



STATE OF MENTAL HEALTH DUE TO COVID 19 RELATED DEATH OF A LOVED ONE

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Abstract:

Background & Objective: The global impact of the coronavirus has caused difficulties in the lives of approximately 2.4 million people worldwide. Each death has a significant impact, affecting nine people. Recent research has shown that post-epidemic depression is more severe than pre-epidemic grief. Additionally, grief from a COVID-19-related death is far more disproportionate than grief from other natural causes.

Research also shows that feelings of guilt in the first two years after a loss are associated with prolonged grief and depression. These feelings of guilt may be an indication of the later development of these conditions. Acknowledging and addressing these difficult emotions is critical to providing appropriate support and interventions to individuals coping with bereavement during and after the pandemic.

Materials and Methods: This is a web-based cross-sectional observational study. This study performed an online survey and sample collection. Online and phone surveys are done with a snowball effect using mobile advertising. Analysis of 223 respondents who received single love during the COVID-19 pandemic.

Results: Participants (34.97%) were between the ages of 18-30, (56.95%) male, (26.00%) middle class, (61.44%) rural area, (29.14% got divorced, (23.76%) lost their spouse and sibling, approximately 62.79% did not receive any help. Explain the grief assessment of the participants through the questionnaire created with the Epidemic Grief Scale, a 4-point Likert scale (1=not every day, 2=some days, 3=more than half a day, 4=almost every day). About (31.40% of the participants wish to die because they lost a loved one, (29.15%) think that they have lost their personality, (30.50%) have difficulty remembering good things about their loved ones, and (31.40%) feel empty.

Conclusion: The present study is one of the few studies done on dysfunctional grief and functional impairment after death of loved one due to COVID-19 infection. In this study we found that mostly middle-aged males are affected belonging to middle socioeconomic status. Most of them does not seek any professional help.

Keywords: Covid-19, Dysfunctional grief, COVID-19 related Death

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INTRODUCTION:

The COVID-19 virus has caused a massive death toll worldwide, claiming an estimated 2.4 million deaths. Each death resonates and affects nine people². The special circumstances of death related to COVID-19, including isolation from seriously ill family members, bereavement and support restrictions, changes in funeral arrangements, and the financial crisis of poverty, have given rise to growing concerns that many of the deceased will suffer for a long time term overwhelming grief⁶.

Recent findings suggest that PTSD is more likely to occur during a serious illness than PTSD, due to death occurring before the episode. Also, post-mortem grief associated with COVID-19 is more important than post-mortem grief from other natural causes⁸.

For example, a 2021 study by Moriyama D, Scherer JS *et al.* It showed that, associated with 307 deaths due to the COVID-19 pandemic, nearly two-thirds (63.2%) reported that intensive care facilities were not functioning properly⁹.

Government policies implemented to reduce the effects of the epidemic caused more stress for the families of those who lost their lives. These sources of stress include unemployment, isolation, risk of serious illness for some workers, fear of infection, isolation measures and access to intensive care units. These events continue to complicate and emotionally burden those mourning the loss of a loved one during this time.

Historically, it has been well documented that mental illness tends to increase after natural disasters and epidemics. Especially chronic stress responses and their negative effects have been observed before. However, lack of satisfaction has resulted in a major depression known as major depression or chronic grief (PG)¹⁰.

COVID-19 deaths are characterized by many traumas and injustices: (a) many deaths in the family can be caused by 'too much shock', too much grief stress associated with problem solving; (b) the spread of the COVID-19 pandemic makes it impossible for families to provide assistance and celebrate the deceased in the last days of life; (c) The social and relationship restrictions imposed by the decision may be lifted; (d) Funerals in countries affected by the pandemic are prohibited or postponed until six months after the deceased's death.¹¹

Considering all these factors, it is reasonable to expect great disruption, dissatisfaction and distress in the context of current transmission.

The pathological response to depression is termed Prolonged Grief Disorder (PGD), a new diagnosis in psychiatry introduced in the 11th revision of the International Classification of Diseases (ICD-11). PGD is often associated with anxiety, depression, and post-traumatic stress disorder (PTSD) in traumatic situations.

Careful attention should be paid to the risk factors associated with mortality associated with COVID-19 when evaluating and treating individuals with PGD in this setting. This is important to ensure that PGD assessment and treatment includes all chronic pain symptoms, including specific disease-related conditions. On the other hand, severe traumas can occur, including abuse, somatization, guilt, regret and anger, and other symptoms that are not yet included in the PGD criteria.

Studies have shown that feelings of guilt after both shocks are associated with long-term grief and depression and predict both later.¹³ Therefore, it is important to address guilt and provide general support for the management and treatment of individuals with PGD after a mortality due to COVID-19.

METHODS:

The type of study is cross-sectional, web based observational study conducted. The samples were collected from online survey. Telephone and online survey methodologies were done operate a social media platform by snowball effect. The 223 participants participated in the survey who lost their loved in COVID-19 pandemic.

The Pandemic Grief Scale (PGS) was employed to gauge the occurrence of dysfunctional grief symptoms resulting from the loss associated with COVID-19. Participants were requested to assess the frequency of experiencing each grief symptom using a rating scale. This concise five-item scale exhibited robust internal consistency-reliability.

The Work and Social Adaptation Scale (WSAS) was used to measure the functional impairment in work due to COVID-19. Participants were asked to rate how much they were harmed by COVID-19 on a scale of 1 to 9. This comprehensive five-item scale demonstrated excellent internal consistency reliability.

The Chi-Square test was employed to analyze categorical data and determine the distribution. A 'P-value' threshold of < 0.05 was deemed statistically significant. The obtained results were analyzed using the Statistical Package for Social Sciences, a dedicated statistical software program.

RESULTS:**Table 2: Sociodemographic Characteristics Of Participants (N= 223)**

Variable		n (%)
AGE	18-30 years	78 (34.97%)
	31-45 years	64 (28.69%)
	46-60 years	56 (25.12%)
	>60 years	25 (11.22%)
GENDER	Male	127 (56.95%)
	Female	96 (43.05%)
Residence	Rural	137 (61.44%)
	Urban	86 (38.56%)
Socio-Demographic	I Professional	36 (16.15 %)
	II Managerial	44 (19.74%)
	III Clerical	58 (26.00%)
	IV Semiskilled	52 (23.32%)
	V Unskilled	33 (14.79%)
Marital Status	Married	48 (21.52%)
	Unmarried	56 (25.12%)
	Divorced	65 (29.14%)
	Widowed	54 (24.22%)
Relationship with the deceased	Spouse	53 (23.76%)
	Parent	49 (21.98%)
	Child	46 (20.63%)
	Sibling	53 (23.76%)
	Other	22 (9.87%)
Time since loss	Less than 3 Months	68 (30.50%)
	3-6 Months	71 (31.83%)
	6-12 Months	48 (21.52%)
	More than 12 Months	36 (16.15%)
Diagnosed with COVID-19	Yes	124 (55.60%)
	No	99 (44.40%)
Professional help for loss	Yes	83 (37.21%)
	No	140 (62.79%)

Information was collected on participants, age group, gender, residence, Socio-economic status, marital status, relationship with the deceased, time since loss, diagnosed with COVID19 and professional help taken for loss or not as shown in Table1 a total of 223 participants were recruited. Table 1 shows that the participants (34.97%) were

between the age group of 18-30 years, (56.95%) were males, (26.00%) belong to middle socioeconomic status, (61.44%) were from rural area, (29.14%) were divorced, (23.76%) who lost their Spouse and sibling and around (62.79%) did not took professional help.

Table 2: Participants And Grief

I wished to die in order to be With the loved one	Not all days	70 (31.40%)
	Couple of days	62 (27.80%)
	More than half of days	58 (26.00%)
	Nearly Everyday	33 (14.80%)
I experienced confusion over my role in life or felt like my identity was diminished because of the	Not all days	64 (28.70%)
	Several days	65 (29.15%)
	More than half of days	48 (21.52%)

1	Nearly Everyday	46 (20.63%)
2	Not all days	72 (32.28%)
	Several days	50 (22.43%)
	More than half of days	58 (26.00%)
3	Nearly Everyday	43 (19.29%)
	Not all days	68 (30.50%)
	Several days	66 (29.59%)
	More than half of days	52 (23.32%)
4	Nearly Everyday	37 (16.59%)
	Not all days	56 (25.12%)
	Several days	70 (31.40%)
	More than half of days	59 (26.44%)
	Nearly Everyday	38 (17.04%)

Table 2 illustrates the grief experienced by the participants assessed by questionnaire made with Pandemic grief scale which is a 4-point likert scale (1=Not all days, 2=Several days, 3= More than half of days, 4= Nearly every day). Around (31.40%)

Participants wish to die due to the loss, (29.15%) have a feeling that they have lost their personality, (30.50%) have difficulty in remembering positive memories of the Loved one, (31.40%) was feeling empty.

Table 3: Association Between Sociodemographic Characteristics And Grief

VARIABLES	CATEGORIES	1	2	3	4	CHI-SQUARE	P-VALUE
AGE	18-30 years	16	29	14	19	7.7	0.17
	31-45 years	17	12	22	13		
	46-60 years	11	19	18	8		
	>60 years	6	10	4	5		
GENDER	Male	22	41	53	11	11.07	0.05*
	Female	14	34	29	19		
Residence	Rural	29	37	48	23	2.8	0.73
	Urban	13	25	32	16		
Socio-Demographic	I Professional	9	15	8	4	1.5	0.91
	II Managerial	11	14	12	7		
	III Clerical	12	18	19	9		
	IV Semiskilled	12	16	17	7		
	V Unskilled	5	8	14	6		
Marital Status	Married	17	11	12	8	3.12	0.68
	Unmarried	20	17	10	9		
	Divorced	18	22	15	10		
	Widowed	13	20	16	5		
Relationship with the deceased	Spouse	11	18	17	7	2.9	0.70
	Parent	10	20	10	9		
	Child	8	15	15	8		
	Sibling	13	17	14	9		

	Other	9	6	3	4		
Time since loss	<3 Months	20	21	17	10	1.9	0.86
	3-6 Months	22	23	19	7		
	6-12 Months	18	13	11	6		
	>12 Months	8	16	8	4		

(1=Not all days, 2=Several days, 3= More than half of days, 4= Nearly every day)

Participants were asked a series of questions about loss of loved one and their association was seen with sociodemographic profile as shown in Table 3. Questions were asked related to grief experienced by the participants. The Pandemic Grief Scale was used which is a 4-point likert scale as mentioned in the table. We have found the 22 participants were from the age group 31-45 Years,

53 males and 48 participants from rural background were affected more than half of the days. 18 participants from middle socioeconomic status, 22 participants who were divorced and 20 parents were affected several days. In our study we found significant value in Gender as P- value (0.05).

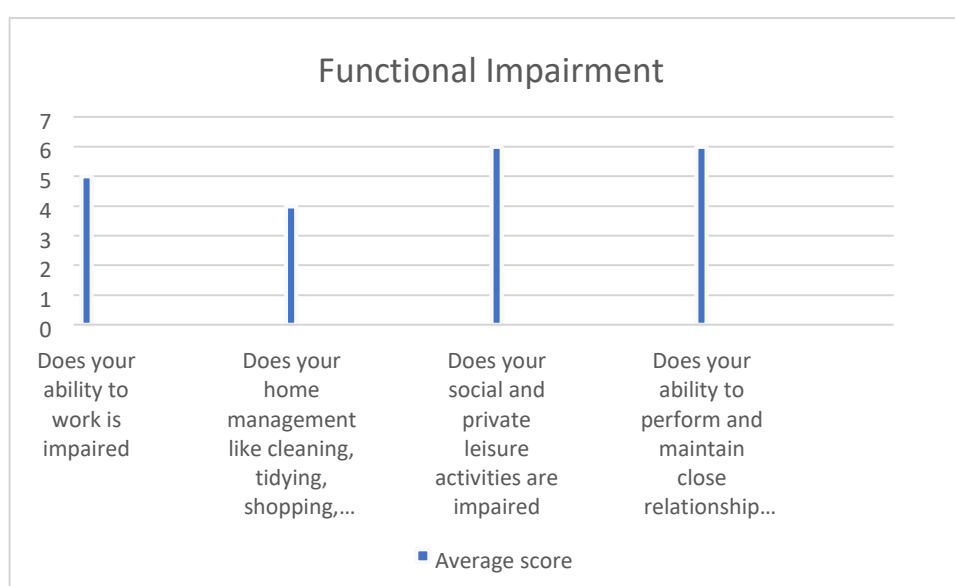


FIGURE 1: Showing functional impairment due to the loss of loved one

Figure 1 depicts the extent of functional impairment experienced by participants who have lost a loved one during the COVID-19 pandemic. To assess functional impairment, the researchers utilized the Work and Social Adjustment Scale. This scale measures impairment on a 9-point severity scale, indicating the level of impairment resulting from the loss of a loved one. Notably, a higher severity score, approximately 6, was observed in relation to impairment in leisure activities and maintaining relationships.

DISCUSSION:

The COVID-19 virus has killed many people in many countries, and complications of the disease have caused death. When the initial focus on the spread of fear, anxiety, and depression was extended to include depression, previously voiced concerns turned out to be justified.¹⁴ Most survivors in the first six months after loss seem to show signs of negative grief associated with suicidal thoughts

and the use of alcohol and drugs as coping mechanisms.¹⁵

In general, the unexpected death of a closed loved one is considered the most painful experience in a person's life, even for those who have experienced great stress in their lives.

Evidence shows that lack of social support plays an important role in predicting depression.¹⁶

When a closed loved one dies, it often causes a great deal of pain and suffering. These are feelings of longing, persistent thoughts, and memories of the demised loved one, feelings of conflict and personal discomfort from the present, ideas, and personal thoughts.^{17, 18}

In our research, we found that the participants felt that their lives became meaningless, and their self-confidence was lost. We also saw the loss of

performance, that is, poor performance. their social life and leisure activities are affected, and they cannot maintain a good relationship.

CONCLUSION:

The present study is one of the few studies done on dysfunctional grief and functional impairment after death of loved one due to COVID-19 infection.

In this study we found that mostly middle-aged males are affected belonging to middle socioeconomic status. Most of them does not seek any professional help.

The loss of interest and diminished feeling about self are mostly experienced by individuals. The functional impairment is seen in areas of leisure activity, social life and inability to maintain closed relationships.

CONFLICT OF INTEREST: NIL

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