



Impact of COVID-19 on Daily Activities and Mental Health of All Ages

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The COVID-19 pandemic is in a continual process of redefining daily lifestyle and habits of the average individual, as it progresses through its undulating phases. The public health recommendations and various government measures to curb the rampant transmission, have had adverse consequences. Labour markets, consumption patterns and economic activities, lifestyle patterns have been disrupted at an unprecedented scale. The predominant mental health issues that have been reported to be associated with the COVID-19 pandemic are stress, anxiety, depressive symptoms, insomnia, denial, anger and fear. COVID-19 may lead to increased risk of suicide due to the grief resulting from the loss of a loved one, the panic ensuing uncertainty of the future, the anxiety from financial turmoil, and the depression following social isolation. Cases of COVID-19 related suicides have been reported from Maharashtra, Uttar Pradesh, Assam, Kerala. Reports of suicide of health care workers, migrant labourers and those in quarantine centres are also reported [1-3].

The frontline workers comprising doctors, nurses, community health workers, sanitation workers, policemen, besides being at a high risk of infection, were thrust into unprecedented grounds with the expectations of optimal results [3]. Stressful conditions and extensive hours at work, in combination with highly inadequate resources resulted in a burn-out which adversely affected the mental health of these heroes upon whom lay the responsibility of much more than what they were trained to bear [4]. Manifestations were in the form of depression, PTSD, and even suicidal ideation. They were also subject to stigma by their communities, as evidenced by instances of eviction and harassment from house-

owners, and violence against doctors on duty. The fear and guilt of transmitting infections to their family members was also a cause of distress amongst them.

Children and adolescents form one of the most vulnerable groups, experiencing a sudden disruption of their daily routines. Staying away from educational institutions and peers, no interaction with the world outside, and an inability to gauge the seriousness and fatality of the situation, was liable to offset in them anxiety and distress [3]. Changes experienced in children: excessive crying, annoying behaviour, increased sadness, depression, worrying thoughts, difficulty in attention and concentration, decline in academic performance, impeded social growth and holistic development. Children and adolescents living in abusive households were the worst affected, with all possible modes of escape and venting shut off due to the lockdown [4].

The geriatric population being the most prone to the COVID-19 outbreak clinically, were no less affected mentally [4]. Dependent on the younger ones for not just their daily needs, but also emotional wants; the pandemic triggered a sense of fear in them not just for the health of themselves and their loved ones, but also for losing touch with their families during a time when they could have done with it most. Anxiety, trauma, adjustment disorder and depression were amongst the commoner mental issues arising amongst the elderly population and they were frequently reported to have emotional outbursts, changes in sleep and appetite, and irritable behaviour [3].

The socioeconomic impact of the pandemic also left many women in sustained isolation – without jobs and with increased

domestic responsibilities. They reported anxiety and distress, depression, feelings of helplessness and hopelessness, disturbances in appetite and sleep patterns, over and above the emotional and physical fatigue that they already were under. The pandemic also saw an increase in the incidents of domestic violence against women with confinement of women with the abusers and lack of social support for them. The pandemic was seen to aggravate gender-based inequalities and vulnerabilities [2,3]. Panic reactions were observed amongst the daily wagers and labourers who lost their livelihood in the cities, attempting to move back to their rural homes for either social comfort with their families or to look for opportunities of income. A survey revealed that 92% migrant workers lost their work, and more than 42% were left with no food or supplies for themselves and their families [3]. Those with pre-existing substance abuse disorders had all supplies for their addiction abruptly cut off with the lockdown, leading to severe withdrawal symptoms, like delirium and seizures, in many. Some addicts, distressed by their cravings, even consumed poisonous substances for substitutes, resulting in fatalities [6,7].

As we look ahead, a surge in mental health problems is inevitable, considering the already prevalent associations among poverty, inequality and poor mental health in our country. Mental healthcare systems need to be better equipped to deal with this surge, by not only correcting the paucity of skilled providers of mental health-care, but also widening the biomedical models of illness dominating mental health-care. This makes it a timely moment for those concerned with mental health, professionals and advocates alike, to unanimously bring out the need for addressing mental health hand-in-hand with the containment of the pandemic itself.

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