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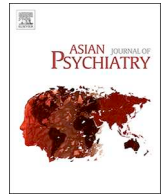
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Letter to the Editor

The psychological impact of COVID-19 pandemic and lockdown on the migrant workers: A cross-sectional survey



1. Introduction

COVID-19 pandemic and the resultant lockdown strategy has affected everyone (Tandon, 2020). However, the impact has been more prominent on the lives of the migrant workers/laborers. Lockdown brought the lives of migrant workers to a standstill, as neither have they had any work to do, nor were they able to travel back to their native places. This is compounded by the fact that some of them are not able to meet their daily requirements due to financial constraints. The very basic social distancing strategy could not be ensured in this population as they mostly reside in densely populated communities and rooms with minimal space per person.

The migrants are more prone to social, psychological, and emotional trauma in such situations, emanating from fear of neglect by the local community and concerns about their families' wellbeing and safety in their native places. Migrants belong to the most marginalized sections of the society who are dependent on daily wages for their living, and in times of such distress, need sympathy and understanding of the community (Hargreaves et al., 2019). Immediate concerns the migrant workers face relate to food, shelter, health care, fear of getting infected or spreading the infection, loss of wages, concerns about the family, anxiety, and fear (Singh, 2020). Sometimes, they also face harassment and adverse reactions to the local community.

Governments of India and state governments have been making efforts to address migrant laborers' issues by keeping them at shelter homes and providing them food. However, how much this is helping the migrants is not very well understood. Every day there are media reports of migrant workers travelling to their native places far off from their current location by walking or by cycling. Many have succumbed to death after reaching their destination or during their journey (Indian migrant workers during the COVID-19 pandemic, 2020; Staff, 2020). There are also reports of a tussle between the different governmental agencies, concerning making these migrants reach their native places. All these factors are leading to severe mental distress among migrant workers. Accordingly, it is essential to understand the psychological issues of this marginalized group of people. Accordingly, this study aims to evaluate the mental health issues among the migrant workers living in shelter houses, provided by the administration because of COVID-19 to assess the immediate and long term psychological impact of isolation.

2. Material and methodology

It was a cross-sectional study conducted in the Chandigarh, a Union Territory, in North India. The migrants' workers identified by the Government of India, who were living in the shelter house or government authorized buildings, were recruited. The verbal informed con-

sent was obtained before recruitment. To be included in the study, the participants were required to be aged > 18 years, of any gender, able to understand Hindi, were co-operative, medically stable, and provided the written informed consent. The ethical clearance was obtained from the Institute Ethics Committee. The data collection was done during the 5th week of lockdown with adherence to social distancing norms and other infection control measures.

They were assessed on the following instruments.

We used two brief screening instruments i.e. Patient Health Questionnaire-2 (PHQ-2) (Kroenke et al., 2003) and Generalized Anxiety Disorder- 2 (GAD-2) (Skapinakis, 2007) to assess depression and anxiety respectively. Both these scales have been used previously in many studies with adequate sensitivity to screen depression and anxiety (Hughes et al., 2018; Whooley et al., 1997). Perceived stress scale-4 (PSS-4) was used to assess perceived stress which has been reported to be the most useful and feasible in the situations where a short questionnaire is required such as telephonic interview (Lee, 2012). Additionally, a self-designed questionnaire was used to assess the emotional and behavioural response to the lockdown.

All the participants were administered these questionnaires by a trained Clinical Psychologist. The data collected were analyzed using SPSS 20.0 version, and descriptive statistics were applied.

3. Results

The study included 98 migrant laborers, all of whom were of males, with a mean age of 32.7 (SD: 10.1) years and the mean a number of years of education being 2.4 (SD: 1.7) years. The mean income of the participants before the lockdown was 8280 Indian rupees. Majority of the participants were married (69.4 %).

About three fourth of the participants (73.5 %) were found to be screen positive for depression on the PHQ-2 and about half of the participant (50 %) were found to be screen positive for anxiety on the GAD-2 (Table 2). On PSS-4, the mean score on the PSS was 7.1 (2.3).

About one-fifth of the participants screened positive for depression only. Nearly half (51 %) of participants screened positive for both anxiety and depression. Overall, about three-fourth (73.5 %) screened positive for at least one psychiatric morbidity (Table 1).

On the self-designed questionnaire, about two-thirds (63.3 %) of the participants reported the markedly increased in the loneliness. More than half of the participants said a significant increase in tension (58.2 %), frustration (58.2 %), low mood (55.1 %), irritability (51.0 %), and fear of death (51.0 %). The other more common responses were fear (41.8 %) and social isolation (31.6 %). There was a marked reduction in the social connectedness (48 %) and sleep (44.9 %) among the participants (Table 2).

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Table 1
Depression, Anxiety, and Stress among the participants.

Variables	Frequency (%)	Mean (SD)
The Patient Health Questionnaire (PHQ)-2		
During the past month, have you often been bothered by feeling down, depressed, or hopeless? -Yes	68 (69.4)	
During the past month, have you often been bothered by little interest or pleasure in doing things? -Yes	72 (73.5)	
Screen positive (> 1)	72 (73.5)	
Mean PHQ-2 score	1.4 (0.9)	
Generalized Anxiety Disorder 2-item (GAD-2)		
Feeling nervous, anxious or on edge		
Not at all	16 (16.3)	
Several days	32 (32.7)	1.4 (0.8)
More than half the days	43 (43.9)	
Nearly everyday	7 (7.1)	
Not being able to stop or control worrying		
Not at all	20 (20.4)	
Several days	33 (33.7)	1.3 (0.8)
More than half the days	42 (42.9)	
Nearly everyday	3 (3.1)	
Anxiety		
Presence (≥ 3)	50 (50.9)	
Absence (≤ 2)	48 (49.1)	
Mean GAD-2 Score	2.7 (1.6)	
Number of people who screened positive for depression only	22 (22.4)	
Number of people who screened positive for both anxiety & depression	50 (51)	
Number of people with at least one morbidity (either depression or anxiety)	72 (73.5)	
Perceived Stress Scale 4 (PSS-4)		
In the last month, how often have you felt that you were unable to control the important things in your life?		
Never	14 (14.3)	
Almost never	16 (16.3)	1.9 (1.1)
Sometimes	26 (26.5)	
Fairly often	42 (42.9)	
Very often	—	
In the last month, how often have you felt confident about your ability to handle your personal problems?		
Never	15 (15.3)	
Almost never	53 (54.1)	1.3 (0.9)
Sometimes	21 (21.4)	
Fairly often	8 (8.2)	
Very often	1 (1.0)	
In the last month, how often have you felt that things were going your way?		
Never	16 (16.3)	
Almost never	28 (28.6)	1.4 (0.8)
Sometimes	50 (51.0)	
Fairly often	4 (4.1)	
Very often	—	
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?		
Never	10 (10.2)	
Almost never	21 (21.4)	2.4 (1.5)
Sometimes	21 (21.4)	
Fairly often	7 (7.1)	
Very often	39 (39.8)	
Mean PSS Total score		7.1 (3.4)

4. Discussion

In India, migrant laborers form a significant workforce in many parts of the country. Many of these people work on daily wages or a fixed salary, with no job security. Possibly the only recreation for these people is going back to their homes, whenever they are free from their work responsibility (Singh, 2020). They often stay away from their

homes for a considerable time (maybe several months or even years) and visit their native place only during festivals, marriages, or during harvest season. COVID-19 pandemic has brought them to a situation, where neither they have any work, nor are they able to travel to their native places. Accordingly, it is expected that the emergent situation will lead to a lot of stress and distress among the migrant laborers. Keeping this in mind, the present study, aimed to evaluate the mental health status of the migrants who have been kept in the shelter homes, after the imposition of lockdown, due to COVID-19 pandemic. The present study suggests that about three-fourth (73.5 %) of the participants screened positive for either depression or anxiety. All the migrants who screened positive for anxiety also screened positive for depression, suggesting high co-morbidity. Additionally, about one-fifth of the participants screened positive for only depression.

Additionally, on the self-designed questionnaire, a significant proportion of participants reported a marked increase in negative emotions and feelings such as loneliness, tension, frustration, low mood, irritability, fear, fear of death, and social isolation. These findings suggest that the lockdown and the ongoing pandemic have a significant negative impact on the mental health of the migrant laborers. Although the present study was based on use of screening instruments like PHQ-2 and GAD-2, but when we compare the findings of the present study with that reported in National Mental Health Survey (NMHS) (Murthy, 2017), which reported a community prevalence of mental morbidity to be 10.6 % for depression and anxiety, it can be said that screen positivity in the present study of about 7 times that of NMHS, suggests that there is definite worsening of the mental health status of the migrant labourers.

Further, the findings are twice that seen in an online survey of the general population, done during this lockdown period (Grover et al., 2020). If we compare to the findings of the online survey done during the lockdown period, another important fact, which is evident from this study, is that a higher proportion of the participants screened positive for depression, rather than the anxiety. These differences possibly suggest different psychological reactions of people belonging to different socioeconomic strata. The online survey perhaps included people of middle and higher income who probably had a higher level of anxiety, that could be related to the ongoing pandemic per se. In contrast, in the present study, a significantly higher proportion of participants had both depression and anxiety. A higher prevalence of depression possibly suggests a difference in the kind of stress for people of different socioeconomic strata, even when they are faced with the same pandemic and the lockdown. This high-level negative impact on the mental health of migrant laborers can be understood from different perspectives. First, they have lost their livelihood, which leads to significant financial insecurity and stress about the future. Second, the high level of psychological distress could also be due to worries related to the health of self and significant others back home. The third reason could be because they are alone and possibly will not be able to support their family soon. These findings suggest that besides providing the logistic help such as food and shelter, the migrant laborers need to be screened in detail for the mental morbidity. Further, there is a need to develop a plan to provide them with psychological aid. This can be done, both at the individual level and by carrying out group-level interventions.

The present study has certain limitations. The present study was based on the use of brief screening instruments which although have low reliability and validity and the results needs to be interpreted keeping this fact in mind. However, we have used these scales so as to ease out the interview process and assessment in short time during the pandemic situation (to keep a short interview time). The use of a more detailed questionnaire and better scales with adequate validity/reliability could have yielded better information. The assessment was cross-sectional, and the specific ongoing stressors, coping mechanisms, etc. were not evaluated. Future studies must attempt to overcome these limitations. The other confounding factors, including a history of depression, substance use, or physical illness, were not taken.

Table 2
Lockdown impact on feelings and behaviors.

Variables	No Change (%)	Slightly increased (%)	Markedly increased (%)	Slightly decreased (%)	Markedly decreased (%)	Can't say(%)
Low mood	22 (22.4)	20 (20.4)	54 (55.1)	—	—	2 (2.0)
Tension	17 (17.3)	24 (24.5)	57 (58.2)	—	—	—
Irritability	23 (23.5)	25 (25.5)	50 (51.0)	—	—	—
Frustration	17 (17.3)	19 (19.4)	57 (58.2)	3 (3.1)	—	2 (2.0)
Loneliness	7 (7.1)	19 (19.4)	62 (63.3)	9 (9.2)	1 (1.0)	—
Social connection	24 (24.5)	9 (9.2)	2 (2.0)	16 (16.3)	47 (48.0)	—
Social isolation	14 (14.3)	53 (54.1)	31 (31.6)	—	—	—
Fear	22 (22.4)	31 (31.6)	41 (41.8)	4 (4.1)	—	—
Death fear	22 (22.4)	17 (17.3)	50 (51.0)	5 (5.1)	4 (4.1)	—
Sleep	26 (26.5)	1 (1.0)	2 (2.0)	25 (25.5)	44 (44.9)	—
Appetite	26 (26.5)	8 (8.2)	2 (2.0)	19 (19.4)	—	43 (43.9)
Pain	35 (35.7)	13 (13.3)	5 (5.1)	2 (2.0)	—	43 (43.9)
Tiredness	32 (32.7)	62 (63.3)	2 (2.0)	—	2 (2.0)	—
Use of social media	36 (36.7)	4 (4.1)	6 (6.1)	39 (39.8)	—	13 (13.3)
Faith in god	28 (28.6)	47 (48.0)	12 (12.2)	7 (7.1)	—	4 (4.1)
Watching movies	36 (36.7)	47 (48.0)	12 (12.2)	7 (7.1)	—	4 (4.1)

To conclude, the present study suggests that the current COVID-19 pandemic is causing severe anxiety and depressive symptoms in migrants' workers. Therefore, it is equally important to focus on the mental health issues of this vulnerable population. These people's mental health needs must be made an urgent public health priority because social isolation or living in a shelter house can have a significant impact on their mental health.

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Declaration of Competing Interest

The authors declare that they have no conflict of interest.

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