



**Daffodil**  
*International*  
**University**

**Project On**  
**Survey on Mental Health During Covid-19 Pandemic**

**Submitted To**

The Department of Pharmacy  
Faculty of Allied Health Sciences  
Daffodil International University

**Submitted By**

Sraboni Banik  
ID: 171-29-1003  
Batch: 18<sup>th</sup>(A)  
Department of Pharmacy  
Faculty of Allied Health Science  
Daffodil International University

In the partial fulfillment of the requirements for the degree of  
  
Bachelor of Pharmacy

---

November, 2021

# Approval

This project titled **“Survey on Mental Health During Covid-19 Pandemic”**, Submitted by Sraboni Banik (ID: 171-29-1003) to the Department of Pharmacy, Daffodil International University's limited completion of the prerequisites for the Bachelor of Pharmacy degree has been authorized, and its format and materials have been confirmed.

## BOARD OF EXAMINERS

.....

Dr. Muniruddin Ahmed  
Professor and Head,  
Department of Pharmacy,  
Faculty of Allied Health Sciences,  
Daffodil International University

.....

Internal Examiner 1

.....

Internal Examiner 2

.

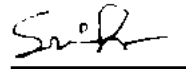
.....

External Examine

## DECLARATION

I certify that I performed this study under the guidance of **Dr. Sharifa Sultana, Associate Professor**, Daffodil International University's Department of Pharmacy. I also confirm that neither this project nor any part of it has been presented to any other institution for the purpose of receiving a bachelors degree.

**Supervised by:**



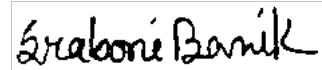
**Dr. Sharifa Sultana**

**Associate Professor**

Department of Pharmacy

Daffodil International University

**Submitted by:**



Sraboni Banik

ID: 171-29-1003

Department of Pharmacy

Daffodil International University

## ACKNOWLEDGEMENT

I would like to express our gratitude to **Dr. Sharifa Sultana, Associate Professor**, Department of Pharmacy, Daffodil International University, for her unwavering dedication, conceptual direction, never-ending inspiration, continuous and enthusiastic monitoring, suggestions for improvement, constructive suggestions, and trying to read many inferior drafts and trying to correct them at all stages, which enabled us to execute the project.

I'd like to convey our sincere gratitude to **Dr. Muniruddin Ahmed, Head Department of Pharmacy**, for his gracious assistance in completing our research, as well as to all of our department's other academic and staff members for their advice and support.

With due regard, I must recognize our parents' continued commitment and patience.

## Dedication

I dedicate this work at first to my God then to my parents and to my teachers and my friends.

## **Abstract**

The initiative focuses on the mental health of many persons during Covid-19. I conducted an online inter survey of 159 Bangladeshi people years and older from 18 to 50 years old from all over the country. After acquiring computerized consent, I conducted a survey to examine people's socioeconomic and demographic traits and psychometric assessments. I used the UCLA Loneliness Scale-8, Patient Health Questionnaire-9, Generalized Anxiety Disorder 7-Item Scale, and Pittsburgh Sleep Quality Index to assess loneliness, depression, anxiety, and sleep disturbance, respectively. Loneliness, depression, anxiety, and sleep disturbance were all shown to be widespread during COVID-19 in Bangladesh, with percentages of 10.3 percent, 13.7 percent, 9 percent, and 9.7 percent.

## Table of content title

Topic	Page No
Title	i
Approval	ii
Declaration	iii
Acknowledgement	iv
Dedication	iv
Executive Summary	v
Table of contents	vi
Table of figures	viii

## Table of Contents

### Chapter One : Introduction

S.I	Topic	Page
1.1	Introduction	1
1.2	Risk factors for mental health	2
1.3	Constant social and economic strain	2
1.4	Types of anxiety disorders	3
1.5	Types of phobia	4
1.6	Mood disorder	4

S.I	Topic	Page
1.7	Covid 19 impact on mental health in worldwide and Bangladesh	4-5
1.8	SARS-CoV-2 impact on mental health worldwide and Bangladesh:	5-6

## Chapter Two : Literature review

S.I	Topic	Page
2.1	COVID-19 and mental health : A review of the existing literature(Ravi Philip Rajkumar)	7
2.2	The COVID-19 pandemic and its impact on mental health(Nandini Chakraborty MD,FRCP)	7
2.3	Mental health effects of COVID-19 pandemia: a review of clinical and psychological traits(Konstantinos Kontoangelos,Marina Economou,Charalambos papageorgiou)	8

## Chapter Three :Methodology

S.I	Topic	Page
3.1	Participants and procedure	9

S.I	Topic	Page
3.2	Survey contents	9-10
3.3	Statistical analysis	10
3.4	Ethical consideration	10

#### **Chapter Four : Result and Discussion**

S.I.	Topic	Page
4.1	Result	11-13
4.2	Discussion	14

#### **Chapter Five : Conclusion**

S.I	Topic	Page
5.1	Conclusion	15

#### **Chapter Six : References**

S.I	Topic	page
6.1	References	16-17

#### **Table of Figure**

Figure No.	Figure Name	Page
------------	-------------	------



Figure No.	Figure Name	Page
1	Gender percentage	1
2	Affected person percentage	12
3	Profession percentage	12
4	Age range	13
5	Loneliness, depression, anxiety, sleep disturbance	13

# Chapter:-1

## Introduction

### 1.1 Introduction

People's comprehension, evident and psychological resilience are referred to by the phrases "mental health" and "behavioral health." It everything boils down to people's thoughts, feelings, and behaviors. The term "mental health" is also used to describe the absence of mental illness. Mental illness can have an adverse effect on one's daily life, relationships, and physical well-being. This link, on the other hand, works in both directions. Life experiences, human relationships, and physical conditions are all factors that might lead to mental health problems. (Medically reviewed by Timothy J. Legg, 2020)

Protection of one's mental health might let one respect and admire life more fully. Exhaustion, hopelessness, and nervousness can all have an influence on a person's mental health and interrupt their usual schedule. To do so, you must strike a balance between your daily activities, duties, and measures to promote your psychological health. Many diseases that doctors label as psychiatric problems have physical foundations, despite the frequent use of the term "mental health." Many maladies classified by doctors as psychiatric conditions have physiological underpinnings. The World Health Organization (WHO) is a trusted and reliable piece of knowledge. "Mental health" is characterized as "a situation of well-being in which a mental changes his or her own capabilities, is able to cope with everyday stresses, companies with the ability, and makes a significant contribution to his or her community." The World Health Organization recognizes mental health as "more than just the absence of mental dysfunction or developmental disorders." Solar maximum mental health involves not only averting active mental diseases but also sustaining life satisfaction with well. They also emphasize the need of preserving and restoring mental health on a personal level, as well as in numerous communities and communities across the globe. Each year, approximately one in every five adults in the United States needs psychiatric help, according to National Alliance on Mental Illnes. In 2017, the National Institute of Mental Health guesstimated that 11.2 million adults in the United States, or roughly 4.5 percent of the adult population, had a serious mental condition. (NIMH)

**1.2 Risk factors for mental health condition:-** Everyone is at risk of developing a mental health problem, regardless of age, gender, income, or color. In the United States and much of the developed world, mental illnesses are one of the leading causes of death. Disability Information derived from a trustworthy source. Financial and emotional circumstances, biological characteristics, and personal decisions can all have an impact on a person's mental health. A large majority of patients with mental illnesses have many illnesses at the same time. It's important to remember that good mental health requires a careful balance of circumstances, and that numerous facets of life and the greater world can all contribute to mental disease. Mental health is determined by the characteristics listed below.. (Medically reviewed by Timothy J. Legg, 2020)

### **1.3 Constant social and economic strain**

Mental health disorders are more likely in people who have little financial resources or who belong to a marginalized or persecuted ethnic group .According to a 2015 study,a researchers also discussed the disparity between the availability and quality of mental health treatment for different populations in terms of changeable and non modifiable factors, which might alter over time.

**Changeable factors** for psychological problems include the following: socioeconomic factors, such whether work is available in the local area

- profession
- a person's level of participation by the community
- pedagogy
- housing development.

**Non changeable factors** include:

- gender
- age
- ethnicity.

Biological factors: As per the National Institute of Mental Health, genetic family history can increase the likelihood of mental health challenges by putting a person in fear of specified biological pathways variants. It is not necessary to have a gene associated to a mental health illness, such as depression or schizophrenia, to develop the syndrome. Mental disease can strike people without the presence of linked genes or a family history of mental illness. Pressure, depression, and worry are all mental health disorders that can result in the development of fundamental, existence health and lifestyle conditions such as cancer, diabetes, or chronic pain.

**The most common types of mental illness are as follows:**

- anxiety disorders
- mood disorders
- schizophrenia disorders

#### **1.4 Anxiety disorders are a type of anxiety condition.**

According to the Anxiety and Depression Association of America, anxiety disorders are the most common psychological issue. Certain syndromes cause severe emotional distress in people who are exposed to different objects or circumstances. The majority of persons with anxiety disorders will tend to avoid being connected with whatever causes them to be nervous. Anxiety disorders are the most frequent mental ailment in the United States, afflicting 40 million personnel aged between 18 and above, or 18.1 percent of the total population, each year (American psychiatric association).Anxiety disorders include:

Generalized anxiety disorder (GAD), which is described by the American Psychiatric Association as overwhelming anxiety that compromises with everyday life. People may also feel bodily symptoms such as disorientation, weariness, chest tightness, and sleep

disruption. GAD is a type of anxiety disorder that afflicts a large number of people. It strikes 3.1 percent of the total population (about 6.8 million adults) in the United States each year. It affects more women than men. Panic disorder: People with panic disorder frequently experience panic episodes, incorporating sudden, overwhelming anxiety or a sensation of inevitable demise and death. (According to the American Psychiatric Association).

**1.5 Phobias : There are different types of phobia:** There are various kinds of phobias: Simple phobias include: Overly dramatic fear of specific items, situations, or animals characterizes these. A phobia of insects is a prominent example. Fear of being judged by others is known as social phobia. Social anxiety is another name for it. Individuals who struggle from social phobia tend to avoid stressful interactions as much as possible. Agoraphobia is the panic of being stuck in a situation where escaping out is impossible, such as a moving train or an elevator. Many people confuse his phobia with a fear of the outdoors. Obsessive-compulsive disorder (OCD) is characterized by obsessive compulsive disorder in sufferers. In other phrases, they have a strong need to conduct repetitive actions, such as hand hygiene, and they have persistent, stressful thoughts. Post-traumatic stress disorder (PTSD) can develop after an individual experiences or undergoes an extremely traumatic incident. The person believes that their or some other people's health are in jeopardy during this type of incident. They may be scared or believe they have no influence over what is going on. Anxiety and fear experiences may then develop to PTSD.

**1.6 Mood disorders:** Affective disorders and depressive disorders are terms used to describe mood problems. Major mood swings are typical in people with these disorders, with mania (high energy and elation) and depression (low energy and elation) being the most prevalent Bipolar disorder is a mental illness in which a human's mood swings are unpredictable. In their attitude, concentration levels, stages of action, and opportunity to sustain with everyday activities, they can turn to a reputable source. Bipolar phases are characterized by high attitude, whilst depressed phases are characterized by poor attitude. Seasonal affective disorder (SAD) is a variety of major depressive disorder brought on by a lack of sunlight during the fall, winter, and early spring months. It's most widespread in states that aren't on the equator's edge. Schizophrenia disorders Mental health experts are still discussing when schizophrenia is a unique disease or a

combination of symptoms. It's a difficult scenario. Symptoms of schizophrenia typically appear between the ages of 16 and 30. This is a valid source, according with National Institute of Mental Health.

**1.7 Early signs:** There is no reliable physical take a look at or scan which will verify whether or not or not somebody has developed a disturbance. However, the subsequent square measure probable indications of a mental state condition that individuals ought to Early noninheritable a mental disease. However, individuals ought to be created tuned in to the subsequent doable signs of a psychiatric disorder: Disconnecting from companions, relatives, and coworkers;

2. Preventing operations they would find enjoyable;

3. Falling asleep under or over;

4. Consuming under or over;

5. Feeling desperate;

6. Having low average power;

7. Utilizing emotional state compounds, such as alcohol and nicotine, more oftenly;

8. Showcasing negative emotional states; to be frustrated;

9. To be unable to finalize everyday chores, such as coming to work or making warning indications include: There is no credible medical assessment or scanning that can tell if a person has mealsd be aware of about mental halth.

### **1.8. SARS-CoV-2 impact on mental health worldwide and Bangladesh:**

SARSCoV-2's influence on mental health in Bangladesh and around the world: COVID-19 is caused by a new corona infectious agent found in Wuhan, China. Due to its unrestrained global impact, COVID-19 was declared a pandemic on March 11, 2020. Around 79.2 million COVID-19 cases have been filed globally since such epidemic began, with over 1.7 million deaths. The **World Health Organization (WHO)** designated the advent of new coronavirus as a worldwide national emergency on January 30, 2020, and the **Institute of Epidemiology, Disease Control and Research (IEDCR)** announced the

first verified case of COVID-19 in Bangladesh on March 8, 2020. The outbreak is not only affecting people all over the world, but it is also placing persons with COVID-19 and healthy individuals under psychological stress (WHO, 2020). High degrees of anxiety and tension are instinctive responses to any unusual incident. COVID-19 is mostly disseminated via respiratory droplets or exposure to infectious individuals. High degrees of tension and concern are typical responses to any occurrence that is unusual. Quarantine is the isolation and limitation of individuals exposed to a particularly dangerous disease in attempt to decide should they become ill and prevent the risk of transmission of pathogens toward others. For the sake of the community's safety, people who choose this method will almost probably be segregated at home. This technique may not always achieve in Bangladesh, but due to true reasons such as greater media exposure, a growth in the percentage of reported cases, and so on, a long lockdown phase requires significant isolation is guaranteed to have an emotional impact. According to the other study, those who are quarantined may suffer emotional trauma like anxiety, fury, confusion, and post-traumatic stress symptoms. COVID-19 has the capability to destroy the mental health of many individuals in various of ways. In during COVID-19 outbreak, the psychological health effect on COVID-19 individuals' family members and friends, their close relatives, the isolated or suspicious community, practitioners, and the general public is intensified. As a result, comprehending the impact of the COVID-19 outbreak on a person's emotions may aid in the prevention of many existing and future mental health issues. During the COVID-19 outbreak, 52.1 percent of people were terrified, and 57.8 percent – 77.9% of them required mental assistance from family and friends. As per a **Young Minds poll**, 83 percent of teenagers say that the postponement of learning programmes, as well as the loss of regularity and limited interpersonal interactions, has exacerbated their which was before mental health difficulties. In developing countries like Bangladesh, where the occurrence of psychiatric conditions like depression is estimated to be 7% for adults, Over the course of 20 years, 1% of children aged 10–14 years and 3% of adolescents aged 15–19 years died. (World Health Organization, Global Burden of Disease Study, 2019) The situation has becomes extremely critical. According to Brooks, people who are restricted or isolated endure additional agony and confusion. Such disorders are associated with depressive symptoms, frustration, nervousness, and other psychiatric disorders. Isolation, dissatisfaction, and fury can all be symptoms of quarantine and confinement. Existing demographic study has revealed unhappiness, fear, adverse psychological repercussions, agoraphobia, manic stimulation, hallucinations, psychosis, and even suicide among survivors of the Current outbreak (RP[Author], 2020 Apr 10). Including a current online study, over than 80% of users were afraid about contracting COVID-19. Suffer from respiratory aerosols and direct engagement, warmth, lethargy, breathing difficulty, arthralgia, breathlessness, and other COVID-19 symptoms may occur 2–14 days after the onset. Lockdown-related issues (i.e., extended home separation, decided

to take a break, food shortages, fear of employment rate, financial losses, etc.) are being associated with psychiatric distresses such as insomnia, tension, panic, smugness, and irrationality, in addition to the panic of squeezing this contagious disease virus, the suspicion of dealing with grief, the spread of COVID-19-related false news, the availability of health therapies, and the shortage of properly equipped units. Furthermore, sense of loss, alone, apathy, uneasiness, unhappiness, social alienation, transmission, and (in severe cases) inclinations of suicide have all been linked to long-term psychological impact in previous lethal viral outbreaks. (2020, Nandini Chakraborty MD)

## Chapter:-2

### Literature review

#### 2. Literature review:

**2.1.COVID-19 and mental health:** A review of the existing literature Ravi Philip Rajkuma. A analysis of the current literature is carried out. Ravi Rajkumar, Philip The COVID-19 pandemic is a serious health crisis remains threatened nations, with over 720,000 cases and 33,000 verifiable deaths reported to date. The overall themes of research papers were grouped and described. Distress and despair (16–28 percent), as well as personality stress (8 percent), are commonly observed reactions to the COVID-19 pandemic, according to preliminary study, and may be associated to sleep difficulties. A



number of individual and organizational level factors influence this risk. Finally, minimal results mental health issues are a typical response to the COVID-19.

**2.2 The COVID-19 pandemic and its impact on mental health:-**Nandini Chakraborty MD, FRCP MD, FRCP Nandini Chakraborty Even during early phases of the COVID-19 pandemic, an internet survey in China examined at the acute emotional effects and contributing complications among China's general audience. 10 53.8 percent of 1210 respondents said the psychological impact was severe and persistent: 16.5 percent said they had suffered from chronic depression symptoms, 28.8 percent said they had moderately to major anxiety symptoms, and 8.1 percent said they had moderate to severe stress levels. Following the introduction of COVID-19 on January 20, 2011, another study of psychological markers in a group of Online users found that poor emotions (anxiety, despair, and indignation) and susceptibility to social dangers grew, while happy sentiments and satisfaction with life declined. People were more vulnerable to health problems and households than with their activities and social activities

**2.3 Mental health effects of COVID-19 pandemic:** a review of clinical and psychological traits Konstantinos Kontoangelos, Marina Economou, Charalambos Papageorgiou Psychiatry investigation 17 (6), 491, 2020 Anxiety, dread, and pressure are all effective and suitable responses to the ever-changing and unanticipated situations that someone is facing as the coronavirus (COVID-19) outbreak spreads over the world. Worry, apprehension, and despair are prevalent in children, and they can be terrible and panic-inducing in older persons with underlying health conditions who have been diagnosed as more sensitive to COVID-19. Sanctions have been implemented by China and a handful of other countries. Medical professionals and related healthcare workers (staff) are under cognitive and emotional duress. COVID-19 is a one-of-a-kind pandemic. Everyone affected will almost likely feel the effects of it. Massive difficulties will be created or exacerbated. Many members of the treatment professional will be psychologically harmed.

## Chapter:-3

### Materials and Methods

#### Materials and method:

**3.1 Participants and procedure:** A Google Form was used to collect data from an online survey. The survey's internet link was sent via email, Facebook, and other social media platforms. Participants have to be at least 18 years old and currently live in Bangladesh to be considered. The invitation to participate in the study was received by 159 people. The data was collected from November 5 to November 12, 2021. Each and

every truth was gathered and recorded in Google Drive. The age of participants were between 18 and 50. (18-50years old).Among the participants, 54.7% were males and 45.3% were females. In terms of profession demographics, 76.7% were students, 13.8% were job holders, 4.5% were businessmen and 5% were others. The participants received no monetary compensation, and the data was kept anonymous to protect its integrity and validity

**3.2 Survey contents:** The Google form consists of three parts: 1. Socio demographic data(gender, age, profession) 2.perception regarding covid-19 (either affected by COVID -19 or not, any negative effect of profession) and mental health related issues. (the bmj, 2020) Mental health related issues are divided into four classes.

**Loneliness scale:** Six questions make up the loneliness scale. Each question is graded from 1 to 4 based on the respondents' responses: 1 (never), 2 (rarely), 3 (sometimes), and 4 (always) ( often). The overall score varies between 6 and 26. A high score suggests that you are lonely. There are four categories: 6-14 (no loneliness), 5-19 (mild), 20-24 (moderate), and 26 or more (severe loneliness) (severe). (wikipedia)

**Patient Health Questionnaire:** There are nine questions on the Patient Health Questionnaire-7 (PHQ-7) that assess respondents' depression symptoms. The overall score varies from 0 to 25, with each question receiving a score of 0 to 3 depending on the response: 0 (not at all), 1 (a few days), 2 (half of the days), and 3 (all of the days) (nearly every day). A score of 8 or above shows the existence of depressed symptoms, whereas a score of less than 8 indicates the absence of depressive symptoms. To evaluate the severity of depression, divide the total score into four categories: no depression, mild depression, moderate depression, and severe depression, with cumulative values of 8, 9–12, 13–20, and 21–25, respectively. (American psychological association)

**Generalized anxiety disorder scale:** The GAD-5 (Generalised Anxiety Disorder 5-Item Scale) is a five-question questionnaire that assesses respondents' anxiety disorder. The total score goes from 0 to 19, with 0 being the lowest and 19 being the highest. Depending on the response, each question includes four possible scores: 0 (not at all), 1

(a few days), 2 (more than half the days), and 3 (more than half the days) (nearly every day). A higher score indicates a higher level of anxiety, which is divided into four segments: 5, 5–9, 10–14, and 15–19, which correspond to no, mild, moderate, and severe anxiety, respectively. (Sarah A Mossman, 2017)

**Sleep disturbance** : Sleep disturbance consists of four questions. These questions are different from each other. These questions have different options.

**3.3 Statistical analysis:** The data was acquired using the Microsoft Excel assumptions program. The data was figured using a basic measurable system (Bar Graph), (pie chart), ( column graph) and then expressed in rates. Finding out the average of every scale , I measure the COVID-19 impact on mental health.

**3.4 Ethical Considerations:** The Department of Pharmacy, Daffodil International University, Dhaka, Bangladesh, is also strategically supporting this online-based overview research. This online-based study received no further approval from the guideline ethics committee because the human subjects just participated in the interview.

## Chapter:-4

### Result & Discussion

**4.1 Result:** In my online poll, I noticed that 54.7 percent of respondents were men and 45.3 percent were women. The majority of the respondents (77.4%) were between the ages of 18 and 25, 15.7 percent were between the ages of 26 and 35, and 6.9% were

between the ages of 36 and 45. (36-50) In addition, the majority of the respondents (76.7%) were students, 13.8 percent were employed, 4.5 percent were business owners, and 5% were others. Affected and unaffected responders were about equal in this group. Affected people made up 53.5 percent of the population, while unaffected people made up 46.5 percent. During COVID-19, 82.4 percent of businesses/jobs/studies were impacted (yes) and 17.6 percent were impacted (no) (no). Loneliness, despair, anxiety, and sleep disturbances affect 10.7%, 13.3 percent, 9%, and 9.7% of people. They were not lonely, according to the range of 10.7% loneliness. The majority of the participants experienced mild depression, according to the range. Anxiety is also prevalent in a slight form among the. The quality of people's sleep was average. The majority of them did not take any sleep medication.

### Gender percentage

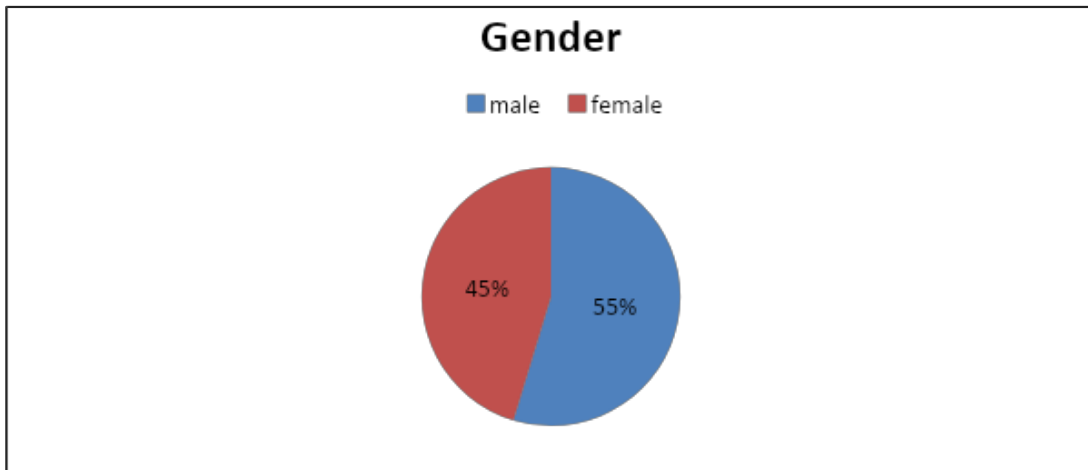


Figure No: 01

### Affected person percentage

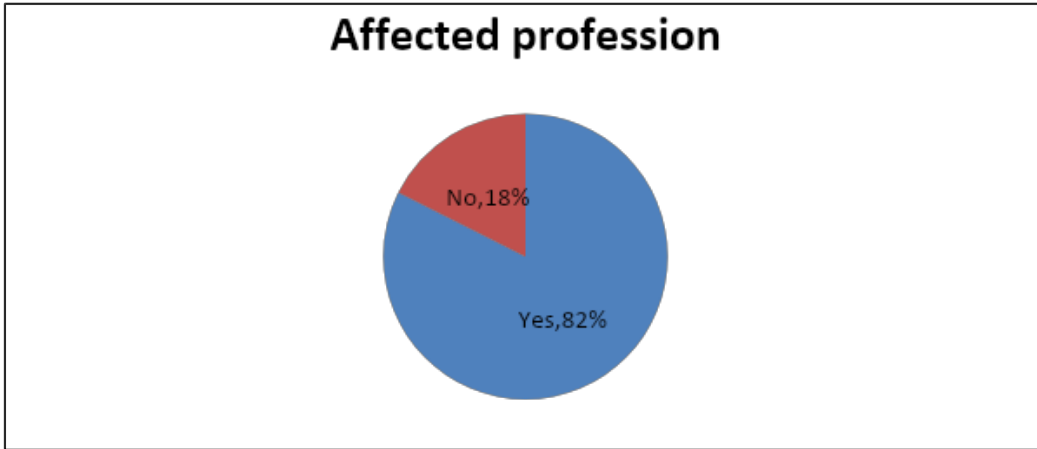


Figure No: 02

### Profession percentage

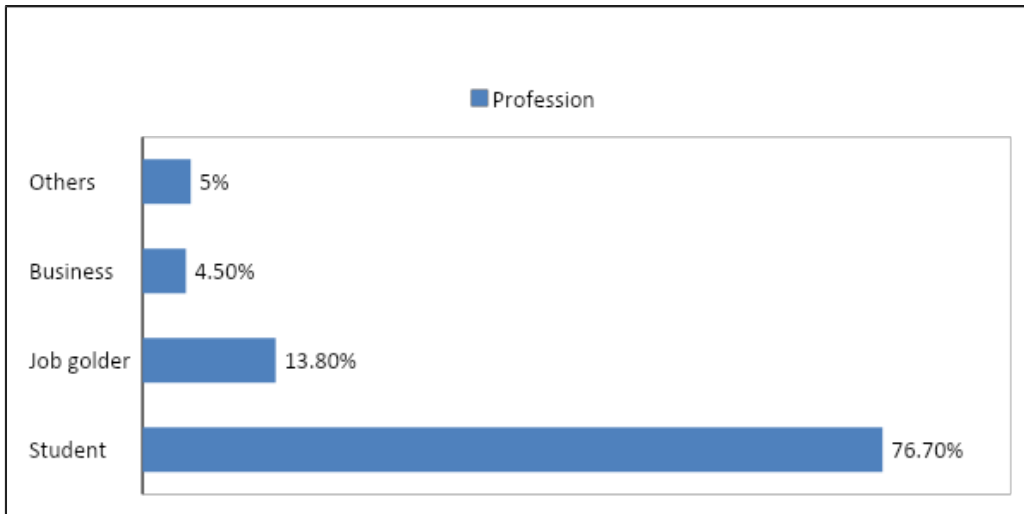


Figure No: 03

### Age range

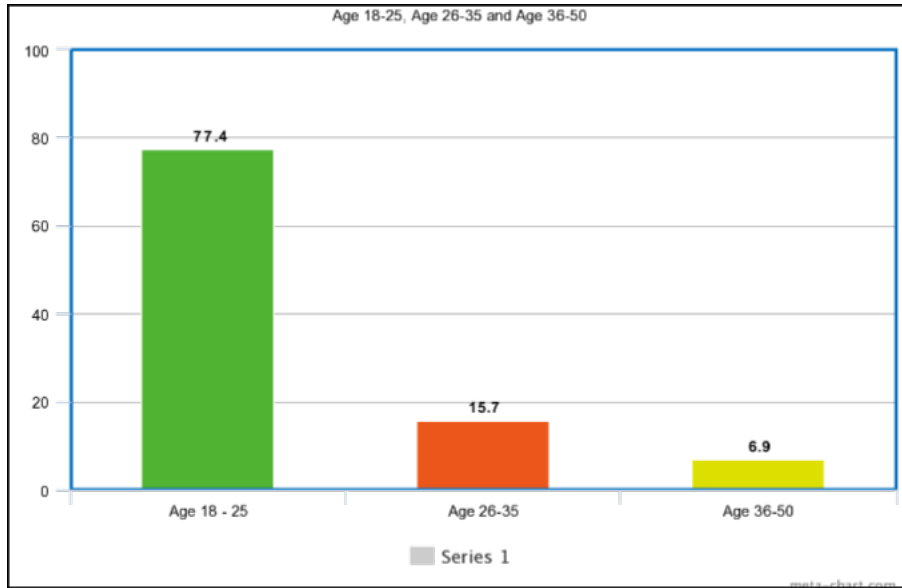


Figure No: 04

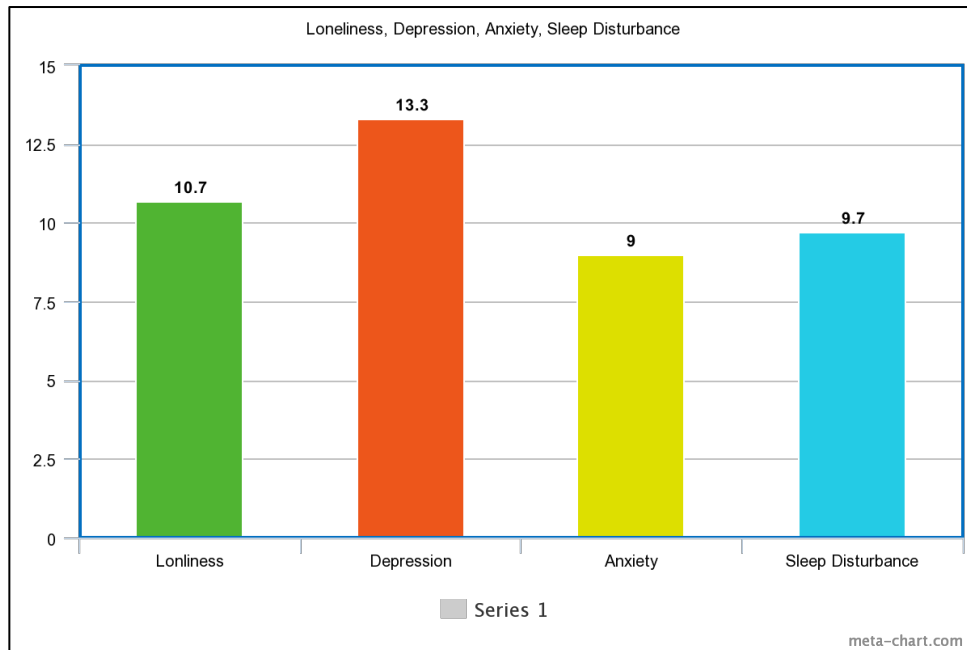


Figure No: 05

**4.2. Discussion :-** This study looks into the impact of the COVID-19 epidemic on the mental health of the entire Bangladeshi population. Loneliness, sadness, anxiety, and sleep disturbance were shown to be prevalent in the general population at 10.7%, 13.3%,

9%, and 9.7%, respectively. According to my observations, female sex, bad economic status, being a student or unemployed, and living alone are all linked issues. According to the findings, Bangladeshi people were at a much higher risk of loneliness, melancholy, anxiety, and sleep disturbance during the COVID-19 outbreak. During the early phases of the outbreak, an inter epidemiological analysis indicated a greater prevalence of stress (73.4%), depression (50.7%), anxiety (44.7%), and sleep disturbance (36.1%) among Chinese individuals, which is consistent with the observations. During the early phases of the pandemic, people were only vaguely aware of the virus, its diagnostic and intervention techniques, the fatality rate, and so on. The lack of research and wisdom. Final-year students of diverse educational levels may participate to this high rate caused by uncertainties in tests and the job market. Several low wage earners committed suicide as a result of contamination, financial loss, social protection, job protection, and psychological breakdown during the COVID-19 outbreak in Bangladesh. (2020, Jiaqi Xiong)

## **Chapter:-5**



## Conclusion

**Conclusion:-** In conclusion, my data highlight the seriousness of mental health issues during the COVID-19 epidemic. In Bangladesh, a considerable section of the general populace was impacted mentally, with varying degrees of severity. For the Bangladeshi population, I recommend rigorous mental health interventions. Individual and group mental health can thus be ensured by coordinated government, non-government, and community initiatives. Support for mental health, social security, and economic stability should all be major goals in order to boost public trust. During the COVID-19 pandemic in Bangladesh, a substantial number of people experienced mental health issues. The current study proposes longitudinal mental health examinations among Bangladeshis to identify the severity of the problem during and after the epidemic. During the COVID-19 pandemic in Bangladesh, appropriate supportive programs and interventional measures would treat mental health issues.

## Chapter:-6

### References

1. American psychiatric association. (n.d.). *psychiatry*. Retrieved from psychiatric web site: <https://www.psychiatry.org/>
2. American psychological association. (n.d.). Retrieved from <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>
3. Jiaqi Xiong, a. O.-L. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. 25-40.
4. Medically reviewed by Timothy J. Legg, P. C.—W. (2020, September 28,). *medicalnewstoday*. Retrieved november 2021, from [medicalnewstoday.com/articles/mental-health-resources](https://www.medicalnewstoday.com/articles/mental-health-resources): <https://www.medicalnewstoday.com/articles/mental-health-resources>
5. Nandini Chakraborty MD, F. (2020). The impact of covid 19 on mental health. 15-30.
6. NIMH. (n.d.). *nimh*. Retrieved november 2021, from A nimh web site: <https://www.nimh.nih.gov/health>
7. RP[Author], R. ( 2020 Apr 10). COVID-19 and mental health: A review of the existing literature. 20-30.
8. Sarah A Mossman, M. J. (2017). GENERALIZED ANXIETY DISORDER SEVERITY SCALE (GADSS) VALIDATION IN OLDER ADULTS.
9. the bmj. (2020, november 11). Retrieved november 2021, from Abmj website: BMJ 2020; 371 doi: <https://doi.org/10.1136/bmj.m4386>
10. The Global Burden of Disease Study 2019. (2019). *GNDS*. Retrieved november 2021, from The Global Burden of Disease Study website: [publichealthupdate.com/the-global-burden-of-disease-study-2019-gbd2019/](https://publichealthupdate.com/the-global-burden-of-disease-study-2019-gbd2019/)
11. WHO. (2020). *WHO*. Retrieved november 2021, from WHO WEB SITE:

<https://www.who.int/home/cms-decommissioning>

12. wikipedia. (n.d.). *UCLA loneliness scale*. Retrieved from [https://en.wikipedia.org/wiki/UCLA\\_Loneliness\\_Scale](https://en.wikipedia.org/wiki/UCLA_Loneliness_Scale)