

Mental health of Tamil people during COVID-19 pandemic lockdown

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Abstract:

During this topsy-turvy situation prevailing due to COVID-19, there will be an evident chance of Mental Illness among people. For the descriptive study about the mental health of Tamil People during COVID-19 pandemic lockdown, a sample of 203 was collected by using convenience sampling technique. A Mental Health Questionnaire during Lockdown (MHQ-L) was designed by the investigators used to collect data with the help of Google forms. Data analysed using the statistical techniques like mean, standard deviation, t-test, f-test and Duncan's Multiple Range test. This study shows that there prevails 26.11 % of population are having low mental health creating stress, depression and anxiety.

Keywords:

Mental health, stress, anxiety, depression, pandemic lockdown, COVID-19, Tamil People.

1. INTRODUCTION

Tamil is the classical language of the world which contains enormous literatures which are the treasures of the Language. One among them is Purananooru which says that “Yaadhum Oore Yaavarum Kelir” which means we have a sense of belonging to every place and everyone is our own (Poongundranar, 6 BC). Especially, with or without blood relation, paternally or maternally, Tamilians are bonded with love and care for each other with no boundaries. India is a secular country, especially Tamilnadu. A famous saying “Vantharai Vazha Veikkum Tamizhagam” which means “Tamilnadu nurture those who comes to live here” without considering any caste or creed and people lives in harmony. Due to job and other reasons, Tamil people migrated to nook and corners of the world and living apart from families and people from other places come to live in Tamilnadu. So far, it was so good until the deadly Corona virus stormed the world, shook the economy, threatened the lives and hushed the minds out of blue. Corona virus is an infectious disease which causes illness in animals, or humans causing respiratory problems in them. There comes the Global health emergency because of this pandemic causing severe impact on mental health.

Back in the year 1127 at Italy, Quarantine was first used in Venice due to leprosy. After 300 years, UK imposed quarantine in the country due to plague. Later in many countries during various outbreaks of infectious diseases in various period of time (SARS-2003, Influenza-2009, etc.) the respective countries imposed quarantine in order to protect their people from it (Newman, 2012). Despite of the infections, cases of mental illness had been recorded during those periods. COVID-19 is having a hysterical effect globally, its emergence and spread causes panic and bewilderment among the general population. People are afraid to go to job; if they don't go to job they think that they will lose their jobs. People are really stuck between a rock and hard place.

In most populous country like India, without a strong healthcare system, it has caused worry among the general population. Also agitation resides in public due to the lack of basic protection measures. From the previous studies of pandemics, it is understood that there is possibility of many susceptible psychological factors like liability to disease, intolerance of uncertainty and anxiety proneness. Further, Social distancing, isolation, quarantine and socio-economic fallout trips varied psychological mediators like panic, anxiety, stress, depression, frustration, guilt, anger, annoyance, nervousness, loneliness and helplessness (Ahorsu, Lin, Imani, Saffari, Griffiths, & Pakpour, 2020).

Fear of infection, quarantining the infected, lack of treatment, social distancing and increasing mortality rate had destructive effects even in the robust minds. Socio-economically weaker sections find

it difficult in fulfilling their daily needs, which generates turmoil in the family life. Rumours influence people leading them to panic buying, follow unwanted lifestyle and dietary modifications (Roy, Tripathy, Kar, Sharma, Verma, & Kaushal, 2020). Withdrawing from daily activities, taking away freedom, leads to stress and anxiety. At this juncture, the investigators held a study about the mental health of Tamil people living in different locations.

Worldwide, COVID-19 had taken away the millions of lives and mental health of billions. Due to this compelling situation, there is a drastic need to study about the mental health of Tamil people. There can be no health without mental health (Prince, Patel, Saxena, Maj, Maselko, Phillips, & Rahman, 2007). Though many researches are going on for finding a vaccine for the treatment of COVID-19, a study about the mental health of Tamil people is substantial. This study is to focus and evaluate stress, anxiety and depression among Tamil community during the coronavirus pandemic in India. The objective of this paper is to give importance to the psychological well-being as well as in treating the psychiatric symptoms of the Tamil people due to the life threatening pandemic disease.

Title of the Study

Mental Health of Tamil People during COVID-19 pandemic lockdown.

Operational Definitions of the key terms

The authors adopted the following terms and definitions for the study.

- **Mental Health:** According to WHO, Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.
- **Tamil People:** It is defined as the oldest living ethnic group from South Asia They have been living in the southern parts of India, and the north eastern parts of Sri Lanka. Tamil people identify themselves with their culture and traditions especially by their language, Tamil.
- **COVID-19:** Corona Viruses (CoV) are a large family of viruses transmitting between animals and people that cause illness ranging from the common cold to more severe diseases such as Middle East respiratory syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS-CoV).
- **Pandemic:** It is defined as an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.
- **Lockdown:** The terms lockdown or shutdown are being used by many to describe more general and widespread restrictions on movement, work and travel on all people in a city, region or country.

Objectives

To find out if there is any significance difference in the mental health of Tamil people in terms of gender, locality of residence, marital status, occupation, monthly income and work from home.

Research Question

Is there any significance difference in the mental health of Tamil people during COVID-19 due to certain demographic variables?

2. METHODS AND PROCEDURES

For the descriptive study about the mental health of Tamil People during COVID-19 pandemic lockdown, a sample of 203 was collected. A Mental Health Questionnaire during Lockdown (MHQ-L) designed by the investigators was used to collect data with the help of Google forms. Data was analysed using statistical techniques like mean, standard deviation, t-test, f-test and Duncan's Multiple Range test. A sample of 203 has been selected by using convenience sampling technique.

- Of the 203 participants, 54.22% (N=110) were male and 45.78 % (N=93) were female and there were no transgender respondents.

- In terms of age, 2% (N=4) were below 20 years old, 64.5% (N=131) were 21-35 years old, 29.6% (N=60) were 35-50 years old, 2% (N=4) were 50-60 years old, 2% (N=4) were above 60 years old.
- In terms of location, 35% (N=71) were from village, 47.8% (N=97) were from town, 17.2% (N=35) were from city.
- In terms of marital status, 65% (N=132) were married, 34% (N=69) were unmarried and 1% (N=2) were others.
- In terms of education, 8.4% (N=17) had school education, 28.6% (N=58) were having technical education, 24.1% (N=49) were undergraduates, 35% (N=71) were post graduates, 3.9% (N=8) were doctorates.
- In terms of occupation, 6.9% (N=14) were student, 16.7% (N=34) were Government employees, 47.8% (N=97) were private employees, 10.3% (N=21) were self-employed, 5.4% (N= 11) were daily wagers, 22.8% (N= 26) were others.
- In terms of income, 3% (N= 6) were without income, 34% (N=69) were below 10000, 29.6% (N= 60) were having income of 10001 to 25000, 20.2% (N=41) were having income of 25001-50000, 11.3% (N=23), 2% (N=4) were having income above 100000.
- In terms of work from home, 43.8% (N=89) were working from home and 56.2% (N=114) were not working from home.

Mental Health of Tamil people during COVID-19 pandemic lockdown (MHQ-L) was a self-made questionnaire designed by the investigators. MHQ-L consist of two sections viz., i) section for Socio demographic data ii) section for evaluating mental health of Tamil people. Since the study is about the mental health of Tamil people, MHQ-L is designed in the Tamil language so that the Tamil people could respond in an effective manner.

In the socio demographic data collection section, the questionnaire consists of information about the respondent's gender, age, marital status, education, employment, monthly income and working from home.

- Based on gender, the participants were categorized as male, female and transgender.
- Based on their age, categorized as below 20 years old, between 21 to 35 years old, between 36-50 years old, between 51-60 years old, above 60 years old.
- Based on the location of living, were categorized as village, town and city.
- Based on marital status, they were categorized as married, unmarried and others (divorced, widowed, etc.,)
- Based on education, the qualification was categorized as school education, technical education, under-graduate, post-graduate and doctorates.
- Based on employment status, they were classified as student, government employees, private employees, self-employed, daily wagers, others (pensioners, retired people, etc.,)
- Based on monthly income, categories were below 10000, between 10001 and 25000, between 25001 and 50000, between 50001 and 100000, and above 100000.
- Based on work from home, responses were "yes" or "no".

In the mental health section, the questionnaire was designed to evaluate the mental health with respect to stress, anxiety and depression among Tamil people. Each question contains the dichotomous responses such as "yes" and "no". For establishing validity for the questionnaire, its draft was circulated among the experts in the field of Tamil, Psychology and Education. The tools were subjected to refinement and again submitted to the same experts for the approval before finalizing it. Also, the content validity was manifested. To test the reliability of the items, Cronbach's alpha formula was used to measure the internal consistency validity. Alpha co-efficient () for MHQ-L were found to be 0.893 which indicates that the items were found good as it falls $0.9 > \geq 0.8$ (Stephanie, 2014). Thus, the MHQ-L questionnaire is reliable. It consists of 18 items and the response "Yes" was assigned the value of one and "No" was assigned a value of zero. Since all the items were negative, the scoring was reversed i.e., those who scored maximum were considered to be with low mental health; minimum was considered to be mentally healthy.

Data collection was done by MHQ-L questionnaire made using Google forms consisting of two sections in single form. The links for the questionnaire were circulated among the Tamil people along with a precise description of the study through WhatsApp. The maximum time for their responses was estimated to be 5 to 10 minutes and it was mentioned in the description part. The respondents were given guarantee about their anonymity as well as confidentiality towards their data shared for the study. In order to avoid the non-respondents, each and every question in both the sections were marked as required (*) in the Google Form. People who were interested, participated in the survey and submitted their responses. Collected data were imported to the Excel as the Spread sheet, scored accordingly. Data was analysed using SPSS package with statistical techniques such as Percentile analysis, mean, standard deviation, t-test, f-test, Chi-square and Duncan's Multiple Range test. Hypotheses were tested uniformly at 5% level of significance for the table value and 0.05 levels for p-value.

3. LIMITATIONS

This study is done by self-made questionnaire to assess the mental health of Tamil people and it may not be as effective as assessed by professionally trained personnel's evaluation. Since the investigators used limited sample size, the findings may not represent the entire Tamil population and also there may be difference in the outcome compared to the large number of samples. Since this study is web-based survey, it is limited to the people with smartphones and it didn't represent the illiterate population.

Data Analysis and Interpretation

Table 1 Level of mental health of Tamil people during COVID-19 pandemic lockdown

Level	N	Percentage	Mean	SD
High	46	22.66	6.63	4.84
Moderate	104	51.23		
Low	53	26.11		
Total	203	100		

The level of mental health of Tamil people during COVID-19 pandemic lockdown is calculated based on the normal distribution i.e. +/- 1 standard deviation from the mean. It is inferred from the table 1 that 22.66% Tamil people are having high, 51.23% Tamil people are having moderate, and 26.11% Tamil people are having low mental health; and the level of mental health of Tamil people during COVID-19 pandemic lockdown is moderate. It is also inferred that the mean and standard deviation of total sample are 6.63 and 4.84 respectively.

H₀₁: There is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of gender.

Table 2 Difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of gender

Variable	Gender	N	Mean	SD	t-value	p-value
Mental Health	Male	110	6.72	4.759	0.280	0.780
	Female	93	6.53	4.964		

It is inferred from the above table 2 that the calculated t-value (0.280) is lesser than the table value (1.971) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of gender.

H₀2: There is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of locality of residence

Table 3 Difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of locality of residence

Variable	Locality of Residence	Sum of Squares	df	Mean Square	F-value	p-value
Mental Health	Between Groups	70.948	2	35.474	1.520	0.221
	Within Groups	4666.343	200	23.332		
	Total	4737.291	202			

It is inferred from the table 3 that the calculated F-value (1.520) is lesser than the table value (3.041) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of locality of residence.

H₀3: There is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of marital status.

Table 4 Difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of marital status

Variable	Marital Status	Sum of Squares	df	Mean Square	F-value	p-value
Mental Health	Between Groups	67.429	2	33.714	1.444	0.238
	Within Groups	4669.862	200	23.349		
	Total	4737.291	202			

It is inferred from the table 4 that the calculated F-value (1.444) is lesser than the table value (3.041) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of marital status.

H₀4: There is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of occupation.

Table 5 Difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of occupation

Variable	Employment Status	Sum of Squares	df	Mean Square	F-value	p-value
Mental Health	Between Groups	300.689	5	60.138	2.670	0.023
	Within Groups	4436.602	197	22.521		
	Total	4737.291	202			

It is inferred from the table 5 that the calculated F-value (2.637) is greater than the table value (2.259) at 5% level of significance. Hence the respective null hypothesis is rejected ($p < 0.05$). Thus, the result shows that there is a significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of occupation.

Table 5a Details of Duncan’s Multiple Range Test in the difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of occupation

Variable	Employment Status	N	Subset for alpha = 0.05	
			1	2
Mental Health	Govt. Service	34	4.91	
	Students	14	5.86	
	Self-employed	21	6.71	
	Private Service	97	6.73	
	Others	26	7.12	
	Daily Wagers	11		10.73
	p-value		0.188	1.000

It is inferred from the Duncan’s multiple range test in table 5a that two homogeneous group can be formed among the different occupation groups of Tamil people in terms of their mental health. There is a significant between government servants and daily wagers; students and daily wagers; selfemployed people and daily wagers; private servants and daily wagers; and others and daily wagers in their mental health.

H₀₅: There is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of educational qualification.

Table 6 Difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of educational qualification

Variable	Employment Status	Sum of Squares	df	Mean Square	F-value	p-value
Mental Health	Between Groups	124.564	4	31.141	1.337	0.258
	Within Groups	4612.726	198	23.297		
	Total	4737.291	202			

It is inferred from the table 6 that the calculated F-value (1.337) is lesser than the table value (2.417) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of educational qualification.

H₀₆: There is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of work from home.

Table 7 Difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of work from home

Variable	Work from Home	N	Mean	SD	t-value	p-value
Mental Health	Yes	89	6.35	4.897	0.733	0.465
	No	114	6.85	4.810		

It is inferred from the above table 7 that the calculated t-value (0.733) is lesser than the table value (1.971) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant difference in the mental health of Tamil people during COVID-19 pandemic lockdown in terms of work from home.

H₀₇: There is no significant association between the age of Tamil people and their mental health during COVID-19 pandemic lockdown.

Table 8 Association between the age of Tamil people and their mental health during the lockdown period due to COVID-19

Variables	N	df	χ^2 value	p-value
Age vs. Mental Health	203	72	78.960	0.268

It is inferred from the table 8 that the calculated χ^2 value (78.960) is lesser than the table value (92.808) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant association between the age of Tamil people and their mental health during COVID-19 pandemic lockdown.

H₀₈: There is no significant association between the monthly income of Tamil people and their mental health during COVID-19 pandemic lockdown.

Table 9 Association between the monthly income of Tamil people and their mental health during the lockdown period due to COVID-19

Variables	N	df	χ^2 value	p-value
Monthly Income vs. Mental Health	203	90	108.638	0.088

It is inferred from the table 9 that the calculated χ^2 value (108.638) is lesser than the table value (113.145) at 5% level of significance. Hence the respective null hypothesis is accepted ($p > 0.05$). Thus, the result shows that there is no significant association between the monthly income of Tamil people and their mental health during COVID-19 pandemic lockdown.

4. DISCUSSION

Lockdown is such a deliberate scenario of today's world. Suddenly, knocking out people from what they do and make them idle leads to many devastating mental issues. Staying longer inside home may create stress, anxiety and depression. It is an unpleasant experience for people who undergo isolation from loved ones physically as well as socially (Brooks, Webster, Smith, Woodland, Wessely, Greenberg, & Rubin, 2020). While the spread of disease upsurges swiftly, myths about it are spreading due to lack of knowledge and information about the disease. Compared to the number of people mentally affected by COVID-19 are higher than the physically affected (Reardon, 2015). In the midst of this traumatic pandemic, people are facing many mental health issues with respect to job insecurities, running the family with low or no income creating chaos in the families. On the contrary, people staying with family spending quality time with their loved ones indulging them in various activities like eating together, story times, games, etc. But boredom strikes them, making them exhausted which in turn may create depression. Shutting them off from their jobs and daily activities had created chaotic agitation in their lives. Uncertainty of the pandemic disease has brought up many psychological issues. Owing to stigma prevailing, people hesitating to get help for their mental health.

During this hectic and reluctant situation, separating people from their families and friends may push them into mental illness. Misinformation aided by social media fuels the anxiety and phobia causing suicidal thoughts. In fact, suicides occurred in many states (Tamil Nadu, Andhra, etc.) of the country in fear of COVID-19. Social media usage plays a major role in spreading misinformation without authentication. Social stigma among the people questions the humanity in them. Tamilnadu is a state known for its culture and traditional practices but denial of burial procedures is unprecedented

during this kind of emergencies. Working during pandemic is not a plum job. Each and every one should respect and support the people for their selfless work in various fields. People working with exertion serve the nation by risking their own lives and those people who lost their breath deserve a decent burial. The prime minister of India from the day of “Janata curfew” to till date of lockdown encourages the people who are working tirelessly in this period of pandemic (Business Today, 2020). Doctors, Nurses, police, CRPF, Cleaners are the Front-line fighters. In order to honour and thank them, all the citizens are asked to clap, light the lamps at various occasions. Not only in India, but also all over the world, Government of various countries are boosting the workers by showering flowers from helicopters, lighting the lamps, etc.

The finding of the study reveals the mental health of Tamil people during COVID-19 was moderate. Compared to men, women were mentally healthier. It is because women tend to spend more time at home and routine life is mostly home based and they were engaged with household chores. In contrary, men are not home bound working persons as well as they have habit of smoking, boozing, etc., makes them to show withdrawal symptoms leading to stress and anxiety. Idleness if persisted for long time may create mental illness. It may be due to the panic and stress aroused by the infectious disease. People with job security and permanent income at Government and private sectors as well as self-employed respondents found to be mentally healthier than the daily wagers. Even, those employees face partial cut-off in their pay by the organizations. Out of 203 respondents, it was found that 26.11% of population having low mental health among the Tamil people. Restriction imposed for going out made it difficult for the daily wagers to earn for their living, which make those wagers and their family to go bed hungry. Because of this, there will be financial, relationship and housing problems may occur. This leads to their poor mental health causing pain and agony. On one hand there is fear of infection, on the other hand there is fear of running the family. Balancing these become challenging for the general population. Corona phobia had caused worry and vulnerable to disease and inducing psychological consequences (Taylor, 2019).

The study points out that the old age people are also found to be having mental illness. Due to no or low income, fear of diseases, they may suffer illness mentally. Children and old people had been widely affected by the disease since they have low immunity compared to the other age categories. These people were vulnerable to disease especially old aged people were affected mentally. Respondents who worked from home were having good mental health than those who were not. It is because of flexibility of timing, spending more time with family, etc.

Indian Government has taken several steps in order to meet the needs of economically weaker sections. In Tamilnadu, provisions of rice, dhal, oil, etc., were supplied in ration shops. Additionally many volunteers, NGO's, local political leaders provided assistance for meeting their basic food supply with provisions, vegetables, etc., Also, friends and families extended their helping hands in providing the essentials. Using Mahatma Gandhi National Rural Employment Act (MGNREGA) scheme, the Central Government delivered 100-day employment which will be enough to provide the supplies for the poor. For the mental health of general population, various counselling programmes are provided. National mental health services provide assistance for the people undergoing mental illness round the clock. In addition, awareness about the helpline numbers for emergency situations had been initiated by the Government. The general population have been informed about the day to day status of the disease about its spread, recovery and casualty through media. This kind of authentic information will reduce the cause of panic among the people. Though the Government acts with full swing, the reach of it, is insufficient.

This study has shown a glimpse of impact of mental health of daily wagers among Tamil people during pandemic lockdown. Cause of worry in them is due to the lack of income and several other related issues. Further study can be held for the detailed evaluation in the large population which helps in making policy to provide their daily bread. Also this study can be carried forward in the Indian population with the same domain.

5. CONCLUSION

Spreading from country to country, affecting the body and minds, corona had brought unimaginable outbreak all over the world. Tremendous outbreak of this deadly virus will have serious post traumatic effect in various aspects. Further studies will be needed to evaluate the hampering effect in the daily wagers for bouncing back to their normal life. In the beginning, people found difficult being in lockdown but they eventually found their feet. Even, Government quotes that “Practise to live among corona virus”. Each individual should be aware of the pros and cons of the disease and should resign themselves to live with it. Utmost care should be given for the mental health of the world in leading a normal life in near future. People should acknowledge the altruistic work of front-line workers and treat them without indiscrimination. Without self-responsibility of each and every citizen, the efforts of Governments will end in vain. Join hands with humanity in fighting against pandemic disease and in recovery of the world.

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Conflict of Interests

There is no conflict of interest.

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