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Effect Of Covid-19 On The Mental Health Status Of Males In Himachal Pradesh: A Comparative Study

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ABSTRACT
The present study explores the impact of COVID-19 on the mental health status of males residing in Himachal Pradesh. A quantitative research design was employed to meet the objectives of the study. Data were collected from 300 male participants across five districts of Himachal Pradesh: Lahaul & Spiti, Kullu, Mandi, Una, and Shimla. To ensure a comprehensive assessment of individuals affected by COVID-19, the participants were categorized into three groups: infected but non-hospitalised, infected and hospitalised, and non-infected individuals. The collected data were then subjected to statistical analysis to identify variations in mental status among these groups. The findings revealed a statistically highly significant difference in mental health status across all three categories/groups.

Keywords: *COVID-19, Himachal Pradesh, Mental Health, Hospitalised, Non-Hospitalised, Non-Infected and Males*

1. INTRODUCTION

The foundation of holistic well-being rests on the harmonious integration of physical and mental health. These two dimensions are intrinsically interconnected, each influencing and reinforcing the other in dynamic ways. While physical health has traditionally been the focal point in discussions of wellness, contemporary perspectives emphasise that true health extends beyond the mere absence of illness; it requires psychological resilience, emotional stability, and a sense of purpose (World Health Organization, 2001). A mentally healthy individual is not only able to manage stress and overcome challenges but also cultivates positive relationships and contributes meaningfully to society. Such individuals tend to exhibit attributes like optimism, emotional balance, and a sense of contentment, which in turn enhance physical vitality and social adaptability (Keyes, 2002).

Mental well-being, however, is a multifaceted and evolving concept. It encompasses the ability to experience joy, cope with life's adversities, achieve personal aspirations, and engage in fulfilling social interactions (Galderisi et al., 2015). Importantly, mental health is not defined solely by the absence of psychological disorders, but by the presence of adaptive capacities and psychological growth. It exists on a continuum, with fluctuations that reflect the natural variability of human experiences (Vaillant, 2003). Therefore, promoting mental health involves fostering self-awareness, empathy, emotional intelligence, and coping strategies that support long-term well-being.

The global outbreak of COVID-19 starkly underscored the importance of mental health. Originating in Wuhan, China, the virus spread rapidly, prompting governments worldwide to implement strict containment measures such as lockdowns, travel bans, and mandatory quarantines (Lu et al., 2020). While these interventions were critical for reducing transmission, they inadvertently disrupted daily life and strained mental health across populations. Social isolation, fear of infection, economic uncertainty, and continuous exposure to distressing news contributed to widespread anxiety, depression, and psychological distress (Rajkumar, 2020).

Tragically, there were documented cases of suicide linked to the psychological burden of the pandemic. In India, for instance, individuals in quarantine facilities succumbed to despair, highlighting how deeply mental health can be impacted in crises (Banerjee, 2020). These incidents reflect the urgent need to prioritise mental well-being in public health policies, especially

during emergencies. They also point to the broader necessity of building mental resilience at both individual and

societal levels. Ultimately, achieving well-being requires a shift toward holistic health frameworks that equally value mental and physical dimensions. Such an approach must include accessible psychological support, community-based interventions, and proactive mental health education. By nurturing emotional strength, social connection, and inner balance, individuals and communities can better withstand life's uncertainties and move toward a more compassionate and healthy future.

Mental health status refers to the current state of an individual's emotional, psychological, and cognitive functioning. It represents how a person thinks, feels, perceives, and behaves at a given moment, offering valuable insight into their overall mental health. This concept is widely used in clinical and psychological settings to assess an individual's well-being and identify any signs of mental disturbances. A comprehensive understanding of mental status includes observations of the person's appearance, behaviour, speech, mood, and emotional expression. It also encompasses the way they process thoughts, the content of those thoughts, and how they perceive reality, including whether they experience hallucinations or other perceptual changes. Cognitive functions such as memory, orientation, attention, and decision-making ability are also considered. Additionally, an individual's insight into their condition and their ability to make sound judgments are key aspects of mental health status evaluation. Importantly, mental health status is not static; it can change over time and may be influenced by stress, illness, environment, or social circumstances. A healthy mental health status contributes significantly to personal and social functioning, including effective communication, problem-solving, and emotional regulation. On the other hand, disturbances in mental health status may indicate underlying mental health conditions such as anxiety, depression, or cognitive impairments. Therefore, evaluating mental health status is crucial in understanding psychological well-being, guiding treatment decisions, and supporting individuals toward mental and emotional balance. The following study was carried out to analyse the impact of Covid-19 on mental health status so that necessary action could be taken from future prospective.

OBJECTIVE

- To find out and compare the mental health status of Corona Virus infected non-hospitalised, hospitalised and non-infected male individuals of Himachal Pradesh.

HYPOTHESIS

- There would be no significant difference in the mental health status of Corona Virus infected non-hospitalised, hospitalised and non-infected male individuals of Himachal Pradesh.

2. METHODOLOGY AND DESIGN

The objective of this research was to examine the differences in mental health status among individuals (male) effected by COVID-19, specifically comparing those who were hospitalised, non-hospitalised, and uninfected males across five districts of Himachal Pradesh: Lahaul & Spiti, Kullu, Mandi, Una, and Shimla. The study focused on understanding how varying COVID-19 infection statuses influenced psychological well-being within the unique socio-geographical contexts of these regions. A total of 300 male participants were selected for the study, with 60 individuals from each of the five districts. Each district's sample was further categorized into three equal groups: 20 hospitalised COVID-19 patients, 20 non-hospitalised patients, and 20 individuals (males) who had not been infected. The sampling technique employed for data collection was snowball sampling, which facilitated access to participants through referrals in the community.

To assess the mental health of the participants, the Hindi version of the Mental Health Battery (MHB) developed by Arun Kumar Singh and Alpana Sen Gupta was utilised. The MHB evaluates six core dimensions of mental health: Emotional Stability (15 items), Over-all Adjustment (40 items), Autonomy (15 items), Security-Insecurity (15 items), Self-Concept (15 items), and Intelligence (30 items), totaling 130 items.

3. STATISTICAL ANALYSIS, FINDINGS AND RESULTS

The collected data was systematically analysed, and comparisons were made across districts to identify notable trends and patterns. Analysis of Variance (ANOVA) was employed to compare the means of different groups, with the level of significance set at 0.01.

TABLE 1: ANOVA

MENTAL HEALTH STATUS (MALES)						
Groups	**N**	**Mean**	**SD**	**Std. Error**	**F**	**p-value**
Hospitalised	100	73.23	6.45	0.744	355.045	**0.00**
Non-Hospitalised	100	83.01	6.66	0.645		
Non-Infected	100	98.87	7.44	0.666		

Significant at 0.01 level

Table no. 1 displays analysis of variance (ANOVA), that was conducted to examine the effect of COVID-19 infection on mental health status across three groups: hospitalised, non-hospitalised, and non-infected individuals. The results revealed a statistically high significant difference in mental health status among the groups, F (2, 297) = 355.05, p<0.01.

TABLE 2: MULTIPLE COMPARISON

Scheffe's Post Hoc Test							
Dependent Variable	**(I) Groups (1,2,3)**	**(J) Groups (1,2,3)**	**Mean Difference (I-J)**	**Std. Error**	**p-value**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
Mental Health Status	Hospitalised	Non-Hospitalised	9.7800*	0.97117	**0.00**	12.0676	7.4924
		Non-Infected	25.6400*	0.97117	**0.00**	27.9276	23.3524
	Non-Hospitalised	Non-Infected	15.8600*	0.97117	**0.00**	18.1476	13.5724

Table no. 2 showcase Post hoc comparisons using the Scheffe's test. **Multiple Comparisons** distinguishes which group differed from one another. The test revealed significant differences in mental health status scores between all group pairs. Specifically, hospitalised individuals had significantly lower mental health scores than both non-hospitalised individuals (Mean Difference = 9.78, SE = 0.97, p<0.01) and non-infected individuals (Mean Difference = 25.64, SE = 0.97, p<0.01). Similarly, non-hospitalised individuals scored significantly lower than non-infected individuals (Mean Difference = 15.86, SE = 0.97, p<0.01). All mean differences were statistically significant at the 0.01 level of confidence (p<0.01), and the 95% confidence intervals for these differences did not include zero. This confirms that the differences among the three groups are statistically significant and likely reflect meaningful and substantial effects. These results support the finding that COVID-19 infection severity, particularly hospitalisation, is associated with poorer mental health outcomes.

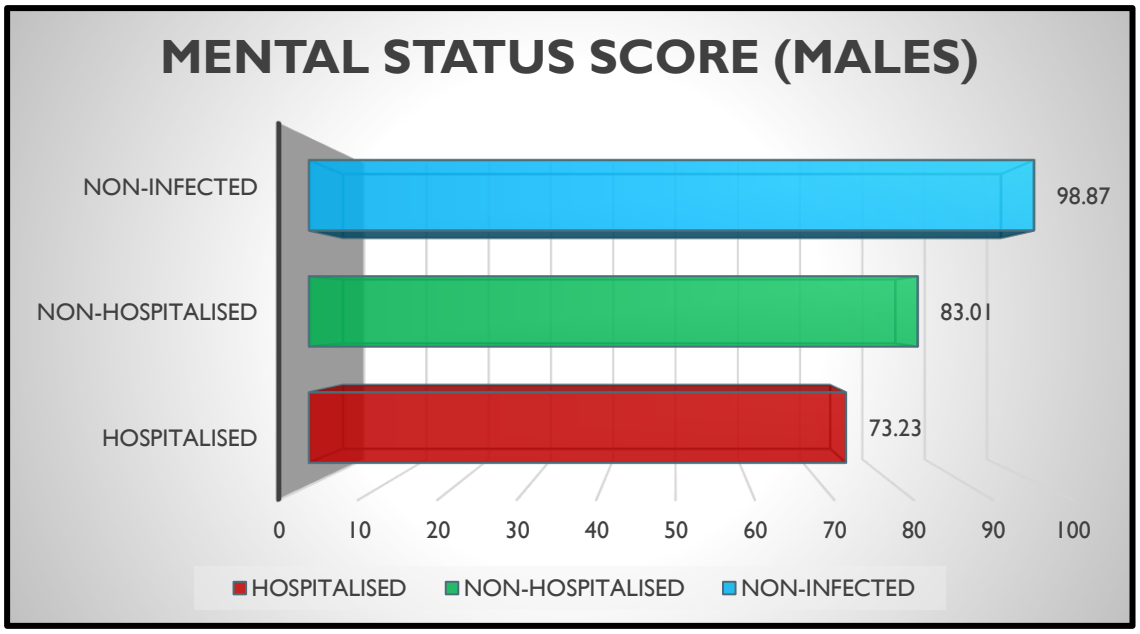

Fig. 1: Graphical Representation of the Mean Scores of Mental Health Status among Hospitalised, Non-Hospitalised and Non-Infected Groups.

The above fig. 1 illustrates the differences in mean mental health status scores among hospitalised, non-hospitalised, and non-infected male groups in Himachal Pradesh.

4. CONCLUSION

The analysis revealed statistically significant differences in mental health status among the three groups. Non-infected males exhibited significantly higher mental health status scores compared to both non-hospitalised and hospitalised infected males. Furthermore, non-hospitalised individuals demonstrated significantly better mental health status than their hospitalised counterparts. These findings suggest that the severity of infection and hospitalization may negatively impact mental health outcomes among males in the region. The test revealed a statistically high significant difference, therefore the hypothesis entitled as, *"There would be no significant difference in the mental health status of Corona Virus infected non-hospitalised, hospitalised and non-infected male individuals of Himachal Pradesh"* stands **Rejected.**

5. RECOMMENDATIONS

1. Mental health support initiatives can be developed specifically for individuals affected by COVID-19, including both hospitalised and non-hospitalised patients. These initiatives may include evidence-based approaches such as cognitive-behavioural techniques, mindfulness practices, and stress-reduction strategies like deep breathing and progressive muscle relaxation, aimed at improving emotional resilience and psychological stability.
2. Targeted mental health interventions should be provided to address the emotional and psychological challenges faced by COVID-19 patients, particularly those who experienced hospitalisation. These services could focus on managing symptoms of anxiety, depressive moods, and emotional disturbances, thereby promoting psychological recovery and well-being.
3. A structured mental health follow-up system should be established for individuals recovering from severe COVID-19 illness. This may involve regular psychological assessments, therapeutic support, and individualised mental health recovery plans, addressing cognitive, emotional, and psychosocial needs based on the patient's condition.

Mental health awareness programs should be launched in partnership with local authorities, NGOs, and community leaders to reach underserved and rural populations. These campaigns can help educate the public about the importance of mental well-being, reduce stigma, and encourage timely help-seeking behaviour among those affected by COVID-19-related mental health challenges.

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