by the pandemic's social and cultural effects since they were cut off from all social support - family gatherings, time spent with friends, and any other type of social interaction. Loneliness and self-isolation swiftly became a major concern for frontline workers' mental and emotional well-being.

Furthermore, family members and friends distanced themselves from healthcare staff and those who may have been directly exposed to the virus, deepening the divide between human relationships. The top two factors influencing levels of anxiety, stress, and self-efficacy among frontline employees were a lack of social support and insomnia²⁷.

While Covid-19 will have influenced the mental health of other workers, it is quite likely that the aforementioned elements will have had a disproportionate impact on frontline workers' mental health. During the pandemic, a British Medical Association poll found that 45 percent of UK doctors are suffering from depression, anxiety, stress, burnout, or other mental health disorders related to, or exacerbated by, the Covid-19 pandemic²⁸.

The onset of Post-Traumatic Stress Disorder (PTSD)

During previous viral outbreaks such as SARS, it has been revealed that frontline healthcare workers (FHWs) have a higher prevalence of and more severe PTSD symptoms than other healthcare professionals. When high-risk HCWs were assessed after a year, they exhibited a much higher prevalence of chronic stress, PTSD, and other unfavourable mental health consequences.

Using the same measure used by McAlonan et al. during the SARS pandemic, Trumello et al. conducted a survey of Italian HCWs during the Covid-19 outbreak to investigate perceived stress levels. As previously stated, MSARS FHWs exhibited significantly higher PTSD levels than other HCWs at one-year follow-up. It's possible that the prevalence of PTSD symptoms will continue to rise even after the pandemic's acute phase has ended as a result of Trumello et al's results. FHWs were also twice as likely to seek psychiatric care than non-FHWs, meaning that preventative programs would be sought by and potentially beneficial for these people²⁹.

²⁷Cooch, Nisha. "Practice Update." 07 May 2020. <http://www.practiceupdate.com> (accessed March 02, 2022).

²⁸ De Kock, Latham, Leslie. "A Rapid Review of the Impact of COVID-19 on the Mental Health of Healthcare Workers: Implications for Supporting Psychological Well-Being." *Biomedicine* (Springer), 2021.

²⁹ Abdeen, luise J.Froessler and Yazan. "The Silent Pandemic: The Psychological Burden on Frontline Healthcare Workers during COVID-19." *Psychiatry Journal*, 2021.

6. Impact on pre-existing mental health conditions and the onset of new ones

The coronavirus disease (Covid-19), first identified in December 2019, has resulted in a global pandemic that continues to impact mental health in many ways. The number of cases and deaths directly impacted the individuals and families, while the impact of isolation and quarantine had an indirect effect on financial security, housing, unemployment, and social isolation. Both these effects combined have led to an increase in emotional and psychological challenges worldwide. For those already suffering from mental illness, the extra pressure serves to exacerbate their condition with also difficult to access appropriate mental health services due to the pandemic regulations raising their distress.

Exacerbation of pre-existing psychiatric conditions:

The Covid-19 pandemic and country-wide lockdown resulted in the worsening of symptoms in those who were already afflicted with mental illness. Lockdown was a major stressor for Recurrent Depressive Disorder patients, compromising typical daily routines, social rhythms, and therefore increasing stress levels. A variety of issues like fear, anger, anxiety, and panic about the worst-case scenario, boredom and loneliness, and guilt about not being there for the family were all triggered. All of these issues resurfaced with fresh severity in someone who has had a past psychiatric disease, leading to PTSD or even suicidal thoughts and attempts. Patients with bipolar illness and schizophrenia experienced relapses as a result of medication availability and compliance being jeopardized. This era has proved devastating for substance use disorder patients, as a lack of substance or medicine has resulted in severe withdrawal symptoms and medical problems such as delirium or seizures, which can be life-threatening owing to poor access to diminishing emergency services.³⁰

Disruption of mental health services during Covid-19:

WHO survey was conducted from June to August 2020 among 130 countries evaluating how the provision of mental health, neurological and substance use services has changed due to Covid-19, the services that have been disrupted. Over 60% reported disruptions to mental

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7165115/>

health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%). More than a third (35%) reported disruptions to emergency interventions, so the people experienced prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition. Disruption in the provision of mental health services had an overwhelming deleterious impact on the lives and care of people with severe mental illnesses – SMIs including Bipolar, Schizophrenia, etc.³¹

Bipolar disorder and Covid:

Covid-19 pandemic has relapsed manic-depressive illness/ bipolar disorders. For instance, social distancing regulations and lockdowns decrease social support and increase loneliness, increasing the risk of irregular social and circadian rhythms which inflated the risk for recurring affective episodes or suicidal behaviours.

Attention deficit hyperactive disorder (ADHD) and Covid:

ADHD is characterized by difficulties with inattention and/or hyperactivity/impulsivity. Additional difficulties are frequently identified to co-occur with ADHD, such as learning difficulties, behavioural and emotional difficulties, labile mood, and sleep difficulties. Observational studies have reported worsening in ADHD, more symptom severity, internalizing comorbidity, and negative health behaviours during the initial phase or first year of the Covid-19 pandemic.

Obsessive-compulsive disorder (OCD):

Due to fear of contracting Covid-19 through fomite transmission, such a persistent fear has exacerbated OCD in some otherwise vulnerable individuals, and in these cases, washing can persist for many hours in a day, with significant distress and dysfunction. Subjects with OCD also experience repetitive thoughts that they are contaminated (contamination obsessions) and wash repeatedly to reduce anxiety (compulsions). The subjects often recognize that these thoughts are senseless but cannot control them.

³¹ [https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey#:~:text=Countries%20reported%20widespread%20disruption%20of,or%20postnatal%20services%20\(61%25\).](https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey#:~:text=Countries%20reported%20widespread%20disruption%20of,or%20postnatal%20services%20(61%25).)

Panic disorders and Covid-19:

Shortness of breath, choking or smothering sensations, chest pain or discomfort, and fear of dying our minds have been conditioned to associate these symptoms with a rather severe form of the Covid 19 disease. Patients with PD are likely to have a more severe life-threatening form of Covid. This develops a complex picture that requires consideration from the clinicians involved in managing Covid 19. PD patients with COVID19 perceive more intense respiratory and physical discomfort than other patients, even with mild infection.

Substance Use Disorder (Alcohol/tobacco) and Covid-19:

Individuals may use substances to overcome social isolation, as a way of pleasure-seeking, or to reduce anxiety and depression. The most common and expected pattern is that of increased use with some dysfunction. Harmful use may also occur which means there is damage to health due to alcohol or tobacco. In this case, harmful effects could be physical (e.g: liver/lung-related issues) or mental (e.g.: worsening of mental health issues like anxiety or depression). Continued use can lead to dependence or addiction, which is characterized by a strong desire to drink/smoke, difficulties in controlling the use, the persistence of drinking despite harmful consequences, higher importance given to use of substance than to other activities, increased tolerance, and a physical withdrawal state.

Phobias and Covid-19:

There are also anxiety disorders that might emerge in certain well-defined situations. Most commonly certain people can excessively develop a fear of crowds in the wake of Covid-19 (due to fear of infection). In certain cases, if there is excessive avoidance of crowds to the point of being house-bound it is called agoraphobia. In all these phobic states, anxiety symptoms are triggered only in particular situations and are accompanied by strong avoidance of the situations that trigger fears.

Severe mental illness:

The emergence of severe mental illness as a direct consequence of the pandemic is unlikely. However, in individuals already suffering from such conditions, there could be a relapse or worsening. **Common symptoms** Unexplained irritability/aggressive behaviour,

Talking or smiling to self, Suspiciousness, Hearing voices when nobody is around (hallucinations), False beliefs (delusions), Poor self-care³²

Covid-19's effect on central nervous system functioning & mental health:

One cross-sectional study identified patients who were hospitalized with Covid-19 and had new-onset neuropsychiatric symptoms, including acute alterations in behavior, cognition, consciousness, or personality and neurologic problems.

- A chart review of hospitalized patients with Covid-19 found that central nervous system manifestations (e.g., dizziness, headache, or impaired consciousness) occurred in 25 percent
- A study of patients hospitalized with acute respiratory distress syndrome due to Covid-19 found multiple neurologic and psychiatric features, such as agitation (69%), confusion (65%), corticospinal tract signs (67%), and neuropsychological impairment (33%).³³
- A study of hospitalized patients with Covid-19 found that nearly 60 percent manifested neuropsychiatric symptoms, including anxiety, delirium, depression, dizziness, dysgeusia, headache, insomnia, and myalgias.

Depression & Anxiety:

The Covid-19 Mental Disorders Collaborators conclude that, throughout 2020, the pandemic led to a 27·6% increase in cases of major depressive disorders and a 25·6% increase in cases of anxiety disorders globally. Across OECD countries, different survey instruments have been used to measure the prevalence of anxiety and depression, and the levels of mental distress. When compared to the results prior to the pandemic, the data consistently shows that **rates of anxiety and depression increased in 2020 compared to previous years**

³² <https://www.uptodate.com/contents/covid-19-psychiatric-illness>

³³ <https://www.frontiersin.org/articles/10.3389/fpsyt.2020.581426/full>

The prevalence of depression increased significantly in 2020

National estimates of the prevalence of depression or symptoms of depression in early 2020 and a year prior to it

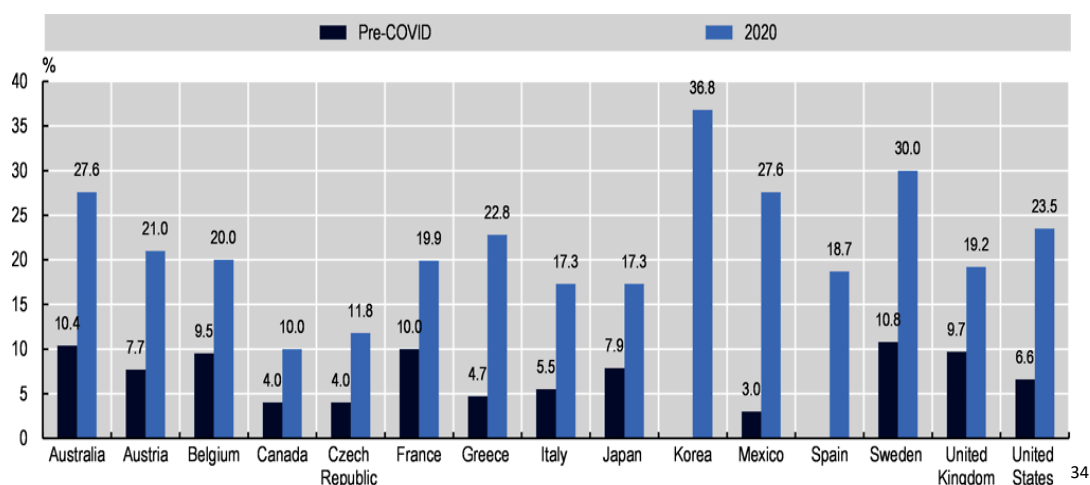


Fig. 6

The onset of new mental health issues during Covid-19

Covid-19 can be classified into an acute phase during the outbreak and a long-term phase after the control of the outbreak.

a) **Acute phase** (during the outbreak) – Issues include immediate mental health impacts such as fear, denial, anxiety, insomnia, dissociative symptoms, depressive symptoms, suicidal ideas/attempts, substance withdrawal, and relapse of pre-existing mental health problems.

b) **Long-term phase** (after the control of the outbreak) – Issues commonly presenting include grief, survivors' guilt, depression, substance use, relapses of pre-existing mental illness, PTSD, and somatization disorders. The major stressor during this period will be the direct and indirect socio-economic impact of Covid-19.

New-onset of mental health problems include:

i. **Health-related anxiety:** By far this would be the most common condition that could arise during isolation. This can occur due to uncertainty of outcome, fear of turning positive on testing, and stigma. It can range from mild to severe. In severe cases, it can lead to panic attacks.

³⁴ <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cca0b/>

ii. ***Depression and Anxiety:*** Fear of contracting a severe and possibly life-threatening illness, isolation from the family, helplessness, and guilt associated with behaviours which led to infection, is a source of infection to family and public, and not being able to perform duties, etc. can lead to depression and anxiety. Some people in the quarantine may even harbour suicidal thoughts.

iii. ***Low mood, fear, nervousness, irritability, anger, frustration, boredom, emotional exhaustion,***

feeling stressed, numbness, and insomnia: Many quarantined persons may experience these problems which may or may not amount to a diagnosable mental health disorder, nonetheless, they need to be identified and addressed.

iv. ***Substance Withdrawal:*** Withdrawal from substances can occur due to non-availability and sudden stoppage from the substances, especially alcohol.

v. ***End-of-life crisis:*** Thoughts of whether they have performed their duties adequately, fear of death, apprehension towards the family's reaction to one's death, guilt, etc. may haunt the person.

vi. ***Acute stress reaction and post-traumatic stress disorder (PTSD):*** Hospital quarantine can be a significant traumatic event resulting in acute stress disorder. People exposed to hospital quarantine have a higher risk of later development of PTSD.

Psycho-social factors that led to the onset of new psychiatric illnesses are:

- Frequency and extent of exposure to individuals infected with the virus
- Fear of infecting family members
- Lack of access to testing and medical care for Covid-19
- Physical distancing, home confinement, quarantining, and loneliness
- Inconsistent messages and directives regarding public health measures such as wearing face masks
- Increased workloads
- Economic hardships and insecurity
- Shortages of available resources (e.g., foods, paper products, and personal protective equipment)

- Diminished personal freedoms

- Continuous media reporting about the pandemic and the uncertainty surrounding its eventual outcome.

As per a study published in National Library of Medicine, "During the Covid-19 pandemic in China, Spain, Italy, Iran, the United States, Turkey, Nepal, and Denmark, relatively high rates of anxiety (6.33 percent to 50.9 percent), depression (14.6 percent to 48.3 percent), post-traumatic stress disorder (7 percent to 53.8 percent), psychological distress (34.43 percent to 38 percent), and stress (8.1 percent to 81.9 percent) were reported in the general population." According to the survey, both depression and anxiety disorders have increased by 35 percent in India.³⁵

People who experience the death of a family member often do not have the opportunity to be present in their last moments, or to hold funerals which can have a profound effect on grieving and impact mental health. Those who have loved ones affected by Covid-19 face worry and separation. Some Covid-19 patients have also experienced stigma, discrimination, and intimidation.³⁶

³⁵ <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

³⁶ 'Mental health in the times of Covid-19 pandemic' by National Institute of Mental Health and Neuro Sciences

INDIRECT IMPACTS

7. Economic crisis during the pandemic and its impact on mental health

Globally, the Covid-19 pandemic has been accompanied by a great economic crisis. An estimated 8.8% of global working hours were lost in 2020 compared to the fourth quarter of 2019, which is equivalent to 255 million full-time jobs. From these working hour losses, 50% are estimated to represent direct employment loss, while the other 50% is represented by working-hour reduction within employment. This represents not only a higher amount of unemployment but also higher job insecurity. By April 2020, 15% of employees felt they were likely to lose their jobs in the next three months. Taking into account that the financial crisis in 2008 had profound effects on the psychological wellbeing of the general working population, the current economic crisis related to the Covid-19 pandemic is expected to have similar negative effects on people's mental health.

Several studies have been conducted to understand how the current financial and economic crisis related to the Covid-19 pandemic affects the general populations' mental health. Indeed, it has been found that mental health overall decreased after the Covid-19 outbreak. A review identified factors that seem to have worsened the mental health of workers during the pandemic:

- Job insecurity
- Adverse employment environment
- Long periods of quarantine and isolation
- Working rights exploitation
- Uncertainty about the future

For young adults, it has been found that the risk for poor mental health was 2- to 6-times higher in those who had either experienced or anticipated job loss. Job insecurity and financial concern due to the Covid-19 pandemic have been identified as potential sources for greater depressive and anxiety symptoms. Moreover, job insecurity seems to influence both directly on mental health and indirectly via creating a higher financial concern, as can be seen in the graph. The chain of thoughts for such a situation could be:

“I might lose my job” -> “I won’t be able to provide support for my family” -> anxiety symptoms

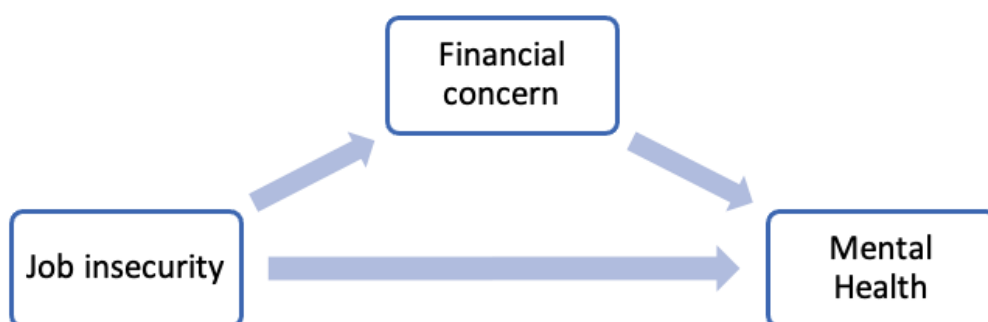


Fig. 7: Graph-based on Wilson et al., 2020

India:

The economic impact of the Covid-19 pandemic on India has been devastating. India's growth forecast for the fiscal year 2021 by World Bank, International Monetary Fund (IMF), and various credit rating agencies have touched rock bottom. These are likely to be the lowest growth figures for India in the last three decades. However, the IMF projection for India for the financial year 2021–2022 of 1.9% gross domestic product (GDP) growth is the highest among G-20 nations. The Covid-19 pandemics may just be the “greatest emergency since Independence” for India.

Estimate of economic losses:

The loss to the Indian economy during the first 21 days of the lockdown is estimated to be over 32,000 crore/day. A World Bank report said that India's economy is expected to grow 1.5%–2.8% for FY21.³⁷ This will be the lowest growth for India since the economic liberalization in the 1990s. India's growth rate has been faltering even before the arrival of the pandemic. From 2014 to 2018, India was the world's fastest-growing major economy, with a GDP growth rate consistently >7. However, in 2019, its growth slowed to 4.7% - the slowest in the past 6 years and unemployment was at a 45-year high. The industrial output from the eight-core sectors at the end of 2019 fell by 5.2% - the worst in 14 years. Small businesses had just started to show

³⁷ <https://www.thehindubusinessline.com/economy/covid-19-lockdown-estimated-to-cost-india-45-billion-a-day-acuit-ratings/article31235264.ece>

signs of recovery from the effects of demonetization. The Covid-19 pandemic is likely to further weaken the already fragile economy.³⁸

Salary loss:

Economists say people who work for small businesses may end up with job and salary losses. There have been places where companies are actively discussing how many people they need to fire. As many middle-class people are working from and not worried about salaries, the country also has a lot of workers in the unorganized sector like domestic help, daily wage workers, and others who will lose pay as they stay home due to the pandemic.

The Prime Minister's appeal to businesses and high-earning members of society to pay attention to the monetary needs of all those who give them services has mainly fallen on deaf ears. He also requested families not to cut the pay of domestic help.³⁹ In India, it is a popular practice amongst many households to cut pay for days of work missed. Few domestic workers ever receive weekly holidays or even get any other benefits. The plight of wage earners in unorganized and unregistered enterprises, who account for 44.5% of the income in the economy but receive only 26.4% of the total wages, is quite similar to that of agricultural wage earners,” the study had said. Several airlines came to the decision of packing off employees on unpaid leaves. Following the lockdown, the government circulated advisories and directives ordering companies to keep paying employees, among other things.⁴⁰ Soon doubts arose as to how remunerations could continue to be paid when the establishments are non-functional. The legal validity of the order was also questioned. Finally, the matter reached the courts and the order was stayed. Migrant workers were worried about the implementation of the orders as almost all of them had no records of payment or deduction of wages. Further, even in normal times, the orders of minimum wages are not followed; how would the government be able to ensure payment of minimum wages under a lockdown?

Psychological implications:

Because of the Coronavirus outbreak and lockdown going on, there have been many psychological implications on people due to the fear of infection and changes in lifestyle.

³⁸ Mukharji A. Coronavirus: India's Bailout May not be Enough to Save Economy. [Last accessed on 2020 Apr 03].

³⁹ <https://www.businessinsider.in/india/news/modi-appeals-people-to-not-cut-the-pay-of-domestic-help-and-others-who-cant-come-to-work/articleshow/74716721.cms>

⁴⁰ https://labour.gov.in/sites/default/files/Central_Government_Update.pdf

Because of the lockdown, the whole economy is shaken, which adds up to the psychological burden on people of every class be it rich or poor. Various psychological implications are as under.⁴¹

Anxiety and panic:

With the increasing fear of the disease, people around the world are facing issues to deal with it mentally. For common people, it is the fear of the unknown; they are not aware of what is coming their way, and if it comes, how to deal with it. News circulating throughout the media has caused havoc on the disease and people are hooked up on that news throughout the day. Although the media is spreading awareness people fear contracting the disease. People of higher strata are having this fear the most as they are the ones affected most. It's a dilemma for the poor and daily wage workers as they have strict orders of staying inside, but due to lack of resources to run the family and no source of income, they have to travel long distances in search of food, increasing the risk of infection for themselves. They cannot help but roam around in search of food and resources, which creates more panic among them and also the people around them. Health-care workers and officials working in the frontline are most vulnerable to contracting the infection, which is creating anxiety among them.

Stress and depression:

The level of stress is at its peak among everyone right now. Because of the effect on the economy, everyone is bearing financial losses. Daily wagers are facing the most amount of stress as they have nothing to run their families and are not able to meet their ends. People are dying because of a lack of food and traveling long distances by walking. The stress of this never-ending blow on them has taken a huge toll. Due to lockdown, most people have nothing to do sitting at their homes. This change in routine is stressful for many people and they have nowhere to go. There are more fights in families as people are not used to staying together the whole time and also, they are stressed by the burden of disease, which causes more frustration.

Sleep disturbances:

With the increasing amount of stress because of financial loss and the change of routine, sleep disturbances and changes in the sleep cycle are very much prevalent. Because of the

⁴¹ Chaudhury S, Samudra M. Lockdown psychological effects. *Med J Dr D Y Patil Vidyapeeth*. 2020

loss of jobs and nowhere to go for daily wages, they lose their homes and shelter and also travel long distances on foot, which disrupts their sleep, increasing the stress and burden.

Suicide:

The rates of suicide have increased as the disease burden is increasing. With people losing their jobs, farmers not being able to sell their crops and earn, and no food or resources for the laborers, people think they have nowhere to go but to end their lives. There have been incidences where people commit suicide, thinking that it would put less burden on the family with fewer mouths to feed.

The economy of the country is at its lowest like never before and it is a major challenge for the government at present. Policy actions to combat the impact of Covid-19 have been undertaken by G-20 countries, including India, where the repo rate has been reduced to a historic low of 4.4% and a relief package amounting to INR 1.7 lakh crore has been introduced. With subdued tax revenue performance, stimulus initiatives will have to rely largely on additional borrowing by the center and states.⁴² It is said that the failing economy and various sectors suffering will lead to more deaths than Covid-19 itself. Some of these deaths may be because of the increased amount of stress and suicide and that's where the role of a Mental healthcare worker comes, which plays a crucial role in these tough times and it is always better to seek help when needed.

Dealing with such a problem:

As the Coronavirus has become a global emergency, steps are being taken to reduce the burden of disease. However, there is not much attention given to the psychological implications, which will be another pandemic once this virus is dealt with. India is particularly at risk for this because of higher rates of poverty along with the substantial economic stagnation which was never seen before. Hence, this issue needs to be dealt with carefully and promptly. Here are some ways in which we can help ourselves:⁴³

- Do not see this as an opportunity to laze out and stay immobile. Spend this time staying healthy and exercise at least for 1 h daily as the mind will stay healthy only if the body is

⁴² Sharma M. Coronavirus exposes India's official callousness. *Bloomberg Quint*. 2020.

⁴³ <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/mental-health-and-covid-19>

- This will divert your mind from all the negativity around and even help you sleep better.
- Go to bed daily at your regular time rather than spending time on television or mobile
- Avoid daytime sleep or keep it to a minimum.
- If this issue is taking a toll on your mental health, never hesitate to seek professional help. It is okay to succumb to your fears. Keep your mind healthy to keep the rest of your body healthy.

8. Violence against women (VAW) during the pandemic and its effect on mental health

The onset of the Covid-19 pandemic has numerous mental health implications as discussed in this paper. However, one oft-overlooked aspect is that of the gender distress caused⁴⁴. With the pandemic came the frequent and continuing lockdowns in different parts of the world. And with the lockdowns, came close and constant co-habitation with partners and families in the confined spaces of homes. This has led to an increase in Violence Against Women (VAW) like intimate partner violence (IPV) or domestic violence (DV), especially in countries like India where its existence was already high pre-pandemic. These past few years have also witnessed a rise in cases of cyber-crimes against women. It is to be noted that times of crisis like this, are most likely to increase violence against women and girls in particular. The unavoidable situations brought about by the pandemic have led to an increase in cases of VAW, with many not able to reach out for help due to Covid-19 restrictions. VAW is one of the most horrendous violations of human rights and its increase due to the pandemic requires attention from authorities to curb the same. This section of the paper aims to briefly analyze the issue of VAW, its existence in India pre-pandemic, and discuss the various implications of Covid-19 concerning VAW and the mental health impact of the same on women.

What is VAW?

Violence against women (VAW) is a comprehensive term defined by the United Nations as, “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”⁴⁵

To understand the gravity of the issue, nearly one in every 3 women, i.e., 30%, of women have been subjected to physical and/or sexual violence by an intimate partner or non-partner sexual violence or both⁴⁶. Globally, around 35 percent of women undergo some form of violence in their lifetime¹. In a study done in India, on about 10000 women, 26 percent

⁴⁴ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406> Last accessed: 28th February 2022

⁴⁵ Declaration on the Elimination of Violence against Women - UN Documents: Gathering a body of global agreements A/RES/48/104. <http://www.un-documents.net/a48r104.htm>. [Last accessed March 2, 2022]

⁴⁶ Violence against women Prevalence Estimates, 2018. Global, regional, and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. WHO: Geneva, 2021

reported having experienced physical violence from spouses during their lifetime⁴⁷. Among studies surveying at least two forms of abuse, a median of 41% of women reported experiencing DV during their lifetime and 30% in 2016⁴⁸. Some of the plausible factors that increase the risk of VAW are enumerated in the following infographic.

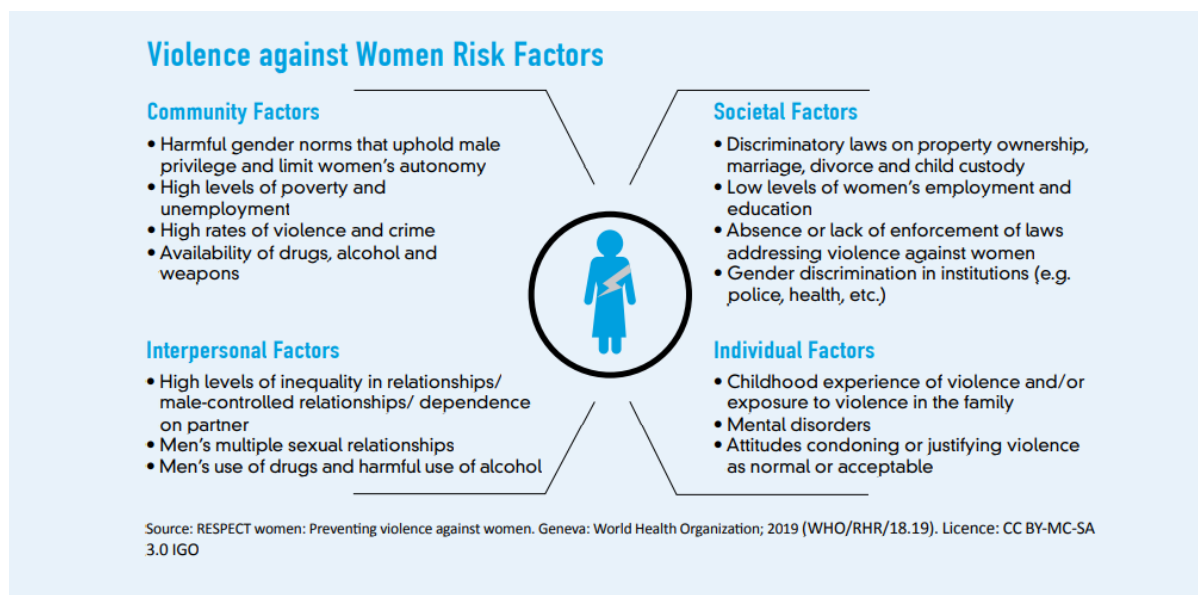


Fig. 8: Factors increasing the risk of VAW⁴⁹

Types of VAW

As a comprehensive term, VAW includes IPV, Sexual violence, psychological harm, and cyber-crimes against women. The WHO defines IPV and sexual violence as follows,

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours⁵⁰.

Sexual violence is "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced

⁴⁷ Physical spousal violence against women in India: some risk factors. Jeyaseelan L, Kumar S, Neelakantan N, Peedicayil A, Pillai R, Duvvury N, *J Biosoc Sci.* 2007 Sep; 39(5):657-70.

⁴⁸ Kalokhe, Ameeta et al. "Domestic violence against women in India: A systematic review of a decade of quantitative studies." *Global public health* vol. 12,4 (2017): 498-513. doi:10.1080/17441692.2015.1119293

⁴⁹ RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (WHO/RHR/18.19). Licence: CC BY-MC-SA 3.0 IGO

⁵⁰ Violence against women (who.int), Last accessed 2nd March 2022.

penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching, and other non-contact forms⁴¹.

Effect of Covid-19 on VAW

As early as April 2020, various countries reported rising cases of domestic violence. In France, for example, cases of DV have increased by 30 percent since the lockdown on March 17⁵¹. Helplines in Cyprus and Singapore⁵² registered an increase in calls by 30 percent and 33 percent, respectively⁵³. In Argentina, emergency calls for domestic violence cases have increased by 25 percent following the first lockdown. In Canada, Germany, Spain, the United Kingdom, and the United States, government authorities, women's rights activists, and civil society partners have indicated increasing reports of domestic violence during the crisis, and/or increased demand for emergency shelter⁵⁴.

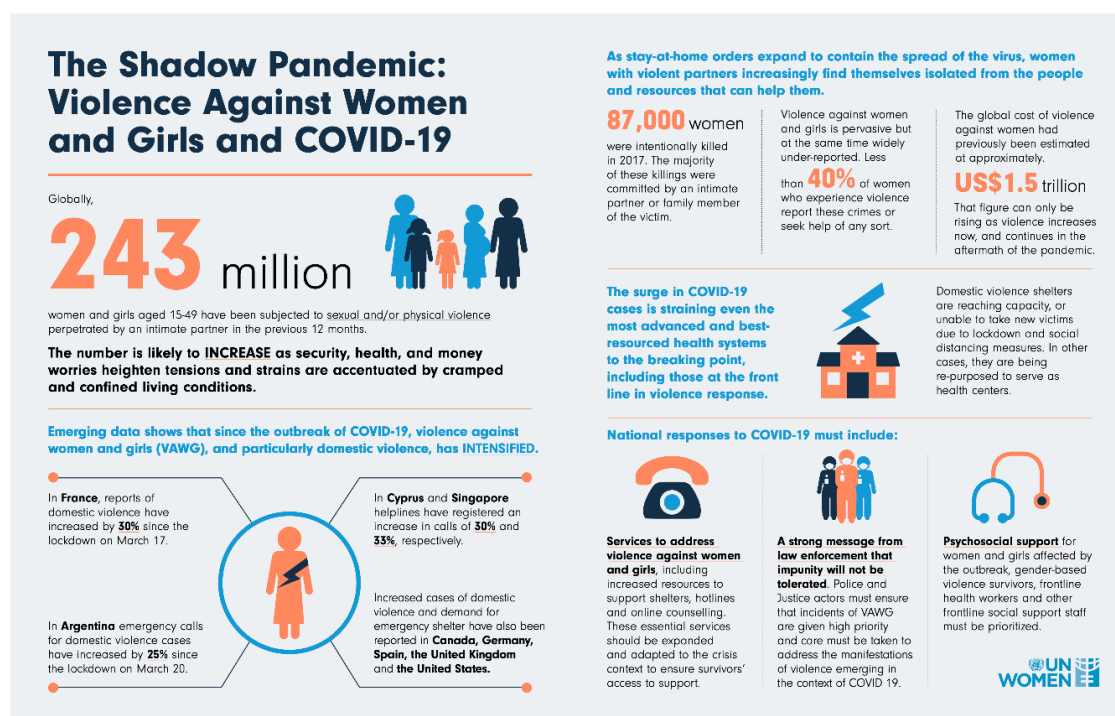


Fig. 9⁵⁵

⁵¹ [Domestic violence cases jump 30% during lockdown in France | Euronews](https://www.euronews.com/news/domestic-violence-cases-jump-30-during-lockdown-france), Last accessed 2st March 2022

⁵² <https://www.channel-newsasia.com/news/commentary/coronavirus-covid-19-family-violence-abuse-women-self-isolation-12575026>, Last Accessed 2nd March.

⁵³ Lockdowns around the world bring a rise in domestic violence” <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>, Last accessed 2rd April 2020

⁵⁴ [EVAW COVID-19 brief series | Digital library: Publications | UN Women – Headquarters](https://www.unwomen.org/sites/default/files/Headquarters/Images/Sections/Multimedia/2020/infographic-COVID19-evaw.png)

⁵⁵ <https://www.unwomen.org/sites/default/files/Headquarters/Images/Sections/Multimedia/2020/infographic-COVID19-evaw.png>

The UN Women in one of their publications, a series of briefs on Covid-19 and ending VAW, (from which the preceding infographic has been cited), rightly calls the rise in cases of VAW as a shadow pandemic, one that is brewing in the shadows of the Covid-19 pandemic⁵⁶. The following infographic shows some of the ways in which Covid-19 implications affect VAW. Stress, disruption of social and protective networks, increased economic hardship and decreased access to services are some of the aftereffects of the pandemic that might increase the risk of VAW. We shall discuss a range of them in detail in the following sections.

Impact of crises and disasters on VAW

When we look at reasons as to why times of disaster result in significant increases in incidents of VAW, the existing sociological and gender-based issues ingrained into society are further exasperated during such times. They result in an increase of stress, aggression, etc, due to unemployment, reduction in earning capacity, uncertainty, and displacement among others. This manifests as violence against women in public as well as private scenarios. With epidemics and pandemics, the added stressor of confinement and lockdowns see an increase in IPV and familial violence. This can be inferred from previous incidents of disaster and crises such as the eruption of Mount St. Helens in 1980, Hurricane Katrina in 2005, the Black Saturday bushfire, 2009, the Earthquake in Haiti, 2017⁵⁷, and the Black Sunday Australian bushfires⁵⁸. There was a demonstrated increase of about 98% in the “physical victimization” of women in the post-Katrina aftermath⁵⁹. Closer home, a rise in cases was recorded following the tsunami and Indian Ocean earthquake of 2004⁶⁰. Previous epidemics like Ebola, cholera, Zika, and recently Nipah saw an increase in IPV due to an increase of familial stressors⁶¹.

⁵⁶ Statement by Phumzile Mlambo-Ngcuka, Executive Director of UN Women, 6 April 2020, [Violence against women and girls: the shadow pandemic | UN Women – Headquarters](#)

⁵⁷ Campbell AM. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Foren Sci Int Rep*. (2020) 12:100089. doi: 10.1016/j.fsir.2020.100089

⁵⁸ Parkinson D. Investigating the increase in domestic violence post disaster: an Australian case study. *J Interpers Violence*. (2019) 34:2333–62. doi: 10.1177/0886260517696876

⁵⁹ Anastario M, Shehab N, Lawry L. Increased gender-based violence among women internally displaced in Mississippi 2 years post–Hurricane Katrina. *Disaster Med Public Health Prep*. (2009) 3:18–26. doi: 10.1097/DMP.0b013e3181979c32

⁶⁰ Fisher S. Violence against women and natural disasters: findings from post-tsunami Sri Lanka. *Violence Against Women*. (2010) 16:902–18. doi: 10.1177/1077801210377649

⁶¹ Nair Vasundhara S., Banerjee Debanjan, “Crisis Within the Walls”: Rise of Intimate Partner Violence During the Pandemic, Indian Perspectives, 2, *Frontiers in Global Women's Health*, 2021.

Lockdowns, close confinement, and domestic violence

Cramped and confined spaces are likely to increase the chance of the occurrence of IPV and other forms of DV. In households where instances of DV occurred or were frequent before the pandemic, this situation has increased the likelihood of their occurrence exponentially. From March to April 2020, the National Commission for Women recorded a near doubling of complaints from 123 to 239⁶².

Non-consensual sex and risk of unwanted pregnancy

Sexual frustrations and pre-existing absence of healthy sexual practices and respect of women's consent in sex lead to an increase of non-consensual sex and marital rape, unprotected sex, and in many cases subsequent unwanted pregnancies⁶³. These end up taking a huge toll on women's mental and physical health. This is especially so in the current situation of the pandemic where partners are forced to be in close quarters 24 by 7, and victims are obstructed from going out for help. Women have far lesser access to resources like gynaecologists or even basic healthcare and are thus unable to approach them either.

Recession, financial crises, and domestic violence

The Covid-19 pandemic resulted in a mass economic recession worldwide as businesses shut down or cut down on production, offices were closed or asked to function remotely etc, resulting in the global economy plunging. This recession has an impact at the micro-level where families were stranded of their livelihood, bereft of money to sustain their lives, the education of their children, and in worst cases even unable to satisfy their basic needs of hunger, thirst, and shelter. This in turn likely caused an increase in levels of aggression, anxiety, depression, and other manifestations of mental health conditions. These mental health conditions caused people suffering from them to manifest them on partners and family members as domestic violence.

The economic impact of Covid-19 resulting from the widespread closure of businesses and industries puts increased financial strain on communities, particularly in segments of the population that are already vulnerable. Women disproportionately work in insecure, lower-paid, part-time, and informal employment, with little or no income security and

⁶² [Covid-19 lockdown: Domestic violence cases reported to NCW nearly double in last 25 days \(scroll.in\)](#)

⁶³ Wenham C, Smith J, Morgan R. COVID-19: the gendered impacts of the outbreak. *Lancet*. (2020) 395:846–8. DOI: 10.1016/S0140-6736(20)30526-2

social protection, such as health insurance – and are therefore less protected from economic recession in times of crisis.⁶⁴

Non-availability of redressal services/ Difficulty in seeking help

The pandemic resulted in the imposition of nationwide lockdowns to a complete extent during the days of its initial onset. That period especially, along with other subsequent lockdowns to a lesser extent, have contributed to a significant increase in domestic violence. During such times, where IPV is on the rise, victims are unable to reach out due to the non-availability and lack of access to redressal services, difficulty in reaching police stations to file for complaints, contact hospitals, or medical help in cases of physical violence. The travel restrictions in place also act as a barrier to seeking help.

Further, due to lockdown and social distancing measures, domestic violence shelters are unable to cater to the needs of all victims by taking them in⁶⁵. In many areas these shelters are also being used as Covid-19-shelters, leading to their inability to fulfill their actual purpose. This results in victims being unable to reach out and get help, thus stranded in the very place of the perpetuation of violence for extended periods of time with their abusers. This in turn causes huge amounts of mental distress and can lead to the worsening of existing mental health conditions like anxiety, depression, PTSD, etc, or the manifestation of the same due to repeated acts of violence, either physical or mental or both.

Increase in cyber-crimes against women

Women and girls are using the internet with greater frequency during the pandemic while there is a gender digital divide. There is a reported increase of internet usage of almost 50 to 70% post-pandemic as most of our lives have become digital. In such a situation, online and Information and Communication Technology (ICT) facilitated violence against women has spread.

⁶⁴ [Issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf \(unwomen.org\)](#)

⁶⁵ [The Shadow Pandemic: Violence against women during COVID-19 | UN Women – Headquarters](#) Last Accessed: 1st March 2022

Furthermore, the number of justice officers specializing in cyberviolence was reduced during 2020, increasing the risk of ICT facilitated violence⁶⁶. This reduces the emergency help and care and availability of justice to affected women.

Mental health impacts of VAW

Every Covid-induced phenomenon that affects VAW, which we have discussed in the preceding sections, has huge mental health implications. Violence, both physical and mental, results in extreme trauma, an increase in anxiety levels, and at times even in the manifestation of depression. Post-traumatic stress disorder (PTSD) is one of the most widespread mental health conditions caused by acts of VAW. The following figure from a study in 2017 illustrates the various observed impacts of domestic violence on women where mental health outcomes form a large part.

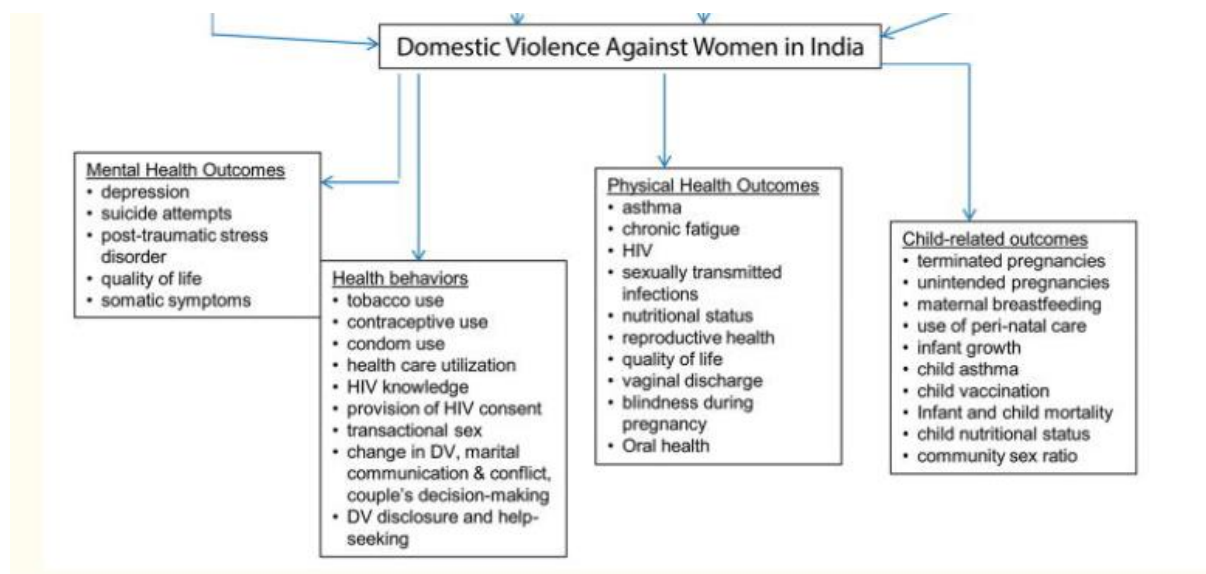


Fig. 10: Outcomes/Impacts of DV against Women in India⁶⁷

Since this study was pre-pandemic, the variables causing domestic violence considered in this study, have now increased in varying degrees. Thus, the observed outcomes are likely to have increased to even greater extents following VAW post-pandemic.

⁶⁶ Ibid

⁶⁷ Kalokhe, A., Del Rio, C., Dunkle, K., Stephenson, R., Metheny, N., Paranjape, A., & Sahay, S. (2017). Domestic violence against women in India: A systematic review of a decade of quantitative studies. *Global public health*, 12(4), 498–513. <https://doi.org/10.1080/17441692.2015.111929>

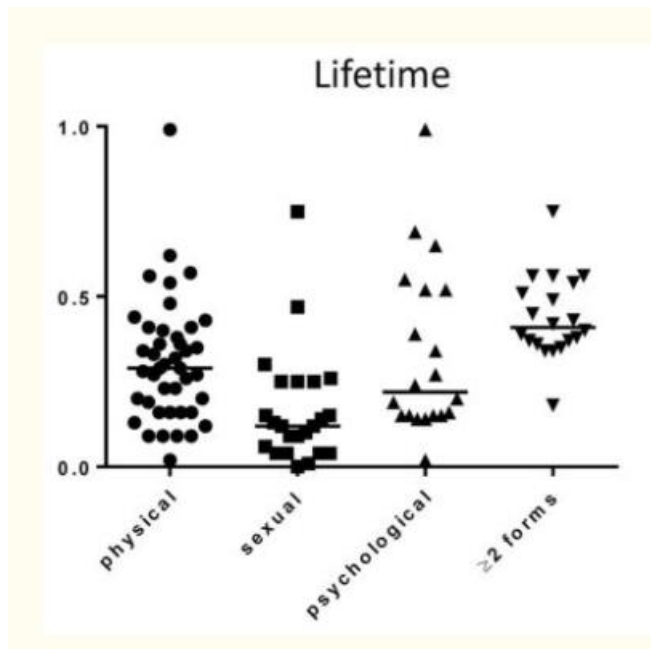


Fig. 11: Circles, squares, upright triangles, and inverted triangles represent prevalence estimates of psychological, physical, sexual, and multiple forms of DV, respectively, as provided by each individual study⁶⁸.

The above-depicted figure from the same 2017 study illustrates the distribution of different forms of Domestic Violence in the lifetime of the individuals studied.

Apart from these, there is the aspect of the violence itself being mental or psychological. This is an important thing to note is that domestic abuse or VAW, in general, is not exclusive to physical violence. In fact, a large part of VAW, the part that goes largely unrecognized are psychological and other forms of violence. These include restriction of rights, mobility, autonomy, sexual harassment, and mental and money-related maltreatment. Socially ingrained issues like controlling behaviours, gender-based stereotypes, gender discrimination, misogynistic attitudes, and jealousy are likely to increase during times of crisis and in turn reinforce VAW.

⁶⁸ Ibid.

9. Impact on People with Substance Abuse Disorder

"Modern life, too, is often a mechanical oppression and liquor is the only mechanical relief." - Earnest Hemingway in 1935.

These are the words of an American novelist and they very well connect to today's World. Substance use is a huge problem in India as well as other countries. Substance Use Disorders, characterized by an array of mental, physical, and behavioural symptoms, directly or indirectly claim the lives of millions of people every year.

Substance abuse as the risk factor for acquiring Covid-19

People with SUD are at a higher risk of getting infected with SARS CoV2. Smoking has been found to be an adverse prognostic indicator of COVID 19. A similar health risk might be imposed by alcohol consumption, although there is a lack of systematic data regarding alcohol consumption and Covid-19 risk. The dysfunctional immune system, vitamin deficiency, heightened risk of aspiration pneumonia, associated liver and cardiometabolic diseases, increased risk of thrombosis can all act synergistically to cause worse health⁶⁹. Extra caution should be taken regarding the misinformation surrounding any protective effects of alcohol against Covid-19. Those who take opioids for therapy are at risk of fatal overdose. High-risk behaviours such as sharing cigarettes and needles between peers increase the chance of an outbreak⁷⁰. The decision taken by the government to open liquor shops was hugely criticized by many organizations.

⁶⁹Are patients with alcohol use disorders at increased risk for covid 19 infection? , Testino G, 2020 May 13

⁷⁰ Sharing alcoholic drinks and covid 19 outbreak, R. Wiwanitkit

The surge of substance addictive behaviour during Covid-19

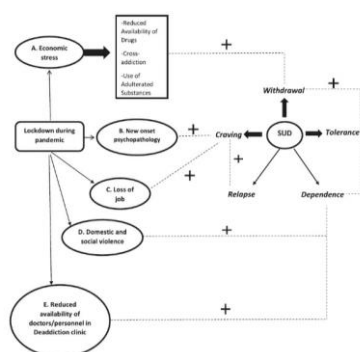


Fig. 12: Bidirectional relationship between COVID 19 and addiction⁷¹

Acute and chronic stressors have well been attributed to the inception and protraction of many SUD's among the general public. COVID 19 was an unexpected situation for the whole World and the government was trying to curb this situation in the best way possible. This leads to complete lockdown in the first wave which means that people suffered confinement, loss of jobs, financial crunch, anxiety, feelings of vulnerability, and other burdens which lead to an increase in the consumption of substances as they feel like it gives them pleasure and takes away their worries. Distressed people may take refuge in addictive substances, whichever is cheap and readily available to allay their negative feelings. This can potentially trigger the development of SUD in high-risk groups and also a spike in the incidence of SUD among the general population as well. Authorities of many a country have deemed alcohol and tobacco to be essential commodities that too during the lockdown and even promoted their business through wide relaxation of the licensing rules. Reportedly, a surge in the sale of alcohol has been observed in the lockdown period, again reinforcing the origin of SUD in the population.

⁷¹<https://www.researchgate.net/deref/https%3A%2F%2Fwww.news18.com%2Fnews%2Findia%2Falcoholics-turn-to-sanitisers-during-lockdown-madhya-pradesh-officials-claim-ignorance-2603997.html> (Last accessed 1st March 2022)

Rural and Urban Substance Use Statistics

(Ages 12 and older, unless noted)

Substance use- Binge alcohol use by youths aged 12 to 17 (in the past month)

Non-Metro	Small Metro	Large Metro
6.0%	3.0%	4.3%

Substance use- Cigarette smoking

Non-Metro	Small Metro	Large Metro
22.9%	20.1%	16.2%

Substance use- Smokeless tobacco use

Non-Metro	Small Metro	Large Metro
6.4%	3.9%	2.1%

Substance use- Marijuana

Non-Metro	Small Metro	Large Metro
14.7%	18.5%	18.5%

Substance use- Illicit drug use

Non-Metro	Small Metro	Large Metro
18.2%	21.8%	22.0%

Substance use- Misuse of Opioids

Non-Metro	Small Metro	Large Metro
3.5%	3.8%	3.2%

Substance use- Cocaine

Non-Metro	Small Metro	Large Metro
1.0%	1.8%	2.1%

Substance use- Hallucinogens

Non-Metro	Small Metro	Large Metro
1.7%	2.6%	2.8%

Substance use- Methamphetamine

Non-Metro	Small Metro	Large Metro
0.9%	1.6%	0.6%

Addictive behaviour and Covid-19 form the dangerous duo which fuels each other's propagation. If a nation has to recover from this disastrous pandemic, the special need for the marginalized strata of the society must be addressed with the utmost care. A strong support system must be built and Government, society, family, and health care providers should play their due responsibilities. Government and legislative bodies must act towards upholding the social security of the substance addicts, maintaining the availability and accessibility of prescription drugs, uninterrupted deaddiction, and harm-reduction services. While Due care must be taken to prevent and treat withdrawal symptoms, cessation of addictive behaviour must be promoted at every opportunity. These marginalized sections of the society must receive easy-to-understand proper advice regarding basic preventive measures against Covid-19. Behavioural addiction, although often overlooked, should be taken care of. Close monitoring of internet content and its usage by children and other vulnerable groups are to be done by family members. Engagement in family-time, physical exercise, creative works is potential measures to mitigate internet addiction⁷². Last but not the least, proper education will help people to

⁷² <https://www.researchgate.net/deref/http%3A%2F%2Frefhub.elsevier.com%2FS1871-4021%2820%2930177-6%2Fsref67> (Last accessed 2nd March 2022)

concede health hazards of substance use, even if recreational, and provide the elixir of an addiction-free livelihood.

10. Stigma and Covid-19

The Canadian sociologist Erving Goffman theorized that social stigma is an attribute or behaviour that socially discredits an individual by virtue of them being classified as the “undesirable other” by society.⁷³ It creates stereotypes and prejudice. Edmund Husserl describes ‘othering’ as the reductive labeling and defining a person as a subordinate in terms of category. This dichotomy of ‘We versus Them’ may lead to discrimination and blame.

Pandemic and infectious diseases have a historical relationship with stigma and prejudice. Mary Malon was infamous as ‘Typhoid Mary’, guilty of spreading infection among the families through unaffected. Transmission of infections has always been associated with ‘poverty, filth, and class’, to maintain a false sense of assurance and safety for higher sections of society. The “pestilences” of bubonic plague, Asiatic flu and cholera, Middle East respiratory syndrome, and Ebola outbreak in Africa, all have been associated with polarization, racism, blame against certain ethnicities, and resultant psychological distress. The concept of naming illnesses by the country or place of origin has been termed as “epidemic orientalism” and is considered to be a form of social labeling.⁷⁴

The tradition of terming AIDs as ‘Gay Plague’ is reflected in the legislation of many countries that still prevent homosexual men from donating organs and blood.

The stigma associated with Covid-19 poses a serious threat to the lives of healthcare workers, patients, and survivors of the disease. Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have mental health conditions are common.

Many of them faced social isolation, because of their job, and some had even faced near lynching situations. The root of the stigma lies in the fear of infection.⁷⁵

⁷³ Bhattacharya, Prama, Debanjan Banerjee, and TS Sathyanarayana Rao. “The ‘Untold’ Side of COVID-19: Social Stigma and Its Consequences in India.” *Indian Journal of Psychological Medicine* 42, no. 4 (July 2020): 382–86. <https://doi.org/10.1177/0253717620935578>.

⁷⁴ Bhattacharya

⁷⁵ Bagachi

The Social distancing that is advocated as a preventive measure to control the spread of Covid-19 can be misconstrued and easily manifest as social discrimination. The social stigma in India with Covid-19 is based on racial profiling, infectious status, and occupation.⁷⁶

During the first wave, there was stigmatization of the patients, their families and caregivers, police personnel, healthcare professionals, and migrant workers.⁷⁷ Healthcare Professionals are being discriminated against. Some are also a victim of abuse for stepping out during the Lockdown.⁷⁸ Media reports revealed that doctors and medical staff were asked to vacate their rented homes and were attacked while carrying out their duties.⁷⁹ Diptendra Kumar Sarkar, a professor of surgery and Covid-19 strategist affiliated with the Institute of Post Graduate Medical Education Research (Kolkata, India) states that healthcare workers in India have become a natural target in society, which is why they are suffering mental stress.⁸⁰

Due to Racial Profiling in the west, the Chinese and Asians are being discriminated against, being associated with Coronavirus. In India, similar treatment is being met with to the people of the North East.

Patients of Covid-19 and those who have recovered from Covid-19 are also suffering from stigmatization. A report from Maharashtra states a pregnant woman was abandoned after giving birth, as she was found Covid-19 positive.⁸¹ Additionally, those suffering from other respiratory syndromes may also be discriminated against.

The health advisory issued by the Government of India identifies the reasons for such stigma- misinformation, inadequate information, and fear of disease.

⁷⁶ NIMHANS

⁷⁷ Ministry of Health and Family Welfare, Government of India, Guide to address Stigma associated with Covid-19 – 16.06,2020 , P-1 <https://www.mohfw.gov.in/pdf/GuidetoaddressstigmaassociatedwithCOVID19.pdf>

⁷⁸ NIMHANS Mental Health in the times of COVID-19 Pandemic Guidance for General Medical and Specialised Mental Health Care Setting

⁷⁹ Vol 20, Sanjeet Baghchi , *Stigma during the COVID-19 pandemic Healthcare workers and patients who have survived COVID-19 are facing stigma and discrimination all over the world. Sanjeet Bagcchi reports.* July 2020.

⁸⁰ Bagachi

⁸¹ Bagachi

The effects of stigma, as discussed in the advisory highlight the worsening of existing illnesses, feeling of guilt, and most notably- hesitation to seek medical care and attempt at concealing symptoms.⁸² Additionally, families of medical professionals may pressurize them to quit jobs and this, in turn, can demotivate frontline personnel from carrying out responsibilities.⁸³ These may lead to cases not being reported in time and diversion of preventive measures.

Prolonged isolation can adversely affect physical and emotional health, reaching the extent of altering sleep and nutritional rhythms, as well as reducing opportunities for movement. As a result, the natural channels of human expression and pleasure become depressed, with attendant impacts on mood and subjective well-being.

Furthermore, in accordance with current regulations, we have begun to behave “as if” other people are potentially dangerous for our health and the health of our loved ones. This turn of events has cultivated a new universal belief based on vulnerability-to-harm, whereby proximity to fellow human beings poses a direct threat.

⁸² Ministry of Health and Family Welfare , *Guide*,P-2

⁸³ NIMHANS

ANALYSIS

We are all going through feelings, thoughts, and situations that we have never gone through before. It's not that there haven't been pandemics before. Pandemics, especially plague outbreaks, have been known from the beginning of time. The Cholera epidemic, followed by the flu pandemic, were two of the century's most memorable events. In the early twentieth century, another cholera outbreak, known as the "Spanish Flu," decimated the world. The COVID-19, on the other hand, is of an entirely different magnitude. It has jolted the entire world and caused widespread alarm. COVID-19 has been devastating, country after country as it first sneaks in and then spreads at a breakneck speed. Depending on the stage of the pandemic, it has major and variable psychological effects in each country. The psychological effects of the pandemic are best understood in terms of pre-pandemic psychiatric and psychological problems and the drastic effects of the pandemic on these problems; responses to social isolation and lockdown; psychological responses to the diagnosis, public responses to those with symptoms suggestive of COVID-19 infection, and the infection's aftermath.

As per the report of UNICEF, Children, and Adolescents have experienced 22.1% overall worsening of mental health in the year 2020, another study which was conducted by NGO Agewell on the mental health of senior citizens discovered that there has been a 50% increase in the mental health disorders of Older Adults. Also, before Covid-19, 7 to 20 % of Prenatal women used to experience anxiety and depression, now it has increased to the number of 50 to 60% for anxiety and 30 to 35% for depression. Even 81.6% of People with Disabilities have experienced a high surge of mental stress and depression. Overall, the proportion of respondents without prior psychiatric history who screened positive for generalized anxiety disorder and depression increased by 12% and 29% respectively, during the outbreak.

The social isolation and lockdown have resulted in a number of modifications in daily activity, including redistribution of household tasks, extended working from home, and more time spent with people living together. Regardless of the significance of social distancing (many prefer the phrase physical distancing), such a requirement has resulted in protracted separations from family (for those working away from home), financial stress, and interpersonal tension. Boredom and moodiness are common reactions, as are wrath, impatience, and frustration. The use of mind-altering substances is another form of maladaptive coping. Anxiety, panic, and sadness are unquestionably caused by uncertainty and a sense of lack of control.

Whether it is a child or senior citizen, a person who has lost his job or a person who is away from family for a job, a pregnant woman or a woman who is experiencing domestic and sexual violence, everyone faced adverse effects on their mental health for one reason or another.

The Indirect impacts of the COVID-19 also had adverse effects on people; An estimated 8.8% of global working hours were lost in 2020 compared to the fourth quarter of 2019, which is equivalent to 255 million full-time jobs. it has been found that the risk for poor mental health was **2- to 6-times** higher in those who had either experienced or anticipated job loss. Further, the cases of domestic violence against women and substance abuse amongst teenagers and adults have been increased due to lockdown.

Another aspect of the Pandemic that should not get unnoticed is the stigma in society regarding the COVID-19 patients and the Frontline workers which have worsened their mental health when they were already under the fear of catching such disease.

While one can view these reactions from a 'general' lens, it is equally important to consider the impact of the various phases of the pandemic.

Thus, Covid-19 has increased the depression, anxiety, and stress levels in different categories of population, either directly or indirectly this pandemic has negatively affected the mental health of all the people.

CONCLUSION

The first and foremost responses to the pandemic have been fear and a sense of clear and imminent danger, The fears of contracting the illness are also frequent and range from misinterpreting every fever or cough 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 use. Apart from the advisories regarding handwashing, doubts about whether or not to use a mask, what type of mask, what distances to maintain, what surfaces need disinfection with what? There are also real worries of job losses and economic slowdown during and following the pandemic. The list is endless and leads to a cycle of concern, worry, and distress. Either directly or indirectly this pandemic has negatively affected the mental health of all people.

SUGGESTIONS

Currently, the Government and its officials are focusing on a number of measures linked to COVID-19 prevention, treatment, and containment. The pandemic has proven beyond a shadow of a doubt that policymaking is a very dynamic process during a crisis, and that information is disseminated in real-time. Technological advancements have made this role easier for policymakers. Despite the fluid nature of policymaking, the broad framework encompasses the well-established components of catastrophe and post-disaster care.

Some suggestions are given below:

- Experts in post-disaster psychological crisis intervention might be assembled by mental health professional associations and other related institutions to frame guidelines and provide technical guidance and emergency psychological crisis intervention under the coordination of the government's health authority.
- Psychological crisis interventions for high-risk individuals, as well as mental health education for the general public, might be designed and implemented. In such instances, helplines are lifelines. Running such helplines requires a good control room with ready answers to frequently asked questions.
- The mental health team might also be informed of the government's many programs and policies aimed at reducing public worry about the epidemic and its economic consequences.
- Treatment services for substance use disorders might be maintained indefinitely, and community outreach programs might be established so that the mental health team can give prompt intervention to this group.
- Mental health helplines with a special focus on VAW might be made available to women across the country and awareness regarding the same need to be ensured
- To reduce social stigma, the nomenclature for social distancing can be changed to physical distancing.
- Every Patient with any mental health condition should be provided with any mental health condition can be provided access to affordable mental health care, and minimum mental health services, run or funded by the State or Central Government during the COVID-19 Pandemic.

- Persons with severe mental illness can be prioritized for vaccination as they are at greater vulnerability to COVID-19 infections.
- For the effective management of stress, anxiety, and fear, online counseling of persons with disabilities must be started
- Essential medications which help in the reduction of psychosocial disabilities may not be disrupted.

Though it is difficult to fight COVID-19 and its impact on our mental health, its effect on individuals can be curbed from effective measures, timely taken by the Government.

LIMITATIONS

The following are the limitations we faced during our research:

1. Lack of previous research studies on the topic has hampered literature review and limited the scope of our research as the problem is very recent and still ongoing.
2. Limited access to primary sources of data has hindered the credibility of the research.
3. Time constraints have affected the research methodology, search performance, and research assessments.

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