

An Empirical Research On Depression, Anxiety, Stress Among Infected And Affected Persons Due To COVID-19

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Abstract

Panic and fear are not just words, they are the true reflections of negative state of mind in masses, and at the current circumstances of second wave of COVID-19, it has influenced almost major of the population worldwide. In other words, each and every individual has been affected out of that in the form of depression, anxiety and stress. So the researchers considered it a need of an hour to conduct a research study on depression, anxiety and stress faced by both infected and affected persons out of COVID-19 virus. The objective of this research is to study three dimensional such as depression, anxiety and stress among individuals who are infected and affected, who are worried. The Descriptive research design is used for the study. To find out the level of depression, anxiety and stress, the researchers adopted Depression Anxiety Stress Scale [21 items (DASS-21) developed by Lovibond which has seven questions under each dimensions, was used for this study. The universe of the study is infected and affected out of COVID-19 in Coimbatore. The researchers collected 110 samples using snow ball sampling, a non- probability sampling method. The emailed questionnaire and google forms are used to collect the data from the respondents. The study reveals the level of depression, Anxiety and Stress of persons who are affected or infected out of COVID-19. The Social work interventions like Individual Counselling and group counselling can be provided which helps to cope up with the current scenario

Index Terms: Anxiety, COVID-19, DASS-21, Depression, Stress

Introduction

Two years back, in 2019, individual's each and every day life was filled with social engagement, social support, social networking and social gathering. All those social relationships kept our minds and souls refreshed with delights, our sorrows forgotten. But, when all those social relationships suddenly disappeared, when stigma arose, isolation happened, food insecurity happened, poverty peaked, employment was lost, and social connectivity stopped, life itself became a question. Mental stability among major part of the world was broken. All of a sudden depression, anxiety, stress peaked to high. The current scenario of COVID 19 and change of the world to upside

down and the upcoming new normality is making individuals mentally fluctuated. The unpredictable nature and future have made each minds inconstant. This Corona virus is teaching us more, the importance of providing mental stableness among individuals, and helping them to get out of depression, anxiety and stress. So, it is important for us to talk on this topic today, to create crisis/ pandemic faced future, which going to be filled with fantabulous thoughts, happy minds, genuine hearts and healthy souls.

Review Of Literature

The existing literature review is a study on depression, anxiety and stress and interventions relevant to COVID 19 pandemic. It deals with the survey of affected and infected people who are suffered in COVID 19.

Antonio J. Rodríguez-Hidalgo et al., 2020. A study on fear of COVID 19, stress & anxiety on university undergraduate students stated that, with long incubation period, SARS CoV- 2 virus, which is highly infectious, affects respiratory system. Therefore, the well- being of people is affected, especially in huge populated countries. So, by using FCV-19S & DAS-21 scale, the psycho- social relationship factors were learned more in those country, which had extreme social distancing, virus spread & high death rate. The result conveys that the post- covid 19 world will be in need of more mental supporters. And concluded by recommending, countries to provide psychology training programs for undergraduate to tackle depression, anxiety & stress. If we does not take steps to do proactive measures, the present youth would face a jeopardy filled future.

Daiane Borges Machado et al., 2020. Study on effects of COVID-19 on anxiety, depression and other mental health issues states that, distress situation on people can actually carry out certain health issues like anxiety, depression, stress, overthinking, mood swings, inferiority complex and so on. And social issues like sleeping disorder, illness prevention and protection fear, negative changes in personality, consumption of alcohol and drugs which can destroy individual's entire life and might lead future society, a socially imbalanced one. The method of this research was, collecting main references of 465 articles on COVID19 & MH, and doing a scoping review. And this article resulted in stating out to make policies, that allows population to access public health system & mental resources easily, to support and strengthen the post pandemic situation.

Nader Salari, et al., 2020. This was a study made on prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic. By using random effect model, Meta-analysis was performed and I2 index was used for heterogeneity in this study, which states that, individuals are having fear of death/ getting sick, stereotyped. And the finding stated out the urgent need to do interventions on psychology, and that must be developed to make individuals out of depression, anxiety & stress.

Omar Al Omari et al., 2020. Study made on prevalence and predictors of depression, anxiety, and stress among youth at the time of COVID-19 which was an online cross-sectional multi- country study which used cross- sectional descriptive design & DAS. This study mainly focused on age group between 15- 24. And came up with the finding, that, individuals who spent 5.64 hrs on internet, now after covid lockdown, it has increased to 9.74 hrs, just to check COVID news updates. That created more depression, anxiety & stress among people. Therefore, designing of programs on psychological promotions must be strongly encouraged by telecommunication and government, was recommended in study. Hence, Health providers, decision maker and policy makers must consider the complexity of emerging distress situation of future.

Research Methodology

The *aim* of this study is to find the level of stress, anxiety and depression in the general population during the COVID 19 pandemic. The *objective* of this research is to do a three dimensional study which are depression, anxiety and stress among individuals who are infected and affected, who are worried, that let them to have a state of mind that is improper to handle external current affairs; to

find other demographic details with affected and infected people and to come up with the level of depression, anxiety and stress faced by them.

Descriptive research design is used by the researchers. The universe of the study is COVID 19 affected and infected people in Aathupalam and karumbukadai in Coimbatore district. A *snowball* sampling technique was used for collecting information, which is a *non-probability* sampling method.

The questionnaire was created. The researchers used mailed questionnaire and supported by google form to collect the data from respondents. Google form was circulated on different online platforms. Then the collected data was analysed and carried out to make inferences. A total of *110 respondents* involved in this study. This google form was circulated for the time period of one week.

Socio demographic variable is the first part of the questionnaire for this study. The *Depression Anxiety Stress Scale – 21 items (DASS 21)* developed by *Lovibond in 1995* which is a standard scale, consisting three dimensions was used for this test. The reliability of scale is excellent Cronbach's alpha values of *0.81, 0.89 and 0.78* for the subscales of depressive, anxiety and stress respectively. Depression, anxiety, stress each consists of seven questions. The scoring was 1- did not apply to me at all, 2- Applied to me to some degree, or some of the time, 3- applied to me to a considerable degree or a good part of time, 4- applied to me very much or most of the time. The collected data is analysed using *SPSS 16.0 software*.

Analysis And Interpretation

TABLE I Socio Demographic Profile

S NO.	SOCIO DEMOGRAPHIC VARIABLE	RESPONDENTS	PERCENTAGE
I	AGE		
1.	BELOW 20	4	3.6
2.	21 AND ABOVE	68	61.8
3.	31 AND ABOVE	34	30.9
4.	41 AND ABOVE	4	100
	TOTAL	110	100
II	GENDER		
1.	MALE	49	44.5
2.	FEMALE	61	55.5
	TOTAL	110	100
III	MARITAL STATUS		
1.	MARRIED	81	73.6
2.	UNMARRIED	28	25.5
3.	DIVORCED	1	0.9

	TOTAL	110	100
IV	STATUS OF VACCINATION		
1.	NOT VACCINATED	95	86.4
2.	FIRST DOSE	5	4.5
3.	SECOND DOSE	10	9.1
	TOTAL	110	100
V	OCCUPATION		
1.	WORKING	47	47.7
2.	BUSINESS	12	10.9
3.	STUDENTS	48	43.6
4.	RETIRED	3	2.7
	TOTAL	110	100
VI	TREATMENT STATUS		
1.	GOVERNMENT HOSPITAL	21	19.1
2.	PRIVATE	30	27.3
3.	OTHERS	59	53.6
	TOTAL	110	100

The above table shows the demographic status of the respondents. 61.8% of the respondents belongs to the age of 21 years and above. 65.5% of the respondents are female. 73.6% of the respondents are unmarried. 86.4% of respondents are not vaccinated. 43.6% of the respondents are students. 19.1% of the respondents have undergone treatment in government hospital. 27.3% is private and 53.6% have chosen other mode of treatment.

Table II ☐ Levels Of Depression, Anxiety, Stress

S.NO	LEVEL OF DEPRESSION	RESPONDENTS	PERCENTAGE
1.	LOW(7-10)	21	19.1
2.	MODERATE(11-19)	67	60.0
3.	HIGH(20-28)	22	20.0
	TOTAL	110	100
S.NO	LEVEL OF ANXIETY	RESPONDENTS	PERCENTAGE
1.	LOW(7-9)	20	18.2
2.	MODERATE(10-18)	70	63.6
3.	HIGH(19-28)	20	18.2
	TOTAL	110	100
S.NO	LEVEL OF STRESS	RESPONDENTS	PERCENTAGE
1.	LOW(7-10)	24	21.8

2.	MODERATE(11-19)	66	60.0
3.	HIGH(19-28)	20	18.2
	TOTAL	110	100

The above table shows the level of respondents. 60.9% of the respondents are in moderate level of depression. 63.6% are having moderate level of anxiety. 60.0% are having moderate level of stress.

Table III- Association Between Socio Demographic Variable And Level Of Depression, Using Chi Square Test.

S.NO	SOCIO DEMOGRAPHIC VARIABLE	CHI SQUARE VALUE	DF	SIGNIFICANT P VALUE
1.	AGE	7.836	6	0.250
2.	GENDER	0,332	2	0.847
3.	MARRITAL STATUS	2.760	4	0.599
4.	HOSPITAL TYPE FOR TREATMENT	1.663	4	0.900

The above table shows the association between demographic variable and level of depression using chi square test. The P value determines the level of association, The P value is greater than 0.05, so there is no association between age, gender, marital status and hospital type for treatment with depression.

Table IV □ Association Between Socio Demographic Variable And Level Of Anxiety, Using Chi Square Test.

S.NO	SOCIO DEMOGRAPHIC VARIABLE	CHI SQUARE VALUE	DF	SIGNIFICANT P VALUE
1.	AGE	7.896	6	0.248
2.	GENDER	0.005	2	0.997
3.	MARITAL STATUS	0.818	4	0.936
4.	HOSPITAL TYPE FOR TREATMENT	1.681	4	0.794

The above table shows the association between demographic variable and level of anxiety using chi square test. The P value determines the level of association, The P value is greater than 0.05, so there is no association between age, gender, marital status and hospital type for treatment with anxiety.

Table V □ Association Between Socio Demographic Variable And Level Of Stress, Using Chi Square Test.

S.NO	SOCIO DEMOGRAPHIC VARIABLE	CHI SQUARE VALUE	DF	SIGNIFICANT P VALUE
1.	AGE	7.786	6	0.254
2.	GENDER	1.254	2	0.534
3.	MARITAL STATUS	6.963	4	0.138
4.	HOSPITAL TYPE FOR TREATMENT	1.469	4	0.832

The above table shows the association between demographic variable and level of stress using chi square test. The P value determines the level of association, The P value is greater than 0.05, so

there is no association between age, gender, marital status and hospital type for treatment with stress.

Table VI ☐ Correlation Between Depression, Anxiety, Stress

	DEPRESSION	ANXIETY	STRESS
DEPRESSION	1	0.563**	0.648**
ANXIETY	0.563**	1	0.752**
STRESS	0.648**	0.752**	1

**Correlation is significant at the 0.001 level (2 tailed).

The table shows the *positive relationship between the depression, anxiety, stress using a correlation matrix.*

Major Findings

Majority of respondents, based on demographic status is that, 61.8% of the respondents belongs to the age of 21 years and above. 65.5% of the respondents are female. 73.6% of the respondents are unmarried. 86.4% of respondents are not vaccinated. 43.6% of the respondents are students. 19.1% of the respondents have undergone treatment in government hospital. 27.3% is private and 53.6% have chosen other mode of treatment.

Based on the level of respondents, 60.9% of the respondents are in moderate level of depression, 63.6% are moderate level of anxiety & 60.0% are having moderate level of stress.

It is more appropriate that, the relationship between the depression, anxiety, stress using a correlation matrix is positive.

Conclusion

Provision of relief from depression, anxiety, stress must be considered, because, it will only help individual to face post COVID ☐ situation as most of the respondents were youngster, they are the future generation of the world. Depression anxiety & stress have positive correlation in the COVID infected and affected people. So, they must be given proper individual (or) group counselling Government must take measure on providing mental health cares to individuals, by taking charge of constructing health / counselling centres, as much as possible in localities. So, that, it would be very easy for a common man to access mental health / counselling centres. In the research, we found that many individuals are in moderate level of stress, anxiety & depression. And that can be easily cured by giving basic therapies & by providing beneficial cares and mutual support. Therefore, this COVID - 19 situation is also an important situation for implementing the thoughts of positivity and courage in minds of human civilization by making them out of depression, anxiety & stress.

Social Work Interventions

In Social Work, ☐**Social Case Work**☐ is one of the primary method which is mainly used in health settings. It is the process of treating a whole person in terms of social, spiritual, psychological, physical and so on. Each aspect is given equal importance to improve the quality of life.

With the help of case work process and techniques such as advice, motivation, psycho- social counselling, providing support, diagnosis, etc., we can make people come out of distress situation. When we take the follow up disease of COVID 19, mucormycosis, it leads individuals☐ blind. So, the person who is infected and their family(who are affected in taking care of that particular person

throughout their life) will be surely in need of social & psychological support externally as they undergo stressful, depression fill, anxiety full situations. And also it helps in treating people who have lost their beloved ones, got financial loss and so on. Therefore, if there is opportunities created widely for the provision of **Social Case Work**, it will create a greater positive impact and drastic change in the society.

'**Community organization**', which is a secondary method also plays an important role in this situation. We can easily reach out the most vulnerable in the society through this method. It also helps in solving depression, anxiety and stress majorly, even at the nook and corners of the society by reaching out community heads, who has a great network and rapport with community people. We can takeout government schemes, awareness measures, policies and guidelines of COVID 19 to vulnerable and use resources which are available around, as community people also have responsibilities to take over. So, by taking **Community Organization** in hands, we can reduce the spread of infection, psychological issues, social level things, by unifying people together in spreading welfare to the people.

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