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Study on Exploratory Depression, Anxiety and Stress among Post Covid Elderly

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Abstract - People's daily lives were significantly affected by the COVID-19 outbreak in the first half of 2020. As a result, people have been forced to live apart, the global economy has been disrupted, and there has been limited access to medical and psychological therapy. Even though these measures are necessary to stop the virus from spreading, the negative effects on health, mental well-being, and society are obvious. In early 2020, the United States was hit by an epidemic of coronavirus disease 2019 (COVID-19), which led to more severe sequelae, a higher death rate among the elderly, and a larger concern that isolation would worsen existing mental health disorders among the older population. As a result of the epidemic's widespread nature, older people were concerned about the potential for a mental health crisis among themselves, despite having lower stress reactivity than younger people. Communication with loved ones and caregivers has grown more difficult for the elderly, both at home and in nursing homes. This study was structured as a concurrent embedded mixed method research to look at sadness, anxiety, and stress in older people after they have had a heart attack. This approach seeks to embed or nest both (QUAN qual) data types at the same time, with one kind of data serving as a supporter.

Keywords - Depression, Global Economy, Anxiety, Population, Stress.

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1. INTRODUCTION

An already horrible scenario becomes more worse and much more difficult due to anxiety for contracting the illness and losing loved ones. Many individuals with mental health concerns were impacted by the Ebola outbreak in Africa from 2014 to 2016. According to research done in the actual world, anxiety and sorrow respectively afflict 10.8% and 62.16 percent of the elderly. [1]

In the most recent COVID 19 pandemic in India, worries about geriatric and paediatric mental health received significant focus. A number of PSAs and educational resources have been made available, according to the National Institute of Mental Health and Neurosciences (NIMHANS), to motivate people to spend more time with their families, partake in more leisure activities during COVID-19, and get regular exercise by practising things like stretching, yoga, and indoor walking. Authorities also advise hand washing and proper coughing technique, both of which should be followed. This research sought to determine if the COVID-19 pandemic has a detrimental effect on older people's mental health.

Introduces depression, anxiety, and stress. It also discusses depression, anxiety, and stress among senior people. Relationships between depression, anxiety, and stress as well as their sources, common causes, and reactions; the effects of covid on the elderly; and the effects of post-covid on the elderly. [2]

1.1 Theories of Depression, Anxiety and Stress

1.1.1 Theories of depression and anxiety

i. Helplessness Theory Of Depression

The academic defenselessness theory of depression, developed by Seligman in 1965, contends that persons who experience repeated trauma or distressing interactions and see their situation as uncontrollable develop a sense of vulnerability, which in turn leads to despair. The revised hypothesis states that individuals attribute unfavourable life events to external, consistent, and internal factors. Furthermore, it is said that these individuals have a sorrow-inspiring contrary attribution style. The revised theory fits within the psychological diathesis-stress family and emphasises how multiple factors communicate to cause a subtype of grief known as learnt weakness. Research has shown that stressful life events may cause anxiety and despair, indicating that a specific mental deficiency may be the root of many clutters. [3]

ii. Psychodynamic Theory Of Anxiety And Depression

The majority of psychodynamic theories have focused on unseen conflicts that individuals express via the symptomatology of anxiety and depression. According to Sigmund Freud, anxiety serves as a

defence mechanism for unconscious and repressed driving energies. Numerous psychoanalysts have also thought about the idea that discouraged individuals secretly maintain negative sentiments against the people they care about, which causes indignation to become internal. This is what Freud identified as a barrier to adjusting to socially unacceptable feelings. Unfortunately, there is little experimental support for these psychodynamic hypotheses.

iii. Behaviour Theory of Depression and Anxiety

Social scientists believe that comprehending how learnt moral norms contribute to the amelioration of side effects via practises like showcasing and traditional shaping causes unease and regret. In essence, the genesis of misery distinguishes unpleasant events. The social model essentially assumes that psychopathology is determined organically.

iv. Freudian Theory of Anxiety

One of the first to focus on the importance of unease, Freud distinguished between goal anxiety and hypochondriac anxiety. Freud saw target anxiety as a rational response to perceived danger in nature, which he equated with dread. Because the conflict was unaware and the person didn't recognise the cause of their worry, he saw psychosis as an unconscious conflict inside the individual. Similar to how there are various levels of worry, there are various levels of familiarity with the source of one's unease.

v. Neo-Freudian Theory of Anxiety

Neo-Freudian writers like Harry Stack Sullivan, Karen Homey, and Eirch Fromm have all written eloquently on anxiety. One may argue that Neo-Freudians emphasised social, ecological, or sociological variables more so than biological and instinctive ones when determining character.

Socialisation begins after the foundational component of self-image has been established. By using measures for discipline and the risks of losing support, guardians enforce societal mores and attributes without relying on a clear articulation of driving factors. This threat to dependency needs causes anxiety and motivates the child to comply with guardians' wishes in order to reduce unease. As a result, those whose formative years were spent mostly in conflict would be more anxious about the future. Sullivan's stance is unequivocal. [4]

1.1.2 Theories of stress

There are two categories of theories that focus on the specific relationship between external demands (stressors) and significant processes (stress): approaches to dealing with "fundamental burdens dependent on physiology and psychobiology" and approaches to dealing with "mental anxieties created inside the field of intellectual brain research". [5]

i. Systemic Stress: Selye's Theory

The notoriety of the pressure idea in science and broad communications stems generally from crafted by the endocrinologist Hans Selye. In a progression of creature contemplates, he saw that an assortment of upgrade occasions (e.g., heat, cool, poisonous specialists) applied strongly and long enough are equipped for delivering basic impacts, which means not explicit to either improvement occasion. (Other than these vague changes in the body, every boost produces, obviously, its particular impact, heat, for instance, produces vasodilatation, and cold vasoconstriction).

ii. Psychological Stress: The Lazarus Theory

Richard Lazarus, a social character therapist, may be credited with developing the most convincing stress theory. One of the most influential theories of anxiety to this day is the Cognitive Transactional Model of Stress, which Lazarus and his associates suggested. According to Lazarus, stress results from a relationship between a person's characteristics and assessments, the situational context, and any available inner or exterior responses Laza. According to Lazarus, the pressure response was sparked when the person judged a potentially upsetting circumstance as disagreeable. In his theory, Lazarus emphasises how exams affect our perception of pressure and suggests that the translation of unpleasant events should take precedence over the events themselves. For instance, a student who perceives an upcoming exam as unpleasant is likely to have greater levels of anxiety than a student who views the same test as an opportunity to shine. Because of how the students are assessing the impending situation, there is a difference in their levels of worry. [6]

1.3 Sources of Depression, Anxiety and Stress

Different things can trigger feelings of depression, anxiety, and stress:

i. First, DAS might be triggered by problems in interpersonal relationships. In close relational relations, profound feelings are included. Innate to the antiquated Indian arrangement of instruction has been its sound educator understudy holding. In any case, with the extension of training, there is by all accounts an adjustment in the current situation. Huge class quality and unreasonable remaining burden on educators in the schools in India are the significant reasons for absence of sound individual correspondence among instructors and the understudies. [7]

ii. Personality-related DAS-The character attributes of a person to an enormous degree are answerable for assessing a circumstance as depression, anxiety, and distressing or in any case dread of disappointment, submitting botches. A person's worth framework is firmly identified with sentiment of

blame and sentiment of "not being adequate'.

iii. Environmental DAS-Living or working in an awkward physical condition might be wretchedness, anxiety, and stress-inciting. Over the top clamor, heat, absence of ventilation, unhygienic encompassing, swarmed or a domain with solid smell or lack of light may cause DAS and lower work productivity either in understudies or in instructors. For example, after a rushed drive in substantial rush hour gridlock, one may think that its extremely hard topromptly switch over to a significant introduction or talk in the study hall.

iv. Change actuated DAS-One significant capability of 'progress' to prompted DAS are as 'dread of progress'. The principle reason of progress incited DAS is the dread of the obscure. The best adapting system is to move from the obscure zone to the known zone.

v. DAS brought about by framework issues-'Sysfem' alludes to any association, family, school, or other social endeavors in which an individual capacities. A normal individual disperses his time between these frameworks. The downturn, anxiety, and stress identified with the 'framework' have gotten profoundly pertinent in Indian culture with regards to changing requests in the family and school. An educator needs to carry out numerous responsibilities identifying with his calling just as to his family life. Particularly, the female instructors go under wretchedness, anxiety, and worry as a great deal of additional work is normal by others. [8]

1.4 Covid Impact on Elderly

The first half of 2020 saw a substantial impact of the COVID-19 epidemic on people's everyday life. People have been compelled to live apart as a consequence, which has disrupted the global economy and restricted access to medical care and psychiatric counselling. Although these steps are required to stop the virus from spreading, it is clear that they will have a detrimental impact on people's physical and mental health as well as society. As a result, technology has been modified in an effort to lessen these drawbacks, providing users with digital substitutes for many of the routine chores that can no longer be carried out in the traditional manner. The elderly have benefited the least from these new digital instruments as a consequence of viruses and shutdown processes. The term "digital gap" describes a long-standing disparity in access to and knowledge of modern technologies. Many of the individuals who were impacted by the COVID-19 epidemic in late 2018 were unable to use many of the digital resources that had been set up to assist them. [9]

1.5. Post Covid Impact on Elderly

The coronavirus disease 2019 (COVID-19) epidemic that hit the United States in the early months of 2020 caused more serious aftereffects, a rise in the mortality rate among the elderly, and a greater concern that isolation would exacerbate pre-existing mental health disorders in the elderly population. Despite having lower stress reactivity than younger individuals, older persons were worried about the possibility of a mental health crisis among themselves due to the epidemic's pervasive nature. Elderly people are finding it harder to communicate with their loved ones and caretakers, both at home and in nursing facilities. According to preliminary evidence, the issue is significantly more complicated than first believed. It seems that older adults may be more resistive to worry, melancholy, and stress-related mental health difficulties than is often thought, at least in the early stages of the COVID-19 epidemic.

Eight months into the epidemic, more than a dozen studies have been conducted, and they all show that older individuals are less seriously impacted by the effects of mental health disorders than other age groups. The Centers for Disease Control and Prevention reported in August 2020 that those 65 and older had much lower rates of trauma, melancholy, and anxiety than those younger. The study's results revealed that one in four adults aged 18 to 24 had an anxiety disorder, one in five had a depressive disorder, and one in four had Type 2 diabetes (TSD). Ages 25 to 44: 32.5 percent of people reported having depression or anxiety disorders, and 32.5 percent reported having TSRD. 16.1% of the 895 individuals evaluated had anxiety disorders, 14.4% had depressive disorders, and 17.2% had TSRD. Adults 65 and older had lower rates of recent drug use and suicidal ideation than people in other age groups (3 percent and 2 percent, respectively). [10]

2. LITERATURE REVIEW

Hussain A. and Kumar A. (2015) was undertaken a research on the perceived level of stress and its correlates among inhabitants of old age homes in the Kanchipuram districts. A semi-structured questionnaire was used to collect data for a descriptive, cross-sectional research with 100 prisoners. The perceived stress scale-10 was used to measure the perceived levels of stress in older people. According to the study's findings, 60% of individuals had moderate stress levels, while 18% had high levels. Stress ratings were shown to be substantially correlated with gender and co-habitation status with spouse. [11]

Folkman, S. & Lazarus, R. S. (2015) Performed a research on stress in a community of elderly people living in an urban slum. In Nagpur, a cross-sectional community research was conducted. A total of 400 participants under the age of 60 had their stress levels checked. The Holmes and Rahe stress inventory scale was used to make the diagnosis of stress. The results showed that 60.25% of the research individuals are members of the stressed group. Both men and women experienced stress to equal degrees (M 61% & F 60%, respectively).

Stress and marital status were significantly associated with hypertension. [12]

Gouri Sharma1 & Deepak Pandey (2016) was undertaken a co-relational comparative research on psychosocial issues among 132 elderly people living in old age homes and home settings in Kathmandu, Nepal,. According to the findings, there are more serious psychological issues in institutional settings (29%) than in community settings (6%). The elderly's mean stress score differs significantly between those living in institutions and those in the community, as shown by the "t" value of 8.28 at the 0.01 level of significance. [13]

Jayakumar & K.Sumathi (2017) were evaluated In an urban region in eastern Nepal, the stress levels of the elderly population. According to the research, 51% of individuals had moderate stress, 40% experienced mild stress, and 9% experienced severe stress. Age, level of education, personal income, and financial dependency were all statistically significant demographic factors that were linked to stress. Depending on the degree and quantity of crises, the majority of the aged population has stress levels ranging from moderate to severe stress. [14]

Krishan lal (2017) Examined the family structure of the elderly in Ludhiana in order to evaluate the perceived psychosocial pressures among them. Using standardised states, data from 81 boys and females were gathered. Gordon's Scale of Stress (SGGS). According to the study's findings, 23% of respondents who resided in nursing homes and 77% of those who did not were experiencing moderate to severe psychological stress. Additionally, it was noted that older women and those who had just recently moved into nursing homes had much greater levels of psychological stress. [15]

3. METHODOLOGY

The technique used by the researcher in the study is detailed in this chapter, which serves as the research's backbone. Research is an organised investigation that use accepted scientific technique to solve problems and generate new, broadly applicable knowledge. The researcher has described the study's methodology, research design, sample design and data collection method, data analysis.

4. RESEARCH DESIGN

The researcher has adopted a mixed methodology to avoid the limitation of quantitative research. Mixed methodology is a combination of both qualitative and quantitative analysis, which has been advocated by social scientists especially in social work research in recent times for the studies of this kind. This study was designed as a concurrent embedded mixed method research in order to examine depression, anxiety, and stress among elderly. This design aims to embed or nest both (QUAN qual) data concurrently with one form of data playing a supporting role. The motivation for using mixed methods in this study is that qualitative research assisted in the interpretation of the quantitative findings.

4.1 Sample Design

Sampling may be defined as the selection of a part of an aggregate on the basis of which a judgment or inference about the aggregate or totality is made. In multistage simple random sampling, the sampling is selected based on members shared attributes or characteristics. A random sample from each stratum is taken in proportion to the stratum's size when compared to the population. The proportionate is based on the strength. The population of each stratum is somewhat heterogeneous. Hence, the researcher selected 95 percent of the confidence interval level of total population from each stratum which constituted a total of 350 respondents.

4.2 Tools

In the quantitative data collection, the researcher adopted an interview schedule to collect the data from elderly. The first part of the tool consists of the following data such as age, sex, religion, and other socio-demographical variables. The second part of the tool consists of the following standardize scales-depression, anxiety, and stress.

4.3 Data Analysis

The data was examined using SPSS software version 21 and relevant statistical procedures. To evaluate the quantitative character of data, the researcher employed mean, standard deviation, median, chi-square, 'z' test, one-way analysis of variance, Karl Pearson's co-efficient of correlation test, and inter-correlation matrix.

5. RESULT

5.1 Socio demographic characteristics of the respondents

Table 5.1 & Figure 5.1 depicts the age of elderly people. In the study group 45% were in the age group of 60-65 years, 42% were in the age group of 66-70 years, 13% were in the age group of 71– 80 years.

Table 5.1: Age of the respondents

Age in years	No. of respondents	%
60 – 65	158	45
66 – 70	147	42
71 – 80	46	13

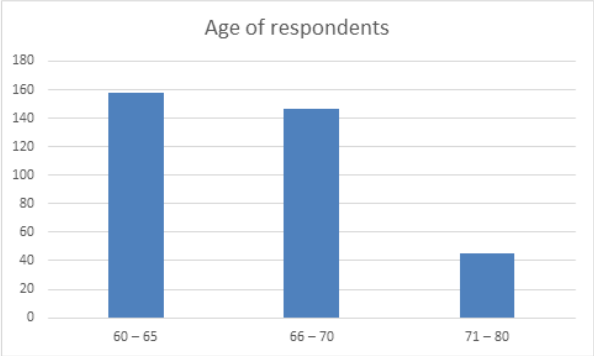

Fig. 5.1: Age of respondents

5.1.1 Gender of respondents

With regards to gender, equal distribution of sex 50% in the study was done. It is shown in below table 5.2 & Figure 5.2

Table 5.2: Gender of the respondents

Gender	No. of respondents	%
Male	175	50.0
Female	175	50.0

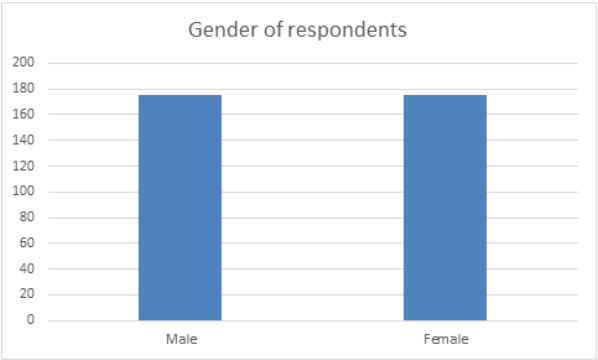

Fig. 5.2: Gender of respondents

5.2 Comparison of pre-test and post-test level of perceived depression, anxiety, and stress among elderly

Table 5.3 revealed that the Comparison of pre-test and post-tests score of depression by Repeated Measures of ANOVA. The pre-test mean was 13.88 with SD 3.02 reduced to 10.16 with SD 1.95 which proves that there was significant difference between the observations at p <0.001. (Fig 5.3)

Table 5.3: Comparison of pre-test and post-tests score of depression in the study group and control group

Depression	Pre-test (N=350)		Post-Test 1 (N=350)		Post -Test 2 (N=348)		Post -Test 3 (N=347)		RM ANOVA	
	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Within the group	Between the group
	13.88	3.02	13.51	3.24	12.66	3.11	10.16	1.95	161.954 0.0001 S***	76.73 0.0001 S***

***p<0.001, S – Significant, N.S – Not Significant

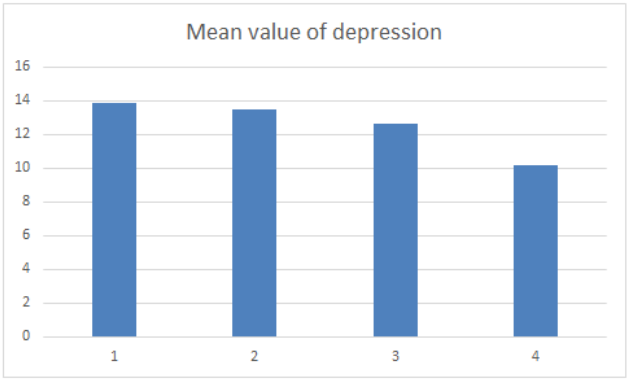

Fig. 5.3: Mean value of depression

Table 5.4 interprets that the elderly pre-test depression was significantly reduced from 13.88 mean score to 13.51 during post-test I, 13.88 to 12.66 during post- test II, 12.55 Comparison of pre-test - post-test III shows the mean value of depression in post-test III was lower (mean=10.16, SD=1.95) than the pre-test (mean=13.88, SD=3.02) which was significant at p < 0.001.

Table 5.4: Comparison of mean differences of pre-test and post- tests score of depression (N = 347)

Study Group	Mean	S. D	Mean Difference & %	Paired t& p Value
Pretest (n=175)	13.88	3.02	0.37(2.6%)	3.985 0.000, S***
Post Test1 (n=175)	13.51	3.24		
Post Test1 (n=175)	13.51	3.24	0.85(6.29%)	7.710 0.000, S***
Post Test2 (n=173)	12.66	3.11		
Post Test2 (n=173)	12.66	3.11	2.50(19.75%)	10.725 0.000, S***
Post Test3 (n=173)	10.16	1.95		

***p<0.001, S – Significant, *p<0.5, S – Significant, N.S – Not Significant

5.3 Comparison of pre-test and post-tests mean difference ofperceived depression, anxiety, and stress scores

Table 5.5 describes that the Comparison of pre- test and post-tests mean difference of depression scores. The pre-test- post-test depression mean difference was 0.36 with SD 0.91 and independent t test value was 3.305 which was statistically highly significant reduction in the depression was noted among elderly in the study group at p<0.001.

The post-test I- post-test II depression mean difference was 0.85 with SD 1.09 for study group and independent t test value was 6.823 which was statistically highly significant reduction in the depression was noted among elderly in the study group at p<0.001.

The post-test II- post-test III depression mean difference was 2.50 with SD 2.31 and obtained t value was 9.956 which was statistically highly significant reduction in the depression was noted among elderly people in the study group at p<0.001.

Table 5.5: Comparison of pre-test and post-tests mean differencedepression scores (N = 347)

Depression	Study Group (n=173)		Unpaired t& p Value
	MD	SD	
Pre-test – Post -test1	0.36	0.91	3.305 0.001, S***
Post -test1 – Post -test2	0.85	1.09	6.823 0.0001, S***
Post -test2 – Post -test3	2.50	2.31	9.956 0.0001, S***

***p≤0.001, S – Significant

Table 5.6 shows that the Comparison of mean difference pre-test and post- tests anxiety scores. The Pre-testand post test1 mean difference score was 2.51 with SD of 1.55. The calculated t value was t=16.051 showed significant reduction in anxiety at p<0.001.

In the study, the mean difference score of post test1 and post test2 was 2.06 with SD of 3.42. The calculated t value was t=5.964 showed significant reduction in anxiety at p<0.001.

In the study, postest2 and post test3 mean difference score was 6.65 with SD of 7.13. The calculated t value was t=9.257, which showed a significant reduction in the anxiety at p<0.001.

Table 5.6: Comparison of mean difference pre-test and post-testsanxiety scores between study and control group. (N = 347)

Anxiety	Study Group		Unpaired t& p Value
	MD	SD	
Pre-test –Post-test1	2.51	1.55	16.051 0.0001, S***
Post-test1 – Post-test2	2.06	3.42	5.964 0.0001, S***
Post-test2 – Post test3	6.65	7.13	9.257 0.0001, S***

***p<0.001, S – Significant

6. CONCLUSION

Geriatric and paediatric mental health concerns have been given top priority in India's recent epidemic of COVID 19. According to the National Institute of Mental Health and Neurosciences (NIMHANS), a

series of public service announcements and educational materials have been made available to encourage people to spend more time with their families, participate in more leisure activities during COVID-19, and get regular exercise by doing things like stretching, yoga, and indoor walking. Hand washing and coughing etiquette are also recommended by the authorities and should be observed. The purpose of this study was to find out whether the COVID-19 pandemic had a negative impact on the mental health of elderly people.

REFERENCES

1. Anju Sharma & Madhu Sahni (2013). Emotional intelligence in relation to home environment and personality of adolescents. International women online journal of Distance Education, 2(1), 1-16

2. Creswell and Plano Clark. (2012).Research Design-Qualiataive, quantitative and mixed methods approaches (3rd ed.). Thousand Oaks, CA: sage publications, Inc.

3. Barnard, W. M. (2014). Parent involvement in elementary school and educational attainment. Children and Youth Services Review, 26, 39-62.

4. Atieq Ul Rehman (2016). Academic anxiety among higher education students of India, causes and preventive measures: An Exploratory study.International journal of modern social sciences 5(2), 102-116.

5. Beck, A.T (2016). Cognitive therapy and the emotional disorders.New York: International Universities Press.

6. Sharma, R., & Saini, N. K. (2011). Depression, Anxiety and Stress among Adolescent Students Belonging to Affluent Families: A School-based Study. Indian Journal of Pediatrics, 77, 161-165.

7. Bilgel, N. (2012), The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. Soc. Psychiatry Epidemiol. 43, 667–672.

8. Fertman, C. I., & Ross, J. L. (2013). Adolescent self-esteem and locus of control: A longitudinal study of gender and age differences. Adolescence, 32(132), 113-129.

9. Clifford T. Morgon et al (2014): Introduction to Psychology, Tata McGraw- Hill Education Private Limited New Delhi.

10. Creswell, J. W., & Clark, V. L. P. (2011). Designing and conducting mixed methods research (2nd ed.). Thousand Oaks, CA: Sage Publications,Inc.58- 109

11. Hussain A and Kumar A (2015). Academic Stress and Adjustment among High School Students. Journal of the Indian Academy of Applied Psychology, (34), Special Issue, 70-73.

12. Folkman, S., & Lazarus, R. S. (2015). Appraisal, coping, health status and psychological symptoms.Journal of Personal and Social Psychology, 50, 517-579.

13. Gouri Sharma1 & Deepak Pandey (2016). Anxiety, Depression, and Stress in Relation to Academic Achievement among Higher Secondary School Students. The International Journal of Indian Psychology.4(2),DIP: 18.01.051/20170402,82-8

14. Jayakumar & K.Sumathi (2017), An empirical study on stress management for higher secondary students in Salem District. International journal of recent advances in organizational behavior and Decision Sciences, 1(1).

15. Krishan lal (2017). Academic Stress among Adolescent in Relation to Intelligence and Demographic Factors. American International Journal of Research in Humanities, Arts and Social Sciences, 5(1),123-129.

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