DOI: https://doi.org/10.53350/pjmhs211561309

ORIGINAL ARTICLE

Psychological and Social Impact of Lockdown due to Covid-19

NABEEL IBAD[1], AZMAT A. BEIG[2], FATIMA BUKHARIE[3], MARYAM IFTIKHAR[4], JUNAID RASOOL[5], ABDUL SHAKOOR[6]
[1]Assistant Prof. of Psychiatry, Shaikh Zayed Hospital, Lahore
[2]Consultant Psychiatrist, Shaikh Zayed Hospital, Lahore
[3]Consultant Psychiatrist, Shaikh Zayed Hospital, Lahore
[4]Senior Registrar of Psychiatry, Sir Ganga Ram Hospital, Lahore
[5]Assistant Prof. of Psychiatry, Central Park Medical & Dental College, Lahore
[6]Prof. of Psychiatry & Head of Department
Correspondence to Dr. Nabeel Ibad, Mob: 0321-4594569

ABSTRACT

Aim: To determine the psychological and social impact of lockdown due to COVID-19 and to determine the associated factors like anxiety, depression and psycho social stressors.
Methodology: It was a cross-sectional online survey conducted by Department of Psychiatry, Shaikh Zayed Hospital, Lahore, 500 random participants were enrolled. A pretested questionnaire was used and information was collected from a sample of 500 clients, selected via Google Class Room, Social Media (WhatsApp and Facebook).
Results: The mean age of the participant's was 24.83±5.245. Depression and anxiety scores on HADS were 6.88±2.791 and 8.42±4.09. As many as 22.2% individuals were affected financially by lockdown and 10.2% were affected badly. Due to lockdown, the bonding of individuals with their partners was affected positively in 22.2% cases and negatively in 18%. Bonding with the parents/children was affected positively in 23.8% cases and negatively, in 61.8%. Depression was reported by 43.6% individuals and anxiety was reported by 55.3% individuals.
Conclusion: Significant psychosocial issues have emerged as a result of lockdown imposed because of Covid-19 pandemic in Pakistan. The high rates of psychosocial issues have been found to be associated with depression and anxiety.
Keywords: Covid-19 pandemic, Lockdown, Depression, Anxiety, Psychosocial effects

INTRODUCTION

A global pandemic threat diminution isvital for all the human life for decreasing the distortion of livelihood. More than 210 countries have been affected by the COVID-19 pandemic, with substantial established cases and deaths, causing community fear along with mental health stress[1].

Implementation of comprehensive lockdown along with social distancing measures to break the transmission chain has been taken up by the majority of nations across the world. The present outbreak is profoundly impacting the global mental health. Even though all means employed to off set the virus spread, there is a need for additional comprehensive strategies to manage the issues related to mental health. The pandemic is leading to supplementary health issues such as anxiety, stress, anger, denial, insomnia, depression and fear globally[2].

To safe guard the population and avoid the spread, it is vital that public mental health is taken care of. A huge share of global population has been restricted to their homes, due to the nationwide lockdowns and home confinement approaches implemented in the COVID-19 hit nations after China to stop additional disease transmission[3].

This impulsive, rapid spreading infectious disease has been triggering universal anxiety and distress, all of which as per the WHO are natural psychological reactions to the randomly altering conditions.[4] Adverse psychological and social outcomes among common population are predicted to upsurge considerably because of the pandemic itself, along with the constant flow of freely available information which is reinforced through media and online services of almost all forms. Consequently, the fast escalating mass hysteria and panic due to COVID-19 may precipitate long-lasting psychological and social problems in public from almost all the socioeconomic domains, which could possibly have more unfavorable consequences in the long term than the virus itself.[5] Earlier studies have shown a significant effect on the mental wellbeing in these kinds of global pandemics.[6]

It is important that the various possibilities in which COVID-19 pandemic will impact the world's mental health be determined and measures be established to counter it.[7,8] The economic and social problems caused by this pandemic will bring about unemployment, homelessness, hunger, alcoholism, defaults in loans and millions tripping into poverty. This post COVID-19 landscape will certainly have a role inincrease in mental health problems such as anxiety, chronic stress, depression, substance use and self-harm. Current evidences in psychosocial sciences confirm that comparable pandemics have caused an increase in the prevalence of symptoms of post-traumatic stress disorder (PTSD), along with feeling of boredom, loneliness and anger issues during and after quarantine.[9] We need to access the influence of COVID-19 lockdown on mental health, social impact along with the associated risk factors in our population. The study is expected to help mental health care providers and policy makers to device strategy to cope with the psychological and social impact of current pandemic.

Received on 03-02-2021
Accepted on 13-05-2021

METHODOLOGY

It was a cross-sectional study, that was conducted through an online survey by the Department of Psychiatry, Shaikh Zayed Hospital, Lahore. This research was approved by our Ethical Committee. The study was conducted for a period of 3 months after taking approval from the Ethical Review Committee of the institution. A total of 500 participants were enrolled irrespective of the gender from the general population, who were above 18 years of age and were willing to participate. Individuals below the age of 18 years and who had a psychiatric illness were excluded from the study. In the study, lockdown was defined as a state of isolation or restricted access included as a security procedure. Closing the area was a requirement for people to stay where they are, often caused by some risk to themselves or others if they move freely. The term "home stay" or "shelter- in -place" was used for a local closure that affects location, not specific areas. Coronavirus 2019 (COVID-19) was defined as a disease caused by a novel coronavirus now known as Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2;), which was first identified as a respiratory outbreak in Wuhan City, Hubei province, China. It was first reported to the WHO on 31st December, 2019. On 30th January, 2020, the WHO announced the outbreak of the global COVID-19 emergency outbreak. On 11th March, 2020, the WHO announced that COVID-19 was a global epidemic. Anxiety was characterized by presence of extreme anxiety and worry about a variety of activities or events. This excessive worry often interferes with daily functioning, and patients are extremely concerned about everyday matters such as health problems, death, money, interpersonal relationships, friendship problems, or difficulties at work place. Anxiety disorders were diagnosed according to HAD scale for anxiety. Odd number questions 1, 3, 5, 7, 9, 11, 13 were asked. The range for anxiety disorder was mild (8-10), moderate (11-14) and severe (15-21). A score of more than or equal to 8 was labeled as anxiety disorder. Depression was characterized by low mood, loss of interest or decreased pleasure in daily activities, reduced energy and feelings of guilt or decreased self-worth, disturbed appetite or sleep, reduced concentration, pessimistic thoughts and ideas of self-harm, most of the day, nearly every day for at least 2 weeks (DSM-5), diagnosed according to HAD score for depression. Even number questions 2, 4, 6, 8, 10, 12, 14 were asked. The range for depression was mild (8-10), moderate (11-14) and severe (15-21). A score of more than or equal to 8 was labeled as depression.

A total of 500 participants who fulfilled the criteria for inclusion were enrolled in the study. A pretested questionnaire was used and information was collected from a sample of 500 participants, selected using stratified random sampling technique via Google Class Room, Social Media. The participants in the study were explained the purpose of our study and informed consent was taken accordingly. The survey was conducted online to assess the impact of COVID-19 on psychological health and social impact on the population under lockdown and measures taken against COVID-19. The collected information by online survey was analyzed and tabulated and interpreted statistically. Qualitative data like gender, marital status, psychosocial impact and severity (mild, moderate and severe) of depression and anxiety were expressed by frequency and percentages. Data was stratified for effect modifiers and post stratification Chi square test was applied and a p-valve of <0.05 will be considered significant.

RESULTS

The results showed that the mean age (in years). Depression score and anxiety score on HADS of the patients was 24.83±5.245, 6.88±2.791 and 8.42±4.09 respectively (Table 1). The frequency and percentages of demographical variables as well as qualitative variables is shown in Table 2. The result of the online survey revealed that the majority of individuals were of age group 18-25 years (63.4%), were married (72.4%), majority were students (68.2%), 8% suffered from corona and 13.4% were not sure if they had corona or not, 10.4% looked after someone who contracted corona and 96.7% reported that they had taken precautions. The most commonly used coping strategy during lockdown was increased screen time (41.8%), followed by healthy lifestyle modification such as exercise (24.2%) and learning new skills (17.8%). 22.2% individuals were affected financially by lockdown and 10.2% were affected badly. Due to lockdown, the bonding of individuals with their partners was affected positively in 22.2% cases and negatively, in 18%. Bonding with the parents/children was affected positively in 23.8% cases and negatively, in 61.8%. Depression was reported by 43.6% individuals and anxiety was reported by 55.3% individuals. The association of demographic variables, depression and anxiety with bonding with partner, parents/children and impact on finances is described in Table 3, 4 and 5 respectively.

Table 1: Mean of age, depression and anxiety scores (n=500)

Quantitative Variables	Mean±SD
Age (in years)	24.83±5.245
Depression score	6.88±2.791
Anxiety score	8.42±4.09

Table 2: Frequency of qualitative variables

Variables	No. (%)
Age Groups	
18-25	317 (63.4%)
26-30	81 (16.2%)
31-35	48 (9.6%)
36-40	23 (4.6%)
>40	31 (6.2%)
Marital Status	
Married	362 (72.4%)
Single	135 (27%)
Separated/divorced	3 (0.6%)
Occupation	
Student	341 (68.2%)
Job	89 (17.8%)
Housewife	43 (8.6%)
Business	14 (2.8%)
Others	12 (2.6%)
Did you suffer from Covid-19/Corona?	
Yes	40 (8%)
No	393 (78.6%)
Not sure	67 (13.4%)
Caretaker of a Covid Positive Patient Previously:	
Yes	52 (10.4%)
No	448 (89.6%)

Took Precautions:	
Yes	488 (97.6%)
No	12 (2.4%)
Coping Strategy during Lockdown:	
Increased screen time	209 (41.8%)
Healthy lifestyle like	121 (24.2%)
exercise	4 (0.8%)
Working	89 (17.8%)
Learning new skills	43 (8.6%)
Changing eating habits	13 (2.6%)
Working on	3 (0.6%)
organization	14 (2.8%)
Using drugs	
Smoking	
Did the lockdown affected financially?	
Yes	111 (22.2%)
Somewhat	106 (21.2%)
Not much	232 (46.4%)
Badly	51 (10.2%)
Did this lockdown affected individuals' bonding with respective partner?	
Yes, Positively	111 (22.2%)
Yes, Negatively	90 (18%)
No	299 (59.8%)
Did this lockdown affected individuals' bonding with their parents/children?	
Yes, positively	119 (23.8%)
Yes, negatively	309 (61.8%)
No	72 (14.4%)
Depression:	
Yes	218 (43.6%)
No	282 (56.4%)
Depression Severity:	
No depression	282 (56.4%)
Mild depression	172 (34.4%)
Moderate depression	46 (9.2%)
Anxiety:	
Yes	277 (55.4%)
No	223 (44.6%)
Anxiety Severity:	
No anxiety	223 (44.6%)
Mild anxiety	122 (24.4%)
Moderate anxiety	113 (22.6%)
Severe anxiety	42 (8.4%)

Table 3: Association of demographic variables, depression and anxiety with psychosocial impact of covid in terms of bonding with partner

	Bonding with the Partner/Loved One			
Variables	**Affected positively**	**Affected negatively**	**No affect**	**P value**
Age Groups:				
18-25	66 (13.2%)	60 (12%)	191 (38.2%)	
26-30	16 (3.2%)	16 (3.2%)	49 (9.8%)	0.813
31-35	13 (2.6%)	7 (1.4%)	28 (5.6%)	
36-40	8 (1.6%)	3 (0.6%)	12 (2.4%)	
>40	8 (1.6%)	4 (0.8%)	19 (3.8%)	
Marital Status:				
Married	71 (14.2%)	72 (14.4%)	219 (43.8%)	
Single	38 (7.6%)	18 (3.6%)	79 (15.8%)	0.06
Separated/divorced	2 (0.4%)	0 (0%)	1 (0.2%)	
Occupation:				
Student	70 (14%)	62 (12.4%)	209 (41.8%)	
Job	8 (1.6%)	3 (0.6%)	32 (6.4%)	0.000*
Housewife	18 (3.6%)	24 (4.8%)	47 (9.4%)	
Business	10 (2%)	0 (0%)	4 (0.8%)	
Others	5 (1%)	1 (0.2%)	7 (1.4%)	
Coping Strategy during Lockdown:	48 (9.6%)	37 (7.4%)	124 (24.8%)	
Increased screen time	18 (3.6%)	22 (4.4%)	81 (16.2%)	
Healthy lifestyle like exercise	0 (0%)	0 (0%)	4 (0.8%)	
Working	17 (3.4%)	16 (3.2%)	56 (11.2%)	0.000*
Learning new skills	21 (4.2%)	10 (2%)	12 (2.4%)	
Changing eating habits	1 (0.2%)	0 (0%)	12 (2.4%)	
Working on organization	1 (0.2%)	0 (0%)	2 (0.4%)	
Using drugs	3 (0.6%)	3 (0.6%)	8 (1.6%)	
Smoking				
Depression:				
Yes	58 (11.6%)	37 (7.4%)	123 (24.6%)	0.114
No	53 (10.6%)	53 (10.6%)	176 (35.2%)	
Anxiety:				
Yes	77 (15.4%)	41 (8.2%)	159 (31.8%)	
No	34 (6.8%)	49 (9.8%)	140 (28%)	0.002*

*P value ≤0.05 was considered significant

Table 4: Association of demographic variables, depression and anxiety with psychosocial impact of covid in terms of bonding with parents/children

	Bonding with the Parents/Children			
Variables	**Affected positively**	**Affected negatively**	**No affect**	**P value**
Age Groups:				
18-25	69 (13.8%)	199 (39.8%)	49 (9.8%)	
26-30	24 (4.8%)	48 (9.6%)	9 (1.8%)	0.197
31-35	15 (3%)	28 (5.6%)	5 (1%)	
36-40	4 (0.8%)	12 (2.4%)	7 (1.4%)	
>40	7 (1.4%)	22 (4.4%)	2 (0.4%)	
Marital Status:				
Married	91 (18.2%)	211 (42.2%)	60 (12%)	
Single	27 (5.4%)	96 (19.2%)	12 (2.4%)	0.081
Separated/divorced	1 (0.1%)	2 (0.4%)	0 (0%)	

Occupation:				
Student	79 (15.8%)	203 (40.6%)	59 (11.8%)	
Job	20 (4%)	26 (5.2%)	2 (0.4%)	0.061
Housewife	15 (3%)	59 (11.8%)	10 (2%)	
Business	1 (0.2%)	13 (2.6%)	0 (0%)	
Others	4 (0.8%)	8 (1.6%)	1 (0.2%)	
Coping Strategy during Lockdown:	57 (11.4%)	116 (23.2%)	36 (7.2%)	
Increased screen time	26 (5.2%)	79 (15.8%)	16 (3.2%)	0.05*
Healthy lifestyle like exercise	0 (0%)	4 (0.8%)	0 (0%)	
Working	17 (3.4%)	67 (13.4%)	5 (1%)	
Learning new skills	9 (1.8%)	25 (5%)	9 (1.8%)	
Changing eating habits	1 (0.2%)	8 (1.6%)	4 (0.8%)	
Working on organization	2 (0.4%)	1 (0.2%)	0 (0%)	
Using drugs	5 (1%)	7 (1.4%)	2 (0.4%)	
Smoking				
Depression:				
Yes	65 (13%)	119 (23.8%)	34 (6.8%)	0.009*
No	54 (10.8%)	190(38%)	38 (7.6%)	
Anxiety:				
Yes	79 (15.8%)	152 (30.4%)	46 (9.2%)	
No	40 (8%)	157 (31.4%)	26 (5.2%)	0.002*

*P value ≤0.05 was considered significant

Table 5: Association of demographic variables, depression and anxiety with psychosocial impact of covid in terms of finances

Variables	Bonding with the parents/children				
	Somewhat	Yes	Not much	Badly	P value
Age Groups:					
18-25	66 (13.2%)	62 (12.4%)	157 (31.4%)	32 (6.4%)	
26-30	28 (5.6%)	18 (3.6%)	25 (5%)	10 (2%)	0.078
31-35	9 (1.8%)	14 (2.8%)	19 (3.8%)	6 (1.2%)	
36-40	4 (0.8%)	6 (1.2%)	11 (2.2%)	2 (0.4%)	
>40	4 (0.8%)	6 (1.2%)	20 (4%)	1 (0.2%)	
Marital Status:					
Married	78 (15.6%)	70 (14%)	170 (34%)	44 (8.8%)	
Single	32 (6.4%)	36 (7.2%)	60(12%)	7 (1.4%)	0.179
Separated/divorced	1 (0.2%)	0 (0%)	2 (0.4%)	0 (0%)	
Occupation:					
Student	84 (16.8%)	71 (14.2%)	148 (29.6%)	38 (7.6%)	
Job	5 (1%)	14 (2.8%)	20 (4%)	1 (0.2%)	0.009*
Housewife	18 (3.6%)	17 (3.4%)	51 (10.2%)	6 (1.2%)	
Business	1 (0.2%)	1 (0.2%)	8 (1.6%)	4 (0.8%)	
Others	3 (0.6%)	3(0.6%)	5 (1%)	2 (0.4%)	
Coping Strategy during Lockdown:					
Increased screen time	45 (9%)	61 (12.2%)	81 (16.2%)	22 (4.4%)	
Healthy lifestyle like exercise	29 (5.8%)	14 (2.8%)	69 (13.8%)	9 (1.8%)	
Working	1 (0.2%)	0 (0%)	3 (0.6%)	0 (0%)	0.000*
Learning new skills	19 (3.8%)	16 (3.2%)	48 (9.6%)	6 (1.2%)	
Changing eating habits	12 (2.4%)	10 (2%)	9 (1.8%)	12 (2.4%)	
Working on organization	3 (0.6%)	0 (0%)	10(2%)	0 (0%)	
Using drugs	0 (0%)	2 (0.4%)	1 (0.2%)	0 (0%)	
Smoking	2 (0.4%)	3 (0.6%)	9(1.8%)	0 (0%)	
Depression:					
Yes	6 (1.2%)	10 (2%)	19 (3.8%)	5 (1%)	0.612
No	87 (17.4%)	81(16.2%)	188 (37.6%)	37 (7.4%)	
Anxiety:					
Yes	55 (11%)	65 (13%)	113 (22.6%)	44 (8.8%)	0.000*
No	56(11.2%)	41 (8.2%)	119 (23.8%)	7 (1.4%)	

*P value ≤0.05 was considered significant

DISCUSSION

Worldwide, researchers have shown deep concern about the rising psychosocial issues in the general population as a result of lockdown done secondary to Covid-19 pandemic.[9] It has now become necessary to evaluate the rate of prevalence of psychosocial impact of covid-19 pandemic on lives of individuals that occur as a result of lockdown.[1] However, because individuals differ in their perceptions and behaviors globally, it is difficult to determine the true prevalence of the increased frequency of psychosocial problems and factors associated with it. The current study was in accordance with the call of the researchers to give an overview of the psychosocial problems prevailing in Covid-19 pandemic in Pakistan and to see the factors associated with it. It is tough to compare the findings with the studies conducted previously during times when there was no pandemic, due to the fact that the troubles faced by people during Covid-19 pandemic are different in terms of lockdown and isolation as compared to when there were no such situations[10].

The current study revealed that during lockdown because of Covid-19 pandemic, numerous individuals suffered psychosocially. The psychosocial issues that were evaluated were the effect of lockdown on the finances, relationship with the partner or some loved ones, relationships with the parents or children. The results showed that lockdown affected the bonding of individuals with their parents or children the most, followed by finances and lastly, affected the bonding with the partner. It was

found that individuals' bonding with their partners was associated significantly with their occupation, coping strategy during lockdown and presence of anxiety as indicated ($p < 0.05$). Individuals' bonding with their parents/children was associated significantly with coping strategies adapted during lockdown, presence of anxiety and depression as indicated ($p < 0.05$). Affect of lockdown financially was found to be significantly associated with occupation, coping strategy and presence of anxiety ($p<0.05$). These findings have been similarly reported by different studies conducted during the pandemic at both national and international levels.[11] concluded that people who had suffered from Covid-19 were more prone to have depression and anxiety compared to individuals who did not suffer from it. Our study also revealed similarly high rates of prevalence of depression and anxiety during lockdown period. However, these rates of depression and anxiety were irrespective of an individual having a history of suffering from Covid or care taking any member who had Covid-19[12] revealed that during pandemic of Covid-19, high rates of depression, anxiety and stress was seen i.e. 20%, 35% and 53%. Our study reported much higher rates of depression and anxiety compared to it. In our study, depression was seen in 43.6% and anxiety was seen in 55.4% which is a very high rate as compared to other studies. This may in return be attributable to the financial difficulties that had been faced by many individuals during lockdown along with the effect of this lockdown on the relations with partner, parents or children. Thus, resulting in higher mental health related issues and which in return further aggravated psychosocial stress. The Covid-19 situation is still prevailing and has not shown much change. Uncertainty is still present regarding the effects that it will cause specifically psychosocial impact and outcomes related to it. Considering the current study results, it can be expected that issues related to mental health are expected to increase further in future. If these issues are not properly addressed, then it can have devastating consequences and therefore, there is a dire need of taking adequate measures in order to reduce psychological and social issues and thus further reducing the incidence of mental health issues which in return can promote individuals' wellbeing.

CONCLUSION

Significant psychosocial issues have emerged as a result of lockdown done because of Covid-19 pandemic in Pakistan. The high rates of psychosocial issues have been found to be associated with depression and anxiety. Therefore, there is a need of paying attention to these issues in order to ensure optimal functioning of an individual and thereby improving their quality of life by enhancing methods of screening such individuals who are at risk of developing mental health issues and extending psychological and psychiatric services to those who are in need.

Conflict of interest: None

REFERENCES

1. Golechha M. COVID-19, India, lockdown and psychosocial challenges: What next?. International J Social Psychiatry, 2002; p.0020764020935922.
2. Torales J, O'Higgins M, Castaldelli-Maia, JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. Int. J Social Psychiatry, 2020; p.0020764020915212.
3. Rubin GJ, Wessely S. The psychological effects of quarantining a city. BMJ, 2020;368.
4. Kluge HHP. Statement physical and mental health key to resilience during COVID-19 pandemic 2020.
5. Depoux, A., Martin, S., Karafillakis, E., Preet, R., Wilder-Smith, A. and Larson, H., 2020. The pandemic of social media panic travels faster than the COVID-19 outbreak.
6. Sim K, Chua HC. The psychological impact of SARS: a matter of heart and mind. CMAJ, 2004;170(5):811-12.
7. Zandifar A, Badrfam R. Iranian mental health during the COVID-19 epidemic. Asian J Psychiatry, 2020;51.
8. Ventriglio A, Watson C, Bhugra D. Pandemics, panic and prevention: Stages in the life of COVID-19 pandemic 2020.
9. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet 2020.
10. Mukhtar S. Psychosocial impact of COVID-19 on older adults: a cultural geriatric mental health-care perspectived. J Gerontol Social Work, 2020;63(6-7);665-67.
11. Liu CH, Stevens C, Conrad RC, Hahm HC. Evidence for elevated psychiatric distress, poor sleep, and quality of life concerns during the COVID-19 pandemic among US young adults with suspected and reported psychiatric diagnoses. Psychiatry Research, 2020;292:p.113345.
12. Lakhan R, Agrawal A, Sharma M. Prevalence of Depression, Anxiety, and Stress during COVID-19 Pandemic. J Neurosciences in Rural Practice, 2020;11(4): p. 519.