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IMPACT OF STRESS, ANXIETY AND DEPRESSION ON MENTAL HEALTH PATIENTS AND GENERAL POPULATION WELLBEING DURING COVID 19

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Abstract

In recent years, there has been increase in the anxiety, depression and other related disorders due to the drastic changes that are taking place in our society because of the advancement in the technology and moreover also because of the outbreak of COVID 19 from last year which is basically resulting from the spread of a severe acute respiratory syndrome coronavirus due to which there has been a severe impact on an individual's well being. The objective of the present is to explore and investigate the impact of stress, anxiety and depression on an individual's well-being. Data was collected using the DASS-21 and General Well-being Index (1998 version) from a sample size of 60. It was hypothesized that there will be no significant relationship between the level of stress, anxiety and depression of mental health patients and the general population on their well-being. The results were analyzed using the t-test.

Keywords - Well-being, Stress, Anxiety, Depression

Introduction

From last year, people all across the globe have been seeing a worldwide pandemic which is basically resulting from a severe acute respiratory syndrome coronavirus which is commonly referred as COVID-19. The outbreak of COVID-19 has rapidly spread to most of the countries in the world and has mainly claimed the loss of several lives and because of that on March 11, 2019, the World Health Organization (WHO) declared COVID-19 to be a pandemic. As of this date, more than 80 million cases of COVID-19 have been reported in over 210 countries and territories, resulting in more than 1.7 million deaths and more than 56 million recoveries and still counting. Due to the highly infectious nature of the virus, infection rapidly spread throughout the world forcing most countries to enforce lockdowns to limit the spread of infection and flatten the curve easing the burden on the health care system. Under enforced lockdowns in half of the world, people were more susceptible to psychological stresses and various disorders like anxiety, insomnia and depression. This could be because of the effects of prolonged exposure to stress and anxiety due to lockdown.

However, the COVID-19 outbreak has also promoted many public health measures in the general population. However, its impact on a vulnerable population with severe mental illness is less

addressed specifically in the Indian Population. Researchers have also reported that there has been a significant impact on the well-being of mental health patients and the general population after the onset of the COVID-19 pandemic. People with and without existing mental health disorders are at risk of exacerbation and developing mental health problems, respectively due to COVID-19.

Additionally, it has also been observed that the world is going to witness an increasing psychiatric service burden. According to a recent WHO survey, the COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing.

Stress

Stress may be defined as a dynamic condition in which an individual is confronted with an opportunity, constraint or demand related to what a person desires and for which the outcome is perceived to be both uncertain and important. The term "stress" is used to describe the

physical, emotional, cognitive and behavioural responses to events that are appraised as threatening and challenging. The term "stress" has its origin in the Latin term "strictus" meaning tight or narrow and "stringere" the verb meaning the tightened stressors are the events that cause our body to give the stress response. For instance, a bad relationship, crowding etc.

Basically, a completely stress-free workplace is not ideal. Stress can be viewed in a number of different ways, that is, the word stress has also been compared with the word 'sin' both are short, emotionally charged words used to refer to something that otherwise would take many words to say. Ivancevich and Matteson define stress simply as "an adaptive response, mediated by individual differences and /or psychological processes, that is a consequence of any external action, situation or event that places excessive psychological/ physical demands on a person". In another definition, Beehr and Newman define stress in context to an organizational situation as "a condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning".

Signs and Symptoms of Stress

The way we respond to stress varies depending upon our personality, early upbringing and life experiences. Everyone has their own pattern of stress response. So, the warning signs may vary, as may their intensity. Some of us know our pattern of stress response and can gauge

the depth of the problem by the nature and severity of our own symptoms or changes in behaviour. These symptoms of stress can be physical, emotional and behavioural. These symptoms can indicate a degree of stress which, if left unresolved, might have serious implications. According to Robbins (2013), stress can have various symptoms. Physiological symptoms of stress include headaches, high blood pressure, heart disease, hypertension, and asthma. Psychological symptoms include anxiety, depression, and a decrease in job satisfaction. Behavioural symptoms include less productivity, absenteeism, less turnover, and substance abuse.

Anxiety

In simple terms, anxiety is usually defined as a diffuse, vague, very unpleasant feeling of fear and apprehension. The individual shows combinations of symptoms like rapid heart rate, shortness of breath, diarrhea, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.

Anxiety mainly encompasses feelings of worry, nervousness or dread. Although unpleasant, occasional phases of anxiety are natural and sometimes even productive, that is; by giving signals of those things that are not quite right, anxiety can help people both avoid danger and make important and meaningful changes. Anxiety, however, involves an excessive or inappropriate state of arousal characterized by feelings of apprehension, uncertainty or fear. The word is derived from the Latin term "angere", which means to choke or strangle. The anxiety response is often not triggered by a real threat. Nevertheless, it can still paralyze the individual into inaction or withdrawal. An anxiety response to a threat resolves, once the threat is removed.

Anxiety primarily involves a state of distressing chronic but fluctuating nervousness that is inappropriately severe for the person's circumstances. Anxiety can also make people sweat feel short of breath or dizzy, and people can have a rapid heartbeat tremble and avoid certain situations. Anxiety is a normal response to an actual or perceived threat or psychological to stress that is experienced occasionally by everyone. Normal anxiety has its roots in fear and serves as an important survival function. For instance, when someone is faced with a dangerous situation, anxiety induces the fight or flight response with this response, a variety of physical changes such as increased blood flow to the heart, muscles etc. provides the body with the necessary energy and strength to deal with life-threatening situations. However, when anxiety occurs at inappropriate times, occurs frequently or is so intense and long-lasting that it interferes with a person's normal activities, then it is considered a disorder. According to Howard Liddell, 1949 "Anxiety is usually called a shadow of our own intelligence"

Depression

According to the American Psychological Association, Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

According to the National Institute of Mental Health (2013) depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can occur at any time, but on average first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime. There is a high degree of heritability (approximately 40%) when first-degree relatives (parents/children/siblings) have depression. Depression can affect anyone, even a person who appears to live in relatively ideal circumstances.

Well-being

Well-being is primarily defined as the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and ability to manage stress.

Well-being has been defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one's potential, having some control over one's life, having a sense of purpose, and experiencing positive relationships. It is a sustainable condition that allows the individual or population to develop and thrive. The term subjective well-being is synonymous with positive mental health. The World Health Organization defines positive mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This conceptualization of well-being goes beyond the absence of mental ill health encompassing the perception that life is going well.

Well-being has been linked to success at professional, personal, and interpersonal levels, with those individuals high in well-being exhibiting greater productivity in the workplace, more effective learning, increased creativity, more prosocial behaviors, and positive relationships.

Further, longitudinal data indicates that well-being in childhood goes on to predict future well-being in adulthood. Higher well-being is linked to a number of better outcomes regarding physical health and longevity as well as the better individual performance at work, and higher life satisfaction has been linked to better national economic performance.

Review of Literature

To investigate and explore the impact of stress, anxiety and depression on mental health patients and general population's well-being during the COVID-19 pandemic, there are numerous studies that has been conducted by psychologists and researchers all around the globe and in India also in order to understand the impact of stress, anxiety and depression caused by COVID-19 on the well-being of mental health patients and the general population and some significant researches that support our present study are, for instance:

In November 2021, Holm-Hadulla, R. M., Kilimov, M., Juche, T., Möltner, A., & Herpertz, S. C. conducted a study on Well-Being and Mental Health of Students during the COVID-19 Pandemic. A sample of 27,162 students was collected using the WHO-5 Well-Being Index. Results indicated that 72.2% of the respondents feel seriously impaired in their well-being. Students suffer severely from the pandemic-related social restrictions. In respect to future pandemic outbreaks or other crises leading to social isolation, the dramatic consequences of social lockdowns should be taken into account.

Moreover, in September 2021 a systematic review and meta-analysis of the current evidence from India were conducted in order to investigate and estimate the prevalence of psychological well-being, particularly from an Indian perspective using systematic review and meta-analysis of existing literature. A significant impact on psychological well-being during COVID-19 was observed in India as common adverse outcomes were stress (6 l%), psychological distress (43%), anxiety (34%), depression (33%), and sleep disturbances (27%). Thus, the COVID-19 pandemic represents an unprecedented threat to mental health, which should become a priority for public health strategies.

In march 2021, a study was conducted on impact of COVID-19 on mental health and quality of life which was a cross-sectional study of the MENA region. The purpose of the study was to assess the effect of the pandemic on mental health and quality of life among the general population in the Middle East and North Africa (MENA) region. A total of t6142 adults from eighteen countries within the MENA region were taken from an online questionnaire using the Impact of Event Scale-Revised (IES-R) and Perceived Support Scale (PSS). Results indicated that most participants (45%-62%) felt horrified, apprehensive or helpless due to COV1D-19 and over 40% reported increased stress from work and financial matters. It was also observed that higher IES-R scores were found among females, participants aged 26-35 years. The COV1D-1 9 pandemic was associated with mild psychological impact while it also encouraged some positive impact on family support and mental health awareness among adults in the MENA region (Al Dhaheri AS, Bataineh MF, Mohamad MN, Ajab A, Al Marzouqi A, Jarrar AH, et al., 2021).

Shanna, A. J., & Subramanynm, M.A. (2020) conducted a cross-sectional study of the psychological well-being of Indian adults during the Covid-19 lockdown in which a sample of 282 participants was taken using the mixed method to investigate whether the psychological influence of the lockdown was different across these groups of Indian adults. The findings from the study suggested that LGBT adults likely used pornography and masturbation to cope with the lockdown given the limited physical access to sexual partners in a society that stigmatizes homosexuality. Moreover, both qualitative and quantitative study findings suggested that greater frequency of calling family members during lockdown could strengthen social relationships and increase social empathy.

The rationale of the Study

The present study was conducted to explore the impact of stress, anxiety and depression on mental health patients and the general population's well-being during the COVID-19 pandemic.

The researcher was interested in analyzing the impact of stress, anxiety and depression caused by COVID-19 on the well-being of mental health patients and the general population because due to

the lockdown caused by the pandemic situation has played a major contributor to the increase in the amount of stress to the people. There is very limited research available which indicates about the same in the pandemic duration. So, the research was conducted to answer such questions. Thus, there was a need to conduct this research.

Methodology

Objective of the Study

• To investigate and explore the impact of stress, anxiety and depression on mental health patients and the general population's well-being during the COVID-19 pandemic.

Hypothesis of the Study

- There will be no significant difference in the impact of stress, anxiety and depression on mental health patients and the general population's well-being during COVID-19.
- There will be a significant difference in the impact of stress, anxiety and depression on mental health patients and the general population's well-being during COVID-19.

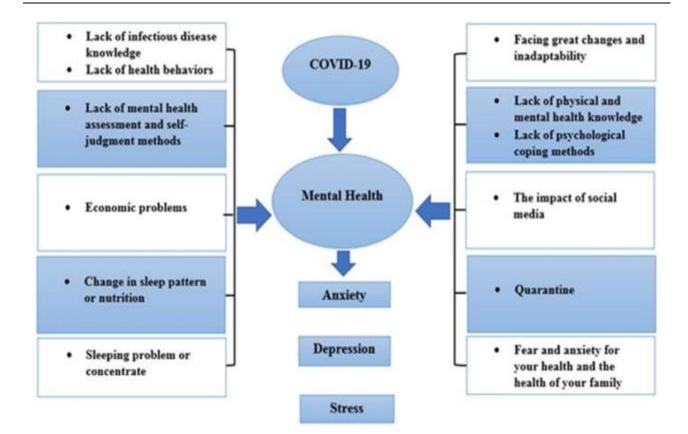
Sample

A total sample of 60 participants (30 general population & 30 mental health patients) was taken. A purposive sampling technique was used for selecting the sample. The age range of participants was 18-60. Socioeconomic status and work profile were kept as random. The participants were purposely recruited from different localities, with different education levels, and from different age groups, in order to get a mixed research group.

Tool Used

The current study employed the Depression, Anxiety, and Stress Scales (DASS; Lovibond, S.H. & Lovibond, P.F., 1995). DASS is a self-report instrument designed to measure the three related negative emotional states of depression anxiety and tension/stress as the name suggests. It was developed at the University of New South Wales in Australia.

Secondly, the General Well-being Index (1998 version) The PGWBI is a 22-item health-related Quality of Life (HRQoL) questionnaire developed in the US which produces a self-perceived evaluation of psychological well-being expressed by summary score. The PGWBI has been validated and used in many countries on large samples of the general population and on specific patient groups.



Setting

Keeping the ongoing pandemic in mind, the experiment was conducted using Online mode. Google Meet, a virtual meeting platform was used. A PowerPoint presentation, containing the instructions and other necessary details was presented to the participant on his computer screen. The activities were performed virtually by each and every participant through Google meet and the responses of the participant were recorded.

Research Design

The study was conducted using the Experimental research design. An experimental research design is a research design that helps in measuring the influence of the independent variable on the dependent variable.

Procedure

Every individual who participated was made comfortable on Google Meet. A casual conversation was carried out with the participants to make them feel at ease. They were later on then asked about their hobbies and areas of interest. They all were introduced to the activities that were supposed to perform during the session which was introduced only after all the participants felt comfortable. Instructions were provided and doubts of the participants were clarified whenever required.

Instructions

The following instructions were given to the participants:

instructions for DASS

The following instructions were given before the administration of the Depression, Anxiety, Stress Scales (DASS), that is, "Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong responses. Do not spend too much time on any statement."

Instructions for General Well-Being Scale

Keeping the ongoing pandemic in mind, the administration of the activities was carried out using online mode. Google Meet, a virtual meeting platform was used for the collection of data. An initial rapport was formed among the participants. Then all the participants were briefed about the purpose of the study. They all were given the instructions and informed

consent was taken. An introspective report was taken from them after the completion of each session and session and at the same time, the behavioural report was also taken. After successful conduction every participant was thanked for their participation.

Scoring and Interpretation

The scoring and the interpretation of the scores for the following test were done according to the scoring procedure given in the DASS and General Well-being Scale manual. The results were analyzed by using the t-test.

Ethical Guidelines

- An informed consent was taken from the participants.
- Participants were assured that confidentiality will be maintained.
- Participants were informed that participation in this study is voluntary and they can opt out of the study at any point in time.

RESULTS

MESCETS						
VARIABLE	MEAN			STANDARD DEVIATION		
	General population	Psychiatricpatients	TOTAL	General population	Psychiatric patients	TOTAL
DEPRESSION	10.73	10.47	10.60	2.664	3.277	2.964
ANXIETY	7.87	8.87	8.37	1.889	2.161	2.075
STRESS	11.47	12.47	11.97	2.825	2.063	2.504
WELL BEING	17	13.20	15.10	3.562	4.139	4.281

CORRELATION: General Population

- **. Correlation is significant at 0.01 level (2 tailed)
- *. Correlation is significant at 0.05 level (2 tailed)

	DEPRESSION	ANXIETY	STRESS	WELL BEING
DEPRESSION	1			
ANXIETY	185	1		
STRESS	191	.141	1	
WELL BEING	.087	441*	445*	1

CORRELATION: Psychiatric Patients

	DEPRESSION	ANXIETY	STRESS	WELL BEING
DEPRESSION	1			
ANXIETY	.087	1		
STRESS	.079	187	1	
WELL BEING	551**	390*	003	1

^{**.} Correlation is significant at 0.01 level (2 tailed)

Discussion

The present study was designed to investigate and explore the impact of stress of, anxiety and depression on metal health patients and general population's well-being during the COVID-19 pandemic. It was hypothesized that there will be no significant difference in the impact of stress, anxiety and depression on mental health patients and the general population's well-being during the COVID-19.

Well-being has been defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one's potential, having some control over one's life, having a sense of purpose, and experiencing positive relationships. It is a sustainable condition that allows the individual or population to develop and thrive. The term subjective well-being is synonymous with positive mental health. The World Health Organization defines positive mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This conceptualization of well-being goes beyond the absence of mental ill health, encompassing the perception that life is going well.

The basic notion behind the present study was the fact that there will be no significant difference in the impact of stress, anxiety and depression on mental health patients and the general population's well-being during the COVID-19. The present study was also aimed to

examine the cause of such a variation in the light of the ongoing global pandemic because we all know, due to coronavirus disease 2019 (COVTD-19) outbreak has significantly disrupted the normal activities of our daily life and due to this crisis mental health challenges symptoms are expected to increase which might has caused impact on well-being of individuals.

Participants of the present study were asked to fill out the questionnaire, which contained questions about demographic details, and the Depression, Stress, Anxiety Scale (DASS-21) and PGI Well-Being Scale (Verma). The result of the present study was analyzed by using the correlation and observing the difference in the scores of Depression, Stress, Anxiety Scale (DASS-21) and PGI Well-Being Scale (Verma) which indicated that there is a significant negative correlation in the level of anxiety and well-being and also level of stress and well-being are negatively correlated in general population. Whereas, in psychiatric patients it was found that the level of depression and well-being is having significant negative correlation and also the level of anxiety and well-being is negatively correlated. The findings of the research are consistent with research findings from past years.

^{*.} Correlation is significant at 0.05 level (2 tailed)

There are various studies that were conducted to see the similar difference and the results of those studies conducted corroborated our present study's result and showed that there is a significant difference in the level of stress caused by COVID-19 and it impact on psychosomatic symptoms. For instance,

Limitations of the study

There are a number of limitations in this study. One of them is the reliability of the data. As such there is no way to verify the genuineness of the responses, and whether the questions were answered truthfully or not. Additionally, the study did not take into account the effect of extraneous variables such as domestic environment, interpersonal relationships, personality factors, COVID-19 pandemic and the subsequent lockdown while assessing stress. Similarly, the study did not consider factors such as work life balance, online classes of the participant taking part in the present study while assessing the levels of stress, anxiety and depression

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