Impact of Depression and Anxiety on Health During Covid-19 Pandemic

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Abstract - It is common for geriatric mental health to be underestimated, and for the elderly's difficulties to be considered normal. Because of their lower levels of knowledge and lack of access to correct information about the outbreak of the pandemic elderly population was found to be both terrified and dismissive of warnings. As a result of changes in job structure, career possibilities, and demographics, many older adults are increasingly living alone while their children and grandchildren work and reside in various cities or countries. As we learn more about social isolation and the dynamics of social relationships under stress, loneliness, and how to create cost-effective pandemic management strategies, this urgent problem becomes even more important to us. Anxiety of getting the sickness and losing loved ones exacerbates an already terrible situation, making it much more challenging. Depression, anxiety, and stress are increasingly well recognised symptoms among understudies. Although it is difficult to distinguish between them, it is critical to diagnose and treat infections since they are linked to fundamental suffering and death.

Keywords - Anxiety, Mental Health, Depression, Covid-19 Pandemic.

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INTRODUCTION

The uncommon new corona virus (COVID-19) epidemic has affected the elderly disproportionately more than other age groups. Since they are more susceptible to its consequences, individuals with weakened immune systems and other chronic disorders are more likely to pass away from the sickness as a whole. Because of this, it is often advised that they be cut off from the outside world for extended periods of time. A pandemic like the one we are now experiencing might worsen current problems with wellbeing while also creating new ones, given the physical, psychological, and cognitive complexity that comes with our sensitive age. It is generally known that anxiety and sadness are common among the elderly. Lessons from previous natural disasters may not be entirely applicable given the scope and length of the epidemic. However, there is no doubting that the elderly have contributed significantly to disaster preparedness and response, indicating that they may provide crucial lessons for COVID-19 patients and healthcare personnel of all ages. [1]

In India, the aged presently account for 8.6% of the total population, and by 2050, that proportion is expected to increase to 19%. As of August 2021, India was the second-worst-hit area in the world in terms of confirmed cases. Geriatric mental health is often undervalued, and the challenges faced by the old are frequently seen as normal. China's older population was found to be both afraid and dismissive of warnings due to their lower levels of education and lack of

access to accurate information regarding the pandemic epidemic. Due to travel limitations or quarantine procedures, many people who were living alone or did not have carers were denied domestic help. Lack of a confidante may have a bad impact on one's health and well-being. This is especially true for seniors who are more likely to live alone due to declining health and loved ones passing away. Social isolation among the elderly worsens reductions in regular connections, such as going grocery shopping, participating in local activities, or going to church.

Many older persons are increasingly living alone as their children and grandkids work and live in distant cities or countries as a consequence of changes in employment structure, career options, and demography. This pressing issue becomes increasingly more significant to us as we learn more about social isolation, the dynamics of social connections under stress, loneliness, and how to develop efficient pandemic management techniques. The resilience of the aged should be considered both a protective and preventative factor. [2]

DEPRESSION MODELS

Conceptual Overview

i. Diathesis-Stress Models of Depression

Our conversation will be guided by the model. According to the diathesis-stress paradigm there are

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two consistent factors that might trigger a depressive episode. One of these factors is a negative life experience (or wellspring of stress). When these moments come, it's common for people to experience the loss of a significant love, stability, personality, or self-esteem factor in their lives. Prototypical occurrences include the death of a loved one, the termination of a significant relationship, or a significant setback in one's own life

An important research by G. Earthy coloured and Harris shown the connection between such experiences and clinical depression (1978). Over four hundred ladies were met by the examiners in a single London neighbourhood (ranging in age from 18 to 65). The women were evaluated based on the frequency and intensity of negative life events, as well as the presence or absence of mourning throughout the first year. [3]

ii. Two Self-Relevant Features of Depression: Hopelessness and Worthlessness

In 1917, Sigmund Freud wrote Mourning and Melancholia, a treatise on depression. Freud suggested that, among other things, decline may follow one of two possible configurations. Like grief, depression is a painful response to the loss of a real love object (e.g., the demise of a friend or family member). Grief manifests itself not in guilt, shame, or regret, but in unusual sorrow and despair. Depression is a reaction to ongoing mental loss (such an apparent inability to follow one's own rules or aspirations), which may have a profound impact on one's quality of life. It's often defined by a combination of extreme sadness, guilt, and social withdrawal. In order to build on these themes, contemporary analysts have spotted two individually noteworthy differences often seen in depressive episodes. Depression sets in when an individual recognises that he or she has no control over the result and that no one else can change the situation for the better. Sadness and a desire to give up are hallmarks of depression.

iii. The Course of Depression

Burdensome Reactions and Depressive Episodes present yet another significant consideration when we analyse research on self-applicable procedures in depression. Some of the studies we'll look at explore the reasons behind people's first negative reactions to events, while others try to decipher the chain of events that leads from initial negative response to a problematic scene. Disheartened responses to unlucky and unsatisfying situations are really rather prevalent, hence this caveat is important. But these responses are usually self-limiting, and they go away within a few days or weeks at the most. In rare cases, these responses may become chronic or worsen over time, wreaking havoc on normal routines. Unfortunately, in depression studies, it is not always possible to tell the difference between fleetingly uncomfortable responses and clinically severe depressed episodes. The phrase

"discouraged members" is used in certain research to describe those who are having minor or transitory unpleasant responses to an event. These answers, which are often approximations made in the absence of further knowledge, are not particularly applicable to situations that become more upsetting or difficult. [4]

Self-Esteem Models of Depression

Having laid the groundwork with this discussion, we can now examine the role that egocentric practises play in the inception and maintenance of grief. [5]

i. Low Self-Esteem as a Risk Factor in Depression

Our primary interest will be in determining whether low self-esteem is associated with an increased probability of clinical depression. To the extent that the question at hand is simply whether or not feelings of regret and guilt are indicative of depression (as talked about prior). Concerning the issue at hand, the question is if a lack of confidence serves as a persistent, inclining cause of impotence (i.e., a diathesis). To rephrase the question: Do persons who already have poor self-esteem get sad even when faced with hardship more often than those who already have high self-esteem? For example, Keith Dutton and I found that people with low confidence are more likely to experience intense enthusiastic sadness after a setback than those with high confidence, in part because people with low confidence are more likely to feel negatively about themselves after experiencing setbacks.

ii. Self-Worth Contingency Models of Depression

Alternative viewpoints on the function of self-assurance in unhappiness are provided by potential models of self-esteem. These hypotheses presuppose, initially, that individuals make an effort to enjoy themselves (i.e., to fulfil their self-improvement needs). Those who are prone to depression often suffer from low self-esteem. When certain circumstances are fulfilled (such as being in a significant relationship, being dominant at work, or being a teacher), people feel great about themselves; when these requirements are not met, they feel horrible about themselves. These ideas postulate that misery develops when interpersonal interactions damage people's "states of self-esteem" and they realise they will never be able to meet their ideals of self-improvement. [6]

Psychoanalytic Models

Ability to value oneself Initial models of depression were constructed by researchers adhering to the tenets of psychoanalysis. Individuals who are genetically prone to depression have abnormally high needs for social dependence. People sink into hopelessness when they are unable to satisfy their basic need for social validation and emotional safety. The scenario is like to that of a young kid who

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desperately wants the love and care of their caregivers at all times. It's hard to provide proper support for [those who have a strong need for close interpersonal relationships]. When these requirements are misunderstood as they unavoidably will be the already low level of confidence, which lacks crucial additional resources to support it, drops even more, resulting in clinical depression. As a result, Bibring (1953) broadened the scope of this study to include several foundations of self-esteem. From his clinical observations, Bibring identified three types of self-goals held by people prone to depression: (1) an elevated should be adored, acknowledged, appreciated, and regarded; (2) an overstated should be solid, competent, effective, and free; and (3) an unnecessary should be acceptable, cherishing, moral, and upright. Those who subscribe to such ideas, Bibring argues, get disheartened when they realise they aren't living up to them and never will. People lose faith when they think they can't achieve their goals. Consider how the hopelessness and the inability to live up to one's own expectations that characterise sadness are combined in this scheme (insufficiency). [7]

Social Identity Model of Depression

Their idea is predicated on the suppositions that (1) individuals get a sense of value from the roles others assign them and (2) these roles should be established by society at large. When someone else's death threatens a highly regarded social position and there are few other sources of self-esteem, the paradigm suggests that depression may set in. Individuals whose sense of value is contingent on one of a fixed number of social vocations are powerless in the face of adversity. The absence of one's final kid from the home is a prime illustration of this point. The loss of her identity as a mother leaves a woman vulnerable to depression because she lacks the skills necessary to be a good mother. A lack of other sources of self-esteem increases a woman's risk of developing depression. Some employees feel this way when they are forced to quit a long-term employment for which they have no viable replacements. [8]

DEPRESSION AMONG ELDERLY

The existence of melancholy or pain is indicative of a discouraged mindset. Despair feelings include feeling hopeless, weak, disappointed, puzzled, unhappy, vulnerable, and dejected. Many discouraged people may not be able to thrive academically because they lack confidence in what they are doing. They may believe they are falling short of the execution standards required of them. As a result, they are continually disheartened and disillusioned. They have a pessimistic attitude about life and have low self-esteem. This disease may worsen a variety of major issues in their academic life, such as bad grades. A range of wretchedness' side effects, such as issues with fixation, a lack of fascination and inspiration, diversions, fatigability, and powerless engagement, have been identified in the literature as having an

impact on presentations at school, school, or college. It was discovered that these situations affected first-year students' odds of receiving a five-star degree, even when other factors, such as a desire to return home, were controlled for. Numerous clinically significant findings showed that the recession might be a cause in academic performance hopelessness. Many methodologies have been explored to study the association between depression and academic achievement. Global teacher and guardian evaluations of students' academic presentations, as well as judgments of the severity of students' troubling signs, were gathered. The former was a technique for assessing a student's academic performance and study habits, while assessments of the intensity of a student's troubling symptoms were used to establish the student's level of depression.

ANXIETY AMONG ELDERLY

Anxiety is a mental disorder associated with significant discomfort and decreased productivity. The expressed experience of wildness and flightiness in the face of possibly unfavourable life occurrences is a combination of reflections and sensations. A range of lab and common settings have focused on the link between anxiety and academic performance. Anxious people have uncertainties that frequently interfere with their performance in both academic and ordinary circumstances. In general, it is anticipated that discomfort would have a negative influence on performance. One expected finding reveals that persons with high levels of anxiety perform worse on evaluative or personality-compromising activities than those with low levels of anxiety. A research on the association between anxiety and academic performance discovered that worry was significantly and unfavourably connected to the grades that the students achieved. How students perceive and experience their academic issues is one such element that may have an influence on how well they portray themselves. When a person's perspective of past performance is unfavourable, their anxiety level rises, resulting in poor performance. As a result, if the experience is assured, the degree of fear is minimised, leading to a better. When studying anxiety and how it relates to execution, it's vital to consider mental processes, abilities, psychological appraisals of the job, and past experience. 40% of University College, London students' friends attended the student health centre for mental health issues, which might show as anxiety, tension, or a lack of attention. [9]

STRESS AMONG ELDERLY

Any interest placed on the body, whether internal or external, is referred to as stress. People often experience stress as a result of being in situations that they see as being overly demanding and dangerous to their well-being. The pressures may be both physical and emotional, but they usually aren't. Stress was recognised as a normal part of student

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life and as having an impact on how students handled the demands of academic life. Undergraduates often feel the most academic pressure during certain periods throughout the semester, and they attribute this to the demands of taking and preparing for tests, grade competitiveness, and the sheer volume of material to learn in a short amount of time. The individual condition model is one that helps to focus on understanding concern among students. [10]

RELATIONSHIP OF DEPRESSION, ANXIETY AND STRESS

Among the symptoms that are increasingly recognised among students are depression, anxiety, and stress. Although it might be difficult to distinguish between them, it is essential to identify and treat infections since they are linked to fundamental suffering and death. To enable improved mental health outcomes, general experts are all set to identify and have a significant effect on the therapy of these conditions. When combined, wretchedness, anxiety, and tension:

- Are progressively extreme

- Have a more serious danger of self destruction

- Are all the more handicapping

- Are progressively impervious to treatment

Each of them causes more mental, physical, social, and occupational hindrance than each would alone. For students in school, financial stress is another major source of tension. the enormous burden of housing, necessities as merging items, various types of rigging, etc. on top of paying for school expenses like tuition, books, enrollment fees, and tuition prices. Financial perspectives may also lead to sadness, and there is a negative correlation between financial stress and depression, according to a few studies. Particularly, reduced compensation is linked to the onerous cost required for metrology. [11]

STRESS

The feeling of being overburdened, wrapped up tight, tense, and stressed is commonly used to describe stress. We all experience concern from time to time. Sometimes it might give us the boost we need to finish an assignment or perform successfully. However, stress may also be dangerous if we get too concentrated and it interferes with our ability to go on with our normal lives for a very long period.

Signs

When we encounter a stressful situation, our bodies respond by activating the sensory system and releasing chemicals like adrenalin and cortisol. These hormones alter the physical makeup of the body, enabling us to react quickly and effectively to overcome the unpleasant situation. This is sometimes referred to as the "battle or flight" reflex. Our hormones raise our heart rate, respiration, blood pressure, digestion, and muscular tension. Our understudies become bigger, and we start to perspire more.

While these bodily changes help us try to deal with the problems of the upsetting event, if the pressure is increasing and the physical changes don't subside, they may lead to further physical or mental manifestations. [12]

Symptoms

These symptoms can include:

- Headaches, different a throbbing painfulness

- Sleep unsettling influence, a sleeping disorder

- Upset stomach, heartburn, looseness of the bowels

- Anxiety

- Anger, fractiousness

- Depression

- Fatigue

- Feeling overpowered and crazy

- Feeling ill humored, mournful

- Difficulty concentrating

- Low confidence, absence of certainty

- High circulatory strain

Stress types

i. Acute Stress

Now and again stress can be brief, and explicit to the requests and weights of a specific circumstance, for example, a cutoff time, an exhibition or looking up to a troublesome test or horrible accident. This kind of stress regularly gets called intense pressure. [13]

ii. Episodic Acute Stress

A few people appear to encounter intense worry again and again. This is here and there alludedto as long winded intense pressure. These sorts of dull pressure scenes might be because of a progression of genuine distressing difficulties, for instance, losing an employment, at that pointcreating medical issues, trailed by troubles for a youngster in the school setting. For certain individuals, verbose intense pressure are a mix of genuine difficulties and an

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inclination towork like a 'stress machine'. A few people will in general stress interminably over awful things that could occur, are much of the time in a surge and fretful with such a large number of requests on their time, which can add to verbose intense pressure.

iii. Chronic Stress

The third kind of stress is called interminable pressure. This includes progressing requests, weights and stresses that appear to go on always, with little any expectation of easing up. Interminable pressure is extremely hurtful to individuals' wellbeing and satisfaction. Despite the fact that individuals can in some cases become acclimated to constant pressure, and may feel they don't see it so much, it keeps on wearing individuals out and negatively affects their connections and wellbeing.

Medical definition accompanying

The general impact on the body's sphincters, choking of veins in numerous body parts, freedom of supplements (especially fat and glucose) for solid activity, expansion of veins for muscles, acceleration of heart and lung activity, withering or flushing, or switching back and forth between both, hindrance of stomach and upper-intestinal activity to the point where assimilation eases back down or stops, restraint of the lacrimal organ (responsible for tear production), and and Shaking Numerous illnesses, including mental diseases like depression and anxiety, may be brought on by or have an influence on the course of by stress. Clinical problems might include inability to repair, contentious gastrointestinal disease, hypertension, poorly managed diabetes, and many other disorders. One effective treatment strategy that incorporates both pharmacological and non-pharmacologic parts is stress management for CEOs. [14]

DEPRESSION, ANXIETY AND STRESS

Depression, anxiety, and anxiety-related symptoms in the school setting are seen as important indicators of a lack of emotional well-being. Failure to understand and address these troubling character flaws will, regrettably, lead to increased mental gloom and cause troublesome ramifications throughout their lives. Many students find that the transition from childhood to adulthood is also fraught with worry, stress, and despair.

Students first start to take responsibility for their own life decisions, manner of life, and healthy relationships at the upper auxiliary level. First-year students in particular must adapt to a new learning environment and manage the academic and social demands of professional preparation. High academic ambitions are upsetting, and they might even endanger the physical and mental health of students. The three most common mental health problems among students are dejection, anxiety, and stress. Stress and anxiety are inevitable parts of life. Since stress cannot be learned from life experience, it is essential to learn how to handle the situation. The most important aspect is how

someone responds to a difficult situation. Different people respond differently to stress, anxiety, and sadness. One person may calmly deal with a situation, while another (in the exact same situation) may be absolutely exhausted by the strain that movement causes. In light of this, having the ability to manage the pressures that confront us every day is vitally essential. [15]

CONCLUSION

As a result of changes in job structure, career possibilities, and demographics, many older adults are increasingly living alone while their children and grandchildren work and reside in various cities or countries. As we learn more about social isolation and the dynamics of social relationships under stress, loneliness, and how to create cost-effective pandemic management strategies, this urgent problem becomes even more important to us. The elderly's physical and mental toughness should be seen as a protective and preventive element, as well. Anxiety of getting the sickness and losing loved ones exacerbates an already terrible situation, making it much more challenging.

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