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Social Factors affecting Mental Health and their Application in a Pandemic

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ABSTRACT

The world is in the middle of two pandemics – The CoVID-19 pandemic and a pandemic of Mental Health problems. The Covid-19 pandemic and the restrictions that are widely imposed to curb the virus have proved to affect the mental health of individuals negatively. Researchers have demonstrated that the current covid-19 pandemic has induced a wide range of mental health problems like Depressive symptomology, Anxiety, Stress, and suicidal tendencies across the world.

However, this trend of mental issues accompanying a pandemic is not new. Therefore, this research paper tries to analyze, at first, the instances and extend of Mental health issues in the previous pandemics with particular attention to the Spanish Flu of 1918, SARS outbreak of 2003, and H1N1 pandemic of 2009. The paper then analyses data from various researches and concludes that the magnitude of the mental health issues is almost always more than the pandemic itself and stays a for longer than the pandemic.

This research paper, then, tries to examine a different set of psycho-social and socioeconomic factors responsible for an individual's mental illness during a pandemic of the past. The paper identifies three main factors responsible for mental illness in those pandemics- Stigmatization, Social Alienation, and Socioeconomic inequalities- and tries to briefly explain their relationship with poor mental health.

Then in the final section of the paper, we take the discussion further and apply these three psycho-social and socioeconomic factors in the five most vulnerable groups of people in the current Covid-19 pandemic and checks their significance in the current society. The paper then concludes by suggesting some ways for the authorities to control the mental health issues that spread with the pandemic.

Keywords: Mental Health, Alienation, Stigmatization, Pandemic.

I. INTRODUCTION

Since December 2019, the world has witnessed some dreaded and inconceivable outcomes of the CoVID-19 pandemic. Millions of people are affected, and thousands died due to the

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pandemic while the numbers continue increasing. With such catastrophic destruction worldwide, the mental health of the masses surely takes a hit. It is sufficiently evident from the past research that the pandemic induces some vicious mental disorders, including depression, anxiety, stress, and suicidal tendencies, which can be aroused due to various psycho-social and socioeconomic factors.

Notably enough, the phenomenon of pandemic linked mental distress isn't new. The research has shown that the SARS outbreak of 2003 was associated with mental illness even after the epidemic subsided. Numerous cases of depression and suicides were noted. Similarly, in the H1N1 pandemic of 2009, the general population was taken aback due to mental distress. Reportedly, the extent of mental illness was significantly more than the pandemic, and problems lasted longer than the pandemic itself. The current COVID-19 pandemic is like, if not severer than, the previous pandemic in terms of mental illness.

The main reason for such trends is not only the deaths and physical illness of the near and loved ones but it is also the social changes that take place during the pandemic. Society in general witnesses a drastic change in their daily and mundane lives. The physical distancing, prolonged isolation, and quarantine seemingly loosen the social bonds between the individuals in the society. The societies become less cohesive, and the social support which was extended towards others in the pre-pandemic times is reserved. This may develop the feeling of social alienation amongst the community members, which ultimately can result in mental health issues as severe as the development of suicidal thoughts.

More importantly, these experiences are not common nor equal for everyone in society. It is among the few vulnerable groups which are more prone to contract such illness. Not surprisingly enough, these groups are predominantly divided observing their social and economic status in the society. The lower social groups are amongst the most exposed groups towards such illness, mainly because of either lesser resource, economic or otherwise, or due to stigma that the society holds against them.

This research tries to identify and explain such Psycho-social and Socio-economic factors that affect people's mental health in the previous pandemics and examines their standing in the pandemic today.

II. PANDEMICS AND MENTAL HEALTH

In a pandemic, much of the public attention is drawn towards the methods of containment of the disease. However, one of the severe problems that spread simultaneously with the pandemic, if not faster, is mental health deterioration. It is evident from past experiences that mental health problems stay longer than the pandemic itself. For example, even after the Ebola

outbreak had been curbed, the symptoms of anxiety and depression were prevalent a year later.³ Similarly, in Taiwan, after it was declared SARS free in 2003, a proportion of the public remained depressed, especially the section of society affected by the disease.⁴ Likewise, in Singapore, a significant number of people continued having a clinical level of mental illness even weeks later.⁵ To further support this claim, one can refer to researches from China⁶ and Hong Kong⁷, which also shows the longevity of the mental illness even after the trauma subsided.

Another pandemic, 2009 H1N1, also showed behavioural linked mental distress. Several studies focusing on Hong Kong, one of the badly hit countries, concluded that a large section of the impacted group experienced pandemic related to Anxiety and Post-Traumatic-Severe-Depression (PTSD) syndrome during the pandemic.⁸ Notably enough, the levels of mental illness experienced during the pandemic are more significant than mental health illness experienced during disasters or natural calamities.⁹ Reasonably, this is because the prominence of mental health concerns during a pandemic is not higher, not only due to the deaths of loved ones but also due to the societal factors that affect them. For instance, Society develops stigma towards the high-risk or impacted groups and starts alienating them from society.¹⁰ In addition, the lack of social support extended to the impacted group and alienation due to quarantine and isolation of the affected and their family members from the community exacerbate the stress, anxiety, and depressive tendencies, especially in the socially depressed community.¹¹

As analyzed above, previously conducted research has portrayed the broad psycho-social impact of pandemics. Further, uncertainties, fear of shortages of proper resources for testing and treatment, imposition of public health measures that restrict personal freedom and the way of life, resulting in personal, economic, and social losses, are amongst the many causes of

³ Mohamed F Jalloh et al., Impact of Ebola experiences and risk perceptions on mental health in Sierra Leone, July 2015, 3 BMJ GLOBAL HEALTH e000471 (2018).

⁴ CHIH-HUNG KO et al., Psychosocial impact among the public of the severe acute respiratory syndrome epidemic in Taiwan, 60 PSYCHIATRY & CLINICAL NEUROSCIENCES 397–403 (2006).

⁵ Kang Sim et al., Psychosocial and coping responses within the community health care setting towards a national outbreak of an infectious disease, 68 J. OF PSYCHOSOMATIC RES. 195–202 (2010).

⁶ For-Wey Lung et al., Mental Symptoms in Different Health Professionals During the SARS Attack: A Follow-up Study, 80 PSYCHIATRIC Q. (2009).

⁷ Antoinette M Lee et al., Stress and Psychological Distress among SARS Survivors 1 Year after the Outbreak, 52 THE CANADIAN J. OF PSYCHIATRY 233–240 (2007).

⁸ Yeung N, Lau J, Choi K, Griffiths S. Population Responses during the Pandemic Phase of the Influenza A(H1N1) pdm09 Epidemic, Hong Kong, China. Emerg Infect Dis. 23(5):813–815 (2017).

⁹ Supra note 1; Adrija Roy et al., Mental health implications of COVID-19 pandemic and its response in India, INT'L J. OF SOC. PSYCHIATRY 002076402095076 (2020).

¹⁰ supra note 4.

¹¹ supra note 4.

deteriorating mental health.¹²

In the current scenario too, it is evident that the pandemic deeply impacts populations worldwide. The virus spread has changed what we considered normal and has introduced us to a new, grim reality.

Apart from the stress and the fear of the illness, quarantine periods, mass home confinement, closure of schools and workplaces have affected individuals and the community even in the current pandemic.¹³

Since all efforts have been centered on understanding the epidemiology, clinical characteristics, dissemination trends, and management of the COVID19 epidemic, little concern has been expressed about the impact on one's mental well-being or strategies to avoid stigmatization.¹⁴

The effects of a pandemic, when seen in relation to mental health, are diverse.

A pandemic is more than just a medical emergency; it affects people and society, causing chaos, fear, tension, stigma, and xenophobia;¹⁵ also affecting social cohesiveness and solidarity. As concerns over the threat grow, anxiety-related behaviors, sleep disturbances, and overall lower perceived state of health are observed.

The above discussion follows that the pandemic and the mental health problems go hand in hand. Therefore, the most seemingly plausible methods to contain the pathogen come in the way of a healthy mental health lifestyle. The following discussion takes the argument further and analyses the psycho-social and socioeconomic factors in the pandemic that affect people's mental health.

III. SOCIAL FACTORS AFFECTING MENTAL HEALTH

(A) Stigmatization

One of the main reasons for a person's mental distress is society's outlook towards them. An affected individual and his family must undergo a phase wherein they are stigmatized and may be perceived as 'undesirable other' or 'abnormal'. It is the theory first proposed by sociologist Erving Goffman who defines stigma as "an attribute which is deeply discrediting" that reduces a person "from a whole and usual person to a tainted, discounted one".¹⁶ As a result, the people

¹² Betty Pfefferbaum & Carol S. North, *Mental Health and the Covid-19 Pandemic*, 383 NEW ENGLAND J. OF MED. 510–512 (2020).

¹³ *Id*

¹⁴ Bilal Javed et al., *The coronavirus (COVID -19) pandemic's impact on mental health*, 35 THE INT'L J. OF HEALTH PLANNING & MGMT. 993–996 (2020).

¹⁵ *Id.*

¹⁶ ERVING GOFFMAN, *STIGMA: NOTES ON THE MANAGEMENT OF SPOILED IDENTITY* 11-12 (Penguin books 1963).

devalue these 'others' and consider them unworthy and unwanted in society. Stigma, according to Goffman, allows for a wide range of discriminations, ending in the denial of social recognition for a person, as well as reinforcing social and structural inequalities.¹⁷

Stigma during a pandemic is fueled by the fear of getting infected by something relatively new and unknown. The lack of knowledge or rumors about the working or spreading of a disease can further aggravate the status of stigma in society. Any person with a relation with the disease is labeled, isolated, blamed, and rejected. They are deprived of any social support and are treated as less humans. This is mainly because the transmission of a disease is often related to "poverty, filth, and class".¹⁸

Moreover, Institutional separation, like quarantining and isolation, of the infected from the whole community further stigmatizes the impacted community. They are perceived as the spreader of the disease for an exceedingly long time, thereby isolating them from society mentally. Therefore, the fear of being socially stigmatized after catching infection causes people to deny early clinical symptoms and delaying their chances to get faster medical treatment.¹⁹ Furthermore, the idea of asymptomatic pathogen carriers makes every individual a potential spreader of the disease and thus further intensifies the extent of societal stigma.²⁰

Stigma has a negative impact on health outcomes by worsening and impeding several social processes such as psychological and behavioral responses, social relationships, stress, resource availability, and aggravation of poor health.²¹ The notion of attributing the disease transmission to poverty or lower ethnicity by the rich and structurally forward people can also induce stress and depression in the impacted groups.²² Researches have shown how social stigma has caused mental health issues like depression, anxiety, and suicidal tendencies.²³ Therefore it is imperative for the authorities to focus not only the curb the 'physically affecting disease' but also on the 'mentally affecting social virus' among its people. Some of the solutions

¹⁷ Keetie Roelen et al., COVID-19 in LMICs: The Need to Place Stigma Front and Centre to Its Response, 32 THE EUROPEAN J. OF DEVELOPMENT RES. 1592–1612 (2020).

¹⁸ Prama Bhattacharya, Debanjan Banerjee & TS Sathyaranayana Rao, *The "Untold" Side of COVID-19: Social Stigma and Its Consequences in India*, 42 INDIAN J. OF PSYCHOL. MED. 382–386 (2020).

¹⁹ Bobbie Person et al., Fear and Stigma: The Epidemic within the SARS Outbreak, 10 Emerging Infectious Diseases 358–363 (2004).

²⁰ *Id.*

²¹ Janmejaya Samal, The dilemma of intimacy and other social stigmas associated with HIV-AIDS and COVID-19, 10 J. OF CLINICAL & SCI. RES. 58 (2021).

²² Mariam Davtyan, Brandon Brown & Morenike Oluwatoyin Folayan, Addressing Ebola-related Stigma: Lessons Learned from HIV/AIDS, 7 GLOBAL HEALTH ACTION (2014).

²³ Ron Barrett & Peter J. Brown, *Stigma in the Time of Influenza: Social and Institutional Responses to Pandemic Emergencies*, 197 THE J. OF INFECTIOUS DISEASES S34–S7 (2008); Luc Overholst et al., *Stigma and Ebola survivorship in Liberia: Results from a longitudinal cohort study*, 13 PLOS ONE e0206595 (2018); Chengbo Zeng et al., *A structural equation model of perceived and internalized stigma, depression, and suicidal status among people living with HIV/AIDS*, 18 BMC PUB. HEALTH (2018).

offered are disseminating accurate information to the public, creating awareness among people, inducing empathy towards the impacted group.

(B) Social Alienation

A pandemic demands harsh containment practices. Lockdown, quarantine, and isolation put an individual or his family into a separation from everyone in the so-called healthy or unaffected community. Seemingly, all the physical and mental bonds are broken between them and society. This is social alienation. The idea of Social Alienation was famously propounded by a celebrated sociologist Emile Durkheim in his theory of 'Anomie'. Anomie is the state of normlessness, where the social bonds between the individual and the community are broken, resulting in fragmentation of social identity.²⁴ It is defined as one's belief of disconnection from oneself and the world around.²⁵ The extended meaning of social alienation can touch upon five aspects: powerlessness, meaninglessness, normlessness, social isolation, and self-entanglement.²⁶

During a pandemic, social alienation or the psycho-social distance between the people is intensified by the fear of contact, avoidance, and repulsion.²⁷ This fear of transmission of disease induces social distancing between people, which is more likely to result in Social alienation.²⁸ The restriction brings in a significant change in an individual's socio-psychological behavior, which otherwise would have helped overcome alienation.²⁹ Thus, people live under the dual threat of the pandemic and social exclusion. While they are restricted in a confined space, they may develop a feeling of no control or power to cope with the prevalent challenges.³⁰ Their existence would be perceived as meaningless. Moreover, the fear of the disease itself reasonably hinders any social support and sense of oneness or solidarity. In other words, a pandemic can potentially promote social exclusion, thereby socially alienating individuals, which in turn decreases social cohesiveness and solidarity.

Consequently, alienation in a pandemic only exacerbates the adverse outcomes of the disease by inducing stress, depression, and anxiety. Furthermore, during isolation or quarantine, individuals may indulge in the sense of seclusion, loneliness, and a feeling of helplessness that

²⁴ EMILE DURKHEIM, DURKHEIM: THE DIVISION OF LABOUR IN SOCIETY 10 (Palgrave Macmillan, 2013) (1893).

²⁵ Anne P. DePrince, Ann T. Chu, and Annarheen S. Pineda, *Links Between Specific Posttrauma Appraisals and Three Forms of Trauma-Related Distress*, THEORY, RES., PRACTICE, & POL'Y 3(4), 430–441, (2011).

²⁶ Melvin Seeman, *On The Meaning of Alienation*, 24 AMERICAN SOCIOLOGICAL REVIEW 783–791 (1959).

²⁷ John O'Brien, *The dialectic of alienation and sociability: A Simmelian reading of the pandemic*, 29 IRISH J. OF SOCIOLOGY 113–117 (2020).

²⁸ Luca Pancani et al., *Forced social isolation and mental health: A study on 1006 Italians under COVID-19 lockdown*, PSYARXIV (2020).

²⁹ *Id.*

³⁰ Bruce P Dohrenwend, *The Role of Adversity and Stress in Psychopathology: Some Evidence and Its Implications for Theory and Research*, 41 J. OF HEALTH & SOC. BEHAVIOR 1–19 (2000).

may arise when social support is not accessible. For instance, the practice of isolating the patients can further affect the mental health of not only the patient himself but also his family members, who live under guilt with practically no power in their hands to save the patient. This is not true for only individuals who need help but also the individuals who want to contribute to society. According to WHO, proper mental health is a state wherein a person can contribute to their community after realizing their abilities.³¹ Therefore, people who cannot impact society by their involvement can also experience social alienation and mental distress. Nonetheless, one can overcome stress, anxiety, and depressive thoughts with friends and family or even a mental health counselor through digital means. But, unfortunately, this feeling of alienation can still be prominent in the community, which lag the technical ability to socialize online.³²

(C) Social Inequalities

Pandemic highlights the fault lines in the social structure existing in society. The gap between the communities becomes more evident than ever during a pandemic when scarce resources must be distributed amongst the people.

The people with lower Socio-economic Status (SES) have witnessed differential treatment in healthcare and resultantly more incidence of infection and morbidity.³³ For example, E. Sydenstricker, a statistician, reported in 1931 that the group of people in the category of 'poor' and 'very poor' experienced more morbidity in the Spanish Flu of 1918 than the group of people falling in the category of 'well-to-do' or 'moderate'.³⁴ This highlights that the individual belonging to lower SES are more likely to be affected by the disease than the rich.

In the current scenario, despite attempts to create class solidarity³⁵ and spread awareness about the non-discriminatory nature of the virus, reports have proved that the marginalized community is most affected by the virus both directly and indirectly.³⁶ Moreover, sufficient evidence of the discriminatory nature of the pandemic can be found in the reverse migration of laborers after the lockdown was imposed in India. Finding a lack of support in the social structure in their work state, they were forced to travel for days on their foot while also

³¹ World Health Organization: WHO, MENTAL HEALTH: STRENGTHENING OUR RESPONSE WHO.INT (2018), <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited May 22, 2021).

³² Shannon Hebblethwaite, Laurel Young & Tristana Martin Rubio, *Pandemic Precarity: Aging and Social Engagement*, 43:1-2 LEISURE SCIENCES 170 (2021).

³³ Edgar Sydenstricker, *The Incidence of Influenza among Persons of Different Economic Status during the Epidemic of 1918*, 46 PUBLIC HEALTH REPORTS (1896-1970) 154–170 (1931).

³⁴ *Id.*

³⁵ WHO, VIRUSES DON'T DISCRIMINATE AND NEITHER SHOULD WE (2020).

³⁶ Clare Bambra et al., *The COVID-19 pandemic and health inequalities*, JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH jech-2020-214401 (2020).

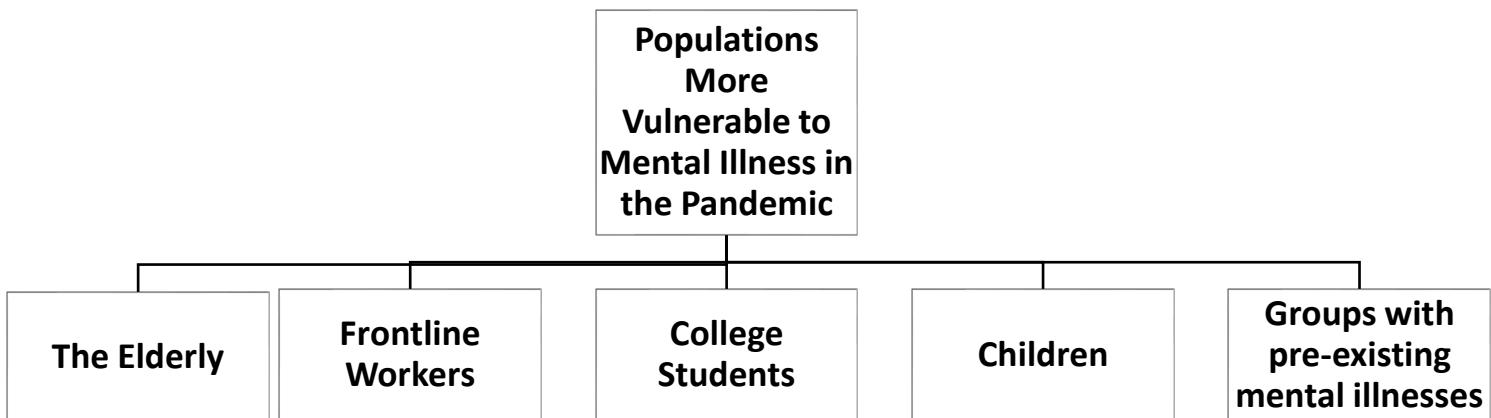
protecting themselves from the virus. This, combined with job insecurity, inattention to existing ailments and uncertainties, has induced psychological disorders in them.³⁷

Not only this, due to the growth in the existing socioeconomic divide between people, the number of suicide cases³⁸ amongst the lower SES has also been reported, which justifies that the pandemic affects the marginalized community more than the socially forward category, at least mentally.

IV. MENTAL HEALTH IMPLICATION IN SPECIFIC GROUPS OF PEOPLE

While it is an established fact that the pandemic has an appallingly negative impact on people's health, it is vital to study the effects of the virus on different groups of the population from a sociological perspective. Some people are more vulnerable to mental health illnesses and the psychological effects of the pandemic than the rest of the people.

The following discussion focuses on these groups of people:



(A) Impact on frontline workers

Ever since the first reporting of novel pneumonia caused by coronavirus disease 2019 (COVID-19), which is spreading domestically and internationally and the first case in our country in January 2020, the frontline workers have taken the responsibility of helping the country fight the virus. Frontline healthcare workers are integral to the global response to Covid.

Large-scale disease epidemics pose various challenges to individuals of all ages and cultures. Still, the emotional stress experienced by frontline health care workers (HCWs) is severe and

³⁷ Rakesh Chander et al., *Addressing the mental health concerns of migrant workers during the COVID-19 pandemic: An experiential account*, INTERNATIONAL JOURNAL OF SOCIAL PSYCHIATRY 002076402093773 (2020).

³⁸ INDIA NON-VIRUS DEATHS DURING LOCKDOWN, <https://thejeshgn.com/projects/covid19-india/non-virus-deaths> (last visited Mat. 18, 2010).

can be enduring.

Working during the COVID-19 pandemic has placed frontline staff under enormous and unparalleled stress, jeopardizing their physical, emotional, and social well-being. As a result, frontline workers make one of the most vulnerable groups at risk of mental health problems.³⁹

Over the years, data and research have shown that frontline workers are more at a higher risk of getting mental disorders than the general population.⁴⁰ Past research indicates the rates of suicides are higher than the general population.⁴¹ They deal with death, quick decision making, changing shifts, and exposure to mass suffering; this often leads to guilt, helplessness, anxiety, depression, and severe psychological trauma.

1. Ong Work Hours

There is compelling evidence that long work hours have a negative impact on medical personnel's productivity and mental health.⁴² Newspaper articles have also shown how agonizing long work hours for the covid duty doctors and frontline workers.⁴³

As a result, courts have imposed limitations on the duration of shifts for healthcare employees. Yet, regardless of these warnings, frontline employees worldwide work for unhealthily long hours, resulting in significant stress that can affect their immunity and decency.

Many senior doctors have succumbed to the virus after working long, unpaid hours in highly affected areas involuntarily. The Indian Medical Association report shows that nearly 300 doctors have lost their lives in the second wave of Covid-19.⁴⁴

2. Risk of Infections

Frontline workers are exposed to the virus more than any other category of people. This is because they are constantly doing work that exposes them and their families to infections. In

³⁹ Sonja Cabarkapa et al., *The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A rapid systematic review*, 8 BRAIN, BEHAV., & IMMUNITY - HEALTH 100144 (2020).

⁴⁰ Samantha Kelly Brooks et al., A Systematic, Thematic Review of Social and Occupational Factors Associated With Psychological Outcomes in Healthcare Employees During an Infectious Disease Outbreak, 60 J. OF OCCUPATIONAL & ENV'T MED. 248–257 (2018); Le Shi et al., Prevalence and correlates of suicidal ideation among the general population in China during the COVID-19 pandemic, 64 EUROPEAN PSYCHIATRY (2021).

⁴¹ Le Shi et al., Prevalence and correlates of suicidal ideation among the general population in China during the COVID-19 pandemic, 64 EUROPEAN PSYCHIATRY (2021).

⁴² Snehil Gupta & Swapnajeet Sahoo, *Pandemic and mental health of the front-line healthcare workers: a review and implications in the Indian context amidst COVID-19*, 33 GENERAL PSYCHIATRY e100284 (2020).

⁴³ Long Working Hours, Cries for Help: Delhi Doctors Open Up on Mental Stress of Agonising Covid Duty, NEWS18 (May 17, 2021), <https://www.news18.com/news/india/long-working-hours-cries-for-help-delhi-doctors-open-up-on-mental-stress-of-agonising-covid-duty-3747371.html>.

⁴⁴ Niharika Sharma, IMA SAYS NEARLY 300 INDIAN DOCTORS HAVE DIED OF COVID THIS YEAR QUARTZ (2021), <https://qz.com/india/2010157/ima-says-nearly-300-indian-doctors-have-died-of-covid-this-year/> (last visited May 18, 2021).

addition, in India, many of these workers live with extended families that include elders. This, perceptibly, makes them anxious about their family's safety, sometimes more than their own.⁴⁵ Furthermore, this fear of transmission of the virus also keeps them away from their family and neighbors, thereby only aggravating the vicious mental distress.

3. Hostility from patients and relatives

Many instances of frontline workers being harassed by the families of Covid patients have surfaced since the start of the Covid 19 Pandemic. Misinformation and crowd behavior add to this. One such instance that made headlines was the Indore case, where the community pelted stones on the healthcare workers.⁴⁶ Similar incidents were reported from many different cities across the country.

4. Lack of adequate resources and survivor's guilt

Healthcare staff worldwide feel powerless due to a shortage of basic facilities, such as masks and personal protective equipment (PPE). Also, witnessing too many avoidable deaths can lead to depression and survivor guilt. Lack of adequate resources and basic facilities like beds, oxygens, PPE kits, etc., results in helplessness and survivor's guilt in healthcare workers. India made headlines when the second wave Covid hit, and the country was struggling to breathe. Oxygen shortage and lack of medicine availability left many medical fraternity members fighting the virus alongside the patients, feeling helpless.

(B) Impact on school and college going people

School closures, unavailability of outdoor leisure events, and not being able to interact with their peers can have a negative impact on children's mental health. Children and adolescents confined to their homes experience confusion and distress due to disruptions in their schooling, physical activities, and socialization opportunities.⁴⁷ A study has found that older adolescents and youth are anxious regarding the cancellation of examinations, exchange programs, and academic events.⁴⁸

The current uncertain situations leave children feeling anxious. In some cases, one or both parents are quarantined, resulting in separation from parents. Since the role of parents is so

⁴⁵ Sherry L. Grace et al., *The Occupational and Psychosocial Impact of SARS on Academic Physicians in Three Affected Hospitals*, 46 PSYCHOSOMATICS 385–391 (2005).

⁴⁶ *Covid-19: Health workers attacked in cities, 7 held in Indore for pelting stones*, HINDUSTAN TIMES, (Apr 3, 2020), <https://www.hindustantimes.com/india-news/covid-19-health-workers-attacked-in-cities-7-held-in-indore-for-pelting-stones/story-ZlbAlxXRhH7aFQyLZb8wmN.html>.

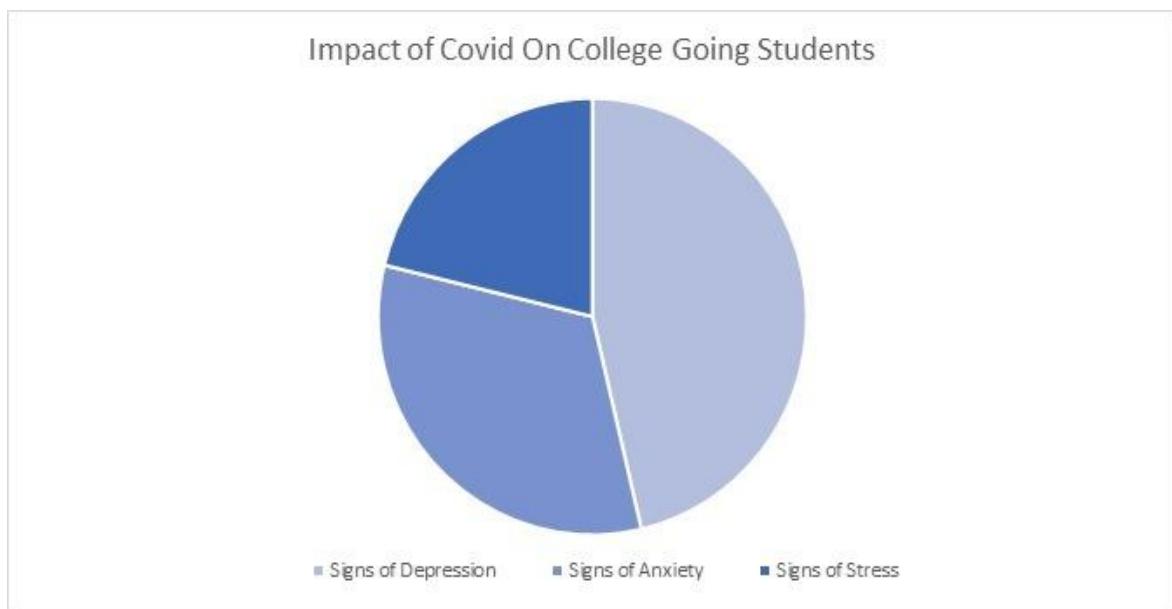
⁴⁷ Shweta Singh et al., *Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations*, 293 PSYCHIATRY RES. 113429 (2020)

⁴⁸ Joyce Lee, *Mental health effects of school closures during COVID-19*, 4 THE LANCET CHILD & ADOLESCENT HEALTH 421 (2020).

crucial during a child's formative years, any disturbance in the form of alienation from parents can have long-term consequences for the child's perceived attachment.⁴⁹

For children and young adults, socializing is the most prominent way of learning and growing. However, the Covid-19 Pandemic limited them to their homes. In children, this may result in pent-up emotions, feelings of distress, and fear of separation. Children might also feel separated, neglected, or alone since their ability to understand and comprehend situations are not fully developed.⁵⁰

College-going students are also prone to be depressed and anxious due to the pandemic. A cross-sectional survey conducted of Indian College Going Students showed, in total, 53.1 percent, 37.2 percent, and 24.3 percent of people (N=727) had signs of depression, anxiety,



Source: Data collected from an external research (Sreesupria P. R. et al., *Psychological impact of COVID-19 lock-down on college students across India- a cross sectional study*, 7 INTERNATIONAL JOURNAL OF COMMUNITY MEDICINE AND PUBLIC HEALTH 4917 (2020))

and stress, with varying degrees of severity.⁵¹ Negative emotional states were found to have significant associations with reduced time spent with family and friends and its consequences; increased occurrence of domestic violence; increased sleep duration; disrupted sleep; financial crisis, and so on.⁵²

COVID-19 is causing psychological distress among disadvantaged college students, who are forced to stay at home due to deteriorating financial circumstances, lifestyle changes, family

⁴⁹ See *supra* note 43.

⁵⁰ See *supra* note 43.

⁵¹ Sreesupria P. R. et al., *Psychological impact of COVID-19 lock-down on college students across India- a cross sectional study*, 7 INTERNATIONAL JOURNAL OF COMMUNITY MEDICINE AND PUBLIC HEALTH 4917 (2020).

⁵² Sreesupria P. R. et al., *Psychological impact of COVID-19 lock-down on college students across India- a cross sectional study*, 7 INT'L J. OF COMMUNITY MED. & PUB. HEALTH 4917 (2020).

conditions, and time spent on different activities.

(C) Impact on the elderly

The mental health effect may be incredibly challenging for older people who are already suffering from cognitive impairment, dementia, social isolation, and loneliness. Also, there is sufficient data that elderly are at higher risk of adversaries of isolation, lack of socialization, and social support.⁵³ Furthermore, the disease's progression is more pronounced in the elderly, resulting in a higher mortality rate.⁵⁴

(D) Impact on people with pre-existing mental health condition

People with pre-existing mental health problems are known to be among the most affected during an epidemic.⁵⁵ This is mainly due to stigmatization, risk of infection, lack of awareness, etc.

Relapse rates of all pre-existing mental health problems are commonly seen to be increased during COVID 19.⁵⁶ In addition, discrimination, the fear of isolation, and stigmatization are worsened due to lockdowns in people with pre-existing mental illness conditions. Long Quarantines and lockdowns, along with the fear of the virus itself, aggravate the condition of those with pre-existing mental illness, causing psychological distress.

V. CONCLUSION

We live in tumultuous times, and the COVID-19 pandemic has made mental well-being not just essential but critical. As the healthcare system struggles to save millions of lives regularly, there is likely to be a looming pandemic of undiagnosed mental illnesses. Mental health is an essential aspect of life, from childhood and adolescence, throughout adulthood. It cannot be undermined. Directly or indirectly, the COVID-19 pandemic impacts our mental health; for some, it will leave a psychological impact on their mind, while for others, it will aggravate already present mental illnesses. Due to changes in everyday routine and social alienation in the community, a 'lockdown,' or the closing of educational centers and workplaces, can significantly affect mental health. It is important to keep in mind the population's mental health, especially the groups which are more prone to mental stress and illness. The society should extend the support to the individual whenever possible. The importance of building a class

⁵³ Archana Singh & Nishi Misra, *Loneliness, depression and sociability in old age*, 18 INDUS. PSYCHIATRY J. 51 (2009).

⁵⁴ Adrija Roy et al., *Mental health implications of COVID-19 pandemic and its response in India*, INT'L J. OF SOC. PSYCHIATRY (2020)

⁵⁵ Seshadri Sekhar Chatterjee, Malathesh Barikar C & Abir Mukherjee, *Impact of COVID-19 pandemic on pre-existing mental health problems*, 51 ASIAN J. OF PSYCHIATRY (2020).

⁵⁶ *Id*

solidarity in these times is more important than ever. Many around the globe are dealing with loss, isolation, and grief; in these times, paying attention to mental health and subsequent psychological help wherever needed is vital.

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