COVID -19 Lockdowns & Social Isolation trauma & Emerging Psychological wellbeing disaster

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Abstract

1. Methodology

2.1 Study population and sample

The target population selected for the feedback consisted of people living in Karachi, the biggest city of Pakistan, an industrial hub, and a port city comprising over 15 million population. The demographics included age, gender, profession, students, working, non-working, retired, etc. The city was under complete lockdown since the 1st week of April. The study conducted in the third week from April 16-23, 2020 for assessment of the mental health of the population in the context of lockdown and confinement due to COVID-19 in Pakistan. Because of the large population, the stigma attached to mental health, and ethical considerations the questionnaire was kept anonymous and the non-probability convenience sampling technique was used.

2.2 Rating instruments

The Research instruments PHQ-9 was used for the assessment of the mental health of the population (Hartung et al., 2017; Hinz et al., 2006) under three week's lockdown during COVID-19. Patient Health Questionnaire (PHQ-9) is a nine-item depression severity measuring instrument with a total score of 20. Depression Severity Scores represent: 0-5 = Mild, 6-10 = Moderate 11-15 = Moderately Severe 16-20 = Severe Depression (Kroenke et al., 2010).

2.3 Data analysis

PHQ-9 and GAD-7 forms designed on Google form and survey was conducted online sharing the link via Emails, Whatsapp, Facebook, and LinkedIn using 120 research volunteers. The respondent cooperation and readiness were high as it was anonymous, easy to complete within 3 minutes, and submission over a single click through their cell phone. The survey started on 16th April and was completed within seven days by April 21. The 6876 respondents completed the questionnaire included in the final analysis. The statistical analytical tool SPSS was implied for descriptive analyses. Initially, descriptive analysis was conducted to describe the demographic characteristics of people of Karachi under lockdown for the last three weeks (April 16 to April 23). Secondly, the prevalence of severity of depression symptoms was measured on a rating scale of minimal, mild, moderate, and severe stratified by gender, age, and occupation.

2.4 Ethical considerations

The ethical committee of qualified psychiatrists and psychologists of BasicNeeds Pakistan endorsed the study. The respondents were not required to provide any personal information and identity to keep the survey anonymous; consequently, they participated in the study.

2.5 Demographic information

The demographic elements consisted of age (18-65 in five categories), gender (Male & Female), professionals, students, and entrepreneurs (self-employed and owners of the SMEs). The study was confined to the urban population who faced strict lockdown restrictions and complete closure.

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Study highlights

Emergence: The outbreak of this COVID-19 occurred in China in December 2019. Novel Corona Virus has been declared as a pandemic condition in March 2020. This has now spread to almost 210 Countries around the globe.

Impact: Impacting billions of people life's and sending billions of people into lockdown, turned people's lives upside down, miserably affecting the economy, creating a negative impact on the employment and their income. The drastic impact of COVID is visible in every sector, every region, especially in low and lower-middle-income countries.

Objective of the study : The study was conducted for the assessment of the impact of lockdown and social isolation on the mental health and to blow the whistle on emerging silent mental health pandemic that is inevitable, and will have long term consequences on people lives, productivity and happiness.

Study population and sample: The study was conducted in Karachi the biggest city of Pakistan, an industrial hub, and a port city comprised of over 15 million population. The city was under complete lockdown for last four weeks. Because of the large population, the stigma attached to mental health, and ethical considerations the questionnaire was kept anonymous and the non-probability convenience sampling technique was used where as 6876 people participated in the study.

Demographic: T he demographic elements comprised of age (18-65 in five categories), gender (Male & Female), professionals, students, and entrepreneurs (self-employed and owners).

Rating instruments: Both PHQ-9 and GAD-7 were applied for this study to have a more robust understanding of the psychological impact of lockdown, social isolation, economic issues and worries.

Data Collection: Questionnaire was designed on "Google Form" and its link was shared with the respondent via Emails, Whatsapp, Facebook, and LinkedIn using 100 research volunteers. The respondents' cooperation and readiness was high as it was anonymous, easy to complete within 3 minutes, and submission over a single click through their cell phone. The survey started on 16th April and completed within seven days. The statistical analytical tool SPSS was implied for descriptive analyses.

Study Findings:

Overall 18% of the total participant (1191) have shown "Moderately Severe" / "Severe Depression" symptoms on PHQ-9. While the GAD score of the same population validates these findings and shows 33% of the overall population have severe / moderately severe anxiety disorder.

Younger people aged between 18-24 and elderly people over 65 years of age have shown to have highest level of severe /moderately sever depression 19.6% and 37% respectively (PHQ-9). While the GAD-7 score validates PHQ-9 findings and shows shown 33% and 32% severe/moderately severe anxiety disorder respectively in these groups.

The students, Businessmen" and "Job Holders shows 27%, 19% and 16% score of "severe/ moderately sever" depression respectively on PHQ-9. While GAD score validates the finding and shows severe/moderately sever anxiety disorder in students, jobholder and businessmen as 40%, 31% and 21% anxiety disorder respectively.

Limitations: Both PHQ-9 and GAD have limitations in identifying the morbidity accurately. Accordingly by applying both PHQ 9 and GAD 7 we hoped to have a more robust understanding of the psychological impact of the current COVID crisis, lockdown as well as financial worries, which are inevitable in this context.

Conclusion: This study has indicated that the COVID-19 pandemic and subsequent lockdown and social isolation have unfolded higher levels of public anxiety as well as dysphoric symptoms. The younger age group as well as the over 65's were worst effected by lockdown and social isolation. However lockdown and impact on livelihoods, employment and economy could also contribute to this finding. This survey alerts us to these realities as consequences of states of prolonged emotional arousal and stress and need urgent attention and action to safeguard the health and safety of these groups of people. Health professionals working in the public, private as well as a voluntary sectors need to work collaboratively to develop a strategy to

priorities the mental health and well-being needs of the population to mitigate the longer-term impact and psychological trauma which will be inevitable after this pandemic.

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