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Research Article

**COVID-19 AND THE LOCKDOWN: A MENTAL HEALTH
CRISIS ON THE RISE****¹Dr Ishfaq Ahmed, ²Dr Zainab Irshad, ³Dr Talat Zafar, ⁴Muhammad Saad Siddique,
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⁴Siddique Hospital, ⁵Columbia University Medical Centre, ⁶Services Hospital.****Article Received:** August 2020**Accepted:** September 2020**Published:** October 2020**Abstract:**

11 March 2020 marked the first day of the biggest lockdown in a century, Italy was the first one to do it. For the next two months, homes became offices, restaurants and even recreation centers. The effect of COVID-19 on psychological wellbeing was inevitable. This review was conducted at Mayo Hospital, Lahore from March 2020 to September 2020. Based on 8240 studies from Milan, one of the districts most severely affected by the pandemic. In our observation, smaller living spaces are related with expanded danger of burdensome side effects during lockdown. Specifically, living in lofts <70 m² with no outdoor areas and confined indoor space is related with, individually, 1.32 (96% CI: 1047–1638), 1.369 (96% CI: 1167–1607), and 2.254 (96% CI: 1919–2648) times the danger of moderate–extreme and serious burdensome side effects. Themes that showed the compound job output from home were bound to disclose depression more than four times (OR = 4.29; 96% CI: 3716–4927). Based on our findings, the impact of limited access to outdoor space on psychological well-being is significant.

Keywords: *Coronavirus Lockdown: Housing Built Environment's Effects, Mental Health.***Corresponding author:****Dr. Ishfaq Ahmed,***Bahawal Victoria Hospital Bahawalpur.*

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INTRODUCTION:

Since 11 March, when COVID-19 was declared a global pandemic by the World Health Organization (WHO), the Italian Government has taken prompt and serious steps to shut-down the country, including academic dismissals, out-of-service bans, segregation of affirmed or suspected patients and "stay-at - home" orders for all citizens [1-2]. For more than two months, households have been the key place where people carried out all activities of daily living [2]. The expected advantages of compulsory mass quarantine should be painstakingly weighed versus the conceivable effect on individuals' day by day life and negative mental effects [3]. As reported by an ongoing survey, isolated individuals are probably going to show state of mind lability, burdensome and uneasiness manifestations, potential sleeping disorders, potential alcohol use-disorders and self-medication [4]. Alongside social disengagement and monetary misfortune, isolation would appear to increase self-destructive ideation [5].

METHODOLOGY:

Electronic surveys of the University Institute in Milan, Lombardy region, Italy were sent by mail from 1 April 2020 to 1 May 2020. Three weeks after the COVID-19 outbreak in Italy, the study was carried out. The entire example (N=8178) consisted of college understudies at least 18 years of age, who were invited by Google Type Stages to participate online. Our current research was conducted at Mayo Hospital, Lahore from March 2020 to September 2020. The investigation was clear and the data were safe. All participants were consented before participating in the survey. Members were able to drop-out of the research anytime they chose, and no compensation was

provided. The first segment of the survey explored the overall highlights of respondents: (a) sexual orientation, (b) current age, (c) conjugal status, (d) instructive level in years, and (e) emotional effect of the required containment on working performance. Statistical examination was performed utilizing the Statistical Package for Social Sciences (Version 27.0, SPSS; SPSS Inc., Chicago, IL, USA) for Windows, and the noteworthiness was set at $p < 0.05$ (two-followed). Absolute factors were spoken to as tally and rate, while constant factors were spoken to as mean and standard deviation considering sociodemographic and clinical qualities.

RESULTS:

The overview was completed by 8,050 100 78 understudies, and the general rate of reaction was about 33.6%. No incomplete survey has been returned. The male: female proportion was 1:1.004 and the mean age was present and instructional 25.03 was 7.47 and 14.75 was 2,34. Compared with understudies deficient in direct burdening signs (PHQ-9<16), understudies with some moderate-seeing and severe burdening results (N = 1060, 13.9%) have demonstrated a fundamental elevated nervousness level (14.57 6.47 versus 5.95 4.01, $p < 0.002$), hastening, the highest sociodemographic and therapeutic attributes are Table 1. Table 1. Besides, a more terrible personal satisfaction in both the psychological (24.74 6.07 versus 38.29 14.04, $p < 0.002$) and physical (46.09 8.08 versus 54.87 5.26, $p < 0.002$) segment rundown was found altogether connected with the presence of moderate–extreme and serious burdensome indications. Extra measurable differences are summed up in Table 2.

Table 1:

Women [n (%)]	160 (58.2)
Age [mean (SD)] (years)	44.1 (7.9)
Smoking [n (%)]	76 (27.8)
Heavy alcohol consumption [n (%)]	39 (14.3)
Blood pressure [mean (SD)] (mmHg)	
Systolic	142.7 (15.3)
Diastolic	89.3 (9.6)
Obesity [n (%)] (BMI \geq 30 kg/m ²)	168 (61.5)
Dyslipidemia [n (%)]	127 (46.5)
Patients with antihypertensive treatment [n (%)]	173 (63.3)
Diuretics	80 (29.1)
Beta blockers	54 (19.6)
Angiotensin-converting-enzyme inhibitors	54 (19.6)
Calcium channel antagonists	46 (16.7)

Table 2:

	Healthy controls (N = 85)	MDD patients (N = 85)	P-value
	Mean \pm SD	Mean \pm SD	
Age	37.2 \pm 11.8	37.6 \pm 12.0	0.847
Sex (m/f)	34/51	31/54	0.752
Occupational education (years)	3.1 \pm 1.7	3.1 \pm 1.3	0.816
CTQ total	34.0 \pm 7.4	44.8 \pm 15.9	<0.001
Emotional neglect	9.2 \pm 3.3	13.0 \pm 5.3	<0.001
Physical neglect	6.7 \pm 2.1	7.5 \pm 2.6	0.024
Sexual abuse	5.0 \pm 0.2	6.4 \pm 3.9	0.001
Physical abuse	5.8 \pm 2.1	7.0 \pm 3.3	0.005
Emotional abuse	7.3 \pm 2.8	10.8 \pm 5.3	<0.001
HAM-D	1.2 \pm 1.6	23.4 \pm 5.4	<0.001
BDI	2.2 \pm 3.0	29.2 \pm 9.4	<0.001
Duration of illness (months)	NA	94.3 \pm 100.6	NA
Number of episodes	NA	3.6 \pm 3.5	NA

Means, \pm SD, and group differences (as measured with *t*-tests or χ^2 -test).

DISCUSSION:

Results from our online cross-sectional review showed a significant relationship between personal satisfaction with higher seriousness for worse mental health outcomes in several populations [6]. A strong relationship between indoor living spaces and moderate-serious and extreme burdensome indications was found, with specific reference to condos with limited access to outdoor spaces [7]. Furthermore, intensifying a strict work from home environment expanded the danger of worse outcomes [8]. The potential advantages of quarantine should be deliberately weighed against the conceivable worse mental health outcomes. As affirmed by ongoing examinations, contrasted with subjects in less strict quarantine requirements, people are fundamentally bound to report mental health problems [9]. Long haul social changes after the quarantine period, for example, cautious handwashing and limitations on the number of individuals in a group have likewise been recommended [10].

CONCLUSION:

Our study concludes a significant relationship between smaller living spaces and moderate to serious and extreme side effects of a mass lock-down, with specific reference to living in condos which are small and provide limited access to outdoor living spaces. Similarly, increasing the efficiency of telecommuters has raised the risk of burdensome side effects on mental health of individuals. As our analysis confirms, a more balanced housing construction with indoor and outdoor living could possibly help. More research on the subject is required.

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