COVID-19 has caused unprecedented disruption of all spheres of life, including health, financial, and socio behavioral. Given the rampant nature of the pandemic, several nations, including India has instituted stringent public health measures, with one being nationwide lockdown, to mitigate COVID-19 transmission. Previous studies reported increased stress and anxiety levels among general population during phase 1 (complete) lockdown, however, the effect of extended lockdown (phase 2) on mental health outcomes remains the subject of investigation till today. Therefore, this cross-sectional study endeavors to assess the psychological outcomes among general population during phase 2 lockdown. The online questionnaire surveyed 627 individuals from the general population using a non-probability snowball sampling technique. Descriptive statistics, including the frequency distribution, mean and standard deviations were generated. Mean differences across groups were analyzed through independent-samples t and analysis of variance tests. Consistent with previous studies, our results indicated a higher mean score of anxiety and stress among females compared to males. Young adults aged between 21-39 years had the highest mean stress and anxiety scores compared to other categories. The mean anxiety score increased from retired (M=3.96, SD=4.76, to students (M=7.04, SD=7.11), to unemployed (M=9.0, SD=6.53) occupation groups. The findings of this study highlight the need for designing psychosocial regulatory frameworks and suitable interventions to address the needs of those being mentally traumatized by the pandemic and associated lockdowns. The study also advocates for establishing psychological health monitoring and telepsychiatry systems for identifying and treating mental health problems.
Data collection
A web-based survey was developed through Google forms. All participants were requested to sign a voluntary informed consent prior to the data collection. Informed consent included a detailed information related to aim and significance of the study, so participants will make informed choices about whether to participate or withdraw at any time if they wished. The survey link was disseminated through emails and different social media platforms such as WhatsApp groups, Facebook, Messengers etc. among the contacts of investigators. A chain referral sampling or snowball sampling was used to recruit participants from different regions of India. The survey link was primarily distributed by researchers to a group of participants, who then propagated it to future subjects from among their acquaintances. Survey instruments and variables

The online survey questionnaire had three sections: (1) socio-demographic information (2) questions related to symptoms of anxiety, (3) questions related to perceived stress.

Beck Anxiety Inventory (BAI) tool measures the anxiety levels and has a good internal consistency with a reported Cronbach alpha of 0.92 (Beck et al., 1988). BAI is a 21 items survey tool, which includes questions related to common symptoms of anxiety. The levels of anxiety are categorized as low (score 0-21), moderate (score 22-35), and severe (≥ 36) levels (Beck et al., 1988). The Perceived Stress Scale (PSS) was used to measure the stress perception, consists of 10 items related to feelings and thoughts during the last month (Cohen, Kamarck, & Mermelstein, 1983). The PSS has been tested by several international studies and has a good internal reliability with a Cronbach alpha ranging from 0.78–91 (Cohen et al., 1983; Cohen & Janicki-deverts, 2012). The maximum possible score of stress was 40, with categories of low stress (score 1-13), moderate stress (score 14-26), and high stress (score 27-40).

Statistical analysis
Participants’ responses, from Google forms, were exported to Microsoft Excel, and then imported to IBM SPSS version 26.0 (IBM Corp. Armonk, NY, USA). Descriptive statistics, including the frequency distribution, mean and standard deviations were generated. Proportions of individual responses for each item were generated first to compute composite proportions of that response in the anxiety and stress survey questionnaire. To analyze the differences in perceived stress and anxiety scores across groups, independent-samples t test and analysis of variance were utilized. Priori power analysis and sample size determination was done by G power (version 3.1). P-values less than 0.05 were considered statistically significant and data were reported as 95% confidence intervals.

Results
Sample size justification
G power software (version 3.1) was used to perform priori power analysis (Lenth, 2001; Faul, Erdfelder, Buchner, & Lang, 2009). The priori power analysis was conducted to ascertain the required sample size for a test with a predetermined alpha and beta (power) level. Power was ascertained separately for t and ANOVA tests by using Cohen’s effect size conventions (effect size = 0.5 for t-tests; effect size = 0.25 for ANOVA) (Cohen, 1988). The total sample size estimated with a power of .95 for was 210 and 252 for t test and ANOVA test respectively. The sample size with the greatest value (n=252) was considered appropriate since it satisfies the minimum requirement of all the statistical tests used.

Demographic characteristics
A total of 627 responses were recorded during the survey period. The demographic profile of the respondents shows that 310 (50.3%) respondents were males and 317 (49.2%) were females (Table 1). Nearly 1/3rd of the study population (30.2%) were entrepreneurs by profession. Over 70% of the sample population were the residents of Rajasthan. The predominant age groups in the sample include young (20-29 years), and middle-aged (40-49 years), constituting approximately 50% of the sample population (Table 1). Most participants reported no use of smoke (89.3%) and alcohol (73.5%). Over 25% of the population reported to be engaged in physical activity for at least 2-3 days/week (Table 1).

Anxiety
About 3 out of 10 entrepreneurs experienced low anxiety (29.5%, Table 2). Nearly 1/4th of employed population reported to experience low anxiety (23.3%, Table 2). Among age groups, 24.8% of people in the 40-49 years had low anxiety (Table 2). Notably, 8 out of 10 individuals without preexisting conditions experienced low-level anxiety (79.5%, Table 2). Among the symptoms of anxiety, numbness (66%), wobbling in the legs (41%), heart pounding (40%), and feeling of choking (38%) of mild type were among the most commonly reported symptoms by the study participants (Table 3). Mild fear of dying was reported by 25% of the participants (Table 3). On an average, nearly 31% symptoms reported were of mild type in the anxiety survey (PC2, Table 2). The mean anxiety scores were higher among female participants (M=7.06, SD=7.8) than those being married (M=5.65, SD=6.0), with a statistically significant mean difference, M=1.41, 95% CI [-1.62, -0.19], p<0.001, Table 4). Individuals with single status had a higher mean anxiety score (M=7.06, SD=7.8) than those being married (M=5.65, SD=6.0), with a statistically significant mean difference, M=1.41, 95% CI [-1.62, -0.19], p<0.001, Table 4). The mean anxiety score increased from retired (M=3.96, SD=4.76), to entrepreneur (M=5.29, SD=5.13), to employed (M=6.46, SD = 6.67), to students (M=7.04, SD=7.11) to unemployed (M=9.0, SD=6.53) occupation groups, in that order, and the differences between these occupation groups were statistically significant, F=2.565, p = .02 (Table 4). The mean difference in anxiety scores between different age groups was statistically significant (F=7.082, p <0.001, Table 4). The mean anxiety scores were higher among 20-29 (M=7.16, SD=5.9) and 30-39 age groups (M=8.17, SD = 9.2).

Table 1: Demographic characteristics of the study population (N=627)

| Variables                  | Groups   | Frequency (N) | Proportion (%) |
|----------------------------|----------|---------------|----------------|
| Gender                     | Female   | 417           | 43.2           |
|                            | Male     | 310           | 56.8           |
| State                      | Rajasthan| 458           | 73.0           |
|                            | Maharashtra | 84          | 13.3           |
|                            | Others   | 85            | 14.0           |
| Profession                 | Consultant | 35           | 5.7            |
|                            | Employed | 154           | 24.6           |
|                            | Retired  | 71            | 11.3           |
|                            | Entrepreneur | 189          | 30.2           |
|                            | Student  | 118           | 18.7           |
|                            | Unemployed | 20           | 3.2            |
|                            | Others   | 40            | 6.3            |
| Age (in years)             | 20 – 29  | 154           | 24.4           |
|                            | 30 – 39  | 120           | 19.2           |
|                            | 40 – 49  | 158           | 25.2           |
|                            | 50 – 59  | 78            | 12.4           |
|                            | 60 – 69  | 85            | 13.7           |
|                            | 70 and above | 122         | 5.0            |
| Marital status             | Single   | 172           | 27.6           |
|                            | Married  | 455           | 72.4           |
| Preexisting medical conditions | Yes     | 108           | 17.3           |
|                            | No       | 519           | 82.7           |
| Living with children       | Yes      | 360           | 57.5           |
|                            | No       | 267           | 42.5           |
| Smoking                    | Never    | 560           | 89.3           |
|                            | Sometimes | 42           | 6.6            |
|                            | <10 cigarettes/day | 17 | 2.7          |
|                            | >10 cigarettes/day | 2 | 0.3          |
| Alcohol use                | Never    | 461           | 73.5           |
|                            | Seldom   | 114           | 18.1           |
|                            | Often    | 35            | 5.6            |
|                            | Almost everyday | 17         | 2.7            |
| Physical activity          | Never    | 101           | 16.1           |
|                            | 1 day    | 73            | 11.6           |
|                            | 2-3 days/week | 182         | 29.0           |
|                            | >4 days/week | 271        | 43.2           |
Table 2: Distribution of anxiety across demographic groups

| Variables | Groups | Anxiety Levels a | Low | Moderate | High | Total |
|-----------|--------|------------------|-----|----------|------|-------|
|           |        |                  | N  |          |      |       |
| Gender    | Female | 302              | 47.9 | 13 | 2 | 0.3 | 317   |
|           | Male   | 302              | 47.9 | 8  | 1.3| 0    | 310   |
| Profession| Consultant | 34  | 5.6 | 0  | 1  | 0.2 | 35    |
|           | Employed | 146 | 23.3 | 7 | 1.1 | 1.2 | 154   |
|           | Retired  | 69  | 11.0 | 2  | 0.3| 0    | 71    |
|           | Entrepreneur | 185 | 29.5 | 3 | 0.5 | 1.2 | 189   |
|           | Student  | 111 | 17.6 | 1 | 1.0 | 0    | 118   |
|           | Unemployed | 19 | 3.0 | 1  | 0.2| 0    | 40    |
|           | Others   | 39 | 6.2 | 1 | 0.2| 0    | 40    |
| Age (years) | 20 – 24 | 143 | 22.7 | 11 | 1.7| 0    | 154   |
|           | 25 – 34 | 114 | 18.3 | 3  | 0.5| 0.5 | 120   |
|           | 35 – 44 | 155 | 24.8 | 3  | 0.5| 0    | 158   |
|           | 45 – 54 | 77  | 12.2 | 1  | 0.2| 0    | 78    |
|           | 55 – 64 | 68  | 13.7 | 0  | 0  | 0    | 85    |
|           | 65 and above | 59 | 4.6 | 3  | 0.5| 0    | 32    |
| Marital status | Single | 162 | 26.0 | 9 | 1.4| 1.2 | 172   |
|           | Married  | 441 | 70.2 | 12| 1.9 | 2.3 | 455   |
| Preexisting medical conditions | Yes | 104 | 16.7 | 3 | 0.5| 0.1| 108   |
|           | No  | 499 | 79.5 | 18 | 2.9| 2.3 | 519   |
| Living with children | Yes | 349 | 55.7 | 8 | 1.3 | 3.5 | 360   |
|           | No | 254 | 40.4 | 13| 2.1| 0    | 267   |

Table 3: Individual responses and composite proportions scores of anxiety questionnaire

| Question | Not at all | Mildly, but it didn’t bother me much | Moderately – it wasn’t too pleasant at times | Severely – it bothered me a lot |
|----------|------------|-------------------------------------|------------------------------------------|-------------------------------|
| N        | P1 (%)     | N                                   | P2 (%)                                    | N                            | P3 (%)                        | N                            | P4 (%)                        |
| Q1: Numbness or tingling | 0 | 0 | 120 | 66 | 48 | 27 | 12 | 7 |
| Q2: Feeling hot | 220 | 59 | 110 | 30 | 33 | 9 | 8 | 2 |
| Q3: Wobbliness in legs | 61 | 39 | 64 | 41 | 25 | 16 | 5 | 3 |
| Q4: Unable to relax | 190 | 57 | 107 | 32 | 32 | 10 | 7 | 2 |
| Q5: Fear of worst happening | 306 | 68 | 112 | 25 | 28 | 6 | 7 | 2 |
| Q6: Dizzy or lightheaded | 98 | 50 | 69 | 35 | 23 | 12 | 5 | 3 |
| Q7: Heart pounding / racing | 67 | 48 | 56 | 40 | 12 | 9 | 4 | 3 |
| Q8: Unsteady | 56 | 45 | 39 | 31 | 23 | 19 | 6 | 5 |
| Q9: Terrified or afraid | 191 | 67 | 61 | 21 | 27 | 10 | 5 | 2 |
| Q10: Nervous | 180 | 63 | 75 | 26 | 28 | 10 | 4 | 1 |
| Q11: Feeling of choking | 28 | 44 | 24 | 38 | 10 | 16 | 2 | 3 |
| Q12: Hands trembling | 24 | 40 | 18 | 30 | 15 | 25 | 3 | 5 |
| Q13: Shaky / unsteady | 16 | 34 | 15 | 32 | 13 | 28 | 3 | 6 |

Table 4: Mean scores of anxiety and perceived stresses among demographic groups

| Variable | Groups | Anxiety | Stress |
|----------|--------|---------|--------|
|          | Mean ± SD | P value | Mean ± SD | P value |
| Gender   | Female | 6.7±6.8 | 0.001* | 14.67±6.44 | 0.002* |
|          | Male   | 5.3±2.5 | 0.103 | 13.3±2.65 | 0.105 |
| Profession | Consultant | 6.2±6.1 | 0.02** | 13.89±5.39 | 0.01** |
|          | Employed | 6.4±6.6 | 0.002 | 12.5±6.57 | 0.001** |
|          | Retired  | 3.96±4.76 | 0.000 | 9.94±5.66 | 0.000 |
|          | Entrepreneur | 5.29±5.13 | 0.000 | 13.46±6.00 | 0.000 |
|          | Student  | 7.04±7.11 | 0.000 | 17.40±6.49 | 0.000 |
|          | Unemployed | 9.06±6.53 | 0.000 | 14.30±6.90 | 0.000 |
|          | Others   | 5.68±6.26 | 0.000 | 12.10±7.03 | 0.000 |
| Age (in years) | 20 – 29 | 7.16±6.9 | <0.001 | 17.30±6.20 | <0.001 |
|          | 30 – 39 | 8.17±9.2 | 0.000 | 14.61±6.36 | 0.000 |
|          | 40 – 49 | 5.26±5.12 | 0.000 | 13.35±5.84 | 0.000 |
|          | 50 – 59 | 5.06±4.93 | 0.000 | 11.83±5.49 | 0.000 |
|          | 60 – 69 | 3.46±3.37 | 0.000 | 10.60±5.53 | 0.000 |
|          | 70 and above | 5.84±7.27 | 0.000 | 11.34±7.37 | 0.000 |
| Marital status | Single | 7.06±7.87 | 0.034* | 16.23±6.58 | 0.001* |
|          | Married  | 5.66±6.10 | 0.000 | 13.02±6.17 | 0.000 |
| Preexisting medical conditions | Yes | 6.41±5.84 | 0.01* | 12.92±6.95 | 0.01* |
|          | No | 5.86±6.36 | 0.000 | 14.09±6.32 | 0.000 |
| Living with children | Yes | 5.83±6.20 | 0.7* | 13.44±6.12 | 0.045* |
|          | No | 6.13±6.37 | 0.7* | 14.51±6.81 | 0.7* |

a. The levels of anxiety are categorized as low (score 20-21), moderate (score 22-35), and severe (≥ 36) per Beck Anxiety Instrument (BAI) criteria.

- Independent-samples t-test
- Analysis of variance
Table 5: Distribution of perceived stress across demographic groups

| Variables                  | Groups       | Perceived Stress Levels | Low  | Moderate | High  | Total |
|----------------------------|--------------|-------------------------|------|----------|-------|-------|
|                            |              |                         | N   | %       | N     | %    |
| Gender                     | Female       | 145                     | 23.1| 100.0   | 25.8 | 10.0 |
|                            | Male         | 154                     | 24.6| 100.0   | 24.2 | 4.0  |
| Profession                 | Consultant   | 13                      | 2.1 | 100.0   | 3.5  | 0.0  |
|                            | Employed     | 79                      | 12.6| 100.0   | 11.8 | 1.5  |
|                            | Retired      | 54                      | 8.6 | 100.0   | 1.6  | 7.1  |
|                            | Entrepreneur | 88                      | 14.0| 100.0   | 9.6  | 18.9 |
|                            | Student      | 30                      | 4.8 | 100.0   | 8.2  | 13.8 |
|                            | Unemployed   | 9                       | 1.4 | 100.0   | 1.0  | 20.0 |
|                            | Others       | 26                      | 4.1 | 100.0   | 2.1  | 40.0 |
| Age (in years)             | 20 – 29      | 41                      | 6.5 | 100.0   | 16.6 | 9.4  |
|                            | 30 – 39      | 51                      | 8.1 | 100.0   | 10.5 | 3.0  |
|                            | 40 – 49      | 79                      | 12.6| 100.0   | 12.6 | 0.0  |
|                            | 50 – 59      | 50                      | 8.0 | 100.0   | 27.4 | 4.3  |
|                            | 60 – 69      | 59                      | 9.4 | 100.0   | 24.6 | 4.1  |
|                            | 70 and above | 19                      | 3.0 | 100.0   | 12.0 | 1.0  |
| Marital status             | Single       | 56                      | 8.9 | 100.0   | 10.8 | 17.2 |
|                            | Married      | 243                     | 38.8| 100.0   | 62.9 | 6.0  |
| Preexisting medical conditions | Yes     | 56                      | 8.9 | 100.0   | 50.0 | 2.3  |
|                            | No           | 243                     | 38.8| 100.0   | 64.1 | 12.9 |
| Living with children       | Yes          | 178                     | 28.4| 100.0   | 46.7 | 10.6 |
|                            | No           | 121                     | 19.3| 100.0   | 18.1 | 19.7 |

Table 6: Individual responses and composite proportions score of stress questionnaire

| Questions | Never | Almost Never | Sometmes | Fairly Often | Very Often | PC1 | PC2 | PC3 | PC4 | PC5 |
|-----------|-------|--------------|----------|--------------|------------|-----|-----|-----|-----|-----|
|           | N    | P1 (%)       | N        | P2 (%)       | N          | P3 (%)| N | P4 (%)| N | P5 (%)|
| Q1: In the last month, how often have you been upset because of something that happened unexpectedly? | 0   | 0           | 161    | 19.0%       | 19.542%    | 63.3% | 99 | 12.0% | 52.6% |
| Q2: In the last month, how often have you felt that you were unable to control the important things in your life? | 78  | 10          | 158    | 20.4%       | 20.428%    | 54.8% | 85 | 11.0% | 41.5% |
| Q3: In the last month, how often have you felt nervous and “stressed”? | 76  | 10          | 136    | 18.4%       | 18.409%    | 55.8% | 85 | 11.0% | 38.5% |
| Q4: In the last month, how often have you felt confident about your ability to handle your personal problems? | 28  | 4           | 54     | 7.2%        | 7.322%     | 43.6% | 168 | 23.1% | 171.23 |
| Q5: In the last month, how often have you felt that things were going your way? | 34  | 3           | 77     | 10.1%       | 7.495%     | 46.2% | 224 | 21.6% | 248.23 |
| Q6: In the last month, how often have you found that you could not cope with all the things that you had to do? | 100 | 14          | 188    | 22.6%       | 22.493%    | 50.5% | 65 | 8.2%  | 28.4% |
| Q7: In the last month, how often have you been able to control irritations in your life? | 25  | 3           | 61     | 7.7%        | 7.798%     | 44.2% | 213 | 23.1% | 211.23 |

Stress

Results indicate that nearly 1/4 of females perceived moderate stress (25.8%, Table 5). Approximately, 15% of entrepreneurs, 16.6% of individual <30 years, and 32% of those being married perceived moderate stress (Table 5). Feelings of being upset with some things happen unexpectedly (63%), nervousness (55%), inability to control things in life (54%), failure to cope up (50%), and being at the top of the stress (47%) over the last month, were commonly reported to happen “sometimes” by the participants (Table 6). On an average, over 50% stress related thoughts and feelings perceived by participants were reported to happen “sometimes” (PC3; Table 6). Similar to anxiety, the mean stress scores were higher among female participants (M=14.67, SD=6.4) than males (M=13.10, SD=6.35), with a statistically significant mean difference, M = 1.58, 95% CI [.58, 2.58], p<0.002, Table 4). Individuals with single status had a higher stress score (M=16.23, SD= 6.57) than those being married (M=13.01, SD=6.17), with a statistically significant mean difference, M=3.22, 95% CI[2.12, 4.34], p<0.001, Table 4). The mean stress score increased from retired (M = 9.94, SD = 5.66), to entrepreneur (M = 13.46, SD = 6.0), to employed (M = 14.30, SD = 6.90), to students (M = 17.4, SD = 6.49) among occupation groups, in that order, and the differences between these occupation groups were statistically significant, F=12.220, p = .001. The mean difference in stress scores between different age groups was statistically significant (F=18.614, p<0.001, Table 4). The mean anxiety stress scores were the highest among 20-29 (M = 17.30, SD =6.20) and 30-39 age groups (M = 14.61, SD = 6.36, Table 4).

DISCUSSION

The study assessed the perceived stress and anxiety levels among the general population in India during lockdown phase 2, in which previously imposed restrictions were lifted with some business-related activities being progressively resumed. Determining psychological impact during these times is vital in understanding how the Indian civilians adjusted with the “new normal” amidst surging trends of COVID-19 cases. The findings of the study indicate that females experience the higher levels of stress and anxiety compared to males (Table 2 & Table 5). These findings were consistent with previous reports published during phase 1 lockdown (Moghaniabshi-Mansourieh, 2020; Wang et. al., 2020). The gender differences in anxiety and stress levels may be attributed to the higher sensitivities...
among females towards stressful events and their inability to regulate negative emotions (Campbell-Sills et al., 2006; Maeng & Milad, 2015). According to the American Psychiatric Association (2013), more than 50% of the cases of generalized anxiety disorders and pre-existing mental disorders comprised of females. Moreover, females were reported to be twice likely to have anxiety disorders compared to males (Tolin & Fou, 2008). Interestingly, the mean stress and anxiety scores of married couples and those living with children were lower compared to those being unmarried and living without children (Table 4).

This may be explained on the premise that being surrounded by the loved ones result in reassurance and helps in buffering against the feelings of vulnerability and inability to control (Chin et al., 2017; Ta et al., 2017).

The results also indicate that the mean scores of anxiety and stress were the highest among 20 to 29- and 30-39-years’ age groups (Table 4) and the findings were consistent with previous reports (Ahmed et al., 2020; Huang and Zhao, 2020; Shingemura et al., 2020). While the evidences supporting this finding remains equivocal, we believe that it may be associated with the employment status of the individuals in these age groups. Majority of them were students, employees or entrepreneurs. In context of Covid-19 situation, these individuals perceive themselves to be at high risk of employment loss compounded with career uncertainties. Undoubtedly, COVID-19 has disrupted the global economic ecosystem and generated uncertainties across job and financial sectors, which brought changes in business practices. Fear associated with job loss, business closures, academic delays, tuition fee issues have emerged during COVID-19 and exacerbated financial hardships among young adults (Akermans, Richardson, & Kramier, 2020; Cao et al., 2020; Feizi, Aliyari, Roozafzha, 2012; Majumdar et al., 2020; Moghanbashi-Mansourieh, 2020).

Strengths

This study offers a unique perspective to understand the psychological impact of extended lockdowns among general population, who have largely remained in the shadow of pandemic with subsequent lockdowns for 21 days. To our knowledge, this is the first study to report the anxiety and stress at the point of transition from stringent lockdown to conditional or partial lockdown after some economic activities being resumed. Additionally, the current study explores the observations to the population across different demographic dimensions, which will serve as baseline data for determining the extent of the long-term consequences of COVID-19 pandemic and to assess the effectiveness of the psychological interventions in the future.

Limitations

This study has a few limitations, which merit discussion. First, the sample of the study was not nationally representative, which limits the generalizability of these results to other populations. Second, our psychological investigation was only limited to self-reported anxiety and stress symptoms; the post-traumatic stress disease symptoms were not investigated. Third, the information related to current employment and stress symptoms; the post-traumatic stress disease symptoms were not investigated. Third, the information related to current employment and stress symptoms; the post-traumatic stress disease symptoms were not investigated. This may be explained on the premise that being surrounded by the loved ones result in reassurance and helps in buffering against the feelings of vulnerability and inability to control (Chin et al., 2017; Ta et al., 2017).

Conclusions and public health implications

COVID-19 has taken a significant toll on mental health of the general population. National lockdowns were helpful in limiting the spread of COVID-19, effects on mental health were among unintended consequences. Anxiety and stress levels were higher among some demographics of the population emerged from the fear of losing loved ones, job insecurity, and social disconnectedness etc. These are important predictors, which warrant further elucidation. The study highlights the importance of establishing psychological services for helping individuals to combat stress generated by unprecedented situation that arose without warning. In addition, the study advocates for the establishment of career and counselling services in India to help those being hurt economically. The findings of this study highlight the need for designing psychosocial regulatory frameworks and suitable interventions to address the needs of those being mentally traumatized by the pandemic and associated lockdowns. The study also advocates for establishing psychological health monitoring and telepsychiatry systems for identifying and treating mental health problems.
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