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FEAR AND ANXIETY IN TIMES OF A PANDEMIC: IS THE CENTRE/STATE MACHINERY READY FOR THE NEW NORMAL?

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ABSTRACT:

A crisis situation is like a rhizome and anything rooting out of such a situation can lead to assemblages of a distorting magnitude. The Pandemic of 2019-20 has been one such crisis which was uncalled for. Besides taking a toll on the bodily health of the state, it was able to impact the mental state of individuals locked in and out of their houses to fight the invisible monster. Mental health today has become an important parameter to assess the worldwide progress of the state, the society and the individual. It is a matter of concern how mental health is accorded importance on paper but in reality, the real picture of this rhizome and its assemblages is disturbing to the core. The Pandemic of 2020 became a reminder to the state and society and its office bearers of how an invisible bio-weapon could lead to demolishing of not only the state apparatus but also to the death of both; the individual mind and their being.

The objective of the study undertaken here, aims to put forth a picture of the chances of the 'normal' falling and fitting advertently and inadvertently into the territory of the 'abnormal'. Undertaking a study of how people of different occupations reacted to the pandemic, this study intends to identify how people who are employed can also suffer in terms of mental breakdown especially due to fear and anxiety, and in turn add to the Global and state socio- economic burden of mental disorders. It attempts to throw light on the Crisis within the crisis matrix of how a Global pandemic gets the global crisis of Mental Health under the scanner, thus putting forth an important question to the state and to the individuals- Are we Ready for The NEW NORMAL?

INTRODUCTION

Michael Foucault in his *Madness and Civilization* pointed out that madness and anxiety disorder is not a natural unchanging thing; it is but a construct of the society and its panoptical structures (Foucault, 1998). Mental Health is a key variant when it comes to sustainable development. In the current world scenario this is a field that needs to be the priority sector in terms of doing away with the socio- economic burden. Investment in this field is the call of hour for all nation-states. Given the numbers that are furnished in front of us in different studies, it's no surprise that an amalgam of effective implementation and strategic order is what the state needs in order to do away with notching numbers in terms of mental health, mental disabilities and mental health disorders. The association between occupational crisis and mental ill health is very much co-relational, as lack of work or inability to cope up with the work field demands can also result in the normal becoming abnormal (Copper and Marshall, 2013).

As per WHO, Mental Health problems refers to conditions that range from psycho-social distress to mental ill health that in turn affects large segments of society proliferating the mental health burden of a state or the nation (Mental health: Strengthening our response, 2018). On the contrary as per WHO, Health is a state of holistic well-being and not just the absence of diseases. Therefore, Mental Health corresponds to promotion of mindful well- being, cutting down the numbers of mental disorders that may target certain sections (employed-unemployed, poor- rich, healthy - susceptible) and also preventive treatment and rehabilitation of such a case scenario – that might be prevalent or might be in the stage of embedding its roots in the socio – cultural, socio-economic structure of the society thus targeting its inmates.

Mental Health is a term which is frequently treated as a negative connotation because it can't be seen as an objective sign of disease. But mental health can be a positive term where an individual can do his work and love (Hedelin and Strandmark, 2001). As per these researchers, there are six lines, based on that mental health of an individual can be defined such as self-actualization, the attitude of an individual towards self, ability to cope up with one's environment, growth, perception, development, integration, and autonomy.

Anxiety Disorder is another main disorder condition of mental health after depression. Anxiety disorder is a syndrome characterized by a situation where an individual shows excessive worry, nervous, anxious and become restless (Wittchen and Hoyer, 2001). Depression is a major concern which all countries in the world are facing. Almost 75% of people with such mental health illness, are left behind to get any medical treatment in developing countries with almost 1 million people are losing their lives each year. In addition, according to the World Health Organization (WHO), anxiety is another major challenge and it seems that 1 in 13 individuals globally suffers from anxiety. The WHO reports indicate that anxiety disorders are the most common of all the mental deformities that are caused worldwide; with specific phobia, major depressive disorder and social phobia being the most common anxiety disorders (Anxiety and Depression Association of America). What is noteworthy is the truth that people are not aware of it but the government statistics shows the grey core areas . Therefore, it has become utmost important to study mental health of the

individuals during this new "Normal" and also needs to be seen how state machinery has taken up revival step for the well-being of its people. The present study has put a step forward to study the fear and anxiety and how state machinery is ready to take up the challenge during this pandemic.

REVIEW OF LITERATURE

Mental Health

In definitive terms, Mental Health may be defined as the condition of a person where he/she is able to perform different tasks in a sound manner. Good mental health indicates a state of stability; wherein the proper function of a good state of being results in fruitful activities.

Mental health became a major concern for World Health Organization when it came up with a statement "No health without mental Health" in 2005 in the WHO European Ministerial Conference on mental health (Kazakovtsev, Krasnov, Levina and Nemtsov, 2005). Since then, mental health burden on various countries especially the developing countries was taken as a challenging task. Becker and Kleinman (2013) they were of the view that improving in the quality of mental health and accessibility to all poor countries could fill this gap in inequalities between rich and poor countries in case of global mental health.

Adelman and Taylor (2006), in their study talked about mental health with respect to schools and public health. They were of the view that mental health of people in young age was a major concern in public health as there were large number in such age group. It was also revealed that school children were also facing mental health disorders. So, it was important to had a collaboration with the public health professionals to overcome this problem in school children. Therefore, researchers were of the view that in order to boost up the public health, necessary steps must be taken by focus on universal intervention to promote public health and prevent any mental health disorder.

Who Report On Mental Heath

Time and again studies have pointed out to how the un-being of the being have added to the existing statistics throughout the world, which indeed is a disturbing number. The existing studies have been an attempt at decoding the prevalent trends in mental health. Most of the studies are focused on advancement in mental well-being, preclusion of mental sickness, promoting de-stigmatization, and de-segregation; ensure socioeconomic inclusion of people suffering from mental illness of any kind, provision of available reasonable, eminence well-being and community upkeep to all through their life span following set rights-based approach.

World Health Organization on Mental Health highlights the extent and loads of the mental health problems over the individuals. According to it, there are nearly 450 million people who are in the trap of one or the other kind of mental illness or behavioral disorder. As per the reports, it has been also seen that approximately 1 million people commit self-destruction every year. WHO

further highlights that neuropsychiatric disorders is another kind of disorder which also found in the people with disorders. Out of six disorders, four disorders are related to depression, alcohol-use disorders, schizophrenia and bipolar disorder. In case od substance abuse it was found that more than 90 million suffer from substance abuse in terms of alcohol disorders or direct use of drugs.

It also throws light on the startling state of affairs in the developing countries when it comes to handling and taking care of the dilapidated minds in/of the country. It points as to how in the developed countries which have a set organized healthcare system, between 44% and 70% of the affected people with mental disorders do not receive any channelized adherence. And this percentage in the developing countries is all the more gruesome, as the estimates touch around 90%. It also envisages in its report the effect of mental health on the job market and on job retention.

National Mental Health Policy India

Recognizing the importance of mental syndromes in reducing the total ailment load, India launched its first National Mental Health Policy in 2014 and a revised Mental Healthcare Act in 2017, with the purposes of giving impartial, reasonably priced, and widespread admittance to mental health care. India has a centralized set-up where human wellbeing is principally a accountability of the Governments/States. There are several studies conducted in India which worked in this respect and one of the important studies conducted by ICMR India (2020) reveals that out of the 7 individuals in India is suffering from mental disorder. The socio-cultural and demographic multiplicity in different states of India necessitates that the strategies and involvements to encompass the load of mental disarrays be well matched to local circumstances. There have been efforts by researchers and by policy makers to study the mental health burden across the states in the country. An important study made by the ICMR India (2020), attempts to uncover the all-inclusive estimations of occurrence and disease burden due to mental disorders for every state of India from the period of 1990 to 2017.

Even the National Health Policy reinstates the very many factors that are being catered to in order to bring the state to a better picture. A picture that is not bleak in terms of mental health scenario across the country. It talks about the strategic areas for action, and how these areas are linked to situation analysis, cross cutting issues and goals and objectives of the policy. Each strategic area lists actions to achieve the vision of the policy. It highlights how the intervention areas are all imperative and thus need to be pursued in parallel.

Thus, we see, that there has been a continuous effort in terms of debating the issue of Mental Health and how we as a Nation and state both contribute in the betterment of the mind and the body of the individual, who is a contributing force towards the economic and social welfare of the State. We as Nation and a part of the Global world are trying to dissect this invisible monster in terms of its impact wherein efforts are being made to study the different arenas that can

be reworked through policy formation, through research and through community development programs.

Need And Significance Of Study

Looking at the existing data we see much research is focused on bringing forth the mental health burden of economies worldwide. The need to carry forth a study like this one here arose as a result of the pandemic situation that saw the mental health of the individuals suffering; for there was a fear of not just life but also livelihood which in turn took a toll on the mental health of individuals thus giving a setback to the center/state machinery also.

OBJECTIVE OF THE STUDY

The objective of this paper has been an attempt on the part of the researchers herein, to study the impact of a crisis situation on not just the general public but in particular on the ones who are a contributing force to the economic capital i.e., the different occupational workforce. It has been quite evident through the lockdown period of this Pandemic crisis of 2020, as to how there has been a surge in terms of deterioration of coming to terms with the 'self' and the 'other'. There has been a surge in suicidal cases, mostly due to occupational disturbance in this particular time. People who were occupied in sectors that also led to failure in term of generating capital had resorted to suicidal means. Even the workforce occupied in the Government sector have had their share of fears and how those fears can make such sections prone to becoming sufferers in terms of mental health is what the paper aimed to look at.

RESEARCH HYPOTHESES:

On the basis of literature gap and objective of the study following hypotheses were framed for the study purpose.

H01: There is no significant relationship in current mental health disorder of the respondents across different occupational categories.

H02: There is no significant difference in the current mental health problems with respect to patient health questionnaire across substance abuse.

H03: There is no significant difference in the current mental health problems with respect to generalized anxiety disorder questionnaire across substance abuse.

H04: There is no significant difference in the current mental health problems with respect to patient health questionnaire across fear of livelihood.

H05: There is no significant difference in the current mental health problems with respect to generalized anxiety disorder questionnaire across fear of livelihood.

H06: There is no significant difference in the current mental health problems with respect to patient health questionnaire across state machinery.

H07: There is no significant difference in the current mental health problems with respect to generalized anxiety disorder questionnaire across state machinery.

RESEARCH METHODOLOGY:

The scope of the study is limited to examine mental health of the respondents (in general) during this pandemic Covid-19. The target population for the study was the respondents from different occupational categories.

For the purpose of data collection, purposive sampling was used. Responses from160 respondents were collected for the study purpose. As a research instrument, a self-administered questionnaire was used to get the response from the respondents through Google form. The questionnaire consisted of demographic profile, two adapted scales that is 'Patient Health Questionnaire (PHQ-9)' (Kroenke Spitzer and Williams, 2001) and 'Generalized Anxiety Disorder Questionnaire (GAD-7)' (Spitzer, Kroenke, Williams and Lowe, 2006). Questions were asked on Fear of livelihood, Substance Abuse and State Machinery.

For the study purpose, Descriptive and inferential statistical tools were used to analyze the data. SPSS 26 was used to analyze the data. Descriptive tools like frequency and percentage were used. Few inferential tools were also used such as ANOVA in order to compare the mean of the responses of the respondents. Regression Analysis was also done to measure the impact among different independent and dependents variables.

Demographic Profile of The Respondents

Table 1- Demographic Profile of the Respondent   n=160

Demographics		Frequency	Percentage (%)
Gender	Male	67	41.9
	Female	93	58.1
Age (Years)	16-30	87	54.4
	31-45	68	42.5
	46-60	5	03.1
Educational Qualification	Undergraduate	24	15.0
	Graduate	32	20.0
	Postgraduate	89	55.6
	Doctorate	15	09.4
Occupation	Business Person	8	05.0
	Student	48	30.0
	Professionals	22	13.8
	Private Employee	46	28.7
	Government Employee	27	16.9
	Housewife	9	05.6

Demographic profile of the respondents represents the distribution of the respondents with respect to Gender, Age, Educational Qualification and Occupation of the respondents. **Table 1** show that in the sample, 'Female' (58.1%) respondents were more than the 'Male' (41.9%) respondents. Age-wise, the highest proportion of the respondents was in category '16-30' (54.4%) followed by age category '31-45' (42.5%). There were a very small number of respondents in '46-60' (03.1%) age category. Further it is shown that highest proportion of the respondents in the education qualification categories was 'Postgraduate' (55.6%) followed by 'Graduate' (20.0%) and 'Undergraduate' (15.0%). The proportion of 'Doctorate' (9.4%) was the lowest. It was found that respondents from occupation category 'Student' (30.0%) were highest followed by the occupation category 'Private Employee' (28.7%), 'Government employee' (16.9%) and 'Professionals' (13.8%). There was almost equal number of respondents in occupation categories 'Business Person' and 'Housewife' (05.6%) and (5.0%) respectively.

Quarantine Status

Table 2: Quarantine Status

Question	Yes	No	Total
Are you currently under Quarantine?	18 (11.2)	142 (88.8)	**160 (100.0)**

Table 2 shows that in the sample, 88.8% of respondents were not under Quarantine at that time whereas; only 11.2% of respondents were still under Quarantine.

Mental Health Disorder

Table 3   n=160

Mental Health Disorder

Question	Yes	No	Total
Are you suffering from any mental health disorder?	24 (15.0)	136 (85.0)	**160 (100.0)**

Table 3 shows that in the sample, 85.0% of respondents were not suffering from any kind of mental health disorder, whereas on the other hand results showed that 15.0% of respondents were suffering from some kind of mental health disorder.

Occupation-wise Mean Score of Mental Health Disorder of the Respondents

Table 4 below highlights that the number of respondents who were suffering from mental health disorder were more in the occupational category 'Government Employees' (1.93) followed by 'Private Employee' (1.87), 'Professionals' (1.86), 'Students' (1.81), 'Housewife' (1.78) and 'Business Person' (1.75).

Table 4

Occupation-wise Mean Score of Mental Health Disorder of the Respondents
n=160

Mental Health Disorder	Occupation Mean						Levene Statistics		ANOVA Statistics (5,154)**	
	Business Person	Student	Professionals	Private Employee	Government	Housewife	F-value	p-value*	F-value	p-value*
Are you suffering from any mental health disorder?	1.75	1.81	1.86	1.87	1.93	1.78	2.40	.039	.572	.722

ANOVA results show that there was no significant difference in the Current Mental Health Disorder of the respondents across different 'Occupation' categories with respect to 'Are you suffering from any mental disorder' [F (5,154) =.572, p=0.722]. Therefore, hypothesis H01 was accepted.

Respondents Working and Welfare Benefit Status

Table 5: n=160

Respondents Working and Welfare Benefit Status

Question	Yes	No	Total
Are you currently working remotely from home?	72 (45.0)	88 (55.0)	**160 (100.0)**
Please indicate whether you have received welfare benefit.	16 (10.0)	144 (90.0)	**160 (100.0)**

Table 5 indicates that 55.0% of the total respondents were not working from home which accounts more than half of the total respondents. On the other hand, 45% of the total respondents were still working from home.

It further indicates that out of the total respondents 90% of the respondents didn't receive any kind of welfare benefit from the government. Results shows that 10% of the respondents received welfare benefits from the government.

Public Health Insurance Coverage

Table 6
Frequency of Public health Insurance coverage   n=160

Statement	None	Partial coverage	Full Coverage (without psychiatric/psychotherapeutic care)	Full Coverage (with psychiatric/psychotherapeutic care)	Total
Please indicate your public health insurance coverage.	93 (58.1)	30 (18.8)	25 (15.6)	12 (7.5)	**160 (100.0)**

Table 6 represents that out of total number of respondents, highest frequency of the respondents responded as 'None' (58.0%) which showed that they didn't have any public health insurance coverage followed by 'Partial Coverage' (18.8%), 'Full Coverage (without psychiatric/ psycho-therapeutic care)' (15.6%) and 'Full Coverage (with psychiatric/ psychotherapeutic care)' (7.5%).

Mental Health Status of the Respondents

The current mental health status of the respondents was analyzed on the basis of two adapted scale that is 'Patient Health Questionnaire' and 'Generalized Anxiety Disorder Questionnaire'. In order to analyze, respondents were asked to indicate their opinion regarding their current mental health status on 4 Point Likert's scale starting from 'Not at all' to 'Nearly Every day'. Further, mean scores had been calculated for each statement by assessing weights of 0, 1, 2, 3, and 4 to 'Not at all', 'Several days'. 'More than half the days' and 'Nearly every day' respectively as shown in Table 7.

Table 7: Mean and Frequency of Patient Health Questionnaire
        n=160

Patient Health Questionnaire	Mean	Not at all	Several Days	More than half the days	Nearly everyday	Total
Little interest or pleasure in doing things?	.94	52 (32.5)	75 (46.9)	24 (15.0)	9 (5.6)	**160 (100.0)**
Feeling down, depressed, or hopeless?	.71	77 (48.1)	58 (36.3)	19 (11.9)	6 (3.8)	**160 (100.0)**
Trouble falling or staying asleep, or	.73	86 (53.8)	41 (25.6)	24 (15.0)	9 (5.6)	**160 (100.0)**

sleeping too much?					
Feeling tired or having little energy?	.81	68 (42.5)	64 (40.0)	18 (11.3)	10 (6.3)	**160 (100.0)**
Poor appetite or overeating?	.71	83 (51.9)	50 (31.3)	18 (11.3)	9 (5.6)	**160 (100.0)**
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	.54	102 (63.7)	38 (23.8)	12 (7.5)	8 (5.0)	**160 (100.0)**
Trouble concentrating on things, such as reading the newspaper or watching television?	.64	93 (58.1)	39 (24.4)	20 (12.5)	8 (5.0)	**160 (100.0)**
Moving or speaking so slowly that other people could have noticed?	.26	129 (80.6)	22 (13.8)	7 (4.4)	2 (1.3)	**160 (100.0)**
Being so fidgety or restless that you have been moving around a lot more than usual?	.49	102 (63.7)	42 (26.3)	12 (7.5)	4 (2.5)	**160 (100.0)**
Thoughts that you would be better off dead, or of hurting yourself in some way?	.21	137 (85.6)	15 (9.4)	6 (3.8)	2 (1.3)	**160 (100.0)**

Table 7 shows that on the basis of mean score, 'Low' level of current mental health problems related to Patient Health Questionnaire was found for all the given statements such as 'Little interest or pleasure in doing things' (.94), 'Feeling tired or having little energy' (.81), 'Trouble falling or staying asleep, or sleeping too much' (.73), 'Feeling down, depressed, or hopeless' and 'Poor appetite or overeating' (.71 each), 'Trouble concentrating on things, such as reading the newspaper or watching television' (.64), 'Feeling bad about yourself - or that you are a failure or have let yourself or your family down' (.54) followed by 'Being so fidgety or restless that you have been moving around a lot more than usual' (.49) 'Moving or speaking so slowly that other people could have noticed' (.26) and 'Thoughts that you would be better off dead, or of hurting yourself in some way' (.21).

It was further observed that majority of the respondents were in the category 'Not at all' as they were not facing any current mental health problems except for the problem statements 'Little interest or pleasure in doing things' (46.9%) followed by 'Feeling tired or having little energy' (40.0%) and 'Feeling down, depressed, or hopeless' (36.3%) where respondents were in the category 'Several days'. Furthermore, it was also observed that very few respondents were in the category 'More than half the days' and 'Nearly every day'.

Occupation-wise Mean Score of Patient Health Questionnaire

The current mental health problems of the respondents were also analyzed with respect to occupational categories. In order to analyze, mean score of the Patient Health Questionnaire was calculated on the basis of occupational categories 'Business Person', 'Student', 'Professionals', 'Private Employee', 'Government Employee' and 'Housewife' as shown in Table 8.

Table 8: Occupation-wise Mean Score of Patient Health Questionnaire n=160

Patient Health Questionnaire	Occupation Mean						Levene Statistics		ANOVA Statistics $(5,154)$**	
	Business Person	Student	Professionals	Private Employee	Government Employee	Housewife	F-value	p-value*	F-value	p-value*
Little interest or pleasure in doing things?	.63	1.02	.91	1.02	.70	1.11	.750	.588	.913	.474
Feeling down, depressed, or hopeless?	.75	.58	.73	.83	.56	1.22	.333	.893	1.328	.255
Trouble falling or staying asleep, or sleeping too much?	.75	.73	.59	.78	.81	.44	.600	.700	.344	.885
Feeling tired or having little energy?	.50	.63	.91	.93	.89	1.00	.443	.818	1.014	.412
Poor appetite or overeating?	.50	.50	.64	1.02	.59	.89	.573	.721	2.058	.074
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	.63	.48	.36	.70	.19	1.44	8.272	.000	3.524	.002[w]

Trouble concentrating on things, such as reading the newspaper or watching television?	.50	.65	.45	.76	.52	1.00	1.024	.406	.798	.553
Moving or speaking so slowly that other people could have noticed?	.25	.33	.18	.28	.22	.11	1.134	.345	.358	.877
Being so fidgety or restless that you have been moving around a lot more than usual?	.50	.35	.50	.54	.52	.78	2.410	.039	.638	.671
Thoughts that you would be better off dead, or of hurting yourself in some way?	.13	.17	.18	.24	.22	.33	.852	.515	.212	.957

Significance Level= .05
**Degree of Freedom (Between, within)
ʷWelch Test was used.

Table 8 highlights that in the occupational category 'Business Person', problem statements such as 'Feeling down, depressed, or hopeless' and 'Feeling down, depressed, or hopeless' (.75 each) were matter of concern followed by 'Little interest or pleasure in doing things' and 'Feeling bad about yourself - or that you are a failure or have let yourself or your family down' (.63 each). In case of occupational category 'Student', major concern was 'Little interest or pleasure in doing things' (1.02) followed by 'Trouble falling or staying asleep, or sleeping too much' (.73), 'Trouble concentrating on things, such as reading the newspaper or watching television' (.65) and 'Feeling tired or having little energy' (.63). Major problems that 'Professionals' faced were 'Little interest or pleasure in doing things' and 'Feeling tired or having little energy' (.91 each) followed by 'Feeling down, depressed, anxious or hopeless' (.73) and 'Poor appetite or overeating' (.64). It was further observed that 'Little interest or pleasure in doing things', 'Feeling down, depressed, or hopeless', 'Feeling tired or having little energy' and 'Poor appetite or overeating' were major problems with the occupation categories 'Private Employee', 'Government Employee'

and 'Housewife'. Whereas, 'Trouble falling or staying asleep, or sleeping too much' was issue with both 'Private Employee' and 'Government Employee'. Results also showed that 'Private Employee' and 'Housewife' were facing problems related to 'Feeling bad about yourself - or that you are a failure or have let yourself or your family down' and 'Trouble concentrating on things, such as reading the newspaper or watching television'. With respect to 'Housewife' category, 'Being so fidgety or restless that you have been moving around a lot more than usual' (.78) was also a major concern.

ANOVA results show that there was a significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across different 'Occupation' categories with respect to 'Feeling bad about yourself - or that you are a failure or have let yourself or your family down' [F $(5,154)$ $=3.524$, $p=0.002$]. The table further shows that there was no significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across different 'Occupation' categories such as 'Little interest or pleasure in doing things' [F$(5,154)=0.913$, $p=0.474$], 'Feeling down, depressed, or hopeless' [F$(5,154)=1.328$, $p=0.255$], 'Trouble falling or staying asleep, or sleeping too much' [F$(5,154)=0.344$, $p=0.885$], 'Feeling tired or having little energy' [F$(5,154)=1.014$, $p=0.412$], 'Poor appetite or overeating' [F$(5,154)=2.058$, $p=0.074$], 'Trouble concentrating on things, such as reading the newspaper or watching television'[F$(5,154)=0.798$, $p=0.553$], 'Moving or speaking so slowly that other people could have noticed' [F$(5,154)=0.358$, $p=0.877$], 'Being so fidgety or restless that you have been moving around a lot more than usual' [F$(5,154)=0.638$, $p=0.671$], 'Thoughts that you would be better off dead, or of hurting yourself in some way' [F$(5,154)=0.212$, $p=0.957$].

Mean and Frequency of Generalized Anxiety Disorder Questionnaire

Table 9 below indicates that on the basis of mean score, 'Low' level of current mental health problems related to Generalized Anxiety Disorder Questionnaire was found for all the given statements such as 'Worrying too much about different things' (.93), 'Becoming easily annoyed or irritable' (.89), 'Trouble relaxing' (.79) followed by 'Not being able to stop or control worrying' (.78), 'Feeling afraid as if something awful might happen' (.68) and 'Feeling nervous, anxious or on edge' (.63) and 'Being so restless that it is hard to sit still' (.59).

It was further observed that majority of the respondents were in the category 'Not at all' as they were not facing any anxiety disorder problems during lockdown phase except for the problem statements 'Worrying too much about different things' (45.6%) followed by 'Becoming easily annoyed or irritable' (41.3%) where respondents were in the category 'Several days'. Furthermore, it was also observed that during lockdown phase, very few respondents bothered by anxiety disorder and they were in the category 'More than half the days' and 'Nearly every day' who faced anxiety disorder.

Table 9: Mean and Frequency of Generalized Anxiety Disorder Questionnaire
n=160

Generalized Anxiety Disorder Questionnaire	Mean	Not at all	Several Days	More than half the days	Nearly everyday	Total
Feeling nervous, anxious or on edge?	.63	84 (52.5)	57 (35.6)	14 (8.8)	5 (3.1)	**160 (100.0)**
Not being able to stop or control worrying?	.78	77 (48.1)	53 (33.1)	19 (11.9)	11 (6.9)	**160 (100.0)**
Worrying too much about different things?	.93	55 (34.4)	73 (45.6)	21 (13.1)	11 (6.9)	**160 (100.0)**
Trouble relaxing?	.79	73 (45.6)	58 (36.3)	19 (11.9)	10 (6.3)	**160 (100.0)**
Being so restless that it is hard to sit still?	.59	95 (59.4)	45 (28.1)	11 (6.9)	9 (5.6)	**160 (100.0)**
Becoming easily annoyed or irritable?	.89	62 (38.8)	66 (41.3)	19 (11.9)	13 (8.1)	**160 (100.0)**
Feeling afraid as if something awful might happen?	.68	86 (53.8)	51 (31.9)	12 (7.5)	11 (6.9)	**160 (100.0)**

Occupation-wise Mean Score of Generalized Anxiety Disorder Questionnaire

Table 10 below highlights that in the occupational category 'Business Person', respondents were more anxious related to Generalized Anxiety Disorder statements such as 'Worrying too much about different things', 'Trouble relaxing' and 'Becoming easily annoyed or irritable' (.63 each) followed by 'Becoming easily annoyed or irritable' (.50). In case of occupational category 'Student', respondents were more anxious related to anxiety disorder statements such as 'Worrying too much about different things' (.79) followed by 'Not being able to stop or control worrying' (.73), 'Becoming easily annoyed or irritable' (.65), 'Becoming easily annoyed or irritable' (.58) and 'Feeling afraid as if something awful might happen' (.54). Respondents from the occupational category 'Professionals' had high anxiety disorder for all statements except for 'Feeling afraid as if something awful might happen' (.45) and 'Being so restless that it is hard to sit still' (.36). Respondents from occupational categories 'Private Employee' and 'Housewife' had similar anxiety disorder except for the problem statement 'Being so restless that it is hard to sit still'. In case of

'Government Employee' occupation category, respondents were anxious for all the statements except for 'Feeling nervous, anxious or on edge' (.56) and 'Being so restless that it is hard to sit still' (.52).

Table 10: Occupation-wise Mean Score of Generalized Anxiety Disorder Questionnaire n=160

Generalized Anxiety Disorder Questionnaire	Occupation Mean						Levene Statistics		ANOVA Statistics (5,154)**	
	Business Person	Student	Professionals	Private Employee	Government Employee	Housewife	F-value	p-value*	F-value	p-value*
Feeling nervous, anxious or on edge?	.38	.50	.68	.76	.56	.89	1.176	.324	.974	.436
Not being able to stop or control worrying?	.38	.73	.68	.93	.67	1.11	1.440	.213	.983	.430
Worrying too much about different things?	.63	.79	.91	1.11	.81	1.33	2.131	.065	1.338	.251
Trouble relaxing?	.63	.58	.82	.93	.81	1.11	.942	.455	1.071	.379
Being so restless that it is hard to sit still?	.25	.50	.36	.91	.52	.44	3.071	.011	2.175	.060
Becoming easily annoyed or irritable?	.63	.65	.91	1.15	.74	1.56	2.830	.018	2.300	.017ᵂ
Feeling afraid as if something awful might happen?	.50	.54	.45	.85	.70	1.11	1.428	.217	1.356	.244

Significance Level= .05
**Degree of Freedom (Between, within)*
ᵂ*Welch Test was used.*

ANOVA results in Table 10 show that there was a significant difference in the Current Mental Health Problems with respect to Generalized Anxiety Disorder Questionnaire across different 'Occupation' categories with respect to 'Becoming easily annoyed or irritable' [F (5,154) =2.300, p=0.017]. The table further shows that there was no significant difference in the Current Mental Health Problems with respect to Generalized Anxiety Disorder Questionnaire across different 'Occupation' categories such as 'Feeling nervous, anxious or

on the edge' [F(5,154)=0.974, *p*=0.436], 'Not being able to stop or control worrying' [F(5,154)=0.983, *p*=0.430], 'Worrying too much about different things' [F(5,154)=1.338, *p*=0.251], 'Trouble relaxing' [F(5,154)=1.071, *p*=0.379], 'Being so restless that it is hard to sit still' [F(5,154)=2.175, *p*=0.060] and 'Feeling afraid as if something awful might happen' [F(5,154)=1.356, *p*=0.244].

Mean and Frequency of Substance Abuse

Table 11: Mean and Frequency of Substance Abuse   n=160

Substance Abuse Statements	Mean	Not at All	Only a Little	To some Extent	Rather Much	Very Much	Total
Have consumed more alcohol than usual	.13	147 (91.9)	7 (4.4)	5 (3.1)	1 (.6)	0 (0.0)	**160 (100.0)**
Have smoked considerably more cigarettes than usual	.09	151 (94.4)	5 (3.1)	3 (1.9)	1 (.6)	0 (0.0)	**160 (100.0)**
Have consumed considerably more drugs (tranquilizers, sleeping pills or stimulants) than usual	.05	153 (95.6)	6 (3.8)	1 (.6)	0 (0.0)	0 (0.0)	**160 (100.0)**
Have felt a strong desire to consume addictive substances (alcohol, cigarettes and drugs)	.13	147 (91.9)	8 (5.0)	3 (1.9)	1 (.6)	1 (.6)	**160 (100.0)**

Results from **Table 11** shows that on the basis of mean score, level of substance abuse among the respondents during lockdown phase was 'Low' with respect to all Substance Abuse statements such as 'Have consumed more alcohol than usual' and 'Have felt a strong desire to consume addictive substances (alcohol, cigarettes and drugs)' (.13 each) followed by 'Have smoked considerably more cigarettes than usual' (.09) and 'Have consumed considerably more drugs (tranquilizers, sleeping pills or stimulants) than usual' (.05).

It was further observed that majority of the respondents were in the category 'Not at all' as they were not inclined to consume or desire to consume substance abuse during lockdown phase. Furthermore, it was also observed that very few respondents were in the categories 'Only a Little' and 'To some Extent' and

'Rather Much' and 'Very Much' who were inclined to consume or desire to consume substance abuse.

Regression Analysis

In order to analyze impact of Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire on Substance Abuse, Regression Analysis was applied. Tables on Model Summaries below explain the variances in the response variable i.e. Substance Abuse that can be explained by the Predictor i.e., Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire. Further, ANOVA tables show the analysis of the variance in the model and p-value indicates if there is any significant relationship exist between response variable (or dependent variable) and predictor (or independent variable).

Impact of 'Patient Health Questionnaire' on 'Substance Abuse'

Table 12: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.096[a]	.009	.003	.330
a. Predictors: (Constant), mean of Patient Health Questionnaire				

Table 12 depicts the value of Adjusted R Square which shows that 0.3% of the variance in Substance Abuse can be explained by Patient's HealthQuestionnaire.

Table 13: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	**Regression**	.161	1	.161	1.478	.226[b]
	Residual	17.226	158	.109		
	Total	17.387	159			
a. Dependent Variable: mean of Substance Abuse						
b. Predictors: (Constant), mean of Patient Health Questionnaire						

ANOVA result in Table 13 shows that there was no significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across Substance Abuse among respondents [F $(1,158)$ =1.478, p=0.226]. Therefore, hypothesis H02 was accepted.

Impact of 'Generalized Anxiety Disorder Questionnaire' on 'Substance Abuse'

Table 14: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.137[a]	.019	.013	.329
a. Predictors: (Constant), mean of Generalized Anxiety Disorder Questionnaire				

Table 14 depicts the value of Adjusted R Square which shows that 1.3% of the variance in Substance Abuse can be explained by Generalized Anxiety DisorderQuestionnaire.

Table 15: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	**Regression**	.327	1	.327	3.024	.084[b]
	Residual	17.061	158	.108		
	Total	17.387	159			
a. Dependent Variable: mean of Substance Abuse						
b. Predictors: (Constant), mean of Generalized Anxiety Disorder Questionnaire						

ANOVA result in **Table 15** shows that there was no significant difference in the Current Mental Health Problems with respect to Generalized Anxiety Disorder Questionnaire across Substance Abuse among respondents [F (1,158) =3.024, *p*=0.084]. Therefore, hypothesis H03 was accepted.

Mean and Frequency of Fear of Livelihood

Table 16: Mean and Frequency of Fear of Livelihood   n=160

	Mean	Not at All	Only a Little	To some Extent	Rather Much	Very Much	Total
The current pandemic	1.54	35 (21.9)	46 (28.7)	54 (33.8)	8 (5.0)	17 (10.6)	**160 (100.0)**
Childcare	.89	95 (59.4)	23 (14.4)	21 (13.1)	7 (4.4)	14 (8.8)	**160 (100.0)**
Taking over school lessons	.71	96 (60.0)	29 (18.1)	25 (15.6)	6 (3.8)	4 (2.5)	**160 (100.0)**
Worries of not being able to get medical care	.99	64 (40.0)	52 (32.5)	31 (19.4)	7 (4.4)	6 (3.8)	**160 (100.0)**
Financial worries	1.54	44 (27.5)	35 (21.9)	48 (30.0)	17 (10.6)	16 (10.0)	**160 (100.0)**
Increased conflicts with people close to me	1.03	73 (45.6)	37 (23.1)	33 (20.6)	6 (3.8)	11 (6.9)	**160 (100.0)**

Uncertainties regarding my job, training places, studies of school	1.24	62 (38.8)	41 (25.6)	28 (17.5)	14 (8.8)	15 (9.4)	**160 (100.0)**
Fears of what the future will bring or that I would not be able to cope up with everything	1.41	45 (28.1)	54 (33.8)	26 (16.3)	20 (12.5)	15 (9.4)	**160 (100.0)**

Table 16 depicts the mean and frequency of Fear of Livelihood where respondents felt stressed and burdened during this lockdown phase. It indicates that on the basis of mean score, Fear of Livelihood was 'Moderate' for the statements such as 'The current pandemic' and 'Financial worries' (1.54 each) followed by 'Uncertainties regarding my job, training places, studies of school' (1.41), 'Uncertainties regarding my job, training places, studies of school' (1.24) and 'Increased conflicts with people close to me' (1.03). 'Low' level of Fear of Livelihood was found in statements 'Worries of not being able to get medical care' (.99) followed by 'Childcare' (.89) and 'Taking over school lessons' (.71).

Table further highlights that more than half of the respondents were under category 'Not at all' and they did not feel stress and burden with respect to Fear of Livelihood statements such as 'Taking over school lessons' (60.0%) and 'Childcare' (59.4%). It has also been observed that nearly less than half of the respondents were in category 'Only a Little' and 'To some extent'. Furthermore, only few respondents had Fear of Livelihood and they were stressed and burdened for all the given statements who were in category 'Rather Much' and 'Very Much'.

Regression Analysis

In order to analyze impact of Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire on Fear of Livelihood, Regression Analysis was applied. Following Tables on Model Summaries explain the variances in the response variable i.e. Fear of Livelihood that can be explained by the Predictor i.e. Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire. Further, ANOVA tables show the analysis of the variance in the model and p-value indicates if there is any significant relationship exist between response variable (or dependent variable) and predictor (or independent variable).

Impact of 'Patient Health Questionnaire' on 'Fear of Livelihood'

Table 17: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.565a	.319	.315	.686
a. Predictors: (Constant), mean of Patient Health Questionnaire				

Table 17 highlights the value of Adjusted R Square which shows that 31.5% of the variance in Fear of Livelihood can be explained by Patient Health Questionnaire.

Table 18: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	**Regression**	34.855	1	34.855	74.112	.000[b]
	Residual	74.308	158	.470		
	Total	109.163	159			
a. Dependent Variable: mean of Fear of Livelihood						
b. Predictors: (Constant), mean of Patient Health Questionnaire						

ANOVA result in Table 18 shows that there was a significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across Fear of Livelihood among respondents [F $(1,158)$ =74.112, p=0.000]. Therefore, hypothesis H04 was rejected.

Impact of 'Generalized Anxiety Disorder Questionnaire' on 'Fear of Livelihood'

Table 19: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.628[a]	.395	.391	.647
a. Predictors: (Constant), mean of Generalized Anxiety Disorder Questionnaire				

Table 19 highlights the value of Adjusted R Square which shows that 39.1% of the variance in Fear of Livelihood can be explained by Generalized Anxiety Disorder Questionnaire.

Table 20: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	**Regression**	43.084	1	43.084	103.018	.000[b]
	Residual	66.078	158	.418		
	Total	109.163	159			
a. Dependent Variable: mean of Fear of Livelihood						
b. Predictors: (Constant), mean of Generalized Anxiety Disorder Questionnaire						

ANOVA result in **Table 18** shows that there was a significant difference in the Current Mental Health Problems with respect to Generalized Anxiety Disorder

Questionnaire across Fear of Livelihood among respondents [F (1,158) = 103.018, p=0.000]. Therefore, hypothesis H05 was rejected.

Mean and Frequency of State Machinery

Table 21: Mean and Frequency of State Machinery   n=160

	Mean	Not at All	Only a Little	To some Extent	Rather Much	Very Much	Total
Have had the feeling that the political leadership was standing up for me	.73	89 (55.6)	38 (23.8)	23 (14.4)	7 (4.4)	3 (1.9)	**160 (100.0)**
Have had the feeling that the rules we now need to follow are there to make my life miserable	.87	71 (44.4)	54 (33.8)	26 (16.3)	3 (1.9)	6 (3.8)	**160 (100.0)**
Have perceived democracy as an effective form of government	1.16	58 (36.3)	42 (26.3)	42 (26.3)	13 (8.1)	5 (3.1)	**160 (100.0)**
Have had the feeling that public institutions (e.g. police, judiciary) can be relied upon	.1.16	51 (31.9)	56 (35.0)	36 (22.5)	11 (6.9)	6 (3.8)	**160 (100.0)**
Have worried about our economic development	1.88	29 (18.1)	33 (20.6)	45 (28.1)	34 (21.3)	19 (11.9)	**160 (100.0)**
Have had the feeling that news and reports on the COVID-19 pandemic are being deliberately withheld	1.49	35 (21.9)	53 (33.1)	43 (26.9)	16 (10.6)	12 (7.5)	**160 (100.0)**
Have perceived politicians as trustworthy	.53	102 (63.7)	36 (22.5)	19 (11.9)	1 (0.6)	2 (1.3)	**160 (100.0)**

Have felt that government enforced lockdown aggravated my mental health	.88	77 (44.4)	46 (28.7)	37 (23.1)	4 (2.5)	2 (1.3)	**160 (100.0)**

Table 21 depicts the mean and frequency of State Machinery. It indicates that on the basis of mean score, attitude of the respondents towards State Machinery was 'Moderate' for the statements such as 'Have worried about our economic development' (1.88) followed by 'Have had the feeling that news and reports on the COVID-19 pandemic are being deliberately withheld' (1.49), 'Have perceived democracy as an effective form of government' and 'Have had the feeling that public institutions (e.g. police, judiciary) can be relied upon' (1.16 each). Further, this table indicates 'Low' level of mean score on the basis of responses with respect to statements such as 'Have felt that government enforced lockdown aggravated my mental health' (.88) followed by 'Have had the feeling that the rules we now need to follow are there to make my life miserable' (.87), 'Have had the feeling that the political leadership was standing up for me' (.73) and 'Have perceived politicians as trustworthy' (.53).

This table highlights that the attitude of majority of the respondents towards State Machinery during lockdown was not up to the mark with respect to statement 'Have had the feeling that the political leadership was standing up for me' (55.6%). For the statement 'Have had the feeling that the rules we now need to follow are there to make my life miserable', 44.4% of the respondents were in the category 'Not at all' and 33.8% of the respondents were of the opinion 'Only a Little'. Very few respondents were there in other categories. Only 36.3% of the respondents were disagree on the statement 'Have perceived democracy as an effective form of government'. Only 26.3% of the respondents were of the opinion 'Only a Little' and 'To some Extent' each. 'Only a Little' (35.0%) of the respondents were of the opinion 'Have had the feeling that public institutions (e.g. police, judiciary) can be relied upon'. With respect to public institutions only 31.9% and 22.5% of the respondents responded as 'Not at all' and 'To some Extent' respectively. Only few respondents were there under 'Rather Much' and 'Very Much' categories. It has been seen that majority of the respondents were worried about the economic development. 'Only a Little' (33.1%) of the respondents followed by 'To some extent' (26.9%) and 'Not at all' (21.9%) 'Have had the feeling that news and reports on the COVID-19 pandemic are being deliberately withheld'. The table further highlights that majority of the respondents 'Not at all' (63.7%) perceived politicians trustworthy. 'Only a little' (22.5%) followed by 'To some extent' (11.9%) respondents perceived them trustworthy. The table also indicates that nearly half of the respondents were in the category 'Not at all' (44.4%) who 'Have felt that government enforced lockdown aggravated my mental health' followed by 'Only a Little' (28.7%), 'To some extent' (23.1%). Very few respondents were in the category 'Rather Much' (2.5%) and 'Very Much' (1.3%).

Regression Analysis

In order to analyze impact of Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire on State Machinery, Regression Analysis was applied. Following Tables on Model Summaries explain the variances in the response variable i.e. State Machinery that can be explained by the Predictor i.e. Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire. Further, ANOVA tables show the analysis of the variance in the model and p-value indicates if there is any significant relationship exist between response variable (or dependent variable) and predictor (or independent variable).

Impact of Patient Mental health on State Machinery

Table 22: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.153[a]	.024	.017	.635
a. Predictors: (Constant), mean of Patient Health Questionnaire				

Table 22 highlights the value of Adjusted R Square which shows that 1.7% of the variance in State Machinery can be explained by Patient Health Questionnaire.

Table 23: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	**Regression**	1.534	1	1.534	3.809	.053[b]
	Residual	63.628	158	.403		
	Total	65.162	159			
a. Dependent Variable: mean of State Machinery						
b. Predictors: (Constant), mean of Patient Health Questionnaire						

ANOVA result in **Table 23** shows that there was no significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across State Machinery among respondents [$F(1,158) = 3.809$, $p=0.053$]. Therefore, hypothesis H06 was accepted.

Impact of Generalized Anxiety Disorder on State Machinery

Table 24: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.272[a]	.074	.068	.618
a. Predictors: (Constant), mean of Generalized Anxiety Disorder Questionnaire				

Table 24 highlights the value of Adjusted R Square which shows that 6.8% of the variance in State Machinery can be explained by Generalized Anxiety Disorder Questionnaire.

Table 25: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.812	1	4.812	12.598	.001[b]
	Residual	60.350	158	.382		
	Total	65.162	159			
a. Dependent Variable: mean of State Machinery						
b. Predictors: (Constant), mean of Generalized Anxiety Disorder Questionnaire						

ANOVA result in **Table 25** shows that there was a significant difference in the Current Mental Health Problems with respect to Generalized Anxiety Disorder Questionnaire across State Machinery among respondents [F (1,158) = 12.598, p=0.001]. Therefore, hypothesis H07 was not accepted and thus rejected.

DISCUSSION / FINDINGS
The main objective of the study was to study the mental health status of the respondents during the lockdown period due to COVID-19 Pandemic especially in terms of anxiety issues and fear of livelihood with respect to state machinery response. Questions were asked related to respondents' present health and their anxiety disorder. Questions were also related to their fear of livelihood, substance abuse and status of state machinery during the pandemic. For analysis, ANOVA and regression analysis were performed. Results showed that 88.8% of respondents were not under Quarantine and 85.0% of respondents were not suffering from any kind of 'major' mental disorder. It was found that there was no significant difference in the current mental disorder of the respondents across different 'Occupation' categories. Hence, hypothesis H01 was accepted. Results further showed that more than half of the respondents were still working from home and 90% of the respondents did not receive any kind of welfare benefit from the government. Out of the total respondents, more than half of the respondents did not have any public health insurance coverage. Very few of them had partial or full public health insurance coverage.

Results showed that respondents felt bad during this lockdown for failure of life and letting themselves and their family down which was supported by ANOVA result. It was also found that respondents became easily annoyed and irritable during this lockdown period, again supported by ANOVA result.Results through Regression analysis showed that there was no significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across Substance Abuse among respondents [F (1,158) =1.478, p=0.226]. Therefore, hypothesis H02 was accepted. Furthermore, it was also found that there was no significant difference in the Current Mental Health Problems with respect to Generalized Anxiety Disorder Questionnaire across Substance Abuse among respondents [F (1,158) =3.024, p=0.084]. Therefore, hypothesis H03 was accepted.

Results further highlighted that there was a significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across Fear of Livelihood among respondents [F $(1,158)$ =74.112, p=0.000]. Hence, hypothesis H04 was rejected. Similarly, significant difference was found in the Current Mental Health Problems with respect to Generalized Anxiety Disorder Questionnaire across Fear of Livelihood among respondents [F $(1,158)$ = 103.018, p=0.000]. Therefore, hypothesis H05 was also rejected.To study the impact of patient mental health on state machinery, regression results showed that there was no significant difference in the Current Mental Health Problems with respect to Patient Health Questionnaire across State Machinery among respondents [F $(1,158)$ = 3.809, p=0.053]. Therefore, hypothesis H06 was accepted. Whereas, a significant difference in the Current Mental Health Problems was found with respect to Generalized Anxiety Disorder Questionnaire across State Machinery among respondents [F $(1,158)$ = 12.598, p=0.001]. Therefore, hypothesis H07 was not accepted.

FINDINGS
From the findings of the study, it can be concluded that mental illness can have a great impact on the quality of life of individuals particularly in terms of 'fear of livelihood'; which in return can lead to a generalized anxiety disorder in many a case. From our study we came to the conclusion that a situation like the pandemic can provide an impetus to the already disturbing mental framework of an individual and his situation, as individual(s) fear for their lives and in a situation like this their anxiety meters can just go out of proportion. Therefore, "fear of livelihood" and many issues alike may prove to be detrimental not just to the individual force but also to the state which he / she is a part of.

LIMITATIONS
The limitation encountered while the study was being undertaken was in relation to questions where people have refused to not resorting to substance abuse and alcohol intake. The answers therefore seemed to be answers that were deliberately hidden as many individuals take it as a factor that can tarnish one's image and self-confidence. Also, the second limitation was due to the current crisis. The research could not encompass different geographical parts of the country and the study was carried forth on a generalized scale in relation to the general population response to the pandemic situation.

RECOMMENDATIONS
Through the study it has been established that the quality of life is directly proportional to fear of livelihood. If there is constant fear in the mind of individuals related to a crisis situation or state response towards the situation and also towards the individual, then the individual mental health is bound to suffer and so does the state machinery of which individual citizens form an integral part.
In this sense the recommendations and suggestions put forth after the study are:
 i. Preparation on individual and Centre /state level for such untimely crisis
ii. Providing some kind of welfare schemes to citizens in order to avoid the global mental health burden

iii. Individuals should value themselves; take extra measures to be prepared for any such critical scenario.
iv. People should set their goals right
 v. Refrain from drug / substance abuse
vi. Apply coping strategies /Adaptability strategies with such new normal

CONCLUSION

India as a country with such hefty population, weak hygiene base and a vulnerable health superstructure is prone to such normal becoming abnormal. The uncalled situation had put the Centre and State machinery into a critical juncture, wherein in the initial 21-days lockdown period the country had prioritized to safeguard lives over the concern of livelihood, but the camera roll of the situation unwinding before our eyes could clearly see that the trade-off was not up to the mark. The prognosis entails a visionary standpoint on the part of the State machinery along with the Center where the 'being' and 'the becoming of the being' are both guarded well. We are yet to come to terms with the new normal, and we see that new strains are out there to hijack our attempts of coming to terms with the new normal. Lives and livelihoods are both at peril, the anxieties were not even settled and we see new anxieties taking birth. Future is unseen and pandemics can hit us again and again impacting economies and individuals at large. In such situation the pertinent question is How ready are we for the 'New Normal' and the 'Post New Normal'? In Guattarian logic The human individual is often caught where the machine and the structure meets. So the important question here is : ' Is Intervention and aggressive response the answer or do we need to be ready with answers before we are hit in the head again'!

REFERENCES

Adelman, H. S., & Taylor, L. (2006). Mental health in schools and public health. *Public Health Reports*, *121*(3), pp.294-298.

Anxiety and Depression Association of America. Retrieved on 25th January, 2021 from https://adaa.org/understanding-anxiety/facts-statistics.

Becker, A. E., & Kleinman, A. (2013). Mental health and the global agenda. *New England Journal of Medicine*, *369*(1), pp.66-73.

Cooper, C. L., & Marshall, J. (2013). Occupational sources of stress: A review of the literature   relating to coronary heart disease and mental ill health. *From stress to wellbeing volume   1*, pp.3-23.

Deleuze, Gilles. (2004) *Logic of Sense.* Translated by Mark Lester and Charles Stivale.
        London: Continuum

Foucault. M. (1988) Madness and Civilization: A History of Insanity in the Age of Reason.   Pantheon Books.

Gamm, L., Stone, S., & Pittman, S. (2010). Mental health and mental disorders—A rural   challenge: A literature review. *Rural healthy people*, *1*(1), pp.97-114.

Hedelin, B., & Strandmark, M. (2001). The meaning of mental health from elderly women's   perspectives: a   basis   for   health promotion. *Perspectives in Psychiatric Care*, *37*(1),
         pp.7-14.

Indian Council of Medical Research India (2020). Retrieved on 2nd February 2021from https://main.icmr.nic.in/sites/default/files/MR_India _MentalDisorders_RoadInjury_0.PDF

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The Patient Health Questionnaire (PHQ-9)–overview. *J Gen Intern Med*, *16*, 606-16Quality of life and health-related quality of life. (2010). *Handbook of Disease Burdens and Quality of Life Measures*, 4304.

Mental health: strengthening our response, 2018. Retrieved on 26th January, 2021 from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our- response

Spitzer, R. L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, *166*(10), pp.1092-1097.

WHO Report on Mental health retrieved on 2nd February, 2021 from https://www.who.int/health-topics/mental-health#tab=tab_1

Wittchen, H. U., & Hoyer, J. (2001). Generalized anxiety disorder: nature and course. *Journal of Clinical Psychiatry*, *62*, pp. 15-21.