The Psychological Toll of Covid-19 Crisis in Infected and Non-Infected Individuals

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Abstract

Since early 2020, it has been observed that COVID-19 has caused a great deal of psychological distress all over the globe. In addition to the severe somatic damage that COVID-19 caused, it has had a major negative impact on mental health worldwide. The current study aims to investigate psychological issues such as stress, anxiety, and depression among Uttar Pradesh residents that they endured during this crisis. A sample of 100 participants was involved in the study and t test was used to statistically treat the data. The results indicated that there was a significant difference between COVID Infected and Non-COVID individuals in terms of anxiety, but there was no significant difference between the two groups in terms of depression and stress.

Keywords: Anxiety, Depression, Stress, and Covid-19

Introduction

The first report of COVID-19 disease came from Wuhan, China in December 2019.This deadly virus is caused by the infection of severe acute respiratory syndrome (SARS). By early 2020, this became a pandemic causing havoc in the whole world and brought the entire globe to a standstill. Then, the two deadly waves followed, whose residues can still be observed in the physical and mental health of people even today. Research studies have shown a high prevalence of perceived stress, anxiety and depression among healthcare workers regardless of different socio-demographic during the COVID-19 pandemic. Anxiety is a normal and often healthy emotion. However, when a person experiences inconsistent levels of anxiety it could develop into a disease. You may experience a fast heartbeat, perspiration, and a restless, tight feeling. Stress is a feeling of emotional or physical tension and mental reaction to life experiences. It is body's reaction to a challenge or demand. While depression is a prevalent and dangerous medical condition that has an adverse effect on one's emotions, thoughts, and behaviour. Fortunately, the gravity of the virus has decreased, and it is. Initially, moderate to severe symptoms of anxiety, stress, and depression were observed in Chinese population and psychological health problems among university students (Huang &

Zhao, 2020). Research have revealed signs of worry and distress in the health care workers in Latin American countries (Chen et al., 2020b; Yáñez et al., 2020; Zhang et al., 2020). In a study by Bitan et al., (2020), the fear of COVID-19 was associated more with anxiety and stress and to a lesser extent with depression.

In addition to causing physical health issues, COVID-19 has led to a number of psychiatric illnesses. It was suggested that during the COVID-19 pandemic, it was crucial to protect people's mental health and create psychological therapies that could enhance the mental health of susceptible populations (Salari, Hosseinian-Far, & Khaledi-Paveh, 2020). It was also found that people who followed COVID-19 news experienced higher levels of anxiety as they were exposed to COVID-19 news which was distressing and sometimes being spread as rumours. Through media channels false stories and misinformation about COVID-19, exacerbated the symptoms of depression in the general public. Overall, the results showed that in order to support mental health needs, unique intervention programs are required for confirmed patients with the newly developing infectious disease COVID-19 (Moayed et al., 2021). Cases of suicides have been documented in the population as a result of fear of COVID-19, even if there appears to be a less correlation between fear and depression (Mamun & Griffiths, 2020). A study led by Miola et al. (2023) found that affective symptoms were linked to sociodemographic and lifestyle characteristics. Various coping strategies were studied in terms of anxiety and severe depressive symptoms. It was recommended that interventions promoting positive coping strategies lessened the psychosocial toll and moderated the anxious and depressive symptoms during the second wave of the COVID-19 pandemic.

In a survey administered on maladaptive, recovered, and resilient groups by Fernandes et al. (2024) identified that the maladaptive group who were young females, illiterate, unemployed, with some mental illnesses, smokers, consuming psychiatric medication were more likely to experience ongoing negative emotional symptoms during compulsory confinement and spending more time on COVID-19-related information. In highly stressful situations, Díaz et al. (2012) found that a close association was found between anxiety and depression. Sleeplessness and its quality during the pandemic were linked to worse mental health results (Ernstsen & Havnen, 2020; JanatiIdrissi et al., 2020). Insufficient sleep can impair neurocognitive performance, affecting mood and emotion regulation (Konjarski et al., 2018; Palmer & Alfano, 2017).

The Present Study

The main objective of this study is to examine the difference in terms of anxiety, depression and stress between COVID infected and non-COVID individuals. COVID-19 pandemic has left a lasting impact on various aspects of human life, necessitating a deeper understanding of its consequences in the present context. Studying the COVID impact is highly relevant in the area of physical and mental health globally, understanding the shift in the education system to online and hybrid learning and the changes on the traditional education systems. Moreover, exploring the COVID impact will shed light on learning gaps, and the effectiveness of new pedagogical approaches. The changes on interpersonal relationships during the pandemic has reshaped societal norms. Studying the well-being of COVID *vs* non-COVID individuals will foster the environmental trends towards sustainable practices and enhance psychosocial interventions and support systems.

In the present study, anxiety is a state of intense discomfort, apprehension or worry producing physical, social or/and psychological symptoms such as shaking, intense feelings, or irritability. Depression is a common mood disorder to a certain types of life occurrence such as loss of status, divorce or death of children or spouse. Stress can be defined as any type of change that causes physical, emotional, or psychological strain and the inability to cope with mental or emotional pressure. COVID-19 is a contagious virus caused by Severe Acute Respiratory Syndrome (SARS-COV-2) virus that causes symptoms ranging from the common cold to more severe diseases.

Hypotheses

- There would be no significant difference between COVID infected and non-COVID individuals in terms of Anxiety.

- There would be no significant difference between COVID infected and non-COVID individuals in term of Depression.

- There would be no significant difference between COVID infected and non-COVID individuals in terms of Stress.

Sample and Procedure

100 individuals, between the age range of 20-60 years (both males and females) consisting of 50 COVID infected and 50 non-COVID individuals from Agra city (U.P) were selected. Non-

COVID individuals belonged to those families which were not at all infected from COVID-19. The psychological tool was administered after proper instructions were given to them.

Research Tool

Anxiety, Depression and Stress Scale by Singh and Bhatnagar (2011) was used. This scale contains of 48 items divided into 3 subscales as follows (i) Anxiety subscale - It comprises of 19 items covering various symptoms that are manifestation of anxiety. (ii) Depression subscale - It consists of 15 items representing the different symptoms of depression. (iii) Stress subscale - It is a scale having 14 items and they are covering the symptoms that people experience in the state of stress.

Reliability of the total scale in terms of internal consistency as measured by Cronbach's Alpha and Spearman-Brown coefficient was found to be 0.81 and 0.89.

Ethical considerations

After the consent was obtained from the respondents, they were assured for the confidentiality and trust of their responses. The respondent's safety, security and health were also ensured.

Design

Two- groups design was used for the present study

Statistical Analyses and Results

t-test was used for statistical analyses of the data. Table 1 represent the mean scores S.D, t value of Anxiety between COVID Infected and Non-COVID individuals. On the basis of Mean value and S.D scores t value calculated was t= 2.81. On df= 98, the critical value was 1.98. So, t value of Anxiety between COVID Infected and Non-COVID individuals was found to be significant at 0.01 level. Hence, the first hypothesis has been rejected.

Table 1

t- test for Anxiety of COVID infected and Non-COVID Individuals

Groups	N	M	SD	t-value	Remark
COVID Infected	50	6.26	17.26	2.81	p<0.01
Non-COVID	50	4.18	10.15		Significant

Table 2 represent the mean scores, S.D, t value of Depression between Infected COVID and Non-COVID individuals. On the basis of Mean value and S.D scores t value calculated was 0.69. So, the calculated t was found to be not significant (t=0.69, p > 0.05). Thereby accepting the second hypothesis.

Table 2

t- test for Depression of COVID infected and non-COVID Individuals

Groups	N	M	SD	t-value	Remark
COVID Infected	50	4.78	20.71	0.69	p>0.05
non-COVID	50	4.2	14.45		Not Significant

Table 3 represent the mean scores, SD, t value and df value of Stress between COVID Infected and non-COVID individuals. The t value calculated was 1.22 which was not significant at 0.05 level; indicating that there was no significant difference of Stress between COVID Infected and non-COVID individuals. Hence, the third hypothesis has been accepted.

Table 3

t- test for Stress of COVID infected and non-COVID Individuals

Groups	N	M	SD	t-value	Remark
COVID Infected	50	6.2	16.29	1.22	p>0.05
					Not Significant
non-COVID	50	5.26	13.54		

Findings

After the analyses the following findings have been drawn:

- There is a significant difference between COVID infected and non-COVID individuals in terms of Anxiety.

- There is no significant difference between COVID infected and non-COVID individuals in terms of Depression.

- There is no significant difference between COVID infected and non-COVID individuals in terms of Stress.

Discussion

With the advent of COVID-19, mild concerns at the beginning soon turned into serious worry as more and more people were diagnosed with it. From the very beginning of the pandemic, people were on high alert, experiencing fear and worry over the unknown effect of the virus. Smith and Robinson (2021) proposed that when one feels of getting caught up in fear of what might happen, they try to shift their focus to things they can control letting go of their guard. Rehman et al. (2020) found in their study that the levels of stress and depression were mild, whereas the levels of anxiety were moderate among COVID-infected and non-COVID people. The present study also showed somewhat similar results.

Younger age groups were more susceptible to stress, sadness, and anxiety symptoms, according to age-based differences. The findings indicate that these susceptible people require more assistance. In order to combat the worldwide mental health epidemic, age-specific therapies for modifiable factors that mediate psychological discomfort should be implemented immediately (Varma et.al., 2021). They found that regardless of the number of COVID-19 cases, consistently significant levels of stress, anxiety, sadness, and poor sleep were noted worldwide. 59% of the respondents met the criterion for clinically significant anxiety, 39% reported moderate depressive symptoms, and almost 70% reported stress levels that were higher than moderate. Psychological anguish was higher among those who had previously received a mental health diagnosis.

Such research promote mental health awareness towards the preparedness of the community to reduce mental and psychological problems. The present study is a reflection that

mindfulness practices, stress management, and emotional resilience should be incorporated to equip individuals to cope with uncertainties and finally proactive preparation can mitigate the psychological toll of pandemics and enhance overall well-being.

Conclusion

The present study is a reflection that not only COVID patients, but non-COVID individuals should also be watched in terms of their mental health. The study is a signal that the health of each individual matters and should be minutely monitored. The assessment of Anxiety, Depression and Stress in COVID infected and non-COVID individuals particularly as focussed in the present research will help counsellors, psychologists, doctors, first-aid workers, NGOs and families to take positive steps to improve the mental health of the community / society / neighbourhood/ families and relatives to bounce back to once again stay and grow in a healthy environment.

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