Original Article

Psychological distress and well-being assessment among Indian people during COVID-19 pandemic

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Abstract

Background: A rapid spread of the COVID-19 pandemic restricted millions of people in their homes and affected them with anxiety, stress, and psychological distress. This online study was conducted to assess the psychological distress among the Indian population. **Method:** This is a cross-sectional study, data collected via an online self-reported questionnaire using a snowball sampling technique. COVID-19 psychological stress was measured through the COVID-19 peritraumatic distress index (CPDI). This questionnaire was open-access and adapted from the Shanghai Mental Health Centre. Data were extracted to Microsoft Excel and analyzed in SPSS 23 version. Ordinal logistic regression was used to calculate the odds ratio for predicting variables. **Results:** A total of 625 responses were received. The mean age of the respondents was 26.41 years (standard deviation [SD] = 9.35; range = 17–79 years) with 320 (51.2%) males and the majority (68.8%) of the respondents were students. Youth with age group between 21 and 25 years were observed to be having peritraumatic distress 2.42 times more than the other groups ($P = 0.001$). Females were found to be more nervous and anxious ($\chi^2 = 5.12$; $P = 0.02$), more sluggish reaction due to anxiety ($\chi^2 = 9.46$; $P = 0.002$) as compared to males. Unmarried respondents were observed to be more sluggish due to anxiety ($\chi^2 = 7.2$; $P = 0.007$), felt more tired and exhausted ($\chi^2 = 6.12$; $P = 0.013$) in comparison to married. **Conclusion:** COVID-19 pandemic crisis significantly affected a major segment of society. The psychological distress level was observed to be high among youth, females, and a group of people in quarantine or isolation.

Keywords: COVID-19, isolation, psychological distress, youth

Introduction

An outbreak of unknown origin pneumonia cases in Hubei province, China, was reported to the World Health Organization (WHO) on December 31, 2019, which eventually spread across the globe. At the end of January 2020, this was declared as the Public Health Emergency of International Concern (PHEIC) and on March 11, 2020, the outbreak was classified as a pandemic.[1]

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The COVID-19 pandemic has not only been affecting people across the globe physically but is also causing more psychosocial problems as compared with already existing diseases because of the lack of sufficient knowledge about this newly emerging disease. The novelty of the COVID-19 pandemic and the web of unknown have emerged as the reasons for panic and anxiety among the people.[2]

Due to the non-availability of the pharmacological interventions to treat people infected with COVID-19, other kinds of non-pharmacological measures became the measure to halt the transmission of disease that is quarantine, isolation, and physical distancing. According to the Centers for Disease Control and Prevention, quarantine is defined as "separation and restriction

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of the movement of people who were exposed to a contagious disease to see if they become sick."[3]

In India, as of July 31, 2020, according to the Ministry of Health and Family Welfare (MoHFW), 16.3 lakh cases of COVID-19 were reported with 35,747 deaths.[4] To prevent the further spread of transmission of SARS-CoV-2, various stringent measures have been adopted by the Government of India. One of them is to quarantine the contacts of COVID-19-positive patients in their homes or various dedicated quarantine facilities.

In the past also, quarantine measures were being applied to contain the epidemic for example during severe acute respiratory syndrome (SARS) outbreak in 2003 and the Ebola outbreak in 2013. Also, it had been seen that the quarantined person feared of being infected and this fear aggravated if they developed physical symptoms of the disease. It was also reported that quarantined persons often experienced stigmatization and rejection from the persons around them.[5] For most of the persons, quarantine was reported to be an unpleasant experience.

The policymakers should not only consider protecting physical health from infectious diseases, but also the negative implications of quarantine on the mental health of the persons who experience such restrictions. Psychological distress is reported to be a common mental health issue prevalent in the community.[6] Primary care has been providing the first line of care to people with multi-morbidities, mental health being one of them.[7] The role of primary care physicians has been phenomenal during the management of the COVID-19 pandemic. The world has witnessed commendable efforts of primary care and family physicians during the time of crisis for more than decades. Psychosocial and socio-demographic issues have always been a pertinent subject of concern in Family Medicine and Primary Care, and there is a need to strengthen and conceptualize the primary healthcare system in India to minimize the epidemiological and socio-cultural hurdles and provide optimum services at the periphery. It is reported that 25% of patients coming to general practitioners are estimated to have mental health problems including psychological distress.[8]

A study from China concluded that due to the COVID-19 pandemic, more than half of the respondents had a significant psychological impact. Hence, it is empirical to conduct studies that provide strong evidence to policy makers to make necessary changes in the existing containment strategies.[9]

This study, conducted across India among the general population with the aim to provide information about the psychological impact of COVID-19 among the general population, will facilitate the policymakers in formulating more comprehensive interventions in the future and can act as a bridge for effectively addressing psychosocial issues at the primary care level.

Methodology

This was an online survey to assess the psychological distress among the general population during the COVID-19 pandemic. This study was conducted during the second lockdown from April 18, 2020, to May 2, 2020, when distress and phobia due to COVID-19 were at their peak and the majority of the population were restricted in their homes. The COVID-19 Peritraumatic Distress Index (CPDI) questionnaire was used to assess depression, anxiety, phobia, compulsive behavior, loss of social function, and avoidance in the past week. CPDI, a validated questionnaire, was used to quantify the stress on a scale of 0 to 100. CPDI score <_ 27 indicated low or normal, 28–51 indicated mild-to-moderate stress, and >_52 indicated severe stress. The questionnaire was designed as a Google form with informed consent and the link was shared through the social media platform. Snowball technique was used and anonymity was maintained among the participants. In total, 625 responses were received. Sociodemographic information including gender, age, marital status, nationality, the state where they are currently living, economic status based on annual income, and employment was collected.

Data were analyzed using the statistical package of social sciences (SPSS version 23). Mean, SD (standard deviation) for continuous variables, and proportion was calculated for categorical variables. The association of demographic and other categorical variables was assessed using the Chi-square test. Ordinal logistic regression with odds ratio at 95% confidence interval was used to measure the magnitude of association and prediction for independent variables.

Results

A total of 625 responses were obtained using Google forms. The mean age of the respondents was 26.41 years (SD = 9.35; range = 17–79 years) with 320 (51.2%) males and the majority (68.8%) of the respondents were students. In total, 52% were graduates. Most (53.3%) of the respondents were from north region of India. Only 42% of total participants were either in quarantine or in isolation during the study period amid the COVID-19 pandemic. Other demographic variables are shown in [Table 1].

The Peritraumatic Distress Scale of COVID-19 was measured by CPDI scale with a mean score of 26.75 (SD = 13.61) and median = 24. Most of the respondents, i.e., 387 (61.9%) had mild peritraumatic distress (CPDI score of 0–28) and around 206 (33%) had moderate peritraumatic distress (CPDI score of 29–51). However, only 32 (5.1%) had severe peritraumatic distress (CPDI score of 52–100).

Table 2 shows the association of demographic variables with the peritraumatic distress was checked by ordinal regression. It showed that those who were quarantined or isolated (B = 1.81; P = 0.001) during the COVID-19 pandemic had experienced

Table 1: Descriptive statistics of demographics of study respondents and distribution of CPDI score

Characteristics	Group	Frequency	Percentage	Mean (CPDI score)	SD (CDPI)	Median (CDPI)
Status of quarantine	Quarantine/ isolation	263	42.08	29.08	13.78	26
	No quarantine	362	57.92	25.06	13.24	23
Gender	Male	321	51.36	25.17	13.34	22
	Female	304	48.64	28.35	13.69	26
Age (in years)	<20	144	23.04	27.42	13.9	25
	21-25	259	41.44	27.54	13.56	25
	26-30	115	18.4	27.84	14.69	25
	>30	107	17.12	22.76	11.42	20
Educational status	High school	2	0.32	26.5	17.67	26.5
	Intermediate	77	12.32	27.96	13.7	26
	Graduate	325	52	6.45	13.58	23
	Post graduate	21	3.36	26.78	13.67	24
Marital Status	Single	501	80.16	27.54	13.6	25
	Married	124	19.84	23.56	13.2	20
Occupation	Doctors	92	14.72	25.75	15.92	20
	Engineers	71	11.36	23.69	11.48	21
	Others	32	5.12	24.84	12.03	23
	Students	430	68.8	27.61	13.45	26
Region	North	333	53.28	26.1	12.52	24
	East	29	4.64	31.93	17.87	31
	West	99	15.84	25.86	13.4	24
	South	38	6.08	26.82	17.68	21
	Central	114	18.24	28	13.87	26
	Northeast	12	1.92	27.58	14.78	22
Display score	Score	625	100	26.75	13.62	24

SD=standard deviation. In Occupation: Others include watchman, guards, rickshaw puller, library, and laboratory attendants, shop keepers, clerks, typists, and workshop laborers

Table 2: Association of demographic characteristics with various levels of CPDI scale (ordinal regression)

Characteristics	Sub Scale	Estimate	EXP (B)	(95% CI)		*P*
				lower level	Upper level	
Status of quarantine	Quarantine/ Isolation	**0.592**	**1.81**	**0.269**	**0.915**	**0.0001**
	No Quarantine					
Gender	Male	**-0.633**	**0.53**	**-0.956**	**-0.310**	**0.001**
	Female					
Age (in years)	<20	**0.789**	**2.20**	**0.234**	**1.344**	**0.005**
	21-25	**0.884**	**2.42**	**0.375**	**1.393**	**0.001**
	26-30	**0.802**	**2.23**	**0.223**	**1.381**	**0.007**
	>30					
Educational status	High school	0.421	1.52	-2.301	3.144	0.762
	Intermediate	0.010	1.01	-0.523	0.543	0.971
	Graduate	0.141	1.15	-0.207	0.490	0.427
	Post graduate					
Occupation	Doctors	-0.356	0.70	-0.825	0.113	0.137
	Engineers	**-0.696**	**0.50**	**-1.255**	**-0.137**	**0.015**
	Others	-0.607	0.54	-1.397	0.182	0.132
	Students					
Marital Status	Single	**0.762**	**2.14**	**0.319**	**1.204**	**0.001**
	Married					
Region	North	0.111	1.12	-1.085	1.308	0.855
	East	0.881	2.41	-0.488	2.249	0.207
	West	0.019	1.02	-1.226	1.264	0.976
	South	-0.084	0.92	-1.438	1.270	0.904
	Central	0.249	1.28	-0.984	1.481	0.692
	Northeast					

CI, confidence interval; values in bold pattern have a significant *P*, i.e., <0.05

peritraumatic distress 1.81 times more likely as compared to those who were not quarantined. Males (B = 0.53; *P* = 0.001) had experienced less peritraumatic distress as compared to females. The age group of 21–25 years (*P* = 0.001) was observed to be having peritraumatic distress 2.42 times more than the other groups. Among different professions, only engineers had felt less peritraumatic distress (B = 0.50; *P* = 0.015) as compared to the doctors, students, and others. Respondents who were single reported more peritraumatic distress (B = 2.14; *P* = 0.001) as compared to those who were married. However, there was no statistically significant association of peritraumatic distress versus education and peritraumatic distress versus the regions of India.

Table 3 shows the final prediction model for peritraumatic stress, which was adequately fit for the factors (Chi-square = 31.04, *P* = 0.001). The Nagelkerke pseudo R^2 of 0.06 indicated that the significant variables explained approximately 6% of the variability. The respondents who were quarantined were 1.58 times more likely to have peritraumatic stress as compared to those who were not quarantined. Males were having less likely chances to feel stressed as compared to females, whereas those who were unmarried were 1.73 times more likely to get stressed as compared to married. All other variables, such as age, education status, occupation, and region, from where they belonged were excluded from the final model as they were not significant.

Respondents who were not quarantined

Gender: 50.3% of females were a little bit more nervous and anxious (χ^2 = 5.12; *P* = 0.02), 54.1% felt insecure (χ^2 = 4.09; *P* = 0.04), 55.3% of females were more irritable and had frequent conflicts with family (χ^2 = 6.1; *P* = 0.013), 53.7% of females felt tired and exhausted (χ^2 = 8.9; *P* = 0.003), 56.2% of females had sluggish reaction due to anxiety (χ^2 = 9.46; *P* = 0.002) as compared to males.

Age groups: Respondents who belonged to the age group 21–25 years, 51.4% had a sluggish reaction due to anxiety (χ^2 = 8.74; *P* = 0.03), 46.6% felt helpless and angry about government media (χ^2 = 7.83; *P* = 0.05), and 44.9% felt uncomfortable while communicating (χ^2 = 8.06; *P* = 0.04) as compared to all others of age <20 and >30 years.

Marital status: Those who were unmarried, 79.4% were feeling helpless ad angry (χ^2 = 8.3; *P* = 0.004), 82.6% were feeling empty and helpless (χ^2 = 4.04; *P* = 0.04), 79.4% felt helpless and angry about government media (χ^2 = 8.3; *P* = 0.004), 66.2% constantly sharing news (χ^2 = 5.5; *P* = 0.01), 79.1% found it hard to concentrate (χ^2 = 3.8; *P* = 0.05), 89.7% had complaint of stomach pain and bloating (χ^2 = 4.4; *P* = 0.03), 86% had lost appetite (χ^2 = 4.25; *P* = 0.03), and 87% felt uncomfortable while communicating (χ^2 = 8.49; *P* = 0.004) as compared to married.

Educational status: 49.7% of postgraduates were more nervous and anxious when compared to other educational status (χ^2 = 13.91; *P* = 0.003). 63.8% of graduates felt uncomfortable while communicating (χ^2 = 9.02; *P* = 0.002).

Occupation: 69.8% students found it difficult to concentrate (χ^2 = 8.6; *P* = 0.035), 73.9% of students were feeling more uncomfortable while communicating (χ^2 = 9.2; *P* = 0.02) S compared to doctors, engineers and others.

Respondents who were quarantine

Gender: 65.1% of females showed irritability and had frequent conflicts with family (χ^2 = 4.7; *P* = 0.02).

Age group: 43% of the respondents who belonged to the age group of less than 20 years were irritable and had frequent conflicts with family (χ^2 = 14.08; *P* = 0.003), 54.1% of 21–25 years age group often felt dizzy and had backpain (χ^2 = 11.3; *P* = 0.01).

Marital status: Of those who were unmarried, 85.2% used to collect information about COVID all day (χ^2 = 4.97; *P* = 0.02), 85% constantly sharing news (χ^2 = 5.2; *P* = 0.02), 95.3% were more irritable and had frequent conflicts in family (χ^2 = 3.9; *P* = 0.047), and 94.3% found it hard to concentrate (χ^2 = 4.5; *P* = 0.03).

Educational status: 56.5% of the graduates and 31% of postgraduates did not believe COVID information from all sources (χ^2 = 7.97; *P* = 0.04), 59.3% of graduates showed irritability and had frequent conflicts with the family (χ^2 = 14.08; *P* = 0.003), 43.1% of the graduates felt uncomfortable while communicating (χ^2 = 8.97; *P* = 0.03).

Table 3: Final prediction model to assess the association of demographic characteristics with various levels of CPDI scale (ordinal regression)

Characteristics	Sub Scale	Estimate	EXP (B)	(95% CI)		*P*
				lower level	Upper level	
Status of quarantine	Quarantine/isolation	**0.458**	**1.581**	**0.126**	**0.79**	**0.007**
	No quarantine					
Gender	Male	**-0.536**	**0.585**	**-0.865**	**-0.207**	**0.001**
	Female					
Marital Status	Single	**0.55**	**1.733**	**0.093**	**1.007**	**0.018**
	Married					

CI: confidence interval; values in bold pattern have significant *P*, i.e., < 0.05

Despite of quarantine status

Gender: The respondents who were females, 54.4% were more nervous and anxious ($\chi^2 = 8.02$; $P = 0.005$), 54.9% did not lose faith in people ($\chi^2 = 4.07$; $P = 0.043$), 60.2% showed irritable behavior and conflicts with the family ($\chi^2 = 12.66$; $P = 0.000$), 57.4% felt tired and exhausted ($\chi^2 = 13.9$; $P = 0.0001$), 59.3% had a sluggish reaction due to anxiety ($\chi^2 = 13.27$; $P = 0.0001$), 62% complained of stomach pain and bloating ($\chi^2 = 5.69$; $P = 0.017$) as compared to males.

Age groups: Respondents who belonged to the age group 21–25 years, 43.9% felt empty and helpless ($\chi^2 = 8.47$; $P = 0.037$), 45.6% felt helpless and angry about government media ($\chi^2 = 7.9$; $P = 0.04$), 40.4% were irritable and had frequent conflicts with the family ($\chi^2 = 14.8$; $P = 0.002$), 43.7% felt tried and exhausted ($\chi^2 = 9.12$; $P = 0.02$), 48% found it difficult to concentrate ($\chi^2 = 11.52$; $P = 0.009$), 51.5% felt dizzy and had backpain ($\chi^2 = 9.5$; $P = 0.02$), 49.3% had stomach pain and bloating ($\chi^2 = 9.74$; $P = 0.02$), 42.5% felt uncomfortable while communicating ($\chi^2 = 12.8$; $P = 0.005$), and 52.9% had lost appetite ($\chi^2 = 9.6$; $P = 0.02$) as compared to all other age groups.

Marital status: Respondents who were unmarried, 87.1% felt empty and helpless ($\chi^2 = 6.2$; $P = 0.013$), 85.2% felt helpless and angry ($\chi^2 = 11.79$; $P = 0.001$), 74.2% constantly sharing news ($\chi^2 = 9.4$; $P = 0.002$), 86.5% were irritable and had frequent conflicts in the family ($\chi^2 = 6.04$; $P = 0.014$), 84.8% felt tired and exhausted ($\chi^2 = 6.12$; $P = 0.013$), 86.4% had a sluggish reaction due to anxiety ($\chi^2 = 7.2$; $P = 0.007$), 86.5% found it difficult to concentrate ($\chi^2 = 10.69$; $P = 0.001$), 86.4% found it hard to make any decisions ($\chi^2 = 8.21$; $P = 0.004$), 93% had stomach pain and bloating ($\chi^2 = 8.2$; $P = 0.004$), 90.3% felt uncomfortable while communicating ($\chi^2 = 11.02$; $P = 0.001$), 90.8% had lost appetite ($\chi^2 = 7.2$; $P = 0.007$) as compared to married people.

Educational status: 47.2% of graduates were more nervous and anxious ($\chi^2 = 8.83$; $P = 0.03$), 56.7% of graduates were more irritable and had frequent conflicts with the family ($\chi^2 = 8.5$; $P = 0.03$) as compared to others.

Occupations: 76.8% of students believed COVID information from all sources ($\chi^2 = 8.28$; $P = 0.04$), 74.6% of students found it difficult to concentrate ($\chi^2 = 10.4$; $P = 0.01$), 74.5% found it hard to make any decisions ($\chi^2 = 8.07$; $P = 0.045$), 76.1% of students felt uncomfortable while communicating ($\chi^2 = 10.07$; $P = 0.018$) as compared to doctors, engineers, and others.

Discussion

The global pandemic, along with the phobias of social security, has caused significant distress among the individuals. To prevent the spread of disease, the suspected individuals are asked to be quarantined or isolated. The strict lockdown also changed the normal course of life and people started to get accustomed to the "new normal."

The COVID-19 pandemic has not only emerged as a novel disease but also brought several restrictions for containing this fast-spreading disease. The physical or social distancing has affected people's psychic and emotions. It has caused disruption not only to the individuals who are quarantined or live alone, but also to their families and community as a whole and made things complex.[10]

The literature suggests that COVID-19 has hampered the mental well-being of individuals and various mental health issues have been reported due to social isolation, fear of the disease, and fear of losing their jobs.[11] The stigma related to the disease that still happens to be mysterious in terms of its contagion, microbiology, or treatment has added to the difficulty of even health care workers who undergo stress and anxiety due to increased work load as well as societal stigma of them being the carrier of the disease. This has affected their emotional health making them cynical about life and future, financial insecurity, and fear of losing jobs, loved ones. The student division was also concerned about their future, examinations, promotion to the next standard and the ones standing on the verge of starting their career were distressed about the uncertainty of placements and employment opportunities among the pandemic scenarios.

The fall in the economy worldwide has become a noxious stimulus to make people anxious at personal, community, and global levels. This financial burden of coping with the losses in the coming time has influenced all other aspects of perception and spheres of life.[12]

A high prevalence of psychological distress among quarantined individuals across the world has been reported by a recent review of the literature. The most common symptoms reported were depressive, post traumatic, stress- and anxiety-related.[13] Thus, the present study aimed to survey psychological distress in India during the COVID-19 pandemic outbreak with the objective of establishing the prevalence of psychological symptoms and identifying risk and protective factors for psychological distress among socio-demographic and personality variables.

The results of our study showed an increase in the percentage of people with peri-traumatic distress. The European epidemiological statistics indicated about 6% of adults in Italy of the age group 18–69 years reported symptoms of depression,[14] whereas this study reflected that 61.9% of respondents had mild peri-traumatic distress, 33% had moderate peri traumatic distress, and 5.1% had severe peri-traumatic distress.

The results indicated that the female gender was associated with increased anxiety, depression, and stress, i.e., males had experienced less peritraumatic distress as compared to females. This finding is in line with the results of previous studies,[9,15] which have consistently found an association between female gender and increased psychological distress.

The finding may also be linked to evidence in the international literature that women tend to be more vulnerable to experiencing stress and developing post-traumatic symptoms.[16]

The postgraduates were more nervous and anxious when compared to other educational status. This result can be traced back to studies that suggests that the pressure for settling down in a career or starting a professional life might be the reason behind the increased psychological distress.[17]

Respondents who belonged to the age group 21–25 years were having more sluggish reaction due to anxiety and the feeling of helplessness. They reported anger toward government media and felt more uncomfortable while communicating as compared to others. They felt more tired and exhausted, with difficulty in concentration, had more stomach pain and bloating, and had lost appetite more as compared to all other age groups. The literature reports mixed results for this variable, indicating a greater psychological impact for both young adults and the elderly.[18] Some authors have suggested that greater anxiety amongst the younger population may be due to their greater access to information through social media, which can easily trigger stress.[19]

Unmarried respondents were more sluggish due to the anxiety, felt more tired and exhausted, difficult to concentrate, hard to make any decisions as compared to married people. This can be supported by the study done by Afifi *et al*.[20] who suggested that married mothers compared to single mothers had better mental health. Finally, the study also suggested that despite of quarantine status, respondents were not losing faith in people, and respondents of all professions were not believing COVID-19 information from all sources.

These factors suggested prevalent psychological distress during the COVID-19 pandemic among the individuals, which may be a predecessor to mental, emotional, and physical exhaustion. It suggests a need to initiate early interventions in the domain. Community mental healthcare is often overlooked and mainstreaming such issues in family medicine and primary care would provide aid to the preventive measures for combating such chaos among individuals.[21] The role of family physicians during the COVID-19 pandemic has appeared as a savior and their awareness related to the possible presence of psychological distress in the community would reduce the complications in comprehensive healthcare.

Conclusion

Most of the section of society has largely been affected by the COVID-19 mental health crisis. Fear, anxiety, difficult concentration, and other phycological distress affected the Indian community drastically apart from economic and other measurable losses. This descriptive study concluded that psychological distress among the youth of higher education, frontline workers, unmarried, and females due to the COVID-19 pandemic is a signal for early mental health prevention and intervention. This study further concludes increase efforts in COVID-19 related awareness among schools and colleges and to provide supportive psychological counseling in both immediate and long term to mitigate the pandemic distress among the affected Indian population.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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