MENTAL HEALTH DURING COVID-19 IN KASHMIR, INDIA: A REVIEW

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Abstract:

The emergence of Coronavirus disease 19 (COVID-19) and the pandemic thereof has lead to major health and economic crisis in the world. The mortality and morbidity has also increased as the disease is spreading at a rapid pace. To curtail the spread of COVID-19 stringent public health measures have been implemented worldwide. These include complete lockdown, social distancing, ban on travel and quarantine of travelers and suspects. The increasing number of cases worldwide, public worry about becoming infected, threat of unknown outcome of the infection, many myths, misunderstanding and misinformation about the disease and non availability of specific treatment have increased or precipitated the mental health issues like anxiety, stress and depression among the general population. Further various efforts like social distancing and lockdowns to decrease the spread of the Coronavirus has its impact on health in general and mental health in particular. WHO has also stressed upon identifying the underlying drivers of fear, anxiety and stigma spread through social media which fuels misinformation. Major disasters are almost always accompanied by various mental health disorders besides domestic violence, and child abuse. Epidemics of infectious disease are also associated with psychological distress and symptoms of mental illness. The SARS epidemic of 2003 was also associated with increased mental health issues. The increasing mental health issues during the COVID-19 pandemic have been reported by many authors. These may include depression, anxiety, panic disorder, posttraumatic stress disorder (PTSD), and others. As is evident COVID-19 pandemic is going to substantially increase anxiety, stress and depression but the literature on the mental health consequences of it is sparse. Hence we conducted this study to review all the available observational studies on the mental health during COVID-19 in Kashmir so that various majors are taken to mitigate burden on it.

Keywords: Coronavirus, COVID-19, Pandemic, Depression, Anxiety, stress, mental health, Kashmir.

Introduction:

COVID-19 cases first started emerging in Wuhan, China, in December 2019. Since then the disease has been detected in more than 200 countries around the world including in Jammu and Kashmir. Today, the disease has attained the status of a global pandemic (MOFH, 2020) and has had a significant impact on our society, posing many challenges for the provision of mental health services (Wang et al., 2020). The lockdown and other measures like self-isolation and quarantine taken to contain the spread of the virus has affected the mental health of many people (Joseph et al., 2020). Using an online Google survey, it was reported that 16.5% of the general population was suffering from severe depressive symptoms, 28.8% from moderate to severe anxiety, and 8.1% from severe stress (Wang et al., 2020). According to a survey conducted by the Indian Psychiatry Society (IPS), within a week of the start of the nationwide lockdown in India, the number of reported cases of mental illness in the country had risen by 20% (IPS, 2020). There is an increased surge of mental health problems like fear of COVID-19 infection, anxiety, stress, depression, and post-traumatic stress disorders among the general public and health workers during the pandemic (Rajkumar, 2020; Kar et al., 2020). In a recent study done by Verma and Mishri, 2020, they found 25%, 28% and 11.6% of people among the general Indian public were moderate to extremely severely depressed, anxious and stressed. A high level of anxiety was found among Indians during the COVID-19 pandemic (Roy et al., 2020). Another online survey reported two-fifths (38.2%) had anxiety, 74.1% had a moderate level of stress and 10.5% of participants had depression (Grover et al., 2020). Vulnerable populations like pregnant women, older people, the medically ill, and children are more at risk, and further long-term studies were required in these populations (Madhuri et al., 2020; Vahia et al., 2020) [1]

Due to conflictive nature of Kashmir region, there is already a large portion of population who suffer from different mental problems (Amin and Khan, 2009). The previous lockdown has already taken a huge toll on mental health patients of Kashmir thus has been very unsafe for these patients. [2]

In an already hostile environment, the condition of Kashmiri populace in general and mental health patients in particular has aggressively deteriorated thereby posing a huge challenge. Since this lockdown has no definite calendar and no one knows how much more time it will take to sanitize this invisible pathogen, people with pre-existing vulnerabilities to psychiatric disorders including anxiety, depression and obsessional symptoms are highly exposed to stress related symptom exacerbations. Thus physical effects of decreased motor activity, changes to diet, and exposure to sunlight have created an extra mental health crisis (Lippi et al., 2020). [2]

Kashmir has previously reported an extensive frequency of mental health crisis due to political turmoil. Nearly 1.8 million adults in Kashmir Valley, a study done by Médecins Sans Frontières documented 45% of the population as mentally distressed. The study concluded that 41% of the populace exhibit signs of depression, 26% have signs of anxiety and 19% population included post-traumatic stress disorder. According to this study, a Kashmiri resident experiences at least seven traumatic events during entire life. Encounter to distressing events is related to depression, anxiety and PTSD. Additionally, the study also reported other problems faced by Kashmir's including financial issues, poor health and unemployment. Furthermore, it was observed that the hurdles in seeking treatment were lack of awareness of mental health services and therapies, journey time, expenditure and remoteness to services as well as deprived and insufficient physical infrastructure. [2]

One study found that 45% of Kashmir's adult population (1.8 million) was suffering from some form of mental distress. There is a high prevalence of depression (41%), anxiety (26%), post- traumatic stress disorder (19%), and 47% had experienced some sort of trauma. [3] Another study found that the prevalence of childhood disorders was 22-27% (aged 8-14 years). [4] A retrospective study on suicide recorded an increase of more than 250% in the number of suicide attempts between 1994 and 2012. [5]

An online survey conducted during COVID-19 pandemic based on self reporting DASS 21 scale revealed that among the participants, 49.5% had depression, 34.8% had anxiety and 22.3% had stress in varying severity from mild to extremely severe forms. Female gender, less age, high level of education and unemployment were the risk factors for increased psychiatric morbidity. [6]

A cross-sectional study was carried out from 21 March to 31 May 2020 in Kashmir which aimed to assess the severity of depression, anxiety and stress level among persons who sought teleconsultation during the lockdown period in Kashmir, India. The Depression, Anxiety and Stress Scale (DASS-21) questionnaire was used to assess the severity of distress. A total of 293 people were interviewed during the teleconsultation service. The findings revealed that the mean age was 37.10 ($\pm$ 10.54) years, the majority had moderate depression, 125 (42.7%), followed by extreme severe depression, 95 (32.4%). The mean depression score on the DASS-21 scale was 13.52 $\pm$ 4.13. A total of 276 (94.2%) patients had severe anxiety following lockdown with a mean anxiety score of 14.04 $\pm$ 9.23. Also, 96 (32.8%) of people had mild stress with a mean stress score of 12.82 $\pm$ 7.32. [1]

A cross-sectional study was conducted with an aim to understand the psychological impact in the form of depressive symptoms, anxiety symptoms, quality of sleep, and coping during the pandemic using social networking sites. The majority of respondents were below 45years (around 95%) with 54.9% from 18 to 30years age group. 72.3% were males and 27.7% were females. 58.7% were from rural background. 55.7% were employed, and 32.2% were students. In the respondents, 55% had anxiety symptoms, 55% had depressive symptoms, around 53% had poor quality of sleep, and around 30% of used maladaptive coping skills. Significant depressive symptoms were there in the younger age group, 18–30years (p = 0.03). Significant depressive symptoms and anxiety symptoms were present in females (p = 0.01 and 0.006, respectively). In urban population, significant anxiety symptoms (p =0.03) were present. The mean score for anxiety symptoms and depressive symptoms was 8.05 $\pm$ 4.53 and 8.07 $\pm$4.56, respectively. Mean global PSQI score was 6.90 $\pm$ 3.82 and was positively correlated with score on depressive symptom scale (p = 0.001) as well as score on anxiety symptom scale (p = 0.001). [7]

Discussion:

Delivering mental health services to people during any lockdown is a challenge. This is heightened in Jammu and Kashmir where various psychological and psychiatric disorders are already on the rise in the Kashmir valley due to the ongoing political turmoil (Shoib and Arafat, 2020a; Shoib et al., 2012). The COVID-19 pandemic along with the lockdown has presented some exceptional and complex challenges in delivering mental health services in the valley (Shoib and Arafat, 2020a). Lockdown is routinely compounded by communications blackouts in the valley and this makes it even scarier and unsafe. Just before the start of this global crisis, the government had lifted a seven-month internet communications blackout in the valley – and also restricted the internet access to 2G services (Shoib and Arafat, 2020b).

There is an immediate need for the development of mental health services in Kashmir accompanied by community participation, awareness programs, and mental health rehabilitation services. Counseling services have to be available adequately for dealing with the enduring trauma. There is also an urgent need for

researchers, clinicians, and policymakers for devising policies and interventions in the context of the prevailing mental health status of the Kashmiri population. We further suggest establishing a well-equipped telepsychiatric service system to deal with the mental health problems. This approach will boost the accessibility and affordability of mental health interventions with timely diagnosis and improve the follow-up for treatment.

Conclusion:

COVID-19 pandemic has not only added miseries to the lives of Kashmiri people but continuous lockdown and frequent communication blockade has worsened the mental health crisis of local populace. The impact on the physical and mental health and socio-economic performance is alarming. There is high intensity of despair and lack of potential perspectives that possibly endangers the all over well being of many people. The people of Kashmir who are suffering from mental health problem have increased sense of insecurity about themselves. Their apprehension of uncertainty has increased due to current crisis of COVID- 19 pandemic. Their uncertainty is now increasing day by day and we are not so far that Kashmir will become global centre of mental health crisis. Conclusively, it is not only the mental health patient who are suffering in this lockdown and communication gag due to COVID-19 pandemic but is taking a huge toll on the normal populace in general and health care workers in particular. Communication shutdown in Kashmir has badly affected not only the patients but also general populace and health care workers who tend to keep themselves updated with day to day global updates about COVID-19. Thus, the covid-19 pandemic lockdown and communication blackout has not only jeopardized mental health care system but has added to the suffering of such patients. A thorough understanding of psychological impacts of COVID-19 pandemic will therefore assist policy makers and health care workers to devise and modify potential future plans and interventions to deal with the swarming psychosocial needs of common people in general and healthcare workers in particular in Kashmir.

Conflict of interest:

There are no conflicts of interest.

References:

[1] Shoib S, Saleem SM, Shariful Islam SM, Yasir Arafat SM, Joseph SJ. Severity of depression, anxiety and stress among the people of Kashmir, India during COVID-19: An observation from telepsychiatric services. Global psychiatry. 2021;4(1):62-67.[cited2021June04]. DOI: 10.52095/gp.2021.8115

[2] Rashid R, Shah AA. Comprehensive review on psychological impact of lockdown and communication blockade due to COVID-19 pandemic on Kashmiri population. International Journal of Indian Psychology. 2020;8(3), 854-859.[cited2021June07]. Available from: http://www.ijip.in. DIP:18.01.093/20200803, DOI:10.25215/0803.093

[3] Mushtaq R, Shoib S, Shah T, Mushtaq S. Relationship between loneliness, psychiatric disorders and physical health: A review on the psychological aspects of loneliness. J Clin Diagn Res2014 8:WE01.

[4] Housen T, Lenglet A, Ariti C, et al. Prevalence of anxiety, depression and post- traumatic stress disorder in the Kashmir Valley. BMJ Glob Health 2017;2:e000419.

[5] Shoib S, Dar MM, Bashir H, Qayoom G, Arif T. Psychiatric morbidity and the socio-demographic determinants of patients attempting suicide in Kashmir valley: a cross-sectional study. Int J Health Sci Res 2012;2:45-53.

[6] Wani FA, Jan R, Ahmad M. Impact of COVID-19 pandemic on mental health of general population in Kashmir Valley, India. Int J Res Med Sci. 2020;8(11):4011-16. [cited2021June08]. Available from: http//www.msjonline.orgp. DOI: http://dx.doi.org/10.18203/2320-6012.ijrms20204895

 [7] Bhat BA, Mir RA, Hussain A, Shah IR. Depressive and anxiety symptoms, quality of sleep, and coping during the 2019 coronavirus disease pandemic in general population in Kashmir. Middle East Current Psychiatry. 2020;27:61.1-10. [cited2021June12]. https://doi.org/10.1186/s43045-020-00069-2