

Research on the Impact of Covid-19's Purported Impacts on the Prevalence of Stress, Anxiety, and Depression

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Abstract

The effects of the Covid-19 pandemic on mental health have been apparent from the beginning. Housework and social constraints implemented an important pandemic issue would be being unprepared. Future physical health and longevity are predicted by mental health. It would portend ongoing pandemic health problems. India has rules about social segregation and lockdowns that affect the economy, the people, and the environment. When the environment is unhealthy, it hurts the economy and people's lives. In May 2021, 1.49 percent of cases in this state ended in death. As of May 2022, there have been 78,77,577 cases in Maharashtra, and 1,47,842 people have died. The present study tried to find out that the Covid-19 pandemic has influenced depression, anxiety, and stress levels in elders. The goal of this study is to find out how Covid-19 affects the amount of stress, anxiety, and depression in the elderly population. Data were collected from rural and urban hospitals by using a questionnaire that captured general information about the participants and a DASS-21 questionnaire. Collected data is calculated using the chi-square test and DASS interpretation is carried out. The current study discovered that a significant proportion of the elderly suffer from stress, anxiety, and depression, symptoms in the geriatric population because of Covid-19 when compared to stress scale or depression in rural & urban areas, in Maharashtra. More research may be carried out to reflect the psychological status of the geriatric population to validate the study's conclusions.

Keywords: Anxiety, Covid 19, Depression, Pandemic, Stress.

Introduction

Since December 2019, a coronavirus pandemic quickly spreading from China to other regions of the globe, resulting in severe infectious infections [1]. The World Health Organization (WHO) recognized Covid-19 disease, caused by the infectious virus severe acute respiratory syndrome coronavirus, as a worldwide pandemic in March 2020. Covid-19 symptoms were like those seen in a past viral pandemic, SARS, and Middle East Respiratory Syndrome in 2002 and 2012, and included breathing problems, fever, and cough. Despite the severity of the symptoms, no known antiviral

medication or vaccine has been licensed for the treatment of Covid-19 [2]. The Covid-19 pandemic has resulted in 1,187 confirmed cases and 11 confirmed fatalities in Maharashtra. Many countries all around the globe have required social and physical distance, in addition to self-quarantining, owing to the disease spreading mostly by direct contact, i.e., droplets dispersed by sneezing or coughing from an infected person [3]. Quarantine is an efficient technique for reducing viral propagation internationally; nonetheless, it has very significant economic, social, and psychological consequences. As a result, several difficulties, and concerns, including psychological

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pressures, have been imposed on individuals [4]. Individuals' mental health is a key health problem that is likely to be disrupted during pandemics, especially the Covid-19 pandemic [5]. Previous studies indicate that during such viral pandemics, there is a considerable rise in the risk of mental health disorders among people, including anxiety, depression, and depression [6]. Individuals in many regions of the globe have reported an increase in stress, anxiety, and depression during the current Covid-19 pandemic. Anxiety and depression have been linked to public events such as pandemics, impacting people's mental health, particularly the elderly. The purpose of this study is to determine the amount of anxiety and depression among older individuals and how it affected people during the Covid-19 pandemic [7].

In the first year of the Covid-19 pandemic, the global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO) today [8]. The brief also highlights who has been most affected and summarizes the effect of the pandemic on the availability of mental health services and how this has changed during the pandemic [9].

Pandemics have a significant psycho-social impact. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. Misinformation and uncertainty give rise to mass hysteria. Among them, the elderly is especially vulnerable. So far only one paper glances at elderly mental health during these times [10].

It mentions the social isolation of the elderly as a 'serious public health concern' due to their bio-psycho-social vulnerabilities. Social

distancing, though a major strategy to fight Covid-19, is also a major cause of loneliness, particularly in settings like nursing care or old-age homes which is an independent risk factor for depression, anxiety disorders, and suicide. Social connectedness is vital during the public health breakdown [11].

Mental health is the cornerstone of public health, more so in the elderly. As the need for a 'viral cure' eclipses the importance of mental health, the global panic only aids in increasing the spread. One key factor for the increase is the extreme stress produced by the pandemic's social exclusion. This was linked to limitations on people's capacity to work, seek help from loved ones, and participate in their community [12].

Isolation, fear of infections, pain, and death for oneself and dear ones, mental health sadness, and financial problems have all been identified as stressors that contribute to anxiety and depression. Exhaustion has been identified as a primary component of suicide attempts among healthcare care professionals. Pandemics have deep psychological consequences [13]. The most prevalent side effects include anxiety disorders, panic attacks, adjustment troubles, depression, extended stress, and sleeplessness. False information and uncertainty are the root causes of panic [14].

The elderly is the most vulnerable. Too little study has been done on the mental health of the elderly at different ages. According to the survey, social isolation is on the increase. The elderly's biopsychosocial weakness renders them a "major problem" for public health. It has been linked to depression, anxiety disorder, and stress, as well as home and elderly care facilities [9].

STRESS AND IMMUNOSENESCENCE

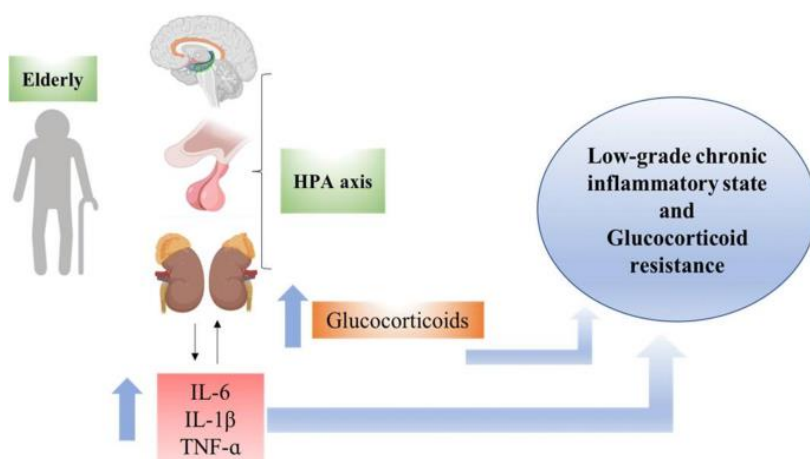


Figure 1. Impact of Covid-19 on the Elderly Mental Health (Source:[2])

The quality measures were depression, anxiety, and stress symptoms of mental health. The Depression, Anxiety, and Stress Scale-21 Items (DASS-21) is a collection of three self-report measures that were generated based on previously research to evaluate the emotional states of depression, anxiety, and stress. These studies are often used to analyse complaints and do not immediately suggest that respondents have a specific diagnosis as described in the DSM and classification of diseases and associated health problems (ICD) [15]. However, their primary purpose in this research was to measure the perceived severity of symptoms linked to depression, anxiety, and stress. The purpose of this research was to look at the prevalence of mental health symptoms (anxiety, depression, and stress) in Maharashtra, as well as the factors that contributed to these symptoms during the Covid-19 pandemic This research will be used in the future [16].

The objective of the study “To analyse the impact of Covid-19’s purported impacts on the prevalence of stress, anxiety, and depression.”

Literature Review

Shailendra K [17], carried out a study on Current Insights on 2019’s an Unusual Coronavirus Disease (Covid-19)” SARS-CoV-2 was certainly a strain of coronavirus that has never previously been identified in humans. As

of April 14th, 2020, it has been labelled a pandemic, infected at least 1,844,683 people, and killed 117,021 people. Close contact with an infected individual who produces respiratory droplets results in transmission among individuals. Severe respiratory distress syndrome, also known as cytokine storm, has been seen in patients, the determination The diagnosis is based on the presence of nucleic acid, IgG/IgM antibody, and a chest x-ray in the suspects. SARS-genome CoV-2s are like those in other coronaviruses, including 10” open read frames (ORFs). The spike protein of SARS-CoV-2 binds to ACE2 receptors more strongly than SARS-CoV. Indeed, Covid-19 has been proven to be resistant to favipiravir, remdesivir, chloroquines, & TMPRSS2 trypsin’s inhibitor. Personal precautions must be taken to avoid catching SARS-CoV-2. A clinical study of the SARS-CoV-2 vaccine based on mRNA-1273 had also begun. This chapter provides an overview of recent SARS-CoV-2 development infections by highlighting recent findings research and clinical studies [13]. [6] carried done a study on “Mental health for elderly Spanish persons during the Covid-19 epidemic.” The researcher wants to look into Emotional symptoms associated with Covid-19, Gender disparities and the link between the elderly’s emotional state & environmental factors Researcher performed cross-sectional research

utilizing snowball sampling techniques Based on a countrywide internet survey, on March 29 & April 5, 2020 [18]. [19], conducted research on “Psychological Impact of a Covid-19 Pandemic on Society and Its Influence on Educations.” Throughout history, pandemics have happened at different periods. Pandemics are diseases that kill million more people & have a huge negative influence on the mental health of society. Also, it interfered with the educational process of the students. Pandemic Acute respiratory distress syndrome (ARDS), for example, or Middle Eastern Respiratory Syndrome (SARS), & the Spanish’s flu that occurred In the past and harmed people’s health also had significant psychological impacts. People are now battling with a Covid-19 epidemic that was detected in Wuhan, China [19]. The psychological repercussions of the Covid-19 epidemic became evident as time went on. It is expected that it was grow effects would result in a number of problems in both the short and long term [20]. Seyyed Mohammad [9], investigated “Covid-19 & Its Psychological Impacts on the Elder Population” Coronaviruses (CoV) is There is in fact a wide viral family which causes diseases ranges from the average cold to much more serious problems A brand-new coronavirus (nCoV) had been in fact a strain of coronavirus that had never existed before. found in humans [9]. The following suggestions for future intervention are made in this letter More attention should be required to pay to vulnerable team members, particularly the elderly populations’ relationships with medical resources & or National strategic planning & coordination for psychological health must be enhanced & improve, particularly after analyzing the first person’s coping & management of a Covid-19 pandemic health support services;1st aid all through significant disaster, potentially delivered through the telemedicine, must be established an emergency response plan must be formed [9]. [10], did a study on “the influence of the “Impact of the Covid-19 pandemic on mental health for the

elderly” For the previous two months, the globe has faced a worldwide danger from the Coronavirus disease 2019, (Covid-19), caused by SARS-CoV-2. It just took a month for this to spread from the Wuhan area of China to the rest of the world. Covid-19 has attacked the fundamental foundation of life, taking the lives of approximately 260,000 people worldwide and causing universal terror and hysteria¹. Mild symptoms include scratchy coughing, sore throat, fever, lethargy, and tiredness.

Materials and Methods

In this research used sampling methods during the Covid-19 pandemic; in our case, distributed the survey link (containing the questionnaire) via various online platforms (WhatsApp, Facebook, and email) and asked respondents to share the link to the online questionnaire with other adults (age 60 years or elder). Respondents granted permission to willingly engage in the survey before accessing the survey. Participants were only permitted to reply once by enabling the function that blocks multiple responses, and their emails and other contact information were auto anonymized (without identifying their emails or other contact information). data collection, respondents selected for data analysis above age 60 years old. In this paper, study concentrated on objectives as well as hypotheses.

Tool for Mental Health Evaluation

DASS-21 Questionnaire

The DASS questionnaire assesses key symptoms of depression, anxiety, and stress and it also has been used to evaluate patient reaction to treatment. The questionnaire has been proven to have adequate psychometric properties and is equivalent to other accurate scales. The DASS-21 is the short form and findings from studies support its validity as an approved instrument for measuring adverse mental states and depression, anxiety, and stress in adults (patients and non-patients). The 21 items on the questionnaire comprise a set of 3 self-reported scales designed

to assess DASS. The 7 elements on the scales are graded on a Likert scale from 0 to 3 (0: “Did not apply to me at all,” 1: “Applied to me to some degree or some of the time,” 2: “Applied to me to a considerable degree or a good part of the time,” and 3: “Applied to me very much or most of the time”). Depression, anxiety, and stress scores are measured by summarizing the scores of the related items. Because the DASS-21 is a shorter version of the 42-item original DASS, the score for each subscale must be multiplied by 2 to calculate the final score. According to the manual, the resulting ratings then are classified as: “normal, mild, moderate, severe, or extremely severe”.

Study instrument: The DASS-21 scale, as indicated in the introduction, asked respondents to answer 21 items about symptoms of depression, anxiety, and stress in the previous week. Participants were given four answer options: 0 for never, 1 for sometimes, 2 for a lot of the time, and 3 for most or all the time. To interpret results on the same scale as the DASS-21, total scores for each sub-scale are multiplied by two. Better answer values and scores imply a higher degree of experience with the condition being assessed.

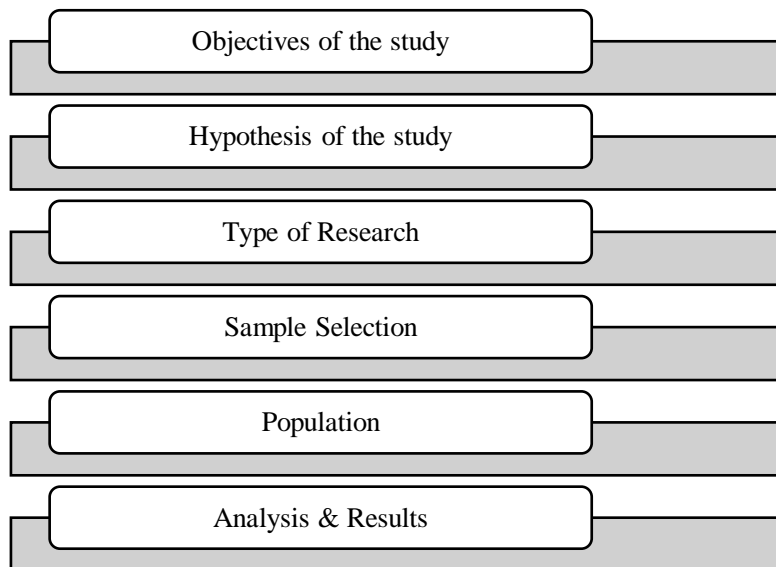


Figure 2. Methodology Process (Source: Self-study)

Research Design

It is a comprehensive plan for performing research. In this study, descriptive & exploratory research designs were utilized. A study that attempts to explain a trend methodically and gives data on preferences toward that problem.

Inclusion criteria include,

1. Patients diagnosed with Covid-19.
2. Patients of age above 60 years,
3. No previous history of psychiatric conditions; and
4. No history of psychotropic or psychoactive drug use.

Exclusion criteria include,

Patients below 60 years of age. Patients presenting with comorbidity of chronic diseases such as cancer, multiple sclerosis, renal failure, neurologic diseases & any psychiatric illness (depression, anxiety, and perceived stress) developing before Covid 19.

Sample Area

The data was collected from different hospitals in rural & urban region in Maharashtra, India. From Covid 19 was allocated, and a government/non-government healthcare center/hospital was selected for study in various

locations of Maharashtra. According to the records, the most recent patients was considered for study and data gathered and analysis. To conduct the survey, all essential data was gathered, and a questionnaire was created. The total sample size for this study was 135.

Data Analysis

Data for this research was gathered using both a primary and secondary survey. Validity, Descriptive statistics, Frequency Test, One Sample T- test, Chi square Frequency distribution, Reliability, was be used to analyse the data.

Primary Data

Data Gathered by a researcher, including surveys, interviews, & experiments, are intended

to assist the researcher in resolving the issue under investigation. Primary data is information acquired directly by the researcher.

Source: Surveys, observations, experiments, questionnaires, personal interviews, etc.

Results

In this research involved 135 elderly from both rural and urban areas. This study indicates the prevalence of anxiety, stress, and depression because of Covid-19 among the elderly in rural and urban areas. The socio-demographic profile of participants is shown in Table 1. Most of the elderly participants in this study were male (68.1%). About 49.6% were between the ages of 60 and 70. mostly residing in rural and urban areas.

Table 1. Demographic Variables

Socio-demographic profile of respondents (n = 135)				
Variables	Frequency	Percent	Chi-Square	Asymp. Sig
Age				
60-65	13	9.6	107.089 ^a	.000
66-70	67	49.6		
71-75	18	13.3		
76-80	13	9.6		
81-85	10	7.4		
86+	14	10.4		
Gender				
Male	92	68.1	17.785 ^b	.000
Female	43	31.9		
Education /Qualification				
Graduate	33	24.4	61.333 ^c	.000
Undergraduate	33	24.4		
Post-Graduate	55	40.7		
Illiterate	7	5.2		
None of these	7	5.2		
Occupation				
Retired	39	28.9	4.044 ^d	.132
Home Maker	40	29.6		
Professional/own Business	56	41.5		
Marital status				
Married	31	23.0	63.726 ^e	.000
Unmarried	11	8.1		
Widow	72	53.3		

Divorcee	21	15.6		
Total	135	100.0		
Financial condition				
Weak	37	27.4	27.733 ^d	.000
Strong	73	54.1		
Moderate	25	18.5		
Leaving condition				
Joint family	95	70.4	150.363 ^e	.000
Nuclear	7	5.2		
Leaving alone	19	14.1		
Because your children stay in a different city	14	10.4		
Chronic Illness				
Present	93	68.9	19.267 ^b	.000
Absent	42	31.1		

(Source: By primary data)

About 40.7% of participants were Postgraduates, 24.4% were Graduates, 24.4% were Non graduates, and 5.2% were Illiterate. Most elderly people, 41.5%, were professionals or business owners. The majority of 53.3% were widows, while 8.1% were single. As demonstrated in the study data on financial

status, the Strong category comprises 54.1%. 70.4% of respondents are classified as belonging to a joint family, whereas 5.2% belong to a nuclear family. According to 135 total responders, 68.9% suffering from Chronic Illness.

Table 2. DASS-21

DASS 21	Median	Mean	Standard Deviation
Anxiety	11	10.90	2.80
Stress Scale	12	11.59	2.47
Depression	11.16	11.33	3.06

(Source: By primary data)

Table 2 shows the DASS-21 Median, Mean, and Standard Deviation as described. The prevalence of stress, anxiety, and depression in the elderly was identified in this study. The first

element to emerge was all items from the anxiety level Mean for this anxiety level 10.90. The Stress Scale for this study was 11.59, and the Depression score was 11.33.

Table 3: DASS 21 Severity Ratings Score

Symptoms	Scores	Severity
Anxiety	22	Extremely Severe
Stress Scale	23	Moderate
Depression	23	Severe

(Source: By primary data)

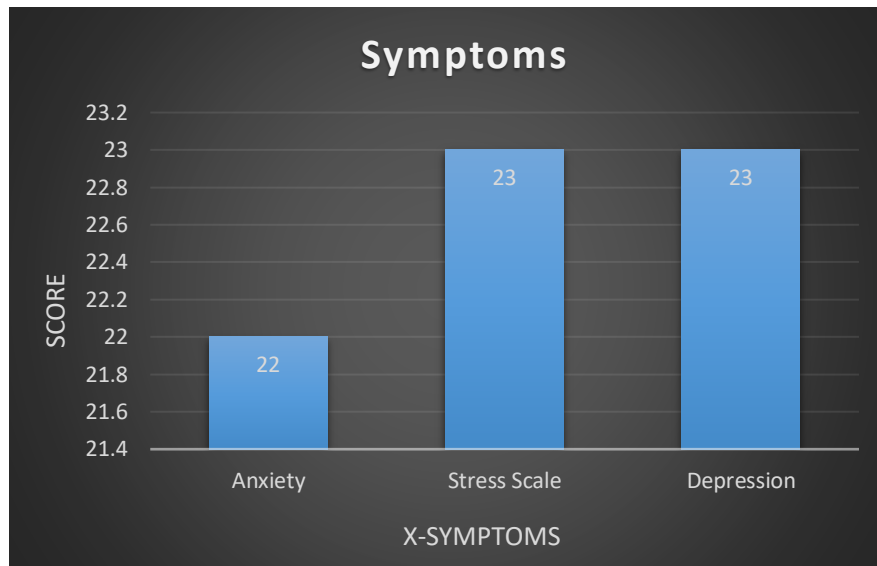


Figure 3. DASS 21 Severity Ratings Score

(Source: By primary data)

As illustrated in Graph 1, the X-Axis indicates the symptoms of Anxiety, Stress scale, and Depression, whereas the Y-Axis represents the scores for each. The prevalence of anxiety and stress among the elderly was 22% and 23%, respectively. However, 23 of 135 older adults suffered from severe depression.

Table 3 shows the severity ratings score for the DASS-21 as explained. The prevalence of stress, anxiety, and depression in adults is seen. The proportion of depression was determined to be 23%, with the majority suffering from severe depression. The prevalence of anxiety and stress among elderly people was 22% for anxiety and 23% for stress. However, 23 persons out of 135 older people experienced severe depression.

Discussion

In this research, a total of 135 elderly people were from both urban and rural areas. According to the findings of this research, aged people in both rural and urban regions are more likely to suffer from anxiety, stress, and depression as a direct consequence of Covid-19. The socio-demographic profiles of the people included were the study. Most of the participants in this research that were in their elderly were men (68.1%). About 49.6% of the population was between the ages of 60 and 70, and the majority

lived in rural and urban regions respectively. It was estimated that around 40.7% of participants had postgraduate, 24.4% had undergraduate degrees, 24.4% did not graduate, and 5.2% were illiterate. 41.5% of elderly people were either professionals or company owners, making up most of this age group. Widows make up most of the people at 53.3%, while just 8.1% of the people were single.

According to the findings of the research on the company's financial health, the Strong category accounts for 54.1% of the total only 5.2% of respondents are from nuclear families, in comparison to the 70.4% of respondents who is classed as belonging to mixed families. According to the responses of 135 people in total, 68.9% are afflicted with Chronic Illness. The study displayed DASS-21 Median, Mean, and Standard Deviation, exactly as indicated.

This research found that older people were at a much higher risk of experiencing stress, anxiety, and depression than youths. The first data point that became clear concerned all the components from the anxiety level Mean for this anxiety level 10.90. The average score on the Stress Scale for this research was 11.59, while the average score on the Depression Scale was 11.33. The severity ratings score for the DASS-21 along with its description. People are faced

with high levels of stress, anxiety, and depression. It was found that 23% of adults suffer from depression, with most of them experiencing severe depression. The proportion of elderly adults reported experiencing anxiety was 22%, while the percentage reported experiencing stress was 23%. On the other hand, 23 of the 135 elderly adults surveyed were suffering from serious depression.

This study was the first one to do an evaluation and analysis of the prevalence of stress, anxiety, and depression in the elderly aged population over the course of the Covid-19 pandemic. In this work, appropriate data analysis approaches, including DASS21, were used to conduct an analysis of associated research activities. Our research indicates that the prevalence of stress, anxiety, and depression among elderly as a direct effect of the pandemic are, respectively, 23%, 22, and 23%. elderly People across the globe are feeling more worried because of the rapid spread of Covid-19, which is leading to worries about adult mental health.

Our findings will provide vital guidance for the development of a psychological support strategy and areas to prioritize in Maharashtra and other places which are affected by the epidemic. This study has some limitations. Given the limited resources available and time-sensitivity of the Covid-19 outbreak. Another limitation is that self-reported levels of psychological impact, anxiety, depression, and stress may not always be aligned with assessment by mental health professionals. Similarly, respondents might have provided

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socially desirable responses in terms of satisfaction with the health information received and precautionary measures. Importantly, our outcomes directly advise the development of psychological intervention that can minimize psychological impact, anxiety, depression, and stress and deliver a baseline for assessing prevention, control, and treatment efforts through the rest of the Covid-19 epidemic.

Conclusion

The outcome of the study shows that a significant proportion of the elderly suffer from stress, anxiety, and depression, indicating the need for prompt assistance for mental health problems. Both rural and urban areas in Maharashtra should have access to adult counseling services. Future study is required to identify socio demographic variables and other elements connected with rural and urban curriculum so that remedial actions may be implemented as soon as possible; otherwise as a whole society will lose.

Conflict of Interest

I declare that there is no conflict of interest regarding the publication of this paper.

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