

Impact Assessment of COVID-19 Lockdown on Psychological Health of Teenagers

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Abstract:

COVID-19 pandemic is a global health emergency exhibiting severe impacts on the public health, including mental health. As a preventive measure against the COVID-19 pandemic in India, lockdown measures were enforced by the Government of India with four different phases starting from 25th March to 31st May 2020. The locked-down state causes various negative mental health outcomes and future insecurity. Therefore, present study was carried out with an objective to assess the impact of COVID-19 lockdown on the psychological health of the teenagers. Depression Anxiety Stress Scale-42 i.e. DASS-42 was used to measure the dimensions of DAS. Sixty four samples i.e. male and female teenagers belonging to age group 13 to 19 were randomly selected. Due to the limitations of lock down, DASS-42 inventory was electronically distributed to the subjects. It was found that the psychological status of all the domains were found to differ according to the age group of both the genders. In case of female teenagers, age group 13 to 15 exhibited normal status towards all the domain. Whereas, in case of male teenagers, the normal status was shown by age group 15-17. The reason may be, in this pandemic, they may be feeling safe and secure in the home. Also, they are spending time with their family and they have been specially cared by their family in all respect. Moreover, they may feel more relaxed with the online academic activities as well as feeling free from the examinations burden. Thus, it can be concluded that there was not much serious impact of the lockdown phases on the psychological status of the teenagers indicating their positive attitude to handle the COVID-19 pandemic.

Keywords: COVID-19, Pandemic, DASS-42, Psychology, Mental health

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I. INTRODUCTION

COVID-19 pandemic is a global health emergency which could potentially have a severe impacts on the public health, including mental health [1]. As a preventive measure against the COVID-19 pandemic in India, lockdown measures were enforced by the Government of India with four different phases starting from 25th March to 31st May 2020. During this period, people were asked to stay at home and socially isolate themselves to prevent being infected. The locked-down state bounds residents to become homebound which causes negative mental health outcomes like anxiety states and insecurity regarding the future [2]. It is observed that the people feel monotony, disappointment and irritability in the locked-down state [3]. As the COVID-19 pandemic has been spreading rapidly across the globe, the foremost mental health issue has raised the level of stress or anxiety expressed in public mental health term. It is stated that the, such epidemics can lead to harmful and long lasting psychosocial consequences, due to disease related fear and anxiety, large-scale social isolation, and the over abundance of (mis)information on different media. [4] At the individual level, epidemics are associated with a wide range of psychiatric comorbidities [5]. It is stated that severe and wide spectrum mental health impacts of the pandemic may precipitate new mental disorders and intensify the previously present disorders. All the people of different age group can experience fear and anxiety of being sick or dying,

helplessness, blame the people who are already affected and precipitate the mental breakdown [6]. Worldwide, extensive range of psychiatric disorders like depressive disorders, anxiety disorders, panic disorder, somatic symptoms, self-blame, guilt, posttraumatic stress disorder (PTSD), delirium, psychosis and even suicide are also found [6] [7]. Therefore, it was needed to assess the mental status of the society by use of various psychological tools. It is considered that Depression Anxiety Stress Scale (DASS) is a valid and reliable measure of the dimensions of depression, anxiety, and stress separately but also taps into a more general dimension of psychological distress. Therefore, in this lockdown situation, present study was carried out with an objective to assess the impact of COVID-19 lockdown on the psychological health of the teenagers. [8] [10]

II. MATERIALS AND METHODS

Sampling method and sampling size

The teenagers, who have given their consent were selected for the present study. During 3rd lockdown phase, Yr.2020. Total Sixty four subjects (32 male and 32 female) with age groups 13 to 19 years belonging to different educational background (8th standard to Second year Graduation students) were randomly selected. The confidentiality has been maintained.

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Tools and technique

Depression Anxiety Stress Scale-42 (DASS-42) was used to measure the dimensions of DAS. It is a 42-item inventory including three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of these scales contains 14 items, divided into subscales of 2-5 items with similar content. Positive attitude of teenagers towards their life mainly depends on their mental health.

Data collection

Due to the limitations of lock down, DASS-42 inventory both in English and Marathi language (Local) was electronically distributed to the teenagers. Afterward, briefing them about the questionnaire, they were given sufficient time to fill it. Statistical analysis of the collected data was carried out by using MS Office Excel 2013

III. RESULTS AND DISCUSSION

Assessment of the psychological health of both male and female teenagers was carried out by DASS-42 because it appears to be a reliable and easy to administer measure, ideal for both clinical and research purposes. In this study, the Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Respondents are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Table.1. describes the distribution of Teenagers w.r.t.DASS-42. [8] [9]

Table.1. Distribution of Teenagers w.r.t. DASS-42

Age group	% Female Subjects with different Domain													
	Depression					Anxiety					Stress			
	Normal	Mild	Moderate	Severe	Extremely	Normal	Mild	Moderate	Severe	Extremely	Normal	Mild	Moderate	Severe
13-15	46.88	0	3.12	0	0	43.75	3.12	0	0	3.13	43.75	3.12	3.12	0
15-17	37.5	0	0	3.12	3.13	31.25	3.12	3.13	0	6.25	34.38	3.12	3.13	3.13
17-19	6.25	0	0	0	0	6.25	0	0	0	0	6.25	0	0	0
Age group	% male Subjects with different Domain													
	Depression					Anxiety					Stress			
	Normal	Mild	Moderate	Severe	Extremely	Normal	Mild	Moderate	Severe	Extremely	Normal	Mild	Moderate	Severe
13-15	18.75	3.12	3.12	6.25	3.13	21.88	3.12	0	3.12	6.25	21.88	3.12	6.25	3.12
15-17	31.25	9.38	0	9.38	0	31.25	0	9.38	0	9.38	31.25	12.5	3.12	3.13
17-19	6.25	3.12	6.25	0	0	9.38	3.12	0	3.12	0	9.38	6.25	0	0

In both the genders under study, the result of all the domains was found to differ according to the age groups. In the domain of depression, maximum normal status of teenagers was observed in age group 13 to 15 for female and 15 to 17 for male. Whereas, extremely severe depression was shown by the male teenagers belonging to age group 13-15 Yr. and female teenagers belonging to age group 15-17 Yr. In the domain of Anxiety, maximum normal status (43.75%) was observed in the female age group 13 to 15 Whereas, age group 15 to 17 for male teenager (31.25%). It was found that both

female and male teenagers belonging age group 15-17 Yr. showed extremely severe anxiety i.e. 6.25% and 9.38% respectively. In the domain of stress, maximum normal status (43.75%) was observed in age group 13 to 15 for female and 15 to 17 for male teenager (31.25%). Although no extremely severe status of stress was exhibited by both groups. Significant severe depression was observed in both the genders belonging to age group 15-17 Yr. (Table.1)

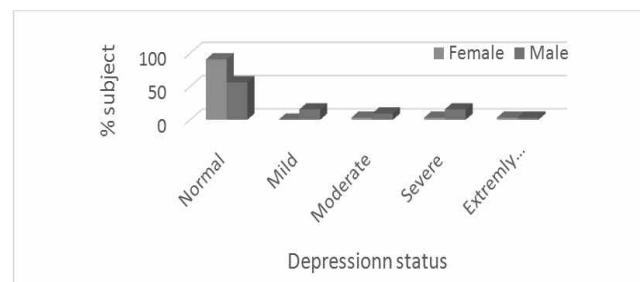


Fig.1. Depression Status of Teenagers

In case of depression domain, It was revealed that 90.63% female teenagers were found to be normal as compare to male (56.25%). The male teenagers showed comparatively higher percentage of depression status w.r.t. mild (15.6%), moderate (9.37%) and severe (15.63%) was shown by. Extremely severe status found to be similar in both the gender. (Fig.1)

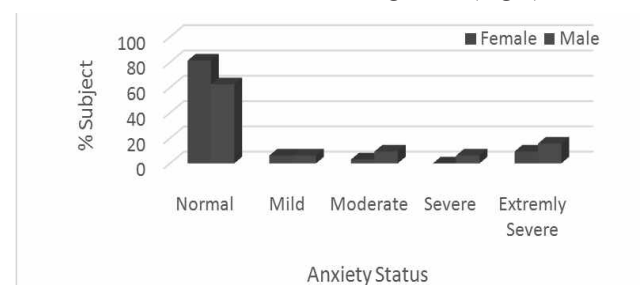


Fig.2. Anxiety Status of Teenagers

In case of anxiety domain, status of female teenagers was found to be more normal (81.25 %) as than male (62.51%). It was revealed that 15.63% male teenagers and 9.38% female teenagers showed extremely severe anxiety status. (Fig.2)

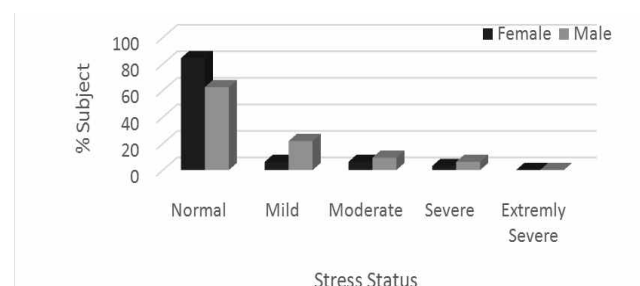


Fig.3. Stress Status of Teenagers

In case of stress domain, it was revealed that 84.38% female teenagers were found to be normal as compare to male (62.51%). Higher stress level was shown by male teenagers than female. Whereas, no extremely severe stress was found in both the gender. (Fig.3)

During the lockdown period, the psychological status w.r.t. all the domain under study was found to be normal in both the gender. The reason may be, in this pandemic, they may be feeling safe and secure in the home. Also, they are spending time with their family and they have been specially cared by their family in all respect. Moreover, they may feel more relaxed with the online academic activities as well as feeling free from the examinations burden. There are large number of studies providing the strong evidence that gender based differences contributes significantly to the higher prevalence of depression and anxiety disorders in female than the male. It is reported that, the psychological symptoms of depression, anxiety, an unspecified psychological distress are 2–3 times more common among women than men [11]. However, it was observed that female teenagers were found to be more normal than male teenagers because they have comparatively adapted the system to stay home. While, male teenagers are comparatively disturbed as they may be missing their outdoor games and other activities with friends and getting bored due to inability to go outside as per previous routine. Thus, on basis of overall study, it can be stated that there was not much serious impact of the lockdown period on the psychological status of the teenagers under study indicating their positive attitude to handle the COVID-19 pandemic.

IV. CONCLUSION

The present study was carried out to assess the impact of COVID-19 Lockdown on the psychological health of Teenagers w.r.t. three domain viz. Depression, Anxiety and Stress by using the psychological tool i.e. DASS-42. It was observed that the psychological status of all the domains were found to differ according to the age group of both the genders. In case of female teenagers, age group 13 to 15 exhibited normal status towards all the domain. Whereas, in case of male teenagers, the normal status was shown by age group 15-17. During the lockdown period, the psychological status w.r.t. all the domain under study was found to be normal in both the gender. The reason may be, in this pandemic, they may be feeling safe and secure in the home. Also, they are spending time with their family and they have been specially cared by their family in all respect. Moreover, they may feel more relaxed with the online academic activities as well as feeling free from the examinations burden. However, it was observed that female teenagers were found to be more normal than male teenagers because they have comparatively adapted the system to stay home. While, male teenagers are comparatively disturbed as they may be missing their outdoor games and other activities with friends and getting bored due to inability to go outside as per previous routine. Thus, it can be stated that there was not much serious impact of the lockdown period on the psychological status of the teenagers under study.

V. LIMITATIONS

As the study was carried out during the stipulated lockdown time, size was limited and comprehensive survey and detailed interviews could not be carried out. Collected data was based on self-reporting. Under or over reporting of behavior might have affected the results. There may be possibility that during this period, real facts and feelings might have hidden by the subjects due to social stigma. As

data was collected by Electronic communication, there was limitation to ask sensitive questions which could have helped us to gain deeper understanding about their status of depression, anxiety and stress.

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