

## A STUDY OF IMPACT OF COVID 19 LOCKDOWN ON MENTAL WELL BEING OF INDIANS-DEPRESSION, STRESS AND ANXIETY

---

Lavina Khilnani\*

### ABSTRACT

*Covid-19 has wreaked havoc on people all over the world. It has caused considerable harm to people mental wellbeing, in addition to the obvious physical ailments in infected instances. To restrict and curb the spread of the virus, India, like other countries, enacted a nationwide shutdown. The current study aims to investigate psychological distress among Indian residents during the lockdown. The study was conducted on 200 people and was asked to fill a survey that included questions about depression, anxiety, stress, and family wealth. The findings revealed that persons who do not have enough resources to keep the lockdown going are the ones who are most impacted, and also that family wealth is inversely connected with stress, worry, and sadness. Students and healthcare workers were associated with greater levels of stress, anxiety, and depression than other professions. Given the current scenario, mental health professionals' stress, anxiety, and sadness levels were found to be within normal ranges, demonstrating their ability to remain normal in the face of adversity. This study will help the mental health specialists to aid policymakers and other authorities in overcoming psychological concerns associated to Covid-19.*

**Keywords:** *Anxiety, Stress, Covid-19, Corona Virus, Depression, Students, Mental Health.*

### Introduction

Covid-19, also known as the new Corona virus, is considered to have begun in a wet market in Wuhan, China, and has spread throughout the world, causing several illnesses and fatalities (Wang et al. 2020). The situation has become concerning because to the lack of a treatment or vaccination for Covid-19 (Sanders et al. 2020). To stop the virus from spreading, and over a third of the world's population has been kept on lockdown with limited mobility (Kaplan et al. 2020). People have also been warned to keep a safe distance from others, wear a mask, and wash their hands regularly (Cheng et al. 2020). When it refers to the lockdown, India is no better than the rest of the globe (Sahu et al. 2020). Difficulties in the healthcare industry add to Indians' concerns, increasing emotional and mental trauma (Chetterje 2020).

During a pandemic, people are afraid of becoming infected with the virus/disease, which causes anxiety, tension, and despair, among other things (Hall et al. 2008). Stress is defined as a sensation of mental and physical strain that emerges when our equilibrium is threatened (Selye 1956). Anxiety, but at the other side, is the brain's normal or natural response to stress and is defined as the fear of the unknown (Holland 2018). Depression is defined as a feeling of boredom with regular activities. It is hypothesized that persons who are exposed to a pandemic without immunization will experience anxiety, tension, and depression as a result of their fear of the unknown (in this case, to be specific, coronavirus). Taking into account the widespread worries about psychological suffering, Xiang et al. (2020) urged for immediate action on psychological health and mental wellbeing during the Covid-19 pandemic. In addition, the World Health Organization (WHO 2020) has developed public-interest guiding principles to handle any possible psychological concerns. The increased fear associated with the coronavirus, which has resulted in people attempting suicide, is concerning (Goyal et al. 2020; Mamun and Griffiths 2020). According to Wang et al. (2020), Chinese nationals had considerable psychological suffering (anxiety, stress, and depression) during Covid-19.

---

\* Assistant Professor, Taxila Business School, Jaipur, Rajasthan, India.

Another study of Chinese citizens showed psychological problems such as stress, worry, and depression to be highly widespread and hence concerning (Qiu et al. 2020). Clearly, pandemics like SARS had a negative impact on people's mental health. For example, Leung et al. (2003) discovered that during SARS, his participants indicated feeling anxious. Furthermore, tension, depression, and anxiety were reported to be frequent among persons during SARS (McAlonan et al. 2007), although these were much greater for high-risk people like health workers. People who were isolated during SARS documented a positive level of psychological anguish, according to another study by Hawryluck et al. (2004). Being social is clearly a human trait that enhances social contact, and then when our motions are restricted, we experience mental trauma (Usher et al. 2020). As worry, stress, dread, trauma, helplessness, and other psychological concerns are experienced during a pandemic, according to Van Bortel et al. (2016) and Kumar and Nayar (2020), mental health issues must be evaluated and resolved.

It indicates that the current lockdown in India impacts individuals differently depending on their sex, occupation, financial level, or where they live, among other factors. For example, an individual who is with his family and has all of his basic needs met may still not feel as troubled as someone who does not. Moreover, frontline workers (such as health care providers) would be much more distressed than others (such as software engineers). Basically, according to Dandekar and Ghai (2020), the consequence of lockdown is also determined by people's wealth, as evidenced by relocation. The predicament of migrants is distressing, and it has drew the attention of the international community. Individuals rummaging through stores and frantic buying are symptomatic of how worried people are during a pandemic (Nicola et al. 2020). Students around the world are concerned about the instability of assessments at their schools and universities, as well as the job opportunities and other prospects. Despite professors' best efforts to teach students online, the effectiveness of such instruction is not optimal. The fundamental problem is that all students cannot afford to use digital platforms and transfer to online education seamlessly, which would have a significant negative impact on students' future paths (Agha 2020).

Stress concerns among students during Covid-19, according to Cao et al. (2020), are linked to their economic difficulties, everyday life occurrences, and impeded academic activity. Roy et al. (2020) discovered extreme anxiety among Indians during the Covid-19 outbreak in their study. To the best of the researcher knowledge, the discomfort (depression, anxiety, and stress) experienced by persons during COVID-19 has not been thoroughly investigated in India. As a result, the current study aims to bridge that gap so that professionals and regulators can plan optimal mental health management.

#### **Objectives of the Study**

- To assess the depression, stress and anxiety levels among different professions during Covid 19 lockdown.
- To assess the difference in depression, stress and anxiety level between men and women during Covid 19 lockdown.

#### **Hypothesis**

**H<sub>0</sub>:** There is no significant difference in depression, stress and anxiety levels among different professions.

**H<sub>1</sub>:** There is a significant difference in depression, stress and anxiety level among different professions.

**H<sub>0</sub>:** There is no significant difference in depression, stress and anxiety level between men and women.

**H<sub>1</sub>:** There is significant difference in depression, stress and anxiety level between men and women.

#### **Research Methodology**

The research was carried out from 20th May to 25<sup>th</sup> of May 2021. A Google form was produced and sent over; Whatsapp groups and Mails. The research intends to use the statistical tool for analysis of data. Chi square test has been used in the study to make inferences.

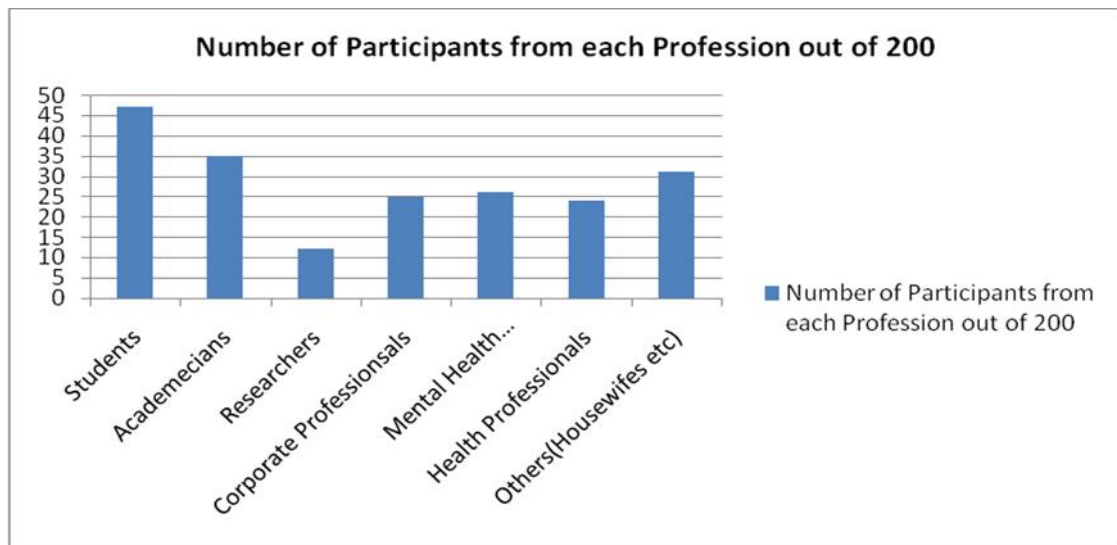
#### **Sample**

The survey was completed by 200 people in total. There were 110 males, 90 females. The respondents' average age was found to be 29. There were 47 students, 35 Professors, 12 researchers, 26 mental health professionals, 24 health professionals (Doctors and Nurses), 25 in a corporate job, and the rest 31 were others (e.g., homemakers, not employed, retired, businessman, etc.).

**Table 1**

Professions	Number of Participants from each Profession out of 200
Students	47
Academicians	35
Researchers	12
Corporate Professionals	25
Mental Health Professionals	26
Health Professionals	24
Others(Housewife etc)	31

**Chart 1**



**Table 2**

Table of Observed Values			
Mental Well Being	Men	Women	Total
Stress	18	18	36
Depression	22	16	38
Anxiety	70	56	126
<b>Total</b>	<b>110</b>	<b>90</b>	<b>200</b>

**Table 3**

Table of Expected Values		
Mental Well Being	Men	Women
Stress	19.8	16.2
Depression	20.9	17.1
Anxiety	69.3	56.7

**Table 4**

Observed Values (O)	Expected Values (e)	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
18	19.8	-1.8	3.24	0.163636
22	20.9	1.1	1.21	0.057895
70	69.3	0.7	0.49	0.007071
18	16.2	1.8	3.24	0.2
16	17.1	-1.1	1.21	0.07076
56	56.7	-0.7	0.49	0.008642
<b>Chi square value</b>				<b>0.508</b>

**Table 5**

<b>Degree of Freedom</b>	<b>(column - 1) (row-1)</b>
	2
Significance Level	0.05
Value at Significance Level	5.99

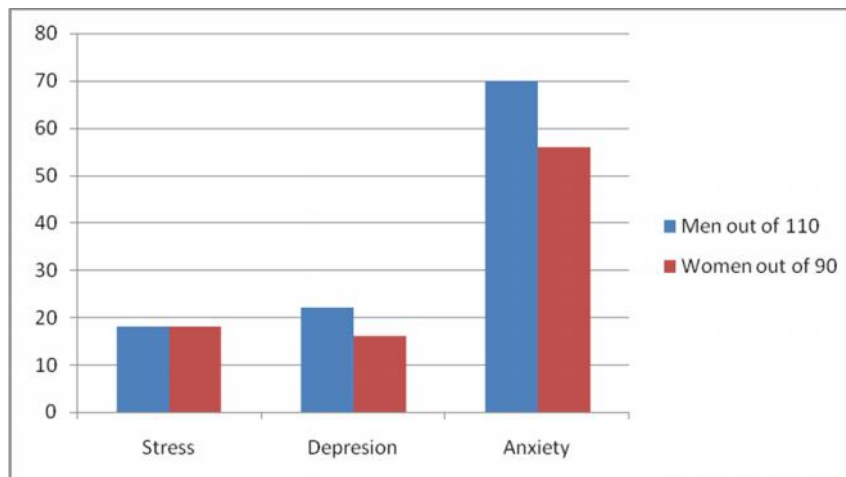
**Chart 2****Table 6**

Table of Observed values (Stress)								
	Students	Academicians	Researchers	Corporate Professional	Mental Health	Health Prof.	Others	Total
Mild	30	22	8	2	4	17	4	87
Moderate	12	9	2	19	20	4	25	91
Severe	5	4	2	4	2	3	2	22
Total	47	35	12	25	26	24	31	200

**Table 7**

Table of expected values (Stress)								
	Students	Academicians	Researchers	Corporate Professionals	Mental Health	Health Prof.	Others	Total
Mild	20.445	15.225	5.22	10.875	11.31	10.44	13.485	87
Moderate	21.385	15.925	5.46	11.375	11.83	10.92	14.105	91
severe	5.17	3.85	1.32	2.75	2.86	2.64	3.41	22
Total	47	35	12	25	26	24	31	200

**Table 8**

Table of Observed Values (Depression)								
	Students	Academicians	Researchers	Corporates	Mental Health	Health Prof.	Others	Total
Mild	7	5	7	4	4	19	24	70
Moderate	36	28	3	17	17	3	5	109
severe	4	2	2	4	5	2	2	21
Total	47	35	12	25	26	24	31	200

**Table 9**

Table of Expected Values (Depression)								
	Students	Academicians	Researchers	Corporates	Mental Health	Health Prof.	Others	Total
Mild	16.45	12.25	4.2	8.75	9.1	8.4	10.85	70
Moderate	25.615	19.075	6.54	13.625	14.17	13.08	16.895	109
severe	4.935	3.675	1.26	2.625	2.73	2.52	3.255	21
Total	47	35	12	25	26	24	31	200

**Table 10**

Table of observed values (Anxiety)								
	Students	Academicians	Researchers	Corporates	Mental Health	Health Prof.	Others	Total
Mild	8	24	3	16	4	4	26	85
Moderate	33	7	8	5	18	17	4	92
severe	6	4	1	4	4	3	1	23
Total	47	35	12	25	26	24	31	200

**Table 11**

Table of Expected Values (Anxiety)								
	Students	Academicians	Researchers	Corporates	Mental Health	Health Prof.	Others	Total
Mild	19.975	14.875	5.1	10.625	11.05	10.2	13.175	85
Moderate	21.62	16.1	5.52	11.5	11.96	11.04	14.26	92
severe	5.405	4.025	1.38	2.875	2.99	2.76	3.565	23
Total	47	35	12	25	26	24	31	200

**Table 12**

Degree of Freedom	12
level of significance	21.03

**Table 13**

Depression				
O	E	O-E	O-E <sup>2</sup>	/E
7	16.45	-9.45	89.3025	5.428723
36	25.615	10.385	107.848225	4.210354
4	4.935	-0.935	0.874225	0.177148
5	12.25	-7.25	52.5625	4.290816
28	19.075	8.925	79.655625	4.175917
2	3.675	-1.675	2.805625	0.763435
7	4.2	2.8	7.84	1.866667
3	6.54	-3.54	12.5316	1.916147
2	1.26	0.74	0.5476	0.434603
4	8.75	-4.75	22.5625	2.578571
17	13.625	3.375	11.390625	0.836009
4	2.625	1.375	1.890625	0.720238
4	9.1	-5.1	26.01	2.858242
17	14.17	2.83	8.0089	0.565201
5	2.73	2.27	5.1529	1.887509
19	8.4	10.6	112.36	13.37619
3	13.08	-10.08	101.6064	7.768073
2	2.52	-0.52	0.2704	0.107302
24	10.85	13.15	172.9225	15.93756
5	16.895	-11.895	141.491025	8.374728
2	3.255	-1.255	1.575025	0.483879
Chi square				78.75731

**Table 14**

Stress				
O	E	O-E	O-E <sup>2</sup>	/E
30	20.445	9.555	91.29803	4.465543
12	21.385	-9.385	88.07823	4.118692
5	5.17	-0.17	0.0289	0.00559
22	15.225	6.775	45.90063	3.014819
9	15.925	-6.925	47.95563	3.011342
4	3.85	0.15	0.0225	0.005844

8	5.22	2.78	7.7284	1.480536
2	5.46	-3.46	11.9716	2.192601
2	1.32	0.68	0.4624	0.350303
2	10.875	-8.875	78.76563	7.242816
19	11.375	7.625	58.14063	5.111264
4	2.75	1.25	1.5625	0.568182
4	11.31	-7.31	53.4361	4.724677
20	11.83	8.17	66.7489	5.642342
2	2.86	-0.86	0.7396	0.258601
17	10.44	6.56	43.0336	4.121992
4	10.92	-6.92	47.8864	4.385201
3	2.64	0.36	0.1296	0.049091
4	13.485	-9.485	89.96523	6.671504
25	14.105	10.895	118.701	8.415528
2	3.41	-1.41	1.9881	0.583021
Chi square				66.41949

Table 15

Anxiety				
O	E	O-E	O-E <sup>2</sup>	/E
8	19.975	-11.975	143.4006	7.179005
33	21.62	11.38	129.5044	5.990028
6	5.405	0.595	0.354025	0.0655
24	14.875	9.125	83.26563	5.597689
7	16.1	-9.1	82.81	5.143478
4	4.025	-0.025	0.000625	0.000155
3	5.1	-2.1	4.41	0.864706
8	5.52	2.48	6.1504	1.114203
1	1.38	-0.38	0.1444	0.104638
16	10.625	5.375	28.89063	2.719118
5	11.5	-6.5	42.25	3.673913
4	2.875	1.125	1.265625	0.440217
4	11.05	-7.05	49.7025	4.497964
18	11.96	6.04	36.4816	3.050301
4	2.99	1.01	1.0201	0.341171
4	10.2	-6.2	38.44	3.768627
17	11.04	5.96	35.5216	3.217536
3	2.76	0.24	0.0576	0.02087
26	13.175	12.825	164.4806	12.4843
4	14.26	-10.26	105.2676	7.38202
1	3.565	-2.565	6.579225	1.845505
Chi square				69.50094

Table 16

		<b>Over all</b>
<b>Critical value</b>		<b>5.99</b>
<b>Test statistics</b>		<b>0.508</b>
		<b>Stress</b>
<b>Critical value</b>		21.026
<b>Test statistics</b>		66.41949
		<b>Depression</b>
<b>Critical value</b>		21.026
<b>Test statistics</b>		78.75731
		<b>Anxiety</b>
Critical value		21.026
Test statistics		69.50094

## Findings

The primary goal of this study was to determine the prevalence of psychological distress (stress, anxiety, and depression) across various segments of the Indian population. For this study, data was gathered from a variety of experts, including students. When it came to gender differences in stress, anxiety, and depression, both men and women appeared to be equally affected. Stress and depression were reported to be moderate, but anxiety was found to be severe in both men and women. This could be because the present lockdown and fear of becoming infected with Covid-19 is so prevalent that people of all genders are experiencing similar levels of discomfort. Those who did not have and were unable to obtain sufficient provisions of daily necessities were obviously the most impacted by the lockdown. Even while stress and sadness levels were mild, there were substantial anxiety concerns that could be related to the current scenario. What's interesting is that individuals who've been unsure about resources and those who had plenty of supplies seemed to be less affected.

Students, researchers, teachers, and health professionals all indicated modest levels of stress, whereas mental health experts and workers in various corporate professions were assessed to be in the typical stress range. These findings could be related to the closing of universities and colleges that provide little technical assistance and understanding, leaving students, teachers, and researchers uncertain about their future. The existing pandemic puts pressure on students and teachers to adjust to virtual learning while working with limited facilities, leading to higher stress levels. What should be noticed, however, is that mental health professionals and business personnel appear to be unaffected by the pandemic condition. The most likely reason is because mental health professionals are robust in the face of adversity, while corporate personnel can conveniently work remotely on their computers.

Students, researchers, and health professionals expressed moderate anxiety, while professors and company staff members indicated light stress. Researchers and students engage and interact with one another often and practically in a social environment, which could explain these observations. Due to the closure of higher education institutions amid lockdown, such physical and social connection was limited, which ultimately resulted in emotional upset.

Researchers and students must use digital platforms for education, which they may not even be familiar with it or proficient with. Furthermore, due to technology concerns, online education may be disruptive, compromising their future professions. Health care workers, on the other hand, are not operating as often as they used to (because to lockdown and governmental limits on OPDs), and many those are operating are exhausted and agitated since they are required to work in highly difficult settings and for lengthy periods of time. COVID-19 has infected a large number of frontline physicians and healthcare personnel (Jeelani and Gupta 2020).

Furthermore, it is clear from the present research that depression wasn't really reported by teachers or staff in the corporate sector. Maybe because security related to financial stability of these professions enables them mentally to counteract the negative consequences of the lockout. On the flipside of the story, depression was observed to be low among academicians and health professionals, indicating the mental health consequences of the coronavirus's rapid spread (Roy et al. 2020). Students, on the other hand, were reported to be mildly depressed, and that's likely response to fluctuations in their daily lives and changes in the teaching style and learning of the students. The study has concluded that there is no significant difference in stress, depression and anxiety levels in males and females. The result has also concluded that there is significant difference in stress, anxiety and depression levels among different professions.

Nevertheless, a good conclusion from this study was that during the pandemic, mental health experts recorded average stress levels, anxiety, and depression. Data reveals that people are in general distress (Bansal 2020), and that they are looking for help from mental health professionals. In general, Indian mental health experts are capable of assisting persons in distress. Clearly, a medical program for concerned parts of society (students and health professionals) is required in order for them to stay robust even under the most adverse conditions. Despite its low correlation coefficient between family wealth and emotional discomfort (depression, anxiety, and stress), the outcomes of the correlation analysis supported the findings of distress among persons who lacked sufficient resources. The low correlation indicates that depression, anxiety, and stress are not just influenced by a family's financial means, but also by its socioeconomic standing. Indeed, those with a decent or high socioeconomic level may have adequate supply, making them less vulnerable to psychological anguish.

### Limitations

The study has several limits, but it has produced major contributions that can be used by the government and other entities to combat the negative psychological consequences of Covid-19 and lockdown. To begin with, the sample size in some groups was small. Second, the study used digital mode of collecting information through online Google forms which limited the involvement of a broader segment of the public, particularly those without access to technology, particularly the poor.

### Conclusion

The current research is a pioneer in the investigation of anxiety, stress, and depression in the Indian population. Students and health professionals, according to the results, require specific consideration due to their greater levels of psychological discomfort. Governments, NGOs, and other organizations involved in delivering and providing (daily necessities) must place a greater emphasis on individuals who may not have adequate resources. Finally, as the primary stakeholders in society, policymakers must consider students and health professionals.

### References

1. Cao W, Fang Z, Hou G, Han M, Xu X, Dong J, Zheng J. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Research*. 2020 doi: 10.1016/j.psychres.2020.112934. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
2. Chetterje P. Gaps in India's preparedness for COVID-19 control. *The Lancet Infectious Diseases*. 2020;20(5):544. doi: 10.1016/s1473-3099(20)30300-5. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
3. Cheng V, Wong S, Chuang V, So S, Chen J, Sridhar S, et al. The role of community-wide wearing of face mask for control of coronavirus disease 2019 (COVID-19) epidemic due to SARS-CoV-2. *Journal of Infection*. 2020 doi: 10.1016/j.jinf.2020.04.024. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
4. Chen, B., Sun, J., and Feng, Y. (2020). How have COVID-19 isolation policies affected young people's mental health? - Evidence from Chinese college students. *Front. Psychol.* 11:1529. doi: 10.3389/fpsyg.2020.01529
5. Currie C, Molcho M, Boyce W, Holstein B, Torsheim T, Richter M. Researching health inequalities in adolescents: The development of the Health Behaviour in School-Aged Children (HBSC) Family Affluence Scale. *Social Science & Medicine*. 2008;66(6):1429–1436. doi: 10.1016/j.socscimed.2007.11.024. [PubMed] [CrossRef] [Google Scholar]
6. Dandekar A, Ghai R. Migration and reverse migration in the age of COVID-19. *Economic & Political Weekly*. 2020;55(19):28–31. [Google Scholar]
7. Field A. *Discovering statistics using IBM SPSS statistics*. 4. London: SAGE; 2013. [Google Scholar]
8. Goyal K, Chauhan P, Chhikara K, Gupta P, Singh M. Fear of COVID 2019: First suicidal case in India! *Asian Journal of Psychiatry*. 2020;49:101989. doi: 10.1016/j.ajp.2020.101989. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
9. Hall R, Hall R, Chapman M. The 1995 Kikwit Ebola outbreak: Lessons hospitals and physicians can apply to future viral epidemics. *General Hospital Psychiatry*. 2008;30(5):446–452. doi: 10.1016/j.genhosppsych.2008.05.003. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
10. Hawryluck L, Gold W, Robinson S, Pogorski S, Galea S, Styra R. SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging Infectious Diseases*. 2004;10(7):1206–1212. doi: 10.3201/eid1007.030703. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
11. Kumar A, Nayar KR. COVID 19 and its mental health consequences. *Journal of Mental Health*. 2020 doi: 10.1080/09638237.2020.1757052. [PubMed] [CrossRef] [Google Scholar]
12. Leung G, Lam T, Ho L, Ho S, Chan B, Wong I, Hedley A. The impact of community psychological responses on outbreak control for severe acute respiratory syndrome in Hong Kong. *Journal of Epidemiology & Community Health*. 2003;57(11):857–863. doi: 10.1136/jech.57.11.857. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
13. Lovibond SH, Lovibond PF. *Manual for the Depression Anxiety Stress Scales*. 2. Sydney: DASS Publications; 1995. [PubMed] [Google Scholar]



14. Mamun M, Griffiths M. First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies. *Asian Journal Of Psychiatry*. 2020;51:102073. doi: 10.1016/j.ajp.2020.102073. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
15. McAlonan G, Lee A, Cheung V, Cheung C, Tsang K, Sham P, et al. Immediate and sustained psychological impact of an emerging infectious disease outbreak on health care workers. *The Canadian Journal of Psychiatry*. 2007;52(4):241–247. doi: 10.1177/070674370705200406. [PubMed] [CrossRef] [Google Scholar]
16. Monaghan C, Bizumic B, Williams T, Sellbom M. Two-dimensional Machiavellianism: Conceptualization, theory, and measurement of the views and tactics dimensions. *Psychological Assessment*. 2020;32(3):277–293. doi: 10.1037/pas0000784. [PubMed] [CrossRef] [Google Scholar]
17. Nicola M, Alsaifi Z, Sohrabi C, Kerwan A, Al-Jabir A, Iosifidis C, et al. The socio-economic implications of the Coronavirus and COVID-19 pandemic: A review. *International Journal of Surgery*. 2020 doi: 10.1016/j.ijssu.2020.04.018. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
18. Qiu J, Shen B, Zhao M, Wang Z, Xie B, Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry*. 2020;33(2):e100213. doi: 10.1136/gpsych-2020-100213. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
19. Roy D, Tripathy S, Kar S, Sharma N, Verma S, Kaushal V. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*. 2020;51:102083. doi: 10.1016/j.ajp.2020.102083. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
20. Sahu D, Agrawal T, Rathod V, Bagaria V. Impact of COVID 19 lockdown on orthopaedic surgeons in India: A survey. *Journal of Clinical Orthopaedics and Trauma*. 2020 doi: 10.1016/j.jcot.2020.05.007. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
21. Sahu P. Closure of universities due to Coronavirus Disease 2019 (COVID-19): Impact on education and mental health of students and academic staff. *Cureus*. 2020 doi: 10.7759/cureus.7541. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
22. Sanders J, Monogue M, Jodlowski T, Cutrell J. Pharmacologic treatments for Coronavirus Disease 2019 (COVID-19) *JAMA*. 2020 doi: 10.1001/jama.2020.6019. [PubMed] [CrossRef] [Google Scholar]
23. Selye H. *The stress of life*. New York: McGraw-Hill; 1956. [Google Scholar]
24. Usher K, Durkin J, Bhullar N. The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*. 2020 doi: 10.1111/inm.12726. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
25. Van Bortel T, Basnayake A, Wurie F, Jambai M, Koroma A, Muana A, et al. Psychosocial effects of an Ebola outbreak at individual, community and international levels. *Bulletin of the World Health Organization*. 2016;94(3):210–214. doi: 10.2471/blt.15.158543. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
26. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho C, Ho R. Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus Disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*. 2020;17(5):1729. doi: 10.3390/ijerph17051729. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
27. WHO. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak* [Ebook]. Retrieved from <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.
28. Xiang Y, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, Ng C. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*. 2020;7(3):228–229. doi: 10.1016/s2215-0366(20)30046-8. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

29. Lima, C. K. T., Carvalho, P. M. M., Lima, I. A. A. S., Nunes, J. V. A. O., Saraiva, J. S., de Souza, R. I., et al. (2020). The emotional impact of Coronavirus 2019- nCoV (new coronavirus disease). *Psychiatry Res.* 287, 112915. doi:10.1016/j.psychres.2020.112915
30. Rajkumar, R. P. (2020). COVID-19 and mental health: a review of the existing literature. *Asian J. Psychiatr.* 52:102066. doi: 10.1016/j.ajp.2020.102066
31. Taylor, S., Landry, C., Paluszek, M., Fergus, T. A., McKay, D., and Asmundson, G. J. (2020). Development and initial validation of the COVID Stress Scales. *J. Anxiety Disord.* 72:102232. doi: 10.1016/j.janxdis.2020.102232
32. Holland, K. (2018, May 24). Anxiety: Causes, symptoms, treatment, and more. Retrieved 24 from <https://www.healthline.com/health/anxiety>.
33. Kaplan, J., Frias, L., & McFall-Johnsen, M. (2020, April 13). A third of the global population is on coronavirus lockdown — Here's our constantly updated list of countries and restrictions. Retrieved from <https://www.businessinsider.com/countries-on-lockdown-coronavirus-italy-2020-3?IR=T>.
34. Worldometers.(2020, April 13). Retrieved from <https://www.worldometers.info/coronavirus/>.
35. Agha, E. (2020, April 14). Learning rebooted: Online education during Covid-19 lockdown puts spotlight on India's digital divide. Retrieved from <https://www.news18.com/news/india/learning-rebooted-online-education-during-covid-19-lockdown-puts-spotlight-on-indias-digital-divide-2563265.html>.
36. Ellis-Petersen, H., & Rahman, S. (2020, April 14). 'I just want to go home': The desperate millions hit by Modi's brutal lockdown. Retrieved from <https://www.theguardian.com/world/2020/apr/04/i-just-want-to-go-home-the-desperate-millions-hit-by-modis-brutal-lockdown>.
37. Bansal, V. (2020, April 17). Online therapy platforms offering anonymity are helping India's Covid-19 related mental health crisis. Retrieved from <https://entrackr.com/2020/03/online-therapy-covid-19-mental-health-crisis/>.
38. Jeelani, G., & Gupta, I. (2020, April 17). Covid-19: Centre steps in as doctors get infected. Retrieved from <https://www.indiatoday.in/mail-today/story/covid-19-centre-steps-doctors-get-infected-1662377-2020-04-02>.
39. Law, T. (2020, April 17). Medical workers fighting COVID-19 are facing a mental health crisis. Retrieved from <https://time.com/5817435/covid-19-mental-health-coronavirus/>.

